

PUBLIC PACKET

**OREGON BOARD
OF
DENTISTRY**

**BOARD MEETING
JUNE 14, 2024**





Oregon

Tina Kotek, Governor

Board of Dentistry
1500 SW 1st Ave, Ste 770
Portland, OR 97201-5837
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NOTICE OF REGULAR MEETING

PLACE: BOARD OFFICE & VIRTUAL VIA ZOOM
DATE: June 14, 2024
TIME: 8:00 a.m. – 1:30 p.m.

Call to Order – Reza J. Sharifi, D.M.D., President

8:00 a.m.

OPEN SESSION (Zoom option available)

<https://us02web.zoom.us/j/85352739727?pwd=vM13fXABLpRkZEABuBHM40OGSVIOgN.1>

Dial-In Phone #: 1-253-215-8782 • Meeting ID: 853 5273 9727 • Passcode: 472666

Review Agenda

1. Approval of April 26, 2024 Board Meeting Minutes

NEW BUSINESS

2. Association Reports
 - Oregon Dental Association
 - Oregon Dental Hygienists' Association
 - Oregon Dental Assistants Association
3. Committee and Liaison Reports
 - OBD Committee Assignments 2024 - 2025
 - May 15, 2024 DAWSAC: Chair Dr. Terrence Clark
 - Draft Minutes – NO ACTION
 - May 29, 2024 Licensing, Standards and Competency Committee: Chair Dr. Sheena Kansal
 - Draft Minutes – BOARD ACTION REQUESTED
 - Dental Assistants Providing Local Anesthesia Proposal – BOARD ACTION REQUESTED
 - Draft Language Regarding Mental Health Questions on Initial and Renewal Applications
 - Next DAWSAC Meeting is July 17 from 6 pm – 7:30 pm via Zoom. Chair Ginny Jorgensen
 - Next Rules Oversight Committee Meeting is Tuesday, August 6, 2024 from 6 pm – 7:30 pm via Zoom. Chair Dr. Reza Sharifi
4. Executive Director's Report
 - Staff Updates
 - OBD Budget Status Report
 - OBD – Accts Rec Honor Roll FY 22 & FY 23
 - DAS Pay Adjustments
 - OBD 2025 -2027 Policy Option Packages & HPSP
 - Customer Service Survey
 - Memo – Delegated Duties
 - OBD Bylaws
 - OBD 2022-2025 Strategic Plan & update on work
 - Staff Speaking Engagements
 - OGEC Rules Advisory Committee
 - Health Regulatory Licensing Boards
 - Dental Testing & Regulatory Summit
 - Newsletter

Notes:

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

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

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

5. Unfinished Business and Rules
 - SB 1552 (2024) - page 34 of the bill is flagged for Board discussion
6. Correspondence
 - CRDTS Membership Request
 - Kristen Moses, RDH, DT – Request & Resume
 - Proposed Local Anesthesia Course Curriculum for Dental Assistants
 - Proposed Changes to OBD/Oregon Wellness Program Contract
 - Robert McNeill, D.D.S. Letter Regarding Mental Health Questions
 - Karen Phillips, OHA – Oral Health Screening Language Update Email Request
 - Attachment: Oral Health Screening House Bill 2003_EHB3157
 - Attachment: Oral Health Screening Language Example Screening Results
 - Attachment: Oral Health Screening Language Proposed 4.12.2024.Phillips
 - Oral Health Screening Language DRAFT 4.25.24 for Board Review & Comment
7. Other
 - Healthcare Regulatory Research Institute - Consumer Perception Survey/Report
 - OHA Notice of Rulemaking re. Certification Requirements for Local School Dental Sealant Programs
 - Mandatory Workday Learning Memo
 - Tribes – Open Comment Period
 - Open Public Comment Period - Public comment is limited to matters on the public meeting agenda or otherwise relevant to matters that may come before the OBD. Comments will not be allowed that are longer than the time allotted by the President or are disruptive to the agency's conduct of its business.
8. Articles & Newsletters (No Action Necessary)
 - CSG License Compact – What's Next
 - OBD May Newsletter

EXECUTIVE SESSION

9:15 a.m.

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

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

OPEN SESSION (Zoom option available)

1:00 p.m.

<https://us02web.zoom.us/j/85352739727?pwd=vM13fXABLpRkZEABuBHM40OGSVIOgN.1>

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Enforcement Actions (vote on cases reviewed in Executive Session)

LICENSURE AND EXAMINATION

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

ADJOURN

1:30 p.m.

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

APPROVAL OF MINUTES

DRAFT
OREGON BOARD OF DENTISTRY
MINUTES
APRIL 26, 2024

MEMBERS PRESENT: Chip Dunn, President
Reza Sharifi, D.M.D.
Sheena Kansal, D.D.S.
Terrence Clark, D.M.D.
Sharity Ludwig, R.D.H., E.P.P.
Michelle Aldrich, D.M.D.
Olesya Salathe, D.M.D.
Kristen Simmons, R.D.H., E.P.P.
Ginny Jorgensen

STAFF PRESENT: Stephen Prisby, Executive Director
Angela Smorra, D.M.D., Dental Director/ Chief Investigator
Winthrop "Bernie" Carter, D.D.S., Dental Investigator
Haley Robinson, Office Manager
Kathleen McNeal, Licensing Manager
Shane Rubio, Investigator
Dawn Dreasher, Office Specialist

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General
VISITORS ALSO PRESENT:
VIA TELECONFERENCE*: Julie Spaniel, D.D.S.; Brett Hamilton, ODA; Barry Taylor, ODA;
Mary Harrison, Oregon Dental Assistants Association; Lisa Rowley,
Oregon Dental Hygienists' Association, Alicia Riedman, Katherine
Landsberg, DANB, David Palmer, Emily Coates, Daniel Martinez,
Kelli Ngariki, Kari Hiatt

*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 Chip Dunn welcomed everyone to the meeting and had the Board Members, Lori Lindley, and Stephen Prisby introduce themselves.

NEW BUSINESS

Approval of February 23, 2024 Minutes

Dr. Sharifi moved and Dr. Clark seconded that the Board approve the minutes from the February 23, 2024 Board Meeting as amended. The motion passed unanimously.

ASSOCIATION REPORTS

Oregon Dental Association (ODA)

Brett Hamilton, director of Government Affairs reported that the ODA held the Oregon Dental

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Board Meeting Minutes
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Conference earlier in April, which had over 3,000 attendees. Mr. Hamilton thanked Mr. Prisby and Ms. Robinson for their informative presentation at the conference. Mr. Hamilton attended the ODAA luncheon at the conference and thanked the ODAA for the invitation.

Mr. Hamilton announced that the ODA Regional Event would be held on November 1 & 2, 2024 at Brasada Ranch, and they would be selecting speakers soon.

Mr. Hamilton reported that he attended the American Dental Association's Lobby Day earlier in April, where he met with Oregon's delegation and discussed loan repayment, insurance reform, and workforce issues. Mr. Hamilton reported that it was a good meeting, and the delegation was very supportive.

Mr. Hamilton reported that Governor Janet Mills of Maine signed LD2137, making Maine the 7th state to join the Dentist and Dental Hygienist (DDH) Compact. That legislation officially activates the Council of State Governments (CSG) Compact, allowing the first states to appoint their commissioners and begin the process of allowing greater license portability throughout the Country. The states involved at the time of the report were: Washington, Iowa, Tennessee, Wisconsin, Kansas, Virginia, and Maine. Mr. Hamilton stated that the ODA supported the DDH Compact.

Oregon Dental Hygienists' Association (ODHA)

Ms. Rowley reported that she has returned to the position of ODHA Advocacy Director as Karen Hall had stepped down.

The ODHA congratulated Kristen Simmons, RDH, PhD on being appointed to serve on the Board. The ODHA also congratulated the other new members of the Board.

Ms. Rowley reported that the ODHA had adopted a policy statement to support the DDH Compact developed by the Council of State Governments; ODHA's letter of support could be accessed on the DDH Compact website.

Oregon Dental Assistants Association (ODAA)

The ODAA welcomed the new Board members.

The ODAA appreciated participating in the Oregon Dental Conference. Ms. Harrison announced that ODAA would be meeting with the Lab Association and the Dental Hygiene Association later this year for educational and team-building purposes. The ODAA asked the Board and others to support education and membership for dental assistants.

Ms. Harrison reported on the success of expedited pathways to earn denture reline and sealant certifications.

The ODAA was looking forward to the next DAWSAC meeting to get more information about local anesthesia endorsements for dental assistants.

COMMITTEE AND LIAISON REPORTS

Mr. Prisby reported that he sent emails with information about committee membership opportunities to the ODA, ODHA, ODAA, as well as 20 individual licensed dental therapists in Oregon. Mr. Prisby reported that he sent a survey to Board members to facilitate assigning Board

members to the committees.

Mr. Prisby announced that there would be a DAWSAC (Zoom) Meeting on Wednesday, May 15, 2024 at 6:00 pm.

Dr. Kansal reported on her participation as a first-time dental examiner in January for CDCA-WREB-CITA.

Mr. Prisby reported that the Board scheduled the next Licensing, Standards, and Competency Committee (Zoom) Meeting for Wednesday, May 29, 2024 at 6:00 pm.

EXECUTIVE DIRECTOR'S REPORT

Board Member & Staff Updates

Mr. Prisby announced that the Governor's three recommendations to the Board were approved by the Senate on February 12, 2024. These three individuals replaced Jose Javier, DDS, Alicia Riedman, RDH, and Jennifer Brixey who were recognized for their board service at the February Board Meeting.

Kristen Simmons, RDH, term of service is April 1, 2024 to March 31, 2028.

Olesya Salathe, DMD, term of service is April 2, 2024 to April 1, 2028.

Ginny Jorgensen term of service is April 7, 2024 to April 6, 2028.

Mr. Prisby shared the following bios for the three new Board members:

Kristen Simmons, RDH, is an assistant professor at Pacific University School of Dental Hygiene Studies. In 2020, she completed her doctoral degree in Education and Leadership from Pacific University. Kristen is actively involved in various initiatives aimed at improving the quality of oral healthcare. She enjoys working with the constantly evolving oral healthcare system to emphasize the importance of quality measurement, which can lead to better oral health outcomes.

Olesya Z. Salathe, DMD, completed her undergraduate studies at George Fox University before pursuing her graduate degree at OHSU. Since 2010, Dr. Salathe has been serving her community through private practice, with offices located in Molalla and West Linn. Beyond her practice, Dr. Salathe is actively engaged in leadership roles at the county, state, and national levels within Clackamas, Oregon, and the American Dental Association (ADA). Her commitment to advancing dentistry extends beyond the clinic as she strives to shape the future of oral healthcare through advocacy and innovation. Outside of her professional endeavors, Dr. Salathe finds joy in her role as a mother to two teenagers. She and her husband reside on a 20-acre ranch, where they cherish the beauty of rural life.

Virginia (Ginny) Jorgensen is a native Oregonian who was born and raised in Northeast Portland. She raised two daughters in Gladstone and now resides in Wilsonville. Her siblings, daughters, and grandchildren all live in the Portland metro area. As a dental assistant in general and orthodontic practices, Ginny learned about patient advocacy and the importance of dental health. Her desire to help patients have a positive experience during dental treatment guided her toward becoming a Certified Dental Assistant, an Oregon Expanded Functions Dental Assistant, and a dental assisting educator. Ginny believes that all Oregon Citizens should receive safe, quality dental care from trained, responsible dental health care workers. She is actively involved in the

Oregon Dental Assistant Association, a professional organization that focuses on education, community involvement, and patient advocacy.

Mr. Prisby stated that the three new Board Members attended new board member orientation at the OBD on April 19th and ongoing support would continue on throughout their terms of service, of course.

Name	Date Initial Service	Term Ends	Eligible for another term
Charles “Chip” Dunn	May-17	March-25	NO
Reza Sharifi, DMD	May-19	May-27	NO
Aarati Kalluri, DDS	March-21	March-25	YES
Sheena Kansal, DDS	April-21	April-25	YES
Terrence Clark, DMD	June-22	April-26	YES
Michelle Aldrich, DMD	June-22	April-26	YES
Sharity Ludwig, RDH	June-22	April-26	YES
Kristen Simmons, RDH	April-24	April-28	YES
Olesya Salathe, DMD	April-24	April-28	YES
Ginny Jorgensen	April-24	April-28	YES

On March 1, 2024, Mr. Prisby appointed Kathleen McNeal as the OBD’s new Licensing Manager. The OBD was very happy she has stepped up to this important and mission-critical position. Kathleen joined the OBD in November 2021 as our Office Specialist. She regularly stepped forward to take on additional duties in supporting the Board. She is a graduate in Asian Studies from the University of Oregon. She is a positive resource and is excited to take on all the important and time sensitive work in processing license applications, permits, renewals, and helping assist our 8000 plus Licensees and consumers on a myriad of issues.

The OBD welcomed Dawn Dreasher as a temporary employee on March 1, 2024. The OBD had significant and time-sensitive administrative work to complete and was fortunate to be able to bring on someone with her skills, education, and background to assist.

Mr. Prisby related that it was an exceptionally busy time of the year for OBD Staff with a number of license application presentations along with two OHSU School of Dentistry presentations as well. The dental license renewal period recently closed, there were three new board members welcomed & onboarded, and the OBD was still not fully staffed. A recent investigator recruitment concluded, and Mr. Prisby had an update at this board meeting. The Governor and DAS have added additional duties and reporting requirements on all agencies including Executive Director 360-degree performance review, DEI initiatives, budget development, and robust turnover among other state agency staff that intersect with the OBD’s work.

OBD Budget Status Report

Mr. Prisby attached the budget report for the 2023 - 2025 Biennium. The report, which was from July 1, 2023 through February 29, 2024, showed revenue of \$1,329,517.76 and expenditures of \$1,198,510.67.

OBD 2025 – 2027 Revenue Projection

Mr. Prisby reported that the 2025 – 2027 budget was in its initial planning and development stages, and the revenue projection and supporting documentation were submitted to the Department of Administrative Services & Legislative Fiscal Office per budget development instructions. Attachment #2

Mr. Prisby pointed out that dental therapy, a new type of license, had produced small incremental increases in total licenses. Mr. Prisby noted that there were new dental schools and dental hygiene schools being built in Oregon at that time.

Mr. Prisby briefly addressed the unpredictability of the revenue impacts of CSG Compacts and stated that the OBD would be working closely with our dental associations on this issue.

OBD 2025 – 2027 Budget Development Overview

Mr. Prisby announced that this information was provided to the Board Members to assist in an understanding of the 2025 – 2027 budget development. There were three new Board Members and all Board Members needed to have a solid overview of operations and potential cost issues leading up to the development of the next budget.

Mr. Prisby reported on the revenue drivers in the OBD budget including that the licensee base remains essentially flat, and the July 1, 2023 fee increase brought a 10% gain in revenue.

Mr. Prisby reported that costs were increasing dramatically driven by increasing costs of staffing, Department of Administrative Services (DAS), Health Professional Services Program (HPSP), and the Oregon Wellness Program (OWP).

The Board discussed costs and program structure related to HPSP and OWP.

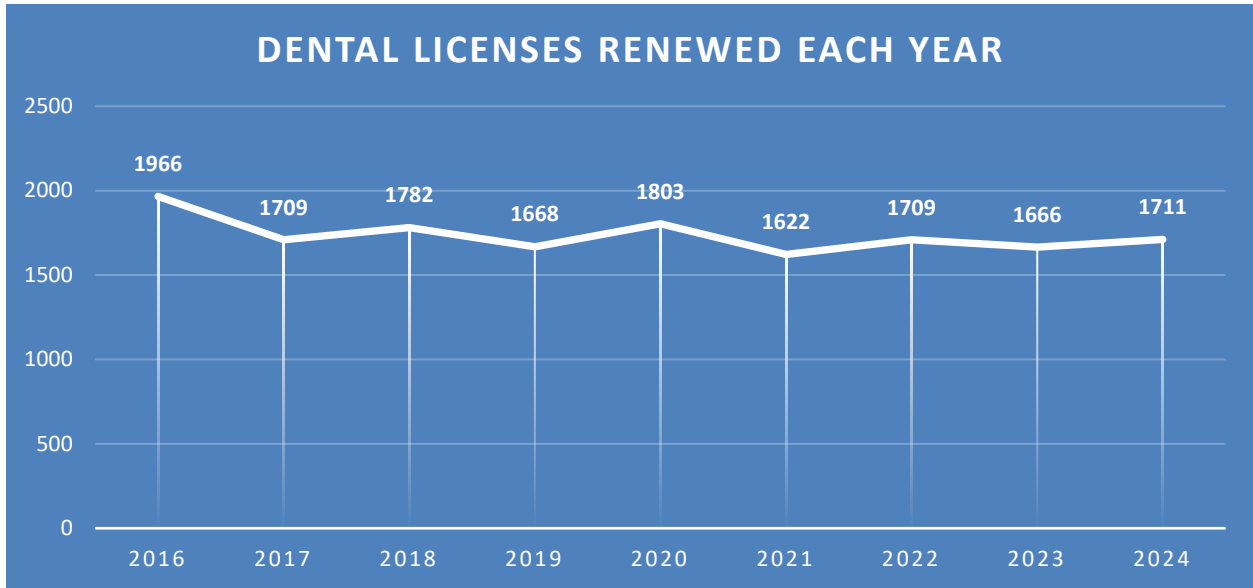
Customer Service Survey

Mr. Prisby reported on the most recent customer service survey results for the period, from July 1, 2023 through March 31, 2024. The results of the survey showed that the OBD continued to receive positive feedback from those that chose to submit a survey.

2024 Dental License Renewal

Mr. Prisby stated that the 2024 Dental License renewal period ended on March 31, 2024. A majority of the dentists that renewed their licenses had no issues and were generally pleasant when interacting with staff. 2024 Dental license renewal: 1711 renewed, 204 expired, 22 retired, and 3 deceased.

Previous years of dental license renewal data:



Board and Staff Speaking Engagements

Mr. Prisby reported that Kathleen McNeal, Licensing Manager, gave a license application virtual presentation to the dental hygiene students at OIT- Klamath Falls on Wednesday, March 6, 2024.

Mr. Prisby announced that the Oregon Dental Conference was held at the Oregon Convention Center in Portland on April 4 - 6, 2024. The OBD staffed a resource table outside the Exhibit Hall to answer questions and encourage safe oral health practice amongst the attendees. OBD staff gave two presentations at the conference. Mr. Prisby thanked all OBD staff who worked the table at various times.

Haley Robinson and Mr. Prisby gave a presentation on Thursday, April 4, 2024, covering an overview of the Board, operations, budget, rulemaking, enforcement, CE, and FAQs. A PDF was shared to provide an overview of the Board Updates presentation. It was modified for the audience, whether dental students, dental hygiene students, study club, or for time constraints. Attachment #5

Dr. Angela Smorra and Dr. Bernie Carter gave a presentation on Thursday, April 4, 2024, covering an overview of the Board's investigation process, common complaints, CE, and FAQs. The OBD thanked the Oregon Dental Association for inviting us to present again at their well-attended conference.

AADB & AADA Mid-Year Meetings

Mr. Prisby shared that the American Association of Dental Boards (AADB) 2023 Mid-Year Meeting was held April 11 & 12, 2024 in Rosemont, Illinois. Lori Lindley attended and led the Attorneys' Round Table. Mr. Prisby attended and had a report at this meeting. The American Association of

Dental Administrators (AADA) 2023 Mid-Year Meeting was held April 23, 2024 as a virtual meeting.

Ms. Lindley reported that there was much discussion at the AADB meeting about spa dentistry, including scope of practice issues related to Botox treatment.

Mr. Prisby reported that there was much discussion at the AADB meeting about compact issues relating to both the AADB Compact and CSG Compact. Mr. Prisby announced that he would be attending the AADB Annual meeting in September in Louisville, KY and extended an invitation for two Board members to join him at that event.

Mr. Prisby reported that Ms. Robinson attended the AADA virtual meeting in his stead and that states shared updates and discussed the CSG Compact.

Save the Date - Tribal Summit

Mr. Prisby attached the Save the Date notice for the annual Tribal-State Government-to-Government Summit to be held on July 23 & 24, 2024. It will be generously Co-Hosted by the Cow Creek Band of Umpqua Tribe of Indians. Mr. Prisby stated that he is the OBD's designated Native American Affairs Coordinator and plans to attend this summit and give a report at the August Board meeting.

2025 Proposed Board Meeting Dates

Mr. Prisby attached a draft of the proposed board meeting dates for 2025. These dates followed the Board's regular annual schedule of holding them every other month. The Board considered adopting these dates for next year's meetings so that all can plan accordingly.

Dr. Aldrich moved and Ms. Jorgensen seconded that the Board approve the proposed 2025 Board meeting dates. The motion passed unanimously.

Newsletter

Mr. Prisby announced that the next OBD Newsletter was scheduled to be available in May, and it would have important news and updates for our Licensees.

UNFINISHED BUSINESS AND RULES

Mr. Prisby reported that there were 11 rule changes effective May 1, 2024, and they would be posted on the OBD website on that date.

CORRESPONDENCE

- Dr. Spaniel thanked the Board for funding OWP and discussed a rule change request regarding HPSP (brought back from the February Board meeting for further discussion).
- HPSP year-end reports
- Question for the OBD from Dr. Gary Marks re: Screening Dental X-Rays
- 2012 FDA & ADA Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure was discussed.
- Updated Clarification on Radiographs

OTHER

Items were in the Board meeting packet for informational purposes.

- Oregon Wellness Program – MOA
- Oregon Wellness Program Annual Reports
- Oregon Government Ethics Commission Update & HB 4117 (2024) was discussed.
- Memo – Election of OBD Officers
- Tribes – Open Comment Period (none received)
- Open Public Comment – Public comment is limited to matters on the public meeting agenda or otherwise relevant to matters that may come before the OBD. Comments will not be allowed that are longer than the time allotted by the President or are disruptive to the agency's conduct of its business. (none received)

ARTICLES AND NEWS

- DANB Workgroup on Model Rules
- Mr. Prisby recognized President Dunn for his service over the last 12 months and presented President Dunn with a Certificate of Appreciation.
- Mr. Prisby recognized Ms. Lindley for her service over the last 21 years and presented Ms. Lindley with a Certificate of Appreciation.

Election of Officers

Dr. Clark moved and Ms. Ludwig seconded that the Board elect Reza J. Sharifi, D.M.D. as Board President. The motion passed unanimously.

Dr. Clark moved and Ms. Ludwig seconded that the Board elect Aarati Kalluri, D.D.S. as Board Vice-President. The motion passed unanimously.

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

OPEN SESSION: The Board returned to Open Session at 1:04 p.m.

CONSENT AGENDA

2024-0118, 2024-0111, 2024-0098, 2024-0112, 2024-0173, 2024-0097, 2024-0030, 2024-0122, 2024-0109

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

COMPLETED CASES

2024-0092, 2024-0090, 2024-0052, 2024-0015, 2023-0178, 2023-0153, 2023-0163, 2024-0110, 2024-0083, 2023-0192, 2024-0053, 2023-0108, 2024-0025, 2024-0108, 2023-0174, 2023-0112, 2023-0187, 2023-0161, 2023-0207, 2023-0133, 2023-0188, 2022-0048

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

2024-0062

Dr. Kansal moved and Dr. Clark seconded that the Board close the matter with a Letter of Concern reminding the licensee to assure that when he provides anxiolysis via a single oral agent he does not submit CDT codes to insurance companies that might imply he provided minimal or moderate sedation. The motion passed unanimously.

2024-0113

Dr. Clark moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern reminding the licensee to assure the proper endorsement is obtained prior to administering local anesthesia. The motion passed unanimously.

2023-0102

Ms. Ludwig moved and Dr. Clark seconded that the Board close the matter with a Letter of Concern reminding the Licensee to assure that the proper BLS for Healthcare Provider certification is maintained while licensed. The motion passed unanimously.

2024-0051

Ms. Jorgensen moved and Dr. Aldrich seconded that the Board close the matter with a Letter of Concern reminding the Licensee to assure he completes all required continuing education hours, including those related to Cultural Competency, Infection Control, and Pain Management, within the required license renewal period. The motion passed unanimously.

2023-0105

Dr. Aldrich moved and Dr. Kansal seconded that the Board close the matter with a Letter of Concern reminding the Licensee to assure that all CE is completed within the licensure period. The motion passed unanimously.

2024-0039

Dr. Salathe moved and Dr. Clark seconded that the Board close the matter with a Letter of Concern reminding the Licensee to assure that she documents the name of the vasoconstrictor used when performing local anesthesia, that she provides the patient with the written implant information required in the Dental Practice Act, and that she documents that she has done so in the patient dental record treatment notes. The motion passed unanimously.

2023-0167

Dr. Aldrich moved and Dr. Kansal seconded that the Board close the matter with a Letter of Concern reminding the Licensee to assure he and the dental hygienists under his supervision document periodic periodontal data collection measurements. The motion passed unanimously.

2023-0114

Dr. Salathe moved and Dr. Clark seconded that the Board close the matter with a Letter of Concern reminding the Licensee to assure that all CE is completed within the licensure period and certificates are retained for the required amount of time. The motion passed unanimously.

2023-0118

Ms. Simmons moved and Dr. Kansal seconded that the Board close the matter with a Letter of Concern reminding the Licensee to maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. The motion passed unanimously.

2023-0119

Ms. Ludwig moved and Dr. Aldrich seconded that the Board close the matter with a Letter of Concern reminding the Licensee to assure that all CE is completed within the renewal cycle timeframe. The motion passed unanimously.

BENNION, EDWIN W., DMD; 2023-0053

Dr. Salathe moved and Dr. Kansal seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order to incorporate a reprimand and a \$2,000.00 civil penalty to be paid within 30 days of the effective date of the Order. The motion passed unanimously.

BUCHAN, BRANDI A., RDH; 2023-0099

Ms. Simmons moved and Dr. Kansal seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand; a \$1000.00 civil penalty, payable within 180 days of the effective date of the Order; a requirement that the licensee successfully pass one Ethics and Boundaries Assessment Services (EBAS) course titled "Unprofessional Conduct" within 90 days after the effective date of the Order; and a requirement that the licensee submit evidence of completion of the balance of hours of CE for the licensure period October 1, 2018 to September 30, 2022 within 90 days of the effective date of the Order. The nine hours of continuing education balance, and the EBAS course will be in addition to the 40 hours of continuing education required for licensure period October 1, 2022 – September 30, 2024. The motion passed unanimously.

GILLHAM, LAMONT, DDS; 2024-0077

Dr. Kansal moved and Dr. Sharifi seconded that the Board deny application for licensure and issue a Notice of Proposed Denial of Application for License. The motion passed unanimously.

GRETHER, MARGIE, RDH; 2024-0034

Dr. Clark moved and Dr. Kansal seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a \$1,000.00 civil penalty to be paid within 60 days of the effective date of the order. The motion passed unanimously.

HOLMES, BRIAN G., DMD; 2024-0021

Ms. Simmons moved and Dr. Clark seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand; a \$6,000.00 civil penalty to be paid within 90 days of the effective date of the order; four hours of Board approved continuing education in the area of infection control within 30 days; and quarterly submissions of spore testing results for a period of one year from the effective date of the Order. The motion passed unanimously.

LEE, BRANDON S., DMD; 2022-0124

Ms. Ludwig moved and Dr. Sharifi seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand. The motion passed unanimously.

LICENSEE; 2024-0102

Ms. Jorgensen moved and Dr. Aldrich seconded that the Board enroll Licensee in HPSP and close the matter with no further action. The motion passed unanimously.

PERRYMAN, THALIA-RAE, DMD; 2023-0191

Dr. Kansal moved and Dr. Salathe seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand; a \$4000.00 civil penalty payable within 60 days of the effective date of the Order; a requirement that the licensee successfully take and pass the Professional Boundaries Institute (PBI) Education course "Medical Ethics and Professionalism ME-15" within 120 days after the effective date of the Order; and a requirement that she correct her NPI taxonomy code to reflect that she does not hold a credential in Oral and Maxillofacial Surgery under her Oregon license #D116463. The motion passed unanimously.

SALHI, FIRAS, DDS; 2023-0201

Dr. Clark moved and Dr. Aldrich seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand; restitution in the amount of \$18,159.00 made payable to patient SM within eight months of the effective date of the Order; and a \$1,000.00 civil penalty to be paid within 30 days of the effective date of the Order. The motion passed unanimously.

PREVIOUS CASES REQUIRING BOARD ACTION

Nothing to report under this tab.

Request for approval of dental faculty license – Omar Alburawi

Ms. Jorgensen moved and Dr. Kansal seconded that the Board approve the dental faculty license for Omar Alburawi. The motion passed unanimously.

Request for reinstatement of an expired license – Tariq Barghouti, D.D.S.

Dr. Aldrich moved and Dr. Kansal seconded that the Board approve the reinstatement of license for Tariq Barghouti, D.D.S. The motion passed unanimously.

Active Duty Military Federal Guidelines

Dr. Kansal moved and Dr. Clark seconded that OBD Staff mock up language to amend OAR 818-021-0018 and OAR 818-021-0019 to align these rules with the new Federal guidelines for Oregon to issue licenses to active duty members of the uniformed services and their spouse or domestic partner and that it be on the next Licensing, Standards, and Competency Committee's meeting agenda for further review and discussion. The motion passed unanimously.

RATIFICATION OF LICENSES

Dr. Salathe moved and Dr. Kansal seconded that the Board ratify the licenses presented in tab 16. The motion passed unanimously.

ADJOURNMENT

The meeting was adjourned at 1:21 p.m.

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

DRAFT

ASSOCIATION REPORTS

COMMITTEE REPORTS

Oregon Board of Dentistry Committee and Liaison Assignments
May 2024 - April 2025
STANDING COMMITTEES

Dental Assistant Workforce Shortage Advisory Committee (DAWSAC)

Purpose: To review, discuss and make recommendations to the Board on addressing workforce shortages in accordance with HB 3223 (2023).

Committee:

Terrence Clark, D.M.D., Co-Chair
Ginny Jorgensen, Co-Chair
Amberena Fairlee, D.M.D., ODA Rep
Laura Vanderwerf R.D.H., ODHA Rep
Jill Lomax, ODAA Rep.
Kari Kuntzelman, D.T., DT Rep
Gail Wilkerson
Alyssa Kobylinsky
Lynn Murray
Terri Dean
Alexandria Case
Jessica Andrews
Samantha Lossett

Licensing, Standards and Competency

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

Committee:

Sheena Kansal, D.D.S., Chair
Terrence Clark, D.M.D.
Sharity Ludwig, R.D.H.
Chip Dunn
Julie Spaniel, D.D.S., ODA Rep.
Heidi Klobes, R.D.H., ODHA Rep.
Jill Lomax, ODAA Rep.
Kristen Moses, R.D.H., D.T., DT Rep.

Rules Oversight

Purpose: To review and refine OBD rules.

Committee:

Reza Sharifi, D.M.D., Chair
Aarati Kalluri, D.D.S.
Olesya Salathe, D.M.D.
Kristen Simmons, R.D.H.
Ginny Jorgensen
Philip Marucha, D.D.S., ODA Rep.
Alicia Riedman, R.D.H., ODHA Rep.
Mary Harrison, ODAA Rep.
Alexandria Jones, D.T., DT Rep.

Dental Therapy Rules Oversight

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

Committee:

Sheena Kansal, D.D.S., Chair
Kristen Simmons, R.D.H.

Ginny Jorgensen
Sarah Kowalski, R.D.H., OHA Rep.
Brandon Schwindt, D.M.D., ODA Rep.
Amy Coplen, R.D.H., ODHA Rep.
Bonnie Marshall, ODAA Rep.
Wilbur Rodriguez, DT Rep.
Kari Kuntzelman, DT Rep.
Miranda Davis, D.D.S., DT Rep.

Communications

Purpose: To enhance communications to all constituencies.

Committee:

Michelle Aldrich, D.M.D., Chair
Aarati Kalluri, D.D.S.
Olesya Salathe, D.M.D.
Alayna Schoblaske, D.M.D., ODA Rep.
Alicia Riedman, R.D.H., ODHA Rep.
Linda Kihs, ODAA Rep.
Jason Mecum, D.T., DT Rep.

Dental Hygiene

Purpose: To review issues related to Dental Hygiene.

Committee:

Sharity Ludwig, R.D.H, Chair
Kristen Simmons, R.D.H.
Sheena Kansal, D.D.S.
David J. Dowsett, D.M.D., ODA Rep.
Daniel Tovar, R.D.H., ODHA Rep.
Bonnie Marshall, ODAA Rep.
Mark Kobylinsky, R.D.H., D.T., DT Rep.

Enforcement and Discipline

Purpose: To improve the discipline process.

Committee:

Terrence Clark, D.M.D., Chair
Kristen Simmons, R.D.H.
Chip Dunn
Jason Bajuscak, D.M.D., ODA Rep
Jill Mason R.D.H., ODHA Rep.
Mary Harrison, ODAA Rep.
Yadira Martinez, R.D.H., D.T., DT Rep.

Subcommittees:

Evaluators

Sheena Kansal, D.D.S., Senior Evaluator
Michelle Aldrich, D.M.D., Evaluator

Anesthesia

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

Committee:

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

Administrative Workgroup

Purpose: To update Board and agency policies and guidelines. Consult with Executive Director on administrative issues as needed

Committee:

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

Subcommittee:

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

Reza Sharifi, D.M.D. - President
Aarati Kalluri, D.D.S. - Vice President
Chip Dunn - Past President

LIAISONS

Stephen Prisby, Executive Director and current OBD Board Members choose assignments and interest in other entities as they arise.

American Assoc. of Dental Administrators (AADA)
American Assoc. of Dental Boards (AADB)
American Board of Dental Examiners (ADEX)
CDCA WREB CITA
CRDTS
CSG

OREGON BOARD OF DENTISTRY
DENTAL ASSISTANT WORKFORCE SHORTAGE ADVISORY COMMITTEE MEETING MINUTES
(DAWSAC) Draft
May 15, 2024

MEMBERS PRESENT: Terrence Clark, DMD, Co-Chair
Ginny Jorgensen, Co-Chair
Amberena Fairlee, DMD - ODA Rep.
Laura Vanderwerf, RDH - ODHA Rep.
Jill Lomax - ODAA Rep.
Kari Ann Kuntzelman, DT - DT Rep.
Alexandria Case
Alyssa Kobylinsky

STAFF PRESENT: Stephen Prisby, Executive Director
Angela Smorra, DMD, Dental Director/Chief Investigator
Haley Robinson, Office Manager
Kathleen McNeal, Licensing Manager

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

VISITORS PRESENT: Mary Harrison, ODAA; Brett Hamilton, ODA; Kristen Simmons, R.D.H.;
IN PERSON & VIA Amanda Nash, Linda Kihs, Michael Le, Rachel B., Lisa Rowley – ODHA
TELECONFERENCE* Jill Boyd, Bill Pfunder

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

Call to Order: The meeting was called to order by the Chair at 6:00 p.m. via Zoom.

Chair Terrence Clark, DMD, welcomed everyone to the meeting and had the Members, Joanna Tucker-Davis, and Stephen Prisby introduce themselves.

Self-Introductions of Committee Members

Committee members introduced themselves and shared information about their history and current positions in the dental assisting field.

Approval of February 23, 2024 Minutes

Ms. Jorgensen moved and Ms. Lomax seconded that the Board approve the minutes from the February 23, 2024 Board Meeting as presented. The motion passed unanimously.

Dental Assistants Performing Local Anesthesia

The committee discussed that the request for dental assistants to perform local anesthesia is on the agenda for the next regularly scheduled Licensing, Standards, and Competency Committee Meeting.

Review HB 3223 and Identified Goals of the DAWSAC Committee

May 15, 2024

DENTAL ASSISTANT WORKFORCE SHORTAGE ADVISORY COMMITTEE MEETING

Page 1 of 3

The committee discussed the intent of the committee and what they were charged with by the legislature. Ms. Jorgensen commented that it was important to review the bill and specifically address what the committee can provide to the Board in order to make a difference in the shortage. She noted that retention and interest in the profession were key items identified and asked the committee members for their input. Dr. Clark noted that it would be best to address those questions later in the meeting.

DAWSAC Packet Introduced

Pacific Dental Services (PDS) Dental Assistant Scholarship

Michael M. Le, Executive Director for Pacific Dental Services discussed the scholarship provided to dental assistants to assist in the workforce shortage. Since its inception in 2016, PDS has awarded over 260 scholarships and over \$1.6 million in scholarships. 25 scholarships were given in OR thanks to partners such as Concorde Career Colleges, Carrington Colleges, and Clackamas Community College – Harmony. Partnering with Pacific Dental Services, recipients have opportunities to receive mentorship, network opportunities, training boot camps such as CAD/CAM, and externships with PDS's 15 dental offices in Oregon. Ms. Lomax thanked Mr. Le for encouraging the importance of elevating dental assisting as a career to make it more appealing to enter into the field.

The committee discussed different avenues of financial aid and scholarships available to dental assistants in Oregon. Ms. Jorgensen reported that the ODAA and ODA were working together to compile a list of scholarships and financial aid available to dental assistants.

Oregon Health Care Provider Loan Repayment

Jill Boyd discussed the Oregon Health Care Provider Loan Repayment Program. She explained that it was expanding the program to include dental assistants and dental therapists. They also had scholarships available for dental assistants as well.

Jill Lomax also mentioned the Oregon Promise Grant that covers tuition to any Oregon community college for up to 90 credits for recent high school or GED graduates.

DANB Perspectives on Dental Assisting Professional Requirements

Ms. Jorgensen highlighted that 59% of dentists preferred to hire educated, credentialed dental assistants rather than training on the job. This pointed to elevating the profession as a good solution to the shortage and not removing education/examination requirements.

Where Dental Staff Recruitment Stands in 2024

The committee discussed the difficulties hiring dental hygienists and dental assistants. Dental assistants were getting "poached" due to being offered higher wages in other dental offices.

Dental Assistants Performing Local Anesthesia

The committee discussed that the request for dental assistants to perform local anesthesia is on the agenda for the next regularly scheduled Licensing, Standards, and Competency Committee Meeting.

Open Discussion

The committee discussed meeting more frequently in order to provide the Board with recommendations. Mr. Prisby reported that it would be a resource issue for staff and the committee decided to extend the upcoming meetings to 1.5 hours.

May 15, 2024

DENTAL ASSISTANT WORKFORCE SHORTAGE ADVISORY COMMITTEE MEETING

Page 2 of 3

Dr. Fairlee questioned the role of the Oregon Board of Dentistry and their capabilities to handle the workforce shortage issue.

Mr. Clark requested that the Board summarize the information from the past DAWSAC meetings and bring specific recommendations to the next meeting. Mr. Prisby reminded the Committee that it is the task of the DAWSAC to formulate and make recommendations to the Board and that the Board was the facilitating body for that action. Mr. Prisby stated he would address the request regarding what the Board could do to address the DA workforce shortage and reduce barriers to the profession at the July 17 meeting. A brief summary of past meeting would be provided as well.

ADJOURNMENT

The meeting was adjourned at 7:02 p.m. Chair Clark stated that the next DAWSAC meeting would take place on July 17, 2024 at 6 p.m. via Zoom.

Draft
LICENSING, STANDARDS AND COMPETENCY COMMITTEE
Held as a Zoom Meeting

Minutes
May 29, 2024

MEMBERS PRESENT: Sheena Kansal, D.D.S., Chair
Terrence Clark, D.M.D.
Sharity Ludwig, R.D.H.
Chip Dunn
Julie Spaniel, D.D.S., ODA Rep.
Heidi Klobes, R.D.H., ODHA Rep.
Jill Lomax, ODAA Rep.
Kristen Moses, R.D.H., D.T., DT Rep.

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

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Lisa Rowley – ODHA, Brett Hamilton - ODA, Joanna Tucker-Davis - SAAG

**Note - Some visitors may not be reflected in the minutes because their identity was unknown during the meeting.*

Call to Order: The meeting was called to order by Dr. Kansal at 6:01 p.m.

MINUTES

Mr. Dunn moved and Ms. Ludwig seconded that the minutes of the July 12, 2023 Licensing, Standards and Competency meeting be approved as presented. The motion passed unanimously.

Mr. Dunn moved and Ms. Ludwig seconded the Committee recommend that the Board move OAR 818-001-0002 as presented to the Rules Oversight Committee. The motion passed unanimously.

818-001-0002

Definitions

As used in OAR chapter 818:

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

- (4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.210 to practice dental hygiene.
- (5) "Dental Therapist" means a person licensed to practice dental therapy under ORS 679.603.
- (6) "Dental Therapy" means the provision of preventative dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under ORS 679.621.
- (7) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
- (8) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
- (9) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
- (10) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.
- (11) "Licensee" means a dentist, hygienist or dental therapist.
- (12) "Volunteer Licensee" is a dentist, hygienist or dental therapist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.
- (13) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.
- (14) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.
- (a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.
- (b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.
- (c) "Endodontics" is the specialty of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.
- (d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.
- (e) "Oral and Maxillofacial Radiology" is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.
- (f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis,

surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

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

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

(i) "Orthodontics and Dentofacial Orthopedics" is the specialty of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and 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.

Dr. Clark moved and Mr. Dunn seconded the Committee recommend that the Board move OAR 818-012-0010 as presented to the Rules Oversight Committee. The motion passed unanimously.

818-012-0010

Unacceptable Patient Care

The Board finds, using the criteria set forth in ORS 679.140(4), that a licensee engages in or permits the performance of unacceptable patient care if the licensee does or permits any person to:

- (1) Provide treatment which exposes a patient to risk of harm when equivalent or better treatment with less risk to the patient is available.
- (2) Fail to seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience; provided, however, that it is not a violation of this section to omit to seek consultation if other competent licensees in the same locality and in similar circumstances would not have sought such consultation.
- (3) Fail to provide or arrange for emergency treatment for a patient currently receiving treatment.
- (4) Fail to exercise supervision required by the Dental Practice Act over any person or permit any person to perform duties for which the person is not licensed or certified.
- (5) Fail to ensure radiographs and other imaging are of diagnostic quality.
- ~~(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.

~~(11)12~~ Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.

~~(12)13~~ Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.

~~(13)14~~ Fail to determine and document a dental justification prior to ordering a Cone Beam CT series with field greater than 10x10 cm for patients under 20 years of age where pathology, anatomical variation or potential treatment complications would not be otherwise visible with a Full Mouth Series, Panoramic or Cephalometric radiographs.

~~(14)15~~ Fail to advise a patient of any recognized treatment complications.

Ms. Ludwig moved and Dr. Clark seconded the Committee recommend that the Board move OAR 818-021-0018 as amended to the Rules Oversight Committee. The motion passed unanimously.

818-021-0018

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

(1) A ~~temporary~~ license to practice dentistry, dental hygiene, or dental therapy shall be issued to Active-Duty Members of the Uniformed Services or their ~~the~~ spouse or domestic partner ~~of active duty armed forces personnel~~ when the following requirements are met:

(a) A completed application and payment of fee is received by the Board; and

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

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

~~(d)~~ 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, dental hygiene, or dental therapy at the level of application; and

~~(f)~~ 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.

Ms. Ludwig moved and Dr. Clark seconded the Committee recommend that the Board appeal OAR 818-021-0019 as presented to the Rules Oversight Committee. The motion passed unanimously.

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.~~

Ms. Ludwig moved and Mr. Dunn seconded the Committee recommend that the Board move OAR 818-026-0040, OAR 818-026-0050, OAR 818-026-0060, OAR 818-026-0065, OAR 818-026-0070, and OAR 818-042-0116 as presented to the Rules Oversight Committee.

818-026-0040

Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit

Nitrous Oxide Sedation.

(1) The Board shall issue a Nitrous Oxide Permit to an applicant who:

- (a) Is either a licensed dentist or licensed hygienist in the State of Oregon;
- (b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
- (c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.

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

- (a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow delivery of appropriate care in an emergency situation;
- (b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
- (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
- (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
- (e) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
- (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; and
- (g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.

(3) Before inducing nitrous oxide sedation, a permit holder shall:

- (a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for nitrous oxide sedation;
- (b) Give instruction to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;
- (c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and
- (d) Obtain informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.

(5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.

(6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of preoperative and postoperative vital signs, and all medications administered with dosages, time intervals and route of administration.

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

(8) The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.

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

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

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

(c) The patient can sit up unaided or without assistance;

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

(e) The patient does not have nausea, vomiting or dizziness.

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

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

818-026-0050

Minimal Sedation Permit

Minimal sedation and nitrous oxide sedation.

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

(a) Is a licensed dentist in Oregon;

(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and

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

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

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

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

- (b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
 - (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
 - (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
 - (e) An oxygen delivery system with adequate full facemask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
 - (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
 - (g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and
 - (h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.
- (3) Before inducing minimal sedation, a dentist permit holder who induces minimal sedation shall:
- (a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for minimal sedation;
 - (b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;
 - (c) Certify that the patient is an appropriate candidate for minimal sedation; and
 - (d) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
- (4) No permit holder shall have more than one person under minimal sedation at the same time.
- (5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room in addition to the treatment provider. The anesthesia monitor may be the dental assistant. After training, a dental assistant, when directed by a dentist permit holder, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist permit holder under the direct supervision of a dentist permit holder.
- (6) A patient under minimal sedation shall be visually monitored at all times, including recovery phase. The record must include documentation of all medications administered with dosages, time intervals and route of administration. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.
- (7) Persons serving as anesthesia monitors for minimal sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS) ~~Cardio-Pulmonary Resuscitation (CPR) training~~, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)
- (8) The patient shall be monitored as follows:
- (a) Color of mucosa, skin or blood must be evaluated continually. Patients must have continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood pressure, heart rate, pulse oximetry and respiration shall be monitored and documented every fifteen minutes, if they can reasonably be obtained.

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

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

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

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

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

(d) The patient can sit up unaided;

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

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

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

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

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

818-026-0060

Moderate Sedation Permit

Moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue or renew a Moderate Sedation Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, either maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated; and

(c) Satisfies one of the following criteria:

(A) Completion of a comprehensive training program in enteral and/or parenteral sedation that satisfies the requirements described in Part V of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced.

(i) Enteral Moderate Sedation requires a minimum of 24 hours of instruction plus management of at least 10 dental patient experiences by the enteral and/or enteral-nitrous oxide/oxygen route.

(ii) Parenteral Moderate Sedation requires a minimum of 60 hours of instruction plus management of at least 20 dental patients by the intravenous route.

(B) Completion of an ADA accredited postdoctoral training program (e.g., general practice residency) which affords comprehensive and appropriate training necessary to administer and manage parenteral sedation, commensurate with these Guidelines.

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

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

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

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

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

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

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

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

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, oral and nasopharyngeal airways, 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 CO₂ monitors. Patients with cardiovascular disease shall have continuous electrocardiograph (ECG) monitoring. The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored and shall not be left alone while under sedation;

(b) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from moderate sedation.

(9) A dentist permit holder shall not release a patient who has undergone moderate sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

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

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

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

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

(d) The patient can sit up unaided;

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

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

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

(12) After adequate training, an assistant, when directed by a dentist permit holder, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision. Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents into an infusion line under the direct supervision of a dentist permit holder.

(13) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; Successful completion of a board approved course on minimal/moderate sedation at least every two years may be substituted for ACLS, but not for PALS; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or PALS certification or successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

818-026-0065

Deep Sedation Permit

Deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010 who:

- (a) Is a licensed dentist in Oregon; and
 - (b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated.
- (2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:
- (a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;
 - (b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
 - (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
 - (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
 - (e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
 - (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
 - (g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;
 - (h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and
 - (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.
- (3) No permit holder shall have more than one person under deep sedation, moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.
- (4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.
- (5) Before inducing deep sedation, a dentist permit holder who induces deep sedation shall:
- (a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for deep sedation;
 - (b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and
 - (c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
- (6) A patient under deep sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.
- (7) Persons serving as anesthesia monitors for deep sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS) ~~Cardio-Pulmonary Resuscitation (CPR) training~~, or its equivalent, shall be trained and competent in monitoring

patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO₂ monitors. The patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation shall be continuously monitored;

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

(c) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from deep sedation.

(9) A dentist permit holder shall not release a patient who has undergone deep sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

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

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

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

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

(d) The patient can sit up unaided;

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

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

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

(12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may administer oral sedative agents calculated by a dentist permit holder or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist.

(13) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

818-026-0070

General Anesthesia Permit

General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a General Anesthesia Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, and

(c) Satisfies one of the following criteria:

(A) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students consisting of a minimum of 2 years of a postgraduate anesthesia residency at the time training was commenced.

(B) Completion of any ADA accredited postdoctoral training program, including but not limited to Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in general anesthesia.

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

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

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

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

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

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

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

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation or general anesthesia, and at all times while the patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing deep sedation or general anesthesia the dentist permit holder who induces deep sedation or general anesthesia shall:

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

current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

818-042-0116

Certification — Anesthesia Dental Assistant

The Board may certify a person as an Anesthesia Dental Assistant if the applicant submits a completed application, pays the certification fee and shows satisfactory evidence of:

(1) Successful completion of:

(a) The "Oral and Maxillofacial Surgery Anesthesia Assistants Program" or successor program, conducted by the American Association of Oral and Maxillofacial Surgeons; or

(b) The "Oral and Maxillofacial Surgery Assistants Course" or successor course, conducted by the California Association of Oral and Maxillofacial Surgeons (CALAOMS), or a successor entity; or

(c) The "Certified Oral and Maxillofacial Surgery Assistant" examination, or successor examination, conducted by the Dental Assisting National Board or other Board approved examination; or

(d) The Resuscitation Group – Anesthesia Dental Assistant course; or

(e) Other course approved by the Board; and

(2) Holding valid and current documentation showing successful completion of a Healthcare Provider BLS/~~CPR~~ course, or its equivalent.

Ms. Ludwig moved and Ms. Lomax seconded the Committee recommend that the Board move OAR 818-042-0010 as amended to the Rules Oversight Committee. The motion passed unanimously.

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.

Mr. Dunn moved and Ms. Lomax seconded the Committee recommend that the Board move OAR 818-042-0040 as presented to the Rules Oversight Committee. The motion passed with Dr. Clark, Ms. Ludwig, Mr. Dunn, Dr. Spaniel, Ms. Klobes, Ms. Lomax, and Ms. Moses voting aye. Dr. Clark recused himself.

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

Ms. Ludwig moved and Mr. Dunn seconded the Committee recommend that the Board move OAR 818-035-0072 and OAR 818-042-0095 as presented to the Rules Oversight Committee. The motion passed unanimously.

818-035-0072

Restorative Functions of Dental Hygienists

(1) The Board shall issue a Restorative Functions Endorsement (RFE) to a dental hygienist who holds an unrestricted Oregon license, and has successfully completed:

(a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the ~~Western Regional Examining Board's~~ [CDCA-WREB-CITA's Dental Hygiene](#) Restorative Examination or other equivalent examinations approved by the Board within the last five years; or

(b) If successful passage of the ~~Western Regional Examining Board's~~ [CDCA-WREB-CITA's Dental Hygiene](#) Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.

(2) A dental hygienist may perform the placement and finishing of direct restorations, except gold foil, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):

(a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration(s) by a Restorative Functions Endorsement dental hygienist;

(b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.

818-042-0095

Restorative Functions of Dental Assistants

(1) The Board shall issue a Restorative Functions Certificate (RFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed:

(a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board within the last five years, or

(b) If successful passage of the ~~Western Regional Examining Board's~~ [CDCA-WREB-CITA's Dental Hygiene](#) Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.

(2) A dental assistant may perform the placement and finishing of direct restorations, except gold foil, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):

(a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration by a Restorative Functions dental assistant.

(b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.

Ms. Lomax moved and Dr. Clark seconded the Committee recommend that the Board move OAR 818-042-0080 as presented to the Rules Oversight Committee. The motion passed unanimously.

818-042-0080

Certification — Expanded Function Dental Assistant (EFDA)

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

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

(2) If the assistant submits a completed application, pays the fee and provides evidence of;

(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or

(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function Dental Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by a licensed dentist that the applicant has successfully ~~polished six (6) amalgam or composite surfaces~~, removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated four (4) temporary crowns and/or fixed partial dentures (bridges) and temporarily cemented the crowns and/or fixed partial dentures (bridges); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed matrix bands on four (4) teeth prepared for Class II restorations.

Mr. Dunn moved and Ms. Lomax seconded the Committee recommend that the Board move OAR 818-042-0130 as presented to the Rules Oversight Committee. The motion passed unanimously.

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.

Dr. Clark moved and Ms. Lomax seconded the Committee recommend that the Board move OAR 818-042-XXXX as presented to the Rules Oversight Committee. The committee also directed staff and Board to review whether Dental Therapists and Registered Dental Hygienists should be added to the indirect supervisory role. The motion passed unanimously.

818-042-XXXX

Local Anesthesia Functions of Dental Assistants

(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.

(2) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

The committee asked Dr. Spaniel to elaborate on the request to the Board to modify the application/renewal questions. Dr. Spaniel mentioned that she was travelling and could not read what was displayed on the screen, but that she wanted the stigmatized language removed from Board forms. She requested that it mirror more closely to what the Oregon Medical Board used in their applications/renewals.

Dr. Clark and Mr. Dunn discussed the Board's mission to protect the public and how changing the language would impact the Board's mission.

Ms. Ludwig moved and Dr. Clark seconded the Committee recommend that the Board review the mental health and substance abuse questions on the initial licensure applications and renewals. The committee also directed staff to mockup the recommended language changes by Dr. Spaniel for further review. The motion passed unanimously.

Chair Kansal thanked everyone for their attendance and contributions.

The meeting adjourned at 7:30 p.m.

Background from May 29, 2024 Licensing, Standards, and Competency Committee Meeting: Dr. Clark moved and Ms. Lomax seconded the Committee recommend that the Board move OAR 818-042-XXXX as presented to the Rules Oversight Committee. The committee also directed staff and Board to review whether Dental Therapists and Registered Dental Hygienists should be added to the indirect supervisory role. The motion passed unanimously.

818-042-XXXX

Local Anesthesia Functions of Dental Assistants

(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.

(2) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

Current Rules Regarding Dental Hygienists/Dental Therapists Providing Local Anesthesia:

818-035-0040

Expanded Functions of Dental Hygienists

(1) Upon completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, a dental hygienist who completes a Board approved application shall be issued an endorsement to administer local anesthetic agents and local anesthetic reversal agents **under the general 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.

(2) Upon completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, a dental hygienist may administer nitrous oxide under the indirect supervision of a licensed dentist in accordance with the Board's rules regarding anesthesia.

(3) Upon completion of a course of instruction approved by the Oregon Health Authority, Public Health Division, a dental hygienist may purchase Epinephrine and administer Epinephrine in an emergency.

818-038-0020

Scope of Practice

(1) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the general supervision of the dentist:

(a) Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider;

(b) Comprehensive charting of the oral cavity;

(c) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;

(d) Exposing and evaluation of radiographic images;

(e) Dental prophylaxis, including subgingival scaling and polishing procedures;

(f) Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;

(g) Administering local anesthetic;

(h) Pulp vitality testing;

(i) Application of desensitizing medication or resin;

(j) Fabrication of athletic mouth guards;

(k) Changing of periodontal dressings;

(L) Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth;

(m) Emergency palliative treatment of dental pain;

(n) Preparation and placement of direct restoration in primary and permanent teeth;

(o) Fabrication and placement of single-tooth temporary crowns;

(p) Preparation and placement of preformed crowns on primary teeth;

(q) Indirect pulp capping on permanent teeth;

(r) Indirect pulp capping on primary teeth;

(s) Suture removal;

- (t) Minor adjustments and repairs of removable prosthetic devices;
 - (u) Atraumatic restorative therapy and interim restorative therapy;
 - (v) Oral examination, evaluation and diagnosis of conditions within the scope of practice of the dental therapist and with the supervising dentist's authorization;
 - (w) Removal of space maintainers;
 - (x) The dispensation and oral or topical administration of:
 - (A) Nonnarcotic analgesics;
 - (B) Anti-inflammatories; and
 - (C) Antibiotics; and
 - (y) Other services as specified by the Oregon Board of Dentistry by rule.
- (2) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the indirect supervision of the dentist:
- (a) Placement of temporary restorations;
 - (b) Fabrication of soft occlusal guards;
 - (c) Tissue reconditioning and soft relines;
 - (d) Tooth reimplantation and stabilization;
 - (e) Recementing of permanent crowns;
 - (f) Pulpotomies on primary teeth;
 - (g) Simple extractions of:
 - (A) Erupted posterior primary teeth; and
 - (B) Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss;
 - (h) Brush biopsies; and
 - (i) Direct pulp capping on permanent teeth.
- (3) The dentist described in subsection (2) of this section shall review a procedure described in subsection (2) of this section that is performed by the dental therapist and the patient chart that contains information regarding the procedure.
- (4)(a) A dental therapist may supervise a dental assistant and an expanded function dental assistant, as defined by the board by rule, if the dental therapist is authorized to perform the services provided by the dental assistant or expanded function dental assistant.
- (b) A dental therapist may supervise up to two individuals under this subsection.

Supervision levels in accordance with OAR 818-001-0002:

- (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.

Questions for Board consideration:

- 1. Does the Board want to move the rule forward to Rules Oversight Committee as written with Dental Assistants performing Local Anesthesia under Indirect Supervision? Or change the level of supervision?**

- 2. Does the Board want to move the rule forward to Rules Oversight Committee as written with only dentists allowed to supervise, or do they want to allow dental hygienists and/or dental therapists to supervise?**

Background from May 29, 2024 Licensing, Standards, and Competency Committee Meeting: Ms. Ludwig moved and Dr. Clark seconded the Committee recommend that the Board review the mental health and substance abuse questions on the initial licensure applications and renewals. The committee also directed staff to mockup the recommended language changes by Dr. Spaniel for further review. The motion passed unanimously.

Proposed Changes to Renewal Questions:

The Oregon Board of Dentistry recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and fellow health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee's practice, and enrolling in the Oregon Health Professionals' Service Program (<https://www.oregon.gov/dentistry/Pages/Substance-Abuse.aspx>).

The failure to adequately address a health condition, resulting in the inability to practice your profession with reasonable skill and safety, can result in the Board taking action against your Oregon Board of Dentistry license.

Question 4: ~~Are you aware of any physical or mental condition that would inhibit your ability to practice safely? If 'yes' enter information below.~~

I have read and understand the above advisory and agree to abide by the Board's expectation.

The answer to the below question is exempt from public disclosure under state and federal law. The answer may be considered by the Board and may be disclosed in any contested case hearing or appeal of a licensing decision based upon it.

Do you currently engage in the excessive or habitual use of alcohol or drugs or are you dependent on the use of alcohol or drugs which impair your ability to practice your health care profession safely and competently? "Excessive" as used in this question includes, but is not limited to, the use of alcohol or drugs that leads to disturbances, fights, arrest, DUII, injury, accident, illness, loss of consciousness, .08% BAC or above on a required chemical substance screening test, or other adverse consequences. If you are currently enrolled in the Oregon Health Professionals' Services Program (HPSP), you may answer "no."

If "yes," provide a full description. Documentation from the relevant law enforcement agency, court, or other entity must be sent directly to the Board. Additionally, a statement from your treating provider regarding your ability to safely practice must be sent directly to the Board.

5A. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice dentistry in a competent, ethical, and professional manner?

5B. If your answer to Question 9A is yes, are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you participate in a monitoring or support program?

If your answer to Question 5(A) or 5(B) is yes, complete a separate release and information form for each service provider that has assessed or treated any such condition or impairment. Release and information forms are attached and may be duplicated as needed. As used in Question 5, "currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a dentist/dental hygienist/dental therapist.

Question **56**: Since your last license application (initial or renewal), were there any criminal or civil matters filed against you, including pending cases that involved alcohol, drugs, or mind altering substances, other than what is already known by the Board's Diversion Coordinator? If 'yes' enter information below.

Question **67**: Since the date of your last license application (initial or renewal), did you use or possess illegal drugs, Scheduled controlled drugs, or mind altering substances, in violation of any law, other than what is already known by the Board's Diversion Coordinator or the State's Health Professionals' Services Program? If 'yes' enter information below.

Question **78**: Since the last date of your last license application (initial or renewal), have you been evaluated for alcohol or drug abuse, or received treatment, counseling or education for your abuse of alcohol, drugs or mind altering substances, other than what is already known by the Board's Diversion Coordinator or the State's Health Professionals' Services Program? If 'yes' enter information below.

Proposed Changes to Initial Application Questions:

The Oregon Board of Dentistry recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and fellow health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee's practice, and enrolling in the Oregon Health Professionals' Service Program (<https://www.oregon.gov/dentistry/Pages/Substance-Abuse.aspx>).

The failure to adequately address a health condition, resulting in the inability to practice your profession with reasonable skill and safety, can result in the Board taking action against your Oregon Board of Dentistry license.

I have read and understand the above advisory and agree to abide by the Board's expectation.

The answer to the below question is exempt from public disclosure under state and federal law. The answer may be considered by the Board and may be disclosed in any contested case hearing or appeal of a licensing decision based upon it.

Do you currently engage in the excessive or habitual use of alcohol or drugs or are you dependent on the use of alcohol or drugs which impair your ability to practice your health care profession safely and competently? "Excessive" as used in this question includes, but is not limited to, the use of alcohol or drugs that leads to disturbances, fights, arrest, DUII, injury, accident, illness, loss of consciousness, .08% BAC or above on a required chemical substance screening test, or other adverse consequences. If you are currently enrolled in the Oregon Health Professionals' Services Program (HPSP), you may answer "no."

If "yes," provide a full description. Documentation from the relevant law enforcement agency, court, or other entity must be sent directly to the Board. Additionally, a statement from your treating provider regarding your ability to safely practice must be sent directly to the Board.

5A. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice dentistry in a competent, ethical, and professional manner?

5B. If your answer to Question 9A is yes, are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you

participate in a monitoring or support program?

If your answer to Question 5(A) or 5(B) is yes, complete a separate release and information form for each service provider that has assessed or treated any such condition or impairment. Release and information forms are attached and may be duplicated as needed. As used in Question 5, "currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a dentist/dental hygienist/dental therapist.

The answers to these questions may be subject to disclosure in response to a public records request under state law. The answers may be considered by the Board and may be disclosed in any contested case hearing or appeal of a licensing decision based upon them.

6. a.

~~Have you ever been cited, arrested, charged or convicted of any crime, offense, or violation of the law in any state, or country even if those charges were dismissed or set aside?*~~ Have you ever been arrested, convicted of, or pled guilty or "nolo contendere" (no contest) to ANY offense in any state in the United States or any foreign country, other than minor traffic violations? Matters in which you were pardoned and/or diverted, or the conviction was deferred, set aside, or expunged must be disclosed.

6. b.

~~Are there any pending criminal actions against you that could result in your imprisonment in a state, local or federal institution (even if not imprisoned)?*~~ Are there any current, proposed, impending, or threatened civil or criminal action against you, which includes, but is not limited to malpractice claims? This includes whether or not the claim, charge, or filing was actually made with a court.

7.

~~Have you ever been convicted of any crime of any federal, state or local law relating to the possession, distribution, use or dispensing of mind altering or controlled substances?*~~

8.

~~Have you ever used or possessed illegal drugs, scheduled controlled drugs, or mind altering substances, that would have been a crime by state or federal law?*~~

9.

~~Have you ever been evaluated for alcohol or drug abuse; or received treatment, counseling, or education for abuse of alcohol, drugs or mind altering substances?*~~

EXECUTIVE DIRECTOR'S REPORT

EXECUTIVE DIRECTOR'S REPORT

June 14, 2024

Staff Updates

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

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

OBD Budget Status Report

Attached is the budget report for the 2023 - 2025 Biennium. This report, which is from July 1, 2023 through April 30, 2024, shows revenue of \$1,911,053.56 and expenditures of \$1,479,636.45.

Attachment #1

OBD - Accounts Receivable Honor Roll FY 2022 & FY 2023

The OBD was recognized for financial controls, again and this aligns with one of the OBD's annual goals. Thank you to Haley Robinson for this important achievement and all her hard work to ensure the OBD receives this acknowledgement. **Attachment #2**

DAS Equal Pay Adjustments

Oregon's Equal Pay Act was signed into law in 2017. On June 1, 2024, DAS will deploy a new methodology that will narrow wage gaps in state government's Executive Branch. This may add additional cost pressure to the OBD's 2025 -2027 Budget and future ones as well. **Attachment #3**

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

The attached document was submitted to DAS & the Governor's office for the OBD, describing three policy option packages to be considered in the OBD's 2025 - 2027 budget. **Attachment #4**

As detailed & discussed in detail at the April Board meeting the OBD's proposed 2025 - 2027 budget will need some cost reductions going forward even with proposed fee increases. I recommend the Board consider withdrawing from the current HPSP contract effective June 30, 2025. That is over one year from now. The move will do a number of things. It will signal that the OBD is fiscally responsible and will focus its finite resources on its core mission while maintaining current service level, as the HPSP is not mandatory, it is an option for the OBD to participate in it. It will also signal to the health care community that the current program is not sustainable and not affordable for most health licensing regulatory boards in Oregon.

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

HPSP:

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

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

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

The Board will be updated on any proposed legislative concepts or changes to the updated HPSP, to see if there are any proposed viable options to assist our Licensees. The Board welcomes further and ongoing dialogue and discussion on this matter from our Licensees, Associations and valued interested parties. The Board can always change its direction and support a revamped HPSP or consider other options that are presented in the future. No decision is final.

ACTION TO CONSIDER Recommend the OBD withdraw from the current HPSP contract on June 30, 2025. Direct staff to monitor progress on other HPSP initiatives and present options to the Board on how to transition current participants out of the program. Staff will consult with counsel on other options to support Licensees in lieu of discipline.

Customer Service Survey

Attached are the legislatively mandated survey results from July 1, 2023 through May 31, 2024. The results of the survey show that the OBD continues to receive positive ratings from the majority of those that submit a survey. **Attachment #5**

Memo - Delegated Duties for Executive Director & Staff

Every June the new President of the OBD takes the gavel for the first regular board meeting after being elected President at the April Board Meeting for a 1-year term of office. Every June Board Meeting, I submit to the Board for reauthorization, this memo outlining delegated duties to me as Executive Director and OBD staff along with my job description. **Attachment #6 ACTION REQUESTED**

OBD Bylaws

The OBD Bylaws were originally adopted in 2018 and are included for annual review by the Board. **Attachment #7**

OBD 2022 - 2025 Strategic Plan Summary of Work

An update on the work to support it. **Attachment #8**

Staff Speaking Engagements

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

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

Kathleen McNeal gave four License Application virtual presentations to graduating Dental Hygiene Students in May:

Monday, 5/13/24 Lane Community College

Monday, 5/20/24 Mt. Hood Community College

Thursday, 5/23/24 Portland Community College

Wednesday, 5/29/24 Pacific University

OGEC Rules Advisory Committee (RAC)

I applied to serve on the Oregon Government Ethics Commission’s new RAC as they are planning to consider & develop rules on public meetings laws. I attended the RAC meetings and plan to attend future ones as well. **Attachment #9**

Health Regulatory Licensing Boards

I have represented the OBD at regular meetings of all Oregon health board executive directors since 2015. The charter is attached for reference. **Attachment #10**

Dental Testing & Regulatory Summit

This inaugural event brings together members of the American Board of Dental Examiners (ADEX), the American Association of Dental Administrators (AADA), CDCA-WREB-CITA, and the American Association of Dental Boards (AADB) so that professionals in the dental testing and regulatory space can seamlessly attend multiple Annual Meeting events with fewer schedule shifts, lessening travel needs and easing financial barriers to participation. The meetings are scheduled September 26 -27, 2024 in Louisville, Kentucky. Two Board Members are most welcome to attend and can contact me for more details. I would like to attend the summit and ask for the Board’s permission to do so.

Attachment #11 ACTION REQUESTED

Newsletter

The most recent OBD Newsletter was published in May 2024. Thank you to Dawn Dreasher and Haley Robinson for completing it. It is included under Tab 8 of this board meeting packet.

Appn Year		2025			
Fund	Budget Obj	Budget Obj Title	Monthly Activity	Biennium to Date	Budget
3400	1000	REVENUES	127,865.90	1,911,053.56	3,972,405.00
	2500	TRANSFER OUT	0.00	4,998.15	267,000.00
	3000	PERSONAL SERVICES	70,679.09	882,867.74	2,458,326.00
	4000	SERVICES AND SUPPLIES	62,086.06	596,768.71	1,968,770.00
3400 Total			260,631.05	3,395,688.16	8,666,501.00
Grand Total			260,631.05	3,395,688.16	8,666,501.00

Agency	834
Agency Title	BOARD OF DENTISTRY
Appn Year	2025
Rpt Fiscal Mm	10
Rpt Fiscal Mm Name	APRIL 2024
Load Date Gl	5/17/2024
	Monthly Activity
	Biennium to Date
	Budget

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl	Monthly Activity	Biennium to Date	Budget		
3400	BOARD OF DENTISTRY	1000	REVENUES	0205	OTHER BUSINESS LICENSES	119,681.00	1,684,584.00	3,495,149.00		
				0210	OTHER NONBUSINESS LICENSES AND FEES	950.00	7,800.00	14,900.00		
				0410	CHARGES FOR SERVICES	765.50	13,498.00	148,355.00		
				0505	FINES AND FORFEITS	0.00	153,580.70	240,000.00		
				0605	INTEREST AND INVESTMENTS	6,369.40	48,752.40	60,000.00		
				0975	OTHER REVENUE	100.00	2,838.46	14,001.00		
				REVENUES Total					127,865.90	1,911,053.56
		2500	TRANSFER OUT	2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY		0.00	4,998.15	267,000.00	
						TRANSFER OUT Total				0.00
		3000	PERSONAL SERVICES			3110	CLASS/UNCLASS SALARY & PER DIEM	41,231.02	562,012.48	1,548,096.00
						3115	BOARD MEMBER STIPENDS	4,482.00	27,097.00	46,900.00
						3160	TEMPORARY APPOINTMENTS	0.00	0.00	4,585.00
						3170	OVERTIME PAYMENTS	0.00	605.69	6,669.00
						3180	SHIFT DIFFERENTIAL	0.00	1.00	0.00
						3190	ALL OTHER DIFFERENTIAL	397.73	6,193.07	41,510.00
						3210	ERB ASSESSMENT	10.95	129.21	404.00
						3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	8,455.89	106,292.50	288,767.00

Agency	834
Agency Title	BOARD OF DENTISTRY
Appn Year	2025
Rpt Fiscal Mm	10
Rpt Fiscal Mm Name	APRIL 2024
Load Date GI	5/17/2024

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

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl	Monthly Activity	Biennium to Date	Budget	
3400	BOARD OF DENTISTRY	3000	PERSONAL SERVICES	3221	PENSION BOND CONTRIBUTION	2,197.92	28,528.07	72,030.00	
				3230	SOCIAL SECURITY TAX	3,809.90	45,183.22	130,994.00	
				3241	PAID FAMILY MEDICAL LEAVE INSURANCE	199.22	2,159.95	5,391.00	
				3250	WORKERS' COMPENSATION ASSESSMENT	8.72	103.44	351.00	
				3260	MASS TRANSIT	274.73	3,412.66	10,681.00	
				3270	FLEXIBLE BENEFITS	9,611.01	101,149.45	301,948.00	
				PERSONAL SERVICES Total					70,679.09
		4000	SERVICES AND SUPPLIES	4100	INSTATE TRAVEL	1,106.52	7,008.04	55,194.00	
				4125	OUT-OF-STATE TRAVEL	0.00	0.00	8,220.00	
				4150	EMPLOYEE TRAINING	3,144.56	9,941.71	58,929.00	
				4175	OFFICE EXPENSES	2,457.68	10,080.91	99,149.00	
				4200	TELECOMM/TECH SVC AND SUPPLIES	1,321.86	6,752.95	27,088.00	
				4225	STATE GOVERNMENT SERVICE CHARGES	1,908.96	47,726.89	94,114.00	
				4250	DATA PROCESSING	4,220.62	50,866.76	163,405.00	
				4275	PUBLICITY & PUBLICATIONS	18.00	572.30	16,145.00	
				4300	PROFESSIONAL SERVICES	24,550.18	180,220.96	458,367.00	
				4315	IT PROFESSIONAL SERVICES	0.00	0.00	161,038.00	
				4325	ATTORNEY GENERAL LEGAL FEES	7,664.80	98,904.93	338,907.00	
				4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	0.00	120.00	766.00	
				4400	DUES AND SUBSCRIPTIONS	0.00	1,171.80	11,331.00	
				4425	LEASE PAYMENTS & TAXES	8,191.40	81,436.82	206,576.00	
				4475	FACILITIES MAINTENANCE	0.00	0.00	634.00	

Agency	834
Agency Title	BOARD OF DENTISTRY
Appn Year	2025
Rpt Fiscal Mm	10
Rpt Fiscal Mm Name	APRIL 2024
Load Date GI	5/17/2024

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl	5/17/2024		
						Monthly Activity	Biennium to Date	Budget
3400	BOARD OF DENTISTRY	4000	SERVICES AND SUPPLIES	4575	AGENCY PROGRAM RELATED SVCS & SUPP	2,736.84	15,095.86	142,660.00
				4650	OTHER SERVICES AND SUPPLIES	4,536.45	58,612.55	94,383.00
				4700	EXPENDABLE PROPERTY \$250-\$5000	0.00	0.00	6,343.00
				4715	IT EXPENDABLE PROPERTY	228.19	28,256.23	25,521.00
				SERVICES AND SUPPLIES Total		62,086.06	596,768.71	1,968,770.00

DAFR9210 Agency 834 - month end



Oregon

Tina Kotek, Governor

Department of Administrative Services

Chief Financial Office
155 Cottage Street NE
Salem, OR 97301
PHONE: 503-378-3106
FAX: 503-373-7643

April 8, 2024

RECEIVED

APR 15 2024

Oregon Board
of Dentistry

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

Re: Account Receivable Honor Roll Certificate for fiscal year 2022 and fiscal year 2023.

It is a great pleasure to inform you that your agency has earned the Chief Financial Office Accounts Receivable (A/R) Honor Roll Certificate for fiscal year 2022 and fiscal year 2023.

The Chief Financial Office Accounts Receivable Honor Roll Certificate is awarded to state agencies that submit timely and accurate A/R reports. Achievement of this recognition is due primarily to your agency's diligent efforts to track and report A/R activities.

By meeting the requirements of the Honor Roll Certificate program your agency is an important part of meeting statewide efforts to improve accounts receivable management. Your agency's success in A/R reporting is critical to the Legislative Fiscal Office publication of the *Report on Liquidated and Delinquent Accounts Receivable* and to the Chief Financial Office *Accounts Receivable Management Report*, and the *Statewide Write-off, Abated and Canceled Certification Report*, which are all submitted to the Legislative Assembly each year.

The Honor Roll Certificate will be delivered to the staff that submitted the A/R reports, Haley Robinson. Congratulations to your agency and your fiscal team for this outstanding work!

Sincerely,

Kate Nass, Chief Financial Officer
Chief Financial Office

Robert W. Hamilton, State Controller
Chief Financial Office



State of Oregon
Department of Administrative Services
Chief Financial Office

*Chief Financial Office's Accounts Receivable
Honor Roll Certificate*

Awarded to

Oregon Board of Dentistry

*For Commitment to Excellence
in the Management and Reporting
of Accounts Receivable*

Fiscal Year Ended June 30, 2022



Kate Nass

Kate Nass, Chief Financial Officer

Robert W. Hamilton

Robert W. Hamilton, State Controller

April 1, 2024

Date



State of Oregon
Department of Administrative Services
Chief Financial Office

*Chief Financial Office's Accounts Receivable
Honor Roll Certificate*

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*For Commitment to Excellence
in the Management and Reporting
of Accounts Receivable*

Fiscal Year Ended June 30, 2023



Kate Nass

Kate Nass, Chief Financial Officer

Robert W. Hamilton

Robert W. Hamilton, State Controller

April 1, 2024

Date

Equal Pay

Oregon's Equal Pay Act was signed into law in 2017. On June 1, 2024, DAS will deploy a new methodology that will narrow wage gaps in state government's Executive Branch.

Advisory Report and Consultation

In March 2023, the Secretary of State's Audits Division released an advisory report titled "Oregon Must do More to Close Persistent Wage Gaps for Women and People of Color in State Government." The report highlighted challenges Oregon state government has in narrowing wage gaps. The Department of Administrative Services (DAS) engaged The Segal Group to assist with reviewing current equal pay processes. We had two desired outcomes from the process:



1. Narrowing wage gaps, while following the law.
2. Increasing transparency of tools and practices available to agencies and employees.



Current Practice

The current practice and tools follow the equal pay law, but are not well understood or transparent, especially in how factors are applied or credited. Currently, Oregon's Executive Branch uses the following factors to determine pay:

Seniority – One step granted for each year of experience in current position and at least one step for promotion.

Education – Credit given only for education required or relevant to the job.

Experience – Relevant experience is weighted based on job categories from .25 to .85.

Job Categories include entry, technical, professional, senior professional and executive.

- "Caps" and "weights" are applied by job categories.
 - **Caps** – Initial salary is capped at a certain step regardless of actual prior experience. The caps range from step two to step nine, depending on the category.
 - **Weights** – Relevant experience is weighted based on job category from .25 to .85; therefore employees in certain job categories take longer to reach the top step.



Contact

Jessica Knieling

Chief Human Resources Officer
971-900-9375

Jessica.Knieling@das.oregon.gov

New Method Starting June 1

To narrow wage gaps, DAS will adopt a new equal pay methodology effective June 1, 2024 – seven months earlier than planned. The new method applies to all job categories, removes caps, and weighs relevant experience the same for all jobs.



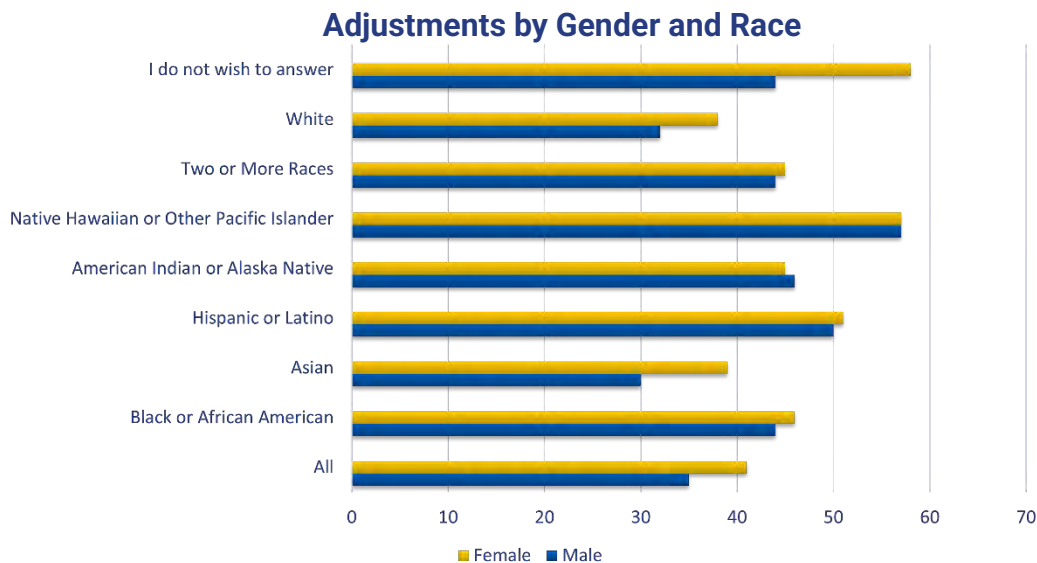
Seniority – One step granted for each year of experience in current position and at least one step for promotion.

Education – Credit is given for highest advanced degree received (associate, bachelor, master, doctorate) as an experience equivalent, regardless of relevancy to the job.

Experience – Relevant experience is weighted at .5 across all jobs (two years of relevant experience equals one step).

Results

The new pay practice will make adjustments to approximately 38% of employees, aligning with our goal of narrowing wage gaps. The table below reflects the percentage of adjustments by gender and race.



References

- Oregon Equal Pay Act, [ORS 652.210-652.234](#)
- Oregon Dept. of Administrative Services [State HR Policy 20.005.10](#)
- Secretary of State Audit titled "[Oregon Must do More to Close Persistent Wage Gaps for Women and People of Color in State Government.](#)"



Contact

Jessica Knieling

Chief Human Resources Officer
971-900-9375

Jessica.Knieling@das.oregon.gov

OBD Proposed 2025 – 2027 POLICY OPTION PACKAGES

POP 100 Three Fee increases to support Current Service Level.

How Achieved: The OBD's costs have increased steadily over the past years with generous COLAs, increase in the PDMP fee, support for the Oregon Wellness Program and other inflationary pressures impacting all state agencies. In addition the OBD is transitioning all accounting, budgeting, human resource and payroll support to DAS, which has higher costs than the Oregon Medical Board. The OBD would initiate three fee increases effective July 1, 2025. The last fee increase was in 2023. The additional revenue will support the OBD and ensure current service level and all primary functions and mission is supported. The dentists would absorb the fee increases with their license renewal and the two highest sedation permit fees. The two sedation permits allow the highest level of sedation: the name difference due to updated terminology and changes within dentistry regarding nomenclature. The dentists holding these permits generally are the highest earning dentists.

The proposed fee increases are estimate to add \$214,200 in revenue.

- Increase dental biennial license fee by \$50 to be \$486 (3400 Dental Licenses renewed would generate \$170,000)
- Increase Deep Anesthesia permit fee by \$325 to be \$400 (40 permits = \$13,000)
- Increase General Anesthesia Permit fee by \$260 to be \$400 (120 permits = \$31,200)

Staffing Impact: No impact. CSL maintained.

Services and Supplies: No impact. CSL maintained.

Revenue Source: The Board of Dentistry's funding is 100% Other Funds generated primarily from fees paid by licensees and applicants for licenses and permits. A small portion (less than six percent) of the Board's revenue is from miscellaneous revenues generated from the sale of documents and records, late fees, civil penalties and dental assistant certifications

POP 200 List Serve Upgrade to GovDelivery

Total for 2025-2027 is \$24,823

\$4127 one-time set up and implementation fee

Per Year \$10,348/year

How Achieved: Enhancing Communication and Engagement: Acquiring GovDelivery for the Oregon Board of Dentistry. The Board acknowledges that its current communication methods are limited and do not effectively reach all stakeholders. This hinders the Board's ability to provide timely updates, share important information, and gather feedback from the dental community and the public. OBD recognizes the need to improve communication and engagement with stakeholders, including dental professionals, patients, and the public. The Board proposes acquiring GovDelivery, a trusted and proven communications platform specifically designed for government agencies. GovDelivery offers a range of features and tools that will revolutionize the Board's communication and engagement efforts. This proposal aims to enhance transparency, streamline information dissemination, and foster meaningful engagement. Communication about the Board's activities is crucial to its operation and mission.

Staffing Impact: No impact.

Services and Supplies: \$24,823

Revenue Source: The Board of Dentistry's funding is 100% Other Funds generated primarily from fees paid by licensees and applicants for licenses and permits. A small portion (less than six percent) of the Board's revenue is from miscellaneous revenues generated from the sale of documents and records, late fees, civil penalties and dental assistant certifications

POP 300 HR and Payroll Services

How Achieved: This package is to account for the transfer of OBD's HR and Payroll Services from the Oregon Medical Board (OMB) to DAS. This POP would request the difference between what the OBD is currently paying to OMB (\$863 per month) and the 2025-2027 rate for DAS HR services estimated to be \$1042 per month. The difference is calculated at \$4,296 for the biennium.

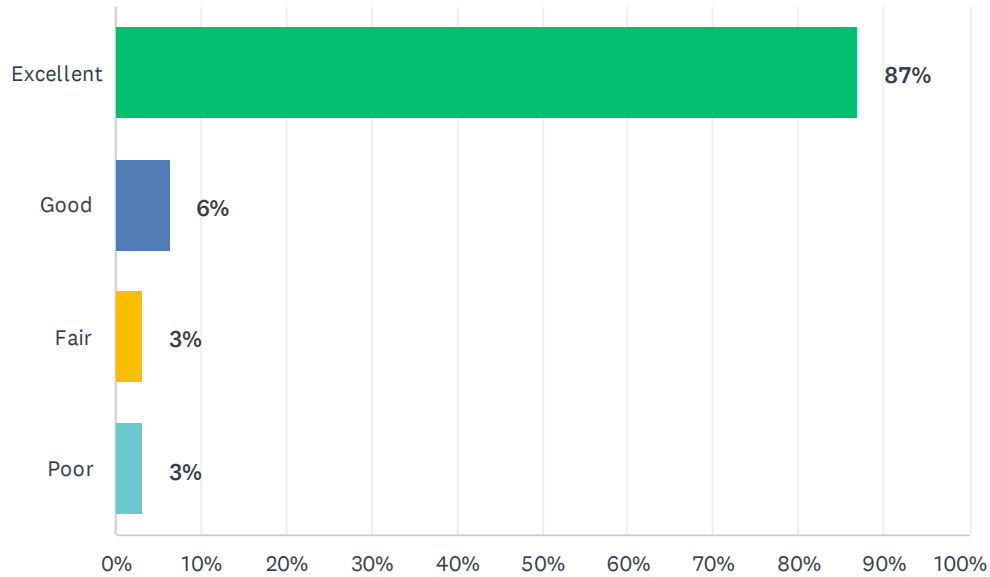
Staffing Impact: No impact.

Services and Supplies: \$4,296

Revenue Source: The Board of Dentistry's funding is 100% Other Funds generated primarily from fees paid by licensees and applicants for licenses and permits. A small portion (less than six percent) of the Board's revenue is from miscellaneous revenues generated from the sale of documents and records, late fees, civil penalties and dental assistant certifications.

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

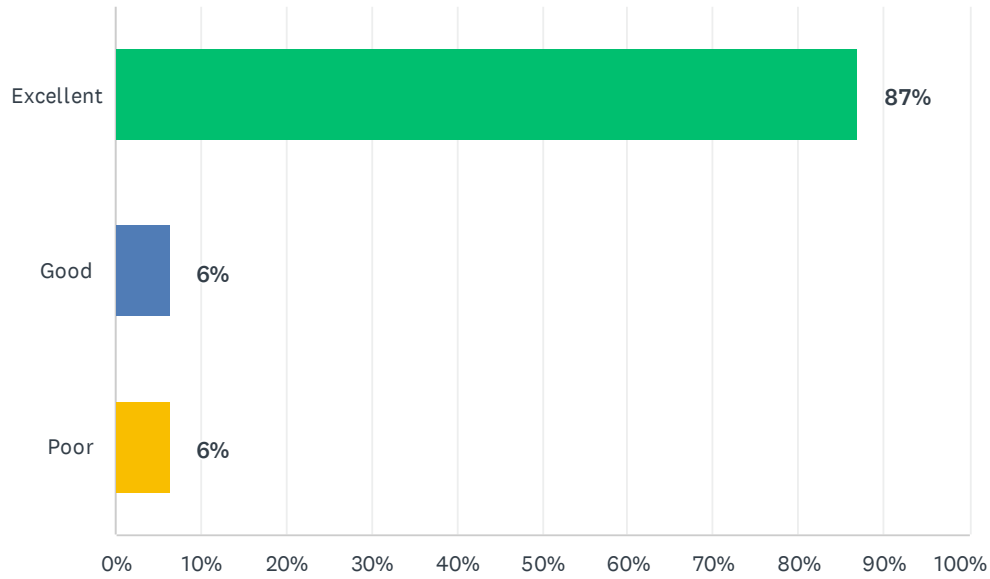
Answered: 31 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	87%	27
Good	6%	2
Fair	3%	1
Poor	3%	1
TOTAL		31

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

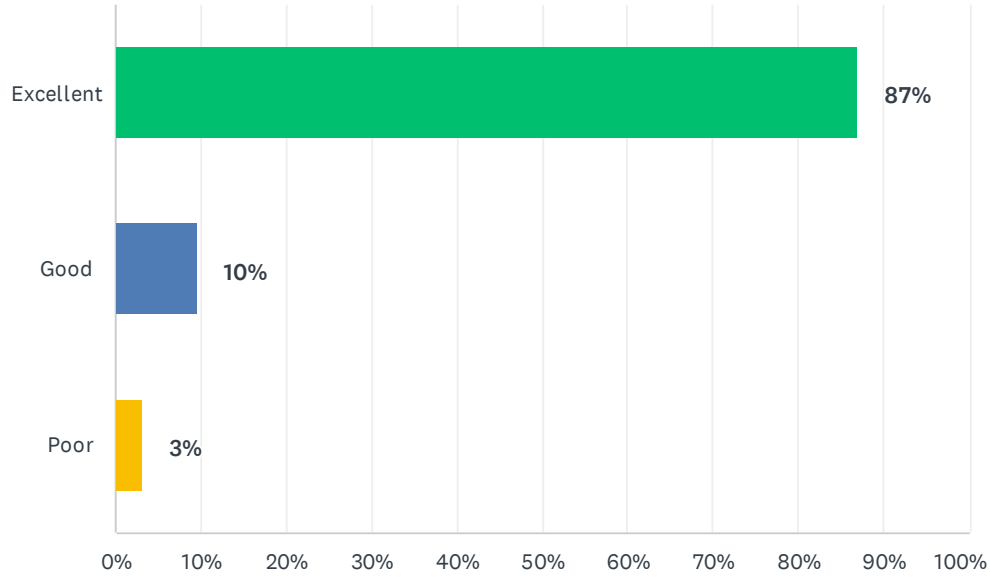
Answered: 31 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	87%	27
Good	6%	2
Poor	6%	2
TOTAL		31

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

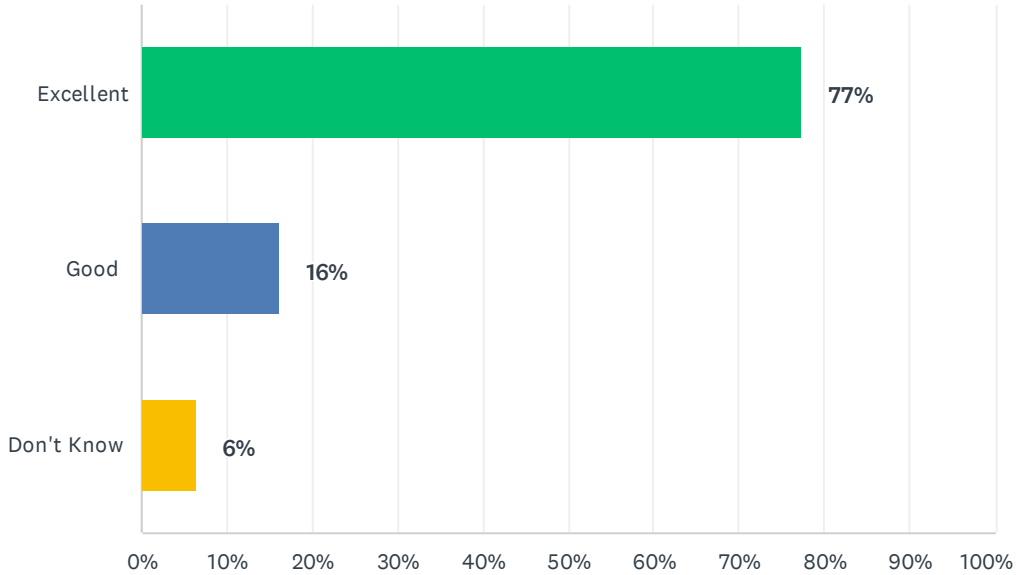
Answered: 31 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	87%	27
Good	10%	3
Poor	3%	1
TOTAL		31

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

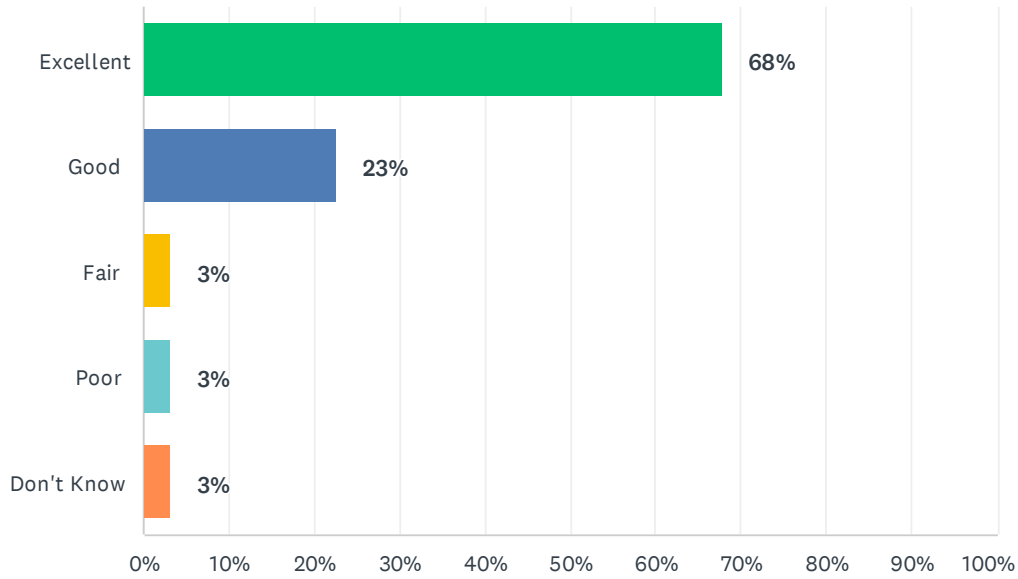
Answered: 31 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	77%	24
Good	16%	5
Don't Know	6%	2
TOTAL		31

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

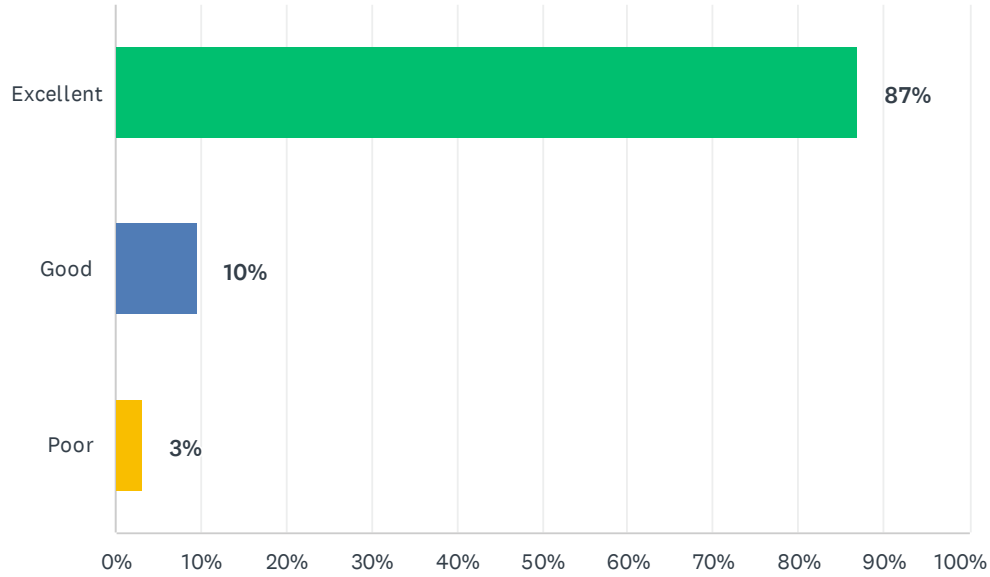
Answered: 31 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	68%	21
Good	23%	7
Fair	3%	1
Poor	3%	1
Don't Know	3%	1
TOTAL		31

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

Answered: 31 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	87%	27
Good	10%	3
Poor	3%	1
TOTAL		31



Oregon

Tina Kotek, Governor

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

OBD Executive Director
Stephen Prisby

DATE: June 4, 2024
TO: OBD Board Members
FROM: OBD Executive Director Stephen Prisby
SUBJECT: OBD Delegated Duties to Executive Director & Staff

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

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

Delegated Authority to OBD Executive Director and Staff

Investigations:

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

Notices/Consent Orders/Orders/Interim Consent Orders:

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

New. Renewal. Reinstatement Applications & Volunteers:

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

Dental Therapy Collaborative Agreements:

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

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

President Oregon Board of Dentistry

Date



**STATE OF OREGON
POSITION DESCRIPTION**

**Position Revised Date:
June 1, 2011**

This position is:

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

Agency: Oregon Board of Dentistry

Facility:

New Revised

SECTION 1. POSITION INFORMATION

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

SECTION 2. PROGRAM AND POSITION INFORMATION

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

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

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

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

SECTION 3. DESCRIPTION OF DUTIES

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

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

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

SECTION 4. WORKING CONDITIONS

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

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

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

SECTION 5. GUIDELINES

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

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

b. How are these guidelines used?

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

SECTION 6. WORK CONTACTS

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

Who Contacted	How	Purpose	How Often?
Board Members and the general public	Phone/writing/in person	Interpret laws and rules, and to explain Board policies and processes	Daily
Executive Officers of other state Boards	Phone/writing/in person	Interpret laws and rules, and to explain Board policies and processes	Daily
Licensees	Phone/writing/in person	Interpret laws and rules, and to explain Board policies and processes	Daily

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

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

SECTION 7. POSITION RELATED DECISION MAKING

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

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

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

SECTION 8. REVIEW OF WORK

Who reviews the work of the position?

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

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

SECTION 9. OVERSIGHT FUNCTIONS**THIS SECTION IS FOR SUPERVISORY POSITIONS ONLY**

- a. How many employees are directly supervised by this position? 5
 How many employees are supervised through a subordinate supervisor? 3

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Plan work | <input checked="" type="checkbox"/> Coordinates schedules |
| <input checked="" type="checkbox"/> Assigns work | <input checked="" type="checkbox"/> Hires and discharges |
| <input checked="" type="checkbox"/> Approves work | <input checked="" type="checkbox"/> Recommends hiring |
| <input checked="" type="checkbox"/> Responds to grievances | <input checked="" type="checkbox"/> Gives input for performance evaluations |
| <input checked="" type="checkbox"/> Disciplines and rewards | <input checked="" type="checkbox"/> Prepares & signs performance evaluations |

SECTION 10. ADDITIONAL POSITION-RELATED INFORMATION

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

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

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

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

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

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

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

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

Operating Area	Biennial Amount (\$00000.00)	Fund Type
Entire agency	\$4.2 million	Other

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

SECTION 11. ORGANIZATIONAL CHART

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

SECTION 12. SIGNATURES

SIGNATURE ON FILE

Employee Signature

Date

SIGNATURE ON FILE

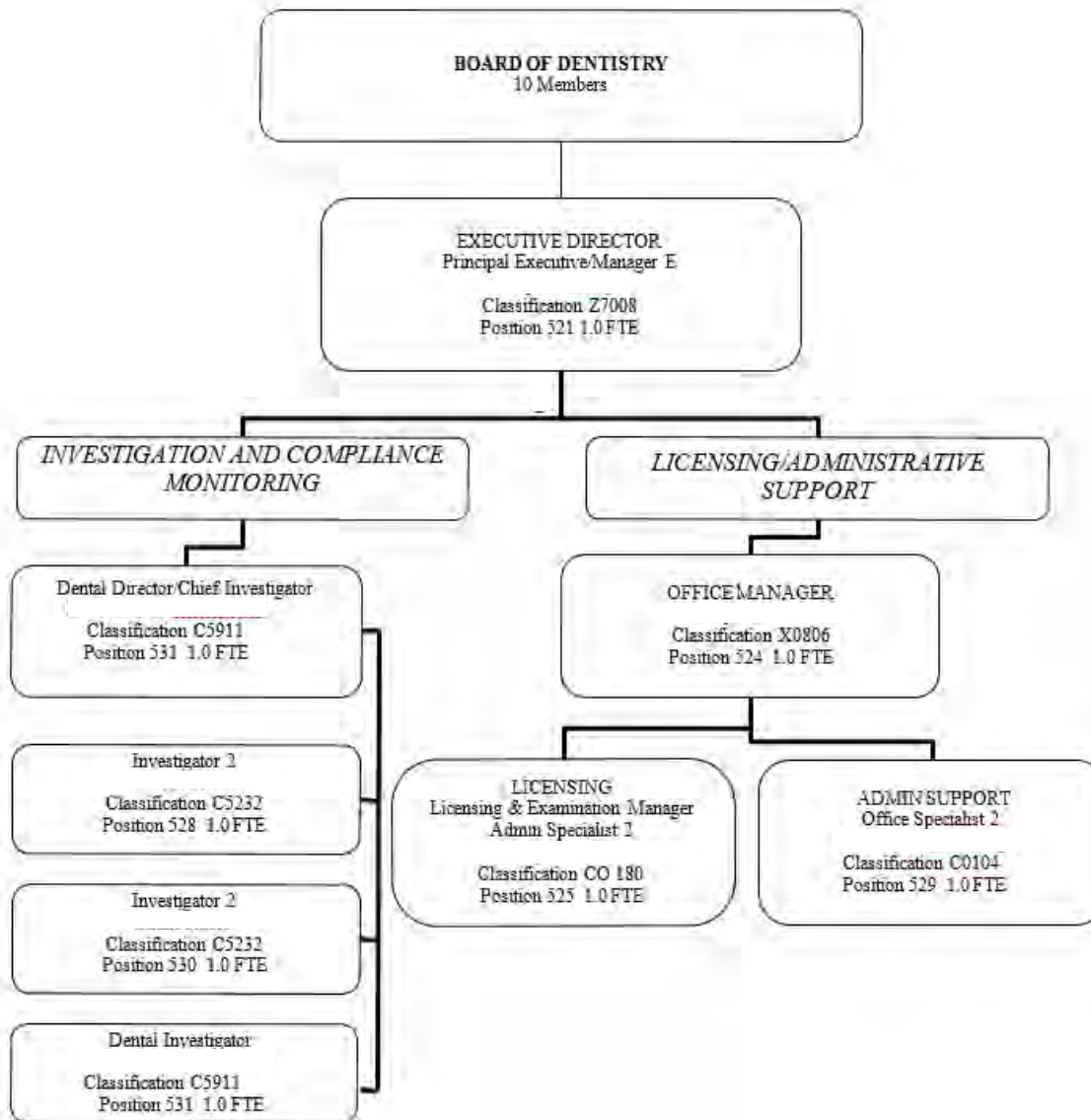
Supervisor Signature

Date

Appointing Authority Signature

Date

BUDGET NARRATIVE





Oregon Board of Dentistry Bylaws

Article I. Name

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

Article II. Mission

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

Article III. Officers and Duties

Sec. 1. The President of the OBD shall preside at all meetings of the Board and shall have a vote on motions, if they so choose.

In addition, he/she shall perform the following duties:

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

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

In addition, he/she shall perform the following duties:

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

Sec. 3. The President of the OBD shall appoint all committee and workgroup chairs for any committees and workgroups of the OBD. Chairs shall preside at all meetings of their committees and workgroups.

In addition, he/she shall perform the following duties:

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

Article IV. Voting

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

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

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

Article V. Quorum

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

Article VI. Procedures and Rules

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

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

Article VII. Amendments

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

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

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



Oregon

Tina Kotek, Governor

Board of Dentistry

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TO: OBD Board Members

FROM: Stephen Prisby, OBD Executive Director

DATE: June 1, 2024

SUBJECT: OBD 2022 – 2025 Strategic Plan Summary of Work

Strategic Priority A – Licensure Evolution

Dental Therapy Rules Oversight Committee had five meetings leading up to the inaugural rules and policies to regulate dental therapists in Oregon. Dental Therapy rules, license instructions and applications were in place and ready on July 1, 2022. The first application for licensure was received in September 2022, and issued November 1, 2022.

Engage dental therapy community and include in Board work.

All dental therapists aware of Board's Committees and invited to participate on them as well.

Strategic Priority B – Dental Practice Accountability

Initial review of types of complaints to assess any recent trends on reoccurring issues.

OBD aware of practice models that utilize teledentistry and remote technology.

Awareness of new procedures with cosmetic dentistry and related health spa treatment providers.

Awareness and monitoring license compacts and studying possible impact on Oregon.

Gathering information from other states on updated dental clinic ownership laws.

Strategic Priority C – Community Interaction and Equity

Oregon DAS Office of Cultural Change invited to Aug 2022 Board Meeting.

Engage the dental therapy community and added a regular standing Dental Therapy Rules Oversight Committee.

DEI Plan being reviewed by the board at multiple meetings before being finalized in October 2023.

Recognized and accepted comments & feedback from the dental assistant community on legislative and other issues.

Implemented DAWSAC and fulfilling requirement to have regular meetings.

OBD Tribal Relationship & Cooperation Policy sent to all board and staff members for review and acknowledgement.

Review Healthcare Regulatory Research Institute Report on public perception of regulation.

Strategic Priority D – Workplace Environment

Hybrid Work Environment implemented successfully.

Professional Development opportunities for staff – Investigator Specific Training, including AG Law Conference.

Staff informed on timely announcements with Workday and Paid Leave Program implementation from the Oregon Employment Department.

New State Holiday - Juneteenth adding to another day off for all employees.

Regular Quarterly Check-ins with all staff.

Strategic Priority E – Technology & Process

Modernization Efforts - Board Meetings, Teams Environment

Laptops distributed to Board members, emails, first Evaluator and Board Books distributed for October 2022 Board meeting.

December 2022 Initial license applications able to be completed on line and complete transition away from paper applications.

Updated & Streamlined Protocols, malpractice PLRs and implemented Compliance Audit Project.

OBD 2022-2025 Strategic Plan Attached

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

Oregon Board of Dentistry



Strategic Plan 2022-2025

Adopted February 25, 2022



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Oregon Board of Dentistry 2022-2025 Strategic Plan

Board members and staff of the Oregon Board of Dentistry who participated in the development of this strategic plan at the October 22-23, 2021 Planning Session:

Alicia Riedman, RDH - President
Jose Javier, DDS - Vice President
Amy B. Fine, DMD
Gary Underhill, DMD
Reza J. Sharifi, DMD
Charles "Chip" Dunn
Yadira Martinez, RDH
Jennifer Brixey
Aarati Kalluri, DDS
Sheena Kansal, DDS

Stephen Prisby - Executive Director
Haley Robinson - Office Manager
Winthrop "Bernie" Carter, DDS - Dental Director/Chief Investigator
Angela M. Smorra, DMD - Dental Investigator
Ingrid Nye - Investigator
Lori Lindley - Sr. Assistant Attorney General

Facilitators:

Jennifer Coyne - CEO, The PEAK Fleet
Theresa Trelstad - Contractor Consultant, The PEAK Fleet

Oregon Board of Dentistry Strategic Plan Overview

The Oregon Board of Dentistry's (OBD) responsibilities and oversight authority is bestowed from the Oregon Revised Statutes Chapter 679 (Dentists), Chapter 680.010 to 680.205 (Dental Hygienists), Oregon Administrative Rules Chapter 818. In addition, direction for Dental Therapists is guided by HB 2528 (2021) and the addition of Interim Therapeutic Restorations, HB 2627 (2021) for Expanded Practice Dental Hygienists. These new statutes task the OBD with regulation and oversight of the practice of dentistry and dental hygiene by enforcing standards of practice established in the Oregon Legislature statutes and rule.

At the end of the previous 2017-2020 planning cycle and after hardships of the COVID 19 pandemic (which has persisted from 2020 into 2022), OBD had established transformative ways of addressing critical issues. Strong relationships with the Governor's office, Oregon Legislature, Oregon Health Authority, peer professional organizations, and national associations gave context and direction, and kept a finger on the pulse of rapid changes in the dental profession, business practices, and operating models.

In mid-2021 the Board and staff of OBD agreed to secure professional, external strategy and facilitation services in the creation of their next multi-year strategic plan, building upon the efforts of the 2017-2020 Plan.

During the planning process, the OBD Board and Staff agreed to update the mission statement to reflect a focus on access to care as well as on integrity. The OBD will implement the strategic plan, adaptively to rapidly changing circumstances, in support of its Mission: *to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.*

Through external market research, initial discussions with the Board and Staff, and tabulation of the licensee surveys, a set of priorities emerged. Through the facilitated process between August and October 2021, five key strategic priorities were defined and goals established. Actions needed to meet the strategic goals were drafted and prioritized.

Covered in more detail in the subsequent pages, focus for the next 3-5 years will be on Licensure Evolution (including Dental Therapy legislation implementation),

Dental Practice Accountability, Workplace Environment, Technology & Processes, and Community Interaction & Equity.

This multi-year strategic plan outlines OBD's path and efforts to engage constituents on many levels to upscale practices and processes reflecting the changing environment and statutory responsibilities.

The new strategic plan is built upon a foundation of strength in Staff and Board expertise and experience, as well as positive Licensee sentiment, expressed as 78% positive, following a very tough year with the pandemic and other social impacts (especially on the healthcare industry). In addition, the Board and Staff defined and approved organizational core values of integrity, fairness, responsibility, and community. Combined with a focus on mission, the newly defined core values are a visible lens through which to make decisions and set direction.

Oregon Board of Dentistry Mission Statement & Core Values

Mission of the Oregon Board of Dentistry:

To promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

Oregon Board of Dentistry Core Values:

- Integrity
- Fairness
- Responsibility
- Community

Oregon Board of Dentistry

Organizational & External Influences Analysis

This organizational and external analysis covers the internal factors that will influence the ability to respond to operational needs as well as the external factors that may drive change. The Oregon Board of Dentistry analyzed the social, technological, economic, legal/regulatory, and environmental factors that might affect the practice of dentistry and the OBD's oversight. In addition, the current organizational status was analyzed primarily through staff interviews.

The most significant Strengths, Weaknesses, Opportunities, and Threats that affect the OBD are:

<p>STRENGTHS</p> <ul style="list-style-type: none">• Foundation of known, common values: Integrity, Fairness, Responsibility, Community and commitment to the mission• Skilled, experienced, and dedicated staff• Successful migration and knowledge transfer as new Board and Staff onboarded during previous strategic period• Foresight and proactive succession and onboarding planning• Board composition provides a breadth of perspectives• Member survey shows support in OBD remains high at 78% after problematic pandemic year	<p>WEAKNESSES</p> <ul style="list-style-type: none">• Lack of clear understanding for OBD scope and jurisdiction by public, patients and Licensees• Limited control over budget/funding impact ability to adjust staffing plans to meet overall strategic plan needs• Legislature changes can create significant increases in staff work that are not in alignment with staffing capacity• Low levels of Licensee participation in inputs/surveys. 2020 strategic priorities member survey had 265 responses• Board member turnover creates loss of continuity and historical knowledge
<p>OPPORTUNITIES</p> <ul style="list-style-type: none">• Ability to implement Dental Therapy licensure process• Migration of technology to improve licensee experience, overall processes & efficiency, and provide workplace flexibility• Collaboration with Oregon Health Authority (OHA) to manage public engagement and expectations for language, cultural diversity, equity, and inclusion across OHA partners. (With guidance from the State Racial Justice Council.)	<p>THREATS</p> <ul style="list-style-type: none">• Continued lagging technology infrastructure• Shifts in business operations and managed care pose challenges to dentistry practices and regulation• Insurance maximums dating to the 1960's influence patient care recommendations

In addition to the SWOT items called out above it is important to note that ability to address Opportunities, Threats, and Weaknesses will come from the areas of Strength. For instance, the Engaged Board and Staff expertise coupled with the learnings from the migration and knowledge transfer of the previous period is the key to implementing needed technology infrastructure which in turn drives the hybrid work environment. In a similar fashion, collaboration with OHA and the State Racial Justice Council recommendations will set standards for community engagement, helping clarify OBD scope and public expectations for interaction with the OBD.

STRATEGIC PRIORITY A

Licensure Evolution

In support of providing quality oral care equitably to all, the dental profession must address the issue of communities having access to dental care services. This access may be limited by lack of dental care professionals in certain community areas such as rural areas, lower socio-economic areas, or tribal communities. Solving this problem requires creativity and the evolution of types of licenses granted. As new legislation is created, the OBD must implement rules and standards to govern dental professionals in Oregon.

Goals

- ⇒ Develop and implement rules based on legislation changes
- ⇒ Successfully implement Dental Therapy license

Action Items

- Develop and implement rules in support of HB 2528 (2021) for newly created Dental Therapist license
- Develop and implement communication strategies with communities most impacted by Dental Therapy license implementation
- Engage interested parties to learn more and gather feedback about implementing Dental Therapy practice in Oregon

STRATEGIC PRIORITY B

Dental Practice Accountability

The landscape of dental practices continues to evolve further toward group dentistry practice including ownership by national corporate entities. This in turn, creates challenges and complexity in ensuring the public safety and high standards of practice are upheld. In addition, when complaints are made, establishing appropriate accountability and encouraging improvements to happen is more challenging than in the past.

Goals

- ⇒ Ensure Licensees dictate clinical care provided to patients (in contrast to corporate non-Licensees driving care decisions)
- ⇒ Increase OBD visibility into practice ownership models
- ⇒ OBD jurisdiction over Dental practices in Oregon, regardless of ownership and business operating model
- ⇒ Correlate patient care to level of competency required by practitioners (DT, DMD, DDS, DH); hold entities accountable to the level of licenses within their practice

Action Items

- Implement changes to Licensee Renewal form to capture multiple office/group affiliation
- Gather dental practice ownership and training information
- Analyze complaints by ownership types
- Receive OHSU updated curriculum and include in Board Book
- Evaluate options for strengthening statute related to accountability, ownership, and standards of care

STRATEGIC PRIORITY C

Community Interaction and Equity

The Oregon Board of Dentistry recognizes that systemic inequities exist in our society which have resulted in practices that have not always provided equitable access to dental care across our community.

Protecting the Community has always been at the center of the Oregon Board of Dentistry Mission. Fairness and equity are imbedded in the OBD Values. The OBD believes it can do more to address the systemic inequities that have existed and ensure more fully that our mission and values apply to everyone.

Goals

- ⇒ Communicate and market to reach the diverse communities within Oregon
- ⇒ Increase ease of access to OBD services
- ⇒ Ensure equity exists in Investigation outcomes
- ⇒ Increase OBD Licensee, patient, and community understanding of OBD roles, responsibilities, and services

Action Items

- Align Diversity, Equity, and Inclusion plans to guidance provided by the State of Oregon Racial Justice Council
- Include diversity analysis when developing Marketing or Communications materials; consider diversity in visual representations
- Enable OBD to take complaints in complainant's first language
- Create analysis of prior investigations, findings, and actions across Licensee demographics to frame equity-related data

STRATEGIC PRIORITY D

Workplace Environment

The COVID-19 pandemic, technology advances, talent supply/demand issues as well as numerous factors affecting employee expectations of the work environment are driving the need for changes to work environments worldwide. OBD has previously been limited in ability to offer more flexible work location options due to technological limitations. Those limitations are easing, allowing for secure and effective ways to access needed information while employees work from home or other remote locations. Offering this flexibility will likely increase employee satisfaction while at the same time enabling increased efficiency.

In addition to flexible work arrangements, employees also desire clear expectations and recognition for their work as well as fair and equitable processes for advancing their careers. OBD investments in these areas should result in increased employee retention.

Board succession planning is also critical. Several Board members have terms ending in this next plan horizon. The strategic resource plans extend to the Board as well as employees.

Goals

- ⇒ Establish succession plan for Board members, continuing to represent many viewpoints and experiences in Board composition
- ⇒ Increase workplace flexibility through a hybrid workplace guideline
- ⇒ Increase workplace satisfaction and career development conversations

Action Items

- Define and implement hybrid workplace guidelines
- Evaluate overall workload and staff workload balance, consider adjustments for upcoming fiscal cycles
- Develop succession plans for Board positions coming open and establish effective process for ongoing timely replacement

STRATEGIC PRIORITY E

Technology & Processes

All organizations are affected by technology developments, and Oregon Board of Dentistry and the dental profession is no exception. The OBD has the strategic opportunity to implement processes and tools that will improve efficiency, employee and Board member experience as well as improve the effectiveness of processes for dental professional engaged with OBD. In addition, growing advances in data collection and analysis will enable the ability to continue to ensure fair and equitable outcomes for applicants and Licensees.

Goals

- ⇒ Improve efficiency and resource utilization through online record keeping
- ⇒ Increase ability to complete analytics related to licensees and investigations
- ⇒ Improve investigation case management with archived files

Action Items

- Complete digitization and modernization process for Board Books
- Complete implementation of InLumon system
- Build working digital database of Licensee records
- Create digital archive of investigation files
- Pilot data analysis capabilities



Oregon Board of Dentistry Strategic Plan 2022-2025

Mission: *To promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.*

MISSION-CRITICAL PRIORITIES				
A. Licensure Evolution	B. Dental Practice Accountability	C. Community Interaction & Equity	D. Workplace Environment	E. Technology and Processes
GOALS				
<ul style="list-style-type: none"> Develop and implement rules based on legislation changes Successfully implement Dental Therapy license 	<ul style="list-style-type: none"> Ensure licensees dictate clinical care provided to patients (in contrast to corporate non-licensees driving care decisions) Increase OBD visibility into practice ownership models OBD jurisdiction over Dental practices in Oregon, regardless of ownership and business operating model Correlate patient care to level of competency required by practitioners (DT, DMD, DDS, DH); hold entities accountable to the level of licenses within their practice 	<ul style="list-style-type: none"> Communicate and market to reach the all communities within Oregon Increase ease of access to OBD services Ensure equity exists in investigation outcomes Increase OBD licensee, patient, and community understanding of OBD roles, responsibilities, and services 	<ul style="list-style-type: none"> Establish succession plan for Board members, continuing to represent many viewpoints and experiences in Board composition Increase workplace flexibility through a hybrid workplace guideline Increase workplace satisfaction and career development conversations 	<ul style="list-style-type: none"> Improve efficiency and resource utilization through on-line records keeping Increase ability to complete analytics related to licensees and investigations Improve investigation case management with archived files
ACTION ITEMS				
<ul style="list-style-type: none"> Develop and implement rules in support of HB 2528 (2021) for newly created Dental Therapist license Develop and implement communication strategies with communities impacted by Dental Therapy license implementation Engage interested parties to learn more and gather feedback about implementing Dental Therapy Practice in Oregon 	<ul style="list-style-type: none"> Implement changes to Licensee Renewal form to capture multiple office/group affiliation Gather dental practice ownership and training information Receive OHSU updated curriculum and include in Board Book Analyze complaints by ownership types Evaluate options for strengthening statute related to accountability, ownership, and standards of care Potential for proposed legislative changes 	<ul style="list-style-type: none"> Align Diversity, Equity, and Inclusion plans to guidance provided by the State of Oregon Racial Justice Council Enable OBD to take complaints in complainant's first language Include diversity analysis when developing Marketing or Communications materials; consider diversity in visual representations Create analysis of prior investigations, findings, and actions across licensee demographics to frame equity-related data Additional prioritized actions taken from recommendations and resources provided by State Racial Justice Council 	<ul style="list-style-type: none"> Develop succession plans for Board positions coming open and establish effective process for ongoing timely replacement Define and implement hybrid workplace guidelines Evaluate overall workload and staff workload balance, consider adjustment for upcoming fiscal cycles 	<ul style="list-style-type: none"> Complete digitization and modernization process for Board Books Complete implementation of InLumon system Build working digital database of Licensee records Pilot data analysis capabilities Create digital archive of investigation files

Oregon Board of Dentistry 2022-2025 Strategic Plan

Roadmap and Goals

Strategic Priorities	2022-2023	2023 - 2024	2024-2025	Goals
Licensure Evolution	<ul style="list-style-type: none"> Develop and implement rules in support of HB 2528 (2021) for newly created Dental Therapist license 	<ul style="list-style-type: none"> Engage interested parties to learn more and gather feedback about implementing Dental Therapy Practice in Oregon 		<ul style="list-style-type: none"> Develop and implement rules based on legislation changes
	<ul style="list-style-type: none"> Develop and implement communication strategies with communities impacted by Dental Therapy license implementation 			<ul style="list-style-type: none"> Successfully implement Dental Therapy license
Dental Practice Accountability	<ul style="list-style-type: none"> Implement changes to Licensee Renewal form to capture multiple office/group affiliation Gather dental practice ownership and training information Receive OHSU updated curriculum and include in Board Book 	<ul style="list-style-type: none"> Analyze complaints by ownership types Evaluate options for strengthening statute related to accountability, ownership, and standards of care 	<ul style="list-style-type: none"> Potential for proposed legislative changes 	<ul style="list-style-type: none"> Ensure licensees dictate clinical care provided to patients (in contrast to corporate non-licensees driving care decisions) Increase OBD visibility into practice ownership models OBD jurisdiction over Dental practices in Oregon, regardless of ownership and business operating model Correlate patient care to level of competency required by practitioners (DT, DMD, DDS, DH); hold entities accountable to the level of licenses within their practice
Community Interaction and Equity	<ul style="list-style-type: none"> Align Diversity, Equity, and Inclusion plans to guidance provided by the State of Oregon Racial Justice Council 	<ul style="list-style-type: none"> Include diversity analysis when developing Marketing or Communications materials; consider diversity in visual representations 	<ul style="list-style-type: none"> Additional prioritized actions taken from recommendations and resources provided by State Racial Justice Council 	<ul style="list-style-type: none"> Communicate and market to reach the all communities within Oregon
	<ul style="list-style-type: none"> Enable OBD to take complaints in complainant's first language 	<ul style="list-style-type: none"> Create analysis of prior investigations, findings, and actions across licensee demographics to frame equity-related data 		<ul style="list-style-type: none"> Increase ease of access to OBD services
				<ul style="list-style-type: none"> Ensure equity exists in investigation outcomes Increase OBD licensee, patient, and community understanding of OBD roles, responsibilities, and services
Workplace Environment	<ul style="list-style-type: none"> Develop succession plans for Board positions coming open and establish effective process for ongoing timely replacement Develop and implement hybrid workplace guidelines 	<ul style="list-style-type: none"> Evaluate overall workload and staff workload balance, consider adjustment for upcoming fiscal cycles 		<ul style="list-style-type: none"> Establish succession plan for Board members, continuing to represent many viewpoints and experiences in Board composition Increase workplace flexibility through a hybrid workplace guideline Increase workplace satisfaction and career development conversations
Technology and Processes	<ul style="list-style-type: none"> Complete digitization and modernization process for Board Books Complete implementation of InLumon system 	<ul style="list-style-type: none"> Build working digital database of Licensee records Pilot data analysis capabilities 	<ul style="list-style-type: none"> Create digital archive of investigation files 	<ul style="list-style-type: none"> Improve efficiency and resource utilization through on-line records keeping Increase ability to complete analytics related to licensees and investigations Improve investigation case management with archived files

OGEC Rules Advisory Committee

Oregon Government Ethics Commission - OGEC <OGEC@public.govdelivery.com>

Thu 5/2/2024 9:11 AM

To: PRISBY Stephen * OBD <stephen.prisby@OBD.oregon.gov>

[View as a webpage / Share](#)

 Oregon Government Ethics Commission

May 2, 2024

A heartfelt thank you...



The Oregon Government Ethics Commission would like to thank you for your application for our Public Meetings Law Rules Advisory Committee (RAC). We received dozens of applications and unfortunately, you have not been selected as a committee member.

...but this doesn't have to be good-bye!

You can still participate! Your email has been added to our interested parties list. You will receive notice of the RAC meetings that you can attend as a guest. A link to the first meeting on Monday, May 10th at 1 pm is available below. You can also provide written public comment after the RAC meeting(s) on the OGEC website.

[OGEC RAC Webpage](#)

[Guest Link for RAC Meeting](#)

Oregon Government Ethics Commission

3218 Pringle Road SE, Suite 220
Salem, OR 97302

[\(503\) 378-5105](tel:(503)378-5105) | mail@ogec.oregon.gov | www.oregon.gov/OGEC

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Government Ethics Commission · 3218 Pringle Road SE, Suite 220 · Salem, OR 97302-1680





Oregon Government Ethics Commission Public Meetings Law Rules Advisory Committee

Meeting #1 – May 13, 2024

Livestream: <https://www.youtube.com/watch?v=IIArCpWl6B4>

Public Comment: rulemaking@ogec.oregon.gov

Rulemaking Advisory Committee Meeting #1 – Proposed Agenda		
Time	Topic	Who
1:00 pm - 1:10 pm (10 min)	Welcome <ul style="list-style-type: none"> Welcome to Public Meetings Law (PML) Rules Advisory Committee Introduce OGEC Staff Agenda Review 	<i>Susan Myers, OGEC ED and Rules Writer</i> <i>Becky Maison, Rules Coordinator</i> <i>Molly Putnam, Rules Coordinator</i>
1:10 pm - 1:40 pm (30 min)	RAC Member Introductions <ul style="list-style-type: none"> Name, organization or community affiliations, pronouns 	<i>Becky Maison, Facilitator</i> <i>RAC Members</i>
1:40 pm - 1:50 pm (10 min)	Overview of the Rulemaking Process <ul style="list-style-type: none"> From ORS to OAR Function of RAC Required Notices Adoption 	<i>Susan Myers / Becky Maison</i>
1:50 – 2:00 (10 min)	BREAK	
2:00 pm - 2:20 pm (20 min)	Overview of the PML <ul style="list-style-type: none"> 192.610 - 192.705 Governing bodies and meetings subject to the PML 	<i>Susan Myers</i>
2:20 pm - 2:40 pm (20 min)	199-050-0005 - Definitions <ul style="list-style-type: none"> Reading definitions Questions/Discussion 	<i>Molly Putnam</i> <i>RAC Members</i>
2:40 – 2:50 (10 min)	BREAK	
2:50 pm - 3:20 pm (30 min)	199-050-0010 – Governing Bodies Subject to Public Meetings Law <ul style="list-style-type: none"> Reading proposed rules Questions/Discussion 	<i>Becky Maison</i> <i>RAC Members</i>

<p>3:20 pm - 3:50 pm (30 min)</p>	<p>199-050-0015 – Meetings Subject to Public Meetings Law</p> <ul style="list-style-type: none"> • Reading proposed rules • Questions/Discussion 	<p><i>Susan Myers RAC Members</i></p>
<p>3:50 pm - 4:00 pm (10 min)</p>	<p>Next Steps and Adjournment</p> <ul style="list-style-type: none"> • Next meeting • Post meeting survey 	<p><i>Becky Maison</i></p>

In compliance with the Americans with Disabilities Act, this information is available in alternative formats upon request. Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate, should make a request as soon as possible but no later than 48 hours before the scheduled meeting. Please contact rulemaking@ogec.oregon.gov if you have questions or need an accommodation.

Public Meetings Law Rules – Initial Draft – 5/13/24

199-050-0005 Definitions

The following definitions are provided for words or terms as they are used in ORS 192.610 to ORS 192.705 and as they are used in these rules:

- (1) “Communicate” means to express or transmit information so that the information can be received and understood by other persons.
- (2) “Communication” means the exchange or transmission of information.
- (3) “Decision-making process” means the process of making choices by identifying a decision to be made, gathering information, assessing alternatives, and making a decision. A decision-making process may include: (a) identifying or selecting the nature of the decision to be made; (b) gathering information related to the decision to be made; (c) considering recommendations; (d) identifying and assessing alternatives; (e) weighing evidence; (f) choosing among alternatives; (g) making a decision; and (h) reviewing the decision and evaluating its impacts.
- (4) “Deliberate” means to consider information related to a matter that may come before the governing body as part of a decision-making process. To deliberate may include formal discussion of the information among members of the governing body.
- (5) “Discussion” means to receive and respond to communications. A discussion may occur verbally or in writing, and it may occur contemporaneously or over time.
- (6) “Discussion or communication that is part of the decision-making process” means the receipt and sharing of information and responses to information relating to any matters that are part of a governing body’s decision-making process.
- (7) “Intermediary” or “intermediaries” means one or more persons who facilitate communications among members of a governing body, by sharing information received from a member or members of the governing body with other members of the governing body who are not present at the same time or in the same location.
- (8) “Quorum” means the minimum number of members of a governing body that must be present for the governing body to legally transact business. In the absence of a statute, ordinance, rule, charter, or other enactment specifically establishing the number of members needed for a quorum, a quorum is a simple majority of the members of the public body.
- (9) “Serial communications” means any discussion or communication by members of a governing body that is part of the decision-making process and that is held outside of a publicly noticed meeting. Serial communications may include verbal or written communications, exchanged in person, through the use of an intermediary or

intermediaries, or through social media, and may occur through successive or sequential communications.

- (10) “Work Session” means a meeting held for the purpose of gathering information to serve as the basis for a subsequent decision or recommendation by the governing body. At a work session, a governing body may receive information and may engage in preliminary discussions, but members may not make decisions or take action.

199-050-0010 Governing Bodies Subject to the Public Meetings Law

- (1) The Public Meetings Law applies to all meetings of governing bodies of a public body for which a quorum is required to make a decision or deliberate toward a decision on any matter.
- (2) A “public body” includes the state, any regional council, and any county, city, district, or any municipal or public corporation. For any of these bodies, “public body” also includes any board, department, commission, council, bureau, committee, subcommittee, advisory group, or any other agency thereof.
- (3) “Governing body” means any group of two or more members of a public body with the authority to make decisions for or recommendations to a public body on policy or administration.
- a. “Governing body” includes:
 - A. Elected or appointed public officials charged by statute, ordinance, rule, charter or other enactment with the authority to make decisions for the public body. This would include county commissions, city councils, school boards, and other district boards.
 - B. Members of any public body who have been delegated the authority to make decisions for the public body on policy or administration. A body meets this standard if its decision-making authority includes the power to exercise governmental power and act on behalf of the public body.
 - C. Members of any public body who have been delegated the authority to make recommendations to a public body on policy or administration. This would include advisory bodies, committees, and subcommittees.
 - b. “Governing body” does not include:
 - A. Members of any public body that provide only factual information and do not have the authority to make decisions for or recommendations to a public body on policy or administration.
 - B. Members of any advisory group that are appointed by an individual public official if they report only to that appointing official and if that official has the authority to act on the advisory group’s recommendation. If the appointing official lacks authority to act on the advisory group’s recommendations and must pass those recommendations on, unchanged, to a public body, the advisory group would be a governing body.

- C. Members of multi-jurisdictional commissions, who are appointed by several different governments, including but not limited to those in Oregon, and whose Oregon members do not constitute a majority of the governing body's members.

199-050-0015 Meetings Subject to the Public Meetings Law

- (1) A "meeting" is the convening of a quorum of a governing body in order to make a decision or deliberate toward a decision on any matter.
- (2) Discussions or communications involving less than a quorum of the governing body do not constitute a meeting.
- (3) Except as set forth herein, when a quorum of the members of a governing body convene a meeting to deliberate or make a decision on any matter, that meeting is subject to the requirements in the Public Meetings Law. Such meetings may occur in-person, through video, telephone, or other electronic means, or through serial communications.
- (4) Private meetings where a quorum of a governing body engage in discussions or communications that are part of the governing body's decision-making process violate the Public Meetings Law.
- (5) Meetings and communications that are exempt from the Public Meetings Law include:
 - a. On-site inspections of projects or programs.
 - b. Attendance of members of a governing body at a national, regional or state association to which the public body or the members belong.
 - c. Communications among members of a governing body that are purely factual or educational. Such communications cannot include discussions of any matters that could reasonably come before the governing body for decision or deliberation.
 - i. Examples of such communications include training sessions and retreats, so long as the discussions do not include matters subject to the governing body's decision or deliberation.
 - ii. Factual or educational communications that relate to a governing body's decision-making process or involve matters that could reasonably come before a governing body for decision or deliberation are not exempt. Communications relating to such factual matters or that involve information-gathering relating to a governing body's decision-making process must take place in a properly noticed work session.
 - d. Communications or discussions of non-substantive matters, on matters such as scheduling, leaves of absence and similar matters, that are not subject to the governing body's decision or deliberation.
 - e. Social gatherings and communications that are not related to any matter that could reasonably be expected to come before the governing body for decision or deliberation.

HEALTH PROFESSIONAL REGULATORY BOARDS GROUP CHARTER

Purpose

To form a collective of Oregon's 19 Health Professional Regulatory Boards (HPRBs), which are separate entities with different scopes of authority and unique regulatory functions. However, the Executive Directors of the HPRBs are committed to collaboration in order to best serve Oregonians, further the Governor's priorities, and effectively regulate the health professions in Oregon in support of optimal outcomes for all patients who receive care in this state.

Members

Health Professional Regulatory Boards are listed in ORS 676.160 and 676.560:

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

Member Representatives

The group is composed of the Executive Directors or designated staff of each member agency. Other agency staff may attend meetings as topically appropriate or as an alternate designee in the Executive Director's or staff's absence.

Scope

The HPRB Group will discuss current trends, best practices, and shared issues; address common challenges with solution-oriented responses; meet or exceed the Governor's expectations; respond to the needs of health care providers; support efforts to improve quality of care and positive health outcomes for all patients irrespective of social determinates; bolster the total health care workforce; explore opportunities to streamline state regulations and improve stewardship of licensee funds; and deliver outstanding customer service to health care providers and the general public.

Meetings

Executive Directors will meet monthly via videoconference or in person. Additional collaboration will occur in between meetings and in preparation for meetings.

Format

Agendas will be a mix of agency presentations, outside speakers, group discussion, and material development.

Strategic Objectives

1. Increase shared learning across health licensing boards.
2. Address workforce issues with innovation and collaboration and propose opportunities for improving health care capacity in Oregon.
3. Pursue regulatory streamlining to ease burdens on health care professional applicants and licensees without compromising patient safety requirements.
4. Assess burnout, mental health, and wellness in the health care workforce and propose opportunities to support licensees.
5. Develop, strengthen, and maintain relationships with internal and external partners who will support the efforts of the HPRBs.
6. Engage in outreach to licensees and the public, including through educational materials.

Dental Testing & Regulatory Summit

Attendee Resource Guide

What is the Dental Testing & Regulatory Summit?

This inaugural event brings together members of the American Board of Dental Examiners (ADEX), the American Association of Dental Administrators (AADA), CDCA-WREB-CITA, and the American Association of Dental Boards (AADB) so that professionals in the dental testing and regulatory space can seamlessly attend multiple Annual Meeting events with fewer schedule shifts, lessening travel needs and easing financial barriers to participation.



September 25, 2024



September 25-26, 2024



September 26-27, 2024



September 28-29, 2024

Where is it?

The Dental Testing and Regulatory Summit, including all Annual Meetings for ADEX, CDCA-WREB-CITA, AADB, and Educators Conference, will take place at the Galt House Hotel in Louisville, Kentucky.

When should I arrive (and depart)?

The Dental Testing & Regulatory Summit offers multiple opportunities for involvement. Consider your travel arrangements using the list below, referencing the first and last events you will attend.



Arrive on **Tuesday, September 24th** afternoon/evening.
Sessions take place all day Wednesday.



Arrive on **Tuesday, September 24th** afternoon/evening.
Sessions end by noon on Thursday.



Arrive on **Thursday, September 26th** morning/afternoon.
Sessions end by 10 am on Saturday.



Arrive on **Friday, September 27th**
afternoon/evening. Sessions end by noon on Sunday.

CDCA-WREB-CITA Annual Meeting Overview

The Annual Meeting includes an exam training day, an official meeting day with an evening reception, and an optional events day.

- *Thursday afternoon, September 26, 2024:* Role-based Exam Training/New Member Orientation/State Board Sessions: Dental Chiefs begin at 1:00 pm, Dental Hygiene Chiefs at 1:30 pm & New Member/State Board Sessions begin at 2:00 & 4:00 pm respectively.
- *Friday, September 27, 2024:* Business Sessions all day.
- *Saturday morning, September 28, 2024:* Optional Events (CE/Committee Meetings) until 10 am.

Consultant Examiners without Chief/Captain/GTL Roles

The CDCA-WREB-CITA Board of Directors appreciates the time and service of its consultant members and is pleased to extend an invitation to the Annual Meeting. However, no honoraria or reimbursement will be provided.

What is a New Member?

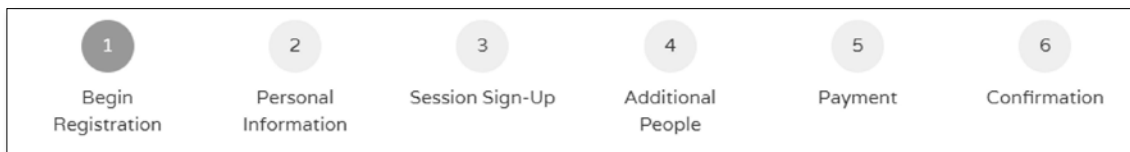
All persons who joined CDCA-WREB-CITA after December 2022 are considered new members for this event. New Member Orientation supplements our new member video series that acclimates you to working with the organization.

How to Register

Between May 15th and June 7th, you will receive a personalized invitation from events@adextesting.org. This unique invitation and link will only allow you to register and will not work if shared. Note that you must complete the registration process before gaining access to the hotel block for this event.

If you are attending multiple events during the Dental Testing & Regulatory Summit, you will be able to register for each of them at the same time, however, AADB registration will include additional instruction.

Click the registration link included in the email to begin. Begin by entering the email address to which your invitation was sent. You must be a verified member or guest of CDCA-WREB-CITA, ADEX, AADA, or AADB to register for any event at the Dental Testing & Regulatory Summit. You may be asked to create an account. We recommend using the password you chose for Member Resources. If you have previously registered for the Virtual 2024 Annual Meeting in January, your login details and uploaded information will populate when you sign in. Confirm your attendee details and personal information.



Next, select your sessions in Session Sign-Up. You will only be presented with the sessions for which you are eligible to attend. If you believe there is an error in the available sessions, let us know.

Guests cannot attend organizational training, meetings, or CE courses. Please be ready to provide guest information when you register. This information can be edited later. There is a \$75.00 fee for guests to attend the reception.

Choose your sessions: *		
Name	Time	More Info
Wednesday, September 25, 2024		
<input checked="" type="checkbox"/> ADEX Annual Meeting	7:00 AM - 6:00 PM	Q
Thursday, September 26, 2024		
<input checked="" type="checkbox"/> Dental Chiefs	1:00 PM - 3:00 PM	Q
<input type="checkbox"/> Dental Hygiene Chiefs/Captains	1:00 PM - 3:00 PM	Q
<input type="checkbox"/> New Member Orientation and Roundtable	2:00 PM - 4:00 PM	Q
<input type="checkbox"/> State Board Leadership and Executive Director Forum (Presidents, Vice Presidents & Executive Directors)	4:30 PM - 6:30 PM	Q
<input type="checkbox"/> New Member and Active Board Member Reception	6:30 PM - 7:30 PM	Q
Friday, September 27, 2024		
<input type="checkbox"/> Steering Committee Meeting	8:00 AM - 9:00 AM	Q
<input type="checkbox"/> CWC General Assembly	9:00 AM - 5:00 PM	Q

Once you've completed registration, you will see a confirmation screen and an email confirmation. You can now click on the event page menu and move freely! Now, you'll see the Book Hotel button.

Be sure to log into the meeting page on your phone to use it while on-site. It will be the best resource for the complete schedule, maps, and updated documents!

TIP: We recommend bookmarking the meeting page so you can return for schedules and updates!

REGISTRATION DEADLINE: August 15, 2024

Hotel Rooms & Rates

CDCA-WREB-CITA has secured a special hotel room block at the Galt House Hotel for this event. You will only be able to access this block once you have completed registration.

When booking your room, be sure to select the appropriate nights. Tuesday arrivals are only acceptable if attending ADEX or AADA events. Wednesday arrivals will only be approved for those Chiefs/Captains/GTLs who cannot arrive by 1:30 pm Thursday to attend sessions. Saturday hotel stays are only indicated if attending AADB.

A list of available rooms will populate from available inventory within the room block. CDCA-WREB-CITA will reimburse UP TO \$209.00 per night for one hotel room per attendee. Local taxes and surcharges will also be assessed on check out and are reimbursable. Any room upgrades (and subsequent additional taxes) are your responsibility. Rooms include internet and use of Club 360 Fitness Center.

Attendees will be asked to provide credit card information to reserve a room but will not be charged until arrival/check out. Cancellation fees may apply, please contact the hotel directly with questions.

Airport & Transportation Information

We advise waiting until registration opens to book travel. The Galt House Hotel is about 15 minutes from the Louisville International Airport. The Galt House does not have a shuttle service. Please note that as stated in the travel policy, round-trip economy/main cabin seats will be reimbursed. Any upgrades will not be covered.

Transportation to and from the airport is reimbursable via ride-share services such as Uber or Lyft. You will need to submit your receipts for actual costs. Reimbursement for ride-share will be capped at \$60 round trip only. Rental cars will not be reimbursed.

Hotel Parking

Parking is available in the attached covered parking garage for those who plan to drive. Self-parking is a reimbursable expense. Valet parking is not reimbursable for the Annual Meeting. The rates for parking are (subject to change):

- Event day-only parking: \$8.00
- Overnight parking \$18.00

On-Site Event Check-In/Registration

We are excited to greet you in Louisville! Please complete your on-site meeting registration to receive your meeting badge. We recommend a quick stop at the registration desk for each event you attend, just in case support materials are available.

- Registration for **ADEX and AADB** will occur on the 3rd floor of the West Tower.
- The **AADA meeting** will be on the 1st floor of the West Tower.
- Registration for the **CDCA-WREB-CITA Annual Meeting** will take place on the 2nd floor of the East Tower.

Is an honorarium or reimbursement available?

CDCA-WREB-CITA members designated to attend Thursday training sessions/orientation will be eligible for two (2) days of meeting honoraria. Attendees not designated to attend Thursday training sessions will be eligible for one (1) day meeting honoraria. As noted in the Travel Policy, the Annual Meeting has no per diem or travel day allowance.

Reimbursement Requests

After the meeting, appropriate reimbursement can be submitted on the Member Resources page under My Reimbursements. A link will also be on the FAQ page of the event. If you do not have a member profile, a downloadable form will be made available to you. Travel Policy guidance for CDCA-WREB-CITA is available [here](#).

**UNFINISHED
BUSINESS
&
RULES**

Senate Bill 1552

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senate Interim Committee on Education for Senator Michael Dembrow)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

- Digest: Makes many changes to the education laws of this state. (Flesch Readability Score: 69.7).
- Establishes a youth advisory council. Prescribes the membership and duties of the council. Directs the Department of Education to establish a work group to develop standards for the council.
- Directs the department to collect course-level completion and grade data for all public school students in grades 6 through 12. Prescribes requirements related to the use of data, including making data available to the Higher Education Coordinating Commission for direct admissions.
- Directs the Legislative and Policy Research Office to conduct a study on the Quality Education Model and the state's system of financing public education for kindergarten through grade 12.
- Changes the entity that makes determinations related to the Oregon Opportunity Grant program to the commission. Requires that all changes to the program related to the calculation of grant amounts be done by rule.
- Modifies calculations of funding for the Youth Corrections Education Program and the Juvenile Detention Education Program. Directs the department to establish a target funding level for programs. Authorizes the department to transfer moneys from the Statewide Education Initiatives Account for the purpose of meeting the target funding level.
- Expands the authority of the commission to enter into contracts or agreements for Oregon's Open Educational Resources (OER) Program.
- Clarifies the requirements for school district policies related to short-acting opioid antagonists.
- Modifies the membership requirements of the Educator Advancement Council, the scope of duties of the council and the requirements of certain grants awarded by the council.
- Directs the commission to convene a work group to conduct a study related to evidence-based corequisite student support models.
- Directs the commission to establish and administer a pilot program related to applied baccalaureate degrees.
- Clarifies the eligibility of part-time faculty members at a public institution of higher education to receive employee-only health care benefits.
- Directs the commission to conduct a study related to the forestry workforce.
- Exempts from public meetings laws meetings of certain subcommittees of the Transfer Council.
- Allows a person, prior to beginning an education, a training or an apprenticeship program for an occupational or a professional license, to petition a licensing board, a commission or an agency for a determination as to whether a criminal conviction or qualifying juvenile adjudication will prevent the person from receiving the license.
- Repeals sections related to the repealed Early Success Reading Initiative.
- Takes effect July 1, 2024.

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A BILL FOR AN ACT

Relating to education; creating new provisions; amending ORS 171.857, 192.690, 326.695, 327.026, 327.254, 339.869, 342.940, 348.205, 348.260, 348.520, 348.752, 348.910, 350.075, 350.355 and 670.280; repealing ORS 326.700, 326.712, 329.832 and 329.837; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

YOUTH ADVISORY COUNCIL

SECTION 1. (1) **The Department of Education shall establish a work group to develop standards that are used to select the members of the youth advisory council established by**

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 section 4 of this 2024 Act.

2 (2) The work group shall consist of members selected by the Department of Education
 3 in consultation with the Youth Development Division, the Oregon Health Authority and the
 4 Racial Justice Council.

5 (3) To the greatest extent practicable, the work group shall consist of:

6 (a) Youth representing tribal youth councils;

7 (b) Youth representing youth and student leadership organizations;

8 (c) Youth participating in alternative education pathways;

9 (d) Youth from immigrant and refugee communities;

10 (e) Individuals representing culturally and ethnically specific community-based organiza-
 11 tions, including organizations that assist immigrant and refugee communities;

12 (f) Individuals who are administrators, teachers and other school staff who support youth
 13 and student leadership in public schools, including education service districts, school dis-
 14 tricts, schools and youth reengagement programs;

15 (g) Youth who serve as advisors to the State Board of Education or serve on Department
 16 of Education work groups related to student success initiatives;

17 (h) Youth who serve on the Youth Development Council or who participate in Youth
 18 Development Division programs;

19 (i) Youth who serve on Oregon Health Authority work groups;

20 (j) Youth who serve on Racial Justice Council work groups; and

21 (k) Additional members identified and recommended by the work group, in consultation
 22 with the Department of Education.

23 (4) Members of the work group selected as provided by subsection (3) of this section must
 24 consist of individuals who:

25 (a) Have lived experiences with, or a demonstrated understanding of, issues facing per-
 26 sons who are from racial or ethnic communities that historically have been, or currently are,
 27 underrepresented or underserved, including communities for which a statewide education
 28 plan has been developed and implemented;

29 (b) Have lived experiences with, or a demonstrated understanding of, issues facing per-
 30 sons who identify as lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, asexual,
 31 nonbinary or another minority gender identity or sexual orientation;

32 (c) Are English language learners;

33 (d) Are identifiable as being a child with a disability, as defined in ORS 343.035;

34 (e) Are navigating poverty;

35 (f) Are a foster child or have a parent involved in the criminal justice system; or

36 (g) Have experienced disproportionate results in education due to historical practices, as
 37 identified by the State Board of Education by rule.

38 (5) Youth members of the work group selected as provided by subsection (3) of this sec-
 39 tion must be between the ages of 14 and 18 years during their term of service on the work
 40 group.

41 (6) The work group shall:

42 (a) Develop a process for individuals to apply to become a member of the youth advisory
 43 council, based on considerations of equity.

44 (b) Develop and implement a youth outreach and recruitment plan for connecting with
 45 prospective members of the youth advisory council.

1 (c) Review applications of prospective members of the youth advisory council and re-
2 commend to the Governor prospective members of the youth advisory council.

3 (d) Develop the orientation for members of the youth advisory council.

4 (e) Work to reduce bias and remove barriers related to becoming a member of the youth
5 advisory council and to support members of the youth advisory council.

6 (f) Identify mentors for youth members of the youth advisory council.

7 **SECTION 2.** The work group established by section 1 of this 2024 Act must first meet no
8 later than October 31, 2024.

9 **SECTION 3.** Section 1 of this 2024 Act is repealed on August 30, 2025.

10 **SECTION 4.** (1) A youth advisory council is established for the purposes of this section.

11 (2)(a) The Governor, in consultation with the Department of Education and the work
12 group established by section 1 of this 2024 Act, shall appoint members of the youth advisory
13 council as provided by this subsection. The term of office of each member is one year, but
14 a member serves at the pleasure of the Governor.

15 (b) The majority of the members of the youth advisory council must be youth between
16 the ages of 14 and 18 years of age during their term of service on the youth advisory council.
17 The youth members of the youth advisory council must include two youth from each educa-
18 tion service district identified in ORS 334.013.

19 (c) When selecting the members of the youth advisory council, the Governor shall:

20 (A) Consult with the Department of Education, the Youth Development Division, the
21 Oregon Health Authority and the Racial Justice Council to appoint members of the youth
22 advisory council who are one or more of the following:

23 (i) Youth and staff representing tribal youth councils;

24 (ii) Youth and staff representing youth and student leadership organizations;

25 (iii) Youth and staff representing alternative education pathways;

26 (iv) Youth from immigrant and refugee communities;

27 (v) Individuals representing culturally and ethnically specific community-based organiza-
28 tions, including organizations that assist immigrant and refugee communities;

29 (vi) Individuals who are administrators, teachers and other school staff who support
30 youth and student leadership in public schools, including education service districts, school
31 districts, schools and youth reengagement programs;

32 (vii) Youth who serve as advisors to the State Board of Education or serve on Depart-
33 ment of Education work groups related to student success initiatives;

34 (viii) Youth who serve on the Youth Development Council or who participate in Youth
35 Development Division programs;

36 (ix) Youth who serve on Oregon Health Authority work groups;

37 (x) Youth who serve on Racial Justice Council work groups; and

38 (xi) Additional members identified and recommended by the youth advisory council, in
39 consultation with the Department of Education.

40 (B) Consult with the Youth Development Division to appoint members of the youth ad-
41 visory council who are youth who have been reengaged and to appoint program staff who
42 support the statewide youth reengagement system developed and administered by the divi-
43 sion under ORS 417.859 or who otherwise provide education opportunities to youth or support
44 the educational success of youth.

45 (d) In addition to the members of the youth advisory council described in paragraphs (b)

1 and (c) of this subsection, the youth advisory council may include any other members iden-
 2 tified and recommended by the youth advisory council and appointed by the Governor in
 3 consultation with the Department of Education and the work group established by section 1
 4 of this 2024 Act.

5 (e) The Governor, in consultation with the Department of Education, may provide for
 6 alternate members for the youth members of the youth advisory council described in para-
 7 graph (b) of this subsection.

8 (f)(A) When making appointments under this subsection, the Governor must ensure that:

9 (i) At least 70 percent of the members of the youth advisory council have lived experi-
 10 ences with, or a demonstrated understanding of, issues facing persons who are from racial
 11 or ethnic communities that historically have been, or currently are, underrepresented or
 12 underserved;

13 (ii) At least 50 percent of the youth members of the youth advisory council from each
 14 of the regions identified in paragraph (b) of this subsection have lived experiences with, or
 15 a demonstrated understanding of, issues facing persons who are from racial or ethnic com-
 16 munities that historically have been, or currently are, underrepresented or underserved; and

17 (iii) The youth members of the youth advisory council must include youth who:

18 (I) Have lived experiences with, or a demonstrated understanding of, issues facing per-
 19 sons who identify as lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, asexual,
 20 nonbinary or another minority gender identity or sexual orientation;

21 (II) Are English language learners;

22 (III) Are identified as being a child with a disability, as defined in ORS 343.035;

23 (IV) Are navigating poverty;

24 (V) Are a foster child or have a parent involved in the criminal justice system; or

25 (VI) Have experienced disproportionate results in education due to historical practices,
 26 as identified by the State Board of Education by rule.

27 (B) For the purpose of this paragraph, racial or ethnic communities that historically have
 28 been, or currently are, underrepresented or underserved include communities for which a
 29 statewide education plan has been developed and implemented.

30 (g) A member of the youth advisory council is eligible for reappointment for up to two
 31 terms. If there is a vacancy for any cause, the Governor, in consultation with other members
 32 of the youth advisory council, shall make an appointment to become immediately effective
 33 for the unexpired term.

34 (h) Upon the expiration of a term of office, a person who had been a member of the youth
 35 advisory council may choose to become a mentor for any of the members of the youth advi-
 36 sory council.

37 (3)(a) The Department of Education shall ensure that each youth member of the youth
 38 advisory council:

39 (A) Receives sufficient support to enable participation in youth advisory council
 40 meetings, including:

41 (i) Reimbursement for actual and necessary travel and other expenses incurred in the
 42 performance of official duties in the manner and amounts provided in ORS 292.495;

43 (ii) Funding for any expenses not otherwise reimbursed under sub-subparagraph (i) of
 44 this subparagraph; and

45 (iii) Stipends, appropriate technological access and academic credit; and

1 **(B) Has resources available to reimburse any adult who provides transportation or other**
2 **supports in helping the youth member to participate in the youth advisory council.**

3 **(b) The adult members of the youth advisory council shall ensure that each youth mem-**
4 **ber of the youth advisory council has:**

5 **(A) Access to an adult mentor; and**

6 **(B) An opportunity to provide peer support or be a youth mentor.**

7 **(4) The youth advisory council, with support from the Department of Education, shall**
8 **take into consideration racial equity and justice and align with other statewide efforts for**
9 **racial equity and justice when performing the following duties:**

10 **(a) Developing the youth advisory council's goals, success criteria and progress measures**
11 **related to youth and student leadership and engagement in the policymaking process in this**
12 **state. When performing the duties described in this paragraph, the youth advisory council**
13 **may modify the youth advisory council's decision-making process, scope of work, work plans**
14 **and meeting structures, and the roles and responsibilities of youth advisory council mem-**
15 **bers.**

16 **(b) Examining current Department of Education, Youth Development Division and**
17 **Oregon Health Authority initiatives and practices related to youth and student leadership**
18 **and engagement in the policymaking process and making recommendations on how to elevate**
19 **and support youth and student leadership and youth-led and student-led accountability in the**
20 **policymaking process at the state and local level. When performing the duties described in**
21 **this paragraph, the youth advisory council must give careful consideration to youth and**
22 **student leadership and to engagement by youth described in subsection (2)(f)(A)(ii) and (iii)**
23 **of this section. The youth advisory council may recommend methods for evaluating current**
24 **initiatives, practices and progress relating to youth and student leadership and engagement**
25 **at the state level.**

26 **(c) Connecting with youth and student leaders and exploring youth and student leader-**
27 **ship networks, including culturally and ethnically specific, community-based models and**
28 **Youth Development Division programs, to identify best practices in youth-led and student-led**
29 **accountability in this state and on a national level. Based on the performance of the duties**
30 **described in this paragraph, the youth advisory council shall make recommendations to the**
31 **Department of Education, the Youth Development Division, the Legislative Assembly and the**
32 **Governor's office on how to support youth and student leadership networks on a regional**
33 **level for the purposes of connecting youths with youth organizations, connecting students**
34 **with student organizations, elevating youth and student leadership and voice and supporting**
35 **youth-led and student-led accountability, with special consideration given to youth described**
36 **in subsection (2)(f)(A)(ii) and (iii) of this section.**

37 **(d) Helping the Department of Education, the Youth Development Division and the**
38 **Oregon Health Authority with the surveys that are administered to youth and students by**
39 **assisting with reviews of the findings and making recommendations on the content and ad-**
40 **ministration of the surveys.**

41 **(e) Evaluating current processes in this state to identify best practices for youth and**
42 **students reporting a bias incident as defined in ORS 147.380 or a hate or bias crime. Based**
43 **on the performance of the duty described in this paragraph, the youth advisory council shall**
44 **make recommendations for providing support to youth and students who have experienced**
45 **bias incidents or hate or bias crimes.**

1 (f) Reporting on the youth advisory council's work, progress and recommendations to the
 2 Legislative Assembly and the Governor's office every two years and providing interim up-
 3 dates to youth and student leadership networks and organizations, education service dis-
 4 tricts, school districts and local entities that serve youth and students.

5 (5)(a) The youth advisory council shall meet at least six times each year on the dates
 6 determined by a majority of the members of the youth advisory council. The youth advisory
 7 council shall also meet at other times specified or requested by a majority of the members
 8 of the youth advisory council.

9 (b) The youth advisory council shall meet in the place and manner determined by a ma-
 10 jority of the members of the youth advisory council. All or part of the members of the youth
 11 advisory council may attend the meetings electronically, unless otherwise provided by a
 12 majority of the members of the youth advisory council.

13 (6) The Department of Education shall:

14 (a) Provide staff support to the youth advisory council; and

15 (b) Support youth advisory council members in participating in the youth advisory
 16 council.

17 **SECTION 5.** The Governor, in consultation with the work group established by section 1
 18 of this 2024 Act, shall appoint the members of the youth advisory council described in section
 19 4 of this 2024 Act no later than February 15, 2025.

20 **SECTION 6.** Section 4 of this 2024 Act is amended to read:

21 **Sec. 4.** (1) A youth advisory council is established for the purposes of this section.

22 (2)(a) The Governor, in consultation with the Department of Education and [*the work group es-*
 23 *tablished by section 1 of this 2024 Act*] **current members of the youth advisory council**, shall ap-
 24 point members of the youth advisory council as provided by this subsection. The term of office of
 25 each member is one year, but a member serves at the pleasure of the Governor.

26 (b) The majority of the members of the youth advisory council must be youth between the ages
 27 of 14 and 18 years of age during their term of service on the youth advisory council. The youth
 28 members of the youth advisory council must include two youth from each education service district
 29 identified in ORS 334.013.

30 (c) When selecting the members of the youth advisory council, the Governor shall:

31 (A) Consult with the Department of Education, the Youth Development Division, the Oregon
 32 Health Authority and the Racial Justice Council to appoint members of the youth advisory council
 33 who are one or more of the following:

34 (i) Youth and staff representing tribal youth councils;

35 (ii) Youth and staff representing youth and student leadership organizations;

36 (iii) Youth and staff representing alternative education pathways;

37 (iv) Youth from immigrant and refugee communities;

38 (v) Individuals representing culturally and ethnically specific community-based organizations,
 39 including organizations that assist immigrant and refugee communities;

40 (vi) Individuals who are administrators, teachers and other school staff who support youth and
 41 student leadership in public schools, including education service districts, school districts, schools
 42 and youth reengagement programs;

43 (vii) Youth who serve as advisors to the State Board of Education or serve on Department of
 44 Education work groups related to student success initiatives;

45 (viii) Youth who serve on the Youth Development Council or who participate in Youth Devel-

1 opment Division programs;

2 (ix) Youth who serve on Oregon Health Authority work groups;

3 (x) Youth who serve on Racial Justice Council work groups; and

4 (xi) Additional members identified and recommended by the youth advisory council, in consul-
5 tation with the Department of Education.

6 (B) Consult with the Youth Development Division to appoint members of the youth advisory
7 council who are youth who have been reengaged and to appoint program staff who support the
8 statewide youth reengagement system developed and administered by the division under ORS 417.859
9 or who otherwise provide education opportunities to youth or support the educational success of
10 youth.

11 (d) In addition to the members of the youth advisory council described in paragraphs (b) and (c)
12 of this subsection, the youth advisory council may include any other members identified and re-
13 commended by the youth advisory council and appointed by the Governor in consultation with the
14 Department of Education [*and the work group established by section 1 of this 2024 Act*].

15 (e) The Governor, in consultation with the Department of Education, may provide for alternate
16 members for the youth members of the youth advisory council described in paragraph (b) of this
17 subsection.

18 (f)(A) When making appointments under this subsection, the Governor must ensure that:

19 (i) At least 70 percent of the members of the youth advisory council have lived experiences with,
20 or a demonstrated understanding of, issues facing persons who are from racial or ethnic communities
21 that historically have been, or currently are, underrepresented or underserved;

22 (ii) At least 50 percent of the youth members of the youth advisory council from each of the
23 regions identified in paragraph (b) of this subsection have lived experiences with, or a demonstrated
24 understanding of, issues facing persons who are from racial or ethnic communities that historically
25 have been, or currently are, underrepresented or underserved; and

26 (iii) The youth members of the youth advisory council must include youth who:

27 (I) Have lived experiences with, or a demonstrated understanding of, issues facing persons who
28 identify as lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, asexual, nonbinary or an-
29 other minority gender identity or sexual orientation;

30 (II) Are English language learners;

31 (III) Are identified as being a child with a disability, as defined in ORS 343.035;

32 (IV) Are navigating poverty;

33 (V) Are a foster child or have a parent involved in the criminal justice system; or

34 (VI) Have experienced disproportionate results in education due to historical practices, as
35 identified by the State Board of Education by rule.

36 (B) For the purpose of this paragraph, racial or ethnic communities that historically have been,
37 or currently are, underrepresented or underserved include communities for which a statewide edu-
38 cation plan has been developed and implemented.

39 (g) A member of the youth advisory council is eligible for reappointment for up to two terms.
40 If there is a vacancy for any cause, the Governor, in consultation with other members of the youth
41 advisory council, shall make an appointment to become immediately effective for the unexpired term.

42 (h) Upon the expiration of a term of office, a person who had been a member of the youth ad-
43 visory council may choose to become a mentor for any of the members of the youth advisory council.

44 (3)(a) The Department of Education shall ensure that each youth member of the youth advisory
45 council:

1 (A) Receives sufficient support to enable participation in youth advisory council meetings, in-
2 cluding:

3 (i) Reimbursement for actual and necessary travel and other expenses incurred in the perform-
4 ance of official duties in the manner and amounts provided in ORS 292.495;

5 (ii) Funding for any expenses not otherwise reimbursed under sub-subparagraph (i) of this sub-
6 paragraph; and

7 (iii) Stipends, appropriate technological access and academic credit; and

8 (B) Has resources available to reimburse any adult who provides transportation or other sup-
9 ports in helping the youth member to participate in the youth advisory council.

10 (b) The adult members of the youth advisory council shall ensure that each youth member of the
11 youth advisory council has:

12 (A) Access to an adult mentor; and

13 (B) An opportunity to provide peer support or be a youth mentor.

14 (4) The youth advisory council, with support from the Department of Education, shall take into
15 consideration racial equity and justice and align with other statewide efforts for racial equity and
16 justice when performing the following duties:

17 (a) Developing the youth advisory council's goals, success criteria and progress measures related
18 to youth and student leadership and engagement in the policymaking process in this state. When
19 performing the duties described in this paragraph, the youth advisory council may modify the youth
20 advisory council's decision-making process, scope of work, work plans and meeting structures, and
21 the roles and responsibilities of youth advisory council members.

22 (b) Examining current Department of Education, Youth Development Division and Oregon
23 Health Authority initiatives and practices related to youth and student leadership and engagement
24 in the policymaking process and making recommendations on how to elevate and support youth and
25 student leadership and youth-led and student-led accountability in the policymaking process at the
26 state and local level. When performing the duties described in this paragraph, the youth advisory
27 council must give careful consideration to youth and student leadership and to engagement by youth
28 described in subsection (2)(f)(A)(ii) and (iii) of this section. The youth advisory council may recom-
29 mend methods for evaluating current initiatives, practices and progress relating to youth and stu-
30 dent leadership and engagement at the state level.

31 (c) Connecting with youth and student leaders and exploring youth and student leadership net-
32 works, including culturally and ethnically specific, community-based models and Youth Development
33 Division programs, to identify best practices in youth-led and student-led accountability in this state
34 and on a national level. Based on the performance of the duties described in this paragraph, the
35 youth advisory council shall make recommendations to the Department of Education, the Youth
36 Development Division, the Legislative Assembly and the Governor's office on how to support youth
37 and student leadership networks on a regional level for the purposes of connecting youths with
38 youth organizations, connecting students with student organizations, elevating youth and student
39 leadership and voice and supporting youth-led and student-led accountability, with special consider-
40 ation given to youth described in subsection (2)(f)(A)(ii) and (iii) of this section.

41 (d) Helping the Department of Education, the Youth Development Division and the Oregon
42 Health Authority with the surveys that are administered to youth and students by assisting with
43 reviews of the findings and making recommendations on the content and administration of the sur-
44 veys.

45 (e) Evaluating current processes in this state to identify best practices for youth and students

1 reporting a bias incident as defined in ORS 147.380 or a hate or bias crime. Based on the perform-
 2 ance of the duty described in this paragraph, the youth advisory council shall make recommen-
 3 dations for providing support to youth and students who have experienced bias incidents or hate or
 4 bias crimes.

5 (f) Reporting on the youth advisory council’s work, progress and recommendations to the Leg-
 6 islative Assembly and the Governor’s office every two years and providing interim updates to youth
 7 and student leadership networks and organizations, education service districts, school districts and
 8 local entities that serve youth and students.

9 (5)(a) The youth advisory council shall meet at least six times each year on the dates determined
 10 by a majority of the members of the youth advisory council. The youth advisory council shall also
 11 meet at other times specified or requested by a majority of the members of the youth advisory
 12 council.

13 (b) The youth advisory council shall meet in the place and manner determined by a majority of
 14 the members of the youth advisory council. All or part of the members of the youth advisory council
 15 may attend the meetings electronically, unless otherwise provided by a majority of the members of
 16 the youth advisory council.

17 (6) The Department of Education shall:

18 (a) Provide staff support to the youth advisory council; and

19 (b) Support youth advisory council members in participating in the youth advisory council.

20 **SECTION 7. The amendments to section 4 of this 2024 Act by section 6 of this 2024 Act**
 21 **become operative on August 30, 2025.**

22 **SECTION 8. In addition to and not in lieu of any other appropriation, there is appropri-**
 23 **ated to the Department of Education, for the biennium ending June 30, 2025, out of the**
 24 **General Fund, the amount of \$_____, which shall be expended for the purposes of section**
 25 **4 of this 2024 Act.**

26
 27 **STUDENT INFORMATION**
 28

29 **SECTION 9. Section 10 of this 2024 Act is added to and made a part of ORS chapter 329.**

30 **SECTION 10. (1) For all public school students in grades 6 through 12, the Department**
 31 **of Education shall collect course-level completion and grade data.**

32 **(2) The department shall use the data collected under subsection (1) of this section to**
 33 **gather information about:**

34 **(a) Equity of opportunity in public education;**

35 **(b) Barriers to high school graduation; and**

36 **(c) Challenges experienced by students who transfer from one public school in this state**
 37 **to another.**

38 **(3) For the purpose of the direct admissions program established by the Higher Education**
 39 **Coordinating Commission under ORS 350.075, the department shall collaborate with the**
 40 **commission to allow for the sharing, to the extent allowed by federal law, of the information**
 41 **collected under subsection (1) of this section with the commission, community colleges in**
 42 **this state and public universities listed in ORS 352.002.**

43 **(4) The Superintendent of Public Instruction shall ensure that the information gathered**
 44 **as provided by subsection (2) of this section is included on the Oregon Report Card on the**
 45 **state of the public schools of this state under ORS 329.115.**

1 **(5) The State Board of Education may adopt any rules necessary for the administration**
 2 **of this section.**

3 **SECTION 11. Section 10 of this 2024 Act first applies to the 2024-2025 school year.**

4 **SECTION 12. ORS 350.075 is amended to read:**

5 350.075. (1) As used in this section, “student access programs” means scholarship, loan, grant
 6 and access programs described in ORS chapter 348.

7 (2) The Higher Education Coordinating Commission shall be guided by the legislative findings
 8 in ORS 341.009, 350.001 and 350.005 and the goals and mission of post-secondary education set forth
 9 in ORS 350.009 and 350.014.

10 (3) The Higher Education Coordinating Commission shall:

11 (a) Develop state goals for the state post-secondary education system, including community col-
 12 leges and public universities listed in ORS 352.002, and for student access programs.

13 (b) Determine strategic investments in the state’s community colleges, public universities and
 14 student access programs necessary to achieve state post-secondary education goals.

15 (c) Coordinate the post-secondary elements of data collection and structure, with the advice and
 16 recommendation of the state’s independent institutions, community colleges and public universities,
 17 as appropriate, in order to construct a state longitudinal data system.

18 (d) Adopt a strategic plan for achieving state post-secondary education goals, taking into con-
 19 sideration the contributions of this state’s independent institutions, philanthropic organizations and
 20 other organizations dedicated to helping Oregonians reach state goals. State post-secondary educa-
 21 tion goals as described in this section should include, but need not be limited to:

22 (A) Increasing the educational attainment of the population;

23 (B) Increasing this state’s global economic competitiveness and the quality of life of its resi-
 24 dents;

25 (C) Ensuring affordable access for qualified Oregon students at each college or public university;

26 (D) Removing barriers to on-time completion; and

27 (E) Tracking progress toward meeting the state’s post-secondary education goals established in
 28 the strategic plan described in this paragraph.

29 (e)(A) Each biennium, after receiving funding requests from the state’s community colleges and
 30 public universities as authorized by law, recommend to the Governor a consolidated higher educa-
 31 tion agency request budget aligned with the strategic plan described in paragraph (d) of this sub-
 32 section, including appropriations for:

33 (i) Student access programs;

34 (ii) Public universities listed in ORS 352.002, including but not limited to education and general
 35 operations, statewide public services and state-funded debt service;

36 (iii) Community colleges, including but not limited to education and general operations and
 37 state-funded debt service;

38 (iv) New facilities or programs;

39 (v) Capital improvements and deferred maintenance;

40 (vi) Special initiatives and investments; and

41 (vii) Any other program, duty or function a public university listed in ORS 352.002 is authorized
 42 to undertake.

43 (B) In the development of the consolidated higher education agency request budget:

44 (i) Determine the costs necessary to provide quality post-secondary education;

45 (ii) Solicit input from educators, education policy experts, appropriate legislative committees,

1 students and other persons interested in the development of the funding model; and

2 (iii) Solicit public input regarding educational priorities.

3 (f) Adopt rules governing the distribution of appropriations from the Legislative Assembly to
4 community colleges, public universities listed in ORS 352.002 and student access programs. These
5 rules must be based on allocation formulas developed in consultation with the state's community
6 colleges and public universities, as appropriate.

7 (g) Approve or disapprove any significant change to the academic program of a community col-
8 lege or a public university listed in ORS 352.002. In reaching a decision under this paragraph, the
9 commission shall consider the recommendation from the community college or public university
10 seeking to make the change to an academic program that is issued pursuant to the obligation of the
11 governing board of a community college or public university to review and approve academic pro-
12 grams. The commission shall ensure that approved programs:

13 (A) Are consistent with the mission statement of the community college or public university;

14 (B) Do not unnecessarily duplicate academic programs offered by Oregon's other community
15 colleges or public universities;

16 (C) Are not located in a geographic area that will cause undue hardship to Oregon's other
17 community colleges or public universities; and

18 (D) Are allocated among Oregon's community colleges and public universities to maximize the
19 achievement of statewide needs and requirements.

20 (h) For public universities listed in ORS 352.002:

21 (A) Approve the mission statement adopted by a governing board of a public university.

22 (B) Review and determine whether a proposed annual increase of resident undergraduate en-
23 rollment fees of greater than five percent is appropriate.

24 (C) Advise the Governor and the Legislative Assembly on issues of university governance.

25 (D) Approve and authorize degrees.

26 (E) Perform the evaluation and certification required by ORS 350.095.

27 (i) Authorize degrees to be offered by independent post-secondary institutions in this state under
28 ORS 348.594 to 348.615.

29 (j) Oversee the licensing of career schools under ORS 345.010 to 345.340.

30 (k) Have the authority to enter into and administer interstate agreements regarding the pro-
31 vision of post-secondary distance education. The participation by an educational institution that is
32 not based in this state in distance learning courses or programs that are part of an interstate
33 agreement entered into and administered under this paragraph does not constitute operating in this
34 state for purposes of ORS 348.594 to 348.615. The commission, by rule, may impose a fee on any
35 educational institution that seeks to operate under or participate in such interstate agreements. The
36 fee amount shall be established to recover designated expenses incurred by the commission in par-
37 ticipating in such agreements.

38 (L) Administer a statewide longitudinal data system.

39 (m) In coordination with the Department of Education, the Employment Department and other
40 state agencies, conduct statewide longitudinal studies and reporting of early learning, kindergarten
41 through grade 12 education, higher education and workforce programs. For the purposes of this
42 paragraph:

43 (A) The commission shall enter into written interagency agreements with the Department of
44 Education, the Employment Department and any other state agencies necessary for conducting
45 statewide longitudinal studies and reporting.

1 (B) The commission may share data from the statewide longitudinal data system with persons
2 or public bodies. For purposes of this subparagraph, the commission shall adopt rules to establish
3 procedures for requesting or sharing data and may enter into written agreements for sharing data.

4 (C) The commission is considered an authorized representative of state educational agencies
5 under applicable state and federal law for purposes of accessing, compiling and storing student data
6 for research, audit and evaluation purposes.

7 **(n) Establish a direct admissions program for community colleges in this state and public**
8 **universities listed in ORS 352.002.**

9 (4)(a) The Higher Education Coordinating Commission shall implement a process to review and
10 appropriately act on student complaints regarding any school operating in this state. As part of the
11 process implemented under this subsection, the commission may:

12 (A) Receive student complaints from students regarding a school;

13 (B) Specify the type of information that must be included in a student complaint;

14 (C) Investigate and resolve student complaints that relate to state financial aid;

15 (D) Refer a student complaint to another entity for investigation and resolution as provided in
16 paragraph (b) of this subsection;

17 (E) Adopt rules to implement the provisions of this subsection; and

18 (F) Enter into agreements to implement the provisions of this subsection.

19 (b) The commission may refer the investigation and resolution of a student complaint to:

20 (A) An appropriate state agency if the complaint alleges that a school has violated a state law
21 concerning consumer protection, civil rights, employment rights or environmental quality;

22 (B) A school's accrediting association if the complaint relates to the school's authorization to
23 offer academic degree programs or to the quality of the school's academic degree programs; or

24 (C) The school at which the student is enrolled if the commission determines that the complaint
25 should be resolved through the school's internal review process.

26 (c) As used in this subsection:

27 (A)(i) "School" means an independent institution of higher education that meets the require-
28 ments of ORS 348.597 (2)(a).

29 (ii) "School" does not mean a school that is exempt from ORS 348.594 to 348.615 under ORS
30 348.597 (2)(b) or (c).

31 (B) "Student" means a person who is enrolled at a school for the purpose of obtaining a degree,
32 certificate or other recognized educational credential offered by that school.

33 (5) A student complaint that is received by the Higher Education Coordinating Commission, in-
34 cluding but not limited to a student complaint filed under subsection (4) of this section, is not sub-
35 ject to disclosure under ORS 192.311 to 192.478.

36 (6) In addition to the duties described in subsections (2) to (4) of this section, the Higher Edu-
37 cation Coordinating Commission shall advise the Legislative Assembly, the Governor, community
38 colleges, public universities and other state boards and commissions on policies in order to:

39 (a) Ensure or improve access to higher education by diverse and underserved populations.

40 (b) Encourage student success and completion initiatives.

41 (c) Improve the coordination of the provision of educational services, including:

42 (A) Transfers and coenrollment throughout the higher education system;

43 (B) Accelerated college credit programs for high school students;

44 (C) Applied baccalaureate and other transfer degrees;

45 (D) Programs and grants that span multiple institutions; and

1 (E) Reciprocity agreements with other states.

2 (d) In coordination with the State Board of Education, enhance the use and quality of dual
3 credit, career and technical pathways and efforts to create a culture of college attendance in this
4 state.

5 (e) In coordination with the State Workforce and Talent Development Board, local workforce
6 development boards, the Oregon Health and Science University and independent institutions, ensure
7 that the state's colleges and universities offer programs in high-demand occupations that meet
8 Oregon's workforce needs.

9 (f) Improve economies of scale by encouraging and facilitating the use of the shared services
10 among post-secondary institutions in this state.

11 (7) The Higher Education Coordinating Commission, in a manner consistent with ORS chapter
12 183, may adopt administrative rules.

13 (8) With the exception of the rulemaking authority granted in subsection (7) of this section, the
14 Higher Education Coordinating Commission may delegate any of its powers, duties or functions to
15 a committee of the commission or to the executive director of the commission.

16 (9) The Higher Education Coordinating Commission may, subject to the Public Contracting Code,
17 enter into contracts and agreements, including grant agreements, with public and private entities
18 for those higher education and workforce development activities that are consistent with ORS
19 350.001 and 350.005, with the policies set forth in ORS chapters 341 and 348 and with statutory
20 policies related to career schools and public universities.

21 (10)(a) The Higher Education Coordinating Commission may exercise only powers, duties and
22 functions expressly granted by the Legislative Assembly. Except as otherwise expressly provided by
23 law, all other authorities reside at the institutional level with the respective boards of the post-
24 secondary institutions.

25 (b) The commission has implied and direct authority to implement the powers, duties and func-
26 tions expressly granted to the commission by the Legislative Assembly.

27 (c) Notwithstanding paragraph (b) of this subsection, the commission may not exercise any au-
28 thority, express or implied, statutorily provided to a governing board of a public university listed in
29 ORS 352.002 or a community college operated under ORS chapter 341.

30
31 **STATE FUNDING OF EDUCATION**

32
33 **SECTION 13. (1) The Legislative Policy and Research Office shall conduct a study of:**

34 **(a) The Quality Education Model; and**

35 **(b) The state's system of financing public education from kindergarten through grade 12.**

36 **(2) The study conducted under this section must include at least:**

37 **(a) A review of the education funding formula for public education for kindergarten**
38 **through grade 12 in this state and an exploration of options that would provide a uniform**
39 **and equitable design for financing the cost of an adequate education for all public school**
40 **students in kindergarten through grade 12 in this state.**

41 **(b) A review and evaluation of the Quality Education Model, including the processes used**
42 **to:**

43 **(A) Determine the best practices included in the model;**

44 **(B) Estimate school district operating expenses for purposes of the model;**

45 **(C) Select quality indicators for the model; and**

1 (D) Accurately calculate the cost of a quality education for all students of this state.

2 (c) The identification of trends and disparities since the 2019-2020 school year in student
3 performance across the state in kindergarten through grade 12 based on current school
4 funding.

5 (d) The establishment of the baseline for the costs, programs, staffing and facilities
6 needed to provide the opportunity for an adequate education.

7 (e) A review of the costs and existing funding for special education and related services
8 and an exploration of possible alternative funding formulas.

9 (3) For the purpose of conducting the study described in this section, the office may enter
10 into a contract with a public, private or nonprofit research entity. When entering into a
11 contract, the office shall give preference, to the greatest extent practicable, to a research
12 entity that has conducted similar studies in other states.

13 (4) All agencies of state government, as defined in ORS 174.111, are directed to assist the
14 office, and any entity working under contract with the office, in conducting the study and,
15 to the extent permitted by laws related to confidentiality, to furnish information and advice
16 necessary for the office or contractor to complete the study.

17 (5) The office shall submit a report in the manner provided by ORS 192.245 to the interim
18 committees of the Legislative Assembly related to education no later than January 31, 2025.

19 **SECTION 14.** Section 13 of this 2024 Act is repealed on June 30, 2025.

20 **SECTION 15.** ORS 171.857 is amended to read:

21 171.857. (1) For each odd-numbered year regular session of the Legislative Assembly, the Presi-
22 dent of the Senate and the Speaker of the House of Representatives shall jointly appoint a special
23 legislative committee to issue a report pursuant to section 8, Article VIII of the Oregon Constitu-
24 tion.

25 (2) The committee may not transact business unless a quorum is present. A quorum consists of
26 a majority of committee members from the House of Representatives and a majority of committee
27 members from the Senate.

28 (3) Action by the committee requires the affirmative vote of a majority of committee members
29 from the House of Representatives and a majority of committee members from the Senate.

30 [(4) Members of the committee are entitled to compensation and expense reimbursement as provided
31 in ORS 171.072.]

32 [(5) The Legislative Assembly in the report shall:]

33 **(4) In the report, the Legislative Assembly shall accomplish one of the following:**

34 (a) Demonstrate that the amount within the budget appropriated for the state's system of
35 kindergarten through grade 12 public education is the amount of moneys, as determined by the
36 Quality Education Commission established by ORS 327.500, that is sufficient to meet the quality
37 goals[; or].

38 (b) Identify the reasons that the amount appropriated for the state's system of kindergarten
39 through grade 12 public education is not sufficient, the extent of the insufficiency and the impact
40 of the insufficiency on the ability of the state's system of kindergarten through grade 12 public ed-
41 ucation to meet the quality goals. In identifying the impact of the insufficiency, the Legislative As-
42 sembly shall include in the report how the amount appropriated in the budget may affect both the
43 current practices and student performance identified by the commission under ORS 327.506 (4)(a) and
44 the best practices and student performance identified by the commission under ORS 327.506 (4)(b).

45 [(6)(a)] **(5)(a)** Notwithstanding subsection [(5)] **(4)** of this section, the [Legislative Assembly]

1 **committee** may make a determination that the report of the Quality Education Commission should
 2 not be used as the basis for carrying out the reporting requirements of section 8, Article VIII of the
 3 Oregon Constitution, and subsection [(5)] (4) of this section. If the report is not used, the [*Legislative*
 4 *Assembly*] **committee** shall identify the reasons for not using the report to meet the reporting re-
 5 quirements and shall outline an alternative methodology for making the findings required by section
 6 8, Article VIII of the Oregon Constitution.

7 (b) The alternative methodology shall be based on:

8 (A) Research, data and public values; and

9 (B) The performance of successful schools, professional judgment or a combination of the per-
 10 formance of successful schools and professional judgment.

11 (c) The Legislative Assembly shall include in the report that uses the alternative methodology
 12 a determination of how the amount appropriated may affect the ability of the state's system of
 13 kindergarten through grade 12 public education to meet quality goals established by law, including
 14 expected student performance against those goals.

15 [(7)] (6) The Legislative Assembly shall identify in the report whether the state's system of
 16 post-secondary public education has quality goals established by law. If there are quality goals, the
 17 Legislative Assembly shall include in the report a determination that the amount appropriated in
 18 the budget is sufficient to meet those goals or an identification of the reasons the amount appro-
 19 priated is not sufficient, the extent of the insufficiency and the impact of the insufficiency on the
 20 ability of the state's system of post-secondary public education to meet those quality goals.

21 [(8)] (7) The report shall be issued within 180 days after the Legislative Assembly adjourns sine
 22 die.

23 [(9)] (8) The Legislative Assembly shall provide public notice of the report's issuance, including
 24 posting the report on the Internet and providing a print version of the report upon request.

25 FINANCIAL AID DISTRIBUTIONS

26
 27
 28 **SECTION 16.** ORS 348.205 is amended to read:

29 348.205. (1) The Oregon Opportunity Grant program is established within the Higher Education
 30 Coordinating Commission.

31 (2) Under the program, the cost of education of a qualified student shall be shared by the stu-
 32 dent, the family of the student, the federal government and the state.

33 (3) The [*Director of the Office of Student Access and Completion*] **commission** shall determine the
 34 cost of education of a qualified student based on the type of eligible post-secondary institution the
 35 student is attending. The cost of education equals:

36 (a) For a student attending a community college, the average cost of education of attending a
 37 community college in this state;

38 (b) For a student attending a public university listed in ORS 352.002, the average cost of edu-
 39 cation of attending a public university;

40 (c) For a student attending a two-year Oregon-based, generally accredited, not-for-profit institu-
 41 tion of higher education, the average cost of education of attending a community college in this
 42 state; and

43 (d) For a student attending the Oregon Health and Science University or a four-year Oregon-
 44 based, generally accredited, not-for-profit institution of higher education, the average cost of edu-
 45 cation of attending a public university listed in ORS 352.002.

1 (4)(a) The [*director*] **commission** shall determine the amount of the student share. The student
2 share shall be based on:

3 (A) The type of eligible post-secondary institution the student is attending;

4 (B) The number of hours of work that the [*director*] **commission** determines may be reasonably
5 expected from the student; and

6 (C) The amount of loans that the [*director*] **commission** determines would constitute a manage-
7 able debt burden for the student.

8 (b) The student shall determine how to cover the student share through income from work,
9 loans, savings and scholarships.

10 (c) The student share for a student who attends a community college may not exceed the amount
11 that the [*director*] **commission** determines a student may earn based on the number of hours of work
12 reasonably expected from the student under paragraph (a) of this subsection.

13 (d) The student share for a student who attends an eligible post-secondary institution that is not
14 a community college may not exceed the sum of the amount that the [*director*] **commission** deter-
15 mines a student may receive as loans plus the amount a student may earn based on the number of
16 hours of work reasonably expected from the student under paragraph (a) of this subsection.

17 (5) The [*director*] **commission** shall determine the amount of the family share. The family share
18 shall be based on the resources of the family.

19 (6) The [*director*] **commission** shall determine the amount of the federal share based on how
20 much the student or the student's family is expected to receive from the federal government.

21 (7)(a) The [*director*] **commission** shall determine the amount of the state share. The state share
22 shall be equal to the cost of education reduced by the student share, family share and amount re-
23 ceived by the student from the federal government.

24 (b) The [*director*] **commission** shall establish a minimum amount that a student may receive as
25 a state share. If the [*director*] **commission** determines that the amount of the state share of a stu-
26 dent is below the minimum amount, the student may not receive the state share.

27 (c) The [*director*] **commission** may not reduce the amount of the state share of a student based
28 on amounts available to the student by virtue of being the designated beneficiary of a college
29 savings network account established under ORS 178.300 to 178.360.

30 (8) Subject to subsection (9) of this section, if the [*director*] **commission** determines that there
31 are insufficient moneys to award the state share to all qualified students, the [*director*]
32 **commission**:

33 (a) May establish the maximum amount that a student may receive as a state share. This amount
34 may vary based on whether the student is attending an eligible post-secondary institution on a
35 half-time or full-time basis.

36 (b) May establish procedures that prioritize awarding Oregon Opportunity Grants to qualified
37 students with the greatest financial need or whose circumstances would enhance the promotion of
38 equity guidelines published by the [*Higher Education Coordinating*] commission.

39 (c) May not reduce the amount of the state share awarded to students in the low income range
40 in a greater proportion than the amount that the state share for students in other income ranges
41 is reduced.

42 (9)(a) The [*Higher Education Coordinating*] commission shall adopt rules that prioritize current
43 foster children and former foster children for receiving Oregon Opportunity Grants when the Oregon
44 Opportunity Grant program does not have sufficient funding to serve all eligible Oregon students.

45 (b) For the purposes of this subsection, "former foster child" has the meaning given that term

1 in ORS 350.300.

2 **(10) Any determinations or other actions described in this section that are taken for the**
3 **purpose of calculating a grant under the Oregon Opportunity Grant program must be made**
4 **by the commission by rule. Prior to implementing a change to the Oregon Opportunity Grant**
5 **program, the commission shall:**

6 **(a) Conduct a public hearing concerning the adoption of the rule for the proposed change;**
7 **and**

8 **(b) Report to the Legislative Assembly or the Emergency Board any proposed change:**

9 **(A) That increases or decreases the total amount awarded as Oregon Opportunity Grants**
10 **that was approved as part of the budget enacted by the Legislative Assembly for the com-**
11 **mission; and**

12 **(B) To the methodology used to determine the student share, family share or state share**
13 **under this section.**

14 **SECTION 17.** ORS 348.260 is amended to read:

15 348.260. (1) In addition to any other form of student financial aid authorized by law, the Higher
16 Education Coordinating Commission may award Oregon Opportunity Grants to qualified students.

17 (2) The amount of a grant shall equal the state share of a qualified student's cost of education
18 as determined by the [*Director of the Office of Student Access and Completion*] **commission** and
19 comply with applicable rules and procedures described in ORS 348.205.

20 (3) Grant funds necessary to meet matching requirements for federal funds may also be used to
21 award grants to qualified students in any eligible post-secondary institution approved by the com-
22 mission.

23 (4) Grants may be awarded under this section to qualified students enrolled for any term, in-
24 cluding summer term. The commission may prescribe the method and date or dates by which a stu-
25 dent must apply to the commission to qualify for a grant.

26 (5)(a) A qualified student who receives a grant under this section may apply for renewal of the
27 grant on an annual basis. The commission may not renew the grant if the qualified student has not
28 made a timely application for renewal of the grant.

29 (b) The commission shall by rule establish academic standards and benchmarks that a qualified
30 student must meet to have the student's grant renewed.

31 (c) If a qualified student who receives a grant under this section makes a timely application for
32 renewal of the grant, meets the academic standards and benchmarks established by the commission
33 under this subsection and continues to meet all other grant eligibility criteria, the grant shall be
34 renewed for a second year of attendance at an eligible post-secondary institution.

35 (d) Upon timely application by a qualified student who meets the academic standards and
36 benchmarks established by the commission under this subsection and who continues to meet all
37 other grant eligibility criteria, the commission may continue to renew the grant until the qualified
38 student has received the equivalent of four full-time undergraduate years of grant funding for an
39 eligible program as defined by the commission.

40 (6)(a) The Director of the Office of Student Access and Completion shall inform eligible post-
41 secondary institutions of the identity of qualified students who attend the institution and who re-
42 ceive a grant under this section for more than one academic year.

43 (b) To the extent possible, eligible post-secondary institutions shall ensure that qualified stu-
44 dents identified under this subsection are made aware of the academic guidance and counseling
45 services available at the institution.

1 (7) A qualified student who receives a grant under this section must attend the eligible post-
 2 secondary institution upon which the grant application is based unless the Director of the Office
 3 of Student Access and Completion authorizes the grant to be used at a different eligible post-
 4 secondary institution. A qualified student who receives a grant under this section may attend more
 5 than one eligible post-secondary institution if the grant application was based on the qualified stu-
 6 dent attending more than one eligible post-secondary institution.

7 (8) The commission may not make a grant award to any qualified student enrolled in a course
 8 of study required for and leading to a degree in theology, divinity or religious education.

9 (9)(a) The commission shall report annually on or before February 1 to committees of the Leg-
 10 islative Assembly related to higher education regarding the academic success and performance of
 11 qualified students who receive grants under this section.

12 (b) In order to meet the reporting requirements set forth in paragraph (a) of this subsection:

13 (A) The commission shall by rule design a method for evaluating the academic success and
 14 performance of students who receive a grant under this section; and

15 (B) Upon a request from the commission, eligible post-secondary institutions must provide the
 16 commission with the data necessary for the commission to conduct its analysis.

17 **SECTION 18.** ORS 348.520 is amended to read:

18 348.520. The Director of the Office of Student Access and Completion shall:

19 (1) Make available to qualified persons financial aid from financial sources available to the di-
 20 rector.

21 (2) Determine qualifications of persons to receive financial aid.

22 (3) Maintain reports and records on persons applying for and receiving financial aid from the
 23 director.

24 (4) Withhold any financial aid if the recipient thereof fails to maintain the standards established
 25 for receipt of that aid.

26 (5) Recommend to the Legislative Assembly not less than once every biennium matters relating
 27 to the establishment, administration, modification, transfer, reduction or cancellation of financial
 28 aid.

29 *[(6) Prior to implementing changes to the Oregon Opportunity Grant program, report to the Higher
 30 Education Coordinating Commission and the Legislative Assembly or the Emergency Board any pro-
 31 posed change:]*

32 *[(a) That increases or decreases the total amount awarded as Oregon Opportunity Grants that was
 33 approved as part of the budget enacted by the Legislative Assembly for the Higher Education Coordi-
 34 nating Commission; and]*

35 *[(b) To the methodology used to determine the student share, family share or state share under
 36 ORS 348.205].*

37 [(7)] (6) Encourage the establishment of financial aid programs by private agencies.

38 [(8)] (7) Collect and disseminate information pertaining to all types of available financial aid.

39 [(9)] (8) Review the administrative practices and evaluate the effectiveness of all public and
 40 private post-secondary financial aid programs in Oregon.

41 [(10)] (9) Disburse state appropriations for financial aid in such a manner as to maximize its role
 42 in cooperative coordination of financial aid programs.

43
 44 **FUNDING FOR YOUTH EDUCATION PROGRAMS**
 45

1 **SECTION 19.** ORS 326.695 is amended to read:

2 326.695. (1) As used in [ORS 326.700 and 326.712] **this section:**

3 [(1)] (a) “Juvenile Detention Education Program” means the provision of educational services
4 to:

5 [(a)] (A) Youths placed in a youth care center, as defined in ORS 420.855, that is within a de-
6 tention facility, as defined in ORS 419A.004; and

7 [(b)] (B) Youths lodged overnight who receive educational services on consecutive days within
8 a detention facility, as defined in ORS 419A.004.

9 [(2)] (b) “Youth Corrections Education Program” means the provision of educational services to
10 youths in youth correction facilities, as defined in ORS 420.005.

11 **(2) The Department of Education shall administer the Youth Corrections Education
12 Program and the Juvenile Detention Education Program in a manner that provides youths
13 in those programs with a quality education.**

14 **(3)(a) The Superintendent of Public Instruction may contract with an education service
15 district or a school district to provide teachers, counselors or other personnel for the Youth
16 Corrections Education Program and the Juvenile Detention Education Program.**

17 **(b) When a contract is entered into with an education service district, the Youth Cor-
18 rections Education Program and the Juvenile Detention Education Program are not consid-
19 ered a component district of the education service district and the youths enrolled in the
20 programs may not be counted when determining the number of pupils in average daily
21 membership for purposes of ORS 334.175 (5).**

22 **(4) When determining the amount to be paid under a contract entered into as provided
23 by subsection (3) of this section, the following shall be taken into consideration:**

24 **(a) The number of youths to be provided educational services;**

25 **(b) The characteristics of the facility where the educational services will be provided,
26 including the number of classrooms required to provide educational services;**

27 **(c) The diversity of the population of youths to be provided educational services, includ-
28 ing the number and percentage of youths who are from historically underserved populations;**

29 **(d) The number and percentage of youths to be provided educational services who qualify
30 for special education and related services; and**

31 **(e) The level of transition supports provided to the youths.**

32 **(5) The Department of Education shall use moneys in the Juvenile Justice Education
33 Fund established under section 21 of this 2024 Act for the purpose of paying contracts en-
34 tered into under this section.**

35 **(6) The State Board of Education shall adopt rules necessary for the administration of
36 this section, including establishing a process by which an education service district or a
37 school district may appeal the amount received under a contract entered into under this
38 section. When adopting the rules, the board shall consult with:**

39 **(a) The Oregon Youth Authority;**

40 **(b) School districts and education service districts under contract with the Department
41 of Education to provide educational services to students enrolled in the Youth Corrections
42 Education Program or the Juvenile Detention Education Program; and**

43 **(c) County juvenile departments.**

44 **SECTION 20.** Sections 21 and 22 of this 2024 Act are added to and made a part of ORS
45 **chapter 327.**

1 **SECTION 21.** (1) The Juvenile Justice Education Fund is established in the State Treas-
2 ury, separate and distinct from the General Fund.

3 (2) Moneys in the Juvenile Justice Education Fund are continuously appropriated to the
4 Department of Education for distribution to the Youth Corrections Education Program and
5 the Juvenile Detention Education Program, as those terms are defined in ORS 326.695, to
6 provide educational services to youths in those programs under contracts entered into as
7 provided by ORS 326.695.

8 (3) The Juvenile Justice Education Fund shall consist of:

9 (a) Moneys allocated from the State School Fund for students enrolled in the Youth
10 Corrections Education Program and the Juvenile Detention Education Program under ORS
11 327.026;

12 (b) Moneys made available for the Youth Corrections Education Program and the Juve-
13 nile Detention Education Program from the Statewide Education Initiatives Account under
14 ORS 327.254;

15 (c) Moneys appropriated or otherwise transferred to the fund by the Legislative Assem-
16 bly; and

17 (d) Other amounts deposited into the Juvenile Justice Education Fund from any source.

18 **SECTION 22.** (1) Each even-numbered year, the Department of Education shall prepare
19 a target funding level for the Juvenile Justice Education Fund for the following biennium.
20 Moneys in the Juvenile Justice Education Fund shall be distributed as provided by ORS
21 326.695 to the Youth Corrections Education Program and the Juvenile Detention Education
22 Program, as those terms are defined in ORS 326.695.

23 (2)(a) The target funding level of the Juvenile Justice Education Fund shall be calculated
24 by multiplying:

25 (A) The average funding level per classroom, as calculated based on all classrooms op-
26 erated under the Youth Corrections Education Program and the Juvenile Detention Educa-
27 tion Program; and

28 (B) The total number of classrooms the Department of Education expects to be operated
29 under the Youth Corrections Education Program and the Juvenile Detention Education
30 Program for the following biennium.

31 (b) For the purpose of determining the average funding level per classroom under para-
32 graph (a) of this subsection, the department shall:

33 (A) Determine the average funding level per classroom for the 2024-2025 school year; and

34 (B) Adjust the amount determined under subparagraph (A) of this paragraph based on
35 the same percentage by which the amount appropriated to the State School Fund increased
36 for the biennium in which the calculation is being made as compared with the amount ap-
37 propriated for the 2021-2023 biennium.

38 (3) The department shall estimate the expected difference between the target funding
39 level calculated under subsection (2) of this section and the amount anticipated to be made
40 available to the Juvenile Justice Education Fund under section 21 (3)(a) and (d) of this 2024
41 Act. If, after all funding available under section 21 (3)(a), (c) and (d) of this 2024 Act has been
42 accounted for, the department determines that the amount required for the target funding
43 level for the fund has not been met, the department may transfer from the Statewide Edu-
44 cation Initiatives Account to the fund any needed amounts.

45 (4) If, at any time during the biennium, the amount available in the Juvenile Justice

1 **Education Fund and from other sources is not sufficient to pay for costs incurred in relation**
 2 **to the Youth Corrections Education Program or the Juvenile Detention Education Program,**
 3 **the department shall inform the Legislative Assembly or the Emergency Board of the lack**
 4 **of funding and shall provide an accounting of the amount needed to pay those costs.**

5 **(5) No later than August 31 of each even-numbered year, the department shall submit to**
 6 **the Legislative Assembly and the Office of the Governor a report that explains the target**
 7 **funding level calculated under this section. When applicable, the report shall include any**
 8 **determinations by the department that the amounts available for the Youth Corrections**
 9 **Education Program and the Juvenile Detention Education Program will not be adequate to**
 10 **pay the costs of the programs.**

11 **SECTION 23.** ORS 327.026 is amended to read:

12 327.026. *[(1) In order to accomplish the purpose described in ORS 326.700, the State Board of*
 13 *Education shall adopt by rule definitions and procedures to be applied to the computation of the State*
 14 *School Fund allocations where necessary to make students enrolled in the Youth Corrections Education*
 15 *Program, as defined in ORS 326.695, and the Juvenile Detention Education Program, as defined in*
 16 *ORS 326.695, equivalent to students enrolled in common and union high school districts for purposes*
 17 *of distribution of the fund.]*

18 **(1) The State Board of Education shall adopt by rule definitions and procedures to be**
 19 **applied to the computation of State School Fund allocations for students enrolled in the**
 20 **Youth Corrections Education Program and the Juvenile Detention Education Program, as**
 21 **those terms are defined in ORS 326.695. The computations shall be equivalent to students**
 22 **enrolled in common and union high school districts.**

23 **(2)(a) The Youth Corrections Education Program shall receive from the State School Fund for**
 24 **each school year a special State School Fund grant, consisting of a general purpose grant that is**
 25 **equal to the Youth Corrections Education Program extended ADMw multiplied by Funding Per-**
 26 **centage and further multiplied by Statewide Target per ADMw Grant. For the purpose of the cal-**
 27 **culatation made under this paragraph:**

28 **(A) ADMw equals ADM multiplied by 2.0 multiplied by the additional per student weight, as**
 29 **calculated in ORS 327.013 (1)(c)(A)(i).**

30 **(B) Extended ADMw equals ADMw or ADMw of the prior year, whichever is greater.**

31 **(b) Notwithstanding paragraph (a) of this subsection, the Youth Corrections Education Program**
 32 **may not receive moneys under this section from the State School Fund for any youth in the program**
 33 **who:**

34 **(A) Has received a high school diploma; or**

35 **(B) Is 21 years of age or older.**

36 **(3) The Juvenile Detention Education Program shall receive from the State School Fund for each**
 37 **school year a special State School Fund grant, consisting of a general purpose grant that is equal**
 38 **to the Juvenile Detention Education Program extended ADMw multiplied by Funding Percentage**
 39 **and further multiplied by Statewide Target per ADMw Grant. For the purpose of the calculation**
 40 **made under this subsection:**

41 **(a) ADMw equals ADM multiplied by 1.5.**

42 **(b) Extended ADMw equals ADMw or ADMw of the prior year, whichever is greater.**

43 **(4) Funds allocated to the Youth Corrections Education Program and the Juvenile Detention**
 44 **Education Program from the State School Fund shall [remain with the Department of Education**
 45 **and] be deposited in the Juvenile Justice Education Fund. The amount of funds to be allo-**

1 **cated** shall be adjusted in the year following the distribution to reflect the actual ADMw of students
 2 in the Youth Corrections Education Program and the Juvenile Detention Education Program in the
 3 same manner as for the school districts under ORS 327.101.

4 **SECTION 24.** ORS 327.254 is amended to read:

5 327.254. (1) The Department of Education shall use moneys in the Statewide Education Initi-
 6 atives Account to provide funding for statewide education initiatives, including:

7 (a) Funding the High School Graduation and College and Career Readiness Act at the levels
 8 prescribed by ORS 327.856;

9 (b) Expanding school breakfast and lunch programs;

10 (c) Operating youth reengagement programs or providing youth reengagement services;

11 (d) Establishing and maintaining the Statewide School Safety and Prevention System under ORS
 12 339.341;

13 (e) Developing and providing statewide equity initiatives, including any statewide education plan
 14 developed and implemented by the department;

15 (f) Providing summer learning programs at schools that are considered high poverty under Title
 16 I of the federal Elementary and Secondary Education Act of 1965;

17 (g) Funding early warning systems to assist students in graduating from high school, as de-
 18 scribed in ORS 327.367;

19 (h) Developing and implementing professional development programs and training programs, in-
 20 cluding programs that increase educator diversity and retain diverse educators;

21 (i) Planning for increased transparency and accountability in the public education system of this
 22 state;

23 (j) Providing additional funding to school districts participating in the intensive program under
 24 ORS 327.222;

25 (k) Providing technical assistance, including costs incurred for:

26 (A) The coaching program described in ORS 327.214; and

27 (B) The intensive program described in ORS 327.222, including costs for student success teams;

28 (L) Funding public charter schools, as described in ORS 327.362;

29 (m) Funding the Early Literacy Success School Grant program, as provided by ORS 327.833;

30 (n) Funding the Early Literacy Success Community Grant program, as established by ORS
 31 327.843;

32 (o) Funding any additional amounts for approved recovery schools, as provided by rules of the
 33 State Board of Education adopted under ORS 327.029;

34 (p) Funding education service districts, as described in subsection (2) of this section; [and]

35 **(q) Funding the Youth Corrections Education Program and the Juvenile Detention Edu-**
 36 **cation Program through the Juvenile Justice Education Fund established under section 21**
 37 **of this 2024 Act, when necessary as provided by section 22 of this 2024 Act; and**

38 [(q)] (r) Funding costs incurred by the department in implementing this section and ORS 327.175
 39 to 327.235 and 327.274.

40 (2)(a) The amount of a distribution to an education service district under this section shall be
 41 made as provided by paragraph (b) of this subsection after calculating the following for each edu-
 42 cation service district:

43 (A) One percent of the total amount available for distribution to education service districts in
 44 each biennium.

45 (B) The education service district's ADMw \times (the total amount available for distribution to

1 education service districts in each biennium ÷ the total ADMw of all education service districts
2 that receive a distribution).

3 (b) The amount of the distribution to an education service district shall be the greater of the
4 amounts calculated under paragraph (a) of this subsection, except that, for distributions made as
5 provided by paragraph (a)(B) of this subsection, the total amount available for distribution to edu-
6 cation service districts shall be the amount remaining after any distributions required under para-
7 graph (a)(A) of this subsection have been made.

8 (c) For purposes of this subsection, ADMw equals the ADMw as calculated under ORS 327.013,
9 except that the additional amount allowed for students who are in poverty families, as determined
10 under ORS 327.013 (1)(c)(A)(v)(I), shall be 0.5.

11 (d) An education service district shall use moneys received under this section as provided by a
12 plan developed by the school districts located within the education service district. A school district
13 that declines to participate in the development of the plan or that has withdrawn from an education
14 service district as provided by ORS 334.015 is not entitled to any moneys distributed to the educa-
15 tion service district under this subsection.

16 (e) A plan developed under this subsection must:

17 (A) Align with and support the meeting of performance growth targets established for recipients
18 of moneys under ORS 327.195 that are located within the education service district;

19 (B) Include the provision, to recipients of moneys under ORS 327.195 that are located within the
20 education service district, of technical assistance in developing, implementing and reviewing a plan
21 for receiving a grant from the Student Investment Account;

22 (C) Provide for coordination with the department in administering and providing technical as-
23 sistance to recipients of moneys under ORS 327.195 that are located within the education service
24 district, including coordinating any coaching programs established under ORS 327.214; and

25 (D) Be adopted and amended as provided for local service plans under ORS 334.175 and approved
26 by the department.

27 (f) For the purposes of paragraph (e) of this subsection, recipients of moneys under ORS 327.195
28 that are located within the education service district include, as applicable:

29 (A) Common school districts and union high school districts;

30 (B) Any charter school that is an eligible applicant, as defined in ORS 327.185; and

31 (C) The Youth Corrections Education Program or the Juvenile Detention Education Program.

32 (g) Each education service district must submit an annual report to the department that:

33 (A) Describes how the education service district spent moneys received under this subsection;
34 and

35 (B) Includes an evaluation of the education service district's compliance with the plan from the
36 superintendent of each school district that participated in the development of the plan.

37 (3) The State Board of Education shall adopt rules necessary for the distribution of moneys un-
38 der this section.

39 **SECTION 25. ORS 326.700 and 326.712 are repealed.**

40
41 **OREGON'S OPEN EDUCATIONAL RESOURCES PROGRAM**

42
43 **SECTION 26.** ORS 348.752 is amended to read:

44 348.752. (1) The Higher Education Coordinating Commission shall regularly convene faculty,
45 staff and librarians from public universities listed in ORS 352.002 and community colleges for the

1 purpose of coordinating Oregon's Open Educational Resources (OER) Program by:

2 (a) Assisting and advising faculty at public universities and community colleges on the adoption,
3 implementation and storage of open educational resource materials that are transferable between
4 public universities and community colleges;

5 (b) Determining whether to develop a statewide repository of open educational resource mate-
6 rials for the purpose of supporting the program and, if applicable, developing a plan for the devel-
7 opment of the repository; and

8 (c) Developing criteria that may be used to provide up to \$150,000 to public universities and
9 community colleges for the purpose of increasing the creation, adoption or implementation of open
10 educational resources.

11 (2) The commission may enter into contracts or agreements with public or private entities for
12 the purpose of fulfilling its obligations under *[this section]* **ORS 348.748 to 348.757**.

13 **SHORT-ACTING OPIOID ANTAGONIST SCHOOL POLICIES**

14 **SECTION 27.** ORS 339.869 is amended to read:

15
16 **339.869.** (1) The State Board of Education, in consultation with the Oregon Health Authority, the
17 Oregon State Board of Nursing and the State Board of Pharmacy, shall adopt:

18 (a) Rules for the administration of prescription and nonprescription medication to students by
19 trained school personnel and for student self-medication. The rules shall include age appropriate
20 guidelines and training requirements for school personnel.
21

22 (b) Rules for the administration of premeasured doses of epinephrine by school personnel trained
23 as provided by ORS 433.815 to any student or other individual on school premises who the personnel
24 believe in good faith is experiencing a severe allergic reaction, regardless of whether the student
25 or individual has a prescription for epinephrine.

26 (c)(A) Rules for the administration of medication that treats adrenal insufficiency by school
27 personnel trained as provided by ORS 433.815 to any student on school premises whose parent or
28 guardian has provided for the personnel the medication as described in ORS 433.825 (3) and who the
29 personnel believe in good faith is experiencing an adrenal crisis, as defined in ORS 433.800.

30 (B) Rules adopted under this paragraph must:

31 (i) Include guidelines on the designation and training of school personnel who will be responsible
32 for administering medication; and

33 (ii) Specify that a school district is only required to train school personnel when the school
34 district has been notified by a parent or guardian that a student enrolled in a school of the school
35 district has been diagnosed with adrenal insufficiency.

36 (d) Guidelines for the management of students with life-threatening food allergies and adrenal
37 insufficiency, which must include:

38 (A) Standards for the education and training of school personnel to manage students with life-
39 threatening allergies or adrenal insufficiency.

40 (B) Procedures for responding to life-threatening allergic reactions or an adrenal crisis, as de-
41 fined in ORS 433.800.

42 (C) A process for the development of individualized health care and allergy or adrenal insuffi-
43 ciency plans for every student with a known life-threatening allergy or adrenal insufficiency.

44 (D) Protocols for preventing exposures to allergens.

45 (e) Rules for the administration of a short-acting opioid antagonist to any student or other in-

1 individual on school premises who the individual administering the short-acting opioid antagonist be-
 2 lieves in good faith is experiencing an opioid overdose.

3 (2)(a) School district boards shall adopt policies and procedures that provide for:

4 (A) The administration of prescription and nonprescription medication to students by trained
 5 school personnel, including the administration of medications that treat adrenal insufficiency;

6 (B) Student self-medication; and

7 (C) The administration of premeasured doses of epinephrine to students and other individuals.

8 (b) Policies and procedures adopted under paragraph (a) of this subsection shall be consistent
 9 with the rules adopted by the State Board of Education under subsection (1) of this section. A school
 10 district board shall not require school personnel who have not received appropriate training to ad-
 11 minister medication.

12 (3)(a) School district boards [*may*] **shall** adopt policies and procedures that provide for the ad-
 13 ministration of a short-acting opioid antagonist.

14 (b) Policies and procedures adopted under paragraph (a) of this subsection [*shall*] **must** be con-
 15 sistent with the rules adopted by the State Board of Education under **this subsection and** sub-
 16 section (1) of this section[.] **and shall:**

17 (A) **Identify whether the school district will ensure that short-acting opioid antagonists,**
 18 **and the necessary medical supplies to administer short-acting opioid antagonists, are avail-**
 19 **able on site at the schools of the school district. If the school district ensures availability,**
 20 **the school district:**

21 (i) **Shall ensure availability in all schools of the school district serving students in any**
 22 **grade from grades 6 through 12, except that school districts with schools serving students**
 23 **from kindergarten through grade six are not required to ensure availability in those schools;**
 24 **and**

25 (ii) **May ensure availability in all schools of the school district serving students in any**
 26 **grade from kindergarten through grade five or from kindergarten through grade six.**

27 [(4)(a)] (B) [*A school district board shall provide to*] **Ensure that** the parent or legal guardian
 28 of each minor student enrolled in a school in the school district **is provided** information regarding
 29 short-acting opioid antagonists. The information described in this [*subsection*] **subparagraph** must
 30 include at least:

31 [(A)] (i) A description of short-acting opioid antagonists and their purpose;

32 [(B)] (ii) A statement regarding, in an emergency situation, the risks of administering to an in-
 33 dividual a short-acting opioid antagonist and the risks of not administering to an individual a
 34 short-acting opioid antagonist;

35 [(C)] (iii) A statement [*that all schools within the school district have access to*] **whether the**
 36 **school district ensures that** short-acting opioid antagonists, and the necessary medical supplies
 37 to administer the short-acting opioid antagonist on site, **are available on site at the schools of**
 38 **the school district, as provided by subparagraph (A) of this paragraph;** and

39 [(D)] (iv) A statement that a representative of a school may administer to a student a short-
 40 acting opioid antagonist in an emergency if the student appears to be unconscious and experiencing
 41 an opioid overdose.

42 [(b)] (C) [*A school district board shall*] **Ensure that** the parent or legal guardian of a minor stu-
 43 dent enrolled in a school [*within*] **of** the school district is immediately notified when a short-acting
 44 opioid antagonist is administered to the student if the short-acting opioid antagonist is administered
 45 while the student is at school, on school property under the jurisdiction of the school district or at

1 any activity under the jurisdiction of the school district.

2 **(c) The State Board of Education shall adopt rules that prescribe minimum requirements**
 3 **for the information provided under paragraph (b)(B) of this subsection.**

4
 5 **EDUCATOR ADVANCEMENT COUNCIL**

6
 7 **SECTION 28.** ORS 342.940 is amended to read:

8 342.940. [(1) As used in this section and ORS 342.943, “educator” means a teacher, administrator
 9 or other school professional who is licensed, registered or certified by the Teacher Standards and
 10 Practices Commission.]

11 **(1) As used in this section and ORS 342.943, “educator” means a person who:**

12 **(a) Is licensed, registered or certified by the Teacher Standards and Practices Commis-**
 13 **sion as a teacher, an administrator or another school professional; or**

14 **(b) Is in the process, as determined by the Educator Advancement Council by rule, to**
 15 **become licensed, registered or certified by the Teacher Standards and Practices Commission**
 16 **as a teacher, an administrator or another school professional.**

17 **(2)(a)** The Educator Advancement Council shall be established and function under an intergov-
 18 ernmental agreement, pursuant to ORS 190.003 to 190.130, between state agencies and one or more
 19 school districts and education service districts. **The state agencies that must be parties to the**
 20 **intergovernmental agreement are the Department of Education, the Department of Early**
 21 **Learning and Care, the Teacher Standards and Practices Commission and the Higher Edu-**
 22 **cation Coordinating Commission.**

23 **(b)** The purposes of the council are to provide resources related to educator professional
 24 learning and to provide other educator supports.

25 **(3)** The intergovernmental agreement establishing the council shall outline the governance
 26 framework and the administrative details necessary for the efficient and effective implementation
 27 of the duties of the council.

28 **(4)(a)** The council shall consist of:

29 **(A)** Members who are representatives of the parties to the intergovernmental agreement estab-
 30 lishing the council.

31 **(B)** No more than 10 members who are practicing educators, classified staff in a public school
 32 or for an education service district, early learning providers and professionals and school district
 33 board members.

34 **(C)** No more than 10 members who are representatives of educator preparation providers,
 35 education-focused nonprofit organizations, education-focused philanthropic organizations, profes-
 36 sional education associations, community-based education organizations that represent families and
 37 students, post-secondary institutions of education and federally recognized Indian tribes of this state.

38 **(b)** Subject to any limits designated as provided by the intergovernmental agreement establishing
 39 the council, the majority of the members of the council identified under paragraph (a) of this sub-
 40 section may propose additional members of the council. The inclusion of additional members on the
 41 council shall be subject to the procedures established by the council under the intergovernmental
 42 agreement.

43 **(5)** The council shall:

44 **(a)** Establish a system of educator networks, as described in ORS 342.943, by which every edu-
 45 cator in this state has access to professional learning opportunities;

- 1 (b) Administer the beginning teacher and administrator mentorship program under ORS 329.788
 2 to 329.820;
- 3 (c) Coordinate the distribution of moneys to educator networks from the Educator Advancement
 4 Fund based on the needs of the educators identified by the networks;
- 5 (d) Connect educator networks and facilitate communications within and among the networks
 6 to improve teaching and learning; and
- 7 (e) Continuously assess the needs of educators in this state and coordinate priorities based on
 8 the moneys available for distribution from the Educator Advancement Fund.
- 9 (6) The Department of Education shall provide support to the strategic direction of the council
 10 by:
- 11 (a) Conducting and coordinating research to monitor:
- 12 (A) Teaching and learning conditions;
- 13 (B) Educator workforce supply and demand; and
- 14 (C) Common outcomes and measures anticipated to promote improvement in teaching and
 15 learning.
- 16 (b) Assisting the council in coordinating and connecting educator networks, supporting profes-
 17 sional learning priorities, enabling access to professional learning and supports, leveraging funding
 18 sources and managing innovation funds.
- 19 (c) Recommending statutory and agency rule changes needed to support the purposes of the
 20 council.
- 21 (d) Supporting programs that help to achieve the purposes of the Educators Equity Act.
- 22 (e) Supporting a statewide plan for increasing:
- 23 (A) The supply of culturally diverse teacher candidates; and
- 24 (B) The successful recruitment of effective educators to work in high-need schools and in prac-
 25 tice areas with a shortage of educators.
- 26 (f) Identifying high-leverage educator practices to be developed by educators throughout their
 27 careers.
- 28 (g) Providing accountability of the council by ensuring that the council:
- 29 (A) Gives preference, when making recommendations about funding distributions, to entities that
 30 have demonstrated success in improving student indicators.
- 31 (B) Considers the delivery of services for the benefit of all regions of this state when establish-
 32 ing the system of educator networks.
- 33 (C) Works toward improving student progress indicators identified by the Department of Edu-
 34 cation or set forth in ORS 350.014.
- 35 (D) Includes and connects education providers and leaders from prekindergarten through post-
 36 secondary education.
- 37 (h) Providing staff support for the administrative functions of the council.
- 38 (i) Developing a system that allows for the statewide dissemination of emerging practices and
 39 evidence-based models.
- 40 (j) Providing technical assistance to the council, including online systems for sharing profes-
 41 sional learning resources and supporting educator networks.
- 42 (k) Administering the distribution of grant and contract funds for programs described in this
 43 section.
- 44 (L) Providing administrative support to the educator networks, including:
- 45 (A) Making recommendations to the council about the selection of the sponsors of educator

1 networks;

2 (B) Providing technical assistance to educator networks; and

3 (C) Entering into grant agreements or contracts for the distribution of funds to educator net-
4 works.

5 (7)(a) The State Board of Education and the Teacher Standards and Practices Commission may
6 adopt any rules necessary at the request of the council to support the council or to perform any
7 duties assigned to the board or commission under this section.

8 (b) The council may adopt rules pursuant to ORS chapter 183 for the purposes of ORS 329.788
9 to 329.820 and 342.943.

10 (8) The council shall be considered a board for purposes of ORS chapter 180.

11 **SECTION 29. Notwithstanding ORS 329.805 (2), grants awarded under ORS 329.805 during**
12 **the 2023-2025 biennium are not required to be awarded on a competitive basis.**

13 COREQUISITE STUDENT SUPPORT

14
15
16 **SECTION 30. (1) As used in this section, “corequisite” means a course or requirement**
17 **related to mathematics or writing that a student must take or satisfy at the same time that**
18 **the student is taking or satisfying another course or requirement in mathematics or writing**
19 **that is required for a program of study or a degree.**

20 **(2) The Higher Education Coordinating Commission shall convene a work group to study**
21 **evidence-based corequisite student support models, including models that use in-class tutor-**
22 **ing, online learning labs, paired courses and other aligned academic supports. The work**
23 **group shall provide information to the commission to assist the commission in:**

24 **(a) Determining whether to require the community colleges in this state to implement**
25 **evidence-based corequisite student support models and identifying the most effective models**
26 **to implement;**

27 **(b) Identifying the steps and resources required for community colleges in this state to**
28 **transition from traditional prerequisite development education to evidence-based corequisite**
29 **student support models;**

30 **(c) Determining whether evidence-based corequisite student support models should be**
31 **funded by Community College Support Fund grants;**

32 **(d) Identifying any statutory changes or administrative rule changes necessary to provide**
33 **and fund evidence-based corequisite student support models; and**

34 **(e) Identifying how to determine if a person should participate in a corequisite, and**
35 **whether participation should be voluntary or mandatory.**

36 **(3)(a) The work group convened under this section shall be appointed by the executive**
37 **director of the Higher Education Coordinating Commission and shall include:**

38 **(A) The Director of the Office of Community Colleges and Workforce Development, or**
39 **the director’s designee;**

40 **(B) A representative of a research center focused on the policies and practices of com-**
41 **munity colleges in this state;**

42 **(C) Three community college faculty members who have experience in teaching**
43 **corequisite or developmental education;**

44 **(D) Three community college faculty members who have experience in teaching the first**
45 **credit-bearing college-level course in mathematics or writing;**

1 (E) One community college president;

2 (F) One developmental education or adult basic education administrator; and

3 (G) One community college student.

4 (b) The commission shall solicit nominations from organizations representing faculty,
5 students and community colleges to determine the membership of the work group.

6 (4) No later than December 15, 2024, the work group shall submit to the Higher Education
7 Coordinating Commission a report on the study conducted as provided by this section.

8 **SECTION 31.** Section 30 of this 2024 Act is repealed on January 2, 2025.

9
10 **APPLIED BACCALAUREATE PROGRAMS**

11
12 **SECTION 32.** ORS 348.910 is amended to read:

13 348.910. (1) As used in this section, “applied baccalaureate degree” means a bachelor’s degree
14 designed to incorporate applied associate courses and degrees with additional coursework empha-
15 sizing higher-order thinking skills and advanced technical knowledge and skills.

16 (2) The Higher Education Coordinating Commission shall develop a plan for offering applied
17 baccalaureate degree programs at community colleges and public universities listed in ORS 352.002.
18 The commission shall consider the following types of programs for the purpose of offering some of
19 these types and the possibility of combinations of these types:

20 (a) A career ladder program that requires a substantial number of upper level courses in the
21 same technical area of study as the student’s applied associate degree;

22 (b) An inverse program that reverses the traditional curriculum sequence by adding general
23 education courses in the student’s third and fourth years to the associate degree courses taken in
24 the student’s first and second years;

25 (c) A management ladder program that combines associate degree requirements with applied
26 management skills coursework; and

27 (d) A work experience program that combines general education and technical coursework with
28 direct, supervised work experience in a relevant field.

29 (3) The plan must include the following elements:

30 (a) The method by which the applied baccalaureate degree programs will be created, including
31 any necessary accreditation by the relevant accrediting agency;

32 (b) The criteria for approving the degree and course options offered by public universities listed
33 in ORS 352.002 and community colleges;

34 (c) The articulation agreements between community colleges and public universities listed in
35 ORS 352.002 necessary to ensure that the applied baccalaureate degree programs are as widely
36 available as possible;

37 (d) The resources **and funding** required to implement the applied baccalaureate degree program;

38 (e) The timeline necessary to implement the applied baccalaureate degree program; and

39 (f) A recommendation as to whether community colleges should be allowed to offer applied
40 baccalaureate degrees.

41 **SECTION 33.** (1) The Higher Education Coordinating Commission shall establish and ad-
42 minister a pilot program to encourage community colleges to offer programs for an applied
43 baccalaureate degree, as defined in ORS 348.910.

44 (2) The commission shall select no more than a total of three community colleges to
45 participate in the pilot program.

(3) A community college may participate in the pilot program if the community college is able to demonstrate in the application to participate in the pilot program that the community college:

(a) Has a capacity to make a long-term commitment of resources to build and sustain a high-quality applied baccalaureate degree program;

(b) Has or can readily engage faculty appropriately qualified to develop and deliver a high-quality curriculum at the baccalaureate level;

(c) Has a sufficient number of interested students within its service area to create a demand for the proposed applied baccalaureate degree program to make the program cost-effective and feasible to operate; and

(d) Has identified a sufficient level of demand among employers for the technical training proposed by the applied baccalaureate degree program.

(4) A participant in the pilot program must annually report to the commission on the costs to offer an applied baccalaureate degree program in such a manner as to enable the commission to determine the funding required to implement an applied baccalaureate degree program, as required under the plan developed under ORS 328.910 (3)(d).

(5) The commission may adopt any rules necessary for the administration of this section. SECTION 34. Section 33 of this 2024 Act is repealed on June 30, 2027.

FACULTY HEALTH CARE BENEFITS

SECTION 35. ORS 350.355 is amended to read:

350.355. (1)(a) Except as provided in paragraph (b) of this subsection, a part-time faculty member at a public institution of higher education is eligible for the same employee-only health care benefits, including dental benefits and vision benefits, as full-time faculty members if the part-time faculty member is eligible for membership in the Public Employees Retirement System or another plan authorized under ORS chapter 238 or 238A by teaching either at a single public institution of higher education or in aggregate at multiple public institutions of higher education during the previous academic year.

(b) The total cost of providing any health benefit plan offered by a public institution of higher education to a part-time faculty member under this section may not increase annually by more than the annual increase in premium amounts paid for contracted health benefit plans that is permitted under ORS 243.135 (8)(b) or 243.866 (9)(b).

(2)(a) In order to receive employee-only health care benefits under this section, a part-time faculty member must select a home public institution of higher education for the duration of the benefit year under a process established by each institution. A home public institution of higher education selected under this subsection:

[(A) Must be one at which the part-time faculty member is working during the academic term at the time of the application; and]

(A) Must be one from which the part-time faculty member received a salary, a grant or other payment for work performed by the part-time faculty member that is substantially similar to work performed by a full-time faculty member, including teaching, research and student mentorship and advising;

(B) Must be one from which the part-time faculty member received payment, as described in subparagraph (A) of this paragraph, at:

1 (i) **The time of the application; or**

2 (ii) **Any time during the previous benefit year, if the part-time faculty member is not**
 3 **currently receiving payment from any public institution of higher education but otherwise**
 4 **is eligible for employee-only health care benefits; and**

5 [(B)] (C) Is responsible for:

6 (i) Determining whether the part-time faculty member is eligible to receive health care benefits
 7 under this section;

8 (ii) Determining, on an annual basis, whether a part-time faculty member who was found to be
 9 eligible to receive health care benefits under sub-subparagraph (i) of this subparagraph continues to
 10 be eligible to receive health care benefits under this section;

11 (iii) Collecting the premiums for health benefit plans that must be paid by the part-time faculty
 12 member under subsection (3) of this section;

13 (iv) Paying the full cost of the insurance premiums for providing health benefit plans to the
 14 part-time faculty member, subject to reimbursement as described in subsection (4) of this section;
 15 and

16 (v) Administering and providing health benefit plans to the part-time faculty member in the
 17 manner described in this section.

18 (b) In order to receive health care benefits under this section, a part-time faculty member must
 19 provide the home public institution of higher education with all information necessary for the in-
 20 stitution to determine the eligibility of the part-time faculty member to receive health care benefits
 21 under this section.

22 (c) No later than 30 days before the deadline to submit an application to receive health care
 23 benefits under this section, each public institution of higher education must notify all part-time
 24 faculty members who have been employed by the institution during the current academic year and
 25 the previous academic year of:

26 (A) The eligibility requirements to receive health benefits under this section;

27 (B) The health care benefits and associated costs available to qualifying part-time faculty mem-
 28 bers; and

29 (C) Instructions on how part-time faculty members may apply to receive health care benefits
 30 under this section.

31 (3)(a) Except as provided in paragraph (b) of this subsection, a part-time faculty member at a
 32 public institution of higher education shall pay 10 percent of all insurance premiums for health
 33 benefit plans.

34 (b) A public institution of higher education may provide by collective bargaining at the institu-
 35 tion to pay for some or all of the insurance premiums that must otherwise be paid by a part-time
 36 faculty member under paragraph (a) of this subsection. The public institution of higher education
 37 may not be reimbursed under subsection (4) of this section for the costs the institution incurs to
 38 provide health benefit plans under this paragraph.

39 (4)(a) Every three months a public institution of higher education may request reimbursement
 40 from the Higher Education Coordinating Commission for the cost of paying insurance premiums for
 41 providing health benefit plans to each part-time faculty member who has selected the institution as
 42 the faculty member's home public institution of higher education under subsection (2) of this section.

43 (b) The commission shall use moneys from the Part-Time Faculty Insurance Fund established
 44 under ORS 350.357 to fully reimburse each public institution of higher education for all documented
 45 costs requested by the institution under this subsection, except for any costs described in subsection

1 (3) of this section.

2 (5) Unless otherwise provided for by collective bargaining, a part-time faculty member at a
 3 public institution of higher education who is eligible for health care benefits under subsection (1)
 4 of this section may receive health care benefits only in the manner provided by this section.

5 (6) Each agency request budget filed by the Higher Education Coordinating Commission under
 6 ORS 291.208 must include, as part of the budget, moneys sufficient to provide health care benefits
 7 to part-time faculty members in the manner required by this section.

8 (7) The Higher Education Coordinating Commission may adopt rules necessary to implement
 9 subsection (4) of this section.

10
 11 **FORESTRY WORKFORCE STUDY**

12
 13 **SECTION 36.** (1) **The Higher Education Coordinating Commission shall conduct a forestry**
 14 **workforce study to assist the commission in understanding and addressing challenges in**
 15 **Oregon’s forestry workforce.**

16 (2) **The study conducted under this section shall:**

17 (a) **Identify existing secondary and post-secondary education, training and workforce de-**
 18 **velopment programs that prepare Oregonians for careers in the forestry workforce;**

19 (b) **Collect data on participation in, completion of and employment outcomes for pro-**
 20 **grams identified in paragraph (a) of this subsection;**

21 (c) **Identify the number, type and location of businesses, nonprofit organizations, educa-**
 22 **tion and workforce providers and public entities comprising the forest sector in this state;**

23 (d) **Collect data on the number, occupations, industries, wages and demographics of the**
 24 **forestry workforce in this state;**

25 (e) **Assess current and projected forestry workforce needs;**

26 (f) **Identify challenges faced by the forestry sector in retaining and recruiting the**
 27 **forestry workforce; and**

28 (g) **Develop recommendations to enhance the recruitment and retention of the forestry**
 29 **workforce.**

30 (3) **When conducting the study under this section, the commission shall:**

31 (a) **Assess the current forestry workforce and the workforce’s demographics, needs and**
 32 **benefits. The assessment required under this paragraph shall take into consideration state**
 33 **plans and initiatives related to forest health, climate and economic development that may**
 34 **influence the demands on the forestry workforce.**

35 (b) **Collaborate with Oregon business associations that represent private forest employers**
 36 **and forest management enterprises to assess the future forestry workforce capacity re-**
 37 **quirements, as well as the potential impacts, benefits and opportunities for the forestry**
 38 **workforce.**

39 (c) **Consult with state and federal economic development, labor, employment and licens-**
 40 **ing agencies to account for current tracking and monitoring techniques for the forestry**
 41 **workforce and to ensure that the study is not duplicative of other studies.**

42 (d) **Consult with state and federal natural resource agencies to align priorities and un-**
 43 **derstand future forestry workforce needs.**

44 (e) **Consult with state training and education agencies to fully understand career path-**
 45 **ways and training opportunities for the forestry workforce.**

1 (4) The commission may enter into a contract with a public or private entity for the
 2 purpose of conducting the study described in this section.

3 (5) The commission shall submit a report in the manner provided by ORS 192.245 to the
 4 interim committees of the Legislative Assembly related to higher education no later than
 5 January 31, 2025.

6 **SECTION 37.** Section 36 of this 2024 Act is repealed on June 30, 2025.

7 **SECTION 38.** In addition to and not in lieu of any other appropriation, there is appro-
 8 priated to the Higher Education Coordinating Commission, for the biennium ending June 30,
 9 2025, out of the General Fund, the amount of \$300,000, for the purpose of the study described
 10 in section 36 of this 2024 Act.

11
 12 **TRANSFER COUNCIL SUBCOMMITTEES**

13
 14 **SECTION 39.** ORS 192.690 is amended to read:

15 192.690. (1) ORS 192.610 to 192.705 do not apply to any of the following:

16 (a) Deliberations of the Psychiatric Security Review Board or the State Board of Parole and
 17 Post-Prison Supervision.

18 (b) Deliberations of state agencies conducting hearings on contested cases in accordance with
 19 the provisions of ORS chapter 183.

20 (c) Deliberations of the Workers' Compensation Board or the Employment Appeals Board of
 21 similar hearings on contested cases.

22 (d) Meetings of the state lawyers assistance committee operating under the provisions of ORS
 23 9.568.

24 (e) Meetings of the personal and practice management assistance committees operating under
 25 the provisions of ORS 9.568.

26 (f) Meetings of county child abuse multidisciplinary teams required to review child abuse cases
 27 in accordance with the provisions of ORS 418.747.

28 (g) Meetings of child fatality review teams required to review child fatalities in accordance with
 29 the provisions of ORS 418.785.

30 (h) Meetings of peer review committees in accordance with the provisions of ORS 441.055.

31 (i) Mediation conducted under ORS 36.252 to 36.268.

32 (j) Any judicial proceeding.

33 (k) Meetings of the Oregon Health and Science University Board of Directors or its designated
 34 committee regarding candidates for the position of president of the university or regarding sensitive
 35 business, financial or commercial matters of the university not customarily provided to competitors
 36 related to financings, mergers, acquisitions or joint ventures or related to the sale or other dispo-
 37 sition of, or substantial change in use of, significant real or personal property, or related to health
 38 system strategies.

39 (L) Oregon Health and Science University faculty or staff committee meetings.

40 **(m) Meetings of Transfer Council subcommittees that are established under ORS 350.426**
 41 **and that relate to the common course numbering system and the coordination, establish-**
 42 **ment, alignment, effectiveness and maintenance of foundational curricula.**

43 [(m)] (n) Communications between or among members of a governing body that are:

44 (A) Purely factual or educational in nature and that convey no deliberation or decision on any
 45 matter that might reasonably come before the governing body;

1 (B) Not related to any matter that, at any time, could reasonably be foreseen to come before the
 2 governing body for deliberation and decision; or

3 (C) Nonsubstantive in nature, such as communication relating to scheduling, leaves of absence
 4 and other similar matters.

5 (2) Because of the grave risk to public health and safety that would be posed by misappropri-
 6 ation or misapplication of information considered during such review and approval, ORS 192.610 to
 7 192.705 shall not apply to review and approval of security programs by the Energy Facility Siting
 8 Council pursuant to ORS 469.530.

9
 10 **EDUCATION FOR OCCUPATIONAL OR PROFESSIONAL LICENSE**

11
 12 **SECTION 40.** ORS 670.280 is amended to read:

13 670.280. (1) As used in this section:

14 (a) “License” includes a registration, certification or permit.

15 (b) “Licensee” includes a registrant or a holder of a certification or permit.

16 (c) **“Qualifying juvenile adjudication” means a finding that a person is within the juris-**
 17 **isdiction of a juvenile court under ORS 419C.005 for committing an act that:**

18 **(A) If committed by an adult, would constitute a crime under ORS 163.107 or 163.115; or**

19 **(B) The person committed between the ages of 16 and 18 that would constitute a crime**
 20 **under ORS 163.185, 163.375, 163.405 or 163.427.**

21 (2) Except as provided in ORS 342.143 (3) or 342.175 (3), a licensing board, commission or agency
 22 may not deny, suspend or revoke an occupational or professional license solely for the reason that
 23 the applicant or licensee has been convicted of a crime, but it may consider the relationship of the
 24 facts which support the conviction and all intervening circumstances to the specific occupational
 25 or professional standards in determining the fitness of the person to receive or hold the license.
 26 There is a rebuttable presumption as to each individual applicant or licensee that an existing or
 27 prior conviction for conduct that has been classified or reclassified as a Class E violation does not
 28 make an applicant for an occupational or professional license or a licensee with an occupational or
 29 professional license unfit to receive or hold the license.

30 (3) Except as provided in ORS 342.143 (3) and 342.175 (3), a licensing board, commission or
 31 agency may deny an occupational or professional license or impose discipline on a licensee based
 32 on conduct that is not undertaken directly in the course of the licensed activity, but that is sub-
 33 stantially related to the fitness and ability of the applicant or licensee to engage in the activity for
 34 which the license is required. In determining whether the conduct is substantially related to the
 35 fitness and ability of the applicant or licensee to engage in the activity for which the license is re-
 36 quired, the licensing board, commission or agency shall consider the relationship of the facts with
 37 respect to the conduct and all intervening circumstances to the specific occupational or professional
 38 standards. There is a rebuttable presumption as to each individual applicant or licensee that an
 39 existing or prior conviction for conduct that has been classified or reclassified as a Class E violation
 40 is not related to the fitness and ability of the applicant or licensee to engage in the activity for
 41 which the license is required.

42 **(4)(a) Prior to beginning an education, a training or an apprenticeship program for an**
 43 **occupational or professional license, a person who was convicted of a crime or subject to a**
 44 **qualifying juvenile adjudication may petition a licensing board, commission or agency for a**
 45 **determination as to whether a criminal conviction or qualifying juvenile adjudication will**

1 prevent the person from receiving an occupational or professional license. The licensing
2 board, commission or agency may charge a reasonable fee to pay the costs of making the
3 determination.

4 (b) A determination from a licensing board, commission or agency that a criminal con-
5 viction or qualifying juvenile adjudication will not prevent the person from obtaining an oc-
6 cupational or professional license binds the licensing board, commission or agency unless,
7 at the time the person submits a complete application, the person:

8 (A) Has allegations or charges pending in juvenile or criminal court;

9 (B) Has failed to disclose a previous criminal conviction or qualifying juvenile adjudi-
10 cation; or

11 (C) Has been convicted of another crime or been subjected to a qualifying juvenile adju-
12 dication during the period between the determination and the person's submission of a
13 completed application for an occupational or professional license.

14 (c) A licensing board, commission or agency is not bound by, and may reconsider, a de-
15 termination that a criminal conviction or qualifying juvenile adjudication will prevent the
16 person from obtaining an occupational or professional license if the person submits a petition
17 for another determination or a completed application for an occupational or professional li-
18 cense.

19 (d) A licensing board, commission or agency may adopt rules necessary to implement the
20 provisions of this subsection.

21
22 **EARLY SUCCESS READING INITIATIVE**

23
24 **SECTION 41.** ORS 329.832 and 329.837 are repealed.

25
26 **MISCELLANEOUS**

27
28 **SECTION 42.** The unit captions used in this 2024 Act are provided only for the conven-
29 ience of the reader and do not become part of the statutory law of this state or express any
30 legislative intent in the enactment of this 2024 Act.

31 **SECTION 43.** This 2024 Act takes effect on July 1, 2024.
32

CORRESPONDENCE

From: Richael Cobler <richael@crdts.org>
Sent: Wednesday, March 27, 2024 10:56 AM
To: PRISBY Stephen * OBD <stephen.prisby@obd.oregon.gov>
Subject: CRDTS Membership

Hello Stephen. I hope this email finds you well.

I wanted to talk to you about the Oregon Board of Dentistry becoming members of CRDTS. The subject came up again recently because we've had several dental and dental hygiene professionals from Oregon ask about how they can begin examining for CRDTS. Because Oregon accepts CRDTS and we examine at several hygiene programs, there has been an increased interest to examine with us and this seems an opportune time for the board to consider becoming Members.

Our current bylaws state that examiners must be licensed in a Member state to qualify as a CRDTS examiner. It would be beneficial to CRDTS to have examiners from Oregon in our examiner pool and it is also beneficial to state dental boards to have a voice in the development and enhancement of the exams they accept.

Membership with CRDTS is very straightforward. A state dental board must simply vote to join as members and sign an agreement stating they will continue to accept the CRDTS dental and dental hygiene exams as a pathway toward licensure. We ask that each Member appoint one sitting board member to represent them on our governing board which is the CRDTS Steering Committee. Additionally, we ask that the board appoint one dentist to the Dental Exam Review Committee (could be the same person as the Steering member) and one to the Dental Hygiene Exam Review Committee. In this way, as Members, the Oregon Board of Dentistry has a voting seat and input into the development and enhancement of the CRDTS exams. State board members and a member of the executive staff for each Member state are invited to attend the CRDTS Annual Meeting and participate in our General Session.

An alternative to full membership is an Affiliate Member. Affiliate Members do not have a voting seat on the Steering Committee but are invited to participate in the General Assembly and Annual Meeting. Qualified dentists and dental hygienists licensed in a member state may participate as examiners, as and to the extent authorized by the Steering Committee.

I have attached a copy of the Membership Agreement and the Affiliate Agreement for your reference. Don't hesitate to reach out if you have questions.

CRDTS would love to add a seat at our meetings for an Oregon Board of Dentistry Member representative. Please let me know if you have a few minutes to discuss or, if it would be more appropriate, we could give a presentation to the board at their upcoming April 26th meeting and answer any questions the board may have about Membership.

Thank you Stephen. I look forward to hearing from you soon.

Sheli

Richael "Sheli" Cobler

Executive Director

Central Regional Dental Testing Service, Inc.

1725 SW Gage Blvd. | Topeka, KS | 66604

785.273.0380 | richael@crdts.org

www.crdts.org

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CENTRAL REGIONAL DENTAL TESTING SERVICE, INC.
MEMBERSHIP AND EXAMINATION
ACCEPTANCE AGREEMENT

THIS AGREEMENT is entered into this _____ day of _____, 20__, by and between Central Regional Dental Testing Service, Inc., a Kansas nonprofit corporation (CRDTS), and the _____ State Board of Dental Examiners (the “Board”) of the State of _____ (the “State”).

WHEREAS, CRDTS, is a not-for-profit, membership corporation, the voting members of which are the Boards of the several States responsible for the qualification and licensure or credentialing of dentists, dental hygienists, or other dental care providers; and

WHEREAS, CRDTS has adopted examinations for the testing of candidates for licensure or credentialing in Dentistry, Dental Hygiene, and other dental care professions; and

WHEREAS, the Board desires to become a voting member of CRDTS and to accept the results of the clinical examinations conducted by CRDTS as one of the factors to be considered by the Board in determining the qualifications of candidates for licensure or credentialing as dentists, dental hygienists, or other dental care providers, in the respective States Boards which are Members of CRDTS.

NOW, THEREFORE, in consideration of the mutual covenants stated herein and other good and valuable consideration, the receipt and sufficiency of which are hereby mutually acknowledged, it is agreed:

1. Membership. The Board does hereby agree to become a Member of CRDTS within the meaning of Article Two, Section 2, of the CRDTS Bylaws, a copy of which has been provided to and reviewed by the Board and its counsel. The Board agrees to abide by and adhere to all the provisions of the CRDTS Bylaws. The Member will designate a representative to serve on the CRDTS Steering Committee who meets the requirements stated in the Bylaws, both the Board as a Member of CRDTS and the Board’s designated member of the CRDTS Steering Committee shall comply with all of the terms and provisions of the CRDTS Bylaws. CRDTS does hereby accept the Board as a Member of CRDTS.

2. Examination. CRDTS shall conduct clinical examinations of candidates for licensure or credentialing as dentists, dental hygienists, or other dental care providers which shall meet or exceed the minimum standards for licensure or credentialing required by the State. The

State Board does hereby confirm that it will support the administration of CRDTS dental and/or dental hygiene examinations within their Member State. The clinical examinations (the Examinations) shall be sufficiently comprehensive and realistic as to fairly and reasonably test the clinical knowledge and competence of the candidates for licensure or credentialing as dentists, dental hygienists, or other dental care providers using valid and reliable standards of psychometric measurement.

3. Acceptance and Use of Results. The Board, in its capacity as an agency of the State has reviewed the Examinations, the content format and grading standards and has determined that the Examinations are sufficient to meet the clinical examination requirements of the State, with respect to the measurement of the clinical abilities of candidates for licensure or credentialing as dentists, dental hygienists, or other dental care providers. CRDTS will make available to the Board complete details concerning the Examinations, the standards for conduct of the Examinations, and the results of the Examinations for any candidate who has taken a CRDTS Examination who is applying for licensure or credentialing in the State. Notwithstanding any provision of this Agreement to the contrary, the Board is not required to consider the Examination results of any candidate for licensure or credentialing, as either a dentist or dental hygienist, who is not otherwise qualified for licensure or credentialing under the laws and regulations of the State. The Board is not required to license any candidate for licensure as a dentist or dental hygienist based solely upon completion of the applicable Examination. No provision of this Agreement shall be construed to qualify a candidate for Examination or create any benefit hereunder for any candidate for licensure or credentialing as either a dentist or a dental hygienist if that person is not otherwise eligible for licensure or credentialing in the State.

4. Recognition. The Board will grant full recognition and credit, as herein above required, to the results of an examination given by CRDTS for a minimum period of five (5) years

following the date of such examination regardless of the locality at which the examination was administered.

5. Board Authority. The Board does hereby affirm and CRDTS acknowledges that the Board has the statutory authority and duty to examine candidates for licensure or credentialing as dentists and dental hygienist and to determine the suitability and effectiveness of the Examinations it conducts or which are conducted for the Board. The Board has the right to consider the results of such Examinations for the same purposes in the same manner as the results of any Examination conducted independently and separately by the Board. The Board is not by the execution of this Agreement either expressly or by implication waiving its right to require or conduct such further Examination(s) as it may deem necessary to determine the suitability of candidates for licensure or credentialing in either dentistry or dental hygiene nor is it precluded from considering any other matter reasonably calculated to aid in its determination of the professional competence and eligibility of each candidate.

Nothing contained in this Agreement shall be construed to effect or impair the power, authority and discretion given by statute to the Board acting within the territorial limits of the State to make and enforce laws, rules, and regulations governing the practice of Dentistry and Dental Hygiene therein. The authority and discretion of the Board shall not be superseded or suspended in any respect by reason of this Agreement and all candidates for Examination and licensure or credentialing shall comply with and conform to all applicable, laws, rules, and regulations of the State.

6. Participation in Examinations. The Board shall have, as part of its statutory powers to conduct clinical examinations, the right to participate in the conduct of CRDTS examinations, and to consider the results of such examination for the same purpose and in the same manner as those obtained from clinical examinations independently and separately conducted by the Board.

7. Steering Committee Representation. The Board is entitled to have one of its duly qualified members elected as a member of the Steering Committee of CRDTS, pursuant to the CRDTS Bylaws, in order to maintain the equal representation of each Member participating in the testing services of CRDTS. It will be the obligation of the Steering Committee member, as the representative of the Member, to assist in the preparation, administration, and promotion of the

CRDTS examinations. Representation on the Steering Committee will continue during the term of this Agreement and shall be deemed to be terminated simultaneously with this Agreement.

8. Examination Cost. The reasonable and necessary cost incurred in conducting such examinations shall be borne entirely by those applicants taking the examination and the examination fee required to be paid by such applicants shall be fixed by CRDTS in the amount necessary to defray such costs. The CRDTS examination fee shall be in addition to that which may be prescribed by the statutes and regulations of the State and the Board will not be required to defray the costs of examination incurred by CRDTS.

9. Confidentiality. The Board acknowledges that the Examinations and all protocols and other materials developed or used by CRDTS with respect to the Examinations, their administration, scoring of Examinations and the reporting of results and all other matters with respect to the Examinations are the intellectual property of CRDTS or have been licensed by CRDTS for use only by authorized CRDTS examiners and shall be deemed “Confidential Information.” The Board, all of the members of the Board, all persons engaged as examiners or otherwise participating in the administration of a CRDTS Examination acknowledge all such materials are confidential and shall not disclose, either directly or indirectly in whole or in part, the Examination materials provided to the Board by CRDTS or any of the information contained therein, or learned by such person or persons during the course of the conduct, administration, scoring, reporting and analysis of the results of the Examinations. The Board, its employees and agents, shall not alter or change the Examinations or other materials provided by CRDTS and shall not cause or allow any such materials to be delivered, transferred, sold or disclosed to any other person or entity. The Board, its employees and agents, shall only receive and use the Examinations and other materials for the limited purpose of administering the Examinations to candidates. No such person shall make any public disclosure of any information concerning the CRDTS Examinations unless such disclosure is, in the opinion of CRDTS counsel; required in order to comply with a State or Federal law or the lawful order of a court of competent jurisdiction.

10. Term and Termination. The term of this Agreement shall commence on the date stated in the first paragraph and shall continue until terminated by either party, without cause, upon written notice, delivered not less than one hundred twenty (120) days before June 30, of any calendar year, during the term of this Agreement. This Agreement may be terminated by either

party, for cause, which is defined as material breach of the terms of this Agreement, upon sixty (60) days written notice delivered by the party terminating the Agreement to the other party. Such notice shall state the cause for termination and the party receiving such notice shall have a period of forty-five (45) days to cure the alleged breach to the satisfaction of the other party.

11. Survival Beyond Termination. Any and all obligations arising under Examination Cost, Defense Against Actions and Hold Harmless, and Limitation of Liability provisions shall survive the termination of this Agreement, and such survival shall specifically include any other terms and provisions of this Agreement necessary to give full force and effect to said provisions.

12. Defense Against Actions and Hold Harmless. CRDTS shall be responsible to the Board for the defense of actions, including third party claims, and for any resulting liability, deficiencies, or damages, incurred by the Board, together with reasonable attorney's fees and costs, arising from a breach or failure of CRDTS to perform its obligations under this Agreement.

The Board shall be responsible to CRDTS for the defense of actions, including third party claims, and for any resulting liability, deficiencies, or damages, incurred by CRDTS, arising from a breach or failure of the Board to perform its obligations under this Agreement; provided that the Board's liability for such damage or injury has been determined by a court or agreed to by the State. The party responsible for defense shall secure counsel of its choice and pay the costs of such legal representation. The other party may be separately represented by counsel of its choice at its own cost.

13. Limitation of Liability. Except for willful misconduct or gross negligence, neither party shall be liable to the other for punitive, exemplary, special, indirect, or consequential damages, including, without limitation, lost profits and costs.

14. Contractual Relationship. CRDTS and the Board are independent contractors: nothing herein shall be deemed to create a partnership, a joint venture, or employment relationship between the parties.

15. Notices. All notices which are required or which may be given pursuant to the terms of this Agreement shall be in writing and shall be sufficient in all respects if given in writing and delivered personally or by registered or certified mail, return receipt requested, or by a comparable commercial delivery system, and notice shall be deemed to be given on the date hand delivered or

on the date deposited in United States mail, or with a comparable commercial delivery system, with postage or other delivery charges thereon prepaid, addressed as follows:

If to CRDTS:

Central Regional Dental
Testing Service, Inc.
1725 Gage Boulevard
Topeka, KS 66604-3333
Attn: Richael Cobler, Executive Director

If to the State:

_____ State Dental Board

16. Binding Effect and Assignment. All provisions of this Agreement shall be deemed to be binding upon the parties hereto, their successors and permitted assigns; provided, however, that neither party hereto shall have the right to assign any of the rights or obligations accruing to that party by reason of this Agreement without the prior written consent of the other party.

17. Law to Control. This Agreement shall be governed by and interpreted in accordance with the laws of the State of Kansas.

18. Amendment. This Agreement may only be amended by an Agreement in writing executed with the same formality as this Agreement.

19. Prior Negotiations. This Agreement supersedes all prior negotiations and agreements between the parties hereto relative to the transactions contemplated by this Agreement. This Agreement contains the entire understanding of the parties hereto and may only be modified as has heretofore been provided.

20. Waiver of Breach. The waiver by any party hereto of breach of any provision of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach by any party.

21. Invalid Provision. The invalidity or unenforceability of any provision of this Agreement shall not affect any other provision hereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable provision was omitted.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement on this _____ day of _____, 20__.

CENTRAL REGIONAL DENTAL
TESTING SERVICE, INC. (CRDTS)

_____ STATE BOARD OF DENTAL
EXAMINERS

By: _____
Dr. _____, President

By: _____

ATTEST:

ATTEST:

Secretary

Secretary

CENTRAL REGIONAL DENTAL TESTING SERVICE, INC.
AFFILIATION AND EXAMINATION
ACCEPTANCE AGREEMENT

THIS AGREEMENT is entered into this _____ day of _____, 20____, by and between Central Regional Dental Testing Service, Inc., a Kansas nonprofit corporation (CRDTS), and the Board of Dental Examiners ¹ are (the “Board”) of the State of _____ (the “State”).

WHEREAS, CRDTS, is a not-for-profit, membership corporation, the voting members of which are the Dental or Dental Hygiene Boards of the several States responsible for the qualification and licensure of Dentists and Dental Hygienists; and

WHEREAS, CRDTS has adopted examinations for the testing of candidates for licensure in Dentistry and Dental Hygiene; and

WHEREAS, the Board desires to become an Affiliate of CRDTS and to accept the results of the clinical examinations conducted by CRDTS as one of the factors to be considered by the Board in determining the qualifications of candidates for licensure as Dentists or Dental Hygienists in the State.

NOW, THEREFORE, in consideration of the mutual covenants stated herein and other good and valuable consideration, the receipt and sufficiency of which are hereby mutually acknowledged, it is agreed:

1. Affiliation. The Board does hereby agree to become an Affiliate of CRDTS as provided in Article Two, Section 2, of the CRDTS Bylaws, a copy of which has been provided to and reviewed by the Board and its counsel. The Board agrees to abide by and adhere to all the provisions of the CRDTS Bylaws. The Board may designate up to two (2) representatives who are sitting board members of the Affiliate’s state to attend the General Assembly. An Affiliate shall not have representation on the Steering Committee. The designated representative(s) of the Affiliate Board shall comply with all of the terms and provisions of the CRDTS Bylaws. CRDTS does hereby accept the Board as an Affiliate of CRDTS.

2. Examination. CRDTS shall conduct clinical examinations of candidates for licensure as Dentists and Dental Hygienists which shall meet or exceed the minimum standards for licensure required by the State. The clinical examinations (the Examinations) shall be sufficiently comprehensive and realistic as to fairly and reasonably test the clinical knowledge and

¹ Note: The name of the Board will vary by State

competence of the candidates for licensure as Dentists or Dental Hygienists using valid and reliable standards of psychometric measurement. The Affiliate may support and assist CRDTS in arranging Dental and Dental Hygiene Examinations, at schools in the State.

3. Acceptance and Use of Results. The Affiliate has reviewed the Examinations, their content format and grading standards and has determined that the Examinations are sufficient to meet the requirements of the Affiliate Board's State, with respect to the measurement of the clinical abilities of candidates for licensure as Dentists or Dental Hygienists. The Affiliate in its capacity as an agency of the State does hereby agree to accept the results of such Examinations as sufficient to meet the clinical examination requirements for licensure imposed by the State. CRDTS will make available to the Affiliate complete details concerning the Examinations, the standards for conduct of the Examinations, and the results of the Examinations for any candidate who has taken a CRDTS Examination and is applying for licensure in the State. Notwithstanding any provision of this Agreement to the contrary, the Affiliate is not required to consider the Examination results of any candidate for licensure, as either a dentist or dental hygienist, who is not otherwise qualified for licensure under the laws and regulations of the State. The Affiliate is not required to license any candidate for licensure as a dentist or dental hygienist based solely upon completion of the applicable Examination. No provision of this Agreement shall be construed to qualify a candidate for Examination or create any benefit hereunder for any candidate for licensure, as either a dentist or a dental hygienist, if that person is not otherwise eligible for licensure in the State.

4. Recognition. The Affiliate will grant full recognition and credit, as herein above required, to the results of an examination given by CRDTS for a minimum period of five (5) years following the date of such examination regardless of the locality at which the examination was administered.

5. Board Authority. The Affiliate does hereby affirm and CRDTS acknowledges that the Affiliate has the statutory authority and duty to examine candidates for licensure as dentists and dental hygienist and to determine the suitability and effectiveness of the Examinations it conducts, or which are conducted for the Affiliate. The Affiliate has the right to consider the results of such Examinations for the same purposes in the same manner as the results of any Examination conducted independently and separately by the Board. The Board is not by the execution of this Agreement either expressly or by implication waiving the right to require or give such further Examination(s) as it may deem necessary to determine the suitability of candidates for licensure in either dentistry or dental hygiene nor is it precluded from considering any other matter

reasonably calculated to aid in its determination of the professional competence and eligibility of each candidate.

Nothing contained in this Agreement shall be construed to effect or impair the power, authority and discretion given by statute to the Affiliate acting within the territorial limits of the Affiliate's State to make and enforce laws, rules, and regulations governing the practice of Dentistry and Dental Hygiene therein. The authority and discretion of the Affiliate Board shall not be superseded or suspended in any respect by reason of this Agreement and all candidates for Examination and licensure shall comply with and conform to all applicable, laws, rules, and regulations of the State.

6. Participation in Examinations. The Affiliate Board shall have, as part of its statutory powers to conduct clinical examinations, the opportunity to participate in the conduct of CRDTS examinations, and to consider the results of such examination for the same purpose and in the same manner as those obtained from clinical examinations independently and separately conducted by the Affiliate Board.

7. Examination Cost. The reasonable and necessary cost incurred in conducting Dental and Dental Hygiene examinations shall be borne entirely by those applicants taking the examination and the examination fee required to be paid by such applicants shall be fixed by CRDTS in the amount necessary to defray such costs. The CRDTS examination fee shall be in addition to that which may be prescribed by the statutes and regulations of the State and the Affiliate Board will not be required to defray the costs of examination incurred by CRDTS.

9. Confidentiality. The Affiliate Board acknowledges that the Examinations and all protocols and other materials developed or used by CRDTS with respect to the Examinations, their administration, scoring of the reporting of results and all other matters with respect to the Examinations are the intellectual property of CRDTS or have been licensed for use by CRDTS and shall be deemed "Proprietary" and "Confidential Information." The Affiliate Board, all of the members of the Board, all persons engaged as examiners or otherwise participating in the administration of a CRDTS Examination acknowledge all such materials are confidential and shall not disclose, either directly or indirectly in whole or in part, the Examination materials provided to the Board by CRDTS or any of the information contained therein, or learned by such person or persons during the course of the conduct, administration, scoring, reporting and analysis of the results of the Examinations. The Board, its employees and agents shall not alter or change the Examinations or other materials provided by CRDTS and shall not cause or allow any such materials to be delivered, transferred, sold or disclosed to any other person or entity. The Affiliate

Board, its employees and agents, shall only receive and use the Examinations and other materials for the limited purpose of administering the Examinations to candidates. No such person shall make any public disclosure of any information concerning the CRDTS Examinations unless such disclosure is, in the opinion of counsel satisfactory to CRDTS, required in order to comply with a State of Federal law or the lawful order of a court of competent jurisdiction.

10. Term and Termination. The term of this Agreement shall commence on the date stated in the first paragraph and shall continue until terminated by either party, without cause, upon written notice, delivered not less than one hundred twenty (120) days before June 30, of any calendar year, during the term of this Agreement. This Agreement may be terminated by either party, for cause, which is defined as material breach of the terms of this Agreement, upon sixty (60) days written notice delivered by the party terminating the Agreement to the other party. Such notice shall state the cause for termination and the party receiving such notice shall have a period of forty-five (45) days to cure the alleged breach to the satisfaction of the other party.

11. Survival Beyond Termination. Any and all obligations arising under Examination Cost, Defense Against Actions and Hold Harmless, and Limitation of Liability provisions shall survive the termination of this Agreement, and such survival shall specifically include any other terms and provisions of this Agreement necessary to give full force and effect to said provisions.

12. Defense Against Actions and Hold Harmless. CRDTS shall be responsible to the Affiliate Board for the defense of actions, including third party claims, and for any resulting liability, deficiencies, or damages, incurred by the Board, together with reasonable attorney's fees and costs, arising from a breach or failure of CRDTS to perform its obligations under this Agreement.

The Affiliate Board shall be responsible to CRDTS for the defense of actions, including third party claims, and for any resulting liability, deficiencies, or damages, incurred by CRDTS, arising from a breach or failure of the Board to perform its obligations under this Agreement; provided that the Board's liability for such damage or injury has been determined by a court or agreed to by the State. The party responsible for defense shall secure counsel of its choice and pay the costs of such legal representation. The other party may be separately represented by counsel of its choice at its own cost.

13. Limitation of Liability. Except for willful misconduct or gross negligence, neither party shall be liable to the other for punitive, exemplary, special, indirect, or consequential damages, including, without limitation, lost profits and/or costs.

14. Contractual Relationship. CRDTS and the Board are independent contractors: nothing herein shall be deemed to create a partnership, a joint venture, or employment relationship between the parties.

15. Notices. All notices which are required or which may be given pursuant to the terms of this Agreement shall be in writing and shall be sufficient in all respects if given in writing and delivered personally or by registered or certified mail, return receipt requested, or by a comparable commercial delivery system, and notice shall be deemed to be given on the date hand delivered or on the date deposited in United States mail, or with a comparable commercial delivery system, with postage or other delivery charges thereon prepaid, addressed as follows:

If to CRDTS:

Central Regional Dental
Testing Service, Inc.
1725 Gage Boulevard
Topeka, KS 66604-3333
Attn: Richael Cobler, Executive Director

If to the State:

16. Binding Effect and Assignment. All provisions of this Agreement shall be deemed to be binding upon the parties hereto, their successors and permitted assigns; provided, however, that neither party hereto shall have the right to assign any of the rights or obligations accruing to that party by reason of this Agreement without the prior written consent of the other party.

17. Law to Control. This Agreement shall be governed by and interpreted in accordance with the laws of the State of Kansas.

18. Amendment. This Agreement may only be amended by an Agreement in writing executed with the same formality as this Agreement.

19. Prior Negotiations. This Agreement supersedes all prior negotiations and agreements between the parties hereto relative to the transactions contemplated by this Agreement. This Agreement contains the entire understanding of the parties hereto and may only be modified as has heretofore been provided.

20. Waiver of Breach. The waiver by any party hereto of breach of any provision of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach by any party.

21. Invalid Provision. The invalidity or unenforceability of any provision of this Agreement shall not affect any other provision hereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable provision was omitted.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement on this _____ day of _____, 20__.

CENTRAL REGIONAL DENTAL TESTING SERVICE, INC.

STATE BOARD

By: _____, President

By: _____, President

ATTEST:

ATTEST:

Secretary

Secretary

Affiliate 03.27.24



Dental Hygiene Studies
222 SE 8th Ave., Suite 271
Hillsboro OR 97123
p: 503-352-7373
f: 503-352-7260

April 26, 2024

Oregon Board of Dentistry
15000 SW 1st Ave. #770
Portland, OR 97201

RE: Central Region Dental Testing Services (CRDTS) Examiner Process

Dear Mr. Prisby,

I am writing to you regarding an opportunity I have to become an examiner with CRDTS for their Restorative Examination Board. I have been leading the Restorative program at Pacific University since fall of 2012 and have used both WREB (Western Regional Examining Board) and CRDTS to credential our students to great success.

Recently, there has been a call from CRDTS for more Restorative Graders and I am at a time in my career that enables me to take this opportunity to improve my understanding of the procedures within our examining bodies and help influence student success internally and externally. I reached out to Kelly Mandella at CRDTS, who is the Director of Dental Hygiene Exams, and spoke with her about submitting my credentials to be considered. However, there appears to be some challenges associated with the State of Oregon that I am seeking your help in navigating.

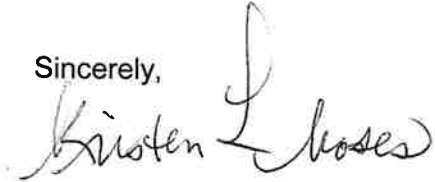
At the time of our conversation, Kelly indicated to me that Oregon is not a member state and CRDTS does not officially allow examiners from non-member states to be a part of their team. But, there appears to be an alternative pathway for this issue where an interested person may seek a recommendation from their state board of dentistry to be sent to CRDTS supporting the individual for the role of CRDTS examiner. I would like to ask if you would be willing to write such a letter on my behalf to Kelly Mandella in support of my interest in this new role.

If you would be willing to do this for me, Kelly indicated that CRDTS is meeting at the end of June to discuss this policy and there may be a potential change to amend CRDTS bylaws to allow non-member states with qualified, interested individuals to be appointed to grading positions. However, should this change in bylaws not be approved, we thought it prudent to have a letter of support from the OBD ready so that I might be still considered.

If you have any questions, concerns, feedback, please do not hesitate to reach out to me or to Kelly. Her contact email is: kelly@crdts.org.

I appreciate your time and attention in considering this matter.

Sincerely,

A handwritten signature in cursive script that reads "Kristen L. Moses". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Kristen L. Moses, MEd, DT, EPDH, RDH
Restorative Lead | Assistant Professor | Pacific University
t: 503-352-7245 | f: 503-352-7260 | e: kristen.moses@pacificu.edu

Kristen Lorée Moses, MS Ed, DT, EPDH, RDH

Assistant Professor

Pronouns: she / her | E: kristen.moses@pacificu.edu

222 SE 8th Avenue, Ste. 283 | Hillsboro, OR 97123 | T: 503-352-7245 | F: 503-352-7260

Online Presence – LinkedIn: www.linkedin.com/in/kristenloreemoses/ | YouTube: *The Restorative Hygienist*

PERSONAL SUMMARY / BIO

Kristen is an educator dedicated to the learning, professional development, and success of her students. She is committed to exploring ways of meeting individuals' needs and fostering engagement in the varied aspects of dental hygiene care. Key qualities include continual course development and adaptation to meet fundamental student, patient, department, university, and accreditation needs, the pursuit of life-long learning in both dental and educational arenas, and a desire to cultivate an enjoyment in the challenging skill of restorative dental hygiene. Described by faculty and students as easy going, calm, collegial, and adaptable, she faces challenges head-on actively searching for solution options that are acceptable to all parties. Demonstrating a passion for life-long learning with a strong desire to be an advocate for diversity and inclusion in education and patient care, Kristen currently seeks to advance her passions, knowledge, and skills through academic opportunities and collaboration, community service opportunities, and research.

EDUCATION & ACADEMIC QUALIFICATIONS

Pacific University Oregon

February 2020 – January 2023

*Dental Therapy Certificate; OHA Dental Pilot Project #300
Hillsboro, OR*

Portland State University

2017 – June 2020

*Master of Science in Educational Leadership & Policy
Specialization in Post-Secondary Adult & Continuing Education
Graduate Certificate in Teaching Adult Learners
Graduate Certificate in Student Affairs
Portland, OR*

Pacific University Oregon

2008 –2010

*Bachelor of Science in Dental Health Science
Hillsboro, OR*

Portland Community College

2003 –2008

*Associate of Science in General Studies
Portland, OR*

Awarded in 2013

STATE LICENSURE

Dental Therapist, Oregon #DT0018

2023 – Present

Dental therapy license

Registered Dental Hygienist, Oregon #H5909

2010 – Present

Dental hygiene license that includes the following additional qualifications:

- Expanded Practice permit
- Restorative endorsement
- Nitrous Oxide permit
- Local Anesthesia endorsement

NOMINATIONS & AWARDS

Award, Individual: Pacific University; School of Dental Hygiene Studies **2023**
Boxer Spirit Award

“For going above and beyond her duties as a faculty member by being generous with her time and creating a caring and compassionate learning environment for students at Pacific University’s School of Dental Hygiene Studies.” Nominated and voted on by the graduating Class of 2023.

Award, Individual: Pacific University; School of Dental Hygiene Studies **2019**
Boxer Spirit Award

“For going above and beyond her duties as a faculty member by being generous with her time and creating a caring and compassionate learning environment for students at Pacific University’s School of Dental Hygiene Studies.” Nominated and voted on by the graduating Class of 2019.

Nomination, Individual: American Dental Education Association **2017**
[Junior Faculty Award](#)

“...to recognize outstanding junior faculty who demonstrate excellence in teaching, research, and service and a commitment to oral health education. Junior faculty represents unique group of educators who symbolize the future of oral health education. Often, the contributions made by these faculty go unnoticed, influencing faculty retention. This award acknowledges the accomplishments of junior faculty and promotes awareness of the needs and talents of this distinct group of educators.”

Award, Individual: Pacific University; School of Dental Health Science **2010**
Director’s Award

“This award is presented to the graduating dental hygiene student who most exemplifies the mission, vision and goals of the Dental Hygiene Program and the School of Dental Hygiene Studies at Pacific University. The award recipient will demonstrate a commitment to patient-centered care, evidence-based practice, cultural awareness, community outreach, professional leadership and promoting access to care for underserved populations.”

Award, Group: Jenzabar Foundation **2009**

“Best in Class” for the Interprofessional, International Nicaragua Project
To recognize “projects that have made a significant contribution to better the world outside of their institutions of higher education.”

LEAD TEACHING RESPONSIBILITIES

DHS 342 Cariology; 2 credits *Includes two 2-hour labs per week*
This course provides a study of the various microbial, host, and dietary factors involved in the etiology, prevention, and treatment of dental decay with an emphasis on risk assessment, treatment planning, and patient counselling.

DHS 323 Dental Hygiene Clinic III; 0.5 credits *Comprised of one 4-hour lab per week*
This course focuses on application of dental hygiene and restorative hygiene procedures by providing training in new skill development. The student will practice basic restorative instrumentation in a supervised setting using teaching dentoforms.

DHS 380 Dental Hygiene for Diverse Populations; 2 credits *Asynchronous on-line course*
This course addresses the social, economic and cultural issues which affect demand for and access to dental health care. Emphasis is placed on developing awareness, enhancing communication and promoting positive change in health care delivery.

DHS 445 Restorative Dental Procedures; 2 credits *Includes three 3-hour labs per week*
This course provides a study of the properties and manipulation of materials used in restorative dentistry. The student will practice restorative dental skills in a supervised clinical laboratory setting using teaching dentoforms.

DHS 446 Restorative Dental Clinic; 1 credit *Includes two 4-hour clinics per week*
This course focuses on application of restorative dental procedures. The student will complete restorative dental services for patients in a supervised clinical setting and a case presentation.

DHS 449 Restorative Exam Practice; 1 credit *Comprised of one 3-hour lab per week*
This course provides practice for and focuses on developing competency in restorative procedures for those students intending on taking the Western Regional Examination Board.

SUPPLEMENTAL, NON-LEAD TEACHING RESPONSIBILITIES

DHS 323 Dental Hygiene Clinic III *Comprised of one 4-hour lab per week*
Provide lab and clinical supervision to junior dental hygiene students learning advanced dental hygiene techniques and patient application. Includes supervision of mannikin and peer experiences.

DHS 325 Pain Management *Comprised of two 3-hour labs per week*
Provide lab education and supervision to junior dental hygiene students administering intraoral injection to one another in preparation for their senior year competencies and board exam.

DHS 480 Dental Hygiene Practicum *Comprised of 20 hours of student mentorship*
Provide focused teaching supervision and mentorship to 4-5 senior dental hygiene students in their final semester of education. Students apply and are selected based on their interest and skill for restorative dental hygiene. Selected teaching interns assist junior students in restorative lab during the summer lab DHS 323. Responsibilities include a one-hour classroom module with all selected teaching interns (approximately 10-11 students).

DHS 424 Dental Hygiene Clinic IV *Comprised of four 4-hour modules*
Lead a Spanish Review module focusing on pronunciation, basic language skills, and common dental vocabulary for senior students preparing to treat Spanish-speaking patients in their final year of education.
With Wilber Ramírez-Rodríguez, RDH, EPDH, DT, DDS-Perú

DHS 491 Dental Hygiene Capstone I *Comprised of individual group advising*
Advise 2-3 senior groups in their Capstone research and project development.

DHS 492 Dental Hygiene Capstone II *Comprised of individual group advising*
Advise 2-3 senior groups in their Capstone program planning and implementation.

FORMER LEAD &/OR SUPPLEMENTAL TEACHING RESPONSIBILITIES

DHS 395 Independent Study; 2 credits *Comprised of individual student advising*
Guided and advised one student in an independent research project. 2015 and 2016

DHS 448 Restorative Seminar; 2 credits *Comprised of one 2-hour class per week*
This course consists of one hour of class time each week for 15 weeks (for a total of 15 hours). Guest speakers will discuss specialty areas of dentistry. 2013 – 2016

DHS 480 Dental Hygiene Practicum *Comprised of one 8-hour clinic per week*
Provided clinical supervision of patient care with a focus on completing requirements and gaining additional confidence and speed for senior students preparing for graduation. 2019

CHP 415/515 Interprof.. Ed. Concentration; 1 credit *Comprised of four 1.5-hour modules Facilitated interprofessional education, collaboration, and conversation between students of different programs within the College of Health Professions. 2017 and 2018*

CHP 460/560 Interprof. International Experience; 1 credit *Comprised of four 2-hour modules Co-lead a course with interprofessional faculty focused on preparing students for a clinical, interprofessional, international collaborative experience in the country of Nicaragua. 2011 – 2014*

CHP 461/561 Interprof. International Experience; 1 credit *International Trip Supervision Co-lead a course with interprofessional faculty focused on student service learning experience for 10 days to deliver interprofessional, holistic care to elderly individuals in Nicaragua. 2011 – 2014*

PROFESSIONAL EXPERIENCE & DEVELOPMENT

Assistant Professor – Full time, Extended Term *June 2020 - Present*
Pacific University Oregon – Hillsboro, OR

Responsibilities include maintaining the current 100% pass rate for students taking the Central Regional Dental Testing Services (CRDTS) Restorative Board Exam and maintaining the high educational standards of the university during this challenging time of change due to the current pandemic. Collaborate with colleagues to create solutions and avenues for success to students during COVID-19 considerations and restrictions.

Accomplishments:

- Currently working with other dental therapy colleagues to create a Dental Therapy training program at Pacific University; slated to begin in the 2024-25 academic year
- DHS Department SuperUser for ExamSoft (student exam software)
- Coordinate yearly international student service trip to Jamaica with Great Shape! Inc. as International Trip Coordinator
- Completed didactic education and 300 clinical practice hours of dental therapist training for the DPP #300
- Maintained didactic education as a dental therapist trainee in the Dental Pilot Project #300 aiding the development a new dental workforce model **while simultaneously working full-time and completing a master's degree during the height of COVID**
- Achieved Master of Science degree in Educational Leadership and Policy and two graduate certificate specializations in Teaching Adult Learners and Student Affairs in Higher Education
- Achieved a 100% student pass rate after the transition to the CRDTS Restorative Board in 2023
- Achieved a 100% first-attempt pass rate for the Western Regional Examination Board (WREB) Restorative Board
- Maintained the 100% pass rate for the WREB Restorative Board which included some of the highest marks possible despite the challenges of closing the university due to COVID-19
- Created and maintain an online academic presence through the creation of a YouTube channel to share video education and demonstration of restorative dental hygiene skills
- Created 50+ educational videos dedicated to demonstrating the skills of restorative hygiene practice and discussing the various considerations a clinician ought to take into account when placing these materials to achieve excellent patient and exam outcomes
- Collaborated with other faculty providing education to the juniors to create solutions for students who had not met laboratory and clinical requirements for their courses despite COVID-19 and resultant temporary closure of the university
- Restructured courses creating a universal curriculum design to facilitate learning from the current asynchronous online design to a future fully face-to-face environment

Instructor – Full Time, Extended Term

August 2013 – June 2020

Pacific University Oregon – Hillsboro, OR

Responsible for maintaining the high standards for restorative dental hygiene procedures and education for students entering the dental workforce. Pursue a master’s degree to explore and learn new teaching techniques, to provide a modern learning environment for students, and to fulfill contractual agreement of employment.

Accomplishments:

- Began Dental Therapy pilot project as a student in February of 2020
- Sustained a yearly increasing pass rate for the WREB Restorative Board until a 100% student pass rate was achieved in 2019 for the first time since the start of the Dental Hygiene program
- Implemented new teaching techniques explored during master’s program at PSU into courses
- Began a Master of Education and Leadership degree at Portland State University in 2017
- Created and implemented a Spanish language review module to for senior students to enhance the students’ communication with Spanish-speaking patients with positive reviews from students
- Revision of entire Restorative curriculum and student experience
- Revision of entire Cariology curriculum incorporating lab differently and early restorative concepts
- Creation and implementation of summer lab skills to enhance and develop psychomotor skills

Instructor – Full Time, Term Contract

August 2012 – May 2013

Pacific University Oregon – Hillsboro, OR

Responsible for continuation of the restorative dental hygiene portion of the program in a time of faculty shortage.

Accomplishments:

- Maintained high standards of ethical patient care and student learning despite working simultaneously **full-time at both** Pacific University and Willamette Dental Group through the entire academic year
- Nearly doubled existing student pass rate for the WREB Restorative Board

Lead Dental Hygienist – Full Time *Willamette Dental Group* *January 2011 – July 2013*

Lab Instructor – Part Time *Pacific University Oregon* *Sept 2010 – May 2012*

Dental Hygienist – Part Time *Master Dentist Institute* *Sept 2010 – March 2011*

COMPETENCIES

Key skills

- Relevant restorative dental hygiene knowledge and experience
- Oriented on skill and knowledge mastery through life-long learning
- Evidence of potential for future professional presentations and publications
- Problem solver and a creative, forward thinker
- Strong software and technical skills

Personal attributes

- Dedicated to forwarding diversity and inclusion
- Collaborative, approachable, and flexible
- Focused on self-improvement
- Creates time for students to meet in person or online
- Enthusiastic, demonstrating a positive attitude
- Empathetic with high EQ

THESES & MANUSCRIPTS

Thomas, K. (2020). Contemporary Advising Praxis [Unpublished master's comprehensive exam, Portland State University] Portland, OR.

RESEARCH ACTIVITIES & PRESENTATIONS

National

Harbison, L., **Moses, K.**, & Sarmiento, M.; Improving Nutritional Counselling through a Hyperlinked PowerPoint Tool. Presentation at the ADEA National Conference; March 2023. *Peer reviewed.*

Sarmiento, M., **Thomas, K.**, Erenfeld, H., & Coplen, AE. Strategies to Support a Humanistic Environment in Academia. Poster presentation at the ADEA DEIB Workshop; October 2022.

Thomas, K. & Yafai, A. Implementation of Teledentistry Education. Seven-minute Pecha Kucha presentation at the American Dental Education (ADEA) Annual Directors conference; June 2022. *Peer reviewed.*

Thomas, K., Sarmiento, M., Ramírez-Rodríguez, W., & Coplen, A. Advancing Dental Therapy in Oregon through a Pilot Project. Poster presentation at the American Dental Education Association (ADEA) Annual Directors Conference; June 2022. *Also presented at a state level conference.*

Yafai, A. & **Thomas, K.** Cultural Awareness. "Short Talks" presentation at the American Dental Education (ADEA) Annual conference; March 2022. *Peer reviewed.*

Thomas, K. & Ramírez-Rodríguez, W. RDH Career Panel. Virtual presentation for the Hispanic Dental Association, August 2021.

Ramírez-Rodríguez, W. & **Thomas, K.** Bringing Oral & Systemic Health Promotion to Underserved Communities: The Smile Care Everywhere Program. Poster presentation at the Mobile Health Clinics Association Annual Conference; September 2017.

Regional

Ramírez-Rodríguez, W. & **Thomas, K.** Models for Addressing Oral Health Disparities. Poster presentation for the Western Forum for Migrant and Community Health Conference; 2016

State

Sarmiento, M., **Thomas, K.**, & Erenfeld, H. Strategies to Support a Humanistic Environment in Academia. Presentation at the ODHA Fall Dental Health Conference; November 12, 2022.

Thomas, K., Sarmiento, M., Ramírez-Rodríguez, W., & Coplen, A. Advancing Dental Therapy in Oregon through a Pilot Project. Poster presentation at the Oregon Public Health Institute (OPHI) Conference; October 2022. *Also presented at a national conference.*

Thomas, K. Dental Workforce Models. Virtual presentation for the Oregon Public Health Institute. 2021

Thomas, K. & Ramírez-Rodríguez, W. Providing Culturally Competent Care for the Hispanic Population. Oregon Dental Hygienists annual conference. 2015

Thomas, K. Alternative Practice Settings. Student Panel Presentation at the Oregon Dental Hygienists Association annual conference. 2015

Ramírez-Rodríguez, W. & **Thomas, K.** Preventive Dental Clinics. Expanded Practice Dental Hygiene Conference. 2012

Community, Local, and/or Internal

Ramírez-Rodríguez W. and **Thomas, K.** Somos Salud. Presentation for Familias en Acción. August 2023.

Ramírez-Rodríguez W. and **Thomas, K.** Educación Oral para la Población Hispana. Virtual presentation for the Oregon Health Authority and the Latino Health Network. March 2023 & October 2022.

Ramírez-Rodríguez W. and **Thomas, K.** Panel on Health Equity. Virtual presentation for Centro Cultural of Washington County. 2021.

Ramírez-Rodríguez W. and **Thomas, K.** Serie de Capacitación – Clase de Salud Oral. Virtual presentation for the Oregon Health Authority and the Latino Health Network. October 2021 & May 2021. (*Student Advising, see below*)

Thomas, K. Calibration in Caries Management. Pacific University Faculty Calibration, 2020.

Thomas, K. Caries Therapeutic Options. Pacific University Faculty Calibration, 2011.

Ramírez-Rodríguez W. and **Thomas, K.** Latino Oral Health. Presentation for Tuality Hospital. 2011.

STUDENT ADVISING: ACTIVITIES & PRESENTATIONS

*Can Ramírez, Y., **Thomas, K.** & Ramírez-Rodríguez, W. School to Career: Dental Hygiene Pathway. For the Hillsboro School District. 2022.

*Can Ramírez, Y., *Almonte, M., **Thomas, K.** & Ramírez-Rodríguez, W. Diabetes and Periodontal Education for the Latino Population. Virtual presentation for the Oregon Health Authority and the Latino Health Network. 2021.

*Benavides, C., Othman, Y., & **Thomas, K.** Training EPDHs to Place Interim Therapeutic Restorations. Pacific University. 2021.

*Ramírez, J., *Knorr, K., *Robirts, S., **Thomas, K.**, and Ramírez-Rodríguez, W. Educación en Salud Oral: Enfermedad Cardiovascular. Virtual presentation for Oregon Health Authority and the Latino Health Network. 2021.

*Guerrero, M., Ramírez-Rodríguez W. & **Thomas, K.** Serie de Capacitación – Clase de Salud Oral. Virtual presentation for the Oregon Health Authority and the Latino Health Network. October 2021 & May 2021 (*Also provided as a professional presentation, see above*).

*Chavez, A., *Santiago Hernandez, N., **Thomas, K.**, and Ramírez-Rodríguez, W. Diabetes Education for the Latino Population. Virtual presentation for Providence Health and Services, Promotores de Salud. 2020.

*Wayt, H., *Hoffman, N., *Mock, J., & **Thomas, K.** International Service-Learning Protocol. Pacific University. 2020.

*Mastrude, A., *Gutermuth, K., & **Thomas, K.** Oral Health Education for Single, Pregnant Mothers. Road to Hope. 2019.

*Balkins, A., *Eckes, S., & **Thomas, K.** Oral Health Education for the Latino Population. Providence Health and Services, Promotores de Salud. 2019

*Harman, R., *Hepler, K., *Van, T., & **Thomas, K.** Perceptions and Prevalence of the use of Silver Diamine Fluoride among Dental Providers in Oregon. Oregon Dental Hygienist's Association. 2019.

*Noda, G., *Hoffman, K., & **Thomas, K.** Why Oregon Hasn't Been Fluoridated. Oregon Dental Hygienist's Association. 2018.

JOURNAL PUBLICATIONS

Peer Reviewed Publication: Yafai, A. & **Moses Thomas, K.** (2022) Interest in Teledentistry Continues to Grow. *Dimensions of Dental Hygiene*. May 2022; 20(5): 26-28

Non-Peer Reviewed Publication: *Chong, J., *Colcord, C. & **Thomas, K.** (2021) Nano-hydroxyapatite, better than fluoride? RDH Magazine eVillage

Non-Peer Reviewed Publication: Ramírez-Rodríguez W., & **Thomas, K.** (2016) Expanding Practice, Serving the Underserved. *Migrant Clinicians Network, Streamline*, Summer (16): 4-5, 10

GRANTS & DONATIONS

Ramírez-Rodríguez, W., Coplen, A., & **Thomas, K.** Washington County Access to Care Committee Grant for the Smile Care Everywhere program. \$10,000. (2023)

Ramírez-Rodríguez, W. & **Thomas, K.** Providence Health & Services Grant for the Smile Care Everywhere program. \$35,000. (2023)

Ramírez-Rodríguez, W. & **Thomas, K.** Providence Health & Services Grant for the Smile Care Everywhere program. \$35,000. (2022)

Ramírez-Rodríguez, W. & **Thomas, K.** Washington County Access to Care Committee Grant for the Smile Care Everywhere program, \$10,000. (2021)

Ramírez-Rodríguez, W. & **Thomas, K.** Faith Gabelnick Endowed Fund Grant for the Smile Care Everywhere program, \$1,000. (2018)

Ramírez-Rodríguez, W. & **Thomas, K.** Faith Gabelnick Endowed Fund Grant for the Smile Care Everywhere program, \$1,000. (2017)

Ramírez-Rodríguez, W. & **Thomas, K.** Faith Gabelnick Endowed Fund Grant for the Smile Care Everywhere program, \$1,000. (2016)

Ramírez-Rodríguez, W. & **Thomas, K.** Private donation of a heat sterilizer for the Nicaragua Project. Valued at \$2,500. (2013)

Ramírez-Rodríguez, W. & **Thomas, K.** Non-profit donation of dental equipment, including a dental chair, from Project Save for the Nicaragua Project. Valued at \$25,000. (2010)

UNIVERSITY SERVICE

University Level

One Community Health / EyeSmile Service Trip (<i>planning phase only</i>)	2022 – Present
<i>Dental hygiene and optometric services to First Nation individuals</i>	
Institutional Review Board (IRB) Member	2017 – 2021
Alumni Association Board of Directors	2011 – 2017

College of Health Professions (CHP) Level

CHP Nominations Committee Chair ; <i>Member since 2016</i>	2021 – Present
CHP Personnel Committee Representative	2021 – Present
Interprofessional Competence Course Instructor	2017 – 2018
Interprofessional Education Case Conference	2017
CHP 10th Anniversary Planning Committee	2016 – 2017
CHP Nicaragua Project	2010 – 2014
Interprofessional Diabetes Clinic	2010 – 2011

School of Dental Hygiene Studies (DHS) Level

DHS International Service Trip School Coordinator	2020 – Present
Site Coordinator for Restorative Board Exam (CRDTS, WREB)	2020 – Present
Mouthguard Clinic	2017 – Present
DHS Admissions Committee	2016 – Present
Nitrous Oxide CE Clinical Instructor	2016
Hispanic Dental Association Student Chapter Co-Advisor	2015 – Present
DHS Academic and Professional Standards Committee	2015 – Present
Interprofessional Anesthesia Course	2015 – Present
Restorative Remediation Continuing Education Course	2013 – 2017
Academic Faculty Advisor	2012 – Present
DHS Admissions Interviewer	2011 – Present
Give Kids a Smile (GKAS)	2010 – Present
Project Homeless	2010 – 2019

PROFESSIONAL & COMMUNITY SERVICE

Oregon Board of Dentistry ; <i>Licensing, Standards, & Competency</i>	2024 – Present
<i>Dental Therapy Representative</i>	
Educational Course Collaboration	2023
<i>Mt. Hood Community College</i>	
Oregon Board of Dentistry ; <i>Enforcement & Discipline Committee</i>	2022 – 2024
<i>Dental Therapy Representative</i>	
Oral Health Educational Videos for the Hispanic Population	2021
<i>Providence Health Services; Promotores de Salud</i>	
ODHA Alternate Delegate to ADHA	2021
Binational Health Fair	2021
Manuscript Reviewer ; <i>Journal of Allied Health</i>	2018 – Present
Medical Teams International ; <i>volunteer providing mobile dental services</i>	2017 – 2019
Glass Ionomer Rules Advisory Committee ; <i>Oregon Health Authority</i>	2017 – 2018
Educational Course Consultation ; <i>Oregon Institute of Technology</i>	2016 – 2018
Binational Health Fair	2015
Providence Promotores Oral Health Education Day	2014
Consultation of an International Dental Services trip to Perú ; <i>OHSU</i>	2013
Oregon Mission of Mercy ; <i>volunteer providing dental services</i>	2013
Restorative Clinical Education CE with Willamette Dental Group	2012 – 2015
Expanded Practice Community Clinic ; <i>community dental service volunteer</i>	2012

In-School Dental Screenings; school-aged dental screening volunteer
Habitat for Humanity

2010
2008 – 2017

RESEARCH INTERESTS

- Student advising and professional development
- Student learning through reflection through directed problem solving and critical thinking
- Blending pedagogy and andragogy in the university setting
- Teaching methodologies and strategies for student engagement
- Universal educational design
- Diversity and inclusion
- International service-learning opportunities
- Restorative dental materials and their applications
- Oral disease prevention strategies

MEMBERSHIPS & AFFILIATIONS

American Dental Therapy Association (ADTA)	2023 – Present
Dental Therapy Educator’s Learning Collaborative (DTELC) <i>Community Catalyst</i>	2022 – Present
Hispanic Dental Association (HDA)	2014 – Present
International Federation of Dental Hygienists (IFDH)	2013 – 2022
American Dental Education Association (ADEA)	2012 – Present
American Dental Hygienists’ Association (ADHA)	2008 – Present
Oregon Dental Hygienists’ Association (ODHA)	2008 – Present

May 21, 2024

To: Members of the Oregon Board of Dentistry and Licensing, Standards and Competency Committee

From: Tina Clarke RDH M.Ed

Dear members of the OBD and LSC,

Thank you for taking the time to review the proposal for dental assistants' ability to administer local anesthesia in the state of Oregon. As a dental hygiene educator who specializes in local anesthesia administration and is an approved provider of this education for the states of Oregon and Georgia, I hold the education of this topic to its highest standards.

I've had the opportunity to be an advisor to the original group of individuals who brought this proposal forward several years ago, and again for this most recent review.

As you progress through your review and discussion of this topic, I am submitting an example course curriculum for the education of Certified Dental Assistants gaining local anesthesia certification. This is to provide the members of the committee with an idea of what a certification course may look like, based on the submitted proposal.

Should you have any questions or thoughts I am happy to be of service.

Tina Clarke RDH, M.Ed

tina@teachertinardh.com

503-559-9039



COURSE TITLE: FUNDAMENTALS OF LOCAL ANESTHESIA: A CERTIFICATION COURSE.

COURSE DESCRIPTION:

This course reviews the concepts of pain management with the use of local anesthetic agents. Participants learn fundamental principles of pharmacology of anesthetic solutions, dosages, vasoconstrictors, drug interactions, neural physiology, anatomical features, medical history evaluation, contraindications of local anesthesia delivery, and management of adverse side effects including medical emergencies. Laboratory and clinical practice of local anesthesia basic injection techniques including block and infiltration.

COURSE REQUIREMENTS:

- Complete the lecture series prior to hands-on learning. Upon completion of the lecture portion participants will complete an exam and must pass with a 75% or better.
- Current liability insurance.
- Current BLS/CPR for the Health Care Provider
- Pre-requisite Dental Assistant experience to be determined by the Oregon Board of Dentistry.

Course Hour Distribution:

- Minimum of 65 total hours of education
 - 35 hours lecture
 - 15 hours laboratory
 - 15 hours clinical
 - Passed at an 75% or higher.
- Upon completion of the course, participant shall take a board examination to prove competence.

RESOURCES:

Required Textbook

Bassett, KB, DiMarco, AC, Naughton, DK. Local Anesthesia for Dental Professionals 2nd ed. 2015. Pearson: Upper Saddle River, NJ.

Additional Reference

Malamed, SF. Handbook of Local Anesthesia, 7th Ed. 2019. Elsevier-Mosby:St. Louis, MO.

COURSE OBJECTIVES:

Upon completion participants will be able to:

1. Explain theories of pain control.
2. Select appropriate pain control modality.
3. Evaluate physiological aspects of pain control.
4. Identify anatomical structures and neural pathways for the purpose of oral local anesthesia.
5. Explain neurophysiology and its implications related to local anesthesia.
6. Describe the pharmacology of local anesthetics used in dentistry.
7. Describe the pharmacology of vasoconstrictors used in dentistry.
8. Identify armamentarium associated with local anesthesia delivery.
9. Conduct patient evaluation for local anesthesia.
10. Demonstrate competence in administering maxillary intraoral anesthesia.
11. Demonstrate competence in administering mandibular intraoral anesthesia.
12. Employ aseptic techniques with local anesthesia administration.
13. Demonstrate safe injection techniques.
14. Identify and manage adverse systemic and local complications associated with local anesthetics.
15. Manage medical emergencies involving local anesthesia.
16. Implement appropriate local anesthesia chart documentation.

COURSE OUTLINE

SECTION I: INTRODUCTION TO PAIN MANAGEMENT:

1. Explain theories of pain control.
 - a. Pharmacological
 - b. Non-pharmacological
2. Select appropriate pain control modality.
 - a. Injectable
 - b. Non-injectable
 - i. Pharmacological
 - ii. non-pharmacological
3. Evaluate physiological aspects of pain control.

SECTION II: ANATOMY REVIEW

1. Identify anatomical structures and neural pathways for the purpose of oral local anesthesia.
 - a. Neuron
 - b. Nerve bundle
 - c. Neural chemicals
2. Explain neurophysiology and its implications related to local anesthesia.
 - a. Sodium channel pump
 - b. Action potential
3. Trigeminal Nerve Branches and Pathways:
 - a. V₁ Division
 - b. V₂ Division
 - c. V₃ Division
4. Vascular Flow of the head and neck region
 - a. Arterial
 - b. Venous
5. Boney anatomical features
 - a. Maxilla
 - b. Mandible
 - c. Palatine bone
6. Anatomical Considerations:
 - a. Review of anatomical landmarks used for injection placement.
 - b. Use of radiographs, palpation, and visual cues to identify landmarks.

SECTION III: PHARMACOLOGY OF ANESTHETIC AGENTS

1. Describe pharmacology of local anesthetics used in dentistry.
 - a. Actions and concentrations of commonly used anesthetics
 - b. Biotransformation
 - c. Factors that influence effectiveness of local anesthetic
 - d. Maximum Recommended Dosage
 - i. Proper dosage calculation
2. Describe the pharmacology of vasoconstrictors used in dentistry.
 1. Actions and concentrations of commonly used vasoconstrictors
 2. Maximum Recommended Dosage
 - a. Proper dosage calculation
 3. Criteria for anesthetic selection (age, length of procedure, duration, potential for Post-op discomfort or self-mutilation)

SECTION IV: ANESTHESIA PREPARATION AND HANDLING

1. Conduct patient evaluation for local anesthesia.
 - a. Medical history indications and absolute and relative contraindications to local anesthetics and vasoconstrictors
 - b. Age
 - c. Emotional state
 - d. Blood pressure
 - e. Systemic disease status (ASA)
 - f. Physician consults
 - g. Current medications
 - h. History of reactions
2. *Pediatric Considerations:*
 - a. Dosage
 - b. Anatomy
 - c. Behavioral management
 - d. Post-op mutilation
3. Identify armamentarium associated with local anesthesia delivery.
 - a. Anatomy of needle
 - b. Anatomy of cartridge
 - c. Anatomy of syringe
4. Demonstrate safe injection techniques.

- a. Sharps safety
- b. Retraction methods
- c. Uncapping/recapping
5. Employ aseptic techniques with local anesthesia administration.
 - a. Anesthetic storage
 - b. Aseptic assembly and disassembly
6. Implement appropriate local anesthesia chart documentation.
 - a. Documentation aspects

SECTION V: INJECTION TECHNIQUES

1. Demonstrate competence in Maxillary Injection Techniques for the following injections: PSA, MSA, ASA, IO, GP, AMSA, NP
 1. Nerve pathways
 2. Injection site and facial/oral landmarks
 3. Pathway of injections including anatomical structures in the area
 4. Depth of injections and type of needle
 5. Amount/type of solution and vasoconstrictor.
 6. Nerves, soft and hard tissues anesthetized.
 7. Percent positive aspiration
 8. Indications/contraindications
2. Demonstrate competence in administering Mandibular Injection Techniques for the following injections: IA, LB, G-G, Mental/Incisive
 - a. Nerve pathways
 - b. Injection site and facial/oral landmarks
 - c. Pathway of injections including anatomical structures in the area
 - d. Depth of injections and type of needle
 - e. Amount/type of solution and vasoconstrictor
 - f. Nerves, soft and hard tissues anesthetized
 - g. Percent positive aspiration
 - h. Indications/contraindications
3. *Supplemental Injection Techniques for the following injections:*
Papillary, Intraligamentary (PDL)
 - a. Nerve pathways

- b. Injection site and facial/oral landmarks
- c. Pathway of injections including anatomical structures in the area
- d. Depth of injections and type of needle
- e. Amount/type of solution and vasoconstrictor
- f. Nerves, soft and hard tissues anesthetized.

SECTION VI: LOCAL ANESTHESIA MANAGEMENT

1. Identify and manage adverse systemic and local complications associated with local anesthetics.
 - a. Managing and avoiding systemic reactions
 - i. Edema
 - ii. Allergic reactions
 - iii. Overdose
 - b. Managing and avoiding local reactions
 - i. Trismus
 - ii. Hematoma
 - iii. Tissue sloughing
 - iv. Paresthesia
 - v. Broken needle
 - vi. Post-op self-mutilation
2. Manage medical emergencies involving local anesthesia.
 - a. Managing and avoiding systemic reactions
 - b. Relative overdose
 - c. Allergy
 - d. Syncope
 - e. Hyperventilation
 - f. Cardiovascular effects
 - a. Importance of understanding blood pressure
 - b. Cardiac arrest
 - c. Myocardial infarction
 - d. Stroke
 - g. Drug interaction
 - h. Seizure

SECTION VII: Laboratory/Clinical Technique and Practice:

Laboratory practice consists of dry lab activities to include, but not limited to practice on typodont, skull, and various oral models.

Student partner anatomical identification of oral landmarks,

Demonstrate competence in syringe handling.

- Syringe set-up
- Uncapping
- Recapping
- Syringe dismantling
- Sharps management

Clinical practice consists of and may include but not limited to the following items:

Student partner practices technique positioning without needle penetration with the use of educational materials such as swabs, capped syringe, etc.

Student active administration of local anesthesia on student partners.

Demonstrate competence in maxillary and mandibular injection techniques.

Maxillary Injection Techniques for the following injections:

PSA, MSA, ASA, IO, GP, NP, AMSA, local infiltration

Mandibular Injection Techniques for the following injections:

IA, LB, G-G, Mental/Incisive, local infiltration



THE FOUNDATION FOR MEDICAL EXCELLENCE

11740 SW 68th Parkway, Suite 125, Portland, Oregon 97223-9014

PH: (503) 222-1960 • FX: (503) 619-0609 • EMAIL: info@tfme.org • WEB: www.tfme.org

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

June 3, 2024

Re: Change in Agreement between OBD and The Foundation for Medical Excellence (TFME) / Oregon Wellness Program

Dear Stephen,

We are following up to our conversation concerning the status of the Oregon Wellness Program (OWP) and the OWP Executive Committee's decision to change the program benefit design. Effective July 1, 2024, the total benefits eligible to self-referred clients will change from eight complimentary one-hour mental health professional sessions per year to a one-time benefit of three complimentary one-hour sessions. This service will continue to provide access to a mental health professional within three business days.

Why the change?

During Oregon's spring short legislative session, its leadership chose not to provide funds to financially support access for Oregon's health care professionals to the Oregon Wellness Program. This decision was taken despite the encouragement of the Oregon Nurses Association, the Oregon Medical Association, the Oregon Dental Association, and the Oregon Association of Hospitals and Health Systems. Without support from the Oregon legislature, the OWP continues to be completely dependent on a blend of agencies' license fees and contributions from health systems and foundations.

Utilization of OWP services has steadily grown since the program's inception, and dramatically increased since the pandemic. We anticipate providing around 5,000 counseling sessions in 2024 based on first quarter 2024 usage. The total cost of that effort will be \$1,150,000 (at \$200/MHP session and 15% overhead for staff, insurance, accounting and marketing).

Based on OWP utilization during the first quarter of 2024, we anticipate 120 sessions to be provided to licensees of the Oregon Board of Dentistry (OBD). The average number of sessions per OBD client during this same period has been 3.15 sessions, so the change from (8) sessions to (3) will have a marginal effect on the OBD clients currently seeking counseling. Although

OBD licensee utilization may increase as dentists and dental hygienists become more aware of the OWP, we anticipate that the current OBD annual contribution of \$40,000 should be sufficient to sustain the effect through 2024.

The OWP has been financially challenged by the rapid growth of services provided to licensees of the Oregon Medical Board (OMB) and anticipated growth to licensees of the Oregon State Board of Nursing (OSBN). Both licensee populations are large (totaling 125,000 professionals) and their use rates are considerably higher than of the OBD. The OMB contributes \$125,000/year to the program and the OSBN contributes \$250,000/year and is insufficient to fund OWP access at its current usage rates.

As noted earlier, when the program was smaller, health system donations made up most of the difference between total costs and OMB/OSBN investments. As health systems have come under financial stress, their donations have shrunk. Foundation grants are limited in size and scope (for example, PacificSource Foundation is providing the OWP with \$25,000 a year for two years to support nurse clients). Facing the perfect storm of these realities means that the OWP must reduce the number of complimentary sessions per client.

What is our plan?

OWP leadership is committed to getting legislative funding, and will approach the 2025 full legislative session with draft legislation in hand. Bridging the financial gap until positive legislative action is a significant undertaking, and requires a multi-part approach. We have identified two major donors who have tentatively committed to provide funding. We are in the final stages of securing those funds and should confirm the availability of funding in the next two weeks. If we are successful, those contributions should total at least \$500,000. We are also working with two health systems to secure another \$150,000.

To ensure that Oregon's healthcare professionals continue to have access to OWP services, the Executive Committee has made the difficult decision to reduce the number of sessions offered. This will both sustain the program and maximize the number of clients able to access to its services. The reduction in the number of sessions from (8) to (3) is anticipated to conserve approximately \$250,000 annually, or \$125,000 between July 1 and December 31, 2024.

TFME, with the support of the OWP Executive Committee, is dedicated to continue to support all eligible clients with OWP services. It was mutually agreed upon that it is not acceptable to discontinue services to one group of healthcare licensees while providing it to others, so the program changes will apply to all eligible healthcare professions.

We respectfully seek your support in this endeavor.

Sincerely,

Timothy Goldfarb
President
TFME

Donald Girard, MD
Executive Committee Chair
Oregon Wellness Program



June 4, 2024

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

Dear Members of the Oregon Board of Dentistry,

As a fellow regulator dedicated to patient safety, I am writing to share my personal opinions and experiences related to the Texas State Board of Dental Examiners' recent changes to mental health questions on licensing applications. I currently serve as the Chair of Licensing for our Board, and I hope my experiences can offer insights as you consider possible adjustments.

I share your duty of public protection. My participation on the American Dental Association's Dental Team Wellness Advisory Committee revealed data showing a correlation between well-being and major dental errors. This highlighted to me that an unhealthy provider poses an increased risk to patient safety. Reviewing our data of about 80,000 licensees and registrants, very few answered affirmatively to our "have you ever" questions regarding mental health conditions.

After thorough discussions, our Board revised our licensing questions to align with the Texas Medical Board and the Federation of State Medical Boards' approach, asking for attestation about current challenges instead of past issues. Our revised application aims to reduce stigma and encourage providers to seek help if needed.

Personally, mental health cases, including substance use disorder, are the most distressing part of my regulatory role. Detailed reports on colleagues' struggles are heart-wrenching. Understanding that mental health is a continuum with many intervention points, I wanted to ensure our process did not hinder individuals from getting help when needed.

An unexpected but positive outcome of our changes has been the impact of communicating these updates. Partnering with stakeholders and promoting the message that self-care is essential for patient care has resonated deeply within our community. Many, including a close friend, have sought help due to these changes.

I hope you find my experience helpful as you consider your mental health questions. Reducing stigma and encouraging honesty in our licensing process is a crucial step towards supporting healthcare providers and ensuring patient safety.

Thank you for your time and consideration.

Sincerely,

Robert G. McNeill, DDS, MD, MBA

"Working Better Together"
dfwdentalimplants.com

Surgical Specialists

Robert G. McNeill, D.D.S., M.D.

Diplomate, American Board of
Oral and Maxillofacial Surgery

Stephanie R. Ganter, D.D.S., M.S.

Diplomate, American Board of
Periodontal and Implant Surgery

From: [SMORRA Angela * OBD](#)
To: [PRISBY Stephen * OBD](#)
Subject: FW: Dental Screening Language Suggestions
Date: Thursday, April 25, 2024 9:29:00 AM
Attachments: [DRAFT Oral Health Screening Policy Language.docx](#)
[2003_EHB3157.pdf](#)
[Example Screening Results.docx](#)
Importance: High

From: Phillips Karen <KAREN.PHILLIPS@oha.oregon.gov>
Sent: Thursday, April 11, 2024 10:56 PM
To: SMORRA Angela * OBD <Angela.SMORRA@obd.oregon.gov>; ROBINSON Haley * OBD <Haley.ROBINSON@obd.oregon.gov>
Subject: Dental Screening Language Suggestions
Importance: High

Hello Dr. Smorra and Haley,

Please see the attached documents regarding currently required dental screening language on screening results forms.

I have included:

- Draft suggested changes to the language,
- The applicable 2003 HB 3157 (I've highlighted section 5 in the document) and
- A snippet sample of results language from a certified school dental sealant program. The sample shows attempts to provide more information to families and caregivers to prompt them to seek further care, if needed.

Much has changed since 2003 HB 3157 and the updated 2006 required language noted by OBD <https://www.oregon.gov/dentistry/pages/faq-licensees.aspx>.

Most if not all of Oregon's Federal Head Start Programs partner with entities who provide EPDHs to screen students for caries and other oral health concerns. Unfortunately, feedback from families, caregivers and family advocates notes that "oral health problems" doesn't provide enough information to prompt efforts to see a dentist for further examination and treatment.

Additionally, the more vague language can be a barrier at K-12 schools that receive oral health screenings and other dental services in the school setting.

I am hoping the request to update the language could be included in the April 26 board meeting packet.

Please let me know if you have any questions about this material. I am available Friday April 12 (except for 9-10am) to discuss this. I also have availability next week.

I plan to attend the April 26 board meeting. Haley- are you able to suggest a likely board meeting

time frame for this topic discussion?

Thank you for assistance.

Kind regards, Karen

Karen Phillips, MPH, RDH, EPP (*she/her*)
School Oral Health Programs Coordinator
Oregon Health Authority
Office of Maternal and Child Health
karen.phillips@oha.oregon.gov
Phone: 971-412-0531

Enrolled House Bill 3157

Sponsored by Representative KRUSE

CHAPTER

AN ACT

Relating to regulatory authority of Oregon Board of Dentistry; creating new provisions; amending ORS 679.010, 680.020 and 680.200; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 679.010 is amended to read:

679.010. As used in this chapter and ORS 680.010 to 680.205, unless the context requires otherwise:

(1) "Board" means the Oregon Board of Dentistry.

(2) "Dental assistant" means a person who, under the supervision of a dentist, renders assistance to a dentist, dental hygienist, dental technician or another dental assistant or renders assistance under the supervision of a dental hygienist providing dental hygiene.

(3) "Dental hygiene" means that portion of dentistry that includes the rendering of educational, preventive and therapeutic dental services in general, but specifically, scaling, root planing, curettage and any related intraoral or extraoral procedure required in the performance of such services.

(4) "Dental hygienist" means a person who, under the supervision of a dentist, practices dental hygiene.

(5) "Dental technician" means that person who, at the authorization of a dentist, makes, provides, repairs or alters oral prosthetic appliances and other artificial materials and devices that are returned to a dentist and inserted into the human oral cavity or that come in contact with its adjacent structures and tissues.

(6) "Dentist" means a person who may perform any intraoral or extraoral procedure required in the practice of dentistry.

[(2)] (7) "Dentistry" means the healing art which is concerned with the examination, diagnosis, treatment planning, treatment, care and prevention of conditions within the human oral cavity and maxillofacial region and conditions of adjacent or related tissues and structures. The practice of dentistry includes but is not limited to the cutting, altering, repairing, removing, replacing or repositioning of hard or soft tissues and other acts or procedures as determined by the board and included in the curricula of dental schools accredited by the Commission on Dental Accreditation of the American Dental Association, post-graduate training programs or continuing education courses.

[(3)] "Dentist" means a person who may perform any intraoral or extraoral procedure required in the practice of dentistry.]

[(4)] "Dental hygiene" means that portion of dentistry that includes the rendering of educational, preventive and therapeutic dental services in general, but specifically, scaling, root planing, curettage and any related intraoral or extraoral procedure required in the performance of such services.]

[5] “Dental hygienist” means a person who, under the supervision of a dentist, practices dental hygiene.]

[6] “Dental assistant” means a person who, under the supervision of a dentist, renders assistance to a dentist, dental hygienist, dental technician or another dental assistant.]

[7] “Dental technician” means that person who, at the authorization of a dentist, makes, provides, repairs or alters oral prosthetic appliances and other artificial materials and devices which are returned to a dentist and inserted into the human oral cavity or which come in contact with its adjacent structures and tissues.]

(8) “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.

(9) “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] (10) “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] “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.]

(11) “Limited access permit dental hygienist” means a dental hygienist who renders [services] **dental hygiene services without the supervision of a dentist in accordance with ORS 680.205** as authorized by a limited access permit issued by the board pursuant to ORS 680.200.

(12) “State” means any state or territory of the United States and the District of Columbia.

SECTION 1a. If House Bill 2240 becomes law, section 1 of this 2003 Act (amending ORS 679.010) is repealed.

SECTION 2. ORS 680.020 is amended to read:

680.020. (1) It shall be unlawful for any person not otherwise authorized by law to practice dental hygiene or purport to be a dental hygienist without a valid license to practice dental hygiene issued by the Oregon Board of Dentistry.

(2) The requirements of this section shall not apply to:

(a) Dental hygienists licensed in another state making a clinical presentation sponsored by a bona fide dental or dental hygiene society or association or an accredited dental or dental hygiene education program approved by the board.

(b) Bona fide full-time students of dental hygiene who, during the period of the student’s enrollment and as a part of the course of study in an Oregon dental hygiene education program accredited by the Commission on Accreditation of the American Dental Association, or its successor agency, if any, which must have been approved by the board, engage in clinical studies on the premises of such program or in a clinical setting located off the premises if the facility, the instructional staff, and the course of study at the off-premises location meet minimum requirements prescribed by the rules of the board and the clinical study is performed under the direct supervision of a member of the faculty.

(c) Candidates who are preparing for licensure examination to practice dental hygiene and whose application has been accepted by the board or its agent, if such clinical preparation is conducted in a clinic located on premises approved for that purpose by the board and if the procedures are limited to examination only.

(d) Dental hygienists practicing in the discharge of official duties as employees of the United States Government and any of its agencies.

(e) Instructors of dental hygiene, whether full- or part-time, while exclusively engaged in teaching activities and while employed in accredited dental hygiene educational [institutions] **programs.**

(f) Dental hygienists employed by public health agencies who are not engaged in direct delivery of clinical dental hygiene services to patients.

SECTION 3. ORS 680.200 is amended to read:

680.200. (1) Upon application accompanied by the fee established by the Oregon Board of Dentistry, the board shall grant a permit to practice as a limited access permit dental hygienist to any applicant who:

(a) Holds a valid, unrestricted Oregon dental hygiene license;

(b) Presents evidence satisfactory to the board of at least 5,000 hours of supervised dental hygiene clinical practice within the previous five years;

(c) Presents proof of current professional liability insurance coverage; *[and]*

(d) Presents documentation satisfactory to the board of successful completion of a total of 40 *[classroom]* hours of courses from a formal, post-secondary educational *[institution]* **program** accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency **or other appropriate health professional program accreditation agency** and approved by the board, including but not limited to:

(A) General medicine and physical diagnosis;

(B) Pharmacology;

[(C) Medical emergencies and cardiopulmonary resuscitation;]

[(D)] (C) Oral pathology;

[(E)] (D) Patient management and psychology *[of geriatric and disabled patients];* and

[(F)] (E) Jurisprudence relating to unsupervised practice with limited access patients; **and**

(e) **Presents documentation satisfactory to the board of successful completion of an emergency life support course for health professionals, including cardiopulmonary resuscitation, from an agency or educational institution approved by the board.**

(2) All permits issued pursuant to subsection (1) of this section expire two years following the date of issuance unless renewed on or before that date by:

(a) Payment of the renewal fee as set by the board;

(b) Submission to the board of satisfactory evidence of completion of at least 36 hours of continuing education, 12 hours of which shall be in the coursework areas required in subsection (1) of this section; and

(c) Presentation to the board of proof of professional liability insurance coverage.

(3) The board may refuse to issue or renew a limited access permit or may suspend or revoke the permit of a limited access permit dental hygienist who has been convicted of an offense or been disciplined by a dental licensing body in a manner that bears, in the judgment of the board, a demonstrable relationship to the ability of the applicant to practice limited access permit dental hygiene in accordance with the provisions of this chapter or ORS chapter 679, or who has falsified an application for permit, or any person for any cause described under ORS 679.140 or 679.170.

SECTION 4. Section 5 of this 2003 Act is added to and made a part of ORS 680.010 to 680.205.

SECTION 5. Oral health screenings may be performed by dental hygienists and dental assistants under written training and screening protocols adopted by the Oregon Board of Dentistry. Screening results must be provided to individuals screened or to the parents or guardians of minors needing a dental referral for diagnosis. Screening results are not a diagnosis for purposes of ORS chapter 679 or ORS 680.010 to 680.205.

SECTION 6. This 2003 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2003 Act takes effect on its passage.

Passed by House April 30, 2003

Repassed by House May 23, 2003

.....
Chief Clerk of House

.....
Speaker of House

Passed by Senate May 21, 2003

.....
President of Senate

Received by Governor:

.....M,....., 2003

Approved:

.....M,....., 2003

.....
Governor

Filed in Office of Secretary of State:

.....M,....., 2003

.....
Secretary of State

DENTAL SCREENING RESULTS



Your child's teeth look great! No visible signs of dental problems. See your dentist at least once a year.



Signs of dental problems were found. Possible cavities or small cavities were seen in your child's teeth. A visit to a dentist is recommended in the next month.



Visible signs or symptoms of serious dental problems were found. Possible large cavities, pain or abscesses were present. A visit to a dentist is recommended in the next 24-48 hours.

Oral Health Screening Policy

2003 House Bill 3157, which was passed by the Legislature and signed into law by the Governor, allowed the Oregon Board of Dentistry (OBD) to ~~develope-~~ **develop** written training and screening protocols so ~~dDental hygienists-~~ **Hygienists**, and ~~dDental a-~~ **Assistants** could independently perform Oral Health Screenings in Oregon.

The OBD on January 23, 2004 determined that no additional training was necessary for Oregon Dental Hygienists or Oregon Dental Assistants. To comply with Oregon Law, screening results must be provided to individuals screened or to the parents or guardians of minors needing a dental referral for diagnosis.

~~The OBD adopted specific language that must be on any Oral Health Screening Form that would be given to individuals or parents or guardians of minors who would be screened.~~

~~The following is the language and would need to be on any Oral Health Screening Form that would be used by any Oregon Dental Hygienist or Oregon Dental Assistant in compliance with Oregon Law.~~




The OBD recommends utilizing language that promotes oral health literacy, with the intent that screened individuals receive a standardized oral health screening form to facilitate access to follow-up oral health care. The following language may be used on any Oral Health Screening Form used by Oregon Dental Hygienists and Oregon Dental Assistants.

This language was revised on ~~March 1, 2006~~ April XX, 2024.

This is an oral health screening for: _____

A screening is ~~just~~ a quick look and does not take the place of a ~~thorough~~ **complete** examination by a ~~dDentist~~ **or Dental Therapist**. Serious oral health problems may be missed in a screening. The person doing the screening may or may not have any dental training. [Dental Hygienists or Dental Assistants may omit the previous sentence.]

Dental Screening Results

 <input type="checkbox"/>	No visible signs of oral problems. See your dDentist or Dental Therapist at least yearly for preventive dental appointments.
 <input type="checkbox"/>	Visible signs of oral problems were found. A v Visit to a dDentist or Dental Therapist in the next several weeks, before your child's next preventive dental appointment to treat possible cavities or more serious or more costly problems.
 <input type="checkbox"/>	Visible signs or symptoms of serious dental needs problems were found. Possible large cavities, pain, swelling, infection, or abscesses were present. A visit to a Dentist or Dental Therapist is recommended in the next 1 - 2 weeks. A n immediate visit to a dentist is recommended.

The Board encourages others who may do Oral Health Screenings to use this language on their screening forms.



Oral Health Screening Policy

2003 House Bill 3157, which was passed by the Legislature and signed into law by the Governor, allowed the Oregon Board of Dentistry (OBD) to develop written training and screening protocols so Dental Hygienists, and Dental Assistants could independently perform Oral Health Screenings in Oregon.




The OBD on January 23, 2004 determined that no additional training was necessary for Oregon Dental Hygienists or Oregon Dental Assistants. To comply with Oregon Law, screening results must be provided to individuals screened or to the parents or guardians of minors needing a dental referral for diagnosis.

The OBD recommends utilizing language that promotes oral health literacy, with the intent that screened individuals receive a standardized oral health screening form to facilitate access to follow-up oral health care. The following language may be used on any Oral Health Screening Form used by Oregon Dental Hygienists and Oregon Dental Assistants. The Board encourages others who may do Oral Health Screenings to use this language on their screening forms.

This is an oral health screening for: _____

A screening is a quick look and does not take the place of a complete examination by a Dentist or Dental Therapist. Serious oral health problems may be missed in a screening. The person doing the screening may or may not have any dental training. [Dental Hygienists or Dental Assistants may omit the previous sentence.]

Dental Screening Results

 <input type="checkbox"/>	No visible signs of oral problems. See your Dentist or Dental Therapist at least yearly for preventive dental appointments.
 <input type="checkbox"/>	Visible signs of oral problems were found. Visit a Dentist or Dental Therapist in the next several weeks, before your child's next preventive dental appointment to treat possible cavities or more serious problems.
 <input type="checkbox"/>	Visible signs or symptoms of serious dental problems were found. Possible large cavities, pain, swelling, infection, or abscesses were present. A visit to a Dentist or Dental Therapist is recommended in the next 1 - 2 weeks.

OTHER ISSUES



**PUBLIC PERCEPTION OF
REGULATION-STUDY**
March 2023

<https://www.hrri.org/public-perception>

STUDY OBJECTIVES

- Gauge familiarity with and understanding of the roles of healthcare-affiliated and state licensing boards.
- Determine the percentages of patients and caregivers who have experienced a reportable “issue” with one of eight healthcare and counseling staff persons within the last two years.
- Among those who experienced an issue, determine the proportion who reported it, to whom, and how.
- Assess interest in the concept of a new website that would be created to make reporting easier and provide more confidence to consumers that the issue was being taken care of and handled appropriately.



METHODOLOGY

Online survey consisted of 32 questions with a mix of closed and open-ended questions.

To qualify respondents had to:

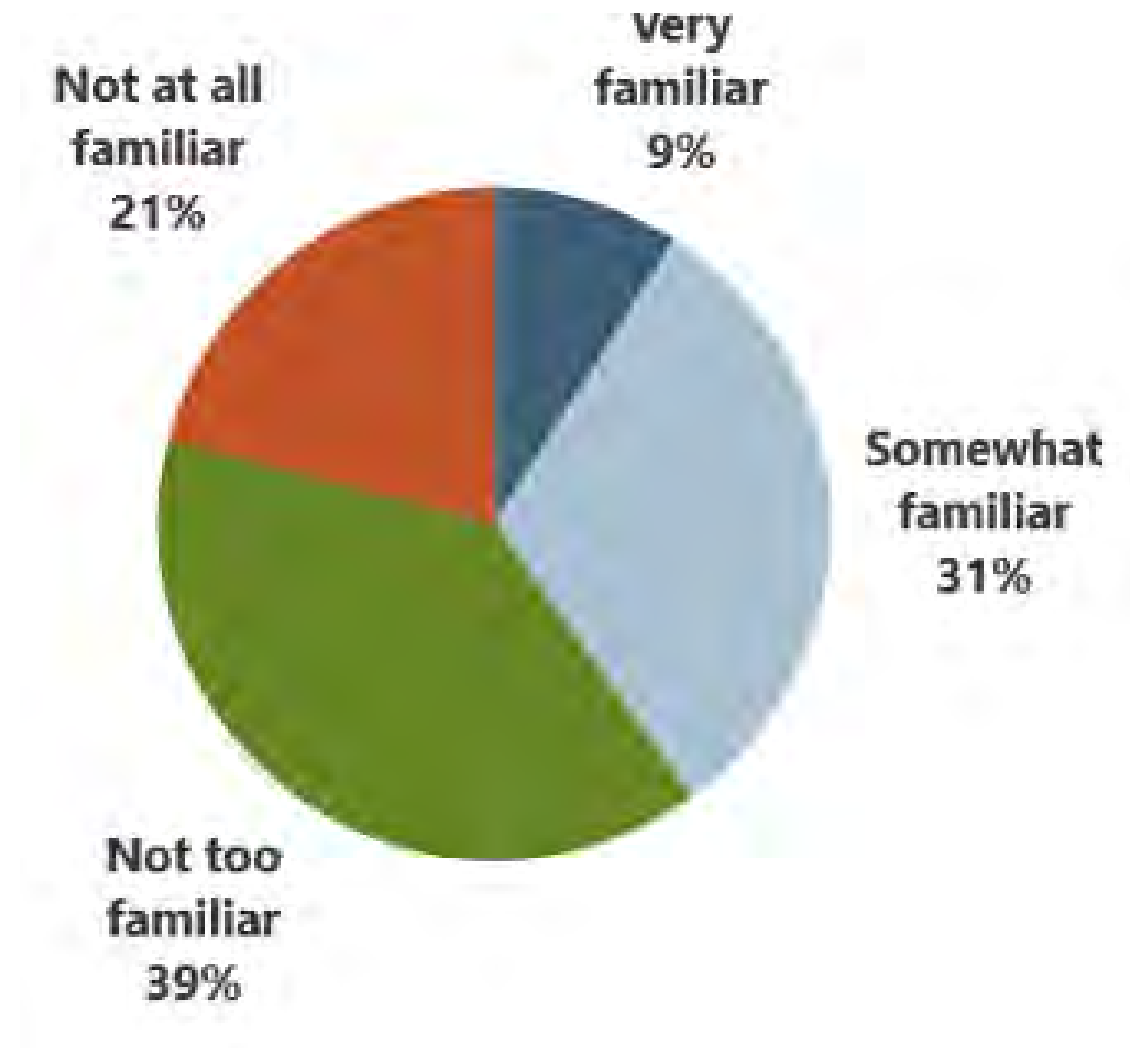
- o Be U.S. residents ages 18 or older
- o Have seen one or more of eight healthcare and counseling provider types as either a patient and/or an involved caregiver within the last two years: Dentist, Nurse, Occupational Therapist, Pharmacist, Psychologist, Physical therapist, Physician, or Social worker.

1,000 surveys completed.

- o First 750 respondents comprise a representative group of U.S. adults, of which 50 had a reportable issue (6.7%)
- o Booster sample collected an additional 250 respondents who had a reportable issue; reportable issue data in this report is based on the combined total of those groups (n=300).

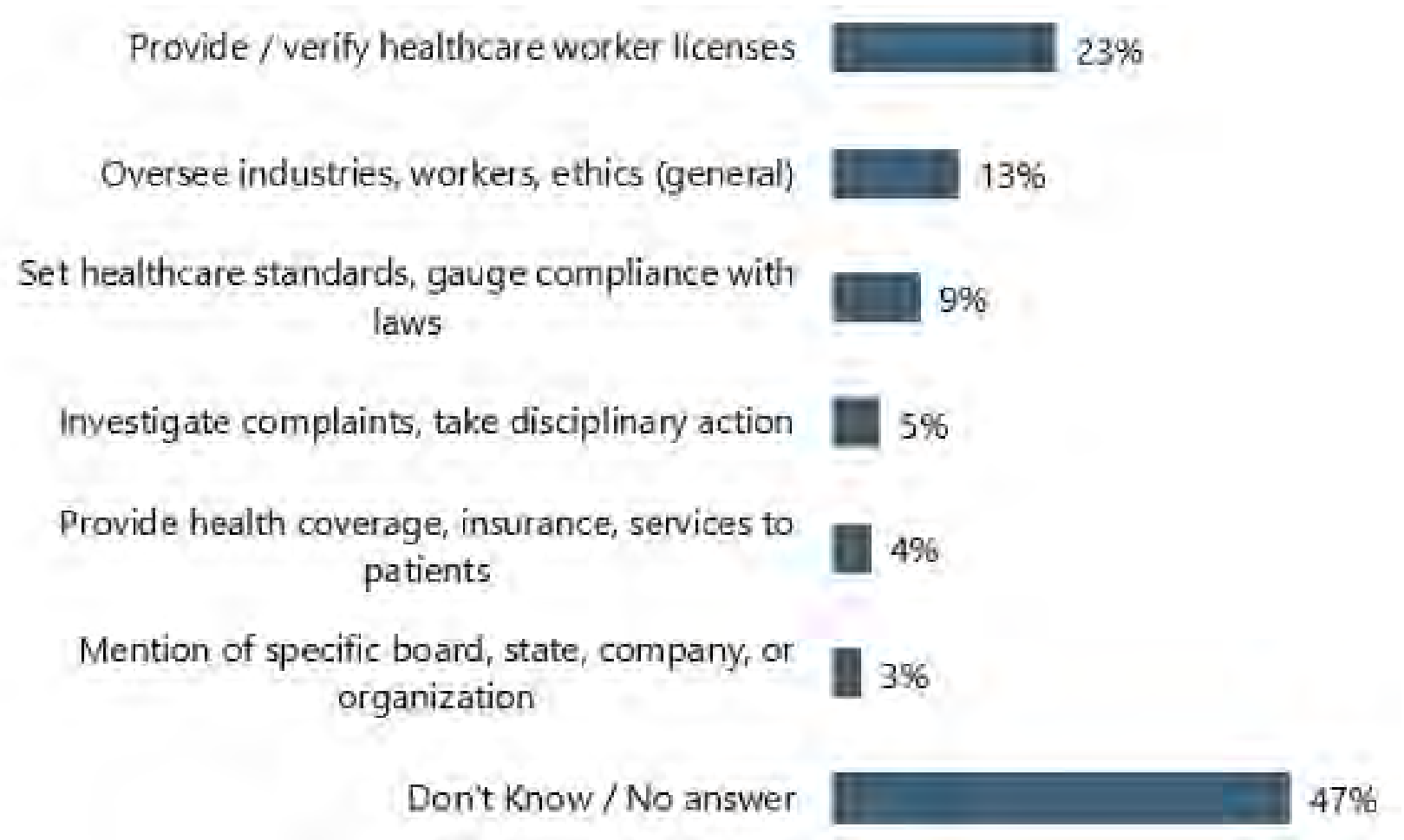
FAMILIARITY WITH STATE LICENSING BOARDS

Four in ten say they are familiar with roles of state licensing boards, though just nine percent indicate being “very familiar.”



PERCEPTIONS OF STATE LICENSING BOARDS

Unaided, most did not know/answer; those who did, the largest number say that boards oversee healthcare provider licenses, while about ten percent say that boards set standards and govern compliance for healthcare overall.



PERCEPTIONS OF STATE LICENSING BOARDS

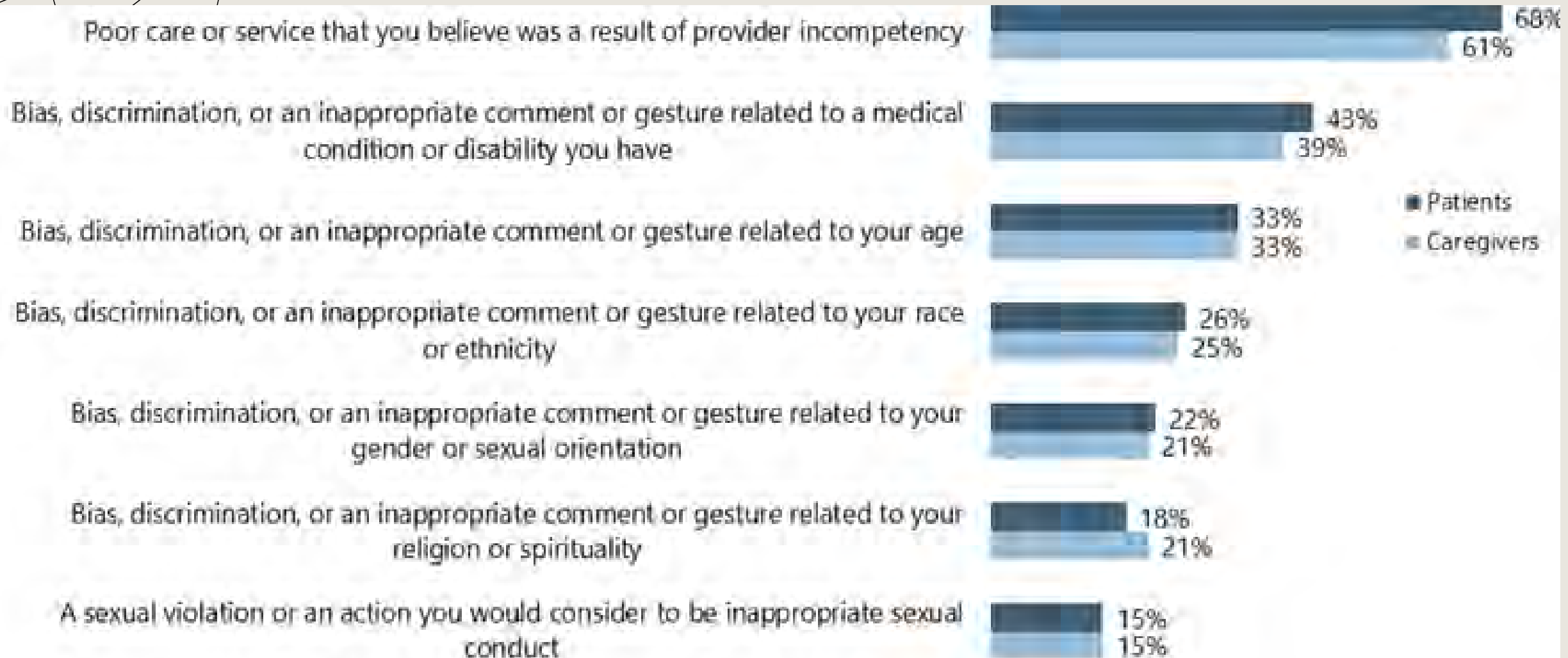
After reading the description to the right, nearly all believe that healthcare-affiliated state licensing boards are valuable (92%) and contribute positively to healthcare (80%).

- Older respondents and those with advanced degrees are more likely to feel that boards are valuable and that they have a positive influence on healthcare.

Description Provided to Respondents

State Licensing Boards in healthcare are designed to protect the public by providing service and leadership that promote safe and competent healthcare services. Most boards strive to do this by creating a strong foundation of laws and regulatory standards in various healthcare areas, effective tools and systems to assess entry-level and continuing competence among providers, and provide public and professional awareness of resources for public protection. While it may vary slightly from one board to the next, most utilize at least some of the following as part of their services: examinations and certifications, membership, professional standards, and continuing education.

REPORTABLE ISSUES EXPERIENCED IN PAST TWO YEARS



REPORTABLE ISSUES EXPERIENCED IN PAST TWO YEARS

Poor care or service that you believe was a result of provider incompetency

Women, age 35+, Whites

Bias, discrimination, or an inappropriate comment or gesture related to a medical condition or disability you have

Women, especially those age 18-34

Bias, discrimination, or an inappropriate comment or gesture related to your race or ethnicity

Age 18-34, Hispanics, Blacks, Asian-Americans

Bias, discrimination, or an inappropriate comment or gesture related to your gender or sexual orientation

Men, age 18-34

Bias, discrimination, or an inappropriate comment or gesture related to your religion or spirituality

Men, age 18-34, Hispanics

A sexual violation or an action you would consider to be inappropriate sexual conduct

Age 18-54

REPORTABLE ISSUES: ACTIONS TAKEN

Fully 96% took at least one of the four actions listed regarding their reportable issue. A very large majority talked to others about it, while more than half to two-thirds reported the issue or stopped using the offending provider's services.



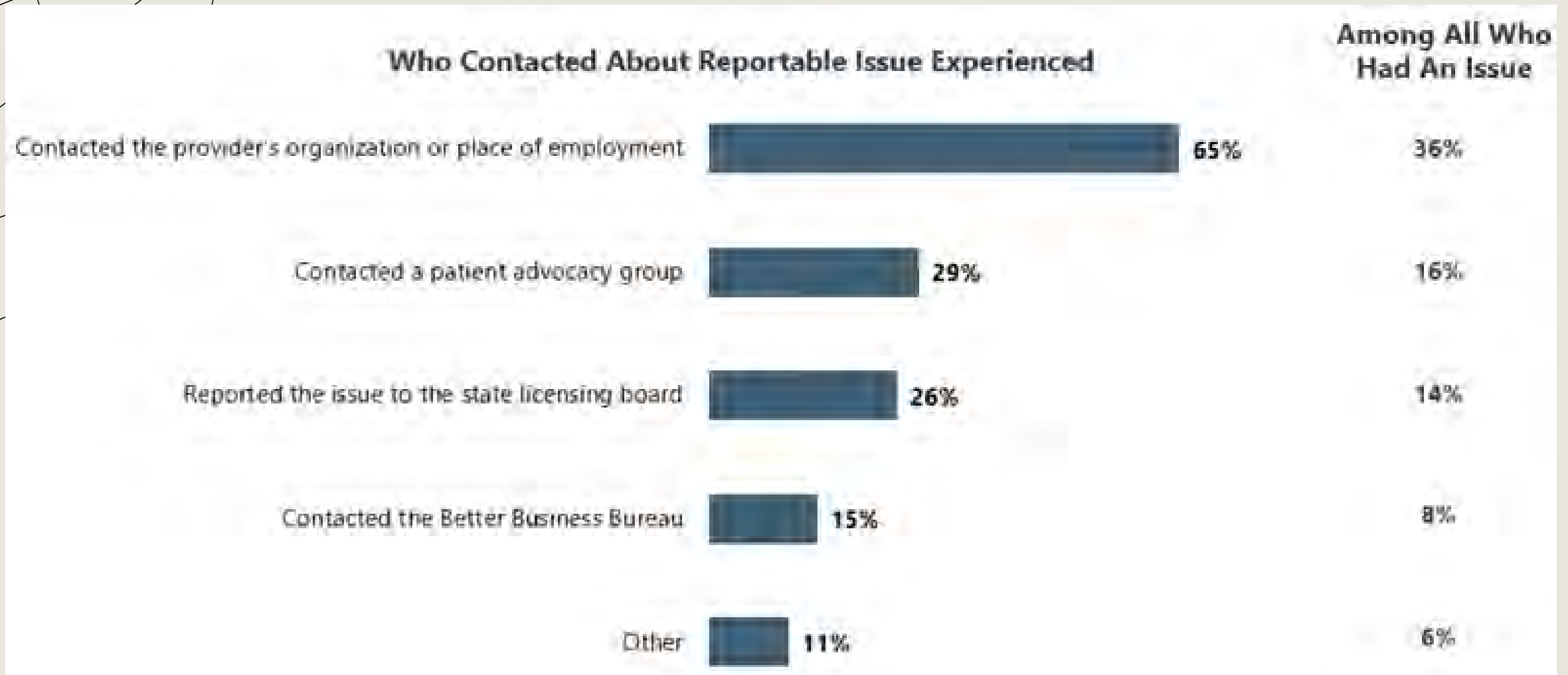


REPORTABLE ISSUES: ACTIONS TAKEN

Younger respondents—especially younger men—were likely to have mentioned or posted on social media. Those with more education were more likely to say they stopped using the provider’s service and to have posted on social media. Older men were less likely to have taken any action.

Of those who made contact, the largest percentage, by far, say they contacted the provider’s organization or place of employment (65%). Just under three in ten indicate contacting a patient advocacy group or the state licensing board, which represents 14% of all those who had an issue, taking into consideration those who didn’t report at all.

REPORTABLE ISSUES: REPORTING ISSUE





REASONS FOR NOT REPORTING TO STATE BOARD

A majority didn't contact the state licensing board about the issue because they didn't think it would make an impact. Fully half didn't know that contacting the board was an option and a third say they didn't know what state licensing boards were.

Women (especially those ages 18-34) and those not having completed college are more likely to say they didn't know what state licensing boards were or that contacting them was an option, and that they wanted to remain anonymous.

REASONS FOR NOT REPORTING TO STATE BOARD



HOW STATE BOARDS WERE CONTACTED

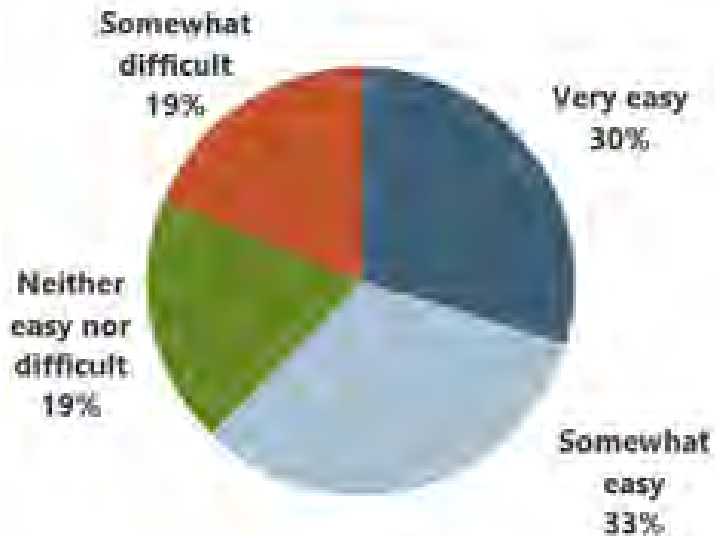
Those who contacted the state licensing board about their issue were most likely to have called or sent an email. Just over 40% say they used the board's website to do so.



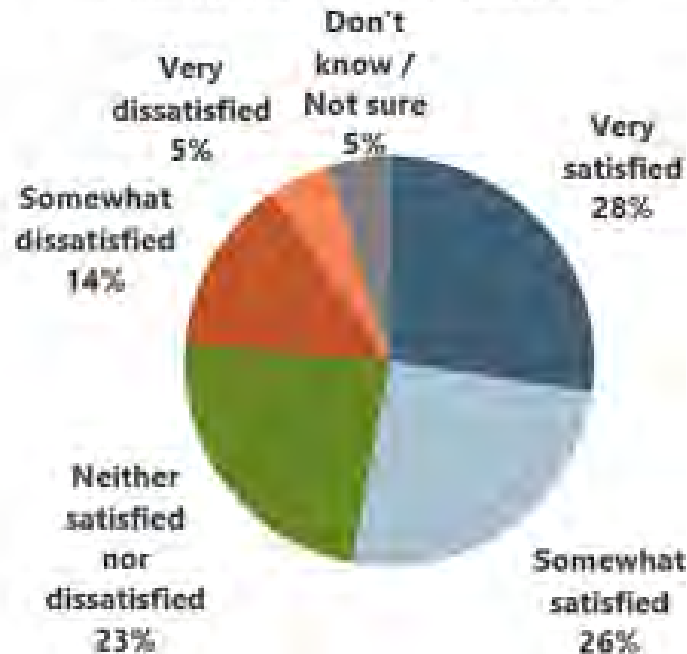
PERCEPTION OF PROCESS

The process of submitting the issue to the state licensing board was easy for about 60% of respondents, and about half are satisfied with the action taken by the board. Fully threequarters feel confident that the provider will be contacted and his/her service or behavior will change as a result of reporting to the state licensing board.

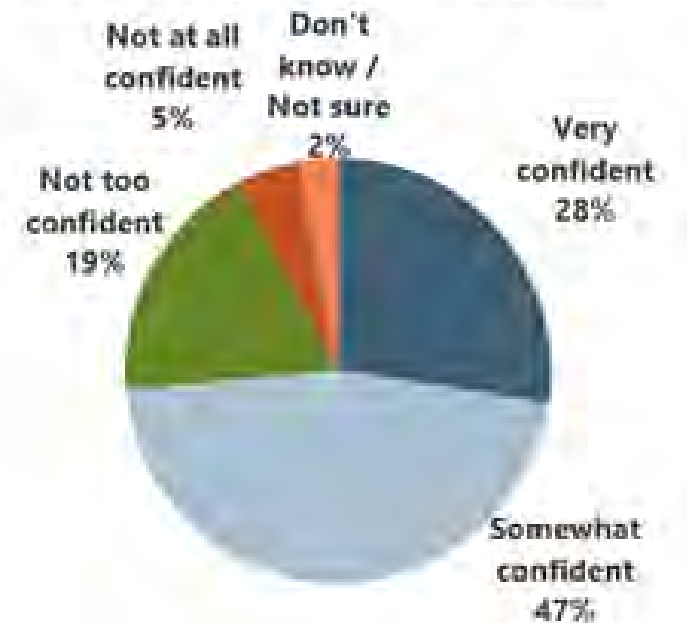
Ease of Submitting Issue to State Licensing Board



Level of Satisfaction with Action Taken by State Licensing Board



Confidence that Provider Will Be Contacted and Service/Behavior Will Improve



SUGGESTED IMPROVEMENTS TO PROCESS OF SUBMITTING ISSUES TO STATE LICENSING BOARDS (THEMES & EXAMPLES)

Improve Follow-Up

- *“After my initial email explaining the issue that happened, I received an email with a form for me to fill out with my claim of the issue that happened with the provider. They said I was doing a grievance form against the provider and that actions would be taken if they found that my provider was being discriminative against me for my said medical issue. After I pulled out the form and emailed it back, I received one email stating that they received it and then heard nothing back.”*
- *“Better follow up about the aftermath.”*
- *“Receiving some sort of notification that the issue was addressed with the specific party. That would have given me some peace of mind.”*

SUGGESTED IMPROVEMENTS TO PROCESS OF SUBMITTING ISSUES TO STATE LICENSING BOARDS (THEMES & EXAMPLES)

Better or Direct Contact With Agents

- “Better access to people who could actually change the way things are done.”
- “Direct person to person contact.”
- “Personal contact? Not a recording.”
- “Having a meeting with a representative in person would have been very helpful, including confirmation that the applicable medical provider was indeed spoken to and/or reprimanded.”



SUGGESTED IMPROVEMENTS TO PROCESS OF SUBMITTING ISSUES TO STATE LICENSING BOARDS (THEMES & EXAMPLES)

Improve Outcome

“Disciplinary action against the provider.”

“Having someone actually take action.”

“For people's voices to actually be heard.”



SUGGESTED IMPROVEMENTS TO PROCESS OF SUBMITTING ISSUES TO STATE LICENSING BOARDS (THEMES & EXAMPLES)

Easier Submission Process

“The process of reporting it and how long it takes to get a response.”

“Just better responsiveness and better directions on how to go about the whole process.”

“Not having a bunch of paperwork to fill out; would have been easier for them to document in my words and send me the statement to sign.”

OTHER TAKEAWAYS—AREAS FOR REFLECTION

- The majority of respondents weren't familiar with licensing boards or weren't clear on what boards do—and only 5% identified investigations are part of our role; however, nearly all felt the model description was valuable (92%) and would contribute positively to healthcare (80%).
- Experienced issues of practitioner bias, discrimination or inappropriate conduct are strongly prevalent.
- Sexual misconduct identified in 15% of issues; across all genders/races for those 18-54.
- Only 55% of individuals reported the issue to an organization that could do something about it—and the state board was that organization only 26% of the time (and only 14% of all people experiencing issues reported to a state board). In other words, 86% of individuals experiencing issues—many of which are bias or inappropriate conduct—don't ever interact with a state board.
- 67% simply stopped seeing practitioner—but in some areas, that may equate to stopping care entirely if no other option or inability to get additional referral (reduced health outcomes).

From: UMPHLETT Amy M <Amy.M.UMPHLETT@oha.oregon.gov>
Sent: Monday, June 3, 2024 5:05 PM
To: PRISBY Stephen * OBD <Stephen.PRISBY@oregondentistry.org>
Subject: Notice of Rulemaking re. Certification Requirements for Local School Dental Sealant Programs
Importance: High

Dear Interested Parties,

The Oregon Health Authority (OHA), Public Health Division, Oral Health Program is proposing to permanently amend Oregon Administrative Rules (OARs) in chapter 333, division 28 pertaining to local school dental sealant programs.

In response to the end of the federal COVID-19 public health emergency, the certification rules for school dental sealant programs (SDSPs) must be modified to remove any COVID-19 certification requirements. Additionally, OHA is proposing to update quality assurance measures and clarify the verification process for certified school dental sealant programs. A Rules Advisory Committee (RAC) was convened to help draft the amended rule language.

We invite members of the public to review and comment on the proposed amended language **before 5:00 PM on June 24, 2024**. We will also hold a virtual public hearing on **Monday, June 24, 2024 at 3:00 PM** for oral testimony. Please visit <http://www.healthoregon.org/sealantcert> to view the proposed amended rules and information on how to provide public comments.

Thank you,
Amy

Amy Umphlett, MPH (*she/her*)
Oral Health Operations & Policy Analyst
OREGON HEALTH AUTHORITY
Public Health Division
Work Cell Phone: 971-666-8815
NEW Email: amy.m.umphlett@oha.oregon.gov

**OREGON ADMINISTRATIVE RULES
OREGON HEALTH AUTHORITY, PUBLIC HEALTH DIVISION
CHAPTER 333**

DIVISION 28

SCHOOL-BASED HEALTH PROGRAMS

333-028-0300

Local School Dental Sealant Programs: Purpose

(1) The [Oregon Health Authority \(Authority\), Public Health Division](#), Oral Health Program ([Program](#)) supports communities in improving the oral health of the school-age population through evidence-based best practices within a public health framework. The Association of State and Territorial Dental Directors (ASTDD), Centers for Disease Control and Prevention (CDC), and the Community Preventive Services Task Force have all determined that school dental sealant programs (SDSPs) are an evidence-based best practice with strong evidence of effectiveness in preventing cavities among children and adolescents.

(2) These rules (OAR 333-028-0300 through 333-028-0395) establish the procedure and criteria the ~~Oregon Health~~ Authority shall use to certify, train, recertify, and monitor and collect data from Local School Dental Sealant Programs. Annual certification of a Local School Dental Sealant Program by the ~~State Oral Health Program~~ [Program](#) is mandatory before dental sealants can be provided in a school setting.

Statutory/Other Authority: ORS 431A.725

Statutes/Other Implemented: ORS 431A.725

333-028-0310

Local School Dental Sealant Programs: Definitions

~~(1) "Aerosol Generating Healthcare (AGH)" means any dental procedure that uses an air/water syringe or suction device.~~

~~(12)~~ "Authority" means the Oregon Health Authority.

~~(23)~~ "Authority approved isolation device" means an Authority approved dental isolation device used to assist the dental hygienist in isolating teeth and using suction to remove saliva.

~~(34)~~ "CCO" means Coordinated Care Organization.

~~(45)~~ "CDC" means the U.S. Centers for Disease Control and Prevention.

~~(56)~~ "Certification" means the Local SDSP has been authorized by the Authority to operate in an elementary or middle school setting. Certification by the Program is mandatory before dental sealants can be provided in a school setting.

~~(67)~~ "Certification training" is a mandatory one-time training for Local SDSPs provided by the Program that must be completed before an application for certification is submitted. Training topics shall include:

- (a) State and federal updates;
- (b) Research and evidence-based practices;
- (c) Scope of practice and utilizing dental hygienists and dental assistants;
- (d) Health equity, cultural responsiveness, and health literacy;
- (e) Antidiscrimination laws and rules;

- (f) Recruiting and working with schools;
- (g) Providing services in a school setting;
- (h) Equipment and supplies needed;
- (i) Protocols for safe, quality care;
- (j) Data collection and reporting; and
- (k) Evaluation and continuous quality improvement.

~~(78)~~ "Certification year" means a one-year period beginning on August 1 and ending on July 31.

~~(89)~~ "Clinical training" is an annual training provided by the Local SDSP or Program to update [knowledge and skills in primarily the clinical aspects of providing sealants in a school setting.](#) ~~sealant application techniques.~~ Training topics shall include:

- (a) Determining the need for and appropriateness of sealants;
- (b) Manufacturer's guidelines for sealant placement;
- (c) Infection prevention and control (IPC) guidelines;
- (d) Quality assessment of the program, such as performance benchmarks and standards;
- (e) Confidentiality and security guidelines, including HIPAA and FERPA;
- (f) Health equity and;
- (g) Internal policies and procedures.

~~(940)~~ "FERPA" means the Family Educational Rights and Privacy Act.

~~(104)~~ "HIPAA" means the Health Insurance Portability and Accountability Act.

~~(112)~~ "IPC" means infection prevention and control.

[\(12\) "Lead clinical provider" means an Oregon licensed dental provider responsible for training other staff in providing dental sealant services.](#)

(13) "Local SDSP" means local school dental sealant program.

~~(14) "Non-Aerosol Generating Healthcare (non-AGH)" means any dental procedure that does not use the air/water syringe or suction device.~~

~~(145)~~ "Oregon OSHA" means the Oregon Occupational Safety and Health Administration.

~~(156)~~ "Program" means the Oregon Health Authority, Public Health Division, Oral Health Program.

[\(16\) "QI/QA" means Quality Improvement and/or Quality Assurance for SDSPs.](#)

(17) "Recertification" means the Local SDSP has been authorized by the Authority to operate in a school setting for the next certification year.

[\(18\) "These rules" means OAR 333-028-0300 to 333-028-0350.](#)

Statutory/Other Authority: ORS 431A.725

Statutes/Other Implemented: ORS 431A.725

333-028-0320

Local School Dental Sealant Programs: Certification Requirements

To be certified, a Local [School Dental Sealant Program \(SDSP\)](#) must meet all requirements for certification. During a declared state of emergency or public health emergency, the [Oregon Health Authority \(Authority\), Public Health Division, Oral Health Program \(Program\)](#) may, in writing, waive certification requirements.

(1) To apply for certification, a Local SDSP must be an entity outside of the Authority that has the infrastructure to operate a program that provides dental sealants in a school setting. If the Local SDSP applicant is a business entity, then it must be registered with the Oregon Secretary of State.

(2) A Local SDSP must have a written policy to coordinate with schools, school districts, or public charter schools to facilitate background checks of Local SDSP staff as required by school policy as described in ORS 326.607.

(3) A representative responsible for coordinating and implementing the Local SDSP must attend a one-time certification training provided by the Program prior to applying for certification. If the Local SDSP experiences personnel changes that impact the representative responsible for coordinating and implementing the Local SDSP, then a new representative must attend the one-time certification training before applying for recertification. Any templates or materials provided by the Program during the certification training that are modified or used by the Local SDSP must acknowledge the Program on such templates or materials.

(4) A Local SDSP must provide an annual clinical training to all of the Local SDSP's providers rendering care within their scope of practice in a school setting. This requirement may be met by one of these methods:

(a) A Local SDSP develops and implements its own training.

(b) A Local SDSP ~~sends their~~ clinical providers ~~to an~~ attend an annual training provided by the Program, which. ~~The Program will~~ includes application techniques for resin-based and glass ionomer sealants.

(5) When multiple Local SDSPs request to serve the same school, the Program will determine which Local SDSP will provide the services. The Program will consult with applicable Local SDSPs, CCOs and schools involved. This collaboration will ensure access and minimize the duplication of services. The consultation will include topics such as, but not limited to:

(a) Certification status of each Local SDSP;

(b) Staffing capacity of each Local SDSP;

(c) Capacity of each Local SDSP to serve additional grade levels or provide more oral health services;

(d) Ability of each Local SDSP to provide students with referrals for further dental treatment; and

(e) Existing relationships with schools.

(6) A Local SDSP must ensure Medicaid encounters for dental sealants are entered into the Medicaid system. The Program shall provide Local SDSPs with a [Coordinated Care Organization \(CCO\)](#) contact list.

(7) A Local SDSP shall first provide services at elementary and middle schools where:

(a) 40 percent or greater of all students attending the school are eligible to receive assistance under the United States Department of Agriculture's National School Lunch Program (NSLP); or

(b) The school has been approved for the Community Eligibility Program (CEP); or

(c) The school is located in a dental care health professional shortage area (HPSA).

(8) A Local SDSP must offer, at a minimum, dental sealant services to all students regardless of insurance status or ability to pay as follows:

(a) For elementary school, students in first and second grades or second and third grades.

(b) For middle school, students in sixth and seventh grades or seventh and eighth grades.

(9) Local SDSPs must comply with all applicable federal and state antidiscrimination laws and rules.

(10) A Local SDSP must develop and implement a plan to increase parental/guardian permission return rates to receive dental sealant services.

(11) A Local SDSP must adhere to these standards for school dental sealant programs:

- (a) Dental sealant services must be primarily provided on school grounds during normal course instruction hours;
 - (b) A medical history is required on the parent/guardian permission form;
 - (c) Use the four-handed technique to apply sealants in elementary schools. The second provider does not need to be a dental professional. Volunteers and non-dental professionals must receive training and be proficient in IPC guidelines, equipment operation, confidentiality and security guidelines, all aspects of providing dental sealants in a school setting, and internal policies and procedures;
 - (d) Use the two-handed technique using an Isolite or equivalent Program approved device or the four-handed technique to apply sealants in middle and high schools when providing [sealants](#); ~~non-AGH~~;
 - (e) Apply resin-based or glass ionomer sealants according to manufacturer guidelines; and
 - (f) Use compressor and suction capabilities at all times except in rare situations as determined by the provider's professional judgment or as required during a declared state of emergency or public health emergency.
- (12) A Local SDSP must comply with all scope of practice laws as determined by the Oregon Board of Dentistry.
- (13) A Local SDSP must comply with Oregon Board of Dentistry oral health screening guidelines for screening and reporting results to parents/guardians.
- (14) A Local SDSP must comply with [infection prevention and control \(IPC\)](#) guidelines established in OAR 818-012-0040 and by Oregon [Occupational Safety and Health Administration \(OSHA\)](#) and the [U.S. Centers for Disease Control and Prevention \(CDC\)](#). The Program will provide Local SDSPs with a guidance document.
- (15) A Local SDSP must comply with [Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [Family Educational Rights and Privacy Act \(FERPA\)](#) requirements.
- (16) A Local SDSP must respect classroom time and limit demands on school staff. Services must be delivered efficiently to ensure a student's time out of the classroom is minimal.
- (17) [A Local SDSP must submit annually to the Program a self-monitoring evaluation plan. The Program will provide Local SDSPs with a self-monitoring guidance document. The self-monitoring evaluation plan must describe how the Local SDSP will:](#)
- [\(a\) Adhere to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of school dental sealant services;](#)
 - [\(b\) Identify, analyze, and address client safety and adverse events;](#)
 - [\(c\) Implement the self-monitoring evaluation plan; and](#)
 - [\(d\) Follow-up with any actions identified in subsections \(17\)\(a\), \(b\), and \(c\).](#)
- ~~A Local SDSP must conduct retention checks, from one school year to the next school year, for quality assurance and meet the national benchmark of 80 percent or higher. If a Local SDSP does not meet the benchmark, then the Local SDSP must develop and implement a plan to increase its annual retention rates. The plan must be submitted to the Program. During a declared state of emergency or public health emergency, the Program may waive retention checks and reporting.~~
- (18) [A Local SDSP must submit to the Program, twice per certification year, a QI/QA assessment that reports progress on implementing the self-monitoring evaluation plan. The Program will provide Local SDSPs with a Quality Improvement and/or Quality Assurance for SDSPs \(QI/QA\) assessment guidance document.](#)
- (19) ~~8~~ A Local SDSP must submit a data report to the Program [twice per certification year](#)~~annually~~. The information required to be included in such data report will be defined by the

Program. Aggregate-level data will be required for each [grade served in a school](#). [The data must be submitted in a format determined by the Program](#).

(2019) A Local SDSP must include the certification logo provided by the Program on all parent/guardian permission forms and written communication to schools or provide schools with a letter provided by the Program indicating the Local SDSP is certified.

Note: The Program [IPC guidance document referenced in section \(14\)](#), [self-monitoring evaluation plan guidance document referenced in section \(17\)](#), and the [QI/QA assessment guidance document referenced in section \(18\)](#) of this rule will be located at this website: www.healthoregon.org/sealantcert.

Statutory/Other Authority: ORS 431A.725

Statutes/Other Implemented: ORS 431A.725

333-028-0330

Local School Dental Sealant Programs: Certification and Recertification Process

(1) Certification by the [Oregon Health Authority \(Authority\)](#) is required before dental sealants may be provided in a school setting.

(2) Only an individual with authority to act on behalf of the Local [School Dental Sealant Program \(SDSP\)](#) can apply for initial certification by submitting an online Certification Application form to the Authority that is posted on the [Oregon Health Authority, Public Health Division, Oral Health Program \(Program\)](#)'s website, www.healthoregon.org/sealantcert. Instructions and criteria for submitting a Certification Application form are posted on the Program's website.

(3) The Program shall review the application [within](#) approximately 15 business days of receiving the application to determine whether it is complete.

(4) If the Program determines the application is not complete, it will be returned to the applicant for completion and resubmission.

(5) If the Program determines the application is complete, it will be reviewed to determine if it meets certification requirements described in OAR 333-028-0320.

(6) If the Program determines the Local SDSP meets the certification requirements, the Program shall:

(a) Inform the applicant via electronic mail that the application has been approved; and

(b) Schedule [a virtual administrative review and an in-person](#), on-site verification reviews.

(7) If a Local SDSP does not meet certification requirements in their certification application, the Program shall choose one of the following two actions:

(a) Certification will be denied if the Local SDSP does not meet the requirements of these rules.

The Program will provide the applicant with a ~~clear description~~ [denial letter containing of the](#) reason(s) for denial based on ~~the failure to meet the~~ certification requirements [in these rules](#) ~~in the denial letter~~. An applicant may request that the Program reconsider the denial of certification.

A request for reconsideration must be submitted in writing to the Program within 30 days of the date of the denial letter and must include a detailed explanation of why the applicant believes the Program's decision is in error, along with any supporting documentation. The Program shall inform the applicant in writing whether it has reconsidered its decision [to deny the application](#); or

(b) Provisional certification may be provided based on an agreed upon timeline for a corrective action plan for the non-compliant [certification](#) requirements. The Local SDSP must submit a

waiver to the Program that includes an explanation of the non-compliant requirements, a plan for corrective action, and a date for meeting compliance.

(8) Once a Local SDSP is certified, the certification status is effective for the certification year of August 1 – July 31. A Local SDSP must notify the Program and [Coordinated Care Organizations \(CCOs\)](#) operating in the community if it terminates services for a scheduled school during a certification year. During a declared state of emergency or public health emergency, the Program may waive [this notification requirement](#) if services for a scheduled school are terminated.

(9) To remain certified, a certified Local SDSP must renew its certification no later than July 15 each year via the Program’s online Renewal Certification Application form that is posted on the Program’s website, www.healthoregon.org/sealantcert. Instructions and criteria for submitting a Renewal Certification Application form ~~is~~ [are](#) posted on the Program’s website. A Local SDSP must submit a completed ~~annual~~ data report [twice per certification year](#) that is approved by the Program before applying for renewal certification.

(10) The Program will notify a Local SDSP of their certification renewal status once the ~~annual~~ data report and Renewal Certification Application form are reviewed by the Program.

(11) The Program will provide CCOs with a list of certified Local SDSPs and the schools they serve, or that the Local ~~SPSPs~~ [SDSPs](#) have requested to serve, twice ~~during the school~~ [per certification year](#).

Statutory/Other Authority: ORS 431A.725

Statutes/Other Implemented: ORS 431A.725

333-028-0340

Local School Dental Sealant Programs: Verification [Review](#)

(1) The [Oregon Health Authority, Public Health Division, Oral Health Program](#) (Program) shall conduct [an on-site administrative verification review](#) ~~of~~ each [school year for each certified](#) ~~approved~~ Local [School Dental Sealant Program \(SDSP\)](#). ~~A representative sample of schools being served by the certified program will be reviewed each certification year.~~ [The administrative verification review must include, but is not limited to, a review of documents, policies, procedures, and records.](#)

(2) [In addition to the administrative verification review, the Program shall conduct an in-person on-site verification review for each certified Local SDSP. A representative sample of schools being served by the certified program will be reviewed as follows:](#)

[\(a\) For newly certified Local SDSPs, the in-person on-site verification review will occur during the first school year of certification.](#)

[\(b\) For Local SDSPs with previous deficiencies, the in-person on-site verification review will be prioritized to occur during the current or next school year.](#)

[\(c\) For Local SDSPs with a new lead clinical provider, the in-person on-site verification review may be prioritized to occur during the school year.](#)

[\(d\) Recertified Local SDSPs operating in good standing will receive an in-person site verification review within three school years, as determined by the Program.](#)

(3) [The in-person on-site verification review must include, but is not limited to:](#)

[\(a\) On-site observation and review of dental sealant placement techniques;](#)

[\(b\) On-site observation and review of infection prevention and control \(IPC\) practices; and](#)

[\(c\) On-site observation of the client environment and physical set-up of the clinical and administrative areas.](#)

~~(42)~~ The Program will work with a Local SDSP to schedule an administrative and in-person on-site verification reviews. A Local SDSP will have at least 20 days advance notice before an in-person on-site verification review ~~will occur~~. ~~The Program shall schedule verification reviews earlier in the school year with newly certified Local SDSPs, Local SDSPs with new staff, and Local SDSPs that have had deficiencies during their last verification review.~~

~~(53)~~ A Local SDSP must coordinate with the Program to access the school and staff operating the sealant program on the in-person on-site verification review date.

~~(4) The verification review must include, but is not limited to:~~

~~(a) Review of documents, policies and procedures, and records;~~

~~(b) On-site observation and review of dental sealant placement techniques;~~

~~(c) On-site observation and review of IPC practices; and~~

~~(d) On-site observation of the client environment and physical set-up of the clinical and administrative areas.~~

~~(65)~~ Following an administrative or in-person on-site verification review, Program staff may conduct an exit interview with the Local SDSP representative(s). During the exit interview Program staff shall:

(a) Inform the Local SDSP representative(s) of the preliminary findings of the review; and

(b) Give the Local SDSP representative(s) 10 working days to submit additional facts or other information to the Program staff in response to the findings.

~~(76)~~ Within 30 business days of ~~the on-site visit~~ a verification review, Program staff must prepare and provide the Local SDSP with a written report of the findings from the ~~on-site~~ verification review.

~~(87)~~ If no certification deficiencies are found during ~~the~~ a verification review, the Program shall issue written findings to the Local SDSP indicating no deficiencies were found.

~~(98)~~ If certification deficiencies are found during the in-person on-site verification review, the Program may take action in ~~compliance~~ accordance with OAR 333-028-0350.

~~(109)~~ At any time, a Local SDSP may request an administrative review of compliance, which may also includes ~~an in-person~~ one on-site verification review ~~visit~~. The review will be considered a "no penalty" review with the exception of ~~gross violation~~ deficiencies or negligence that may require temporary suspension of services.

Statutory/Other Authority: ORS 431A.725

Statutes/Other Implemented: ORS 431A.725

333-028-0350

Local School Dental Sealant Programs: Compliance

(1) A Local School Dental Sealant Program (SDSP) must notify the Oregon Health Authority, Public Health Division, Oral Health Program (Program) within 10 business days of any change that brings the Local SDSP out of compliance with the certification requirements. A Local SDSP must submit a waiver within 10 business days to the Program that includes:

(a) Explanation of the non-compliant requirement;

(b) Plan for corrective action; and

(c) Date for compliance.

(2) The Program will review the waiver request and inform the Local SDSP of approval or denial of the waiver within 10 business days of submission. Services may be provided until the Local SDSP has been notified of the result of its waiver request.

(3) If the waiver is approved, the Local SDSP will be provided provisional certification and must comply with certification requirements by the proposed date of compliance.

(4) If a waiver is denied; a Local SDSP does not come into compliance by the date of compliance stated on the waiver; or a Local SDSP is out of compliance with certification requirements and has not submitted a waiver, the Program, in its discretion, shall:

(a) Require the Local SDSP to complete an additional waiver with an updated plan for corrective action and updated date for compliance;

(b) Require the Local SDSP to complete a waiver to satisfy the requirements in section (1) of this rule;

(c) Issue a written warning with a timeline for corrective action; or

(d) Issue a letter of non-compliance with ~~the~~ notification of a suspension or decertification status.

The Program will notify the [Coordinated Care Organization \(CCO\)](#) operating in the community and Local SDSP schools that a Local SDSP has been suspended or decertified. Dental sealants may not be provided in the school until the Local SDSP is certified.

(5) A Local SDSP that had been decertified may be reinstated after reapplying for certification [and receiving approval by the Program](#).

(6) A Local SDSP with suspended certification status may have its suspension lifted once the Program determines that compliance with certification requirements has been satisfactorily achieved. The Program will notify the CCOs operating in the community and schools that the Local SDSP's suspension has been lifted and that dental sealants may now be provided in the school.

(7) If there are updates to the current rules that require a Local SDSP to make any operational changes, the Program will allow the Local SDSP until the beginning of the next certification year or a minimum of 90 days to come into compliance. This does not apply to rules amended during a declared state of emergency or public health emergency, or where the rule explicitly states a Local SDSP must comply immediately.

Statutory/Other Authority: ORS 431A.725

Statutes/Other Implemented: ORS 431A.725

333-028-0395

Local School Dental Sealant Programs: COVID-19 Certification Requirements

~~To be certified, or to continue certification, a Local SDSP must immediately comply and meet the requirements in this rule to address COVID-19:~~

~~(1) A Local SDSP must implement and comply with Oregon OSHA's OAR 437-001-0744 titled "Rule Addressing COVID-19 Workplace Risks" as long as it is in effect.~~

~~(2) A Local SDSP must implement and comply with the CDC's "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic."~~

~~(3) A Local SDSP must have a written policy to comply with OAR 333-019-1010 titled "COVID-19 Vaccination Requirement for Healthcare Providers and Healthcare Staff in Healthcare Settings."~~

~~**Note:** The Program's temporary rule addressing COVID-19 is only effective for 180 days. To extend these protections regarding COVID-19, the Program adopted this rule using normal permanent rulemaking processes. However, the Program will reevaluate the needs for this rule as the COVID-19 pandemic develops and may take action to repeal part or all of the rule as~~

appropriate as new information and developments occur in the pandemic. In addition, a Local SDSP is not required to comply with the Oregon OSHA rule if Oregon OSHA repeals the rule. ~~Note: The CDC guidance document referenced in section (2) of this rule is located at the CDC website at <https://www.cdc.gov/OralHealth/index.html> or is available upon request from the Program.~~

~~Statutory/Other Authority: ORS 431A.725~~

~~Statutes/Other Implemented: ORS 431A.725~~

MEMO

DATE: May 30, 2024
TO: OBD Board Members
FROM: Haley Robinson, Office Manager
SUBJECT: Mandatory Workday Learning

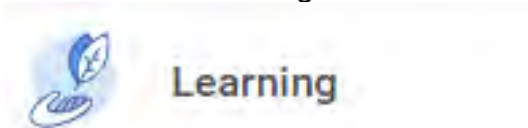
Annually, Board members are required to complete a Workday training module. The deadline to complete the training is always December 31st. I encourage you to complete the training well before the deadline. Stephen and I receive reports for Board members with outstanding training, so we will follow-up with you periodically reminding you to complete the training.

To complete the module you will need to do the following:

1. Log into your Workday account.
<https://wd5.myworkday.com/wday/authgwy/oregon/login.html>
2. Click "menu" in the upper left-hand corner:



3. Click "Learning"



It will show your outstanding module (if not already completed) "DAS-CHRO-2024 Annual Board/Commission Member Required Training"

The module consists of two courses: DAS-CHRO - 2024 Preventing Discrimination and Harassment and DAS – EIS – 2024 Information Security Training: Foundations.

4. Click "Start Course"

It should look like this:

The screenshot displays a Workday Learning interface. At the top, there are two tabs: "Items in this Program" (active) and "Program Information".

Item 1: "DAS – CHRO – 2024 Preventing Discrimination and Harassment". The description states: "Everyone working on behalf of Oregon state government should be committed to creating and maintaining a respectful workplace and treating all individuals with fairness, dignity, an...". A "Show All" link is present. Below the description is a table:

Duration	Lessons	Delivery Mode
1 hour	1	Self-Directed

Item 2: "DAS - EIS - 2024 Information Security Training: Foundations". The description states: "This foundational course introduces employees to information security, safe computing, safe remote and mobile computing, insider threats, physical security and more. Information securi...". A "Show All" link is present. Below the description is a table:

Duration	Lessons	Delivery Mode
40 minutes	1	Self-Directed

To the right of the items is a promotional banner for the Oregon Chief Human Resources Office. The banner features the text: "Come for a job. Stay for a career. Make a difference... for a lifetime!". Below this is the text "OREGON CHIEF HUMAN RESOURCES OFFICE" and a blue "Start Program" button. Below the button, it asks "Interested in your team doing this program?" and provides an "Enroll My Team" link.

If you need assistance accessing your Workday Learning account, below is a helpful tutorial:

<https://rise.articulate.com/share/-jW9W-oBSLnMn0CYE9DTHa5t7uRUMzLt#/>

If you need further assistance, contact me at Haley.Robinson@obd.oregon.gov

Thank you!

**NEWSLETTERS
&
ARTICLES OF
INTEREST**

DDH Compact Implementation Timeline

On April 22, 2024, the Dentist and Dental Hygienist Compact (DDH Compact) was enacted in its seventh state. The compact legislation specifies that it will come into effect upon enactment of its seventh state. See the [DDH Compact Map](#) for an updated list of participating states. Although the compact has been enacted by seven states, applications for compact privileges are not yet available. Below is a timeline of implementation activities that must take place before the compact can be used by dentists and dental hygienists. The compact will not be fully operational for an estimated 18-24 months.

April 22, 2024 – DDH Compact enacted in 7th state.

The DDH Compact legislation specifies it is effective upon the enactment of the 7th state.

Summer 2024 - Formation of Compact Commission

Each member state must appoint a one representative to serve on the compact commission. The commissioner is selected by the state's dental licensing board. The compact specifies that the commissioner must be a representative of the state licensing board.

Fall 2024 – Inaugural Commission Meeting

The state commissioners will convene for the inaugural meeting of the DDH Compact Commission where they will elect an executive committee, vote on initial rules and bylaws, and take other steps for the compact to move towards being fully operational. Commission meetings will be open to the public.

2025 Ongoing – Creation of Compact Data System

The compact commission will continue to work on operationalizing the compact by acquiring a data system. The data system is a foundational piece of compact operations. Compact member states communicate licensure and compact privilege information via the data system. It is expected that the data system process will take 10-12 months. Once the data system is available, states will be tasked with onboarding to the system. States will have varying timelines to onboard.

2025 Ongoing – Additional Commission Meetings

The compact commission will hold commission meetings throughout 2025 for additional rulemaking. The commission will also hire staff, develop a budget, approve a fee structure, select a secretariat organization and take additional steps for the compact to be fully operational.

Privilege Applications Open

Once the data system is up and running and an application process is established, the compact commission will open applications for compact privileges to dentists and dental hygienists.

The application process will involve verifying the dental professional has a qualifying license and is eligible for compact participation. Once the application has been reviewed, the applicant will receive confirmation that they have been issued compact privileges in the member state(s) they selected. After a privilege is issued, the dentist or dental hygienist can practice in those member states in which they hold a privilege.



PRESIDENT'S MESSAGE REZA J. SHARIFI, D.M.D.



The Rearview Mirror – Some History and Context

In my first official communication to such esteemed colleagues as president of the board, it seemed fitting to begin with something “presidential” sounding: A quarter score and zero years ago, I began my journey as the newest member of the Oregon Board of Dentistry. As a bright-eyed, bushy-tailed Oral Surgeon fresh out of the United States Army, working six days a week, I was still driven and motivated to serve more. I had served my country, but serving all communities in my home state was an itch that required scratching.

In my career thus far, I have been privileged to experience a broad array of dental healthcare delivery settings to include military hospitals, dental service organizations, academic institutions, and private practice. I feel comfortable in saying, “I’ve seen things!”

Over the past five years I have been a first-hand witness to the interaction of the Oregon Board of Dentistry, and its members, with dental health care providers in the State of Oregon regarding their treatment of and interaction with patients. The Board’s mission and activities are essential to establishing and enforcing standards, and investigating potential areas of concern, in service to the promotion of excellence in dental care in our Great State, and I am grateful for the privilege of being part of it.

I have also been fortunate to observe several past presidents, past and current board members, and to be a student of how their wisdom and discernment was brought to the table. I would like to specifically thank and recognize, amongst others, Gary Underhill, Todd Beck, Amy Fine, Yadira Martinez, Hai Pham, Jose Javier, Alicia Riedman, Jennifer Brixey, and Chip Dunn. Your “isms” continue to have a positive impact on our board.

(continued on page 2)

BOARD STAFF

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The Windshield – What is Ahead

Looking forward, I want to acknowledge the challenges of the “daily grind” that affects us collectively and individually, and our endeavors to find ways to prioritize and cope. Life gets hard, then it gets harder, and when you are down, it can continue to be merciless. Over the past several years a global pandemic, societal pressures and discord, social media, global conflict, and a world that seems to move at light speed (artificial intelligence, self-driving cars to name but a couple examples) have impacted us all. Increasingly, people find themselves depressed, defeated, angry, stressed, leading unhealthy lifestyles, or all the above. We are winning the war against the COVID-19 pandemic, but how will we fare in the struggle to cope with the pandemic of “everything else”? It affects everyone—our patients, providers, staff, close friends, and loved ones.

Unfortunately, for many, we avoid seeking treatment for reasons that range from denial of our condition, access to care, fear of treatment and medications and, most commonly, stigma.

What can we do? Studies dating back to the early 1900’s have shown that exercise, even in short spurts, are effective in helping to reset our mindset, improve memory, raise self-esteem, result in better sleep, increase energy, and improve your ability to deal with stress and anxiety. The past several years have been trying, exhausting, and humbling. What has personally helped me to persevere has been support from family and friends, intentional focus on self-care and love, exercise, eating healthy and, of course, the occasional but necessary Salt and Straw Chocolate Goopy Brownie binge...progress, not perfection!

Today, I feel happier than I can recall feeling in a long time, and there are exciting new things I’m looking forward to. For example, I recently rebranded and opened a new practice:

Skyline Oral, Facial, and Dental Implant Surgery...doing what I do best: surgery, anesthesia, advocating for and making my patients feel comfortable and cared for throughout the entire surgical process.

As president, I look forward to supporting a productive, cooperative, and cohesive team dynamic with our board staff and members. My goal is simply to uphold the mission “to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.” I look forward to partnerships with all of you in service to that end!

Yours Truly,

Reza J. Sharifi, DMD, FACS ■

BOARD MEMBERS



REZA SHARIFI, D.M.D.

PRESIDENT
PORTLAND

SECOND TERM EXPIRES 2027

AARATI KALLURI, D.D.S.

VICE PRESIDENT
HILLSBORO

FIRST TERM EXPIRES 2025



OLESYA Z. SALATHE, D.M.D.

CLACKAMAS

FIRST TERM EXPIRES 2028

KRISTEN SIMMONS, R.D.H.

HILLSBORO

FIRST TERM EXPIRES 2028



GINNY JORGENSEN

CANBY

FIRST TERM EXPIRES 2028

SHARITY LUDWIG, R.D.H.

BEND

FIRST TERM EXPIRES 2026



SHEENA KANSAL, D.D.S.

PORTLAND

FIRST TERM EXPIRES 2025

TERRENCE CLARK, D.M.D.

WEST LINN

FIRST TERM EXPIRES 2026



MICHELLE ALDRICH, D.M.D.

SALEM

FIRST TERM EXPIRES 2026

CHARLES "CHIP" DUNN

HAPPY VALLEY

SECOND TERM EXPIRES 2025



SCHEDULED BOARD MEETINGS

2024 -25

- June 14, 2024
- August 23, 2024
- October 25, 2024
- December 13, 2024
- February 28, 2025
- April 25, 2025
- June 13, 2025
- August 22, 2025
- October 24, 2025
- December 12, 2025

A WORD FROM THE EXECUTIVE DIRECTOR

STEPHEN PRISBY



(From left to right) Chip Dunn, Jennifer Brixey, Alicia Riedman, RDH, Jose Javier, DDS & Stephen Prisby

Brevity, Courtesy, Equity, Fairness & Focus - these words are on my desk, and are what I strive for every day at the Oregon Board of Dentistry (OBD). This aligns with our mission and my goals as the OBD Executive Director since 2015.

The calendar & years roll on and a new normal has set in at the Board. I am grateful and impressed that the OBD Staff have been able to continue to show up at our downtown Portland Office and get our work done. We experience turnover like any organization, and yet we are able to maintain high levels of productivity, customer service and fulfill our mission with a small staff, additional work & reporting requirements. Roughly half the staff work a hybrid work model, reporting on-site three days a week and remote for two days. The others including myself, have a regular five day work week at the downtown Portland office. We are committed to providing you and anyone that interacts with us timely, accurate and helpful service.

In the spring of 2024 we said thank-you and farewell to three well-respected Board Members. The transitions continue of course as we welcomed their replacements and share biographies of the three new Board Members, whose terms began in April 2024.

Every April the Board elects its new president and thanked outgoing OBD President Chip Dunn for his contributions and leadership. I appreciated his commitment and support throughout his term and he brought his consumer focus to board activities. The picture accompanying this article was taken at the February 2024 Board Meeting recognizing outgoing Board Members for their service.

I am excited to work with Dr. Reza Sharifi who is the OBD's Board President for 2024 - 2025. This is a highlight of my job to work with a new president every year. I have 100% confidence in Dr. Sharifi, whose experience as an oral surgeon, long term tenure on the Board and support of the OBD should make it a productive and positive presidential term.

We highlight important news and rule changes in this newsletter since the last newsletter was published last year. We also keep the OBD website up to date and links to important rule changes, meeting agendas, meeting minutes, recordings, past newsletters, staff contact information and other important information on it.

I look forward to hearing from you if you have any questions or comments.

Stephen.Prisby@OBD.Oregon.Gov
971-673-3200 ■

OREGON WELLNESS PROGRAM



All licensees – dentists, dental therapists, and dental hygienists – have access to highly confidential mental health services through the Oregon Wellness Program (OWP). Self-referral is all that is required and the Board is not involved or aware of anyone accessing it.

Any Licensee may contact the OWP and receive up to eight free visits per calendar year. Interested licensees can make a self-referral by visiting the OWP website to review available providers and contact providers directly to schedule an appointment. Visits are available in-person or via telehealth. There is no reporting to a primary health provider or billing of insurance.

The Oregon Board of Dentistry is committed and supportive of our licensees to utilize all available tools for success in their practice and in all aspects of life.
<https://oregonwellnessprogram.org/> ■

For program questions or help choosing a mental health provider, call [541-242-2805](tel:541-242-2805).
If you are experiencing a mental health crisis, call 9-1-1 or 9-8-8.

FAREWELL & THANK YOU FOR YOUR SERVICE



Farewell & Thank You for Your Service
The OBD said farewell & thank you to three Board Members whose second terms of service concluded in spring of 2024.

Jennifer Brixey indicated she would not seek another term on the OBD. She joined the Board on September 28, 2018 for a partial first term, and the current term ended on April 6, 2024. We appreciate and thank Ms. Brixey for her service and support on the Board. Her lived experience, tribal background and consumer's point of view has been very valuable in OBD discussions and decisions.

Alicia Riedman's, RDH, service on the Board concluded on March 31, 2024. She first joined the Board on April 1, 2015 for a partial first term. She had one of the longest service records of any board member (based on recent records), with almost 9 years of service on the Board. We appreciate and thank Ms. Riedman for her years of service and support on the Board. Her FQHC dental outreach program experience, compassion for oral health care in children and long tenure on the Board has been very valuable in OBD discussions and decisions.

Dr. Jose Javier's service on the Board concluded on April 1, 2024. He completed two full terms of service, initially joining the Board on June 1, 2016. We appreciate and thank Dr. Javier for his service and support on the Board. His clinical experience in private practice, dental director of a FQHC and insight has been very valuable in OBD discussions and decisions.

Throughout their time on the Board they served as OBD President or Vice President at one time and chaired various OBD Committees. They committed their time and attention to regular board meetings, special board meetings, committee meetings, rulemaking hearings, workgroups, two Strategic Planning Sessions and helped steer the OBD through the most recent worldwide pandemic. ■

WELCOME



Dr. Olesya Z. Salathe DMD completed her undergraduate studies at George Fox University before pursuing her graduate degree at OHSU. Since 2010, Dr. Salathe has been serving her community through private practice, with offices located in Molalla and West Linn. Beyond her practice, Dr. Salathe is actively engaged in leadership roles at the county, state, and national levels within Clackamas, Oregon, and the American Dental Association (ADA). Her commitment to advancing dentistry extends beyond the clinic, as she strives to shape the future of oral healthcare through advocacy and innovation. Outside of her professional endeavors, Dr. Salathe finds joy in her role as a mother to two teenagers. She and her husband reside on a 20-acre ranch, where they cherish the beauty of rural life.



Kristen Simmons is an assistant professor at Pacific University School of Dental Hygiene Studies. In 2020, she completed her doctoral degree in Education and Leadership from Pacific University. Kristen is actively involved in various initiatives aimed at improving the quality of oral healthcare. She enjoys working with the constantly evolving oral healthcare system to emphasize the importance of quality measurement, which can lead to better oral health outcomes.



Virginia (Ginny) Jorgensen is a native Oregonian who was born and raised in Northeast Portland. She raised two daughters in Gladstone and now resides in Wilsonville. Her siblings, daughters and grandchildren all live in the Portland metro area. As a dental assistant in general and orthodontic practices Ginny learned about patient advocacy and the importance of dental health. Her desire to help patients have a positive experience during dental treatment guided her toward becoming a Certified Dental Assistant, an Oregon Expanded Functions Dental Assistant and a dental assisting educator. Ginny believes that all Oregon Citizens should receive safe, quality dental care from trained, responsible dental health care workers. She is actively involved in the Oregon Dental Assistant Association, a professional organization that focuses on education, community involvement and patient advocacy.

OBD RULE CHANGES EFFECTIVE MAY 1, 2024

The Oregon Board of Dentistry and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OAR) must be adopted, amended or repealed. OAR are written within the agency's statutory authority granted by the Legislature. Official Notice of rulemaking is provided in the Secretary of State's Bulletin.

The Board convened its committees to review potential rule changes throughout 2023 and conducted a public rulemaking hearing on December 15, 2023. It held open the public comment period until January 19, 2024. The Board then reviewed the rules again at its February 23, 2024 Board Meeting and approved them with an effective date of May 1, 2024. 10 rules were amended and 1 new rule was adopted. The complete text of rule changes and updated Dental Practice Act can be found on the OBD Website or contact OBD staff if you have any questions.

1. AMEND: 818-012-0005 RULE SUMMARY: The reference to dental implant training requirements are being refined for clarity.
2. AMEND: 818-021-0060 RULE SUMMARY: The reference to dental implant training requirements are being refined for clarity.
3. AMEND: 818-026-0010 RULE SUMMARY: Minimal sedation will now include reference to non-intramuscular methods and recovery is defined in the rule as well.
4. AMEND: 818-026-0050 RULE SUMMARY: The rule is clarifying that no permit holder shall have more than one person under nitrous oxide sedation at the same time
5. AMEND: 818-035-0030 RULE SUMMARY: The rule is adding optional additional functions including intravenous access, phlebotomy and blood draw with successful completion of a Board approved course
6. AMEND: 818-042-0020 RULE SUMMARY: The rule clarifies that dental assistants may take physical impressions and digital scans.
7. AMEND: 818-042-0100 RULE SUMMARY: The rule is deleting reference to taking impressions and other orthodontics.

8. AMEND: 818-042-0114 RULE SUMMARY: A number is being removed, no change to language or intent of rule

9. AMEND: 818-042-0115 RULE SUMMARY: The rule is adding that certified dental assistants can perform phlebotomy for dental procedures.

10. AMEND: 818-042-0117 RULE SUMMARY: The rule is adding that the certified dental assistant may perform phlebotomy procedures after completing a Board approved course.

11. ADOPT: 818-038-0022 RULE SUMMARY: The new rule is adding optional additional functions including intravenous access, phlebotomy and blood draw with successful completion of a Board approved course. ■

PATIENT RECORDS

The OBD regularly interacts with unhappy consumers and also Licensees who are frustrated in trying to track down patient records. Please do your best to ensure patient records are transferred appropriately in all circumstances: patients transferring offices, retiring, relocating or closing a practice.

Professional relations, customer service and doing the right thing should ensure patient records are transferred in a timely manner and will reduce the number of complaints the Board receives every year. It will also speed up investigations and the time it takes to close board cases.

Diagnostic Records- in general patient records need to be transferred or given to the patient within 14 days. You do not need a written request to do it.

When changing practice locations, closing a practice location or retiring, each licensee must retain patient records for the required amount of time or transfer the custody of patient records to another licensee licensed and practicing dentistry in Oregon. Transfer of patient records pursuant to this section of this rule must be reported to the Board in writing within 14 days of transfer, but not later than the effective date of the change in practice location, closure of the practice location or retirement. Failure to transfer the custody of patient records as required in this rule is unprofessional conduct.

Please review OAR 818-012-0032 Diagnostic Records and 818-012-0070 Patient Records for more detail and specific language in the rules.

CLARIFICATION ON RADIOGRAPHS

The Oregon Board of Dentistry (Board) regularly receives questions about the requirement for radiographs/X-rays and how often they are required.

The decision about whether and/or when to take radiographs is the responsibility of Oregon licensed dental professionals, including Dentists, Dental Therapists, or an Expanded Practice Permit Dental Hygienist. It should be based on factors including the patient’s oral health, patient’s age, the risk for disease, and any sign or symptoms of oral disease that a patient may be experiencing.

The Oregon Board of Dentistry does not have a time requirement for how often radiographs or X-rays are to be taken. So, if your Dentist says we (the Board) require X-rays every six months or every year, that is not true.



The dental professional uses their professional judgment to decide when radiographic imaging is clinically indicated, not the patient.

Dental radiographs are an important diagnostic tool to assist your dental professional in treatment planning, and it is the responsibility of the treating dental professional to determine how often they are needed.

The Board takes the following into consideration when it reviews care provided by our licensees:

Oregon Revised Statute (ORS) 679.140(4) states: “In determining what constitutes unacceptable patient care, the board may take into account all relevant factors and practices, including but not limited to the practices generally and currently followed and accepted by persons licensed to practice Dentistry in this state, the current teachings at accredited dental schools, relevant technical

reports published in recognized dental journals, and the desirability of reasonable experimentation in the furtherance of the dental arts.”

In order to diagnose dental pathology and complete an adequate examination on a new or existing patient, the dental professional must have adequate dental radiographs, periodontal probings (if appropriate), and a current medical history. If pathology is diagnosed during the dental examination, the dental professional is obligated to explain the problem, the treatment options, the risks of providing or not providing the treatment, and answer questions. The dental professional is also required to document in the patient’s records any dental pathology that is diagnosed during the examination.

When treatment is provided, the dental professional is expected to have obtained the patient’s informed consent prior to providing the treatment. Patients may choose to refuse diagnostic tests, dental radiographs, or recommended treatment. A dentist is not obligated to treat a patient who does not agree with a treatment plan, including X-rays. The Board cannot mandate that dental professionals provide unacceptable patient care, and the Board cannot force a licensee to provide treatment for a patient if, in their professional judgement, they do not have the ability to obtain an accurate dental diagnosis or dental justification for treatment. ■



Have you moved or changed work locations recently?

ORS. 679.120(4), 679.615(5), and 680.074(4) requires that licensees update the Board within 30 days of any change of address.

To update your contact info, please go to www.oregon.gov/dentistry and click "Licensee Portal" for instructions.

DENTAL IMPLANT RULE CHANGES

NEW CE REQUIREMENTS NOW EFFECTIVE IN 2024

At its June 17, 2022 meeting, the Board voted to change the effective date of the rules from July 1, 2022 to January 1, 2024.

Beginning January 1, 2024, Oregon dentists will be required to complete 56 hours of hands on clinical implant course(s), at an appropriate postgraduate level, prior to surgically placing dental implants. The Oregon Board of Dentistry (OBD) recommends that proof of meeting the training requirements be maintained indefinitely, as copies may be requested at random audits or complaint investigations.

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

Only hours completed as part of CODA accredited postdoctoral dental programs, or through education providers that are AGD PACE or ADA CERP approved will qualify to meet the initial 56-hour training requirement.

Additionally, beginning January 1, 2024, Oregon dentists will be required to complete seven hours of continuing education related to the placement and/or restoration of dental implants each licensure renewal period. Dentists renewing in Spring 2024, and all subsequent renewing dentists, will be required to complete the required 7 hours of dental implant CE to be in compliance, if they are placing dental implants.

Below are the most frequently asked questions from our Implant Rules FAQ document on the OBD website. For the full document, please visit: <https://www.oregon.gov/dentistry>

What language (effective January 1, 2024) was added to the Scope of Practice Rule OAR 818- 012-0005?

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

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

What language (effective January 1, 2024) was added to the Continuing Education Rules of OAR 818-021-0060?

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

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

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

If you would like more detail on the communications and timeline for the dental implant rule changes, you can find that document on the home page of the OBD website: <https://www.oregon.gov/dentistry>

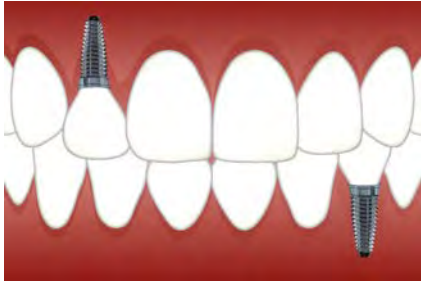
I am concerned that I will not be able to obtain proof of completion of my 56 hours of hands on clinical implant training, because some or all of those hours were completed long ago. Many records retention policies limit to seven years or less. Will I just be "out of luck" if I can't pull together proof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

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

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

There is not currently a portion of the rules that allows this. In order to place implants after January 1, 2024, you will need to meet the 56 hour requirement in OAR 818-012-0005(4).

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



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

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

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

DENTAL THERAPY

The Oregon Board of Dentistry (OBD) and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions.

The Board set about the task of promulgating new dental therapy rules due to the passage of HB 2528 (2021). The Board convened a new standing Committee named the Dental Therapy Rules Oversight Committee, which met five times and made recommendations to the Board. The Board held a special Board Meeting on March 30, 2022 dedicated to reviewing the Committee’s recommendations and to hear from the dental therapy community on the proposed rules.

The Board held two public rulemaking hearings on April 22, 2022 and May 18, 2022. Public comment on the proposed rule changes was accepted from March 31, 2022 until June 3, 2022.

At the June 17, 2022 Board Meeting, the Board adopted 10 new dental therapy rules, and amended 18 other rules. These rule changes were effective July 1, 2022.

Official Notice of rulemaking is provided in the Oregon Secretary of State’s Bulletin. In addition, you can email information@obd.oregon.gov to be put on the list to receive important OBD notices. Due to space constraints in this newsletter, the full text of the OARs and all rules can be found on our website: <http://www.oregon.gov/dentistry>

The important news on Dental Therapy:

- Dental Therapists have been able to apply for licensure since July 1, 2022.
- Oregon Health Authority (OHA) Dental Pilot Projects #100 and #300 are currently providing the applicant pool for individuals to become licensed as Oregon dental therapists.
- Graduates of CODA accredited Dental Therapy programs are also eligible to apply for licensure in Oregon. Currently, the the number of dental therapy programs is small but growing.
- Oregon dental hygienists who have completed the OHA’s dental pilot project #300 will be eligible to become dually licensed as both a dental hygienist and dental therapist.
- Beginning January 1, 2025, OHA Dental Pilot Projects #100 and #300 will sunset, and applicants will have to graduate from a CODA accredited dental therapy program to be eligible for an Oregon License.
- Dental Therapists must practice under the supervision of an Oregon licensed Dentist, or a dentist legally able to practice in Oregon under ORS 679.025. An Oregon licensed dentist, or a dentist legally able to practice in Oregon under ORS 679.025 may supervise and enter into no more than three collaborative agreements at any one time.
- Dental Therapists must dedicate at least 51 percent of their dental therapist’s practice to patients who represent underserved populations, as defined by OHA by rule, or patients located in dental care health professional shortage areas, as determined by the authority.
- Dental Therapists must submit a signed copy of their verification of collaborative agreement at least annually to the OBD. The annual submission on the collaborative agreement shall be submitted between August 1 and September 30 each year. If the collaborative agreement is revised between the annual submission, the dental therapist must submit to the OBD the signed revision within 14 days.
- The OBD’s Dental Therapy Rules Oversight Committee will continue as a standing committee. It will meet as needed to update rules, and address issues, as the practice of Dental Therapy evolves in Oregon. ■

OREGON BOARD OF DENTISTRY

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LICENSE RATIFICATION

RATIFICATION OF LICENSES

As authorized by the Board, licenses to practice dentistry, dental therapy and dental hygiene were issued to applicants who fulfilled all routine licensure requirements. It is recommended the Board ratify the issuance of the following licenses. Complete application files will be available for review during the Board meeting.

DENTAL HYGIENISTS

H8814	Macey Fletcher	04/18/24	RDH
H8815	Mario Batres	04/18/24	RDH
H8816	Mackenna Smith	04/22/24	RDH
H8817	Melina Martinez	04/23/24	RDH
H8818	Sydney Ibarra	04/24/24	RDH
H8819	Laura Ramos	04/24/24	RDH
H8820	Taylor Harrington	04/25/24	RDH
H8821	Josianne Uwamaliy	04/30/24	RDH
H8822	Victoria Vasquez Aldana	04/30/24	RDH
H8823	Katelyn Gaston	05/02/24	RDH
H8824	Ashleigh Bybee	05/06/24	RDH
H8825	Haylee Thomas	05/09/24	RDH
H8826	Rosalia Olivera-Radillo	05/09/24	RDH
H8827	Dieu Trong	05/13/24	RDH
H8828	Kindra Klieber	05/13/24	RDH
H8829	Aschli Crowther	05/16/24	RDH
H8830	Pamela Monaghan	05/20/24	RDH
H8831	Savannah Pronesti	05/22/24	RDH
H8832	Patricia Young	05/22/24	RDH
H8833	Raelene Cabrera	05/28/24	RDH
H8834	Kayleigh Moore	05/30/24	RDH

DENTISTS

D11965	Alex Boson	4/18/2024	DDS
D11966	Philip Horning	4/22/2024	DDS
D11967	Marcy Carpenter	4/23/2024	DDS
D11968	Kasey Hall	4/23/2024	DMD
D11969	Deborah Brown	4/24/2024	DMD
D11970	Peter Douglas	4/24/2024	DDS
D11971	Natalie Brick	4/25/2024	DMD
D11972	Ngoctran Hoang	4/25/2024	DMD
D11973	Shannon Walker	4/26/2024	DDS
D11974	Tanner Olson	4/26/2024	DDS
D11975	Talia Staiger	4/26/2024	DMD

DF0057	Omar Alburawi	4/26/2024	
D11976	Caleb Stott	4/30/2024	DMD
D11977	John DeMille	5/1/2024	DDS
D11978	Ken Ngo	5/7/2024	DMD
D11979	Jivko Gueorguiev	5/14/2024	DDS
D11980	Ryan Hediger	5/16/2024	DMD
D11981	Alice Deutsch	5/17/2024	DMD
D11982	Eric Westergard	5/20/2024	DDS
D11983	Mark Bell	5/21/2024	DMD
D11984	Igor Kutin	5/21/2024	DDS
D11985	Reeya Shrestha	5/28/2024	DMD
D11986	An Nguyen	5/28/2024	DDS
D11987	Jessica Hu	5/28/2024	DDS
D11988	Joshua McDowell	5/28/2024	DDS
D11989	Simon Weinstein	5/29/2024	DDS
D11990	Savannah Rose	5/30/2024	DMD
D11991	Madison Malone	5/30/2024	DDS
D11992	Tyler Gimenez	5/30/2024	DMD
D11993	Karishma Khunger	5/30/2024	DDS
D11994	Helen Moon	5/30/2024	DDS
D11995	Alexandra McFee	5/30/2024	DMD
D11996	Kaleb Martin	5/30/2024	DDS

DENTAL THERAPISTS

DT0021	MONICA SARMIENTO PEREZ	05/30/2024	DT
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LICENSE, PERMIT & CERTIFICATION

Nothing to report under this tab