



MEETING NOTICE

RULES OVERSIGHT COMMITTEE

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

ZOOM MEETING INFORMATION

<https://us02web.zoom.us/j/81968306190?pwd=cTVhWXkxaktNK3JJSWY4cHB5dTRUUT09>

Dial-In Phone #: 1-253-215-8782 • Meeting ID: 819 6830 6190 • Passcode: 498942

October 3, 2023

5:00 p.m. – 6:30 p.m.

Committee Members:

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.

AGENDA

Call to Order: Dr. Jose Javier, Chair

1. Review and approve Minutes of January 11, 2023 Committee Meeting.
 - January 11, 2023 Minutes – **Attachment #1**
2. Review, discuss and make possible recommendations to the Board regarding Division 12 – Standards of Practice:
 - OAR 818-012-0005 – **Attachment #2**
3. Review, discuss and make possible recommendations to the Board regarding Division 21 – Examination and Licensing:
 - OAR 818-021-0060 – **Attachment #3**
4. Review, discuss and make possible recommendations to the Board regarding Division 26 – Anesthesia:
 - OAR 818-026-0010 – Definitions - **Attachment #4**
 - OAR 818-026-0050 – Minimal Sedation Permit - **Attachment #5**
 - OAR 818-026-0055 – Dental Hygiene, Dental Therapy, and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation - **Attachment #6**
 - OAR 818-026-0080 – Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia - **Attachment #7**

5. Review, discuss and make possible recommendations to the Board regarding Division 35 – Dental Hygiene:
 - OAR 818-035-0030 - Additional Functions of Dental Hygienists - **Attachment #8**
6. Review, discuss and make possible recommendations to the Board regarding Division 38 – Dental Therapy:
 - OAR 818-038-00XX - Additional Functions of Dental Therapists - **Attachment #9**
7. Review, discuss and make possible recommendations to the Board regarding Division 42 – Dental Assisting:
 - OAR 818-042-0020 - Dentist, Dental Therapist and Dental Hygienist Responsibility - **Attachment #10**
 - OAR 818-042-0080 – Certification — Expanded Function Dental Assistant (EFDA) - **Attachment #11**
 - OAR 818-042-0100 Expanded Functions — Orthodontic Assistant (EFODA) - **Attachment #12**
 - OAR 818-042-0110 Certification— Expanded Function Orthodontic Dental Assistant (EFODA) - **Attachment #13**
 - OAR 818-042-0113 Certification — Expanded Function Preventive Dental Assistants (EFPDA) - **Attachment #14**
 - OAR 818-042-0114 Additional Functions of Expanded Function Preventive Dental Assistants (EFPDA) - **Attachment #15**
 - OAR 818-042-0115 Expanded Functions — Certified Anesthesia Dental Assistant - **Attachment #16**
 - OAR 818-042-0117 Initiation of IV Line and Phlebotomy Blood Draw - **Attachment #17**

Any Other Business

Adjourn

**Rules Oversight Committee Meeting
Minutes
January 11, 2023**

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

STAFF PRESENT: Stephen Prisby, Executive Director
Angela M. Smorra, D.M.D. Dental Director/Chief Investigator
Haley Robinson, Office Manager
Ingrid Nye, Investigator
Kathleen McNeal, Office Specialist

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Katy Adishian, ODA; Katherine Landsberg– DANB, Tony Garcia – DANB, Jen Hawley-Price – DANB, Laura Skarnulis – DANB, Lisa Rowley, R.D.H. – ODHA, Representative Hai Pham, 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 Chair at 5:05 p.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

MINUTES

Ms. Harrison moved and Dr. Kansal seconded that the minutes of the June 18, 2021 Rules Oversight Committee meeting be approved as presented. The motion passed unanimously.

Ms. Harrison moved and Dr. Aldrich seconded that the Committee recommend the Board send OAR 818-001-0002 to a public rulemaking hearing as presented. The motion passed unanimously.

818-001-0002

Definitions

As used in OAR chapter 818:

- (1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.
- (2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.
- (3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.
- (4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.210 to practice dental hygiene.

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(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

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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

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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.

Ms. Riedman moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-012-0005 to a public rulemaking hearing as presented. The motion passed unanimously.

818-012-0005

Scope of Practice

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

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

(2) Unless the dentist:

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

(b) Holds privileges either:

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

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

(3) A dentist may utilize Botulinum Toxin Type A ~~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**).

Dr. Kansal moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-012-0007 to a public rulemaking hearing as presented. The motion passed unanimously.

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 January 11, 2023

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.

Ms. Riedman moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-012-0030 to a public rulemaking hearing as presented. The motion passed unanimously.

818-012-0030

Unprofessional Conduct

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

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

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

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

(b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.

(c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.

(3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.

(4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.

(5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.

(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.

(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.

(8) Misrepresent any facts to a patient concerning treatment or fees.

(9)(a) Fail to 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~~

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~~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.**

Ms. Riedman moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-012-0032 to a public rulemaking hearing as presented. The motion passed unanimously.

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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.

Ms. Riedman moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-015-0005 to a public rulemaking hearing as presented. The motion passed unanimously.

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

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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")

Ms. Riedman moved and Ms. Harrison seconded that the Committee recommend the Board repeal OAR 818-015-0007 in its entirety as presented to a public rulemaking hearing. The motion passed unanimously.

818-015-0007

Specialty Advertising

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

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

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

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

Ms. Riedman moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-021-0012 to a public rulemaking hearing as presented. The motion passed unanimously.

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~~

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~~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.

Ms. Riedman moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-021-0015 to a public rulemaking hearing as presented. The motion passed unanimously.

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.~~

Ms. Riedman moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-021-0017 to a public rulemaking hearing as presented. The motion passed unanimously.

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

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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.

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Draft 1

Dr. Marucha moved and Ms. Harrison seconded that the Committee recommend the Board repeal OAR 818-021-0030 in its entirety as presented to a public rulemaking hearing. The motion passed unanimously.

~~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~~

Ms. Riedman moved and Dr. Aldrich seconded that the Committee recommend the Board repeal OAR 818-021-0040 in its entirety as presented to a public rulemaking hearing. The motion passed unanimously.

~~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~~

Dr. Kansal moved and Dr. Galloway seconded that the Committee recommend the Board send OAR 818-021-0060 to a public rulemaking hearing as presented. The motion passed with Dr. Kansal, Dr. Galloway, Ms. Riedman, Dr. Marucha, and Dr. Aldrich voting aye. Ms. Harrison voted no.

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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**).

Dr. Galloway moved and Dr. Kansal seconded that the Committee recommend the Board send OAR 818-021-0070 to a public rulemaking hearing as presented. The motion passed with Dr. Kansal, Dr. Galloway, Ms. Riedman, Dr. Marucha, and Dr. Aldrich voting aye. Ms. Harrison voted no.

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

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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).

Dr. Galloway moved and Dr. Kansal seconded that the Committee recommend the Board send OAR 818-021-0076 to a public rulemaking hearing as presented. The motion passed with Dr. Kansal, Dr. Galloway, Ms. Riedman, Dr. Marucha, and Dr. Aldrich voting aye. Ms. Harrison voted no.

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.

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(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.

Ms. Riedman moved and Dr. Galloway seconded that the Committee recommend the Board send the draft of OAR 818-021-XXXX to a public rulemaking hearing as amended. The motion passed unanimously.

Board of Dentistry Draft rule HB 4096

OAR 818-021-XXXX Temporary Practice Approval

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

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

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

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

(a) Out-of State volunteer application;

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

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

(d) An attestation from dentist, 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

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(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.

Ms. Riedman moved and Dr. Galloway seconded that the Committee recommend the Board send OAR 818-042-0040 to a public rulemaking hearing as amended. The motion passed unanimously.

818-042-0040

Prohibited Acts

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

- (1) Diagnose or plan treatment.
- (2) Cut hard or soft tissue.
- (3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095 or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.
- (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
- (6) Administer any drug except 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.

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- (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.

Chair Dunn explained that a staff error included OAR 818-042-0060 with missing information. The correct rule was displayed for the committee and discussion was encouraged due to legislation introduced on the topic.

818-042-0060

Certification — Radiologic Proficiency

- (1) The Board may certify a dental assistant in radiologic proficiency by credential in accordance with OAR 818-042-0120, or if the assistant:
 - (2) Submits an application on a form approved by the Board, pays the application fee and:
 - (a) Completes a course of instruction approved by the Oregon Board of Dentistry, in accordance with OAR 333-106-0055 or submits evidence that the Oregon Health Authority, Center for Health Protection, Radiation Protection Services recognizes that the equivalent training has been successfully completed;
 - (b) Passes the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, Inc. (DANB), or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry; and
 - (c) Certification by an Oregon licensee that the assistant is proficient to take radiographs.

Representative Dr. Hai Pham discussed a legislative concept (HB 2996) introduced to remove the requirement of having a written exam required to be certified in radiologic proficiency. He explained that this would address the dental assistant shortage in Oregon by removing a barrier for dental assistants leading to greater access to care. He reported that neighboring states did not have the examination requirement and that patient safety would not be a concern due to the low radiation levels of modern radiology equipment. He also shared his observation that the DANB exam has a cost and that it is not provided in other languages which is also a barrier to access.

Katherine Landsberg, Director of Government Relations from the Dental Assisting National Board (DANB) responded that 82% of Oregon exam candidates passed the DANB RHS exam on the first or second attempt during the period from 1/1/2019 to 10/31/22. She reported that the dental assistant shortage is not only a recruitment problem, but a turnover and retention problem as well.

Draft 1

Chair Dunn thanked everyone for their attendance and contributions.

The meeting adjourned at 6:24 p.m.

DRAFT

Background: This was put forth from the 7/12/23 Lic stds committee meeting to clarify that the rule means all dental implants, not just endosseous and to clarify postdoctoral rather than graduate.

OAR 818-012-0005 – Scope of Practice

(4) A dentist may place ~~endosseous~~ dental implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical dental implant course(s), which includes treatment planning, appropriate case selection, potential complications and the surgical placement of the implants under direct supervision, and the provider is a Commission on Dental Accreditation (CODA)-accredited ~~graduate~~ postdoctoral dental education program, or a provider that has been approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE), or by the American Dental Association Continuing Education Recognition Program (ADA CERP).

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

Background: This was put forth from the 7/12/23 Lic stds committee meeting to clarify that the rule means all dental implants, not just endosseous and to clarify that restoration of implants counts toward the required CE.

OAR 818-021-0060 – Continuing Education-Dentists

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

Background: This was put forth from the 3/18/22 Anesthesia committee meeting to clarify the use of non-intramuscular pharmacological methods to produce minimal sedation and to define “recovery” in the DPA.

OAR 818-026-0010 – Definitions

As used in these rules:

- (1) "Anesthesia Monitor" means a person trained in monitoring patients under sedation and capable of assisting with procedures, problems and emergency incidents that may occur as a result of the sedation or secondary to an unexpected medical complication.
- (2) "Anxiolysis" means the diminution or elimination of anxiety.
- (3) "General Anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
- (4) "Deep Sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- (5) "Moderate Sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
- (6) "Minimal Sedation" means minimally depressed level of consciousness, produced by non-intravenous [and/or non-intramuscular](#) pharmacological methods, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. When the intent is minimal sedation for adults, the appropriate initial dosing of a single non-intravenous [and/or non-intramuscular](#) pharmacological method is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single non-intravenous [and/or non-intramuscular](#) pharmacological method in minimal sedation.
- (7) "Nitrous Oxide Sedation" means an induced, controlled state of minimal sedation, produced solely by the inhalation of a combination of nitrous oxide and oxygen in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command.
- (8) "Maximum recommended dose" (MRD) means maximum Food and Drug Administration (FDA) recommended dose of a drug, as printed in FDA approved labeling for unmonitored use.
- (9) "Incremental Dosing" means during minimal sedation, administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).
- (10) "Supplemental Dosing" means during minimal sedation, supplemental dosing is a single additional dose of the initial drug that is necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.
- (11) "Enteral Route" means administration of medication via the gastrointestinal tract. Administration by mouth, sublingual (dissolving under the tongue), intranasal and rectal administration are included.

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

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

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

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

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

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

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

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

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

Background: This was put forth from the 3/18/22 Anesthesia committee meeting to clarify that no permit holder shall have more than one person under nitrous oxide sedation at the same time.

OAR 818-026-0050 – Minimal Sedation Permit

Minimal sedation and nitrous oxide sedation.

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

- (a) Is a licensed dentist in Oregon;
- (b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
- (c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or

(d) In lieu of these requirements, the Board may accept equivalent training or experience in minimal sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full facemask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and

(h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) Before inducing minimal sedation, a dentist permit holder who induces minimal sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for minimal sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;

(c) Certify that the patient is an appropriate candidate for minimal sedation; and

(d) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(4) No permit holder shall have more than one person under minimal sedation or nitrous oxide sedation at the same time.

(5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room in addition to the treatment provider. The anesthesia monitor may be the dental assistant. After training, a dental assistant, when directed by a dentist permit holder, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist permit holder under the direct supervision of a dentist permit holder.

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

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

(8) The patient shall be monitored as follows:

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

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

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

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

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

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

(d) The patient can sit up unaided;

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

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

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

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

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

Background: This was put forth from the 3/18/22 Anesthesia committee meeting to broaden (1)(d) and (2)(c) to Board rules. Adds language to define dental therapy procedures using a qualified provider (permit holder).

OAR 818-026-0055 – Dental Hygiene, Dental Therapy, and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation

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

- (a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;
- (b) The permit holder, or an anesthesia monitor, monitors the patient; or
- (c) If a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not required to be present during the time the patient is sedated unless the permit holder leaves the patient.
- (d) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with ~~818-026-0050(7) and (8)~~ [Board rules](#).

(2) Under indirect supervision, a dental assistant may perform those procedures for which the dental assistant holds the appropriate certification for a patient who is under nitrous oxide or minimal sedation under the following conditions:

- (a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;
- (b) The permit holder, or an anesthesia monitor, monitors the patient; and
- (c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with ~~818-026-0050(7) and (8)~~ [Board rules](#).

(3) Under indirect supervision, a dental therapist may perform procedures for which they hold the appropriate license for a patient who is under nitrous oxide or minimal sedation under the following conditions:

- (a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;**
- (b) The permit holder, or an anesthesia monitor, monitors the patient; and**
- (c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with Board rules.**

Background: This was put forth from the 3/18/22 Anesthesia committee meeting to remove dental hygienist and EFDA from (4) and to removed gendered language from (8).

OAR 818-026-0080 – Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia

(1) A dentist who does not hold an anesthesia permit may perform dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist licensed by the Oregon Medical Board, another Oregon licensed dentist holding an appropriate anesthesia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by the Oregon Board of Nursing.

(2) A dentist who does not hold a Nitrous Oxide Permit for nitrous oxide sedation may perform dental procedures on a patient who receives nitrous oxide induced by an Oregon licensed dental hygienist holding a Nitrous Oxide Permit.

(3) A dentist who performs dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit, a CRNA, or a dental hygienist who induces nitrous oxide sedation, shall maintain a current BLS for Healthcare Providers certificate, or its equivalent, and have the same personnel, facilities, equipment and drugs available during the procedure and during recovery as required of a dentist who has a permit for the level of anesthesia being provided.

(4) A dentist, ~~a dental hygienist or an Expanded Function Dental Assistant (EFDA)~~ who performs procedures on a patient who is receiving anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit or a CRNA shall not schedule or treat patients for non emergent care during the period of time of the sedation procedure.

(5) Once anesthetized, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general anesthesia shall monitor the patient until easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred the patient may be monitored by a qualified anesthesia monitor until discharge criteria is met. The patient's dental record shall document the patient's condition at discharge as required by the rules applicable to the level of anesthesia being induced. A copy of the anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.

(7) No qualified provider shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.

(8) A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of ~~his/her~~ their intent. Such notification need only be submitted once every licensing period.

Background: This was put forth from the 7/12/23 Lic stds committee meeting to add language for RDHs to perform phlebotomy/IV therapy for dental procedures under the indirect supervision of a licensed dentist.

OAR 818-035-0030

Additional Functions of Dental Hygienists

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

- (a) Make preliminary intra-oral and extra-oral examinations and record findings;
- (b) Place periodontal dressings;
- (c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;
- (d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;
- (e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.
- (f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.
- (g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.
- (h) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.
- (i) Perform all aspects of teeth whitening procedures.

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

- (a) Determine the need for and appropriateness of sealants or fluoride; and
- (b) Apply sealants or fluoride.

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

- (a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.**
- (b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.**

Background: This was put forth from the 7/12/23 Lic stds committee meeting to add language for Dental Therapists to perform phlebotomy/IV therapy for dental procedures under the indirect supervision of a licensed dentist.

OAR 818-038-00XX

Additional Functions of Dental Therapists

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

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

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

Background: This was put forth from the 7/12/23 Lic stds committee meeting to add language clarifying that dental assistants can take impressions and digital scans.

OAR 818-042-0020

Dentist, Dental Therapist and Dental Hygienist Responsibility

(1) A dentist is responsible for assuring that a dental assistant has been properly trained, has demonstrated proficiency, and is supervised in all the duties the assistant performs in the dental office. Unless otherwise specified, dental assistants shall work under indirect supervision in the dental office.

(2) A dental hygienist who works under general supervision may supervise dental assistants in the dental office if the dental assistants are rendering assistance to the dental hygienist in providing dental hygiene services and the dentist is not in the office to provide indirect supervision. A dental hygienist with an Expanded Practice Permit may hire and supervise dental assistants who will render assistance to the dental hygienist in providing dental hygiene services.

(3) A dental therapist who works under general supervision may supervise dental assistants in the dental office if the dental assistants are rendering assistance to the dental therapist in providing dental therapy services.

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

(5) Dental assistants who are in compliance with written training and screening protocols adopted by the Board may perform oral health screenings under general supervision.

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

Background: This was put forth from the 7/12/23 Lic stds committee meeting to add language clarifying that an Oregon licensed dentist signs off on their checkoff sheet and that the certification must be submitted within six months.

OAR 818-042-0080

Certification — Expanded Function Dental Assistant (EFDA)

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

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) If the assistant submits a completed application, pays the fee and provides evidence of:
 - (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
 - (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function Dental Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by [an Oregon](#) licensed dentist that the applicant has successfully polished six (6) amalgam or composite surfaces, removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated four (4) temporary crowns and/or fixed partial dentures (bridges) and temporarily cemented the crowns and/or fixed partial dentures (bridges); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed matrix bands on four (4) teeth prepared for Class II restorations. **The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function duties until EFDA certification is achieved.**

Background: This was put forth from the 7/12/23 Lic stds committee meeting remove confusing language that only EFODAs can take impressions.

OAR 818-042-0100

Expanded Functions — Orthodontic Assistant (EFODA)

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

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

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

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

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

Background: This was put forth from the 7/12/23 Lic stds committee meeting to keep the rule title consistent with other rules, add language clarifying that an Oregon licensed dentist signs off on their checkoff sheet and that the certification must be submitted within six months.

OAR 818-042-0110

Certification— Expanded Function Orthodontic [Dental Assistant \(EFODA\)](#)

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

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) Completion of an application, payment of fee and satisfactory evidence of:
 - (a) Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; or
 - (b) Passage of the Oregon Basic, Infection Control, Certified Dental Assistant (CDA) or Certified Orthodontic Assistant (COA) examination, and Expanded Function Orthodontic Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by [an Oregon](#) licensed dentist that the applicant has successfully placed and ligated orthodontic wires on ten (10) patients and removed bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow speed handpiece from teeth on four (4) patients. **The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function orthodontic duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function orthodontic duties until EFODA certification is achieved.**

Background: This was put forth from the 7/12/23 Lic stds committee meeting to add language clarifying that an Oregon licensed dentist signs off on their checkoff sheet and that the certification must be submitted within six months.

OAR 818-042-0113 Certification — Expanded Function Preventive Dental Assistants (EFPDA) The Board may certify a dental assistant as an expanded function preventive dental assistant:

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) If the assistant submits a completed application, pays the fee and provides evidence of:
 - (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
 - (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic or Infection Control examination, and Certified Preventive Functions Dental Assistant (CPFDA) examination, or the Expanded Function Dental Assistant (EFDA) examination, or the Coronal Polish (CP) examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains on six (6) patients. **The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function preventive duties in subsection (b). If no expanded function preventive certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function preventive duties until EFPDA certification is achieved.**

Background: This was put forth from the 7/12/23 Lic stds committee meeting for housekeeping to keep the formatting consistent with other rules.

OAR 818-042-0114

Additional Functions of Expanded Function Preventive Dental Assistants (EFPDA)

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

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

Background: This was put forth from the 7/12/23 Lic stds committee meeting to add language for dental assistants to perform phlebotomy/IV therapy.

OAR 818-042-0115

Expanded Functions — Certified Anesthesia Dental Assistant

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

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

(b) Administer emergency medications to a patient in order to assist the licensee in an emergent

situation under direct visual supervision.

(c) Perform phlebotomy for dental procedures.

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

Background: This was put forth from the 7/12/23 Lic stds committee meeting to add language for dental assistants to perform phlebotomy/IV therapy.

OAR 818-042-0117

Initiation of IV Line and Phlebotomy Blood Draw

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

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