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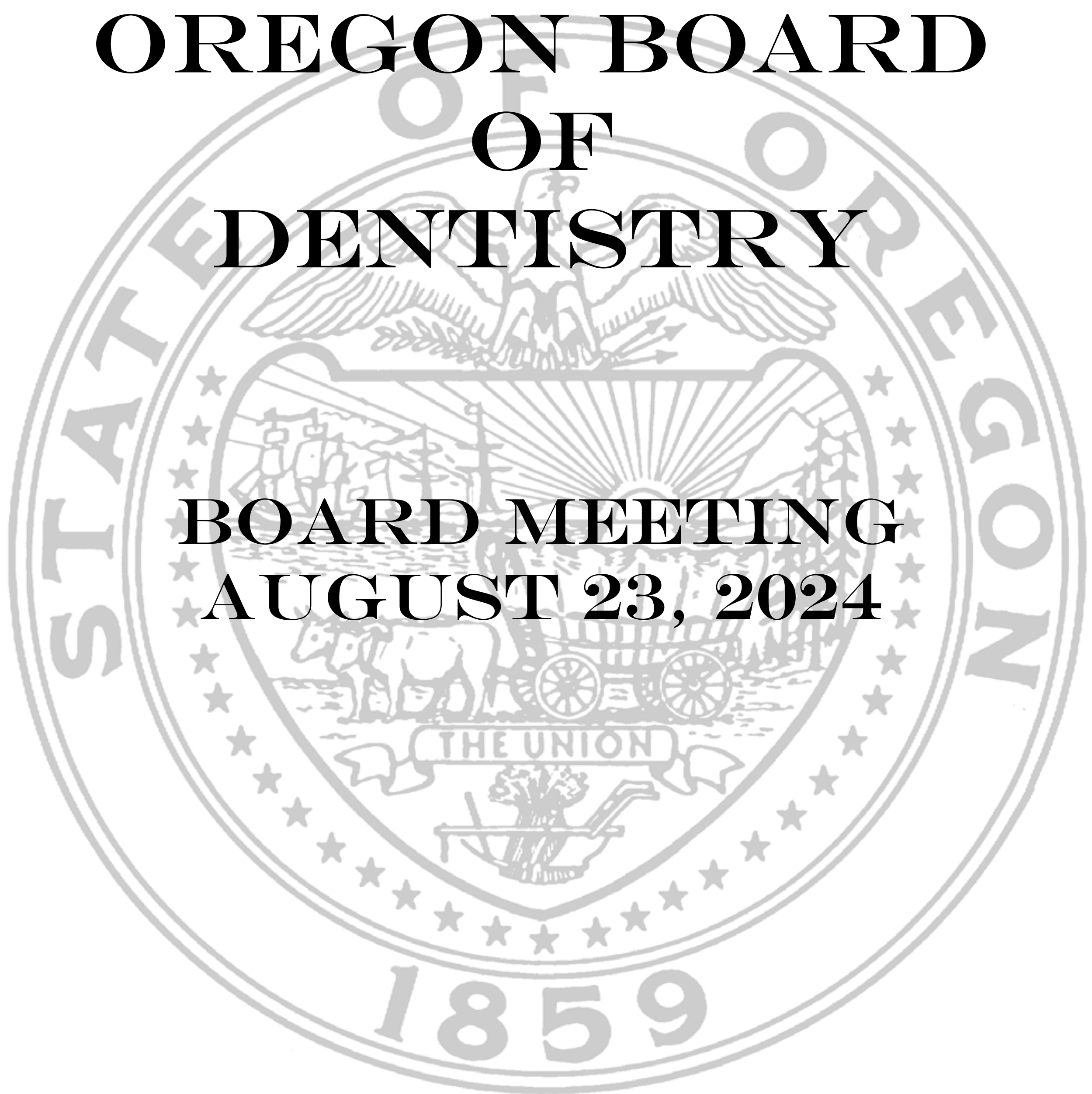

OREGON BOARD OF DENTISTRY

BOARD MEETING
AUGUST 23, 2024

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

NOTICE OF REGULAR MEETING

PLACE: BOARD OFFICE & VIRTUAL VIA ZOOM
DATE: August 23, 2024
TIME: 8:00 a.m. – 3:30 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/88160281304?pwd=wx10g2H92AMileA5oPhzJM6xUCe2AC.1
Dial-In Phone #: 1-253-215-8782 • Meeting ID: 881 6028 1304 • Passcode: 614495

Review Agenda
1. Approval of June 14, 2024 Board Meeting Minutes

NEW BUSINESS
2. Association Reports
   - Oregon Dental Association
   - Oregon Dental Hygienists' Association
     - ODHA Letter – Support of OBD joining CRDTS
     - Oregon DH Directors support OBD joining CRDTS
   - Oregon Dental Assistants Association

3. Committee and Liaison Reports
   - 2024-2025 Committee Assignments
   - Rules Oversight Committee Meeting 8.6.2024, Chair Dr. Sharifi
     - Draft Minutes
     - Discuss next public rulemaking hearing date, comment period and possible next steps
       - ✓ Submit to SOS – Public Rulemaking Notice by 8/30
       - ✓ Open Public Comment Period on proposed rule changes from 9/1 - 10/11
       - ✓ Hold Public Rulemaking Hearing via Zoom on 9/24
       - ✓ Board consider comments and vote on rule changes at 10/25/2024 Board Meeting
       - ✓ Effective date of rule changes 1/1/2025
   - DAWSAC Meeting 7.17.2024, Chair Jorgensen
     - Draft Minutes
   - ADEX Request for OBD DH Representative
     - Correspondence

4 Executive Director's Report
   - OBD Budget Status Report
   - OBD 2025 - 2027 Budget – ARB POP
   - OBD Gold Star Certificates for FY 2022 & FY 2023
   - Customer Service Survey – FY 2024 Results
   - Dental Hygiene & Dental Therapy License Renewal
   - Governor's Expectations – OBD Snapshot of Performance
   - Agency Head Financial Transactions Report – FY 2024
   - Board Best Practices Self-Assessment & Score Card
   - License Compact Review

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.

- 2025 Revised Board Meeting Dates
- Tribe-State Government Summit

5. Unfinished Business and Rules
   - Oral Health Screening Language DRAFT 7.30.2024

6. Correspondence
   - Oregon Society of Oral and Maxillofacial Surgeons (submitted 6.14.2024 for that Board Meeting)
   - Oregon Tech Dental Hygiene Solicitation of Comments Re: DH Accreditation
   - Mary Harrison email to Board 8.5.2024
   - Jenna Shanks email to Board 8.11.2024

7. Other
   - Request to Update Mental Health Questions
     - ODA & ODHA Request to update license and renewal questions
     - OBD UPDATED Questions (BOARD ACTION REQUESTED)
     - Background material – current questions
     - OMB information and questions (that the OBD is mirroring)
   - OHA - Mandatory Questionnaire all Licensees complete when they renew their license
     - D - Questions
     - DH - Questions
   - Radiation Protection Services - RAC Meeting PowerPoint Presentation June 2024
   - OGEC - Public Rulemaking
   - CSG D/DH inaugural license compact commission meeting agenda
   - OAGD request for approval of IV Placement Certification and Techniques for the Collection of Blood Products for Dental Assistants
   - 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)
   - General Announcement Regarding Oregon Wellness Program Changes
   - American Dental Therapy Association – news & meeting
   - OHA hires new Dental Director
   - OHA Strategic Plan Summary

EXECUTIVE SESSION **10:00 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) **12:30 p.m.**

https://us02web.zoom.us/j/88160281304?pwd=wx10g2H92AMileA5oPhzJM6xUCe2AC.1

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Enforcement Actions (vote on cases reviewed in Executive Session)
LICENSURE AND BYLAW REVISIONS
16. Ratification of Licenses Issued
17. Revised OBD Bylaws (Action Requested)

(15 min break – set up for OGEC Training) **1:00 p.m.**

https://us02web.zoom.us/j/86434365400?pwd=gemLFY0vJDwZwdb3HZliWYZa3bBCnq.1
Dial-In Phone #: 1-253-215-8782 ● Meeting ID: 864 3436 5400 ● Passcode: 948026

18. OGEC Training – CHAPTER 244 and Q & A
    - The Board invited the Oregon Government Ethics Commission to conduct training and provide an overview of ORS Chapter 244.

ADJOURN **3:30 p.m.**

Notes:
(1) A working lunch will be served for Board members at approximately 11:30 a.m.
(2) 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.
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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

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OREGON BOARD OF DENTISTRY
MINUTES
JUNE 14, 2024

MEMBERS PRESENT: Reza Sharifi, D.M.D., President
Aarati Kalluri, D.D.S., Vice President
Sheena Kansal, D.D.S.
Olesya Salathe, D.M.D.
Kristen Simmons, R.D.H., E.P.P.
Ginny Jorgensen
Chip Dunn

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

ALSO PRESENT: Joanna Tucker Davis, Assistant Attorney General

VISITORS ALSO PRESENT:
VIA TELECONFERENCE*: Mary Harrison, Oregon Dental Assistants Association; Brett Hamilton, ODA; Lisa Rowley, Oregon Dental Hygienist Association (ODHA); Julie Spaniel, D.D.S.; Hari Vellaipandian, DAS; Richael Cobler, CRDTS, Inc.; Barry Taylor, D.M.D., ODA; Kristen Moses, R.D.H., Alicia Riedman, R.D.H., Sarah Kowalski, Emily Coates, Katherine Landsberg, Dental Assisting National Board (DANB), Tony Garcia, DANB, Aaron White, DANB, Karen Phillips

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

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

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

The mission of the Oregon Board of Dentistry is to promote quality oral health care

and to protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

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

NEW BUSINESS

Approval of April 26, 2024 Minutes

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

ASSOCIATION REPORTS

Oregon Dental Association (ODA)

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

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

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

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

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

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

Mr. Hamilton presented a letter, which was included in the Board meeting packet, from the ODA, Permanente Dental Associates, and MODA respectfully advocating that the Board adopt the Draft

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

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

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

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

Oregon Dental Assistants Association (ODAA)
Mary Harrison reported that the ODAA met with ODA to work together on recruitment information to be shared with everyone.

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

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

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

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

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Ms. Harrison noted that the dental assistant local anesthetics report from the Licensing, Standards, and Competency Committee was on the Board's agenda that day and stated that the ODAA encouraged the Board to move that forward to the Rules Oversight Committee.

COMMITTEE AND LIAISON REPORTS

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

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

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

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

Dr. Sharifi moved and Ms. Simmons seconded that the Board move the rules from the Licensing, Standards and Competency Committee to the Rules Oversight Committee. The motion passed unanimously.

818-001-0002
Definitions

As used in OAR chapter 818:
(1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.
(2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.
(3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.
(4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.210 to practice dental hygiene.
(5) "Dental Therapist" means a person licensed to practice dental therapy under ORS 679.603.
(6) "Dental Therapy" means the provision of preventative dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under ORS 679.621.
(7) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
(8) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
(9) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures

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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

DRAFT

those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and itssupporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.
(j) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.
(k) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.
(l) "Prosthodontics" is the specialty of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.
(15) “Full-time” as used in ORS 679.025 and 680.020 is defined by the Board as any student who is enrolled in an institution accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency in a course of study for dentistry, dental hygiene or dental therapy.
(16) For purposes of ORS 679.020(4)(h) the term “dentist of record” means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in 679.020(3).
(17) “Dental Study Group” as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-0070 is defined as a group of licensees who come together for clinical and non-clinical educational study for the purpose of maintaining or increasing their competence. This is not meant to be a replacement for residency requirements.
(18) “Physical Harm” as used in OAR 818-001-0083(2) is defined as any physical injury that caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical harm include mental pain, anguish, or suffering, or fear of injury.
(19) “Teledentistry” is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.
(20) “BLS for Healthcare Providers or its Equivalent” the BLS certification standard is the American Heart Association’s BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial BLS course must be a hands-on course; online BLS courses will not be approved by the Board for initial BLS certification: After the initial BLS certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A BLS certification card with an expiration date must be received from the BLS provider as documentation of BLS certification. The Board considers the BLS expiration date to be the last day of the month that the BLS instructor indicates that the certification expires.
(21) "Study model" means a replica of a patient's teeth and surrounding structures, typically made from either a physical impression or a scanned impression of the patient's mouth. It is used primarily for diagnostic and treatment planning purposes, allowing the dentist to study the patient's teeth and jaw alignment and plan procedures such as

DRAFT

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

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

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

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Stationed in Oregon

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

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

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

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

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

(~~e~~**c**) The spouse holds a current license in another state to practice dentistry, dental hygiene, or dental therapy at the level of application; and

(~~f~~**d**) The license is ~~unencumbered~~ **in good standing** and verified as active and current through processes defined by the Board; and

~~(g) Satisfactory evidence of successfully passing a clinical examination administered by any state, national testing agency or other Board-recognized testing agency.~~

(2) The ~~temporary~~ license shall ~~expire on the following date, whichever occurs first:~~ **remain active for the duration of the above-mentioned military orders.**

~~(a) Oregon is no longer the duty station of the active armed forces member; or~~

~~(b) The license in the state used to obtain a temporary license expires; or~~

~~(c) Two years after the issuance of the temporary license.~~

(3) ~~This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. This license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.~~ **Each biennium, the licensee shall submit to the Board a Biennial Military Status Confirmation Form. The confirmation form shall include the following:**

(a) Licensee's full name;

(b) Licensee's mailing address;

(c) Licensee's business address including street and number. If the licensee has no business address, licensee's home address including street and number;

(d) Licensee's business telephone number. If the licensee has no business telephone number, licensee's home telephone number;

(e) Licensee's employer or person with whom the licensee is on contract;

(f) Licensee's assumed business name;

(g) Licensee's type of practice or employment;

(h) A statement that the licensee has met the continuing educational requirements for their specific license renewal set forth in OAR 818-021-0060 or OAR 818-021-0070 or OAR 818-021-0076;

(i) Identity of all jurisdictions in which the licensee has practiced during the two past years; and

(j) A statement that the licensee has not been disciplined by any licensing board of any other jurisdiction or convicted of a crime.

(k) Confirmation of current active-duty status of service member.

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

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

DRAFT

(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.

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(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:

DRAFT

(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,

DRAFT

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;

DRAFT

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, oral and nasopharyngeal airways, larynageal mask airways, intravenous fluid administration equipment, automated external defibrillator (AED); and
(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.
(3) No permit holder shall have more than one person under moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.
(4) During the administration of moderate sedation, and at all times while the patient is under moderate sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.
(5) Before inducing moderate sedation, a dentist permit holder who induces moderate sedation shall:
(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for moderate sedation;
(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and
(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
(6) A patient under moderate sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.
(7) Persons serving as anesthesia monitors for moderate sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)~~/Cardio Pulmonary Resuscitation (CPR) training~~, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)
(8) The patient shall be monitored as follows:
(a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO_2 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;

DRAFT

(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;

DRAFT

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;
(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and
(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.
(3) No permit holder shall have more than one person under deep sedation, moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.
(4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.
(5) Before inducing deep sedation, a dentist permit holder who induces deep sedation shall:
(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for deep sedation;
(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and
(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient’s record.
(6) A patient under deep sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.
(7) Persons serving as anesthesia monitors for deep sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)~~/Cardio Pulmonary Resuscitation (CPR) training,~~ or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)
(8) The patient shall be monitored as follows:
(a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO_2 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;

DRAFT

(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.

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(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.

DRAFT

(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 CO_2 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

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

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

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

818-042-0040
Prohibited Acts
No licensee may authorize any dental assistant to perform the following acts:
(1) Diagnose or plan treatment.
(2) Cut hard or soft tissue.

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

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

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

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

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

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

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

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

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

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

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

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

EXECUTIVE DIRECTOR'S REPORT

Staff Updates

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

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

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

OBD - Accounts Receivable Honor Roll FY 2022 & FY 2023
Mr. Prisby announced that the OBD was recognized for financial controls again, noting that this aligns with one of the OBD's annual goals. Mr. Prisby thanked Haley Robinson for this important achievement and all her hard work to ensure the OBD receives this acknowledgement.

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

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

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

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

Mr. Prisby provided the following information regarding HPSP participation:

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

- Oregon Board of Dentistry

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

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

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

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

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

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

Customer Service Survey

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

Memo - Delegated Duties for Executive Director & Staff

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

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

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

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

<u>OBD 2022 - 2025 Strategic Plan Summary of Work</u>
Mr. Prisby attached an update on the work to support the 2022 - 2025 Strategic Plan**.**

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

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

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

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

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

<u>Health Regulatory Licensing Boards</u>
Mr. Prisby reported that he has represented the OBD at regular monthly meetings of all Oregon health board executive directors since 2015. Mr. Prisby attached the charter for reference.

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

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

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

Newsletter

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

UNFINISHED BUSINESS AND RULES

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

CORRESPONDENCE

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

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

OTHER

Items were in the Board meeting packet for informational purposes.

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

ARTICLES AND NEWS

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

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- May 2024 OBD Newsletter

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

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

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CONSENT AGENDA

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

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

COMPLETED CASES

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

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

2024-0136

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

BIERMANN, MATTHEW C., D.M.D.; 2024-0123

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

2024-0072

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

CHAUDRY, MANU D.D.S.; 2021-0195

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

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

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

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

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

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

PREVIOUS CASES REQUIRING BOARD ACTION

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

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

2023-0201

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

RATIFICATION OF LICENSES

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

LICENSE PERMIT & CERTIFICATION

Nothing to report under this tab.

ADJOURNMENT

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

____

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

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ASSOCIATION REPORTS

July 30, 2024

Stephen Prisby, Executive Director
Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201-5837

Dear Mr. Prisby,

The Oregon Dental Hygienists' Association (ODHA) strongly encourages the Oregon Board of Dentistry to become a member of the Central Regional Dental Testing Services (CRDTS).

Oregon accepts the results of CRDTS clinical board examinations for licensure, and 5 of the 6 dental hygiene programs in Oregon host CRDTS exams. The OBD would benefit from becoming a member of CRDTS because it would gain a voice in the development and enhancement of clinical board examinations that it accepts for licensure.

Membership in CRDTS would provide the OBD with a voting seat on the CRDTS Steering Committee along with a position on both the Dental Exam Review Committee and the Dental Hygiene Exam Review Committee. In addition, state board members and a member of the executive staff are invited to attend the CRDTS Annual Meeting and participate in their General Session.

CRDTS is currently in need of qualified examiners to administer their clinical board examinations. If the OBD becomes a member of CRDTS, dentists and dental hygienists who are licensed in Oregon could become examiners for CRDTS clinical board examinations.

Thank you for your consideration.

Sincerely,

Karan Bershaw, President
Oregon Dental Hygienists' Association

August 7, 2024

Mr. Stephen Prisby
Executive Director
Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201-5828

Dear Mr. Prisby,

Since 2020, dental education has seen a shift across the country from requiring a single encounter live board patient to acceptance of manikin exams for clinical board exams. While this movement is overwhelmingly supported by dental hygiene program directors and faculty members, board exam agencies are still in the process of designing realistic manikin exams for dental hygiene. Each year, the manikin design has undergone technical changes to develop teeth and calculus that mimic a real patient. This has presented challenges for faculty members seeking to develop learning experiences that prepare students for a manikin board exam.

Dental hygiene program directors in Oregon encourage the Board to support either full or affiliate membership with the Central Regional Dental Testing Service (CRDTS). Currently, 5 of the Oregon Dental Hygiene Programs utilize CRDTS as their board examining agency. A benefit of becoming a member state gives the Board a voting seat and input into the development and enhancement of the exam. Another benefit of being a member state, which Oregon Dental Hygiene Program Directors are particularly interested in, is that it allows our faculty members the opportunity to become CRDTS examiners for hygiene, restorative, or anesthesia exams. CRDTS has a current shortage of board examiners, and our programs have individuals with the expertise to help alleviate this shortage. With the overall dental hygiene workforce shortage, this will ultimately allow us to better prepare our students to be successful on their clinical board exams and enter the workforce without delays following graduation.

We thank the Board of Dentistry for their continued efforts to improve oral health care as well as maintain the safety of all Oregonians. We respectfully request for the board members to vote in favor of becoming a member state of CRDTS. If you have further questions, we can be reached at the contact information listed below.

Regards,

Amy Coplen, RDH, DT, EPDH, MS
Program Director, School of Dental Hygiene Studies
Pacific University
222 SE 8th Ave, Ste 271
Hillsboro, OR 97123
(734) 834-7644
amy.coplen@pacificu.edu

Michelle Cummins, BSDH, MEd, RDH EP
Dental Hygiene Program Coordinator

Lane Community College
4000 E. 30th Avenue
Eugene, Oregon 97305
(541) 463-5752
cumminsm@lanecc.edu

Jennifer A. Aubry, RDH, MS, EPP
Program Director/Instructor, Dental Hygiene
Mt. Hood Community College
26000 SE Stark St.
Gresham, OR 97030
503-409-1141
Jennifer.Aubry@mhcc.edu

Jessica August, BSDH, MSDH, CDA, RDH, FADHA
Program Dean, Dental Sciences
Portland Community College
1810 SW 5th Avenue, 3rd Floor
Portland, OR 97201
(971) 722-4235
jessica.august@pcc.edu

Paula Russell, RDH, MS
Department Chair
Oregon Tech Dental Hygiene
3201 Campus Dr.
Klamath Falls, OR 97601
(541) 885-1277
paula.russell@oit.edu

Paula Hendrix, RDH, MS
Academic Program Director-Salem
Oregon Tech Dental Hygiene
at Chemeketa Community College
4000 Lancaster Dr NE, Bldg 8/101
Salem, OR 97305
(503) 399-4697
paula.hendrix@oit.edu

Carmen Mons CDA, RDH, EPP, MS
Rogue Community College
Dental Programs Director
7731 Pacific Ave
White City, OR 97503
541-956-7370
CMons@roguecc.edu

Hannah Rich, RDH, MS
Program Director

Dental Hygiene
Concorde Career College
1425 NE Irving Street, Bldg. 300
Portland, OR 97232
(503) 281-4181
hrich@concorde.edu

COMMITTEE REPORTS

Oregon Board of Dentistry Committee and Liaison Assignments
May 2024 - April 2025
<u>STANDING COMMITTEES</u>

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, DT, DT Rep
Gail Wilkerson
Alyssa Kobylinsky
Lynn Murray
Terri Dean
Alexandria Case
Jessica Andrews
Amanda Nash

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., 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, 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, 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., 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., DT Rep.

*Subcommittees***:**
Evaluators

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

<u>Anesthesia</u>

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

<u>Administrative Workgroup</u>

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:
<u>Budget/Legislative</u> – *(President, Vice President, Immediate Past President)*
Reza Sharifi, D.M.D.- President
Aarati Kalluri, D.D.S. - Vice President
Chip Dunn - Past President

<u>LIAISONS</u>

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

Draft 1

Rules Oversight Committee Meeting
Minutes
August 6, 2024

MEMBERS PRESENT:	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.
STAFF PRESENT:	Stephen Prisby, Executive Director Angela Smorra, D.M.D., Dental Director/Chief Investigator Dawn Dreasher, Office Specialist
ALSO PRESENT:	Joanna Tucker Davis, Assistant Attorney General
VISITORS PRESENT:	Dr. Sheena Kansal, Katherine Landsberg DANB, Brett Hamilton, ODA, Lisa Rowley, RDH, ODHA

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

Call to Order: The Zoom meeting was called to order by the Chair at 6:05 p.m.

MINUTES

Ms. Simmons moved and Ms. Harrison seconded that the minutes of the October 3, 2023 Rules Oversight Committee meeting be approved as amended. The motion passed unanimously.

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

OAR 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.

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(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.

Ms. Harrison moved and Dr. Marucha seconded that the Committee recommend the Board send OAR 818-012-0010 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 818-012-0010
Unacceptable Patient Care
The Board finds, using the criteria set forth in ORS 679.140(4), that a licensee engages in or permits the performance of unacceptable patient care if the licensee does or permits any person to:
(1) Provide treatment which exposes a patient to risk of harm when equivalent or better treatment with less risk to the patient is available.
(2) Fail to seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience; provided, however, that it is not a violation of this section to omit to seek consultation if other competent licensees in the same locality and in similar circumstances would not have sought such consultation.
(3) Fail to provide or arrange for emergency treatment for a patient currently receiving treatment.
(4) Fail to exercise supervision required by the Dental Practice Act over any person or permit any person to perform duties for which the person is not licensed or certified.
(5) Fail to ensure radiographs and other imaging are of diagnostic quality.
(~~5~~**6**) Render services which the licensee is not licensed to provide.
(~~6~~**7**) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.
(~~7~~**8**) Fail to maintain patient records in accordance with OAR 818-012-0070.
(~~8~~**9**) Fail to provide goods or services in a reasonable period of time which are due to a patient pursuant to a contract with the patient or a third party.
(~~9~~**10**) Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.
(~~10~~**11**) Perform any procedure for which the patient or patient's guardian has not previously given informed consent provided, however, that in an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a licensee may render treatment in a reasonable manner according to community standards.

(~~11~~**12**) Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.
(~~12~~**13**) Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(~~13~~**14**) Fail to determine and document a dental justification prior to ordering a Cone Beam CT series with field greater than 10x10 cm for patients under 20 years of age where pathology, anatomical variation or potential treatment complications would not be otherwise visible with a Full Mouth Series, Panoramic or Cephalometric radiographs.
(~~14~~**15**) Fail to advise a patient of any recognized treatment complications.

Dr. Salathe moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-021-0018 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 818-021-0018
~~Temporary~~ ~~Dental~~ License for Active-Duty Members of the Uniformed Services and their Spouses or Domestic Partners ~~of Active Duty Armed Forces of the United States~~ Stationed in Oregon
(1) A ~~temporary~~ license to practice dentistry, dental hygiene, or dental therapy shall be issued to **Active-Duty Members of the Uniformed Services or their** ~~the~~ spouse or domestic partner ~~of active duty armed forces personnel~~ when the following requirements are met:
(a) A completed application and payment of fee is received by the Board; and
(b) Satisfactory evidence of having graduated from a dental hygiene program accredited by the ~~Commission on Dental Accreditation of the American Dental Association; or~~
(c) ~~Satisfactory evidence of having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by~~ the Commission on Dental Accreditation of the American Dental Association, and proficiency in ~~the English language; and~~
(~~d~~**b**) Submission of a copy of the military orders assigning the active-duty member to an assignment in Oregon; and
(~~e~~**c**) The spouse holds a current license in another state to practice dentistry, dental hygiene, or dental therapy at the level of application; and
(~~f~~**d**) The license is ~~unencumbered~~ **in good standing** and verified as active and current through processes defined by the Board; and
~~(g) Satisfactory evidence of successfully passing a clinical examination administered by any state, national testing agency or other Board-recognized testing agency.~~
(2) The ~~temporary~~ license shall ~~expire on the following date, whichever occurs first~~: **remain active for the duration of the above-mentioned military orders.**
~~(a) Oregon is no longer the duty station of the active armed forces member; or~~
~~(b) The license in the state used to obtain a temporary license expires; or~~
~~(c) Two years after the issuance of the temporary license.~~
(3) ~~This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon~~ license. This license must be obtained using the processes and fees established for permanent ~~licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.~~ **Each biennium, the licensee shall submit to the Board a Biennial Military Status Confirmation Form. The confirmation form shall include the following:**
(a) **Licensee's full name;**
(b) **Licensee's mailing address;**

(c) **Licensee's business address including street and number. If the licensee has no business address, licensee's home address including street and number;**
(d) **Licensee's business telephone number. If the licensee has no business telephone number, licensee's home telephone number;**
(e) **Licensee's employer or person with whom the licensee is on contract;**
(f) **Licensee's assumed business name;**
(g) **Licensee's type of practice or employment;**
(h) **A statement that the licensee has met the continuing educational requirements for their specific license renewal set forth in OAR 818-021-0060 or OAR 818-021- 0070 or OAR 818-021-0076;**
(i) **Identity of all jurisdictions in which the licensee has practiced during the two past years; and**
j) A statement that the licensee has not been disciplined by any licensing board of any other jurisdiction or convicted of a crime.
(k) Confirmation of current active-duty status of service member.

Ms. Simmons moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-021-0019 to a public rulemaking hearing as presented. The motion passed unanimously.

~~**OAR 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.~~

DRAFT

Dr. Marucha moved and Ms. Jorgensen seconded that the Committee recommend the Board send five OAR 818-026-0040, 0050, 0060, 0065 and 0070 to a public rulemaking hearing as presented. The motion passed unanimously. The proposed language change is the same in all five anesthesia rules.

OAR 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.

OAR 818-026-0050
Minimal Sedation Permit
Minimal sedation and nitrous oxide sedation.
(1) The Board shall issue a Minimal Sedation Permit to an applicant who:
(a) Is a licensed dentist in Oregon;
(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
(c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or
(d) In lieu of these requirements, the Board may accept equivalent training or experience in minimal sedation anesthesia.
(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;
(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
(e) An oxygen delivery system with adequate full facemask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
(g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and
(h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.
(3) Before inducing minimal sedation, a dentist permit holder who induces minimal sedation shall:
(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for minimal sedation;
(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;
(c) Certify that the patient is an appropriate candidate for minimal sedation; and
(d) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
(4) No permit holder shall have more than one person under minimal sedation 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

DRAFT

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.

OAR 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.

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

DRAFT

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.

OAR 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.

OAR 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 CO_2 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;

DRAFT

(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.

Dr. Marucha moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-035-0072 to a public rulemaking hearing as presented. The motion passed unanimously. The OBD Staff and attorney were asked to wordsmith the rule regarding how best to reference the testing entity since its name may change and that would require future language change in rule.

OAR 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.

Ms. Harrison moved and Ms. Jorgensen seconded that the Committee recommend the Board send OAR 818-042-0010 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 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.

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

OAR 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.

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

Dr. Sharifi moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-042-0080 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 818-042-0080
Certification — Expanded Function Dental Assistant (EFDA)
The Board may certify a dental assistant as an expanded function assistant:
(1) By credential in accordance with OAR 818-042-0120, or
(2) If the assistant submits a completed application, pays the fee and provides evidence of;
(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function Dental Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by **an Oregon** licensed dentist that the applicant has successfully polished six (6) amalgam or composite surfaces, ~~polished six (6) amalgam or composite surfaces,~~ removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final

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

Ms. Jorgensen moved and Dr. Marucha seconded that the Committee recommend the Board send OAR 818-042-0095 to a public rulemaking hearing as presented. The motion passed unanimously. The OBD Staff and attorney were asked to wordsmith the rule regarding how best to reference the testing entity since its name may change and that would require future language change in rule.

OAR 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.

Dr. Marucha moved and Ms. Riedman seconded that the Committee recommend the Board send OAR 818-042-0110 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 818-042-0110
Certification— Expanded Function Orthodontic Dental Assistant (EFODA)

The Board may certify a dental assistant as an expanded function orthodontic assistant:
(1) By credential in accordance with OAR 818-042-0120, or
(2) Completion of an application, payment of fee and satisfactory evidence of;
(a) Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; or

(b) Passage of the Oregon Basic, Infection Control, Certified Dental Assistant (CDA) or Certified Orthodontic Assistant (COA) examination, and Expanded Function Orthodontic Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by **an Oregon** licensed dentist that the applicant has successfully placed and ligated orthodontic wires on ten (10) patients and removed bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow speed handpiece from teeth on four (4) patients. **The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function orthodontic duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function orthodontic duties until EFODA certification is achieved.**

Ms. Jorgensen moved and Ms. Simmons seconded that the Committee recommend the Board send OAR 818-042-0113 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 818-042-0113
Certification — Expanded Function Preventive Dental Assistants (EFPDA) The Board may certify a dental assistant as an expanded function preventive dental assistant:
(1)By credential in accordance with OAR 818-042-0120, or
(2)If the assistant submits a completed application, pays the fee and provides evidence of;
(a)Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
(b)Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic or Infection Control examination, and Certified Preventive Functions Dental Assistant(CPFDA) examination, or the Expanded Function Dental Assistant (EFDA) examination, or the Coronal Polish (CP) examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains on six **(6)** patients. **The dental assistant must submit within six months certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function preventive duties in subsection (b). If no expanded function preventive certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function preventive duties until EFPDA certification is achieved.**

Dr. Salathe moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-042-0116 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 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. Riedman moved and Ms. Jorgensen seconded that the Committee recommend the Board send OAR 818-042-0130 to a public rulemaking hearing as presented. The motion passed unanimously.

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

Ms. Harrison moved and Ms. Jorgensen seconded that the Committee recommend the Board send OAR 818-042-XXXX to a public rulemaking hearing as presented. Dr. Salathe, Ms. Simmons, Ms. Riedman, Dr. Kalluri, Dr. Sharifi, Ms. Harrison and Ms. Jorgensen voted yes. Dr. Marucha voted no. The motion passed.

OAR 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.

ANY OTHER BUSINESS

Chair Sharifi thanked everyone for their attendance and contributions.

The meeting adjourned at 6:47 p.m.

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OREGON BOARD OF DENTISTRY
DENTAL ASSISTANT WORKFORCE SHORTAGE ADVISORY COMMITTEE MEETING MINUTES (DAWSAC) Draft
July 17, 2024

MEMBERS PRESENT: Ginny Jorgensen, Co-Chair
Amberena Fairlee, DMD - ODA Rep.
Laura Vanderwerf, RDH - ODHA Rep.
Jill Lomax - ODAA Rep.
Kari Ann Kuntzelman, DT - DT Rep.
Lynn Murray
Alexandria Case
Jessica Andrews
Alyssa Kobylinsky
Amanda Nash

STAFF PRESENT: Stephen Prisby, Executive Director
Haley Robinson, Office Manager

VISITORS PRESENT: IN PERSON & VIA TELECONFERENCE* Others present, but no sign in sheet or an official way to verify identities.

Call to Order: The meeting was called to order by the Chair at 5:59 p.m. via Zoom.

Chair Ginny Jorgensen welcomed everyone to the meeting and had the Members, Haley Robinson, and Stephen Prisby introduce themselves.

Self-Introductions of Committee Members
Committee members introduced themselves and shared information about their current positions in the dental assisting field.

Approval of May 15, 2024 Minutes
Ms. Jorgensen moved and Ms. Vanderwerf seconded that the Board approve the minutes from the May 15, 2024 Board Meeting as presented. The motion passed unanimously.

Review HB 3223 and Identified Goals of the DAWSAC Committee
The committee discussed the intent of the committee and what they were charged with by the legislature.

DAWSAC Packet Introduced

OBD Supporting DA Workforce and Addressing Barriers
The committee discussed the memo provided by Mr. Prisby. The restrictions of HB 3223 and staffing/financial constraints were the main topics of discussion. Reducing barriers to the dental assisting field was also brought up.

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Ms. Murray discussed collaborating with DANB and providing study guides would be helpful for dental assistants.

Financial Impact of Dental Assistants on the Dental Practice
Ms. Murray discussed that the low wages earned by dental assistants were a large factor influencing retention in the field. The importance of making dental assisting a financially viable career was stressed to make it an appealing career pathway.

Lynn Murray email and attachment on financial support available
Ms. Murray presented a document that outlines many financial support options available for dental assistants.

Jill Lomax Proposal
Ms. Lomax discussed her proposal. The committee discussed recommending to the Board communicating with the Governor's office in regards to repealing HB 3223. Mr. Prisby discussed the limitations of that proposal, and that the best that the committee might expect is for the effective date of HB 3223 to be extended.

Challenges with providing exams in three languages were discussed. Committee members stressed the importance of having an examination to ensure competency.

Alexandria Case Proposal – Enhancing Dental Care Through Mandatory Registration of Dental Assistants
Ms. Case discussed her proposal for the Board of Dentistry to regulate dental assistants.

Jessica Andrews email and attachment
Ms. Andrews discussed the Willamette Career Academy and opportunities for high school students.

Open Discussion
Ms. Vanderwerf moved and Ms. Case seconded for the Board to seek approval from the Governor's office to move the effective date of HB3223 to July 1, 2026. The motion passed unanimously.

ADJOURNMENT
The meeting was adjourned at 7:32 p.m. Chair Jorgensen stated that the next DAWSAC meeting would take place on November 11, 2024, at 6 p.m. via Zoom.

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From: ADEX Office <office@adexexams.org>
Sent: Sunday, June 9, 2024 4:01 PM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>; PRISBY Stephen * OBD <stephen.prisby@oregondentistry.org>
Cc: Conrad McVea III <cpmcvea@att.net>
Subject: ADEX Appointments

Hello Mr. Prisby, Attached is a letter of request to the Oregon State Board to appoint a District 2 Dental Hygiene Representative. The current State Hygiene Representative's term has ended. Oregon is the next state in the District 2 state rotation to appoint a new Hygiene Representative. We would appreciate correspondence as to the Board's wishes. Please let me know if you have questions. Thank You for your support of ADEX. Renea Chapman-ADEX

BYLAWS

OF

AMERICAN BOARD OF DENTAL EXAMINERS, INC.

ARTICLE ONE. NAME

The name of the Corporation is the American Board of Dental Examiners, Inc. (the "Corporation").

ARTICLE TWO. PURPOSE

To develop valid, reliable and uniform national examinations and other examinations to be administered to candidates for initial licensure as dentists and dental hygienists by Member Boards, and to develop standards for the administration of those examinations by state dental boards and regional testing services.

ARTICLE THREE. MEMBERS

ARTICLE 3, SECTION 1. General. The members of the Corporation are the Member Boards.

A. Member Boards. The term Member Board means the Board of Dental Examiners for each Jurisdiction which by statute, regulation, resolution, order, or written agreement, accepts the results of the dental and/or the dental hygiene examination (each a "National Uniform Examination") licensed by the Corporation, and which has heretofore been, or hereafter may become, admitted to the Corporation as provided herein (each a "Member Board"). Any Board of Dental Examiners which meets the criteria for membership as a Member Board may, upon application to the Corporation, be admitted as a Member Board by majority vote of the Member Boards.

B. Associate Members. The following organizations, and any other organizations which may be approved by the Board of Directors as eligible for Associate Membership, are eligible for non-voting associate membership in the Corporation upon payment of such admission fees and annual dues as may be determined by the Board of Directors from time to time:

American Dental Association
American Student Dental Association
American Dental Education Association
American Dental Hygienists' Association
National Examining Board of Canada
Canadian Dental Association
National Board of Medical Examiners

Federation of State Medical Boards
National Dental Association
National Student Dental Association
National Dental Hygienists' Association

Associate Members are entitled to designate one (1) representative (each an "Associate Member Representative") to attend and participate in the Annual Meeting (hereinafter defined) with voice but without vote. Any organization not listed in this section may apply to the Corporation for admission as an Associate Member. The decision to grant or deny any such application is in the sole discretion of the Board of Directors. Any organization listed in this section, or hereafter granted Associate Member status, may have such status terminated by majority vote of the Board of Directors at any duly constituted meeting.

C. Representatives. The term Representatives includes Member Representatives, Associate Member Representatives and District Dental Hygiene Representatives. The term "House of Representatives" refers to the collective body of all of the Representatives.

ARTICLE 3, SECTION 2. Districts. Member Boards are divided among thirteen (13) districts (each a "District"). The District assignments in effect as of the date of adoption of these Bylaws are set forth on Exhibit A to these Bylaws.

Changes to the allocation of Member Boards among Districts may be proposed by the Board of Directors, or by any Member Board. Any proposed change to the allocation of Member Boards among Districts must be approved by a two-thirds (2/3) vote of the Member Boards present at an Annual Meeting. Alternatively, the Member Boards may, by a two-thirds (2/3) vote, direct that the Board of Directors redistribute the Member Boards among the Districts as the Board of Directors deems appropriate. Any redistribution by the Board of Directors of Member Boards among Districts pursuant to this Section will become effective as of the opening of the next Annual Meeting.

Any Board of Dental Examiners that hereafter becomes a Member Board will be provisionally assigned to a District by majority vote of the Board of Directors, which assignment may be changed by a majority vote of the Member Boards present and voting at the next Annual Meeting following the admission of such Member Board, or left undisturbed; thereafter, any change to such assignment must be made in accordance with the otherwise applicable provisions of this Section.

ARTICLE 3, SECTION 3. Annual Meeting. An Annual Meeting of the Member Boards and House of Representatives (the "Annual Meeting") will be held on a date designated by the Board of Directors. The Board of Directors should not schedule the Annual Meeting for any date that conflicts with the date of the annual meeting of any testing agency that is authorized to administer any of the National Uniform Examinations. At the Annual Meeting, except as otherwise set forth herein, the Member Boards may transact such business as may come before the meeting.

ARTICLE 3, SECTION 4. Special Provisions Relating to Annual Meetings. The Member Boards may, by majority vote, adopt such rules and procedures as may be deemed necessary or appropriate, from time to time, for the orderly conduct of the business at the Annual Meeting. The rules and procedures adopted for the Annual Meeting may include provisions regarding limitation of debate.

ARTICLE 3, SECTION 5. Special Meetings. A special meeting of the Member Boards may be called by majority vote of the Board of Directors. The President must call a special meeting of the Member Boards upon the request of twenty-five percent (25%) of the Member Boards. The purpose of any special meeting must be set forth in the notice of such meeting given in accordance with these Bylaws. The business conducted at any special meeting must be limited to the matters specified in the notice for such special meeting.

ARTICLE 3, SECTION 6. Place of Meeting. The Board of Directors may designate any place, unless otherwise prescribed by law, as the place of any Annual Meeting or special meeting of the Member Boards.

ARTICLE 3, SECTION 7. Notice of Meeting. Written notice stating the place, day and hour of the Annual Meeting must be given to each Officer, Director, Member Board, and Representative or other person entitled to attend, at least Fifty (50) days before the meeting date, and no earlier than the conclusion of the previous Annual Meeting.

Notice of any special meeting of the Member Boards must state the purpose or purposes for which the meeting is called, and must, unless otherwise prescribed by statute, be given to each Member Board not less than ten (10) days, nor more than thirty (30) days before the date of such special meeting. Notice must be given pursuant to this Section be either by mail, email, or commercial delivery system.

Notice of any meeting will be deemed given when dispatched by email to the email address of record on the Corporation's records, deposited with the United States Postal Service or reputable commercial delivery system, addressed to the recipient at the recipient's address as it appears in the records of the Corporation, with postage or other delivery charges prepaid.

It is the duty and obligation of each Member Board, Associate Member and Representative to ensure that the Secretary has current address and email information for such Member Board, Associate Member, and/or Representative.

ARTICLE 3, SECTION 8. Presiding Officer; Order of Business. The President is the chair of all meetings of the Member Boards, meetings of the Board of Directors and meetings of the House of Representatives, including the Annual Meeting, and any special meeting of the Member Boards. If the President is absent or declines to

preside, the Vice President will serve as chair of the meeting. If both the President and Vice President are unable or unwilling to preside, nominations will be taken for Member Representatives willing to serve as chair of the meeting, and the Member Boards present must elect a chair by plurality vote.

The Secretary of the Corporation serves as secretary of every meeting. If the Secretary is not present, the chair of the meeting must appoint a substitute to act as secretary of the meeting.

The Executive Committee must propose an order of business for each Annual Meeting to the Board of Directors. The Board of Directors must approve an order of business for each Annual Meeting at its meeting most immediately preceding the Annual Meeting.

The Secretary determines the order of business for any special meeting of the Member Boards and must publish the order of business in the notice of such special meeting.

ARTICLE 3, SECTION 9. Quorum. A majority of the Member Boards constitutes a quorum at any Annual Meeting or special meeting of the Member Boards.

If less than a quorum is present at a meeting, a majority of the Member Boards present may adjourn the meeting provided that at least ten (10) days written notice of the date, time and place of the reconvening of the adjourned meeting must be given to all persons entitled to notice of the original meeting. At the reconvened meeting, those Member Boards present constitute a quorum, regardless of number, and any business may be transacted which might have been transacted at the adjourned meeting but for the lack of a quorum. The Member Boards present at a properly noticed meeting may continue to transact business until the earlier of adjournment or loss of a quorum.

ARTICLE 3, SECTION 10. Voting Rights. Each Member Board has one (1) vote at any Annual Meeting or special meeting of the Member Boards, which vote may be cast only by such Member Board's Member Representative. A Member Board is not entitled to vote with respect to any matter exclusively related to a National Uniform Examination that such Member Board does not accept.

A. Member Representation. Each Member Board is entitled to appoint one of its members (each a "Member Representative"), to speak and vote on its behalf at the Annual Meeting and any special meeting of the Member Boards. To be eligible to represent a Member Board, a Member Representative must be, or have been, an active member of such Member Board.

Member Representatives serve three (3) year terms, however, a Member Board may change its appointed Member Representative at any time in a writing signed by the president or chair of such Member Board containing the name and address for

notices for such Member Representative. Any change or appointment takes effect only after notice of such appointment or change is actually received by the Secretary of the Corporation.

If a Member Board's duly appointed Member Representative is unable to attend any Annual Meeting or special meeting of the Member Boards, such Member Board may, in a writing signed and dated by the president or chair of such Member Board, appoint an alternate member of such Member Board to attend and vote in his or her place, provided such designation is actually received by the Secretary in advance of such meeting.

B. Dental Hygiene.

The Member Boards that accept the National Uniform Examination for dental hygiene in each District have the right to appoint one (1) dental hygiene member (each a "District Dental Hygiene Representative") as set forth herein. Each District Dental Hygiene Representative must be from a state that accepts the National Uniform Examination for dental hygiene.

For each District, the right to appoint the District Dental Hygiene Representative will rotate among the Member Boards comprising such District in ascending alphabetical order based on the names of the Jurisdictions associated with the Member Boards in each District. In the event a Member Board entitled to appoint a District Dental Hygiene Representative does not, for any reason, appoint a District Dental Hygiene Representative by the close of an Annual Meeting, the right to make such appointment passes to the Member Board that would be entitled to appoint the next Dental Hygiene Representative for such district. For the Annual Meeting in 2019, the Member Boards for Nevada (District 2), Indiana (District 5), District of Columbia (District 8) and Mississippi (District 11) are entitled to appoint an eligible person to fill the District Dental Hygiene Representative positions that become vacant following that meeting. For the Annual Meeting in 2020, the Member Boards for Texas (District 3), West Virginia (District 6), New Jersey (District 9) and Florida (District 12) are entitled to appoint an eligible person to fill the District Dental Hygiene Representative positions that become vacant following that meeting. For the Annual Meeting in 2021, the Member Boards for California (District 1), Iowa (District 4), Pennsylvania (District 7), Vermont (District 10) and Jamaica (District 13) are entitled to appoint an eligible person to fill the District Dental Hygiene Representative positions that become vacant following that meeting.

Each District Dental Hygiene Representative serves one three (3) year term and be entitled to attend and participate as a member of the House of Representatives at the Annual Meeting. In the event a District Dental Hygiene Representative is also a Member Representative, such person has but one (1) vote with respect to any matter to be voted on jointly by the Member Representatives and District Dental Hygiene Representatives.

Terms of District Dental Hygiene Representatives are staggered such that approximately one third of the District Dental Hygiene Representatives will be appointed

at each Annual Meeting. For the 2018 Annual Meeting, Districts 1, 4, 7, 10 & 13 have the right to appoint District Dental Hygiene Representatives. For the 2019 Annual Meeting, Districts 2, 5, 8 & 11 have the right to appoint District Dental Hygiene Representatives. For the 2020 Annual Meeting, Districts 3, 6, 9 & 12 have the right to appoint District Dental Hygiene Representatives.

In the event a District Dental Hygiene Representative is unable to serve his or her entire term by reason of death, incapacity, resignation, or removal, the District that appointed such District Dental Hygiene Representative may appoint a replacement to serve the remainder of such term. Any replacement District Dental Hygiene Representative must meet the same criteria (including Member Board affiliation) as the District Dental Hygiene Representative he or she replaces.

ARTICLE 3, SECTION 11. Termination of Membership or Association. Notwithstanding any other provision of these Bylaws, the membership of any Member Board, and the association with the Corporation of any Representative or Associate Member may be terminated as follows:

A. Termination of a Representative's or Associate Member's association with the Corporation must be approved by a two-thirds vote of both the Board of Directors as well as a two-thirds vote of the other Member Boards, and only where it is determined by each body that it is in the best interest of this Corporation to terminate such association. Prior to a vote by the Member Boards and the Board of Directors to terminate a Representative's or Associate Member's association with the Corporation, written notice of the proposed termination must be given in the manner set forth in Section 7, above, for Member Boards, and in Article Three, Section 10 for Directors, not less than ninety (90) days before the meeting of each body at which the question will be submitted to a vote. Termination of a Representative's or Associate Member's association with the Corporation is effective immediately upon the later to occur of the vote by the Board of Directors or of the Member Boards, for such termination.

B. The membership of any Member Board automatically terminates if all of the Corporation's agreements with such Member Board have terminated, if that Member Board ceases to meet the qualifications for membership set forth in Section 1, above, or upon the occurrence of any event which causes the Jurisdiction associated with such Member Board to cease to recognize the results of all National Uniform Examinations developed by this Corporation. Termination of a Member Board's membership pursuant to this provision is effective on the date the event triggering termination occurs or comes into effect. In the event a Member Board's membership is terminated pursuant to this provision, such termination also terminates the appointments of any Representatives from such Member Board.

ARTICLE FOUR. BOARD OF DIRECTORS

ARTICLE 4, SECTION 1. General. The Corporation shall have a board of directors (the "Board of Directors") who will manage the property and affairs of this Corporation. The Board of Directors has, and is invested with, all and unlimited powers and authorities, except as may be expressly limited by applicable law, these Bylaws, or by the Corporation's Articles of Incorporation, to supervise, control, direct and manage the property, affairs and activities of this Corporation, determine the policies of this Corporation, to do or cause to be done any and all lawful things for and on behalf of this Corporation, to exercise or cause to be exercised any or all of its powers, privileges or franchises, and to seek the effectuation of its objects and purposes; provided, however, that (1) the Board of Directors may not authorize or commit the Corporation to engage in any activity not permitted to be transacted by a not-for-profit corporation, nor any activity that would cause the Corporation to forfeit its tax exempt status under Section 501(c)(3) of the Internal Revenue Code; (2) none of the powers of the Corporation may be exercised to carry on activities, otherwise than as an insubstantial part of its activities, which are not in themselves in furtherance of the purposes of the Corporation; (3) all income and property of the Corporation must be applied exclusively for such charitable, educational, and scientific purposes as the Board of Directors may deem to be in the public interest in any manner or by any method which the Board of Directors may from time to time deem advisable. No substantial part of the activities of the Corporation may be the carrying on of propaganda or otherwise attempting to influence legislation. The Corporation may not participate in or intervene (including the publication or distribution of statements) in any political campaign on behalf of any candidate for public office. No part of the net earnings or other assets of the Corporation may inure to the benefit of any Director, Officer, Member Board, Associate Member, Representative, or other private person having, directly or indirectly, a personal or private interest in the activities of the Corporation.

The duties of the Board of Directors includes, but is not limited to, the responsibility of causing the creation, maintenance and improvement of the National Uniform Examinations.

A. The Board of Directors directs the activities of the Dental and Dental Hygiene Examination Committees. The Board of Directors must ensure the National Uniform Examination content is within the scope of practice common in the Jurisdictions associated with the Member Boards.

B. The Board of Directors must cause corrected and approved minutes of each Board of Directors meeting to be sent to each Member Board, Associate Member, and Representative following approval.

ARTICLE 4, SECTION 2. Number, Tenure, Qualifications and Election/Appointment Procedure. There must be at least ten (10) Directors of this Corporation. Directors are divided among three classes. One class of Directors will be elected/appointed at each Annual Meeting. Directors serve terms of three (3) years, or until their successors have been duly elected or appointed and have qualified. The

Directors are comprised of one dentist from each District, two (2) dental hygienists, and two (2) consumer representatives.

The persons to be elected to the Board and their manner of election are as follows:

A. Dentist Directors. Each District may appoint one (1) director who is a dentist (each a "Dentist Director"). The right to appoint the Dentist Director for each District will rotate among the Member Boards in such District that accept the National Uniform Examination for dentists in ascending alphabetical order based on the names of the Jurisdictions associated with the Member Boards in each District. For the Annual Meetings in 2018, 2019 and 2020, the Dentist Directors may be appointed by the Member Boards whose associated Jurisdictions come first alphabetically among those in the District. In the event a Member Board entitled to appoint a Dentist Director to fill a vacancy does not make such an appointment by the end of the Annual Meeting at or prior to which it had such right, the right to appoint shifts to the next Member Board in the rotation which has fifteen days to make an appointment. If no appointment is made, the right to appoint shifts again to the next Member Board in the rotation, and so on.

Each Dentist Director must be a dentist licensed by the Member Board that has appointed him or her, and must reside or practice in a Jurisdiction that accepts the National Uniform Examination for Dentistry.

Terms of Dentist Directors are staggered such that approximately one third of the Dentist Directors will be appointed at each Annual Meeting. For the 2018 Annual Meeting, Districts 3, 6, 9 & 12 have the right to appoint Dentist Directors. For the 2019 Annual Meeting, Districts 1, 4, 7, 10 & 13 have the right to appoint Dentist Directors. For the 2020 Annual Meeting, Districts 2, 5, 8 & 11 have the right to appoint Dentist Directors.

B. Dental Hygiene Directors. Two (2) directors must be dental hygienists (each a "Dental Hygiene Director"). Each Dental Hygiene Director must be, or have been, a member of a Member Board that accepts the National Uniform Examination for dental hygiene. In the year that the term of a sitting Dental Hygiene Director expires, the open Dental Hygiene Director position will be filled by plurality vote of the Member Representatives and District Dental Hygiene Representatives present at the Annual Meeting held that year.

Except as otherwise set forth herein, the Dental Hygiene Directors rotate among the Districts such that each Dental Hygiene Director elected at an Annual Meeting, is from the next higher District number than the Dental Hygiene Director he or she is replacing. For the first two Dental Hygiene Directors elected following the adoption of these bylaws, the first should be from District 1 and the second should be from District 7. In the event that at an Annual Meeting, the District from which a Dental Hygiene Director is to be elected fails to nominate a candidate for an open Dental Hygiene Director position, or such District's nominee for said Dental Hygiene Director position declines or is for any reason unable to serve, the next higher numbered District that neither has a sitting Dental Hygiene Director, nor has the present right to appoint a Dental Hygiene Director, will be entitled to nominate a Dental Hygiene Director to fill the open position.

C. Consumer Directors. Two (2) directors must be consumer representatives (each a "Consumer Director"). In the year that the term of a sitting Consumer Director expires, the open Consumer Director position will be filled by plurality vote of the Member Representatives and District Dental Hygiene Representatives present at the Annual Meeting held that year.

Except as otherwise set forth herein, Consumer Directors rotate among the Districts such that each Consumer Director elected at an Annual Meeting, is from the next higher District number than the Consumer Director he or she is replacing. For the first two Consumer Directors elected following the adoption of these bylaws, the first should be from District 4 and the second should be from District 10. A Consumer Director must be a member of a Member Board; if a Consumer Director ceases to be a member of a Member Board for any reason, his or her successor on that Member Board is entitled to serve the balance of his or her three year term, but if such successor serves out the remainder of such term, that person is ineligible for re-election. In the event that at an Annual Meeting, the District from which a Consumer Director is to be elected fails to nominate a candidate for an open Consumer Director position, or such District's nominee for said Consumer Director position declines or is for any reason unable to serve, the next higher numbered District that neither has a sitting Consumer Director, nor has the present right to appoint a Consumer Director, will be entitled to nominate a Consumer Director to fill the open position.

D. Each of the following serves on the Board of Directors ex officio, with voice (including the right to bring motions before the Board of Directors) but without vote: the Officers of the Corporation, the Chair of the Dental Examination Committee; and the Chair of the Dental Hygiene Examination Committee.

ARTICLE 4, SECTION 3. Regular Meetings. A regular meeting of the Board of Directors, including any newly elected directors, will be held without other notice than this Bylaw immediately after, and at the same place as, the Annual Meeting.

The Board of Directors may provide, by resolution, the time and place for the holding of additional regular meetings without notice other than such resolution. All meetings of the Board of Directors are open to the Member Boards' designated representatives, unless an Executive Session is called for by any Director, and approved by majority vote of the Board of Directors.

Meetings of the Board of Directors (except the meeting immediately following the Annual Meeting) may be held by telephone conference call, provided all Directors have been given notice of the meeting as required by these Bylaws, a quorum is present and those participating can hear and be heard by all other participants.

ARTICLE 4, SECTION 4. Resignation. Any Director may resign at any time by submitting a written notice of resignation to the Secretary of the Corporation. Such resignation is effective as of the date and time specified in such notice. Consent of the Board of Directors is not necessary to make a Director's resignation effective.

ARTICLE 4, SECTION 5. Removal. Any Dentist Director may be removed, with or without cause, by the written consent of the Member Board that appointed such Dentist Director. Any Dental Hygiene Director or Consumer Director may be removed, with or without cause, by the written consent of the holders of two thirds of the votes entitled to be cast for the election of such Director.

ARTICLE 4, SECTION 6. Vacancies. A vacancy on the Board of Directors resulting from the death, incapacity, resignation or removal of a Director may be filled through appointment by the Member Board that appointed such director, if appointed, or, if such director was elected, by written consent of the holders of a majority of the votes that were entitled to be cast for or against such Director, provided that any person so appointed to fill such a vacancy must meet the same criteria (including but not limited to Member Board affiliation) as the Director whose death, incapacity, resignation or removal created such vacancy. Any Director so appointed or elected will serve the remainder of the term of the Director whose death, incapacity, resignation or removal resulted in the vacancy, unless earlier removed in accordance with these Bylaws.

ARTICLE 4, SECTION 7. Location of Meetings. Meetings of the Board of Directors may be held at such times and places, and by such means (including telephonic), as the Board of Directors determines.

ARTICLE 4, SECTION 8. Special Meetings - Notice. Special meetings of the Board of Directors may be called at any time by the Secretary upon the request of the President or Vice President, or upon the written request of not less than six (6) Directors. The time, place and manner of a special meeting must be set forth in the notice of such meeting.

Written notice of a special meeting of the Board of Directors, stating the purpose thereof, must be sent to each Director at least twenty-one (21) days before the day on which the meeting is to be held, delivered by registered or certified mail, return receipt requested, by e-mail or by a reputable commercial delivery system, to each Director's address as it appears on the records of the Corporation.

Notice will be deemed to have been given on the date notice is sent by email, deposited in the mail, placed with a reputable commercial delivery system, with postage or other delivery charges thereon prepaid. At any special meeting of the Board of Directors, the business conducted must be limited to such business as may be specified in the notice of such meeting, and any action incidental thereto.

ARTICLE 4, SECTION 9. Waiver of Notice. Whenever any notice is required to be given to any Director under the provisions of these Bylaws, the Articles of Incorporation, or applicable law, a waiver of notice in writing, signed by a Director wll be deemed equivalent to the giving of such notice. Attendance of a Director at any meeting constitutes a waiver of notice of that meeting, except where the Director attends for the express purpose, stated at the opening of the meeting, of objecting to the transaction of any business because the meeting is not lawfully called or convened.

ARTICLE 4, SECTION 10. Quorum. A majority of the Directors constitutes a quorum at any meeting of the Board of Directors. In the absence of a quorum, those Directors present may adjourn the meeting to a future date, but must provide at least seven (7) days written notice of the new date, time and place to all Directors. At the adjourned meeting, if a quorum is present, any action may be taken which might have been taken at the meeting as originally called.

ARTICLE 4, SECTION 11. Voting. Each Director, other than the ex officio members, is entitled to one vote on all questions coming before the meeting. The act of the majority of Directors present at a meeting, at which a quorum is present, is the act of the Board of Directors. Proxy voting is not permitted.

ARTICLE 4, SECTION 12. Actions Without a Meeting. Any action that may be taken by the Board of Directors at a meeting may be taken without a meeting if consent in writing, setting forth the action to be taken, is signed by all of the Directors.

ARTICLE 4, SECTION 13. Compensation. Directors may not receive a salary for service on the Board of Directors, but per diem and travel expenses may be allowed for attendance at regular or special meetings of the Board of Directors in accordance with policies adopted by the Board of Directors. Nothing herein should be construed to preclude any Director serving the Corporation in any other capacity and receiving reasonable compensation therefor.

ARTICLE 4, SECTION 14. Reports to Members. The Board of Directors must cause to be prepared an annual report of the activities and operations of the Corporation (the "Annual Report"), which includes a detailed financial statement prepared by certified public accountants retained by the Corporation showing in summary form the financial affairs and transactions of the Corporation, as well as its financial position as of the close of its immediately preceding fiscal year. The Board of Directors must approve an Annual Report no later than the last meeting of the Board of Directors preceding the Annual Meeting. The Annual Report must be presented by the Officers of the Corporation, in both oral and written form, at the Annual Meeting. No confidential information may be included in the Annual Report.

ARTICLE 4, SECTION 15. Committees. The President, with the advice and consent of the Board of Directors, has the authority to appoint, in addition to the standing committees authorized by Article Five of these Bylaws, such committees as the President and the Board of Directors deem necessary for the operation of this Corporation.

ARTICLE 4, SECTION 16. Authority Over Examinations. The Board of Directors has the authority, only in exigent circumstances (as determined in the discretion of the Board of Directors), to seek input from the Corporation's psychometrician and make such changes to the National Uniform Examinations as may be reasonably necessary to carry out the purposes of the Corporation. The authority over the National Uniform Examinations granted in this provision is not intended as a substitute for the role and function of the Dental Examination Committee or Dental Hygiene Examination Committee, but is intended solely to permit adjustment of the National Uniform Examinations between Annual Meetings in order to prevent unintended consequences or manifest injustice.

ARTICLE FIVE. OFFICERS

ARTICLE 5, SECTION 1. Qualifications, Nomination and Election. The Officers of this Corporation are the President, Vice President, Secretary, andTreasurer, and if appointed, a Chief Executive Officer and/or Chief Operating Officer. The Officers, other than the Chief Executive Officer and Chief Operating Officer, are those elected by majority vote of the Member Boards at the Annual Meeting. A Chief Executive Officer of the Corporation; and a Chief Operating Officer of the Corporation may be appointed by the Board of Directors and if appointed, each serves at the pleasure of the Board of Directors. Each person nominated and elected as either President or Vice President, must:

i. be licensed as a dentist by at least one Member Board;

ii. have been a Member Representative; and

iii. be or have been a voting member of a Member Board.

None of the Officers of the Corporation may concurrently serve as a Director.

ARTICLE 5, SECTION 2. Term of Office and Limitation of Terms. Each Officer, other than the Chief Executive Officer and Chief Operating Officer, serves for one year, or until a successor is elected, or until their death, incapacity, resignation, or removal, whichever first occurs. The term of office commences on the first day of the month following the Annual Meeting. An Officer, other than the Chief Executive Officer and Chief Operating Officer, may be re-elected for up to three (3) additional one year terms. No term limits apply to the Chief Executive Officer or Chief Operating Officer.

ARTICLE 5, SECTION 3. Duties of Officers:

A. The President. The President presides at all meetings of the House of Representatives, meetings of the Member Boards and meetings of the Board of Directors. The President is only entitled to vote at a meeting of the Board of Directors in the event that the Directors present and voting cast equal numbers of votes for and against a question which has been put to a vote. The President serves as an ex-officio member of each committee, has the power to call meetings as set forth in these Bylaws,

and has the power to appoint the standing committees of the Corporation, subject to the approval of the Board of Directors. In addition, the President has such other powers, duties, and responsibilities as may be delegated to him by the Board of Directors.

B. The Vice President. The Vice President presides at all meetings where the President is absent or declines to preside. If the Vice President is presiding over a meeting, he or she has the same right to vote as the President if the President were so presiding. In the event of the death or incapacity of the President, the Vice President may exercise all the powers and duties granted to the President hereinabove. The Vice President has such other powers, duties and responsibilities as may be delegated from time to time by the Board of Directors.

C. Secretary. The Secretary is responsible to: (a) keep minutes of all meetings of the Corporation, including Annual Meetings, meetings of the Member Boards, and meetings of the Board of Directors in one or more books provided for that purpose; (b) see that all notices are duly given in accordance with the provisions of these Bylaws and as otherwise required by law; (c) be custodian of the corporate records of the Corporation; (d) keep a register of the post office address of each Member Board, Associate Member and Representative; (e) have general charge of the books and records of the Corporation; and (f) perform all duties incident to the office of Secretary and other duties from time to time assigned by the President or by the Board of Directors.

D. Treasurer. The Treasurer is responsible to: (a) have charge and custody of and be responsible for all funds of the Corporation; (b) receive and give or cause to be given receipts of monies due and payable to the Corporation from any source whatsoever, and deposit or cause to be deposited all monies in the name of the Corporation in banks, trust companies or other depositories selected in accordance with the provisions of Article V of these Bylaws; and (c) in general perform or cause to be performed all of the duties incident to the office of the Treasurer and other duties assigned by the President or by the Board of Directors.

ARTICLE 5, SECTION 4. Resignation. Any Officer may resign by delivering a written resignation to the President or Secretary of the Corporation. Such resignation takes effect from the time of its receipt by the President or Secretary, unless some other time is fixed in the resignation, and then from that time. Acceptance of the resignation by the Board of Directors is not required to make such resignation effective.

ARTICLE 5, SECTION 5. Removal. Any person elected or appointed by the Board of Directors, and any employee of the Corporation, may be removed or discharged by a majority vote of the Directors present at any regular meeting or special meeting of the Board of Directors called for that purpose, whenever in their judgment, the best interest of the Corporation would be served thereby. Any such removal shall be without prejudice to the contract rights, if any, of the person so removed.

ARTICLE 5, SECTION 6. Vacancies. In the event an office elected by the Member Boards becomes vacant due to the death, incapacity, resignation, or removal of the individual holding the office, the Board of Directors may elect an individual to hold that

office until the following Annual Meeting, at which time a successor must be elected by the Member Boards.

ARTICLE 5, SECTION 7. Bond. The Board of Directors may require that any Officer give a bond for the faithful discharge of his or her duties in a sum and with a surety or sureties determined by as the Board of Directors.

ARTICLE SIX. GENERAL PROVISIONS

ARTICLE 6, SECTION 1. Fiscal Year. The fiscal year of the Corporation begins on July 1 and end on June 30.

ARTICLE 6, SECTION 2. Banking Authority. The Board of Directors may, from time to time, determine the rules and regulations governing the Corporation's banking authority, including the establishment and maintenance of bank accounts and safe deposit boxes, and the safekeeping of escrow funds.

ARTICLE 6, SECTION 3. Vote by Ballot. At any meeting of the Board of Directors, upon motion duly made and carried by a majority of those entitled to vote, the voting upon any matter or question be by written ballot, which ballots may in the discretion of the Board of Directors be transmitted by email.

ARTICLE 6, SECTION 4. Loans. The Corporation may not loan money to any Officer or any Director.

ARTICLE 6, SECTION 5. Conflict of Interest. No Officer, Representative, Director, or member of any committee of the Corporation may be an officer, director, or member of an operational, governance, or policy-making committee of an organization that:

i. Develops and/or administers clinical licensure examinations for dentists or dental hygienists; and

ii. Is not authorized to administer any of the National Uniform Examinations.

ARTICLE SEVEN. COMMITTEES

ARTICLE 7, SECTION 1. Executive Committee. There is a standing Executive Committee consisting of the President, Vice-President, Secretary, Treasurer, Chief Executive Officer, Chief Operating Officer, and Immediate Past-President of this Corporation as well as such other Directors as may be from time to time designated by the Board of Directors. Both the Chief Executive Officer and Chief Operating Officer, if appointed, serve on the Executive Committee with voice, but without vote. The Executive Committee may meet at such times and in such places as it deems necessary for the conduct of the affairs of the Corporation between meetings of the entire Board of

Directors. The Executive Committee exercises the authority of the Board of Directors between meetings of the Board of Directors subject to such restrictions and guidelines as may be adopted, from time to time, by the Board of Directors. The Executive Committee must keep regular minutes of its proceedings and such minutes must be recorded in the minute book of the Corporation. The Secretary of the Corporation acts as the Secretary of the Executive Committee.

In the event the Immediate Past-President is unable or unwilling to serve on the Executive Committee for any reason, including but not limited to by virtue of death, incapacity, resignation, or removal, such vacancy may be filled by the next most recent Past-President who is willing and able to serve.

ARTICLE 7, SECTION 2. Articles of Incorporation and Bylaws Committee. The President may appoint, subject to approval by the Board of Directors, a standing committee to consider and make recommendations on proposed changes or amendments to the Articles of Incorporation and Bylaws for action by the Board of Directors and by the Member Boards.

ARTICLE 7, SECTION 3. Budget Committee. The President may appoint, subject to approval by the Board of Directors, a standing committee to review the reports of financial operations of this Corporation and to develop an annual budget to be presented to the Board of Directors for review and approval on a schedule established by the Board of Directors. In developing the annual budget, the Budget Committee should be guided by the principle that the Corporation will pay the reasonable expenses (as determined in the sole discretion of the Board of Directors) for the attendance at the Annual Meeting of each person entitled to attend either to participate in the Annual Meeting or in connection with the Dental Examination Committee or Dental Hygiene Examination Committee, or requested to attend by the Board of Directors, except that if a Member Board's Dentist Representative is not also its Member Representative, the Corporation will only pay the expenses of one of those two individuals for attending the Annual Meeting.

ARTICLE 7, SECTION 4. Calibration Committee. The President may appoint, subject to approval by the Board of Directors, a standing committee to establish standards and procedures for the calibration of all those persons conducting, administering, and grading any of the National Uniform Examinations.

ARTICLE 7, SECTION 5. Quality Assurance Committee. The President may appoint, subject to approval by the Board of Directors, a standing committee to establish procedures for and conduct of a post examination analysis to be completed annually after the close of the examining season. The information developed from the examination analysis necessary for examination improvement, as determined in the discretion of the Quality Assurance Committee, must be provided to the Dental Examination Committee and the Dental Hygiene Examination Committee, as well as the Board of Directors. The proceedings of the Quality Assurance Committee otherwise remain confidential and all meetings of the Quality Assurance Committee are restricted to members of the committee and Officers of the Corporation.

ARTICLE 7, SECTION 6. Examination Review Committee. The President may appoint, subject to approval by the Board of Directors, a standing committee to develop standards for the review of complaints received with respect to the National Uniform Examinations and the resolution or disposition of those complaints.

ARTICLE 7, SECTION 7. Patient Ethics Committee. The President may appoint, subject to approval by the Board of Directors, a standing committee to review and address issues involving patient ethics.

ARTICLE 7, SECTION 8. Ad Hoc Committees. The President may appoint, subject to approval by the Board of Directors, such other committee or committees, for such purposes, with such composition, and for such periods of time, as the President may determine to be necessary or in the best interest of the Corporation.

ARTICLE 7, SECTION 9. General Provisions - Committees. Except as otherwise set forth herein, for each committee, the Board of Directors may establish the size of the committee and the President shall appoint the members of each committee, subject to approval by the Board of Directors. Except to the extent otherwise set forth in these Bylaws, or in the Articles of Incorporation, the President has the authority to implement procedures and rules for the operation of any committee, including procedures and rules regarding the removal and replacement of committee members, however in the absence of direction from the President, each committee may set its own internal operating procedures and rules.

ARTICLE 7, SECTION 10. Dental Examination Committee.

A. Chair. The President appoints the Chair of the Dental Examination Committee, subject to approval by majority vote of the Board of Directors. Any person nominated to serve as Chair of the Dental Examination Committee must be a dentist who is, at the time of appointment licensed to practice by one of the Member Boards. The Chair of the Dental Examination Committee serves a three (3) year term, and thereafter continue until a successor has been duly appointed and qualified. No person who is an officer or director of any agency that develops and/or administers clinical licensure examinations for dentists or dental hygienists; and is not authorized to administer the National Uniform Examinations, is eligible to serve as Chair of the Dental Examination Committee.

B. Composition. Except as otherwise set forth herein, each member of the Dental Examination Committee has the right to cast one (1) vote on all matters coming before the committee, except the Chair who will only vote in the event of a tie. The Dental Examination Committee is comprised of:

i) One Dentist appointed by each Member Board (each a "Dentist Representative"), each of whom is or has been a member of such Member Board and is a dentist licensed to practice by such Member Board;

ii) One of the two Consumer Directors (the other of whom serves on the Dental Hygiene Examination Committee) who rotates annually, immediately following the Annual Meeting, onto the Dental Hygiene Examination Committee;

iii) One (1) dentist educator from each District, elected by the Member Boards for each District as set forth below;

iv) The Chair of the Dental Examination Committee;

v) The Corporation's psychometrician (non-voting).

C. Subcommittees. The Dental Examination Committee may appoint such subcommittees as it deems necessary or appropriate for the conduct of its work. The members of each subcommittee must be appointed from among the members of the Dental Examination Committee.

D. General Provisions.

1. Appointments to fill vacancies on the Dental Examination Committee, other than Dentist Representatives, may be made at the Annual Meeting, and become effective as of the first day of the month following the Annual Meeting. Each member of the Dental Examination Committee, other than a member who is on the committee by virtue of his or her status as a Dentist Representative, serves a three-year term.

2. Qualifications. Each dentist educator on the Dental Examination Committee must be a licensed dentist serving on the faculty of a dental school located in a Jurisdiction corresponding to a Member Board.

3. The dentist educators on the Dental Examination Committee (each a "Dentist Educator") serve three-year terms. The right to appoint the Dentist Educator for each District rotates among the Member Boards in such District that accept the National Uniform Examination for dentists in ascending alphabetical order based on the names of the Jurisdictions associated with the Member Boards in each District. For the Annual Meetings in 2018, 2019 and 2020, Dentist Educators may be appointed by the Member Boards whose associated Jurisdictions come last alphabetically among those in the District. In the event a Member Board entitled to appoint a Dentist Educator to fill a vacancy does not make such an appointment by the end of the Annual Meeting at or prior to which it had such right, the right to appoint shifts to the next Member Board in the rotation which has fifteen days to make an appointment. If no appointment is made, the right to appoint shifts again to the next Member Board in the rotation, and so on.

E. Consultants. The Dental Examination Committee is empowered to secure the assistance of such consultants as the committee or its Chair may deem necessary from time to time. Consultants are not members of this Committee and do not vote.

F. Duties. The Dental Examination Committee has the following duties with respect to the National Uniform Examination for Dentists developed by the Corporation, and such other duties as may from time to time be delegated to it by the Board of Directors:

i) Prepare the National Uniform Examination for Dentists, including content, procedures for administration, and scoring;

ii) Review and prepare a critical analysis of content, breadth, depth and scope of the National Uniform Examination for Dentists;

iii) Aid in preparing the content and format of the National Uniform Examination for Dentists;

iv) Make recommendations to the Board of Directors for improving the National Uniform Examination for Dentists;

v) Serve in any other capacity as determined by the Board of Directors; and

vi) Prepare and present regular reports to the Board of Directors containing its recommendations, suggestions and actions with respect to the National Uniform Examination for Dentists. Among these reports is an annual report with respect to proposed changes to the National Uniform Examination for Dentists, which must be presented to the Board of Directors prior to the Annual Meeting. The Board of Directors, following receipt of the annual report of the Dental Examination Committee, must either accept the report, or reject the report and direct the Dental Examination Committee to reconvene and submit a revised report.

ARTICLE 7, SECTION 11. Dental Hygiene Examination Committee

A. Chair. The Chair of the Dental Hygiene Examination Committee is appointed by the President, subject to approval by the Board of Directors. Any person appointed to serve as the Chair of the Dental Hygiene Examination Committee must be a licensed dental hygienist who is, at the time of appointment, licensed to practice by one or more Member Board. The Chair serves a term of three (3) years, and thereafter continuing until a successor has been duly elected and qualified. No person who is an officer or director of any agency that develops and/or administers clinical licensure examinations for dentists or dental hygienists; and is not authorized to administer the

National Uniform Examinations, is eligible to serve as Chair of the Dental Hygiene Examination Committee.

B. Composition. Except as otherwise set forth herein, each member of the Dental Hygiene Examination Committee has the right to cast one (1) vote on all matters coming before the committee, except the Chair who only votes in the event of a tie. The Dental Hygiene Examination Committee is comprised of:

i) the District Dental Hygiene Representative for each District;

ii) (1) Dentist appointed by the President;

iii) One of the two Consumer Directors (the other of whom serves on the Dental Hygiene Examination Committee) who rotate annually, immediately following the Annual Meeting, onto the Dental Examination Committee;

iv) (1) Dental Hygiene Educator elected for a one year term by Districts on a rotating basis, with the Dental Hygiene Educator elected by District 10 at the 2019 Annual Meeting. In the event a District entitled to elect a Dental Hygiene Educator fails to do so by the close of elections at an Annual Meeting, the elections will be extended to permit the next higher numbered District to elect the Dental Hygiene Educator for such term;

v) The Chair of the Dental Hygiene Examination Committee;

vi) The Corporation's psychometrician (non-voting).

C. Subcommittees. The Dental Hygiene Examination Committee may from time to time appoint such subcommittees, as it deems necessary to conduct its work. The members of each subcommittee must be appointed from among the voting members of this Committee.

D. General Provisions.

i) Appointments and Term. Appointments to the Dental Hygiene Examination Committee must be made at the Annual Meeting, and become effective as of the first day of the month following the Annual Meeting at which such appointment was made.

ii) Qualifications. The dental hygiene educator on the Dental Hygiene Examination Committee must be a licensed dental hygienist serving on the faculty of a dental or dental hygiene school located in a Jurisdiction whose Dental Hygiene Board is a Member Board.

iii) Each member of the Dental Hygiene Examination Committee who is appointed by the President serves a term of three years, but may be removed with or without cause by the President at any time.

E. Consultants. The Dental Hygiene Examination Committee may secure the assistance of such consultants as the committee or its Chair may deem necessary from time to time. Consultants are not members of this Committee and do not vote.

F. Duties. The Dental Hygiene Examination Committee has the following duties and such other duties as may from time to time be delegated to it by the Board of Directors:

i) Develop the National Uniform Examination for Dental Hygiene;

ii) Review and prepare a critical analysis of results of the National Uniform Examination for Dental Hygiene, particularly as it determines the performance of candidates;

iii) Aid in revising the content and format of the National Uniform Examination for Dental Hygiene;

iv) Make recommendations to the Board of Directors for improving the National Uniform Examination for Dental Hygiene;

v) Serve in any other capacity as determined by the Board of Directors; and

vi) Prepare and present regular reports to the Board of Directors containing its recommendations, suggestions and actions with respect to the National Uniform Examination for Dental Hygienists. Among these reports must be an annual report with respect to proposed changes to the National Uniform Examination for Dental Hygienists, which must be presented to the Board of Directors prior to the Annual Meeting. The Board of Directors, following receipt of the annual report of the Dental Hygiene Examination Committee,

must either accept the report, or reject the report and direct the Dental Hygiene Examination Committee to reconvene and submit a revised report.

ARTICLE EIGHT. RULES OF ORDER

The Standard Code of Parliamentary Procedure governs any meeting of the Corporation, including the House of Representatives, Member Boards, Board of Directors, and all committees. In the event of conflict between the Standard Code and these Bylaws, these Bylaws control. The President or presiding Officer may appoint a parliamentarian.

ARTICLE NINE. INDEMNIFICATION OF DIRECTORS AND OFFICERS

The Corporation must indemnify any person who is serving or has served the Corporation as a Director, Officer, employee, committee chair or member, or examiner, pursuant to and to the maximum extent authorized by K.S.A. 17-6305, as amended.

ARTICLE TEN. AMENDMENTS

Amendments to the Bylaws may be proposed by a Member Board or by the Board of Directors. Any amendment to these Bylaws must be approved by at least a two-thirds (2/3) vote of the Member Boards present at any meeting of the House of Representatives, provided that the proposed amendment is sent to the Member Boards at least ninety (90) days prior to the meeting. These Bylaws may be amended, without notice, by the vote of seventy-five percent (75%) of all Member Boards present at a duly called Annual Meeting.

ARTICLE ELEVEN. ELECTRONIC MEETINGS

Any meeting of the House of Representatives, Member Boards, Board of Directors, or any committee may be held, in whole or part, via internet, or other communication technology. Any meeting held via internet or other communication technology, must at a minimum, permit participants who participate electronically to hear or read proceedings substantially concurrent with their occurrence, vote on matters to all participants for a vote, pose questions, and make comments.

ARTICLE TWELVE. DEFINITIONS

“Jurisdiction” means a country, or the state, province, or other political subdivision thereof, which grants licenses for the practice of dentistry and/or dental hygiene.

The term “Board of Dental Examiners” is to be construed to mean the body in each Jurisdiction granted the authority to examine candidates for, or advise with respect to, licensure of dentists, dental hygienists, or other dental health care providers under the law of such Jurisdiction in effect at the time the determination is made.

Adopted 05.10.05
Revised 05.11.06
Revised 06.17.07
Revised 06.15.08
Revised 06.13.09
Revised 06.27.10
Revised 11.07.10
Revised 11.10.13
Revised 10.09.14
Revised 11.15.15
Revised 04.26.17
Revised 08.10.19

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Exhibit A

ADEX Districts

District 1
- California

District 2
- Alaska
- Arizona
- Colorado
- Hawaii
- Idaho
- Montana
- Nevada
- New Mexico
- Oregon
- Utah
- Washington
- Wyoming

District 3
- Kansas
- Missouri
- Nebraska
- Oklahoma
- Texas

District 4
- Iowa
- Minnesota
- North Dakota
- South Dakota
- Wisconsin

District 5
- Illinois
- Indiana
- Michigan
- Ohio

District 6
- Arkansas
- Georgia
- Kentucky
- South Carolina
- Tennessee
- Virginia
- West Virginia

District 7
- Maryland
- Pennsylvania

District 8
- Connecticut
- Delaware
- District of Columbia
- U.S. Virgin Islands

District 9
- New Hampshire
- New Jersey
- New York
- Rhode Island

District 10
- Maine
- Massachusetts
- Vermont

District 11
- Alabama
- Louisiana
- Mississippi
- North Carolina
- Puerto Rico

District 12
- Florida

District 13
- International District- Jamaica

Updated 11.07.10
08.10.19

BYLAWS

OF

AMERICAN BOARD OF DENTAL EXAMINERS, INC.

ARTICLE ONE. NAME

The name of the Corporation is the American Board of Dental Examiners, Inc. (the "Corporation").

ARTICLE TWO. PURPOSE

To develop valid, reliable and uniform national examinations and other examinations to be administered to candidates for initial licensure as dentists and dental hygienists by Member Boards, and to develop standards for the administration of those examinations by state dental boards and regional testing services.

ARTICLE THREE. MEMBERS

ARTICLE 3, SECTION 1. General. The members of the Corporation are the Member Boards.

A. Member Boards. The term Member Board means the Board of Dental Examiners for each Jurisdiction which by statute, regulation, resolution, order, or written agreement, accepts the results of the dental and/or the dental hygiene examination (each a "National Uniform Examination") licensed by the Corporation, and which has heretofore been, or hereafter may become, admitted to the Corporation as provided herein (each a "Member Board"). Any Board of Dental Examiners which meets the criteria for membership as a Member Board may, upon application to the Corporation, be admitted as a Member Board by majority vote of the Member Boards.

B. Associate Members. The following organizations, and any other organizations which may be approved by the Board of Directors as eligible for Associate Membership, are eligible for non-voting associate membership in the Corporation upon payment of such admission fees and annual dues as may be determined by the Board of Directors from time to time:

American Dental Association
American Student Dental Association
American Dental Education Association
American Dental Hygienists' Association
National Examining Board of Canada
Canadian Dental Association
National Board of Medical Examiners

Federation of State Medical Boards
National Dental Association
National Student Dental Association
National Dental Hygienists' Association

Associate Members are entitled to designate one (1) representative (each an "Associate Member Representative") to attend and participate in the Annual Meeting (hereinafter defined) with voice but without vote. Any organization not listed in this section may apply to the Corporation for admission as an Associate Member. The decision to grant or deny any such application is in the sole discretion of the Board of Directors. Any organization listed in this section, or hereafter granted Associate Member status, may have such status terminated by majority vote of the Board of Directors at any duly constituted meeting.

C. Representatives. The term Representatives includes Member Representatives, Associate Member Representatives and District Dental Hygiene Representatives. The term "House of Representatives" refers to the collective body of all of the Representatives.

ARTICLE 3, SECTION 2. Districts. Member Boards are divided among thirteen (13) districts (each a "District"). The District assignments in effect as of the date of adoption of these Bylaws are set forth on Exhibit A to these Bylaws.

Changes to the allocation of Member Boards among Districts may be proposed by the Board of Directors, or by any Member Board. Any proposed change to the allocation of Member Boards among Districts must be approved by a two-thirds (2/3) vote of the Member Boards present at an Annual Meeting. Alternatively, the Member Boards may, by a two-thirds (2/3) vote, direct that the Board of Directors redistribute the Member Boards among the Districts as the Board of Directors deems appropriate. Any redistribution by the Board of Directors of Member Boards among Districts pursuant to this Section will become effective as of the opening of the next Annual Meeting.

Any Board of Dental Examiners that hereafter becomes a Member Board will be provisionally assigned to a District by majority vote of the Board of Directors, which assignment may be changed by a majority vote of the Member Boards present and voting at the next Annual Meeting following the admission of such Member Board, or left undisturbed; thereafter, any change to such assignment must be made in accordance with the otherwise applicable provisions of this Section.

ARTICLE 3, SECTION 3. Annual Meeting. An Annual Meeting of the Member Boards and House of Representatives (the "Annual Meeting") will be held on a date designated by the Board of Directors. The Board of Directors should not schedule the Annual Meeting for any date that conflicts with the date of the annual meeting of any testing agency that is authorized to administer any of the National Uniform Examinations. At the Annual Meeting, except as otherwise set forth herein, the Member Boards may transact such business as may come before the meeting.

ARTICLE 3, SECTION 4. Special Provisions Relating to Annual Meetings. The Member Boards may, by majority vote, adopt such rules and procedures as may be deemed necessary or appropriate, from time to time, for the orderly conduct of the business at the Annual Meeting. The rules and procedures adopted for the Annual Meeting may include provisions regarding limitation of debate.

ARTICLE 3, SECTION 5. Special Meetings. A special meeting of the Member Boards may be called by majority vote of the Board of Directors. The President must call a special meeting of the Member Boards upon the request of twenty-five percent (25%) of the Member Boards. The purpose of any special meeting must be set forth in the notice of such meeting given in accordance with these Bylaws. The business conducted at any special meeting must be limited to the matters specified in the notice for such special meeting.

ARTICLE 3, SECTION 6. Place of Meeting. The Board of Directors may designate any place, unless otherwise prescribed by law, as the place of any Annual Meeting or special meeting of the Member Boards.

ARTICLE 3, SECTION 7. Notice of Meeting. Written notice stating the place, day and hour of the Annual Meeting must be given to each Officer, Director, Member Board, and Representative or other person entitled to attend, at least Fifty (50) days before the meeting date, and no earlier than the conclusion of the previous Annual Meeting.

Notice of any special meeting of the Member Boards must state the purpose or purposes for which the meeting is called, and must, unless otherwise prescribed by statute, be given to each Member Board not less than ten (10) days, nor more than thirty (30) days before the date of such special meeting. Notice must be given pursuant to this Section be either by mail, email, or commercial delivery system.

Notice of any meeting will be deemed given when dispatched by email to the email address of record on the Corporation's records, deposited with the United States Postal Service or reputable commercial delivery system, addressed to the recipient at the recipient's address as it appears in the records of the Corporation, with postage or other delivery charges prepaid.

It is the duty and obligation of each Member Board, Associate Member and Representative to ensure that the Secretary has current address and email information for such Member Board, Associate Member, and/or Representative.

ARTICLE 3, SECTION 8. Presiding Officer; Order of Business. The President is the chair of all meetings of the Member Boards, meetings of the Board of Directors and meetings of the House of Representatives, including the Annual Meeting, and any special meeting of the Member Boards. If the President is absent or declines to

preside, the Vice President will serve as chair of the meeting. If both the President and Vice President are unable or unwilling to preside, nominations will be taken for Member Representatives willing to serve as chair of the meeting, and the Member Boards present must elect a chair by plurality vote.

The Secretary of the Corporation serves as secretary of every meeting. If the Secretary is not present, the chair of the meeting must appoint a substitute to act as secretary of the meeting.

The Executive Committee must propose an order of business for each Annual Meeting to the Board of Directors. The Board of Directors must approve an order of business for each Annual Meeting at its meeting most immediately preceding the Annual Meeting.

The Secretary determines the order of business for any special meeting of the Member Boards and must publish the order of business in the notice of such special meeting.

ARTICLE 3, SECTION 9. Quorum. A majority of the Member Boards constitutes a quorum at any Annual Meeting or special meeting of the Member Boards.

If less than a quorum is present at a meeting, a majority of the Member Boards present may adjourn the meeting provided that at least ten (10) days written notice of the date, time and place of the reconvening of the adjourned meeting must be given to all persons entitled to notice of the original meeting. At the reconvened meeting, those Member Boards present constitute a quorum, regardless of number, and any business may be transacted which might have been transacted at the adjourned meeting but for the lack of a quorum. The Member Boards present at a properly noticed meeting may continue to transact business until the earlier of adjournment or loss of a quorum.

ARTICLE 3, SECTION 10. Voting Rights. Each Member Board has one (1) vote at any Annual Meeting or special meeting of the Member Boards, which vote may be cast only by such Member Board's Member Representative. A Member Board is not entitled to vote with respect to any matter exclusively related to a National Uniform Examination that such Member Board does not accept.

A. Member Representation. Each Member Board is entitled to appoint one of its members (each a "Member Representative"), to speak and vote on its behalf at the Annual Meeting and any special meeting of the Member Boards. To be eligible to represent a Member Board, a Member Representative must be, or have been, an active member of such Member Board.

Member Representatives serve three (3) year terms, however, a Member Board may change its appointed Member Representative at any time in a writing signed by the president or chair of such Member Board containing the name and address for

notices for such Member Representative. Any change or appointment takes effect only after notice of such appointment or change is actually received by the Secretary of the Corporation.

If a Member Board's duly appointed Member Representative is unable to attend any Annual Meeting or special meeting of the Member Boards, such Member Board may, in a writing signed and dated by the president or chair of such Member Board, appoint an alternate member of such Member Board to attend and vote in his or her place, provided such designation is actually received by the Secretary in advance of such meeting.

B. Dental Hygiene.

The Member Boards that accept the National Uniform Examination for dental hygiene in each District have the right to appoint one (1) dental hygiene member (each a "District Dental Hygiene Representative") as set forth herein. Each District Dental Hygiene Representative must be from a state that accepts the National Uniform Examination for dental hygiene.

For each District, the right to appoint the District Dental Hygiene Representative will rotate among the Member Boards comprising such District in ascending alphabetical order based on the names of the Jurisdictions associated with the Member Boards in each District. In the event a Member Board entitled to appoint a District Dental Hygiene Representative does not, for any reason, appoint a District Dental Hygiene Representative by the close of an Annual Meeting, the right to make such appointment passes to the Member Board that would be entitled to appoint the next Dental Hygiene Representative for such district. For the Annual Meeting in 2019, the Member Boards for Nevada (District 2), Indiana (District 5), District of Columbia (District 8) and Mississippi (District 11) are entitled to appoint an eligible person to fill the District Dental Hygiene Representative positions that become vacant following that meeting. For the Annual Meeting in 2020, the Member Boards for Texas (District 3), West Virginia (District 6), New Jersey (District 9) and Florida (District 12) are entitled to appoint an eligible person to fill the District Dental Hygiene Representative positions that become vacant following that meeting. For the Annual Meeting in 2021, the Member Boards for California (District 1), Iowa (District 4), Pennsylvania (District 7), Vermont (District 10) and Jamaica (District 13) are entitled to appoint an eligible person to fill the District Dental Hygiene Representative positions that become vacant following that meeting.

Each District Dental Hygiene Representative serves one three (3) year term and be entitled to attend and participate as a member of the House of Representatives at the Annual Meeting. In the event a District Dental Hygiene Representative is also a Member Representative, such person has but one (1) vote with respect to any matter to be voted on jointly by the Member Representatives and District Dental Hygiene Representatives.

Terms of District Dental Hygiene Representatives are staggered such that approximately one third of the District Dental Hygiene Representatives will be appointed

at each Annual Meeting. For the 2018 Annual Meeting, Districts 1, 4, 7, 10 & 13 have the right to appoint District Dental Hygiene Representatives. For the 2019 Annual Meeting, Districts 2, 5, 8 & 11 have the right to appoint District Dental Hygiene Representatives. For the 2020 Annual Meeting, Districts 3, 6, 9 & 12 have the right to appoint District Dental Hygiene Representatives.

In the event a District Dental Hygiene Representative is unable to serve his or her entire term by reason of death, incapacity, resignation, or removal, the District that appointed such District Dental Hygiene Representative may appoint a replacement to serve the remainder of such term. Any replacement District Dental Hygiene Representative must meet the same criteria (including Member Board affiliation) as the District Dental Hygiene Representative he or she replaces.

ARTICLE 3, SECTION 11. Termination of Membership or Association. Notwithstanding any other provision of these Bylaws, the membership of any Member Board, and the association with the Corporation of any Representative or Associate Member may be terminated as follows:

A. Termination of a Representative's or Associate Member's association with the Corporation must be approved by a two-thirds vote of both the Board of Directors as well as a two-thirds vote of the other Member Boards, and only where it is determined by each body that it is in the best interest of this Corporation to terminate such association. Prior to a vote by the Member Boards and the Board of Directors to terminate a Representative's or Associate Member's association with the Corporation, written notice of the proposed termination must be given in the manner set forth in Section 7, above, for Member Boards, and in Article Three, Section 10 for Directors, not less than ninety (90) days before the meeting of each body at which the question will be submitted to a vote. Termination of a Representative's or Associate Member's association with the Corporation is effective immediately upon the later to occur of the vote by the Board of Directors or of the Member Boards, for such termination.

B. The membership of any Member Board automatically terminates if all of the Corporation's agreements with such Member Board have terminated, if that Member Board ceases to meet the qualifications for membership set forth in Section 1, above, or upon the occurrence of any event which causes the Jurisdiction associated with such Member Board to cease to recognize the results of all National Uniform Examinations developed by this Corporation. Termination of a Member Board's membership pursuant to this provision is effective on the date the event triggering termination occurs or comes into effect. In the event a Member Board's membership is terminated pursuant to this provision, such termination also terminates the appointments of any Representatives from such Member Board.

ARTICLE FOUR. BOARD OF DIRECTORS

ARTICLE 4, SECTION 1. General. The Corporation shall have a board of directors (the "Board of Directors") who will manage the property and affairs of this Corporation. The Board of Directors has, and is invested with, all and unlimited powers and authorities, except as may be expressly limited by applicable law, these Bylaws, or by the Corporation's Articles of Incorporation, to supervise, control, direct and manage the property, affairs and activities of this Corporation, determine the policies of this Corporation, to do or cause to be done any and all lawful things for and on behalf of this Corporation, to exercise or cause to be exercised any or all of its powers, privileges or franchises, and to seek the effectuation of its objects and purposes; provided, however, that (1) the Board of Directors may not authorize or commit the Corporation to engage in any activity not permitted to be transacted by a not-for-profit corporation, nor any activity that would cause the Corporation to forfeit its tax exempt status under Section 501(c)(3) of the Internal Revenue Code; (2) none of the powers of the Corporation may be exercised to carry on activities, otherwise than as an insubstantial part of its activities, which are not in themselves in furtherance of the purposes of the Corporation; (3) all income and property of the Corporation must be applied exclusively for such charitable, educational, and scientific purposes as the Board of Directors may deem to be in the public interest in any manner or by any method which the Board of Directors may from time to time deem advisable. No substantial part of the activities of the Corporation may be the carrying on of propaganda or otherwise attempting to influence legislation. The Corporation may not participate in or intervene (including the publication or distribution of statements) in any political campaign on behalf of any candidate for public office. No part of the net earnings or other assets of the Corporation may inure to the benefit of any Director, Officer, Member Board, Associate Member, Representative, or other private person having, directly or indirectly, a personal or private interest in the activities of the Corporation.

The duties of the Board of Directors includes, but is not limited to, the responsibility of causing the creation, maintenance and improvement of the National Uniform Examinations.

A. The Board of Directors directs the activities of the Dental and Dental Hygiene Examination Committees. The Board of Directors must ensure the National Uniform Examination content is within the scope of practice common in the Jurisdictions associated with the Member Boards.

B. The Board of Directors must cause corrected and approved minutes of each Board of Directors meeting to be sent to each Member Board, Associate Member, and Representative following approval.

ARTICLE 4, SECTION 2. Number, Tenure, Qualifications and Election/Appointment Procedure. There must be at least ten (10) Directors of this Corporation. Directors are divided among three classes. One class of Directors will be elected/appointed at each Annual Meeting. Directors serve terms of three (3) years, or until their successors have been duly elected or appointed and have qualified. The

Directors are comprised of one dentist from each District, two (2) dental hygienists, and two (2) consumer representatives.

The persons to be elected to the Board and their manner of election are as follows:

A. Dentist Directors. Each District may appoint one (1) director who is a dentist (each a "Dentist Director"). The right to appoint the Dentist Director for each District will rotate among the Member Boards in such District that accept the National Uniform Examination for dentists in ascending alphabetical order based on the names of the Jurisdictions associated with the Member Boards in each District. For the Annual Meetings in 2018, 2019 and 2020, the Dentist Directors may be appointed by the Member Boards whose associated Jurisdictions come first alphabetically among those in the District. In the event a Member Board entitled to appoint a Dentist Director to fill a vacancy does not make such an appointment by the end of the Annual Meeting at or prior to which it had such right, the right to appoint shifts to the next Member Board in the rotation which has fifteen days to make an appointment. If no appointment is made, the right to appoint shifts again to the next Member Board in the rotation, and so on.

Each Dentist Director must be a dentist licensed by the Member Board that has appointed him or her, and must reside or practice in a Jurisdiction that accepts the National Uniform Examination for Dentistry.

Terms of Dentist Directors are staggered such that approximately one third of the Dentist Directors will be appointed at each Annual Meeting. For the 2018 Annual Meeting, Districts 3, 6, 9 & 12 have the right to appoint Dentist Directors. For the 2019 Annual Meeting, Districts 1, 4, 7, 10 & 13 have the right to appoint Dentist Directors. For the 2020 Annual Meeting, Districts 2, 5, 8 & 11 have the right to appoint Dentist Directors.

B. Dental Hygiene Directors. Two (2) directors must be dental hygienists (each a "Dental Hygiene Director"). Each Dental Hygiene Director must be, or have been, a member of a Member Board that accepts the National Uniform Examination for dental hygiene. In the year that the term of a sitting Dental Hygiene Director expires, the open Dental Hygiene Director position will be filled by plurality vote of the Member Representatives and District Dental Hygiene Representatives present at the Annual Meeting held that year.

Except as otherwise set forth herein, the Dental Hygiene Directors rotate among the Districts such that each Dental Hygiene Director elected at an Annual Meeting, is from the next higher District number than the Dental Hygiene Director he or she is replacing. For the first two Dental Hygiene Directors elected following the adoption of these bylaws, the first should be from District 1 and the second should be from District 7. In the event that at an Annual Meeting, the District from which a Dental Hygiene Director is to be elected fails to nominate a candidate for an open Dental Hygiene Director position, or such District's nominee for said Dental Hygiene Director position declines or is for any reason unable to serve, the next higher numbered District that neither has a sitting Dental Hygiene Director, nor has the present right to appoint a Dental Hygiene Director, will be entitled to nominate a Dental Hygiene Director to fill the open position.

C. Consumer Directors. Two (2) directors must be consumer representatives (each a “Consumer Director”). In the year that the term of a sitting Consumer Director expires, the open Consumer Director position will be filled by plurality vote of the Member Representatives and District Dental Hygiene Representatives present at the Annual Meeting held that year.

Except as otherwise set forth herein, Consumer Directors rotate among the Districts such that each Consumer Director elected at an Annual Meeting, is from the next higher District number than the Consumer Director he or she is replacing. For the first two Consumer Directors elected following the adoption of these bylaws, the first should be from District 4 and the second should be from District 10. A Consumer Director must be a member of a Member Board; if a Consumer Director ceases to be a member of a Member Board for any reason, his or her successor on that Member Board is entitled to serve the balance of his or her three year term, but if such successor serves out the remainder of such term, that person is ineligible for re-election. In the event that at an Annual Meeting, the District from which a Consumer Director is to be elected fails to nominate a candidate for an open Consumer Director position, or such District’s nominee for said Consumer Director position declines or is for any reason unable to serve, the next higher numbered District that neither has a sitting Consumer Director, nor has the present right to appoint a Consumer Director, will be entitled to nominate a Consumer Director to fill the open position.

D. Each of the following serves on the Board of Directors ex officio, with voice (including the right to bring motions before the Board of Directors) but without vote: the Officers of the Corporation, the Chair of the Dental Examination Committee; and the Chair of the Dental Hygiene Examination Committee.

ARTICLE 4, SECTION 3. Regular Meetings. A regular meeting of the Board of Directors, including any newly elected directors, will be held without other notice than this Bylaw immediately after, and at the same place as, the Annual Meeting.

The Board of Directors may provide, by resolution, the time and place for the holding of additional regular meetings without notice other than such resolution. All meetings of the Board of Directors are open to the Member Boards’ designated representatives, unless an Executive Session is called for by any Director, and approved by majority vote of the Board of Directors.

Meetings of the Board of Directors (except the meeting immediately following the Annual Meeting) may be held by telephone conference call, provided all Directors have been given notice of the meeting as required by these Bylaws, a quorum is present and those participating can hear and be heard by all other participants.

ARTICLE 4, SECTION 4. Resignation. Any Director may resign at any time by submitting a written notice of resignation to the Secretary of the Corporation. Such resignation is effective as of the date and time specified in such notice. Consent of the Board of Directors is not necessary to make a Director’s resignation effective.

ARTICLE 4, SECTION 5. Removal. Any Dentist Director may be removed, with or without cause, by the written consent of the Member Board that appointed such Dentist Director. Any Dental Hygiene Director or Consumer Director may be removed, with or without cause, by the written consent of the holders of two thirds of the votes entitled to be cast for the election of such Director.

ARTICLE 4, SECTION 6. Vacancies. A vacancy on the Board of Directors resulting from the death, incapacity, resignation or removal of a Director may be filled through appointment by the Member Board that appointed such director, if appointed, or, if such director was elected, by written consent of the holders of a majority of the votes that were entitled to be cast for or against such Director, provided that any person so appointed to fill such a vacancy must meet the same criteria (including but not limited to Member Board affiliation) as the Director whose death, incapacity, resignation or removal created such vacancy. Any Director so appointed or elected will serve the remainder of the term of the Director whose death, incapacity, resignation or removal resulted in the vacancy, unless earlier removed in accordance with these Bylaws.

ARTICLE 4, SECTION 7. Location of Meetings. Meetings of the Board of Directors may be held at such times and places, and by such means (including telephonic), as the Board of Directors determines.

ARTICLE 4, SECTION 8. Special Meetings - Notice. Special meetings of the Board of Directors may be called at any time by the Secretary upon the request of the President or Vice President, or upon the written request of not less than six (6) Directors. The time, place and manner of a special meeting must be set forth in the notice of such meeting.

Written notice of a special meeting of the Board of Directors, stating the purpose thereof, must be sent to each Director at least twenty-one (21) days before the day on which the meeting is to be held, delivered by registered or certified mail, return receipt requested, by e-mail or by a reputable commercial delivery system, to each Director's address as it appears on the records of the Corporation.

Notice will be deemed to have been given on the date notice is sent by email, deposited in the mail, placed with a reputable commercial delivery system, with postage or other delivery charges thereon prepaid. At any special meeting of the Board of Directors, the business conducted must be limited to such business as may be specified in the notice of such meeting, and any action incidental thereto.

ARTICLE 4, SECTION 9. Waiver of Notice. Whenever any notice is required to be given to any Director under the provisions of these Bylaws, the Articles of Incorporation, or applicable law, a waiver of notice in writing, signed by a Director wll be deemed equivalent to the giving of such notice. Attendance of a Director at any meeting constitutes a waiver of notice of that meeting, except where the Director attends for the express purpose, stated at the opening of the meeting, of objecting to the transaction of any business because the meeting is not lawfully called or convened.

ARTICLE 4, SECTION 10. Quorum. A majority of the Directors constitutes a quorum at any meeting of the Board of Directors. In the absence of a quorum, those Directors present may adjourn the meeting to a future date, but must provide at least seven (7) days written notice of the new date, time and place to all Directors. At the adjourned meeting, if a quorum is present, any action may be taken which might have been taken at the meeting as originally called.

ARTICLE 4, SECTION 11. Voting. Each Director, other than the ex officio members, is entitled to one vote on all questions coming before the meeting. The act of the majority of Directors present at a meeting, at which a quorum is present, is the act of the Board of Directors. Proxy voting is not permitted.

ARTICLE 4, SECTION 12. Actions Without a Meeting. Any action that may be taken by the Board of Directors at a meeting may be taken without a meeting if consent in writing, setting forth the action to be taken, is signed by all of the Directors.

ARTICLE 4, SECTION 13. Compensation. Directors may not receive a salary for service on the Board of Directors, but per diem and travel expenses may be allowed for attendance at regular or special meetings of the Board of Directors in accordance with policies adopted by the Board of Directors. Nothing herein should be construed to preclude any Director serving the Corporation in any other capacity and receiving reasonable compensation therefor.

ARTICLE 4, SECTION 14. Reports to Members. The Board of Directors must cause to be prepared an annual report of the activities and operations of the Corporation (the "Annual Report"), which includes a detailed financial statement prepared by certified public accountants retained by the Corporation showing in summary form the financial affairs and transactions of the Corporation, as well as its financial position as of the close of its immediately preceding fiscal year. The Board of Directors must approve an Annual Report no later than the last meeting of the Board of Directors preceding the Annual Meeting. The Annual Report must be presented by the Officers of the Corporation, in both oral and written form, at the Annual Meeting. No confidential information may be included in the Annual Report.

ARTICLE 4, SECTION 15. Committees. The President, with the advice and consent of the Board of Directors, has the authority to appoint, in addition to the standing committees authorized by Article Five of these Bylaws, such committees as the President and the Board of Directors deem necessary for the operation of this Corporation.

ARTICLE 4, SECTION 16. Authority Over Examinations. The Board of Directors has the authority, only in exigent circumstances (as determined in the discretion of the Board of Directors), to seek input from the Corporation's psychometrician and make such changes to the National Uniform Examinations as may be reasonably necessary to carry out the purposes of the Corporation. The authority over the National Uniform Examinations granted in this provision is not intended as a substitute for the role and function of the Dental Examination Committee or Dental Hygiene Examination Committee, but is intended solely to permit adjustment of the National Uniform Examinations between Annual Meetings in order to prevent unintended consequences or manifest injustice.

ARTICLE FIVE. OFFICERS

ARTICLE 5, SECTION 1. Qualifications, Nomination and Election. The Officers of this Corporation are the President, Vice President, Secretary, andTreasurer, and if appointed, a Chief Executive Officer and/or Chief Operating Officer. The Officers, other than the Chief Executive Officer and Chief Operating Officer, are those elected by majority vote of the Member Boards at the Annual Meeting. A Chief Executive Officer of the Corporation; and a Chief Operating Officer of the Corporation may be appointed by the Board of Directors and if appointed, each serves at the pleasure of the Board of Directors. Each person nominated and elected as either President or Vice President, must:

i. be licensed as a dentist by at least one Member Board;

ii. have been a Member Representative; and

iii. be or have been a voting member of a Member Board.

None of the Officers of the Corporation may concurrently serve as a Director.

ARTICLE 5, SECTION 2. Term of Office and Limitation of Terms. Each Officer, other than the Chief Executive Officer and Chief Operating Officer, serves for one year, or until a successor is elected, or until their death, incapacity, resignation, or removal, whichever first occurs. The term of office commences on the first day of the month following the Annual Meeting. An Officer, other than the Chief Executive Officer and Chief Operating Officer, may be re-elected for up to three (3) additional one year terms. No term limits apply to the Chief Executive Officer or Chief Operating Officer.

ARTICLE 5, SECTION 3. Duties of Officers:

A. The President. The President presides at all meetings of the House of Representatives, meetings of the Member Boards and meetings of the Board of Directors. The President is only entitled to vote at a meeting of the Board of Directors in the event that the Directors present and voting cast equal numbers of votes for and against a question which has been put to a vote. The President serves as an ex-officio member of each committee, has the power to call meetings as set forth in these Bylaws,

and has the power to appoint the standing committees of the Corporation, subject to the approval of the Board of Directors. In addition, the President has such other powers, duties, and responsibilities as may be delegated to him by the Board of Directors.

B. The Vice President. The Vice President presides at all meetings where the President is absent or declines to preside. If the Vice President is presiding over a meeting, he or she has the same right to vote as the President if the President were so presiding. In the event of the death or incapacity of the President, the Vice President may exercise all the powers and duties granted to the President hereinabove. The Vice President has such other powers, duties and responsibilities as may be delegated from time to time by the Board of Directors.

C. Secretary. The Secretary is responsible to: (a) keep minutes of all meetings of the Corporation, including Annual Meetings, meetings of the Member Boards, and meetings of the Board of Directors in one or more books provided for that purpose; (b) see that all notices are duly given in accordance with the provisions of these Bylaws and as otherwise required by law; (c) be custodian of the corporate records of the Corporation; (d) keep a register of the post office address of each Member Board, Associate Member and Representative; (e) have general charge of the books and records of the Corporation; and (f) perform all duties incident to the office of Secretary and other duties from time to time assigned by the President or by the Board of Directors.

D. Treasurer. The Treasurer is responsible to: (a) have charge and custody of and be responsible for all funds of the Corporation; (b) receive and give or cause to be given receipts of monies due and payable to the Corporation from any source whatsoever, and deposit or cause to be deposited all monies in the name of the Corporation in banks, trust companies or other depositories selected in accordance with the provisions of Article V of these Bylaws; and (c) in general perform or cause to be performed all of the duties incident to the office of the Treasurer and other duties assigned by the President or by the Board of Directors.

ARTICLE 5, SECTION 4. Resignation. Any Officer may resign by delivering a written resignation to the President or Secretary of the Corporation. Such resignation takes effect from the time of its receipt by the President or Secretary, unless some other time is fixed in the resignation, and then from that time. Acceptance of the resignation by the Board of Directors is not required to make such resignation effective.

ARTICLE 5, SECTION 5. Removal. Any person elected or appointed by the Board of Directors, and any employee of the Corporation, may be removed or discharged by a majority vote of the Directors present at any regular meeting or special meeting of the Board of Directors called for that purpose, whenever in their judgment, the best interest of the Corporation would be served thereby. Any such removal shall be without prejudice to the contract rights, if any, of the person so removed.

ARTICLE 5, SECTION 6. Vacancies. In the event an office elected by the Member Boards becomes vacant due to the death, incapacity, resignation, or removal of the individual holding the office, the Board of Directors may elect an individual to hold that

office until the following Annual Meeting, at which time a successor must be elected by the Member Boards.

ARTICLE 5, SECTION 7. Bond. The Board of Directors may require that any Officer give a bond for the faithful discharge of his or her duties in a sum and with a surety or sureties determined by as the Board of Directors.

ARTICLE SIX. GENERAL PROVISIONS

ARTICLE 6, SECTION 1. Fiscal Year. The fiscal year of the Corporation begins on July 1 and end on June 30.

ARTICLE 6, SECTION 2. Banking Authority. The Board of Directors may, from time to time, determine the rules and regulations governing the Corporation's banking authority, including the establishment and maintenance of bank accounts and safe deposit boxes, and the safekeeping of escrow funds.

ARTICLE 6, SECTION 3. Vote by Ballot. At any meeting of the Board of Directors, upon motion duly made and carried by a majority of those entitled to vote, the voting upon any matter or question be by written ballot, which ballots may in the discretion of the Board of Directors be transmitted by email.

ARTICLE 6, SECTION 4. Loans. The Corporation may not loan money to any Officer or any Director.

ARTICLE 6, SECTION 5. Conflict of Interest. No Officer, Representative, Director, or member of any committee of the Corporation may be an officer, director, or member of an operational, governance, or policy-making committee of an organization that:

i. Develops and/or administers clinical licensure examinations for dentists or dental hygienists; and

ii. Is not authorized to administer any of the National Uniform Examinations.

ARTICLE SEVEN. COMMITTEES

ARTICLE 7, SECTION 1. Executive Committee. There is a standing Executive Committee consisting of the President, Vice-President, Secretary, Treasurer, Chief Executive Officer, Chief Operating Officer, and Immediate Past-President of this Corporation as well as such other Directors as may be from time to time designated by the Board of Directors. Both the Chief Executive Officer and Chief Operating Officer, if appointed, serve on the Executive Committee with voice, but without vote. The Executive Committee may meet at such times and in such places as it deems necessary for the conduct of the affairs of the Corporation between meetings of the entire Board of

Directors. The Executive Committee exercises the authority of the Board of Directors between meetings of the Board of Directors subject to such restrictions and guidelines as may be adopted, from time to time, by the Board of Directors. The Executive Committee must keep regular minutes of its proceedings and such minutes must be recorded in the minute book of the Corporation. The Secretary of the Corporation acts as the Secretary of the Executive Committee.

In the event the Immediate Past-President is unable or unwilling to serve on the Executive Committee for any reason, including but not limited to by virtue of death, incapacity, resignation, or removal, such vacancy may be filled by the next most recent Past-President who is willing and able to serve.

ARTICLE 7, SECTION 2. Articles of Incorporation and Bylaws Committee. The President may appoint, subject to approval by the Board of Directors, a standing committee to consider and make recommendations on proposed changes or amendments to the Articles of Incorporation and Bylaws for action by the Board of Directors and by the Member Boards.

ARTICLE 7, SECTION 3. Budget Committee. The President may appoint, subject to approval by the Board of Directors, a standing committee to review the reports of financial operations of this Corporation and to develop an annual budget to be presented to the Board of Directors for review and approval on a schedule established by the Board of Directors. In developing the annual budget, the Budget Committee should be guided by the principle that the Corporation will pay the reasonable expenses (as determined in the sole discretion of the Board of Directors) for the attendance at the Annual Meeting of each person entitled to attend either to participate in the Annual Meeting or in connection with the Dental Examination Committee or Dental Hygiene Examination Committee, or requested to attend by the Board of Directors, except that if a Member Board's Dentist Representative is not also its Member Representative, the Corporation will only pay the expenses of one of those two individuals for attending the Annual Meeting.

ARTICLE 7, SECTION 4. Calibration Committee. The President may appoint, subject to approval by the Board of Directors, a standing committee to establish standards and procedures for the calibration of all those persons conducting, administering, and grading any of the National Uniform Examinations.

ARTICLE 7, SECTION 5. Quality Assurance Committee. The President may appoint, subject to approval by the Board of Directors, a standing committee to establish procedures for and conduct of a post examination analysis to be completed annually after the close of the examining season. The information developed from the examination analysis necessary for examination improvement, as determined in the discretion of the Quality Assurance Committee, must be provided to the Dental Examination Committee and the Dental Hygiene Examination Committee, as well as the Board of Directors. The proceedings of the Quality Assurance Committee otherwise remain confidential and all meetings of the Quality Assurance Committee are restricted to members of the committee and Officers of the Corporation.

ARTICLE 7, SECTION 6. Examination Review Committee. The President may appoint, subject to approval by the Board of Directors, a standing committee to develop standards for the review of complaints received with respect to the National Uniform Examinations and the resolution or disposition of those complaints.

ARTICLE 7, SECTION 7. Patient Ethics Committee. The President may appoint, subject to approval by the Board of Directors, a standing committee to review and address issues involving patient ethics.

ARTICLE 7, SECTION 8. Ad Hoc Committees. The President may appoint, subject to approval by the Board of Directors, such other committee or committees, for such purposes, with such composition, and for such periods of time, as the President may determine to be necessary or in the best interest of the Corporation.

ARTICLE 7, SECTION 9. General Provisions - Committees. Except as otherwise set forth herein, for each committee, the Board of Directors may establish the size of the committee and the President shall appoint the members of each committee, subject to approval by the Board of Directors. Except to the extent otherwise set forth in these Bylaws, or in the Articles of Incorporation, the President has the authority to implement procedures and rules for the operation of any committee, including procedures and rules regarding the removal and replacement of committee members, however in the absence of direction from the President, each committee may set its own internal operating procedures and rules.

ARTICLE 7, SECTION 10. Dental Examination Committee.

A. Chair. The President appoints the Chair of the Dental Examination Committee, subject to approval by majority vote of the Board of Directors. Any person nominated to serve as Chair of the Dental Examination Committee must be a dentist who is, at the time of appointment licensed to practice by one of the Member Boards. The Chair of the Dental Examination Committee serves a three (3) year term, and thereafter continue until a successor has been duly appointed and qualified. No person who is an officer or director of any agency that develops and/or administers clinical licensure examinations for dentists or dental hygienists; and is not authorized to administer the National Uniform Examinations, is eligible to serve as Chair of the Dental Examination Committee.

B. Composition. Except as otherwise set forth herein, each member of the Dental Examination Committee has the right to cast one (1) vote on all matters coming before the committee, except the Chair who will only vote in the event of a tie. The Dental Examination Committee is comprised of:

i) One Dentist appointed by each Member Board (each a "Dentist Representative"), each of whom is or has been a member of such Member Board and is a dentist licensed to practice by such Member Board;

ii) One of the two Consumer Directors (the other of whom serves on the Dental Hygiene Examination Committee) who rotates annually, immediately following the Annual Meeting, onto the Dental Hygiene Examination Committee;

iii) One (1) dentist educator from each District, elected by the Member Boards for each District as set forth below;

iv) The Chair of the Dental Examination Committee;

v) The Corporation's psychometrician (non-voting).

C. Subcommittees. The Dental Examination Committee may appoint such subcommittees as it deems necessary or appropriate for the conduct of its work. The members of each subcommittee must be appointed from among the members of the Dental Examination Committee.

D. General Provisions.

1. Appointments to fill vacancies on the Dental Examination Committee, other than Dentist Representatives, may be made at the Annual Meeting, and become effective as of the first day of the month following the Annual Meeting. Each member of the Dental Examination Committee, other than a member who is on the committee by virtue of his or her status as a Dentist Representative, serves a three-year term.

2. Qualifications. Each dentist educator on the Dental Examination Committee must be a licensed dentist serving on the faculty of a dental school located in a Jurisdiction corresponding to a Member Board.

3. The dentist educators on the Dental Examination Committee (each a "Dentist Educator") serve three-year terms. The right to appoint the Dentist Educator for each District rotates among the Member Boards in such District that accept the National Uniform Examination for dentists in ascending alphabetical order based on the names of the Jurisdictions associated with the Member Boards in each District. For the Annual Meetings in 2018, 2019 and 2020, Dentist Educators may be appointed by the Member Boards whose associated Jurisdictions come last alphabetically among those in the District. In the event a Member Board entitled to appoint a Dentist Educator to fill a vacancy does not make such an appointment by the end of the Annual Meeting at or prior to which it had such right, the right to appoint shifts to the next Member Board in the rotation which has fifteen days to make an appointment. If no appointment is made, the right to appoint shifts again to the next Member Board in the rotation, and so on.

E. Consultants. The Dental Examination Committee is empowered to secure the assistance of such consultants as the committee or its Chair may deem necessary from time to time. Consultants are not members of this Committee and do not vote.

F. Duties. The Dental Examination Committee has the following duties with respect to the National Uniform Examination for Dentists developed by the Corporation, and such other duties as may from time to time be delegated to it by the Board of Directors:

i) Prepare the National Uniform Examination for Dentists, including content, procedures for administration, and scoring;

ii) Review and prepare a critical analysis of content, breadth, depth and scope of the National Uniform Examination for Dentists;

iii) Aid in preparing the content and format of the National Uniform Examination for Dentists;

iv) Make recommendations to the Board of Directors for improving the National Uniform Examination for Dentists;

v) Serve in any other capacity as determined by the Board of Directors; and

vi) Prepare and present regular reports to the Board of Directors containing its recommendations, suggestions and actions with respect to the National Uniform Examination for Dentists. Among these reports is an annual report with respect to proposed changes to the National Uniform Examination for Dentists, which must be presented to the Board of Directors prior to the Annual Meeting. The Board of Directors, following receipt of the annual report of the Dental Examination Committee, must either accept the report, or reject the report and direct the Dental Examination Committee to reconvene and submit a revised report.

ARTICLE 7, SECTION 11. Dental Hygiene Examination Committee

A. Chair. The Chair of the Dental Hygiene Examination Committee is appointed by the President, subject to approval by the Board of Directors. Any person appointed to serve as the Chair of the Dental Hygiene Examination Committee must be a licensed dental hygienist who is, at the time of appointment, licensed to practice by one or more Member Board. The Chair serves a term of three (3) years, and thereafter continuing until a successor has been duly elected and qualified. No person who is an officer or director of any agency that develops and/or administers clinical licensure examinations for dentists or dental hygienists; and is not authorized to administer the

National Uniform Examinations, is eligible to serve as Chair of the Dental Hygiene Examination Committee.

B. Composition. Except as otherwise set forth herein, each member of the Dental Hygiene Examination Committee has the right to cast one (1) vote on all matters coming before the committee, except the Chair who only votes in the event of a tie. The Dental Hygiene Examination Committee is comprised of:

i) the District Dental Hygiene Representative for each District;

ii) (1) Dentist appointed by the President;

iii) One of the two Consumer Directors (the other of whom serves on the Dental Hygiene Examination Committee) who rotate annually, immediately following the Annual Meeting, onto the Dental Examination Committee;

iv) (1) Dental Hygiene Educator elected for a one year term by Districts on a rotating basis, with the Dental Hygiene Educator elected by District 10 at the 2019 Annual Meeting. In the event a District entitled to elect a Dental Hygiene Educator fails to do so by the close of elections at an Annual Meeting, the elections will be extended to permit the next higher numbered District to elect the Dental Hygiene Educator for such term;

v) The Chair of the Dental Hygiene Examination Committee;

vi) The Corporation's psychometrician (non-voting).

C. Subcommittees. The Dental Hygiene Examination Committee may from time to time appoint such subcommittees, as it deems necessary to conduct its work. The members of each subcommittee must be appointed from among the voting members of this Committee.

D. General Provisions.

i) Appointments and Term. Appointments to the Dental Hygiene Examination Committee must be made at the Annual Meeting, and become effective as of the first day of the month following the Annual Meeting at which such appointment was made.

ii) Qualifications. The dental hygiene educator on the Dental Hygiene Examination Committee must be a licensed dental hygienist serving on the faculty of a dental or dental hygiene school located in a Jurisdiction whose Dental Hygiene Board is a Member Board.

iii) Each member of the Dental Hygiene Examination Committee who is appointed by the President serves a term of three years, but may be removed with or without cause by the President at any time.

E. Consultants. The Dental Hygiene Examination Committee may secure the assistance of such consultants as the committee or its Chair may deem necessary from time to time. Consultants are not members of this Committee and do not vote.

F. Duties. The Dental Hygiene Examination Committee has the following duties and such other duties as may from time to time be delegated to it by the Board of Directors:

i) Develop the National Uniform Examination for Dental Hygiene;

ii) Review and prepare a critical analysis of results of the National Uniform Examination for Dental Hygiene, particularly as it determines the performance of candidates;

iii) Aid in revising the content and format of the National Uniform Examination for Dental Hygiene;

iv) Make recommendations to the Board of Directors for improving the National Uniform Examination for Dental Hygiene;

v) Serve in any other capacity as determined by the Board of Directors; and

vi) Prepare and present regular reports to the Board of Directors containing its recommendations, suggestions and actions with respect to the National Uniform Examination for Dental Hygienists. Among these reports must be an annual report with respect to proposed changes to the National Uniform Examination for Dental Hygienists, which must be presented to the Board of Directors prior to the Annual Meeting. The Board of Directors, following receipt of the annual report of the Dental Hygiene Examination Committee,

must either accept the report, or reject the report and direct the Dental Hygiene Examination Committee to reconvene and submit a revised report.

ARTICLE EIGHT. RULES OF ORDER

The Standard Code of Parliamentary Procedure governs any meeting of the Corporation, including the House of Representatives, Member Boards, Board of Directors, and all committees. In the event of conflict between the Standard Code and these Bylaws, these Bylaws control. The President or presiding Officer may appoint a parliamentarian.

ARTICLE NINE. INDEMNIFICATION OF DIRECTORS AND OFFICERS

The Corporation must indemnify any person who is serving or has served the Corporation as a Director, Officer, employee, committee chair or member, or examiner, pursuant to and to the maximum extent authorized by K.S.A. 17-6305, as amended.

ARTICLE TEN. AMENDMENTS

Amendments to the Bylaws may be proposed by a Member Board or by the Board of Directors. Any amendment to these Bylaws must be approved by at least a two-thirds (2/3) vote of the Member Boards present at any meeting of the House of Representatives, provided that the proposed amendment is sent to the Member Boards at least ninety (90) days prior to the meeting. These Bylaws may be amended, without notice, by the vote of seventy-five percent (75%) of all Member Boards present at a duly called Annual Meeting.

ARTICLE ELEVEN. ELECTRONIC MEETINGS

Any meeting of the House of Representatives, Member Boards, Board of Directors, or any committee may be held, in whole or part, via internet, or other communication technology. Any meeting held via internet or other communication technology, must at a minimum, permit participants who participate electronically to hear or read proceedings substantially concurrent with their occurrence, vote on matters to all participants for a vote, pose questions, and make comments.

ARTICLE TWELVE. DEFINITIONS

“Jurisdiction” means a country, or the state, province, or other political subdivision thereof, which grants licenses for the practice of dentistry and/or dental hygiene.

The term “Board of Dental Examiners” is to be construed to mean the body in each Jurisdiction granted the authority to examine candidates for, or advise with respect to, licensure of dentists, dental hygienists, or other dental health care providers under the law of such Jurisdiction in effect at the time the determination is made.

Adopted 05.10.05
Revised 05.11.06
Revised 06.17.07
Revised 06.15.08
Revised 06.13.09
Revised 06.27.10
Revised 11.07.10
Revised 11.10.13
Revised 10.09.14
Revised 11.15.15
Revised 04.26.17
Revised 08.10.19

Exhibit A

ADEX Districts

District 1
- California

District 2
- Alaska
- Arizona
- Colorado
- Hawaii
- Idaho
- Montana
- Nevada
- New Mexico
- Oregon
- Utah
- Washington
- Wyoming

District 3
- Kansas
- Missouri
- Nebraska
- Oklahoma
- Texas

District 4
- Iowa
- Minnesota
- North Dakota
- South Dakota
- Wisconsin

District 5
- Illinois
- Indiana
- Michigan
- Ohio

District 6
- Arkansas
- Georgia
- Kentucky
- South Carolina
- Tennessee
- Virginia
- West Virginia

District 7
- Maryland
- Pennsylvania

District 8
- Connecticut
- Delaware
- District of Columbia
- U.S. Virgin Islands

District 9
- New Hampshire
- New Jersey
- New York
- Rhode Island

District 10
- Maine
- Massachusetts
- Vermont

District 11
- Alabama
- Louisiana
- Mississippi
- North Carolina
- Puerto Rico

District 12
- Florida

District 13
- International District- Jamaica

Updated 11.07.10
08.10.19

Conrad McVea III, DDS President
David Perkins, DMD Vice-President
Renee McCoy Collins, DDS Secretary
Maurice Miles, DDS Treasurer
William Pappas, DDS Past President

June 9, 2024

Oregon State Board of Dental Examiners
Stephen Prisby-Executive Director
Dr. Reza Sharifi DMD
1500 SW 1st Avenue #770
Portland Oregon 87201

Dear Sharifi:

We would like to update you regarding appointments from your Board to the American Board of Dental Examiners (ADEX). You are next in the rotation to appoint a District 2 Hygiene State Member Representative.

ADEX House of Representatives District 2 Dental Hygiene State Member Representative-- Please appoint a Dental Hygiene Representative for this position.

ADEX is providing notice to the Board requesting the appointment of a Dental Hygiene Representative for the position in the House of Representatives for the District 2 Dental Hygiene State Member. Please appoint within the next thirty days or these position appointments will need to rotate to the Utah Board to appoint a District 2 Dental Hygiene Representative.
For your convenience, please send a letter or other notification via email to office@adexexams.org.

If you have any questions, please feel free to contact me at the email address above or call me at 503-724-1104. I have included the current ADEX Bylaws which provide guidance on the qualifications necessary for these appointments. Thank you very much for your support.

Sincerely:
Renea Chapman
ADEX Executive Director

Attachment

EXECUTIVE DIRECTOR'S REPORT

EXECUTIVE DIRECTOR'S REPORT
August 23, 2024

OBD Budget Status Report
Attached is the budget report for the 2023 - 2025 Biennium. This report, which is from July 1, 2023 through June 30, 2024, shows revenue of $2,040,949.61 and expenditures of $1,865,171.70. **Attachment #1**

OBD 2025 – 2027 Budget - Agency Request Budget Policy Option Packages
The OBD's Agency Request 2025-2027 Budget has been completed with Policy Option Packages (attached). This is one of many steps in the budget development process and the agency budget document was due and delivered to the DAS CFO on July 31. The Agency Request Budget 146-page document is posted on the OBD website and I notified all Board Members on how to access it on the website. Due to its size it is not in this meeting packet.
Attachment #2

An update on Lease negotiations for OBD office space. I previously requested DAS Real Estate Services to attempt to renegotiate and lower our monthly lease costs. A proposal has been tentatively agreed to that will lower our lease costs approximately $44,000 over the next two years beginning Sept 2024 and slightly increase our monthly costs approximately $850/month beginning in Sept 2026. **(ACTION REQUESTED)**

OBD Gold Star Certificates for FY 2022 & FY 2023
The DAS CFO Gold Star Certificate is awarded to state agencies that provide accurate and complete fiscal year end information in a timely manner. The OBD has achieved this, from the records I reviewed, for the past 16 years. **Attachment #3**

Customer Service Survey – FY 2024
Attached are the legislatively mandated survey results for FY 2024, which is July 1, 2023 – June 30, 2024. The results of the survey show that the OBD received positive ratings from the majority of those that submitted a survey. **Attachment #4**

Dental Hygiene & Dental Therapy License Renewal
The license renewal period started on July 8, 2024 and ends on September 30, 2024 and it is progressing well. A heartfelt reminder that audits of Continuing Education are planned to be conducted after the renewal period closes, as it did for the dentists who renewed their licenses earlier in the year. Audits will commence in October on a select number of those that renewed their licenses. The Board has audited licensees for compliance with Continuing Education requirements since 1999.

Governor's Expectations of Agency Leaders – OBD Snapshot of Performance

	Complete	In Progress	Not Applicable	notes
Executive Director Performance Review	X			
Strategic Planning	X			
Managing IT Processes			X	**For agencies over 50 FTE**

Performance Feedback for Employees	**X**			**Quarterly Check Ins**
Measuring Employee Satisfaction		**X**		**DAS**
Diversity, Equity and Inclusion Plan	**X**			
Agency Emergency Preparedness	**X**			
Agency Hiring Practices	**X**			
Audit Accountability			**X**	**No Audits to address**
New Employee Orientation Updates		**X**		**DAS**
Uplift Oregon Benefits Workshop	**X**			
Intro Manager Training			**X**	**No new managers**
Customer Service Training		**X**		**DAS**

Agency Head Financial Transactions FY 2024 Report (July 1, 2023 – June 30, 2024)
Board Policy requires that annually the entire Board review agency head financial transactions for the last Fiscal Year and that acceptance of the report be recorded in the minutes. I request that the Board review and if there are no objections, approve this report, which follows the close of the recent fiscal year. I am happy to answer any questions regarding this report.
Attachment #5 ACTION REQUESTED

Board Best Practices Self-Assessment & Score Card
As a part of the legislatively approved Performance Measures, the Board needs to affirm or not, that the Best Practices have been completed for the fiscal year. The Self-Assessment Score Card is utilized to memorialize this, so that it can be included as a part of the FY 2024 annual progress report. I will provide the FY 2024 annual progress report at the October 25, 2024, Board Meeting. **Attachment #6 ACTION REQUESTED**

License Compact Review
I summarized issues and concerns regarding implementation and the OBD joining a license compact. The CSG's inaugural license compact meeting is scheduled for August 28, 2024.
Attachment #7

2025 Revised Board Meeting Dates & Draft Agenda
I updated the 2025 Board Meeting dates for the Board to consider for next year. I am proposing additional virtual meetings to be proactive and anticipate a busy 2025 legislative session. These short 1-hour virtual meetings may be cancelled if not needed. A draft agenda for the short virtual meetings is included as well. Thank you for reviewing and I welcome any questions.
Attachment #8 ACTION REQUESTED

Tribe-State Government Summit
I attended the Tribe-State Government Summit in Canyonville July 23-24, 2024 and enjoyed the Governor's remarks, connecting with the attendees and sharing OBD updates on dental therapy. **Attachment #9**

Oregon Board of Dentistry

Date run: 7/22/2024

For the Month of **JUNE 2024** AY 2025 FY 2024

3400 BOARD OF DENTISTRY *REVENUE*

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date
0205	OTHER BUSINESS LICENSES	61,445.00	1,797,274.00
0210	OTHER NONBUSINESS LICENSES AND FEES	0.00	8,850.00
0410	CHARGES FOR SERVICES	245.00	13,911.00
0505	FINES AND FORFEITS	2,000.00	157,580.70
0605	INTEREST AND INVESTMENTS	5,405.01	60,277.93
0975	OTHER REVENUE	60.00	3,055.98
Grand Total		**69,155.01**	**2,040,949.61**

3400 BOARD OF DENTISTRY *TRANSFER OUT*

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date
2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	14,060.00	89,621.75
Grand Total		**14,060.00**	**89,621.75**

3400 BOARD OF DENTISTRY *PERSONAL SERVICES*

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date
3110	CLASS/UNCLASS SALARY & PER DIEM	58,438.18	681,931.39
3115	BOARD MEMBER STIPENDS	3,154.00	30,251.00
3160	TEMPORARY APPOINTMENTS	0.00	0.00
3170	OVERTIME PAYMENTS	0.00	2,224.73
3180	SHIFT DIFFERENTIAL	0.00	1.00
3190	ALL OTHER DIFFERENTIAL	660.74	7,514.55
3210	ERB ASSESSMENT	13.14	155.49
3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	10,789.27	127,896.03
3221	PENSION BOND CONTRIBUTION	2,769.52	34,073.48
3230	SOCIAL SECURITY TAX	4,721.56	54,741.69
3241	PAID FAMILY MEDICAL LEAVE INSURANCE	246.89	2,659.76
3250	WORKERS' COMPENSATION ASSESSMENT	9.23	122.55
3260	MASS TRANSIT	354.57	4,149.76
3270	FLEXIBLE BENEFITS	11,156.44	123,462.33
Grand Total		**92,313.54**	**1,069,183.76**

3400 BOARD OF DENTISTRY *SERVICES AND SUPPLIES*

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date
4100	INSTATE TRAVEL	151.42	7,152.91
4125	OUT-OF-STATE TRAVEL	0.00	0.00
4150	EMPLOYEE TRAINING	0.00	9,941.71
4175	OFFICE EXPENSES	180.91	10,942.95
4200	TELECOMM/TECH SVC AND SUPPLIES	1,022.48	8,825.83
4225	STATE GOVERNMENT SERVICE CHARGES	62.10	47,843.69
4250	DATA PROCESSING	3,075.69	58,084.22
4275	PUBLICITY & PUBLICATIONS	401.10	1,553.00
4300	PROFESSIONAL SERVICES	17,878.18	215,330.87
4315	IT PROFESSIONAL SERVICES	0.00	0.00
4325	ATTORNEY GENERAL LEGAL FEES	16,999.55	134,332.78
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	0.00	120.00

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date
4400	DUES AND SUBSCRIPTIONS	0.00	1,171.80
4425	LEASE PAYMENTS & TAXES	8,191.40	97,819.62
4475	FACILITIES MAINTENANCE	0.00	0.00
4575	AGENCY PROGRAM RELATED SVCS & SUPP	4,367.25	20,063.31
4650	OTHER SERVICES AND SUPPLIES	3,886.79	64,927.27
4700	EXPENDABLE PROPERTY $250-$5000	0.00	0.00
4715	IT EXPENDABLE PROPERTY	0.00	28,256.23
Grand Total		**56,216.87**	**706,366.19**

				Current Month	Bien_To_Date	Rpt Mm Bal Ytd Avg
3400	**BOARD OF DENTISTRY**	Revenue	***REVENUE***	69,155.01	2,040,949.61	501,112.89
		Revenue Total		**69,155.01**	**2,040,949.61**	**501,112.89**
		Expenditures	***PERSONAL SERVICES***	92,313.54	1,069,183.76	293,959.12
			SERVICES AND SUPPLIES	56,216.87	706,366.19	222,928.01
			TRANSFER OUT	14,060.00	89,621.75	29,718.48
		Expenditures Total		**162,590.41**	**1,865,171.70**	**546,605.61**

OBD ARB 2025 – 2027 POLICY OPTION PACKAGES:

- **POP 070 Revenue Shortfall**

Purpose: This POP accounts for OBD's revenue shortfall. Agencies are required to project an ending balance of at least 3 months for 2025-27 at the CSL level. This means without any of the other POP packages, including the fee increase. This POP reduces OBD's budgeted staff and supplies to meet the 3 month ending balance requirement so that if no other POPs are approved for the 2025-27 biennium, the Board will have taken the necessary cuts to continue operating through the end of the biennium.

How Achieved: The OBD will eliminate one of its investigator positions as well as cease participation in the Health Professional Services Program (HPSP). These two actions will reduce the total budget by $456,152 and increase OBD's projected ending balance to be above 3 months for the 2025-27 biennium.

Staffing Impact: The .5 FTE dental Investigator position will be eliminated on 7/1/2025. This represents a $311,152 decrease in Personal Services.

Services and Supplies: The agency will be cutting $145,000 from its professional services budget, which is the cost of administering HPSP.

Quantifying Results: The OBD will monitor the transition and ensure all its agency and investigative functions are being completed in a timely basis. The OBD strives to be manage its limited resources effectively and stay mission focused as well. The agency will assess if it can continue to meet investigation standards and requirements without the .5 FTE investigator and support its licensees without HPSP.

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 certification.

- **POP 100 Fee increases to support Current Service Level**

Purpose: The OBD needs sufficient revenues to fund its operation. The OBD derives approximately 94% of its funding from applicants for licensure and Licensees. The OBD faces significant cost increases due to generous Cost of Living increases for most state employees, significant increase in DAS assessments and high costs to transition from OMB service support to DAS support for critical accounting, budget and finance functions. In addition, the license base for the OBD has plateaued for the past 10 years at approximately 8000 Licensees and the OBD is dependent on them for its source of funding.
How Achieved: The OBD would initiate select fee increases effective July 1, 2025. The additional revenue will support the OBD and ensure current service level and all primary functions and mission is supported.

The proposed fee increases are estimated to add a total of $409,320 in revenue.
Increase dental biennial license fee by $50 to be $486 (3692 Dental licenses renewed would generate $184,600)
Increase Dental Hygiene biennial license fee by $24 to be $275 (4400 Dental Hygiene licenses renewed would generate $105,600)
Increase Dental Therapy biennial license fee by $24 to be $275
(30 Dental Therapy licenses renewed would generate $720)
Increase Deep Anesthesia permit fee by $325 to be $400 (80 permits = $26,000)
Increase General Anesthesia Permit fee by $260 to be $400 (190 permits = $49,400)
Increase Moderate Anesthesia Permit fee by $125 to be $200 (344 permits = $43,000)

Fees proposed 2025-
2027

OBD Fee Category	Amount	Object Code	New Fee (proposed)	$ Change	% Change	Additional Revenue expected
Dental/Specialty Renewal fee	$436	2104	$486	$50	11.50%	$184,600 (3692 D)
Dental Therapy Renewal fee	$251	2107	$275	$24	9.60%	$720 (30 DT)
Dental Hygiene Renewal fee	$251	2105	$275	$24	9.60%	$105,600 (4400 DH)
Anesthesia Permit – Deep Sedation	$75	2133	$400	$325	433%	$26,000 (80 permits)
Anesthesia Permit – General Anesthesia	$140	2134	$400	$260	186%	$49,400 (190 permits)
Anesthesia Permit – Moderate	$75	2135	$200	$125	167%	$43,000 (344 permits)
						$409,320 additional revenue

Staffing Impact: No impact. CSL maintained.

Services and Supplies: No impact. CSL maintained.

Quantifying Results: The OBD will monitor the implementation of fee increases and the budget closely in the next biennium. The OBD will notify DAS CFO/Governor's Office as needed if revenue is not in line with budget expectations or any budget issues are noted. It is expected that the fee increases will bring in sufficient revenue to support the needs of the agency.

Revenue Source: The Board of Dentistry funding is 100% Other Funds generated primarily from fees paid by licensees and applicants for licenses and permits. These fee increases seem fair and equitable impacting all three licensee types. The three sedation permits allow the highest level of sedation. These permits require more time and work from OBD staff in initial approval. The anesthesia fees have not been increased in over 20 years. The dentists holding these permits generally are the highest earning dentists and these permits are more time intensive for staff to review documentation, approve and renew.

- **POP 200 List Serve Upgrade to GovDelivery**

Purpose: The OBD would like to transition to a modern, proven and efficient method to share important news, updates and renewal reminders to its Licensees and interested parties. GovDelivery is a proven, Oregon state government utilized email delivery system.
Total for 2025-2027 is $24,823
$4127 one-time set up and implementation fee
Per Year $10,348/year

How Achieved: The OBD would transition to a modern, proven and efficient method to share important news, updates and renewal reminders to its Licensees and interested parties. The current method of pulling emails from database is cumbersome, inefficient and clunky. Communication about the Board's activities is crucial to its operation and mission. It is a pillar of our modernization efforts to reach out to all communities in the state more effectively. DAS has provided the information and guidance on the service available to state agencies.

Staffing Impact: No impact.

Services and Supplies: $24,823

Quantifying Results: The OBD will review its survey results and interact with interested parties and Licensees regarding its implementation of this new email delivery system. The OBD will also note attendance and feedback on its meetings, public rulemaking activities and future strategic planning engagement to quantify the success of the new email delivery system. The OBD expects to reap other benefits and will work with the vendor of the system to best utilize its capabilities and functions to benefit all that interact with the OBD.

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**

Purpose: The transfer of OBD's HR and Payroll Services from OMB to DAS. This POP would request the difference between what you are currently paying to OMB ($863 per month) and the 25-27 rate for DAS HR services.

How Achieved: The OBD will transition to DAS Services for accounting and budget support effective July 1, 2024 and DAS HR July 1, 2025.

Staffing Impact: No impact.

Services and Supplies: $24,000

Quantifying Results: The OBD will monitor the transition and ensure all its agency and enterprise functions are being completed and all impacted are happy with the transition.
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 400 Health Care Investigator Restoration**

Purpose: The position was eliminated in the initial budget request and development to meet ending balance needs. This package is to add back the position to .25 FTE if projected revenue allows it.

Staffing Impact: Restore Health Care Investigator Position $125,061

Services and Supplies: None

Quantifying Results: The OBD will have a better opportunity to manage case investigations and serve Oregonians in a timelier basis with this position restored. The OBD is challenged to close investigations in 7.5 months, and cases can vary in complexity.

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.

Oregon
Tina Kotek, Governor

Department of Administrative Services
Chief Financial Office | Office of the State Controller
155 Cottage Street NE
Salem, OR 97301
FAX: 503-378-3518

July 8, 2024

RECEIVED
JUL 15 2024
Oregon Board of Dentistry

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

Re: **GOLD STAR 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's Gold Star Certificate for fiscal year 2022 and fiscal year 2023.

The Chief Financial Office's Gold Star Certificate is awarded to state agencies that provide accurate and complete fiscal year end information in a timely manner. Clearly, the Gold Star is a challenge to earn, and its achievement is due primarily to your agency's diligent efforts to maintain accurate and complete accounting records throughout the year.

Your agency's participation in the Gold Star Certificate program is important in meeting statewide fiscal performance goals and key to the timely preparation of Oregon's Annual Comprehensive Financial Report (ACFR) and the statewide Schedule of Expenditures of Federal Awards. Your agency's success in accounting and financial reporting is also critical to Oregon's success in receiving a favorable audit opinion on both statewide documents.

The Chief Financial Office's Gold Star Certificate is Oregon's equivalent to the nationally recognized GFOA Certificate of Achievement for Excellence in Financial Reporting. Through the collaborative team effort of state agencies and the Chief Financial Office, Oregon has earned the GFOA Certificate every year since 1992. Gold Star agencies are key to making this possible.

The Gold Star Certificate was delivered to your agency's lead ACFR accountant, **Olga Fokina**. Congratulations to your agency and your fiscal team for this outstanding work!

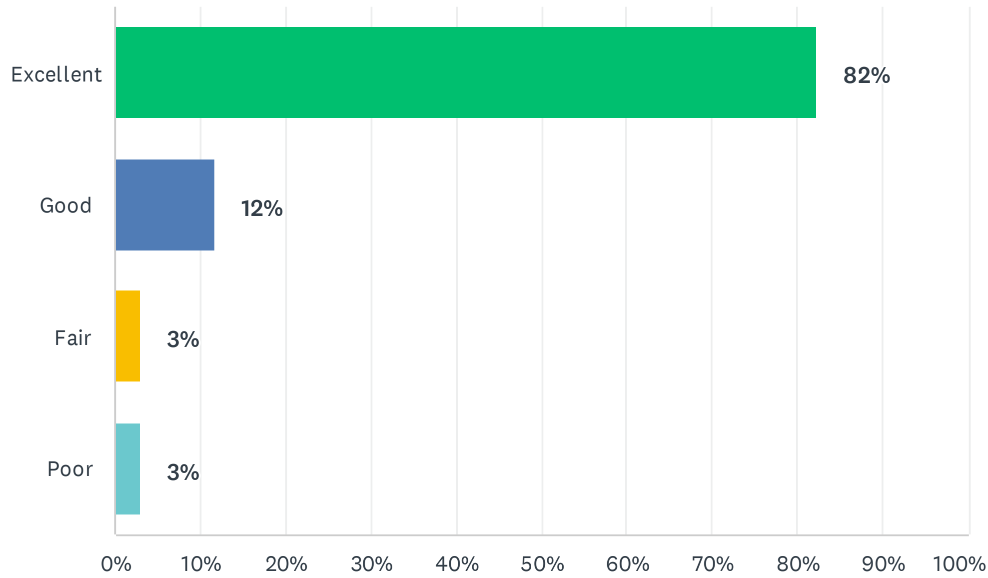
Sincerely,

Kate Nass, Chief Financial Officer
Chief Financial Office

Robert W. Hamilton, State Controller
Chief Financial Office

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

Answered: 34 Skipped: 0

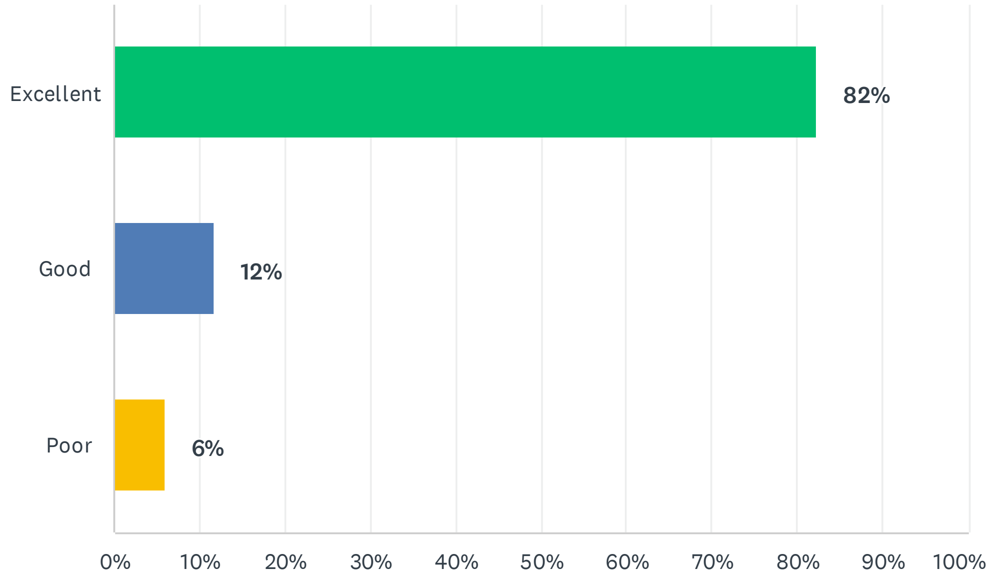


ANSWER CHOICES	RESPONSES	
Excellent	82%	28
Good	12%	4
Fair	3%	1
Poor	3%	1
TOTAL		34

Attachment #4

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

Answered: 34 Skipped: 0

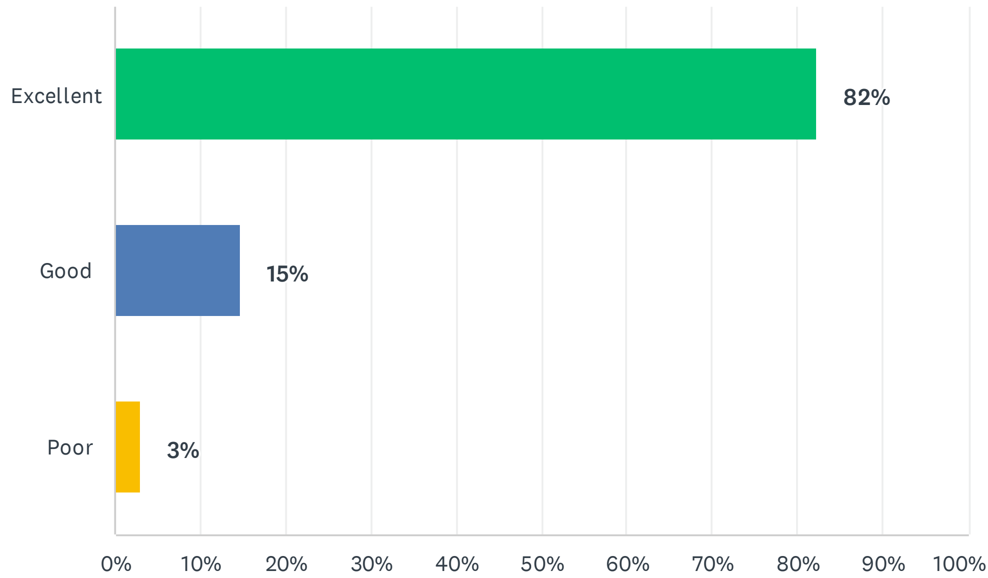


ANSWER CHOICES	RESPONSES	
Excellent	82%	28
Good	12%	4
Poor	6%	2
TOTAL		34

Attachment #4

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

Answered: 34 Skipped: 0

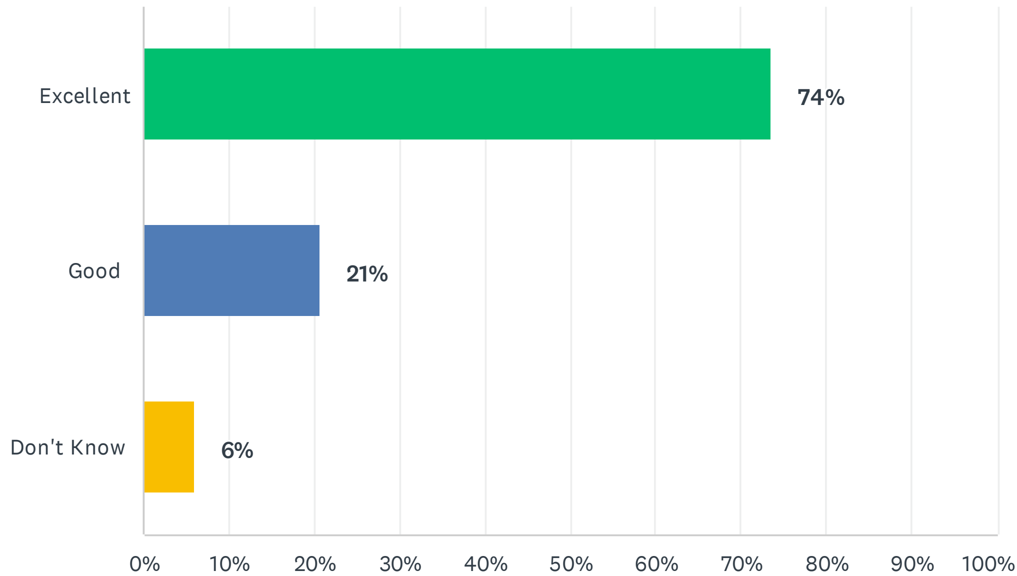


ANSWER CHOICES	RESPONSES	
Excellent	82%	28
Good	15%	5
Poor	3%	1
TOTAL		34

Attachment #4

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

Answered: 34 Skipped: 0

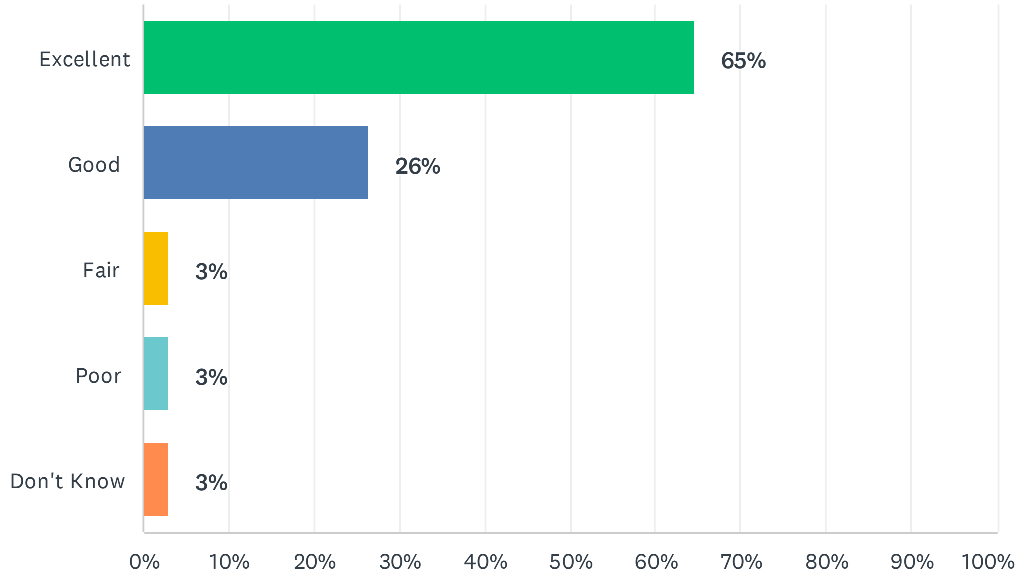


ANSWER CHOICES	RESPONSES	
Excellent	74%	25
Good	21%	7
Don't Know	6%	2
TOTAL		34

Attachment #4

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

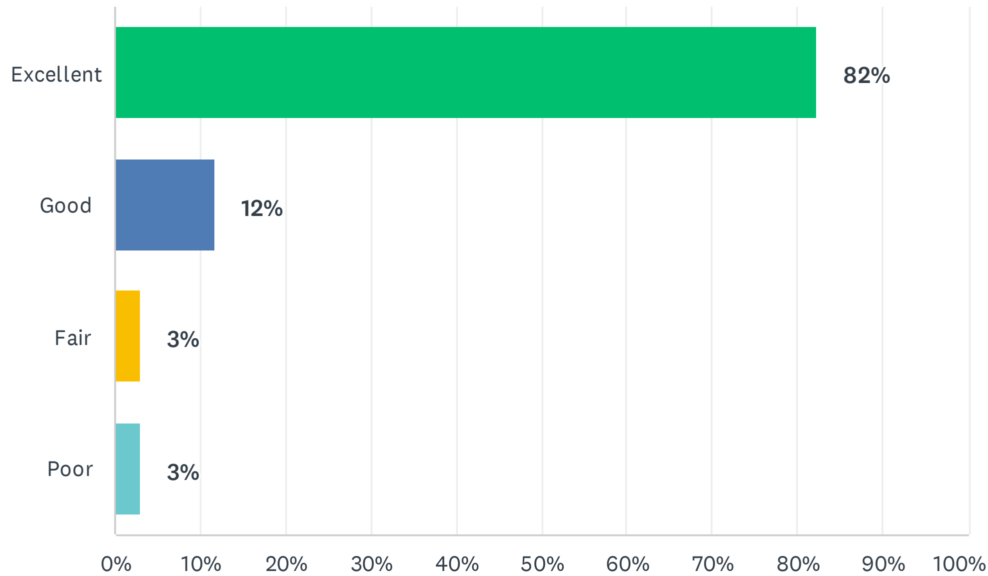
Answered: 34 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	65%	22
Good	26%	9
Fair	3%	1
Poor	3%	1
Don't Know	3%	1
TOTAL		34

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

Answered: 34   Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	82%	28
Good	12%	4
Fair	3%	1
Poor	3%	1
TOTAL		34

Attachment #4

Fiscal Year 2024 Agency Head Financial Transactions

Annual Leave Summary July 1, 2023 – June 30, 2024

Accrual or type of leave	Balance 7/1/2023	Accrual per month	Earned	Used	Balance 6/30/2024
Vacation	240	13.34	160	126	174
Vacation Payout *	-	-	-	100	0
Sick Leave	808	8	96	36	868
Personal Business	24	-	-	24	0
Discretionary Governor's Leave	8	-	-	8	0
Performance Leave awarded Aug 2023	40	-	-	40	0

*HR Policy allows 100 hours of Vacation Payout

Unclassified Executive Service, Unclassified Excluded and Management Service

Months Worked	Accrual Rate
First month through 60th month	10.00 hours per month
61st month through 120th month	11.34 hours per month
121st month through 180th month	13.34 hours per month
181st month through 240th month	15.34 hours per month
241st month through 300th month	17.34 hours per month
After 300th month	19.34 hours per month

Annual Travel Summary July 1, 2023 – June 30, 2024

Total In State Travel Expenses	**$223.72**
AADB Mid-Year Meeting in Rosemont, Il April 2024	**$760.12**
AADA & AADB Annual Meetings in Los Angeles, Ca Oct 2023	**$1,291.24**
Total Out of State Travel Expenses	**$2,051.36**
Total Agency Head Expenses Reimbursed to Employee:	**$1,482.20**

The expenses not reimbursed to employee, was airfare directly expensed to the agency.

Fiscal Year 2024 Agency Head Financial Transactions

Spots Card Purchases (Agency credit card paid directly by state)

	Total
Registrations/Memberships	$ 6840
Office Equipment/Supplies	$ 19072.12
Publications/Subscriptions	$ 508.95
Board Meeting/Staff Training Food	$ 4090.77
Transportation	$ 119.72
Misc. (FEDEX, Background checks)	$ 12.50
	$ $30,644.06

Agency Head Financial Transactions
Spots Card and Travel Reimbursement
Fiscal Year 2024 by Quarter

SPOTS Card Purchases: (Agency credit card paid directly by state)	**sub-total**	**Total**
July – September		**$6501.32**
AADB Registration	$1785.00	
AT&T	$1100.59	
ODOJ Public Law Conference	$560.00	
Board Meeting Food	$626.68	
FedEx	$14.49	
Fieldprint – New Employee	$12.50	
Quadient	$424.11	
NPDB	$552.50	
Office Depot	$402.21	
Witco (Name Plates)	$64.29	
Zipcar (annual membership fee)	$40.95	
NIC	$918.00	
October – December		**$8932.48**
AADB Registration	$995.00	
AT&T	$1084.30	
NIC	$1316.00	
Board Meeting Food	$989.50	
Quadient	$2571.27	
Survey Monkey	$468.00	
NPDB	$13.00	
Office Depot	$122.11	
AED Superstore	$268.00	
Zipcar	$105.30	
Yubico	$1000.00	

Fiscal Year 2024 Agency Head Financial Transactions

January – March		**$4580.71**
AADB	$500.00	
NPDB	$2.50	
AT&T	$593.74	
FedEx	$10.99	
Witco (Nameplates)	$41.10	
Quadient	$424.11	
NIC	$747.00	
Board Meeting Food	$825.18	
Office Depot	$1265.78	
Epson (Office Supplies)	$26.99	
ADA CDT Code Book	$128.90	
Parking	$14.42	

April – June		**$10629.55**
NPDB	$2.50	
AADB Membership Renewal	$3,000.00	
AT&T	$761.91	
Witco (nameplates)	$77.24	
Board Meeting Food	$1649.41	
Stericyle (paper shredding services)	$140	
NIC	$1123	
Office Depot	$1304.22	
Quadient	$2571.27	

Best Practices Self-Assessment Guide: Information in Support of Best Practices

Best Practices Criteria
1. Executive Director's performance expectations are current. o The job description and performance expectations for the Executive Director are reviewed annually.
2. Executive Director receives annual performance feedback. o The full Board reviews recent 360-degree performance report for Director every two years. o The Administrative Workgroup reviews the Executive Director's performance annually and makes recommendations to the Board.
3. The agency's mission and high-level goals are current and applicable. o The OBD's 2022-2025 Strategic Plan was ratified in Feb 2022. o Agency performance measures, as well as short and long term goals, are reviewed annually. o Annually the Board's Bylaws are reviewed.
4. The Board reviews the Annual Performance Progress Report. o The annual performance measures are reviewed every fiscal year.
5. The Board is appropriately involved in review of agency's key communications. o Board members are informed of relevant news and information. o Board members are updated on articles and ideas for inclusion in the newsletter.
6. The Board is appropriately involved in policy-making activities. o The Board's committees review rules and policy making issues. o The Board reviews legislative proposals that could impact the Board.
7. The agency's policy option budget packages are aligned with their mission and goals. o The Board reviews agency's proposed policy option packages. o The Board reviews the Agency Request Budget.
8. The Board reviews all proposed budgets. o The Board reviews the Agency Request Budget.
9. The Board periodically reviews key financial information and audit findings. o The Board reviews agency head financial transactions annually at a Board Meeting. o The Board reviews agency fiscal transactions at every regular Board Meeting. o The Board reviews agency performance audits when they occur.
10. The Board is appropriately accounting for resources. o Board revenue and expenditures are reviewed by the Board. o Board expenditures are reviewed and approved by the Executive Director and Office Manager. o Board Executive Director updates Board on revenue or cost issues at regular Board Meeting. o Physical inventory of all agency property is conducted annually.
11. The agency adheres to accounting rules and other relevant financial controls. o Board staff prepares all transaction entries in accordance with Oregon Statute, Oregon Administrative Rules, Oregon Accounting Manual and Generally Accepted Accounting principles. o The Board has annually received the Department of Administrative Services Comprehensive Annual Financial Report Gold Star Award for timely and complete financial data.

12. Board members act in accordance with their roles as public representatives.
   - Board members appropriately recuse themselves from cases which create an actual or potential conflict of interest.
   - The Board follows public meetings and records laws.
   - The Board uses good judgment in upholding the Board's Mission Statement of Protecting the Citizens of Oregon.

13. The Board coordinates with others where responsibilities and interest overlap.
   - Board members and staff participate in appropriate professional associations.
   - The OBD works with the OHSU School of Dentistry on certain issues.
   - The OBD works with the ODA, ODHA, ODAA and others that request it: to present important practice related issues to members and licensees.
   - The OBD is actively involved in the American Association of Dental Boards (AADB), American Association of Dental Administrators (AADA) and regional testing agencies.

14. The Board members attend/complete relevant training sessions.
   - New Board members attend new Board member orientation presented by OBD Staff and assigned attorney.
   - Board members utilize the Governor's Board Training.

15. The Board reviews its management practices to ensure best practices are utilized.
   - On an annual basis, in regular board meetings and as needed.

Best Practices Self-Assessment

Annually, Board members are to self-evaluate their adherence to a set of best practices and report the percent total best practices met by the Board (percent of yes responses in the table below) in the Annual Performance Progress Report as specified in the agency Budget instructions.

Best Practices Assessment Score Card

Best Practices Criteria	Yes	No
1. Executive Director's performance expectations are current.		
2. Executive Director receives annual performance feedback.		
3. The agency's mission and high-level goals are current and applicable.		
4. The Board reviews the Annual Performance Progress Report.		
5. The Board is appropriately involved in review of agency's key communications.		
6. The Board is appropriately involved in policy-making activities.		
7. The agency's policy option budget packages are aligned with their mission and goals.		
8. The Board reviews all proposed budgets.		
9. The Board periodically reviews key financial information and audit findings.		
10. The Board is appropriately accounting for resources.		
11. The agency adheres to accounting rules and other relevant financial controls.		
12. Board members act in accordance with their roles as public representatives.		
13. The Board coordinates with others where responsibilities and interest overlap.		
14. The Board members identify and attend appropriate training sessions.		
15. The Board reviews its management practices to ensure best practices are utilized.		
Total Number	15	
Percentage of total:	100%	

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

TO: Oregon Board of Dentistry Board Members
FROM: Stephen Prisby, OBD Executive Director
DATE: June 12, 2024
SUBJECT: License Compacts – Issues to Consider

The Oregon Board of Dentistry (OBD) was created by an Act of the Legislature in 1887. The authority and responsibilities of the Board are contained in Oregon Revised Statutes Chapter 679 (Dentists and Dental Therapists), Chapter 680.010 to 680.205 (Dental Hygienists), and Oregon Administrative Rules, Chapter 818. These statutes charge the OBD with the responsibility to regulate the practice of dentistry, dental therapy and dental hygiene, and also enforce all provisions in statute as well.

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

This document intends to capture the important mission critical issues regarding the OBD's participation in a license compact. It seems short-sighted not to assess and highlight potential issues since more than seven states have passed legislation to enact the CSG License Compact and the AADB License Compact also has state support. It seems logical to assume legislation will be introduced in Oregon, requiring the OBD to join a license compact.

While license compacts offer various benefits, there are also potential problems and challenges to consider. Here are some potential concerns and issues associated with joining a dental/dental hygiene license compact. The OBD 2025-2027 budget revenue projections are included as there is no doubt any participation in a license compact will have an impact on the Board's revenue and operations. The OBD's expenses to administratively comply with any new legislation and participation in a compact may be significant.

We thankfully will have data on the CSG Dental/Dental Hygiene License Compact during the rest of 2024 and into 2025 as that license compact takes form and its commission meets and prepares for creation of its bylaws, policies, rulemaking and other administrative functions. I will request documents from the participating states and the CSG on behalf of the OBD so it can better understand the number of meetings, costs, level of complexity and staff time needed regarding the work of this new administrative body.

These are some concerns I note from my research and review of available documents related to the Oregon Board of Dentistry participating in a licensing compact.

Loss of State & Board Autonomy: Participating in a license compact may require states to relinquish some degree of autonomy over their licensing standards and regulations. States may need to adhere to uniform standards established by the compact, limiting their ability to tailor licensure requirements to their state's specific needs or preferences.

Complexity and Variability: License compacts can be complex to implement and administer, particularly if they involve multiple states with different regulatory frameworks and procedures. Variability in requirements and processes across participating states can create confusion and administrative burdens for professionals and licensing authorities.

Legal and Regulatory Challenges: Compacts may face legal and regulatory challenges related to interstate commerce, state sovereignty, and constitutional issues. Disputes over jurisdiction, enforcement, or interpretation of compact provisions could arise, leading to legal uncertainty and potential conflicts. The CSG Compact would require legal issues be addressed and litigated in Washington D.C.

Potential for Weakened Standards: Critics argue that license compacts could potentially lead to a race to the bottom in regulatory standards if not implemented effectively. Concerns may arise about maintaining consistent and rigorous standards for licensure, particularly if states prioritize ease of mobility over public safety and consumer protection. States still have very different levels of regulatory oversight and uneven consumer protections in the oral healthcare arena.

Oregon specific requirements & continuing education (CE) that may be overlooked, not taken seriously and/or ignored by people practicing via a Compact:

- Oregon Jurisprudence Examination
- Cultural Competency CE
- Pain Management CE
- Dental Implant CE - requires 56 hrs initially and 7 hours every renewal cycle
- Sedation Permits - Oregon has four permits, these do not align with other states and have fees and different requirements listed under Division 26 in the Dental Practice Act
- BLS for Health Care Professionals certification required to be maintained at all times for all Licensees even if not practicing or in a non-clinical position
- Suicide Prevention CE – potentially adding CE requirements like many other Oregon health licensing boards
- Registration and utilization of the Oregon Prescription Drug Monitoring Program
- Healthcare Interpreters utilized to comply with OHA and OBD rules

Participation in Oregon Health Care Workforce Reporting Program (HWRP) which collaborates with our Board and 16 others to collect data on health care professionals in Oregon. The Dentists, Dental Therapists and Dental Hygienists are surveyed when renewing their licenses. The HWRP uses this important practitioner data from renewing licensees to estimate supply at

the state and county levels and to inform educational investments and policy recommendations. This data may not be captured by those practicing in Oregon via a Compact.

Dental Therapy: Dental Therapists in Oregon may only practice under an Oregon Licensed Dentist and under provisions of specific ORS and OAR. A seven-page Collaborative Agreement has to be filed with the Board and updated annually or when any parameters of the agreement change. Would dentists practicing in Oregon via a Compact (located outside Oregon) be able to supervise and enter into a collaborative agreement with Oregon Dental Therapists?

Dental Hygiene: Dental Hygienist who have an Expanded Practice Permit (EPP) and other Dental Hygienists without the EPP may not be understood by dentists practicing via a Compact. It is not clear how a license compact could account for this expansion in scope for those with an EPP versus a dental hygienist who does not have it. Those that possess an EPP have to complete 36 hours of CE versus a dental hygienist without an EPP have to complete 24 hours of CE. Some EPP holders also choose to utilize their expanded scope and enter into collaborative agreements with Oregon licensed dentists for additional procedures. Would dentists practicing in Oregon via a Compact (located outside Oregon) be able to supervise and enter in a collaborative agreement with Oregon Dental Hygienists who possess an EPP?

Dental Assistants: Dentists supervise dental assistants and the rules regarding various procedures and certification can be somewhat complicated and the level of supervision required as well for certain procedures and functions.

Military & Spouses: The Civil Rights Division enforces the Servicemembers Civil Relief Act (SCRA), which provides servicemembers and their dependents with certain civil protections related to military service. Congress added a new provision to the SCRA in January 2023, which allows service members and their spouses to use their professional licenses and certificates when they relocate due to military orders, in certain circumstances. The 2023 Congressional action now mandates licenses for military and their spouses be immediately licensed, basically with few requirements or impediments to practicing in Oregon. So their issues of license portability are in essence resolved already without the state needing to join a license compact, which previously had been one driving reason for needing a license compact.

Teledentistry/Telehealth: Out of state practitioners could create a lot of issues and unforeseen problems from a regulatory agency's perspective. Would you be comfortable with having a Dentist in another state like Maine, directing clinical care and supervising Dental Hygienists, Dental Therapists and Dental Assistants serving Oregonians?

Administrative and Operational Challenges: Managing the administrative and operational aspects of a license compact could be resource-intensive and require ongoing coordination among participating states. Licensing boards may need to invest in technology, infrastructure, and staff training to effectively implement and maintain compact provisions. A separate Commission would add another layer of bureaucracy for the Board's Staff & Licensees to interact with and of course would require wholesale amendments and updates to the statutes and rules in the Dental Practice Act.

Loss of Revenue: The OBD relies on licensing fees as the main source of revenue and may experience a reduction of revenue if professionals are allowed to practice across state lines without obtaining separate licenses. This loss of revenue could impact funding/staffing/work for any and all of the regulatory activities, professional development, Oregon Wellness Program and other programs supported by licensing fees. The Compact fees would need to be set carefully to ensure the OBD has the resources to effectively function.

Overall, while license compacts may offer benefits in terms of mobility, access to services, and baseline regulatory consistency, they also present various challenges and considerations that must be carefully weighed and addressed to ensure their effectiveness and success. It is essential for Boards, policymakers, licensing authorities, and interested parties to evaluate the potential implications of joining a license thoroughly and develop strategies to mitigate any drawbacks or risks associated with participation.

The CSG's inaugural D/DH Compact Commission Meeting is going to be held in August 2024 and all commission meetings are public. There will be minutes taken and posted on the compact's website ddhcompact.org after each meeting. Oregon has a wonderful opportunity to observe with elevated interest the start-up of the CSG License Compact to see if it is worth pursuing at some point.

OBD SOURCES OF REVENUE

The Board of Dentistry's funding is 100% Other Funds generated primarily from fees paid by Licensees and applicants for new licenses, license renewals and various permits. A small portion (generally less than six percent) of the Board's revenue is from miscellaneous revenues generated from civil penalties, the sale of documents, late fees, interest and dental assistant certifications fees.

PROGRAM FUNDED

The Oregon Revised Statutes directs that all money received by the Board be used only for the administration and enforcement of ORS 676.850 and 680.010 to 680.205 and all referenced in Chapter 679.

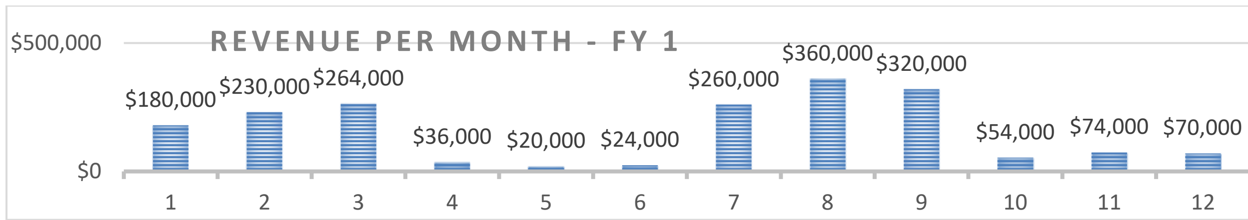
BACKGROUND FOR THE OBD 2025-2027 REVENUE ESTIMATES

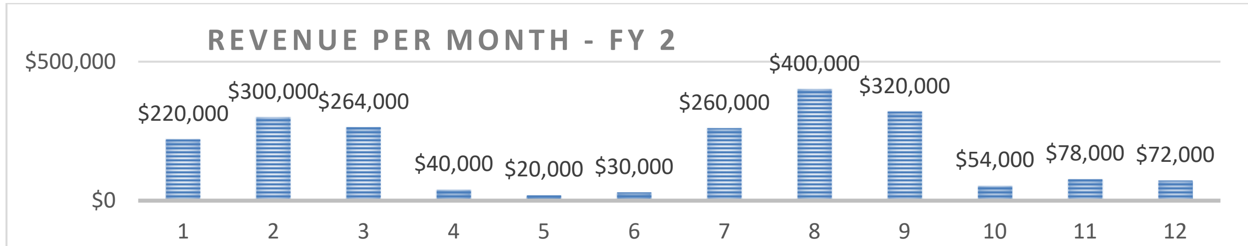
Licenses regulated by the Board are issued to expire and be renewed every year in two distinct timeframes. The result is that our biennial revenue is primarily received at different times during each biennium. Half of the dentists renew spring each year and half our dental hygienists and dental therapists renew in the fall each year. The agency aims for a minimum beginning balance of a minimum of three months of operating expenses at the beginning of every biennium.

Revenue stream- uneven every year due to Licensees renewing in spring & fall

Every year one half of our dentists renew their 2-year license between Jan – March 31.
Every year one half of our dental hygienists and dental therapists renew their 2-year license between July – Sept 30. Example of the uneven revenue typically received per Fiscal Year (FY) shown below. The OBD began licensing dental therapists in November 2022 and we forecast

that it will have a minimal impact on revenue in the current biennium or in the 2025 - 2027 biennium.



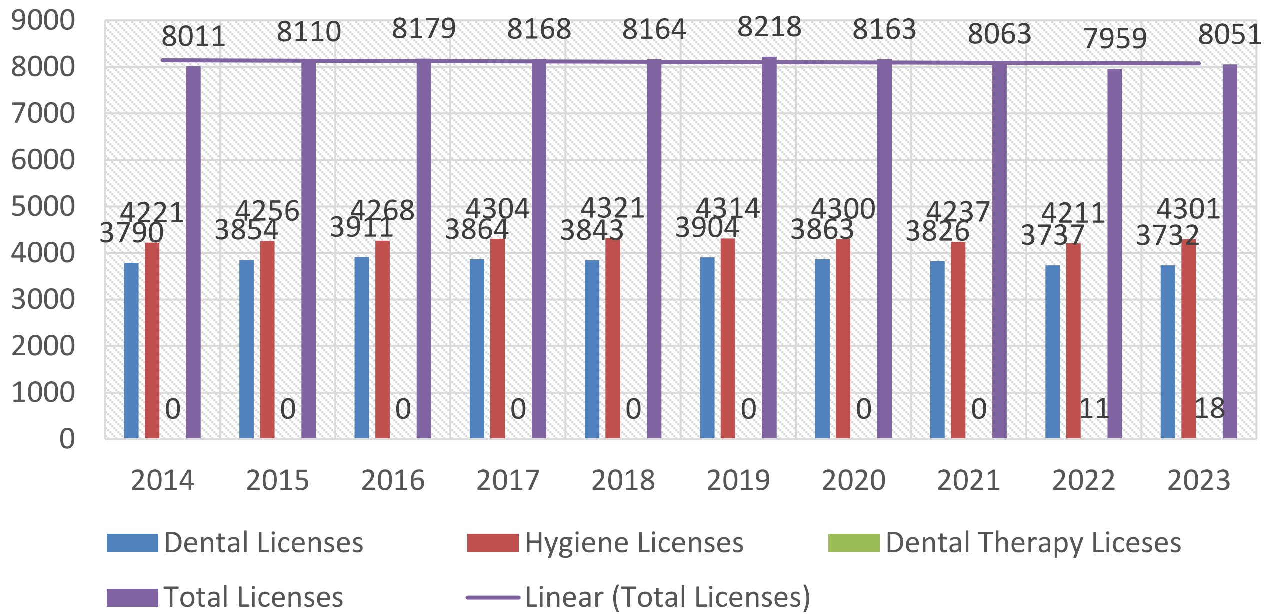


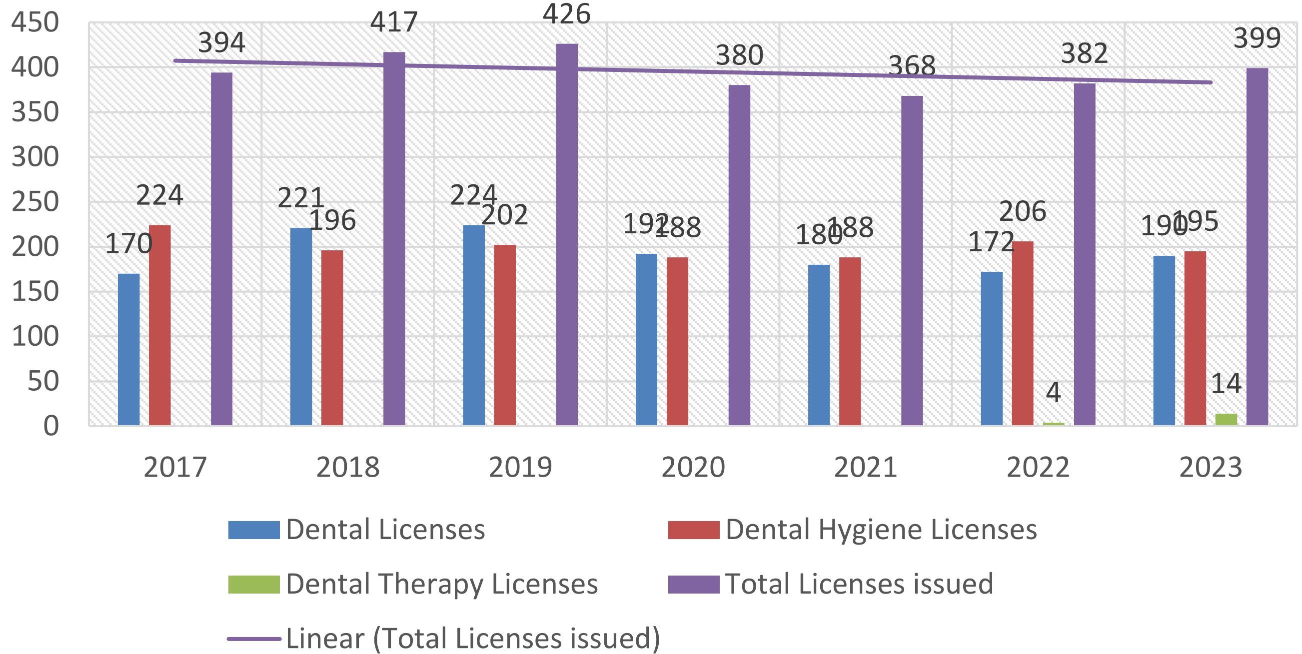
OBD Revenue Estimates

At this point, I am projecting revenue for the 2025-27 biennium to be approximately 10% higher than the 2023-25 budget biennium. The main driver for this revenue increase is the fee increases that were approved by the Legislature in the OBD's 2023-25 budget, and effective July 1, 2023. The revenue growth will not be due to any significant increase in the number of Licensees in Oregon during the 2025-27 biennium.
These estimates are based on the current fees, without any increases for 2025-27, though in the future projections those may need to be considered and included.

Revenue	FY 19-21 Actual	FY 21-23 Actual	FY 23-25 ESTIMATE	FY 25-27 ESTIMATE
OTHER BUSINESS LICENSES	3,197,000	3,096,000	3,400,000	3,765,000
OTHER NONBUSINESS LIC & FEES	14,900	22,200	14,000	14,000
CHARGES FOR SERVICES	25,100	25,600	146,000	146,000
FINES AND FORFEITS	243,000	191,000	240,000	240,000
INTEREST AND INVESTMENTS	49,000	49,000	60,000	60,000
OTHER REVENUE	14,700	7,000	9,000	9,000
TOTAL	3,543,700	3,390,000	3,869,000	4,265,000

Numbers have been rounded.

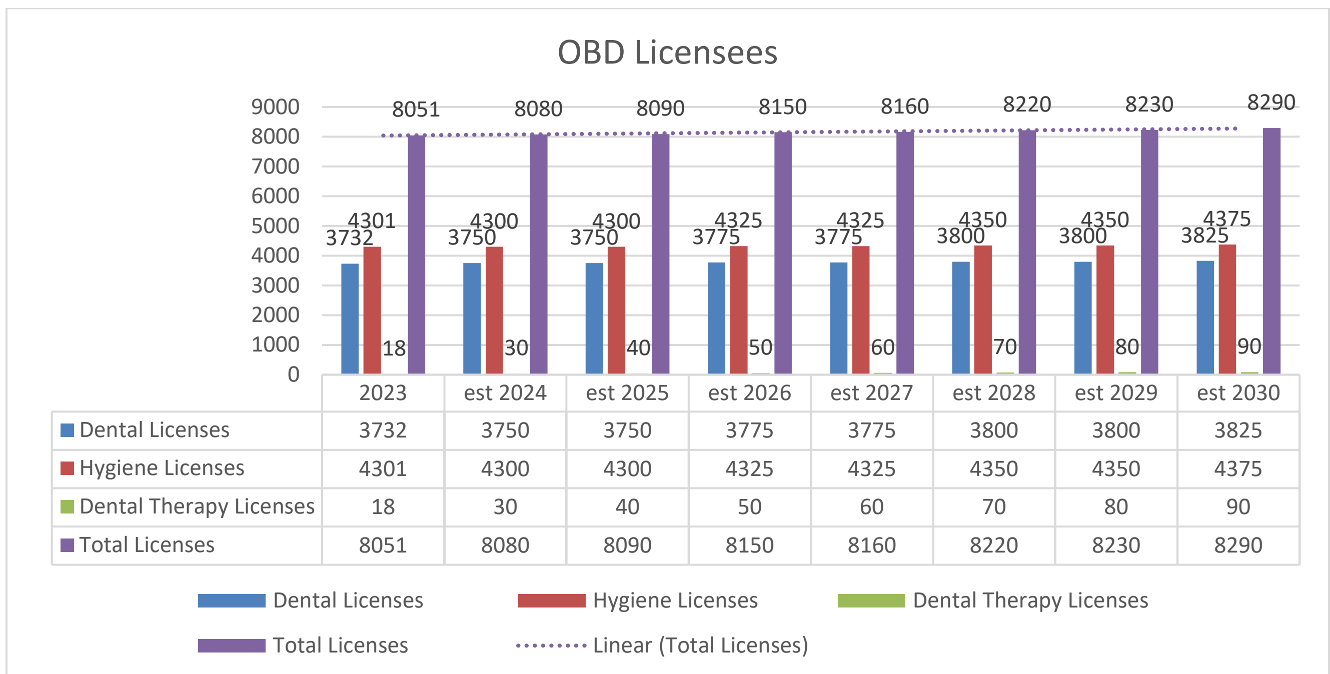




<u>PROJECTIONS going up to 2030</u>

A slight trend upward in licensees projected due to:
Dental Therapy Programs being implemented and more widely recognized in the United States
New dental hygiene and dental schools being built which will expand workforce
Many oral healthcare workforce initiatives at state and national level to expand workforce
Other initiatives to support retention and wellness of oral healthcare workforce
An important issues which could impact projections is a dental/dental hygiene license compact. It is unclear if that could increase Oregon license base (revenue), but more likely it could decrease license base. Licensees might logically choose the least expensive route for initial licensure and forego maintaining licensure in multiple states.

Calendar Year	2023	est 2024	est 2025	est 2026	est 2027	est 2028	est 2029	est 2030
Dental Licenses	3732	3750	3750	3775	3775	3800	3800	3825
Hygiene Licenses	4301	4300	4300	4325	4325	4350	4350	4375
Dental Therapy Licenses	18	30	40	50	60	70	80	90
Total Licenses	8051	8080	8090	8150	8160	8220	8230	8290



Summary
The OBD like all state agencies is charged with being a good steward of its resources and also to plan for upcoming challenges. The OBD is also directed to fulfill its mission and all its statutory requirements. The OBD is funded by a finite number of Licensees and this is not growing in any substantial way. There will be revisions and changes to the revenue projections as more information becomes available.

Remaining OBD 2024 Board Meeting Dates

August 23, 2024
October 25, 2024
December 13, 2024

OBD 2025 Board Meeting Dates

BOARD MEETING	Notes
Friday, February 7, 2025	*legislative/budget issues (virtual only) 1 hour
Friday, February 28, 2025	full meeting - in person & virtual
Friday, March 14, 2025	*legislative/budget issues (virtual only) 1 hour
Friday, April 4, 2025	*legislative/budget issues (virtual only) 1 hour
Friday, April 25, 2025	full meeting - in person & virtual
Friday, May 9, 2025	*legislative/budget issues (virtual only) 1 hour
Friday, May 30, 2025	*legislative/budget issues (virtual only) 1 hour
Friday, June 13, 2025	full meeting - in person & virtual
Friday, August 22, 2025	full meeting - in person & virtual
Friday, October 24, 2025	full meeting - in person & virtual
Friday, December 12, 2025	full meeting - in person & virtual

***These special one hour meetings are being planned for the OBD Board Members due to the legislative session and budget discussion: and not to address regular board issues which will be covered in the regular full meetings.**

These meetings may be cancelled if not needed, notice will generally be made one week before the meeting and updated on OBD website accordingly.

DRAFT

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

DRAFT

MEETING NOTICE

VIRTUAL BOARD MEETING
Via Zoom

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

February 7, 2025
3:00 pm
All times listed are approximate unless otherwise noted.
Items may be taken out of order at the discretion of the Board.

DRAFT

ADD ZOOM LINK
Dial-In Phone #: 1-Meeting ID: • Passcode OPEN SESSION (Zoom Only)

Call to Order Reza J. Sharifi, D.M.D. – President **3:00 p.m.**

Review Agenda

- Approval of XXXX Board Meeting Minutes
- Executive Director updates on proposed 2025 legislation.
  - XX
- Executive Director updates on the OBD's Budget and related issues.
  - XX
- Other Board Updates
  - XX

Any Other Business **3:50 p.m.**

Adjourn

This meeting is being held remotely via Zoom. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting to Haley Robinson at (971) 673-3200.

TINA KOTEK
GOVERNOR

2024 Tribal-State Government-to-Government Summit

Navigating Futures Together: Partnership, Policy, and Progress

Tuesday, July 23, 2024: 7:00 – 9:00 PM - Informal Summit Reception
Wednesday, July 24, 2024: Summit Program – Seven Feathers Casino Resort

7:30 – 8:30 AM **Registration and Continental Breakfast**

8:30 AM **Opening Ceremonies**

8:30 – 8:45 AM Veterans Color Guard and National Anthem
8: 45 – 9:00 AM Welcome and Invocation – Chairperson Carla Keene, Cow Creek Band of Umpqua Tribe of Indians

9:00 – 10:30 AM **Tribal Chairs and Governor Opening Remarks:** Together We Thrive: A Future of Collaboration, Honoring Tribal Sovereignty, and Vision for Strengthening Tribal-State Relations

The Honorable Tina Kotek, Governor of Oregon
Chairperson Carla Keene, Cow Creek Band of Umpqua Tribe of Indians and Legislative Commission on Indian Services Chair
Chairperson Gary I. Burke, The Confederated Tribes of the Umatilla Indian Reservation
Chairperson Brenda Meade, Coquille Indian Tribe, and Legislative Commission on Indian Services Vice-Chair
Chairperson Dee Pigsley, The Confederated Tribes of Siletz Indians
Chairperson Cheryle Kennedy, The Confederated Tribes of Grand Ronde
Chairperson Tracy Kennedy, Burns Paiute Tribe
Chairperson Brad Kneaper, The Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians
Chairperson William Ray, Jr. The Klamath Tribes
Chairperson Jonathan W. Smith, **Sr**. The Confederated Tribes of Warm Springs Indian Reservation

10:30 – 10:45 AM **BREAK**

10:45 – 11:45 AM **Panel Discussion (includes Q&A):** A Focus on Housing Production and Affordability: Tribal Sovereignty and Government-to-Government Collaboration

Moderator: Matthew Tschabold, Housing and Homelessness Initiative Director

This panel will showcase Governor Kotek's Housing Production Framework, focusing on Oregon's housing shortage and future needs. It will emphasize understanding the unique challenges faced by tribal communities and highlight how the housing shortage fuels the homelessness crisis. Consulting and collaborating with Oregon's nine tribes is a key strategic imperative. Panelists will share innovative solutions to common barriers and expand on the Governor's Housing Production Goals related to Tribal Sovereignty, Consultation, and Collaboration.

Panelists:

- **JD Tovey**, Executive Director, Confederated Tribes of Umatilla
- **Caroline Cruz**, General Manager, Health and Human Services, Confederated Tribes of Warm Springs
- **Shonn Leno**, Housing Director, Confederated Tribes of Grand Ronde
- **Timothy Mahern-Macias**, Tribal Liaison, Oregon Housing and Community Services
- **Sami Jo Difuntorum**, Housing Director, Confederated Tribes of Siletz Indians

11:45 – 12:45 PM **LUNCH** (Networking, no formal program) **Preview 'Heart and Spirit of Tribal Consultation' Video -** *Remarks from Governor Kotek and April Campbell*

12:45 – 1:45 PM **Guest Speaker:** *Robert J. Miller (Eastern Shawnee)*, Arizona State University Professor of Law, Sandra Day O'Connor College of Law

Title: "Indian Nations and Oregon: State-Tribal Relations, Consultation, and Partnership"

Professor Robert J. Miller's remarks will emphasize the historical, legal, and practical foundations of state-tribal relations in Oregon, underscoring the importance of federal Indian law, meaningful tribal consultation, and the benefits of partnering with tribal nations. He will explore how federal Indian law has influenced interactions between state and tribal governments and how current policies and practices can enhance understanding and respect for tribal sovereignty. Professor Miller will share successful case studies and best practices for collaboration, highlighting how mutually beneficial relationships can lead to great things for both tribal and state communities.

1:45 – 2:00 PM **BREAK**

2:00 – 3:00 PM **Panel Discussion (includes Q&A):** Navigating Economic and Sustainable Futures: Tribal Sovereignty and Opportunities to Partner for Collective and Individual Tribal Economic Growth

This panel will delve into the transformative power and unlimited potential of strategic collaborations between tribal nations, state government, and the private sector in driving sustainable economic development in Indian Country. Panelists will offer their thoughts on private sector growth, economic sovereignty, and tribal and cultural resilience for future generations. By sharing success stories, the panel will highlight effective strategies and challenges they've experienced in leveraging opportunities, and sharing their vision for collective strategies that emphasize the indispensable role and impact Oregon tribes and tribal communities play in the broader economic landscape of the state.

Co-moderators: Robert J. Miller, Arizona State University Professor of Law, Sandra Day O'Connor College of Law and **Tracy Kennedy,** Ford Family Foundation, Chairman - Burns Paiute Tribe

Panelists:

- **James Alan Parker**, Executive Director, Northwest Native Chamber
- **Kerry Brainard**, President, Blue Earth Federal Corporation, Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians
- **Margaret Simpson**, CEO, Coquille Economic Development Corporation
- **Brian Plinski**, Tribal Liaison and Economic Equity Program Manager, Business Oregon
- **Travis Hill**, Chief Operating Officer, Umpqua Indian Development Corporation

3:00 – 3:15 PM **BREAK**

3:15 – 4:15 PM **Panel Discussion (includes Q&A):** Navigating Water Futures: Indigenous Ecological Knowledge and Collaborative Governance for Climate Resilience

Moderator: Direlle Calica, Director, Institute for the Tribal Government at the Hatfield School of Government, Portland State University

Water is one of the most precious resources we have, and it is essential for our survival. The urgency of water security demands decisive action and strong leadership, Tribal perspectives, and collaborative governance structures built on trust and reciprocal relationships. This panel will discuss how Tribal recommendations and the integration of traditional ecological knowledge is important and valuable to current and future statewide policies and plans. As the 2025 Legislative Session approaches, the panel will offer their perspectives on how we can work together on climate adaptation and resilience for future generations.

Panelists:

- **Adell Amos**, Attorney, Professor of Law, University of Oregon (*Expert in Water Law*)
- **Joshua Newton**, Partner, Best Best & Krieger Law (*Expert in Water Law)*
- **Geoff Huntington**, Senior Natural Resources Advisor, Governor's Office
- **Don Gentry**, Department of Natural Resources, Klamath Tribes
- **Kelly Coates**, Director of Natural Resources, Cow Creek Band of Umpqua Tribe of Indians

4:15 – 4:45 PM Closing Remarks of Tribal Chairs and Governor Tina Kotek

4:45 – 5:00 PM Flags Retired and Adjourn

Our special thanks to the Cow Creek Band of Umpqua Tribe of Indians

UNFINISHED BUSINESS & RULES

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

DRAFT FOR BOARD REVIEW- Version 8/12/2024

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 using 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.

Option A:

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

☐	No visible signs of oral problems. See your Dentist or Dental Therapist at least yearly for preventive dental appointments.
☐	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.
☐	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.
☐	Evidence of trauma or severe swelling is present. An immediate visit to a Dentist, Dental Therapist, or Healthcare Provider is recommended in the next 0 - 48 hours.

Option B:

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

☐	No visible signs of oral problems. See your Dentist or Dental Therapist at least yearly for preventive dental appointments.
☐	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.
☐	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 0 - 2 weeks.

CORRESPONDENCE

Oregon Society of Oral & Maxillofacial Surgeons

June 14, 2024

VIA EMAIL: Stephen.Prisby@obd.oregon.gov

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

Dear Mr. Prisby and members of the Oregon Board of Dentistry:

On behalf of the 84 members of the Oregon Society of Oral and Maxillofacial Surgeons, I am writing to you to express my concern regarding the current licensing application process for dental practitioners in Oregon, specifically the inclusion of "have you ever" questions related to substance use disorders. These questions, while perhaps well-intentioned, can be stigmatizing and may inadvertently discourage practitioners from seeking the assistance they need. It is vital to consider the impact these questions have on both practitioners and patient safety.

The stigma surrounding substance use disorders is a significant barrier to seeking treatment. When practitioners are required to disclose past issues with substance use – especially when such conditions are in remission or being actively managed – on licensing applications, it fosters an environment of fear and shame. Practitioners may avoid seeking help due to the fear of professional repercussions, thereby exacerbating their condition and potentially compromising patient care.

Eliminating these stigmatizing questions from the licensing application can create a more supportive environment where practitioners feel safe to seek help. This approach is aligned with the recommendations of various professional and advocacy groups, including the Dr. Lorna Breene Heroes' Foundation. The Foundation, named after a physician who tragically lost her life partly due to the stigma associated with seeking mental health support, advocates for the removal of such barriers in medical licensing and credentialing processes. They emphasize that enabling healthcare providers to seek timely help without fear of career jeopardy is crucial for their well-being and, consequently, for patient safety.

Indeed, this is why the American Association of Oral and Maxillofacial Surgeons partnered with the Parkdale Center for Professionals to establish AAOMS Cares. Parkdale is an independent treatment facility based in Chesterton, Ind., with a proven track record of treating professionals across the United States struggling with substance use disorders in highly accountable industries. Through this program, practitioners may seek out confidential assessments, personalized treatment plans and ongoing support in an environment of privacy, confidentiality and anonymity.

Fostering an environment that supports rather than punishes those seeking help aligns with best practices for health and wellness in the workplace. It encourages a culture of openness and proactive management of health issues, including substance use disorders. By removing these questions, the Oregon Board of Dentistry would be taking a significant step towards prioritizing the mental health and well-being of dental practitioners, which ultimately enhances the quality of care provided to patients.

By making these changes, the Oregon Board of Dentistry can lead by example in promoting a healthier, more supportive professional environment for dental practitioners. Such progressive steps will not only

protect patient safety but also ensure that those dedicated to providing care are not penalized for seeking the help they need.

Thank you for your attention to this critical issue.

Sincerely,

Allen Cheng DDS, MD, FACS
President, Oregon Society of Oral and Maxillofacial Surgery

From: Paula Russell <Paula.Russell@oit.edu>
Sent: Wednesday, July 3, 2024 12:58 PM
To: ODHA <info@odha.org>; OBD Info * OBD <Information@obd.oregon.gov>
Subject: Oregon Tech Dental Hygiene Solicitation of Comments Re: DH Accreditation

---

Hello,
Please see the attached solicitation of comments to CODA for Oregon Tech's upcoming site visit for the Dental Hygiene Program.
Feel free to circulate as you see fit.

Thank you,

Paula

Paula Russell BSDH, M.Ed,
Department Chair, Professor Dental Hygiene
Online Director-RDH to BSDH Degree Completion
Oregon Institute of Technology
541-885-1277
paula.russell@oit.edu

Dental Hygiene Program
Klamath Falls, Salem Campuses

DATE:	July 1, 2024
TO:	Communities of Interest
FROM:	Paula Russell, Department Chair, Dental Hygiene
SUBJECT:	Solicitation of Third-Party Comments to CODA: Dental Hygiene Program Undergoing Accreditation Self-Study & Site Visit October 8-9, 2024.

The Dental Hygiene Program at Oregon Institute of Technology is accredited by the Commission on Dental Accreditation (CODA) and must meet the Accreditation Standards for Dental Hygiene Education Programs. CODA is interested in receiving comments about the Program from a variety of sources including the public, patients, faculty, students, and administrators at the various campuses. In addition, comments are welcomed from specialty and dental related organizations and other parties of interest.

Comments must pertain only to how well the Dental Hygiene Program complies with the Dental Hygiene Standards, and policies and procedures related to CODA's accreditation process. Individuals may obtain a copy of appropriate standards and policies related to third party comments by visiting the website at https://coda.ada.org/standards or by emailing CODA at the address below, or calling 1 (312) 440-4653.

Comments must be in writing and may be signed or unsigned. Names and signatures will be removed from comments prior to forwarding them to the program. Comments must be received by CODA no later than 60 days prior to the site visit, which is scheduled October 8-10, 2024.

Comments should include the name of the program "Oregon Institute of Technology" and be emailed to CODA@ada.org, *Attn: Katie Navickas & Daniel Sloyan* in the Subject line.

If further instructions are needed in order to submit comments to CODA please contact me by
Email at Paula.Russell@oit.edu. Do not send the comment to me or anyone else related to the Dental Hygiene Program. Thank you.

OBD meeting packet RE: HB3223

mary2805@aol.com <mary2805@aol.com>
Mon 8/5/2024 1:55 PM
To:PRISBY Stephen * OBD <stephen.prisby@obd.oregon.gov>;ROBINSON Haley * OBD <haley.robinson@obd.oregon.gov>

To the Oregon Board of Dentistry members

I am writing this to share with you my concerns about the changes that will happen in 2025.
As I understand what will happen because of HB3223; If the dental assistant exams are not offered in 3 languages, English, Spanish, and Vietnamese then all exams for assistants go away. That to me, dental patients in Oregon, and most likely to you, the board is a concern.
I had some questions prior to the last DAWSAC meeting and received a reply from Stephen. I am including that so you can understand a little better why I am writing this.
I am not questioning Stephen's answers but just concerned about them. It seems to me the OBD in the past was responsible for any dental issues and this seems to have been taken away with this HB3223. I thought the main reason for this bill had to do with the shortage of dental assistants. This has been shown to be incorrect and does not or will not effect the number of people interested in dental assisting. These facts have been a big part of information shared with you from the very effective DAWSAC reports.
The rules for dental assistants, their duties and testing have been in place for many years. They have changed, duties have been deleted, added to and of course the Pathways are many and have been put in place for ease of understanding, more open to all, and NOT restrictive.

I am writing this for myself and I am asking what to do next. I would hope that you, the board, will have some concern, thoughts, and hopefully a recommendation of where you stand and what I might do next. It is hard for me to think of all the years we have worked for the betterment of patients, their care in the dental offices throughout the state and the assurance that those assistants working on patients have the knowledge of the certificates they hold.
I would also like to add ODAA and ODA have been meeting and continue to communicate working together on many of these issues. And, we do not want to meet in Salem, unless we are there with one voice.
Thank you for your time in reviewing these concerns. I look forward to your thoughts.

Mary Harrison CDA Emiratis, EFDA, EFODA,FADAA

- PRISBY Stephen * OBD
  From:stephen.prisby@obd.oregon.gov
  To:mary2805@aol.com
  Cc:JORGENSEN Ginny * OBD,Jill Jill Lomax,Lynn Murray,ROBINSON Haley * OBD

Mon, Jul 8 at 2:05 PM

Hello,
You have a lot of questions. I will attempt to briefly address below in highlighted response. The due date for agenda and DAWSAC materials was July 2, and the meeting packet will be available on OBD website by July 9. Thank you for your feedback, Stephen

---

From: mary2805@aol.com <mary2805@aol.com>
Sent: Wednesday, July 3, 2024 4:12 PM
To: PRISBY Stephen * OBD <stephen.prisby@obd.oregon.gov>
Cc: JORGENSEN Ginny * OBD <ginny.jorgensen@obd.oregon.gov>; Jill Jill Lomax <jillian.lomax@gmail.com>; Lynn Murray <lynnlmurray4@gmail.com>
Subject: Committee thoughts

Happy warm weather,

So, I think/guess I have a couple questions that could go to the committee.

Is there any possible way to continue or reply to Salem/legislature, that all dental assistant issues be moved back to the Oregon Board of Dentistry. The OBD has been the states voice and government spoke person on all issues of dentistry, for dentists, hygienists, and dental assistants. **I would not count on it, not without the Governor's OK. I suggest the ASSOCIATIONS work together on a plan and strategy to impact the Legislature.**

Do we have to go back through legislature with a bill to make this change or may the committee that reports back to legislature make that recommendation? **The DAWSAC Committee can make ANY recommendation it wants to, to the OBD. The OBD then would need to decide what to do with the recommendation. The OBD cannot change legislation and has no legislative concepts going forward for the 2025 legislative session.**

The bill states the exam has to be in 3 languages, DANB has English and Spanish. Who is responsible for the third exam? **DANB would have to offer it in Vietnamese for the Board to be able to use the DANB Exam after July 1, 2025. If no entity, DANB or any CODA program offer it in 3 languages then according to HB 3223 bill there can be no DA cert exams at all.**

Is there any way it can be stated that the cost and the number of those that would use this third exam, really make it affordable and a reasonable thing to do. Has there been a request for this exam or for the exam to be given in any other language? **Not that I am aware of (any other language). The costs of the Exam may go up depending on DANB costs and their negotiation with OBD.**

Is the expense for this exam a reasonable item for the State of Oregon to pay for? **I have no opinion, might be a good one for the legislature.**

The committee is ongoing and I believe this has been addressed, is it possible that the committee members could rotate off and be replaced so there is some continuity like the OBD. I think it might be hard if the entire committee is replaced at once. **We can disinvite people every few meetings and add new people for fresh perspectives, as this committee will meet forever, no end date assigned.**

Thank you for considering my thoughts. If it is not necessary to go to committee, that is fine with me, but you have received my concerns. Please let me know how I can follow up on any of these thoughts. **We will have open comment period at end of DAWSAC meeting and the Chair will invite feedback if time allows. You always can address the full board at its regular board meetings, per usual.**

Mary Harrison, CDA Emiratis, EFDA, EFODA, ADAAF

- Se

From: Jenna Shanks <j.shanks1@saints.mhcc.edu>
Sent: Sunday, August 11, 2024 4:11 PM
To: PRISBY Stephen * OBD <stephen.prisby@obd.oregon.gov>
Subject: Proposal to Allow Dental Hygienists in Oregon to Administer Botox and Dermal Fillers Under Indirect Supervision

> You don't often get email from j.shanks1@saints.mhcc.edu. Learn why this is important

Dear Stephen Prisby,

I hope this message finds you well. I'm writing to propose that dental hygienists in Oregon be authorized to administer Botox and dermal fillers under the indirect supervision of a dentist. With their extensive training, dental hygienists are well-qualified to safely perform these procedures, which would benefit patients and expand dental practice offerings.

Hygienists are already trained in complex techniques like administering local anesthesia, making them well-suited to provide Botox and fillers. These services are low-risk and can be safely administered in the sterile environment of a dental office. Research also shows that patients often feel more comfortable with familiar dental professionals, enhancing their overall experience.

Allowing dental hygienists to perform these procedures would benefit both dentists and patients by expanding services and meeting growing demand. Dentists have been successfully administering Botox and fillers for some time, and extending this privilege to hygienists, with specialized training, is a natural progression.

In addition to aesthetic benefits, dental hygienists could offer treatments for TMJ disorders, migraines, and other therapeutic needs. There is strong professional interest in this expanded scope of practice, and it would align with the trend toward comprehensive patient care.

I believe this proposal would enhance patient care, expand the role of dental hygienists, and meet increasing demand for aesthetic treatments. I respectfully ask the Board to consider this proposal and would welcome further discussion.

Thank you for your time and consideration.

Sincerely,

Jenna Shanks

Registered Dental Hygienist

971-201-8520

OTHER ISSUES

The Oregon Dental Association represents over 2,100 dentists practicing in all corners of the State and the Oregon Dental Hygiene Association membership including over 600 licensees, with a combined membership of over 2,700 licensees statewide. Our two organizations write to formally request that the Oregon Board of Dentistry consider changes to the mental health questions that are currently part of the licensing process.

Recognizing the need to reduce stigma around mental health, the Oregon Medical Board recently moved to an attestation model in line with the Dr. Lorna Breen Heroes' Foundation's recommendations.

Yet, the line of questioning used by the Oregon Board of Dentistry during licensing remains outdated and stigmatizing—even though, according to the American Dental Association, the suicide rate amongst dentists is even higher than that of physicians, "Male dentists hold the highest suicide rate at 8.02 percent. Female dentists hold the fourth highest suicide rate at 5.28 percent. Physicians (7.87 percent), pharmacists (7.19 percent) and nurses (6.56 percent) also hold suicide rates much higher than the national average".

Notably, this data was gathered before the COVID-19 pandemic. More recently, the 2021 Dentist Well-Being Survey Report by the American Dental Association revealed that the percentage of dentists diagnosed with anxiety more than tripled in 2021 compared with 2003. Yet, providers report that they are fearful to seek the help that they need.

In recognition that healthcare providers encounter mental health and substance use disorders, the Oregon Medical Board uses the below form and wording for initial licensure and renewal. the Oregon Dental Association and the Oregon Dental Hygiene Association respectfully urge the Oregon Board of Dentistry to adopt similar language to replace stigmatizing language currently being used. Thank you for your consideration.

Mark Miller, DMD
President, ODA

Tracy Lynne Brunkhorst
RDH, EPDH, FADHA
President ODHA

Category II

The Oregon Medical Board 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 anonymously self-referring to the Oregon Health Professionals' Service Program (www.hpspmonitoring.com).

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 Medical Board 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.

Oregon Board of Dentistry
Initial Application Personal History Questions

Revised 08/2024

Answer all questions in both Category I and Category II. Category I will help the Board determine if you meet the essential requirements for registration. Category II will help the board determine if you are qualified to practice safely and competently, with or without reasonable modification.

If you answer “yes” to any of the questions, you must submit a complete explanation of the event(s) or conditions(s), including dates, names, addresses, circumstances, and results. If you need more space than is provided here, you may submit additional information on a separate form.

NOTE: Answer all of the following questions completely and honestly. Omission or false, misleading, or deceptive information in applying for or procuring a license, registration, or reactivation in Oregon is a violation of the Dental Practice Act and is grounds for a fine and future disciplinary action by the Board, including denials, suspension, or revocation of licensure. Such acts are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organizations.

Category I

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

1. Do you hold, or have you ever held, any licenses to practice another health care profession?
2. Have you ever failed a licensing examination, or any portion of a licensing examination, for a dental, dental hygiene, or dental therapy license (CDCA-WREB-CITA, ADEX, etc.) or for any other health professional license? If you ever failed a portion of a licensing examination, you must answer “yes,” even if you later passed the examination.
3. Have you ever been asked to and/or permitted to withdraw an application for licensure, credentialing, or certification with any board, agency, or institution?
4. Has any state licensing board refused to issue, refused to renew, or denied you a license to practice?
5. Have you ever had any disciplinary or adverse action imposed against any professional license or certification, or were you ever denied a professional license or certification, or have you entered into any consent agreement, stipulated order, or settlement with any regulatory board or certification agency; or have you ever been notified of any complaints or investigations related to any license or certification?
6. Regardless of the outcome, have you been denied approval to prescribe controlled substances, or been subject to an inquiry, or charged with a violation of federal or state controlled substance laws, or been asked to surrender your DEA number?
7. 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.
8. Have you ever been contacted by or asked to make a response to any governmental agency in any jurisdiction regarding any criminal or civil investigation of which you are the subject, whether or not a charge, claim, or filing with a court actually occurred?
9. 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.

10. Have you ever entered into any formal, informal, out-of-court, or confidential settlement to deter, prevent, or settle a claim, lawsuit, letter of intent to sue, and/or criminal action? This includes whether or not a claim, charge, or filing was actually made with a court.
11. Has any award, settlement, or payment of any kind ever been made by you or on your behalf to resolve a malpractice claim, even if it was not required to be reported to the National Practitioner Data Bank (NPDB); or have you ever been notified in any manner that any such claim is proposed, pending, or threatened, whether or not a claim, charge, or filing was actually made with a court?
12. Have you interrupted the practice of your health care profession for one year or more, or ceased the practice of your specialty?
13. During dental, dental hygiene, or dental therapy school or postgraduate training, were you ever subject to an action for any academic, clinical, or professional concerns, including actions such as warning, remediation, probation, restriction, suspension, termination, or request to voluntarily resign?
14. Regarding your dental, dental hygiene, or dental therapy related employment, have you ever had an employment agreement or privileges denied, reduced, restricted, suspended, revoked, or terminated; or have you ever been subject to disciplinary action including but not limited to probation; or have you been terminated from employment or subject to non-renewal of an employment agreement with or without cause; or have you been asked to voluntarily resign or voluntarily suspend your privileges; or have you been under investigation by a hospital, clinic, surgical center, or other dentistry, dental hygiene, or dental therapy related entity; or have you been notified that such action or request is pending or proposed?

Category II
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 referring to the Oregon Health Professionals' Service Program (www.hpspmonitoring.com) by contacting the Board office by emailing information@obd.oregon.gov or calling 971-673-3200.

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.

Oregon Board of Dentistry
Renewal Application Personal History Questions

Revised 08/2024

Answer all questions in both Category I and Category II. Category I will help the Board determine if you meet the essential requirements for registration. Category II will help the board determine if you are qualified to practice safely and competently, with or without reasonable modification.

If you answer "yes" to any of the questions, you must submit a complete explanation of the event(s) or conditions(s), including dates, names, addresses, circumstances, and results. If you need more space than is provided here, you may submit additional information on a separate form.

NOTE: Answer all of the following questions completely and honestly. Omission or false, misleading, or deceptive information in applying for or procuring a license, registration, or reactivation in Oregon is a violation of the Dental Practice Act and is grounds for a fine and future disciplinary action by the Board, including denials, suspension, or revocation of licensure. Such acts are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organizations.

Category I

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

1. Has any licensing board refused to license, refused to renew, denied you a license to practice, or asked you or permitted you to withdraw an application for licensure?
2. Have you ever had any inquiry, disciplinary action, remediation, corrective action, or adverse action imposed against any professional license or certification, or were you ever denied a professional license or certification, or have you entered into any con-sent agreement, stipulated order, or settlement with any regulatory board or certification agency; or have you ever been notified of any complaints or investigations related to any license or certification?
3. Regardless of the outcome, have you been denied approval to prescribe controlled substances, or been subject to an inquiry or charged with a violation of federal or state controlled substance laws, or been asked to surrender your DEA number?
4. Have you been arrested and/or convicted of, 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, excluding expunged juvenile records. Serious traffic convictions, such as reckless driving, driving under the influence of alcohol and/or drugs, hit-and-run, evading a peace officer, driving while the license was suspended or revoked, or failure to appear, must be disclosed. This list is not all-inclusive.
5. Have you been contacted by or asked to make a response to any governmental agency in any jurisdiction regarding any criminal or civil matter of which you are the subject, whether or not a charge, claim or filing with a court actually occurred?
6. Are there any current, proposed, impending or threatened civil or criminal actions against you, which includes, but is not limited to malpractice claims? This includes whether or not a claim, charge or filing was actually made with a court.
7. Have you entered into any formal, informal, out-of-court, confidential settlement and/or agreement to deter, prevent, or settle a claim, lawsuit, letter of in-tent to sue, and/or criminal action? This includes whether or not a claim, charge or filing was actually made with a court.

8. Has any award, settlement, agreement or payment of any kind been made by you or on your behalf to resolve a malpractice claim, even if it was not required to be reported to the Federation of State Medical Boards (FSMB) or National Practitioner Data Bank (NPDB)? Have you been notified in any manner that any such claim is proposed, pending or threatened, whether or not a claim, charge or filing was actually made with a court?
9. Have you been subject to any academic, clinical, or professional action in a postgraduate training program during this time period, including actions such as warning, remediation, probation, restriction, suspension, termination, or request to voluntarily resign?
10. Regarding your medically related employment, have you had an employment agreement or privileges denied, reduced, restricted, suspended, revoked or terminated; or have you been subject to disciplinary action by a medically related entity including but not limited to probation; or have you been terminated from employment or subject to non-renewal of an employment agreement with or without cause; or have you been asked to voluntarily resign or voluntarily suspend your privileges; or have you been under investigation by a hospital, clinic, surgical center, or other medically related entity, or have you been notified that such action or request is pending or proposed?
11. Have you interrupted the practice of your health care profession for two years or more?
12. Have you ceased the practice of dentistry, dental hygiene, or dental therapy or has the nature of your practice changed since your last license renewal?

Category II
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 referring to the Oregon Health Professionals' Service Program (www.hpspmonitoring.com) by contacting the Board office by emailing information@obd.oregon.gov or calling 971-673-3200.

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.

License Renewal Application

Renewal Type

Once you have accessed your online renewal application, you will be able to complete the process entirely online. If you should need to stop in the middle of the process your information, up to the last completed page will be saved allowing you to return at a later date to complete the process. Late fees are not charged for 10 days after your license has expired, although you may not practice with an expired license for any reason.

- [x] Dental License (DXXXX)

Save And Next

Application Instructions

You have accessed the renewal application for dentists with an expiration date of March 31, 2023. You are required to complete this application yourself; outside parties are prohibited from completing a renewal application on your behalf. The renewal application and OHWI survey must be completed, and your fees must be paid, before your license will be renewed. If you have any questions about the renewal application, please contact the OBD office at information@obd.oregon.gov or 971-673-3200

Save & Next

General Information

Upload current selfie type photo of your face .

Taken within within one year of application date.
We will NOT ACCEPT the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

Choose File No file chosen

First Name: KEITH

Middle Name:

Last Name: TEST

Suffix:

Non-public Email:

Public Email:

License Number DXXXX

Mailing Address:

Street: PORTLAND

City:

Country: United States

State: Oregon

Zip: 97217

County:

Phone Number:

Residence Address:

Street:

City: PORTLAND

Country United States

State:

Zip: 97217

County:

Business Address:

Street:

City: PORTLAND

Country United States

State: Oregon

Zip: 97217

County:

Save & Next

Military Service Information

Oregon Dental, Dental Therapy & Dental Hygiene licensure fees are waived for licensees who are active duty military. For those individuals seeking waiver of fees, you must select �yes� stating that you are 'Active Duty Military'. Once you have selected �yes �, in lieu of payment, you must upload documentation from your commanding officer of your active duty military status. Please confirm with your commanding officer that you are allowed to take the waiver, as the military has changed their policy.

○ Yes ◉ No

Mandatory Renewal Response Questions

Question 1: Do you hold a current license to practice dentistry, dental therapy or dental hygiene in any other state or jurisdiction? If 'yes' enter information below. — ○ Yes ◉ No

Question 2: Do you hold a license to practice any other health care profession (i.e., physician, nurse, chiropractic, massage therapy, denturist) in this or any other state or jurisdiction? If 'yes' enter information below. — ○ Yes ◉ No

Question 2A: Since the date of your last dental, dental therapy or dental hygiene license application (initial or renewal), have you been the subject of any pending or final (formal, informal, or corrective) action involving any other health care profession license? If 'yes' enter information below. — ○ Yes ◉ No

Question 3: Regardless of the outcome, since the date of your last license application (initial or renewal), have you been arrested for a misdemeanor or felony; or charged or convicted with a misdemeanor or felony? If 'yes' enter information below. — ○ Yes ◉ No

Question 4: Are you aware of any physical or mental condition that would inhibit your ability to practice safely? If 'yes' enter information below. — ○ Yes ◉ No

Question 5: 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. — ○ Yes ◉ No

Question 6: 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. — ○ Yes ◉ No

Question 7: 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. — ○ Yes ◉ No

Question 8: Since the date of your last license application (initial or renewal), has there been any written request to you, your malpractice insurance company, or risk retention group regarding an alleged injury that may have been caused by your professional negligence, or any written notification from you to your malpractice insurance company or risk retention group that a person has made a request from you for an alleged injury caused by your professional negligence? If 'yes' enter information below. — ○ Yes ◉ No

Qualified Provider

Other than yourself, do you use a Qualified Provider to induce anesthesia/sedation (excluding local anesthesia) in your office? If Yes, enter who the provider(s) are. — ○ Yes ◉ No

Continuing Education

1.I have completed, or will complete by 3/31/2023, the 40 hours of continuing education required for licensure period 4/1/2021 to 3/31/2023, including THREE (3) hours related to medical emergencies in the dental office. If 'no' enter information below. — ◉ Yes ○ No

2.Since the date of my last license application (initial or renewal), I have maintained at all times a current and valid Health Care Provider BLS/CPR certification. If 'no' enter information below. — ◉ Yes ○ No

Document Name	Document T ype	Date	Link	Action
BLS Certificate	BLS/CPR Certification	03/21/2023 12:00:00 AM	Document Details	

Document Name : [ ]　　Document Type : BLS/CPR Certification ▾

Document: Drop file here to upload or click here to browse and select file(s) to upload.

Click here to complete Upload　Cancel

3.I have completed, or will complete by 3/31/2023, the TWO (2) hours of cultural competency continuing education required for licensure period 4/1//2021 to 3/31/2023. If 'no' enter information below. — ◉ Yes ○ No

4.I have completed, or will complete by 3/31/2023, the TWO (2) hours of infection control required for licensure period 4/1/2021 to 3/31/2023. — ◉ Yes ○ No

5.I have completed or will complete by 3/31/23, the one (1) hour pain management course through the Oregon Health Authority, Oregon Pain Management Commission (https://www.oregon.gov/oha/hpa/dsi-pmc/pages/module.aspx) for the licensure period 4/1/2021 to 3/31/2023 — ◉ Yes ○ No

Workforce Survey

Save & Next

ANESTHESIA RENEWAL: Only Applicable to Current Permit Holders

Save & Next

Acknowledgement

Certification and Signature Digital Certification: Submission of the information on this application by electronic means and payment via credit card or ACH constitutes a valid digital signature. Furthermore, I certify that I am the person described in this application and the information I submitted by electronic means is true and correct. I understand that any falsification could result in board action, including, but not limited to, denial, suspension, or revocation of my license.

Signature : Keith Test

Date: 03/21/2023

Fee and Payment

Payment Method : Credit / Debit Card

Dental Renewal Fee : 336

OHWI Workforce Survey Fee : 4

Service Fee : 3.5

Prescription Drug Monitoring Program Fee : 50

Total Fees : 393.5

Dental Licensure by Examination

These instructions are designed to assist you in the application process for dental licensure in Oregon. Licensure by Examination is intended for those applicants who have passed their clinical examination within the immediate five years preceding their application. Please carefully review OAR 818-021-0010 prior to submitting your application. Failure to meet any of the requirements will result in your application being rejected. If you have questions or you are uncertain if you meet the requirements, please contact the OBD at 971-673-3200 or at information@obd.oregon.gov prior to submitting your application.

Fees: (All Fees are Mandatory):

1. Application Fee: $345.00
2. Biennial Licensure Fee: $340.00
3. Prescription Drug Monitoring Fee: $50.00

Items needed to be uploaded into the application:

- -Current Photo taken within one year of application date.
- -Proof of passage of National Board.
- -Proof of passage of clinical examination.
- -Current copy of BLS for Healthcare Providers or its equivalent.
- -Proof of completion of a one hour pain management course taken through the Oregon Health Authority - Oregon Pain Management Commission.

ALL APPLICANTS � Additional Requirements

Transcript (With Degree Posted) - Transcripts must be posted with dental degree from an ADA accredited dental program, and must be sent to the Board directly from the school or third-party agent for the school i.e., Parchment, National Student Clearinghouse etc. Transcripts may be sent electronically directly from the school or agent to information@obd.oregon.gov, or via U.S. mail to Oregon Board of Dentistry, 1500 SW 1st Avenue, Suite 770, Portland, OR 97201 Dentists who completed non-ADA accredited programs must also have successfully completed a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and be proficient in the English language. (OAR 818-021-0010(1)(b).

Pain Management Requirement - In addition to the above requirements OAR 818-021-0010 requires that prior to licensure all dentists must complete a one-hour pain management course taken through the Oregon Health Authority - Pain Management Course link . You will upload a copy of course completion in the "Supplemental" tab in the online application.

Additional Requirements - REQUIRED FOR APPLICANTS WHO ARE CURRENTLY LICENSE OR HAVE HELD LICENSURE IN ANOTHER STATE, COUNTRY OR JURISDICTION:

License Verification Requirement License verifications must be requested by the applicant and submitted directly from every state, country or jurisdiction in which the applicant is currently licensed or has held licensure following below is the link to request a Certificate of Standing Certification. (Note: Many states charge a fee for this service. Please contact the state and/or country directly prior to submitting your request to prevent delays in processing.)

Certificate of Licensure Form

DEA Registration Applicants who are or who have been licensed in another state must have this form completed and returned to the Board by the Drug Enforcement Administration.

DEA Registration Form

All Applicants - Optional - Anesthesia Permit Applications - Nitrous Oxide, Minimal Sedation, Moderate Sedation, General Anesthesia Permit Applications

If you would like to administer sedation/anesthesia in Oregon you must apply for a sedation permit, please click on the following link below and following the instructions on that application. Applying for an anesthesia/sedation permit is not completed through this online application process.

Anesthesia Permits

Please Note: Applicants are solely responsible for ensuring that they meet all requirements for their chosen application pathway. Per ORS 679.0120(8), fees paid are not refundable or transferrable. Failure to meet the requirements will result in the application being rejected, and the applicant will be required to submit (at minimum) a new application and application fee.

Dentists who have graduated from a dental program located outside the United States or Canada must also meet additional education requirements. Please review OAR 818-021-0010 for additional education requirements.

IMPORTANT INFORMATION

Affirmative Responses to Questions on the Background and Disciplinary Tab. If you answer "yes" to any of the questions, for any reason, you must submit additional supporting documentation for that question as indicated on the application. This documentation should include:

1. Written letter of explanation from you giving full details.
2. Certified copies of disciplinary action, police reports, court documents, and medical evaluations or any other pertinent information.

Application Valid 180 Days (OAR 818-021-0120):

1. If all information and documentation necessary for the Board to act on an application in not provided to the Board by the applicant within 180 days from the date the application is received by the Board, the Board shall reject the application as incomplete.
2. An applicant whose application has been rejected as incomplete must file a new application and must pay a new application fee.
3. An applicant who fails the examination or who does not take the examination during the 180-day period following the date the Board receives the application, must file a new application and must pay a new application fee.

Jurisprudence Examination and Live Scan Fingerprints

Once the OBD has received your application and fee, your Jurisprudence Examination will be emailed to you a link to take the examination. This examination is "open book" and must completed and uploaded into the Applicant Portal. The OBD will also email you the Request for Transmission for Live Scan Fingerprint form, which will give you the information to schedule your fingerprints at a Fieldprint location near you. Live Scan fingerprints can only be transmitted electronically.

PLEASE ANTICIPATE APPROXIMATELY 6 - 8 WEEKS FOR APPLICATION PROCESSING. We are unable to honor requests for expedited applications. Once requested, documentation from other states or jurisdictions and background checks may take several weeks to arrive. If you would like to know the status of your application, please first review your application in your user portal to see which documents are missing.

You may also use this link to check the status of your application: https://www.oregon.gov/dentistry/Pages/status.aspx .

PLEASE DO NOT CALL OUR OFFICE T O INQUIRE ABOUT THE STATUS OF YOUR APPLICATION.

Save & Next

General Information

Upload current passport type photo.

Taken within one year of application date..

We will NOT ACCEPT the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

Choose File No file chosen

First Name : Gordon

Middle Name :

Last Name : Test

Gender : Male

SSN # :

Birthdate :

Age :

Other Name Used : Yes N/A

Place of Birth :

Country : United States

State :

City :

Mailing Address :

Street :

State :

City : Portland

Country United States

OR

Zip : 97227

County: Multnomah

Residence Address :

Street :

City : Portland

Country United States

State : Oregon

Zip : 97227

County: Multnomah

Select if the Residence Address is your Mailing Address

Office Address :

Street :

State :

City : Vancouver

Country United States

WA

Zip : 98683

County: Out of State

Select if the Office Address is your Mailing Address

Non-public Email Address : @gmail.com

Home Telephone # :

Cell Telephone # :

Office Telephone # : (XXX) XXX-

XXXX

Save & Next Cancel

Education & Certifications

CM = Education 2

Undergraduate School or Schools

Add

University or College	City	State	Years Attended From	Years Attended T o	Degree Earned	Actions
Marquette University	Milwaukee	WI	08/2012	05/2016	Bachelors of Science in Biomedical Sciences	.

Dental/Dental Hygiene/Dental Therapy School/Program Attended

Add

University or College	City	State	Years Attended From	Years Attended T o	Degree Earned	Actions
Marquette University School of Dentistry	Milwaukee	WI	08/2015	05/2019	Doctor of Dental Surgery DDS	

Specialty T raining or Specialty Board Membership

Institution :

Address :

Street:

City :

Zip :

Country : United States

State : Alabama

Years Attended :

From : MM/YYYY

To : MM/YYYY

Degree Earned :

Save Cancel

Add

University or College	City	State	Years Attended From	Years Attended T o	Graduation Date	Degree Earned	Actions
No Record Found							

Background/Discipline

You must respond fully and truthfully to these questions. Failure to fully and truthfully respond to these questions may result in the denial of your application or another appropriate sanction as authorized by law . Fully and truthfully includes, but is not limited to, reporting DUII (Driving Under the Influence of Intoxicants) and MIP (Minor in Possession) violations, possession of a controlled substance, theft, shoplifting, domestic violence, or assault violations, or any other violation of the law , misdemeanor or felony , of any state or federal law , regardless of the state or territory in which it happened.

This information must be reported whether or not the arrest/citation was dismissed, dismissed through diversion, set aside, or judged not guilty , regardless of how long ago it happened.

A fillable box will be displayed for any affirmative answers provided below . Please use this box to provide a written statement explaining the incident that led you to answer affirmatively to that question. If you have copies of relevant medical, police or court records, you may upload them below . The OBD may request further documentation to be sent directly from relevant police/court departments depending on the nature of the incident.

1. Are you aware of any physical or mental conditions that would inhibit your ability to practice safely?* — ○ Yes ◉ No

2. Have you ever been denied a license to practice dentistry or dental hygiene or denied the right to take an exam for such licensure?* — ○ Yes ◉ No

3. Have you ever voluntarily surrendered a license to practice dentistry or dental hygiene?* — ○ Yes ◉ No

4. Have you ever been the subject of any pending or final (formal, informal, or corrective) action regarding any dental or dental hygiene license you now hold or have ever held? (Include any disciplinary actions by the U.S. Military, U.S. Public Health Service, Drug Enforcement Administration, state licensing board or other entity.)* — ○ Yes ◉ No

5. Has there been any investigation or disciplinary action taken against you by any dental or dental hygiene school or program?* — ○ Yes ◉ No

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?* — ○ Yes ◉ No

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)?* — ○ Yes ◉ No

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?* — ○ Yes ◉ No

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?* — ○ Yes ◉ No

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?* — ○ Yes ◉ No

10. a. Do you currently hold, or have you ever held, a license in this or any other state or country to practice a health care profession other than dentistry or dental hygiene? If yes, list on License History Tab.* — ○ Yes ◉ No

10. b. Has there been any disciplinary action, pending or final, regarding any health care professional license (other than dental or dental hygiene) by a licensing board?* — ○ Yes ◉ No

License History

List all states/countries in which you are or have been licensed or in which application is pending. (Enter "None" if none).

☐ None

Add License

State	License Number	Issue Date	Expiration Date	License Status	License T ype	Actions
WA		06/02/2020	11/26/2023	Active	Dental	

Have you practice as a dentist or dental hygienist in any jurisdiction?* Yes ◉ No ○

List in reverse chronological order all positions you have held in which you practiced dentistry or dental hygiene as well as any residencies or other formal training not otherwise listed on this application.

Add

Name of Institution or Employer	City	State	Zip	From	To	Action
	Vancouver	WA	98683	07/06/2020	01/26/2023	
	Portland	OR	97239	07/01/2019	06/30/2020	

Dental Biennial Licensure

Name as you wish it to appear on your formal license

First Name :

Middle Name :

Last Name :

Suffix :

Save and Next

Supplemental Documents

Please upload all of the following documents, which are required to complete the application process. If you do not have all of these documents, you may upload them at a later date, but please note your application will not be approved until all of the documents below have been received.

1. Proof of passage National Board

2. Proof of passage of a general dental clinical examination.

3. Current copy of BLS for Healthcare Providers or its equivalent certification.

4. Proof of completing Pain Management Course thorough the Oregon Pain Management Commission. (https://www.oregon.gov/oha/HPA/dsi-pmc/Pages/module.aspx)

5. Signed Fieldprint Memo/Privacy Act Statement form. This form will be emailed to you upon submission of your application. Please sign/date the form once your fingerprints have been taken, and upload it to this section of your application.

Document Name	Document T ype	Date	Uploaded By	Uploaded For	Link	Action
Fieldprint Memo/Privacy Act	Other	01/31/2023 12:00:00 AM	(OL)		Document Details	
Transcripts	Other	01/30/2023 12:00:00 AM	(BO)		Document Details	
NBDE	National Board Scores	01/30/2023 12:00:00 AM	(BO)		Document Details	
DEA	Other	01/30/2023 12:00:00 AM	(BO)		Document Details	
ADEX	Clinical Examination	01/30/2023 12:00:00 AM	(BO)		Document Details	
Pain Management Certificate	BLS for Healthcare	01/23/2023 12:00:00 AM	(OL)		Document Details	
BLS	BLS for Healthcare	01/17/2023 12:00:00 AM	(OL)		Document Details	

Document Name :

Document Type : BLS for Healthcare

Document:

Drop file here to upload or click here to browse and select file(s) to upload.

Click here to complete Upload

Cancel

Deficiency

Supplemental Documents (Applicant)

Affidavit of Applicant

- [x] I hereby declare that I am the person described in this application for licensure.

- [x] I have carefully read the questions in the application and have answered them completely , without reservations of any kind, and I declare under the penalty of perjury that my answers and all statements made by me are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice dentistry/dental hygiene in the State of Oregon.

- [x] I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Oregon Board of Dentistry any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Board to release to the organizations, individuals and groups listed above any information, which is material to my application.

Signature : Gordon Test

Date: 02/01/2023

Fee and Payment

Payment Method : Check

Override : [x]

Payment Date :

Application Fee: Dental LBE : 345

Licensure Fee: Dental LBE : 340

Prescription Drug Monitoring Fee : 50

Total Fees : 735

Check # : -

Comment : .

OMB Adopting Mental Health Attestation Model for Licensure and Renewal Applications

The Oregon Medical Board recognizes that licensees encounter personal health conditions, including mental health and substance use disorders, just as their patients and fellow health care providers do. According to a 2022 survey conducted by The Physicians Foundation, nearly 40% of providers were afraid (or knew a colleague who was afraid) to seek mental health care because of questions asked as part of medical licensure or credentialing applications.

The **Dr. Lorna Breen Heroes' Foundation** challenged all medical boards to audit licensure and renewal mental health questions, change invasive or stigmatizing language, and communicate these changes to licensees.

To better support licensees in seeking the care they need without anxiety or trepidation, on April 6, 2023, the Board voted to remove intrusive and stigmatizing language around mental health care and treatment from licensure applications and renewals. The advisory statement uses supportive language around mental health and holds licensees and applicants accountable for their own well-being. The model makes it clear that self-care is patient care.

The advisory statement and attestation were included in applications effective June 1, 2023:

- **Personal History Questions for Licensure Application**
- **Personal History Questions for Licensure Renewal**

While there is still work to be done, this is a significant step in removing barriers to support and protecting licensees' mental health and wellbeing.

Oregon Medical Board
Initial Application Personal History Questions

Revised 06/2023

Answer all questions in both Category I and Category II. Category I will help the Board determine if you meet the essential requirements for registration. Category II will help the board determine if you are qualified to practice safely and competently, with or without reasonable modification.

If you answer "yes" to any of the questions, you must submit a complete explanation of the event(s) or conditions(s), including dates, names, addresses, circumstances, and results. If you need more space than is provided here, you may use the Personal History Explanation Form.

NOTE: Answer all of the following questions completely and honestly. Omission or false, misleading, or deceptive information in applying for or procuring a license, registration, or reactivation in Oregon is a violation of the Oregon Medical Practice Act and is grounds for a fine and future disciplinary action by the Board, including denials, suspension, or revocation of licensure. Such acts are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organizations.

Category I

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

1. Do you hold, or have you ever held, any licenses to practice another health care profession?
2. Have you ever failed a licensing examination, or any portion of a licensing examination, for a medical license (USMLE, NBME, NBOME, FLEX, ECFMG) or for any other health professional license? If you ever failed a portion of a licensing examination, you must answer "yes," even if you later passed the examination.
3. Have you ever been asked to and/or permitted to withdraw an application for licensure, credentialing, or certification with any board, agency, or institution?
4. Has any state licensing board refused to issue, refused to renew, or denied you a license to practice?
5. Have you ever had any disciplinary or adverse action imposed against any professional license or certification, or were you ever denied a professional license or certification, or have you entered into any consent agreement, stipulated order, or settlement with any regulatory board or certification agency; or have you ever been notified of any complaints or investigations related to any license or certification?
6. Regardless of the outcome, have you been denied approval to prescribe controlled substances, or been subject to an inquiry, or charged with a violation of federal or state controlled substance laws, or been asked to surrender your DEA number?
7. 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.
8. Have you ever been contacted by or asked to make a response to any governmental agency in any jurisdiction regarding any criminal or civil investigation of which you are the subject, whether or not a charge, claim, or filing with a court actually occurred?
9. 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.

10. Have you ever entered into any formal, informal, out-of-court, or confidential settlement to deter, prevent, or settle a claim, lawsuit, letter of intent to sue, and/or criminal action? This includes whether or not a claim, charge, or filing was actually made with a court.
11. Has any award, settlement, or payment of any kind ever been made by you or on your behalf to resolve a malpractice claim, even if it was not required to be reported to the National Practitioner Data Bank (NPDB); or have you ever been notified in any manner that any such claim is proposed, pending, or threatened, whether or not a claim, charge, or filing was actually made with a court?
12. Have you interrupted the practice of your health care profession for one year or more, or ceased the practice of your specialty?
13. During medical school or postgraduate training, were you ever subject to an action for any academic, clinical, or professional concerns, including actions such as warning, remediation, probation, restriction, suspension, termination, or request to voluntarily resign?
14. Regarding your medically related employment, have you ever had an employment agreement or privileges denied, reduced, restricted, suspended, revoked, or terminated; or have you ever been subject to disciplinary action including but not limited to probation; or have you been terminated from employment or subject to non-renewal of an employment agreement with or without cause; or have you been asked to voluntarily resign or voluntarily suspend your privileges; or have you been under investigation by a hospital, clinic, surgical center, or other medically related entity; or have you been notified that such action or request is pending or proposed?

Category II

The Oregon Medical Board 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 anonymously self-referring to the Oregon Health Professionals' Service Program (www.hpspmonitoring.com).

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 Medical Board 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.

Oregon Medical Board
Renewal Application Personal History Questions

Revised 06/2023

Answer all questions in both Category I and Category II. Category I will help the Board determine if you meet the essential requirements for registration. Category II will help the board determine if you are qualified to practice safely and competently, with or without reasonable modification.

If you answer "yes" to any of the questions, you must submit a complete explanation of the event(s) or conditions(s), including dates, names, addresses, circumstances, and results. If you need more space than is provided here, you may use the Personal History Explanation Form.

NOTE: Answer all of the following questions completely and honestly. Omission or false, misleading, or deceptive information in applying for or procuring a license, registration, or reactivation in Oregon is a violation of the Oregon Medical Practice Act and is grounds for a fine and future disciplinary action by the Board, including denials, suspension, or revocation of licensure. Such acts are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organizations.

Category I

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

1. Has any licensing board refused to license, refused to renew, denied you a license to practice, or asked you or permitted you to withdraw an application for licensure?
2. Have you ever had any inquiry, disciplinary action, remediation, corrective action, or adverse action imposed against any professional license or certification, or were you ever denied a professional license or certification, or have you entered into any con-sent agreement, stipulated order, or settlement with any regulatory board or certification agency; or have you ever been notified of any complaints or investigations related to any license or certification?
3. Regardless of the outcome, have you been denied approval to prescribe controlled substances, or been subject to an inquiry or charged with a violation of federal or state controlled substance laws, or been asked to surrender your DEA number?
4. Have you been arrested and/or convicted of, 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, excluding expunged juvenile records. Serious traffic convictions, such as reckless driving, driving under the influence of alcohol and/or drugs, hit-and-run, evading a peace officer, driving while the license was suspended or revoked, or failure to appear, must be disclosed. This list is not all-inclusive.
5. Have you been contacted by or asked to make a response to any governmental agency in any jurisdiction regarding any criminal or civil matter of which you are the subject, whether or not a charge, claim or filing with a court actually occurred?
6. Are there any current, proposed, impending or threatened civil or criminal actions against you, which includes, but is not limited to malpractice claims? This includes whether or not a claim, charge or filing was actually made with a court.
7. Have you entered into any formal, informal, out-of-court, confidential settlement and/or agreement to deter, prevent, or settle a claim, lawsuit, letter of in-tent to sue, and/or criminal action? This includes whether or not a claim, charge or filing was actually made with a court.

8. Has any award, settlement, agreement or payment of any kind been made by you or on your behalf to resolve a malpractice claim, even if it was not required to be reported to the Federation of State Medical Boards (FSMB) or National Practitioner Data Bank (NPDB)? Have you been notified in any manner that any such claim is proposed, pending or threatened, whether or not a claim, charge or filing was actually made with a court?
9. Have you been subject to any academic, clinical, or professional action in a postgraduate training program during this time period, including actions such as warning, remediation, probation, restriction, suspension, termination, or request to voluntarily resign?
10. Regarding your medically related employment, have you had an employment agreement or privileges denied, reduced, restricted, suspended, revoked or terminated; or have you been subject to disciplinary action by a medically related entity including but not limited to probation; or have you been terminated from employment or subject to non-renewal of an employment agreement with or without cause; or have you been asked to voluntarily resign or voluntarily suspend your privileges; or have you been under investigation by a hospital, clinic, surgical center, or other medically related entity, or have you been notified that such action or request is pending or proposed?
11. Have you interrupted the practice of your health care profession for two years or more?
12. Have you ceased the practice of medicine in your specialty, or has the nature of your practice changed since your last license renewal?

Category II

The Oregon Medical Board 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 anonymously self-referring to the Oregon Health Professionals' Service Program (www.hpspmonitoring.com).

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 Medical Board 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.

Oregon Board of Dentistry

Intro

HEALTH CARE WORKFORCE QUESTIONNAIRE

This information is collected by the Oregon Health Authority in collaboration with the Oregon Board of Dentistry, as part of legislatively mandated Health Care Workforce Database reporting, ORS 676.410 and Oregon Administrative Rules (OARs) 409-026-0100 through 409-026-0140.

The questionnaire should take approximately **5 - 8 minutes to complete**. The data gathered in this questionnaire are not connected to your license renewal application. All personally identifiable information from this data collection will be kept confidential and only reported in aggregate.

To navigate the form, use the arrow buttons at the bottom of the window. At the end of the questionnaire you will be redirected to the Licensing Board web page to continue with your license renewal.

If you need technical assistance with this survey, please contact a member of the Health Care Workforce Reporting Team by phone at (971) 283-8792 or e-mail at wkfc.admin@dhsoha.state.or.us

What is your original license year?

____

Education and Training

EDUCATION

Please indicate your **highest level of education** in dentistry:

- ○ Master of Dental Surgery (MDS)
- ○ Master of Science in Dentistry (MSD)
- ○ Master of Science (MS) in the field

- Doctor of Dental Surgery (DDS)
- Doctor of Dental Medicine (DMD)
- Other, please indicate below:

Where did you receive your highest degree in dentistry?

- In the United States
- Out of the United States

In what year did you receive this degree? (YYYY)

School information:

School name:

School city:

School state:

Do you hold other degrees or certifications that are *not directly related to dentistry*? For example, Master's in Public Health (MPH), Juris Doctor (JD), etc.

- Yes, please specify below:
- No

Employment

EMPLOYMENT STATUS

What is your employment status?
("Employed in the field" includes non-patient care or a non-clinical environment related to dentistry.)

- Employed in the field (by an entity such as a health system, an educational institution, etc.)
- Self-employed in the field
- Employed in other field
- Unemployed, but seeking work in the field

- Unemployed, and NOT seeking work in the field
- Volunteer (if retired and volunteering, choose this option)
- Retired - not practicing
- [ ] Other, please describe below:

Please specify your employment type:

- Full-time
- Part-time
- Per-diem
- [ ] Other, please describe below:

SERVICES FOR OREGON RESIDENTS

Just to confirm, do you currently **work in Oregon or provide services to Oregon residents**?
(Please include any kind of work related to dentistry, including patient care, teaching, administration, volunteer work, etc.)

- Yes
- No

SPECIALTY

Please select your specialty (choose up to 2 specialties that you most commonly practice):

Specialty 1 (required):

[▾]

Specialty 2 (optional):

[▾]

Practice Specific

PRIMARY PRACTICE LOCATION: GENERAL INFORMATION
(Your primary practice location is where you spend the majority of your time in the field)

In this position, do you **only** have a mobile practice or work in an outcall capacity?

- Yes
- No

PRIMARY PRACTICE LOCATION: GENERAL INFORMATION

Please provide the address of your primary practice location (where you spend the *majority of your time* in the field)

Business name (optional):

Street address (please do *NOT* enter a PO Box or billing address):

City:

State or US Territory (if location is outside of US, select "Foreign Country"):

ZIP code:

Country:

PRIMARY PRACTICE LOCATION

In which county do you perform the majority of your work?

Do you provide any services via **telehealth** in this position?
(Telehealth is the use of electronic communications and software to provide clinical services to patients without an in-person visit.)

- Yes
- No

Describe your telehealth practice: (Select all that apply)

- Based in Oregon, care for Oregon clients
- Based in Oregon, care for clients outside of Oregon
- Based outside of Oregon, care for Oregon clients
- Based outside of Oregon, care for clients outside of Oregon

Select **up to three Oregon counties** where your telehealth/telemedicine clients receive services. Please note, this is **where the client is located**. If you serve clients in more than three counties, please select the ones with the most clients served.

Unknown	Douglas	Lake	Sherman
Baker	Gilliam	Lane	Tillamook
Benton	Grant	Lincoln	Umatilla
Clackamas	Harney	Linn	Union
Clatsop	Hood River	Malheur	Wallowa
Columbia	Jackson	Marion	Wasco
Coos	Jefferson	Morrow	Washington
Crook	Josephine	Multnomah	Wheeler
Curry	Klamath	Polk	Yamhill
Deschutes			

Please select up to ***2 specialties*** that you **most commonly practice** at this work location:

Specialty 1 (required):

Specialty 2 (optional):

What best describes the ***practice setting*** for this location?

- Private Dental Office - Group
- Private Dental Office - Solo
- Community/School based health center
- Correctional facility
- Educational or research institution
- Home health
- Indian Health Services or tribal clinic
- Locum tenens/Traveler/Temp agency
- Military or VA health facility
- Mobile unit
- Occupational Health
- Policy/Planning/Regulatory/Licensing agency
- Skilled nursing facility/long term care
- Other, please describe below:

PRIMARY PRACTICE LOCATION

On average, how many **hours per week** do you work at this location? (Please select hours, not FTE)

	0	10	20	30	40	50	60	70	80
Average hours per week at this location									

How many hours of assistance do you receive from **Dental Hygienists per week** at this location**? (Enter 0 if not applicable)**

	0	10	20	30	40	50	60	70	80
Dental Hygienist hours per week at this location									

How many hours of assistance do you receive from **Chairside Assistants per week** at this location**? (Enter 0 if not applicable)**

	0	10	20	30	40	50	60	70	80
Chairside Assistant hours per week at this location									

What **percentage of your total hours** at this location do you spend on the following activities? (the total percentage for all activities must add up to 100)

Enter whole numbers without percent signs. For example, if you work 50% in one activity, type 50

Direct Patient Care	0
Teaching/Training	0
Research	0
Management/Administration	0
Other	0
Total	0

Do you currently have patients that use Medicaid/ the Oregon Health Plan (OHP) to pay for services at this location?

- Yes
- No
- Don't know

Approximately what percentage of your patients at this location receive coverage through Medicaid/ the Oregon Health Plan (OHP)?

Please select your closest estimate. If you are uncertain, please select "Unknown".

PRIMARY PRACTICE LOCATION

Is there another practice location where you are currently working?

- Yes
- No

SECONDARY PRACTICE LOCATION: GENERAL INFORMATION

In this position, do you **only** have a mobile practice or work in an outcall capacity?

- Yes
- No

SECONDARY PRACTICE LOCATION: GENERAL INFORMATION

Please provide the address of your secondary practice location:

Business name (optional):

Street address (please do *NOT* enter a PO Box or billing address):

City:

State or US Territory (if location is outside of US, select "Foreign Country"):

ZIP code:

Country:

SECONDARY PRACTICE LOCATION

In which county do you perform the majority of your work?

Do you provide any services via **telehealth** in this position?
(Telehealth is the use of electronic communications and software to provide clinical services to patients without an in-person visit.)

- Yes
- No

Describe your telehealth practice: (Select all that apply)

- Based in Oregon, care for Oregon clients
- Based in Oregon, care for clients outside of Oregon
- Based outside of Oregon, care for Oregon clients
- Based outside of Oregon, care for clients outside of Oregon

Select **up to three Oregon counties** where your telehealth/telemedicine clients receive services. Please note, this is **where the client is located**. If you serve clients in more than three counties, please select the ones with the most clients served.

- Unknown
- Baker
- Benton
- Clackamas
- Clatsop
- Columbia
- Coos
- Crook
- Curry
- Deschutes
- Douglas
- Gilliam
- Grant
- Harney
- Hood River
- Jackson
- Jefferson
- Josephine
- Klamath
- Lake
- Lane
- Lincoln
- Linn
- Malheur
- Marion
- Morrow
- Multnomah
- Polk
- Sherman
- Tillamook
- Umatilla
- Union
- Wallowa
- Wasco
- Washington
- Wheeler
- Yamhill

Please select up to ***2 specialties*** that you **most commonly practice** at this work location:

Specialty 1 (required):

Specialty 2 (optional):

What best describes the ***practice setting*** for this location?

- Private Dental Office - Group
- Home health
- Occupational Health
- Private Dental Office - Solo
- Indian Health Services or tribal clinic
- Policy/Planning/Regulatory/Licensing agency
- Community/School based health center
- Locum tenens/Traveler/Temp agency
- Skilled nursing facility/long term care
- Correctional facility
- Military or VA health facility
- Other, please describe below:
- Educational or research institution
- Mobile unit

SECONDARY PRACTICE LOCATION

On average, how many **hours per week** do you work at this location? (Please select hours, not FTE)

	0	10	20	30	40	50	60	70	80
Average hours per week at this location									

How many hours of assistance do you receive from **Dental Hygienists per week** at this location**? (Enter 0 if not applicable)**

	0	10	20	30	40	50	60	70	80
Dental Hygienist hours per week at this location									

How many hours of assistance do you receive from **Chairside Assistants per week** at this location**? (Enter 0 if not applicable)**

	0	10	20	30	40	50	60	70	80
Chairside Assistant hours per week at this location									

What **percentage of your total hours** at this location do you spend on the following activities? (the total percentage for all activities must add up to 100.)

Enter whole numbers without percent signs. For example, if you work 50% in one activity, type 50

Direct Patient Care	0
Teaching/Training	0
Research	0
Management/Administration	0
Other	0
Total	0

Do you currently have patients that use Medicaid/ the Oregon Health Plan (OHP) to pay for services at this location?

- Yes
- No
- Don't know

Approximately what percentage of your patients at this location receive coverage through Medicaid/ the Oregon Health Plan (OHP)?

Please select your closest estimate. If you are uncertain, please select "Unknown".

Future Plans

FUTURE PLANS:

In the *next two years*, what best describes **your plans for working**?

- Continue working at my current location(s)
- Move to another practice location in Oregon
- Move to Oregon to practice in the field

- Leave Oregon to practice out of state
- Leave the field (with intention to work in a different field)
- Retire
- [ ] Other

In the *next two years*, what best describes **your plans for how much you will work**?

- Maintain practice hours as is
- Reduce practice hours
- Increase practice hours
- [ ] Other

Languages

LANGUAGES SPOKEN

Do you speak languages **other than English**?

- Yes
- No

PROFICIENCY IN LANGUAGES OTHER THAN ENGLISH

Select up to two languages that you speak **other than English**.

Afrikaans	Cree	Indonesian	Nez Perce	Spanish Creole
American Sign Language	Croatian	Iranian	Norwegian	Swahil, Kiswahili
Amharic	Czech	Italian	Oriya	Swedish
Apache	Danish	Japanese	Oromo	Tagalog
Arabic	Estonian	Kannada	Paiute	Tamil
Arapaho	Farsi	Khmer	Persian, Farsi	Telugu
Armenian	Finnish	Kikuyu	Polish	Teochew
Bambara	Flemish-Dutch	Klamath	Portuguese	Thai
Basque	French	Konkani	Portuguese Creole	Tibetan
Bengali	French Creole	Korean	Punjabi	Tigrinya
Bislama	Gaelic	Lao, Laotian	Pushto	Tonga

☐ Bosnian	☐ German	☐ Latin	☐ Quechua	☐ Turkish
☐ Bulgarian	☐ Greek	☐ Latvian	☐ Romanian	☐ Ukrainian
☐ Burmese	☐ Gujarati	☐ Lithuanian	☐ Russian	☐ Umatilla
☐ Cambodian	☐ Haitian Creole	☐ Macedonian	☐ Samoan	☐ Urdu
☐ Cantonese	☐ Hebrew	☐ Malay	☐ Sanskrit	☐ Vietnamese
☐ Cebuano	☐ Hindi	☐ Malayalam	☐ Serbian	☐ Visayan
☐ Chamorro	☐ Hmong	☐ Mandarin	☐ Sindhi	☐ Walla Walla
☐ Cherokee	☐ Hungarian	☐ Marathi	☐ Siuslaw	☐ Welsh
☐ Cheyenne	☐ Icelandic	☐ Mien	☐ Slovak	☐ Yiddish
☐ Chinese	☐ Igbo	☐ Modoc	☐ Slovenian	☐ Yoruba
☐ Chinook	☐ Ilocano	☐ Navaho	☐ Somali	☐ Yupik
☐ Coos	☐ Iloko	☐ Nepali	☐ Spanish	☐ Other
☐ Coquille, Tututni				

Language(s) selected:**${q://QID267/ChoiceGroup/SelectedChoices}.**

If that is not correct, please press the back arrow to change your response.

Please specify other language (only enter one):

[ ]

loop_merge Language - certification

PROFICIENCY IN LANGUAGE: ${lm://Field/1}

Please answer the following questions about: ${q://QID427/ChoiceTextEntryValue}

What is your proficiency level in **${lm://Field/1}**?

Proficiency levels:
Beginner: you have vocabulary large enough to communicate the most basic needs.
Intermediate: you can speak the language with sufficient structural accuracy and vocabulary to participate effectively in most conversations on practical, social, and professional topics.
Advanced: you are able to speak the language fluently on all levels and as pertinent to

typical professional needs; can handle informal interpreting of the language.
Native: you have a speaking proficiency equivalent to that of an educated native speaker.

- Beginner
- Intermediate
- Advanced proficiency
- Native Speaker

Have you received training in medical terminology in **${lm://Field/1}**?
(this training may have been taken inside or outside of the US)

- Yes
- No

Do you use this language (**${lm://Field/1}**) at work while providing care to patients?

- Yes
- No, I do not provide patient care
- No, I don't have patients that speak ${lm://Field/1}
- No, other reason

Are you certified as a bilingual provider or medical interpreter in **${lm://Field/1}**?

- Yes
- No

Please indicate certifying entity:

English Proficiency

How well do you speak English?
(Your response to this question may be accessed by OHA and the licensing board. Your response will not affect the renewal of your license)

- Very well
- Well

- Not well
- Not at all
- Don't know/Unknown
- Don't want to answer/Decline

Gender

DEMOGRAPHIC INFORMATION

What is your gender?

- Male
- Female
- [ ] Prefer to self describe
- Don't want to answer/Decline

What is your ethnicity?

- Hispanic/Latino
- Not Hispanic/Latino
- Decline to answer

What is your race? (Please check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Decline to answer
- [ ] Other, please specify below:

RE - reald

We would like you to tell us your race and ethnicity so that we can find and address health and service differences in Oregon.

Your responses to these questions may be accessed by OHA and the licensing board. Your responses will not affect the renewal of your license. These questions are optional and your answers are confidential.

How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry?**

Which of the following describes your **racial or ethnic identity?** Please check **ALL** that apply.

Hispanic and Latino/a/x

- ☐ Central American
- ☐ Mexican
- ☐ South American
- ☐ Other Hispanic or Latino/a/x

Native Hawaiian and Pacific Islander

- ☐ Chamoru (Chamorro)
- ☐ Marshallese
- ☐ Communities of the Micronesian Region
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander

White

- ☐ Eastern European
- ☐ Slavic
- ☐ Western European
- ☐ Other White

American Indian and Alaska Native

- ☐ American Indian
- ☐ Alaska Native
- ☐ Canadian Inuit, Metis,or First Nation
- ☐ Indigenous Mexican, Central American, or South American

Black and African American

- ☐ African American
- ☐ Afro-Caribbean
- ☐ Ethiopian
- ☐ Somali
- ☐ Other African (Black)
- ☐ Other Black

Middle Eastern/Northern African

- ☐ Middle Eastern
- ☐ Northern African

Asian

- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Communities of Myanmar
- ☐ Filipino/a
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ South Asian
- ☐ Vietnamese
- ☐ Other Asian

Other Categories

- ☐ ________ Other (please list)
- ☐ Don't know/Unknown
- ☐ Don't want to answer/Decline

You selected: ${q://QID129507948/ChoiceGroup/SelectedChoices}

Do you identify **one** of these to be your **primary racial ethnic identity**?

- ○ Yes
- ○ No, I do not have just one primary racial or ethnic identity
- ○ No. I identify as Biracial or Multiracial

- Don't know/Unknown
- Don't want to answer/Decline

Please **select the ONE that best represents your racial or ethnic identity**.

- » Central American
- » Mexican
- » South American
- » Other Hispanic or Latino/a/x
- » Chamoru (Chamorro)
- » Marshallese
- » Communities of the Micronesian Region
- » Native Hawaiian
- » Samoan
- » Other Pacific Islander
- » Eastern European
- » Slavic
- » Western European
- » Other White
- » American Indian
- » Alaska Native
- » Canadian Inuit, Metis,or First Nation
- » Indigenous Mexican, Central American, or South American
- » African American
- » Afro-Caribbean
- » Ethiopian
- » Somali
- » Other African (Black)
- » Other Black
- » Middle Eastern
- » Northern African
- » Asian Indian
- » Cambodian
- » Chinese
- » Communities of Myanmar
- » Filipino/a
- » Hmong

- » Japanese
- » Korean
- » Laotian
- » South Asian
- » Vietnamese
- » Other Asian
- [ ] » Other (please list)
- » Don't know/Unknown
- » Don't want to answer/Decline

Disability

Disability

Your answer to these questions will help us find health and service differences among people with and without functional difficulties.

Your responses to these questions may be accessed by OHA and the licensing board. Your responses will not affect the renewal of your license. These questions are optional and your answers are confidential.

Are you **deaf** or do you have **serious difficulty hearing?**

- Yes
- No
- Don't know/Unknown
- Don't want to answer/Decline

At what age did this condition begin?

[ ]

Are you **blind** or do you have **serious difficulty seeing**, even when wearing glasses?

- Yes
- No
- Don't know/Unknown

- Don't want to answer/Decline

At what age did this condition begin?

Does a **physical, mental, or emotional condition limit your activities** in any way?

- Yes
- No
- Don't know/Unknown
- Don't want to answer/Decline

At what age did this condition begin?

Do you have serious difficulty **walking or climbing stairs?**

- Yes
- No
- Don't know/Unknown
- Don't want to answer/Decline

At what age did this condition begin?

Do you have **difficulty dressing or bathing?**

- Yes
- No
- Don't know/Unknown
- Don't want to answer/Decline

At what age did this condition begin?

Because of a **physical, mental, or emotional condition**, do you have serious difficulty **doing errands alone** such as visiting a doctor's office or shopping?

- Yes
- No
- Don't know/Unknown
- Don't want to answer/Decline

At what age did this condition begin?

Completion & Submit

July 8, 2024
8:13 AM

${e://Field/FSTN} ${e://Field/LSTN} (License Number: ${e://Field/RDID}),

Thank you for completing the Health Care Workforce Questionnaire! **Please press 'Submit' below to save your responses and return to your license renewal.**

You may save or print this page as proof of survey completion for your records.

If you have any questions related to this questionnaire, please visit our website here or contact a member of the Health Care Workforce Team at:

Health Policy and Analytics
Oregon Health Authority
Phone: 971-283-8792
wkfc.admin@dhsoha.state.or.us

Powered by Qualtrics

Oregon Board of Dentistry

Intro

HEALTH CARE WORKFORCE QUESTIONNAIRE

This information is collected by the Oregon Health Authority in collaboration with the Oregon Board of Dentistry, as part of legislatively mandated Health Care Workforce Database reporting, ORS 676.410 and Oregon Administrative Rules (OARs) 409-026-0100 through 409-026-0140.

The questionnaire should take approximately **5 - 8 minutes to complete**. The data gathered in this questionnaire are not connected to your license renewal application. All personally identifiable information from this data collection will be kept confidential and only reported in aggregate.

To navigate the form, use the arrow buttons at the bottom of the window. At the end of the questionnaire you will be redirected to the Licensing Board web page to continue with your license renewal.

If you need technical assistance with this survey, please contact a member of the Health Care Workforce Reporting Team by phone at (971) 283-8792 or e-mail at wkfc.admin@dhsoha.state.or.us

What is your original license year?

[ ]

Do you hold an Expanded Practice Dental Hygiene Permit in Oregon

- ○ Yes
- ○ No

Do you utilize your Expanded Practice Dental Hygiene Permit?

- ○ Yes

- No

Do you have a collaborative agreement with a dentist?

- Yes
- No

Education and Training

EDUCATION

Please indicate your **highest level of education** in dental hygiene:

- Associate degree in the field
- Bachelor's degree in the field
- Other, please indicate below: ______

Where did you receive your highest degree in dental hygiene?

- In the United States
- Out of the United States

In what year did you receive this degree? (YYYY)

______

School information:

School name: ______

School city: ______

School state: ______

Do you hold other degrees or certifications that are *not directly related to dental hygiene*? For example, Master's in Public Health (MPH), Juris Doctor (JD), etc.

- ______ Yes, please specify below:
- No

Employment

EMPLOYMENT STATUS

What is your employment status?
("Employed in the field" includes non-patient care or a non-clinical environment related to dental hygiene.)

- Employed in the field (by an entity such as a health system, an educational institution, etc.)
- Self-employed in the field
- Employed in other field
- Unemployed, but seeking work in the field
- Unemployed, and NOT seeking work in the field
- Volunteer (if retired and volunteering, choose this option)
- Retired - not practicing
- Other, please describe below:

Please specify your employment type:

- Full-time
- Part-time
- Per-diem
- Other, please describe below:

SERVICES FOR OREGON RESIDENTS

Just to confirm, do you currently **work in Oregon or provide services to Oregon residents**?
(Please include any kind of work related to dental hygiene, including patient care, teaching, administration, volunteer work, etc.)

- Yes
- No

SPECIALTY

What specialties were represented at the dental practice where you last worked? (Choose up to 2 specialties):

Specialty 1 (required):

Specialty 2 (optional):

Practice Specific

PRIMARY PRACTICE LOCATION: GENERAL INFORMATION
(Your primary practice location is where you spend the majority of your time in the field)

In this position, do you **only** have a mobile practice or work in an outcall capacity?

- Yes
- No

PRIMARY PRACTICE LOCATION: GENERAL INFORMATION

Please provide the address of your primary practice location (where you spend the *majority of your time* in the field)

Business name (optional):

Street address (please do *NOT* enter a PO Box or billing address):

City:

State or US Territory (if location is outside of US, select "Foreign Country"):

ZIP code:

Country:

PRIMARY PRACTICE LOCATION

In which county do you perform the majority of your work?

Do you provide any services via **telehealth** from this location?
(Telehealth is the use of electronic communications and software to provide clinical services to patients without an in-person visit.)

- Yes
- No

Describe your telehealth practice: (Select all that apply)

- Based in Oregon, care for Oregon clients
- Based in Oregon, care for clients outside of Oregon
- Based outside of Oregon, care for Oregon clients
- Based outside of Oregon, care for clients outside of Oregon

Select **up to three Oregon counties** where your telehealth/telemedicine clients receive services. Please note, this is **where the client is located**. If you serve clients in more than three counties, please select the ones with the most clients served.

- Unknown
- Baker
- Benton
- Douglas
- Gilliam
- Grant
- Lake
- Lane
- Lincoln
- Sherman
- Tillamook
- Umatilla

- ☐ Clackamas
- ☐ Clatsop
- ☐ Columbia
- ☐ Coos
- ☐ Crook
- ☐ Curry
- ☐ Deschutes
- ☐ Harney
- ☐ Hood River
- ☐ Jackson
- ☐ Jefferson
- ☐ Josephine
- ☐ Klamath
- ☐ Linn
- ☐ Malheur
- ☐ Marion
- ☐ Morrow
- ☐ Multnomah
- ☐ Polk
- ☐ Union
- ☐ Wallowa
- ☐ Wasco
- ☐ Washington
- ☐ Wheeler
- ☐ Yamhill

Please select up to ***2 specialties*** that are represented at this work location:

Specialty 1 (required):

[▾]

Specialty 2 (optional):

[▾]

What best describes the ***practice setting*** for this location?

- ○ Private Dental Office - Group
- ○ Private Dental Office - Solo
- ○ Community/School based health center
- ○ Correctional facility
- ○ Educational or research institution
- ○ Home health
- ○ Indian Health Services or tribal clinic
- ○ Locum tenens/Traveler/Temp agency
- ○ Military or VA health facility
- ○ Mobile unit
- ○ Occupational Health
- ○ Policy/Planning/Regulatory/Licensing agency
- ○ Skilled nursing facility/long term care
- ○ Other, please describe below: [ ]

PRIMARY PRACTICE LOCATION

On average, how many **hours per week** do you work at this location? (Please select hours, not FTE)

	0	10	20	30	40	50	60	70	80	
Average hours per week at this location										[ ]

What **percentage of your total hours** at this location do you spend on the following activities? (the total percentage for all activities must add up to 100)

Enter whole numbers without percent signs. For example, if you work 50% in one activity, type 50

Direct Patient Care	0
Teaching/Training	0
Research	0
Management/Administration	0
Other	0
Total	0

Is there another practice location where you are currently working?

- Yes
- No

SECONDARY PRACTICE LOCATION: GENERAL INFORMATION

In this position, do you **only** have a mobile practice or work in an outcall capacity?

- Yes
- No

SECONDARY PRACTICE LOCATION: GENERAL INFORMATION

Please provide the address of your secondary practice location:

Business name (optional):

Street address (please do *NOT* enter a PO Box or billing address):

City:

State or US Territory (if location is outside of US, select "Foreign Country"):

ZIP code:

Country:

SECONDARY PRACTICE LOCATION

In which county do you perform the majority of your work?

Do you provide any services via **telehealth** from this location?
(Telehealth is the use of electronic communications and software to provide clinical services to patients without an in-person visit.)

- Yes
- No

Describe your telehealth practice: (Select all that apply)

- Based in Oregon, care for Oregon clients
- Based in Oregon, care for clients outside of Oregon
- Based outside of Oregon, care for Oregon clients
- Based outside of Oregon, care for clients outside of Oregon

Select **up to three Oregon counties** where your telehealth/telemedicine clients receive services. Please note, this is **where the client is located**. If you serve clients in more than

three counties, please select the ones with the most clients served.

- ☐ Unknown
- ☐ Baker
- ☐ Benton
- ☐ Clackamas
- ☐ Clatsop
- ☐ Columbia
- ☐ Coos
- ☐ Crook
- ☐ Curry
- ☐ Deschutes
- ☐ Douglas
- ☐ Gilliam
- ☐ Grant
- ☐ Harney
- ☐ Hood River
- ☐ Jackson
- ☐ Jefferson
- ☐ Josephine
- ☐ Klamath
- ☐ Lake
- ☐ Lane
- ☐ Lincoln
- ☐ Linn
- ☐ Malheur
- ☐ Marion
- ☐ Morrow
- ☐ Multnomah
- ☐ Polk
- ☐ Sherman
- ☐ Tillamook
- ☐ Umatilla
- ☐ Union
- ☐ Wallowa
- ☐ Wasco
- ☐ Washington
- ☐ Wheeler
- ☐ Yamhill

Please select up to ***2 specialties*** that are represented at this work location:

Specialty 1 (required):

[▾]

Specialty 2 (optional):

[▾]

What best describes the ***practice setting*** for this location?

- ○ Private Dental Office - Group
- ○ Private Dental Office - Solo
- ○ Community/School based health center
- ○ Correctional facility
- ○ Educational or research institution
- ○ Home health
- ○ Indian Health Services or tribal clinic
- ○ Locum tenens/Traveler/Temp agency
- ○ Military or VA health facility
- ○ Mobile unit
- ○ Occupational Health
- ○ Policy/Planning/Regulatory/Licensing agency
- ○ Skilled nursing facility/long term care
- ○ Other, please describe below: [ ]

SECONDARY PRACTICE LOCATION

On average, how many **hours per week** do you work at this location? (Please select hours, not FTE)

	0	10	20	30	40	50	60	70	80	
Average hours per week at this location										☐

What **percentage of your total hours** at this location do you spend on the following activities? (the total percentage for all activities must add up to 100.)

Enter whole numbers without percent signs. For example, if you work 50% in one activity, type 50

Direct Patient Care	0
Teaching/Training	0
Research	0
Management/Administration	0
Other	0
Total	0

Future Plans

FUTURE PLANS:

In the *next two years*, what best describes **your plans for working**?

- Continue working at my current location(s)
- Move to another practice location in Oregon
- Move to Oregon to practice in the field
- Leave Oregon to practice out of state
- Leave the field (with intention to work in a different field)
- Retire
- ☐ Other

In the *next two years*, what best describes **your plans for how much you will work**?

- Maintain practice hours as is
- Reduce practice hours
- Increase practice hours
- ____________ Other

Languages

LANGUAGES SPOKEN

Do you speak languages **other than English**?

- Yes
- No

PROFICIENCY IN LANGUAGES OTHER THAN ENGLISH

Select up to two languages that you speak **other than English**.

Afrikaans	Cree	Indonesian	Nez Perce	Spanish Creole
American Sign Language	Croatian	Iranian	Norwegian	Swahil, Kiswahili
Amharic	Czech	Italian	Oriya	Swedish
Apache	Danish	Japanese	Oromo	Tagalog
Arabic	Estonian	Kannada	Paiute	Tamil
Arapaho	Farsi	Khmer	Persian, Farsi	Telugu
Armenian	Finnish	Kikuyu	Polish	Teochew
Bambara	Flemish-Dutch	Klamath	Portuguese	Thai
Basque	French	Konkani	Portuguese Creole	Tibetan
Bengali	French Creole	Korean	Punjabi	Tigrinya
Bislama	Gaelic	Lao, Laotian	Pushto	Tonga
Bosnian	German	Latin	Quechua	Turkish
Bulgarian	Greek	Latvian	Romanian	Ukrainian
Burmese	Gujarati	Lithuanian	Russian	Umatilla
Cambodian	Haitian Creole	Macedonian	Samoan	Urdu
Cantonese	Hebrew	Malay	Sanskrit	Vietnamese
Cebuano	Hindi	Malayalam	Serbian	Visayan
Chamorro	Hmong	Mandarin	Sindhi	Walla Walla

- ☐ Cherokee
- ☐ Cheyenne
- ☐ Chinese
- ☐ Chinook
- ☐ Coos
- ☐ Coquille, Tututni
- ☐ Hungarian
- ☐ Icelandic
- ☐ Igbo
- ☐ Ilocano
- ☐ Iloko
- ☐ Marathi
- ☐ Mien
- ☐ Modoc
- ☐ Navaho
- ☐ Nepali
- ☐ Siuslaw
- ☐ Slovak
- ☐ Slovenian
- ☐ Somali
- ☐ Spanish
- ☐ Welsh
- ☐ Yiddish
- ☐ Yoruba
- ☐ Yupik
- ☐ Other

Language(s) selected:**${q://QID267/ChoiceGroup/SelectedChoices}.**

If that is not correct, please press the back arrow to change your response.

Please specify other language (only enter one):

____

loop_merge Language - certification

PROFICIENCY IN LANGUAGE: ${lm://Field/1}

Please answer the following questions about: ${q://QID427/ChoiceTextEntryValue}

What is your proficiency level in **${lm://Field/1}**?

Proficiency levels:
Beginner: you have vocabulary large enough to communicate the most basic needs.
Intermediate: you can speak the language with sufficient structural accuracy and vocabulary to participate effectively in most conversations on practical, social, and professional topics.
Advanced: you are able to speak the language fluently on all levels and as pertinent to typical professional needs; can handle informal interpreting of the language.
Native: you have a speaking proficiency equivalent to that of an educated native speaker.

- ○ Beginner
- ○ Intermediate
- ○ Advanced proficiency
- ○ Native Speaker

Have you received training in medical terminology in **${lm://Field/1}**?
(this training may have been taken inside or outside of the US)

- Yes
- No

Do you use this language (**${lm://Field/1}**) at work while providing care to patients?

- Yes
- No, I do not provide patient care
- No, I don't have patients that speak ${lm://Field/1}
- No, other reason

Are you certified as a bilingual provider or medical interpreter in **${lm://Field/1}**?

- Yes
- No

Please indicate certifying entity:

English Proficiency

How well do you speak English?
(Your response to this question may be accessed by OHA and the licensing board. Your response will not affect the renewal of your license)

- Very well
- Well
- Not well
- Not at all
- Don't know/Unknown
- Don't want to answer/Decline

Gender

DEMOGRAPHIC INFORMATION

What is your gender?

- Male
- Female
- [ ] Prefer to self describe
- Don't want to answer/Decline

What is your ethnicity?

- Hispanic/Latino
- Not Hispanic/Latino
- Decline to answer

What is your race? (Please check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Decline to answer
- [ ] Other, please specify below:

RE - reald

We would like you to tell us your race and ethnicity so that we can find and address health and service differences in Oregon.

Your responses to these questions may be accessed by OHA and the licensing board. Your responses will not affect the renewal of your license. These questions are optional and your answers are confidential.

How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry?**

[ ]

Which of the following describes your **racial or ethnic identity?** Please check **ALL** that apply.

Hispanic and Latino/a/x

- [ ] Central American
- [ ] Mexican
- [ ] South American
- [ ] Other Hispanic or Latino/a/x

Native Hawaiian and Pacific Islander

- [ ] Chamoru (Chamorro)
- [ ] Marshallese
- [ ] Communities of the Micronesian Region
- [ ] Native Hawaiian
- [ ] Samoan
- [ ] Other Pacific Islander

White

- [ ] Eastern European
- [ ] Slavic
- [ ] Western European
- [ ] Other White

American Indian and Alaska Native

- [ ] American Indian
- [ ] Alaska Native
- [ ] Canadian Inuit, Metis,or First Nation
- [ ] Indigenous Mexican, Central American, or South American

Black and African American

- [ ] African American
- [ ] Afro-Caribbean
- [ ] Ethiopian
- [ ] Somali
- [ ] Other African (Black)
- [ ] Other Black

Middle Eastern/Northern African

- ☐ Middle Eastern
- ☐ Northern African

Asian

- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Communities of Myanmar
- ☐ Filipino/a
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ South Asian
- ☐ Vietnamese
- ☐ Other Asian

Other Categories

- ☐ ______ Other (please list)
- ☐ Don't know/Unknown
- ☐ Don't want to answer/Decline

You selected: ${q://QID497/ChoiceGroup/SelectedChoices}

Do you identify **one** of these to be your **primary racial ethnic identity**?

- ○ Yes
- ○ No, I do not have just one primary racial or ethnic identity
- ○ No. I identify as Biracial or Multiracial
- ○ Don't know/Unknown
- ○ Don't want to answer/Decline

Please **select the ONE that best represents your racial or ethnic identity**.

- ○ » Central American
- ○ » Mexican

- » South American
- » Other Hispanic or Latino/a/x
- » Chamoru (Chamorro)
- » Marshallese
- » Communities of the Micronesian Region
- » Native Hawaiian
- » Samoan
- » Other Pacific Islander
- » Eastern European
- » Slavic
- » Western European
- » Other White
- » American Indian
- » Alaska Native
- » Canadian Inuit, Metis,or First Nation
- » Indigenous Mexican, Central American, or South American
- » African American
- » Afro-Caribbean
- » Ethiopian
- » Somali
- » Other African (Black)
- » Other Black
- » Middle Eastern
- » Northern African
- » Asian Indian
- » Cambodian
- » Chinese
- » Communities of Myanmar
- » Filipino/a
- » Hmong
- » Japanese
- » Korean
- » Laotian
- » South Asian
- » Vietnamese
- » Other Asian
- [ ] » Other (please list)

- » Don't know/Unknown
- » Don't want to answer/Decline

Disability

Disability

Your answer to these questions will help us find health and service differences among people with and without functional difficulties.

Your responses to these questions may be accessed by OHA and the licensing board. Your responses will not affect the renewal of your license. These questions are optional and your answers are confidential.

Are you **deaf** or do you have **serious difficulty hearing?**

- Yes
- No
- Don't know/Unknown
- Don't want to answer/Decline

At what age did this condition begin?

Are you **blind** or do you have **serious difficulty seeing**, even when wearing glasses?

- Yes
- No
- Don't know/Unknown
- Don't want to answer/Decline

At what age did this condition begin?

Does a **physical, mental, or emotional condition limit your activities** in any way?

- Yes

- No
- Don't know/Unknown
- Don't want to answer/Decline

At what age did this condition begin?

Do you have serious difficulty **walking or climbing stairs?**

- Yes
- No
- Don't know/Unknown
- Don't want to answer/Decline

At what age did this condition begin?

Do you have **difficulty dressing or bathing?**

- Yes
- No
- Don't know/Unknown
- Don't want to answer/Decline

At what age did this condition begin?

Because of a **physical, mental, or emotional condition**, do you have serious difficulty **doing errands alone** such as visiting a doctor's office or shopping?

- Yes
- No
- Don't know/Unknown
- Don't want to answer/Decline

At what age did this condition begin?

[ ]

Completion & Submit

July 8, 2024
8:10 AM

${e://Field/FSTN} ${e://Field/LSTN} (License Number: ${e://Field/RDID}),

Thank you for completing the Health Care Workforce Questionnaire! **Please press 'Submit' below to save your responses and return to your license renewal.**

You may save or print this page as proof of survey completion for your records.

If you have any questions related to this questionnaire, please visit our website here or contact a member of the Health Care Workforce Team at:

Health Policy and Analytics
Oregon Health Authority
Phone: 971-283-8792
wkfc.admin@dhsoha.state.or.us

Powered by Qualtrics

Barbara Smith,
Chair

David Howe,
Radiation Protection Services Program Director

June 12th, 2024

TELECONFERENCE PROCEDURES

- Record phone-in number and passcode (in case you lose connectivity)
- Phone-in number and conference ID # provided in Teams invitation mail
- If phoning into meeting, use PowerPoint slides to follow meeting
- To unmute self, press *6

- Video (of yourself) is optional
- Please mute microphone unless speaking
- Use the “raise hand” feature if you have a question

- When speaking, begin by stating your name
- RPS staff will use screen share to share PowerPoint information and handouts
- The meeting will be recorded for purposes of accuracy in the minutes

Oregon Health Authority

RADIATION ADVISORY COMMITTEE MEETING AGENDA

June 12, 2024 – Hybrid Meeting

800 NE Oregon St., Portland, Oregon

Phone-In Number 1-971-277-2343 ID: 658 897 738#

(* = Action Items)

10:00 a.m. **Registration/Public Session**

- Call Meeting to Order – Barb Smith, Chair
- Introduction of guests
- Approval of Minutes – Barb Smith, Chair
- RAC Member Expirations (Dr. Sousa Melo & Mandy Henrikson)
- RPS Staffing – David Howe, RPS Program Director

10:30 a.m. **2024 RPS Program Updates – David Howe**

- RPS Budget – David Howe, Program Director, RPS
- Electronic/Tanning Products Update – Brent Herring, Lead Worker, RPS
- Radioactive Materials Licensing – Hillary Haskins, ER/OPS Manager
- Emergency Response / Incidents – Hillary Haskins
- RPS Training – Hillary Haskins
  - Conference of Radiation Control Program Directors (CRCPD) Annual Meeting – Todd Carpenter
  - Radiological Emergency Preparedness (REP) Early Career Program – Tom Mynes, Health Physicist
  - Dept. of Energy Radiological Assistance Program Training for Emergency Response (RAPTER) – Tom Pfahler, Health Physicist
  - Dept. of Homeland Security/FEMA Advanced Radiological Incident Operations (ARIO) – Michelle Martin, Health Physicist

BREAK

11:15 a.m. **Exemptions/Rules/Statutes**

- * Cascade Medical Imaging (DEXA scanning) – Brent Herring
- *Digimed Dental Handheld Device – backscatter shield issue – Brent Herring
- *New Superficial Brachytherapy Device (Xoft) – Brent Herring

RPS Operations Update

- Databases – Hillary Haskins
  - Tanning
  - Incidents
  - RML

Oregon Health Authority

- All Hazards Mobile Lab/Trailer relocation via Portland Bureau of Emergency Management Interagency Agreement – Todd Carpenter
- Oregon Dept. of Energy-RPS Interagency Agreement for First Responder/Receiver Training – Todd Carpenter

11:45 a.m. Lunch

12:15 p.m. Rulemaking

- Minor Clarifications of Rule Divisions 116 & 125 - Todd Carpenter
- RPS Draft Information Bulletin Regarding Rectangular vs Circular Collimation – Todd Carpenter
- Draft Letter to Oregon Board of Dentistry regarding CBCT Image Interpretation – Todd Carpenter
- Addition of an Oregon Board of Medical Imaging Representative as an Ex Officio Member on RAC – David Howe

Emergency Preparedness/Response

- CGS Dress Rehearsal/Full Exercise – Hillary Haskins
- 2024 Rose City Thunder Terrorist-Created Weapon of Mass Destruction and Radiological Incident (Providence Health & Services Exercise) – Hillary Haskins/Bob Berry
- Hiroshima, Japan Memorial Presentation – Tom Mynes, Health Physicist

12:45 p.m. New Business – David Howe

- New Oregon Health Authority Director – Dr. Sejal Hathi
- Recruitment for New Public Health Division Director

1:30 p.m. PUBLIC COMMENTS:

2:00 p.m. Announcements \\ Next meeting scheduled for October 16, 2024 /Adjourn

WELCOME

Introduction of Members & Guests

Oregon Health Authority

Radiation Advisory Committee Meeting

Radiation Advisory Committee
Membership
01/01/24

Name	*First Term	Second Term	Third Term	Comments
Zambelli, Alicia	01/01/23-12/31/26			
Berry, Bob	01/01/20-12/31/23	01/01/24-12/31/27		Vice Chair- 1st term 01/01/23- 12/31/24
Henrikson, Mandy	01/01/17-12/31/20	01/01/21-12/31/24		
Hamby, David	05/07/20-12/31/23 Replaced M. Krahenbuhl	01/01/24-12/31/27		
Smith, Barbara	07/25/14-12/31/17 Replaced R. Farmer	01/01/18-12/31/21	01/01/22-12/31/25	Chairperson-2nd term 01/01/23-12/31/24
Wood, Dennis	01/01/22-12/31/25			
Frey, Garrett	01/01/23-12/31/26			
Sousa Melo, Saulo	04/01/23-12/31/24 Replaced J. Frankel			

*May be partial term due to replacing a member. Bylaws state a member can serve two full terms after the bylaws were adopted.

Oregon Health Authority

RPS STAFFING

David Howe

Oregon Health Authority

Oregon Health Authority

Fiscal Year 2024 – Expense Report Ending March 31, 2024

Grant No	Grant Title	Fund Type	Budget Period	Beginning Balance	Revenue AY25/Budget	Accrued Revenue	Expenditure	Remaining Balance	% Spent	% Budget Period
RPS Expense Summary			Jean needs to talk with Mai and then RPS managers							
		AY Month	Notes/Items for RPS Managers to review							
As of 3/31/2024		9	Funds we invoice for A/R							
480382-25	RPS Grain Analysis Lab Fee	OF	7/1/2023-6/30/2025	(39.29)	3,696.00	-	862.22	2,794.49	23%	38%
480425-25	RPS X-Ray Registration Fee	OF	7/1/2023-6/30/2025	2,208.79	2,588,987.00		1,804,077.17	787,118.62	70%	38%
480467-25	RPS Radioactive Materials License (RML)	OF	7/1/2023-6/30/2025	1,370.20	786,527.56		843,228.39	(55,330.63)	107%	38%
480496-25	RPS Tanning Device Registration	OF	7/1/2023-6/30/2025	187,728.95	131,610.75	9,180.00	123,611.93	195,727.77	94%	38%
480206-23	RPS DEQ School Disposal	OF	7/1/2021-6/30/2023		1,921.95			1,921.95	-	N/A
480214-23	RPS DOE First Responder Training	OF	7/1/2021-6/30/2023	19,248.41	25,000.18		7,174.19	37,074.40	N/A	N/A
480214-26	RPS ODOE First Res./Hos. Training (external)	OF	7/1/2023-6/30/2026		-	-		-	N/A	38%
480473-23	RPS Metro Rad Mat Disposal	OF	1/1/2021-6/30/2024	70,353.17	18,400.07	-	37,900.62	50,852.62	N/A	N/A
480473-25	RPS Metro Rad Mat Disposal	OF	3/1/2023-2/28/2025	-	-	-	-	-	N/A	38%
480408-28	RPS ODOE Rad. Training (Internal)	OF	7/1/2023-6/30/2028	-	28,000.00	-	-	28,000.00	-	15%
280568-22	RPS Mammography Fac Inspection PH22	FF	5/1/2021-6/30/2022		533,322.48	-	533,322.48	-	100%	N/A
280568-23	RPS Mammography Fac Inspection PH23	FF	7/1/2022-6/30/2023		195,905.26	-	195,905.54	(0.28)	100%	N/A
280568-24	RPS Mammography Fac Inspection PH24	FF	7/1/2023-6/30/2024	82,459.73	-	66,720.00	123,875.64	(41,415.91)	N/A	75%
280568-25	RPS Mammography Fac Inspection PH25	FF	7/1/2024-6/30/2025							

Electronic/Tanning Inspections

Brent Herring, X-Ray Program Lead Worker

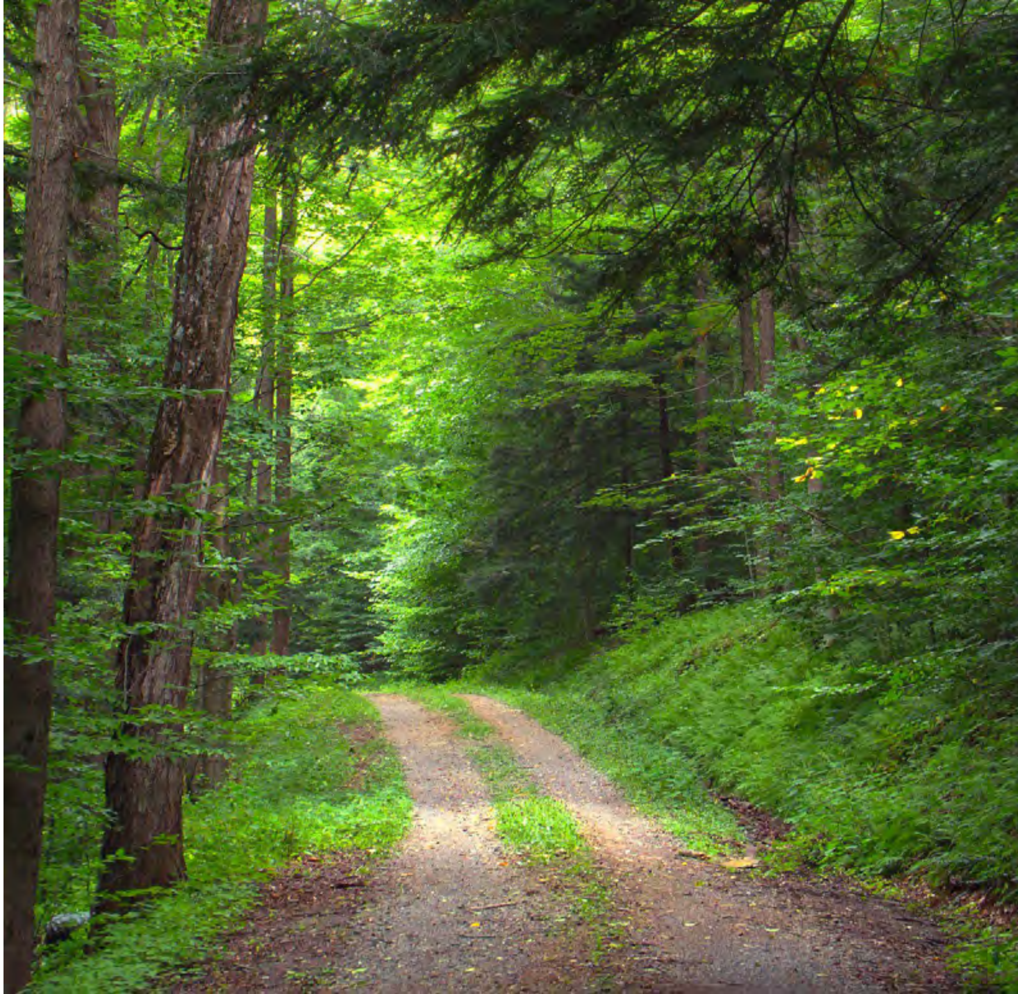
- Inspection Update
  - Inspections since last RAC meeting:
    - 347 X-ray Inspections (medical, dental, vet, therapy, MQSA, and industrial)
      - 760 Machines
      - 771 Tubes
    - 5 Tanning Inspections
  - Violation Summary:
    - X-ray
      - Machine registration
      - Dosimetry records maintained
    - Tanning
      - Time not checked annually for accuracy and Emergency shut-off not test annually

Oregon Health Authority

Radioactive Materials Licensing – Hillary Haskins

Jan-May – Radioactive Materials Licensing

Action	Count
Inspections Performed	26
Inspections Remaining	53
Licensing Actions Performed	71
Licensing Actions Open	110



Emergency Response/Incidents - Hillary Haskins

January through May 2024

MOSTLY RAD WASTE/SCRAP METAL

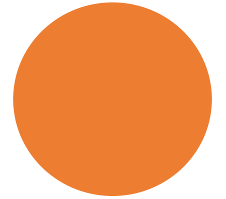
2 DIAGNOSTIC MEDICAL EVENTS

17 OPEN INVESTIGATIONS

Oregon Health Authority

Training and Conferences

January through May

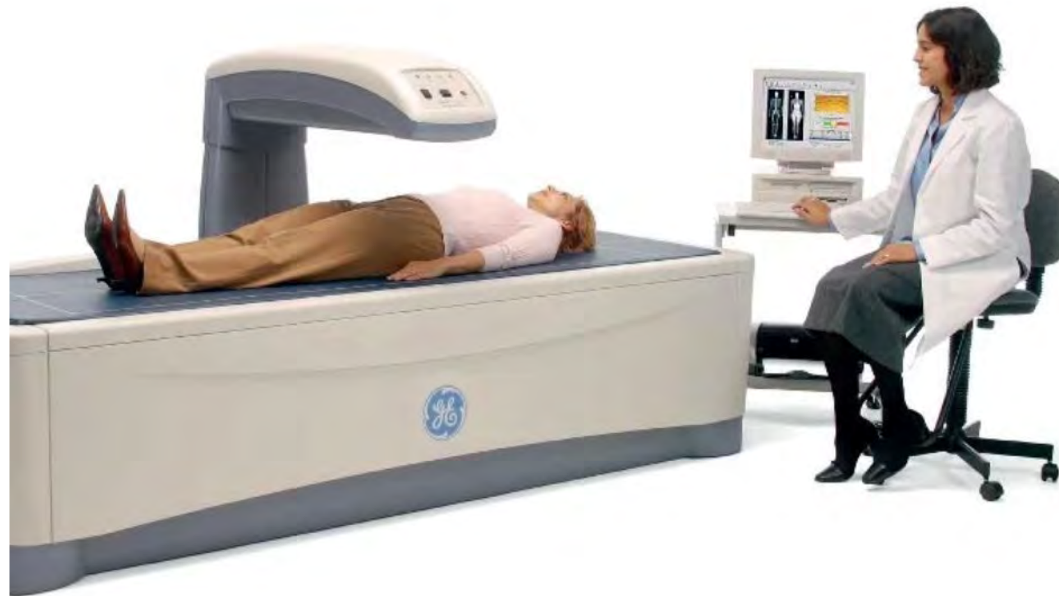


- Conference of Radiation Control Program Directors (CRCPD) Annual Meeting
  - Todd Carpenter, Licensing Manager
  - Hillary Haskins, Ops & Resp Manager
- Radiological Emergency Preparedness (REP) Early Career Program
  - Tom Mynes, Health Physicist
- Dept. of Energy Radiological Assistance Program Training for Emergency Response (RAPTER)
  - Tom Pfahler, Health Physicist
- Dept. of Homeland Security/FEMA Advanced Radiological Incident Operations (ARIO)
  - Michelle Martin, Health Physicist
- NRC Materials, Safety & Security
  - Sarah Brodesser, Health Physicist

BREAK

EXEMPTIONS/RULES/STATUTES

Exemption Request - Cascade Medical Imaging Dexa Scanning



- Cascade Medical Imaging (Bend and Redmond) requests to use DEXA scanning for Body Mass Index (BMI) studies under the following conditions:
  - Self referral
    - No doctor's order just a self referral from the person being scanned
  - Persons scanned are not patients
  - Number of scans is determined by self referral need
  - Report printed out after scan and sent to primary doctor

Oregon Health Authority

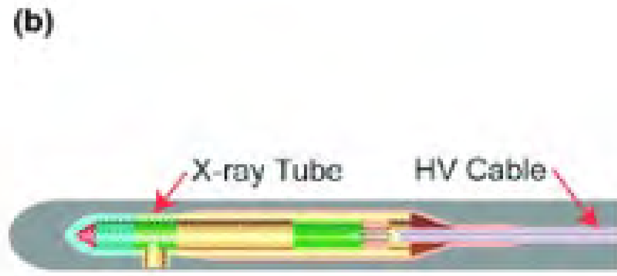
Exemption Request: Cascade Medical Imaging Dexa Scanning (continued)

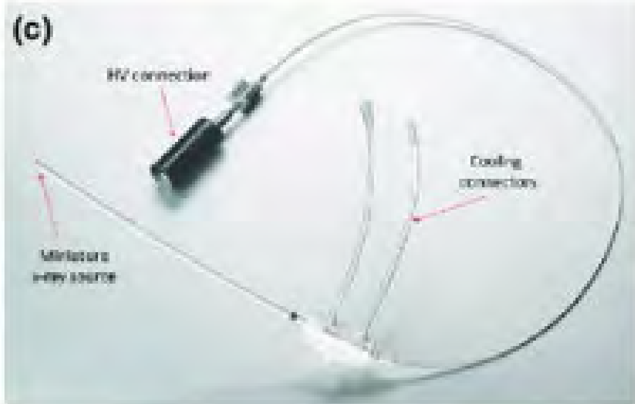
- 333-106-0035
- **General Requirements: Deliberate Exposures Restricted**
- (2) Exposure of an individual for the purpose of healing arts screening:
- (a) Any person proposing to conduct a healing arts screening program shall not initiate such a program without prior approval of the Authority;
- (b) When requesting such approval, that person shall submit the following information.
  - (A) Name and address of the applicant and, where applicable, the names and addresses of agents within this state;
  - (B) Diseases or conditions for which the X-ray examinations are to be used in diagnoses;
  - (C) A detailed description of the X-ray examinations proposed in the screening program to include the estimated total radiation dose received by the individual(s) participating in the screening program;
  - (D) Description of the population to be examined in the screening program, i.e., age, sex, physical conditions, and other appropriate information;
  - (E) An evaluation of any known alternate methods not involving ionizing radiation which could achieve the goals of the screening program and why these methods are not used instead of the X-ray examinations;
  - (F) An evaluation by a qualified expert of the X-ray system(s) to be used in the screening program. The evaluation by the qualified expert shall show that such system(s) do satisfy all requirements of these rules;
  - (G) A description of the diagnostic film quality control program;
  - (H) A copy of the technique chart for the X-ray examination procedures to be used;
  - (I) The qualifications of each individual who will be operating the X-ray system(s);
  - (J) The qualifications of the individual who will be supervising the operators of the X-ray system(s). The extent of supervision and the method of work performance evaluation shall be specified;
  - (K) The name and address of the individual who will interpret the radiograph(s);
  - (L) A description of the procedures to be used in advising the individuals screened and their private practitioners of the healing arts of the results of the screening procedure and any further medical needs indicated;
  - (M) A description of the procedures for the retention or disposition of the radiographs and other records pertaining to the X-ray examinations.
- (3) If any information submitted to the Authority under subsection (2)(b) changes, the Authority shall be immediately notified.
- (4) Mammography screening shall be exempt from the requirements of section (2) of this rule if the following conditions are met:

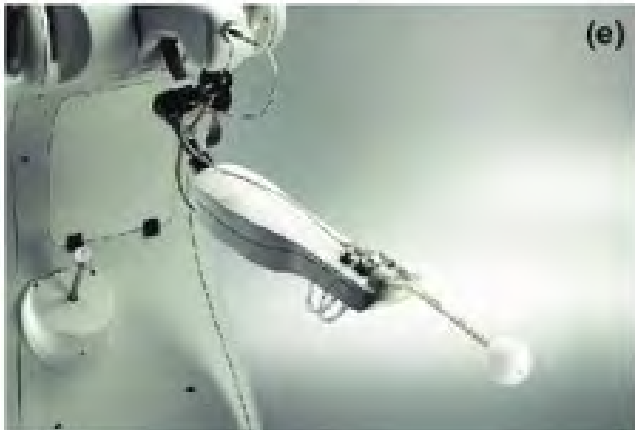
Oregon Health Authority

Exemption Request: Digimed Dental Hand-Held

- Digimed Dental Hand-Held
- Request for approval due to FDA approval and shield is barium sulfate (lead equivalent)
- Unit was recently denied for the following:
  - Unit nor documentation stated 0.25 mm Pb equivalent
  - Shield has holes



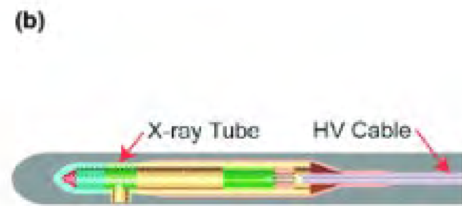


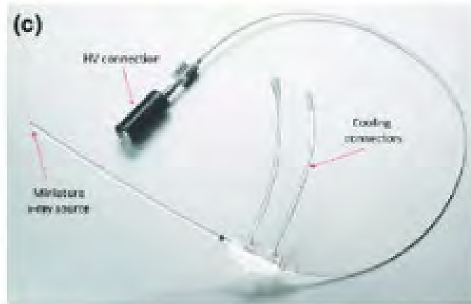


Proposed New Therapy Machine (Xoft)

Oregon Health Authority

Xoft Vs. Sensus





Rules Governing Xoft Machine

Specifics of the Machine and Operation

- Machine specs fall under Electronic Brachytherapy Rules
- Source placed in (inside body) or near target tissue (skin)
- Machine is like a HDR, but electronic instead of RML
- Need survey meter

RPS Rules Governing Operators

- RT(T) - OMBI and ARRT
    - Applications Training
    - Operations and Emergency Response for machine

RPS Rules Governing Machine and Operation

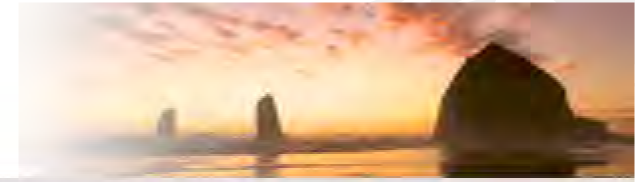
- Authorized User (AU) fall under Superficial Electronic Brachytherapy Rules
    - Dermatologist approval or Rad. Therapy Physician (OMB)
    - Authority approved Rad. Use and Safety
    - Applications Training
    - Operations and Emergency Response for machine
    - Must assist in 15 or more patient treatments for machine under personal supervision of an AU with 3 years of machine experience.

Oregon Health Authority

RPS Operations Update

Databases

OREGON.gov



Radiation Protection Services - RPS Licensee Services v2.19.816

Not logged in

RML Home
RPS Home

RPS Licensee Services
Licensee Services Home
RPS Forms

Login

RPS Licensee Services

Welcome to Oregon's Radiation Protection Licensee Services website.

Select a service from the menu on the left or Login here for more options.

Current functionality includes:

RML:
Reciprocity Notification filing and instant approval.
Electronic document retrieval.

Tanning:
E-payments and instant certificates.
Electronic document retrieval.

X-Ray:
Facility and Device review.
Electronic document retrieval.
Profile updating.

Oregon Health Authority

Incident Database

Home | Patty Thompson

Incidents

All Open Incidents

	RPS #	Incident Date	Program	Location	Primary Registrant Name	Type	Description
Actions	24-0026	05/28/2024	RML			Found Device / Material	
Actions	24-0025	05/23/2024	RML			10656 Scrap Monitor Alarm	Scrap Alarm a
Actions	24-0024	05/08/2024	RML			10656 Scrap Monitor Alarm	Scrap Alarm -
Actions	24-0023	04/02/2024	RML			Other	Multiple errors
Actions	24-0022	04/01/2024	X-Ray			Other	Complaint that
Actions	24-0021	04/19/2024	RML			10656 Scrap Monitor Alarm	Scrap metal al
Actions	24-0020	04/19/2024	RML			Contaminated waste	Item was misic
Actions	24-0013	02/09/2024	X-Ray			Other	X-rays being p
Actions	24-0011	03/18/2024	X-Ray			Accelerator Medical Event	An incorrect sl
Actions	24-0009	01/25/2024	Tanning			Other	* Complaint th

Show 10 entries

Previous 1 2 Next

Tanning Database

Tanning | Facility | Owner | Device | Inspection | Certification

Devices View - Test Site

Select Facility (type for suggestions)

Sort by Number / Name

Facility | Owner | Devices | Inspection | Certification | Facility Payments

Facility Number | **Name** | **Status**: Active

Device List

	Device #	Status	Room #	RAD T #	Manufacturer	Mfg Date
Actions	01	Inactive	08	3866	SUN ERGOLINE	
Actions	02	Active	09	3867	SUN ERGOLINE	
Actions	03	Inactive	07	4501	SOLTRON INC	
Actions	04	<Unknown>	02		SOLTRON INC	
Actions	05	<Unknown>	05	4502	SOLTRON INC	

Show 5 entries

Oregon Health Authority

Interagency Agreements

First Responder/Receiver Training Program

All Hazard Mobile Lab Unit

LUNCH

Todd Carpenter

Oregon Health Authority

Proposed Rulemaking for Miscellaneous Clarifications
Nuclear Regulatory Commission

Amended

OAR 333-116-0640 is being amended by changing the term "U.S. Nuclear Regulatory master material license" to "U.S. Nuclear Regulatory master material licensee".

OAR 333-116-0740 is being amended by changing the term from "by a U.S. Nuclear Regulatory Commission master material license of broad scope" to "in accordance with a Commission master material broad scope license".

OAR 333-116-0910 is being amended by changing the term "American Council on Pharmaceutical Education" to "Accreditation Council on Pharmacy Education".

OAR 333-125-0001 is being amended by removing section (2)(h) within the rule which directs the licensee to report their radioactive sources to the National Source Tracking System by January 31, 2009.

OAR 333-125-0080 is being amended by inserting the city of Rockville within the address to submit fingerprint cards in section (1) of the rule.

RPS Draft Information Bulletin Regarding Rectangular vs. Circular Collimation

- Dr. Sousa Melo crafting language about studies showing that rectangular collimation drastically reduces the amount of radiation the patient receives.

Draft Letter to Oregon Board of Dentistry regarding CBCT Image Interpretation

- Dr. Sousa Melo is assisting RPS on the merits of cone-beam CT scans being read by a well-versed dentist, or ideally, by an Oral and Maxillofacial Radiologist, including comprehensive documentation of the findings

Proposal to Add Oregon Board of Medical Imaging Representative as an Ex Officio Member on the RAC

Oregon Health Authority

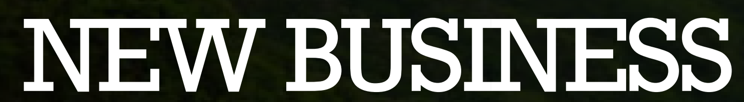
Emergency Preparedness/Response

- Columbia Generating Station Dress Rehearsal/Full Exercise
- 2024 Rose City Thunder Terrorist-Created Weapon of Mass Destruction and Radiological Incident (Providence Health & Services Exercise)
- OR HAZMAT training

Oregon Health Authority

Hiroshima, Japan Memorial Presentation by Tom Mynes, Health Physicist

Oregon Health Authority


NEW BUSINESS

New Oregon Health Authority Director
Dr. Sejal Hathi

Recruitment for
New Public Health Director

Oregon Health Authority

Oregon Health Authority

Announcements

Next Meeting:
October 16, 2024

Thank you for attending

OFFICE OF THE SECRETARY OF STATE
LAVONNE GRIFFIN-VALADE
SECRETARY OF STATE

CHERYL MYERS
DEPUTY SECRETARY OF STATE
AND TRIBAL LIAISON

ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 199
OREGON GOVERNMENT ETHICS COMMISSION

FILED
07/30/2024 3:39 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Adoption and amendment of administrative rules for administering and enforcing Public Meetings Law.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 09/03/2024 5:00 PM

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

CONTACT: Becky Maison
503-378-6803
becky.maison@ogec.oregon.gov

3218 Pringle Rd SE, Ste 220
Salem ,OR 97302

Filed By:
Becky Maison
Rules Coordinator

HEARING(S)

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

DATE: 08/23/2024
TIME: 9:00 AM - 1:00 PM
OFFICER: Becky Maison

IN-PERSON HEARING DETAILS
ADDRESS: Morrow Building, 3218 Pringle Rd SE, Ste 220, OGEC Large Conference Room, Salem, OR 97302

REMOTE HEARING DETAILS
MEETING URL: Click here to join the meeting
PHONE NUMBER: 503-378-5105
SPECIAL INSTRUCTIONS:
Register for testimony here:
https://us06web.zoom.us/meeting/register/tZ0sdeytqDspH9ycDJ9EHVhm3AK4M_Ndgq35

Call OGEC staff at 503-378-5105 if needs assistance to register. Please note 503-378-5105 will not provide direct access to the hearing, but will connect to staff for assistance.

NEED FOR THE RULE(S)

The rules in Division 50 are needed to provide guidance and clarification regarding the requirements in Oregon Public Meetings Law, ORS 192.610 to 192.705
199-040-0060 was added to clarify the prohibition on making final decisions in executive session
199-040-0027 was amended to clarify the procedures required by ORS 192.660(7)(d) before holding an executive session under ORS 192.660(2)(a)
199-008-0015 was amended to update the Commission’s penalty matrix

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

1. ORS 192.610 to 192.705 – https://www.oregonlegislature.gov/bills_laws/ors/ors192.html

2. The Attorney General's Public Records and Meetings Manual 2019 - https://www.doj.state.or.us/oregon-department-of-justice/public-records/attorney-generals-public-records-and-meetings-manual/

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

Accessible Information in Plain Language: The administrative rules seek to provide information in a clear, understandable manner so that the Public Meetings Law is more easily understood by public officials and community members. By making content more accessible, barriers that have historically disadvantaged marginalized communities are reduced.

Transparency for the Public: Governmental processes that lack transparency create a disconnect between public bodies and the people they serve, particularly minority groups. The new and updated administrative rules promote transparency by clarifying how public bodies can and should provide detailed and easily accessible information about government processes. This allows all members of the public to see and understand how decisions are made, promoting trust and accountability.

Representation: The administrative rules uphold the importance of representation, so that community members, including those from underrepresented racial and ethnic groups, have an opportunity to participate in the governance process. The new and amended rules include provisions for ensuring public notices and public attendance or access to meetings.

FISCAL AND ECONOMIC IMPACT:

The new and amended rules clarify laws that may have fiscal and economic impacts, which could include increased costs for public bodies incurred to comply with the requirements of Public Meetings Law. The economic impact of compliance with these rules, positive or negative, on state agencies, units of local government, tribal governments, or special interest groups arises from the statutes themselves.

COST OF COMPLIANCE:

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

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s).
Generally, the rules themselves do not create any additional costs beyond what the laws already require.

OAR 199-050-0085 may have an economic impact on organizations seeking commission approval of their training programs, as it establishes requirements for annual submittal and review of the organizations' training programs. The cost of compliance with this rule is minimal, consisting primarily of staff time for the organization.

(2) Effect on Small Businesses:
(a) Estimate the number and type of small businesses subject to the rule(s);
None.

(b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s);
None.

(c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).
None.

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

No small businesses were involved.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:
199-008-0015, 199-040-0027, 199-040-0060, 199-050-0005, 199-050-0010, 199-050-0015, 199-050-0020, 199-050-0040, 199-050-0050, 199-050-0055, 199-050-0060, 199-050-0065, 199-050-0070, 199-050-0075, 199-050-0080, 199-050-0085

AMEND: 199-008-0015

RULE SUMMARY: The amendments to this rule add the Public Meetings Law to the penalty matrix; in Table A, remove the deduction for relying on OGEC advice from the penalty matrix, and add a deduction for actions to prevent violations; in Table B, add Letter of Education as a sanction.

CHANGES TO RULE:

199-008-0015
Oregon Government Ethics Commission Guidelines on Sanctions ¶

(1) The Commission will identify alleged violations of statutes or rules within the Commission's jurisdiction during the preliminary review phase or by preliminary finding of violations at the end of an investigative phase. This rule will standardize the method for setting sanctions to be imposed when a matter before the Commission is to be concluded by a stipulated final order, final order or a final order by default.¶
(2) TABLE A lists the factors that the staff and Commission may consider as mitigating or aggravating any violation of Oregon Government Ethics law in ORS Chapter 244, Oregon Lobbying Regulation in ORS Chapter 171 or ~~the executive session provisions in ORS 192.660~~Oregon Public Meetings Law in ORS Chapter 192.¶
(a) Points will be assigned from the factors listed in TABLE A. A total of the points assigned will be calculated.¶
(b) The total of the points assigned from TABLE A will be applied to TABLE B to determine the type and severity of any sanction imposed.¶
(A) If the point total indicates a civil penalty, TABLE B will be used to determine the percentage of the maximum civil penalty that may be imposed.¶
(B) If forfeiture is available as a sanction, TABLE B will be used to determine the percentage of the maximum forfeiture that may be imposed.¶
(3) If there are aggravating or mitigating factors that are not listed in TABLE A, the director will prepare a summary of those factors for the Commission to consider. The Commission may exercise its discretion to deviate from the calculated sanctions from TABLE B and modify the civil penalty or the forfeiture. Any deviation from the calculated sanctions from TABLE B must be made part of the record of a case, either through an oral or written statement.¶
(4) Possible aggravating or mitigating factors that may be considered in an upward or downward deviation from the calculated sanctions are: the responsibilities of the position held by the person at the time of the violation, a demonstrated acknowledgment of the violation and willingness to be educated, or an attempt to deny responsibility or cover up the conduct. ¶
(5) This rule does not apply in cases where the sanction is limited under ORS 244.280, 244.282, 244.284, 244.320

or 244.350. This rule also does not apply to sanctions imposed by the Commission for the late filing of reports required by ORS 244.050(2) to (4) or 171.752.
Statutory/Other Authority: ORS 244.290
Statutes/Other Implemented: ORS 244.290, ORS 244.390, ORS 244.370, ORS 244.350, ORS 244.280, ORS 244.282, ORS 244.284, ORS 244.320, ORS 244.360

RULE ATTACHMENTS MAY NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

TABLE A

FACTORS		POINTS	244	171.725 - 171.785	192.610 - 192.705
Number of Violations	1 to 3 4 to 6 6>	= 1 = 2 = 3	Apply	Apply	Apply
Number of Equivalent Actions[1]	5 to 10 11 to 15 16 to 20 21 to 25 26 to 30 30 to 50 50 >	= 1 = 2 = 3 = 4 = 5 = 6 = 7	Apply	Apply	Apply
Prior Violations	each violation	= 1	Apply	Apply	Apply
Aggregate Financial Benefit	$0 $1K< $1K to 5K $5K to 10K $10K to 50K $50K to 100K $100K to 200K $200K >	= 0 = 1 = 2 = 3 = 4 = 5 = 6 = 7	Apply	N/A	N/A
Length of Time Actions Occurred	6 mo< 6 mo to 1 yr 1 yr >	= 1 = 2 = 3	Apply	Apply	Apply
Criminal Conviction		= 1	Apply	N/A	N/A
Confinement or Probation		= -1	Apply	N/A	N/A
Restitution or Reimbursement		= -1	Apply	N/A	N/A
Cooperation to Resolve Matter		= -2	Apply	Apply	Apply
Advice Sought and Followed Prior to Violation	Agency Agency Counsel	= -1 = -2	Apply	Apply	Apply
Complied with Agency Policy[2]		= -1	Apply	N/A	Apply
Self-Report or Action to Rectify Before Complaint		= -1	Apply	Apply	Apply
Action to prevent future violations; obtained training		= -1	Apply	Apply	Apply

1 Equivalent action means an action that would constitute a distinct violation, but it has occurred repeatedly under the same circumstances. See OAR 199-008-0014.

2 If a public official commits a violation and that violation occurred while the public official was complying with the government agency's policy, the compliance with the policy may be considered a mitigating factor.

TABLE B

Total Points		Sanction
2 or Less		Letter of Education, Explanation, or Reprimand.
3 to 5		1 to 20% of Maximum Civil Penalty for each Violation and 1 to 20% of Maximum Forfeiture
6 to 10		20 to 40% of Maximum Civil Penalty for Each Violation and 20 to 40% of Maximum Forfeiture
11 to 15		40 to 60% of Maximum Civil Penalty for Each Violation and 40 to 60% of Maximum Forfeiture
16 to 20		60 to 80% of Maximum Civil Penalty for Each Violation and 60 to 80% of Maximum Forfeiture
21 plus		80 to 100% of Maximum Civil Penalty for Each Violation and 80 to 100% of Maximum Forfeiture

AMEND: 199-040-0027

RULE SUMMARY: The amendments to this rule clarify the procedures required by ORS 192.660(7)(d) prior to convening an executive session under ORS 192.660(2)(a).

CHANGES TO RULE:

199-040-0027
Employment of a Public Officer, Employee, Staff Member or Individual Agent under ORS 192.660(2)(a) and Compliance with ORS 192.660(7)(d) ¶

(1) The purpose of this rule is to provide guidance to a governing body when the governing body holds an executive session permitted by ORS 192.660(2)(a): "To consider the employment of a public officer, employee, staff member or individual agent."~~ ~~Only consideration of an initial employment is permissible under this section.~~ ~~ORS 192.660(2)(a) does not authorize decisions, deliberations, or discussions of other employment actions such as performance evaluation, complaints, discipline, termination, or extension of an employment contract.~~¶~~
~~(2)~~ As provided in OAR 199-040-0020(3) compensation, including salaries and benefits, may not be discussed or negotiated in executive session. ¶
(2) Employees and Staff Members. Before a governing body convenes an executive session to consider the initial employment of a~~ chief executive officer, public officer,~~n employee or staff member under ORS 192.660(2)(a), the governing body ~~must fulfill the prerequisites listed in ORS 192.660(7)(d). ORS 192.660(7)(d) requires that the public body~~shall:¶
(a) Advertise the vacancy; and¶
(b) Adopt regular hiring procedures~~;~~. ¶
(~~c~~3) ~~In the case of an officer,~~ Other Public Officers. Before a governing body convenes an executive session to consider initial employment of a public officer under ORS 192.660(2)(a), the governing body shall: ¶
(a) Satisfy the requirements in subsection (2)(a) and (b) of this section; and¶
(b) offer the public an opportunity to comment on the employment of the public officer~~; and~~. ¶
(~~d~~4) ~~In the case of a chief executive officer, the governing body must have~~Chief Executive Officer. Before a governing body convenes an executive session to consider initial employment of a chief executive officer under ORS 192.660(2)(a), the governing body shall:¶
(a) Satisfy the requirements in subsections (2)(a) and (b) and (3)(b) of this section; and¶
(b) adopt~~ed~~ hiring standards, criteria and policy directives ~~in meetings open to the public in which the public ha~~at an open meeting at which the public has an opportunity to comment on the standards, criteria and policy directives before such adoption.¶
(5) The prerequisite to "offer the public an opportunity to comment on the employment of the officer" means tha~~d the opportunity to comment on the standards, criteria and policy dir~~t the governing body shall provide the public with an opportunity to comment on the filling of the public officer's position. It does not require that the public be given an opportunity to comment on named candidates for the position before the executive~~s~~ session is held.¶
(~~3~~6) When a governing body convenes an executive session to consider the employment of an individual agent under ORS 192.660(2)(a), the agent ~~must~~shall be an individual person.~~ ~~Some examples may include an attorney, an accountant, or another individual who would perform services on behalf of the public body in the capacity of an agent, even if the prospective individual agent works for a larger firm or company.~~ ~~A firm or business entity that consists of more than one person is not an individual agent, and a governing body shall not consider the employment of a firm or entity in executive session under ~~this section.~~ ORS 192.660(2)(a). It is not required that the governing body fulfill the prerequisites listed in ORS 192.660(7)(d) when considering the employment of an individual agent in executive session under ORS 192.660(2)(a).
Statutory/Other Authority: ORS 244.290
Statutes/Other Implemented: ORS 192.660(2)(a), ORS 192.660(7)(d), ORS 192.685

ADOPT: 199-040-0060

RULE SUMMARY: This rule clarifies the prohibition on making decisions in executive session.

CHANGES TO RULE:

199-040-0060
Prohibition on Making Decisions in Executive Session
Unless otherwise authorized by statute, a governing body shall not make a decision or vote in executive session. A governing body may reach an informal consensus in executive session, but any decision or vote may only be conducted in open session.
Statutory/Other Authority: ORS 244.290
Statutes/Other Implemented: ORS 192.610, ORS 192.685, ORS 192.660

ADOPT: 199-050-0005

RULE SUMMARY: This rule provides definitions for terms used in the Public Meetings Law and in these Rules, such as "communicate," "communication," "decision-making process," "deliberate," "discussion," "intermediary," "quorum," and "serial electronic written communication."

CHANGES TO RULE:

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 the act of a person expressing or transmitting information to another person through verbal, non-verbal, written, or electronic means. Non-verbal means include gestures, such as thumbs-up and thumbs-down, as well as sign language. ¶
(2) "Communication" means the expression or transmission of information from one person to another through verbal, non-verbal, written, or electronic means. Non-verbal means include gestures, such as thumbs-up and thumbs-down, as well as sign language.¶
(3) "Decision," "deliberation," "executive session," "governing body," "meeting," and "public body" have the meaning given those terms in ORS 192.610. ¶
(4) "Decision-making process" means the process a governing body engages in to make a decision, such as: (a) identifying or selecting the nature of the decision to be made; (b) gathering information related to the decision to be made; (c) identifying and assessing alternatives; (d) weighing information; and (e) making a decision. ¶
(5) "Deliberate" means to engage in deliberations. ¶
(6) "Discussion" means the consideration or debate of a matter. ¶
(7) "Intermediary" means a person who is used to facilitate communications among members of a governing body about a matter subject to deliberation or decision by the governing body, by sharing information received from a member or members of the governing body with other members of the governing body. The term "intermediary" can include a member of the governing body. ¶
(8) "Public Meetings Law" means ORS 192.610 to 192.705. ¶
(9) "Quorum" means the minimum number of members of a governing body required to legally transact business. In the absence of a statute, ordinance, rule, charter, or other enactment specifically establishing the number of members constituting a quorum, a quorum is a majority of the voting members of the governing body. ¶
(10) "Serial electronic written communications" means a series of successive or sequential communications among members of a governing body using written electronic means, including emails, texts, social media, and other electronic applications that communicate the written word.
Statutory/Other Authority: ORS 244.290
Statutes/Other Implemented: ORS 192.610, ORS 192.620, ORS 192.630, ORS 192.640, ORS 192.650, ORS 192.660, ORS 192.670, ORS 192.672, ORS 192.680, ORS 192.685, ORS 192.690, ORS 192.695, ORS 192.700, ORS 192.705

ADOPT: 199-050-0010

RULE SUMMARY: This rule provides guidance on what governing bodies are subject to the Public Meetings Law.

CHANGES TO RULE:

199-050-0010
Governing Bodies Subject to the Public Meetings Law
(1) The Public Meetings Law applies to the following types of governing bodies: ¶
(a) Decision-Making Bodies. A decision-making body is a body with 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. ¶
(b) Advisory Bodies. An advisory body is a body with authority to make recommendations to a public body on policy or administration. ¶
(2) The Public Meetings Law does not apply to the following types of bodies: ¶
(a) Fact Gathering Bodies. Bodies with only the authority to gather and provide purely factual information to a public body, and that do not have the authority to make decisions or recommendations. ¶
(b) Bodies Advising Individual Public Officials. Bodies appointed by an individual public official with authority to make recommendations only to that individual public official who has the authority to act on the body's recommendations and is not required to pass the recommendations on unchanged to a public body. ¶
(c) Certain Multi-Jurisdiction Bodies. Multi-jurisdictional bodies whose Oregon members do not constitute a majority of the governing body's voting members.
Statutory/Other Authority: ORS 244.290
Statutes/Other Implemented: ORS 192.610, ORS 192.685

ADOPT: 199-050-0015

RULE SUMMARY: This rule provides guidance on what meetings are subject to the Public Meetings Law.

CHANGES TO RULE:

199-050-0015
Meetings Subject to the Public Meetings Law
(1) The purpose of this rule is to clarify what meetings of a governing body are subject to the Public Meetings Law.¶
(2) The Public Meetings Law applies to the following types of meetings: ¶
(a) Regular meetings; ¶
(b) Special meetings; ¶
(c) Emergency meetings; ¶
(d) Executive sessions, whether convened separately or as part of a regular, special, or emergency meeting; and¶
(e) Meetings held for the purpose of either presenting information to the governing body to prepare the governing body for a regular or special meeting, or to allow the governing body to engage in preliminary discussions or deliberations. (These meetings are often called "work sessions" or "workshop" meetings).¶
(3) The Public Meetings Law does not apply to: ¶
(a) On-site inspections of projects or programs, provided the members of the governing body do not engage in deliberations or decisions on matters that could reasonably be foreseen to come before the governing body. ¶
(b) The attendance of members of a governing body at any national, regional or state association to which the public body or the members belong, provided the members of the governing body do not engage in deliberations or decisions on matters that could reasonably be foreseen to come before the governing body. ¶
(c) Communications between or among members of a governing body, including communications of a quorum of members, that are: ¶
(A) Purely factual or educational in nature and that convey no deliberation or decision on any matter that might reasonably come before the governing body; ¶
(B) Not related to any matter that, at any time, could reasonably be foreseen to come before the governing body for deliberation and decision; or ¶
(C) Nonsubstantive in nature, such as communication relating to scheduling, leaves of absence and other similar matters. ¶
(d) Any matters listed in ORS 192.690. ¶
(4) A private meeting where a quorum of a governing body engages in discussions or communications that are part of the governing body's decision-making process on matters within the authority of the governing body violates the Public Meetings Law.
Statutory/Other Authority: ORS 244.290
Statutes/Other Implemented: ORS 192.630, ORS 192.690, ORS 192.610, ORS 192.685

ADOPT: 199-050-0020

RULE SUMMARY: This rule clarifies when serial communications among a quorum of governing body members are prohibited.

CHANGES TO RULE:

199-050-0020
Serial Communications Prohibited
(1) A quorum of the members of a governing body shall not, outside of a meeting conducted in compliance with the Public Meetings Law, use a series of communications of any kind, directly or through intermediaries, for the purpose of deliberating or deciding on any matter that is within the jurisdiction of the governing body. ¶
(2) The prohibitions in section (1) apply to using any one or a combination of the following methods of communication: ¶
(a) In-person; ¶
(b) Telephone calls; ¶
(c) Videos, videoconferencing, or electronic video applications; ¶
(d) Written communications, including electronic written communications, such as email, texts, and other electronic applications; ¶
(e) Use of one or more intermediaries to convey information among members; and ¶
(f) Any other means of conveying information.
Statutory/Other Authority: 244.290
Statutes/Other Implemented: 192.610, 192.630, 192.685, 192.690

ADOPT: 199-050-0040

RULE SUMMARY: This rule provides guidance for satisfying the Public Meetings Law notice requirements

CHANGES TO RULE:

199-050-0040
Notice Requirements
(1) Public notice, reasonably calculated to give actual notice, is required for all meetings of a governing body. The purpose of providing public notice is to give notice of the meeting details and subjects to members of the public at large, as well as to interested persons and media representatives who have requested notice. ¶
(2) Methods of Notice: ¶
(a) Notice to the Public. A governing body satisfies the public notice requirement in subsection (1) by providing notice of its meetings to be displayed conspicuously on the public body's or governing body's website or on a publicly accessible website hosted by a third-party and linked to the public body's or governing body's website. If the governing body does not maintain a publicly accessible website, the governing body shall satisfy the public notice requirements through other means such as posting on the Oregon Transparency Website, community postings, bulletin boards, newspaper notice, or any other means reasonably calculated to provide actual notice to the general public. ¶
(b) Notice to Interested Persons. A governing body satisfies the interested persons notice requirement in subsection (1) by providing notice through: ¶
(A) Interested person lists, mailing lists, or other lists of persons or groups maintained by the governing body to provide notice or communications; ¶
(B) Social media platforms normally utilized by the governing body for communications; or ¶
(C) Any other means reasonably calculated to provide actual notice to interested persons known to the governing body. ¶
(c) Media Notice. A governing body satisfies the media notice requirement in subsection (1) by providing notice to those media representatives who have requested notice, either in the method requested by the media representatives or by any other means reasonably calculated to provide actual notice to the media representatives. ¶
(d) State agencies shall also post meeting notices to the Oregon Transparency Website. Other public bodies may post notices to the Oregon Transparency Website.¶
(3) Content of Notice. The public notice shall identify: ¶
(a) The time, date, location of the meeting, and, to the extent reasonably possible, the electronic link or telephone access information to allow members of the public to attend the meeting by telephone or electronic means. ¶
(b) The agenda or list of the principal subjects anticipated to be considered at the meeting. The agenda or list of principal subjects shall be specific enough to permit members of the public to recognize the matters in which they are interested. The governing body may amend the agenda or may add or remove items from the list of principal subjects prior to or during a meeting. ¶
(c) The name, telephone number, and email address of a person at the public body to contact to request an interpreter or other communication aids. As an alternative, the notice may indicate that the governing body will provide a sign language interpreter or other communication aids at the meeting. ¶
(d) Executive Session Notice. ¶
(A) If a meeting is being held only to conduct an executive session, the notice shall comply with sections (3)(a) through (c) and the notice shall also identify the specific statutory citation and appropriate subsection and paragraph authorizing the executive session, as well as a general description of the statutory authorization. ¶
(B) If an executive session is to be part of a regular, special, or emergency meeting, the notice shall comply with subparagraph (A) of this paragraph, prior to entering the executive session, the presiding officer shall identify in open session the specific statutory provision and appropriate subsection and paragraph authorizing the executive session, as well as a general description of the statutory authorization. The public announcement required in this section shall be made during the portion of the meeting that is open to the public and before entering into executive session.¶
(4) Timing of Notice. The public notice shall be issued in advance of the meeting in accordance with the following timelines: ¶
(a) Regular Meeting: as much advance notice as reasonably possible, but no less than 48 hours advance notice. Providing notice of less than 48 hours is allowed if the meeting is held as a special meeting. ¶
(b) Special Meeting: at least 24 hours advance notice. ¶
(c) Emergency Meeting: as much advance notice as reasonably possible given the emergency circumstances. An "actual emergency" must exist. ¶
(A) The governing body shall describe in the minutes the actual emergency and the reason why the meeting could

not be delayed to allow at least 24 hours' notice. ¶
(B) The governing body shall attempt to contact the media and other interested persons to inform them of the emergency meeting by telephone, e-mail, social media, or other method reasonably calculated to provide actual notice. ¶
(C) If reasonably possible under the emergency circumstances, the emergency meeting notice shall be conspicuously displayed on the governing body's or public body's website or on a publicly accessible website hosted by a third-party hosted and linked to the public body's or governing body's website. If the public body or governing body does not maintain a publicly accessible website, the emergency meeting notice shall be conspicuously displayed on a notice board or in such other manner as the governing body determines may provide actual notice of the emergency meeting to the public.
Statutory/Other Authority: ORS 244.940
Statutes/Other Implemented: ORS 192.685, ORS 192.630, ORS 192.640

ADOPT: 199-050-0050

RULE SUMMARY: This rule clarifies the requirements for public attendance and access at meetings.

CHANGES TO RULE:

199-050-0050
Public Attendance; Meeting Locations
(1) All meetings of a governing body, other than executive sessions, shall be open to the public. ¶
(a) Meetings may be held at locations as specified in ORS 192.630(4); ¶
(b) Meeting locations shall be accessible to persons with disabilities as specified in ORS 192.630(5); and ¶
(c) Meetings may not be held at discriminatory locations as provided in ORS 192.630(3). ¶
(2) For meetings held by telephone or other electronic means of communication, the governing body shall make available a place or an electronic means by which the public can listen to or view the meetings in real time. The place provided may be a place where no member of the governing body of the public body is present.¶
(3) The governing body shall, to the extent reasonably possible, provide members of the general public an opportunity to access and attend meetings, excluding executive sessions, by telephone, video or other electronic or virtual means. ¶
(4) For executive sessions where the media are statutorily authorized to be present, if any person, including any member of the governing body, is attending the executive session by telephone, video, or other electronic means, the governing body shall provide members of the media the same attendance option. Nothing in this subsection prevents the governing body from establishing reasonable security measures to ensure the media's attendance by telephone, video, or other electronic means is conducted through a secure connection or method. ¶
(5) When public testimony is permitted, the governing body shall: ¶
(a) Allow oral testimony by telephone, video, or other electronic or virtual means if in-person oral testimony is allowed; and ¶
(b) Allow written testimony, including that submitted by electronic mail or other electronic means, if in-person written testimony is permitted. The governing body may require the written testimony be submitted sufficiently in advance of the meeting so that the governing body is able to consider the submitted testimony in a timely manner. ¶
(6) The Public Meetings Law does not provide the public the right to participate or to provide public testimony or public comment. In the absence of a statutory or other legal requirement to hear public testimony or comment on certain matters, a governing body may conduct a meeting without any public participation. ¶
(7) Unless otherwise provided by statute, charter, or other organic law of the governing body or public body, the presiding officer has inherent authority to keep order and to impose any reasonable restrictions necessary for the efficient and orderly conduct of a meeting. If public participation is to be a part of the meeting, the presiding officer may regulate the order and length of appearances and limit appearances to presentations of relevant points.
Statutory/Other Authority: ORS 244.290
Statutes/Other Implemented: ORS 192.620, ORS 192.660, ORS 192.630, ORS 192.670, ORS 192.672, ORS 192.685

ADOPT: 199-050-0055

RULE SUMMARY: This rule provides guidance on the public vote requirement and the use of ballots.

CHANGES TO RULE:

199-050-0055
Public Vote Requirements
(1) All official actions of a governing bodies shall be taken by public vote. ¶
(2) Results of all votes shall be recorded, including the vote of each individual governing body member by name. For public bodies with more than 25 members, the individual votes do not need to be recorded unless one member makes such a request. ¶
(3) Secret ballots are prohibited.¶
(4) If written ballots are used, the written ballot shall identify the individual governing body member by name and each governing body member's vote shall be announced during the meeting at which the vote occurred.
Statutory/Other Authority: 244.290
Statutes/Other Implemented: 192.610, 192.650, 192.660, 192.685

ADOPT: 199-050-0060

RULE SUMMARY: This rule clarifies the requirements for taking minutes or recordings of meetings.

CHANGES TO RULE:

199-050-0060
Minutes or Recordings Required
(1) For all of its meetings, including executive sessions, a governing body shall provide for either written minutes or audio, video, or digital recordings. ¶
(2) The minutes do not need to be a verbatim transcript and the recordings do not need to include a full recording of the meeting, except as otherwise provided by law, but they shall give "a true reflection of the matters discussed at the meeting and the views of the participants" and shall include all of the information identified in ORS 192.650(1). ¶
(3) After the meeting, draft minutes or recordings of all meetings, other than executive sessions, shall be made available to the public in accordance with the requirements of the Public Records Law and the policies or procedures adopted by the Public Body.
Statutory/Other Authority: ORS 244.290
Statutes/Other Implemented: ORS 192.620, ORS 192.650, ORS 192.685, ORS 192.672

ADOPT: 199-050-0065

RULE SUMMARY: This rule provides guidance for State boards and commissions required to publish recordings of meetings.

CHANGES TO RULE:

199-050-0065
State Board or Commission Meetings Held Through Telephone or Electronic Means; Video and Audio Recordings
(1) A state board or commission that meets through telephone or other electronic means shall record and promptly publish a recording of the meeting on a publicly accessible website or hosting service so that members of the public may, without charge: ¶
(a) Observe a recording of the meeting if it was conducted through videoconference technology; or ¶
(b) Listen to a recording of the meeting if it was conducted through teleconference technology that did not include video capabilities. ¶
(2) The requirements of subsection (1) do not apply to any portion of a meeting that was lawfully held in executive session. ¶
(3) The requirements of subsection (1) apply to any state board or commission within the executive department and whose members are subject to Senate confirmation. ¶
(4) The recording of the meeting shall remain accessible on the website or hosting service for no fewer than 30 days after the meeting.
Statutory/Other Authority: 244.290
Statutes/Other Implemented: 192.610, 192.650, 192.670, 192.672, 192.685

ADOPT: 199-050-0070

RULE SUMMARY: This rule clarifies the process for submitting a written grievance alleging a Public Meetings Law violation to a public body.

CHANGES TO RULE:

199-050-0070
Grievance Process
(1) The purpose of this rule is to clarify procedures regarding the requirements in ORS 192.705 for filing a written grievance with a public body alleging a violation by a governing body of provisions in Public Meetings Law. ¶
(2) The written grievance shall be submitted to the public body within 30 calendar days from the date of the meeting where the alleged violation occurred. The written grievance shall identify: ¶
(a) The governing body that allegedly violated the Public Meetings Law; ¶
(b) The date of the meeting where the alleged violation occurred; ¶
(c) The specific facts and circumstances that the person asserts amount to a violation of the Public Meetings Law; ¶
(d) The date of the grievance; and ¶
(e) The name and contact information of the person submitting the grievance. ¶
(3) The public body shall accept grievances that are filed through in-person delivery during regular business hours, by first-class mail, and by email. In addition, the public body may accept grievances by any other means it deems appropriate. A public body shall post on its website the person and contact information to whom a grievance may be submitted and the regular business hours during which in-person grievances will be accepted. In the absence of a designated person, a grievance may be submitted to the public body's chief administrative officer or to the chair of the governing body. If the public body does not maintain a publicly accessible website, the public body shall provide notice of the person and contact information to whom a grievance may be submitted and the regular business hours during which in-person grievances will be accepted in the same manner that it provides notice of its public meetings.¶
(4) The public body's written response to the grievance shall be submitted to the person who made the grievance within 21 calendar days from the date the grievance was received by the public body and shall satisfy the other requirements in ORS 192.705(2). ¶
(5) As required by ORS 192.705(3), at the same time the public body responds to a grievance, it shall submit a copy of the grievance and its response to the Commission. The submission of the grievance and response to the Commission can be made by mail or by e-mail at the e-mail address identified on the Commission's website.
Statutory/Other Authority: ORS 244.290
Statutes/Other Implemented: ORS 192.705, ORS 192.685

ADOPT: 199-050-0075

RULE SUMMARY: This rule clarifies the commission's case opening and case handling procedures for cases alleging Public Meetings Law violations.

CHANGES TO RULE:

199-050-0075
Complaints; Dismissal for Failure To Satisfy ORS 192.685
(1) The purpose of this rule is to clarify procedures regarding the opening of one or more preliminary reviews based on a complaint of violations of the Public Meetings Law made against one or more members of a governing body.¶
(2) A complaint alleging violations of Public Meetings Law that is filed with the Commission under ORS 192.685 will be construed as a complaint against all members of the governing body and cases will be opened for each member of the governing body.¶
(3) When a complaint involves the members of a governing body, the Commission hearing of the governing body members' cases will be consolidated at the preliminary review phase and investigative phase, unless one or more members of the governing body object to the consolidation. At the conclusion of the preliminary review phase or investigative phase, the Commission will make individual determinations regarding the cases of each member of the governing body. ¶
(4) A complaint that is dismissed for failing to comply with the grievance requirements in ORS 192.685 is a procedural dismissal only. The dismissal does not prevent the Commission from taking up the matter on the Commission's own motion. The dismissal does not prohibit the Commission from considering a new complaint based upon the same conduct alleged in the dismissed complaint, if the new complaint is based on a grievance that was timely submitted to the public body and that complied with these rules.
Statutory/Other Authority: ORS 244.290
Statutes/Other Implemented: ORS 192.685, ORS 192.705, ORS 244.260

ADOPT: 199-050-0080

RULE SUMMARY: This rule clarifies the mandatory training requirements in ORS 192.700.

CHANGES TO RULE:

199-050-0080
Training Requirements
(1) All members of governing bodies are encouraged to comply with the minimum training requirements in Section (2)(a) through (c) of this rule.¶
(2) If a governing body has total expenditures of $1 million or more in a fiscal year, as adjusted for inflation in the manner required by ORS 192.700(3), each member of the governing body shall: ¶
(a) At least once during each term of office, attend or view a training on Oregon's Public Meetings Law provided by the Commission or approved by the Commission in the manner described in OAR 199-005-0085; ¶
(b) Maintain a record of the training viewed or attended, including the date viewed or attended and the name of the provider of the training; and ¶
(c) Truthfully certify completion of the training upon request of the Commission.¶
(3) A person who serves on multiple governing bodies, each of which require the mandatory training, may attend a single training to satisfy the requirements in section (2) of this rule so long as that training occurs during each applicable term of office.¶
(4) Exceptions. The training requirements in section (2) of this rule do not apply to:¶
(a) Members of a governing body if the governing body has total expenditures of less than $1 million in a fiscal year, as adjusted for inflation; or¶
(b) Members of governing bodies of state government as defined by ORS 174.111.
Statutory/Other Authority: ORS 244.290
Statutes/Other Implemented: ORS 192.685, ORS 192.700

ADOPT: 199-050-0085

RULE SUMMARY: This rule provides guidance on the process for organizations seeking commission approval of their Public Meetings Law training programs.

CHANGES TO RULE:

199-050-0085
Training Delegation and Approval Process
(1) The Commission may delegate the preparation and presentation of Public Meetings Law trainings required under ORS 192.700 to another organization. A training provided by an entity other than the Commission does not satisfy the requirements of ORS 192.700 unless the Commission has approved the content of the training prior to the presentation of the training.¶
(2) An organization seeking Commission approval of its training shall submit a request, using the form available on the Commission's website, no less than 30 days prior to the presentation of the training. The organization shall provide copies of all training resources applicable to the training presentation, such as slides, handouts, narratives, and recordings, to the Commission for its review.¶
(3) The Commission's Executive Director will review the training content for accuracy to ensure that the training includes all substantive requirements of the Public Meetings Law and best practices for ensuring compliance with the Public Meetings Law. The Commission will make available on its website the rubric by which the Commission's Executive Director will evaluate whether or not a training meets the requirements. ¶
(4) If the training content meets the requirements to the satisfaction of the Commission's Executive Director, the Commission's Executive Director shall approve the training program. A list of approved trainings programs shall be available on the Commission's website so that any person may verify that the training has been approved. ¶
(5) The Commission's approval of an organization's training will expire one year from the date of approval. Organizations will need to resubmit their training or submit new training for approval annually.
Statutory/Other Authority: 244.290
Statutes/Other Implemented: 192.700

Dentist and Dental Hygienist Compact Commission
Inaugural Meeting Agenda
August 28, 2024: 9am-4pm
Zoom: https://csg-org.zoom.us/meeting/register/tZYpcemvrTIjHtIsMWlQXBbh5t5su6PodFOx

I. Welcome and Introductions of Interim Staff

II. Call to Order:
    Roll Call
    Commission Delegate Introductions
    Overview of Agenda
    Adoption of Agenda

III. Legislative Update/Legal Opinion on Legislative Deviations

IV. Review and Discuss Transition Plan

V. Review Commission Governance Structure

VI. Discussion of Compact Commission By-Laws

VII. Discussion of Rule on Rulemaking

VIII. Discussion of Leadership Nominations

Lunch 12:00p

IX. Discussion of Compact Data System

X. Discussion of Commission Finances and Staff Hiring

XI. Discussion of Clinical Assessment Definition and Future Rules for Consideration

XII. Questions from Delegates/Public Comment from Non-Delegate Attendees

XIII. Meeting Summary and Next Steps

Adjourn

Request for Approval of IV Certification Course for Dental Assistants – Oregon AGD Foundation Center

Dr. Jeff Kobernik, D.M.D. is requesting that the Board approve Oregon AGD's proposed course: IV Placement Certification and Techniques for the Collection of Blood Products for Dental Assistants

Relevant Rules:

818-042-0115
Expanded Functions — Certified Anesthesia Dental Assistant

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

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

(b) Administer emergency medications to a patient in order to assist the licensee in an emergent situation under direct visual supervision.

(c) Perform phlebotomy for dental procedures.

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

Title: IV Placement Certification and Techniques for the Collection of Blood Products for Dental Assistants
Date: August 11, 2024
Credits: 4 Participation Credits
340- Anesthesia and Pain Management
Instructor: Jeff Kobernik DMD
Location: Oregon AGD Foundation Center
Tuition: $400

Course Description:

This four-hour hands-on dental assistant course covers the techniques and materials required for venipuncture, intravenous catheter placement and blood collection to be utilized in dental office setting. Basic anatomy and physiology will be reviewed, aseptic intravenous catheterization techniques, administration of intravenous medications, and the use of IV catheterization to collect blood for PFR and PRP will be presented and discussed prior to hands-on training.

Course Objectives:

- Recognize the role of IV Therapy
- Initiate IV therapy utilizing standard precautions and patient safety
- Utilize IV therapy techniques for the collection of blood products
- Recognize complications related to venipunctures
- List the measures taken to reduce local and systemic reactions
- Know when to discontinue and/or restart IV access

About the Instructor:

Dr. Kobernik graduated with his Doctorate in Medical Dentistry from OHSU School of Dentistry in 2006. In 2018 he completed a three-year residency in dental anesthesiology from NYU Langone Hospitals-Brooklyn, where he served as chief resident.

Currently, he is an associate professor of clinical dentistry at OHSU School of Dentistry Oral Maxillofacial Surgery department where he oversees the graduate dental specialty residents, providing guidance for sedation/anesthesia training as well as an instructor in the long standing “Comprehensive Training in Parenteral Moderate Sedation” sponsored by the Oregon Academy of General Dentistry.

As a good standing member of Oregon Dental Association, Oregon Academy of General Dentistry, American Academy of Implant Dentistry, and as a member of both the American Dental Society of Anesthesia & the American Society of Dentist Anesthesiologists, he does his best to represent the dental profession.

NEWSLETTERS
&
ARTICLES OF INTEREST

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

June 10, 2024 – General Announcement Regarding Oregon Wellness Program Changes

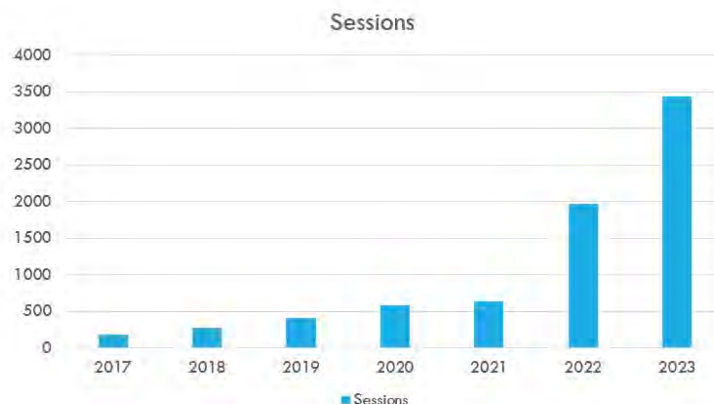
Overview of Oregon Wellness Program (OWP) changes

Demand for OWP services has outstripped OWP funding sources. OWP leadership is actively pursuing additional financial sources, but must act now to preserve the program's "core" services. The OWP has made the difficult decision to reduce the benefits offered to each new client:

- The number of complimentary 1-hour counseling sessions will be reduced to three (from eight).
- These three (3) sessions can be used across multiple years.
- This change will be fully implemented by **July 1, 2024**.

Why did this happen?

During Oregon's spring 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 support and requests 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 is 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. Based on first quarter demand, we anticipate providing around 5,000 counseling sessions in 2024. The total cost of that effort will be $1,150,000 (at $200/MHP session and 15% overhead for staff, insurance, accounting and marketing).

Nearly half of the demand in the first quarter of 2024 has been from licensees of the Oregon State Board of Nursing (OSBN). At this current utilization rate, we expect OSBN 2024 costs to reach $575,000. The OSBN provides $250,000 annually to support access of its licensees to the program. As noted earlier, when the program was smaller, health system donations made up most of the difference between total costs and the OSBN investment. As health systems have come under financial stress, their donations have substantially declined. 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 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 donors who have tentatively committed to provide funding on a one-time basis. We are in the final stages of securing those funds and should confirm the availability of funding in the next few weeks. If we are successful, those contributions along with modest funding from health systems should provide a financial bridge to the 2025 legislative session.

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.

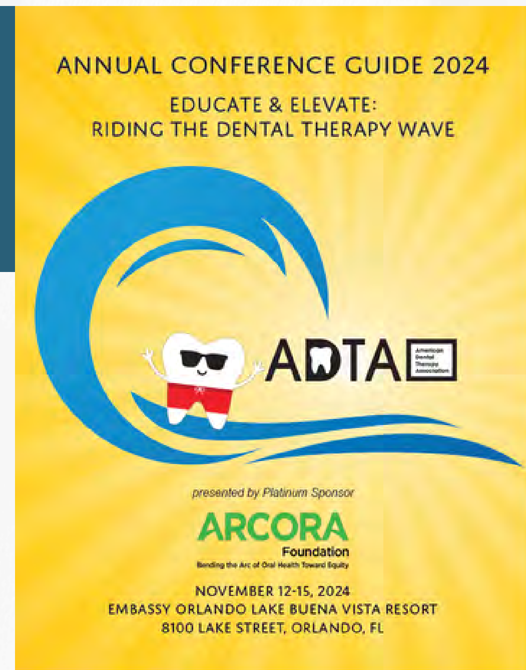
OWP is dedicated to providing clients with the support they need during this transition, OWP Mental Health Providers will work with new clients to connect them with continuing therapy if desired after their initial (3) complimentary sessions to ensure continuity of care using insurance, out-of-pocket payments, or their employee EAP resources.

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. Together, we are committed to proceed in our support of Oregon's very deserving healthcare professionals.

We respectfully seek your support in this endeavor.

Sincerely,

Timothy Goldfarb	Donald Girard, MD
President, TFME	Executive Committee Chair, Oregon Wellness Program



The American Dental Therapy Association (ADTA) is a national 501(c)(3) organization dedicated to promoting oral health and overall wellness within underserved communities, including American Indian/Alaska Native populations who experience the highest disparities in dental health and wellness. We are making a significant difference in these communities by ensuring that all Americans have access to high-quality oral health care. Since its founding in 2006, the ADTA has been a professional community for dental therapists. We are committed to empowering dental therapists through educational and career advancement opportunities. Our support enables them to deliver essential oral health care to hundreds of thousands of Americans annually, a mission that empowers us all.

The ADTA is excited to host its Annual Conference in Orlando, Florida, from November 12-15, 2024. This year's conference theme, Educate & Elevate: Riding the Dental Therapy Wave, is a significant platform for advancing oral health care. It's an educational opportunity to introduce attendees to dental therapy, demonstrate practical applications for integrating dental therapists into existing oral health care teams, and identify ways dental therapists can support medical and dental health care providers. The conference also offers continuing education and networking opportunities for those seeking to improve patient healthcare in their communities.

We are delighted to offer up to 23.5-25.5 dental continuing education credits. Registration prices are available for every budget and include meals and beverages. Those registering for the full conference will have an opportunity to attend one of two pre-conference workshops, “Dental Therapy Evolution: From Concept to Education” or “Practice and Minimally Invasive Care Workshop.” This is a great opportunity to network with domestic and international leaders in the dental therapy space.

Our Keynote Speaker, Mary Otto, a renowned journalist and author of "Teeth: The Story of Beauty, Inequality and the Struggle for Oral Health in America," will share invaluable insights into oral health. For more information, including our agenda and program details, please **view our Annual Conference Guide**. Remember, early bird rates are available for those who register before October 13, 2024. **Do not miss out on this opportunity for our Annual Conference today!**

Additionally, we have secured a special hotel rate of $149 per night at the Embassy Suites Orlando Lake Buena Vista Resort, located at 8100 Lake Street, Orlando, FL. This rate is available until Sunday, October 13, 2024. Reserve your hotel room today by clicking on this **link**.

Joining the ADTA is a significant step towards advancing your career in oral health. Our memberships offer many resources and opportunities, including access to on-demand CE webinars, national compensation survey data, roundtable discussions with oral health professionals, discounts on educational and advertising opportunities, and much more! Students enrolled in dental therapy programs receive complimentary membership with the ADTA. Take advantage of these benefits. **Become an ADTA member today!**

Scan to Access Annual Conference Guide

Scan to Register for Our Conference

New users must enter their email address under “New User” and in order to register.

MARY OTTO

Oregon gets a new dental director, Ahmed Farag

July 26, 2024

Ahmed Farag, a dental executive for a hospital-and-clinic system in upstate New York, will take over as Oregon's dental director, a position that's been vacant for two years.

The state dental director's job at the Oregon Health Authority is to oversee oral health care provided under the Oregon Health Plan, the state's version of Medicaid that provides free care to low-income people. The office, created in 2015, has been vacant since the resignation of Kaz Rafia after holding the job for a year.

Farag worked as an operations director at a hospital and in 2013 secured a dental degree in Alexandria, Egypt before pursuing advanced dental degrees at the University of Rochester, which he obtained in 2016, according to his LinkedIn page and profile webpage at his current employer. He worked as a dentist for 16 months at the University of Vermont Health System before going to work for Rochester Regional Health, a system of hospitals, low-income health centers and other providers.

Request full-text access (for State Agency patrons only)

Source: Oregon gets a new dental director, Ahmed Farag

This entry was posted in Health Authority (OHA), Lund Report and tagged Dental Care, Oregon Health Plan (OHP). Bookmark the permalink.

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August, 2024

We're all connected:

OHA's strategic plan to eliminate health inequities

Contents

Our guiding mission **3**

Our specific goals 3

Strategies and actions 4

We're all connected: A plan to eliminate health inequity **5**

The problem: health inequity harms us all 5

Inspired by input from Oregon communities 5

Driven by directives from state leadership 6

Challenges and opportunities: Health inequity status and solutions **7**

State of health inequity in Oregon today 7

Evaluating and strategizing for potential roadblocks 9

OHA's existing actions to eliminate health inequity 10

How we'll make progress **11**

Goal pillar 1. Transforming behavioral health 11

Goal pillar 2. Strengthening access to affordable care for all 13

Goal pillar 3. Fostering healthy families and environments 14

Goal pillar 4. Achieving healthy Tribal communities 15

Goal pillar 5. Building OHA's capacity and commitment to eliminate health inequities 16

Call to action **17**

Our guiding mission

In 2019, the Oregon Health Authority (OHA) set a goal to eliminate health inequities in Oregon by 2030. OHA is the first health agency in the nation to set such an ambitious goal. This goal means ensuring that all people in Oregon:

- Can reach their full health potential and well-being.
- Do not face disadvantages due to their race, ethnicity, language, disability, immigration status, age, gender, gender identity, sexual orientation, geography, or social class.

Health inequities are unfair differences in the health of people or groups. These differences:

- Are based on social, economic and other factors such as racism and other forms of bias, discrimination and oppression.
- Can cause higher rates of health problems in communities, such as infant death, chronic disease and shorter lifespans.

This goal sets a daily intention in OHA's work, systems, and policies. Every decision, action, and allocation of resources must move us toward this goal. This also means listening and partnering with the communities we serve. We need to think differently and take new approaches. This will ensure Oregon becomes a place where everyone has an opportunity to thrive.

Barriers to accessing good health care include high costs, personal or institutional bias and long waiting lists for providers. When people experience these barriers, it impacts the broader community. OHA will continue to focus on eliminating the barriers. This will help individuals and broader communities be healthy and access the care that every person in Oregon deserves.

Our specific goals

To work toward our goal, OHA commits to five supporting pillars:

1. **Transforming behavioral health.**
2. **Strengthening access to affordable care for all.**
3. **Fostering healthy families and environments.**
4. **Achieving healthy Tribal communities.**
5. **Building OHA's capacity and commitment to eliminate health inequities.**

Strategies and actions

Each strategy focuses on enabling us to achieve each goal. Our work will:

- Strengthen access to affordable, quality health care.
- Provide resources for healthier communities.
- Make culturally responsive clinics and providers more available.
- Expand mental health and substance use services and clinics.
- Bolster the workforce needed to deliver care.

To achieve these goals, OHA will model and strengthen trust by:

- Working with partners,
- Listening to and engage meaningfully with communities, and
- Practicing transparency, belonging, and accountability.

Our goal is ambitious — and achievable

OHA's aspirational and necessary goal is inspired by the World Health Assembly's 1988 goal to eradicate polio around the world. The polio vaccine had been invented 30 years earlier. But in 1988, the disease still paralyzed more than 1,000 children every day.

Setting this ambitious goal helped nations understand eradicating polio was achievable. Today, polio is 99 percent eradicated. More than 2.5 billion children have been immunized in over 200 countries since the goal was set. Declaring the goal changed what we thought was possible, and so it *became* possible.

A strategic plan can help make progress toward an ambitious goal. It can:

- Change the way people think about entrenched problems like health inequities.
- Map concrete steps we can take together.
- Make challenges that seem hopelessly aspirational actually achievable.

We're all connected: A plan to eliminate health inequity

The problem: health inequity harms us all

You shouldn't have to be rich to have access to good health care or to live a healthy life. You shouldn't have to be part of a certain racial or ethnic group. Or live in a certain part of the state.

Yet we know unfair systems tip the scales. Some people will get better health outcomes, others worse ones. This is often beyond their control. It's easy to see how these unfair systems hurt the people with fewer advantages. But they also undermine the health of every community.

OHA's strategic goal is based on a core value: Everyone deserves the opportunity to thrive. No one in Oregon should have to suffer poor health because of the color of their skin or where in our state they live. Yet good health is harder for some communities to achieve. It could be due to lack of access to medical care; bias; and other factors beyond their control. This leads to higher rates of infant death, chronic diseases, and shorter lifespans.

We want all Oregon babies and kids to have a healthy start in life. We want everyone to:

- Have affordable health care close to home.
- Be able to see quality and respectful medical providers.
- Have adequate housing and healthy food, which affect overall health.
- Have a voice in shaping the health of their community.

When we take down the barriers to good health, we lower costs for everyone. More people in Oregon can live longer and feel better. This gives every person in Oregon has the best opportunity to live a healthy life.

Inspired by input from Oregon communities

Community engagement shaped and defined our 2030 goal, starting in 2019. OHA Tribal Affairs held Tribal Consultation meetings to hear directly from the Nine Tribes of Oregon. OHA conducted 22 in-person community listening sessions in 11 counties around the state. These sessions:

- Engaged over 400 people.
- Took place in seven languages.
- Were led by culturally specific organizations or individual community members.
- Were customized to be culturally and linguistically appropriate.

The goals in the strategic plan reflect the priorities OHA heard in these sessions.

Driven by directives from state leadership

Governor Tina Kotek shares the vision of our strategic goal. In January 2024, she sent a letter to the Oregon Health Policy Board. It outlines priority work for the next two years, including:

- "Continue to advance health equity toward the State's 2030 Goal to eliminate health inequities,"
- "Champion strategies to reduce health care costs and increase affordability for Oregonians,"
- "Work with a particular focus on upstream strategies to advance the state's health equity goals," and
- Work toward "a more responsive and culturally reflective behavioral health system."

With the goals of OHA, the Oregon Health Policy Board, the community, and the Governor so aligned, we can make great progress together.

Closing unfair gaps in care saves lives in the pandemic

In 2021, only 45 percent of people in Oregon identifying as Hispanic or Latino/x/a/e had received both of the first two COVID-19 vaccines. Meanwhile, 76 percent of the state's adult white population was vaccinated. More than 90 percent of people who identify as Native Hawaiian or Pacific Islander, Black, or Asian were also fully vaccinated. By listening to community, OHA learned that the vaccine distribution locations and eligibility guidelines created roadblocks for Hispanic or Latino/x/a/ people in Oregon to access the vaccine.

In response, OHA shifted strategy to walk-in vaccination clinics. The clinics were in trusted places already serving Hispanic or Latino/x/a/e communities. A few months later, 72 percent of the adult Hispanic or Latino/x/a/e population had received the first two doses of the vaccine, closing the vaccination gap.

Due in large part to the success of state and local partners in closing these inequities, Oregon had lower rates of COVID-19 infections, hospitalizations and deaths than most other states.

Challenges and opportunities: Health inequity status and solutions

State of health inequity in Oregon today

People often think individual factors, such as personal choices and family history, drive people's health. But when we look at health outcomes across communities, we find larger social and systemic barriers. These barriers have a significant, unfair impact on health, well-being, and opportunity.

In Oregon, these unfair barriers to care have harmed the lives of thousands of people across the state, weighed on their families, and strained their communities.

These harms include:

Shorter lifespans*:

Race and geography both affect the lifespan of people in Oregon. Black/African American, American Indian and Alaska Native people have a shorter life expectancy than white people. These disparities have only widened over the last few years.

People living in rural areas are also dying at an earlier age than people living in urban areas. They have the highest suicide and unintentional injury death rates. They also have higher rates of arthritis, diabetes, cardiovascular disease, obesity, and high blood pressure.

These differences are largely driven by social, economic, and political factors rooted in structural and systemic racism, such as:

- Difficulties in accessing care due to transportation barriers, medical debt, or high prices;
- Food and housing insecurity;
- Poorer health literacy; and
- Police- and gun-related violence.

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* Oregon Health Authority. (2018) "Health Equity Analysis," *Oregon's State Health Assessment:* 161-162.

Higher maternal and child mortality*:

In Oregon, maternal mortality, infant mortality and preterm birth rates are lower than the national average. But there are stark racial disparities. For example, the mortality rate for Black/African American infants is two times higher than it is for white infants. Limited access to prenatal care, social factors such as food, income and housing insecurity, provider bias and other health issues can also affect healthy births.

More chronic conditions†:

Not everyone has the same opportunity to receive adequate health care. This can lead to chronic conditions. For example:

- American Indian and Alaska Native people in Oregon have the highest rates of asthma;
- Black/African American, Pacific Islander, American Indian and Alaska Native people have the highest rates of high blood pressure; and
- People in Latino/a/x/e and Pacific Islander communities have the highest rates of diabetes.

Barriers that create these inequities include:

- Less access to health coverage, primary and preventive care;
- Racism and discrimination in care;
- Language barriers; and
- Other factors that create chronic health problems.

Higher health care costs‡:

Health-related spending is the biggest part of Oregon household budgets. American Indian, Alaska Native and Latino/a/x/e households were more likely to use up their savings on medical bills. That's due to barriers including:

* Oregon Health Authority. (2018) "Maternal, Child, and Adolescent Health," *Oregon State Health Assessment:* 77-79.

† Oregon Health Authority. (2018) "Health Equity Analysis," *Oregon's State Health Assessment:* 163-164.

‡ Oregon Health Authority. (September 2023). *Impact of Health Care Costs on People in Oregon, 2021:* 1, 20.

- Less access to employer-based health coverage,
- High deductible health plans,
- Less Medicaid coverage (such as eligibility restrictions), and
- Language barriers.

Evaluating and strategizing for potential roadblocks

A key step in achieving the goal of eliminating health inequities by 2030 is analyzing:

- What strengths we can lean on to accelerate our progress and
- What potential issues, within or outside of our control, could potentially hinder our work.

To do this, we used two tools:

- The "Strengths, Weaknesses, Opportunities, and Threats" (SWOT) analysis and
- The "Political, Economic, Social, Technology, Legal, Environmental" (PESTLE) analysis.

Results from these tools helped build our strategy and recommendations.

Some obstacles to achieving our goal come from inside our own agency. But the biggest obstacles may come from larger systems and issues. These include:

- Bureaucracy at the state and federal levels,
- Language barriers to accessing care, and
- Social factors including childcare, education, transportation, and housing.

Identifying and understanding these obstacles helps us create strategies to remove them. For example, we can set goals for:

- Recruitment, retainment, and training to build a more diverse workforce.
- Expanding access to linguistically and culturally appropriate medical care for everyone in Oregon.
- Working with our partners to improve access to food, childcare, education, transportation, and housing.

OHA's existing actions to eliminate health inequity

OHA has already taken a range of actions to address health inequities, including:

New Medicaid benefits to address social factors that undermine good health:

Oregon won approval to use Medicaid funds to address social factors that contribute to health inequities, such as housing, nutrition, and extreme weather events driven by climate change.

Incentives for Medicaid health plans to address inequities:

Coordinated care organizations (CCOs) are health plans that connect nearly 1 in 3 Oregonians to health care. Oregon provides incentive payments to CCOs to:

- Improve health outcomes,
- Eliminate health inequities, and
- Address social factors that affect personal, family, and community health.

Mobilizing community partners to improve health outside the doctor's office:

Through Healthier Together Oregon, state health officials convened more than 60 private and public partners. Their work addresses the conditions that undermine health and fuel health inequities in communities across the state – such as lack of housing, income instability, educational inequalities, and mental health stressors.

Protecting and expanding health coverage, especially for communities that disproportionately lack access to coverage:

Oregon established continuous Medicaid coverage for children up to age 6. It also allows all adults and kids over age 6 to maintain their coverage for at least two years, even if their eligibility changes during that time. These changes reduce disruptions in care.

Through the Healthier Oregon program, Oregon became the first state in the nation to provide health care benefits for eligible residents regardless of immigration status. This closed coverage gaps for communities with the largest health coverage disparities.

Investing in trusted community nonprofits to help people in local communities:

During the COVID-19 pandemic, state health officials invested more than $100 million in local nonprofits to support vulnerable people in communities across the state. These investments closed gaps in vaccinations and treatment.

Improving data collection for all identities:

Oregon passed a law requiring providers to collect data about patients' race, ethnicity, language, and disability (REALD) and sexual orientation and gender identity (SOGI). This data helps identify health inequities based on these factors.

Mobilizing local coalitions to address health inequity:

9 Regional Health Equity Coalitions (RHECs) represent 20 counties in the state. RHECs identify the most pressing health equity issues in their regions. They work to find solutions that reduce harm to people in their local communities. They focus on issues facing priority populations such as of communities of color, Tribal communities, other American Indian and Alaska Native people, immigrants, refugees, migrants and seasonal workers, individuals and families with lower incomes, people with disabilities, and LGBTQ+ communities.

How we'll make progress

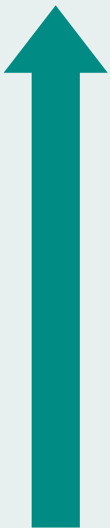
Goal pillar 1. Transforming behavioral health.

Vision:

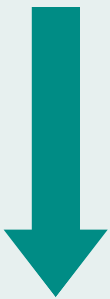
Guided by people with lived experience, OHA will:

- Build a health system that works for every child, teen, adult, and family who's experiencing a mental health or substance use issue.
- Expand integrated, coordinated, culturally responsive behavioral health services when and where people need them.

Below is some of the work we'll be doing to achieve this goal. Review the strategies, actions, and measures of success for this goal.



- Build the behavioral health workforce to serve all people, particularly those who experience health inequities.
- Expand access to community-based services, peer respite houses, online support groups, drop-in centers, supports for children and youth in schools, and other innovative approaches.
- Expand the availability and funding for preventive behavioral health services, especially for youth and in early childhood.
- Increase naloxone access across Oregon, especially in communities with the greatest need.
- Enhance services like 988 and mobile crisis teams so that people in mental health crisis can get help the same day.



- Reduce administrative burden for providers serving Medicaid patients to improve job quality and retention.
- Decrease wait times in emergency departments for people experiencing a behavioral health crisis.
- Reduce both stigma and confusion about the system that prevent people from seeking services.

When we've met our goal ...

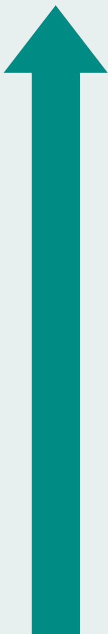
Everyone in Oregon will be able to easily get the treatment and other services they need. Our state will have enough counselors and other providers to deliver care. People experiencing mental health crises will also have wraparound support, such as housing. We know this support is essential to entering and maintaining recovery.

Goal pillar 2. Strengthening access to affordable care for all.

Vision:

Ensuring 100 percent of people in Oregon have easy access to affordable health care while prioritizing access for communities that are disproportionately blocked from this care by racism, discrimination, and other forms of oppression.

Below is some of the work we'll be doing to achieve this goal. Review the strategies, actions, and measures of success for this goal.



- Connect all people to affordable health coverage.
- Increase the accessibility of community partners and Marketplace assisters to help people find coverage that works for their lives and budget.
- Make it easier for people to make appointments with in-network providers throughout the state.
- Grow the number and breadth of culturally and linguistically appropriate care providers and Traditional Health Workers.
- Expand access to vaccines, nutrition services, health screenings, and lead testing.
- Make accessing health care more convenient — through more providers, more physical locations throughout the state, and more telehealth offerings.

- Reduce the number of people delaying or going without care because it's too expensive.
- Decrease the number of people who can't access care because it's too far away, inconvenient, or not available in the right language.
- Reduce the number of people struggling with medical debt.

When we've met our goal ...

Everyone in Oregon who wants health coverage will have it. No one will delay or skip necessary care because they can't afford it. More people will find it easier to access health care when they need it. People across the state will lead healthier lives.

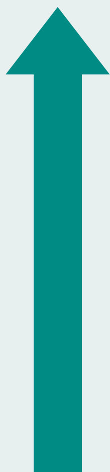
Goal pillar 3. Fostering healthy families and environments.

Vision:

Health isn't just about being able to see a doctor when we're sick. It also requires giving infants, children and families a healthy start in life. It requires fostering environments that equitably promote health and well-being, especially among communities most impacted by health inequities. We can do this by expanding access to:

1. Safe and accessible housing;
2. Healthy food and nutrition;
3. Climate resilience; and
4. Preventive health services.

Below is some of the work we'll be doing to achieve this goal. Review the strategies, actions, and measures of success for this goal.



- Ensure a higher percentage of pregnancies are safe and healthy.
- Increase equitable access to quality housing, climate adaptation resources, nutrition supports, and preventive services.
- Expand access to translated information on preventive health services and public health emergency preparedness. This way, people who speak a variety of languages can get this critical information.
- Increase the number of community-based organizations who can provide air conditioners, air filters, nutrition services and housing support through the new federal Medicaid benefits.

- Reduce hospital visits and deaths related to wildfire smoke
- Lower the rates of syphilis, severe maternal morbidity, and childhood lead poisoning.
- Decrease immunization disparities.

When we've met our goal ...

More people in Oregon will have access to nutritious food, wraparound social supports and supports for new parents to:

- Keep families healthy;
- Be prepared for climate change and emergencies; and
- Be able to easily access preventive health services.

Goal pillar 4. Achieving healthy Tribal communities.

Vision:

OHA commits to support the ultimate goal of achieving healthy Tribal communities. This empowers Tribal individuals, families, and communities across Oregon to achieve their best health and wellness through a fully funded continuum of health rooted in traditional and culturally specific practices.

OHA now has formal consultations with Tribal officials and Tribal health representatives. These consultations will continue through 2024. This work will help develop outcomes, measures, strategies, and plans for action, resource, monitoring and evaluation.

Review Tribal consultation and next steps for implementation of the Tribal goal.

When we've met our goal ...

Tribal communities will live healthier lives, achieved through a meaningful and respectful approach that honors the government-to-government relationship.

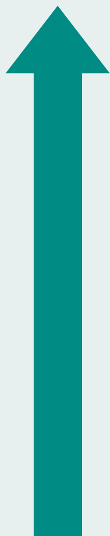
Goal pillar 5. Building OHA's capacity and commitment to eliminate health inequities.

Vision:

Build OHA's internal capacity and commitment to eliminate health inequities. Do this by providing our staff with the training, support, and tools to:

- Partner with communities and
- Recognize, rectify, and reconcile the racism and other forms of discrimination and oppression that undermine the health, well-being, and opportunities of people across Oregon.

Below is some of the work we'll be doing to achieve this goal. Review the strategies, actions, and measures of success for this goal.



- Standardize OHA's community engagement framework. This will help us maximize collaboration and authentically involve community in policy and program decisions.
- Grow the diversity of OHA's staff so our workforce more closely mirrors the communities we serve.
- Increase staff awareness of and training on health equity, anti-racism, and inclusion principles and practices.
- Strengthen equitable hiring practices and professional development opportunities for our staff.
- Improve agency responsiveness to the communities and partners we serve.

When we've met our goal ...

OHA's workforce will:

- Understand, reflect, and consistently respond to priorities and needs of the people they serve.
- Root all its work in equity, anti-racism, and inclusion.

Call to action

We know we cannot achieve this goal by ourselves. Government agencies alone, in part or in whole, cannot eliminate inequities rooted in generations of systemic oppression. To make lasting change, we all need to work together. We must reach across sectors, build new partnerships, and share ideas with each other.

This is why OHA will call on our partners statewide to join us in taking bold action to achieve this goal:

- State and local government,
- Health care payers and providers,
- Partners in academia, philanthropy, business and more.

The people and communities we serve are our greatest resource. They will help us identify and drive new commitments toward our 2030 goal. We are confident that as an agency and as a state, we will deliver a future that mirrors our values and ensures health and opportunity for all.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Performance Sys Info at Performance.SysInfo@odhsoha.oregon.gov or 503-302-9364. We accept all relay calls.

200-683051 (08/2024)

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

H8834	Kayleigh Moore	05/30/2024
H8835	Sophie Wilson Jane	06/06/2024
H8836	Iveth Bazan Ayala	06/10/2024
H8837	Skylar Mainwaring	06/11/2024
H8838	Kiah Wetzell Lynn	06/11/2024
H8839	Shay-lyn Kwock	06/11/2024
H8840	Celena Hussey	06/13/2024
H8841	Calista Booth	06/14/2024
H8842	Kristen Moser	06/18/2024
H8843	Amberli James	06/20/2024
H8844	Karey Mesa	06/21/2024
H8845	Kyrsten Sprouse	06/21/2024
H8846	Lacy Cordes	06/24/2024
H8847	Brittney Walden Danielle	06/24/2024
H8848	Paige Humphries Bryanna	06/24/2024
H8849	Vi Truong Thi	06/24/2024
H8850	Mackenzie Fairbairn Marie	06/24/2024
H8851	Jamey Green	06/24/2024
H8852	Danielle Leland	06/25/2024
H8853	Ellie Trujillo	06/25/2024
H8854	Gedion Debela	06/27/2024
H8855	Teagan Rubida	06/27/2024
H8856	Lauren Holvey	06/28/2024
H8857	Savahna Waterworth	06/28/2024
H8858	Hannah Taormina Victoria	06/28/2024
H8859	Jenna Shanks	06/28/2024
H8860	Lauren Kranyak Shaney	07/02/2024
H8861	Jasmine Bevans	07/03/2024
H8862	Roschelle Shoemaker	07/03/2024
H8863	Aaron Watson	07/03/2024
H8864	Zoe Dix	07/03/2024
H8865	Haley Hidalgo	07/16/2024
H8866	Nadine Nicholas	07/16/2024
H8867	Sierra Kamroyeva Syanne	07/16/2024
H8868	Maria Janeth Alatorre Ledezma	07/16/2024
H8869	Vivian Norquest	07/17/2024
H8870	Gretchen Silen	07/17/2024

H8871	Anna Haile	07/17/2024
H8872	kevin bui	07/17/2024
H8873	Daren Threatt	07/17/2024
H8874	Randi Johnson	07/18/2024
H8875	Jaclyn Flores	07/18/2024
H8876	Effie Summers Meredith	07/19/2024
H8877	Maia Grodin A	07/22/2024
H8878	Marisa Albertson-Navarre M	07/22/2024
H8879	Chloe Hunt Taylor	07/25/2024
H8880	Sophia Pakhnyuk	07/25/2024
H8881	Kafilah Sholesi-Davis	07/25/2024
H8882	Maria Jimena Cruz	07/29/2024
H8883	Sophia Gomes	07/29/2024
H8884	Garrett Parfitt	07/29/2024
H8885	Rachel Loria	07/30/2024
H8886	Melinda Johnson	08/08/2024
H8887	Brooke Campbell	08/08/2024
H8888	Faith Hacker	08/08/2024
H8889	Jessica Lee	08/09/2024
H8890	Robin Williams	08/09/2024
H8891	Amanda Cornier	08/09/2024
H8892	Briana Shackley Amber	08/09/2024
H8893	Reagan Bedard Michelle	08/12/2024
H8894	Natalie Gilless	08/12/2024
H8895	Emily Mach	08/13/2024
H8896	Irene Kay Lachica	08/13/2024
H8897	Breanna Vogel	08/13/2024
H8898	Estivali Carrillo	08/13/2024
H8899	leah lewis Anne	08/13/2024
H8900	Lacey Updike	08/13/2024
H8901	Jessica Silebi Jobe Cecilia	08/13/2024
H8902	Stefanie Meador Jessica Lynn	08/13/2024
H8903	Gala Vo	08/13/2024
H8904	Vy Do	08/13/2024
H8905	Randi Morgan	08/13/2024
H8906	Jane Choi	08/14/2024
H8907	Wasan Alabbasi	08/14/2024
H8908	Tami Assenberg	08/14/2024

DENTISTS

D11997	Kim-Loan Nguyen	06/06/2024
D11998	Mitchell Olivieri	06/06/2024
D11999	John Wartman	06/06/2024
D12000	Roberto Monteagudo Edgardo	06/06/2024
D12001	Jayden Burton	06/07/2024
D12002	Kevin Kim	06/10/2024

D12003	Yen Do	06/11/2024
D12004	Tuyet Duong Bach Thi	06/11/2024
D12005	Kelsey Caldwell	06/11/2024
D12006	Sreenandini Amrthur Ramachandra	06/11/2024
D12007	Arnold Hight	06/11/2024
D12008	Blair Isom	06/13/2024
D12009	Mohamad Hariri	06/13/2024
D12010	Jin Xu	06/13/2024
D12011	Ahmadreza Alidousti	06/13/2024
D12012	Shelby Cansler	06/14/2024
D12013	Kevin Nguyen	06/14/2024
D12014	Sara Henry Beth	06/17/2024
D12015	Mikhail Izraylev	06/18/2024
D12016	Esther Gao	06/18/2024
D12017	Natali Nunez	06/20/2024
D12018	Daniel Nguyen Phan	06/20/2024
D12019	Chukwunonso Chukwudozie	06/24/2024
D12020	Seyedeh Javad	06/24/2024
D12021	Tarisai Githu	06/25/2024
D12022	Kevin Adams Ross	06/25/2024
D12023	Manvir Kaur	06/25/2024
D12024	Jose Maria Ramos Toledo	06/25/2024
D12025	Hannah Salao Mikaela	06/27/2024
D12026	Okba Jahjah	06/28/2024
D12027	Brandon Kazzazi	07/08/2024
D12028	Andrew Baker Ryan	07/10/2024
D12029	Brianne Nem Sopheary	07/10/2024
D12030	Peter Lahti	07/10/2024
D12031	Lars Kludt David	07/10/2024
D12032	Robert Naemura	07/10/2024
D12033	Vy Vo Ha Nguyen	07/11/2024
D12034	Maggie Cote Lorraine	07/11/2024
D12035	Serena Waterworth Autumn	07/11/2024
D12036	Jasmine Tran	07/11/2024
D12037	Orin Osborne	07/11/2024
D12038	Faisal Shakir Arkan	07/11/2024
D12039	Truc Nguyen	07/12/2024
D12040	Christopher Elkhal	07/16/2024
D12041	Brenna Amundson Kathryn	07/16/2024
D12042	Dan Nguyen	07/16/2024
D12043	Stuart Jones	07/17/2024
D12044	Rosemary Pruneau	07/17/2024
D12045	Karissa Renyer Nichole	07/17/2024
D12046	Raeesah Taher	07/17/2024
D12047	Merit Roshdy	07/17/2024
D12048	Shivani Bhakhri	07/18/2024
D12049	Rebecca Forshaw	07/18/2024

D12050	Jackson Van	07/18/2024
D12051	ELIZABETH AMICO Diane	07/18/2024
D12052	Clarence Zack-Cade	07/18/2024
D12053	Tony Zhen	07/19/2024
D12054	Andrew Riddle Lawrence	07/19/2024
D12055	Stian French	07/19/2024
D12056	Luis Morales Villarreal Angel	07/19/2024
D12057	Brianna Koes	07/22/2024
D12058	Kitae Kim	07/25/2024
D12059	Reza Heshmati	07/25/2024
D12060	Kindel Bailey	07/25/2024
D12061	Judy Adan	07/25/2024
D12062	Preston Hansen	07/29/2024
D12063	Rachel Hample	07/29/2024
D12064	Maliheh Nasirzadeh Ashghani	07/29/2024
D12065	Trenten Tew	08/08/2024
D12066	Samuel McKinney Andrew	08/08/2024
D12067	Annika Nordmark	08/08/2024
D12068	Itzel Romero	08/09/2024
D12069	Meghan Herrera	08/09/2024
D12070	Ali Wadas	08/09/2024
D12071	Joseph Youssef Makram	08/14/2024

DENTAL THERAPISTS

DT0022	AMY COPLEN	06/17/2024

TAB 17 - BOARD REVISED BYLAWS FOR CONSIDERATION

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. They shall cause ~~his/her~~ **their** signature to be placed upon all disciplinary orders approved by the Board.
c. They shall sign ~~the~~ all monthly time sheet**s** and expense forms**,** as well as any out**-**of**-**state trip request forms related to the Executive Director.
d. They shall appoint all standing and special committees. They shall cause whatever business may require attention to be brought before the Board.
e. They shall ~~be in communication~~ **communicate** with the Executive Director regarding the agenda for any regular or special Board Meetings.
f. They shall perform all other duties incumbent on their office.

Sec. 2. The Vice-President of the OBD shall preside at any ~~meetings of the Board that the President is not able to~~ **Board meetings that the President cannot** 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, they shall perform the following duties:

a. The Vice-President shall be elected annually at the April Board Meeting.
b. They shall cause their signature to be place**d** 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 they 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, they shall perform the following duties:

a. Committee and Workgroup Chairs shall work with the Executive Director to establish a meeting date when necessary.
b. They shall ~~be in communication~~ **communicate** 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 **a** majority vote of a quorum of the board, committee or workgroup meeting for business.

Sec. 3. **The Board may authorize** ~~A~~**a**ttendance 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 represent~~s~~ 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 **the** 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 GOVERNMENT ETHICS COMMISSION

Oregon Government Ethics Commission

#1 - IS IT A BUSINESS?

Business Flowchart
ORS 244.020(2)&(3)

Many ORS 244 provisions apply to public officials, their relatives, their household members, and businesses associated with themselves, their relatives, or their household members.

Use the flowcharts provided to determine if an entity is a business AND if it is one which a person is associated with:

Is it a:

- corporation
- partnership
- proprietorship
- firm
- enterprise
- franchise
- association
- organization
- self-employed individual
- or any other legal entity operated for economic gain?

NO → Is it a governmental entity?

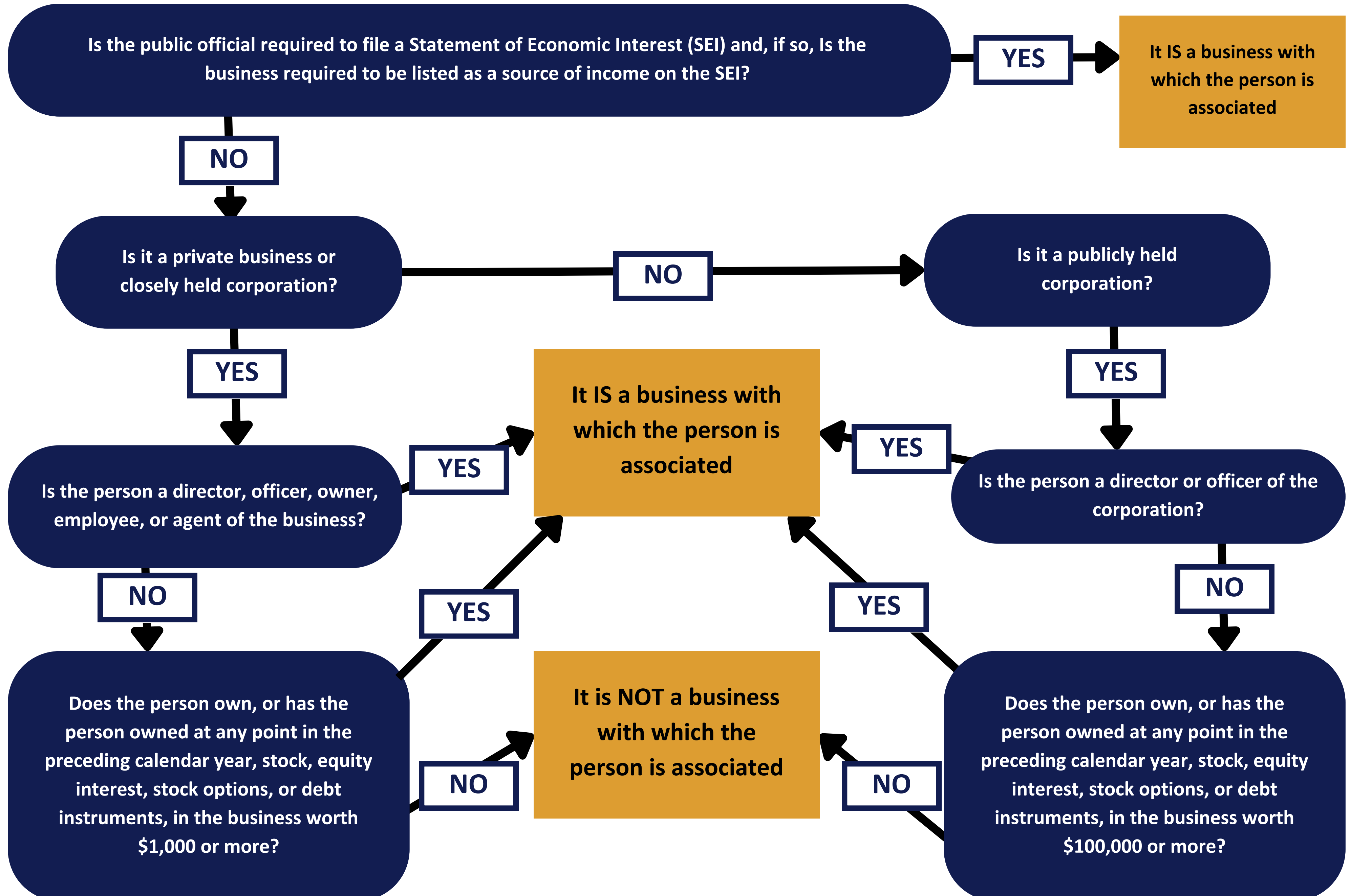
- YES → It is NOT a business

YES → Is it an income-producing tax-exempt 501(c) nonprofit corporation?

- NO → It IS a business
- YES → Is the public official or the official's relatives or household members associated with the entity only as a member, an unpaid board director, or in an unpaid position?
  - YES → It is NOT a business
  - NO → It IS a business

This handout should be used as a supplement, not a replacement, for ORS 244

#2 - IS THE BUSINESS ONE WITH WHICH A PERSON IS ASSOCIATED?



This handout should be used as a supplement, not a replacement, for ORS 244

Disclosing Conflicts of Interest

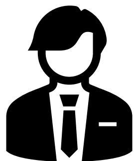
When met with a conflict of interest, there are different disclosure requirements depending on the nature of the public official's position.

Members of the Legislative Assembly

Must announce publicly, pursuant to the rules of the house of which they are a member, the nature of the conflict before taking any action on the matter. [ORS 244.120(1)(a)]

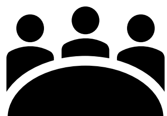
Judges

Must be removed from the case giving rise to the conflict or must advise the parties of the nature of the conflict. [ORS 244.120(1)(b)]



Any other appointed official (including public employees)

Must notify their appointing authority, in writing, of the nature of the conflict and request that authority dispose of the matter giving rise to the conflict. The appointing authority shall designate an alternate to dispose of the matter or direct the official to dispose of it in a manner specified by the appointing authority. [ORS 244.120(1)(c)]



Elected public officials (other than legislators) or appointed public officials serving on a board or commission

Announce publicly the nature of the conflict of interest. Then:

- If it is a potential conflict of interest, they may continue to participate in the discussion, debate or vote on the matter.
- If it is an actual conflict of interest, they must refrain from participating in any discussion, debate or vote on the matter. [ORS 244.120(2)].

Minimum Votes Exception: If a public official's vote is necessary to meet a requirement of a minimum number of votes to take official action, an elected public official (or one serving on a board or commission) with an actual conflict of interest may be eligible to vote on the issue giving rise to their conflict of interest, but may not participate in any discussion or debate on the issue. [ORS 244.120(2)(b)(B)].

OGEC staff are available by phone or email to discuss how the minimum votes exception works. You can reach us at mail@ogec.oregon.gov or 503-378-5105.