

**OREGON BOARD OF DENTISTRY  
MINUTES  
OCTOBER 25, 2024**

**MEMBERS PRESENT:** Reza Sharifi, D.M.D., President  
Sheena Kansal, D.D.S.  
Terrence Clark, D.M.D  
Michelle Aldrich, D.M.D. (portion of meeting)  
Olesya Salathe, D.M.D.  
Kristen Simmons, R.D.H., E.P.P.  
Sharity Ludwig, 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  
Kathleen McNeal, Licensing Manager  
Shane Rubio, Investigator  
Gabriel Kubik, Investigator  
Dawn Dreasher, Office Specialist

**ALSO PRESENT:** Joanna Tucker-Davis, Sr. Assistant Attorney General

**VISITORS ALSO PRESENT:  
VIA TELECONFERENCE\*:** Mary Harrison, Oregon Dental Assistants Association (ODAA);  
Barry Taylor, D.M.D., Oregon Dental Association (ODA); Brett  
Hamilton, (ODA); Lisa Rowley, Oregon Dental Hygienist Association  
(ODHA); Hannah Rich (ODHA)

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

**Call to Order:** The meeting was called to order by the President at 8:00 a.m.

President Reza Sharifi welcomed everyone to the meeting and 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.

Mr. Prisby noted one excused absence for Board Member Dr. Aarati Kalluri.

## **NEW BUSINESS**

### **Approval of August 23, 2024 Minutes**

Ms. Simmons moved and Mr. Dunn seconded that the Board approve the minutes from the August 23, 2024 Board Meeting as presented. The motion passed with RS, SK, TC, OS, KS, SL, GJ, and CD voting Aye.

## **ASSOCIATION REPORTS**

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

Dr. Barry Taylor, executive director of ODA, announced the ODA's 4<sup>th</sup> regional event at Brasada Ranch on November 1-2, 2024. Dr. Taylor announced that Dr. Caroline Zeller has been officially named President of the ODA. Dr. Taylor reported that he has had productive conversations with the OHA's new Dental Director, Dr. Farag, and that Dr. Farag attended the ODA's committee meeting on the previous evening. Dr. Taylor announced that the ODA House of Delegates has combined two components from the Eugene area to the Corvallis area into a new component called the Coastal Cascades Dentist Society.

Dr. Taylor reported that DOPAC and ADPAC have donated \$15,000 to Healthy Teeth Hillsboro for the fluoride measure on the November 5, 2024 ballot.

Dr. Taylor reported that he recently attended the American Dental Association (ADA) House of Delegates. Dr. Taylor recounted that eight members of the ODA attended and participated in discussions concerning the workforce and CODA. Dr. Taylor also reported that there was a focus on promoting wellness and encouraging DEI at the ADA. Dr. Taylor announced that he will be speaking on the topic of CODA at the December ADA meeting and that he and Mr. Hamilton have meetings set up with ODHA and ODAA in preparation for the event. Dr. Taylor pointed out that the ODA does not necessarily pursue legislation in response to guidance received from the ADA.

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

Lisa Rowley, Advocacy Director of ODHA, announced that the 2024 Oregon Dental Hygiene Conference will be held Friday and Saturday, November 1-2, at the Salem Convention Center. This year's topics include Infection Control, Peri-Implant Disease, Dental Caries Management, Myofunctional Therapy, Dental Assisting Scope of Practice, Expanded Practice Dental Hygiene, Restorative Dental Hygiene, Dental Therapy, TMD & Sleep Apnea and the CSG D/DH Compact.

Ms. Rowley reported that the ODHA has also been very involved in the Healthy Teeth Hillsboro initiative. Ms. Rowley stated that ODHA has been sending emails to all their members who live in Hillsboro. She also acknowledged three senior year hygiene students at Pacific University who have been working on the initiative for their capstone project by creating graphics on the ODHA website and handing out leaflets in Hillsboro on Saturdays.

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

Mary Harrison, representative of ODAA, reported that ODAA has been busy meeting with team member associations. Ms. Harrison reported that this past week ODAA joined the Oregon Association of Dental Labs for their conference and that ODAA were welcomed to participate and provide speakers, where both assistants and lab members could attend the excellent education available on both Friday and Saturday. Ms. Harrison expressed hope that this could become a yearly event.

Ms. Harrison reported that the ODAA continues to communicate and meet with the ODA on most related topics. Ms. Harrison stated that transparency on issues is important to be able to work on related issues that effectively relate to members from all of Oregon's associations and dentistry as a whole. The ODAA continues to work on retention and recruitment issues, education, supporting all of Oregon's dental assistants, and helping anyone interested in becoming an assistant through all of the pathways available. Ms. Harrison announced that ODAA's speakers for the Oregon Dental Conference have been approved and expressed that the ODAA looks forward to great participation.

Ms. Harrison announced that the ODAA will join the ODHA for their annual meeting and will provide speakers and an information booth for the event.

ODAA encouraged the Board to pass Rule 818-042-0096 as presented, pointing out that the rule has been presented and passed by the Licensing and Standards and Rules committees. Ms. Harrison further noted that there have been months and months for input and that it was time to move forward with passing this rule to allow dental assistants, with proper training and exams, to perform local anesthesia procedures.

### **COMMITTEE AND LIAISON REPORTS**

Dr. Sharifi reported that the OBD's committee and liaison assignments for May 2024 - April 2025 were available on the OBD website and noted that the assignments were attached for informational purposes.

Dr. Sharifi announced that the next DAWSAC meeting is scheduled for November 13, 2024 at 6:00 p.m. via Zoom.

### **EXECUTIVE DIRECTOR'S REPORT**

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

The OBD welcomed Dawn Dreasher as the new Office Specialist on August 19, 2024. Dawn graduated from the University of Colorado with a BA in Philosophy. At law firms in Chicago and Denver, she served as a legal assistant in the areas of real estate and civil litigation. She also brings to the OBD her experience as an executive assistant in the reinsurance industry. She spent many years as a youth mentor in the BSA scouting program and continues to enjoy exploring the beautiful Pacific Northwest wilderness with her husband and two adult children.

Mr. Prisby announced that the Board will have openings in spring 2025. Mr. Prisby explained that Mr. Chip Dunn will have served two terms (8 years) and is due to complete his second term of service on March 31, 2025, having joined the Board on May 3, 2017. Mr. Prisby reported that the Board has begun soliciting interest for this Public Board Member Position.

Mr. Prisby further explained that Dr. Aarati Kalluri's term of service will end on March 31, 2025, and Dr. Sheena Kansal's term of service will end April 18, 2025. Mr. Prisby noted that both are eligible for another term of service and that both have indicated a willingness to serve another term. Mr. Prisby reported that he had conveyed that information to the Governor's Office.

Mr. Prisby pointed out that the attached document provides an overview of board service. Mr. Prisby offered to answer any questions about board service and the steps in the process of joining

the OBD as a board member. Mr. Prisby noted that the attachment also includes descriptions of the two mandatory trainings all board members must complete annually. **Attachment #1**

### **Public Meetings Law Training for Board and Commission Members**

(Wednesday, December 4<sup>th</sup> from 9:30 am to 12:00 pm) Mr. Prisby announced the online training session, which is designed for individual governing body members that are subject to Oregon Public Meetings Law and the public officials who help support the meeting and governing body members. This session satisfies the Public Meetings Law training requirement in ORS 192.700. Mr. Prisby clarified that the course content will cover the individual responsibilities of governing body members, how the statutes apply to convening a public meeting, a general overview of executive session provisions, and a look at the grievance process. Mr. Prisby noted that this session is two and a half hours. Mr. Prisby indicated that he will send the link to this meeting to all board members and that he plans to attend as well.

### **ORS 192.700 Annual training requirements.**

(1)(a) The Oregon Government Ethics Commission shall annually prepare training on the requirements of ORS 192.610 to 192.705 and best practices to enhance compliance with those requirements. The commission may delegate the preparation and presentation of trainings to another organization, except that the commission must approve the content of training prepared by another organization prior to presentation of the training.

(b) At the discretion of the commission, trainings prepared under this section may be presented in live sessions or be made available for viewing online. Training sessions may be presented to multiple governing bodies at any one time and may be presented in a prerecorded format.

(2)(a) Every member of a governing body of a public body with total expenditures for a fiscal year of \$1 million or more shall attend or view training prepared under this section at least once during the member's term of office and shall verify the member's attendance using the method prescribed by the commission.

(b) A member of a governing body who, under paragraph (a) of this subsection, is not required to attend training is nevertheless encouraged to attend training given under this section.

(3) The commission shall, at least once every five years, adjust the expenditure threshold for mandatory training described in subsection (2)(a) of this section to account for changes in inflation and shall by rule establish a new threshold, rounded to the nearest \$100,000, for mandatory training attendance under this section.

(4) This section does not apply to governing bodies of state government, as defined in ORS 174.111. [2023 c.417 §3]

### **OBD Budget Report**

Mr. Prisby presented the attached budget report for the 2023 – 2025 Biennium. Mr. Prisby explained that this report, which is from July 1, 2023 through August 31, 2024 shows revenue of \$2,394,793.41, and expenditures of \$2,131,759.89.

### **Customer Service Survey**

Mr. Prisby presented the attached legislatively mandated survey results from July 1, 2024 – September 30, 2024, which is the start of FY 2025. Mr. Prisby reported that the results of the survey show that the OBD received positive ratings from the majority of those that chose to submit a survey.

### **Staff Speaking Engagements**

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Mr. Prisby reported that he joined other health regulatory licensing board executive directors to give a brief overview of OBD licensing and other activities to the OHA's Health Care Workforce Committee Zoom Meeting on September 11, 2024.

Mr. Prisby reported that he was invited and presented to the House Interim Committee On Behavioral Health and Health Care during Legislative Days in Salem on September 23, 2024 with other health board executive directors. Mr. Prisby clarified that the executive directors were asked specific questions about licensing activities and also to share feedback on license compacts that are operating nationwide for many different types of healthcare practitioners.

Dr. Angela Smorra gave a "Record Keeping, Board Protocols, and OBD Update" presentation to the Marion Dental Research Group Study Club in Salem on October 16, 2024.

Mr. Prisby reported that he was contacted by KFF Health News/CBS regarding the Board's dental implant rules, dental implant CE, and patient protection for a news story they are planning later this year. Mr. Prisby stated that he was interviewed via Zoom on September 18, 2024. There should be a print article out later in the year on their investigation and reporting, and possibly a national news segment as well.

Mr. Prisby reported that he had separate meetings and conversations with Representative Nosse and Representative Ed Diehl about compacts. Mr. Prisby recounted that the representatives followed up with him regarding the six-page memo he had submitted presenting OBD concerns about the compacts. Mr. Prisby shared that there were good questions and dialogue about the issue. Mr. Prisby stated that the Board is neutral on the issue of compacts, but that he has been providing a lot of information to people.

Ms. Simmons reported that she is working with three dental hygiene students who are creating a letter to the Board request that dental hygienists be allowed to provide vaccinations. Mr. Prisby recounted a Zoom call with the students in which he clarified the process of presenting issues before the board. Mr. Prisby expressed appreciation for their leadership.

Mr. Prisby reported that he had a meeting with Dr. Ahmed Farag, the new OHA Dental Director, sharing that he appreciated Dr. Farag's outreach and enjoyed their discussion. Mr. Prisby stated that he invited Dr. Farag to a future Board meeting when his schedule will allow it.

### **Dental Hygiene & Dental Therapy License Renewal**

Mr. Prisby reported the following results from the renewal period that started on August 1<sup>st</sup> and ended September 30<sup>th</sup>.

- Preliminary Dental Therapy license renewal shows 8 renewed (2 let their DT license expire)
- Preliminary Dental Hygiene license renewal shows 1918 Renewed for 2024.

Past Years:

- In 2023 1908
- In 2022 1884
- In 2021 1888
- In 2020 1948
- In 2019 1946
- In 2018 1954

### **FY 2024 Annual Performance Progress Report**

Mr. Prisby presented the attached OBD FY 2024 Annual Performance Progress Report, which was submitted to DAS and the Legislative Fiscal Office before the due date. Mr. Prisby indicated that most state agencies are required to complete this report annually.

### **OBD Customer Service Policy**

Mr. Prisby reported that DAS directed all agencies to develop an internal customer service policy which aligns with the Governor's expectations of all agencies to focus on our customers. Mr. Prisby stated that OBD Staff have reviewed the directive, and a draft policy will be available to the Board at the December board meeting and sent to DAS by the end of the year.

### **Dental Testing and Regulatory Summit**

Mr. Prisby reported that the American Association of Dental Administrators (AADA) and the American Association of Dental Boards (AADB), ADEX, CDCA-WREB-CITA, and educators hosted a multi-day meeting fest, which was held in Louisville, Kentucky, September 24 - 29, 2024. Mr. Prisby noted that this was the first time all these organizations held all their meetings in concert, so that attendees could attend in the most economical way. Mr. Prisby pointed out that meeting programs and agendas from those organizations were attached. Mr. Prisby shared that it was well attended with participants from all over the US and that five past OBD Board Members also attended the summit. Mr. Prisby indicated that there will be more information on the event at the December Board meeting. Mr. Prisby stated that he received a follow-up report from CDCA, but that it arrived too late to be included in this Board packet. Mr. Prisby recounted that there were excellent speakers at the event discussing wellness, licensing compacts, and regulatory issues. Mr. Prisby mention that there were five former Board members in attendance as well.

### **2025 Board Meeting Dates**

Mr. Prisby reported that the Board approved the updated meeting dates at the August Board Meeting. Mr. Prisby announced there will be five one-hour virtual meetings at 3:00 p.m. on the designated Fridays along with the six regular board meetings in 2025. Mr. Prisby explained that those extra meetings are intended to deal with overviews of budget issues that will be important to bring to the Board and must be discussed in public. Mr. Prisby indicated that any virtual meeting may be cancelled if there is no need to conduct it.

### **Governor's Expectations of Agency Leaders**

Mr. Prisby reported that in January 2023, Governor Kotek sent a letter to state agencies outlining 11 specific expectations for operations in Oregon state government. Mr. Prisby explained that the purpose of this report is to update Governor Kotek on progress made in meeting expectations in the second quarter of 2024. Mr. Prisby pointed out that references to the OBD have been highlighted in the report on pages #17, 20, 22 & 24 and acknowledged that the OBD has been achieving the outcomes it has been directed to pursue.

### **UNFINISHED BUSINESS AND RULES**

Dr. Sharifi offered a brief overview of the recent public rulemaking hearing and process. Dr. Sharifi recalled that at the August 23, 2024 Board Meeting, 19 rules were voted to go forward to a public rulemaking hearing. Dr. Sharifi noted that only one rule required guidance suggesting the issue of dental assistants who are being credentialed for local anesthesia be forwarded to the Anesthesia Committee. Dr. Sharifi recommended the issue not be forwarded to the Anesthesia Committee because most Board members give excellent local anesthesia and are equipped to

regulate it. The Anesthesia Committee, Dr. Sharifi pointed out, is required to regulate sedation practices, not local anesthesia.

Ms. Jorgensen spoke as a public member of the Board giving an overview of the issue. Ms. Jorgensen referred to the 2019 OBD survey of dentists soliciting information about dental assistants employed in their offices and asking what duties dentists would like added to the expanded functions list and pointing out that dental assistants performing local anesthesia procedures was first on the list. Ms. Jorgensen elaborated on the evolution of the issue and the credentialing requirements for dental assistants. The Board briefly discussed whether rule changes allowing dental assistants to provide local anesthesia should be forwarded to the Anesthesia Committee.

Mr. Prisby stated that, as the Rules Coordinator for the agency, he submitted those rule changes to the Secretary of State (SOS), and they were approved and placed in the SOS September Bulletin. Mr. Prisby noted that this is one requirement of state agencies in the rulemaking process. Mr. Prisby highlighted that the Public Comment period on the rule changes was open from Sept 1, 2024 through Oct 11, 2024. Mr. Prisby reported that the Public Rulemaking Hearing was conducted on Sept 24, 2024 via Zoom and that he was the Hearings Officer. A memo with attached public comments was in the board meeting packet for board members to review.

Dr. Clark moved and Ms. Ludwig seconded that the Board approve proposed OAR changes, presented in Tab 5, with the effective date of January 1, 2025. The motion passed with RS, SK, TC, OS, KS, SL, GJ, and CD voting Aye.

## **818-001-0002**

### **Definitions**

As used in OAR chapter 818:

- (1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.
- (2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.
- (3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.
- (4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.210 to practice dental hygiene.
- (5) "Dental Therapist" means a person licensed to practice dental therapy under ORS 679.603.
- (6) "Dental Therapy" means the provision of preventative dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under ORS 679.621.
- (7) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
- (8) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
- (9) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
- (10) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available

alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.

(11) "Licensee" means a dentist, hygienist or dental therapist.

(12) "Volunteer Licensee" is a dentist, hygienist or dental therapist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.

(13) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.

(14) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.

(a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.

(b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.

(c) "Endodontics" is the specialty of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.

(d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.

(e) "Oral and Maxillofacial Radiology" is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.

(f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

(g) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.

(h) "Orofacial Pain" Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care.

(i) "Orthodontics and Dentofacial Orthopedics" is the specialty of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice



include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.

(j) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.

(k) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.

(l) "Prosthodontics" is the specialty of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.

(15) "Full-time" as used in ORS 679.025 and 680.020 is defined by the Board as any student who is enrolled in an institution accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency in a course of study for dentistry, dental hygiene or dental therapy.

(16) For purposes of ORS 679.020(4)(h) the term "dentist of record" means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in 679.020(3).

(17) "Dental Study Group" as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021- 0070 is defined as a group of licensees who come together for clinical and non-clinical educational study for the purpose of maintaining or increasing their competence. This is not meant to be a replacement for residency requirements.

(18) "Physical Harm" as used in OAR 818-001-0083(2) is defined as any physical injury that caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical harm include mental pain, anguish, or suffering, or fear of injury.

(19) "Teledentistry" is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.

(20) "BLS for Healthcare Providers or its Equivalent" the BLS 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 radiographic and other imaging are of diagnostic quality.**
- (56)** Render services which the licensee is not licensed to provide.
- (67)** Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.
- (78)** Fail to maintain patient records in accordance with OAR 818-012-0070.
- (89)** 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.
- (910)** Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.
- (1011)** 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.
- (1112)** Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.
- (1213)** Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (1314)** 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.
- (1415)** 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
  - (db) Submission of a copy of the military orders assigning the active-duty member to an assignment in Oregon; and
  - (ec) The spouse holds a current license in another state to practice dentistry, dental hygiene, or dental therapy at the level of application; and
  - (fd) 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.

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- (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, laryngeal 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 CO<sub>2</sub> 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 CO<sub>2</sub> 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.

## **818-035-0072**

### **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.

### **818-042-0010**

#### **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.

### **818-042-0080**

#### **Certification—Expanded Function Dental Assistant (EFDA)**

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

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) If the assistant submits a completed application, pays the fee and provides evidence of:
  - (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
  - (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function Dental Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by [an Oregon](#) licensed dentist that the applicant has successfully, **polished six (6) amalgam or composite surfaces**, removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative

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material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated four (4) temporary crowns and/or fixed partial dentures (bridges) and temporarily cemented the crowns and/or fixed partial dentures (bridges); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed matrix bands on four (4) teeth prepared for Class II restorations. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function duties until EFDA certification is achieved.

#### **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 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 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.

#### **818-042-0110**

##### **Certification—Expanded Function Orthodontic Dental Assistant (EFODA)**

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

(1) By credential in accordance with OAR 818-042-0120, or

(2) Completion of an application, payment of fee and satisfactory evidence of:

(a) Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; or

(b) Passage of the Oregon Basic, Infection Control, Certified Dental Assistant (CDA) or Certified Orthodontic Assistant (COA) examination, and Expanded Function Orthodontic Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully placed and ligated orthodontic

wires on ten (10) patients and removed bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow speed handpiece from teeth on four (4) patients. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function orthodontic duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function orthodontic duties until EFODA certification is achieved.

#### **818-042-0113 Certification — Expanded Function Preventive Dental Assistants (EFPDA)**

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

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

#### **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.

#### **818-042-0130**

##### **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) **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.

**818-042-0096**

#### **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.**

Director Prisby discussed the Board request from ODHA and OIT Dental Hygiene educators to receive an update on OBD joining CRDTS-SRTA as a member state. The OBD and legal counsel requested additional information, and once that is received then will have more info to make a recommendation. Mr. Prisby mentioned that perhaps the information will be received and reviewed in time to make the December Board meeting agenda. The Board briefly discussed compact issues.

Dr. Sharifi noted that the OBD Bylaws, which were revised at the August 23, 2024 Board meeting, were in the meeting the packet and have been made available to the public on the OBD website.

#### **CORRESPONDENCE**

- August 29, 2024 Email from Director Prisby to Oregon Dental Hygiene Program Leaders. Mr. Prisby relayed an update from Amy Copeland from Pacific University regarding the development of a dental therapy program. Mr. Prisby also noted that Ms. Copeland shared that she was hearing positive remarks from graduates about the licensing process going very quickly. Mr. Prisby acknowledged Kathleen McNeal, OBD Licensing Manager, for her excellent work.
- September 9, 2024 Closing Report to OBD per ORS 680.210(2).
- October 10, 2024 Email from Stephanie Key, RDH requesting clarification regarding whether RDHs may adjust appliances outside the mouth and, if so, under what level of

supervision. The Board discussed the issue and asked Dr. Smorra to develop FAQs guidance for rule changes.

Dr. Sharifi moved and Dr. Kansal seconded that the Board forward the request for clarification of DPA guidance for RDHs to the Licensing, Standards and Competency Committee. The motion passed with RS, SK, TC, OS, KS, SL, GJ, and CD voting Aye.

- October 9, 2024 Email from Dianne Applegate, D.D.S. requesting an exemption for the radiographic proficiency certification requirement for Amanda Ghattas. The Board discussed the issue and concluded that adherence to the rule as currently written should stand, but that clarification is needed regarding how an applicant is to proceed toward certification after missing the six-month deadline to submit credentials to the Dental Assisting National Board (DANB). The Board suggested that, in the meantime, Ms. Ghattas reach out to DANB for guidance on how to reach certification.

Ms. Ludwig moved and Mr. Dunn seconded that the Board deny the request for an exemption for the radiographic proficiency certification requirement for Amanda Ghattas due to the way the rule is currently written and that the Board will request clarification moving forward from the Rules Oversight Committee and the Licensing, Standards and Competency Committee. The motion passed with RS, SK, TC, OS, KS, SL, GJ, and CD voting Aye.

#### **OTHER**

**Items were in the Board meeting packet for informational purposes.**

- August 28, 2024 CSG D/DH Inaugural Commission Meeting packet.
- August 28, 2024 Commission Meeting Minutes.
- CSG Lawsuit – Virginia Board of Dentistry. The Board briefly discussed the issue.
- Dr. Terrence Clark – Observations from CODA - OHSU School of Dentistry Site Visit.

#### **ARTICLES AND NEWS**

- American Association of Dental Boards (AADB) Townhall Announcement.

**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.**

Dr. Aldrich joined the meeting at 10:15 a.m.

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

**Note the Board Members' votes are identified by their initials.**

#### **CONSENT AGENDA**

**2025-0041, 2025-0024, 2023-0121, 2025-0047, 2025-0042, 2025-0033, 2025-0040, 2025-0025, 2025-0031, 2025-0052, 2025-0023**

Dr. Kansal moved and Mr. Dunn seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed with RS, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

#### **COMPLETED CASES**

**2025-0019, 2024-0132, 2024-0071, 2025-0036, 2024-0056, 2024-0117, 2025-0013, 2025-0026, 2025-0004, 2024-0164, 2024-0094, 2025-0029, 2025-0014, 2025-0003, 2025-0006, 2024-0130, 2025-0008, 2024-0134, 2025-0030**

Dr. Kansal moved and Mr. Dunn seconded that the Board close the matters with a finding of No Further Action or No Violation. The motion passed with RS, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

#### **SCOTT B. BODYFELT, D.M.D.; 2024-0153**

Mr. Dunn moved and Ms. Ludwig seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and an \$8,500 civil penalty to be paid within 120 days of the effective date of the order. The motion passed with RS, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

#### **MATTHEW PERRY BYRNE, D.D.S.; 2024-0104**

Dr. Clark moved and Mr. Dunn seconded that the Board combine the matter with case 2024-0105, 2024-0106, 2024-0137 and 2024-0162 and issue a Notice of Proposed Disciplinary Action incorporating a reprimand, that Licensee unconditionally pass CPEP-PROBE: Ethics and Boundaries course within 90 days of the effective date of the Order and that Licensee be restricted to a group practice consisting of two or more Licensees of the Board for a five-year period from the effective date of the Order. The motion passed with RS, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

#### **2024-0055**

Ms. Ludwig moved and Dr. Kansal seconded that the Board close the matter with a Letter of Concern reminding the Licensee to assure that he always documents a description of treatment or services rendered. The motion passed with RS, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

#### **2025-0035**

Ms. Jorgensen moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern reminding Licensee to ensure that a Healthcare Provider BLS is maintained while licensed. The motion passed with RS, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

#### **JOHN L. MCDONALD, D.M.D.; 2024-0172**

Dr. Aldrich 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, four hours of Board approved continuing education in the area of infection control within 90 days, quarterly submission of spores testing results for a period of one year from the effective date of the order, and a \$9,500 civil penalty to be paid within 120 days of the effective date of the order. The motion passed with RS, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

**DALE LOUIS MCNUTT, D.M.D.; 2025-0011**

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 \$2,000.00 civil penalty to be paid within 30 days of the effective date of the Order, adhere to, participate in and complete all aspects of any and all alcohol or substance abuse treatment, enroll in a Board approved alcohol monitoring service for a minimum of 36 month from the effective date of the Order, notify the Board of any substance usage or positive test results within 48 hours of the usage or test results, agrees that upon a positive test result or substance usage, that Licensee will refrain from practice until the Licensee has completed a Board approved evaluation which has been reviewed by the Board and that Licensee should not use controlled substance, mood altering drugs or alcohol at any place or time unless prescribed by a licensed provider or for a bona fide medical condition unless a true medical emergency exists. The motion passed with RS, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

**2025-0034**

Dr. Salathe moved and Ms. Ludwig seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that a valid BLS for Healthcare Providers is maintained while licensed. The motion passed with RS, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

**2024-0178**

Mr. Dunn moved and Dr. Kansal seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure (1) she notifies the Board in writing of her intent to use a qualified anesthesia provider, and (2) her patient records contain a legible copy of all anesthesia records. The motion passed with RS, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

**PREVIOUS CASES REQUIRING BOARD ACTION**

**GABRIELA ARANDA, D.D.S.; 2024-0158**

Dr. Clark moved and Mr. Dunn seconded that the Board affirm the Board's August 23, 2024 decision. The motion passed with RS, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

**THOMAS L. HAYMORE, D.M.D.; 2021-0109**

Ms. Ludwig moved and Mr. Dunn seconded that in reference to case 2021-0109 and case 2021-0176 the Board accept Licensee's proposal and extend the \$7,500.00 civil penalty payment to January 1, 2025, and the \$75,000.00 hearing cost payment until June 1, 2025. The motion passed with RS, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

**KHUYEN T. NGUYEN, D.M.D.; 2024-0023**

Ms. Jorgensen moved and Dr. Aldrich seconded that the Board issue a settlement offer with a reprimand and a \$1,000 civil penalty, payable within 60 days of the effective date of the Order for a violation of the Board's continuing education rule with language acknowledging the practice is now compliant with OAR 818-035-0020. The motion passed with RS, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

**THALIA-RAE PERRYMAN (CRIDDLE), D.M.D.; 2023-0191**

Dr. Aldrich moved and Mr. Dunn seconded that the Board deny the Licensee's request and affirm the Board's August 23, 2024, decision. The motion passed with RS, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

**RATIFICATION OF LICENSES**

Dr. Sharifi moved and Dr. Clark seconded that the Board ratify the licenses presented in tab 16. The motion passed with RS, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

**LICENSE PERMIT & CERTIFICATION**

Ms. Simmons moved and Mr. Dunn seconded that the Board reinstate the expired license for Peter Ma, D.M.D. The motion passed with RS, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

Dr. Salathe moved and Mr. Dunn seconded that the Board reinstate the expired license for Alisa Stephenson, R.D.H. The motion passed with RS, SK, TC, MA, OS, KS, SL, GJ, and CD voting Aye.

**ADJOURNMENT**

The meeting was adjourned at 12:31 p.m. Dr. Sharifi announced that the next Board Meeting would take place via Zoom on December 13, 2024.

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Reza J. Sharifi, D.M.D., President