OREGON BOARD OF DENTISTRY
MINUTES
JUNE 14, 2024

MEMBERS PRESENT:	Reza Sharifi, D.M.D., President Aarati Kalluri, D.D.S., Vice President Sheena Kansal, D.D.S. Olesya Salathe, D.M.D. Kristen Simmons, R.D.H., E.P.P. Ginny Jorgensen Chip Dunn
STAFF PRESENT:	Stephen Prisby, Executive Director Angela Smorra, D.M.D., Dental Director/ Chief Investigator Winthrop "Bernie" Carter, D.D.S., Dental Investigator Haley Robinson, Office Manager Kathleen McNeal, Licensing Manager Shane Rubio, Investigator Gabriel Kubik, Investigator Dawn Dreasher, Office Specialist
ALSO PRESENT:	Joanna Tucker Davis, Assistant Attorney General
VISITORS ALSO PRESENT: VIA TELECONFERENCE*:	Mary Harrison, Oregon Dental Assistants Association; Brett Hamilton, ODA; Lisa Rowley, Oregon Dental Hygienist Association (ODHA); Julie Spaniel, D.D.S.; Hari Vellaipandian, DAS; Richael Cobler, CRDTS, Inc.; Barry Taylor, D.M.D., ODA; Kristen Moses, R.D.H., Alicia Riedman, R.D.H., Sarah Kowalski, Emily Coates, Katherine Landsberg, Dental Assisting National Board (DANB), Tony Garcia, DANB, Aaron White, DANB, Karen Phillips

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

Call to Order: The meeting was called to order by the President at 8:01 a.m.

President Reza Sharifi welcomed everyone to the meeting and introduced himself as the Board's new president. Dr. Sharifi thanked outgoing Board President, Chip Dunn, for his service over the past year. Dr. Sharifi thanked the Board members and staff for their dedication, hard work and for supporting him in his new position as president of the Board. Dr. Sharifi expressed his goals for the Board to include working cohesively with staff and Board members and maintaining productive positive relationships with the Board's shareholders and other organizations the Board will encounter. As an homage to his first Board President, Dr. Amy Fine, Dr. Sharifi announced that he will read the OBD's Mission Statement at every Board meeting. Dr. Sharifi then read the Mission Statement as follows:

> The mission of the Oregon Board of Dentistry is to promote quality oral health care and to protect all communities in the State of Oregon by equitably and ethically

regulating dental professionals.

Dr. Sharifi had the Board Members, Joanna Tucker Davis, and Stephen Prisby introduce themselves. Dr. Sharifi noted three excused absences for Board members Dr. Michelle Aldrich, Dr. Terrence Clark and Sharity Ludwig. Dr. Sharifi announced that the Board had a quorum with seven Board members present.

NEW BUSINESS

Approval of April 26, 2024 Minutes

Dr. Kansal moved and Dr. Kalluri seconded that the Board approve the minutes from the April 26, 2024 Board Meeting as presented. The motion passed unanimously.

ASSOCIATION REPORTS

Oregon Dental Association (ODA)

Brett Hamilton, director of ODA Government Affairs, recognized Ginny Jorgensen and Lisa Rowley for their participation in productive meetings at the Oregon Dental Assistants Association and the Oregon Dental Hygienists Association.

Mr. Hamilton reported that the ODA was on the Direct Care and System Partners interview panel for the Oregon Health Authority (OHA) Dental Director position. Mr. Hamilton noted that there were excellent candidates, and that OHA announced it would make an offer this month.

Mr. Hamilton reported that the ODA is a member of a work group that developed proposals regarding Dental Directed Payment for discussion with OHA. Mr. Hamilton reported that there was a hearing on Dental Reimbursements and Dental Direct Payment proposals a couple of weeks ago during Legislative Days. Mr. Hamilton noted that this is the first hearing on oral health in a very long time.

Mr. Hamilton reported that the ODA met twice with the OHA Regulatory Advisory Committee (RAC) to substantially rewrite the dental service rules. Mr. Hamilton announced that the group decided to reevaluate the rules and reconvene the RAC on July 23, 2024.

Mr. Hamilton reported that the ODA has been focused on mental health and well-being of the dental team. Mr. Hamilton stated that the ODA would like to stabilize HPSP. He clarified that ODA is concerned that the Oregon Wellness Program (OWP) will reduce the number of free counseling sessions available to medical and dental professionals from eight visits annually to three visits annually beginning July 1, 2024.

Mr. Hamilton stated that the ODA wants to remove the intrusive mental health and substance abuse disorder questions in the Board's initial and renewal applications for licenses. Mr. Hamilton referred to a robust discussion at the May 29, 2024 Licensing, Standards, and Competency Committee and noted that the issue of proposed revisions of the mental health questions was on the Board's agenda that day.

Mr. Hamilton presented a letter, which was included in the Board meeting packet, from the ODA, Permanente Dental Associates, and MODA respectfully advocating that the Board adopt the Draft Language Regarding Mental Health Questions on Initial and Renewal Applications, except for

questions 5a and 5b, which undermines the intent. Mr. Hamilton stated that the language was consistent with the Oregon Medical Board (OMB) approach. Mr. Hamilton described extraordinary levels of stress and burnout among healthcare professionals, including dentists, exacerbated by the COVID-19 pandemic. Mr. Hamilton stated that, since 2020, there has been an evidence-based movement by state licensing boards to remove or limit invasive questions around mental health and substance abuse disorder and treatment. Mr. Hamilton stated that research shows that intrusive mental health questions lead to licensees' non-disclosure of information and avoidance of treatment due to fear of losing their licenses and livelihood and urged the Board to approve the adoption of the Draft Language, excluding question 5a and 5b.

Mr. Hamilton announced that the ODA's 3rd annual Regional Event will be on November 1st and 2nd, 2024 at Brasada Ranch.

Oregon Dental Hygienists' Association (ODHA)

Lisa Rowley, Advocacy Director, announced that the ODHA is planning their 2024 Oregon Dental Hygiene Conference to be held Friday and Saturday, November 1st and 2nd, at the Salem Convention Center.

Ms. Rowley stated that the ODHA supports the Oregon Board of Dentistry becoming a member of the Central Regional Dental Testing Services (CRDTS). Ms. Rowley pointed out that there are currently six dental hygiene education programs in Oregon, and five of the six programs host CRDTS clinical board examinations. Ms. Rowley explained that if the Board becomes a member of CRDTS, the Board would be able to appoint one representative to serve on the CRDTS Steering Committee. Ms. Rowley added that dentist and dental hygienists who are licensed in Oregon could become examiners for CRDTS clinical board examinations.

Oregon Dental Assistants Association (ODAA)

Mary Harrison reported that the ODAA met with ODA to work together on recruitment information to be shared with everyone.

Ms. Harrison announced that the ODAA will be joining the Oregon Association of Dental Laboratories (OADL) in presenting four education courses at OADL's conference in the fall.

Ms. Harrison reported that ODHA has asked ODAA to present information regarding the duties and pathways for dental assistants at ODHA's conference in the fall.

Ms. Harrison presented information about the dental assistants who are graduating this year. Ms. Harrison reported that of the 147 graduates, the CODA programs are graduating 126 students, and the two non-accredited programs are graduating 21 students. Ms. Harrison reported that Chemeketa has a full student load for next year. Ms. Harrison noted that a lot of the schools are at about 75% full for next year.

Ms. Harrison reported information from the Dental Assisting National Board (DANB) that from January 1, 2017 to June 3, 2024, there have been 2,023 Oregon Board of Dentistry certificates and 86 Restorative Certificates granted. Ms. Harrison pointed out that although certification is not a requirement, there are 664 certified dental assistants in Oregon, and that those dental assistants are required to have continuing education hours for their renewal every year.

Ms. Harrison noted that the dental assistant local anesthetics report from the Licensing,

Standards, and Competency Committee was on the Board's agenda that day and stated that the ODAA encouraged the Board to move that forward to the Rules Oversight Committee.

COMMITTEE AND LIAISON REPORTS

Dr. Sharifi reported that the OBD's committee and liaison assignments for May 2024 - April 2025 was available on the OBD website and thanked all the committee chairs and Board members for their efforts.

Dr. Sharifi reported that Dr. Clark chaired the DAWSAC meeting on May 15, 2024. Mr. Prisby noted that the minutes of that meeting are attached for informational purposes.

Mr. Prisby announced that Ms. Jorgensen would chair the next DAWSAC (Zoom) Meeting on Wednesday, July 17, 2024 at 6:00 pm - 7:30 pm.

Dr. Sharifi reported that Dr. Kansal chaired the May 29, 2024 Licensing, Standards and Competency Committee meeting. Dr. Kansal reported that the meeting went well and that there was a robust discussion about the mental health condition questionnaire. Mr. Prisby reported that the Committee made recommendations to the Board and that a draft of the meeting minutes was attached. Dr. Salathe clarified that if the recommendations were moved to the Rules Oversight Committee, the Board would be able to continue discussions regarding ODA's concerns about mental health questions 5a and 5b.

Dr. Sharifi moved and Ms. Simmons seconded that the Board move the rules from the Licensing, Standards and Competency Committee to the Rules Oversight Committee. 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.
(5) "Dental Therapist" means a person licensed to practice dental therapy under ORS 679.603.
(6) "Dental Therapy" means the provision of preventative dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under ORS 679.621.
(7) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
(8) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
(9) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

(10) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.
(11) "Licensee" means a dentist, hygienist or dental therapist.
(12) “Volunteer Licensee” is a dentist, hygienist or dental therapist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.
(13) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.
(14) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.
(a) “Dental Anesthesiology” is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.
(b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.
(c) "Endodontics" is the specialty of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.
(d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.
(e) “Oral and Maxillofacial Radiology” is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.
(f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.
(g) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.
(h) "Orofacial Pain" Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care.
(i) "Orthodontics and Dentofacial Orthopedics" is the specialty of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and

malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and itssupporting 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 certification standard is the American Heart Association’s BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial BLS course must be a hands-on course; online BLS courses will not be approved by the Board for initial BLS certification: After the initial BLS certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A BLS certification card with an expiration date must be received from the BLS provider as documentation of BLS certification. The Board considers the BLS expiration date to be the last day of the month that the BLS instructor indicates that the certification expires.
(21) "Study model" means a replica of a patient's teeth and surrounding structures, typically made from either a physical impression or a scanned impression of the patient's mouth. It is used primarily for diagnostic and treatment planning purposes, allowing the dentist to study the patient's teeth and jaw alignment and plan procedures such as orthodontic treatment, restorative dentistry or prosthetic treatment. A study model is

distinguished from a "working model," which is fabricated in a similar fashion as a study model and may be a more precise and accurate replica of the patient's teeth and jaw (where applicable). A working model would be used for the fabrication of dental appliances, including without limitation orthodontic aligners, retainers, crowns and bridges or removable dentures.

818-012-0010
Unacceptable Patient Care
The Board finds, using the criteria set forth in ORS 679.140(4), that a licensee engages in or permits the performance of unacceptable patient care if the licensee does or permits any person to:
(1) Provide treatment which exposes a patient to risk of harm when equivalent or better treatment with less risk to the patient is available.
(2) Fail to seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience; provided, however, that it is not a violation of this section to omit to seek consultation if other competent licensees in the same locality and in similar circumstances would not have sought such consultation.
(3) Fail to provide or arrange for emergency treatment for a patient currently receiving treatment.
(4) Fail to exercise supervision required by the Dental Practice Act over any person or permit any person to perform duties for which the person is not licensed or certified.
(5) Fail to ensure radiographs and other imaging are of diagnostic quality.
(~~5~~**6**) Render services which the licensee is not licensed to provide.
(~~6~~**7**) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.
(~~7~~**8**) Fail to maintain patient records in accordance with OAR 818-012-0070.
(~~8~~**9**) Fail to provide goods or services in a reasonable period of time which are due to a patient pursuant to a contract with the patient or a third party.
(~~9~~**10**) Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.
(~~10~~**11**) Perform any procedure for which the patient or patient's guardian has not previously given informed consent provided, however, that in an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a licensee may render treatment in a reasonable manner according to community standards.
(~~11~~**12**) Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.
(~~12~~**13**) Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(~~13~~**14**) Fail to determine and document a dental justification prior to ordering a Cone Beam CT series with field greater than 10x10 cm for patients under 20 years of age where pathology, anatomical variation or potential treatment complications would not be otherwise visible with a Full Mouth Series, Panoramic or Cephalometric radiographs.
(~~14~~**15**) Fail to advise a patient of any recognized treatment complications.

818-021-0018
~~Temporary~~ ~~Dental~~ License for Active-Duty Members of the Uniformed Services and their Spouses or Domestic Partners ~~of Active Duty Armed Forces of the United States~~ Stationed in Oregon

(1) A ~~temporary~~ license to practice dentistry, dental hygiene, or dental therapy shall be issued to **Active-Duty Members of the Uniformed Services or their** ~~the~~ spouse or domestic partner ~~of active duty armed forces personnel~~ when the following requirements are met:
(a) A completed application and payment of fee is received by the Board; and
~~(b) Satisfactory evidence of having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or~~
~~(c) Satisfactory evidence of having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and~~
(~~d~~**b**) Submission of a copy of the military orders assigning the active-duty member to an assignment in Oregon; and
(~~e~~**c**) The spouse holds a current license in another state to practice dentistry, dental hygiene, or dental therapy at the level of application; and
(~~f~~**d**) The license is ~~unencumbered~~ **in good standing** and verified as active and current through processes defined by the Board; and
~~(g) Satisfactory evidence of successfully passing a clinical examination administered by any state, national testing agency or other Board-recognized testing agency.~~
(2) The ~~temporary~~ license shall ~~expire on the following date, whichever occurs first:~~ **remain active for the duration of the above-mentioned military orders.**
~~(a) Oregon is no longer the duty station of the active armed forces member; or~~
~~(b) The license in the state used to obtain a temporary license expires; or~~
~~(c) Two years after the issuance of the temporary license.~~
(3) ~~This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. This license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.~~ **Each biennium, the licensee shall submit to the Board a Biennial Military Status Confirmation Form. The confirmation form shall include the following:**
(a) Licensee's full name;
(b) Licensee's mailing address;
(c) Licensee's business address including street and number. If the licensee has no business address, licensee's home address including street and number;
(d) Licensee's business telephone number. If the licensee has no business telephone number, licensee's home telephone number;
(e) Licensee's employer or person with whom the licensee is on contract;
(f) Licensee's assumed business name;
(g) Licensee's type of practice or employment;
(h) A statement that the licensee has met the continuing educational requirements for their specific license renewal set forth in OAR 818-021-0060 or OAR 818-021-0070 or OAR 818-021-0076;
(i) Identity of all jurisdictions in which the licensee has practiced during the two past years; and
(j) A statement that the licensee has not been disciplined by any licensing board of any other jurisdiction or convicted of a crime.
(k) Confirmation of current active-duty status of service member.

~~**818-021-0019**~~
~~**Temporary Dental Hygiene License for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon**~~
~~(1) A temporary license to practice dental hygiene shall be issued to the spouse or domestic partner of active duty armed forces personnel when the following requirements are met:~~
~~(a) A completed application and payment of fee is received by the Board; and~~
~~(b) Satisfactory evidence of having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or~~
~~(c) Satisfactory evidence of having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and~~
~~(d) Submission of a copy of the military orders assigning the active duty member to an assignment in Oregon; and~~
~~(e) The spouse holds a current license in another state to practice dentistry at the level of application; and~~
~~(f) The license is unencumbered and verified as active and current through processes defined by the Board; and~~
~~(g) Satisfactory evidence of successfully passing a clinical examination administered by any state, national testing agency or other Board-recognized testing agency.~~
~~(2) The temporary license shall expire on the following date, whichever occurs first:~~
~~(a) Oregon is no longer the duty station of the active armed forces member; or~~
~~(b) The license in the state used to obtain a temporary license expires; or~~
~~(c) Two years after the issuance of the temporary license.~~
~~(3) This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. This license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.~~

818-026-0040
Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit
Nitrous Oxide Sedation.
(1) The Board shall issue a Nitrous Oxide Permit to an applicant who:
(a) Is either a licensed dentist or licensed hygienist in the State of Oregon;
(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
(c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.
(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:
(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow delivery of appropriate care in an emergency situation;
(b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
(e) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; and
(g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.
(3) Before inducing nitrous oxide sedation, a permit holder shall:
(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for nitrous oxide sedation;
(b) Give instruction to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;
(c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and
(d) Obtain informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
(4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.
(5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.
(6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of preoperative and postoperative vital signs, and all medications administered with dosages, time intervals and route of administration.
(7) Persons serving as anesthesia monitors in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS~~)/Cardio Pulmonary Resuscitation (CPR) training~~, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)
(8) The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.
(9) The permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
(a) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
(b) The patient can talk and respond coherently to verbal questioning;
(c) The patient can sit up unaided or without assistance;
(d) The patient can ambulate with minimal assistance; and
(e) The patient does not have nausea, vomiting or dizziness.
(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

(11) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060 and 818-021-0070.

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

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for minimal sedation;
(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;
(c) Certify that the patient is an appropriate candidate for minimal sedation; and
(d) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
(4) No permit holder shall have more than one person under minimal sedation at the same time.
(5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room in addition to the treatment provider. The anesthesia monitor may be the dental assistant. After training, a dental assistant, when directed by a dentist permit holder, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist permit holder under the direct supervision of a dentist permit holder.
(6) A patient under minimal sedation shall be visually monitored at all times, including recovery phase. The record must include documentation of all medications administered with dosages, time intervals and route of administration. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.
(7) Persons serving as anesthesia monitors for minimal sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS~~)/Cardio Pulmonary Resuscitation (CPR) training~~, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)
(8) The patient shall be monitored as follows:
(a) Color of mucosa, skin or blood must be evaluated continually. Patients must have continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood pressure, heart rate, pulse oximetry and respiration shall be monitored and documented every fifteen minutes, if they can reasonably be obtained.
(b) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.
(9) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
(c) The patient can talk and respond coherently to verbal questioning;
(d) The patient can sit up unaided;
(e) The patient can ambulate with minimal assistance; and
(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.
(g) A dentist permit holder shall not release a patient who has undergone minimal sedation except to the care of a responsible third party.
(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.
(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.

818-026-0060
Moderate Sedation Permit
Moderate sedation, minimal sedation, and nitrous oxide sedation.
(1) The Board shall issue or renew a Moderate Sedation Permit to an applicant who:
(a) Is a licensed dentist in Oregon;
(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, either maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated; and
(c) Satisfies one of the following criteria:
(A) Completion of a comprehensive training program in enteral and/or parenteral sedation that satisfies the requirements described in Part V of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced.
(i) Enteral Moderate Sedation requires a minimum of 24 hours of instruction plus management of at least 10 dental patient experiences by the enteral and/or enteral-nitrous oxide/oxygen route.
(ii) Parenteral Moderate Sedation requires a minimum of 60 hours of instruction plus management of at least 20 dental patients by the intravenous route.
(B) Completion of an ADA accredited postdoctoral training program (e.g., general practice residency) which affords comprehensive and appropriate training necessary to administer and manage parenteral sedation, commensurate with these Guidelines.
(C) In lieu of these requirements, the Board may accept equivalent training or experience in moderate 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 face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, oral and nasopharyngeal airways, larynageal mask airways, intravenous fluid administration equipment, automated external defibrillator (AED); and
(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.
(3) No permit holder shall have more than one person under moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.
(4) During the administration of moderate sedation, and at all times while the patient is under moderate sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.
(5) Before inducing moderate sedation, a dentist permit holder who induces moderate 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 moderate sedation;
(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and
(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient’s record.
(6) A patient under moderate sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.
(7) Persons serving as anesthesia monitors for moderate sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)~~/Cardio Pulmonary Resuscitation (CPR) training~~, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)
(8) The patient shall be monitored as follows:
(a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO2 monitors. Patients with cardiovascular disease shall have continuous electrocardiograph (ECG) monitoring. The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored and shall not be left alone while under sedation;
(b) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from moderate sedation.
(9) A dentist permit holder shall not release a patient who has undergone moderate sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.
(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
(c) The patient can talk and respond coherently to verbal questioning;
(d) The patient can sit up unaided;
(e) The patient can ambulate with minimal assistance; and
(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.
(11) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.
(12) After adequate training, an assistant, when directed by a dentist permit holder, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision. Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents into an infusion line under the direct supervision of a dentist permit holder.
(13) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; Successful completion of a board approved course on minimal/moderate sedation at least every two years may be substituted for ACLS, but not for PALS; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or PALS certification or successful completion of the American Dental Association’s course “Recognition and Management of Complications during Minimal and Moderate Sedation” may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

818-026-0065
Deep Sedation Permit
Deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation.
(1) The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010 who:
(a) Is a licensed dentist in Oregon; and
(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated.
(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:
(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;
(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;
(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and
(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.
(3) No permit holder shall have more than one person under deep sedation, moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.
(4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.
(5) Before inducing deep sedation, a dentist permit holder who induces deep sedation shall:
(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for deep sedation;
(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and
(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient’s record.
(6) A patient under deep sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.
(7) Persons serving as anesthesia monitors for deep sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)~~/Cardio Pulmonary Resuscitation (CPR) training,~~ or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)
(8) The patient shall be monitored as follows:
(a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO2 monitors. The patient's heart rhythm shall be continuously monitored and the patient’s blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation shall be continuously monitored;

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

818-026-0070
General Anesthesia Permit
General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.
(1) The Board shall issue a General Anesthesia Permit to an applicant who:
(a) Is a licensed dentist in Oregon;
(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, and
(c) Satisfies one of the following criteria:
(A) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students consisting of a minimum of 2 years of a postgraduate anesthesia residency at the time training was commenced.

(B) Completion of any ADA accredited postdoctoral training program, including but not limited to Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these Guidelines.
(C) In lieu of these requirements, the Board may accept equivalent training or experience in general anesthesia.
(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:
(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least three individuals to freely move about the patient;
(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;
(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and
(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and anticonvulsants.
(3) No permit holder shall have more than one person under general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation at the same time.
(4) During the administration of deep sedation or general anesthesia, and at all times while the patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory in addition to the dentist permit holder performing the dental procedures.
(5) Before inducing deep sedation or general anesthesia the dentist permit holder who induces deep sedation or general anesthesia shall:
(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for general anesthesia or deep sedation;
(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and
(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient’s record.

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

be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

818-042-0116
Certification — Anesthesia Dental Assistant
The Board may certify a person as an Anesthesia Dental Assistant if the applicant submits a completed application, pays the certification fee and shows satisfactory evidence of:
(1) Successful completion of:
(a) The "Oral and Maxillofacial Surgery Anesthesia Assistants Program" or successor program, conducted by the American Association of Oral and Maxillofacial Surgeons; or
(b) The "Oral and Maxillofacial Surgery Assistants Course" or successor course, conducted by the California Association of Oral and Maxillofacial Surgeons (CALAOMS), or a successor entity; or
(c) The "Certified Oral and Maxillofacial Surgery Assistant" examination, or successor examination, conducted by the Dental Assisting National Board or other Board approved examination; or
(d) The Resuscitation Group – Anesthesia Dental Assistant course; or
(e) Other course approved by the Board; and
(2) Holding valid and current documentation showing successful completion of a Healthcare Provider BLS~~/CPR~~ course, or its equivalent.

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

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), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.
(7) Prescribe any drug.
(8) Place periodontal packs.
(9) Start nitrous oxide.
(10) Remove stains or deposits except as provided in OAR 818-042-0070.
(11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
(12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
(13) Use lasers, except laser-curing lights.
(14) Use air abrasion or air polishing.
(15) Remove teeth or parts of tooth structure.
(16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.
(17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
(18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
(19) Apply denture relines except as provided in OAR 818-042-0090(2).
(20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
(21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(22) Perform periodontal assessment.
(23) Place or remove healing caps or healing abutments, except under **in**direct supervision.
(24) Place implant impression copings, except under **in**direct supervision.
(25) Any act in violation of Board statute or rules.

818-035-0072
Restorative Functions of Dental Hygienists
(1) The Board shall issue a Restorative Functions Endorsement (RFE) to a dental hygienist who holds an unrestricted Oregon license, and has successfully completed:
(a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the

Board, and successfully passed the ~~Western Regional Examining Board's~~ **CDCA-WREB-CITA's Dental Hygiene** Restorative Examination or other equivalent examinations approved by the Board within the last five years; or
(b) If successful passage of the ~~Western Regional Examining Board's~~ **CDCA-WREB-CITA's Dental Hygiene** Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.
(2) A dental hygienist may perform the placement and finishing of direct restorations, except gold foil, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):
(a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration(s) by a Restorative Functions Endorsement dental hygienist;
(b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.

818-042-0095
Restorative Functions of Dental Assistants
(1) The Board shall issue a Restorative Functions Certificate (RFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed:
(a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board within the last five years, or
(b) If successful passage of the ~~Western Regional Examining Board's~~ **CDCA-WREB-CITA's Dental Hygiene** Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.
(2) A dental assistant may perform the placement and finishing of direct restorations, except gold foil, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):
(a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration by a Restorative Functions dental assistant.
(b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.

818-042-0080
Certification — Expanded Function Dental Assistant (EFDA)
The Board may certify a dental assistant as an expanded function assistant:
(1) By credential in accordance with OAR 818-042-0120, or
(2) If the assistant submits a completed application, pays the fee and provides evidence of;

(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function Dental Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by a 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.

818-042-0130
Application for Certification by Credential
An applicant for certification by credential shall submit to the Board:
(1) An application form approved by the Board, with the appropriate fee;
(2) Proof of certification by another state and any other recognized certifications (such as CDA or COA certification) and a description of the examination and training required by the state in which the assistant is certified ~~submitted from the state directly to the Board~~; or
(3) Certification that the assistant has been employed for at least 1,000 hours in the past two years as a dental assistant performing the functions for which certification is being sought~~.~~ **and, if**
~~(4) If~~ applying for certification by credential as an EFDA, EFODA or EFPDA, certification by a licensed dentist that the applicant is competent to perform the functions for which certification is sought~~; and~~.
(~~5~~**4**) If applying for certification by credential in Radiologic Proficiency, certification from the Oregon Health Authority, Center for Health Protection, Radiation Protection Services, or the Oregon Board of Dentistry, that the applicant has met that agency's training requirements for x-ray machine operators, or other comparable requirements approved by the Oregon Board of Dentistry.

The Board discussed moving the local anesthesia functions of dental assistants forward to the Rules Oversight Committee. Mr. Prisby stated that the issue in question is, "Do you want dental therapists and dental hygienists to supervise dental assistants during local anesthesia." Ms. Jorgensen clarified that there were two questions to be addressed on this issue: (1) whether dental therapists and dental hygienists should supervise; and (2) at what supervision level. The Board discussed first granting dentists authority to supervise dental assistants during local anesthesia, then addressing whether dental therapists and dental hygienists should supervise dental assistants. Ms. Rowley stated that the ODHA would be fine with pulling dental hygiene out of the proposal in order to move it forward to give dentists supervising authority, and that the issue dental hygienists' supervision could be revisited at a later date.

Ms. Simmons moved and Ms. Jorgensen seconded that the Board move to send the rule giving indirect supervising authority to dentists to supervise dental assistants during local anesthesia to the DAWSAC Committee. The motion passed unanimously.

818-042-XXXX
Local Anesthesia Functions of Dental Assistants
(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.
(2) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

The Board discussed proposed revisions to the Mental Health Questions for applications and renewals. Dr. Spaniel thanked the Board for their consideration of this issue and pointed out the support from the ODA and Permanente Dental Associates for changing the language. Dr. Spaniel stated that the language under consideration is consistent with what was written and changed by the OMB. Mr. Prisby explained that the proposed revisions should mirror the OMB's adopted language. The Board decided to clarify the language and present it more clearly at the August 23, 2024 Board meeting.

Dr. Sharifi announced that he would chair the next Rules Oversight Committee meeting will be held on Tuesday, August 6, 2024 at 6:00 pm - 7:30 pm.

EXECUTIVE DIRECTOR'S REPORT

Staff Updates

The OBD welcomed Gabriel Kubik as our newest investigator on May 1, 2024. He has a background in criminal investigations. He spent 5 years in the U.S. Army Military Police Corp. as a Military Police Investigator in Hawaii. He also was a Patrol Sergeant in Missouri. He then served 10 years working for the Oregon Department of Corrections. He received his B.S. in Criminal Justice from Portland State University in 2021. He looks forward to utilizing his vast experience in public safety at the Oregon Board of Dentistry to support its mission of safeguarding the public's oral healthcare.

Mr. Prisby announced that Haley Robinson was recognized as the OBD's Ambassador of Public Service as part of Public Service Recognition Week, May 5 -11, 2024. Mr. Prisby nominated Haley as someone who is a true **Ambassador of Public Service** and exemplifies this year's theme of **operational excellence**. She was recognized as someone who embraces principles such as respect for every individual, continuous improvement, and empowering others to create a culture of excellence within state government. To recognize her positive impact on our agency and the citizens of Oregon, she was invited to attend a reception with Governor Kotek on a Teams call, May 13, 2024. This event celebrated her with other honored state employees, and she had an opportunity to interact with the Governor. Mr. Prisby noted that Haley will celebrate her 8-year OBD Work Anniversary on June 20.

OBD Budget Status Report

Mr. Prisby attached the budget report for the 2023 - 2025 Biennium. The report, which is from July 1, 2023 through April 30, 2024, shows revenue of $1,911,053.56 and expenditures of $1,479,636.45. Mr. Prisby reported that, based on the budget and OBD's tracking documents, the OBD is a little ahead of its revenue projection and a little under its cost budget line.

OBD - Accounts Receivable Honor Roll FY 2022 & FY 2023

Mr. Prisby announced that the OBD was recognized for financial controls again, noting that this aligns with one of the OBD's annual goals. Mr. Prisby thanked Haley Robinson for this important achievement and all her hard work to ensure the OBD receives this acknowledgement.

DAS Equal Pay Adjustments

Mr. Prisby stated that Oregon's Equal Pay Act was signed into law in 2017. Mr. Prisby reported that on June 1, 2024, DAS deployed a new methodology that will narrow wage gaps in state government's Executive Branch. Mr. Prisby pointed out that this may add additional cost pressure to the OBD's 2025 -2027 Budget and future ones as well.

2025 – 2027 Budget – Policy Option Packages & Health Professionals' Services Program

Mr. Prisby attached a document that was submitted to DAS & the Governor's office for the OBD, describing three policy option packages to be considered in the OBD's 2025 - 2027 budget, which was approved to be included in the agency request budget. Mr. Prisby explained that Policy Option 1 is to initiate three fee increases targeted at dentists, who are the highest earning licensees, and those who hold deep or general anesthesia permits. The Board briefly discussed adding fee increases to moderate sedation permits. Mr. Prisby explained that Policy Option 2 is to upgrade OBD's Listserv in order to push out information and updates from the Board in a more timely and modern way. Mr. Prisby explained that Policy Option 3 is to change accounting for human resources and payroll service from OMB to DAS.

Mr. Prisby recalled that there was a detailed discussion at the April Board meeting about the OBD's proposed 2025 - 2027 budget needing some cost reductions going forward, even with proposed fee increases. Mr. Vellaipandian introduced himself as the DAS policy and budget analyst assigned to OBD, explaining that he is working with Mr. Prisby to develop the agency request budget for 2025 - 2027. Mr. Vellaipandian reported on the challenges of inflating costs and plateaued revenue in support of fee increases.

Mr. Prisby recommended the Board consider withdrawing from the current HPSP contract effective June 30, 2025. Mr. Prisby stated that the change would happen over one year from now and that the move would do a number of things. Mr. Prisby explained that it would signal that the OBD is fiscally responsible and would focus its finite resources on its core mission while maintaining the current service level. Mr. Prisby pointed out that the HPSP is not mandatory, but an option for the OBD to participate in it. Mr. Prisby further explained that this move will also signal to the health care community that the current program is not sustainable and not affordable for most health licensing regulatory boards in Oregon.

Mr. Prisby provided the following information regarding HPSP participation:

All Health Professional Regulatory Boards listed in ORS 676.160 and 676.560:
HPSP:

- Oregon Board of Dentistry

- Oregon Medical Board
- Oregon State Board of Nursing – at this time not enrolling new participants or allowing self-referral
- State Board of Pharmacy

These 15 health boards are not participating for various reasons, in the optional HPSP:

- State Board of Massage Therapists
- State Mortuary and Cemetery Board
- Oregon Board of Naturopathic Medicine
- Oregon Board of Optometry
- Occupational Therapy Licensing Board
- Oregon Board of Physical Therapy
- Oregon Board of Psychology
- Board of Medical Imaging
- Oregon State Veterinary Medical Examining Board
- Oregon Health Authority, Emergency Medical Services
- Oregon Health Authority, Health Licensing Office
- State Board of Chiropractic Examiners
- State Board of Licensed Social Workers
- Oregon Board of Licensed Professional Counselors and Therapists
- State Board of Examiners for Speech-Language Pathology and Audiology

Ms. Davis reported that other boards that do not have HPSP cannot create their own diversion programs and, therefore, proceed with disciplinary measures. Mr. Prisby explained that the Board will be updated on decisions by the Nursing Association regarding participation and any proposed legislative concepts or changes to the updated HPSP, to see if there are any proposed viable options to assist our Licensees. Mr. Prisby stated that the Board welcomes further and ongoing dialogue and discussion on this matter from our Licensees, Associations and valued interested parties. Mr. Prisby pointed out that the Board can always change its direction and support a revamped HPSP or consider other options that are presented in the future. Mr. Prisby stated that no decision is final.

The Board discussed current HPSP participation, merits of the program and disciplinary measures, funding status, and potential fee increases.

Dr. Kansal moved and Mr. Dunn seconded that the Board withdraw from HPSP effective July 1, 2025, unless funding is available from other sources, and to make plans for continued care for licensees in the program. The motion passed with Ms. Simmons voting nay.

Customer Service Survey

Mr. Prisby attached the legislatively mandated survey results from July 1, 2023 through May 31, 2024. Mr. Prisby announced that the results of the survey show that the OBD continues to receive positive ratings from the majority of those who submit a survey.

Memo - Delegated Duties for Executive Director & Staff

Mr. Prisby stated that every June, the new President of the OBD takes the gavel for the first regular board meeting after being elected President at the April Board Meeting for a 1-year term of office. Mr. Prisby attached a memo outlining his job description and delegated duties to him,

as Executive Director, and OBD staff, which he submits to the Board every June Board Meeting for reauthorization.

Mr. Dunn moved and Dr. Sharifi seconded that the Board approve the Delegated Duties for Executive Director & Staff. The motion passed unanimously.

OBD Bylaws

Mr. Prisby attached the OBD Bylaws, which were originally adopted in 2018, to be included for annual review by the Board. Ms. Simmons suggested a change in the use of pronouns in the Bylaws language and will submit suggested language at the August 23, 2024 Board meeting.

OBD 2022 - 2025 Strategic Plan Summary of Work

Mr. Prisby attached an update on the work to support the 2022 - 2025 Strategic Plan**.**

Staff Speaking Engagements

Mr. Prisby reported that Dr. Angela Smorra and Dr. Bernie Carter gave a "Board Updates – Rules and Enforcement" presentation to the OHSU - School of Dentistry 3rd year students on Tuesday, April 16, 2024.

Mr. Prisby gave a "Board Updates" presentation to the same OHSU - School of Dentistry 3rd year students on Tuesday, April 23, 2024.

Mr. Prisby reported that Kathleen McNeal gave four License Application virtual presentations to graduating Dental Hygiene Students in May:
Monday, 5/13/24 Lane Community College
Monday, 5/20/24 Mt. Hood Community College
Thursday, 5/23/24 Portland Community College
Wednesday, 5/29/24 Pacific University

Mr. Prisby reported that new graduates are being issued their licenses in a very short time frame.

OGEC Rules Advisory Committee (RAC)

Mr. Prisby reported that he applied to serve on the Oregon Government Ethics Commission's new RAC as they are planning to consider & develop rules on public meetings laws. Mr. Prisby shared that he attended the RAC meetings and plans to attend future ones as well. Mr. Prisby announced that the OGEC will be providing training to the Board during the August 23, 2024 board meeting.

Health Regulatory Licensing Boards

Mr. Prisby reported that he has represented the OBD at regular monthly meetings of all Oregon health board executive directors since 2015. Mr. Prisby attached the charter for reference.

Dental Testing & Regulatory Summit

Mr. Prisby announced the Dental Testing & Regulatory Summit scheduled September 26-27, 2024 in Louisville, Kentucky. Mr. Prisby elaborated that this inaugural event brings together members of the American Board of Dental Examiners (ADEX), the American Association of Dental Administrators (AADA), CDCA-WREB-CITA, and the American Association of Dental Boards (AADB) so that professionals in the dental testing and regulatory space can seamlessly attend multiple Annual Meeting events with fewer schedule shifts, lessening travel needs and

easing financial barriers to participation. Mr. Prisby announced that two Board Members are most welcome to attend and can contact him for more details. Mr. Prisby attached the Attendee Resource Guide and asked for the Board's permission to attend the summit.

Dr. Kansal moved and Mr. Dunn seconded that the Board approve travel for Stephen Prisby to attend the Dental Testing & Regulatory Summit in Louisville, Kentucky. The motion passed unanimously.

Newsletter

Mr. Prisby reported that the most recent OBD Newsletter was published in May 2024. Mr. Prisby thanked Dawn Dreasher and Haley Robinson for completing it and directed the Board to Tab 8 of the board meeting packet to find a copy of the Newsletter. Mr. Prisby reported that the Newsletter is also posted on the OBD website.

UNFINISHED BUSINESS AND RULES

Mr. Prisby presented SB 1552 for Board discussion. Ms. Davis reported that SB 1552 will allow potential licensees with a past criminal conviction to request a review of their eligibility before applying for a license and will go into effect on July 1, 2025.

CORRESPONDENCE

- CRDTS Membership Request from Sheli Cobler. Ms. Cobler presented details on membership. Ms. Rowley pointed out that the majority of schools in Oregon are using CRDTS exams. The Board discussed the issues related to membership and decided to send the contract for full membership back to DOJ for review.
- A request from Kristen Moses, RDH, DT asking the Board to recommend her for the role of CRDTS examiner.
- A request from Karen Phillips, OHA asking the Board to update Oral Health Screening language. Ms. Phillips presented the impetus for the proposed changes. The Board discussed the proposed changes in language and will address the issue at the August 23, 2024 meeting.
- OWP change to agreement. The board discussed the proposed decrease of allowed visits under the program. Dr. Taylor discussed some financial issues factoring into the decision to change the program.

Mr. Dunn moved and Dr. Kansal seconded that the Board approve modifying the OWP agreement for service for Licensees to be entitled to 3 visits instead of 8 visits. The motion passed unanimously.

OTHER

Items were in the Board meeting packet for informational purposes.

- Healthcare Regulatory Research Institute – Consumer Perception Survey/Report
- OHA Notice of Rulemaking re Certification Requirements for Local School Dental Sealant Programs
- Mandatory Workday Learning Memo
- Tribes – Open Comment Period (none received)

ARTICLES AND NEWS

- CSG License Compact – What's Next. The Board discussed issues related to the Compact.

- May 2024 OBD Newsletter

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

OPEN SESSION: The Board returned to Open Session at 12:19 p.m.

CONSENT AGENDA

2024-0131, 2024-0143, 2024-0140, 2024-0129, 2024-0125, 2024-0141

Dr. Kalluri moved and Mr. Dunn seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed unanimously.

COMPLETED CASES
2024-0103, 2024-0035, 2024-0124, 2023-0211, 2024-0084, 2024-0036, 2024-0128, 2024-0095, 2024-0096, 2024-0086

Dr. Kalluri moved and Mr. Dunn seconded that the Board close the matters with a finding of No Further Action or No Violation. The motion passed unanimously.

2024-0136
Mr. Dunn moved and Dr. Kansal seconded that the Board accept the Interim Consent Order and close the matter with No Further Action. The motion passed unanimously. The motion passed unanimously.

BIERMANN, MATTHEW C., D.M.D.; 2024-0123
Ms. Simmons moved and Mr. Dunn seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order to incorporate a reprimand, a $1,000.00 civil penalty to be paid within 30 days of the effective date of the Order, and complete the outstanding balance of continuing education for the May 1, 2021 to March 31, 2023, licensure period within 60 days of the effective date of the Order. The motion passed unanimously.

2024-0072
Ms. Simmons moved and Dr. Kansal seconded that the Board close the matter with a Letter of Concern reminding the licensee to assure that all relationships within a dental setting always remain professional. The motion passed unanimously.

CHAUDRY, MANU D.D.S.; 2021-0195
Ms. Jorgensen moved and Mr. Dunn seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand; a $4000.00 civil penalty, payable within 60 days of the effective date of the Order; a requirement that the licensee successfully take and pass the Professional Boundaries Institute (PBI) Education course “Medical Ethics and Professionalism ME-15” within 120 days after the effective date of the Order; and a requirement that the licensee complete 6 hours of Board approved continuing education (CE) in the area of record keeping within 90 days after the effective date of the Order. The motion passed unanimously.

2023-0128
Dr. Salathe moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern reminding the Licensee to assure she has obtained informed consent for dental material selection prior to cementing fixed prosthodontic restorations. The motion passed unanimously.

NGUYEN, PASCAL D.M.D.; 2024-0054
Dr. Kansal moved and Mr. Dunn seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order to incorporate a reprimand, a $2,500.00 civil penalty to be paid within 30 days of the effective date of the Order, and complete three hours of Board approved continuing education in general pharmacology within 60 days of the effective date of the Order. The motion passed unanimously.

PERLOT, KIMBERLY R.D.H.; 2022-0149
Ms. Simmons moved and Dr. Kansal seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand; a $2,000.00 civil penalty, payable within 120 days of the effective date of the Order; successfully take and pass the Professional Boundaries Institute (PBI) Education course “Medical Ethics and Professionalism” within 180 days after the effective date of the Order; and complete 4 hours of Board approved continuing education (CE) in the area of record keeping within 90 days after the effective date of the Order. The motion passed unanimously.

2023-0205
Ms. Jorgensen moved and Dr. Kalluri seconded that the Board close the matter with a Letter of Concern reminding the licensee to assure that (1) his permanent restorations have sound margins, adequate resistance form, and adequate retention form; (2) he notifies the Board in writing of his intent to use the services of a qualified anesthesia provider; and (3) when he utilizes a qualified anesthesia provider it is documented that the sedation permit holder has assessed the patient's responsiveness and met discharge criteria prior to releasing the patient. The motion passed unanimously.

2024-0028
Mr. Dunn moved and Dr. Kansal seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that (1) he obtains the correct level anesthesia permit prior to administering sedation; and (2) he always maintains a current BLS for Healthcare Provider certificate. The motion passed unanimously.

PREVIOUS CASES REQUIRING BOARD ACTION

2021-0160
Dr. Salathe moved and Mr. Dunn seconded that the Board accept the Licensee’s request for termination from HPSP. The motion passed unanimously.

2024-0021
Dr. Kansal moved and Mr. Dunn seconded that the Board accept Licensees proposal and remove the stipulation regarding submission of biological testing reports. The motion passed unanimously.

2023-0201

Ms. Simmons moved and Dr. Kansal seconded that the Board reaffirm the April 26, 2024 Board action. The motion passed unanimously.

RATIFICATION OF LICENSES

Ms. Jorgensen moved and Mr. Dunn seconded that the Board ratify the licenses presented in tab 16. The motion passed unanimously.

LICENSE PERMIT & CERTIFICATION

Nothing to report under this tab.

ADJOURNMENT

The meeting was adjourned at 12:31 p.m. Dr. Sharifi stated that the next Board Meeting would take place on August 23, 2024.

/*S*/
Reza J. Sharifi, D.M.D., President
President