

**PUBLIC PACKET**

**OREGON BOARD  
OF  
DENTISTRY**

**BOARD MEETING  
JUNE 16, 2023**





# Oregon

Tina Kotek, Governor

**Board of Dentistry**  
1500 SW 1<sup>st</sup> Ave, Ste 770  
Portland, OR 97201-5837  
(971) 673-3200  
Fax: (971) 673-3202  
[www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

## NOTICE OF REGULAR MEETING

**PLACE:** VIRTUAL & VIA ZOOM

**DATE:** June 16, 2023

**TIME:** 8:00 a.m. – 11:30 a.m.

**Call to Order** – Chip Dunn, President

**8:00 a.m.**

**OPEN SESSION (Zoom option available)**

<https://us02web.zoom.us/j/89167242776?pwd=Slp3RmR3RDBjaUx2VG9QcjVTRG53dz09>

**Dial-In Phone #: 1-253-215-8782 • Meeting ID: 891 6724 2776 • Passcode: 047590**

### Review Agenda

1. Approval of Minutes
  - April 28, 2023 Board Meeting Minutes

### NEW BUSINESS

2. Association Reports
  - Oregon Dental Association
  - Oregon Dental Hygienists' Association
  - Oregon Dental Assistants Association
  - OHSU School of Dentistry Dean Ronald Sakaguchi, DDS, MS, PhD, MBA invited to update the Board on school and other news (up to 30 minutes)
3. Committee and Liaison Reports
  - 2023-2024 Committee and Liaison Assignments
  - May 10, 2023 Public Rulemaking Hearing held
    - Comments and feedback on proposed rules
  - Proposed Rule Changes for Board to consider
    - Rules with markup
    - SOS Filing
4. Executive Director's Report
  - Board Member & Staff Updates
  - OBD Budget Status Report
  - OBD HB 5011 & 2023 - 2025 Budget Update
  - Customer Service Survey
  - Board and Staff Speaking Engagements
  - Delegated Duties for Executive Director & Staff
  - OBD Bylaws
  - Agency Expectations - DEI Work & Draft
  - SPOTS Forum
  - 2023 Legislative Session
  - OBD 2023 - 2024 Meeting Dates
  - Newsletter

#### Notes:

(1) The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Haley Robinson at (971) 673-3200.

(2) The Board may from time to time throughout the meeting enter into Executive Session to discuss matters on the agenda for any of the reasons specified in ORS 192.660. Prior to entering into Executive Session, the Board President will announce the nature of and authority for holding the Executive Session. No final action will be taken in Executive Session.

5. Unfinished Business and Rules
  - MEMO Temporary Rule OAR 818-001-0087 Fees – to be effective July 1, 2023
    - OAR 818-001-0087 draft
  - Update to Moderate sedation rule
6. Correspondence
7. Other
  - Tribes
  - Other Public Comment
  - JCNDE State Dental Forum
  - Report Child Abuse – Mandatory Reporting and Information
8. Articles & Newsletters (No Action Necessary)
  - Oregon state government workers struggle to deliver services amid staffing shortages
  - CRDTS Announces CARE Program for Reeducation and Remediation
  - DANB Kicks Off Review of Dental Assisting Roles to Inform Future Programs
  - Oregon Office of Rural Health Overview & Report

### **EXECUTIVE SESSION**

**9:30 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

### **OPEN SESSION (Zoom option available)**

**11:00 a.m.**

<https://us02web.zoom.us/j/89167242776?pwd=Slp3RmR3RDBjaUx2VG9QcjVTRG53dz09>

Dial-In Phone #: 1-253-215-8782 • Meeting ID: 891 6724 2776 • Passcode: 047590

### **Enforcement Actions (vote on cases reviewed in Executive Session)**

#### **LICENSURE AND EXAMINATION**

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

### **ADJOURN**

**11:30 a.m.**

**NOTE - After the meeting concludes there will be a social gathering to recognize Teresa Haynes for her many years of service to the OBD and her impending retirement from State service. The gathering will be held at McCormick & Schmick's Harborside: 309 SW Montgomery St, Portland, OR 97201 from 12:00 p.m. – 2:00 p.m. A quorum of the Board may be present, but no Board business or decisions will be discussed or considered.**

#### Notes:

(1) The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Haley Robinson at (971) 673-3200.

(2) The Board may from time to time throughout the meeting enter into Executive Session to discuss matters on the agenda for any of the reasons specified in ORS 192.660.

Prior to entering into Executive Session, the Board President will announce the nature of and authority for holding the Executive Session. No final action will be taken in Executive Session.

## STANDARD PROTOCOLS FOR GENERAL CONSENT ORDERS

### CIVIL PENALTIES

Licensee shall pay a \$(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within (**XX**) days of the effective date of the Order.

**NOTE:** The Board will allow licensed dentists a 30-day payment period for each civil penalty increment of \$2,500.00.

**NOTE:** The Board will allow licensed dental hygienists a 30-day payment period for each civil penalty increment of \$500.00.

### REFUND OR RESTITUTION PAYMENTS

Licensee shall pay \$(**XX**) *refund or restitution*, by a single payment, in the form of a cashier's, bank, or official check made payable to patient (PATIENT INITIALS) and delivered to the Board offices within (**XX**) days of the effective date of the Order.

**NOTE:** The Board will allow licensed dentists a 30-day payment period for each restitution and/or refund increment of \$2,500.00.

REFUND: To restore money paid by patient for treatment.

RESTITUTION: Money to repair unacceptable treatment.

### REIMBURSEMENT PAYMENTS

Licensee shall provide the Board with documentation verifying reimbursement payment made to (COMPANY NAME), patient (PATIENT INITIALS) insurance carrier, within (**XX**) days of the effective date of the Order.

**NOTE:** The Board will allow licensed dentists a 30-day payment period for each reimbursement increment of \$2,500.00.



## CONTINUING EDUCATION – BOARD ORDERED

Licensee shall successfully complete **(XX)** hours of **(XX)** (OPTIONS: Board approved, hands-on, mentored), continuing education in the area of **(XX)** within **(XX)** (OPTIONS: years, months) of the effective date of the Order, unless the Board grants an extension, and advises Licensee in writing. This ordered continuing education is in addition to the continuing education required for the licensure period(s) **(XX)** (i.e. April 1, XXXX to March 31, XXXX). As soon as possible, Licensee shall submit documentation to the Board verifying completion of the Board ordered course(s).

## COMMUNITY SERVICE

Licensee shall provide **(XX)** hours of Board approved community service in Oregon within **(XX)** (years, months) of the effective date of the Order, unless the Board grants an extension, and advises the Licensee in writing. The community service shall be pro bono, and shall involve the Licensee providing direct dental care to patients. As soon as possible, Licensee shall submit documentation to the Board verifying completion of the community service.

**NOTE:** The Board will allow three months to complete each increment of ten hours of community service.

## FALSE CERTIFICATION OR STATEMENTS ON DOCUMENTS OR RECORDINGS

Licensee shall pay a **\$(XX)** civil penalty, by a single payment, and complete the balance of the **(XX)** (40, 36 or 24) hours of continuing education for the licensure period (i.e. April 1, XXXX to March 31, XXXX), within **(XX)** days of the effective date of the Order. As soon as possible, Licensee shall submit documentation to the Board verifying completion of the continuing education.

**NOTE:** The civil penalties are \$2,000.00 for dentists and \$1,000.00 for dental hygienists.

## FAILURE TO MEET CONTINUING EDUCATION STANDARDS

**NOTE:** If Licensee completes  $\geq 75\%$  of the required continuing education, it will result in a letter informing the Licensee to complete the remaining CE by the specified deadline. Licensee will have a 60-day grace period, from its due date, to complete the remaining CE.

**NOTE:** If Licensee completes  $>25\%$  and  $<75\%$  of the required continuing education, the Board will request a letter of explanation, review extenuating circumstances, and audit an additional two-year cycle. Discipline may be recommended after review of circumstances by the Board Evaluators.

**NOTE:** If Licensee completes  $\leq 25\%$  of the required continuing education, the Board will audit previous renewal cycles and recommend a reprimand and a civil penalty.

**NOTE:** If Licensee fails to provide the CE required to maintain their anesthesia permit (i.e. For a random CE audit), the permit will be immediately removed from their license until documentation is provided to the Board.

## FAILURE TO MAINTAIN HEALTH CARE PROVIDER BLS/CPR

Licensee shall pay a \$(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order.

**NOTE:** Failure to maintain Health Care Provider BLS/CPR for one day to three months will result in a Letter of Concern.

**NOTE:** Failure to maintain Health Care Provider BLS/CPR for three months to six months will result in a reprimand.

**NOTE:** Failure to maintain Health Care Provider BLS/CPR for longer than six months will result in a \$500.00 (DENTIST) civil penalty or a \$250.00 (DENTAL HYGIENIST) civil penalty.

**NOTE (ANESTHESIA PERMIT HOLDERS):** Failure to maintain Health Care Provider BLS/CPR for longer than six months will result in a reprimand and a \$1000.00 (DENTIST) civil penalty or a \$500.00 (DENTAL HYGIENIST) civil penalty. Failure to provide the CE required to maintain their anesthesia permit will result in immediate removal of the permit from their license until documentation is provided to the Board.

## FAILURE TO MAINTAIN ACLS/PALS

Licensee shall pay a \$(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order.

**NOTE:** Failure to maintain ACLS/PALS for one day to three months will result in a Letter of Concern.

**NOTE:** Failure to maintain ACLS/PALS for longer than three months will result in a reprimand and a \$1000.00 civil penalty.

**NOTE:** If Licensee fails to provide the CE required to maintain their anesthesia permit (i.e. For a random CE audit), the permit will be immediately removed from their license until documentation is provided to the Board.

## WORKING WITHOUT A CURRENT LICENSE

Licensee shall pay a \$(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within (**XX**) days of the effective date of the Order.

**NOTE:** A licensed dentist, who worked any number of days without a license will be issued a Notice of Proposed Disciplinary Action and offered a Consent Order incorporating a reprimand and a \$2,000.00 civil penalty.

**NOTE:** A licensed dental hygienist who worked any number of days without a current license, will be issued a Notice of Proposed Disciplinary Action and offered a Consent Order incorporating a reprimand and civil penalty of \$1,000.00.

## ALLOWING A PERSON TO PERFORM DUTIES FOR WHICH THE PERSON IS NOT LICENSED OR CERTIFIED

Licensee shall pay a \$(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within (**XX**) days of the effective date of the Order, unless the Board grants an extension, and advises the Licensee in writing.

**NOTE:** The Licensee will be charged \$2,000.00 for the first offense and \$4,000.00 for the second, and each subsequent offense.

FAILURE TO RESPOND WITHIN TEN DAYS TO A BOARD REQUEST FOR INFORMATION

Licensee shall pay a \$(~~XX~~) civil penalty, by a single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order.

**NOTE:** The Board will issue a Notice of Proposed Disciplinary Action and offer a Consent Order, incorporating a reprimand and a \$1,000.00 civil penalty, to a licensed dentist, who fails to respond within ten days to a Board request for information.

**NOTE:** The Board will issue a Notice of Proposed Disciplinary Action and offer a Consent Order, incorporating a reprimand and a \$500.00 civil penalty, to a licensed dental hygienist, who fails to respond within ten days to a Board request for information.

## FAILURE TO CONDUCT WEEKLY BIOLOGICAL TESTING OF STERILIZATION DEVICES

Licensee shall pay a \$ **(XX)** civil penalty, by a single payment, in the form of a cashier's, bank, or official check made payable to the Oregon Board of Dentistry and delivered to the Board offices within **(XX)** days of the effective date of the Order.

Licensee shall successfully complete **(XX)** hours of Board approved continuing education in the area of infection control within **(XX)** (OPTIONS: years, months) of the effective date of the Order. This ordered continuing education is in addition to the continuing education required for the licensure period(s) **(XX)** (i.e. April 1, XXXX to March 31, XXXX). As soon as possible, Licensee shall submit documentation to the Board verifying completion of the Board ordered course(s).

For a period of one year of the effective date of the Order, Licensee shall submit, by the fifteenth of each month, the results of the previous month's weekly biological monitoring testing of sterilization devices. Periods of time Licensee is not practicing dentistry as a dentist in Oregon, shall not apply to reduction of the one-year requirement.

**NOTE:** Failure to do biological monitoring testing one to five times within a calendar year will result in a Letter of Concern.

**NOTE:** Failure to do biological monitoring testing six to ten times within a calendar year will result in the issuance of a Notice of Proposed Disciplinary Action and an offer of a Consent Order incorporating a reprimand.

**NOTE:** Failure to do biological monitoring testing 11 to 20 times within a calendar year will result in the issuance of a Notice and an offer of a Consent Order incorporating a reprimand, a \$3,000.00 civil penalty, two hours of Board approved continuing education in the area of infection control within **(XX)**, and monthly submission of spore testing results for a period of one year from the effective date of the Order.

**NOTE:** Failure to do biological monitoring testing more than 20 times within a calendar year will result in the issuance of a Notice and an offer of a Consent Order incorporating a reprimand, a \$6,000.00 civil penalty, four hours of Board approved continuing education in the area of infection control within **(XX)**, and monthly submission of spore testing results for a period of one year from the effective date of the Order.

FAILURE TO REGISTER WITH THE PRESCRIPTION DRUG MONITORING PROGRAM (PDMP). Effective July 1, 2020.

Licensee shall pay a \$(XX) civil penalty, by a single payment, in the form of a cashier's, bank, or official check made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order.

**NOTE:** Failure to be registered with the PDMP for one day to three months will result in a Letter of Concern.

**NOTE:** Failure to be registered with the PDMP for three months to six months will result in a reprimand.

**NOTE:** Failure to be registered with the PDMP for longer than six months will result in a \$1000.00 civil penalty.

STANDARD PROTOCOLS FOR CONSENT ORDERS  
RELATED TO DIAGNOSED SUBSTANCE USE DISORDER

Licensee shall, for an indefinite length of time, be subject to the following conditions of this Consent Order:

Licensee shall voluntarily enter the State's Health Professionals' Services Program (HPSP) and abide by all of the terms and conditions established by the HPSP vendor, per Oregon law ORS 676.

Licensee shall contact and initiate procedures to enter HPSP within one (1) business day of the effective date of this Order. Business days are defined as days Monday through Friday excluding holidays. Licensee understands that failure to enroll in HPSP will result in notification to the Board.

Licensee shall not apply for relief from these conditions within five years of the effective date of the Order, and must do so in writing. Periods of time Licensee is not practicing dentistry as a dentist in Oregon, or dental hygiene as a dental hygienist in Oregon, shall not apply to reduction of the five-year requirement.

Licensee shall not use alcohol, marijuana, illegal drugs, stimulants, narcotics, sedatives, or any other mind altering substances at any place or time unless prescribed by a licensed practitioner for a bona fide medical condition and upon prior notice to the Board and care providers, except that prior notice to the Board and care providers shall not be required in the case of a bona fide medical emergency.

Licensee shall undergo an evaluation by a Board approved evaluator or treatment provider within 30 days of the effective date of the Order and make the written evaluation and treatment recommendations available to the Board.

Licensee shall adhere to, participate in, and complete all aspects of any and all residential care programs, continuing care programs and recovery treatment plans recommended by Board approved care providers and arrange for a written copy of all plans, programs, and contracts to be provided to the Board within 30 days of the effective date of this Order.

Licensee shall advise the Board, in writing, of any change or alteration to any residential care programs, continuing care programs, and recovery treatment plans 14 days before the change goes into effect.

Licensee shall instruct all health care providers participating in the residential, continuing care, and recovery programs to respond promptly to any Oregon Board of Dentistry inquiry concerning Licensee's compliance with the treatment plan and to immediately report to the Board, any positive test results or any substantial failure to fully participate in the programs by the Licensee. Licensee shall instruct the foregoing professionals to make written quarterly reports to the Board of Licensee's progress and compliance with the treatment programs.

Licensee shall waive any privilege with respect to any physical, psychiatric, or psychological evaluation or treatment in favor of the Board for the purposes of

determining compliance with this Order, or the need to modify this Order, and shall execute any waiver or release upon request of the Board.

Licensee shall submit to a Board approved, random, supervised, urinalysis, hair, or blood testing program, at Licensee's expense, with the frequency of the testing to be determined by the Board, but initially at a minimum of 36 random tests per year. Licensee shall arrange for the results of all tests, both positive and negative, to be provided promptly to the Board.

Licensee shall advise the Board, within 72 hours, of any alcohol, illegal or prescription drug, or mind altering substance related relapse, any positive urinalysis test result, or any substantial failure to participate in any recommended recovery program.

Licensee shall personally appear before the Board, or its designated representative(s), at a frequency to be determined by the Board, but initially at a frequency of three times per year.

Licensee shall, within three days, report the arrest for any misdemeanor or felony and, within three days, report the conviction for any misdemeanor or felony.

Licensee shall assure that, at all times, the Board has the most current addresses and telephone numbers for residences and offices.

#### IF APPROPRIATE –

Licensee, agree to not order, store, inventory, audit, access, draw, administer, dispense, waste, or have unilateral access to any Scheduled controlled drugs for any clinic setting.

Licensee shall immediately begin using pre-numbered triplicate prescription pads for prescribing controlled substances. Said prescription pads will be provided to the Licensee, at his/her expense, by the Board. Said prescriptions shall be used in their numeric order. Prior to the 15<sup>th</sup> day of each month, Licensee shall submit to the Board office, one copy of each triplicate prescription used during the previous month. The second copy to the triplicate set shall be maintained in the file of the patient for whom the prescription was written. In the event of a telephone prescription, Licensee shall submit two copies of the prescription to the Board monthly. In the event any prescription is not used, Licensee shall mark all three copies void and submit them to the Board monthly.

Licensee shall maintain a dental practice environment in which nitrous oxide is not present or available for any purpose, or establish a Board approved plan to assure that Licensee does not have singular access to nitrous oxide. The Board must approve the proposed plan before implementation.

Licensee shall immediately surrender his/her Drug Enforcement Administration Registration.



STANDARD PROTOCOLS FOR CONSENT ORDERS  
SPECIFICALLY RELATED TO SEXUAL VIOLATIONS

SEX RELATED VIOLATIONS

Licensee shall, for an indefinite length of time, be subject to the following conditions of this Consent Order:

Licensee shall not apply for relief from these conditions within five years of the effective date of the Order, and must do so in writing. Periods of time Licensee is not practicing dentistry as a dentist in Oregon, shall not apply to reduction of the five-year requirement.

Licensee shall undergo an assessment by a Board approved evaluator, within 30 days of the effective date of the Order, and make the written evaluation and treatment recommendations available to the Board.

Licensee shall adhere to, participate in, and complete all aspects of any and all residential care programs, continuing care programs and recovery treatment plans recommended by Board approved care providers and arrange for a written copy of all plans, programs, and contracts to be provided to the Board within 30 days of the effective date of the Order.

Licensee shall advise the Board, in writing, of any change or alteration to any residential care programs, continuing care programs, and recovery treatment plans 14 days before the change goes into effect.

Licensee shall instruct all health care providers participating in the residential, continuing care, and recovery programs to respond promptly to any Oregon Board of Dentistry inquiry concerning Licensee's compliance with the treatment plan and to immediately report to the Board, any substantial failure to fully participate in the programs by the Licensee. Licensee shall instruct the foregoing professionals to make written quarterly reports to the Board of Licensee's progress and compliance with the treatment programs.

Licensee shall waive any privilege with respect to any physical, psychiatric, or psychological evaluation or treatment in favor of the Board for the purposes of determining compliance with this Order, or the need to modify this Order, and shall execute any waiver or release upon request of the Board.

Licensee shall report all arrests or interaction with law enforcement within 72 hours.

Licensee shall advise the Board, within 72 hours, of any substantial failure to participate in any recommended recovery program.

Licensee shall personally appear before the Board, or its designated representative(s), at a frequency to be determined by the Board, but initially at a frequency of three times per year.

IF APPROPRIATE –

Require Licensee to advise his/her dental staff or his/her employer of the terms of the Consent Order at least on an annual basis. Licensee shall provide the Board with documentation attesting that each dental staff member or employer reviewed the Consent Order. In the case of a Licensee adding a new employee, the Licensee shall advise the individual of the terms of the Consent Order on the first day of employment and shall provide the Board with documentation attesting to that advice.

STANDARD PROTOCOLS FOR CONSENT ORDERS  
REQUIRING CLOSE SUPERVISION

CLOSE SUPERVISION

For a period of at least (XX) months, Licensee shall only practice dentistry in Oregon under the close supervision of a Board approved, Oregon licensed dentist (Supervisor), in order to demonstrate that clinical skills meet the acceptable level of patient care. Periods of time Licensee does not practice dentistry as a dentist in Oregon, shall not apply to reduction of the (six) month requirement

Licensee will submit the names of any other supervising dentists for Board approval. Licensee will immediately advise the Board of any change in supervising dentists.

Licensee shall only treat patients when another Board approved Supervisor is physically in the office and shall not be solely responsible for emergent care.

The Supervisor will review and co-sign Licensee's treatment plans, treatment notes, and prescription orders.

Licensee will maintain a log of procedures performed by Licensee. The log will include the patient's name, the date of treatment, and a brief description of the procedure. The Supervisor will review and co-sign the log. Prior to the 15<sup>th</sup> of each month, Licensee will submit the log of the previous month's treatments to the Board.

For a period of two weeks, or longer if deemed necessary by the Supervisor, the Supervisor will examine the appropriate stages of dental work performed by Licensee in order to determine clinical competence.

After two weeks, and for each month thereafter for a period of six months, the Supervisor will submit a written report to the Board describing Licensee's level of clinical competence. At the end of six months, the Supervisor, will submit a written report attesting to the level of Licensee's competency to practice dentistry in Oregon.

At the end of the restricted license period, the Board will re-evaluate the status of Licensee's dental license. At that time, the Board may extend the restricted license period, lift the license restrictions, or take other appropriate action.

## STANDARD PROTOCOLS – DEFINITIONS

**Group practice:** On 10/10/08, the Board defined “group practice” as two or more Oregon licensed dentists, one of which may be a respondent, practicing in the same business entity and in the same physical location.

## STANDARD PROTOCOLS – PARAGRAPHS

WHEREAS, based on the results of an investigation, the Board has filed a Notice of Proposed Disciplinary Action, dated (XX), and hereby incorporated by reference; and

Licensee shall successfully complete the Board/OAGD Mentor Program at Licensee’s expense. Licensee will remain in the Mentor Program until such time as the mentor advises the Board that Licensee achieved an acceptable level of skill in the listed areas of XXX and the Board advises Licensee in writing that he met the provisions of this Order. Participation in the Mentor Program requires that Licensee successfully complete continuing education and/or engage in a study club, as recommended by the Mentor and move to adopt the Mentor’s recommendations on treatment. In the event Licensee’s mentor agreement ends prematurely, the Board may require an alternative education program for Licensee.

# APPROVAL OF MINUTES

**OREGON BOARD OF DENTISTRY  
MINUTES  
APRIL 28, 2023**

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

**STAFF PRESENT:** Stephen Prisby, Executive Director  
Angela Smorra, D.M.D., Dental Director/ Chief Investigator  
Winthrop "Bernie" Carter, D.D.S., Dental Investigator  
Haley Robinson, Office Manager  
Shane Rubio, Investigator  
Samantha Plumlee, Examination and Licensing Manager  
Ingrid Nye, Investigator  
Teresa Haynes, Project Manager  
Kathleen McNeal, Office Specialist

**ALSO PRESENT:** Lori Lindley, Sr. Assistant Attorney General

**VISITORS PRESENT  
IN PERSON & VIA  
TELECONFERENCE\*:** Jen Lewis-Goff, Oregon Dental Association (ODA); Katy Adishian  
(ODA); Mary Harrison, Oregon Dental Assistants Association  
(ODAA); Bonnie Marshall (ODAA); Jill Lomax, The Dale Foundation,  
Teresa Haynes, Katherine Landsberg (DANB), Tony Garcia  
(DANB), Lisa Rowley, R.D.H., Oregon Dental Hygienists'  
Association, Karen Hall (ODHA); Vesna Hopins, Emily Coates,  
David Palmer, Representative Hai Pham, D.M.D., Barry Taylor,  
D.M.D., Oleysa Salathe, D.M.D.

\*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 1<sup>st</sup> Ave., Suite 770, Portland, Oregon.

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

**NEW BUSINESS**

**Approval of Minutes**

Dr. Sharifi moved and Ms. Riedman seconded that the Board approve the minutes from the February 24, 2023 Board Meeting as presented. The motion passed unanimously.

## **ASSOCIATION REPORTS**

### **Oregon Dental Association (ODA)**

Olesya Salathe, DMD reported on the successful 2023 ODA Dental Conference and thanked the OBD for their support presenting and staffing at the conference. Dr. Salathe reported that the ODA continues to move forward on the 20 million dollar legislative ask to improve workforce shortages.

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

Karen Hall, ODHA Advocacy Director shared that the ODHA had a great time at the ODA Dental Conference. The ODHA was working hard on their November conference, lining up speakers so ODHA members can get the continuing education courses needed for their licensure.

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

Mary Harrison reported that ODAA had a large turnout at the ODA Dental Conference. Ms. Harrison called attention to letters from dental assistants included in the public packet and reiterated the concerns that the ODAA had regarding HB 2996 and HB 3223.

### **Oregon Community College Consortium**

Jill Lomax reported the nine dental assisting schools were at just 59% capacity for students. Ms. Lomax stated the consortium had increased its marketing resources in order to increase enrollment in the dental assisting programs. The consortium applauded HB 2979 and would be happy to provide resources as needed.

## **COMMITTEE AND LIAISON REPORTS**

### **Public Rulemaking Activities & Committee work in 2023**

Mr. Prisby shared an update on rulemaking and upcoming committee work:

- The Board had 17 rule changes (13 amends, 3 repeals and 1 new) voted on at the February 24, 2023 Board Meeting to begin the rulemaking process.
- The Board will hold a Public Rulemaking Hearing on May 10 at 12 pm, conducted via zoom. Mr. Prisby will serve as the Hearings Officer for that meeting.
- The Board will accept public comment on these proposed rule changes from the date of the Secretary of State filing through June 2, 2023.
- The Board will review the feedback and comments received at its June 16, 2023 Board Meeting. The Board typically votes on the rule changes at that point in the process, but could pull back a rule, send it back to another committee or any other action.

Mr. Prisby reminded the Board that they selected July 12<sup>th</sup> for the next Licensing, Standards & Competency Committee meeting. That committee would address any potential legislative changes to come out of the current legislative session, as well as a number of other agenda items already scheduled.

Mr. Prisby added that should the Legislature approve the OBD fee increases a temporary rule must be voted on at the June Board Meeting so fee increases would be effective July 1<sup>st</sup>. Temporary rules are only good for 180 days so the Board would have to make the new rule permanent before the end of the year.

## **OBD Public Rule Making Hearing**

The documents for the May 10, 2023 Public Rule Making Hearing were provided in the meeting packet, emailed out to Licensees and have been posted on the OBD website. The meeting will be conducted via Zoom.

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

Oregon Board of Dentistry Committee and Liaison Assignments for May 2022 – April 2023 were included for reference.

## **EXECUTIVE DIRECTOR'S REPORT**

### **Board Member & Staff Updates**

Mr. Prisby acknowledged that Dr. Reza Sharifi's name was submitted by the Governor to serve a second term of service on the Board. The Senate Committee on Rules met April 18th to consider his, and a number of new and reappointments on many boards and commissions. Mr. Prisby commended OBD Staff for their outstanding work. The report offered a sense of the work and challenges, along with the fact that new investigations opened by the OBD are up 63% in the current FY, from one year ago.

### **OBD Budget Status Report & Update on 2023-2025 Budget**

Mr. Prisby shared the budget report for the 2021 - 2023 Biennium. This report, which was from July 1, 2021 through February 28, 2023, showed revenue of \$2,968,932.98 and expenditures of \$2,986,295.79. Mr. Prisby shared an update on the OBD's Budget Bill – HB 5011, which was tentatively due to be scheduled for a work session in early May.

### **Customer Service Survey**

Mr. Prisby highlighted the most recent customer service survey results for the period, from July 1, 2021 through March 31, 2023. The results of the survey showed that the OBD continued to receive positive feedback from those that choose to submit a survey.

### **2023 Dental License Renewal**

Mr. Prisby noted the 2023 Dental License renewal period ended March 31, 2023. He noted further that the database and renewals were challenging at times and the OBD staff had been resolving issues with the database vendor. A majority of the dentists renewing their licenses had no issues, and were generally pleasant when interacting with staff.

2023 Dental license renewal: 1666 renewed, 173 expired, 31 retired and 1 deceased.

Eight years of dental license renewal data:

- 1666 Dentists renewed their license in 2023
- 1709 Dentists renewed their license in 2022
- 1622 Dentists renewed their license in 2021
- 1803 Dentists renewed their license in 2020
- 1668 Dentists renewed their license in 2019
- 1782 Dentists renewed their license in 2018
- 1709 Dentists renewed their license in 2017
- 1966 Dentists renewed their license in 2016

## **Board and Staff Speaking Engagements**



Mr. Prisby reported on the Oregon Dental Conference which was held at the Oregon Convention Center in Portland, April 13 - 15, 2023. The OBD had a table outside the Exhibit Hall with staff available to answer questions and OBD staff gave two presentations at the conference. Mr. Prisby thanked Kathleen McNeal, Samantha Plumlee, Haley Robinson and Shane Rubio who staffed the table at various times. Other staff participated by giving presentations. Mr. Prisby noted that he and Haley Robinson gave a 2 hour presentation on Thursday, April 13th covering an overview of the Board, operations, budget, rulemaking, enforcement, CE and FAQs. A PDF was shared to provide an overview of the typical Board Updates presentation. The PDF was usually modified slightly for the audience, whether dental students, dental hygiene students, study club or for time constraints.

Mr. Prisby also reported that Dr. Bernie Carter and Ingrid Nye gave a 2 hour presentation on Friday, April 14<sup>th</sup> covering an overview of the Board's investigation process, common complaints, CE, RDH EPPs and FAQs. Mr. Prisby thanked the Oregon Dental Association for inviting the OBD to present again at their well-attended conference.

Mr. Prisby shared that Dr. Reza Sharifi gave a Board Updates presentation to his colleagues at the Oregon Society of Oral and Maxillofacial Surgeons on Saturday, March 4, 2023.

### **OBD - Affirmative Action Plan**

Mr. Prisby reported the OBD's 2023-2025 Affirmative Action Plan was approved by DAS at the end of February. All OBD Staff were sent the plan on March 1, 2023 and asked if they had any questions or feedback on it. Mr. Prisby asked the Board if they have feedback or any questions regarding the Affirmative Action Plan.

### **Statewide Affirmative Action Activities**

Mr. Prisby shared a number of documents regarding statewide initiatives on diversity and affirmative action activities.

### **Agency Expectations Guide and Timetable**

Mr. Prisby shared information regarding Governor Kotek's expectations of agency leaders, documented with timelines.

### **OBD 2022-2025 Strategic Plan**

Mr. Prisby added a memo to update on work addressing priorities in the Board's strategic plan and that work was being done toward the priorities outlined in the plan.

### **Executive Order 23-03 & OBD Response**

Mr. Prisby noted that all state agencies were directed to respond to Executive Order 23-03 no later than March 31st. The OBD stands ready to assist the Governor as directed on this Executive order. The initial response was submitted before the deadline in March, but by no means limits the OBD to assist further as directed in the future.

### **2023 Legislative Session**

Mr. Prisby attached a report of legislation he is tracking on behalf of the OBD (report created on 4/18). The 2023 Legislative Session continued on under challenging conditions with the Capitol partly closed for construction, many new legislators and disagreements on bills. Some proposed legislation could impact the work of the OBD and necessitate updates to the Dental Practice Act.

### **Fiscal Impact Statements**

Mr. Prisby noted that the OBD has responded to approximately 40 fiscal impact statement requests so far during the current legislative session. General information on this was provided for greater context and understanding of possible impact on the OBD and other state agencies. The LFO's FY 2022 Annual Performance Progress Report was also attached showing that their sole legislative goal was to conduct a survey.

### **Secretary of State – Retention Policies and News**

Mr. Prisby shared information and news about the Secretary of State's new and updated efforts on record retention policies and work. Links to the SOS resources were shared with OBD staff in March. The new efforts are to expand retention policies to Microsoft Teams platforms, update other policies and rules statewide. A presentation and an Oregon Administrative Rule were attached to help understand and describe the work.

### **Workday Implementation and Update**

The rollout and implementation of the state's human resource & payroll system has had some challenges directly impacting OBD staff. Mr. Prisby reported that DAS has been working on the issues which included overpayment and underpayment to employees. Enterprise wide, approximately 1700 employees were overpaid and 390 underpaid in March. This has been in the news and has been impacting the morale of some state employees. This has been another challenge and another new process for state employees to manage. DAS has been sending out updates and revamping its support to alleviate the problems.

### **State CC Forum Meeting 5.4.2023**

Mr. Prisby announced that he and Haley Robinson planned to attend the upcoming state credit card purchasing forum to stay up to date on issues and training requirements. He attached a policy outlining the minimum standards for processing purchasing transactions using the State P Card of Oregon Transaction System (SPOTS) card. Mr. Prisby added that the SPOTS card is a state-sponsored credit card that agencies may use to procure and pay for goods and services. The SPOTS card program saves the state time and money because the bank and merchants process most of the paperwork. This reduces the need for agencies to issue purchase orders in some circumstances or to rely on petty cash funds. The OBD adheres to training and all requirements regarding the authorization and use of our state issued SPOTS card.

### **AADA & AADB Mid-Year Meetings**

Mr. Prisby noted the American Association of Dental Boards (AADB) 2023 Mid-Year Meeting was April 21-22, 2023 as a virtual presentation and the American Association of Dental Administrators (AADA) 2023 Mid-Year Meeting was on April 25, 2023, also as a virtual presentation. Alicia Riedman shared a brief update on the AADB Meeting. Lori Lindley led an attorneys' roundtable discussion that also included the OBD's investigators and other states as well. Mr. Prisby attended the AADA virtual meeting and shared some updates as well.

### **Prescription Drug Monitoring Program**

Mr. Prisby gave a brief compliance update on the PDMP. Oregon dentists are the most compliant out of all health practitioners who are required to be signed up with the PDMP.

## 2024 Proposed Board Meeting Dates

A draft of the proposed board meeting dates for 2024 was highlighted by Mr. Prisby. The dates follow the Board's regular annual schedule of holding them every other month.

Dr. Sharifi moved and Ms. Brixey seconded that the Board approve the board meeting dates for 2024. The motion passed unanimously.

## Newsletter

Mr. Prisby announced the next OBD Newsletter will be published in the summer.

## UNFINISHED BUSINESS AND RULES

### Proposed Fee Increase and updates to OAR 818-001-0087

#### 818-001-0087

##### Fees

(1) The Board adopts the following fees:

(a) Biennial License Fees:

(A) Dental — ~~\$390~~**440**;

(B) Dental — retired — \$0;

(C) Dental Faculty — ~~\$335~~**385**;

(D) Volunteer Dentist — \$0;

(E) Dental Hygiene — ~~\$230~~**255**;

(F) Dental Hygiene — retired — \$0;

(G) Volunteer Dental Hygienist — \$0;

(H) Dental Therapy - ~~\$230~~**255**;

(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~~**445**;

(B) Dental Faculty — ~~\$305~~**405**;

(C) Dental Hygiene — ~~\$180~~**210**;

(D) Dental Therapy - ~~\$180~~**210**;

(E) Licensure Without Further Examination — Dental, ~~Dental Hygiene and Dental Therapy~~ — ~~\$790~~**890**;

**(F) Licensure Without Further Examination — Dental Hygiene and Dental Therapy — \$820**

(d) Examinations:

(e) Jurisprudence — \$0;

(f) 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.

Ms. Ludwig moved and Dr. Aldrich seconded that the Board move the proposed fee increase Temporary Rule filing with Secretary of State. The motion passed unanimously.

**Proposed New Rule: OAR 818-021-XXXX - Dental, Dental Therapy and Dental Hygiene Licensure for Active-Duty Members of the Uniformed Services and their Spouses Stationed in Oregon**

**818-021-XXXX**

**Dental, Dental Therapy and Dental Hygiene Licensure for Active-Duty Members of the Uniformed Services and their Spouses Stationed in Oregon**

**(1) A license to practice dentistry, dental hygiene or dental therapy shall be issued to Active-Duty Members of the Uniformed Services or their spouse when the following requirements are met:**

**(a) Completed application and payment of fee is received by the Board; and**

**(b) Satisfactory evidence of having graduated from a dental, dental hygiene or dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association; or**

**(c) Satisfactory evidence of 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; or**

**(d) Satisfactory evidence of having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; or**

**(e) Satisfactory evidence of having successfully completed or graduated from a Board-approved dental therapy education program that includes the procedures outlined in OAR 818-038-0020, and includes at least 500 hours of didactic and hands-on clinical dental therapy practice.**

**(f) Submission of a copy of the military orders assigning the active-duty member to an assignment in Oregon; and**

**(g) The servicemember or spouse holds a current license in another state to practice dentistry at the level of application; and**

**(h) The license is unencumbered and verified as active and current through processes defined by the Board; and**

**(i) Satisfactory evidence of successfully passing a clinical examination administered by any state, national testing agency or other Board-recognized testing agency; and**

- (j) Verification of completion of the Board's Continuing Education (CE) requirements in accordance with OAR 818-021-0060, OAR 818-021-0070 & OAR 818-021-0076.
- (2) The temporary license shall remain active for the duration of the abovementioned military orders.
- (3) Each biennium, the licensee shall submit to the Board a Biennial Uniformed Servicemember Status Confirmation Form. The confirmation form shall include the following:
- (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.
  - (k) Confirmation of current active-duty status of servicemember.
- (l) The form will be provided, depending on licensure type, pursuant to ORS 679.120(6), 680.075(6) and 679.615(4)(b).
- (4) If military orders are reassigned, notification to the Board is required within 30 days of receipt.
- (5) Any Board permits held by Licensees are required to be renewed per rule requirements on permit types.

Ms. Ludwig moved and Dr. Aldrich seconded that the Board move the new rule due to the new federal legislation to the next regularly scheduled Licensing, Standards and Competency Committee for further discussion. The motion passed unanimously.

#### **Dental Therapist Collaborative Agreement**

Dr. Clark moved and Ms. Brixey seconded that the Board approve the Dental Therapist Verification of Collaborative Agreement as amended. The motion passed unanimously.

#### **OTHER ISSUES**

The JCNDE Dental Board Forum will be held Monday, June 26, 2023 at noon.

The DEA announced that controlled substance subscribers will be required to complete 8 hours of one-time training on safe controlled substance prescribing as a condition of receiving or renewing a DEA registration This federal training requirement applies to any licensed Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD) who requires a DEA registration to

prescribe controlled substances (Schedules II, III, IV, and V). Those who do not need a DEA registration are not affected.

### **Election of Officers**

Dr. Javier moved and Dr. Sharifi seconded that the Board elect Charles 'Chip' Dunn as Board President. The motion passed unanimously.

Ms. Riedman moved and Dr. Kansal seconded that the Board elect Jennifer Brixey 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 12:48 p.m.

### **CONSENT AGENDA**

**2023-0149, 2023-0160, 2023-0152, 2023-0148, 2023-0147, 2023-0144, 2023-0157, 2023-0154, 2023-0162, 2023-0183, 2023-0131, 2023-0155, 2023-0182, 2023-0169, 2023-0136, 2023-0159, 2023-0141, 2023-0132, 2023-0145, 2023-0184, 2023-0158**

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

### **COMPLETED CASES**

**2023-0048, 2023-0172, 2023-0142, 2022-0119, 2022-0022, 2023-0138, 2023-0130, 2023-0089, 2023-0062, 2022-0118, 2023-0090, 2023-0047, 2023-0087**

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

### **Todd Henry Alpert, D.D.S.; 2023-0030 & 2023-0051**

Dr. Sharifi moved and Ms. Riedman seconded that the Board combine cases 2023-0030 and 2023-0051. In reference to cases 2023-0030 and 2023-0051 move to issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$5000 civil penalty to be paid within 180 days; a refund of \$4277.60 to patient DL, a refund of \$190.00 to patient LH, refund patient LH insurance company \$329.00 and provide the Board proof of payments within 180 days of the effective date of the order. Licensee will complete three hours of Board approved continuing education in the area of record keeping within 3 months; the ordered continuing education is in addition to the continuing education required for the licensure period April 1, 2022 to March 31, 2024. The motion passed unanimously.

### **2023-0054**

Ms. Riedman moved and Dr. Kalluri seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that (1) her BLS for Healthcare Provider certificate does not lapse for any amount of time, (2) she document, using the American Society of

Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for nitrous oxide sedation, and (3) she document the preoperative and postoperative vital signs when using nitrous. The motion passed unanimously.

**Richard S. Horacek, D.D.S.; 2023-0057**

Dr. Kalluri moved and Ms. Brixey seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$1000 civil penalty to be paid within 90 days of the effective date of the order, and a refund of \$906.15 to patient CS to be paid within 90 days of the effective date of the order. The motion passed unanimously.

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

Dr. Aldrich moved and Dr. Sharifi seconded that the Board issue a Notice of Proposed Disciplinary Action an offer Licensee a Consent Order to incorporate a reprimand, a \$6,000.00 civil penalty to be paid within 90 days of the effective date of the Order, complete 10 hours of continuing education in record keeping within 30 days of the effective date of the Order and complete a Board approved course on ethics within six months of the effective date of the Order. The motion passed unanimously.

**2023-0107**

Ms. Ludwig moved and Dr. Kansal seconded that the Board close the matter with a STRONGLY WORDED Letter of Concern reminding Licensee to ensure that she maintains at all times a current BLS for Healthcare Providers level certification, and that she provide accurate responses to all questions on the renewal application. The motion passed unanimously.

**Kailey Jo Marthoski, R.D.H.; 2023-0110**

Dr. Kansal moved and Dr. Clark seconded that the Board issue a Notice of Disciplinary Action and offer the Licensee a Consent Order incorporating a Reprimand and a \$250.00 Civil Penalty, by single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order.

**2023-0111**

Dr. Clark moved and Dr. Kalluri seconded that the Board close the matter with a Letter of Concern reminding Licensee to carefully review all CE requirements prior to each renewal to ensure that all required CE has been completed in compliance with the Oregon Dental Practice Act as written at time of renewal, and that Licensee maintains at all times a current BLS for Healthcare Providers certification. The motion passed unanimously.

**2023-0013**

Dr. Sharifi moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that, in general, he is vigilant, and with due diligence, while monitoring and completing his REQUIRED administrative actions in a timely manner to comply with Dental Practice Act; and that, specifically, he maintains records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle and maintains a current BLS for Healthcare Providers-level certification. The motion passed unanimously.

**2023-0082**

Ms. Riedman moved and Dr. Kalluri seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he, and other Licensee dentists and dental hygienists in the practice, documents and informs patients of a periodontal diagnosis as health, gingivitis, or periodontitis (with Staging and Grading) prior to treatment planning and performing periodontal therapy procedures; and that he recognizes and documents occlusal trauma as an occlusion diagnosis when observing clinical occlusal trauma. The motion passed unanimously.

**2023-0079**

Dr. Aldrich moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he documents diagnoses, documents his radiographic findings, documents and provides patients, in writing, of all data required by the DPA when placing dental implants into patients' jaws, and completes weekly biological monitoring testing of his sterilization devices. The motion passed unanimously.

**James Kolby Robinson, D.M.D.; 2022-0136**

Dr. Kalluri moved and Ms. Ludwig seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand; a \$6,000.00 civil penalty, by a single payment in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within 120 days of the effective date of the Order; a requirement that the licensee complete two hours of Board-approved continuing education (CE) in the area of infection control within 120 days of the of the effective date of the Order; monthly submission of spore testing results for a period of one year from the effective date of the Order; and a requirement that the licensee submit evidence of completion of the balance of 18 hours of CE for the licensure periods April 1, 2018 to March 31, 2020 and April 1, 2020 to March 31, 2022, within 120 days of the effective date of the Order. These two hours of Board-approved CE in the area of infection control, and the 18 hours of CE will be in addition to the 40 hours of continuing education required for licensure period April 1, 2022, to March 31, 2024.

**2023-0115**

Ms. Ludwig moved and Dr. Kansal seconded that the Board close the matter with a Letter of Concern reminding Licensee to carefully review all CE requirements prior to each renewal to ensure that all required CE has been completed in compliance with the Oregon Dental Practice Act (DPA) as written at time of renewal, reminding Licensee to maintain CE records for 4 years as required by the DPA, and reminding Licensee that failure to complete the CE required to renew her Nitrous Oxide Permit will result in the removal of that permit. The motion passed unanimously.

**Tamara S. Schoen, R.D.H.; 2023-0117**

Dr. Kansal moved and Dr. Clark seconded that the Board issue a Notice of Disciplinary Action and offer the Licensee a Consent Order incorporating a Reprimand and a \$250.00 Civil Penalty, by single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order, and a requirement that the Licensee complete the balance of 5 hours of remaining continuing education for the licensure period October 1, 2020 to September 30, 2022, within 30 days of the effective date of the Order. These 5 hours will be in addition to the 24 hours of continuing education required for licensure period October 1, 2022, to September 30, 2024. Within 30 days of the effective date of the Order, Licensee shall submit documentation to the Board verifying completion of the continuing education. The motion passed unanimously.



**2022-0099**

Dr. Clark moved and Dr. Kalluri seconded that the Board close the matter with a Letter of Concern reminding licensee to assure he (1) reviews the risks and benefit of light force orthodontic aligner therapy with patients, and (2) advises patients of the option to slow the pace of aligner tray changes should symptoms of pulpitis, pain, or mobility occur. The motion passed unanimously.

**Marilyn E. Switzer, D.M.D.; 2023-0139**

Dr. Sharifi moved and Ms. Riedman seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order to incorporate a reprimand, a \$3,000.00 civil penalty to be paid within 60 days of the effective date of the Order, complete two hours of continuing education in infection control within 30 days of the effective date of the order and to submit monthly biological monitoring reports for one year from the effective date of the Order. The motion passed unanimously.

**Robert C. Wilde, D.M.D.; 2023-0123**

Ms. Riedman moved and Dr. Kalluri seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand; a civil penalty of \$2,000.00; four hours of Board approved continuing education on extraction of teeth within 30 days of the effective date of the Order; four hours of a Board approved continuing education in medical history, patient physical evaluation, and treating medically compromised patients within 60 days of the effective date of the Order; and take and pass the Dental Jurisprudence Test within 90 days of the date of the effective date of the Order. The motion passed unanimously.

**PREVIOUS CASES REQUIRING BOARD ACTION****Jonathan T. Cook, D.D.S.; 2023-0091**

Dr. Kalluri moved and Dr. Kansal seconded that the Board dismiss the Interim Consent Order. The motion passed unanimously.

**Judd R. Larson, D.D.S.; 2021-0125**

Dr. Aldrich moved and Dr. Kansal seconded that the Board accept Licensees request and remove restriction regarding therapeutic injectables. The motion passed unanimously.

**Anonymous; 2020-0037**

Ms. Ludwig moved and Ms. Brixey seconded that the Board accept Licensees request for early completion of HPSP. The motion passed unanimously.

**LICENSE & EXAMINATION ISSUES****Request for reinstatement of an expired license – Charles New, R.D.H.**

Dr. Kansal moved and Ms. Riedman seconded that the Board approve the reinstatement of license for Charles New, R.D.H. The motion passed unanimously.

**Request for reinstatement of an expired license – Kimberly Detrick, R.D.H.**

Dr. Clark moved and Dr. Kalluri seconded that the Board approve the reinstatement of license for Kimberly Detrick, R.D.H. The motion passed unanimously.

**RATIFICATION OF LICENSES**

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

**ADJOURNMENT**

The meeting was adjourned at 1:06 p.m. Dr. Javier stated that the next Board Meeting would take place on June 16, 2023.

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Charles 'Chip' Dunn  
President

# ASSOCIATION REPORTS

# COMMITTEE REPORTS

**Oregon Board of Dentistry Committee and  
Liaison Assignments  
May 2023 - April 2024**

**STANDING COMMITTEES**

**Dental Therapy Rules Oversight**

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

*Committee:*

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

Amy Coplen, R.D.H., ODHA Rep.  
Ginny Jorgensen, CDA, EFDA, 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:*

Michelle Aldrich, D.M.D., Chair  
Reza Sharifi, D.M.D.  
Jennifer Brixey  
*Subcommittees:*

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

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

**Dental Hygiene**

Purpose: To review issues related to Dental Hygiene

*Committee:*

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

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

**Enforcement and Discipline**

Purpose: To improve the discipline process

*Committee:*

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

Evaluators

- Aarati Kalluri, D.D.S., Senior Evaluator
- Sheena Kansal, D.D.S., Evaluator

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.

**Licensing, Standards and Competency**

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

*Committee:*

Chip Dunn, Chair  
Sheena Kansal, D.D.S.  
Sharity Ludwig, R.D.H., E.P.P.  
Terrence Clark, D.M.D.

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

**Rules Oversight**

Purpose: To review and refine OBD rules

*Committee:*

Jose Javier, D.D.S., Chair  
Michelle Aldrich, D.M.D.  
Sharity Ludwig, R.D.H., E.P.P.  
Jennifer Brixey

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:*

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

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

## **LIAISONS**

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

American Assoc. of Dental Boards (AADB)

- Administrator Liaison – Stephen Prisby, Executive Director
- Board Attorneys' Roundtable – Lori Lindley, SAAG - Board Counsel
- Dental Liaison – Chip Dunn
- 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 – Terrence Clark, D.M.D.

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

Oregon Dental Assistants Association – Sharity Ludwig, 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:*

- Chip Dunn, Chair
- Sharity Ludwig, R.D.H., E.P.P.
- Reza Sharifi, D.M.D.

#### *Subcommittee:*

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

- Chip Dunn – President
- Jennifer Brixey – Vice President
- Jose Javier, D.D.S. – Past President



# Oregon

Tina Kotek, Governor

OBD Executive Director  
Stephen Prisby

**Board of Dentistry**  
1500 SW 1<sup>st</sup> Ave, Ste 770  
Portland, OR 97201-5837  
(971) 673-3200  
Fax: (971) 673-3202  
[www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

TO: OBD Board Members  
FROM: Stephen Prisby, OBD Executive Director  
DATE: June 6, 2023  
SUBJECT: Public Rulemaking Hearing, public feedback & next steps

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A public rulemaking hearing was held on May 10, 2023 via Zoom. No one provided any feedback or testimony on the 17 proposed rule changes at that hearing.

The public comment period was open after the notice was filed with the Secretary of State's Office on March 29. The public comment period closed at on June 2, 2023 at 12 pm. No feedback was received.

At this Board Meeting, the Board should consider approving the 17 rule changes as documented in the attachments and select an effective date of these rule changes.

Attachments



**OREGON BOARD OF DENTISTRY  
PUBLIC RULE MAKING HEARING**

**May 10, 2023 at 12 pm to be conducted via Zoom**  
Comments and feedback may be submitted until June 2, 2023 to  
[information@obd.oregon.gov](mailto:information@obd.oregon.gov)

<b>818-001-0002</b>	<b>Definitions</b>
<b>818-012-0005</b>	<b>Scope of Practice</b>
<b>818-012-0007</b>	<b>Procedures, Record Keeping and Reporting</b>
<b>818-012-0030</b>	<b>Unprofessional Conduct</b>
<b>818-012-0032</b>	<b>Diagnostic Records</b>
<b>818-015-0005</b>	<b>General Provisions</b>
<b>818-015-0007</b>	<b>Specialty Advertising</b>
<b>818-021-0012</b>	<b>Specialties Recognized</b>
<b>818-021-0015</b>	<b>Certification as a Specialist</b>
<b>818-021-0017</b>	<b>Application to Practice as a Specialist</b>
<b>818-021-0030</b>	<b>Dismissal from Examination</b>
<b>818-021-0040</b>	<b>Examination Review Procedures</b>
<b>818-021-0060</b>	<b>Continuing Education — Dentists</b>
<b>818-021-0070</b>	<b>Continuing Education — Dental Hygienists</b>
<b>818-021-0076</b>	<b>Continuing Education — Dental Therapists</b>
<b>818-021-0084</b>	<b>Temporary Voluntary Practice Approval</b>
<b>818-042-0040</b>	<b>Prohibited Acts</b>

**MEETING NOTICE**

**PUBLIC RULEMAKING HEARING**

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

**ZOOM MEETING INFORMATION**

<https://us02web.zoom.us/j/88562279368?pwd=Zlk5cU5kZWdBOR0t4ckZwcW02d1pRUT09>  
Dial-In Phone #: 1-253-215-8782 ● Meeting ID: 885 6227 9368 ● Passcode: 273978

**May 10, 2023  
12:00 – 12:30 p.m.**



## 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.

## 818-012-0005

### Scope of Practice

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

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

(2) Unless the dentist:

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

(b) Holds privileges either:

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

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

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

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

(5) A dentist may place endosseous implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical course(s), which includes treatment planning, appropriate case selection, potential complications and the surgical placement of the implants under direct supervision, and the provider is a Commission on Dental Accreditation (CODA) accredited graduate dental education program, or a provider that has been approved by the Academy of

General Dentistry Program Approval for Continuing Education (AGD PACE) [or](#) by the American Dental Association Continuing Education Recognition Program (ADA CERP).

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

### **818-012-0007**

#### **Procedures, Record Keeping and Reporting [of Vaccines](#)**

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

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

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

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

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

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

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

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

Immunization System;

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

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

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

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

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

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

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

### **818-012-0030**

#### **Unprofessional Conduct**

The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:

(1) Attempt to obtain a fee by fraud, or misrepresentation.

(2) Obtain a fee by fraud, or misrepresentation.

(a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.

- (b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.
- (c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.
- (3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.
- (4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.
- (5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.
- (6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.
- (7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.
- (8) Misrepresent any facts to a patient concerning treatment or fees.
- (9)(a) Fail to [release patient records pursuant to OAR 818-012-0032](#). ~~provide a patient or patient's guardian within 14 days of written request:~~
- ~~(A) Legible copies of records; and~~
- ~~(B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.~~
- ~~(b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed \$30 for copying 10 or fewer pages of written material and no more than \$0.50 per page for pages 11 through 50 and no more than \$0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.~~
- (10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.
- (11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.
- (12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.
- (13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.
- (14) Violate any Federal or State law regarding controlled substances.
- (15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry, 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 registration.

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

## 818-012-0032

### Diagnostic Records

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

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

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

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

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

~~(4)~~ (2) Licensee may charge a fee not to exceed \$30 for copying 10 or fewer pages of written material and no more than \$0.50 per page for 11-50 and no more than \$0.25 for each additional page, including cost of microfilm plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual costs of duplicating radiographs may also be charged to the patient.

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

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

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

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

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

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

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

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

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

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

#### **818-015-0005**

##### **General Provisions**

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

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

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

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

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

#### **818-015-0007**

##### **Specialty Advertising**

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

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

~~(a) Endodontics;~~

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

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

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

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

~~(f) Pediatric Dentistry;~~

~~(g) Periodontics;~~

~~(h) Prosthodontics;~~

~~(i) Dental Public Health;~~

~~(j) Dental Anesthesiology;~~

~~(k) Oral Medicine;~~

~~(l) Orofacial Pain.~~

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

#### **818-021-0012**

##### **Specialties Recognized**

~~(1) A dentist may advertise that the dentist is a dentist anesthesiologist, endodontist, oral~~

~~and maxillofacial pathologist, oral and maxillofacial surgeon, oral and maxillofacial radiologist, oral medicine dentist, orofacial pain dentist, orthodontist and dentofacial orthopedics, pediatric dentist, periodontist, prosthodontist or dental public health dentist, only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.~~

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

The Board recognizes the following specialties:

(a) Dental Anesthesiology;

(b) Dental Public Health;

(c) Endodontics;

(d) Oral and Maxillofacial Pathology;

(e) Oral and Maxillofacial Radiology;

(f) Oral and Maxillofacial Surgery;

(g) Oral Medicine;

(h) Orofacial Pain;

(i) Orthodontics and Dentofacial Orthopedics;

(j) Pediatric Dentistry;

(k) Periodontics;

(l) Prosthodontics.

#### **818-021-0015**

##### **Certification as a Specialist**

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

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

#### **818-021-0017**

##### **Application to Practice as a Specialist**

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

- (a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association and active licensure as a general dentist in another state. Licensure as a general dentist must have been obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency;
- (b) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; and
- (c) Proof of satisfactory completion of a post-graduate specialty program accredited by the Commission on Dental Accreditation of the American Dental Association.
- (d) Passing the Board's jurisprudence examination.

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

(2) A dentist who graduated from a dental school located outside the United States or Canada who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory



evidence of:

(a) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language, and evidence of active licensure as a general dentist in another state obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency; or

(b) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language and certification of having successfully passed the clinical examination administered by any state or regional testing agency within the five years immediately preceding application; and

(c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; and

(d) Passing the Board's jurisprudence examination; and

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

(3) An applicant who meets the above requirements shall be issued a specialty license upon:

(a) Passing a specialty examination approved by the Board within the five years immediately preceding application; or

(b) Passing a specialty examination approved by the Board greater than five years prior to application; and

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

(B) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.

(4) Any applicant who does not pass the first examination for a specialty license may apply for a second and third regularly scheduled specialty examination. If the applicant fails to pass the third examination for the practice of a recognized specialty, the applicant will not be permitted to retake the particular specialty examination until he/she has attended and successfully passed a remedial program prescribed by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the Board.

(5) Licenses issued under this rule shall be limited to the practice of the specialty only.

818-021-0030

#### **Dismissal from Examination**

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

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

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

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

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

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

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

~~Statutory/Other Authority: ORS 679 & 680~~

~~Statutes/Other Implemented: ORS 679.070 & 680.060~~

~~History:~~

~~DE 1-1989, f. 1-27-89, cert. ef. 2-1-89, Renumbered from 818-020-0075~~

~~DE 1-1988, f. 12-28-88, cert. ef. 2-1-89~~

~~DE 10-1984, f. & ef. 5-17-84~~

~~818-021-0040~~

~~Examination Review Procedures~~

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

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

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

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

~~Statutory/Other Authority: ORS 183 & 192~~

~~Statutes/Other Implemented: ORS 183.310(2)(b) & 192.501(4)~~

~~History:~~

~~DE 1-1989, f. 1-27-89, cert. ef. 2-1-89, Renumbered from 818-020-0080~~

~~DE 1-1988, f. 12-28-88, cert. ef. 2-1-89~~

~~DE 10-1984, f. & ef. 5-17-84~~

**818-021-0060**

### **Continuing Education — Dentists**

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

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

(3) Continuing education includes:

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

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

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

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

of credit may be in these areas.

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

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

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

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

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

### **818-021-0070**

#### **Continuing Education — Dental Hygienists**

(1) Each dental hygienist must complete 24 hours of continuing education every two years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

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

(3) Continuing education includes:

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

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

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

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

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

(5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in OAR 818-026-0040(11) for renewal of the Nitrous Oxide Permit.

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

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

## 818-021-0076

### Continuing Education - Dental Therapists

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

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

(3) Continuing education includes:

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

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

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

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

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

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

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

(7) At least one (1) hour of continuing education must be related to pain management.

## OAR 818-021-0084

### Temporary Voluntary Practice Approval

1) A dentist, dental therapist or dental hygienist may practice, without compensation and in connection with a coordinating organization or other entity, the health care profession that the health care practitioner is authorized to practice for a maximum of 30 days each calendar year without licensure requirement. Compensation is defined as something given or received as payment including but not limited to bartering, tips, monies, donations, or services.

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

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

(a) Out-of State volunteer application;

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

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

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

(e) The name and contact information of the dental director of the coordinating organization or other entity through which the practitioner will practice; and

(f) The dates on which the practitioner will practice in this state. Failure to submit (a)-(e ) above will result in non-approval.

4) Misrepresentation as to information provided in the application for the temporary practice approval may be grounds to open a disciplinary investigation that may result in discipline under OAR 818-012-0060.

5) Practitioner acknowledges they are subject to the laws and rules governing the health care profession in Oregon and that the practitioner is authorized to practice and are subject to disciplinary action by the Board.

6) A practitioner who is authorized to practice in more than one other jurisdiction shall provide to the Board proof from the National Practitioner Data Bank and their other state licensing Board that the practitioner is in good standing and not subject to any active disciplinary actions in any jurisdiction in which the practitioner is authorized to practice.

#### **818-042-0040**

##### **Prohibited Acts**

No licensee may authorize any dental assistant to perform the following acts:

(1) Diagnose or plan treatment.

(2) Cut hard or soft tissue.

(3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095 or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.

(4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.

(5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.

(6) Administer any drug except as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5)(a), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.

(7) Prescribe any drug.

(8) Place periodontal packs.

(9) Start nitrous oxide.

(10) Remove stains or deposits except as provided in OAR 818-042-0070.

(11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.

(12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.

(13) Use lasers, except laser-curing lights.

(14) Use air abrasion or air polishing.

(15) Remove teeth or parts of tooth structure.

(16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.

(17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.

(18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.

(19) Apply denture relines except as provided in OAR 818-042-0090(2).

(20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the

Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.

(21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.

(22) Perform periodontal assessment.

(23) Place or remove healing caps or healing abutments, except under direct supervision.

(24) Place implant impression copings, except under direct supervision.

(25) Any act in violation of Board statute or rules.

DRAFT



OFFICE OF THE SECRETARY OF STATE

SHEMIA FAGAN  
SECRETARY OF STATE

CHERYL MYERS  
DEPUTY SECRETARY OF STATE



ARCHIVES DIVISION

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**NOTICE OF PROPOSED RULEMAKING**  
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 818  
OREGON BOARD OF DENTISTRY

**FILED**

03/29/2023 10:20 AM  
ARCHIVES DIVISION  
SECRETARY OF STATE

FILING CAPTION: The OBD is proposing 17 changes to the Dental Practice Act. [Corrected]

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 06/02/2023 12:00 PM

*The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.*

CONTACT: Stephen Prisby  
971-673-3200  
Stephen.Prisby@obd.oregon.gov

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

Filed By:  
Haley Robinson  
Rules Coordinator

HEARING(S)

*Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.*

DATE: 05/10/2023

TIME: 12:00 PM - 12:30 PM

OFFICER: Hearings Officer

HEARING LOCATION

ADDRESS: OBD - Zoom Meeting, 1500 SW 1st Ave., Ste #770, Portland, OR 97201

SPECIAL INSTRUCTIONS:

It will be held via Zoom and the information will be available on the notice coversheet and available as requested. All OBD meetings are public meetings. The Hearing will end early if no one or few testify to fill the 30 minutes.

NEED FOR THE RULE(S)

The OBD periodically revises the Dental Practice Act, based on committee and board recommendations, along with HB 4096 (2022) is directed to update rules.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

HB 4096 (2022), current Dental Practice Act and direction and work from the OBD's Committees and Board Meeting discussions and minutes of all these meetings.

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The OBD and its committees are made up of diverse individuals who represent various communities and populations of the state. Their feedback and input directly influenced the promulgation of these rule changes. The impact of these rules is uncertain but squarely falls on the licensees of the Board.

FISCAL AND ECONOMIC IMPACT:

There is no or limited financial impact identified.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

The OBD's Committees are comprised of small business owners and professional association representatives. There is no objective way the OBD can measure the impact on small businesses with these rule changes, except for additional CE for those that place dental implants. Some individuals will have increased costs to comply with the changes for dental implant training and education.

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DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

The OBD's Committees are comprised of small business owners and professional association representatives.

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WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

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RULES PROPOSED:

818-001-0002, 818-012-0005, 818-012-0007, 818-012-0030, 818-012-0032, 818-015-0005, 818-015-0007, 818-021-0012, 818-021-0015, 818-021-0017, 818-021-0030, 818-021-0040, 818-021-0060, 818-021-0070, 818-021-0076, 818-021-0084, 818-042-0040

AMEND: 818-001-0002

RULE SUMMARY: Removes reference to CPR to clarify BLS as the requirement.

CHANGES TO RULE:

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.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.010, 680.010

AMEND: 818-012-0005

RULE SUMMARY: Changes effective date of implant rule and splits Botulinum Type A (botox) /dermal filler requirement into 10 hours each.

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 conditions~~ that ~~is~~are within the ~~scope of the practice of dentistry~~oral and maxillofacial region after completing a minimum of ~~2~~10 hours in a hands on clinical course(s), ~~which includes both Botulinum Toxin Type A and in Botulinum Toxin Type A~~, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP). Alternatively, a dentist may meet the requirements of subsection (3) by successfully completing training in Botulinum Toxin Type A as part of a CODA accredited program. ¶¶

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

(45) 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 a Commission on Dental Accreditation (CODA) accredited graduate dental education program, or a provider that has been approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE); or by the American Dental Association Continuing Education Recognition Program (ADA CERP) or by a Commission on Dental Accreditation (CODA) approved graduate dental education program. ¶¶

(56) 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~~January 1, 2024).

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: 818-012-0007

RULE SUMMARY: Amending title of rule to add "of Vaccines" for clarification.

CHANGES TO RULE:

818-012-0007

Procedures, Record Keeping and Reporting of Vaccines

- (1) Prior to administering a vaccine to a patient of record, the dentist must follow the "Model Standing Orders" approved by the Oregon Health Authority (OHA) for administration of vaccines and the treatment of severe adverse events following administration of a vaccine.¶
- (2) The dentist must maintain written policies and procedures for handling and disposal of used or contaminated equipment and supplies.¶
- (3) The dentist or designated staff must give the appropriate Vaccine Information Statement (VIS) to the patient or legal representative with each dose of vaccine covered by these forms. The dentist or designated staff must ensure that the patient or legal representative is available and has read, or has had read to them, the information provided and has had their questions answered prior to the dentist administering the vaccine. The VIS given to the patient must be the most current statement.¶
- (4) The dentist or designated staff must document in the patient record:¶
  - (a) The date and site of the administration of the vaccine;¶
  - (b) The brand name, or NDC number, or other acceptable standardized vaccine code set, dose, manufacturer, lot number, and expiration date of the vaccine;¶
  - (c) The name or identifiable initials of the administering dentist;¶
  - (d) The address of the office where the vaccine(s) was administered unless automatically embedded in the electronic report provided to the OHA ALERT Immunization System;¶
  - (e) The date of publication of the VIS; and¶
  - (f) The date the VIS was provided and the date when the VIS was published.¶
- (5) If providing state or federal vaccines, the vaccine eligibility code as specified by the OHA must be reported to the ALERT system.¶
- (6) A dentist who administers any vaccine must report, the elements of Section (3), and Section (4) of this rule if applicable, to the OHA ALERT Immunization System within 14 days of administration.¶
- (7) The dentist must report adverse events as required by the Vaccine Adverse Events Reporting System (VAERS), to the Oregon Board of Dentistry within 10 business days and to the primary care provider as identified by the patient.¶
- (8) A dentist who administers any vaccine will follow storage and handling guidance from the vaccine manufacturer and the Centers for Disease Control and Prevention (CDC).¶
- (9) Dentists who do not follow this rule can be subject to discipline for failure to adhere to these requirements.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679

AMEND: 818-012-0030

RULE SUMMARY: Adds in requirement to comply with health care interpreter law and clarifies patient records rule.

CHANGES TO RULE:

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. release patient records pursuant to OAR 818-012-0032. ¶~~

(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.¶

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

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.140(1)(c), 679.140(2), 679.170(6), 680.100

AMEND: 818-012-0032

RULE SUMMARY: Clarifies what information should be included in patient records.

CHANGES TO RULE:

818-012-0032

Diagnostic Records ¶

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

~~(Aa) Physical records include silver emulsion radiographs, physical study models, paper charting and chart notes. ¶~~

~~(A) Legible copies of paper charting and chart notes, and: ¶~~

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

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

~~(12) Licensee may charge a fee not to exceed \$30 for copying 10 or fewer pages of written material and no more than \$0.50 per page for 11-50 and no more than \$0.25 for each additional page, including cost of microfilm plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual costs of duplicating radiographs may also be charged to the patient. ¶~~

~~(23) Licensees shall provide duplicates of digital patient records within 14 calendar days of receipt of written request by the patient or patient's guardian. ¶~~

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

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

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

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

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

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

~~(Gf) Duplicated digital records shall be of the same quality as the original digital file. ¶~~

~~(34) If a records summary is requested by patient or patient's guardian, the actual cost of creating this summary and its transmittal may be billed to the patient or patient's guardian. ¶~~

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

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679

AMEND: 818-015-0005

RULE SUMMARY: Clarifies acceptable advertising for licensees.

CHANGES TO RULE:

818-015-0005

General Provisions ¶

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

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

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

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

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

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.140(2)(e)



REPEAL: 818-015-0007

RULE SUMMARY: REPEAL; Clarifies acceptable advertising for licensees.

CHANGES TO RULE:

~~818-015-0007~~

~~Specialty Advertising ¶¶~~

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

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

~~(a) Endodontics;¶¶~~

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

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

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

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

~~(f) Pediatric Dentistry;¶¶~~

~~(g) Periodontics;¶¶~~

~~(h) Prosthodontics;¶¶~~

~~(i) Dental Public Health;¶¶~~

~~(j) Dental Anesthesiology;¶¶~~

~~(k) Oral Medicine;¶¶~~

~~(l) Orofacial Pain.¶¶~~

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

~~Statutory/Other Authority: ORS 679~~

~~Statutes/Other Implemented: ORS 679.140(2)(e)~~

AMEND: 818-021-0012

RULE SUMMARY: Clarifies specialties recognized by the Board in rule.

CHANGES TO RULE:

818-021-0012

Specialties Recognized ¶

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

~~(2) A dentist may advertise that the dentist specializes in or is a specialist in dental anesthesiology, e~~The Board recognizes the following specialties:¶

(1) Dental Anesthesiology;¶

(2) Dental Public Health;¶

(3) Endodontics;e;¶

(4) Oral and mMaxillofacial pPathology;e;¶

(5) Oral and mMaxillofacial surgery;eRadiology;¶

(6) Oral and mMaxillofacial radiology;eSurgery;¶

(7) Oral mMedicine;e;¶

(8) Orofacial pPain;e;¶

(9) Orthodontics and dDentofacial eOrthopedics;p;¶

(10) Pediatric dDentistry;p;¶

(11) Periodontics;p;¶

(12) Prosthodontics or dental public health only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.140

AMEND: 818-021-0015

RULE SUMMARY: Removes reference to repealed rule.

CHANGES TO RULE:

818-021-0015

Certification as a Specialist ¶

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

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

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.140(2)(d)

AMEND: 818-021-0017

RULE SUMMARY: Adding one hour pain management requirement to be consistent with other rules.

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.¶¶

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

(2) A dentist who graduated from a dental school located outside the United States or Canada who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:¶¶

(a) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language, and evidence of active licensure as a general dentist in another state obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency; or¶¶

(b) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language and certification of having successfully passed the clinical examination administered by any state or regional testing agency within the five years immediately preceding application; and¶¶

(c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; and¶¶

(d) Passing the Board's jurisprudence examination; and¶¶

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

(3) An applicant who meets the above requirements shall be issued a specialty license upon:¶¶

(a) Passing a specialty examination approved by the Board within the five years immediately preceding application; or¶¶

(b) Passing a specialty examination approved by the Board greater than five years prior to application; and¶¶

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

(B) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.¶¶

(4) Any applicant who does not pass the first examination for a specialty license may apply for a second and third regularly scheduled specialty examination. If the applicant fails to pass the third examination for the practice of a recognized specialty, the applicant will not be permitted to retake the particular specialty examination until he/she has attended and successfully passed a remedial program prescribed by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the Board.¶¶

(5) Licenses issued under this rule shall be limited to the practice of the specialty only.

Statutory/Other Authority: ORS 679

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

REPEAL: 818-021-0030

RULE SUMMARY: REPEAL; outdated licensing rule

CHANGES TO RULE:

~~818-021-0030~~

~~Dismissal from Examination~~

~~[Reserved]~~

~~Statutory/Other Authority: ORS 679, 680~~

~~Statutes/Other Implemented: ORS 679.070, 680.060~~

REPEAL: 818-021-0040

RULE SUMMARY: REPEAL; outdated exam rule

CHANGES TO RULE:

~~818-021-0040~~

~~Examination Review Procedures~~

~~[Reserved]~~

~~Statutory/Other Authority: ORS 183, 192~~

~~Statutes/Other Implemented: ORS 183.310(2)(b), 192.501(4)~~

AMEND: 818-021-0060

RULE SUMMARY: Removes examination requirement, clarifies certificate of completion details and also changes effective date of dental implant rule.

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

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

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

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

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

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

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

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.250(9)



AMEND: 818-021-0070

RULE SUMMARY: Removes examination requirement and clarifies certificate of completion details.

CHANGES TO RULE:

818-021-0070

#### Continuing Education - Dental Hygienists ¶

(1) Each dental hygienist must complete 24 hours of continuing education every two years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.¶

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

(3) Continuing education includes:¶

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

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

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

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

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

(5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in OAR 818-026-0040(11) for renewal of the Nitrous Oxide Permit.¶

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

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

Statutory/Other Authority: ORS 679 680

Statutes/Other Implemented: ORS 679.250(9)

AMEND: 818-021-0076

RULE SUMMARY: Removes examination requirement and clarifies certificate of completion details.

CHANGES TO RULE:

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

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

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

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

(6) At least two (2) hours of continuing education must be related to cultural competency.¶

(7) At least one (1) hour of continuing education must be related to pain management.

Statutory/Other Authority: ORS 679, ORS 679.603, ORS 679.609

Statutes/Other Implemented: ORS 679.603, ORS 679.609

ADOPT: 818-021-0084

RULE SUMMARY: Adding rule to be in compliance with HB 4096 (2022), for temporary volunteer practice limited to 30 days or less per year..

CHANGES TO RULE:

818-021-0084

Temporary Voluntary Practice Approval

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

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

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

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

(a) Out-of State volunteer application;

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

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

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

(e) The name and contact information of the dental director of the coordinating organization or other entity through which the practitioner will practice; and

(f) The dates on which the practitioner will practice in this state.

Failure to submit (a)-(e) above will result in non-approval.

(4) Misrepresentation as to information provided in the application for the temporary practice approval may be grounds to open a disciplinary investigation that may result in discipline under OAR 818-012-0060.

(5) Practitioner acknowledges they are subject to the laws and rules governing the health care profession in Oregon and that the practitioner is authorized to practice and are subject to disciplinary action by the Board.

(6) A practitioner who is authorized to practice in more than one other jurisdiction shall provide to the Board proof from the National Practitioner Data Bank and their other state licensing Board that the practitioner is in good standing and not subject to any active disciplinary actions in any jurisdiction in which the practitioner is authorized to practice.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented:

AMEND: 818-042-0040

RULE SUMMARY: Clarifies that dental assistants can perform teeth whitening.

CHANGES TO RULE:

818-042-0040

Prohibited Acts

No licensee may authorize any dental assistant to perform the following acts:¶

- (1) Diagnose or plan treatment.¶
- (2) Cut hard or soft tissue.¶
- (3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095 or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.¶
- (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.¶
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.¶
- (6) Administer any drug except as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5)(a), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.¶
- (7) Prescribe any drug.¶
- (8) Place periodontal packs.¶
- (9) Start nitrous oxide.¶
- (10) Remove stains or deposits except as provided in OAR 818-042-0070.¶
- (11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.¶
- (12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.¶
- (13) Use lasers, except laser-curing lights.¶
- (14) Use air abrasion or air polishing.¶
- (15) Remove teeth or parts of tooth structure.¶
- (16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.¶
- (17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.¶
- (18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.¶
- (19) Apply denture relines except as provided in OAR 818-042-0090(2).¶
- (20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.¶
- (21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.¶
- (22) Perform periodontal assessment.¶
- (23) Place or remove healing caps or healing abutments, except under direct supervision.¶
- (24) Place implant impression copings, except under direct supervision.¶
- (25) Any act in violation of Board statute or rules.

Statutory/Other Authority: ORS 680, ORS 679

Statutes/Other Implemented: ORS 679.020, 679.025, 679.250

**EXECUTIVE  
DIRECTOR'S  
REPORT**

## EXECUTIVE DIRECTOR'S REPORT June 16, 2023

### Board Member & Staff Updates

The Governor reappointed and the Senate confirmed on April 20<sup>th</sup> Dr. Reza Sharifi to a second term of service on the OBD. Thank you to Dr. Sharifi for volunteering for four more years of service on the Board in addition to all your other professional responsibilities.

#### **DENTISTRY, OREGON BOARD OF (ORS 679.230)**

##### **Sharifi, Reza - Portland - (Reappointment)**

Term: 4 year

5-15-23 - 5-14-27

3-22-23 Governor's message read, referred to President's desk.

3-22-23 Referred to Rules.

4-18-23 Hearing held.

4-19-23 Recommendation: Be confirmed en bloc.

4-20-23 Confirmed en bloc.

Ayes, 21; Nays, 6--Bonham, Boquist, Girod, Linthicum,  
Robinson, Thatcher; Excused, 3--Campos, Findley,  
Gorsek.

OBD Investigator, Shane Rubio's last day was June 1, 2023. He joined the OBD in October 2018 and had been a productive employee and made a substantial impact on a previous backlog of cases and working with many licensees who were in difficult circumstances. We thanked him for his service as he moves on to an exciting position in private industry. The open investigator position will be posted on the state's employment website and we will follow the necessary steps to recruit and hire his replacement.

Teresa Haynes first retired from the OBD on December 31, 2019. Now it will be official again on June 30, 2023. In 2020, she graciously agreed to assist and oversee the database implementation at first in a limited contracted basis, then came back as an official OBD employee when policies changed to allow it. She also assisted in a smooth hand off of her previous job duties to our Office Manager, Haley Robinson.

Teresa has served the Board since November 2, 1987, and originally started working for the State of Oregon in June 1984 when she was in her early twenties. During her 35+ years of service to the Board she has helped thousands of Licensees navigate the licensing process and make sense of the many versions of the Dental Practice Act. She has been able to navigate changes to the office staff, leadership, systems, processes and state government bureaucracy with a positive attitude and a commitment to service. Teresa is the youngest of nine children and she was born and raised in Oregon. She started her state career with the Department of Commerce, and worked for the Corporation Commissioner, Jane Edwards. Ms. Edwards later become the Executive Director for the OBD. Ms. Edwards asked Teresa to come work with her when she became the Executive Director, which she happily accepted. Teresa has worked with a colorful & interesting cast of Board Members, Executive Directors and staff over the past 35 years. Teresa has a daughter, Michelle, who is now in her 30s and is a veterinary technician. Teresa plans to be semi-retired for a few years, and she no doubt will have many opportunities available. She looks forward to more travels and volunteer work as well. We are doing all we can to absorb her institutional knowledge and experience before she says good bye to the OBD at the end of the month.

Samantha Plumlee celebrated her 5-year OBD Work Anniversary on March 5<sup>th</sup>.  
Haley Robinson will celebrate her 7-year OBD Work Anniversary on June 20<sup>th</sup>.

### **OBD Budget Status Report**

Attached is the budget report for the 2021 - 2023 Biennium. This report, which is from July 1, 2021 through April 30, 2023, shows revenue of \$3,383,441.51 and expenditures of \$3,271,507.92.

#### **Attachment #1**

### **OBD HB 5011 & 2023 – 2025 Budget Update**

Attached are various budget documents regarding the OBD's budget bill which is still pending approval by the Legislature. The HB 5011 Measure Summary gives more specific information on the proposed 2023-2025 Budget. The OBD like most state agencies has approval to continue functioning through mid-September should the Legislature not approve the OBD's budget bill and others by end of session.

#### **Attachment #2**

### **Customer Service Survey**

Attached are the legislatively mandated survey results from July 1, 2022 through May 31, 2023. The results of the survey show that the OBD continues to receive positive ratings from the majority of those that submit a survey. **Attachment #3**

### **Board and Staff Speaking Engagements**

I gave a "Board Updates – Part 1" presentation to the OHSU - School of Dentistry 3rd year students on Thursday, April 20, 2023.

Dr. Angela Smorra and Dr. Bernie Carter gave a "Board Updates – Part 2 Rules and Enforcement" presentation to the OHSU - School of Dentistry 3rd year students on Thursday, April 27, 2023.

Samantha Plumlee a License Application virtual presentation to the graduating Dental Hygiene Students at Mt. Hood Community College in Gresham on Monday, April 24, 2023

Samantha Plumlee gave a License Application virtual presentation to the graduating Dental Students at OHSU - School of Dentistry in Portland on Thursday, April 27, 2023.

Samantha Plumlee gave a License Application virtual presentation to the graduating Dental Hygiene Students at Lane Community College in Eugene on Monday, May 22, 2023.

Samantha Plumlee gave a License Application virtual presentation to the graduating Dental Hygiene Students at Pacific University in Hillsboro on Wednesday, May 31, 2023.

### **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 board meeting, 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 #4 ACTION REQUESTED**

### **OBD Bylaws**

The OBD Bylaws were originally adopted in 2018 and are included for review by the Board.

#### **Attachment #5**

### **Agency Expectations – DEI Work & Draft**

The OBD like all state agencies has been directed by the Governor to comply with her directives. One of those important directives is for each agency to implement a DEI plan. The Draft DEI plan was circulated to OBD Board & Staff Members on May 25 to review ahead of today's meeting.

### **Attachment #6 ACTION POSSIBLE**

### **SPOTS Forum**

At the last board meeting I shared a lot of information regarding the state issued credit card (SPOTS card) our agency utilizes for reoccurring and miscellaneous expenses. Haley Robinson and I attended the SPOTS Forum and that presentation is attached for review. **Attachment #7**

### **2023 Legislative Session**

A report dated 6.1.2023 showing bills being tracked for the OBD. At the time of this report it was unknown what the Legislature was going to do before the end of session. I may have an update at the meeting. **Attachment #8**

### **OBD 2023 - 2024 Board Meeting Dates**

The Board approved 2024 meeting dates are provided for planning purposes. **Attachment #9**

### **Newsletter**

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



Agency 834

Appn Year		2023			
Fund	Budget Obj	Budget Obj Title	Monthly Activity	Biennium to Date	Budget
3400	1000	REVENUES	56,973.65	3,383,441.51	3,452,000.00
	2500	TRANSFER OUT	0.00	101,830.00	226,800.00
	3000	PERSONAL SERVICES	104,868.16	2,104,715.88	2,187,917.00
	4000	SERVICES AND SUPPLIES	40,039.09	1,166,792.04	1,671,337.00
<b>3400 Total</b>			<b>201,880.90</b>	<b>6,756,779.43</b>	<b>7,538,054.00</b>
<b>Grand Total</b>			<b>201,880.90</b>	<b>6,756,779.43</b>	<b>7,538,054.00</b>

Agency	834
Agency Title	BOARD OF DENTISTRY
Appn Year	2023
Rpt Fiscal Mm	10
Rpt Fiscal Mm Name	APRIL 2023
Load Date Gl	5/12/2023

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

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl	Monthly Activity	Biennium to Date	Budget	
3400	BOARD OF DENTISTRY	1000	REVENUES	0205	OTHER BUSINESS LICENSES	48,255.00	3,005,040.50	3,100,001.00	
				0210	OTHER NONBUSINESS LICENSES AND FEES	1,830.00	21,580.00	10,000.00	
				0410	CHARGES FOR SERVICES	220.50	25,221.00	18,000.00	
				0505	FINES AND FORFEITS	2,000.00	284,628.22	250,000.00	
				0605	INTEREST AND INVESTMENTS	4,608.15	40,249.68	60,000.00	
				0975	OTHER REVENUE	60.00	6,722.11	13,999.00	
				<b>REVENUES Total</b>		<b>56,973.65</b>	<b>3,383,441.51</b>	<b>3,452,000.00</b>	
		2500	TRANSFER OUT	2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	0.00	101,830.00	226,800.00	
				<b>TRANSFER OUT Total</b>		<b>0.00</b>	<b>101,830.00</b>	<b>226,800.00</b>	
		3000	PERSONAL SERVICES	3110	3110	CLASS/UNCLASS SALARY & PER DIEM	68,997.48	1,418,208.48	1,397,859.00
					3160	TEMPORARY APPOINTMENTS	0.00	0.00	4,400.00
					3170	OVERTIME PAYMENTS	0.00	429.78	6,400.00
					3190	ALL OTHER DIFFERENTIAL	563.35	14,916.55	39,836.00
					3210	ERB ASSESSMENT	19.20	393.60	464.00
					3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	12,848.71	237,738.40	236,896.00
					3221	PENSION BOND CONTRIBUTION	3,895.43	74,092.71	75,620.00
					3230	SOCIAL SECURITY TAX	5,279.14	108,441.81	111,384.00

Agency	834		
Agency Title	BOARD OF DENTISTRY		
Appn Year	2023		
Rpt Fiscal Mm	10		
Rpt Fiscal Mm Name	APRIL 2023		
Load Date Gl	5/12/2023		
	Monthly Activity	Biennium to Date	Budget

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl			
3400	BOARD OF DENTISTRY	3000	PERSONAL SERVICES	3241	PAID FAMILY MEDICAL LEAVE INSURANCE	276.02	1,385.03	0.00
				3250	WORKERS' COMPENSATION ASSESSMENT	15.93	318.08	368.00
				3260	MASS TRANSIT	417.35	8,321.96	8,834.00
				3270	FLEXIBLE BENEFITS	12,555.55	240,469.48	305,856.00
				<b>PERSONAL SERVICES Total</b>				<b>104,868.16</b>
		4000	SERVICES AND SUPPLIES	4100	INSTATE TRAVEL	1,799.38	17,559.64	52,968.00
				4125	OUT-OF-STATE TRAVEL	0.00	0.00	7,888.00
				4150	EMPLOYEE TRAINING	0.00	18,881.20	56,553.00
				4175	OFFICE EXPENSES	2,282.38	42,894.61	95,153.00
				4200	TELECOMM/TECH SVC AND SUPPLIES	1,434.56	27,862.37	25,997.00
				4225	STATE GOVERNMENT SERVICE CHARGES	1,318.38	74,277.09	73,273.00
				4250	DATA PROCESSING	2,998.46	103,272.11	186,234.00
				4275	PUBLICITY & PUBLICATIONS	321.05	3,425.77	15,494.00
				4300	PROFESSIONAL SERVICES	8,019.00	262,867.24	270,498.00
				4315	IT PROFESSIONAL SERVICES	0.00	0.00	148,013.00
				4325	ATTORNEY GENERAL LEGAL FEES	7,836.40	245,318.19	306,725.00
				4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	0.00	0.00	735.00
				4400	DUES AND SUBSCRIPTIONS	0.00	9,467.78	10,874.00
				4425	LEASE PAYMENTS & TAXES	7,952.81	151,991.81	186,798.00
				4475	FACILITIES MAINTENANCE	0.00	0.00	608.00
				4575	AGENCY PROGRAM RELATED SVCS & SUPP	2,397.48	39,598.22	107,494.00
				4650	OTHER	3,679.19	105,644.19	95,453.00

Agency	834
Agency Title	BOARD OF DENTISTRY
Appn Year	2023
Rpt Fiscal Mm	10
Rpt Fiscal Mm Name	APRIL 2023
Load Date GI	5/12/2023

Monthly Activity	Biennium to Date	Budget
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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		SERVICES AND SUPPLIES			
				4700	EXPENDABLE PROPERTY \$250-\$5000	0.00	0.00	6,087.00
				4715	IT EXPENDABLE PROPERTY	0.00	63,731.82	24,492.00
				<b>SERVICES AND SUPPLIES Total</b>		<b>40,039.09</b>	<b>1,166,792.04</b>	<b>1,671,337.00</b>

DAFR9210 Agency 834 - month end

Senate Members:

Sen. Lew Frederick, Co-Chair  
Sen. Michael Dembrow  
Sen. Suzanne Weber

Staff:

Julie Neburka, Committee Coordinator  
Vivian Stair, Committee Assistant



House Members:

Rep. Susan McLain, Co-Chair  
Rep. Tracy Cramer  
Rep. Emily McIntire  
Rep. Hoa Nguyen  
Rep. Ricki Ruiz

**JOINT COMMITTEE ON  
WAYS AND MEANS  
SUBCOMMITTEE ON  
EDUCATION**

**Oregon State Capitol  
900 Court Street NE, Room H-178, Salem, Oregon 97301  
Phone: 503-986-1828**

**AGENDA**

**Posted: MAY 05 10:30 AM**

**WEDNESDAY**

**Date: May 10, 2023  
Time: 8:00 A.M.  
Room: HR E**

**Public Hearing and Work Session**

HB 5044  
Board of Dentistry - fee bill

**Work Session**

HB 5011  
Board of Dentistry  
SB 5537  
Teacher Standards and Practices Commission

PLEASE NOTE

This meeting is being held in person at the Capitol. To view a livestream of the meeting, go to:  
<https://olis.oregonlegislature.gov/liz/2023R1/Committees/JWMED/Overview>

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Senate Members:

Sen. Elizabeth Steiner, Co-Chair  
Sen. Fred Girod, Co-Vice Chair  
Sen. Dick Anderson  
Sen. Winsvey Campos  
Sen. Michael Dembrow  
Sen. Lynn Findley  
Sen. Lew Frederick  
Sen. Sara Gelsler Blouin  
Sen. Bill Hansell  
Sen. Tim Knopp  
Sen. Janeen Sollman

Staff:

Amanda Beitel, Legislative Fiscal Officer  
Tom MacDonald, Deputy Fiscal Officer  
Paul Siebert, Deputy Fiscal Officer



House Members:

Rep. Tawna Sanchez, Co-Chair  
Rep. David Gomberg, Co-Vice Chair  
Rep. Greg Smith, Co-Vice Chair  
Rep. Vikki Breese-Iverson  
Rep. Jami Cate  
Rep. Paul Evans  
Rep. Paul Holvey  
Rep. Rick Lewis  
Rep. Susan McLain  
Rep. Khanh Pham  
Rep. E. Werner Reschke  
Rep. Andrea Valderrama

## JOINT COMMITTEE ON WAYS AND MEANS

Oregon State Capitol  
900 Court Street NE, Room H-178, Salem, Oregon 97301  
Phone: 503-986-1828

### AGENDA

**Posted: MAY 17 08:30 AM**

#### FRIDAY

**Date: May 19, 2023**

**Time: 9:30 A.M.**

**Room: HR F**

Senator Steiner, Presiding Co-Chair

#### Work Session

HB 3300

Relating to the Oregon Board of Licensed Professional Counselors and Therapists  
(Senator Frederick, carrier)

SB 221

Relating to the State Department of Geology and Mineral Industries electronic permitting system  
(Senator Frederick, carrier)

HB 5036

Department of the State Fire Marshal  
(Senator Sollman, carrier)

SB 5510

Department of Geology and Mineral Industries  
(Senator Frederick, carrier)

HB 5010

Department of Consumer and Business Services  
(Senator Hansell, carrier)

HB 5011

Board of Dentistry  
(Senator Frederick, carrier)

HB 5024

Mental Health Regulatory Agency  
(Representative McLain, carrier)

**AGENDA (cont.)**  
**May 19, 2023**

- HB 5034  
Department of Revenue  
(Representative Gomberg, carrier)
- HB 5035  
Secretary of State  
(Representative Gomberg, carrier)
- HB 5044  
Board of Dentistry - fee bill  
(Representative McLain, carrier)
- HB 5047  
Oregon Health Authority and Department of Human Services Rebalance  
(Senator Campos, carrier)
- SB 5528  
Board of Parole and Post-Prison Supervision  
(Senator Sollman, carrier)
- SB 5537  
Teacher Standards and Practices Commission  
(Representative McLain, carrier)

Federal Grant Applications

Department of Geology and Mineral Industries - Risk Mapping and Assessment  
(Representative Pham, carrier)

Higher Education Coordinating Commission - AmeriCorps Volunteer Generation Fund  
(Senator Frederick, carrier)

Department of Transportation - I-5 Medium and Heavy-Duty Vehicle Charging and Fueling  
(Senator Hansell, carrier)

Department of Transportation - I-84 Medium and Heavy-Duty Vehicle Charging and Fueling  
(Representative Gomberg, carrier)

Department of Transportation - Local Charging Infrastructure  
(Representative Gomberg, carrier)

Agency Reports

Department of Fish and Wildlife - Disaster Peak  
(Senator Dembrow, carrier)

Department of Forestry - Sudden Oak Death  
(Senator Frederick, carrier)

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## **AGENDA (cont.)**

**May 19, 2023**

<https://olis.oregonlegislature.gov/liz/2023R1/Committees/JWM/Overview>

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**HB 5011 BUDGET REPORT and MEASURE SUMMARY**

**Joint Committee On Ways and Means**

**Prepared By:** Alicia Michelson, Department of Administrative Services

**Reviewed By:** Emily Coates, Legislative Fiscal Office

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**Board of Dentistry  
2023-25**

PRELIMINARY



**Budget Summary\***

	2021-23 Legislatively Approved Budget <sup>(1)</sup>	2023-25 Current Service Level	2023-25 Committee Recommendation	Committee Change from 2021-23 Leg. Approved	
				\$ Change	% Change
Other Funds Limited	\$ 3,859,254	\$ 4,142,862	\$ 4,268,886	\$ 409,632	10.6%
Total	\$ 3,859,254	\$ 4,142,862	\$ 4,268,886	\$ 409,632	10.6%

**Position Summary**

Authorized Positions	8	8	8	0
Full-time Equivalent (FTE) positions	8.00	8.00	7.62	(0.38)

<sup>(1)</sup> Includes adjustments through January 2023

\* Excludes Capital Construction expenditures

**Summary of Revenue Changes**

Funding for the Oregon Board of Dentistry (OBD) is supported through Other Funds revenues primarily generated from licensing fees and applications for licenses and permits. During the 2022-23 Interim, the board adopted a new Dental Therapy license fee through administrative rule to account for a new licensee base of Dental Therapists, which would be ratified in House Bill 5044 (2023). The new fee is estimated to increase Other Funds revenue by \$30,000 in the 2023-25 biennium and is included in the recommended budget as Package 100. The subcommittee recommended budget also includes a fee increase across all license types, which is estimated to generate an additional \$365,150 Other Funds revenue in the 2023-25 biennium. With the adoption of the subcommittee recommendations, the board’s projected 2023-25 ending fund balance is the equivalent of approximately three months of operating expenditures.

**Summary of Education Subcommittee Action**

OBD is charged with the regulation of the practice of dentistry and dental hygiene by setting standards for entry to practice, examination of applicants, issuance and renewal of licenses, and enforcing standards of practice. The board also establishes standards for the administration of anesthesia in dental offices and determines dental procedures that may be delegated to dental assistants and establishes standards for training and certification of dental assistants.

The subcommittee recommended a budget of \$4,268,886 Other Funds expenditure limitation and eight positions (7.62 FTE), which is a 10.6 percent increase from the 2021-23 Legislatively Approved Budget. The subcommittee recommended the following packages:

Package 100: Dental Therapy Fees Implementation. This is a revenue only package that increases revenue for the board by \$30,000 Other Funds. House Bill 2528, from the 2021 Legislative Session, authorized the board to issue a new dental therapy license, which was implemented with a corresponding license fee, effective July 2022. This package includes the revenue garnered from the new licensee base and fees.

Package 200: Oregon Wellness Program. This package increases Services and Supplies by \$80,000 Other Funds to establish funding and support for the inclusion of OBD into the Oregon Wellness Program. The program is designed to provide confidential urgent mental health services to active clinical providers who self-refer.

Package 801: LFO Analyst Adjustments. This package includes several revenue and expenditure adjustments totaling an Other Funds expenditure limitation increase of \$46,024 and a reduction of 0.38 FTE. The expenditure adjustments include the elimination of one vacant Business Operations Manager 2 (1.00 FTE) position, establishes funding for one previously unbudgeted Health Care Investigator (1.00 FTE), and reduces one Health Care Investigator from 1.00 FTE to 0.50 FTE beginning on January 1, 2024 (a reduction of 0.38 FTE in the 2023-25 biennium). The package also increases Other Funds expenditure limitation by \$84,065 to outsource Dental Assistant Certifications to the Dental Assistant National Board (DANB); and includes an increase of \$123,255 of Other Funds revenue received from DANB for Dental Assistant Certifications; and an increase of \$365,150 Other Funds revenue for a fee increase across all fee types, effective July 1, 2023, to help support Package 200 and allow for the board to maintain an ending balance equivalent to three months of operating funds.

The subcommittee approved the following budget note related to the board's budget and accounting services:

**Budget Note:**

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

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

**Summary of Performance Measure Action**

See attached Legislatively Adopted 2023-25 Key Performance Measures form.

**DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION**

**Oregon Board of Dentistry**  
**Alicia Michelson (971) 209 -9217**

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
2021-23 Legislatively Approved Budget at Jan 2023 *	\$ -	\$ -	\$ 3,859,254	\$ -	\$ -	\$ -	\$ 3,859,254	8	8.00
2023-25 Current Service Level (CSL)*	\$ -	\$ -	\$ 4,142,862	\$ -	\$ -	\$ -	\$ 4,142,862	8	8.00
<b><u>SUBCOMMITTEE ADJUSTMENTS (from CSL)</u></b>									
<b>SCR 83400-001 Oregon Board of Dentistry</b>									
Package 200: Oregon Wellness Program									
Services and Supplies	\$ -	\$ -	\$ 80,000	\$ -	\$ -	\$ -	\$ 80,000		
Package 801: LFO Analyst Adjustments									
Personal Services	\$ -	\$ -	\$ (38,041)	\$ -	\$ -	\$ -	\$ (38,041)	0	(0.38)
Services and Supplies	\$ -	\$ -	\$ 84,065	\$ -	\$ -	\$ -	\$ 84,065		
<b>TOTAL ADJUSTMENTS</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 126,024</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 126,024</b>	<b>0</b>	<b>(0.38)</b>
<b>SUBCOMMITTEE RECOMMENDATION *</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,268,886</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,268,886</b>	<b>8</b>	<b>7.62</b>

% Change from 2021-23 Leg Approved Budget	0.0%	0.0%	10.6%	0.0%	0.0%	0.0%	10.6%	0.0%	(4.8%)
% Change from 2023-25 Current Service Level	0.0%	0.0%	3.0%	0.0%	0.0%	0.0%	3.0%	0.0%	(4.8%)

\*Excludes Capital Construction Expenditures

PRELIMINARY

# Legislatively Proposed 2023 - 2025 Key Performance Measures

Published: 5/10/2023 11:36:12 AM

**Agency:** Board of Dentistry

**Mission Statement:**

To promote high quality oral health care in the State of Oregon by equitably regulating dental professionals.

Legislatively Proposed KPMs	Metrics	Agency Request	Last Reported Result	Target 2024	Target 2025
1. Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.		Approved	100%	100%	100%
2. Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.		Approved	7	7	7
3. Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.		Approved	7	7	7
4. Customer Satisfaction with Agency Services - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Accuracy	Approved	87%	90%	90%
	Timeliness		89%	90%	90%
	Overall		85%	90%	90%
	Availability of Information		80%	90%	90%
	Helpfulness		87%	90%	90%
	Expertise		84%	90%	90%
5. Board Best Practices - Percent of total best practices met by the Board.		Approved	100%	100%	100%

**LFO Recommendation:**

The Legislative Fiscal Office recommends approval of the proposed Key Performance Measures and targets.

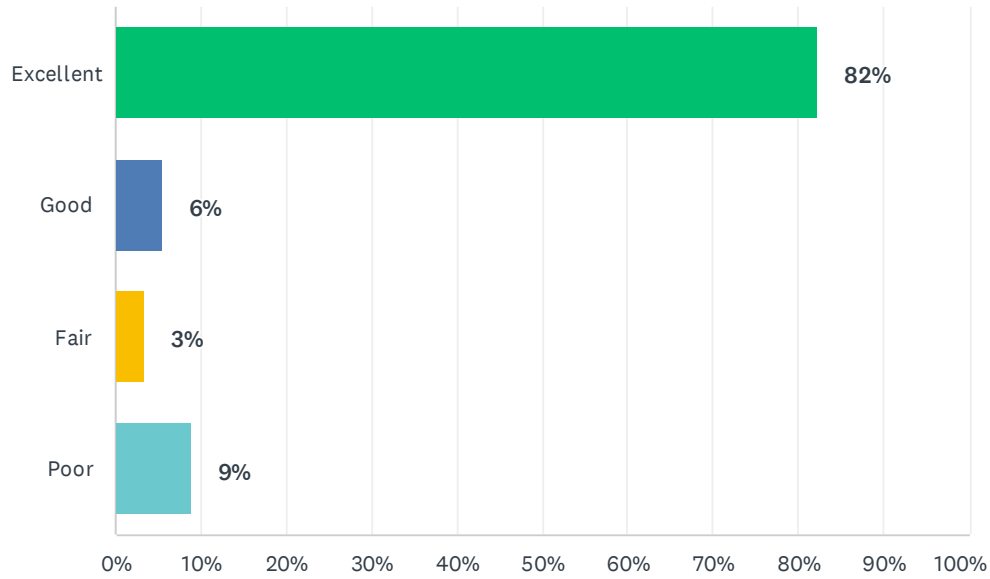
**SubCommittee Action:**

The Education Subcommittee approved the Key Performance Measures and targets.

PRELIMINARY

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

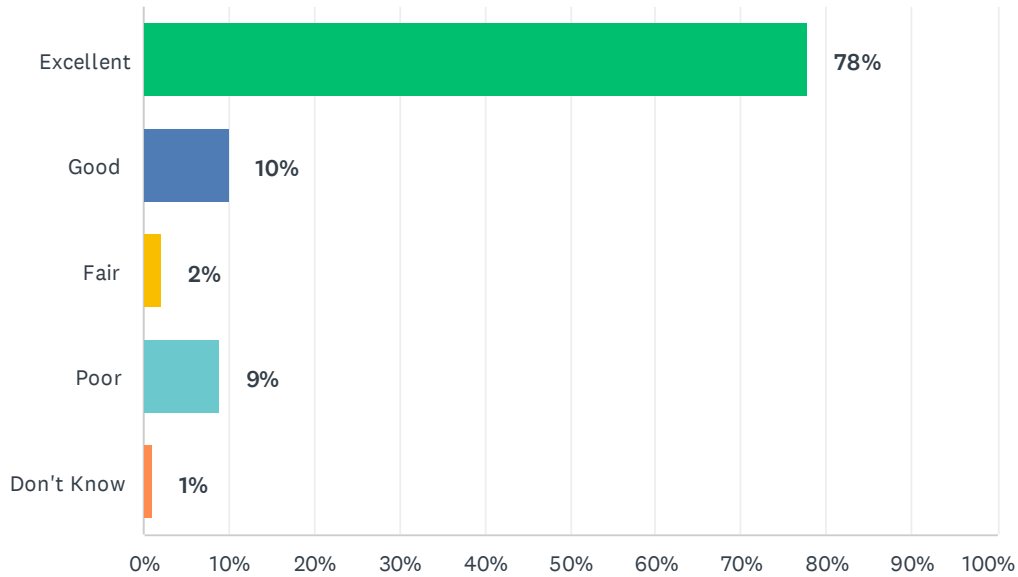
Answered: 90 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	82%	74
Good	6%	5
Fair	3%	3
Poor	9%	8
<b>TOTAL</b>		<b>90</b>

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

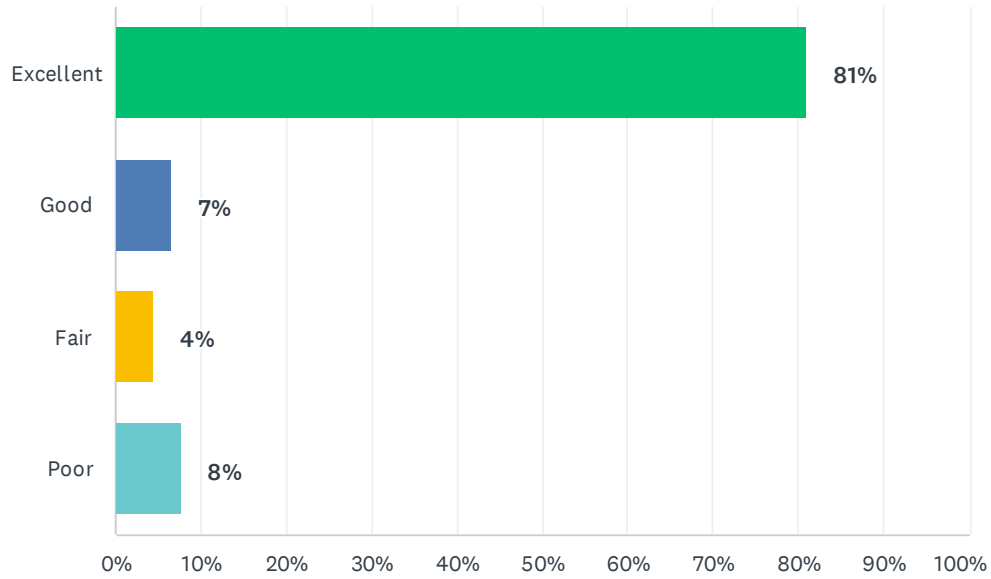
Answered: 90 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	78%	70
Good	10%	9
Fair	2%	2
Poor	9%	8
Don't Know	1%	1
<b>TOTAL</b>		<b>90</b>

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

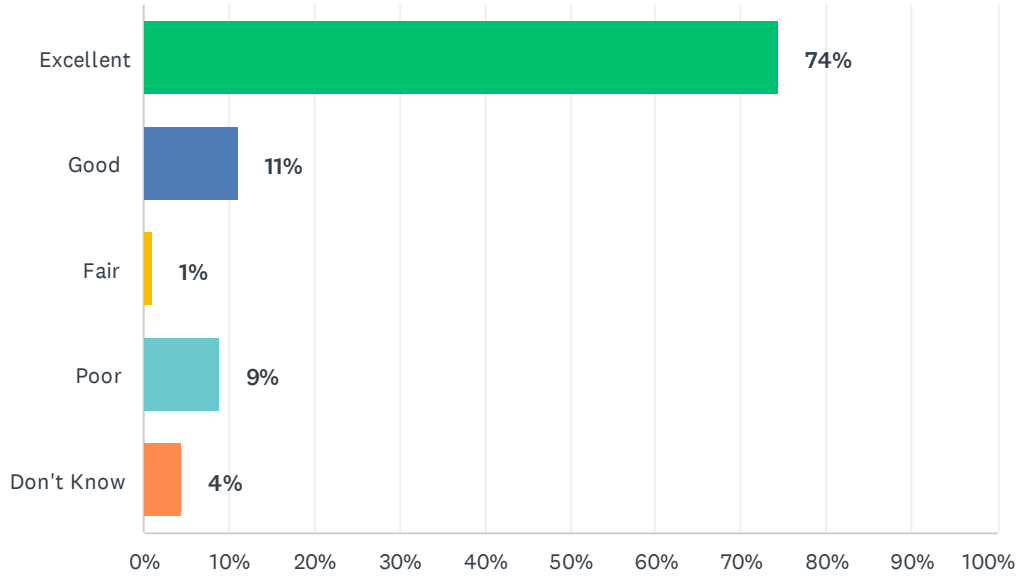
Answered: 90 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	81%	73
Good	7%	6
Fair	4%	4
Poor	8%	7
TOTAL		90

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

Answered: 90 Skipped: 0

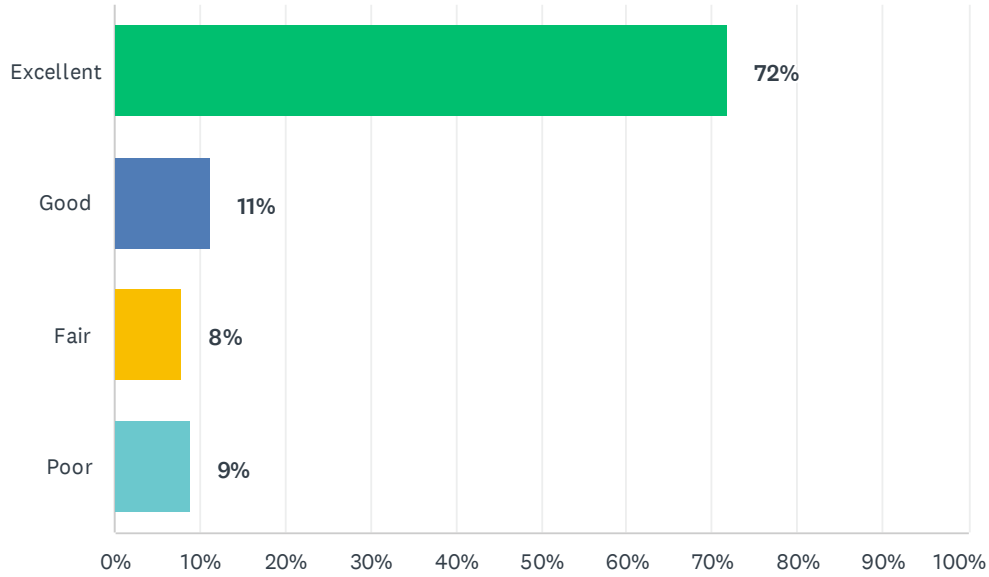


ANSWER CHOICES	RESPONSES	
Excellent	74%	67
Good	11%	10
Fair	1%	1
Poor	9%	8
Don't Know	4%	4
<b>TOTAL</b>		<b>90</b>



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

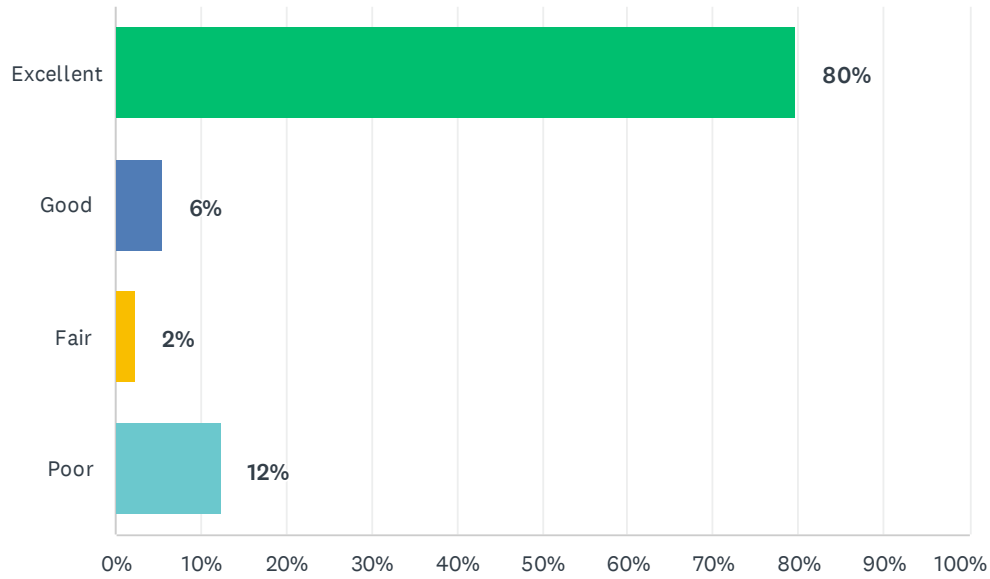
Answered: 89 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	72%	64
Good	11%	10
Fair	8%	7
Poor	9%	8
<b>TOTAL</b>		<b>89</b>

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

Answered: 89 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	80%	71
Good	6%	5
Fair	2%	2
Poor	12%	11
<b>TOTAL</b>		<b>89</b>



# Oregon

Tina Kotek, Governor

OBD Executive Director  
Stephen Prisby

**Board of Dentistry**  
1500 SW 1<sup>st</sup> Ave, Ste 770  
Portland, OR 97201-5837  
(971) 673-3200  
Fax: (971) 673-3202  
[www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

DATE: June 6, 2023  
TO: OBD Board Members  
FROM: OBD Executive Director Stephen Prisby  
SUBJECT: OBD Delegated Duties to Executive Director & Staff

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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 Board Meeting with a new President. I attached the delegated duties that I would like the board to affirm as well as the executive director's job description.

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

## **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**

**Agency:** Oregon Board of Dentistry

**Facility:**

New  Revised

**This position is:**

- Classified
- Unclassified
  - Executive Service
- Mgmt Svc – Supervisory
- Mgmt Svc – Managerial
- Mgmt Svc - Confidential

**SECTION 1. POSITION INFORMATION**

<b>a.</b> Classification Title: <u>Principal Exec Manager E</u>	<b>b.</b> Classification No: <u>Z7008</u>
<b>c.</b> Pos. Est. Date: <u>July 1, 2003</u>	<b>d.</b> Position No: <u>0000521</u>
<b>e.</b> Working Title: <u>Executive Director</u>	<b>f.</b> Agency No: <u>834000</u>
<b>g.</b> Section Title: _____	<b>h.</b> Budget Auth No: <u>000927450</u>
<b>i.</b> Employee Name: <u>Stephen Prisby</u>	<b>j.</b> Repr. Code: <u>MEAH</u>
<b>k.</b> Work Location (City – County): <u>Portland-Multnomah</u>	
<b>l.</b> Supervisor Name (Optional): <u>Board President</u>	
<b>m.</b> Position: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Limited Duration <input type="checkbox"/> Academic Year <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Intermittent <input type="checkbox"/> Job Share	
<b>n.</b> FLSA: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	<b>o.</b> Eligible for Overtime: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Exempt: <input checked="" type="checkbox"/> Executive <input type="checkbox"/> Professional <input type="checkbox"/> Administrative	

**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, dental therapists 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:**

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.

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 therapists, 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?
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

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



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? 5  
 How many employees are supervised through a subordinate supervisor? 3

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Plan work               | <input checked="" type="checkbox"/> Coordinates schedules                    |
| <input checked="" type="checkbox"/> Assigns work            | <input checked="" type="checkbox"/> Hires and discharges                     |
| <input checked="" type="checkbox"/> Approves work           | <input checked="" type="checkbox"/> Recommends hiring                        |
| <input checked="" type="checkbox"/> Responds to grievances  | <input checked="" type="checkbox"/> Gives input for performance evaluations  |
| <input checked="" type="checkbox"/> Disciplines and rewards | <input checked="" type="checkbox"/> 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	\$4.2 million	Other

**Note:** If additional rows of the below table are needed, place cursor 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

Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE ON FILE

Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Appointing Authority Signature

\_\_\_\_\_  
Date

# Oregon Board of Dentistry

EXECUTIVE DIRECTOR  
Principal Executive/Manager E  
Stephen Prisby  
Classification Z7008  
Position 521 1.0 FTE

## INVESTIGATION AND COMPLIANCE MONITORING

## LICENSING/ADMINISTRATIVE SUPPORT

DENTAL DIRECTOR/  
CHIEF INVESTIGATOR  
Principal Executive/Manager E  
Angela Smorra, D.M.D  
Classification Z7008  
Position 522 1.0 FTE

OFFICE MANAGER  
Haley Robinson  
Classification X0806  
Position 524 1.0 FTE

PROJECT MANAGER  
Teresa Haynes  
Classification C0854  
Position SR27 1.0 LDE

DENTAL  
INVESTIGATOR  
Winthrop B. Carter,  
D.D.S.  
Classification C5911  
Position 531 1.0 FTE

INVESTIGATOR 2  
Vacant  
Classification C5232  
Position 528 1.0 FTE

INVESTIGATOR 2  
Ingrid Nye  
Classification C5232  
Position 528 1.0 FTE

LICENSING &  
EXAMINATION  
MANAGER  
Admin Specialist 2  
Samantha VandeBerg  
Classification CO 180  
Position 525 1.0 FTE

ADMIN SUPPORT  
Office Specialist 2  
Kathleen McNeal  
Classification C0104  
Position 529 1.0 FTE



# 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 quality oral health care and protect all communities in the State of Oregon by equitably and ethically 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 placed 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.



# Agency Expectations Update: Small Agency Heads

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Lisa Howard, Oregon State Board of Architect Examiners (Steering Committee)

Rosa Klein, Department of Administrative Services (Project Manager)

Overview of the expectations- 15 min

Questions- 15 min



# Governor Kotek's 11 Agency Expectations

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## January 11<sup>th</sup> Letter outlined 11 Expectations

Performance Reviews for Agency Directors

Performance Feedback for Employees

Measuring Employee Satisfaction (Over 75 Employees)

Supporting Strategic Planning and Measuring Agency Performance

Managing Information Technology Process (Over 50 Employees)

Succession Planning for the Workforce

State Government Commitment to Diversity, Equity and Inclusion

Agency Emergency Preparedness (COOP Plans)

Agency Hiring Practices

Audit Accountability (agencies that have been audited)

Developing New Employees and Managers



# Project Structure & Resources

- Steering Committee
- Enterprise Leads Workgroup
- Website
- Mailing Lists
- Contact Rosa with questions

503-881-8129

[rosa.klein@das.oregon.gov](mailto:rosa.klein@das.oregon.gov)

[Department of Administrative Services](#) > Strategic Initiatives and Enterprise Accountability

## Strategic Initiatives and Enterprise Accountability

ACCOUNTING, REPORTING - SARS
ACCOUNTING SYSTEMS - SFMS
CHIEF FINANCIAL OFFICER
CHIEF HR OFFICER
CHIEF INFORMATION OFFICER
ECONOMIC ANALYSIS
FACILITIES AND LAND
FINANCIAL SERVICES - SFS
FLEET AND PARKING
PAYROLL
PROCUREMENT
PUBLISHING AND DISTRIBUTION
RISK MANAGEMENT
SURPLUS PROPERTY

Governor Kotek has a vision to improve customer service for Oregonians. That means being more efficient, more effective, and creating systems that will empower our collective 42,000 public servants to deliver the services and support Oregonians rely on.

On Jan. 11, 2023, the Governor sent a letter to executive branch agencies with a series of expectations for the leaders of our state agencies and has tasked Department of Administrative Services to create the infrastructure and oversight for agencies to meet these performance measures. These expectations will serve as guideposts for our work with Oregonians, providing new data that will help us break down silos and make system improvements to help serve individuals and families in all corners of the state. [Review Jan. letter and expectations.](#)

### Accountability Measures

[Director 360 Reviews](#)

[Performance Feedback for Employees](#)

[Measuring Employee Satisfaction](#)

[Strategic Planning](#)

[Managing IT Processes](#)

[Succession Planning for the Workforce](#)

[Diversity, Equity and Inclusion](#)

[Agency Emergency Preparedness](#)

Connect with the DAS Strategic Initiatives and Enterprise Accountability:

**Mary R. Moller**

Chief of Strategic Initiatives and Enterprise Accountability  
503-551-9193

[mary.r.moller@das.oregon.gov](mailto:mary.r.moller@das.oregon.gov)

**Rosa Klein**

Strategic Initiatives Project Manager  
503-881-8129

[rosa.klein@das.oregon.gov](mailto:rosa.klein@das.oregon.gov)

[Oregon Agency Expectations Steering Committee](#)



# ELEVEN EXPECTATIONS

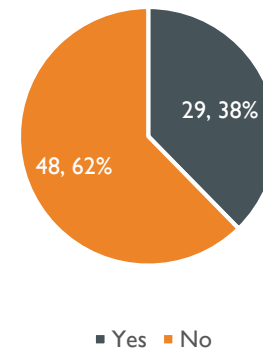





# PERFORMANCE REVIEWS FOR AGENCY DIRECTORS

- Every 2 years
- Specific considerations for Boards, Commissions, Small Agencies: required for Board and commissions already, some annually- if not in workday payroll, don't appear on schedule.
- What kind flexibility do you need or want to make this work for your board?

Performance Reviews for Agency Directors: Has Agency Director received a Performance Review in last 12 months?





# PERFORMANCE FEEDBACK FOR EMPLOYEES

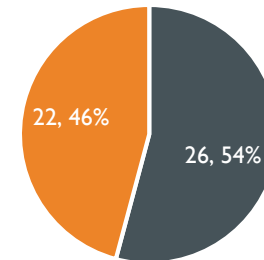
- Definition and scope: May not apply to your organization! Measured through Workday. Data pulled by CHRO.
- Specific considerations for Boards, Commissions, Small Agencies- Workday payroll is where this data lives.
- What tools would be helpful? What kind of flexibility do you need?
- Report posted on SIEA Website: [2023\\_Jan-March\\_2023.04.30\\_DASUpdate2.xlsx \(oregon.gov\)](#)



# MEASURING EMPLOYEE SATISFACTION

- Definition and scope: Over 75 Employees
- Specific considerations for Boards, Commissions, Small Agencies

Performance Feedback for Employees: If your agency is larger than 75 employees, do you measure Employee Satisfaction through a survey?



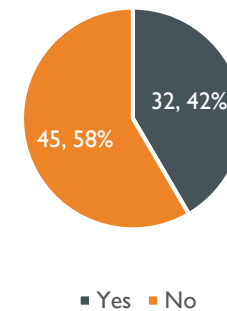
■ Yes ■ No



# SUPPORTING STRATEGIC PLANNING AND MEASURING AGENCY PERFORMANCE

- Definition and scope: 2 different paths- one for agencies that already have a current plan (December 2023) one for agencies that have no current plan (June 2024)
- Specific considerations for Boards, Commissions, Small Agencies: Vendors available, but can use internal staff to complete. Must use same basic outline.

Supporting Strategic Planning and Measuring Agency Performance: Has agency completed a Strategic Plan within the last 36 months?



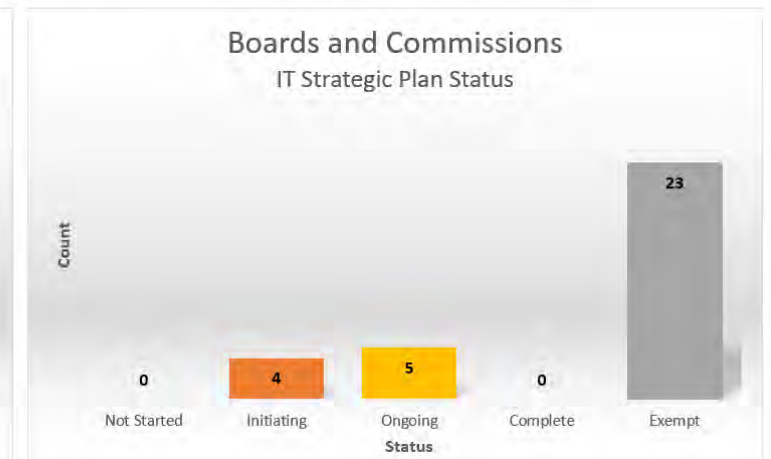
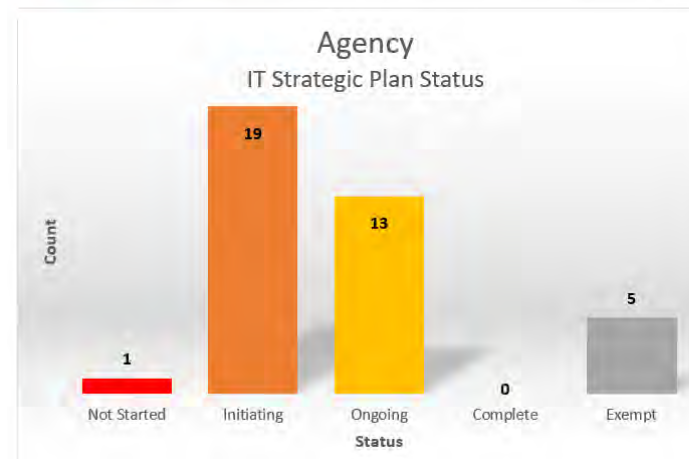
# MANAGING INFORMATION TECHNOLOGY PROCESS

- Definition and scope: 50 FTE and greater. Link to Strategic Plan if possible
- Specific considerations for Boards, Commissions, Small Agencies: connect with your assigned CIO rep at EIS



## Agency IT Strategic Plan Tracking Dashboard

as of May 1, 2023

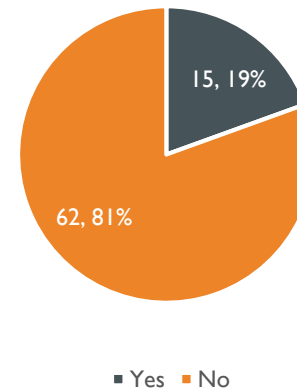




# SUCCESSION PLANNING FOR THE WORKFORCE

- Complete by Dec 31, using tools on website: [State of Oregon: Employee resources and state workforce - Succession planning](#)
- Specific considerations for Boards, Commissions, Small Agencies: May be as simple as a desk manual. Resources needed that CHRO can provide?

Succession Planning for the Workforce: Does your agency have a succession plan in place?



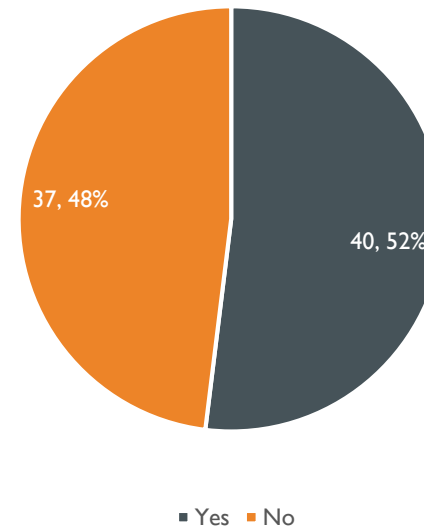




# STATE GOVERNMENT COMMITMENT TO DIVERSITY, EQUITY AND INCLUSION

- Plan (or a Plan-to-Plan) Due on June 1.
- Specific considerations for Boards, Commissions, Small Agencies: Combined with Affirmative Action Plan, Combined with Strategic Plan.

State Government Commitment to Diversity, Equity and Inclusion: Does your agency have a DEI plan completed in the last 24 months?

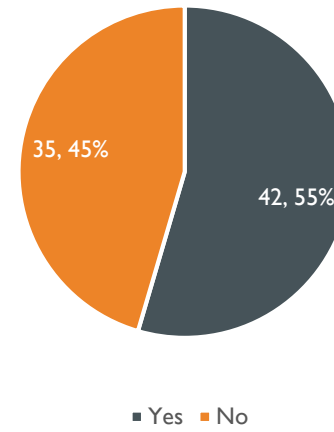




# AGENCY EMERGENCY PREPAREDNESS

- Due by Sept 30
- Specific considerations for Boards, Commissions, Small Agencies: Will new software be available to all organizations?

Agency Emergency Preparedness: Does Agency have a current Continuity of Operations Plan (updated in the last 12 months?)





# AGENCY HIRING PRACTICES

- Definition and scope: Target of 50 days time to hire, Vacancies to be categorized
- Specific considerations for Boards, Commissions, Small Agencies- automatically pulled from Workday by CHRO

## Enterprise Vacancy Rates



- Current vacancy rate of 18.4%
- Reasons for vacancies
  - Turnover; recently became vacant, but pending recruitment
  - Positions are open but currently under recruitment
  - Being held open for cost savings
  - Being held open for reclassification purposes



Supervisory Organization: Executive Branch  
Include Subordinate Organizations: Yes  
Offer/Filled Date Start: 01/01/2023  
Offer/Filled Date End: 03/31/2023

Company	Time to Fill (based on Job Posting and Offer Dates)
Board of Nursing	67
Bureau of Labor and Industries	55
Commission for the Blind	61
Construction Contractors Board	42
Department of Administrative Services	52
Department of Agriculture	66
Department of Consumer & Business Services	56
Department of Corrections	50
Department of Energy	57
Department of Environmental Quality	63
Department of Fish and Wildlife	86
Department of Geology and Mineral Industries	90
Department of Human Services	72
Department of Justice	67
Department of Public Safety Standards and Training	156
Department of Revenue	51
Department of State Lands	61
Department of Transportation	78
Department of Veterans Affairs	52
Employment Department	68
Forestry Department	61
Higher Education Coordinating Commission	84
Land Conservation and Development Department	56
Long Term Care Ombudsman	57
Mental Health Regulatory Agency	42
Office of the Governor	65
Oregon Business Development Department	54
Oregon Criminal Justice Commission	120
Oregon Department of Education	81
Oregon Department of Emergency Management	73
Oregon Forest Resources Institute	136
Oregon Government Ethics Commission	64
Oregon Health Authority	89
Oregon Housing and Community Services	60
Oregon Liquor & Cannabis Commission	81
Oregon Medical Board	70
Oregon State Department of Police	85
Oregon State Library	62
Oregon State Marine Board	52
Oregon State Treasury	29
Oregon Youth Authority	84
Parks and Recreation Department	57
Psychiatric Security Review Board	55
Public Employees Retirement System	65
Public Utility Commission	48
Racing Commission	103
Real Estate Agency	60
Secretary of State	54
State Board of Parole and Post-Prison Supervision	52
State Landscape Contractors Board	41

# AGENCY HIRING PRACTICES



# AUDIT ACCOUNTABILITY

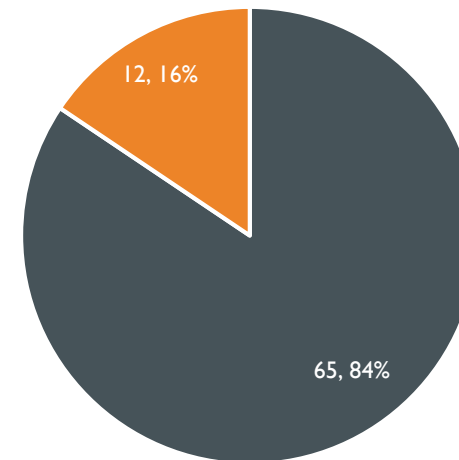
- Applies to all but Semi-Independent agencies
- Resolve all audit recommendations within target date or 12 months from when audit report is issued.



# DEVELOPING NEW EMPLOYEES AND MANAGERS

- New Employee Orientation (12/23), Uplift Oregon Benefits Training (6/23), Foundational Training for Managers (6/23), Customer Service Training (12/23)
- Specific considerations for Boards, Commissions, Small Agencies: Workday Learning
- Info on SIEA Website: [NEO-Criteria.pdf \(oregon.gov\)](#)

New Employee Orientation: Does your agency currently require an orientation for new employees?



■ Yes ■ No

# Oregon Board of Dentistry (OBD) Plan for plan May 2023 – October 2023

- I. Agency Mission The mission of the Oregon Board of Dentistry is to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.
- II. Goals of the Plan for a Plan
- To develop a community-informed plan that aligns with the State's DEI Action Plan and is appropriate and actionable for a staff of 8 people.
- III. Timeline
- October 31, 2023 (after October Board Meeting to be approved and finalized by our Board)
- IV. Engagement Approach
- Board, Licensees, Tribal partners, dental therapy community and other interested parties
  - How do you plan on engaging impacting stakeholders in your plan
    - Invite feedback
    - Summer Newsletter
    - Email blasts
    - Targeted communications
    - Discuss at Board Meetings & Staff Meetings
- V. Expected Plan Components and Strategy Areas
- Part of broader strategic plan initiatives
  - Leverage OHA and other larger agencies effort and initiatives with OBD
  - Compliment Affirmative Action Plan
  - Support Governor and DAS efforts
  - Budget resources allows work
  - Service Deliver/Customer Service
  - Internal/Affirmative Action/Workforce elevated

## Big Issues for consideration

Diversity: How are we ensuring that we're serving the diverse community?

Inclusion: How are we effectively engaging the diverse community in decision making?

Equity: How are we prioritizing investments and strategies to eliminate barriers to access and reimagining systems to address past and eliminate future harm?

**OREGON BOARD OF DENTISTRY**  
1500 SW 1st Ave., Suite 770  
Portland, OR 97201  
Telephone: 971-673-3200



**Diversity, Equity, and  
Inclusion Plan**

**DRAFT**



## **LAND RECOGNITION**

We would like to acknowledge the many tribes and bands who call Oregon their ancestral territory, including: Burns Paiute, Confederated Tribes of Coos, Lower Umpqua and Siuslaw, Confederated Tribes of Cow Creek Lower Band of Umpqua, Confederated Tribes of Grand Ronde, Confederated Tribes of Siletz Indians, Confederated Tribes of Warm Springs, Confederated Tribes of Umatilla Indian Reservation, Coquille Tribe, and Klamath Tribes; and honor the ongoing relationship between the land, plants, animals, and people indigenous to this place we now call Oregon. We recognize the continued sovereignty of the nine federally recognized tribes who have ties to this place and thank them for continuing to teach us how we might all be here together.

## **AGENCY MISSION**

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

## **AGENCY FUNCTION**

The Oregon Board of Dentistry (OBD) is comprised of a ten member board and eight staff members. The Board Members are selected by the Governor and confirmed by the Senate. The staff members are state employees who were hired through the state of Oregon's HR employment system. The OBD utilizes outside HR support for all recruitment efforts. The authority and responsibilities of the Oregon Board of Dentistry (OBD) are contained in Oregon Revised Statutes Chapter 679 (Dentists & Dental Therapists), Chapter 680.010 to 680.205 (Dental Hygienists), and Oregon Administrative Rules, Chapter 818. These statutes charge the OBD with the responsibility to regulate the practice of dentistry, dental therapy and dental hygiene by enforcing the standards of practice established in statute and rule. The primary program activities are Licensing, Enforcement and Monitoring, and Administration.

## **Diversity, Equity, and Inclusion Statement**

OBD is committed to establishing, monitoring, and maintaining a diverse workforce, reflective of the population in the State of Oregon, where all employees are valued, treated fairly, and given opportunities to develop, thrive and feel that they truly belong. This is a commitment to an active program that provides equal opportunities for all persons regardless of race, color, religion, sex, sexual orientation, national origin, marital status, age, or disability. Every employee plays a part in our diverse workforce and inclusive work environment by being respectful and supportive, and by acting with integrity and respect to one another. Each person's skills, talents, knowledge, experiences, and personalities broaden the range of perspectives and approaches to conducting the work we do at the OBD.

OBD can best promote excellence by recruiting, retaining, and accommodating a diverse group of staff in an environment of respect that is supportive of their workplace success. This climate of diversity, inclusion and excellence is critical to successfully attaining our mission of contributing leadership and resources to increase the skills, knowledge and career opportunities of Oregonians.

The OBD is an equal-opportunity employer that is committed to a proactive role in the recruitment and selection process. The OBD will use diverse recruitment strategies to identify and attract candidates and establish interview panels that represent protected-class groups.

The OBD is committed to providing broad and culturally enriched training, career growth and developmental opportunities to all employees on an equal basis, enabling them to further advance and promote their knowledge, skills, and abilities and their value of diversity

The Affirmative Action Policy and Diversity & Inclusion Statement will appear on the OBD's webpage. Additionally, OBD's plan will be provided to all new employees, posted in the employees' common area, and linked in OBD's quarterly newsletter. All OBD employees, with a higher emphasis of responsibility placed on management employees, are responsible for the implementation of the Affirmative Action Policy and Diversity & Inclusion in the workplace. Employees and Board members are expected to ensure that they are aware of the Affirmative Action Policy and Diversity & Inclusion statement and follow the policy and statement guidelines as it pertains to their work, especially during the hiring process.

An individual who has interviewed for employment, who believes they were denied employment based on any of the aforementioned discriminatory factors, may file a complaint with the Executive Director on behalf of the Board. All reported incidents will be investigated promptly, thoroughly, impartially, and discreetly. The investigator will notify the complainant in writing of the results of the investigation. Formal appeals/complaints may also be filed with the state's Affirmative Action Office; the Bureau of Labor and Industries; the Equal Employment Opportunity Commission (909 First Avenue, Ste. 400, Seattle, WA 98104-1061); or the United States Department of Labor, Office of Civil Rights.

The purpose of this statement is to update and maintain the previously initiated affirmative action program for the OBD in keeping with the directive of the GO, State and Federal laws and regulations, and executive orders of the President of the United States of America concerning diversity and inclusion/affirmative action discrimination/non-discrimination guidelines appropriate under the Civil Rights Acts, equal employment opportunity (EEO) policies, and the Americans with Disabilities Act by which our good faith efforts must be directed. We support the work of the OCC and GO, both inside and outside of state government.

The OBD's 2022 -2025 Strategic plan aligns with our agency's goals based on the State of Oregon's 2023-2025 Affirmative Action Plan and the State of Oregon's Diversity, Equity, and Inclusion Action Plan.

While the OBD was created by state laws, we seek to ensure that the OBD builds an organization that uses the concepts of diversity, equity, and inclusion (DEI), such as problem-solving, innovation, and organizational development, to create a workplace that is stronger, better functioning, and more dynamic, and that can deliver the best possible service to the people of Oregon (see Appendix B).

### **2023-2025 Overview and Plan**

During the 2023-2025 biennium, the OBD will work toward meeting its affirmative action, diversity, equity, inclusion, and altruistic goals.

The Board members turned over due to the term limits on Board members. It welcomed five new Board members during the 2021-2023 Biennium. These five were chosen by Governor Kate Brown and confirmed by the Senate. There will at least 5 board member openings during the 2023-2025 Biennium due to board members terming out at various times.

All the basic tasks and mission of the Board to license, regulate and protect the public will remain the Board's highest priorities.

The OBD's 2022 – 2025 Strategic Plan defines priorities in alignment with its statutory obligations and its mission - to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals. The OBD is challenged to address a rapid and accelerating rate of change. Significant shifts are occurring in oral healthcare, dentistry practice, dental therapy services, organizational structures, business models and markets. The Strategic Plan is referenced in this document for its direct alignment with this affirmative action plan for 2023 – 2025.

The OBD sees its mission as elevating the standard of oral health care in Oregon, not solely through regulation but through information, outreach, and education. Additionally, new mandates from the Governor and the Legislature challenge all state agencies to address racial disparities and social determinants of health in the healthcare environment.

The OBD seeks to be an active partner with those that seek a better Oregon for everyone in ways that our small agency can make an impact.

The OBD Board Members and staff ratios have historically remained consistent in terms of the protected classes. At the time of this report, the Board is comprised of 10 Board members, of whom are: one Caucasian man, one Hispanic man, one African American man, one Middle Eastern man, two Asian women, three Caucasian women, and one Native American woman. There are currently eight OBD staff comprised of one Caucasian man, one Hispanic man, one Multiple Ethnicities man, and five Caucasian women. In the past biennium, there has been a noted shift in the classification of worker generation. In previous years, a significant portion of the staff was classified as Baby Boomers. As of June 1 2023, OBD staff include three Millennials, three Generation X, and two Baby Boomers, a much a wider range in the generations (See Organization Charts Appendix C).

**Affirmative Action Report**

Agency Affirmative Action Policy: The Board of Dentistry affirms and supports the Governor’s Affirmative Action Plan and is dedicated to creating a work environment, which will attract and retain employees who represent the broadest possible spectrum of society including women, minorities and the disabled. The Board of Dentistry will not tolerate discrimination or harassment on the basis of race, color, sex, marital status, religion, national origin, age, mental or physical disability, or any reason prohibited by state or federal statute. The Board and its management further adopts and affirms the Governor’s beliefs that the State has a commitment to the right of all persons to work and advance on the basis of merit, ability and potential.

The Board of Dentistry has seven positions budgeted at 8.0 FTE.

Status of 8 staff positions at July 1, 2022:

Official/Administrator	1.0 White/Male/over 40
Professional/Technical	1.0 Hispanic/Male/over 40
Administrative/Support	1.0 Multiple Ethnicities/Male/over 40
	2.0 White/Female/over 40
	3.0 White/Female/under 40

The ten members of the Board are appointed by the Governor and confirmed by the Senate to four-year terms. By statute, six members are licensed dentists, two are licensed hygienists and two are public members.

Status of 10 Board Members positions at July 1, 2022:

Board President	1.0 Hispanic/Male/over 40
Board Vice President	1.0 African American/Male/over 40
	3.0 White/Female/over 40
	2.0 Asian/Female over 40
	1.0 Native American/Female/under 40
	1.0 Middle Eastern/Male/over 40
	1.0 White/Male/over 40

Employees are urged to cross- train whenever possible so that they may take advantage of those opportunities when they occur. The OBD's Executive Director promotes and encourages professional development training. OBD Staff have annually attended the DEI Conference and found great value in it.

**2023-2025 DEI Plan**

We have finite resources and bandwidth to address and work meaningfully on all 10 strategies identified in the state’s most recent Diversity, Equity and Inclusion Action Plan.



**The OBD will focus on these 5 areas:**

**Strategy/Focus Area - Communications**

Challenge: Staff and communities are unaware of programs and services available to them.

Actions: Engage the Racial Justice Commission and Office of Cultural Change. Attend Meetings. Ensure all Executive Orders are being followed and implemented. Share employment opportunities with the Office of Cultural Change, Partners in Diversity, and other DEI minded organizations.

Timeline: By July 1, 2024

**Strategy/Focus Area – Community Engagement**

Challenge: Staff and communities are overburdened by engagement process. Time needs to be allocated to further engage in DEI actions to support community engagement with the OBD.

Actions: Review current outreach processes. Connect with professional associations, dental school, dental hygiene schools and dental therapy programs. Educate staff and Board Members on DEI processes during staff and Board meetings.

- Increase ease of access to OBD services and information
- Ensure equity exists in investigation outcomes

Timeline: By July 1, 2025

### **Strategy/Focus Area – Diversifying Workforce**

**Challenge:** The OBD has limited resources and its mission is not directly focused on workforce, growth, shortages or other. It can do its part with information, education and be a resource.

**Actions:** How to leverage and partner with organizations that have more resources and focus in the area of the oral healthcare work force.

- Dental Assisting education programs
- Dental Hygiene Programs
- Dental Therapy programs
- Tribes
- OHA
- ODAA
- ODHA
- ODA

**Timeline:** By July 1, 2025

### **Strategy/Focus Area – Increase Awareness of Diversity, Equity, and Inclusion within the Board**

**Challenge:** There are a lot of hats that Board and Staff members wear and a lot of documents to read and review. Need to plan extra time for integration and awareness.

**Actions:** Share and encourage participation by OBD staff in all DEI events and educational opportunities, such as the Annual DEI Conference. Our strategy is to revise and update our current processes, while encouraging the awareness of the importance of diversity, equity, and inclusion within our Board and staff, will be implemented over the next biennium with the hopes of creating a more inclusive working environment and culture that supports the Governor's efforts and the OBD as well.

**Timeline:** By July 1, 2024

### **Strategy/Focus Area –Data**

**Challenge:** There is very little data on communities we serve and where consumers look for information

**Actions:** Develop a data strategy that gathers where community members are looking for information about the OBD and the services we provide.

**Timeline:** By July 1, 2025

# State of Oregon Diversity, Equity and Inclusion Action Plan, A Roadmap to Racial Equity and Belonging

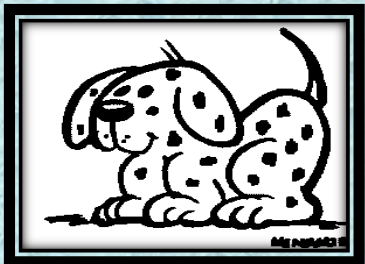




# 2023 SPOTS Forum

State of Oregon  
DAS - EGS - FBS

May 4, 2023





# Agenda

10:00 – 10:10 am	•Introduction (Ru Chen)
10:10 – 10:30 am	•OAM 35.30.90 Coord. Of Vendor Pmt. (Gerold Floyd – DAS - SARS - SWARM)
10:30 – 11:00 am	•Fraud Monitoring, Control and Overview (Nate Johnson - US Bank)
11:00 – 11:40 am	•How to Successfully Prepare for an Internal Audit (Tony Grayson - US Bank)
11:40 – 12:00 pm	•Visa Industry Trends (Orson Morgan – Visa) <b>DELETED FROM PDF AT VISA REQUEST</b>
12:00 – 01:00 pm	•Lunch/Break
01:00 – 01:20 pm	•Refresher on Procurement Rules (Kaliska King – DAS Procurement)
01:20 – 02:20 pm	•Card Prog, Tips and Tricks, Alt Card Solutions (Heather, Shannon, Monica–US Bank)
02:20 – 02:40 pm	•SPOTS Updates (Ru Chen – DAS FBS)
02:40 – 02:55 pm	•Frequently Asked Questions (FAQ)
02:55 – 03:00 pm	•Q&A





# SPOTS Introductions

- ◉ Approving Officers & SPOTS Coordinators
- ◉ SPOTS Support Team
  - › SPOTS Program Administrator – Ru Chen
  - › SPOTS Analyst – Juan Maraver
  - › SPOTS ACH Rebate Coordinator – Rose Mattix
  - › Training Specialist – Julie Tacchini
  - › US Bank
    - Monica Lockett , Heather Swanson, & Shannon Ness



OAM 35.30.90

Coordination of Vendor  
Payments:  
SPOTS purchases

May 2023

# Discussion Points

- ▶ OAM 35.30.90 Background
- ▶ OAM 35.30.90 Overview
- ▶ 2023 updates to OAM 35.30.90
- ▶ Why are we doing this?
- ▶ Questions

# OAM 35.30.90 Background

- ▶ Executive Order 17-09 included the requirement that “state agencies make efforts to recover Liquidated and Delinquent Debt from entities to which state agencies are remitting significant payments” .
  - ▶ The order further required the Department of Administrative Services (DAS) to develop policies requiring state agencies to recoup Liquidated and Delinquent Debt owed by vendors by means of reducing state agencies’ payments to such vendors.
  - ▶ Those policies are now found in OAM 35.30.90 which became effective in June 2018.
- ▶ From January 2018 to December 2022 vendor coordination has intercepted over \$2.4 million in payments.

# OAM 35.30.90 Overview

- ▶ OAM 35.30.90 has provided agencies with guidance regarding the procedures by where vendors that owe a tax debt are identified in SFMA as a deactivated vendor profile and the steps for agencies to follow if attempting to pay such a vendor.
- ▶ This includes notification to the Department of Revenue that an agency owes a payment to a vendor that is identified as owing a tax debt and a garnishment being issued by the Department of Revenue.
- ▶ Agencies then submit the payment using a 444 mail code in SFMA that directs the payment to the Department of Revenue.
- ▶ Training on this process is available in Workday learning.



# 2023 Updates to OAM 35.30.90

- ▶ OAM 35.30.90 was recently updated to include procedures for agencies that use the alternative payment methods such as SPOTS cards.
  - ▶ Agencies shall adopt a transaction threshold for alternative payment methods, the recommended threshold is \$10,000.
  - ▶ When an agency plans to use an alternative payment method and the payment exceeds the threshold, the agency must first check the SFMA vendor profile. If the profile is active or the vendor is not in SFMA the agency may continue with the alternative payment method.
  - ▶ When a vendor profile is inactive and includes the notation “Please contact DOR” the agency shall not use the alternative payment method and instead use SFMA to make the payment and follow the process outlined in OAM 35.30.90.

(Note: ODOT currently participates in vendor coordination using their agency payment system, when making a payment using a SPOTS card ODOT would check their payment system for the vendor status)



# 2023 Updates to OAM 35.30.90

- ▶ DAS will review SPOTS purchases annually and when a merchant has over \$100,000 in purchases during the year, if that merchant is not a vendor in SFMA, the agency with the largest share of those purchases will be asked to establish the vendor in SFMA so future vendor coordination matching can occur between the Department of Revenue and SFMA.

# Why are we doing this?

- ▶ Since OAM 35.30.90 was established the use of SPOTS cards as a method of payment has grown significantly in recent years.
- ▶ These changes were made to show stakeholders that State agencies are making reasonable efforts to collect debts when making payment to vendors without creating an unreasonable burden on the agencies that make payments using SPOTS cards.



# Fraud trends and prevention

How we protect you and your cardholders

# Agenda

- Fraud trends
- Defending against fraud
- Fraud case lifecycle
- Fraud prevention best practices

# Fraud trends

# Prevalent fraud trends



## Merchant compromise

Credit Card information is stolen from merchant databases



## Vishing

Phone based attacks are very effective for manipulating victims because social engineers use their voice to make themselves seem more believable



## Phishing

Fraudsters attempt to obtain personal and credit card information via deceptive emails including malware or ransomware links



## Smishing

Social engineering that utilizes text messages to mislead victims posing as their financial institution or other business entities

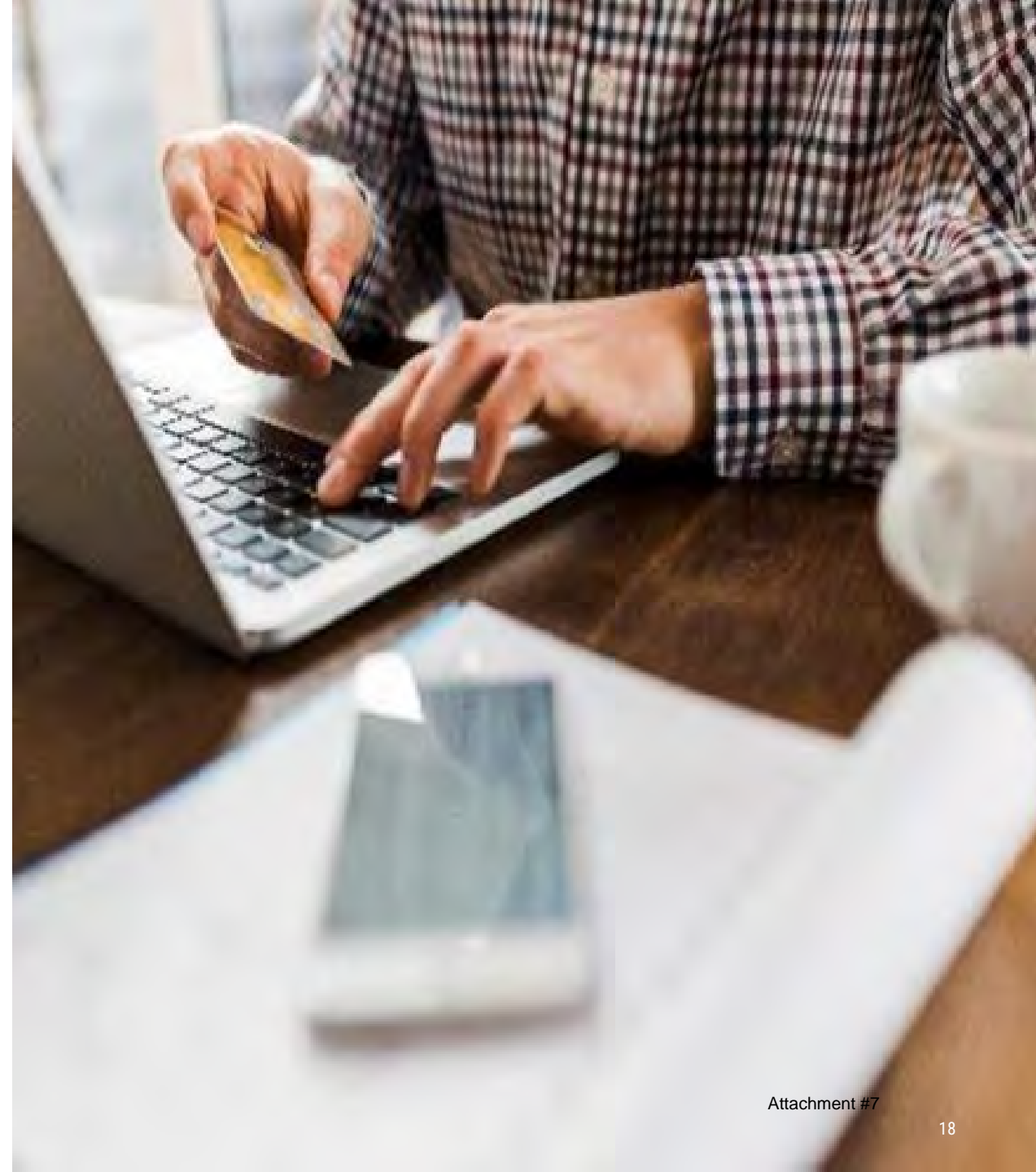


## Credit Master

Program that can generate credit and debit card numbers from a single account number based on the algorithms of card associations which are used to make online transactions

# Account takeover fraud

- Data from merchant and personally identifiable information (PII) breaches combined to take over an account
- With this information, attempts can be made to order new cards to an alternate address for fraudulent use
- In some instances, information is used to remove fraud blocks/protection if account is being declined



# Account takeover fraud mitigation

- Do not publish program information on public or unprotected websites. Fraudsters will use this information to take over the account.
- Fraudsters may contact your program administrator for assistance impersonating a cardholder. Confirm cardholder identity through company instant message or email.
- U.S. Bank **will not** contact you to solicit personal information including, but not limited to, your:
  - Phone number
  - Address
  - Account number
  - Expiration date
  - CVV
  - One-time passcode (OTP)
- If you have any doubts about who you are speaking with, hang up and call the number on the back of your card



# Defending against fraud



## Fraud strategies

### Card Guard

- Approve first transaction and then route to fraud analyst
- Contact cardholder
- Send alerts if enrolled
- Used on lower risk items

### ADS I/II

- High risk fraud
- Decline at the point sale
- Event alerts for declined purchase

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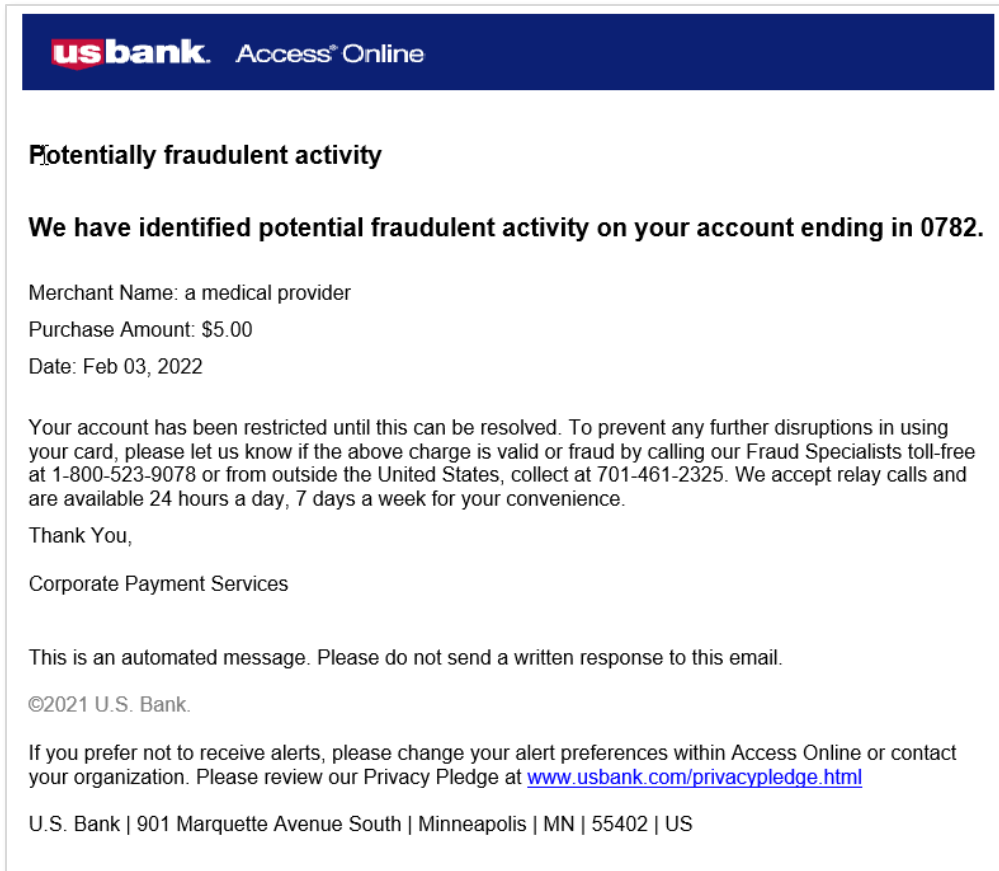


## Pindrop

- Uses risk-based biometrics technology
- Analyzes about 150 different factors related to the call
- Assigns a risk score to each call for potential actions
- Builds profiles for identified fraudulent callers
- Real-time notifications to call center agents
- IVR and outbound call monitoring

# U.S. Bank Access<sup>®</sup> Online fraud alerts

## Email



**usbank.** Access<sup>®</sup> Online

**Potentially fraudulent activity**

**We have identified potential fraudulent activity on your account ending in 0782.**

Merchant Name: a medical provider  
Purchase Amount: \$5.00  
Date: Feb 03, 2022

Your account has been restricted until this can be resolved. To prevent any further disruptions in using your card, please let us know if the above charge is valid or fraud by calling our Fraud Specialists toll-free at 1-800-523-9078 or from outside the United States, collect at 701-461-2325. We accept relay calls and are available 24 hours a day, 7 days a week for your convenience.

Thank You,

Corporate Payment Services

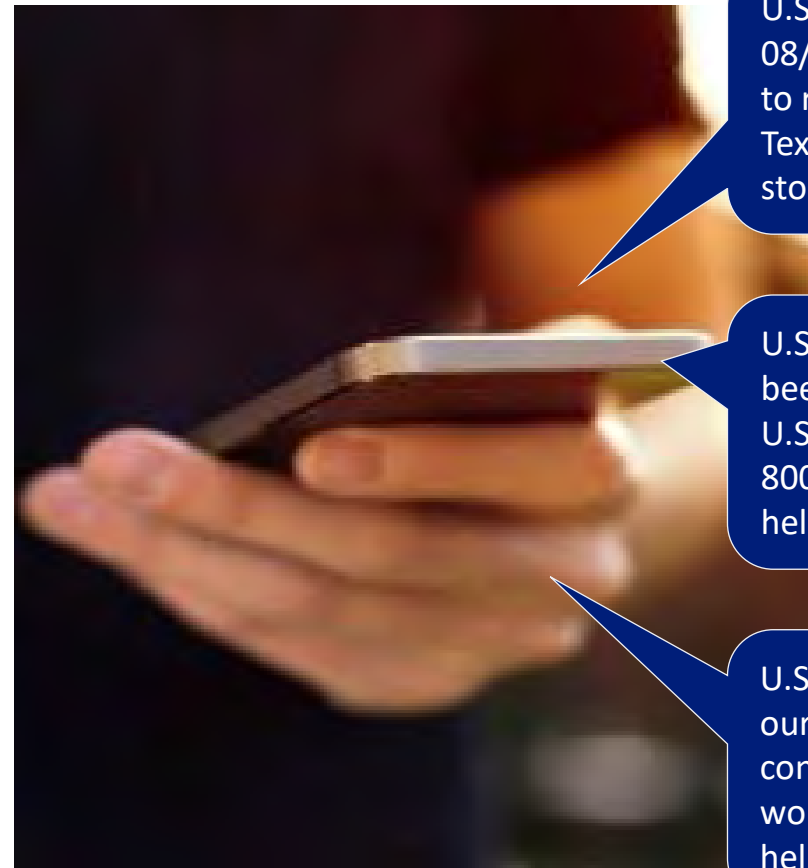
This is an automated message. Please do not send a written response to this email.

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If you prefer not to receive alerts, please change your alert preferences within Access Online or contact your organization. Please review our Privacy Pledge at [www.usbank.com/privacypledge.html](http://www.usbank.com/privacypledge.html)

U.S. Bank | 901 Marquette Avenue South | Minneapolis | MN | 55402 | US

## SMS text



U.S. Bank: ABC Corp \$10,000 on 08/25/19 Reply VALID or FRAUD to resolve or call 800-523-9078. Text HELP for help, STOP for stop

U.S. Bank: Your card has been blocked. Please call U.S. Bank immediately at 800-523-9078. Text HELP for help, STOP for stop

U.S. Bank: We will update our records with your confirmation. Your card is in working order. Text HELP for help, STOP for stop



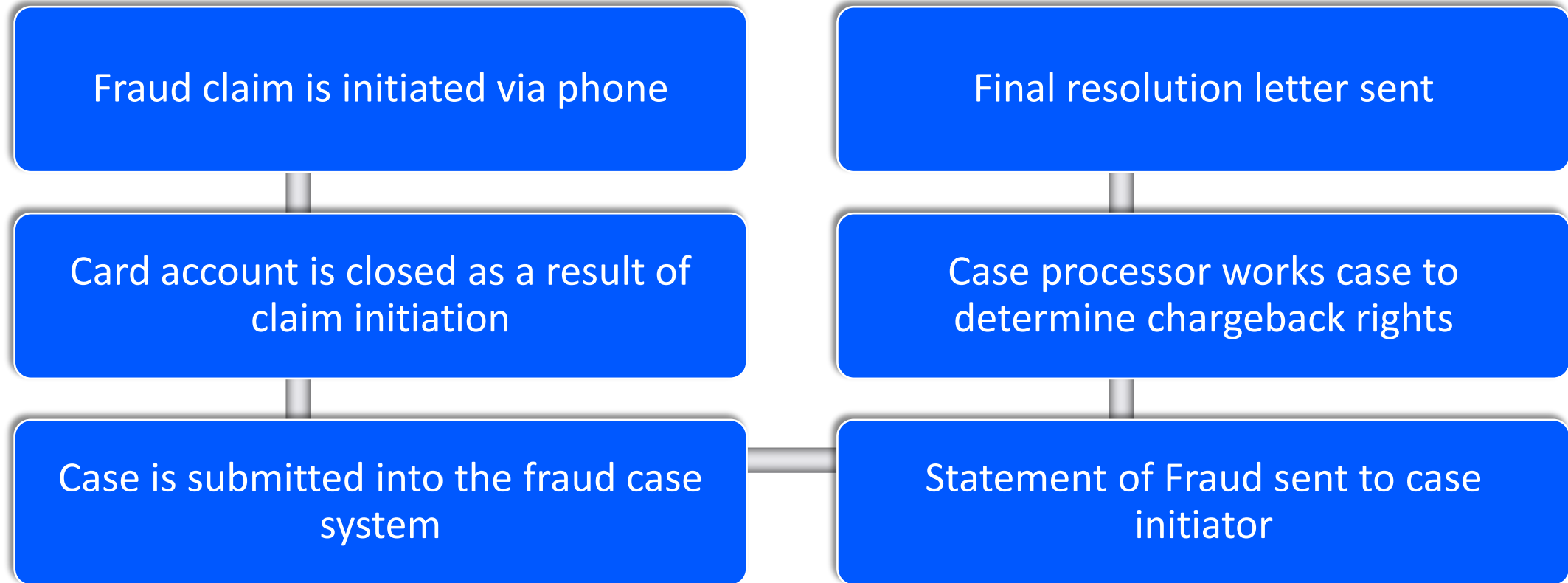
## Event alerts through Access Online

- Card is requested
- Daily account balance
- Payment is made
- Personal information is changed
- PIN on my card is changed
- Purchase is declined
- Purchase amount exceeds
- Balance reaches or exceeds
- Purchase made inside/outside specific state or country



# Fraud case lifecycle

# What happens if fraud is confirmed?



# Fraud prevention best practices



# Program administer best practices

- Do not publish program information on public or unprotected websites
- Confirm cardholder identity through company instant message or email prior to high-risk account maintenance
- Block unused merchant category codes (MCC) and utilize accounts controls (e.g., single purchase limit, velocity limits)
- Keep records current and mind how card data is stored and destroyed
- Manage charging privileges and review spending frequently
- Schedule fraud/transaction reports
- Educate cardholders and communicate policies frequently
- Report unauthorized activity as soon as identified
- Close accounts immediately if an employee leaves the company



## Cardholder best practices

- Sign up for fraud alerts
- Reconcile charges frequently
- Report questionable charges and lost or stolen cards immediately
- Keep address information current with account information on file
- Be diligent when transacting online
- Ensure correct account information is entered/stored to reduce potential interruption
- Call the number on the back of your card if someone claiming to be from U.S. Bank solicits account information, and you did not initiate the call



May 4, 2023

# Preparing your card program for an audit

Discussion of key factors to prepare your card program for review

Tony Grayson, U.S. Bank

# Today's agenda

- Introduction to today's session
- Audit preparations
  - Payment card organization
  - System controls
  - Policy & procedure
  - Card administration
  - Auditing & monitoring
  - Program reporting & administration
  - Accounting controls
- Questions & answers



# Understanding our audience (Poll question)

Which scenario best describes your feeling towards a program review?

- A. Try to avoid it like the plague
- B. Not my favorite thing in the world, but we'll manage through it
- C. We're prepared and ready for it
- D. Some combination of the above







# Discussion of framework and assumptions

Each program and industry is unique

Not intended to be all encompassing

Everyone is **not** at the same level of program maturity

Internal and external reviews have **basic similarities**

# Key payment card audit considerations



# Payment card organizational considerations

Internal reviews begin with the organizational structure

<p>Audit request(s)</p>	<ul style="list-style-type: none"> <li>• Current organizational chart</li> </ul>	<ul style="list-style-type: none"> <li>• Card program position descriptions</li> </ul>
<p>Purpose and rationalization</p>	<ul style="list-style-type: none"> <li>• Basis for employee interviews, controls planning and segregation of duties review</li> <li>• Serve to define scope of program involvement</li> </ul>	<ul style="list-style-type: none"> <li>• Are employees performing duties outlined in job descriptions?</li> <li>• Do employees meet the basic skill qualifications/experience to perform the role as described?</li> </ul>
<p>Deliverable</p>	<ul style="list-style-type: none"> <li>• Current (Last 30 days) Organizational chart</li> <li>• Clearly defined lines of responsibility and reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Current position description               <ul style="list-style-type: none"> <li>• Position summary</li> <li>• Key functions</li> <li>• Expected performance</li> <li>• Experience and skills</li> <li>• Supervisory relationships</li> <li>• Education or certification</li> </ul> </li> </ul>



# Understanding system access and privileges are key to control

Who within the organization can access key systems and what function do they perform?

## Employee Access Listing



- Basis for employee interviews
- Controls planning
- Segregation of duties evaluation
- Evaluation of appropriateness

**Deliverable:** List of all employees with access to key card-related systems. i.e., System User List

## Roles and privileges



- Potential segregation of duties issues?
- Focus on roles that can manipulate or change information

**Deliverable:** Report of roles/privileges for all users and associated capabilities

## Frequency of access



- Assessment of appropriateness
- Need for continued access?

**Deliverable:** Report of last date of system access or access in the 30, 60, 90 days. i.e., System Access Report

# Understanding our audience (Poll question)

Which scenario best describes your most recent audit experience?

- A. We've not had a program audit in over a year
- B. Completed the review, but it was a painful experience
- C. We were well prepared and ready for questions
- D. Some combination of the above



# Card policy serves as a cornerstone of any audit



Scope and overview	Appropriate usage	Responsibilities	Administration
<ul style="list-style-type: none"> <li>• Extension of card program philosophy</li> <li>• Defines card program goals and objectives</li> <li>• Establishes cardholder eligibility</li> </ul>	<ul style="list-style-type: none"> <li>• Definitions and examples of appropriate usage</li> <li>• Card safe-handling requirements</li> <li>• Spend and transaction thresholds</li> <li>• Loss/reinstatement of card privileges</li> </ul>	<ul style="list-style-type: none"> <li>• Establishes accountability and expectations</li> <li>• Required performance of cardholders, reviewers, approvers and card office</li> </ul>	<ul style="list-style-type: none"> <li>• Addresses training requirements</li> <li>• Fraud reporting expectations and requirements</li> <li>• Potential tax implications</li> </ul>

The policy establishes guidelines, boundaries, acceptable uses for the card program

# Card procedures serve as a cornerstone of any audit



Program management procedures	Cardholder notifications procedures	Approval procedures	Fraud procedures
<ul style="list-style-type: none"> <li>• Address card ordering, distribution and storage</li> <li>• Card termination and suspension</li> <li>• Card destruction</li> </ul>	<ul style="list-style-type: none"> <li>• Notification of terminated employees</li> <li>• Employees on Leave of Absence (LOA)</li> <li>• Internal employee transfers</li> </ul>	<ul style="list-style-type: none"> <li>• Card application and approval process</li> <li>• Establishing transaction and velocity limits</li> <li>• Transaction approval</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive fraud plan in place</li> <li>• Execution of preventive and detective controls testing</li> <li>• Risk-based auditing</li> <li>• Actionable program reporting</li> </ul>

Procedures establish defined and repeatable best practices for program management

# Frequent requests involving card administration



## Request from auditors

Samples of approved Payment Card Applications

Samples of Cardholder Agreements

Documentation supporting limit or velocity changes

Policy and procedures for ordering and receiving cards



## Audit purpose

Confirms applications are authorized and approved

Confirms employee care and ownership of card

Confirms limit changes are in accordance with policy

Ensures segregation of duties controls are in place



## Deliverable

*Signed* cardholder applications with appropriate approvals

*Signed and dated* Cardholder Agreement

Documentation supporting approvals of limit changes

Audit trail of card orders, card receipt, and activation



# Auditing and monitoring provide assurance of controls



## MCC blocking & controls

- MCC blocking reflects organizational card policy
- Documentation and confirmation MCC controls are in place and working as designed

## Card transaction review

- What is the policy regarding the timely review and approval of transactions?
- What is the transaction audit plan and is followed on a consistent basis?

## Expense reporting/allocation

- Who is responsible for transaction review? Are they well versed in card policy?
- Does your policy clearly define expense substantiation? Are there ramifications for omission?

# Program reporting drives visibility and transparency

Establishes management oversight and responsibility of card program



## Employee transaction and activity review

- Does past cardholder activity warrant existing spend limits ?
- Who are the top cardholders in terms of spend and transaction activity?
- Is cardholder activity consistent with job responsibilities and departmental activities?

## Merchant Spend and transaction analysis

- Who are the top merchants in terms of spend and activity?
- Is merchant activity consistent with the departmental mission?
- What are the top MCCs in terms of spend and activity?

## Program dashboard review

### Reflection of program philosophy

Dashboard should serve as an extension of the program philosophy and reflect goals and objectives.

### Key metrics

There's no "right" or "wrong" set of reporting metrics.

Actionable and reflective of what's important to your organization.

### Sample metrics

A listing of possible key reporting metrics could include the following:

- Card Utilization % current month
- % of Active Cards in past 30, 60, 90 days
- Value of Unexpensed Transactions
- Transaction Declines by Cardholder/Reason
- Number of Invoices Avoided



# Frequent program administration audit requests

## Service Organization Control Report (SOC 1 & 2)

Confirms service  
organization, controls  
compliance

## Review key contract provisions

Are contract provisions  
current and duly  
authorized?

## New cardholder training

Serves to establish policy  
knowledge and awareness  
of responsibilities

## Ongoing cardholder training

Recognition of changing  
card program policies and  
procedures

## Invoice or statement review

Confirm receipt, review,  
retention of statements

Attest to the review and  
approvals of reconciliations



# Accounting controls ensure accurate financial statements

## Accrual entries

- Unexpensed card transactions *(In accordance with policy)*
- Earned but not received rebate *(In accordance with policy)*

## Review revenue sharing calculations

- Supporting documents
- Confirm amounts and calculations
- Standard or Discount Rates *(If applicable)*

## Clearing account reconciliations

- Preparation and review *(In accordance with policy)*
- Addressing long-standing reconciling items

## Personal charges

- Policy expectations
- Procedure for recoupment of funds



# Consulting services

Require in-house payment card consulting expertise

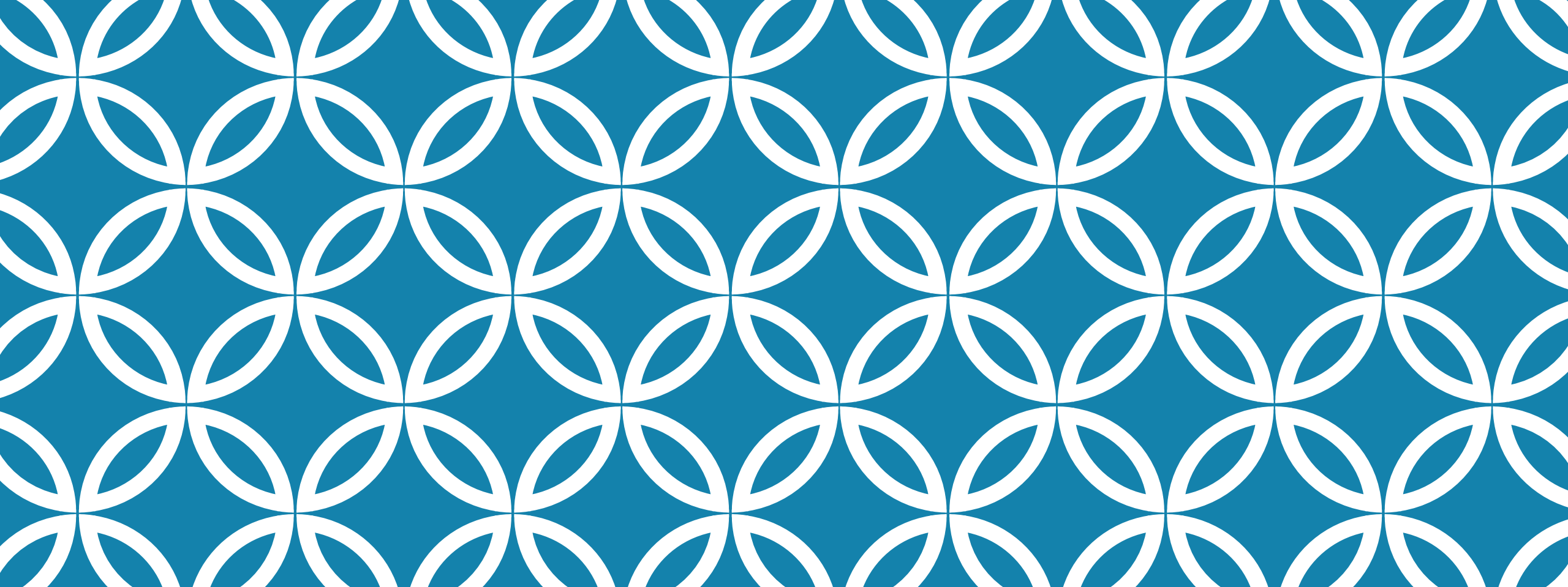


- Available for life of banking relationship
- Expertise across full spectrum of Procure-to-Pay processes
- Provided at no cost
- Leverages external industry data sources
- Industry certified expertise

## Services provided

- Payment strategy development
- Industry benchmarking analysis
- Best practices consultation
- Program optimization
- Payment process mapping
- Program utilization review
- Whitepaper program evaluation
- Supplier retention strategy recommendations

Tony Grayson - Vice President Payment Consulting  
Anthony.Grayson@USBank.com  
(615) 761-4048



# PROCUREMENT SERVICES

State of Oregon US Bank Contract  
Contract Administrator  
Kaliska King, CPPB, OPBC

# THE BUY DECISION

The Buy Decision priority outlines the order described in OAR 125-247-0200(2)(a)-(d). If a higher priority source satisfies a procurement need, and law requires the use of that source, the agency must procure through that higher priority source and may not elect to procure through a lower priority source.

**Step 1 Surplus Property**: Surplus provides a central repository for the collection, reutilization, and public sale of excess and surplus property and vehicles for all state agency and public entities. An agency must look to see if the products are available through surplus before going out to the open market. Refer to the full section on [Surplus Property](#) for more information.

# BUY DECISION (cont. 2 of 3)

**Step 2: Oregon Forward (formally QRF's)** A Qualified Rehabilitation Facility (QRF) is a non-profit rehabilitation organization employing individuals with disabilities. QRFs provide services such as janitorial services, recycling services, food and beverage services, temporary staffing services, etc. An agency must assess the availability of products or services from a QRF before going out to the open market. Refer to the full section on [Qualified Rehabilitation Facility Program](#) for more information.

**Step 3 Inmate Labor:** Oregon Corrections Enterprises (OCE) provides full-time work or on-the-job training to inmates. OCE provides products and services such as furniture, office setting, signs, park equipment, printing services, call centers, and laundry services. An agency must consider products or services from OCE before going out to the open market. Refer to the full section on [Inmate Labor](#) for more information.

# BUY DECISION (cont. 3 of 3)

**Step 4 DAS Statewide Price Agreements.** An agency is required to purchase products and services from DAS Statewide Price Agreements when other steps in the Buy Decision do not yield results. An agency may purchase products or services from a price agreement, and may conduct a competitive process within a multiple award agreement. Most commonly used products and services are found on the price agreements. Refer to the full section on [DAS Statewide Price Agreements](#) for more information.

**Step 5 Open Market.** If steps 1-4 of the Buy Decision do not yield results, an agency may procure needed products and services through the open market. Open market methods are described below.

This includes Amazon purchases. The Buy Decision must be exhausted before purchases are made on Amazon.

# OPEN MARKET METHODS AND THRESHOLDS

Method's

**Small Procurement.** \$10,000.00 or less for a single purchase. Procurement of products and services may be obtained by a direct purchase or other non-competitive process. Refer to the full section on [Small Procurement](#) for more information.

**Intermediate Procurement.** More than \$10,000.00 but less than \$150,000.00 for the purchases of good or services. An agency has the authority to conduct competitive solicitations for intermediate procurements for products and services and must advertise them using OregonBuys. Refer to the full section on [Intermediate Procurement](#) for more information.



# OPEN MARKET (cont.)

**Competitive Sealed Proposals ( RFP).** The RFP process typically used when seeking personal or professional services. Awards are based upon a variety of evaluation factors that are listed in each respective RFP document. Refer to the full section on [Competitive Sealed Proposal \(RFP\)](#) for more information.

**Competitive Sealed Bidding (ITB).** The basis for award in this process is a responsive bid at the best price. Refer to the full section on [Competitive Sealed Bidding \(ITB\)](#) for more information.

**Important take away:** When it comes to any type of procurement method used to obtain goods or services, the SPOTS card is only a payment mechanism. It is not a substitute for a procurement method.

# OTHER PROCUREMENT METHODS

**Emergency:** Limited to circumstances that could not have been reasonably foreseen that create a substantial risk of loss, damage, interruption of services or threat to public health or safety.

**Emergency Procurement:** Regardless of the contract amount, the agency must encourage competition that is reasonable and appropriate under the Emergency circumstance.

The agency must describe and document the needed products or services. The documentation must describe the contract scope that adequately addresses, and is limited to the risk - created or anticipated - by the Emergency circumstance. Refer to the full section on [Emergency Procurement](#) for more information.

# OTHER METHODS (cont.)

**Special Procurement Criteria:** Limited to procurements where an agency determines that the public or the agency will benefit and competition will not be harmed.

**Special Procurement:** Applicable to single or related contracts on a one-time basis or a series of contracts over time or for multiple projects, this procedure is exempted from open market procedures. The State Chief Procurement Officer must preapprove all new or amended special procurements. Refer to the full section on [Special Procurement](#) for more information.

# OREGONBUYS

With this system being new it's always changing. For the most current updates, please go to the OregonBuys Website:

[State of Oregon: OregonBuys project information - OregonBuys project information](#)

# QUESTIONS

My contact information is:

Kaliska King, CPPB, OPBC

Phone: 503.798.1907

Email: [Kaliska.king@das.oregon.gov](mailto:Kaliska.king@das.oregon.gov)

Websites for more information:

<https://www.oregon.gov/das/OPM/Pages/method.aspx>

<https://www.oregon.gov/das/ORBuys/Pages/Index.aspx>



May 4, 2023

# State of Oregon – SPOTS Commercial Card Program Annual Forum



**Monica Lockett**  
Relationship Manager  
M: 480.714.6274  
E: [monica.lockett@usbank.com](mailto:monica.lockett@usbank.com)



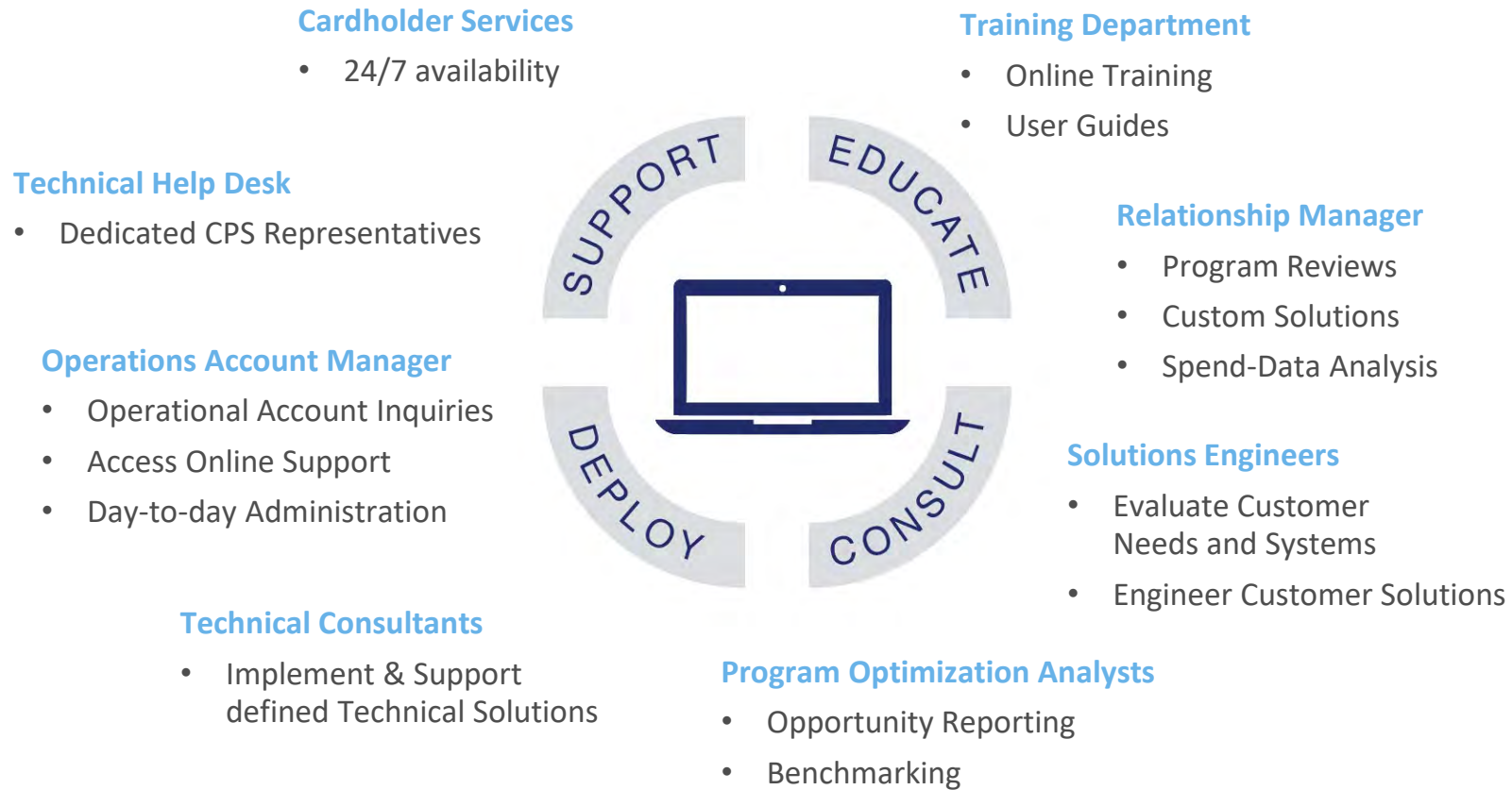
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**Heather Swanson**  
Dedicated Account Manager  
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E: [heather.swanson@usbank.com](mailto:heather.swanson@usbank.com)

# U.S. Bank Support Model

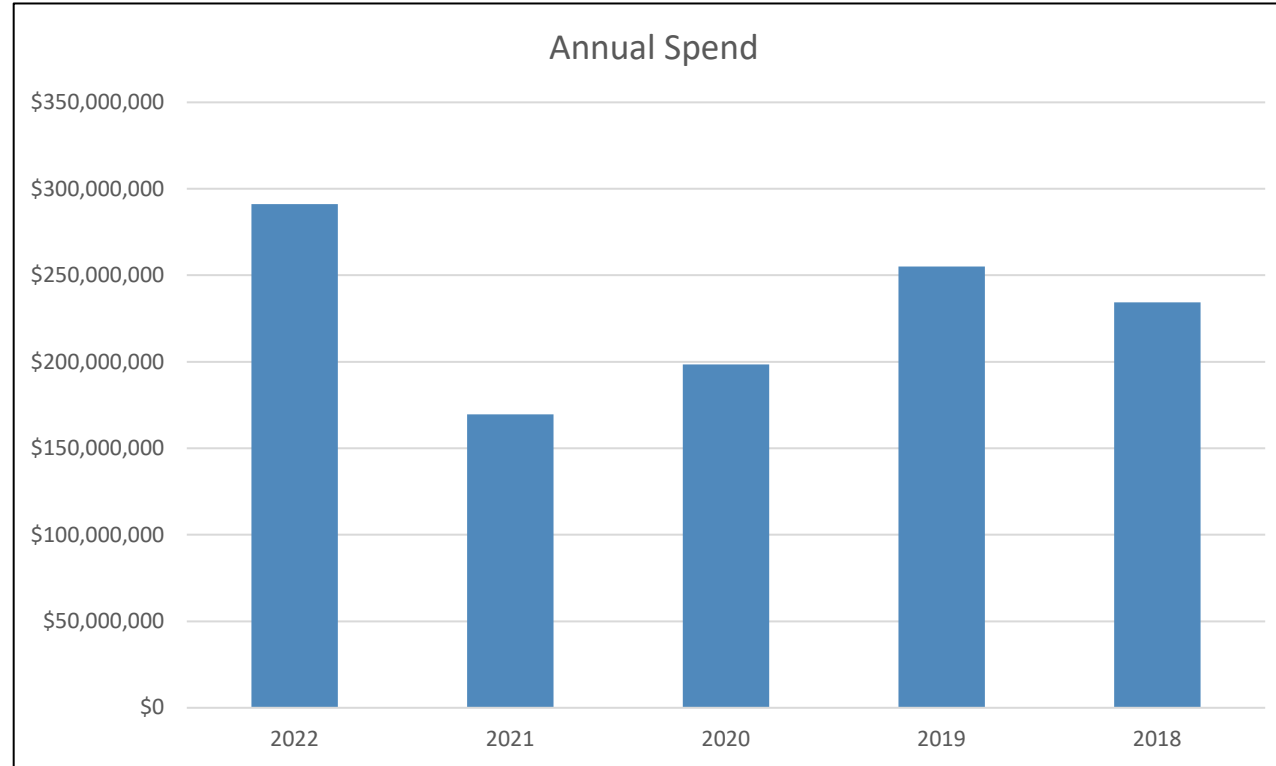
Customized support includes comprehensive, ongoing client services through all phases of the product lifecycle





# State of Oregon Program Review

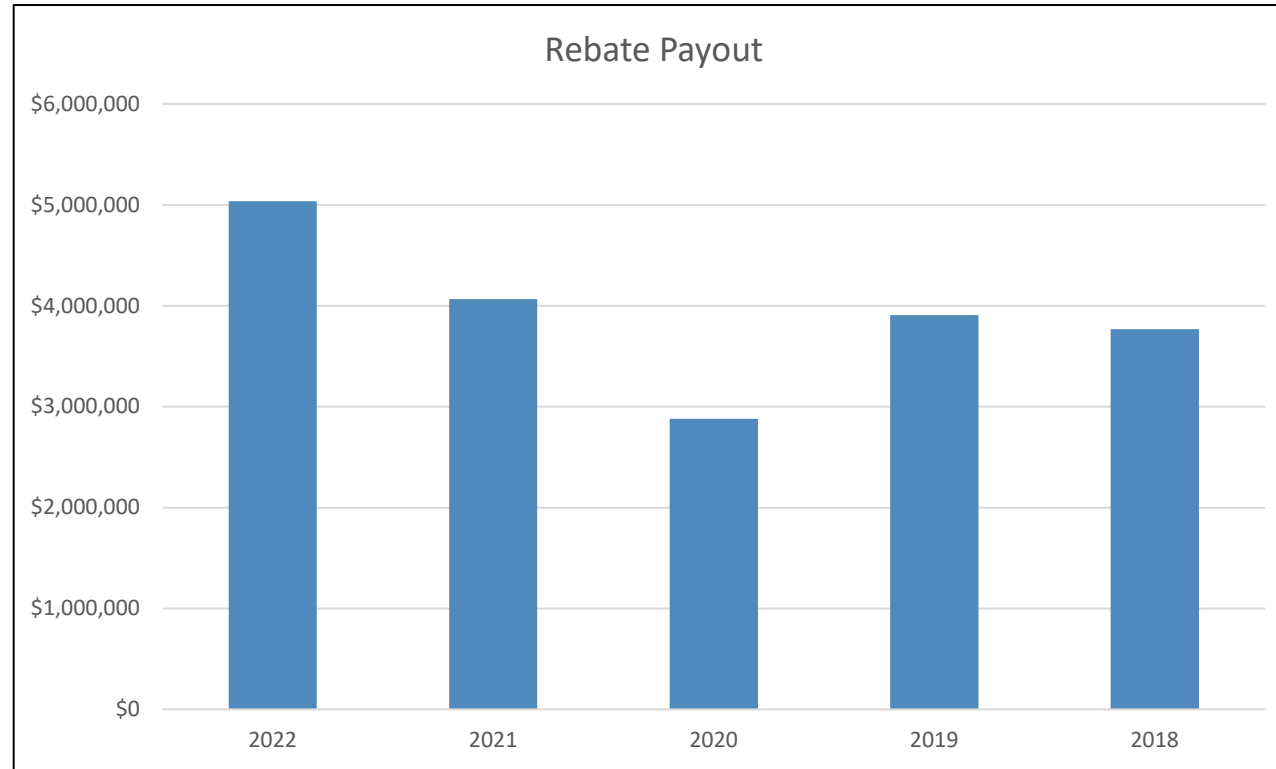
## Overall Program Performance Highlights: Spend



2022	2021	2020	2019	2018
\$ 291,221,366	\$ 169,687,998	\$ 198,465,348	\$ 255,030,891	\$ 234,271,567

# State of Oregon Program Review

## Overall Program Performance Highlights: Rebate



2022	2021	2020	2019	2018
\$ 5,034,300	\$ 4,064,024	\$ 2,878,507	\$ 3,904,556	\$ 3,767,630

# State of Oregon Program Review

## Overall Program Performance Highlights: Top 16

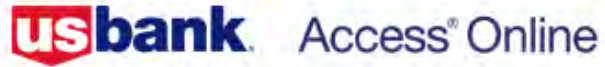
Agency Name	Total Annual Spend
Oregon Department of Human Services	\$ 8,058,888.83
Oregon Department of Corrections	\$ 5,539,876.49
Oregon Department of Administrative Services	\$ 4,595,335.37
Oregon Department of Forestry	\$ 4,098,065.25
Oregon Department of Transportation	\$ 3,602,505.82
Oregon Department of Fish and Wildlife	\$ 3,545,676.52
Oregon Department of State Parks and Recreation	\$ 2,500,282.85
Oregon Youth Authority	\$ 2,285,208.67
Oregon Department of State Police	\$ 1,823,527.81
Oregon Employment Department	\$ 1,719,373.47
Oregon Tourism Commission	\$ 1,337,104.53
Oregon Judicial Department	\$ 1,246,706.79
Oregon Department of Consumer and Business Service	\$ 1,223,450.29
Oregon Department of Agriculture	\$ 1,125,437.50
Oregon Department of Education	\$ 867,060.92
Oregon Military Department	\$ 784,251.73



# Training Resources

# Training Resources

Training resources made available 24/7



 Chat With Us  Log Out

- Request Status Queue
- Active Work Queue
- System Administration
- Account Administration
- Payment Plus
- Order Management
- Transaction Management
- Enhanced Supplier Management
- Account Information
- Data Analytics Reporting
- Data Exchange
- My Personal Information

## Welcome to Access Online Monica Lockett

Your last login was 03/29/2023

### Message Center

[Message\(s\) from Access Online](#)


### Language Selection:

American English ▾

### Home

Payment Analytics

Contact Us

**Training** 

TravelBank Travel & Expense



# Training Resources

Training resources made available 24/7

## Access® Online

Select Organization: USBC | Admin | Get help | Contact us | Français

### Web-based training

Welcome, Monica Log out

Search

Search

Home WBT reporting Access Online class registration

#### Home

#### Learning topics

##### Announcements

##### All topics

##### Getting started

- Login and passwords
- Cardholder-initiated account setup
- Cardholder application portal
- Navigation
- Mobile app

##### System administration

- Accounting
- Suppliers
- Controls and settings

##### Accounts and users

- Cardholder accounts
- Managing accounts
- My personal information
- Users
- Fleet

##### Transactions and approvals

- Transactions
- Transaction approval process
- Account approval process

##### Orders

- Order management

Filter

Change role Commercial Administrator

Status  Select all  Unassigned  Assigned  In progress  Completed

Apply

Home / Announcements

Welcome to Access Online web-based training! Open the learning topics to search and/or select training.

March 30, 2023

#### Announcements

**Welcome!** Welcome to the new web-based training site. We took your input and made changes that we hope make the site even easier to navigate.

**Start training:** To get started, in the *Learning topics* area at left, select a topic to see all the relevant resources. Click a resource name to open the resource. Click an information icon for a description of that topic. Filter the resources by selecting a filter option and clicking **Apply**.

**Certification:** You can take a certification directly from the subtopic or right after you finish a lesson.

**Search:** To search for a specific item, simply specify a search term in the search field at the top of the screen and click **Search**. You can filter the results and then click a resource name to open the resource. To return a complete list of training resources, leave the search field blank.

**Resources:** For more detailed steps, refer to the [Training selection and certification quick reference](#). You can also review the [Training Overview recorded class](#). We also updated the [Cardholder Training Tool presentation](#) with information on the new site design. This presentation is a live file that you can customize with your own information to train your cardholders. You can also refer to the [WBT reporting quick reference](#) for instructions on running training reports.

# Training Resources

Training resources made available 24/7

## SPOTS Coordinator Training Recommendations:

- Access Online Webtool Walkthrough
- Cardholder Account Setup and Maintenance
- User Profile Setup and Maintenance
- Transaction Declines
- Flex Data Reporting and Data Analytics
- Managing your Card Program

The screenshot shows a navigation bar with the following items: Home, My Learning Plan, Access Online class registration (highlighted with a red box), and WBT reporting. Below the navigation bar is a section titled "Upcoming Training Webinars". At the top of this section is a filter for "Events per page" set to 20, and view options for "List View" and "Date View". Two webinar entries are listed:

- Access Online** **Access Online: Access Online Webtool Walkthrough (03/30/2023)**  
Thursday, March 30, 2023 8:00:00 AM MST - 9:30:00 AM MST  
Audience: Program Administrators, Agency Organization Program Coordinators  
Tags: Access Online, Access Online, Access Online Walkthrough  
Buttons: Register, Event Details
- Access Online** **Access Online: Flex Data Reporting and Data Analytics (03/30/2023)**  
Thursday, March 30, 2023 1:00:00 PM MST - 2:00:00 PM MST

# Access Online Enhancements



# Access Online System Enhancements

Learn about recent enhancements made to Access Online by attending a live instructor led training sessions

## Register through Access Online Web Based Training



- Request Status Queue
- Active Work Queue
- System Administration
- Account Administration
- Payment Plus
- Order Management
- Transaction Management
- Enhanced Supplier Management
- Account Information
- Data Analytics
- Reporting
- Data Exchange
- My Personal Information

### Welcome to Access Online Monica

Your last login was 03/08/2023

### Message Center

[Message\(s\) from Access Online](#)

- Home
- My Learning Plan
- Access Online class registration**
- WBT reporting



**Access Online: System Enhancements (04/18/2023)**  
Tuesday, April 18, 2023 8:00:00 AM MST - 9:00:00 AM MST

Audience: Access Online Users.

Tags: [Access Online\\*](#) [Access Online](#)

Register

Event Details

### Home

[Payment Analytics](#)

[Contact Us](#)

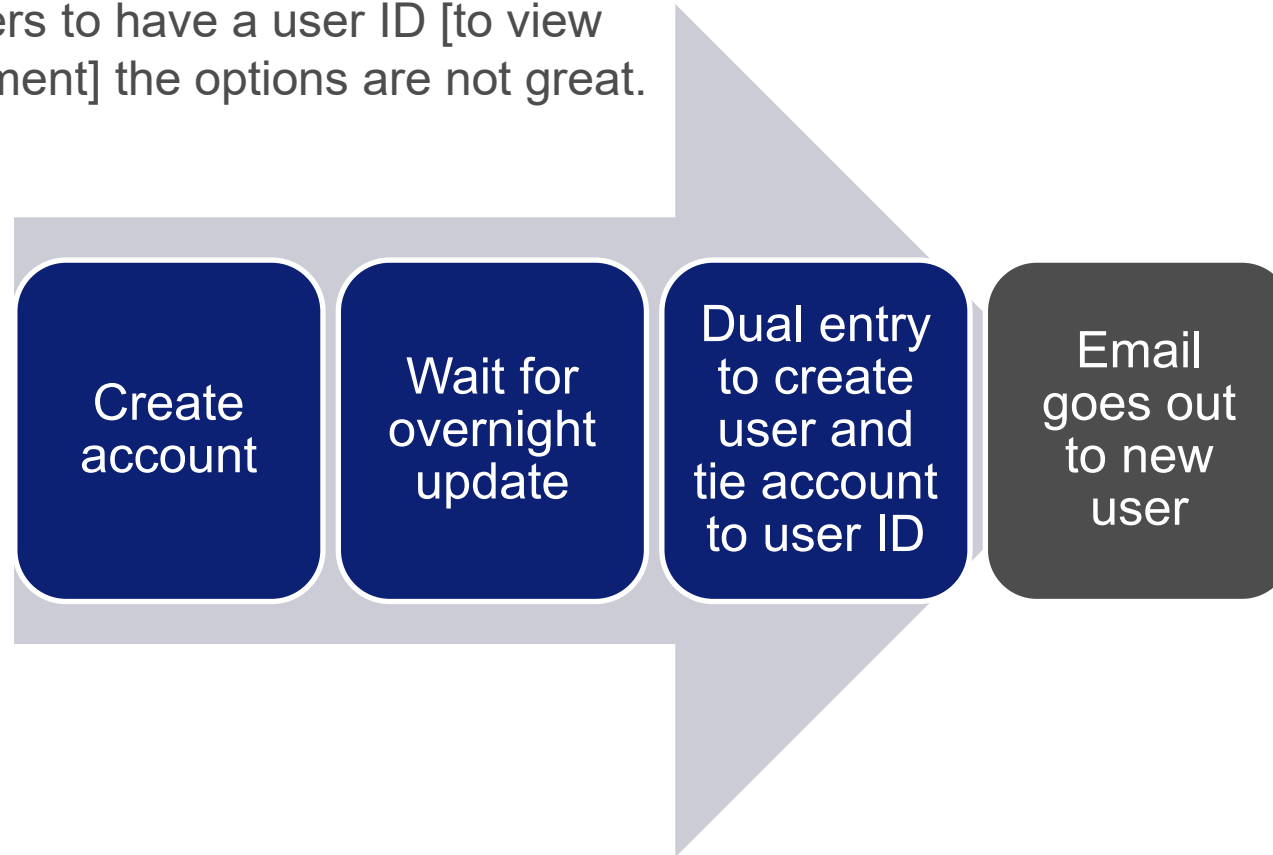
**Training**

[TravelBank Travel & Expense](#)



# Create a cardholder user during account setup

Currently, if an organization wants cardholders to have a user ID [to view the statement] the options are not great.



Need to wait overnight for the account to be created to create a user ID in blue are a user action (alternative is to rely on the cardholder to create it themselves)

# Create a cardholder user during account setup

We will adjust the current account set up process to allow entitled PAs to indicate that a cardholder should have a user profile created for them in conjunction with the account set up process.

Just check a box and provide a user ID.

Create New Account

3. Create User Login (optional)

Create a new login for the account owner?

No

Yes

User ID (7-20 letters and numbers)

Password

An auto-generated password will be sent to the account owner (at the email address provided) after the account is finalized.

Preassigned Functional Entitlement Groups

[FEG Name 1,

Cancel Save for Later Next

Slight adjustment to the step 3 screen to give PAs and easy button for what used to be a complex and cumbersome process



# After Change

Once the account is set up, a user would be created with the default cardholder entitlement and an email would go out to the user to indicate that a user profile has been created for them.

The screenshot shows a web form titled "Create User Login" with the following fields and options:

- First Fiscal Month:** January
- Create a new login for account owner?** Yes
- User ID:** etmlmctest001
- Password:** Password will be sent to the account owner (at the email address) once finalized.
- Preassigned Functional Entitlement Group:** All Global Entitlements 2

Buttons at the bottom include "Cancel", "Save for Later", and "Submit".

Three callout boxes are overlaid on the form:

- PA Creates account and checks a box and enter username** (points to the "Create a new login for account owner?" checkbox)
- Automated process creates user ID once account is ready** (points to the "User ID" field)
- Email goes out to new user** (points to the "Password" field)

Steps Eliminated: no need to wait overnight for the account to be created to create a user ID (or rely on a cardholder to create it themselves)

# Display near real-time available credit

User home page

American English ▾

**Message Center**  
[Message\(s\) from Access Online](#)

**Corporate Card** Switch Account  **Quick Links**  
[Manage Home Page Settings](#)  
[Account Alerts](#)  
[Manage Email Notifications](#)  
[View All Statements](#)  
[View Open Transactions](#)

Account Name:  
Account Unique ID: ⓘ  
Account ID:  
Account #:  
Account Status: Closed

---

Statement Balance: \$0.00  
Billing Cycle Close Date: 12/27/2019  
Payment Due Date:  
[Pay This Account<sup>1</sup>](#)

---

Current Balance: \$0.00  
Credit Limit: \$7,500.00  
Available Credit: \$7,500.00

This information is updated as of the previous business day and may not reflect pending account activity.

No Account Activity Found ↗

<sup>1</sup> Payments will post to your account same business day if received by 4 p.m. CT. All other payments will post the following business day.

Updated language under available credit: "Current Balance is updated as of previous business day. Available Credit includes pending account activity."

Account overview

Account Overview

**Summary ⓘ**

Account Status	Open ✎
Credit Limit	\$10 ✎
Available Credit	\$6
Single Purchase Limit	\$0 ✎
Cash Withdrawal Limit	0% ✎
Expiration Date	10/2026

[View Financial History](#)

[Send Card Security Code](#)

**Payment Information ⓘ**

Statement Balance	--
Current Balance	\$3.03

[View Statements](#)

### Information Icon Update

- Available Credit: Amount available to spend (includes pending account activity).



# Access Online Reporting Tips & Tricks

# Access Online Reporting

## Top Access Online Reports

Website: <https://access.usbank.com>

Browsers: Chrome and Edge

- Account List
- Transaction Detail Report
- Past Due Report
- Decline Transaction Report
- Merchant Spend Analysis
- Account History- Request Status Queue
- ★ Creating Custom Reports

# REPORTS: ACCOUNT LIST

Account List Report: Frequently used account level information such as open date, last transaction date, single purchase limit, credit limit, etc.

Best Practice: Do **not** enter a date range.

## Program Management Account List

Client Relationship: State of Oregon  
Financial Institution: U.S. Bank

[Switch Relationships](#)

By default this report will return all results associated with blank fields, unless otherwise noted. To limit results, enter specific criteria in blank fields.

### Date

Last Maintained Date Range:  Account Open Date Range:  Pending Renewal Date Range:

Start Date:

End Date:



to



### Additional Detail

Selected options allow a drill-down to additional detail if available.

Account Owner's Information

Default Accounting Code

Merchant Authorization Control Details

Account Details

Authorization Limits

Merchant Authorization Control Limits

Fleet Information

Training Certificate



# REPORTS: TRANSACTION DETAIL

Transaction Detail: Detailed transaction data including merchant detail, allocation (accounting code) information, and transaction log data.

Best Practice: Include posting date range.

## Financial Management Transaction Detail

**Client Relationship:** State of Oregon  
**Financial Institution:** U.S. Bank

[Switch Relationships](#)

By default this report will return all results associated with blank fields, unless otherwise noted. To limit results, enter specific criteria in blank fields.

\* = required

### Date

Cycle Close Date Range:  Calendar Month Range:  Posting Date Range:  Transaction Date Range:

Enable Cycle Day

Start Date:

09/01/2021



End Date:

09/30/2021



to

- Request Status Queue
- Active Work Queue
- System Administration
- Account Administration
- Event Driven Notification
- Order Management
- Transaction Management
- Account Information

## Reporting

- Program Management
- Financial Management
- Supplier Management
- Tax and Compliance Management
- Administration
- Report Scheduler
- Flex Data Reporting

- Dashboard
- Data Exchange
- My Personal Information

- Home
- Email Center
- Contact Us
- Training

## Reporting

### Program Management

General program management activities and monitor company policy compliance.

### Financial Management

Monitor expenditures, track variances and manage account allocations.

### Supplier Management

These reports manage supplier relationships, support supplier negotiations, and manage spending by category.

### Report Scheduler

View and maintain currently scheduled reports.

### Flex Data Reporting

Create and maintain adhoc reports.

### Tax and Compliance Management

Estimate sales/use tax, track spending for 1099/1057 vendors, and perform other regulatory reporting.

### Administration

These reports allow administrators to support system functionality.

## Flex Data Reporting

Please select a report from the list below.

[My Saved Report Templates](#) [Create a New Report Template](#)

### List of My Saved Report Templates

Select a saved template to modify and run a report.

Delete	Name	Template	Last Modified
You currently have no reports saved.			

[<< Back to Reporting](#)

- Custom Report Request: If you need data that cannot be found within a report, contact Heather Swanson for report creation.

## Reports Additional Insights:

- All reports are sent to your Data Exchange (secure way to get information to clients that cannot be sent via email)
- If a report was created through flex data reporting you can click into the report under Flex Data Reporting, click on the link for **FREQUENCY** to open the report, then click Remove Scheduled Report, if the report is no longer needed.



- Reach out to Heather if a custom report created internally needs to be changed or deleted.



# Cards and Program Management

# U.S. Bank is a market leader in payments

U.S. Bank is one of the world's largest issuers of commercial cards and electronic payment systems

Purchasing



Corporate Travel



One Card



Virtual Payments



Additional card offerings and features available

Instant Card



Event Planner



Managed Spend



Emergency Card



Travel Virtual Spend



API Automation



# Ghost Cards & Department Cards

## Department Cards

- What are they?
- What are they typically used for?
- How to request them?
- Tips & Tricks: Best Practices



# Ghost Cards & Department Cards

## Ghost Cards

- What are they?
- What are they typically used for?
- How to request them?
- Tips & Tricks: Best Practices





# Program Optimization Options

Analyses with in-house team dedicated to consultative client engagement

## Card Slippage Report

- **Data Collection:**
  - Vendor payments
- **Deliverables:**
  - Visa card acceptors
  - Card slippage reporting

## Full Program Optimization

- **Data Collection:**
  - Invoice/voucher detail
- **Deliverables:**
  - Visa card acceptors
  - Card slippage reporting
  - Industry benchmarking
  - Opportunity reports
  - Financial benefits reporting

## Payables Analysis

- **Data Collection:**
  - Vendor payments
- **Deliverables:**
  - Visa card acceptors
  - Virtual card opportunity reporting in Payables
  - Financial benefits reporting



# Card Program Annual Checklist

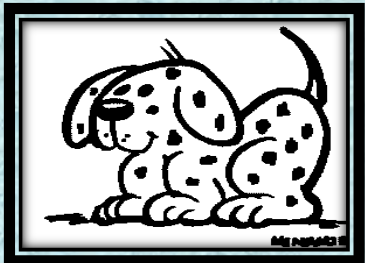
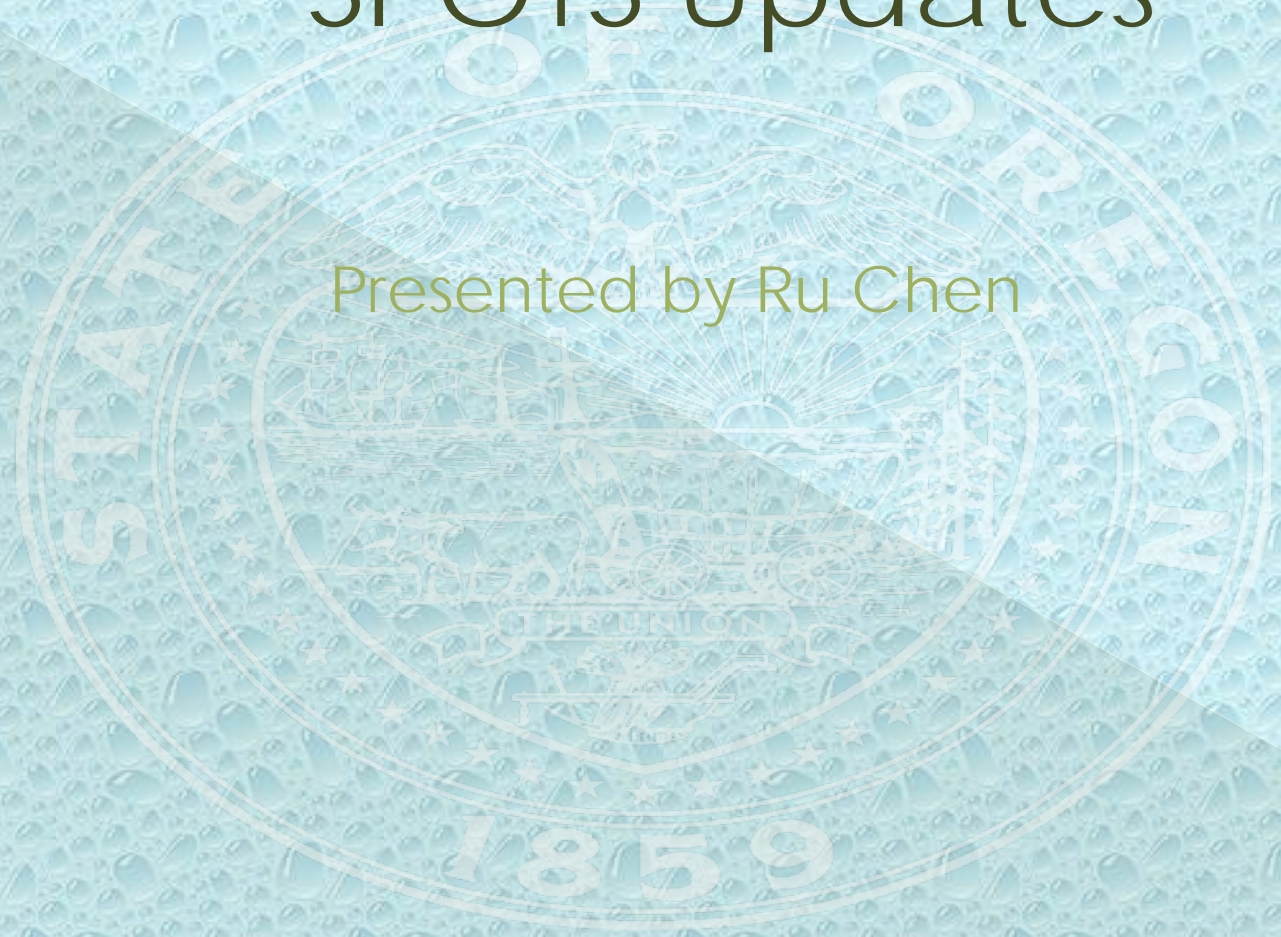
## Annual Review of Card Program

- Schedule annual commercial card business review meeting
- Conduct card program analysis (identify card spend opportunities) – slippage report
- Review policies, procedures and compare against best practices toolkit
- Card program controls and audit – inactive cards, card velocity limit review, etc.
- Review PA and cardholder refresher trainings
- Assess business needs and determine efficient revenue generating solutions

Thank You!

# SPOTS Updates

Presented by Ru Chen





# SPOTS Updates (Training)

- SPOTS Training is in Workday Learning.
  - > URL: [https://wd5.myworkday.com/oregon/email-universal/inst/17816\\$4421/rel-task/2998\\$29489.html](https://wd5.myworkday.com/oregon/email-universal/inst/17816$4421/rel-task/2998$29489.html)
- Training will be updated with OAM changes in the future.





# SPOTS Updates (OAM)

- ◎ **NEW** SPOTS OAM Available
  - › <https://www.oregon.gov/das/Financial/Acctng/Pages/OAM.aspx>





# SPOTS Updates 1 (OAM)

- SPOTS purchases must comply with OAM 35.30.90 Coordination of Vendor Payment.

129. The SPOTS card is a credit card that agencies may use to procure and pay for goods and services for authorized state business. See [OAM 10.40.00](#), *Expenditures*, for more information on authority related to expenditures.

130. [SPOTS Card purchases must comply with OAM 35.30.90, Accounts Receivable Management – Account Activity: Coordination of Vendor Payments](#). The SPOTS card is an alternative payment method subject to an agency-defined threshold to recover debt owed to the state.

~~130.~~ [131.](#) **Authorized Purchases**





# SPOTS Updates 2 (OAM)

- ◎ MCC blocks – Additional Categories
  - › 6211 Security Brokers/Dealers
  - › 7800 Government – Owned Lotteries
  - › 7801 Government Licensed Casinos
  - › 7802 Government Licensed Horse/Dog Racing
  - › 9405 Government – Owned Lotteries (Non U.S. Region)





**Appendix A**  
**Merchant Category Codes (MCC) Blocked**

**SPOTS Managing Account Merchant Authorization Controls**

CODE	MERCHANT CATEGORY DESCRIPTION
4829	WIRE TRANSFER - MONEY ORDER
5681	FURRIERS AND FUR SHOPS
5932	ANTIQUA SHOPS
5933	PAWN SHOPS
5937	ANTIQUA REPRODUCTIONS
5944	JEWELRY STORES
6010	FINANCIAL INST/MANUAL CASH
6011	FINANCIAL INST/AUTO CASH
6012	FINANCIAL INST/MERCHANDISE
6050	QUASI CASH-MEMBER FINANCIAL
6051	NON-FIN INST/FC/MO/TC/STAMP
<a href="#">6211</a>	<a href="#">SECURITY BROKERS/DEALERS</a>
6529	REMOTE STORED VALUE LOAD-MEMBER FIN INSTITUTION
6530	REMOTE STORED VALUE LOAD - MERCHANT
6531	PYMT SVC PROV - MONEY TRANSFER FOR A PURCHASE
6532	PYMT SVC PROV - MEMBER FIN INSTITUTION - PYMT TRAN
6533	PYMT SVC PROV - MERCHANT - PYMT TRAN
6534	MONEY TRANSFER - MEMBER FINANCIAL INSTITUTION
6535	VALUE PURCHASE - MEMBER FINANCIAL INSTITUTION
6536	MONEYSPEND INTRACOUNTRY
6537	MASTERCARD MONEYSSEND INTERCOUNTRY
6538	MONEYSSEND FUNDING TXN
6540	POI FUNDING TXN
7273	DATING & ESCORT SERVICES
7297	MASSAGE PARLORS
<a href="#">7800</a>	<a href="#">GOVERNMENT - OWNED LOTTERIES</a>
<a href="#">7801</a>	<a href="#">GOVERNMENT LICENSED CASINOS (ONLINE GAMBLING)</a>
<a href="#">7802</a>	<a href="#">GOVERNMENT LICENSED HORSE/DOG RACING</a>
7995	BETTING/TRACK/CASINO/LOTTO
<a href="#">9406</a>	<a href="#">GOVERNMENT - OWNED LOTTERIES (NON U.S. REGION)</a>
9754	GAMBLING-HORSE RACING, DOG RACING, STATELOT





# SPOTS Updates 3 (OAM)

- ◉ Inform FBS instead of requesting an exception.
  - > MCC block is usually lifted for 24 hours.

126. Vendors accepting purchase cards have a four-digit Merchant Category Code (MCC) used to classify the business by the type of goods or services provided. The SPOTS card has certain MCCs blocked to prevent purchases from inappropriate or high-risk vendors (e.g., casinos, money orders). ~~An Approving Officer may request an exception from FBS.~~ Agencies must inform FBS when temporarily lifting MCC blocks to make legitimate purchases. FBS approval is not needed before sending requests to U.S. Bank. See [Appendix A](#) for the list of blocked MCCs.





# SPOTS Updates 4 (OAM)

- Updated language and references in the 'Purchasing Requirements' section.

## Purchasing Requirements

103. Agencies that use the SPOTS card to pay for goods and services must follow the Public Contracting Code found in ORS 279. The code includes the following topics:
- A procurement of goods or services not exceeding \$10,000 are awarded in any manner the contracting agency deems practical or convenient [under ORS 279B.065\(1\)](#), including by direct selection or award.

For a procurement with a value of \$10,000 or more, ORS 200.035 requires a state agency to provide timely notice and information to the [Governor's Policy Advisor for Economic and Business Equity](#). See [DAS Statewide Policy numbers 107-009-00230-PO and Statewide Procedure number 109-009-0030-PR for more details](#). [Governor's Advocate for Minority, Women and Emerging Small Business, \(also known as the Director of Economic & Business Equity\)](#) regarding:

(1) Bid or proposal solicitations; and

(2) Contract awards.

If a state agency requests bids or proposals with a value of \$10,000 or more, the agency must provide timely notice and information to the Governor's Advocate. If an agency makes an award of \$10,000 or more, the agency must provide timely notice and information of the award to the Governor's Advocate, whether it was by direct small procurement award, or by another method.

The Minority, Women, and Emerging Small Businesses (MWESB) Policy (DAS Statewide Policy #107-009-0030-PO) and the Oregon Procurement Information Network (ORPIN) Policy (DAS Statewide Policy #107-009-0020-PO) provide for use of ORPIN to comply with the notice requirements of ORS 200.035.





# SPOTS Updates 5 (OAM)

- Revised sentences in paragraph 122 – SPOTS cards above \$50k.

122. FBS Management must approve requests to increase the credit limit of a SPOTS card above \$50,000. Agencies must submit a new SPOTS Card Application and Agreement for approval from the Approving Officer or SPOTS Coordinator. The Approving Officer must sign the form. Include the reason for the increase, explain internal controls, receipting and storage methods for the items purchased and explain how the agency will use and store the card. The additional information can be provided in a memo. FBS ~~forwards the request to the bank and~~ notifies the agency when the increase is complete.





# SPOTS Updates 6 (OAM)

- Removed sections of paragraph 144 – monthly entries for appropriate coding as needed.

~~a.144.~~ Agencies may use default coding to post all charges if detail coding is not available at the time of payment. Agencies that use default coding must record adjusting entries each month to the appropriate coding as needed. ~~Use transaction codes 415 and 416 for R\*STARS adjusting entries.~~

~~b. A SPOTS interface application is available for agencies to automate monthly R\*STARS adjusting entries. The interface accepts a data file from Access Online that contains cost allocation coding for each purchase. Contact FBS Management for more information.~~





# SPOTS Updates 7 (Rebates)

- Deposits coming into the state transition from Treasury to KeyBank.
- For agencies using ACH direct deposits for their SPOTS rebates, the ACH bank account at US Bank will have to be changed.
  - Portal vs Paper process
  - ACH vs Check





# SPOTS Updates 8 (Rebates)

- Portal - No W9
  - › Ability to update and manage banking details directly
  - › No manual entries by bank employee.
- Paper – Require W9
  - › ACH
  - › Check





# Frequently Asked Questions (FAQ)

- Sending Information Over Unsecure Email
- Changing Approving Officers and SPOTS Coordinators





# FAQ 1 (Unsecure Email)

- What three pieces of information cannot be sent over unsecure email?

Per OAM 55.30.00 paragraph 128c, “Do not email a SPOTS card account number, PIN, or three-digit security code.”

- What are the recommended methods for sending this information?

Phone call, fax (make sure it is in a secure location), secure/encrypted email, vendor secure website, password protected file (call with password)





# FAQ 2 (Unsecure Email)

- New Method
  - › Any password protected file (i.e., pdf, excel, etc....).
  - › Need to call with password.

**NEW**





# FAQ 3 (Appointing SC & AO)

- Who can appoint Approving Officers?

Agency head or person with delegated authority.

- Case Study:

- > What happens when an Approving Officer leaves?

If the Approving Officer is the agency head, then they can self-appoint.

Otherwise, agency head or person with delegated authority

- > Can an Approving Officer be somebody without expenditure authority?

No. Doesn't it look funny to you when you have somebody with no expenditure authority granting somebody else expenditure authority.





# FAQ 4 (Appointing SC & AO)

- Who can appoint SPOTS Coordinators?

Approving Officers.

- Case Study

- What happens if an agency lost their Approving Officer? Who appoints their SPOTS Coordinator?

The agency head should appoint the Approving Officer first. Then the Approving Officer appoints their SPOTS Coordinator.





# FAQ 5 (Appointing SC & AO)

- Who should you send the email to for approval?

FBS Management - Ru-hwa Chen (primary), Trudy Vidal (backup),  
Fabiola Flores (backup)





# FAQ 6 (Appointing SC & AO)

- Can Approving Officers and SPOTS Coordinators have SPOTS cards?

No. Exceptions have to be approved by FBS Management.





# SPOTS Information

- Website

<https://www.oregon.gov/das/Financial/AcctgSys/Pages/spots.aspx>

- Email [Statewide.SPOTSAdmin@das.oregon.gov](mailto:Statewide.SPOTSAdmin@das.oregon.gov)





# Contact Information

- ◎ Ru-Hwa Chen, Statewide SPOTS Program Administrator
  - > [Ru-Hwa.Chen@das.oregon.gov](mailto:Ru-Hwa.Chen@das.oregon.gov)
  - > 971-719-3275
- ◎ Juan Maraver, Statewide SPOTS Analyst
  - > [Juan.Maraver@das.oregon.gov](mailto:Juan.Maraver@das.oregon.gov)
  - > 971-900-9774

THANK YOU





Custom Report  
Report Date: June 1, 2023

Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Spons
HB 2112	HB 2112 EN	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2112/Enrolled">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2112/Enrolled</a>	05/16/23 - Chapter 35, (2023 Laws): Effective date January 1, 2024. 05/08/23 - Governor signed. 04/27/23 - President signed.			01/01/2024	

Updates definitions and terminology used in public records law pertaining to records retention.

Relating to public records.

Updates definitions and terminology used in public records law pertaining to records retention. Removes references to obsolete technology.

Relating to public records.

HB 2240	HB 2240 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2240/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2240/Introduced</a>	06/01/23 - Recommendation: Do pass. 05/09/23 - Work Session held. 04/25/23 - Public Hearing held.	10:30AM 06/06/2023 Third Reading Senate Floor	10:30AM 06/06/2023 Third Reading Senate Floor		Rep Nero
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Exempts from health care interpreter requirements individuals providing services as employees or contractors of school districts, public charter schools and education service districts.

Relating to requirements to use health care interpreters; amending ORS 413.550; and declaring an emergency.

Exempts from health care interpreter requirements individuals providing services as employees or contractors of school districts, public charter schools and education service districts.

Declares emergency, effective on passage.

Relating to requirements to use health care interpreters; declaring an emergency.

Custom Report  
Report Date: June 1, 2023

Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Spons
HB 2441	HB 2441 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2441/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2441/Introduced</a>	01/16/23 - Referred to Emergency Management, General Government, and Veterans with subsequent referral to Ways and Means. 01/09/23 - First reading. Referred to Speaker's desk.				Rep Scha

Requires Oregon Department of Administrative Services to develop and maintain information system to provide and make available information regarding proposed administrative rules to public.

Relating to the provision of information by state agencies.

Requires Oregon Department of Administrative Services to develop and maintain information system to provide and make available information regarding proposed administrative rules to public. Identifies information to be provided.

Requires state agencies to furnish information regarding proposed administrative rules to information system.

Relating to the provision of information by state agencies.

HB 2642	HB 2642 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2642/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2642/Introduced</a>	03/27/23 - Public Hearing held. 01/13/23 - Referred to Behavioral Health and Health Care. 01/09/23 - First reading. Referred to Speaker's desk.				Rep Bynu Morgan; F Owens; S
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Requires practitioner to query electronic prescription monitoring system with respect to patient prior to issuing to, or renewing for, patient prescription for certain prescription drugs.

Relating to prescription drug monitoring; and prescribing an effective date.

Requires practitioner to query electronic prescription monitoring system with respect to patient prior to issuing to, or renewing for, patient prescription for certain prescription drugs.

Takes effect on 91st day following adjournment sine die.

Relating to prescription drug monitoring; prescribing an effective date.

Custom Report  
Report Date: June 1, 2023

Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Spons
HB 2652	HB 2652 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2652/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2652/Introduced</a>	02/01/23 - Public Hearing held. 01/12/23 - Referred to Behavioral Health and Health Care with subsequent referral to Ways and Means. 01/09/23 - First reading. Referred to Speaker's desk.				Rep Bynum Pham H; Reynolds
<p>Authorizes county to declare shortage of health care and human services personnel and apply to Oregon Health Authority for moneys to make grants to employers to alleviate shortage by offering certain benefits to potential workers and educators.</p> <p>Relating to funding county health measures; and declaring an emergency.</p> <p>Authorizes county to declare shortage of health care and human services personnel and apply to Oregon Health Authority for moneys to make grants to employers to alleviate shortage by offering certain benefits to potential workers and educators.</p> <p>Appropriates moneys to Oregon Health Authority to distribute to counties for purposes related to encouraging healthy eating, physical activity and mental health.</p> <p>Declares emergency, effective on passage.</p> <p>Relating to funding county health measures; declaring an emergency.</p>							
HB 2736	HB 2736 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2736/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2736/Introduced</a>	01/31/23 - Public Hearing held. 01/16/23 - Referred to Behavioral Health and Health Care. 01/09/23 - First reading. Referred to Speaker's desk.				Rep Hudson
<p>Enacts interstate Occupational Therapy Licensure Compact.</p> <p>Relating to an occupational therapy licensure compact; creating new provisions; amending ORS 675.220, 675.222, 675.330 and 676.177; and prescribing an effective date.</p> <p>Enacts interstate Occupational Therapy Licensure Compact. Permits Occupational Therapy Licensing Board to disclose specified information to Occupational Therapy Compact Commission. Exempts individuals authorized to work as occupational therapists or occupational therapy assistants under compact privilege from requirement to obtain license from board and from restrictions on use of titles. Allows board to use moneys to meet financial obligations imposed on State of Oregon as result of participation in compact.</p> <p>Takes effect on 91st day following adjournment sine die.</p> <p>Relating to an occupational therapy licensure compact; prescribing an effective date.</p>							

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HB 2773	HB 2773 A	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2773/A-Engrossed">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2773/A-Engrossed</a>	03/17/23 - Referred to Ways and Means by prior reference. 03/17/23 - Recommendation: Do pass with amendments, be printed A-Engrossed, and be referred to Ways and Means by prior reference. 03/14/23 - Work Session held.				Rep Reyr Campos; Gelser Bl

Requires Oregon Health Authority to provide incentives to increase recruitment and retention of local public health professionals. Relating to opportunities for local public health professionals; and prescribing an effective date.

Requires Oregon Health Authority to provide incentives to increase recruitment and retention of local public health professionals.

<i>Directs authority to provide grants to local public health agencies that provide interns and fellows with training in, and clinical supervision of, nursing duties performed in local public health agencies.</i><b>

<b>Directs authority to provide grants to employees of local public health agencies to provide preceptorships to students seeking nursing degrees, internships to students seeking a master's degree in public health and other educational opportunities to college students seeking training in public health.

<b>Requires authority to study administration and effectiveness of incentives and grants and submit two reports to Legislative Assembly.

<b>Appropriates moneys to authority for purposes of funding incentives and grants.</b>

Takes effect on 91st day following adjournment sine die.

Relating to opportunities for local public health professionals; prescribing an effective date.

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HB 2805	HB 2805 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2805/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2805/Introduced</a>	06/02/23 - Work Session scheduled. 05/30/23 - Returned to Full Committee. 05/30/23 - Work Session held.	9:30AM 06/02/2023 Joint Committee Ways and Means Work Session HR F	9:30AM 06/02/2023 Joint Committee Ways and Means Work Session HR F		Rep Morgan; Sosa
<p>Provides that use of serial electronic written communication or use of intermediaries to communicate may constitute meeting of governing body subject to public meetings law if other specified conditions are satisfied.</p> <p>Relating to public meetings; creating new provisions; amending ORS 192.610, 192.680, 192.685, 192.690, 244.255, 244.260, 244.270, 244.290 and 244.350; and prescribing an effective date.</p> <p>Provides that use of serial electronic written communication or use of intermediaries to communicate may constitute meeting of governing body subject to public meetings law if other specified conditions are satisfied. Provides that public meetings law does not apply to communications that are purely factual or educational, that are unrelated to any matter that governing body could foreseeably deliberate on or decide or that are nonsubstantive in nature.</p> <p>Requires Oregon Government Ethics Commission to provide, or arrange for other organization to provide, annual training on requirements of public meetings law and best practices to enhance compliance with public meetings law. Requires members of governing bodies with total fiscal year expenditures above threshold amount to attend training at least once per term of public office. Excludes state government governing bodies from training requirements.</p> <p>Expands duties of commission to conduct investigations, make findings and impose penalties for violations of public meetings law. Authorizes any person to file complaint with commission alleging that meetings were not in compliance with public meetings law. Requires complainant to have first made written grievance with public body whose governing body is alleged to have violated public meetings law so as to provide governing body opportunity to cure decisions made in violation of public meetings law.</p> <p>Takes effect on 91st day following adjournment sine die.</p> <p>Relating to public meetings; prescribing an effective date.</p>							

HB 2806	HB 2806 A	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2806/A-Engrossed">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2806/A-Engrossed</a>	06/01/23 - Recommendation: Do pass the A-Eng. bill. 05/02/23 - Work Session held. 04/25/23 - Public Hearing held.	10:30AM 06/06/2023 Third Reading Senate Floor	10:30AM 06/06/2023 Third Reading Senate Floor		Rep Dexter Morgan; Sen Gels
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Authorizes governing body of public body to meet in executive session to consider matters relating to safety of governing body, public body staff and public body volunteers and to security of public body facilities and meeting spaces, and relating to cyber security infrastructure and responses to cyber security threats.

Relating to public meetings; amending ORS 192.660; and declaring an emergency.

Authorizes governing body of public body to meet in executive session to consider matters relating to safety of governing body, public body staff and public body volunteers and to security of public body facilities and meeting spaces, and relating to cyber security infrastructure and responses to cyber security threats.

Declares emergency, effective on passage.

Relating to public meetings; declaring an emergency.

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HB 2825	HB 2825 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2825/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2825/Introduced</a>	01/16/23 - Referred to Emergency Management, General Government, and Veterans. 01/09/23 - First reading. Referred to Speaker's desk.				Rep Evar
<p>Authorizes Oregon Department of Emergency Management to issue temporary professional licenses during states of emergency to individuals formerly licensed by certain professional licensing boards.</p> <p>Relating to professional licensing during emergencies.</p> <p>Authorizes Oregon Department of Emergency Management to issue temporary professional licenses during states of emergency to individuals formerly licensed by certain professional licensing boards.</p> <p>Relating to professional licensing during emergencies.</p>							
HB 2886	HB 2886 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2886/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2886/Introduced</a>	01/16/23 - Referred to Behavioral Health and Health Care with subsequent referral to Ways and Means. 01/09/23 - First reading. Referred to Speaker's desk.				Rep Dext Campos; Patterson
<p>Directs Oregon Health Authority to establish process to receive and review health care profession scope of practice requests and impact statements.</p> <p>Relating to health care profession scopes of practice; and prescribing an effective date.</p> <p>Directs Oregon Health Authority to establish process to receive and review health care profession scope of practice requests and impact statements. Defines "scope of practice request" and "impact statement." Directs authority to convene temporary scope of practice request review committee. Directs committee to review scope of practice requests and impact statements and report to authority and interim committees of Legislative Assembly related to health care.</p> <p>Takes effect on 91st day following adjournment sine die.</p> <p>Relating to health care profession scopes of practice; prescribing an effective date.</p>							



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Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Spons
HB 2928	HB 2928 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2928/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2928/Introduced</a>	02/20/23 - Public Hearing held. 01/16/23 - Referred to Behavioral Health and Health Care with subsequent referral to Ways and Means. 01/09/23 - First reading. Referred to Speaker's desk.				Rep Good
<p>Extends health care provider incentive program to health care providers who are students enrolled in health professional training programs leading to licensure as licensed practical nurse or registered nurse.</p> <p>Relating to nurse incentives; creating new provisions; amending ORS 676.454; and prescribing an effective date.</p> <p>Extends health care provider incentive program to health care providers who are students enrolled in health professional training programs leading to licensure as licensed practical nurse or registered nurse.</p> <p>Takes effect on 91st day following adjournment sine die.</p> <p>Relating to nurse incentives; prescribing an effective date.</p>							
HB 2947	HB 2947 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2947/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2947/Introduced</a>	01/16/23 - Referred to Emergency Management, General Government, and Veterans. 01/09/23 - First reading. Referred to Speaker's desk.				Rep Morg Sosa; Re
<p>Requires governing body of public body, when meeting in executive session at which news media is allowed to attend, to provide means for media to attend through telephone or other electronic or virtual means.</p> <p>Relating to media access to executive sessions; amending ORS 192.660.</p> <p>Requires governing body of public body, when meeting in executive session at which news media is allowed to attend, to provide means for media to attend through telephone or other electronic or virtual means.</p> <p>Relating to media access to executive sessions.</p>							

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Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Spons
HB 2979	HB 2979 A	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2979/A-Engrossed">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2979/A-Engrossed</a>	03/24/23 - Referred to Ways and Means by prior reference. 03/24/23 - Recommendation: Do pass with amendments, be printed A-Engrossed, and be referred to Ways and Means by prior reference. 03/22/23 - Work Session held.				Rep Bynum; Rep Nosse; Rep Campos;
<p>Directs Higher Education Coordinating Commission to establish program to issue grants to community colleges to promote and increase dental assistant and dental hygienist training programs in Oregon.</p> <p>Relating to dental professions.</p> <p>Directs Higher Education Coordinating Commission to establish program to issue grants to community colleges to promote and increase dental assistant and dental hygienist training programs in Oregon.</p> <p>Directs Department of Education to establish program to issue grants to school districts or education service districts to promote and increase career and technical education related to dental health professions.</p> <p>Directs Oregon Health Authority to issue grants through health care provider incentive program to support and increase recruitment and retention of dental professionals.</p> <p>Directs authority to develop and implement education and mentoring program to promote entry into dental professions by members of &lt;b&gt;federally recognized&lt;/b&gt; Indian tribes in Oregon.</p> <p>&lt;i&gt;Directs State Workforce and Talent Development Board to develop educational module relating to dental assisting.&lt;/i&gt;</p> <p>&lt;b&gt;Directs commission to develop and maintain website to provide information about dental assistant training and certification.&lt;/b&gt;</p> <p>Relating to dental professions.</p>							
HB 2992	HB 2992 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2992/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2992/Introduced</a>	01/16/23 - Referred to Behavioral Health and Health Care. 01/09/23 - First reading. Referred to Speaker's desk.				Rep Tranter
<p>Restricts insurers' ability to refuse to credential health care provider or to refuse to contract with health care provider to provide covered health care items and services.</p> <p>Relating to in-network health care providers; and declaring an emergency.</p> <p>Restricts insurers' ability to refuse to credential health care provider or to refuse to contract with health care provider to provide covered health care items and services.</p> <p>Declares emergency, effective on passage.</p> <p>Relating to in-network health care providers; declaring an emergency.</p>							

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Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Spons
HB 2995	HB 2995 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2995/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2995/Introduced</a>	01/16/23 - Referred to Rules with subsequent referral to Ways and Means. 01/09/23 - First reading. Referred to Speaker's desk.				Rep Scha
<p>Expands duties of Legislative Policy and Research Director to include investigating, reviewing activities of and conducting oversight of executive branch agencies, taking in and investigating complaints by members of public concerning executive branch agency programs and reporting to relevant legislative committees on oversight work undertaken by director.</p> <p>Relating to legislative oversight of executive branch actions; creating new provisions; amending ORS 173.635, 183.720 and 183.722; and prescribing an effective date.</p> <p>Expands duties of Legislative Policy and Research Director to include investigating, reviewing activities of and conducting oversight of executive branch agencies, taking in and investigating complaints by members of public concerning executive branch agency programs and reporting to relevant legislative committees on oversight work undertaken by director.</p> <p>Provides that duties director must perform become operative January 1, 2024.</p> <p>Modifies existing administrative rule review process to expand scope of review of newly adopted or amended rules by Legislative Counsel to include review of whether rule promotes, implements or carries out legislative direction or policy of subject of rule. Expands scope of review by interim committee having oversight of agency adopting rule to include determination of whether rule carries out legislative direction or policy or fails to do so. Directs Legislative Counsel to post committee's determination of legal flaw in rule on Legislative Counsel website.</p> <p>Provides that expanded scope of review of administrative rules becomes operative January 1, 2024.</p> <p>Takes effect on 91st day following adjournment sine die.</p> <p>Relating to legislative oversight of executive branch actions; prescribing an effective date.</p>							
HB 2996	HB 2996 A	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2996/A-Engrossed">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2996/A-Engrossed</a>	04/24/23 - Public Hearing held. 04/19/23 - Public Hearing held. 03/20/23 - Referred to Health Care.				Rep Bynu Levy E; R Blouin; S
<p>Prohibits Oregon Board of Dentistry from requiring applicant for certification as dental assistant to pass written examination for radiological proficiency.</p> <p>Relating to dental assistants; and prescribing an effective date.</p> <p>Prohibits Oregon Board of Dentistry from requiring applicant for certification as dental assistant to pass written examination for radiological proficiency.</p> <p>&lt;b&gt;Prohibits Oregon Health Authority from requiring dental assistant to pass written examination in order to operate X-ray machine.&lt;/b&gt;</p> <p>Takes effect on 91st day following adjournment sine die.</p> <p>Relating to dental assistants; prescribing an effective date.</p>							

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Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Spons
HB 3007	HB 3007 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3007/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3007/Introduced</a>	03/10/23 - Referred to Ways and Means by prior reference. 03/10/23 - Recommendation: Do pass and be referred to Ways and Means by prior reference. 03/07/23 - Work Session held.				Rep Bynum; Pham H;
<p>Directs Oregon Health Authority to establish Oral Health Advisory Committee and Office of Oral Health.</p> <p>Relating to oral health; creating new provisions; amending ORS 413.083; and prescribing an effective date.</p> <p>Directs Oregon Health Authority to establish Oral Health Advisory Committee and Office of Oral Health. Directs dental director to oversee office and to publish on website and submit to Legislative Assembly and other entities annual oral health summary surveillance report.</p> <p>Takes effect on 91st day following adjournment sine die.</p> <p>Relating to oral health; prescribing an effective date.</p>							
HB 3028	HB 3028 A	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3028/A-Engrossed">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3028/A-Engrossed</a>	06/01/23 - Recommendation: Do pass the A-Eng. bill. 05/04/23 - Public Hearing and Work Session held. 05/02/23 - Public Hearing held.	10:30AM 06/06/2023 Third Reading Senate Floor	10:30AM 06/06/2023 Third Reading Senate Floor		Rep Chai Grayber; Nelson; Rep Sosa; Gorsek; Patterson
<p>Prohibits employer from requiring employee to use vacation, sick or annual leave for time spent by employee as appointed member of state board or commission.</p> <p>Relating to employment protections; and prescribing an effective date.</p> <p>Prohibits employer from requiring employee to use vacation, sick or annual leave for time spent by employee as appointed member of <i>board, commission, council or committee created by statute</i> <b>state board or commission</b>. <b>Provides that protections apply to employee who has provided employer with at least 21 days' advance notice of time employee needs to spend in service of state board or commission.</b></p> <p><b>Authorizes employee alleging violation to file complaint with Commissioner of Bureau of Labor and Industries.</b></p> <p>Takes effect on 91st day following adjournment sine die.</p> <p>Relating to employment protections; prescribing an effective date.</p>							

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Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Spons
HB 3044	HB 3044 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3044/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3044/Introduced</a>	01/20/23 - Referred to Education. 01/17/23 - First reading. Referred to Speaker's desk.				Rep Dieh Hieb; Rep Rep Morg Wright
<p>Directs district school boards to adopt procedures for notifying parents of specified information.</p> <p>Relating to parental rights; creating new provisions; amending ORS 109.650, 109.675, 109.680 and 192.556; and prescribing an effective date.</p> <p>Directs district school boards to adopt procedures for notifying parents of specified information. Prohibits classroom instruction on sexual orientation and gender identity, absent parental consent, before fourth grade. Requires parental consent before administering specified questionnaire or health screening form. Directs State Board of Education to adopt procedure for parents to report concerns regarding school district's implementation of requirements.</p> <p>Requires health care providers to notify parents of minors when minors consent to specified medical treatments without parental consent. Directs health care provider who declines to disclose information to minor's parents due to provider's concerns regarding abuse of minor to immediately report suspected child abuse.</p> <p>Modifies definition of "personal representative" for purposes of access to minor's protected health information to include minor's parent or legal guardian.</p> <p>Takes effect on 91st day following adjournment sine die.</p> <p>Relating to parental rights; prescribing an effective date.</p>							
HB 3105	HB 3105 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3105/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3105/Introduced</a>	01/30/23 - Referred to Rules. 01/24/23 - First reading. Referred to Speaker's desk.				Rules (H)
<p>Establishes Task Force on Lobby Ethics.</p> <p>Relating to lobbying; and prescribing an effective date.</p> <p>Establishes Task Force on Lobby Ethics. Directs task force to study and make recommendations to improve and standardize lobby ethics and to improve transparency on how money and lobbying impact decision making within legislative process.</p> <p>Sunsets task force on December 31, 2024.</p> <p>Takes effect on 91st day following adjournment sine die.</p> <p>Relating to lobbying; prescribing an effective date.</p>							

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HB 3223	HB 3223 A	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3223/A-Engrossed">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3223/A-Engrossed</a>	05/17/23 - Public Hearing and Work Session held. 05/10/23 - Public Hearing held. 04/26/23 - Public Hearing held.				Rep Java Pham H; Manning.
<p>Prohibits Oregon Board of Dentistry from requiring applicant for certification as dental assistant to pass written examination. Relating to dental assistants; and prescribing an effective date.</p> <p>Prohibits Oregon Board of Dentistry from requiring applicant for certification as dental assistant to pass written examination. Requires board to adopt rules to establish alternative pathways to certification.</p> <p>Takes effect on 91st day following adjournment sine die.</p> <p>Relating to dental assistants; prescribing an effective date.</p>							

HB 3401	HB 3401 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3401/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3401/Introduced</a>	03/03/23 - Referred to Behavioral Health and Health Care. 02/28/23 - First reading. Referred to Speaker's desk.				Rep Morc
<p>Requires health professional regulatory board to issue authorization by endorsement to qualified applicant within 30 days of date health professional regulatory board receives application.</p> <p>Relating to authorizations to practice regulated health professions; creating new provisions; amending ORS 30.868, 31.260, 31.740, 58.015, 67.005, 109.346, 109.680, 109.685, 192.556, 339.329, 343.146, 413.574, 430.010, 433.443, 441.098, 609.656, 659A.150, 675.050, 675.270, 675.510, 675.523, 675.540, 675.560, 675.585, 675.595, 675.597, 675.655, 675.658, 675.661, 675.735, 675.990, 676.565, 676.625, 676.992, 677.120, 677.133, 677.512, 677.759, 677.830, 678.040, 678.111, 678.117, 678.150, 678.170, 678.410, 678.448, 678.770, 679.060, 679.603, 680.050, 681.205, 681.230, 681.250, 681.340, 681.350, 681.360, 681.370, 681.420, 681.480, 681.490, 681.495, 681.505, 682.216, 682.218, 683.220, 684.060, 685.085, 687.057, 687.430, 688.080, 688.415, 688.425, 688.495, 688.525, 688.557, 688.585, 688.600, 688.603, 688.605, 688.800, 688.802, 688.819, 688.836, 688.840, 688.915, 689.265, 691.445, 694.025, 694.065, 743A.024 and 746.600; and prescribing an effective date.</p> <p>Requires health professional regulatory board to issue authorization by endorsement to qualified applicant within 30 days of date health professional regulatory board receives application. Defines "health professional regulatory board."</p> <p>Takes effect on 91st day following adjournment sine die.</p> <p>Relating to authorizations to practice regulated health professions; prescribing an effective date.</p>							



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HB 5011	HB 5011 A	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB5011/A-Engrossed">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB5011/A-Engrossed</a>	<p>05/24/23 - Third reading. Carried by Cramer. Passed. Ayes, 37; Nays, 20--Boice, Boshart Davis, Breese-Iverson, Cate, Elmer, Goodwin, Helfrich, Javadi, Levy B, Levy E, Lewis, McIntire, Morgan, Owens, Pham H, Reschke, Scharf, Smith G, Stout, Wallan; Excused, 3--Evans, Osborne, Sosa.</p> <p>05/24/23 - Potential conflict(s) of interest declared by Javadi, Pham H.</p> <p>05/23/23 - Second reading.</p>				Presessic Oregon D Administr
<p>Limits biennial expenditures from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by Oregon Board of Dentistry.</p> <p>Relating to the financial administration of the Oregon Board of Dentistry; and declaring an emergency.</p> <p>Limits biennial expenditures from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by Oregon Board of Dentistry.</p> <p>Declares emergency, effective July 1, 2023.</p> <p>Relating to the financial administration of the Oregon Board of Dentistry; declaring an emergency.</p>							

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SB 11	SB 11 A	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB11/A-Engrossed">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB11/A-Engrossed</a>	05/23/23 - Third reading. Carried by Tran. Passed. Ayes, 50; Nays, 1--Cate; Excused, 1--Evans; Excused for Business of the House, 8--Boshart Davis, Lewis, Morgan, Ruiz, Sanchez, Scharf, Sosa, Speaker Rayfield. 05/22/23 - Rules suspended. Carried over to May 23, 2023 Calendar. 05/18/23 - Rules suspended. Carried over to May 22, 2023 Calendar.	10:30AM 06/05/2023 Third Reading Senate Floor	10:30AM 06/05/2023 Third Reading Senate Floor		Rep Fahn Gorsek; Sen Manning.

Requires certain executive department boards or commissions that conduct public meetings through electronic means to record and promptly publish recording on website or hosting service so that public may observe or listen to meetings free of charge.

Relating to public meetings of state government entities; amending ORS 192.672.

Requires *state* certain executive department boards or commissions that conduct public meetings through electronic means to record and promptly publish recording on website or hosting service so that public may observe or listen to meetings free of charge. Expects meetings lawfully conducted in executive session from requirement that meetings be published.

Relating to public meetings of state government entities.

SB 39	SB 39 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB39/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB39/Introduced</a>	01/13/23 - Referred to Rules. 01/09/23 - Introduction and first reading. Referred to President's desk.				Sen Findl
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Requires agency to report to appropriate committee or interim committee of Legislative Assembly before permanently amending rule that was adopted or last amended less than five years earlier.

Relating to administrative rules.

Requires agency to report to appropriate committee or interim committee of Legislative Assembly before permanently amending rule that was adopted or last amended less than five years earlier.

Relating to administrative rules.

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Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Spons
SB 40	SB 40 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB40/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB40/Introduced</a>	01/13/23 - Referred to Rules. 01/09/23 - Introduction and first reading. Referred to President's desk.				Sen Findl
<p>Requires agency to provide technical and legal documentation supporting statement of need required in notice of rulemaking. Relating to administrative law; creating new provisions; and amending ORS 183.335, 183.482 and 183.484.</p> <p>Requires agency to provide technical and legal documentation supporting statement of need required in notice of rulemaking. Directs court reviewing agency order to set aside or remand order if court finds that agency action, findings or conclusions were arbitrary or capricious. Relating to administrative law.</p>							
SB 43	SB 43 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB43/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB43/Introduced</a>	01/13/23 - Referred to Rules. 01/09/23 - Introduction and first reading. Referred to President's desk.				Rep Owe
<p>Requires agencies to post certain information about rulemaking on agency websites. Relating to administrative law; creating new provisions; and amending ORS 183.330, 183.335, 183.745, 469.085, 757.991, 757.994 and 757.995.</p> <p>Requires agencies to post certain information about rulemaking on agency websites. Requires agencies to include certain information in rules. Requires Attorney General to allow public to attend rulemaking training, for reasonable fee. Prohibits agency rules coordinator from drafting rules. Provides that agency may adopt rule no sooner than seven days after agency stops accepting public comment. Provides that temporary rule adopted during and because of state of emergency may remain in effect until termination of state of emergency. Provides that agency may not impose civil penalty under rule earlier than 30 days after the adoption of rule. Relating to administrative law.</p>							

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Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Spons
SB 44	SB 44 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB44/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB44/Introduced</a>	01/24/23 - Public Hearing held. 01/13/23 - Referred to Labor and Business, then Ways and Means. 01/09/23 - Introduction and first reading. Referred to President's desk.				Sen Findl
<p>Establishes office of business ombudsman in Oregon Department of Administrative Services. Relating to an ombudsman office for business; and prescribing an effective date.</p> <p>Establishes office of business ombudsman in Oregon Department of Administrative Services. Specifies functions, powers and duties of office. Authorizes business ombudsman to issue order directing action by state agency if business experiences significant hardship because of administration of laws that affect business. Requires business ombudsman to report biennially on operation of office to committee of Legislative Assembly related to state agency operations. Takes effect on 91st day following adjournment sine die.</p> <p>Relating to an ombudsman office for business; prescribing an effective date.</p>							
SB 304	SB 304 A	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB304/A-Engrossed">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB304/A-Engrossed</a>	03/10/23 - Referred to Ways and Means by prior reference. 03/10/23 - Recommendation: Do pass with amendments and be referred to Ways and Means by prior reference. (Printed A-Eng.) 03/07/23 - Public Hearing and Work Session held.				Sen Dem
<p>Establishes Task Force on Occupational Licensing. Relating to a task force on occupational licensing; and prescribing an effective date.</p> <p>Establishes Task Force on Occupational Licensing. Directs task force to study value of occupational licensing regulatory agency. Permits task force to presession file legislation. Requires task force to report to Legislative Assembly. Sunsets December 31, 2024. Takes effect on 91st day following adjournment sine die.</p> <p>Relating to a task force on occupational licensing; prescribing an effective date.</p>							

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Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Spons
SB 408	SB 408 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB408/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB408/Introduced</a>	03/27/23 - Public Hearing held. 01/14/23 - Referred to Health Care, then Ways and Means. 01/09/23 - Introduction and first reading. Referred to President's desk.				Rep Dext Patterson

Directs Oregon Health Authority to establish process to receive and review health care profession scope of practice requests and impact statements. Relating to health care profession scopes of practice; and prescribing an effective date.

Directs Oregon Health Authority to establish process to receive and review health care profession scope of practice requests and impact statements. Defines "scope of practice request" and "impact statement." Directs authority to convene temporary scope of practice request review committee. Directs committee to review scope of practice requests and impact statements and report to authority and interim committees of Legislative Assembly related to health care.

Takes effect on 91st day following adjournment sine die.

Relating to health care profession scopes of practice; prescribing an effective date.

SB 412	SB 412 A	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB412/A-Engrossed">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB412/A-Engrossed</a>	03/02/23 - Referred to Ways and Means by order of the President. 03/02/23 - Recommendation: Do pass with amendments and be referred to Ways and Means. (Printed A-Eng.) 02/27/23 - Work Session held.				Sen Patte
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Requires dental laboratory to register with Health Licensing Office.

Relating to dental laboratories; creating new provisions; amending ORS 676.565, 676.579, 676.590, 676.612, 676.613, 676.622, 676.992, 679.010 and 679.176; repealing ORS 679.530; and prescribing an effective date.

Requires dental laboratory to register with Health Licensing Office. Defines "dental laboratory." Requires dental laboratory to provide material content disclosure to dentist who prescribes work order for dental prosthetic appliance or other artificial material or device. Defines "material content disclosure." Allows office to impose discipline for certain violations. Directs office to provide administrative and regulatory oversight to dental laboratory program.

Takes effect on 91st day following adjournment sine die.

Relating to dental laboratories; prescribing an effective date.

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SB 441	SB 441 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB441/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB441/Introduced</a>	01/30/23 - Public Hearing held. 01/14/23 - Referred to Health Care, then Ways and Means. 01/09/23 - Introduction and first reading. Referred to President's desk.				Sen Hayc

Creates dental care provider incentive grant program within Oregon Health Authority to increase recruitment and retention of dental care providers. Relating to dental care providers; and prescribing an effective date.

Creates dental care provider incentive grant program within Oregon Health Authority to increase recruitment and retention of dental care providers.

Directs authority to increase incentives available to dentists through health care provider incentive program.

Directs State Workforce and Talent Development Board to create and maintain dental assistant training module available to public free of cost.

Directs Higher Education Coordinating Commission to award grants to community colleges to develop and support training programs for dental assistants and dental hygienists.

Directs Department of Education to provide funding to public schools for development and expansion of educational programming on dental care provider professions for students enrolled in kindergarten through grade 12.

Takes effect on 91st day following adjournment sine die.

Relating to dental care providers; prescribing an effective date.



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Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Spons
SB 469	SB 469 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB469/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB469/Introduced</a>	03/22/23 - Referred to Ways and Means by prior reference. 03/22/23 - Recommendation: Do pass and be referred to Ways and Means by prior reference. 03/20/23 - Work Session held.				Sen Hans
<p>Establishes Indian Health Scholarship Program to provide free tuition and fees for qualifying Indian health profession students in exchange for student commitment to work at tribal service site after graduation.</p> <p>Relating to tribal health; creating new provisions; amending ORS 676.454 and 676.467; and declaring an emergency.</p> <p>Establishes Indian Health Scholarship Program to provide free tuition and fees for qualifying Indian health profession students in exchange for student commitment to work at tribal service site after graduation.</p> <p>Appropriates moneys for 2023-2025 biennium to Oregon Health and Science University for purpose of administering Indian Health Scholarship Program.</p> <p>Declares emergency, effective July 1, 2023.</p> <p>Relating to tribal health; declaring an emergency.</p>							
SB 485	SB 485 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB485/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB485/Introduced</a>	01/14/23 - Referred to Health Care. 01/09/23 - Introduction and first reading. Referred to President's desk.				Sen Liebe
<p>Extends health care provider incentive program to health care providers who are students enrolled in health professional training programs leading to licensure as licensed practical nurse or registered nurse.</p> <p>Relating to nurse incentives; creating new provisions; amending ORS 676.454; and prescribing an effective date.</p> <p>Extends health care provider incentive program to health care providers who are students enrolled in health professional training programs leading to licensure as licensed practical nurse or registered nurse.</p> <p>Takes effect on 91st day following adjournment sine die.</p> <p>Relating to nurse incentives; prescribing an effective date.</p>							

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Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Spons
SB 487	SB 487 A	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB487/A-Engrossed">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB487/A-Engrossed</a>	03/07/23 - Referred to Ways and Means by prior reference. 03/07/23 - Recommendation: Do pass with amendments and be referred to Ways and Means by prior reference. (Printed A-Eng.) 03/01/23 - Work Session held.				Rep Noss Patterson
<p>Directs Oregon Health Authority to establish grant program to provide financial support to certified dental sealant programs that promote and engage in oral health care coordination activities.</p> <p>Relating to oral health care coordination.</p> <p>Directs Oregon Health Authority to establish grant program to provide financial support to certified dental sealant programs that promote and engage in oral health care coordination activities. &lt;b&gt;Provides manner in which authority shall distribute grant funds to grantees.&lt;/b&gt;</p> <p>Directs Office of Rural Health to establish grant program to provide scholarship and tuition assistance grants to individuals enrolled in community dental health coordinator programs and to provide matching grants to qualified employers that employ community dental health coordinators.</p> <p>Relating to oral health care coordination.</p>							
SB 511	SB 511 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB511/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB511/Introduced</a>	01/14/23 - Referred to Health Care. 01/09/23 - Introduction and first reading. Referred to President's desk.				Rep Morg
<p>Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine.</p> <p>Relating to ingredients in vaccines; and prescribing an effective date.</p> <p>Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine. Requires Oregon Health Authority to maintain website that provides specific vaccine information.</p> <p>Takes effect on 91st day following adjournment sine die.</p> <p>Relating to ingredients in vaccines; prescribing an effective date.</p>							

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Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Spons
SB 517	SB 517 A	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB517/A-Engrossed">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB517/A-Engrossed</a>	05/01/23 - Referred to Ways and Means by order of the President. 05/01/23 - Recommendation: Do pass with amendments. (Printed A-Eng.) 04/04/23 - Work Session held.				Sen Dem
<p>Prohibits licensing board, commission or agency from denying, suspending or revoking occupational or professional license solely for reason that applicant or licensee was convicted of crime or subject to qualifying juvenile adjudication that does not substantially relate to specific duties and responsibilities for which license is required.</p> <p>Relating to the effects on adjudicated persons of adjudications for criminal acts; creating new provisions; and amending ORS 670.280.</p> <p>Prohibits licensing board, commission or agency from denying, suspending or revoking occupational or professional license solely for reason that applicant or licensee was convicted of crime or subject to qualifying juvenile adjudication that does not substantially relate to specific duties and responsibilities for which license is required. Specifies criteria for determining whether crime substantially relates to specific duties and responsibilities for which license is required. Specifies additional restrictions on licensing board's, commission's or agency's power to deny occupational or professional license.</p> <p>Permits person convicted of crime to petition licensing board, commission or agency at any time for determination as to whether conviction will prevent person from receiving occupational or professional license. Permits licensing board, commission or agency to charge reasonable fee for determination. Provides that <i>final</i> determination is binding upon licensing board, commission or agency unless, at time of petition, person has charges pending, failed to disclose previous crime or was convicted of crime after submitting petition. Requires notice to person before <i>final</i> determination that conviction will result in denial of occupational or professional license. Specifies additional rights of person and additional notice requirements.</p> <p>Relating to the effects on adjudicated persons of adjudications for criminal acts.</p>							

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Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Spons
SB 559	SB 559 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB559/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB559/Introduced</a>	03/06/23 - Public Hearing held. 01/13/23 - Referred to Health Care. 01/09/23 - Introduction and first reading. Referred to President's desk.				Rep Gom Blouin; St
<p>Requires veterinarians to participate in prescription drug monitoring program.</p> <p>Relating to the prescription drug monitoring program; amending ORS 431A.880 and 431A.890.</p> <p>Requires veterinarians to participate in prescription drug monitoring program. Directs Oregon State Veterinary Medical Examining Board to provide Oregon Health Authority with information of individuals licensed by board authorized to prescribe or dispense controlled substances for purposes of qualifying individuals to report information to and receive information from program.</p> <p>Adds practicing veterinarian as member of Prescription Monitoring Program Advisory Commission. Reduces number of public members on commission from two members to one member.</p> <p>Relating to the prescription drug monitoring program.</p>							
SB 607	SB 607 EN	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB607/Enrolled">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB607/Enrolled</a>	06/01/23 - Speaker signed. 05/31/23 - President signed. 05/25/23 - Third reading. Carried by Nosse. Passed. Ayes, 44; Nays, 4--Boice, Cate, Fahey, Reschke; Excused, 12--Boshart Davis, Bynum, Elmer, Evans, Helfrich, Javadi, McIntire, Morgan, Nelson, Scharf, Sosa, Wallan.				Rep Nels
<p>Requires Oregon Health Authority to study membership of Pain Management Commission.</p> <p>Relating to the Pain Management Commission.</p> <p>Requires Oregon Health Authority to study membership of Pain Management Commission. Directs authority to submit findings to interim committees of Legislative Assembly related to health not later than September 15, 2024.</p> <p>Sunset January 2, 2025.</p> <p>Relating to the Pain Management Commission.</p>							

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Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Spons
SB 666	SB 666 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB666/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB666/Introduced</a>	04/19/23 - Vote explanation(s) filed by Sollman. 04/19/23 - Motion to withdraw from committee on Health Care failed. Ayes, 12; Nays, 16--Campos, Dembrow, Frederick, Gelser Blouin, Golden, Jama, Lieber, Manning Jr, Meek, Patterson, Prozanski, Sollman, Steiner, Taylor, Woods, President Wagner; Excused, 2--Findley, Gorsek. 01/15/23 - Referred to Health Care.				Sen Knop
<p>Requires person to review medical history and obtain written consent of parent or guardian before administering vaccine or immune product to child under 18 years of age. Relating to administration of vaccines to children.</p> <p>Requires person to review medical history and obtain written consent of parent or guardian before administering vaccine or immune product to child under 18 years of age. Relating to administration of vaccines to children.</p>							
SB 703	SB 703 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB703/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB703/Introduced</a>	05/24/23 - Motion to refer to Rules carried. Referred. 05/24/23 - Read. 05/23/23 - Rules suspended. Carried over to May 24, 2023 Calendar.				Rep Phar
<p>Requires passage of specified examination for certification as nursing assistant. Relating to nursing assistants; creating new provisions; amending ORS 678.442; and prescribing an effective date.</p> <p>Requires passage of specified examination for certification as nursing assistant. Requires Oregon State Board of Nursing to offer examination in English and Spanish. Takes effect on 91st day following adjournment sine die. Relating to nursing assistants; prescribing an effective date.</p>							

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Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Spons
SB 716	SB 716 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB716/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB716/Introduced</a>	01/13/23 - Referred to Health Care. 01/09/23 - Introduction and first reading. Referred to President's desk.				Sen Linth
<p>Allows health care practitioner to prescribe or dispense drug for off-label indication. Relating to off-label indications for prescription drugs; and prescribing an effective date.</p> <p>Allows health care practitioner to prescribe or dispense drug for off-label indication. Defines "off-label indication." Prohibits health professional regulatory board from disciplining health care practitioner for prescribing or dispensing drug for off-label indication. Allows pharmacist to dispense drug prescribed for off-label indication. Prohibits State Board of Pharmacy from disciplining pharmacist for dispensing drug prescribed for off-label indication. Takes effect on 91st day following adjournment sine die.</p> <p>Relating to off-label indications for prescription drugs; prescribing an effective date.</p>							
SB 732	SB 732 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB732/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB732/Introduced</a>	01/13/23 - Referred to Rules. 01/09/23 - Introduction and first reading. Referred to President's desk.				Sen Giroc
<p>Modifies existing administrative rule review process to require legislative approval of newly adopted administrative rules in order for rules to take effect. Relating to legislative approval of administrative rules; creating new provisions; amending ORS 183.335, 183.710, 183.720 and 183.722; and prescribing an effective date.</p> <p>Modifies existing administrative rule review process to require legislative approval of newly adopted administrative rules in order for rules to take effect. Establishes process by which rules receive legislative consideration and approval or rejection. Takes effect only upon approval of constitutional amendment proposed by ___ Joint Resolution ___ (2023) (LC 3437), and applies to rules adopted by state agencies on or after January 1, 2025.</p> <p>Relating to legislative approval of administrative rules; prescribing an effective date.</p>							
SB 746	SB 746 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB746/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB746/Introduced</a>	01/17/23 - Referred to Health Care. 01/17/23 - Introduction and first reading. Referred to President's desk.				Sen Knop
<p>Specifies that health professional licensee may not be required to have physical address in this state for eligibility for authorization to practice health profession. Relating to electronic health care services delivery methods.</p> <p>Specifies that health professional licensee may not be required to have physical address in this state for eligibility for authorization to practice health profession. Relating to electronic health care services delivery methods.</p>							



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Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Spons
SB 763	SB 763 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB763/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB763/Introduced</a>	03/28/23 - Work Session held. 02/14/23 - Public Hearing held. 01/23/23 - Referred to Judiciary.				Judiciary
<p>Prohibits employer, state agency or licensing board from taking certain actions on basis of record created or maintained under jurisdiction of juvenile court.</p> <p>Relating to the effects on adjudicated persons of adjudications for criminal acts; creating new provisions; and amending ORS 419A.255, 419C.400 and 670.290.</p> <p>Prohibits employer, state agency or licensing board from taking certain actions on basis of record created or maintained under jurisdiction of juvenile court.</p> <p>Specifies exemptions.</p> <p>Provides that adjudication that youth is within jurisdiction of juvenile court does not forfeit any right or privilege or operate as disqualification from holding public office or pursuing or engaging in lawful activity, occupation, profession or calling.</p> <p>Provides that information about act committed by youth or adjudicated youth may be disclosed to victim of act and to and among law enforcement unit, district attorney, county juvenile authority and certain other entities.</p> <p>Relating to the effects on adjudicated persons of adjudications for criminal acts.</p>							
SB 793	SB 793 INTRO	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB793/Introduced">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB793/Introduced</a>	02/28/23 - Public Hearing held. 01/25/23 - Referred to Judiciary. 01/24/23 - Introduction and first reading. Referred to President's desk.				Human S
<p>Creates rebuttable presumption that protected person consents to ordinary and preventive health care.</p> <p>Relating to medical decision-making by guardian for protected person; creating new provisions; and amending ORS 125.225, 125.315, 125.320 and 125.330.</p> <p>Creates rebuttable presumption that protected person consents to ordinary and preventive health care. Provides that presumption may be overcome by clear and convincing evidence that protected person would withhold consent to specific treatment, if able. Directs guardian to petition court for instructions in specified circumstances.</p> <p>Relating to medical decision-making by guardian for protected person.</p>							

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Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Sponsors
SB 849	SB 849 A	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB849/A-Engrossed">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB849/A-Engrossed</a>	03/16/23 - Referred to Ways and Means by order of the President. 03/16/23 - Recommendation: Do pass with amendments and be referred to Ways and Means. (Printed A-Eng.) 03/14/23 - Work Session held.				Rep Chai Rep Vald Sen Dem Sen Hans Manning
<p>Requires professional licensing boards to provide culturally responsive training to specified staff members, publish guidance on pathways to professional authorization for internationally educated individuals and waive requirement for English proficiency examination for specified internationally educated individuals.</p> <p>Relating to professional workforce; creating new provisions; amending ORS 677.132; and declaring an emergency.</p> <p>Requires professional licensing boards to provide culturally responsive training to specified staff members, publish guidance on pathways to professional authorization for internationally educated individuals and waive requirement for English proficiency examination for specified internationally educated individuals.</p> <p>Prohibits Oregon Medical Board from imposing time limitation on completion of United States Medical Licensing Examination. Allows board to issue limited license to practice medicine to specified individuals for practice under supervision of other licensed physician.</p> <p>Establishes Internationally Educated Workforce Reentry Grant Program within Higher Education Coordinating Commission to award grants to &lt;b&gt;local workforce development boards that contract with&lt;/b&gt; specified entities that provide eligible career guidance and support services to internationally educated residents of Oregon who are seeking to enter Oregon workforce in certain professions.</p> <p>Declares emergency, effective July 1, 2023.</p> <p>Relating to professional workforce; declaring an emergency.</p>							

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Bill Number	Bill Number	Bill URL	Last Three Actions	Next Hearing	Upcoming Hearings	Effective Date	Bill Sponsors
SB 974	SB 974 EN	<a href="https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB974/Enrolled">https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB974/Enrolled</a>	06/01/23 - Speaker signed. 05/31/23 - President signed. 05/25/23 - Third reading. Carried by Reynolds. Passed. Ayes, 46; Excused, 12--Boshart Davis, Bynum, Elmer, Evans, Helfrich, Javadi, McIntire, Morgan, Nelson, Scharf, Sosa, Wallan; Excused for Business of the House, 2--Breese-Iverson, Lewis.				Rep Dext Grayber; Hieb; Rep Rep Morg Walters; § Hayden; § Manning . Patterson Wagner; § Sollman; Sen That

Creates crime of sexual abuse by fraudulent representation.

Relating to sexual assault; and declaring an emergency.

Creates crime of sexual *assault* abuse by fraudulent representation. Punishes by maximum of 10 years' imprisonment, \$250,000 fine, or both. Specifies statute of limitations for crime. Defines crime as sex crime, requiring persons convicted of crime to report as sex offender.

Requires, for provision excluding certain conduct from crimes of unlawful sexual penetration and custodial sexual misconduct, that conduct be for legitimate medical purpose.

Declares emergency, effective on passage.

Relating to sexual assault; and declaring an emergency.

# OREGON BOARD OF DENTISTRY 2023-2024 MEETING DATES

<b>EVALUATORS</b>	<b>BOARD</b>
<b>February 10, 2023</b>	<b>February 24, 2023</b>
<b>April 12, 2023</b>	<b>April 28, 2023</b>
<b>June 1, 2023</b>	<b>June 16, 2023</b>
<b>August 11, 2023</b>	<b>August 25, 2023</b>
<b>October 13, 2023</b>	<b>October 27, 2023</b>
<b>December 1, 2023</b>	<b>December 15, 2023</b>
<b>February 9, 2024</b>	<b>February 23, 2024</b>
<b>April 12, 2024</b>	<b>April 26, 2024</b>
<b>May 31, 2024</b>	<b>June 14, 2024</b>
<b>August 9, 2024</b>	<b>August 23, 2024</b>
<b>October 11, 2024</b>	<b>October 25, 2024</b>
<b>November 27, 2024</b>	<b>December 13, 2024</b>

UNFINISHED  
BUSINESS  
&  
RULES



# Oregon

Tina Kotek, Governor

OBD Executive Director  
Stephen Prisby

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[www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

DATE: June 5, 2023

TO: OBD Board Members

FROM: OBD Executive Director Stephen Prisby

SUBJECT: Temporary Rule – OAR 818-001-0087 with fee increases

---

The fee rule is mocked up showing the proposed fee increases that have been widely publicized and included in the OBD's 2023-2025 budget via HB 5011.

HB 5011 if approved would be effective July 1, 2023. We should anticipate and prepare for legislative approval.

A Temporary Rule filing with Secretary of State is already drafted and will be submitted if the Board agrees with the recommendation. Temporary Rules are only effective for 180 days, so at some point before the end of December, the rule will need to be made permanent. Temporary rules do not need extra steps, notice, public feedback or time to implement as long as there is proper justification, which we will have with legislative approval of OBD's budget bill – HB 5011.

The fee increases are shown on the attachment - OAR 818-001-0087.

**Recommended Motion** - I move that OAR 818-001-0087 be approved as amended with the fee increases, as a temporary rule and be effective July 1, 2023, or as soon after that date that is practical if the Legislature delays approving HB 5011.



**818-001-0087**

**Fees**

(1) The Board adopts the following fees:

(a) Biennial License Fees:

(A) Dental — ~~\$390~~440;

(B) Dental — retired — \$0;

(C) Dental Faculty — ~~\$335~~385;

(D) Volunteer Dentist — \$0;

(E) Dental Hygiene — ~~\$230~~255;

(F) Dental Hygiene — retired — \$0;

(G) Volunteer Dental Hygienist — \$0;

(H) Dental Therapy - ~~\$230~~255;

(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~~445;

(B) Dental Faculty — ~~\$305~~405;

(C) Dental Hygiene — ~~\$180~~210;

(D) Dental Therapy - ~~\$180~~210;

(E) Licensure Without Further Examination — Dental, ~~Dental Hygiene and Dental Therapy~~ — ~~\$790~~890;

**(F) Licensure Without Further Examination — Dental Hygiene and Dental Therapy — \$820.**

(d) Examinations:

(e) Jurisprudence — \$0;

(f) 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.

# Memorandum

**DATE:** June 6, 2023

**TO:** Board Members

**FROM:** Ingrid M. Nye, Investigator, Oregon Board of Dentistry

**SUBJECT:** ADA course “Recognition and Management of Complications during Minimal and Moderate Sedation”; rules issue.

There is a conflict in our rules, regarding which courses can be completed as a “substitution” for ACLS. Additionally, a course referenced in these conflicting rules no longer exists.

## **818-026-0030 - Requirements for Anesthesia Permits**

...

(5) A licensee holding an anesthesia permit for moderate sedation, deep sedation or general anesthesia at all times maintains a current BLS for Healthcare Providers certificate or its equivalent, and a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated. If a licensee permit holder sedates only patients under the age of 12, only PALS is required. If a licensee permit holder sedates only patients age 12 and older, only ACLS is required. If a licensee permit holder sedates patients younger than 12 years of age as well as older than 12 years of age, both ACLS and PALS are required. **For licensees with a moderate sedation permit only, successful completion of the American Dental Association’s course “Recognition and Management of Complications during Minimal and Moderate Sedation” at least every two years may be substituted for ACLS, but not for PALS.**

## **818-026-0060 - Moderate Sedation Permit**

...

(13) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; **Successful completion of a board approved course on minimal/moderate sedation at least every two years may be substituted for ACLS, but not for PALS;** and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or

pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or PALS certification or **successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation"** may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021- 0060.

There are no other Board-approved courses on minimal/moderate sedation. The "Recognition and Management of Complications during Minimal and Moderate Sedation" course was submitted for approval and added to the rules in 2012. A recent search of the ADA's website could not discover a course titled "Recognition and Management of Complications during Minimal and Moderate Sedation", or any course under a different title that matched the course curriculum that was originally submitted to the Board in 2012. The ADA confirmed by telephone that this course is not currently offered.

**Recommendation:**

I recommend that the Board refer this matter to the Anesthesia Committee for a correction and/or modification to the rules.

# CORRESPONDENCE

**Nothing to report under this tab**



# OTHER ISSUES

## NEW TIME: Registration for the JCNDE State Dental Board Forum (June 26, 2023, 12:00 PM CENTRAL)

American Dental Association <ada@messaging.ada.org>

Thu 3/30/2023 7:37 AM

To: PRISBY Stephen \* OBD <Stephen.PRISBY@obd.oregon.gov>

NEW TIME: Registration for the JCNDE State Dental Board Forum (June 26, 2023, 12:00 PM CENTRAL)



**UPDATE TO TIME OF FORUM:** To facilitate participation by boards across the U.S., the JCNDE has revised the time of its annual State Dental Board Forum. Please note that this forum will now be held from **12:00 to 1:00 PM (CENTRAL) on Monday, June 26, 2023**. An updated notification appears below.

If you have already registered and downloaded the appointment to your calendar, we ask that you please manually update your appointment to reflect the new time, or delete your prior registration and enter a new one. We apologize for any inconvenience and look forward to your attendance.

JUNE  
**26**  
12:00 PM CENTRAL

[Register](#)

## Registration for the JCNDE State Dental Board Forum

On an annual basis, the Joint Commission on National Dental Examinations (JCNDE) convenes a forum for boards of dentistry and dental hygiene, to facilitate open communication and share information about the JCNDE's National Board Examinations.

The State Dental Board Forum (SDBF) will be held on Monday, June 26, 2023 from 12:00 to 1:00 PM (CENTRAL). The SDBF will be conducted remotely via web conferencing software. All dental and dental hygiene board members are encouraged to attend this important event.

Those interested in attending must register to do so. Please click the "Register" button and complete the short webinar registration form by Friday, June 9. If there are specific questions you would like addressed during the forum, please also make sure to include them in the "Questions and Comments" portion of the registration form.

The JCNDE welcomes your participation. If you have any questions, please contact Alexis Curtis at [curtisa@ada.org](mailto:curtisa@ada.org).

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# What You Can Do About Child Abuse



You can get this document in other languages, large print, braille or a format you prefer. Email [Feedback.OregonChildAbuseHotline@dhsosha.state.or.us](mailto:Feedback.OregonChildAbuseHotline@dhsosha.state.or.us). We accept all relay calls, or you can dial 711.

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# What You Can Do About Child Abuse

Oregon Department of Human Services  
Child Welfare

Oregon Child Abuse Hotline:  
1-855-503-SAFE (7233)





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# Introduction

## Why do I need this information?

All children deserve to be nurtured and kept safe by those responsible for their care. Most parents and caregivers can provide adequate care and protection to their children; however, some parents struggle to keep their children well cared for and safe. Many do not have access to support systems. For some families, engaging with Child Welfare can connect them to resources they otherwise wouldn't have.



Mandatory reporters, people required by law to report child abuse, are a crucial link in the child protection system. Nearly three-quarters of all child abuse reports come from mandatory reporters. In many cases, those community members are the only people outside the immediate family who see children. The Oregon Child Abuse Hotline (1-855-503-SAFE) also accepts voluntary reports from individuals other than mandatory reporters. Voluntary reporters are friends, family and others who observe concerns and voluntarily make a report.

Everyone has a responsibility to prevent child abuse and protect children.

An individual can help children in a variety of ways, from simply being a friend to protecting them from abuse. Communities can help provide the resources children and families need, such as safe childcare or treatment services for child abuse victims. Child abuse intervention centers around the state provide forensic interviews, advocacy, medical evaluation and treatment, and therapeutic intervention for child abuse victims. Mandatory reporters of child abuse, along with the Department of Human Services (DHS) and law enforcement officials, have a legal obligation to protect children.

We hope this booklet will help you understand child abuse, what to report, and when and how to report it. It will give you an idea of what happens after you make a report of child abuse.

Here are some **explanations of terms** you will encounter as you read this material.

- **Abuse and neglect** — Abuse is usually an action taken against a child. However, neglect is an action or inaction leading to a lack of care. Oregon law includes neglect as a category of abuse. Throughout this manual, “child abuse” includes neglect and all the types of child abuse.
- **Accidents** — Child Protective Services (CPS) and law enforcement assessing abuse allegations always consider that an accident or illness may have caused a child’s injury. It is a fact that children have accidents and get injured.
- **Caregivers** — CPS or law enforcement responds when a caregiver abuses a child. Because a caregiver is generally a parent, the word “parent” has been used throughout this manual to mean any caregiver, although a caregiver could also be someone like a babysitter or guardian.
- **Categories of abuse** — You do not need to define an injury as physical abuse, neglect, etc., when you make a report. This manual separates abuse into various categories to help you understand how the law defines abuse. What we need from you when you call us is simply specific, accurate information about a given child’s condition.
- **Child abuse intervention center (CAIC)** — A nonprofit network of centers working together to strengthen and transform Oregon’s child abuse prevention and response systems. CAICs provide necessary services such as medical exams, forensic interviews, family advocacy, therapy, and community outreach and prevention education. For a list of centers, [click here](#).
- **Child Protective Services (CPS)** — A specialized social service program that Child Welfare provides on behalf of children or, when applicable, young adults who may be unsafe after a report of abuse is received.
- **Department of Human Services (DHS) Child Welfare and law enforcement** — DHS and law enforcement agencies have a shared legal responsibility for taking and responding to child abuse reports. Much of the information presented here about the CPS process also applies to law enforcement.

- **Erin’s Law** — Erin’s Law requires that all public schools in each state implement a prevention-oriented child sexual abuse program that teaches students to recognize sexual abuse and tell a trusted adult, school personnel, parents and guardians about it. For more information, go to <http://www.erinslaw.org/erins-law/>.
- **Karly’s Law** — Karly’s Law reformed child abuse investigation standards and procedures in Oregon. Karly’s Law imposes specific statutory requirements on law enforcement, DHS employees and designated medical providers who have received specialized training to assess injuries that may have been caused by child physical abuse. These requirements concern the handling of cases involving suspicious physical injury.
- **Pronouns** — The pronouns “he,” “she” and “they” are used interchangeably throughout this manual to describe children and their gender identification. All genders are subject to all forms of abuse.
- **Third-party abuse** — A person who is not the alleged victim’s parent, caregiver or other member of the alleged victim’s household, and not a person responsible for the alleged victim’s care, custody and control. These individuals could be coaches, neighbors, school employees, clergy and others.



Protecting children is in our community’s best interest. Child abuse is a shared concern across all systems and communities. The best way to protect children and strengthen families is through coordination of community services, including law enforcement, medical professionals, child abuse intervention centers, school officials, the district attorney and other partners within the community.

## What is the most important thing to remember?

You should report any reasonable suspicion of abuse; you do not have to prove it. If you suspect a child has been abused, call the Oregon Child Abuse Hotline at 1-855-503-SAFE (7233) to discuss your concerns.

## Who is a “child”?

A “child” is an unmarried person under the age of 18.

“Child” also includes individuals under 21 years of age and residing in or receiving care or services at a child-caring agency (CCA) as that term is defined in ORS 418.205.

A “CCA” refers to a private agency or private organization licensed by DHS. CCAs include psychiatric day treatment for children and adoption placement services. CCAs can also be residential care, including proctor foster care or residential treatment, boarding schools, outdoor youth programs, or other similar care or services for children.



# Making a report

## What is reporting?

Mandatory reporters make approximately 75% of all child abuse reports. Mandatory reporters are public and private professionals required by law to report suspected child abuse. Most of these professionals interact with children and families on a regular basis. They include full-time and part-time employees as well as volunteers. Some examples of mandatory reporters include medical practitioners, law enforcement personnel, employees of a public or private organization providing child-related services or activities, public and private school employees, and members of the clergy.



For a complete list of all mandatory reporters, refer to Oregon Revised Statute [419B.005](#).

Under Oregon law, any mandatory reporter must immediately report suspected abuse if that person has reasonable cause to believe a child they come in contact with may have been abused, or a person they come in contact with may have abused a child. Not every person is a mandatory reporter — but everyone is urged to report suspected child abuse to ensure the safety of children in our community.

## When does confidentiality override the need to report?

If you are a mandatory reporter, your obligation to make a report applies regardless of whether or not you gained your knowledge of the abuse in your official capacity.

Those people who have the right of privileged communication by ORS 40.225 to 40.295 are not required to report information about abuse if they gain the information where the professional/client relationship is protected. If you have any questions, contact DHS or your licensing board.



## How do I make a report?

Reports are made by phone to the Oregon Child Abuse Hotline at 1-855-503-SAFE (7233). The hotline is accessible 24 hours a day, 365 days a year. When DHS receives a report, we are required to share it with the appropriate law enforcement agency and vice versa. You only need to report to one agency. If there is an emergency and you believe a child is in immediate danger, please call 911.

## Recognize

The first part of the process of reporting is to recognize. Recognizing is knowing the signs of abuse may have occurred or may be occurring. Remember that children often can't or won't speak up if their parents, caregivers or third-party individuals are abusing them. They rely on you and others in the community to recognize something isn't right and act to help protect them. Any single concern may or may not mean that abuse is occurring. But observing any of these indicators — especially when more than one is present — should prompt you to think about what might be happening.

Consider each potential indicator within the context of what is typical for the child, their family, their culture and their community. As we discuss how to recognize common indicators of child abuse, it is important to also recognize that each of us has our own beliefs about what constitutes good parenting, children's rights within their own families, and how we believe parents and caregivers should react to issues of concern. These beliefs come from our cultural and community norms, our own family experiences and other life experiences.

We may have a concern about a child from a different culture than our own or who belongs to a community that we don't understand well. In that case, we should consider whether our concern relates to parenting practices and personal beliefs that may vary from our own but are not necessarily abuse.

## Racial disproportionality

Research suggests that child abuse occurs across racial and ethnic groups at similar rates.

However, when we look at who is reported for abuse, we see that children of color, particularly Native American and African American children, are reported far more often. This is called "racial disproportionality," which is likely connected to personal and systemic bias.

The following explains what is known about racial disproportionality in the child welfare system and how you can help correct this problem in Oregon.

In child welfare, “racial disproportionality” refers to a racial or ethnic group’s underrepresentation or overrepresentation to the group’s percentage in the total population. In Oregon and across the nation, children of color are overrepresented in the child welfare system at alarming rates.

Child Welfare continues to explore contributors and solutions to racial disproportionality and disparity and to develop policies, practices, workforce tools and strategies to address the issue. African American children experience extraordinary disparities in the Oregon system. However, Native American children have the highest rates of disproportionality when they enter the child welfare system. In short, child welfare is more likely to remove Native children than any other racial or ethnic group, while African American children are more likely to experience delays to permanency and poor outcomes when they transition to adulthood.

As a professional interacting with children on a regular basis, it is critical to understand personal bias and how it may affect you as a reporter. We all have biases, even if we don’t realize it. However, lack of awareness of how bias influences our decisions directly affects families in our community.

The first step is acknowledgment and then working toward broadening your viewpoint, expanding your empathy and identifying your areas of bias. A tool used among many professionals is the Implicit Association Test (IAT). (1) When identifying a negative bias that you may have, make a conscious effort to learn more about that idea, individual or group to understand how and why it makes you uncomfortable. (2) Starting from a place of curiosity while remaining open is a great place to begin.

As we discuss warning signs of abuse, consider your personal beliefs and biases and how they may affect what you see or hear.

## Warning signs

What are warning signs of child abuse? We group them into three categories:

- Physical signs present on the child
- Behavioral signs or statements made by the child, or
- Behavioral signs or statements made by the parent or caregiver.

Physical signs present on the child may include:

- Injuries on parts of the body that are not typical
  - Kids bruise their shins, bang their knees and scrape their elbows. These are expected for active children. However, injuries to the back, neck, ears, buttocks or genitals are more likely to be associated with abuse.
  - Concerns include oral injuries in infants, any bruises on a child under 4 months old, or a child being unable to cruise, crawl or walk unless the child had injuries that a reliable adult witnessed.
- Injuries for which the child has no explanation or a reason that isn't logical
- Medical, dental, vision or mental health needs that appear unaddressed
- Poor height or weight growth when there is no identified medical cause, or
- A child who has a sexually transmitted infection.

Behavioral signs or statements made by the child may include:

- Regularly runs away from home
- The appearance of extreme fatigue on a regular basis
- A pattern of stealing food or complaining of hunger
- A child who cries, cowers or otherwise indicates they do not feel safe in the presence of a parent or caregiver
- Losing skills already developed, including incontinence when potty training has been well established
- Attempting suicide or displaying behaviors that self-injure
- Statements about being unsupervised before they can safely care for themselves
- Statements that they fear their parent or caregiver or don't want to go home
- Asking others to supply necessities, or
- Direct statements about experiencing abuse.

Behavioral signs or statements made by parents may include:

- Disregard for the child's feelings, needs or emotions
- Seeing the child as predominantly bad, evil or worthless
- Describing the child in sexual terms or implying that the child may provoke sexual contact from others

- Discipline methods that don't meet the child's developmental level
- Expecting the child to behave in ways unrealistic for their abilities or development
- Seeming to purposely isolate the child, including removing them from school or other activities, or
- Offering conflicting, unconvincing or no explanation for injuries or events.

When you notice one or more signs, you may be unsure whether abuse has occurred and whether you need to report. However, you should think critically about what else you know and what you have observed from that child and family.

Never second guess yourself if you believe a child has been abused. However, if there is a question in your mind and the family involved happens to be a family of color, consider if you have a personal bias.

## Listen, observe and report

Always pay close attention when a child tells you about being abused.

If possible, document and report the following:

- Names and addresses of the child and parent
- The child's age
- The type and extent of abuse, as well as any previous evidence of abuse
- The explanation given for the abuse
- Any other information that will help establish the cause of abuse or identify the abuser
- Whether the child has Native American or Alaska Native heritage
- If there are cultural or language considerations, and
- A description of the child's disability or any special needs.

You should also provide names and contact information for non-custodial parents, siblings and other children and/or adults living in the home.

Additional useful information, if you have it, may include:

- Name of school or childcare

- The family's preferred language and whether an interpreter is needed
- Any concerns regarding the safety of a worker assigned to assess the child's situation
- General functioning of the child including medical diagnosis, disabilities or unique care needs
- Observations or statements made to you or others about the child's functioning
- Information that leads you to suspect domestic violence
- Observations or concerns about substance use
- Indications of mental health concerns for the parent, caregiver or child, or
- Anything that seems to affect the parents' ability to adequately and safely respond to the child's needs.

If you or someone else has discussed other concerns with the family, report the reaction and what steps were taken to address the situation with the family.

You do not need to know the name of the alleged perpetrator before you make a report. Again, this is helpful information if you have it, but you are required to report concerns even when you do not have all the information.

Also, the more quickly you get the information to the Oregon Child Abuse Hotline, the more likely Child Welfare can respond effectively. Bruises and other physical marks can fade quickly, and it is important for Child Welfare to have a complete picture as soon as possible. All reporters must make child abuse reports immediately, without delay.

## Indian Child Welfare Act

Federal law and Oregon law require Child Welfare to identify any Native American and/or Alaska Native ancestry related to the child and their biological parents. It is critical to know whether the child or parents are Native American and with which Tribes they affiliate.

- The law states that federally recognized Tribes have a right to intervene in cases involving members or possible members of their Tribe.
- Oregon state law affirms our commitment to work with Tribes to ensure the safety and well-being of their children and families. Child Welfare works closely with Tribes to make sure this occurs.

## What information can I get from DHS after I make a report?

When you make a report, the hotline screener must notify you whether the report will be documented and assigned for CPS assessment. Sometimes the hotline screener may not immediately know the decision until consulting with their supervisor. Because the law requires that we keep information about child abuse reports confidential, you might not be told details of the abuse or the assessment.



However, we will try to give you information to the extent the law allows, including information you need to continue helping the child.

The hotline screener that determines a report will be assigned must notify you that the CPS worker will try to inform you:

- If contact with the alleged victim was made
- If abuse occurred, and
- Whether services will be provided.

When a hotline screener determines a report will be closed at screening, the hotline screener must notify you of the following:

- Contact with the alleged victim will not be made.
- An abuse determination will not be made.
- A decision will be made of whether services will be provided.

## If I see a suspicious mark on a child, should I investigate it?

Additional information is valuable. However, it is not your responsibility to investigate the situation. If you have concerns, it is appropriate for you to engage the child in a conversation to seek more information.

- It is essential to only use the child's own words when clarifying.
- Be curious and unassuming. "Tell me more about that ... " or "Why did that happen?" are both open-ended questions that can allow a child to share as much information as they are comfortable doing.
- If the explanation does not seem to fit the injury, make a report.

Your questions about the mark should depend on what is appropriate for your job. For example:

- As a doctor or nurse, it is good medical practice to ask about your patient's injuries.
- As a teacher, you might routinely comment on children's injuries (e.g., showing sympathy for Richard's leg that was broken when he went skateboarding). It would then be appropriate to comment on injuries you think might be from abuse and listen to the child's response while using open-ended questions.

## Do I have to prove abuse occurred?

No. The law clearly states you must report any reasonable cause to believe a child you came in contact with has been abused. Then, either a CPS-trained worker or a law enforcement officer will conduct an assessment. Even if the assessment leads to the conclusion that the abuse report was unfounded, it still was appropriate for you to make the report.

## What if I'm not sure it's abuse?

If you have questions about whether or not to report, please call the Oregon Child Abuse Hotline at 1-855-503-SAFE (7233). A hotline screener will gather information from you and determine Child Welfare's response.

Sometimes different people have different information about a child. You might be the second or third person to call about a particular child, giving Child Welfare the critical piece we need to help.



## How should I respond to a child who reports being abused or neglected?

### **Do:**

- Remain calm. A child may retract information or stop talking if they sense a strong reaction.
- Find a private and quiet place to talk without interruptions.
- Listen intently and follow up with “then what happened?” to allow the child an opportunity to use their own words to describe the situation.
- Put the child at ease by sitting near them, not behind a desk.
- Ask permission before touching the child. Touch may be associated with physical or emotional pain in children who have been physically or sexually abused.
- Reassure the child they are not in trouble.
- Use the child’s vocabulary.
- Let the child know what you will do: “We need to tell someone who knows how to help children and families.” Support the child: “I’m sorry that happened to you.”
- Do what you can to make certain the child is safe from further abuse.

### **Do not:**

- Press for details. You do not need to prove abuse or neglect. It is traumatizing for children to share their story with multiple people. Every effort is made to reduce this trauma by professionals working together so children don’t have to experience multiple interviews.
- Ask “why” questions. These questions require children to explain actions that they may or may not understand.
- Promise that you will not tell anyone about the child’s disclosure of possible abuse or neglect.
- Ask leading or suggestive questions.
- Make angry or critical comments about the alleged perpetrator. The child often knows, loves or likes this person.
- Disclose information indiscriminately. Keep in mind the child’s right to privacy.

- Make the child feel different or singled out.
- Promise you will make sure it never happens again or that they will not have to return to their abuser. You can tell them you will support them in the process.
- Investigate a case yourself. Call the police or CPS.

## How will a child react after a report is made?

Even if abuse has occurred, it may be hard for the child to admit he has been abused. It will be even harder for him to keep telling his story to the social workers, police officers, lawyers and others who may be involved in an abuse case.

How his family reacts will greatly affect how he reacts. Sometimes the non-abusing parent will immediately believe his story and support him. Sometimes parents or siblings do not believe him and pressure him to change his story.

Children are usually not placed away from their homes when abuse is found. However, if a placement is necessary, DHS will make every effort to maintain the child's ties to family, friends, schools and their community.

All children react to stress differently. Some may act out or become withdrawn. It is important to realize that the period after an abuse report is made is very difficult for children. They need special attention and care from you.



# Importance of reporting abuse

If you witnessed possible abuse, you are the responsible reporter. You cannot ask someone else to make this report for you.

By providing your name, relationship to the child or family and contact information, you have met your responsibility as a mandatory reporter. You have allowed Child Welfare staff to contact you if needed.

Mandatory reporters can be sued for damages in civil court for failing to report. Also, a mandatory reporter's failure to report is a violation of the law and carries a maximum penalty of \$2,000.

In Oregon and in most other states, laws keep the names, addresses and other identifying information about the person who makes a child abuse report confidential. A small number of cases may involve criminal or juvenile court action; you may be called as a witness.

## **After I report, will my name be made public?**

A court order is the only way a reporter's name can be released. However, you might have to testify at juvenile court or criminal court proceedings about the child's condition.

## **Can the parent sue me for making a report?**

Anyone who makes a good-faith report based on reasonable grounds cannot be sued.

## **What if the abuse happened a long time ago?**

You should still report it. The abuser may have access to other children, so their earlier history could be important. There is no statute of limitations on reporting child abuse.

## **Should I make a report to my supervisor?**

As a mandatory reporter, you must report to the Oregon Child Abuse Hotline or a law enforcement agency. Telling your supervisor does not fulfill your legal obligation.

Your employer may have internal policies asking you to inform your supervisor or other staff members. That is fine as long as you also make a formal report to the Oregon Child Abuse Hotline or law enforcement. It is important that we talk to the person closest to the original source of information so we can get all relevant details.

## **How many cases of abuse are reported?**

[The Child Welfare Data Book](#) is the Department of Human Services' annual report of Oregon child abuse and neglect statistics.

## **How important is my report?**

In some cases, especially for small children, you may be the only person outside their family who sees them. The information you have is vital.

## **Who decides what child abuse is?**

Child abuse is defined by law in Oregon Revised Statute 419B.005.

## **Can other people report abuse?**

Yes. Anyone can report suspected abuse. They will be asked for the same information we need from mandatory reporters.

Voluntary reporters also cannot be prosecuted as long as they make the reports in good faith.

Individuals sometimes want to report anonymously because they don't want family members to know they were involved. A reporter's name can only be released by a court order.

## **Barriers to reporting abuse**

### **Why don't people report suspected abuse?**

Centers for Disease Control and Prevention (CDC) research indicates most people (58 percent) say they are reluctant to call because they fear they would make the situation worse for the child.(3) DHS makes every effort to support families and ensure children's safety through services, resources and safety planning when appropriate.

CDC estimates that at least one in seven children have experienced child abuse and/or neglect in the past year. Other individuals (35%) believe they may be at risk of harm if they intervene. In Oregon, all reporters are protected by law. Reporters who are concerned about their own safety are encouraged to make an anonymous call. (3)

The remaining survey participants believe "it is none of my business." These feelings, though common, do not focus on protecting a child in danger. A late report or one that is not made may place a child's life in jeopardy. (3)

We have a shared role in ensuring Oregon's children are protected.

# The Child Protective Services (CPS) process

## Screening

Specially trained staff called hotline screeners accept reports of suspected child abuse. Hotline screeners and their supervisor determine if the report meets criteria for documentation. If those criteria are met, the hotline screener determines whether the concern requires assessment. At any time, the hotline screener can consult with their supervisor to ensure consistent decision-making.

Every report that the Oregon Child Abuse Hotline receives will fall into one of five categories:

- Information only
- Referral to other services
- Not a situation of child abuse
- Family support services needed, or
- Possible child abuse.

Not all reports are assigned for CPS assessment. When the hotline screener determines the information gathered does not meet criteria to assign, the report may be closed at screening. The information is still recorded. If a future report is made about any child or adult in the family, the previously reported information can be reviewed.

## Child Protective Services (CPS)

When the report is assigned for CPS assessment, this means Child Welfare assigns someone called a CPS worker to meet with the child and family. They will determine whether abuse occurred and whether a child is safe or unsafe. CPS is responsible for assessing, investigating and intervening in cases of child abuse. The CPS worker assigned to the child and family may contact you to discuss your concerns.

It is the role of Child Welfare to intervene when a report of alleged abuse is received. If child abuse occurred, our first responsibility is to protect the child from immediate harm. A process for determining the child's safety considers the type of abuse, the vulnerability of the child and the family's ability to protect the child. The child should remain at home with their family when the child can be safe. In most cases, the family

is willing and able to protect the child from further abuse and no Child Welfare intervention is necessary.

When a child cannot remain safely in their parent's care, Child Welfare, law enforcement or the courts may determine a child should enter care. The court must authorize the child's entry into care. If the safety of a child cannot be assured in the home, an out-of-home safety plan is developed. When this is necessary, DHS will first consider whether a relative can provide safety. Placement with relatives is a priority for Child Welfare to ensure children maintain essential familial connections.

If foster care is needed, Child Welfare works to ensure it will be family-based, time-limited, culturally responsive and designed to better stabilize families. The agency prioritizes children and young adults being placed in the care of family, friends and neighbors whenever possible. This helps children maintain connections to their cultures, communities and tribes.



## When is a Child Protective Services assessment closed?

Many factors determine the outcome of a CPS assessment. Not all children receiving a safety assessment are found to be unsafe or abused.

A CPS assessment may be closed for several reasons:

- The CPS assessment has determined there are no safety threats and children are safe.
- When children are found to be safe during the CPS assessment, but the family has moderate to high needs, a community referral for services will be made. The family may choose to participate in these services.
- The CPS assessment does not identify information sufficient to request juvenile court intervention, or the juvenile court declines to intervene and the parents do not request or agree to cooperatively receive services.
- The CPS assessment was concluded and a child determined to be unsafe. DHS will continue working with the family on a cooperative or court involved basis.



## Does DHS prosecute parents who are abusive?

No. Only a district attorney can prosecute a crime. District attorneys receive reports of possible criminal behavior from law enforcement officers and decide whether to pursue prosecution.

Even though you may have concerns about a child, it's not always clear whether abuse is taking place. Let's take a closer look at the definitions of child physical abuse, sexual abuse, neglect, mental injury and threat of harm.



# Physical abuse

Oregon law defines physical abuse as any assault of a child and any physical injury to a child caused by other than accidental means, including any injury that appears to be at variance with the explanation given of the injury. In Oregon, Karly's Law provides direction around what types of injuries lead to suspicion of abuse.

Suspicious physical injuries include, but are not limited to:

- Burns or scalds
- Extensive bruising or abrasions on any part of the body
- Bruising, swelling or abrasions on the head, neck or face
- Fractures of any bone in a child under the age of 3
- Multiple fractures in a child of any age
- Dislocations, soft tissue swelling or moderate to severe cuts
- Loss of the ability to walk or move normally according to the child's developmental ability
- Unconsciousness or difficulty maintaining consciousness
- Multiple injuries of various types
- Injuries causing serious or protracted (long-lasting) disfigurement or loss of impairment of the function of any bodily organ
- Any other injury that threatens the physical well-being of the child.

## Bruising

Bruises on bony surfaces such as knees, shins, foreheads or elbows are more likely to be accidental than those occurring on the cheeks, buttocks or stomach.

Most falls produce one bruise on a single surface, while abusive bruises frequently cover many areas of the body.

Any bruising seen on babies who are not yet mobile is suspicious.

## Head and facial injuries

Any suspicious head or facial injuries could be the result of abuse. Abusive head trauma (AHT), which includes shaken baby syndrome, is a severe form of abuse that results in injury to a child's brain. (4) AHT is related to one-third of all child maltreatment deaths and is the leading cause of physical child abuse deaths in children under age 5 in the United States. It is caused by violent shaking or being hit with blunt impact. The resulting injury can cause bleeding around the brain or on the inside back layer of the eyes. Long-term consequences for child development can be severe and include death.

The mouth is a common target for abuse. Injuries to this area include bruises, burns, split lips, broken teeth, torn frenulum (a fold of skin beneath the tongue, or between the lip and the gum), and even fractures of the jaw.

## Broken and fractured bones

A broken or fractured bone that is not explained by the history given in an examination could relate to child abuse. Falls and accidents occur, but noting the severity or type of injury, parental explanation, child explanation and/or witness description will help you understand if the parent or caregiver intentionally or recklessly caused the harm.

## Burns and scalds

Children accessing burners, lighters, stoves and fireplaces without appropriate precautions may indicate neglect. An adult may also inflict a burn upon a child, indicating physical abuse.

## Internal injuries

The abdomen is the third most injured region of the body, after the head and limbs. Abdominal trauma can be hard to recognize. It is also extremely dangerous with a mortality rate as high as 8.5%. (5) Although there are no absolute guidelines for symptoms of internal injuries, here are some common indicators:

- Pain in stomach, chest or any internal area
- Bruises on the chest or stomach
- Distended, swollen abdomen
- Tense abdominal muscles

- Labored breathing
- Severe chest pain while breathing
- Nausea or vomiting (especially blood).

## Is spanking child abuse?

Though controversial, there are numerous studies indicating spanking and other forms of physical discipline create long-term harm for children. (6) These effects include increased risk of negative behavioral, cognitive, psychosocial and emotional outcomes for children. (7)

“Children who see aggression practiced by their role models will imitate the behavior. Indeed, it is an ironic aspect of the prevalence of spanking that the practice, employed most often to reduce child aggression, per the evidence actually increases it.” (8)

Many parents today experienced spanking while growing up. However, knowing what we do now about child development, avoiding physical punishment and using other discipline solutions is in the best interests of children.



# Sexual abuse and sexual exploitation

## As defined in Oregon law, sexual abuse includes:

- Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration and incest, as those acts are described in ORS chapter 163
- Sexual abuse, as described in ORS chapter 163
- Sexual exploitation, including but not limited to:
  - Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct which allows, employs, authorizes, permits, induces or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording or other exhibition which, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct which is part of any investigation conducted pursuant to ORS 419B.020 or which is designed to serve educational or other legitimate purposes, and
  - Sex trafficking, including allowing, permitting, encouraging or hiring a child to engage in a commercial sex act, or to purchase sex with a minor.

Under Erin's Law, school districts are required to teach students personal body safety and how to speak up if they are being abused. Through an approach that includes education for children, school personnel and parents and guardians, we learn the signs of abuse and how to empower children. For more information, go to <http://www.erinslaw.org/erins-law/>.

## Why do children keep quiet about being sexually abused?

Persons who sexually abuse children rely on many methods to coerce children to keep quiet. The abuser may be subtle, telling the child he is doing it for her own good or promising them favors or gifts. Or methods might be more blatant, such as a parent warning their child if they tell anyone, the family will be broken up and everyone will blame the child.

The abuser may convince the child they are an equal partner, that the parent has special affection for them and that the child will be blamed if disclosure is made.

Many abusers use threats: telling the child their pets will be hurt, that siblings will be targeted, or even the child will be killed if they tell.

Children need adults to provide their basic needs: food, a place to live, clothing, access to family and loved ones. Abusers deliberately exploit that dependency to make children submit to them.

## Do children lie about being abused?

Research and experience show that children very rarely lie about the details of a sexual act they have not experienced. It is much more common for adults to minimize concerns or misinterpret a situation.

## What is sexual abuse of teens?

Oregon law does not make all sexual activity of a teen under the age of 18 illegal.

For teens, evidence of sexual activity may be a potential indicator of sexual abuse. Consenting sexual relationships imply that both partners have the ability and capacity to make an informed choice without fear of harm or pressure. However, many teens do not have a clear understanding of the difference between consensual and abusive relationships.

Factors to consider in determining whether a relationship may be abusive include:

- If force is used
- If there is impaired mental or emotional capacity
- If drugs or alcohol affect the ability to make a reasonable choice
- If there is manipulation, intimidation, implied threats or other forms of coercion
- If there is a distinct power or age difference.

## Sexual exploitation

Sexual exploitation is using children in a sexually explicit way for personal gain; to make money, for drugs or for any other good or service. Victims or perpetrators can be any age or gender. Commercial sex trafficking involves violence and control. It can be deadly. Sexual exploitation also includes using children to create pornography.

# Neglect

## What is neglect?

Neglect of a child includes, but is not limited to, the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the health or welfare of the child.

Neglect also includes buying or selling a person under the age of 18. This includes buying, selling or trading for legal or physical custody of a child. This does not apply to legitimate adoptions or domestic relations planning.

Neglect can be permitting a child under 18 to enter or remain in or upon premises where methamphetamines are being manufactured.

Finally, neglect can mean unlawful exposure of a child to a controlled substance, or to the unlawful manufacturing of a cannabinoid extract that subjects a child to a substantial risk of harm to the child's health or safety.

Neglect is the most prevalent form of abuse in children and has the farthest-reaching impact on all areas of normal development. Adverse brain and cognitive development, attachment, and physical and mental health consequences are all linked to parents' or caregivers' lack of responsiveness to their child's needs. In the United States, neglect accounts for 78% of all child maltreatment cases, far more than physical abuse (17%), sexual abuse (9%) and psychological abuse (8%). (9) Nationally, more than a quarter of victims are younger than 3 years old. (10)

## Standards for supervision and protection

Parents must provide adequate supervision, care, guidance and protection to keep children from harm. Parents must also provide appropriate treatment for children's special needs.

Children will have minor injuries during childhood. However, when accidental injuries are frequent, they may be the result of neglect.

Neglect includes exposing a child to illegal activities such as:

- Encouraging a child to participate in drug sales, theft, etc.
- Exposing a child to parental substance misuse, theft, etc.
- Encouraging a child to use drugs or alcohol.



## Leaving a child home alone

There are several considerations when determining if a child is physically, mentally, developmentally and emotionally ready to be left alone. Look at every child individually to make sure they are able to handle the given responsibility. The law does not specify the age at which a child can be left alone. However, in Oregon, a child younger than age 10 cannot be left unattended for a period of time that may likely endanger their health or welfare (ORS 163.545).

The Child Welfare Information Gateway resource “Leaving Your Child Home Alone” (11) provides guidance surrounding this decision. Parents and caregivers will want to consider the following:

- **Age and maturity** — Age alone does not determine readiness. Evaluate the child’s maturity. Have they demonstrated responsible behavior in the past? How do they respond to stressful situations? Do they feel comfortable being alone?
- **Circumstances** — When and how a child is left alone can make a difference. Consider the length of time they will be alone, the time of day, whether food preparation will be required? Also, does the child know how to lock the door, call for help or respond if a visitor comes to the door?
- **Safety skills** — Knowing what to do and how to respond to emergencies is an essential skill. Is there a plan for emergencies? Do they know their full name, address and phone number? Does the child know how to reach their parent or caregiver?
- **Communication** — Does the child have access to a phone, computer or tablet? Do they have the skills to call 911?

## Standards for shelter

A report is required when a parent provides living conditions that are unsanitary, hazardous or dangerous to the point they have or could compromise a child’s health or safety. Utilities such as drinking water, sanitary facilities and space for sleeping contribute to a safe environment. Poverty, unemployment and lack of affordable housing are commonly recognized causes of homelessness. Personal vulnerabilities such as mental and substance use disorders, trauma and violence, domestic violence, justice-system involvement, sudden serious illness, divorce, death of a partner, and disabilities can intensify these risk factors. (12) A family experiencing residential instability or poverty does not require Child Welfare intervention when the parent or caregiver has ensured the child’s health and safety needs are being met.



## Medical neglect

Children need adequate medical, dental and mental health care services. A medical situation that may result in serious impairment, pain or death of the child may be medical neglect. CPS can intervene.

Religious beliefs about spiritual care are generally honored, except when the child's life is in danger. CPS may intervene if a parent refuses medical attention in a serious or life-threatening situation.

## Malnutrition and failure to thrive

Children may experience a failure to thrive when environmental factors impede healthy growth. Poor eating habits (eating in front of television) and economic problems that affect nutrition, living conditions and parental attitudes are contributors. (13)

A child's growth can also be affected by emotional deprivation caused by parent or caregiver rejection, anger or lack of bonding and attachment. Children who experience chronic malnutrition may be globally delayed; some of the long-term consequences may be learning difficulties and delay in language skills.

# Mental injury

Mental injury is any mental injury to a child that includes an observable and substantial impairment of the child's mental or psychological ability to function caused by cruelty to the child. Whether intentional or unintentional, cruelty refers to behaviors that communicate rejection or are threatening, intimidating, disparaging or humiliating to the child or young adult.

As a reporter, providing descriptions regarding any changes observed in the child's functioning, or statements the child has made, will help the hotline screener understand the effect on the child. Direct impact, or the cause and effect, may not be known. However, you are still required to report your observation and concerns.

# Threat of harm

Threat of harm to a child means subjecting a child to a substantial risk of harm to their health or welfare.

Threat of harm includes all behaviors, conditions and circumstances that place a child at high risk or high likelihood of being abused. Substantial risk refers to a significant or high risk of the harm occurring.

Some examples of threat of harm are:

- A child living with or cared for by a person who has a past conviction for child abuse and whose current behavior, condition and circumstances present a substantial threat to the safety of a child
- A newborn whose parent's current mental or behavioral condition indicates a lack of skills necessary to provide adequate care even though the child has not suffered harm
- A child whose parent or caregiver has caused death or severe harm to another child through physical abuse and whose behaviors, conditions or circumstances have not improved.

## Domestic violence and child abuse

Children can also experience threats when domestic violence occurs. Domestic violence means a pattern of coercive behavior, which can include physical, sexual, economic and emotional abuse that an individual uses against a past or current intimate partner to gain power and control in a relationship. It is present in all cultures, socioeconomic classes and communities of faith.

It is necessary to report to DHS or law enforcement when there is reasonable cause to believe:

- There is current domestic violence or the alleged perpetrator has a history of domestic violence, and
- One of the following:
  - The child will intervene or is intervening in a violent situation, placing them at a risk of substantial harm.

- The child is likely to be harmed during the violence (being held, physically restrained from leaving, etc.).
- The alleged perpetrator is not allowing the adult caregiver and child access to basic needs, affecting their health or safety.
- The alleged perpetrator has killed or inflicted substantial harm or is making a believable threat to do so to anyone in the family, including extended family members and pets.
- The child's ability to function on a daily basis is greatly impaired by being in a constant state of fear.

When domestic violence is occurring in the home, some reporters describe the following:

- Children are afraid, withdrawn or anxious, overly compliant or over-achievers, or have behavioral problems.
- The adult survivor:
  - Is rarely seen without their partner
  - Exhibits changes in behavior such as depression or anxiety
  - Has limited access to money or other resources
  - Appears to have injuries or makeup used to cover injuries
  - Is afraid to leave their children alone with their partner, or
  - May be isolated, have little support, and be controlled by their partner's choices.
- The abusive partner is:
  - Jealous, blaming or resentful
  - Entitled or has a sense of superiority
  - Sarcastic or petty, or
  - Deceitful or overly charming.

These individuals may use threats, emotional abuse and physical injuries to control and influence their partner.

Often a safety plan can be developed to ensure children are safe and together with the non-offending parent.

# Oregon resources

Families often come in contact with DHS Child Welfare because they need help. Here are some helpful resources:

## **Oregon Child Abuse Solutions**

[Oregon Child Abuse Solutions](#) has partnered with local communities and their experts for more than 25 years to strengthen solutions for child abuse. Oregon Child Abuse Solutions is Oregon's only statewide 501(c)(3) non-profit agency that fights to end all forms of child abuse by ensuring high-quality prevention, intervention and therapeutic services for children. Call 503-455-8339 or email [info@childabuseintervention.org](mailto:info@childabuseintervention.org) for information about child abuse intervention, healing and prevention.

## **Safe Families**

Safe Families for Children (SFFC) hosts vulnerable children and creates extended family-like support for desperate families with nowhere to turn. Through a community of devoted volunteers motivated by compassion, children are kept in a safe and loving home with the goal of returning to their parents. Call Safe Families at 1-855-240-6607.

## **211info**

[211info](#) connects people with health and social service organizations. The Community Information Center, supported by the Resource Database Team, is at 211info's core. 211info has expanded to include enhanced information and referral and assistance programs that target specific services.

## **Adverse Childhood Experiences**

Knowledge of Adverse Childhood Experiences (ACEs) can deepen your understanding of the factors that shape children and families and their lifelong health. You can learn more about preventing ACEs in your community by assuring safe, stable nurturing relationships and environments. For more information, access the CDC site [here](#).

## **Implicit Association Test**

The Implicit Association Test (IAT) is accessible through [Project Implicit](#).

**If you think someone is being hurt or is in danger, call 911 immediately.**

Report suspected child abuse to the Oregon Child Abuse Hotline at 1-855-503-SAFE (7233) or a law enforcement agency.

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**NEWSLETTERS  
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## POLITICS

# Oregon state government workers struggle to deliver services amid staffing shortages

By **Lauren Dake** (OPB)

April 25, 2023 6 a.m.

Joshua Cordova, a correctional officer for the Oregon Department of Corrections, in Pendleton, likes the idea of a more humane approach to incarceration.

On paper, the state's much-touted move toward a [Norwegian-style prison system](#) — humanizing adults in custody, addressing their mental health needs and talking to them about their trauma — sounds great.

In reality, the current staffing shortages at the Eastern Oregon Correctional Institution where Cordova works means there is one correctional officer for about 80 adults in custody. Cordova and his colleagues work 17-hour shifts, multiple days a week. Their overtime is often mandated, so they show up for shifts having missed a kid's birthday or important anniversary.

So sure, Cordova says, he likes the idea of improving the physical and emotional well-being of adults in custody. But staffing shortages at the prison where he works are so deep, even the most basic services, like giving inmates time outside of their cells in the yard, can be difficult to deliver.

Vacancy rates are soaring in agencies across Oregon, making it hard for employees to deliver crucial state services. For some, particularly where staffing is required around-the-clock, understaffing has also made the job more dangerous. State lawmakers are in the midst of creating a new two-year budget that employees are hoping does more to help retain and recruit new employees.

Nearly one out of five budgeted jobs within state agencies are currently vacant, although the number fluctuates. That means fewer people staffing Driver and Motor Vehicle Services offices, translating into shorter office hours and longer lines. At the state's Department of Transportation, there are 104 vacant positions or 13% of the 786 positions of those who work to keep the streets cleaned up and drivable. Elsewhere, the number is greater. The vacancy rate at the state's health authority is nearly 20%. People staffing the state's child abuse hotline have reported a lack of staffing and difficulty keeping up with the incoming calls, which means it takes longer to reach kids who could be in dangerous situations.



Oregon State Capitol building, May 18, 2021. The capitol was completed in 1938 and is topped with a gilded bronze statue of the Oregon Pioneer.

*Kristyna Wentz-Graff / OPB*

Throughout the state's dozen prisons, there are 1,904 correctional officers, nearly 160 vacant positions and another 122 "ghost vacancies" with people on protected leave. The prison where Cordova works currently has about 65 vacancies.

"We're trying to do all the things required of us, but we don't have the people to do it and people are getting burnt out," Cordova said.

State employees in a union are currently bargaining for new contracts that cover wages, benefits and workplace conditions.

Oregon state lawmakers are also in the midst of figuring out the state's budget for the next two years.

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Sen. Elizabeth Steiner, the co-chair of the state's powerful budget-writing committee, said Democrats plan to augment the salary pot for workers. But, she added, it's been a tough couple of years and there are a lot of competing needs. She also pointed out the workforce shortage is not unique to state government.

“We are very eager to help workers thrive and make sure their salaries are fair in light of current economic conditions,” Steiner said. “We’re also eager for school kids to get a great education and make sure there’s enough money in K-12 so that college students don’t have unreasonable tuition increases. So we’re doing a lot of juggling.”

The state recently overhauled its payroll system, and the new system has been plagued with problems. At a recent legislative hearing, state workers testified how difficult it is when they don’t get their paycheck on time.

“So many people get paid so little, they are on the edge and (not receiving) one paycheck sets them back,” said Melissa Unger, executive director of SEIU 503, which represents public employees. “It’s just this continuation of people barely able to make their ends meet.”

Alexander Malloy is a family coach with the Department of Human Services in Grants Pass. He helps families experiencing economic challenges connect with safety-net programs, such as housing vouchers or food stamps. When a family is on the verge of having their power shut off, he’s the person who works to keep their lights on.

Malloy recently took a half day and returned to 17 text messages and 12 voicemails.

“I have seven, eight families living in cars with children, it’s just daily crisis intervention,” he said. “I have a total of about 70 families on my caseload, the biggest challenge I experience with my caseload is I don’t have time to make monthly contacts ... In the past, we would do home visits to get people the help they needed. There isn’t enough time in the week to do that.”

For Cordova, with the state’s Department of Corrections, the staffing shortages have been hard on his quality of life and the adults in custody who he sees on a nearly daily basis. The staff is exhausted and burnt out. Not being able to offer prisoners time outside increases the tension inside.

A lot of officers are eligible for retirement soon, he said, and many plan to take it. Cordova’s base salary is about \$65,000 he said, although he makes significantly more with overtime.

Cordova noted people could get a job at a fast-food restaurant these days for a decent wage and it doesn’t come with the same amount of risk.

You could work at McDonald’s, he said, and “choose your shift, your days off and make \$42,000.”

Or you could work for the Oregon Department of Corrections and “risk all the things we risk, being sued, being spit on, assaulted ... subjected to mandatory overtime.”

Cordova said those are all reasons why it’s hard to fill the dozens of vacancies in Pendleton and around the state.



# NEWS BULLETIN

## CRDTS INVITES YOU TO AN INTRODUCTION OF THE CARE PROGRAM



### WHAT IS THE CARE PROGRAM?

THE CARE Program is:

- A Program of **calibration, administration, remediation, and education.**
- Professionals Helping Professionals to Ensure the Best in the Dental Professions Across the Nation.
- A tool for State Dental Boards and Commissions to help licensees and/or provide resources for disciplinary action.
- A menu of options for ethics training/retraining; CE; hand-skills training/practice; post-assessment.
- State-of-the-art Education Facility in Topeka, KS
- State-of-the-art Equipment and Technology



### YOU'RE INVITED: EDUCATIONAL ZOOM SESSION

You will be receiving a Zoom meeting invite following this email. Please **"accept"** the meeting invite if we can look forward to your participation. If you cannot attend the specified date and time, please contact me, as we have other options and ways to get the information to you.

Considering each state's laws regarding board meetings, we invite only you as the Executive Director, Executive Officer, or Administrator. However, if you wish to pass along the invite to your board president or another board member, we also welcome their attendance.

We are excited to see you at the Zoom meeting in June!



## DANB Kicks Off Review of Dental Assisting Roles to Inform Future Programs

Dental Assisting National Board

Mon 5/22/2023 2:03 PM

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



## DANB Kicks Off Review of Dental Assisting Roles to Inform Future Programs

The Dental Assisting National Board (DANB) is spearheading an in-depth review of current duties and functions of dental assistants working in a variety of settings. On Sunday, DANB concluded an intensive two-and-a-half-day Dental Assisting Profession Job Task Analysis Workshop to identify the current knowledge, skills and competencies necessary for the varied experiences of dental assistants today and in the future.

The workshop, held in Chicago May 19-21, 2023, was attended by 20 dental professionals, including dental assistants, dentists, clinical coordinators, office managers, educators, and consultants from across the country. In selecting members to attend the workshop, DANB prioritized diversity of geographic representation, background, culture and experience.

“Input from the entire dental profession is a valuable and critical component of the evaluation and enhancement of DANB’s exams and certification programs,” said DANB and DALE



Foundation CEO Laura Skarnulis. “As we look to develop the next generation of credentials, we are committed to ensuring they are equitable, accessible and in service of supporting the dental assistant workforce and the patients they serve.”

DANB will take the findings from this workshop to update its certification programs. By undergoing a comprehensive review of its exams and certification programs, DANB will be well positioned to help grow the pipeline of qualified dental assistants entering the profession. Through this in-depth analysis, DANB will:

- Evaluate exam and certification pricing, content, and policies
- Expand the pathways for dental assistants to earn certification
- Remove barriers to the exam application and certification process

In the coming months, DANB will seek input on the outcomes of the meeting from numerous stakeholders through a survey and other opportunities to gather feedback.

“The pathways into dental assisting have evolved, and so must DANB’s exams and certification programs,” said DANB Chief Operating Officer Aaron White. “We are committed to updating and enhancing our exams and certifications to meet the needs of the profession now and into the future.”

These initiatives, and others, are core elements of the DANB and DALE Foundation [2023-2028 Strategic Plan](#), which aims to expand the pool of educated, qualified, and committed dental assistants; support the profession; and assure that dental assisting is viewed as a respected, professional career.

“We heard from many members of the dental community about workforce issues and potential solutions we could provide,” Skarnulis said. “Broad input and collaboration from the dental community has been invaluable in helping us develop our plans, and we look forward to collaborating even further as we progress with our work.”

## Join us

Later this year, DANB will host listening sessions, conduct surveys, and form a work group to hear from a variety of voices and perspectives in dentistry. We seek collaborators, volunteers, and partners to join us in these endeavors. To connect with us, please fill out the contact form.

## Contact us

This email was sent to [stephen.prisby@state.or.us](mailto:stephen.prisby@state.or.us). You received this email because you are subscribed to the DANB News list. If you wish to no longer receive these emails from us, you can unsubscribe.

# Senate Health Care Committee

May 31, 2023

**Robert Duehmig**

Director

**Stepha Dragoon (she/they)**

Program Manager, Rural Population  
Health

*The mission of the Oregon Office of Rural Health is to improve the quality, availability and accessibility of health care for rural Oregonians.*

*The Oregon Office of Rural Health's vision is to serve as a state leader in providing resources, developing innovative strategies and cultivating collaborative partnerships to support Oregon rural communities in achieving optimal health and well-being.*



## Who We Are

- Oregon's Office of Rural Health (ORH)
- Created in 1979 by the Oregon Legislature
- 50 State Offices – ORH was a model for the federal program
- Relocated to OHSU in 1989
- 1989 Legislature also:
  - Created the AHEC Program
  - Began the rural provider tax credit
  - Allocated funds for ORH to do recruitment
  - Enables ORH to work with the Legislature



## Rural Health Coordinating Council

ORS 442.495

- Advises the ORH on rural health related issues
- 14 Organizational Members
- 5 Consumer members appointed by the Governor



## Collect & Disseminate Information:

Rural Health Conference/Forum on Aging  
Rural Health Clinics & Quality Workshops  
Area of Unmet Health Care Need Report  
Bi-monthly Community Conversations  
Quarterly Newsletter/RHC Newsletters

## Workforce Recruitment & Retention:

Recruitment & Retention Services for Sites & Providers  
3Rnet - National Jobs Board  
Student support  
Provider Incentives:  
    Loan repayment, loan forgiveness, tax credits  
    liability reinsurance

## Provide Technical Assistance

What:

Quality, Finance & Operations, Governance,  
Telehealth, Population Health

To:

Critical Access Hospitals, Rural Health Clinics,  
Rural EMS

## Coordinate Rural Health Activities:

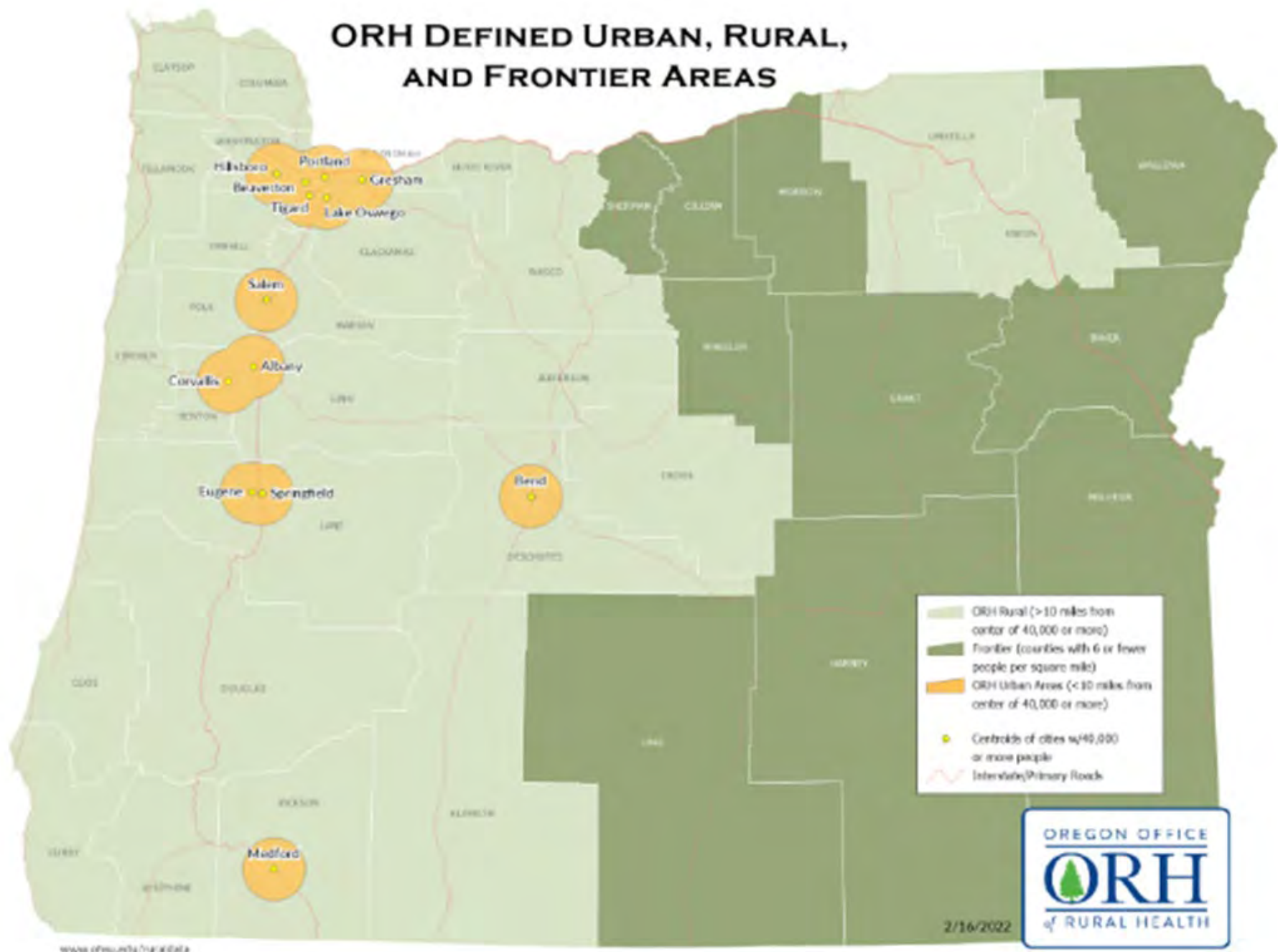
Coordinate federal grants and projects

Bring together rural parties to improve rural outcomes.

**Rural is full of Opportunity – You just need to knock!**

<https://www.ohsu.edu/oregon-office-of-rural-health/recruitment-and-retention-services>

# ORH DEFINED URBAN, RURAL, AND FRONTIER AREAS

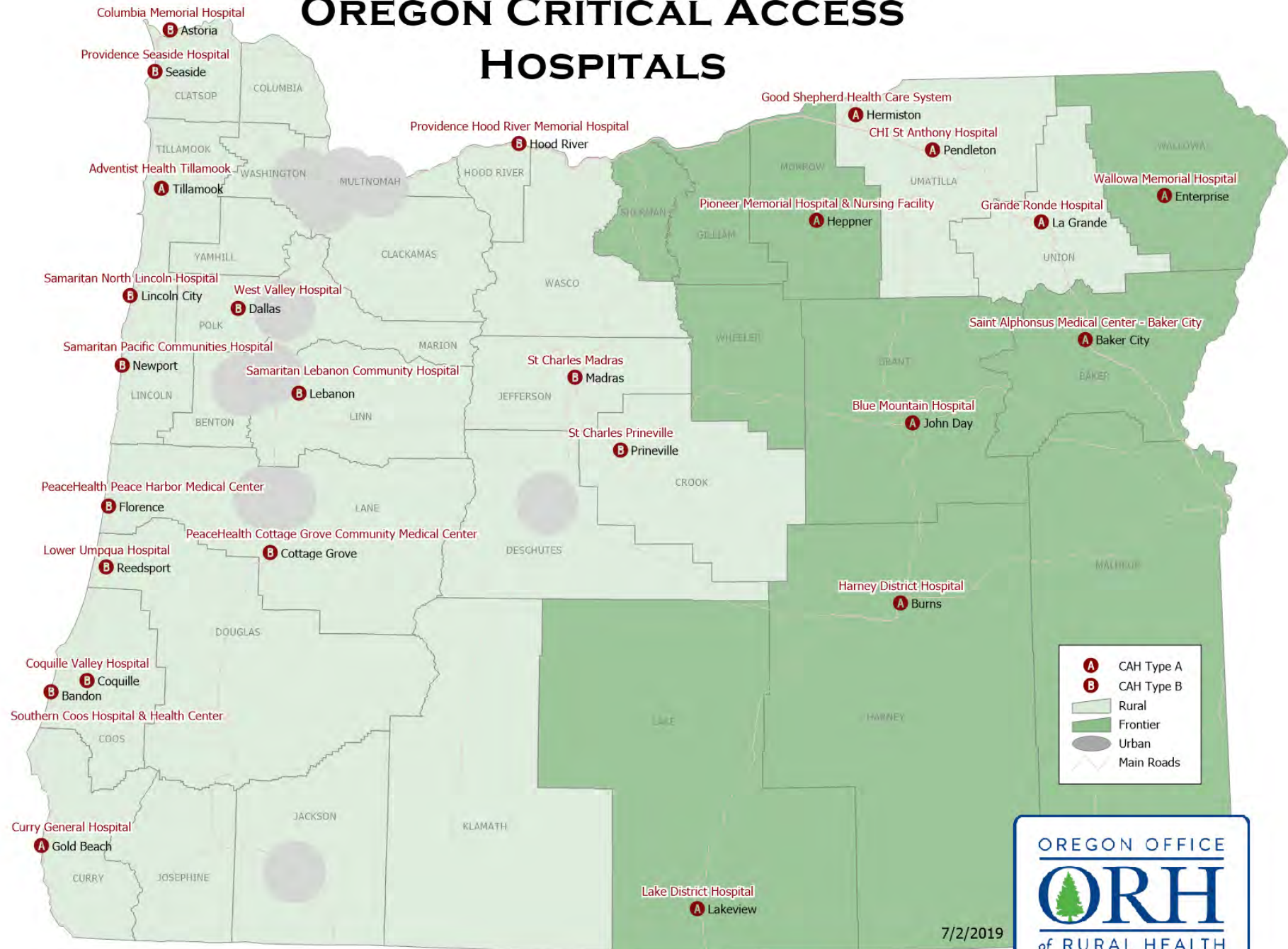


www.ohsu.edu/ruraldata

2/16/2022



# OREGON CRITICAL ACCESS HOSPITALS



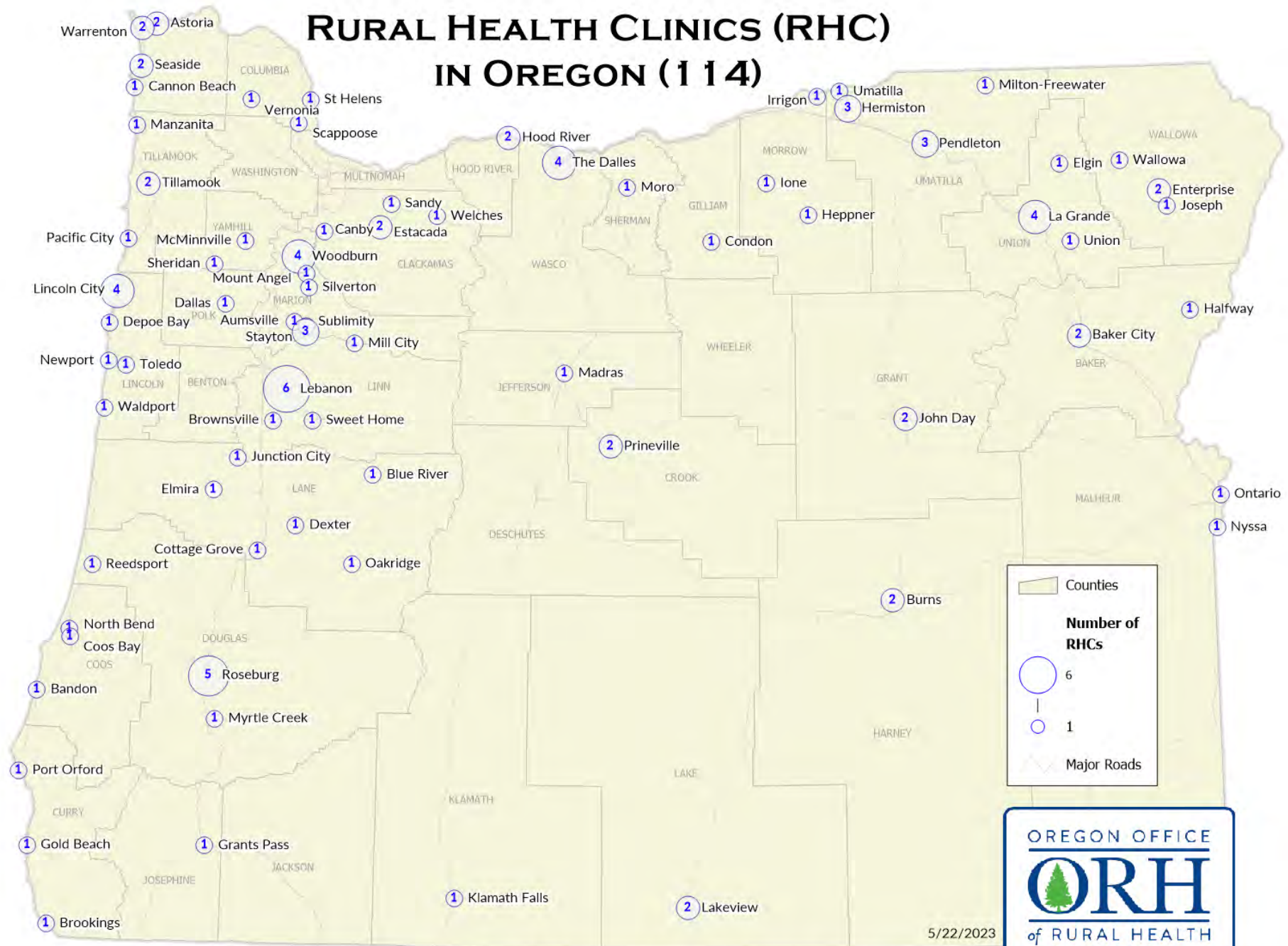
<b>A</b>	CAH Type A
<b>B</b>	CAH Type B
	Rural
	Frontier
	Urban
	Main Roads



7/2/2019



# RURAL HEALTH CLINICS (RHC) IN OREGON (114)



0 50 mi

Counties

**Number of RHCs**

6

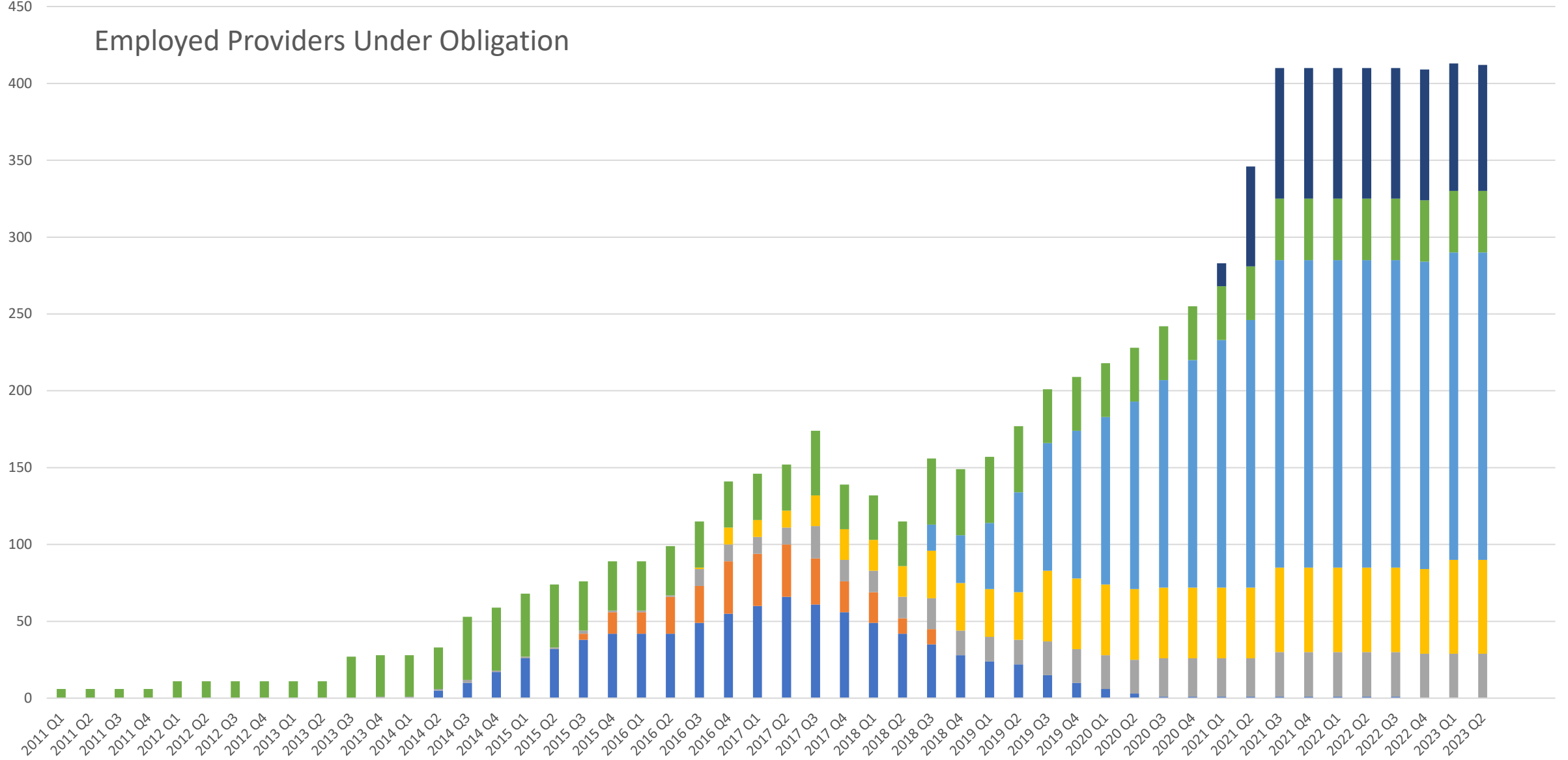
1

Major Roads



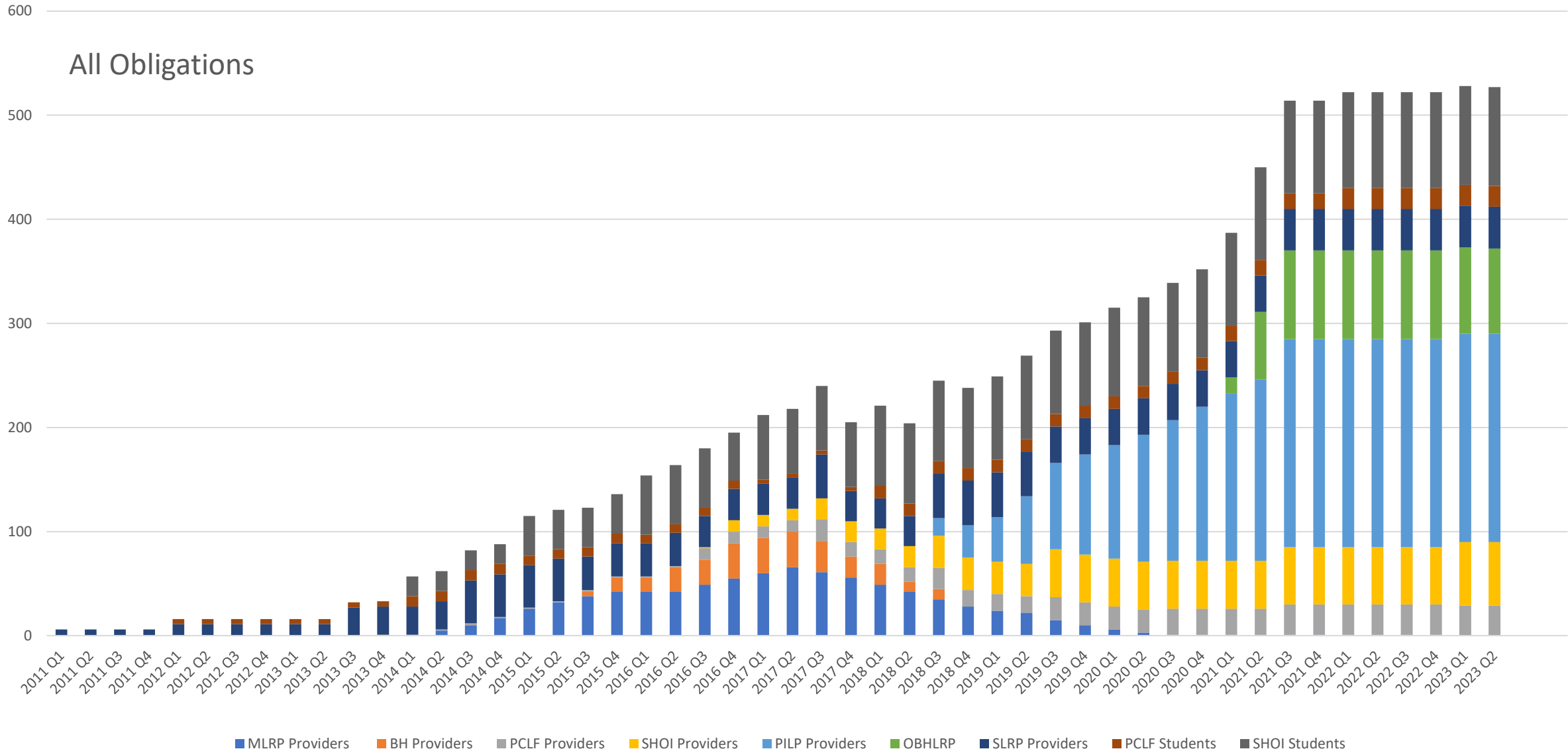


# Employed Providers Under Obligation



■ MLRP Providers 
 ■ BH Providers 
 ■ PCLF Providers 
 ■ SHOI Providers 
 ■ PILP Providers 
 ■ SLRP Providers 
 ■ OBHLRP

# All Obligations







## Areas of Unmet Health Care Need Report

First published in 1998 in response to a mandate from the Oregon Legislature to measure medical underservice in rural areas

AUHCNR is used:

- To rank loan repayment and loan forgiveness applicants for awards;
- Risk assessment formula for rural hospitals to receive cost-based Medicaid reimbursement;
- As part of the determination of “medically underserved” geographic areas for the Oregon Governor’s Health Care Shortage Area Designation; and
- As a resource for communities to address health care needs.



## Primary Care Service Areas

- County level data often used to analyze health information.
- Oregon's 36 counties are larger and diverse in geography and population distribution.
- ORH created sub-county units – Primary Care Service Areas –to better reflect use of health care services.
- Utilize ZIP codes – better align with transportation and market patterns and associated with demographic, socioeconomic and health utilization data.
- All of Oregon's 470 ZIP codes are grouped in Primary Care Service Areas.
- There are 128 Oregon Primary Care Service Areas:
  - Rural Only: 86
  - Rural & Frontier: 104
  - Frontier Only: 18
  - Urban: 24





## Primary Care Service Areas

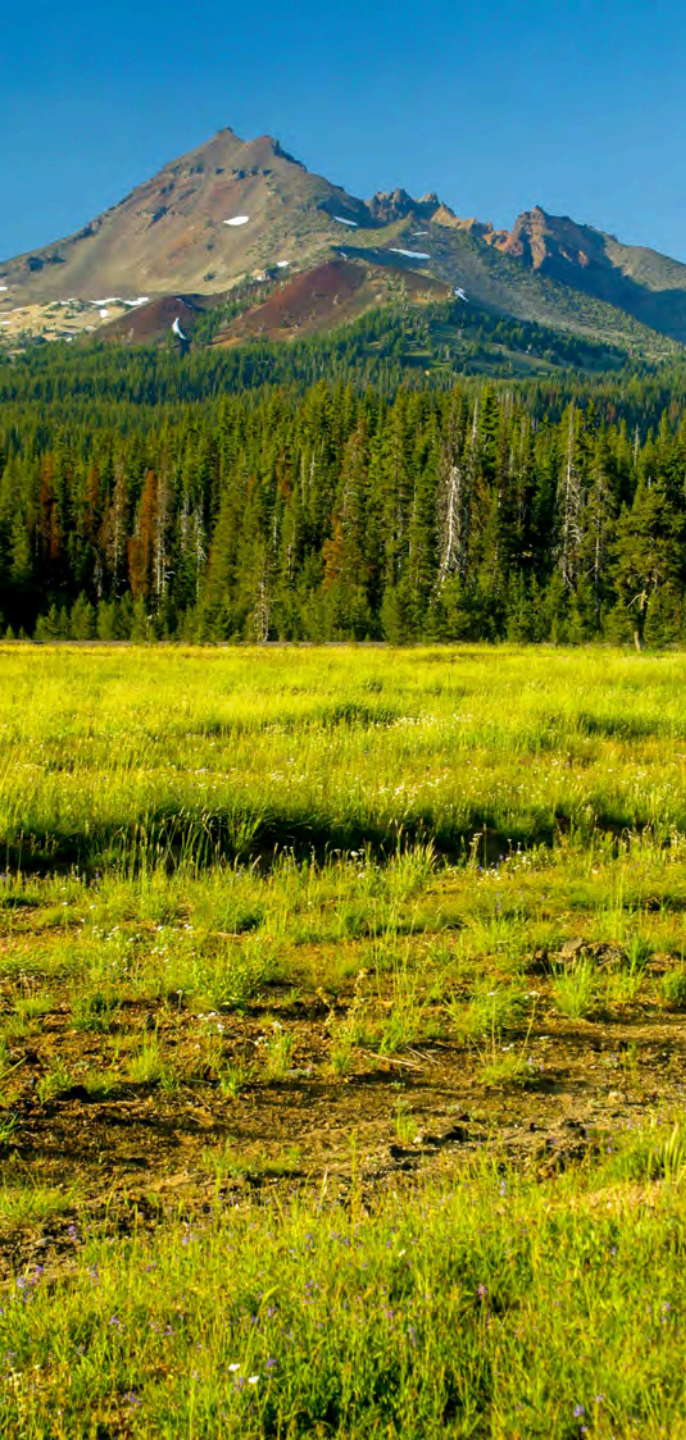
- Health resources are generally located within 30-minute travel time.
- Defined areas are not smaller than a single ZIP code and ZIP codes are geographically contiguous and/or follow main roads.
- Defined areas contain population of no less than 800 -1000 people.
- Defined areas constitute a “rational” medical trade or market area, considering topography, social and political boundaries and travel patterns.
- Congruent with existing special taxing districts (e.g., health or hospital district).





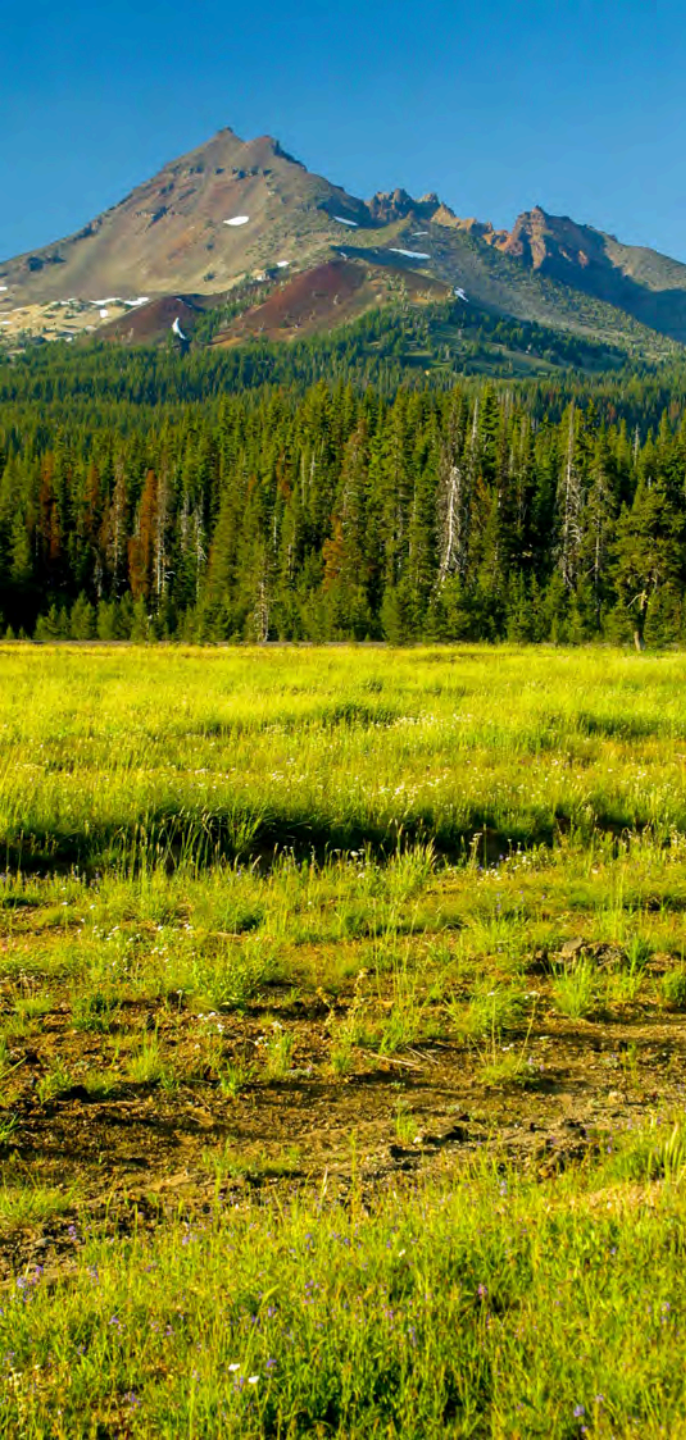
## Variables Used in the AUHCN Calculation

- Data Requirements:
  - Date points must be available at the ZIP code geographic level.
  - Data must be updated annually.
  - Data must be available to the Office of Rural Health.
- Data Broken into Three Categories



- Category 1: Availability of Providers
  - Travel Time to Nearest Patient Center Primary Care Home (PCPCH)
  - Primary Care Capacity (% of Primary Care Visits Needed Able to be Met)
  - Dentist per 1,000 population
  - Mental Health Providers per 1,000 population
- Category 2: Ability to Afford Care
  - % of Population between 138% and 200% of Federal Poverty Level (FPL)
- Category 3: Utilization
  - Inadequate Prenatal Care Rate per 1,000 births
  - Ambulatory Care Sensitive Conditions (ACSC)/Preventable Hospitalizations per 1,000 population
  - Emergency Dept. Non-Traumatic Dental Visits per 1,000 population
  - Emergency Dept. Mental Health/SUD Visits per 1,000 populations





**Mean (Average) Score by Geographic Area**    **2022**                      **2021**

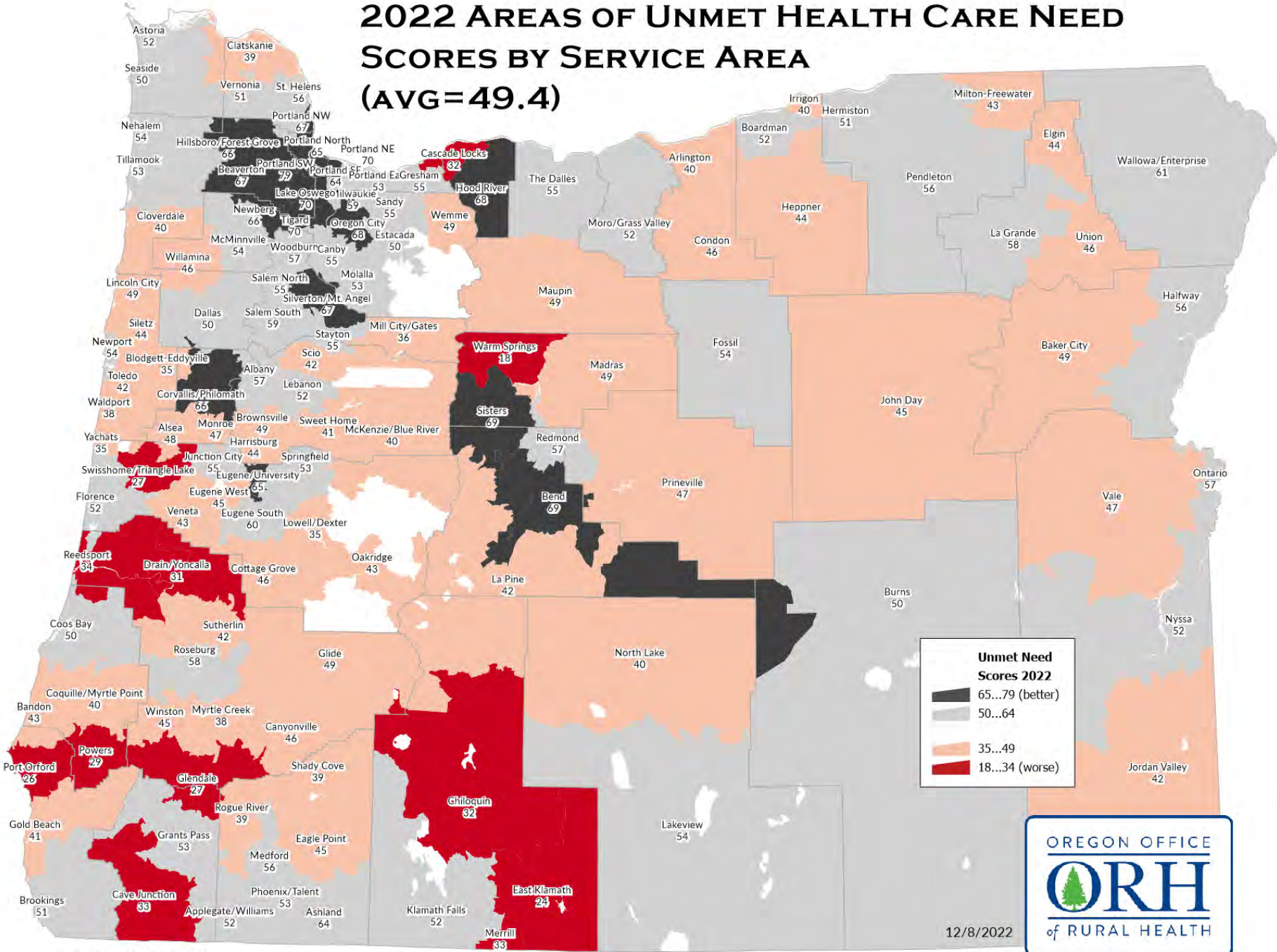
Oregon	49.4	49.4
Urban	62.1	62.6
Rural (without Frontier)	45.9	46.0
Rural (including Frontier)	46.4	46.4
Frontier	48.9	48

**Areas With the Lowest Total Scores**    **2022**                      **2021**

Warm Springs	18	24
East Klamath	24	26
Port Orford	26	26
Glendale	27	27
Swisshome/Triangle Lake	27	27
Powers	29	32
Drain/Yoncalla	31	29
Cascade Locks	32	27



# 2022 AREAS OF UNMET HEALTH CARE NEED SCORES BY SERVICE AREA (AVG=49.4)



**Unmet Need Scores 2022**

- 65...79 (better)
- 50...64
- 35...49
- 18...34 (worse)



12/8/2022

- The average travel time in Oregon to the nearest Patient Centered Primary Care Home (PCPCH) is 12.2 minutes. Twenty-two service areas (all rural or frontier) do not have a PCPCH, and the drive times for these areas average 24 minutes. (Pages 13-14)
- The ratio of estimated primary care visits able to be met by existing providers in Oregon is 1.2. Rural and frontier service areas have a lower average ratio (0.9), meaning there is greater demand than supply. Ten primary care service areas have zero primary care provider FTE, and they are all rural or frontier. (Pages 15-17)
- Oregon has 0.5 dentist patient care FTE per 1,000 people. The average in rural and frontier areas is 0.3 FTE. All 25 primary care service areas that have zero dentist FTE are rural or frontier. (Pages 18-19)
- There are 1.15 mental health care provider FTE per 1,000 people in Oregon. The average in rural and frontier is less than half of that at 0.54 FTE. All 20 primary care service areas that have zero mental health provider FTE are rural or frontier. (Pages 20-21)
- For 2016-2020, the percentage of the population that is above the Medicaid cut-off of 138% Federal Poverty Level (FPL) but still below 200% of the FPL (and therefore unlikely able to afford health insurance unless provided by an employer) is 11% in Oregon. Swisshome/Triangle Lake (21%), Heppner (21%), Burns (25%), and Blodgett-Eddyville (26%) have rates almost double that or more. (Pages 22-23)

- Oregon's five-year (2016-2020) average inadequate prenatal care rate is 60.7 per 1,000 births per year. The average rate in frontier service areas is 100 per 1,000, or 10% of all births. Warm Springs (255.4) has over quadruple the state rate, with another nine service areas (all rural or frontier) that are over double the state rate. (Pages 24-25)
- Oregon's three-year (2019-2021) average preventable hospitalization/ACSC rate is 6.0 per 1,000 people per year. Rural and frontier service areas average 7.4 per 1,000. Reedsport (18.4) has triple the state's ACSC rate and another seven service areas (all rural or frontier) have over double the state rate. (Pages 26- 27)
- Oregon has a three-year (2019-2021) average non-traumatic dental emergency department (ED) visit rate of 3.3 per 1,000 people per year. The rate in rural Oregon is 4.4 per 1,000. Fifteen service areas (all rural or frontier) have over double the state's dental ED visit rate, with Warm Springs (14.3) having over quadruple the state rate. (Pages 28-30)
- Oregon has a three-year (2019-2021) average mental health/substance use ED visit rate of 17.6 per 1,000 people per year. This is the only variable where rural and frontier (16.3), on average, do better than urban areas (18.2). However, the worst performing service area, Warm Springs (50.5), is rural and has almost triple the state rate. (Pages 31-33)
- Oregon has an average Unmet Need Score of 49.4 out of 90. All but one of the 62 service areas that have a score worse than this are rural or frontier. (Page 34)



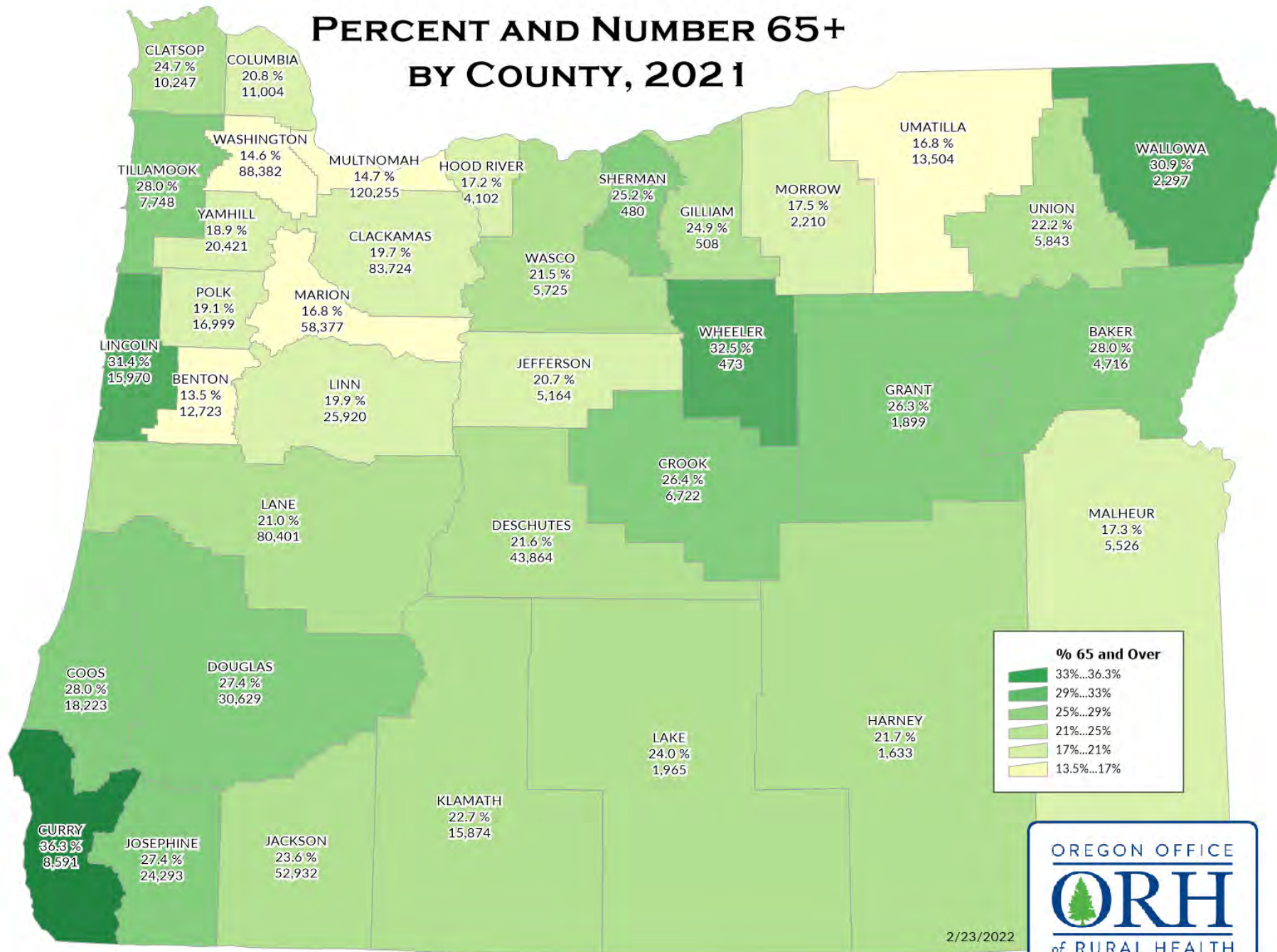
# Aging in Rural Oregon



## To start off...

- **Older adults will soon outnumber children under 18 for the first time ever.**
- **In Oregon, the number of older adults ages 65+ will double by 2030.**
- **Rural Oregon is aging faster than urban Oregon.**
- **57% of older adults in Oregon live in a rural place.**

# PERCENT AND NUMBER 65+ BY COUNTY, 2021



source: Portland State University Population Research Center, 2021

2/23/2022



# Socioeconomic and demographic differences among rural and frontier Oregonians

## American Community Survey, U.S. Census, 2017-2021

	Frontier	Rural	Urban	Oregon
Population below Poverty Level (\$23,556 per year for 2 adults/1 child <18 in 2022)	15.7%	12.8%	11.6%	12.1%
Population below 200% of Poverty Level	39.9%	32.5%	26.4%	28.7%
Population <18 below Poverty Level	19.4%	15.8%	12.9%	14.0%
Population Unemployed	5.9%	5.9%	5.5%	5.6%
Population 18-64 with Disability	15.7%	14.9%	10.5%	12.0%
Population 65+ with Disability	41.0%	35.9%	32.5%	34.1%
Uninsured	8.3%	7.2%	6.4%	6.7%



# Socioeconomic and demographic differences among rural and frontier Oregonians

American Community Survey, U.S. Census, 2017-2021

Frontier Rural Urban Oregon

<b>Population below Poverty Level</b> (\$23,556 per year for 2 adults/1 child <18 in 2022)	<b>15.7%</b>	<b>12.8%</b>	11.6%	12.1%
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Population 65+ with Disability	41.0%	35.9%	32.5%	34.1%
Uninsured	8.3%	7.2%	6.4%	6.7%

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Uninsured	8.3%	7.2%	6.4%	6.7%



# Barriers to Aging-in-Place in Rural Communities

- Access to Transportation
  - Lack of public transportation, long distances to services, lack of access to a car, difficulty securing other transportation options
- Housing
  - Safe, affordable, accessible housing options
  - Ability to stay in owned homes
- Food insecurity
  - Living in food deserts
  - Lack of access to groceries + fresh produce
  - Less access to meal services, senior centers, food banks
- Access to health care
  - Primary care, behavioral health
  - Provider shortages
  - Lack of home health care options
  - High cost of health care and home health
- Social isolation
- Digital literacy & internet access
- Natural disasters & emergency preparedness



# Forum on Aging in Rural Oregon

*The Forum on Aging in Rural Oregon is an event where professionals in the field of aging learn collaboratively from one another to innovate services and care for rural elders in Oregon. The Forum connects aging professionals from across the elder care gamut to share knowledge, make connections and create meaningful partnerships. The Forum brings together health care providers and leaders, program specialists, policymakers, community members, family caregivers, elder care professionals, philanthropists and anyone interested in making rural Oregon more age-friendly.*

- Aging repeatedly identified as a need in community health needs assessments
- Topics this year included:
  - Creating an age-friendly ecosystem in Oregon
  - The impact and potential of Community Health Workers on aging-in-place
  - Emergency preparedness and impact of climate change on rural older adults
  - Behavioral health and housing stability
  - Strategies for inter-organizational collaboration, coordination of care
  - Intersectional aging issues (i.e. experiences of LGBTQ+ older adults, etc.)

## Innovative programs to address challenges faced by rural older adults

# Elder Service Innovation Grant

[Wallowa Memorial Hospital](#) is using ESI funds to create the first stage of an outdoor fitness trail with equipment for older adults. Thirty percent of Wallowa residents are older adults, and fatal falls are the third most prevalent cause of death in the county. This program will focus on increasing stability and strength through low intensity, easily accessible and ongoing activities that are specifically designed for older adults and completely free of charge.

[Douglas Public Health Network](#) (DPHN) is using ESI grant funds to increase emergency preparedness and resiliency of older adults living in Douglas County by creating senior specialized emergency preparedness education and materials, distributing emergency kits to seniors and coordinating preparedness educational events.

Source: <https://www.ohsu.edu/oregon-office-of-rural-health/elder-service-innovation-grants>



# Innovative programs to address challenges faced by rural older adults

# Elder Service Innovation Grant

A scenic landscape photograph showing a river flowing through a valley with rolling hills and sparse vegetation under a clear blue sky. The text 'Elder Service Innovation Grant' is overlaid in large white letters.

Other projects include...

- Bridge Meadows
  - Funding helped to replicate their innovative, intergenerational program at their new location in Redmond, Oregon.
- Medical Professional Educators (MedProEd)
  - Program to create educational materials and provide specialized training for Oregon EMS providers to promote excellence in geriatric patient management by providers involved in the delivery of prehospital care
- Evergreen Family Medicine
  - Telehealth program for older adults using high-tech, portable equipment

Source: <https://www.ohsu.edu/oregon-office-of-rural-health/elder-service-innovation-grants>

# Emerging Solutions

- Funding to support programs that help older adults age in place
  - For example, programs that support home improvements, transportation, home health programs, increased telehealth, community-based long-term care, etc.
- Workforce
  - Community Health Workers and community paramedics
- Coordinated effort to improve aging in Oregon
  - AGE+ and AARP Oregon have launched "Shared Future Oregon: A Multi-Sector Plan for Living + Aging to Become an Age-Friendly State"
  - Learn more: [ageplus.org/shared-future-oregon](http://ageplus.org/shared-future-oregon)
- Increase broadband access, continue expansive telemedicine options, digital literacy initiatives
- Cross-sector collaboration and communication

# Thank you!

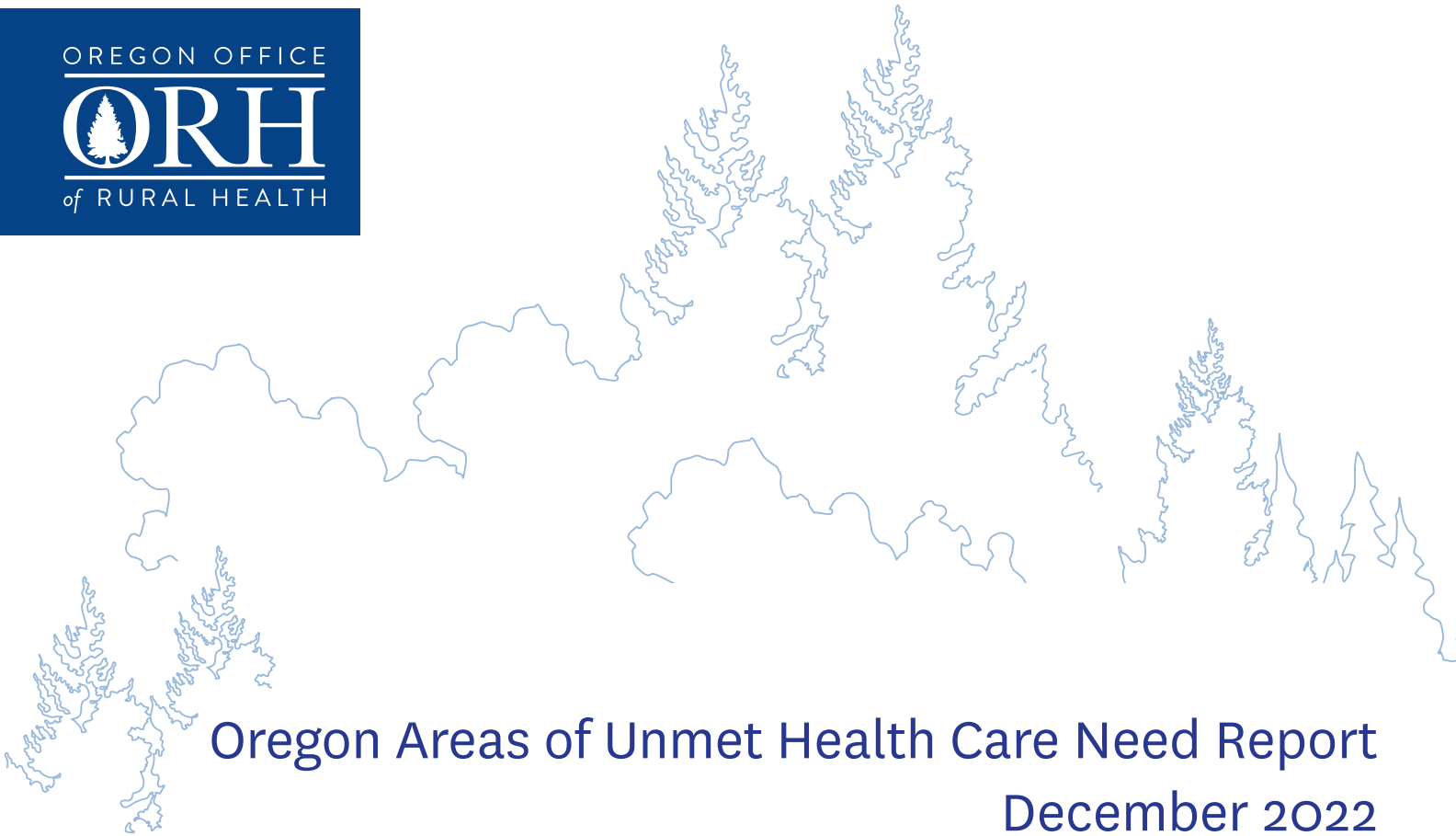
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dragoon@ohsu.edu

*The mission of the Oregon Office of Rural Health is to improve the quality, availability and accessibility of health care for rural Oregonians*

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Oregon Areas of Unmet Health Care Need Report  
December 2022

# OREGON OFFICE OF RURAL HEALTH

IMPROVING THE QUALITY, AVAILABILITY AND ACCESSIBILITY OF HEALTH CARE FOR RURAL OREGONIANS



# Areas of Unmet Health Care Need Report

The Oregon Office of Rural Health first developed the Areas of Unmet Health Care Need Report (AUHCN) in 1998 in response to a mandate from the Oregon Legislature to measure medical underservice in rural areas. This report has since been published annually and is used:

- To qualify a practice site for loan repayment and forgiveness programs (OAR 409-036-0010 [25] [A]);
- As part of a risk assessment formula for rural hospitals to receive cost-based Medicaid reimbursement (SB 607, passed in 1991; HB 3650, passed in 2011); and
- As part of the determination of “medically underserved” geographic areas for the Oregon Governor’s Health Care Shortage Area Designation.

The report includes nine variables that measure access to and utilization of primary physical, mental, and oral health care. This report can be used by state partners to prioritize financial and technical assistance, and by health care stakeholders to advocate for unmet needs in their community.



# Contents

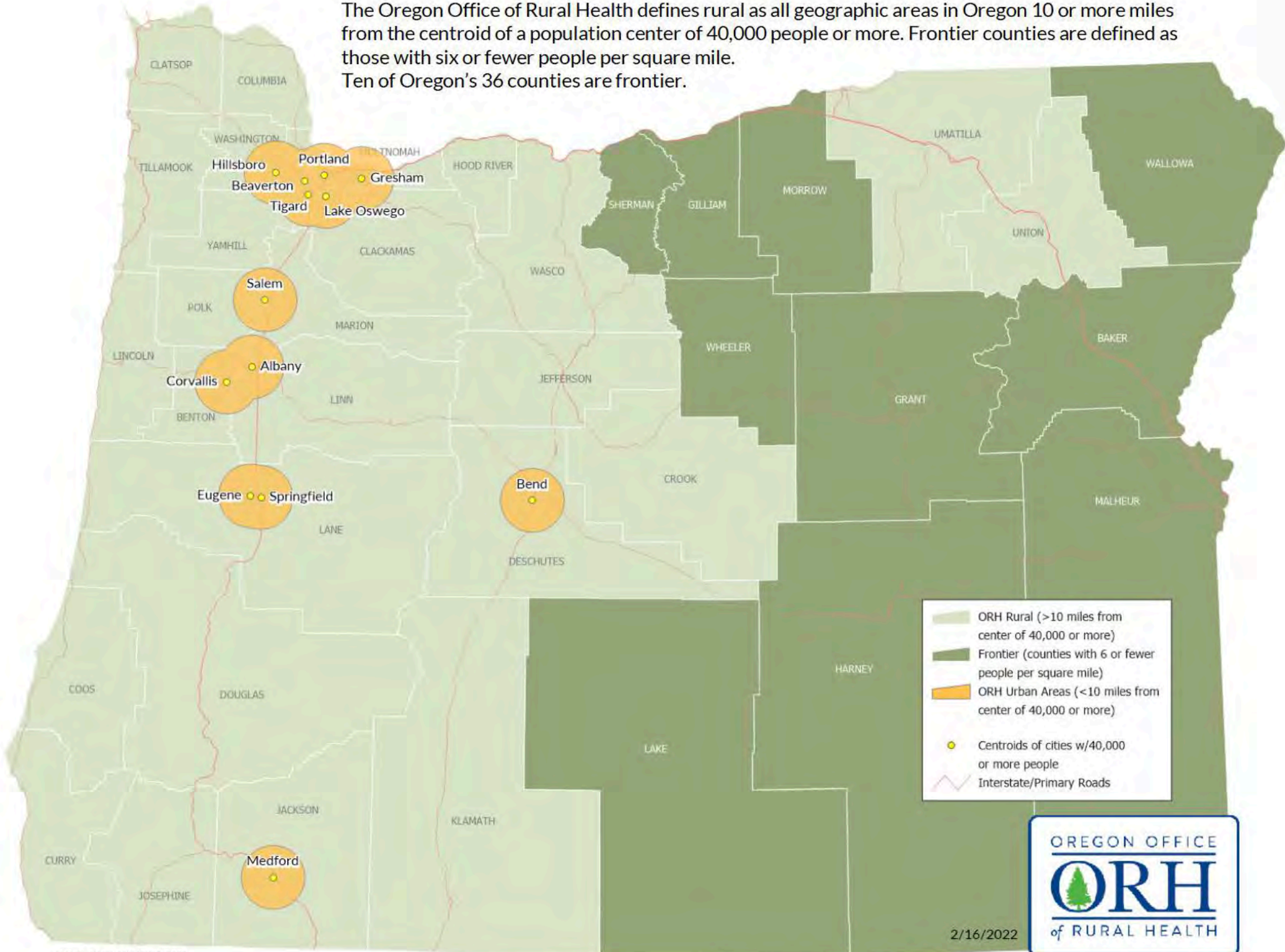
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We welcome your feedback. If you have any questions or suggestions about this report, please contact Emerson Ong at [onge@ohsu.edu](mailto:onge@ohsu.edu).



# WHAT IS CONSIDERED RURAL AND FRONTIER?

The Oregon Office of Rural Health defines rural as all geographic areas in Oregon 10 or more miles from the centroid of a population center of 40,000 people or more. Frontier counties are defined as those with six or fewer people per square mile. Ten of Oregon's 36 counties are frontier.



## Overview

Nine variables are used to calculate Unmet Need scores for each of Oregon’s 128 primary care service areas. The lowest and worst score possible is 0. The highest and best score possible is 90. A lower score means greater unmet need. For 2022, scores in Oregon ranged from 18 (worst) to 79 (best). In 2021, it ranged from 24 to 79. Warm Springs had the lowest score in both years and lost points this year because the clinic lost their PCPCH status.

Rural and frontier service areas have greater unmet need (lower scores) than urban areas:

<b>Mean (Average) Score by Geographic Area</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Oregon	49.4	49.4	49.3
Urban	62.1	62.6	62.1
Rural (without Frontier)	45.9	46.0	45.9
Rural (including Frontier)	46.4	46.4	46.4
Frontier	48.9	48.0	48.4

The mean (average) score for Oregon overall is 49.4, which is the same as last year’s average of 49.4. Sixty-two of the 128 service areas fall below that score. The number of service areas by geographic type with scores below the Oregon average include:

Urban:	1 out of 24 (4%)
Rural (without Frontier):	52 out of 86 (60%)
Rural (including Frontier):	61 out of 104 (59%)
Frontier:	9 out of 18 (50%)

<b>Greatest Unmet Need Areas</b>			<b>Least Unmet Need Areas</b>		
	<b>2022</b>	<b>2021</b>		<b>2022</b>	<b>2021</b>
Warm Springs	18	24	Portland SW	79	79
East Klamath	24	26	Tigard	70	71
Port Orford	26	26	Portland NE	70	71
Swishhome/ Triangle Lake	27	27	Lake Oswego	70	71
Glendale	27	27	Sisters	69	70
Powers	29	32	Bend	69	69
Drain/Yoncalla	31	29	Oregon City	68	69
Chiloquin	32	29	Hood River	68	68
Cascade Locks	32	27	Silverton/Mt Angel	67	69
Merrill	33	35	Beaverton	67	69
Cave Junction	33	36	Portland NW	67	66

# Highlights

1. The average travel time in Oregon to the nearest Patient Centered Primary Care Home (PCPCH) is 12.2 minutes. **Twenty-two service areas (all rural or frontier) do not have a PCPCH, and the drive times for these areas average 24 minutes.** (Pages 13-14)
2. The ratio of estimated primary care visits able to be met by existing providers in Oregon is 1.2. Rural and frontier service areas have a lower average ratio (0.9), meaning there is greater demand than supply. **Ten primary care service areas have zero primary care provider FTE, and they are all rural or frontier.** (Pages 15-17)
3. Oregon has 0.5 dentist patient care FTE per 1,000 people. The average in rural and frontier areas is 0.3 FTE. **All 25 primary care service areas that have zero dentist FTE are rural or frontier.** (Pages 18-19)
4. There are 1.15 mental health care provider FTE per 1,000 people in Oregon. The average in rural and frontier is less than half of that at 0.54 FTE. **All 20 primary care service areas that have zero mental health provider FTE are rural or frontier.** (Pages 20-21)
5. For 2016-2020, the percentage of the population that is above the Medicaid cut-off of 138% Federal Poverty Level (FPL) but still below 200% of the FPL (and therefore unlikely able to afford health insurance unless provided by an employer) is 11% in Oregon. **Swishhome/Triangle Lake (21%), Heppner (21%), Burns (25%), and Blodgett-Eddyville (26%) have rates almost double that or more.** (Pages 22-23)
6. Oregon's five-year (2016-2020) average inadequate prenatal care rate is 60.7 per 1,000 births per year. **The average rate in frontier service areas is 100 per 1,000, or 10% of all births. Warm Springs (255.4) has over quadruple the state rate, with another nine service areas (all rural or frontier) that are over double the state rate.** (Pages 24-25)
7. Oregon's three-year (2019-2021) average preventable hospitalization/ACSC rate is 6.0 per 1,000 people per year. Rural and frontier service areas average 7.4 per 1,000. **Reedsport (18.4) has triple the state's ACSC rate and another seven service areas (all rural or frontier) have over double the state rate.** (Pages 26-27)
8. Oregon has a three-year (2019-2021) average non-traumatic dental emergency department (ED) visit rate of 3.3 per 1,000 people per year. The rate in rural Oregon is 4.4 per 1,000. **Fifteen service areas (all rural or frontier) have over double the state's dental ED visit rate, with Warm Springs (14.3) having over quadruple the state rate.** (Pages 28-30)
9. Oregon has a three-year (2019-2021) average mental health/substance use ED visit rate of 17.6 per 1,000 people per year. This is the only variable where rural and frontier (16.3), on average, do better than urban areas (18.2). **However, the worst performing service area, Warm Springs (50.5), is rural and has almost triple the state rate.** (Pages 31-33)
10. Oregon has an average Unmet Need Score of 49.4 out of 90. **All but one of the 62 service areas that have a score worse than this are rural or frontier.** (Page 34)







Figure 2. Ranked Service Area Scores (Highest Unmet Need to Lowest)

The worst score in each column is darkest orange and the best score is darkest blue with graduated shading for the numbers in between the best and worst.

Service Area	Designation	Total Score	Travel Time to Nearest PCPCH	Primary Care Capacity Ratio	Dentists per 1,000	Mental Health Providers per 1,000	138-200% of Federal Poverty Level	Inadequate Prenatal Care Rate	Preventable Hospitalizations per 1,000	Emergency Dept Dental Visits per 1,000	Emergency Dept Mental Visits per 1,000
Warm Springs	Rural	18	18	2.05	0.06	0.15	17%	255.4	16.1	14.3	50.5
East Klamath	Rural	24	32	0.00	0.00	0.00	13%	142.9	9.0	5.9	17.0
Port Orford	Rural	26	31	0.44	0.00	0.00	15%	92.0	11.3	6.9	15.3
Swishhome/ Triangle Lake	Rural	27	27	0.00	0.00	0.00	21%	95.2	4.8	4.6	13.3
Glendale	Rural	27	22	0.00	0.00	0.00	14%	113.7	8.4	5.2	17.0
Powers	Rural	29	30	0.00	0.00	0.00	13%	20.4	13.0	4.1	15.3
Drain/Yoncalla	Rural	31	21	0.22	0.00	0.17	14%	65.0	8.6	6.1	13.2
Chiloquin	Rural	32	30	0.67	0.17	0.15	20%	106.3	8.9	4.7	15.1
Cascade Locks	Rural	32	21	0.00	0.00	0.00	12%	27.4	9.3	4.3	19.8
Merrill	Rural	33	25	0.00	0.00	0.00	13%	72.5	5.7	3.9	11.4
Cave Junction	Rural	33	10	0.47	0.00	0.18	19%	109.9	10.9	4.2	19.6
Reedsport	Rural	34	10	0.75	0.33	0.18	17%	145.8	18.4	8.0	25.3
Blodgett-Eddyville	Rural	35	13	0.00	0.00	0.00	26%	14.9	9.1	2.4	8.8
Yachats	Rural	35	12	0.30	0.05	0.53	16%	125.0	11.6	3.5	11.6
Lowell/Dexter	Rural	35	22	0.15	0.00	0.30	14%	53.1	7.7	4.2	11.7
Mill City/Gates	Rural	36	10	0.38	0.13	0.02	19%	101.1	8.4	5.3	15.3
Myrtle Creek	Rural	38	10	0.36	0.00	0.02	12%	59.7	6.5	6.0	16.6
Waldport	Rural	38	10	0.33	0.12	0.27	10%	102.9	9.4	6.7	17.8
Clatskanie	Rural	39	10	0.10	0.26	0.04	12%	74.8	14.9	3.8	12.5
Shady Cove	Rural	39	10	0.23	0.33	0.00	12%	116.9	11.4	4.6	16.2
Rogue River	Rural	39	10	0.28	0.04	0.16	11%	81.5	8.2	3.7	16.5
Arlington	Frontier	40	25	0.93	0.00	0.00	11%	102.6	9.4	1.8	9.0
North Lake	Frontier	40	10	0.31	0.00	0.28	16%	122.2	10.9	1.7	11.3
Irrigon	Frontier	40	10	0.41	0.00	0.00	10%	125.0	8.5	4.5	12.4
Cloverdale	Rural	40	10	0.50	0.14	0.05	15%	71.0	6.4	4.7	14.8
McKenzie/ Blue River	Rural	40	10	0.36	0.00	0.05	6%	117.6	9.8	5.3	15.5
Coquille/Myrtle Point	Rural	40	10	0.61	0.18	0.25	12%	79.1	13.6	5.6	19.5
Sweet Home	Rural	41	10	0.47	0.09	0.24	14%	57.0	10.2	5.0	14.3
Gold Beach	Rural	41	10	1.32	0.14	0.43	13%	139.2	10.1	8.0	24.6
Jordan Valley	Frontier	42	75	0.00	0.00	0.00	11%	66.7	0.0	0.5	2.7



Service Area	Designation	Total Score	Travel Time to Nearest PCPCH	Primary Care Capacity Ratio	Dentists per 1,000	Mental Health Providers per 1,000	138-200% of Federal Poverty Level	Inadequate Prenatal Care Rate	Preventable Hospitalizations per 1,000	Emergency Dept Dental Visits per 1,000	Emergency Dept Mental Visits per 1,000
Scio	Rural	42	10	0.23	0.02	0.00	13%	46.3	6.1	3.4	8.8
La Pine	Rural	42	10	0.64	0.10	0.11	12%	77.6	10.5	3.5	13.6
Sutherlin	Rural	42	10	0.29	0.11	0.07	17%	43.1	6.0	3.7	15.3
Toledo	Rural	42	10	0.45	0.17	0.58	18%	55.7	9.9	7.3	18.2
Milton-Freewater	Rural	43	16	0.12	0.28	0.02	17%	86.6	9.0	0.2	1.7
Veneta	Rural	43	10	0.19	0.16	0.15	19%	62.7	7.1	2.6	11.5
Oakridge	Rural	43	10	0.48	0.00	0.30	11%	86.1	9.2	3.6	15.1
Bandon	Rural	43	10	1.48	0.18	0.36	20%	55.8	14.1	5.5	16.8
Heppner	Frontier	44	10	0.62	0.13	0.35	21%	67.1	11.0	3.4	7.2
Elgin	Rural	44	10	0.76	0.10	0.00	12%	80.0	6.8	6.0	8.7
Harrisburg	Rural	44	10	0.00	0.05	0.16	10%	56.1	5.0	3.5	11.9
Siletz	Rural	44	13	1.20	0.69	0.36	13%	83.3	9.4	8.2	14.3
Eagle Point	Rural	45	10	0.21	0.12	0.17	11%	50.3	7.6	3.1	12.9
John Day	Frontier	45	10	1.26	0.27	0.03	13%	80.6	11.3	5.6	13.0
Winston	Rural	45	10	0.34	0.13	0.72	12%	47.8	9.1	6.1	17.4
Eugene West	Urban	45	10	0.69	0.21	0.37	13%	69.5	8.3	4.6	23.3
Condon	Frontier	46	22	0.74	0.26	0.00	13%	100.0	5.1	2.2	7.0
Union	Rural	46	10	0.18	0.07	0.18	12%	51.7	6.5	3.2	8.1
Willamina	Rural	46	10	0.47	0.24	0.29	12%	66.9	8.2	5.5	17.2
Canyonville	Rural	46	10	0.99	0.20	0.31	13%	76.3	10.5	4.2	18.9
Cottage Grove	Rural	46	10	0.74	0.26	0.44	11%	72.6	8.5	8.8	21.3
Vale	Frontier	47	10	0.46	0.13	0.00	16%	96.3	2.1	2.4	8.4
Monroe	Rural	47	10	0.34	0.00	0.18	15%	36.2	6.5	2.4	9.2
Prineville	Rural	47	10	0.65	0.26	0.59	13%	58.9	7.6	8.0	20.0
Alsea	Rural	48	10	0.61	0.00	0.16	12%	75.5	5.5	1.7	8.8
Maupin	Rural	49	10	0.99	0.00	0.22	14%	69.0	8.0	2.9	5.9
Wemme	Rural	49	10	0.29	0.19	0.02	14%	61.2	4.1	2.0	9.2
Brownsville	Rural	49	10	0.14	0.28	0.00	12%	39.7	6.5	2.6	9.5
Glide	Rural	49	10	0.00	0.11	0.00	7%	34.8	4.0	4.5	12.5
Baker City	Frontier	49	10	1.12	0.20	0.97	14%	73.3	7.2	7.6	17.3
Lincoln City	Rural	49	10	1.05	0.26	0.85	15%	58.3	9.3	7.5	20.4
Madras	Rural	49	10	0.95	0.20	0.50	9%	88.4	7.8	8.2	21.5
Oregon		49.4	12.2	1.21	0.49	1.15	11%	60.7	6.0	3.3	17.6
Estacada	Rural	50	10	0.37	0.13	0.24	8%	60.9	6.2	2.7	11.4
Dallas	Rural	50	10	0.42	0.20	0.37	12%	38.1	5.5	4.5	13.9
Burns	Frontier	50	10	1.14	0.24	0.73	25%	51.5	8.0	4.5	15.2



Service Area	Designation	Total Score	Travel Time to Nearest PCPCH	Primary Care Capacity Ratio	Dentists per 1,000	Mental Health Providers per 1,000	138-200% of Federal Poverty Level	Inadequate Prenatal Care Rate	Preventable Hospitalizations per 1,000	Emergency Dept Dental Visits per 1,000	Emergency Dept Mental Visits per 1,000
Seaside	Rural	50	10	1.17	0.25	0.62	11%	69.9	9.5	5.7	27.0
Coos Bay	Rural	50	10	1.39	0.37	0.58	11%	63.3	13.0	6.9	27.5
Hermiston	Rural	51	10	1.16	0.35	0.33	16%	94.5	6.2	3.9	13.0
Brookings	Rural	51	10	1.02	0.46	0.56	18%	83.8	7.0	6.8	15.4
Vernonia	Rural	51	10	0.59	0.25	0.21	9%	74.1	7.3	2.4	16.4
Moro/Grass Valley	Frontier	52	10	0.81	0.00	0.77	20%	0.0	7.4	5.5	6.3
Nyssa	Frontier	52	10	0.47	0.46	0.00	12%	126.1	2.5	2.4	9.9
Applegate/Williams	Rural	52	11	0.16	0.32	0.32	7%	62.8	6.2	2.9	10.8
Boardman	Frontier	52	10	1.07	0.00	0.86	11%	137.7	4.9	2.2	13.4
Lebanon	Rural	52	10	1.03	0.25	0.39	14%	39.4	8.2	4.4	15.7
Florence	Rural	52	10	0.86	0.38	0.68	13%	92.8	8.4	4.7	16.1
Astoria	Rural	52	10	1.19	0.40	0.96	14%	54.5	9.4	4.5	21.3
Klamath Falls	Rural	52	10	1.50	0.50	0.69	13%	91.1	7.5	7.0	23.8
Molalla	Rural	53	10	0.36	0.34	0.07	9%	53.4	5.4	2.5	13.1
Phoenix/Talent	Urban	53	10	0.48	0.19	0.62	12%	56.5	5.4	3.0	15.2
Tillamook	Rural	53	10	1.40	0.42	0.66	18%	62.2	8.9	4.5	19.6
Springfield	Urban	53	10	1.80	0.29	0.43	12%	74.7	8.6	5.6	20.5
Portland East	Urban	53	10	1.06	0.46	0.68	13%	99.6	7.0	4.1	21.1
Grants Pass	Rural	53	10	1.14	0.58	0.67	13%	69.1	9.3	4.0	21.6
Fossil	Frontier	54	10	1.65	0.25	0.00	19%	35.1	9.5	1.2	4.6
Nehalem	Rural	54	10	0.93	0.00	0.62	11%	92.4	7.1	2.2	10.0
Lakeview	Frontier	54	10	1.77	0.53	0.68	11%	90.2	10.5	6.1	18.1
McMinnville	Rural	54	10	0.83	0.34	0.56	11%	53.6	7.0	4.6	20.1
Newport	Rural	54	10	1.48	0.73	1.46	11%	61.4	9.5	7.9	23.5
Canby	Rural	55	10	0.62	0.38	0.36	14%	59.4	4.5	1.9	10.3
Sandy	Rural	55	10	0.24	0.22	0.27	7%	55.4	5.4	2.1	12.5
Junction City	Rural	55	10	0.30	0.26	0.87	9%	67.7	7.1	3.1	13.2
Stayton	Rural	55	10	1.47	0.29	0.16	9%	39.9	7.6	5.0	14.6
Salem North	Urban	55	10	0.76	0.43	0.56	13%	51.0	6.3	2.6	14.7
The Dalles	Rural	55	10	1.40	0.46	0.80	13%	58.3	7.5	5.3	17.1
Gresham	Urban	55	10	0.83	0.49	0.55	12%	73.8	5.7	3.2	17.9
Halfway	Frontier	56	10	0.89	0.00	0.11	14%	11.9	5.1	1.6	5.7
St. Helens	Rural	56	10	0.52	0.28	0.39	12%	48.9	7.0	1.7	12.0
Pendleton	Rural	56	10	1.29	0.43	0.77	11%	86.6	6.7	4.5	14.6
Medford	Urban	56	10	1.73	0.63	1.28	12%	65.6	8.2	4.5	23.6
Woodburn	Rural	57	10	0.73	0.22	0.41	17%	50.4	4.3	1.7	9.9



Service Area	Designation	Total Score	Travel Time to Nearest PCPCH	Primary Care Capacity Ratio	Dentists per 1,000	Mental Health Providers per 1,000	138-200% of Federal Poverty Level	Inadequate Prenatal Care Rate	Preventable Hospitalizations per 1,000	Emergency Dept Dental Visits per 1,000	Emergency Dept Mental Visits per 1,000
Albany	Urban	57	10	0.79	0.36	0.64	11%	44.6	5.6	3.9	14.2
Redmond	Rural	57	10	0.64	0.46	0.72	12%	46.5	5.3	3.3	14.8
Ontario	Frontier	57	10	2.21	0.67	0.67	17%	147.9	3.5	4.9	19.6
La Grande	Rural	58	10	1.64	0.52	0.91	12%	75.1	6.6	5.3	12.2
Roseburg	Rural	58	10	1.81	0.57	1.24	15%	33.8	6.4	5.7	22.7
Salem South	Urban	59	10	1.59	0.64	1.74	11%	56.4	7.1	3.4	20.2
Milwaukie	Urban	59	10	0.56	0.52	0.98	9%	54.7	5.6	3.6	21.0
Eugene South	Urban	60	10	0.35	0.43	0.82	8%	61.9	4.7	2.3	12.5
Wallowa/Enterprise	Frontier	61	10	2.19	0.47	0.71	15%	19.9	13.2	2.5	13.1
Portland SE	Urban	64	10	0.55	0.48	2.13	8%	44.4	4.0	1.7	16.7
Ashland	Rural	64	10	1.38	0.47	1.86	9%	67.5	3.8	3.2	18.8
Portland North	Urban	65	10	2.12	0.33	1.81	7%	59.0	5.0	2.6	22.5
Eugene/University Hillsboro/Forest Grove	Urban	65	10	2.47	0.97	4.59	10%	69.0	6.2	3.5	28.0
Newberg	Rural	66	10	1.32	0.50	0.86	10%	47.1	3.9	2.0	13.6
Corvallis/Philomath	Urban	66	10	1.29	0.35	1.07	9%	40.5	4.1	3.1	14.3
Silverton/Mt. Angel	Urban	66	10	1.48	0.53	1.48	9%	41.6	3.7	1.8	15.8
Beaverton	Rural	67	10	1.45	0.28	0.58	8%	37.2	5.1	2.1	10.2
Portland NW	Urban	67	10	1.40	0.64	1.10	8%	47.2	3.7	1.6	15.4
Hood River	Urban	67	10	1.58	0.47	1.69	5%	44.8	4.4	2.0	32.6
Oregon City	Rural	68	10	2.09	0.81	1.22	13%	49.6	4.3	2.0	9.8
Sisters	Urban	68	10	2.32	0.73	1.59	7%	64.7	4.5	2.6	16.1
Bend	Rural	69	10	0.90	0.38	0.69	8%	40.0	4.4	1.2	9.5
Lake Oswego	Urban	69	10	1.59	0.70	1.76	9%	41.3	3.8	2.1	14.1
Tigard	Urban	70	10	0.84	0.78	1.38	5%	39.5	3.2	1.0	10.3
Portland NE	Urban	70	10	1.24	0.69	0.99	7%	41.4	3.6	1.5	12.9
Portland SW	Urban	70	10	2.22	0.74	3.09	8%	47.6	5.0	2.1	19.4
	Urban	79	10	2.91	1.18	5.52	6%	37.3	3.9	1.1	20.1

Download this as an Excel spreadsheet from our website: [www.ohsu.edu/designations](http://www.ohsu.edu/designations).

Compare the latest four years of Unmet Need Scores and each of the nine variables on a Tableau dashboard: <https://public.tableau.com/app/profile/oorh/viz/UnmetNeed/UnmetNeedFinal>.



## Primary Care Service Areas

County-level data are often used to analyze local information in the United States because most counties have relatively small and homogenous geographies. However, many of Oregon's 36 counties are very large and diverse in terms of geography and population distribution. To address this, the Oregon Office of Rural Health created sub-county units to better reflect the use of health care services within specific communities.

Of the various small geographic boundaries that exist, only postal ZIP codes align with transportation and market patterns. Additionally, ZIP codes are often associated with a wealth of demographic, socioeconomic, and health utilization data. Therefore, the Oregon Office of Rural Health, with assistance from other state and local agencies, used ZIP codes as the basis for sub-county service areas, grouping all of Oregon's over 470 ZIP codes into "Primary Care Service Areas" based on the following criteria:<sup>1</sup>

- 1) Health resources are generally located within 30 minutes travel time.
- 2) Defined areas are not smaller than a single ZIP code and ZIP codes used are geographically contiguous and/or follow main roads.
- 3) Defined areas contain a population of at least 800 to 1,000 or more people.
- 4) Defined areas constitute a "rational" medical trade or market area considering topography, social and political boundaries, and travel patterns.
- 5) Additional considerations for service areas are boundaries that:
  - a) Are congruent with existing special taxing districts (e.g., health or hospital districts); and
  - b) Include a population that has a local perception that it constitutes a "community of need" for primary health care services or demonstrates demographic or socioeconomic homogeneity. The population should be large enough (800-1,000 or more) to be financially capable of supporting at least a single midlevel health care provider.

These areas are updated when necessary according to changes in population and health utilization. In 2020, the service areas in Portland were reconfigured to follow, as closely as possible, the widely accepted "quadrant" system. The resulting groupings of Portland NW, SW, SE, NE, North, and East, reduced the number of service areas in the city from eight to six.

### There are 128 Oregon Primary Care Service Areas:

**Urban: 24 | Rural + Frontier<sup>2</sup>: 104 | Rural Only: 86 | Frontier Only: 18**

Six-page demographic, socioeconomic, and health status profiles for each rural and frontier service area are updated continuously and available for free. A sample profile, and more information, are available [here](#).

<sup>1</sup> Van Eck, Ethan; Bennett, Marge et. al. *Strategic Plan for Primary Health Care in Rural Oregon, 1985-1990*. September 30, 1985. (Available through the Office of Rural Health).

<sup>2</sup> Using the Oregon Office of Rural Health's definition, rural is a geographic area 10 or more miles from the centroid of a city of 40,000 or more. The Bureau of Primary Health Care (BPHC) defines frontier as counties with six or fewer people per square mile.



## The Variables Used in the AUHCN Calculation

To determine the measures described in this report, the Oregon Office of Rural Health researched academic publications and collected studies from other State Offices of Rural Health. These findings were presented to a stakeholder group with knowledge of health utilization, hospital data, primary care, dental, and mental health services (see list of individuals and members below).

### Data Requirements:

- Data points must be available at the ZIP code geographic level
- Data must be updated annually, at minimum
- Data must be available to the Oregon Office of Rural Health

The following nine variables were determined to be the best currently available measures of access to primary care, dental and mental health services for all ages. More detail on the sources and methodology for each variable is included in the following pages.

### Category One: Availability of Providers—*Are needed providers available locally?*

- 1) Travel Time to Nearest Patient Centered Primary Care Home (PCPCH)
- 2) Primary Care Capacity (Percent of Primary Care Visits Needed Able to Be Met)
- 3) Dentists per 1,000 Population
- 4) Mental Health Providers per 1,000 Population

### Category Two: Ability to Afford Care—*Can the local population afford health care?*

- 5) Percent of Population Between 138% and 200% of Federal Poverty Level (FPL)

### Category Three: Utilization—*Are primary physical, mental and oral health care being used?*

- 6) Inadequate Prenatal Care Rate per 1,000 Births
- 7) Ambulatory Care Sensitive Conditions (ACSC)/ Preventable Hospitalizations per 1,000 Population
- 8) Emergency Department Non-Traumatic Dental Visits per 1,000 Population
- 9) Emergency Department Mental Health/Substance Use Visits per 1,000 Population

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The Oregon Office of Rural Health would like to thank the stakeholder group for their participation:

#### Oregon Health Authority

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Marc Overbeck, Primary Care Office Director  
Amanda Peden, Health Policy Analyst  
Jeffery Scroggin, Policy Analyst

#### Oregon Association of Hospitals & Health Systems

Katie Harris, Director of Rural Health & Federal Policy  
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#### Greater Oregon Behavioral Health, Inc.

Paul McGinnis, CCO Integration Director

#### Oregon Health & Science University

Eli Schwarz, Chair of Department of Community Dentistry



# Category One: Availability of Providers

## 1) TRAVEL TIME TO NEAREST PATIENT CENTERED PRIMARY CARE HOME (PCPCH)

**Description:**

A Patient Centered Primary Care Home (PCPCH) is a health care clinic that has been officially recognized by the Oregon Health Authority (OHA) for providing high quality, patient-centered care. All PCPCHs must possess a minimum set of 11 criteria<sup>3</sup>. For this report, three criteria were considered to be particularly good indicators of community access to primary care, and instrumental in preventing misuse of the emergency room. These include screening and referral for mental health and substance use disorder, 24/7 access to live clinical advice by telephone, and ongoing management of chronic diseases.

**Data Source:**

List of PCPCHs from Patient Centered Primary Care Home Program, Oregon Health Authority (July 2022).

**Methodology:**

Google Maps was used to determine driving times from the largest town in the Primary Care Service Area to the town where the nearest PCPCH is located. Service areas that already have a PCPCH in their largest town are defaulted to a drive time of 10 minutes.

V<sub>1</sub> = Drive time in minutes

**Results:**

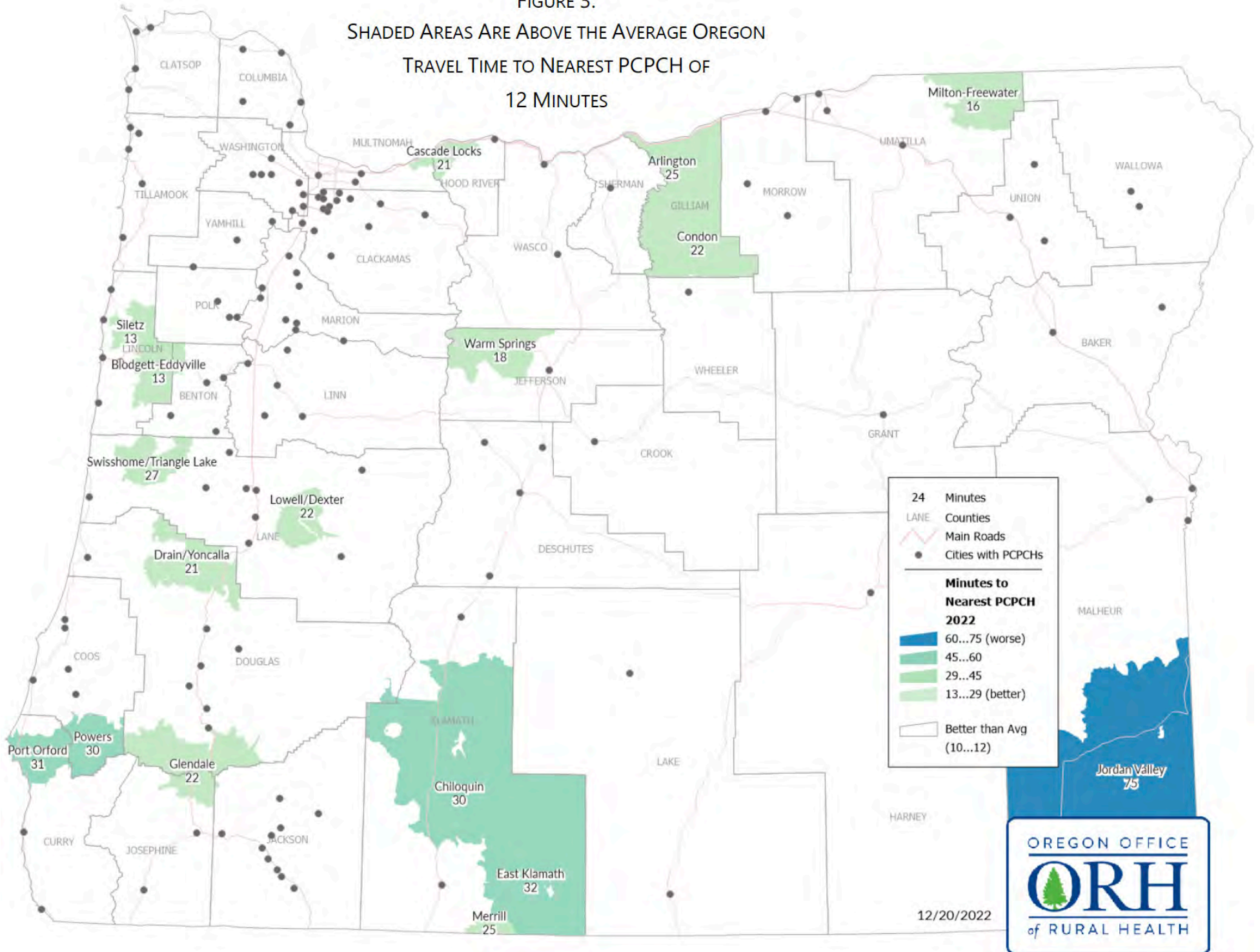
Average drive time to the nearest PCPCH for all 128 Primary Care Service Areas in Oregon is 12.2, which is slightly less than last year’s average of 13.1 minutes. Warm Springs lost their PCPCH designation in the past year, while Florence, Maupin, Oakridge, and Veneta gained one. Twenty-two service areas, all rural or frontier, do not have a PCPCH, and drive times average 24 minutes to the nearest PCPCH for these areas.

<b>Travel Time to Nearest PCPCH in Minutes</b>			
	<b>(lower is better)</b>	<b>2022</b>	<b>2021</b>
Oregon		12.2	13.1
Urban		10	10
Rural (without Frontier)		12.1	13.6
Rural (including Frontier)		12.7	13.8
Frontier		15.1	15.1

<b>Five Longest Travel Times to PCPCH</b>			
	<b>in Minutes</b>	<b>2022</b>	<b>2021</b>
Jordan Valley		75	75
East Klamath		32	33
Port Orford		31	30
Powers		30	29
Chiloquin		30	30

<sup>3</sup> 2020 Recognition Criteria Technical Specifications and Reporting Guide: <https://www.oregon.gov/oha/HPA/dsi-pcpch/Documents/2020-PCPCH-TA-Guide.pdf>.

FIGURE 3.  
 SHADED AREAS ARE ABOVE THE AVERAGE OREGON  
 TRAVEL TIME TO NEAREST PCPCH OF  
 12 MINUTES



12/20/2022





## 2) PRIMARY CARE CAPACITY (PERCENT OF PRIMARY CARE VISITS ABLE TO BE MET)

### Description:

This measure compares the estimated number of visits that primary care providers in the service area should be able to supply, with the estimated primary care visits needed by the demographic breakdown of the local population. The primary care providers in this variable include general and family physicians, pediatricians, obstetrician-gynecologists, internists, primary care physician assistants (PA), and primary care nurse practitioners (NP).

### Data Sources:

#### Estimated Primary Care Visits Provided:

Patient care FTE for all the providers listed above are from the Oregon Health Authority's (OHA) Health Care Workforce Reporting Program Database: licensure surveys<sup>4</sup> using both primary and secondary work locations. The physician/PA and NP surveys include renewals as of January 2022. Only providers renewing their licenses are required to fill out the surveys, so first-time licensees are not included in the FTE count.

Estimated number of visits provided per year by primary care specialty is the average between the 2020 Health Resources and Services Administration (HRSA) Federally Qualified Health Center (FQHC) National<sup>5</sup> Staffing and Utilization numbers and the Oregon<sup>6</sup> Staffing and Utilization numbers.

#### Estimated Primary Care Visits Needed:

Periodically adjusted rates from the National Ambulatory Medical Care Survey: State and National Summary Tables, National Center for Health Statistics (2018)<sup>7</sup>.

Local population data by ZIP code: Claritas (2022)

### Methodology:

- a) Estimated Number of Primary Care Visits Provided Per Year =  
([FTE of Family Med/Practitioners] x 2392) +  
([FTE of General Practitioners] x 2360)  
([FTE of Internists] x 2197) +  
([FTE of Obstetrician-gynecologists] x 2253) +  
([FTE of Pediatricians] x 2041) +  
([FTE of Primary care nurse practitioners] x 2033) +  
([FTE of Primary care physician assistants] x 2305)

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<sup>4</sup> <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Health-Care-Workforce-Reporting.aspx>

Data from the OHA's Health Care Workforce Reporting Program Database were used to produce this product. Statements contained herein are solely those of the authors and the OHA assumes no responsibility for the accuracy and completeness of the analyses contained in the product.

<sup>5</sup> <https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=5&year=2020>

<sup>6</sup> <https://data.hrsa.gov/tools/data-reporting/program-data/state/OR/table?tableName=5>

<sup>7</sup> [https://www.cdc.gov/nchs/data/ahcd/namcs\\_summary/2018-namcs-web-tables-508.pdf](https://www.cdc.gov/nchs/data/ahcd/namcs_summary/2018-namcs-web-tables-508.pdf)

b) Estimated Number of Primary Care Visits Needed =  $0.8^8 \times$   
 (([Female Population 0-14] x 1.7) +  
 ([Female Population 15-24] x 1.9) +  
 ([Female Population 25-44] x 2.6) +  
 ([Female Population 45-64] x 3.5) +  
 ([Female Population 65-74] x 5.1) +  
 ([Female Population 75+] x 6.2) +  
 ([Male Population 0-14] x 2.0) +  
 ([Male Population 15-24] x 0.9) +  
 ([Male Population 25-44] x 1.1) +  
 ([Male Population 45-64] x 2.6) +  
 ([Male Population 65-74] x 4.6) +  
 ([Male Population 75+] x 6.8))

c) Estimated visits provided is divided by the estimated number of primary care visits needed. The final variable is a ratio of need being met, using the following formula:

$$V_2 = \frac{\text{Estimated Visits Provided}}{\text{Estimated Primary Care Visits Needed}}$$

**Results:**

A ratio of 1.00 means that supply should be equal to demand, if access and affordability were the same for everyone. A lower ratio means more demand. A higher ratio means more supply. For Oregon, this ratio of estimated primary care visits able to be met is 1.21, which means that if providers were equally distributed across the state, there should be enough primary care capacity to meet patient needs. Rural and frontier service areas, however, have a lower ratio of 0.91. There are 10 service areas, all rural, that do not have any primary care provider FTE, while the highest ratios are located in urban areas: Portland SW (2.9), Eugene/University (2.5), and Oregon City (2.3).

Primary Care Service Areas with no primary care provider FTE include:

Blodgett-Eddyville, Cascade Locks, East Klamath, Glendale, Glide, Harrisburg, Jordan Valley, Merrill, Powers, and Swisshome/Triangle Lake.

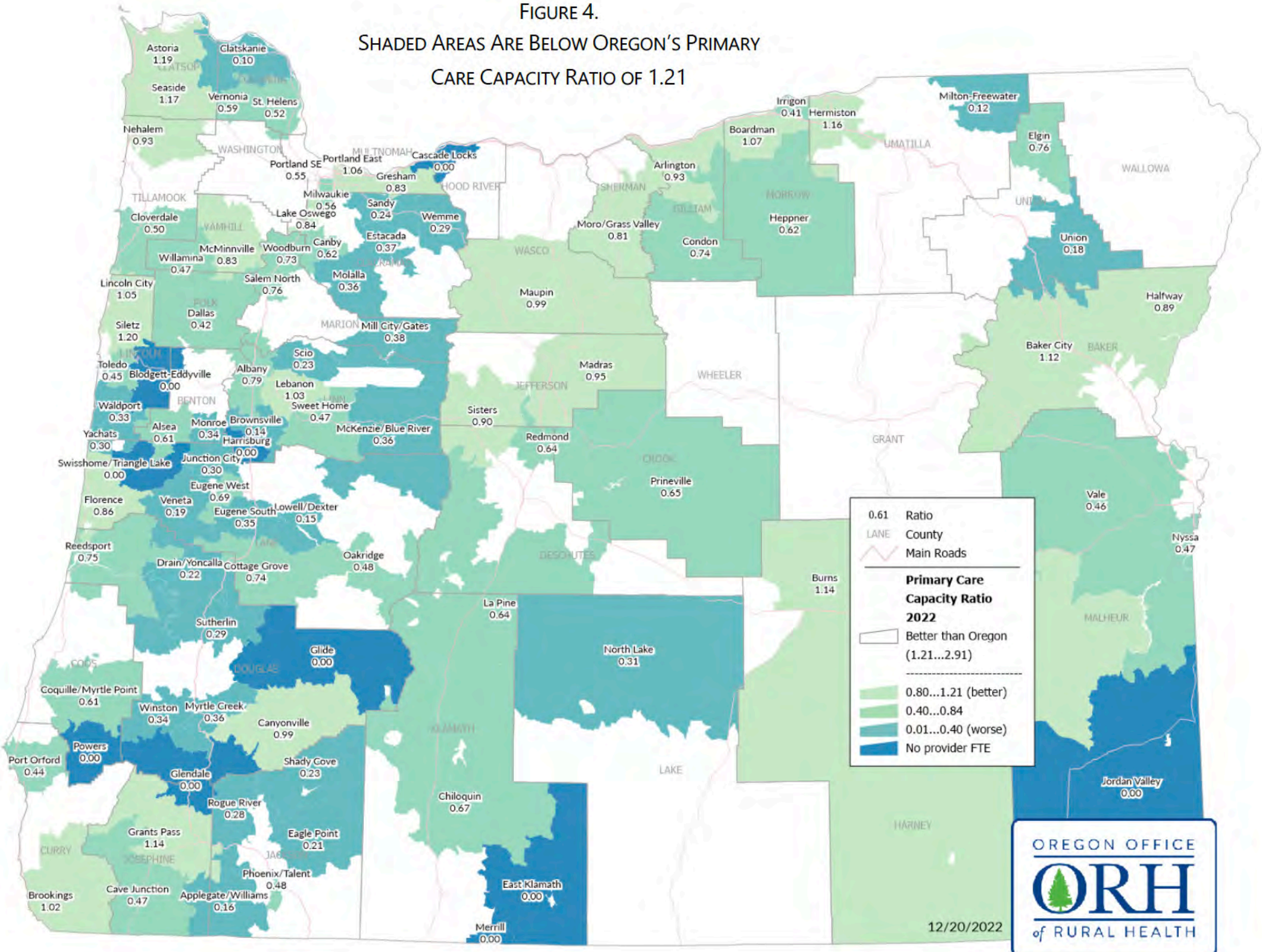
**Primary Care Capacity Ratio  
(higher is better)**

	2022	2021
Oregon	1.21	1.26
Urban	1.38	1.43
Rural (without Frontier)	0.88	0.94
Rural (including Frontier)	0.91	0.97
Frontier	1.31	1.36

<sup>8</sup> All multipliers are from the National Ambulatory Medical Care Survey; which estimates visits to all types of physicians. Since primary care from all providers in rural areas accounts for 80% of those visits, the calculation here is multiplied by 0.8.



FIGURE 4.  
 SHADED AREAS ARE BELOW OREGON'S PRIMARY  
 CARE CAPACITY RATIO OF 1.21



0.61 Ratio

LANE County

Main Roads

**Primary Care Capacity Ratio 2022**

Better than Oregon (1.21...2.91)

0.80...1.21 (better)

0.40...0.84

0.01...0.40 (worse)

No provider FTE

12/20/2022





### 3) DENTISTS PER 1,000 POPULATION

**Description:**

Patient care FTE of local dentists as a ratio to local population.

**Data Sources:**

Dentist patient care FTE are from the Oregon Health Authority’s Health Care Workforce Reporting Program: licensure survey (renewals as of January 2022) for both primary and secondary work locations. Only providers renewing their licenses are required to fill out the surveys, so first-time licensees are not included in the FTE count.

Local population: Claritas (2022)

**Methodology:**

$$V_3 = \frac{\text{Dentist patient care FTE}}{\text{Local population}} \times 1,000$$

**Results:**

Oregon has 0.49 dentist patient care FTE per 1,000 people, which is similar to last year’s result of 0.50. Twenty-five primary care service areas (all rural or frontier) have no dentist FTE. The urban areas of Portland SW (1.18) and Eugene/University (0.97) have the highest numbers of dentists per 1,000 people.

Primary Care Service Areas with no dentists include:

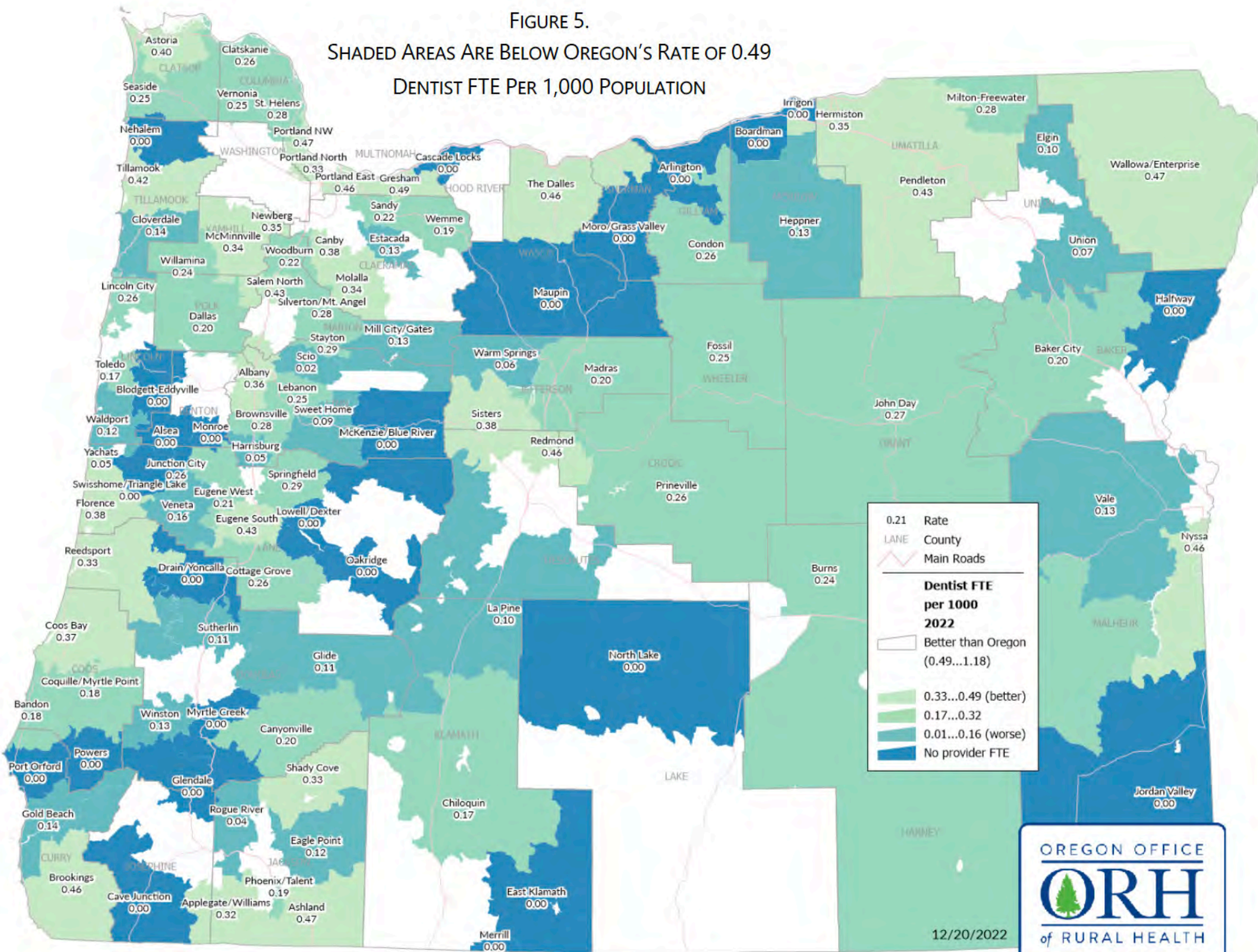
Alsea, Arlington, Blodgett-Eddyville, Boardman, Cascade Locks, Cave Junction, Drain/Yoncalla, East Klamath, Glendale, Halfway, Irrigon, Jordan Valley, Lowell/Dexter, Maupin, McKenzie/Blue River, Merrill, Monroe, Moro/Grass Valley, Myrtle Creek, Nehalem, North Lake, Oakridge, Port Orford, Powers, and Swisshome/Triangle Lake.

**Dentists per 1,000 Population  
(higher is better)**

	2022	2021
Oregon	0.49	0.50
Urban	0.58	0.60
Rural (without Frontier)	0.32	0.33
Rural (including Frontier)	0.32	0.33
Frontier	0.32	0.30

FIGURE 5.

SHADED AREAS ARE BELOW OREGON'S RATE OF 0.49  
DENTIST FTE PER 1,000 POPULATION





#### 4) MENTAL HEALTH PROVIDERS PER 1,000 POPULATION

**Description:**

Count of all psychiatrist FTE, psychologist FTE, licensed professional counselor/marriage and family therapist FTE, clinical social worker FTE, psychiatric nurse practitioner FTE, and psychiatric physician assistant FTE as a ratio to the local population.

**Data Sources:**

All providers' patient care FTE numbers are from the Oregon Health Authority's Health Care Workforce Reporting Program: licensure surveys for both primary and secondary work locations for renewals as of January 2022. Only providers renewing their licenses are required to fill out the surveys, so first-time licensees are not included in the FTE count. Providers who perform telehealth but do not have a physical work address are also not included.

Local population data: Claritas (2022)

**Methodology:**

$$V_4 = \frac{\text{Sum of mental health provider FTE} \times 1000}{\text{Local population}}$$

**Results:**

There are 1.15 mental health provider FTE per 1,000 people in Oregon, which is less than last year's rate of 1.25 per 1,000. Twenty service areas (all rural or frontier) have no mental health providers. The highest FTE per 1,000 are in the urban areas of Portland SW (5.5), Eugene/University (4.6) and Portland NE (3.1).

Primary Care Service Areas with no mental health provider FTE include:

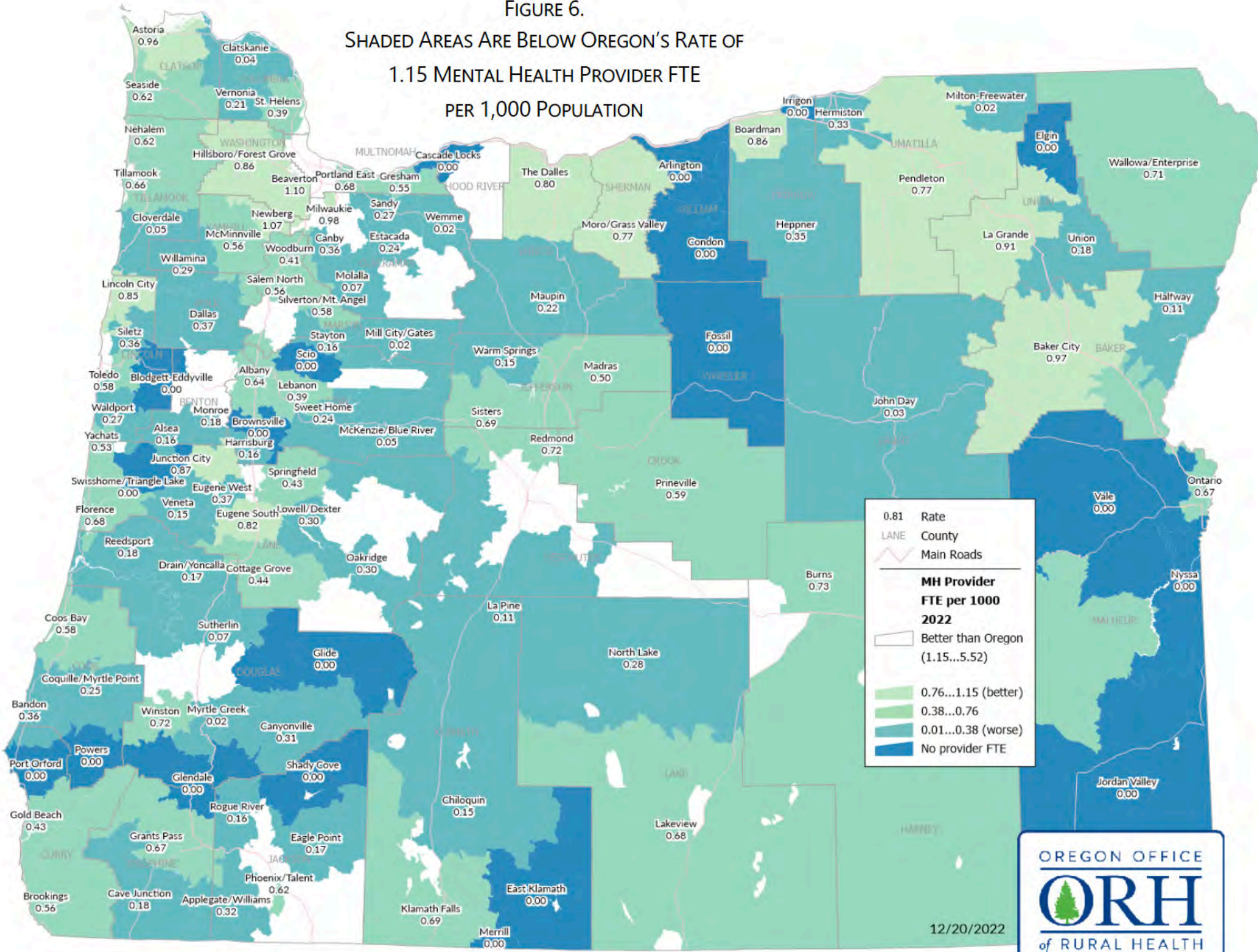
Arlington, Blodgett-Eddyville, Brownsville, Cascade Locks, Condon, East Klamath, Elgin, Fossil, Glendale, Glide, Irrigon, Jordan Valley, Merrill, Nyssa, Port Orford, Powers, Scio, Shady Cove, Swisshome/Triangle Lake, and Vale.

**Mental Health Providers per 1,000 Population  
(higher is better)**

	2022	2021
Oregon	1.15	1.25
Urban	1.48	1.61
Rural (without Frontier)	0.54	0.58
Rural (including Frontier)	0.54	0.57
Frontier	0.51	0.50



FIGURE 6.  
 SHADED AREAS ARE BELOW OREGON'S RATE OF  
 1.15 MENTAL HEALTH PROVIDER FTE  
 PER 1,000 POPULATION



0.81 Rate  
 LANE County  
 Main Roads

**MH Provider FTE per 1000 2022**

Better than Oregon (1.15...5.52)

0.76...1.15 (better)  
 0.38...0.76  
 0.01...0.38 (worse)  
 No provider FTE

## Category Two: Ability to Afford Care

### 5) PERCENT OF POPULATION BETWEEN 138% AND 200% OF THE FEDERAL POVERTY LEVEL

**Description:**

The percentage of the local population that is above the Medicaid cutoff of 138% of Federal Poverty Level (FPL), but still too poor to afford health insurance on their own (unless health insurance is provided by their employer).

**Data Source:**

American Community Survey (2016-2020)<sup>9</sup>

**Methodology:**

$V_5 = 200\% \text{ FPL} - 138\% \text{ FPL}$

**Results:**

Approximately 11% of Oregonians are between 138% and 200% of the Federal Poverty Level. The rate ranges from a low of 5% in Portland NW and Lake Oswego, to a quarter of the population in Burns (25%) and Blodgett-Eddyville (26%).

**Percent 138-200% Federal Poverty Level  
(lower is better)**

	2022	2021
Oregon	11%	11%
Urban	9%	10%
Rural (without Frontier)	13%	13%
Rural (including Frontier)	13%	13%
Frontier	15%	15%

**Highest 138-200% Federal Poverty  
Level Rates**

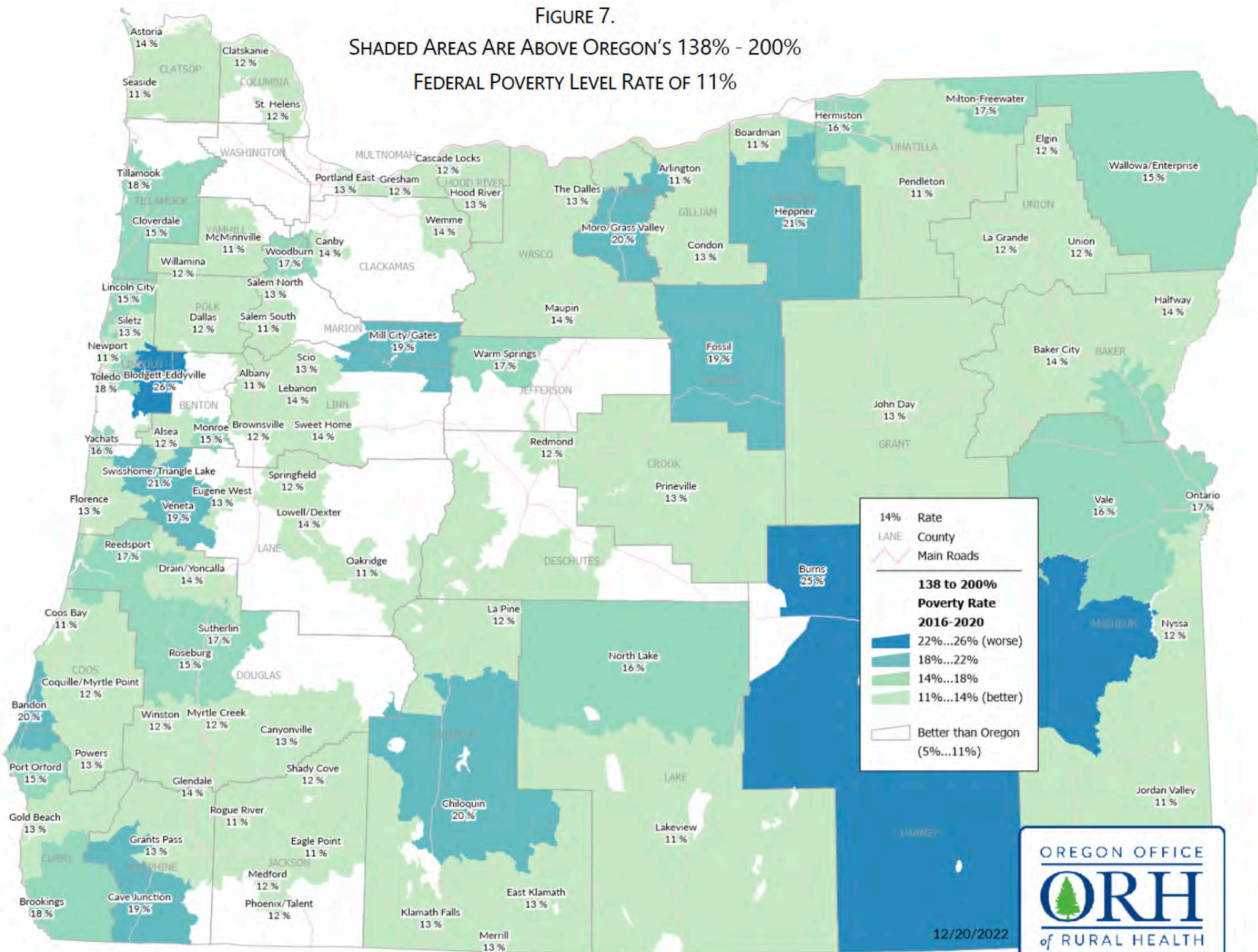
	2022	2021
Blodgett-Eddyville	26%	28%
Burns	25%	22%
Heppner	21%	19%
Swishhome/Triangle Lake	21%	16%
Bandon	20%	21%
Moro/Grass Valley	20%	21%
Chiloquin	20%	24%

<sup>9</sup> <https://data.census.gov/>

Because American Community Survey data are based on samples, they are subject to a margin of error, particularly in places with a low population, and are best regarded as estimates.



FIGURE 7.  
 SHADED AREAS ARE ABOVE OREGON'S 138% - 200%  
 FEDERAL POVERTY LEVEL RATE OF 11%



14% Rate

LANE County

Main Roads

**138 to 200% Poverty Rate 2016-2020**

- 22%...26% (worse)
- 18%...22%
- 14%...18%
- 11%...14% (better)

Better than Oregon (5%...11%)

## Category Three: Utilization

### 6) INADEQUATE PRENATAL CARE RATE PER 1,000 BIRTHS

#### Description:

In Oregon, inadequate prenatal care is defined as care that did not begin until the third trimester, or consisted of fewer than five prenatal visits. This is a good indicator of how often required primary care is accessed and utilized, as inadequate prenatal care more often results in higher rates of low-birthweight babies<sup>10</sup>, premature births, stillbirths, neonatal death, and infant death<sup>11</sup>.

#### Data Sources:

Most recent five years (2016-2020) of inadequate prenatal care data by ZIP code from Oregon Health Authority Center for Health Statistics.

#### Methodology:

$$V_6 = \frac{\text{5 years of inadequate prenatal care births}}{\text{5 years of total births}} \times 1000$$

#### Results:

For the years 2016-2020, Oregon's average inadequate prenatal care rate was 60.7 per 1,000 births per year, compared to 60.1 for 2015-2019. Moro/Grass Valley shows no instances of inadequate prenatal care in the last five years, likely because of the few births that occurred (11 per year on average). Warm Springs (255.4) has an inadequate prenatal care rate over four times the state average, while another nine service areas have over twice the state rate.

#### Inadequate Prenatal Care per 1,000 Births

(lower is better)

	2022	2021
Oregon	60.7	60.1
Urban	57.6	57.2
Rural (without Frontier)	63.2	62.1
Rural (including Frontier)	65.8	64.8
Frontier	100.0	101.6

#### Five Highest Inadequate Prenatal Care Rates

	2022	2021
Warm Springs	255.4	214.1
Ontario	147.9	148.8
Reedsport	145.8	139.4
East Klamath	142.9	124.4
Gold Beach	139.2	127.7

<sup>10</sup> Oregon Vital Statistics Report 2017, Volume 1. Oregon Health Authority, Public Health Division. 2-10.

<https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/ANNUALREPORTS/VOLUME1/Documents/2017/Chapter2Narrative.pdf>

<sup>11</sup> Partridge S, Balayla J, Holcroft CA, Abenhaim HA. Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: a retrospective analysis of 28,729,765 U.S. deliveries over 8 years. Am J Perinatol. 2012.

Nov;29(10):787-93. <https://pubmed.ncbi.nlm.nih.gov/22836820/>.





## 7) AMBULATORY CARE SENSITIVE CONDITIONS/PREVENTABLE HOSPITALIZATIONS PER 1,000

### Description:

Ambulatory Care Sensitive Conditions (ACSC), also known as preventable hospitalizations, are a set of inpatient discharges that may have been avoidable had they been treated earlier with timely and effective primary care. These include common conditions such as asthma, diabetes, hypertension, and pneumonia.

### Data Sources:

All Oregon (2019-2021) and Washington (2017-2019) hospital inpatient discharges for the latest three full calendar years from Apprise Health Insights.

Primary diagnoses filtered using the ACSC ICD-10 codes introduced and updated by John Billings.<sup>12-13</sup>

Local population: Claritas (2022)

### Methodology:

$$V_7 = \frac{3 \text{ Years of ACSC Discharges}}{3} \times 1000$$

Local population

### Results:

Oregon has an average ACSC rate of 6.0 per 1,000 people per year, compared to last year's rate of 6.6. Because only Oregon and Washington hospital data are collected, Oregon residents who go to a hospital in another state are not counted in this calculation. For a few communities near the Oregon border where the closest hospital is in Idaho or California, this means that their total hospital usage is not being captured, and their ACSC rate is most likely higher than reported here. This affects places such as Jordan Valley (0.0)—the lowest result—and Brookings (7.0).

While preventable hospitalizations in Oregon overall have been declining for the past three years, Reedsport (18.4) still has triple the state's ACSC rate, and another seven service areas (all rural or frontier) have over double the state rate.

ACSC per 1,000 (lower is better)	2022	2021
Oregon	6.0	6.6
Urban	5.2	5.8
Rural (without Frontier)	7.5	8.3
Rural (including Frontier)	7.4	8.2
Frontier	7.0	7.6

Five Highest ACSC Rates	2022	2021
Reedsport	18.4	21.5
Warm Springs	16.1	17.5
Clatskanie	14.9	16.3
Bandon	14.1	16.7
Coquille/Myrtle Point	13.6	16.3

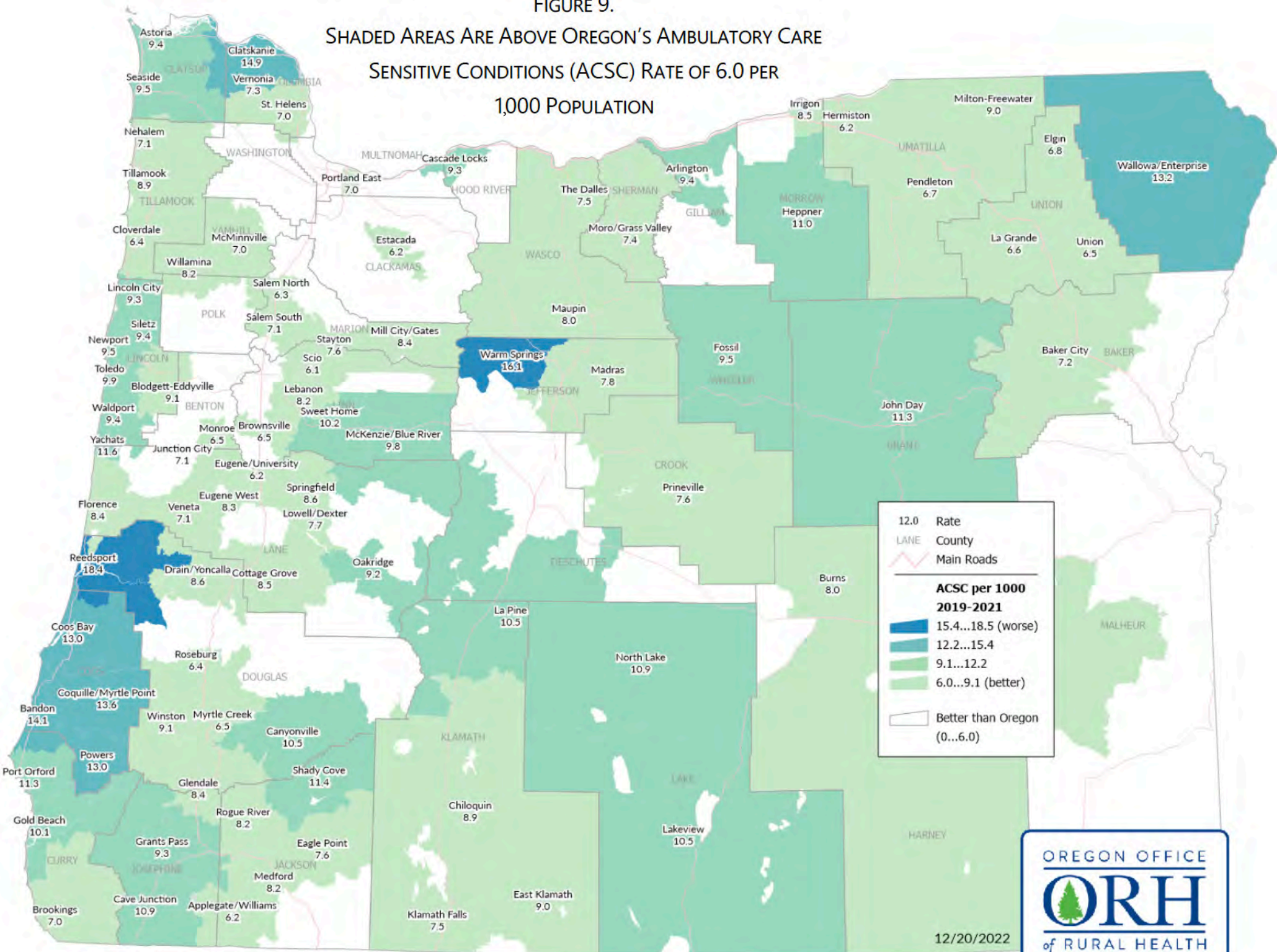
<sup>12</sup> Billings J, Zeitel L, Lukomnik J, Carey TS, Blank AE, Newman L. Impact of socioeconomic status on hospital use in New York City. Health Aff (Millwood). 1993 Spring;12(1):162-73. <https://pubmed.ncbi.nlm.nih.gov/8509018/>.

<sup>13</sup> Updated ICD-10 list available at: <https://wagner.nyu.edu/faculty/billings/acs-algorithm>.



FIGURE 9.

SHADED AREAS ARE ABOVE OREGON'S AMBULATORY CARE SENSITIVE CONDITIONS (ACSC) RATE OF 6.0 PER 1,000 POPULATION





## 8) EMERGENCY DEPARTMENT NON-TRAUMATIC DENTAL VISITS PER 1,000 POPULATION

### Description:

Visits to the Emergency Department (ED) with a principal diagnosis of dental problems that are not a result of trauma, for the latest three calendar years. Visits to the ED for non-traumatic oral health conditions are often the result of limited access to a primary dental provider.<sup>14</sup> Often these visits result in opioid and antibiotic prescriptions, rather than definitive dental care.<sup>15</sup>

### Data Sources:

All Oregon hospital inpatient and outpatient ED visits for the latest three calendar years (2019-2021) from Apprise Health Insights.

Principal diagnoses are filtered using the non-traumatic dental codes from the published article: “Emergency Department Visits for Non-traumatic Dental Problems: A Mixed-Methods Study.”<sup>16</sup> ICD-9 codes used in the study were updated to ICD-10.

Local population: Claritas (2022)

### Methodology:

$$V_8 = \frac{3 \text{ Years of Non-Traumatic Dental ED Visits}}{3} \times 1000$$

Local Population

### Results:

Oregon has an average non-traumatic dental ED visit rate of 3.3 per 1,000 per year, which is lower than the result of 3.6 last year. Because only Oregon hospital data are collected, Oregon residents who go to a hospital in another state are not counted in this calculation. For a few communities near the Oregon border where the closest hospital is in an adjacent state, this means that their total hospital usage is not being captured, and is most likely higher than reported here. This applies to places such as Milton-Freewater (0.2), Jordan Valley (0.5), —the two best results—and Brookings (6.8).

Fifteen service areas (all rural or frontier) have over double the state rate of dental ED visits, and Warm Springs (14.3) has a rate almost 4.5 times that number.

The amount of statewide non-traumatic dental visits to the ED has been decreasing for the past three years: 2018: 17,205 | 2019: 16,130 | 2020: 12,906 | 2021: 13,233. The large drop in 2020 was probably driven by the general decline of hospital visits during the COVID-19 pandemic.

<b>ED Dental Visits per 1,000 (lower is better)</b>	<b>2022</b>	<b>2021</b>
Oregon	3.3	3.6
Urban	2.7	3.0
Rural (without Frontier)	4.4	4.7
Rural (including Frontier)	4.4	4.7
Frontier	4.4	4.9

<sup>14</sup> Sun BC, Chi DL, Schwarz E, Milgrom P, Yagapen A, Malveau S, Chen Z, Chan B, Danner S, Owen E, Morton V, Lowe RA. Emergency department visits for nontraumatic dental problems: a mixed-methods study. *Am J Public Health*. 2015 May;105(5):947-55. <https://pubmed.ncbi.nlm.nih.gov/25790415/>.

<sup>15</sup> Ibid.

<sup>16</sup> Ibid.

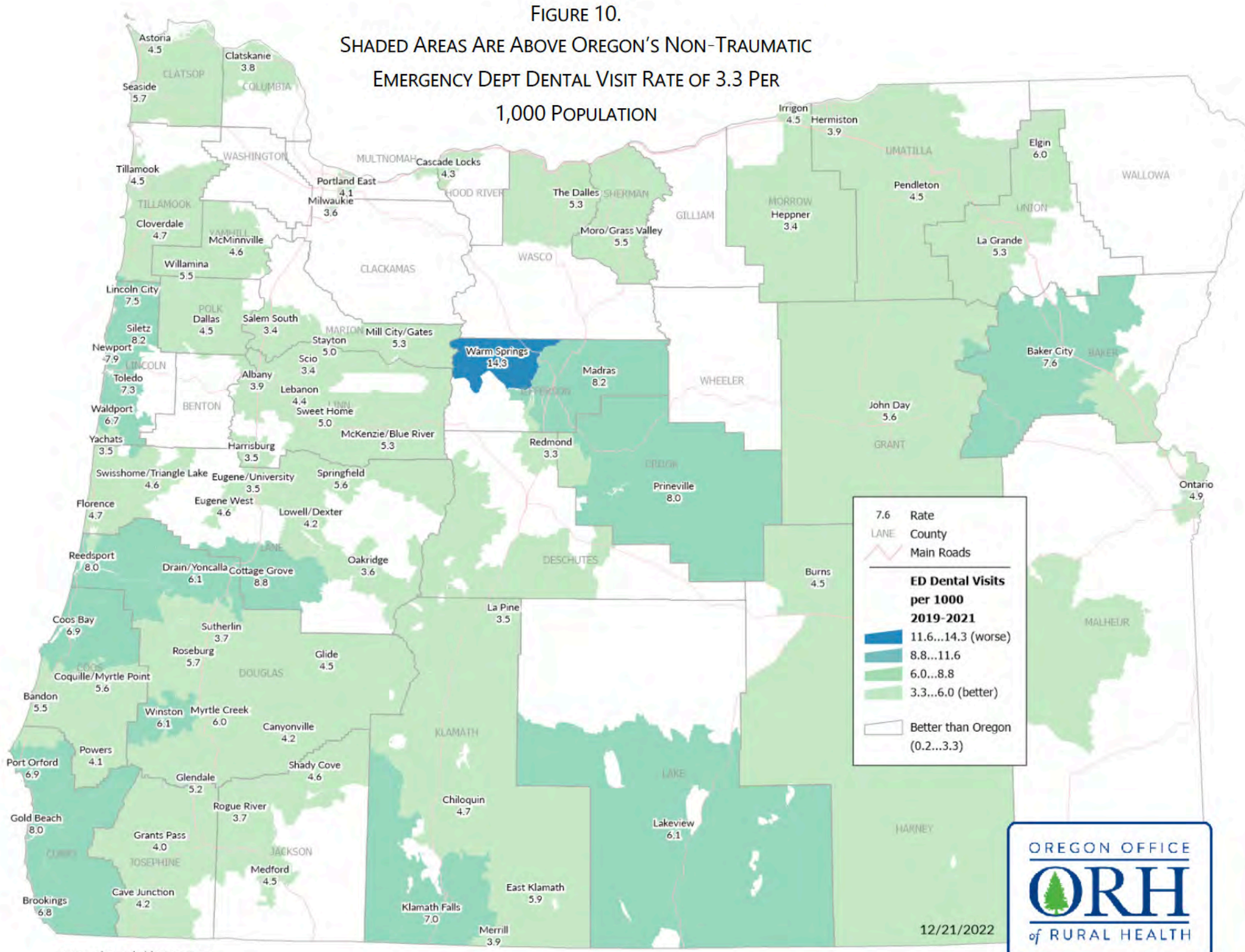
**Highest ED Dental Visit Rates**    **2022**                      **2021**

Warm Springs	14.3	16.1
Cottage Grove	8.8	9.1
Siletz	8.2	9.4
Madras	8.2	8.7
Reedsport	8.0	7.5
Gold Beach	8.0	6.3
Prineville	8.0	8.7



FIGURE 10.

SHADED AREAS ARE ABOVE OREGON'S NON-TRAUMATIC  
EMERGENCY DEPT DENTAL VISIT RATE OF 3.3 PER  
1,000 POPULATION





## b) EMERGENCY DEPARTMENT MENTAL HEALTH/SUBSTANCE USE VISITS PER 1,000 POPULATION

### Description:

Visits to the Emergency Department (ED) with a principal diagnosis of mood disorders, anxiety disorders, alcohol/drug use, psychotic and personality disorders, suicide attempts, and suicidal ideations for the latest three calendar years. Visits to the ED for mental health/substance use (MHSU) conditions are potentially preventable with adequate primary care.<sup>17</sup> They are more than twice as likely to result in a hospital admission,<sup>18</sup> and the increasing rate of MHSU ED visits in the past few years is highest among low-income populations.<sup>19</sup> In the Mental Health America (MHA) 2023 ranking, Oregon has the highest prevalence of adult and youth mental illness and substance use issues of all 50 states and the District of Columbia.<sup>20</sup>

### Data Sources:

All Oregon hospital inpatient and outpatient ED visits for the latest three calendar years (2019-2021) from Apprise Health Insights.

Principal diagnoses are filtered for the Clinical Classification Software (CCS) diagnosis groups used in the article “Mental Health and Substance Abuse-Related Emergency Department Visits among Adults, 2007”<sup>21</sup> from the Agency for Healthcare Research and Quality (AHRQ). In 2021, CCS was replaced by Clinical Classification System Refined (CCSR), and the equivalent codes were used in this filter (Mental, Behavioral and Neurodevelopmental Disorders).

Local population: Claritas (2022)

### Methodology:

$$V_9 = \frac{3 \text{ Years of ED Mental Health/Substance Use Visits}}{3} \times 1000$$

Local Population

### Results:

Oregon’s current average mental health/substance use ED visit rate is 17.6 per 1,000 population per year, compared to last year’s rate of 18.0. Only Oregon hospital data are collected, so Oregon residents who go to hospitals in other states are not counted in this calculation. For a few communities near the Oregon border where the closest hospital is in an adjacent state, this means that only part of their hospital usage is captured, and is most likely higher than reported here. This applies to places like Milton-Freewater (1.7), Jordan Valley (2.7)—the two best results—and Brookings (15.4).

This is the only variable where rural areas (16.3) as a whole perform better than urban areas (18.2), although the worst performing service area, Warm Springs (50.5), is rural and has almost triple the state’s rate.

<sup>17</sup> Rockett IRH, Putnam SL, Jia H, Chang C, Smith GS. Unmet substance abuse treatment need, health services utilization, and cost: a population-based emergency department study. *Annals of Emergency Medicine*. 2005; 45(2):118–27.

<sup>18</sup> Owens PL, Mutter R, Stocks C. Mental Health and Substance Abuse-Related Emergency Department Visits Among Adults, 2007. HCUP Statistical Brief #92. July 2010. Agency for Healthcare Research and Quality, Rockville, MD.

<sup>19</sup> Weiss AJ, Barrett ML, Heslin KC, Stocks C. Trends in Emergency Department Visits Involving Mental and Substance Use Disorders, 2006–2013. HCUP Statistical Brief #216. 2016. Agency for Healthcare Research and Quality, Rockville, MD.

<sup>20</sup> <https://mhanational.org/issues/2023/ranking-states>

<sup>21</sup> Owens PL, et al. Mental Health and Substance Abuse-Related Emergency Department Visits Among Adults, 2007.

The number of statewide mental health/substance use visits to the ED had been increasing for years, but declined in 2020, most likely due to the general drop in hospital visits caused by the COVID-19 pandemic:

- 2017: 72,015
- 2018: 78,346
- 2019: 78,851
- 2020: 72,638
- 2021: 74,919

However, the number of ED visits just for CCSR MBD012: Suicidal ideation/attempt/intentional self-harm did not show the same decline in 2020 and is currently the highest in five years:

- 2017: 9,914
- 2018: 11,794
- 2019: 11,683
- 2020: 11,671
- 2021: 13,083

**ED MHSU Visits per 1,000  
(lower is better)**

	2022	2021
Oregon	17.6	18.0
Urban	18.2	18.8
Rural (without Frontier)	16.5	16.8
Rural (including Frontier)	16.3	16.7
Frontier	14.3	14.3

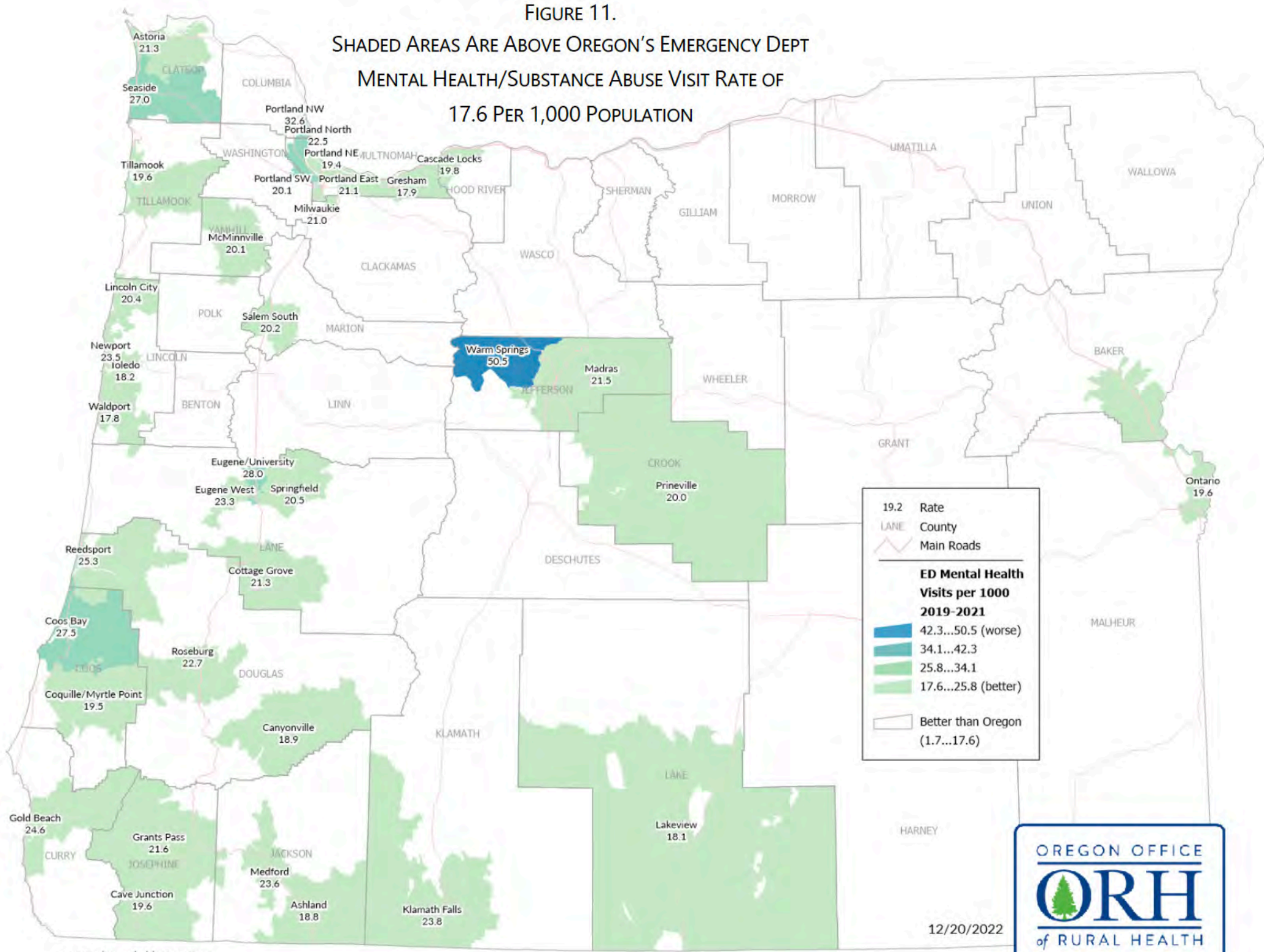
**Five Highest ED MHSU Rates**

	2022	2021
Warm Springs	50.5	52.0
Portland NW	32.6	36.5
Eugene/University	28.0	27.1
Coos Bay	27.5	28.6
Seaside	27.0	27.2



FIGURE 11.

SHADED AREAS ARE ABOVE OREGON'S EMERGENCY DEPT  
MENTAL HEALTH/SUBSTANCE ABUSE VISIT RATE OF  
17.6 PER 1,000 POPULATION



# Total Scores

## Methodology:

A score of between 0 (worst) and 10 (best) is calculated for each of the variables, based on the variance of the lowest and highest numbers from the mean of each variable. The scores are added together to produce a final Unmet Need Total Score:

$$V_1 + V_2 + V_3 + V_4 + V_5 + V_6 + V_7 + V_8 + V_9 = \text{Unmet Need Total Score (0 to 90)}$$

## Results:

The highest (best) scoring primary care service area is Portland SW (79 out of 90), and the highest-scoring rural service area is Sisters (69). Warm Springs has the lowest (worst) score of 18, followed by East Klamath (24) and Port Orford (26). Rural and frontier areas comprise all but one of the 62 service areas that fall below the mean score of 49.4 for the state. However, of the 10 highest-scoring service areas only two are rural. See the [map](#) and [list](#) of scores starting on page 6 of this report.

Warm Springs was hit hard by the COVID-19 pandemic, and their hospitalizations caused them to have the worst score (0 out of 10) for both mental health and dental health ED visits, as well as the next to worst score (1 out of 10) for ACSC/preventable hospitalizations. They also have the worst score (0) for inadequate prenatal health care, with a rate over four times that of the state.

Also of note, Warm Springs and Cascade Locks (which also had a very low score of 32) sit adjacent to two of the highest-scoring areas of the state: Sisters (69), and Hood River (68). In addition, having a hospital within the service area, as is the case with Reedsport (34), does not by itself prevent a community from having a low total score.

One caveat about the ranking is that all three of the hospital utilization variables (ACSC, ED Dental, and ED Mental) utilize data from Oregon and Washington hospitals only (ACSC), or Oregon hospitals only (ED Dental and Mental). Three rural service areas—Brookings (51), Jordan Valley (42), and Milton-Freewater (43)—mainly use hospitals that are located in adjacent states. As a result, their visit numbers for these variables are incomplete and may give the impression that these communities have better access to and utilization of health care services than is actually the case. Their total scores and rankings should be interpreted with this in mind.

<i>Mean (Average) Score by Geographic Area</i>	<b>2022</b>	<b>2021</b>
Oregon	49.4	49.4
Urban	62.1	62.6
Rural (without Frontier)	45.9	46.0
Rural (including Frontier)	46.4	46.4
Frontier	48.9	48

<i>Areas With the Lowest Total Scores</i>	<b>2022</b>	<b>2021</b>
Warm Springs	18	24
East Klamath	24	26
Port Orford	26	26
Glendale	27	27
Swishhome/Triangle Lake	27	27
Powers	29	32
Drain/Yoncalla	31	29
Cascade Locks	32	27








## Get in touch

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The Oregon Office of Rural Health has been a partner of Oregon Health & Science University since 1989.



# LICENSE RATIFICATION

## **RATIFICATION OF LICENSES**

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

### **DENTAL HYGIENISTS**

H8620	WILSON, KALLISTA LANAE	2023-04-18	RDH
H8621	MASON, HANNAH EVE	2023-04-18	RDH
H8622	SAYLIN, SHANELLE MABEL	2023-04-18	RDH
H8623	SHOJI, NAOMI CASTILLO	2023-04-18	RDH
H8624	PUNZEL, GAETANA	2023-04-19	RDH
H8625	DANIEL, TAYLOR GRACE	2023-04-19	RDH
H8626	PRITCHETT, ASHLEY ELIZABETH	2023-04-25	RDH
H8627	WILLIS, JAYMIE LYNN	2023-04-27	RDH
H8628	AYALA AREVALO, YESSICA LIZBETH	2023-04-27	RDH
H8629	POWLESS-COLLMAN, BRITTANY MARIE	2023-04-28	RDH
H8630	CHEN, LING LING	2023-05-17	RDH
H8631	DABNEY, SARAH LILLIAN	2023-05-17	RDH
H8632	CYRUS, JASMINE BENNET	2023-05-17	RDH
H8633	MCINTYRE, JANE M	2023-05-22	RDH
H8634	CORNIER, JOELLE	2023-05-26	RDH
H8635	MIHALUT, REBECCA LINDA	2023-05-26	RDH
H8636	LYONS, MARY	2023-04-25	RDH

### **DENTISTS**

D11777	BEST, DAVID LINDON	2023-04-25	DDS
D11778	LUC, DAVID AN	2023-04-26	DDS
D11779	BERRY, NOEL	2023-04-27	DMD
D11780	MELLAND, STEPHANIE	2023-04-27	DDS
D11781	ARYAL, JYOTI	2023-04-27	DMD
D11782	SMITH, HELEN THU	2023-04-28	DDS
D11783	HADDAD, MARK	2023-05-17	DDS
D11784	SONODA, KATHERINE	2023-05-17	DMD
D11785	WANG, TING	2023-05-17	DMD
D11786	FUNARO, SARAH ROSE	2023-05-17	DMD
D11787	KAISER, TRENTON	2023-05-17	DMD
D11788	ROPER, JACOB WAYNE	2023-05-17	DDS
D11789	WESTBERG, MITCHELL EDMUND	2023-05-17	DDS
D11790	JACOBS MCKNIFF, LAURA ROSE	2023-05-17	DDS



D11791	BALDWIN, MARIAH KATHLYN	2023-05-17	DMD
D11792	GAFFNEY, SAMANTHA ASHLEY	2023-05-22	DMD
D11793	CHUNG, MICHELLE SOYOUNG	2023-05-22	DMD
D11794	VARTAK, MANJIRI	2023-05-24	DDS
D11795	COEN, GRACE OLIVIA	2023-05-24	DDS
D11796	ROBY-SAGE, COURTNEY MARIE	2023-05-24	DMD
D11797	FOWLER, CHRISTIAN TODD	2023-05-26	DDS
D11798	PHIPPS, MARCUS	2023-05-26	DMD
D11799	WATSON, CHRISTIAN ANTHONY	2023-05-31	DDS
D11800	BARZANGY, RUNAZ	2023-05-31	DMD
D11801	MILESKI, ADAM	2023-05-31	DDS

**DENTAL THERAPISTS**

DT0014	HICKCOX, JINKY A	2023-05-17	DT
DT0015	HUSKEY, KAYLA	2023-05-26	DT

**LICENSE, PERMIT  
&  
CERTIFICATION**

**Nothing to report under this tab**