PUBLIC PACKET

OREGON BOARD OF DENTISTRY

BOARD MEETING
AUGUST 22, 2025

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 22, 2025**
TIME: **8:00 a.m. – 2:30 p.m.**

Call to Order – Aarati Kalluri, D.D.S. – President **8:00 a.m.**

OPEN SESSION (Zoom option available)
https://us02web.zoom.us/j/81042484495?pwd=JK9bWyo4IbeXk4D8d5HkMxUFZ6TiNk.1
Phone # 1-253-205-0468 Meeting ID: 810 4248 4495 Passcode: 698811

Review Agenda
1. Approval of June 13, 2025 Board Meeting Minutes

NEW BUSINESS
2. Association Reports
   - Oregon Dental Association
     - Position Statement on Scaling Assistants
     - Amberena Fairlee, DMD Letter regarding Scaling Assistants
   - Oregon Dental Hygienists' Association
     - August 2025 Report
     - Oregon Education Programs
     - CODA Education Programs
     - Dental Hygiene FAQ
   - Oregon Dental Assistants Association
     - August 2025 Report

3. Committee and Liaison Reports
   - 2025-2026 Committee Assignments
   - Rules Oversight Committee Meeting 7.17.2025, Chair Dr. Kalluri
     - Draft Minutes
     - Discuss Next Public Rulemaking Hearing Date, Comment Period and Possible Next Steps
   - Letter to the Board from Dr. Terrence Clark regarding Scope of Practice for Dental Assistants
   - Willamette Dental Letter regarding Scaling Assistants
   - Program Directors Letter of Support to Add Prohibited Acts for Dental Assistants
   - Gail Aamodt Email regarding Support for Adding Prohibited Acts for Dental Assistants
   - DAWSAC Meeting Date – 9.23.2025 from 5:00 pm – 6:30 pm

4 Executive Director's Report
   - OBD Budget Status Report
   - Customer Service Survey – FY 2025 Results
   - Letter to Governor
   - 2025 Legislative Session
   - Agency Head Financial Transactions Report – FY 2025
   - Delegated Duties – Executive Director & Staff
   - Board Best Practices Self-Assessment & Score Card
   - 2026 Proposed Board Meeting Dates

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.

- Implementation Overview – GovDelivery Email
- Dental Hygiene & Dental Therapy License Renewal
- Dental Testing & Regulatory Summit
- OBD Newsletter

5. Unfinished Business and Rules
   - Temporary Rule Filing – Rules Effective July 1, 2025
   - Memo – Next Steps in Rulemaking Process
   - Rule Changes for the Board to Review
   - Raelene Cabrera, MDT – Proposed Rule Amendment (OAR 818-038-0020)
   - Update on Money Owed to Board from Former Licensee regarding Case 2021-0109 & 2021-0176

6. Correspondence
   - AADB Letter to State Boards – June 6, 2025
   - CRDTS 2025 Notice of Annual Meeting
   - DANB Letter to OBD regarding Exams
   - ADA Leadership Communication to State Boards – Wellness Resources
   - EFPDA Pathways Rule Change Proposal from Dr. Paul Fox

7. Other
   - OGEC – Prohibited Communication FAQ
   - JCNDE Annual State Dental Board Forum
   - HPRB – OHA Health Care Workforce Reporting Program
   - CSG D/DH License Compact Commission Meeting Agendas and Minutes from Recent Meetings:
     - May 12, 2025 DDH Compact Commission – Meeting Minutes
     - June 2, 2025 DDH Compact Executive Committee – Meeting Minutes
     - June 27, 2025 DDH Compact Rules Committee – Meeting Minutes
     - July 7, 2025 DDH Compact Executive Committee – Meeting Agenda
     - July 14, 2025 DDH Compact Commission – Meeting Agenda
   - 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)
   - National Dental Therapy Conference December 8-10, 2025
   - Dentistry IQ – The Case for a Universal Dental Assistant License in the US
   - ADEX MOU Announcement
   - JOMI probing article
   - Louisiana Passes New Compact Legislation – State #1
   - ADTA Newsletter – July 2025
   - Oregon Capital Chronicle – Oregon Ethics Commission Pursues Legislative Action, Further Revision on Meetings Policy

EXECUTIVE SESSION **10:15 a.m.**

The Board will meet in Executive Session pursuant to ORS 192.345(4); ORS 192.660(2)(f)(h) and (I); 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

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

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/81042484495?pwd=JK9bWyo4IbeXk4D8d5HkMxUFZ6TiNk.1
Phone # 1-253-205-0468 Meeting ID: 810 4248 4495 Passcode: 698811

Enforcement Actions (vote on cases reviewed in Executive Session)
LICENSURE AND EXAMINATION
16. Ratification of Licenses Issued
17. License and Examination Issues
- Request for Reinstatement of an Expired License for Steven Mee, D.M.D.
- Request for Reinstatement of an Expired License for Audra L. Morgan, D.M.D.
- Request for Reinstatement of an Expired License for Michael J. Isaac, D.D.S.
- Request for Reinstatement of an Expired License for Brett Strong, D.D.S.
- Request for Approval of Soft Reline Course – Crystal Seutter, EFDA
- Request for Approval of Soft Reline Course – Marie Plouse, EFDA

ADJOURN **2:30 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.
(3) The Board may from time to time throughout the meeting enter into Executive Session to discuss matters on the agenda for any of the reasons specified in ORS 192.660. Prior to entering into Executive Session, the Board President will announce the nature of and authority for holding the Executive Session. No final action will be taken in Executive Session.

APPROVAL OF MINUTES

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OREGON BOARD OF DENTISTRY
MINUTES
JUNE 13, 2025

MEMBERS PRESENT: Aarati Kalluri, D.D.S., President
Sheena Kansal, D.D.S., Vice President
Reza Sharifi, D.M.D.
Terrence Clark, D.M.D.
Olesya Salathe, D.M.D.
Sharity Ludwig, R.D.H., E.P.P.
Ginny Jorgensen
Kieshawn Lewis

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
Gabriel Kubik, Investigator
Dawn Dreasher, Office Specialist

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

VISITORS ALSO PRESENT: Barry Taylor, D.M.D., Executive Director, Oregon Dental Association (ODA); Brett Hamilton, Director of Government and Regulatory Affairs (ODA); Lisa Rowley, Advocacy & Membership Director (ODHA); Julie Spaniel, D.D.S.

VIA ZOOM*: Jenna Shanks, R.D.H., Katherine Landsberg DANB

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

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

President Aarati Kalluri welcomed everyone to the meeting and had the Board Members, Joanna Tucker-Davis, and Stephen Prisby introduce themselves. Dr. Kalluri announced that Board members Dr. Michelle Aldrich and Ms. Kristen Simmons had excused absences.

Dr. Kalluri announced that the Board had a quorum and then read the Mission Statement as follows:

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

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NEW BUSINESS

Approval of April 25, 2025 Minutes

Dr. Kansal moved and Dr. Sharifi seconded that the Board approve the minutes from the April 25, 2025 Board Meeting as presented. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

ASSOCIATION REPORTS

Oregon Dental Association (ODA)

Brett Hamilton, Director of Government and Regulatory Affairs at the ODA, stated that we live in extraordinary times and that the ODA is monitoring potential impacts on dentistry and oral health. Mr. Hamilton clarified that nationally, as part of the ongoing reconciliation process, Congress is considering changes that could significantly impact the dental profession, most notably the elimination of the pass-through entity tax (PTET) deduction. Mr. Hamilton explained that this could result in a new tax increase on dentists who own or are partners in practices structured as pass-through entities. Mr. Hamilton added that this change alone could increase taxes for nearly one-third of all dental practices and, specifically, 1,629 practices in Oregon.

Mr. Hamilton stated that the ODA is also closely monitoring the One Big Beautiful Bill. We are also anxious about proposed student loan reforms, which include the elimination of the Graduate PLUS (Grad PLUS) loan program, the imposition of stricter limits on the Public Service Loan Forgiveness (PSLF) program, and the repeal of key income-driven repayment (IDR) plans, including Income-Contingent Repayment (ICR), Pay As You Earn (PAYE), and the Saving on a Valuable Education (SAVE) plan. Mr. Hamilton said the ODA is also advocating to preserve adult Medicaid dental benefits. Mr. Hamilton added that, of course, the national political landscape and uncertainties have direct implications on the state and our budgeting process.

Mr. Hamilton reminded the Board that we are about three weeks away from adjournment of the 2025 Legislative Session and that these final four weeks require the Legislature to advance major budgets and wrap up policy work. Mr. Hamilton stated that all focus has shifted to the Ways and Means, Revenue and Rules Committees with the closure of policy committees.

Mr. Hamilton stated that major policy issues remain outstanding including wildfire funding, a transportation package, campaign, education, and behavioral health and housing. Mr. Hamilton said the ODA still does not know the impacts this will have on the Oregon Health Plan but acknowledged they could be drastic. Mr. Hamilton added that, with a challenging revenue forecast released earlier this month, legislators have spent significant time and effort tempering expectations about the availability of state funding for state programs and budget requests.

Mr. Hamilton addressed two letters in the meeting packet. Mr. Hamilton clarified that the ODA has not taken a position on scaling assistants and reported that it is still being discussed by ODA's Board of Trustees. Mr. Hamilton reiterated to the Board that ODA

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currently has no plans to propose legislation and that ODA is unaware of any other proposals in the state. Mr. Hamilton stated that ODA is discouraging the proposed rule changes because it takes flexibility away from the Board and removes a potential tool from its toolbox.

Mr. Hamilton also stated that the ODA does not oppose a dental assistant registry but thinks the Board should have more discussion and deliberation before moving forward with any changes.

Oregon Dental Hygienists' Association (ODHA)

Lisa Rowley, Advocacy & Membership Director of ODHA, informed the Board that the Nevada legislature considered a bill this year that included provisions that would have allowed individuals to obtain a dental hygiene license without graduating from a dental hygiene education program accredited by the Commission on Dental Accreditation (CODA). Instead, Ms. Rowley explained, candidates would have been eligible for dental hygiene licensure after completing a Board-approved on-the-job training program under the supervision of a licensed dentist. Ms. Rowley reminded the Board that graduation from a CODA accredited dental hygiene program is required for dental hygiene licensure in Oregon and that Oregon currently has eight CODA accredited dental hygiene programs. Ms. Rowley stated that this bill was supported by the American Dental Association and the Nevada Dental Association. Ms. Rowley added that the bill was opposed by the American Dental Hygienists' Association (ADHA), the Nevada Dental Hygienists' Association, the International Federation of Dental Hygienists, the Academy of General Dentistry, the American Academy of Oral Medicine, and the International Association of Orofacial Myology. Ms. Rowley reported that on June 2nd, this bill passed in the Senate, but "died" in the Assembly when the Nevada legislative session ended at midnight.

Ms. Rowley stated that the ODHA is strongly opposed to allowing dental assistants to perform periodontal probing and dental scaling. Ms. Rowley explained that the ODHA believes that periodontal probing and dental scaling are advanced instrumentation skills that should only be performed by licensed dental providers who have completed a CODA accredited program. Ms. Rowley stated that ODHA's position is that allowing dental assistants to probe and scale is not an appropriate way to address the workforce shortage. Ms. Rowley announced that the ODHA has submitted a proposed rule amendment for OAR 818-042-0040 to clarify that dental assistants are prohibited from performing periodontal probing and dental scaling in Oregon. Ms. Rowley added that the Licensing, Standards & Competency Committee has recommended that the Board move this proposed rule amendment to the Rules Oversight Committee. Ms. Rowley noted that the ODA has stated that they strongly discourage the Board from moving forward with this proposal. Ms. Rowley stated that the ODHA respectfully requests that the Board move this proposed rule amendment to the Rules Oversight Committee so that it can continue through the Board's rulemaking process and allow an opportunity for further discussion of this issue.

The Board discussed issues related to scaling and probing and dental assistant duties.

Oregon Dental Assistants Association (ODAA)

Mary Harrison, Vice President of ODAA, submitted ODAA's report in writing for the June

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13, 2025 Oregon Board of Dentistry Meeting as follows:

Exciting news for the dental team, several Oregon's EFDA's have already successfully completed the Local Anesthesia course, have received their Local Anesthesia Functions Certificate (LAFC) and are now able to perform local anesthetic injections on dental patients. We are so happy that assistants have chosen to advance their careers in a way that benefits dental practices, patient dental care access and to demonstrate that the dental assistant profession is a career that has growth and opportunity. Portland Community College, Pacific University and several others are now offering OBD approved courses.

HB 3223 will be effective this month and ODAA is so appreciative to DANB for the help in meeting the requirements stated in HB 3223.

DANB has gathered representatives to work on a Professional Model and ODAA has been working on how to combine Oregon's pathways in this model to make things easier to follow and understand.

ODAA will again be meeting with the Oregon Association of Dental Laboratories (OADL) in the fall, so we are busy with securing an education day that will interest assistants, hygienists and doctors. The date is Friday, September 12, 2025. Final information will be sent to all dental team associations, posted on the ODAA Website and social media accounts.

ODAA has supported the ADHA and ODHA in their concerns about the Oral Preventative Assistant (OPA) and other possible changes being voted on in many state Legislatures. Patient safety and proper education are so very important.

DAWSAC and the Licensing, Standards and Competency Committee have both received information regarding the Registered Dental Assistant recommendations. ODAA is in total support of some type of listing or way to contact, follow and communicate with all dental assistants working in dental practices. We ask that ODAA be part of this discussion, and we are happy to research and work on this project with the OBD.

I am sorry not to be able to be with you on the 13th for your meeting, I will miss you all. Please include or mention this report in Association Reports.

Thank you,

Mary Harrison CDA, Emiratis, EFDA, EFODA, FADAA

COMMITTEE AND LIAISON REPORTS

Dr. Salathe provided an overview of the May 20, 2025 Licensing, Standards and Competency Committee meeting.

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Dr. Kansal moved and Dr. Clark seconded that the Board refer OAR 818-042-0040, OAR 818-035-0025, and OAR 818-035-0030 as presented to the Rules Oversight Committee. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

818-042-0040
Prohibited Acts
No licensee may authorize any dental assistant to perform the following acts:
(1) Diagnose or plan treatment.
(2) Cut hard or soft tissue.
(3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095) or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.
(4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.
(5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
(6) Administer any drug except as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.
(7) Prescribe any drug.
(8) Place periodontal packs.
(9) Start nitrous oxide.
(10) Remove stains or deposits except as provided in OAR 818-042-0070.
(11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
(12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
(13) Use lasers, except laser-curing lights.
(14) Use air abrasion or air polishing.
(15) Remove teeth or parts of tooth structure.
(16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.
(17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
(18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
(19) Apply denture relines except as provided in OAR 818-042-0090(2).
(20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health

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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 indirect supervision.
(24) Place implant impression copings, except under indirect supervision.
(25) **Intraoral adjustment of fixed and removable prosthesis or appliances.**
(26) Any act in violation of Board statute or rules.

818-035-0025
Prohibited Acts
A dental hygienist may not:
(1) Diagnose and treatment plan other than for dental hygiene services;
(2) Cut hard or soft tissue with the exception of root planing, except as provided in OAR 818-035-0065;
(3) Extract any tooth;
~~**(4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-0030(1)(h);**~~
(4) Intraoral adjustment of fixed and removable prosthesis or appliances.
(5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, OAR 818-035-0040, OAR 818-026-0060(12), OAR 818-026-0065(12) and 818-026-0070 (12);
(6) Place, condense, carve or cement permanent restorations except as provided in OAR 818-035-0072, or operatively prepare teeth;
(7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;
(8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(9) Place or remove healing caps or healing abutments, except under **in**direct supervision.
(10) Place implant impression copings, except under **in**direct supervision.
(11) Any act in violation of Board statute or rules.

818-035-0030
Additional Functions of Dental Hygienists
(1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:
(a) Make preliminary intra-oral and extra-oral examinations and record findings;
(b) Place periodontal dressings;
(c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;
(d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;
(e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.
(f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.

(g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.
(h) Apply temporary soft relines **after manufacturer required denture preparation** to complete dentures for the purpose of tissue conditioning.
(i) Perform all aspects of teeth whitening procedures.
(2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:
(a) Determine the need for and appropriateness of sealants or fluoride; and
(b) Apply sealants or fluoride.
(3) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the indirect supervision of a licensed dentist:
(a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.
(b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.
(4) Extraoral adjustment of fixed and removable prosthesis or appliances.

Ms. Ludwig moved and Ms. Jorgensen seconded that the Board refer OAR 818-042-0040 as presented to the Rules Oversight Committee for further investigation and discussion. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

818-042-0040
Prohibited Acts
No licensee may authorize any dental assistant to perform the following acts:
(1) Diagnose or plan treatment.
(2) Cut hard or soft tissue.
(3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095) or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.
(4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.
(5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
(6) Administer any drug except as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.
(7) Prescribe any drug.
(8) Place periodontal packs.

(9) Start nitrous oxide.
(10) Remove stains or deposits except as provided in OAR 818-042-0070.
(11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
(12) **Use hand instruments, air polishers, ultrasonic equipment or other devices to remove supragingival and subgingival stains and deposits from tooth surfaces.**
(1~~2~~**3**) 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.
(1~~3~~**4**) Use lasers, except laser-curing lights.
(1~~4~~**5**) Use air abrasion or air polishing.
(1~~5~~**6**) Remove teeth or parts of tooth structure.
(1~~6~~**7**) 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.
(1~~7~~**8**) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
(1~~8~~**9**) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
(~~12~~**20**) Apply denture relines except as provided in OAR 818-042-0090(2).
(2~~0~~**1**) 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.
(2~~1~~**2**) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(2~~2~~**3**) Perform periodontal assessment **and periodontal probing**.
(2~~3~~**4**) Place or remove healing caps or healing abutments, except under indirect supervision.
(2~~4~~**5**) Place implant impression copings, except under indirect supervision.
(2~~5~~**6**) Any act in violation of Board statute or rules.

Dr. Salathe moved and Dr. Kalluri seconded that the Board refer OAR 818-035-0030 as presented to the Rules Oversight Committee. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

818-035-0030
Additional Functions of Dental Hygienists
(1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:
(a) Make preliminary intra-oral and extra-oral examinations and record findings;
(b) Place periodontal dressings;
(c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;
(d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;

(e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.
(f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.
(g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.
(h) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.
(i) Perform all aspects of teeth whitening procedures.
(2) A dental hygienist may perform the following functions at the locations and for the persons
described in ORS 680.205(1) and (2) without the supervision of a dentist:
(a) Determine the need for and appropriateness of sealants or fluoride; and
(b) Apply sealants or fluoride.
(3) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the indirect supervision of a licensed dentist:
(a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.
(b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.
(4) A dental hygienist with a local anesthesia endorsement may utilize Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical course(s) in Botulinum Toxin Type A, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP). Alternatively, a dental hygienist with a local anesthesia endorsement may meet the requirements of subsection (4) by successfully completing training in Botulinum Toxin Type A as part of a CODA accredited program.

Ms. Ludwig moved and Dr. Kalluri seconded that the Board refer 818-012-0010 as presented to the Rules Oversight Committee. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

818-012-0010
Unacceptable Patient Care
The Board finds, using the criteria set forth in ORS 679.140(4), that a licensee engages in or permits the performance of unacceptable patient care if the licensee does or permits any person to:
(1) Provide treatment which exposes a patient to risk of harm when equivalent or better treatment with less risk to the patient is available.
(2) Fail to seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience;

provided, however, that it is not a violation of this section to omit to seek consultation if other competent licensees in the same locality and in similar circumstances would not have sought such consultation.
(3) Fail to provide or arrange for emergency treatment for a patient currently receiving treatment.
(4) Fail to exercise supervision required by the Dental Practice Act over any person or permit any person to perform duties for which the person is not licensed or certified.
(5) Fail to ensure radiographic and other imaging are of diagnostic quality.
(6) Render services which the licensee is not licensed to provide.
(7) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.
(8) Fail to maintain patient records in accordance with OAR 818-012-0070.
(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.
(10) Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.
(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.
(12) Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.
(13) Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(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.
(15) Fail to advise a patient of any recognized treatment complications.
(16) Fail to maintain proper storage or handling of medications, including injectables, according to federal regulations, guidelines, standards, and manufacturer recommendations.
(17) Fail to obtain and maintain a written informed consent prior to administering Botulinum Toxin Type A or dermal fillers.

The Board discussed the topic of creating a dental assistant registry. Dr. Julie Spaniel spoke in support of a dental assistant registry.

Ms. Ludwig moved and Dr. Kalluri seconded that the Board direct staff to research other states where dental assistants are registered and draft a rule for Board discussion and review. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

The Board discussed the topic of dental hygienist administering vaccines.

Ms. Jorgensen moved and Dr. Kalluri seconded that the Board direct Mr. Prisby to write a letter to the governor in support of future legislation allowing dental hygienists to administer vaccines. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

Dr. Kansal moved and Dr. Kalluri seconded that the Board refer OAR 818-042-0096 as presented to the Rules Oversight Committee. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

818-042-0096
Local Anesthesia Functions of Dental Assistants
(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.
(2) **The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon Certified Anesthesia Dental Assistant 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~~**3**) 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.

Dr. Clark moved and Dr. Kansal seconded that the Board refer OAR 818-042-0080, OAR 818-042-0110, and OAR 818-042-0113 as presented to the Rules Oversight Committee. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

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; 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,~~ **Oregon Expanded Functions with Infection Control examination,** or equivalent successor examination~~s~~, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board**, or prior passage of the Certified Dental Assistant examination or Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam, or equivalent successor examinations, administered by DANB or any other testing entity authorized by the Board**; and certification by an Oregon licensed dentist that the applicant has successfully 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.**

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,~~ **Oregon Orthodontic Expanded Functions with Infection Control examination,** or equivalent successor examination~~s~~, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board**, or prior passage of the Certified Dental Assistant, Certified Orthodontic Assistant or Infection Control Examination administered by DANB and passage of the Oregon Expanded Functions Orthodontic Assisting exam, or equivalent successor examinations, administered by 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 hand piece from teeth on four (4) patients.

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 examination, or the Coronal Polishing (CP) examination,~~ **Oregon Expanded Functions with Infection Control examination; or passage of the Coronal Polishing with Infection Control examination,** or equivalent successor examinations, administered by the Dental Assisting

National Board, Inc. (DANB), or any other testing entity authorized by the Board**, or prior passage of the Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam or Coronal Polishing exam, or equivalent successor examinations, administered by 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.

Ms. Jorgensen gave an overview of the May 13, 2025 DAWSAC meeting and various dental assisting issues. Ms. Jorgensen announced that the next DAWSAC meeting would be sometime in September, 2025.

Dr. Clark moved and Dr. Kansal seconded that the Board direct Mr. Prisby to write a letter to the governor in support of making DAWSAC a standing committee. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

Dr. Kalluri announced that the next Rules Oversight Committee meeting is on July 17, 2025 at 5:00 p.m. - 6:30 p.m.

EXECUTIVE DIRECTOR'S REPORT

Staff Updates

Mr. Prisby reported that the OBD conducted an internal recruitment for the open Investigator position. Mr. Prisby stated that the OBD announced that Dr. Bernie Carter applied and accepted the position. Mr. Prisby added that Dr. Carter was back to full-time employment effective June 1, 2025.

Mr. Prisby announced Work Anniversaries for the following OBD Staff:

Gabriel Kubik celebrated his 1-year OBD Work Anniversary on May 1.
Dr. Angela Smorra celebrated her 4-year OBD Work Anniversary on May 1.
Haley Robinson will celebrate her 9-year OBD Work Anniversary on June 20.

OBD Budget Status Report & FY Close Info

Mr. Prisby presented the attached the budget report for the 2023 - 2025 Biennium. Mr. Prisby explained that this report, which is from July 1, 2023, through April 30, 2025, shows revenue of $3,827,176.41 and expenditures of $3,277,405.05. Fiscal Year close information is also provided.

Gold Star Certificate for FY 2024

Mr. Prisby announced that the OBD once again has achieved the Gold Star Certificate for providing accurate and complete fiscal year information in a timely manner. Mr. Prisby acknowledged that the OBD utilized OMB staff and DAS staff throughout the past year to achieve this, along with outstanding support and contributions from Haley Robinson and

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Kathleen McNeal. Mr. Prisby shared that the OBD has achieved this every year throughout my 10+ years as Executive Director.

OBD 2025 – 2027 Budget Bill Update
Mr. Prisby directed the Board's attention to various budget documents regarding the OBD's budget bill (SB 5512).

2025 Legislative Session
Mr. Prisby referred to a report showing bills being tracked for the OBD.

Customer Service Survey
Mr. Prisby presented the legislatively mandated survey results from July 1, 2024, through May 31, 2025. Mr. Prisby reported that the results of the survey show that the OBD continues to receive positive ratings from the majority of those that submit a survey.

OBD Bylaws
Mr. Prisby pointed out that the OBD Bylaws were originally adopted in 2018 and were included for annual review by the Board.

Staff Speaking Engagements
Mr. Prisby reported that he gave a "Board Updates" presentation to the OHSU - School of Dentistry 3rd year students on Tuesday, April 14, 2025.

Mr. Prisby reported that Dr. Angela Smorra and Dr. Bernie Carter gave a "Board Updates – Rules and Enforcement" presentation to the same 3rd year students on Tuesday, April 21, 2025.

Mr. Prisby reported that Kathleen McNeal gave four License Application virtual presentations to graduating Dental Hygiene Students in May:

Monday, 5/12 Lane Community College
Monday, 5/12 Mt. Hood Community College
Tuesday, 5/13 Portland Community College
Friday, 5/30 Pacific University

Kieshawn Lewis stepped out of the meeting.

2025 Dental License Renewal
Mr. Prisby stated that the 2025 Dental License renewal period ended on March 31,2025 and shared 2025 Dental license renewal information: 1669 renewed, 153 expired, 19 retired and 1 deceased.

Previous years of dental license renewal data:

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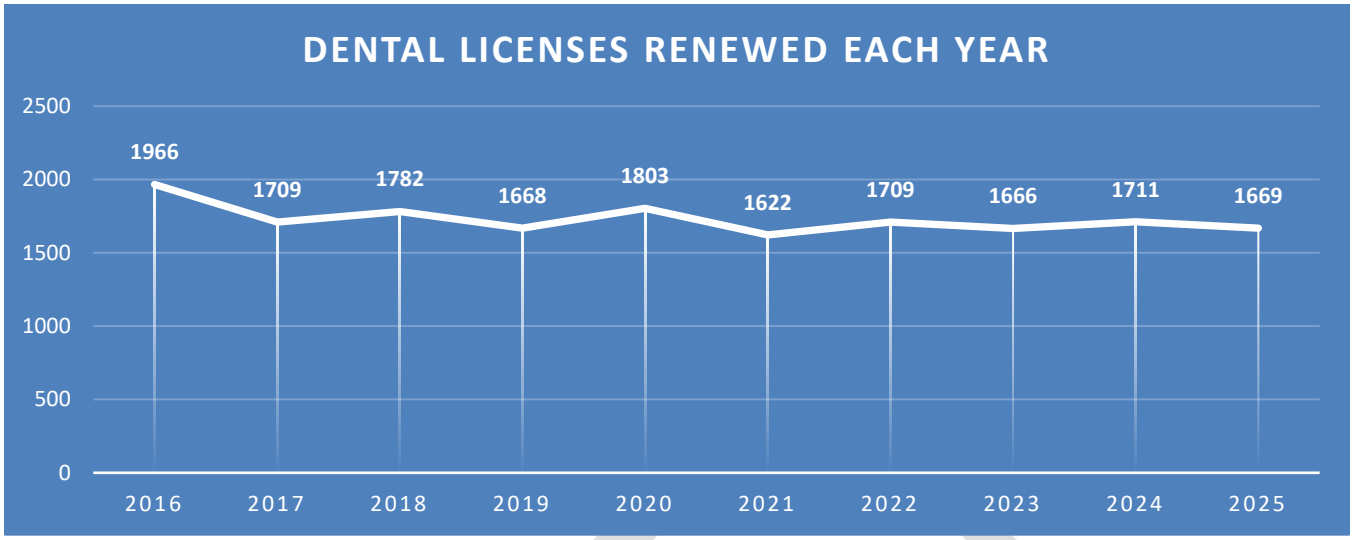

American Association of Dental Administrators Meetings

Mr. Prisby reported that he attended and participated in the AADA Mid-Year Meeting on April 29, 2025. The Annual Meeting is scheduled for Oct 15-16, 2025, in Grapevine, Texas. Mr. Prisby asked the Board to approve his travel & attendance at the meeting.

Ms. Ludwig moved and Dr. Kalluri seconded that the Board approve Director Prisby's travel and attendance at AADA Meeting in Grapevine, Texas on October 15-16, 2025. The motion passed with AK, SK, RS, TC, OS, SL, and GJ voting Aye.

Kieshawn Lewis rejoined the meeting.

Board Meeting Preparation

Mr. Prisby suggested to the Board that the OBD eliminate producing a Case Book (all investigative reports) before each board meeting. Mr. Prisby pointed out that the Case Book is not reviewed by all board members, and the feedback is typically minor edits and clarification of data. Mr. Prisby elaborated that OBD Investigators consult with the OBD assigned attorney and are well versed on investigations and report writing. Mr. Prisby further stated that the Case Book is extra work, delaying more cases being ready for the next board meeting. The Board briefly discussed the issue, with some members expressing concern about a truncated timeframe to review meeting materials. Mr. Prisby offered that Board members would receive the meeting packet ten calendar days before the Board meeting to allow more time to review it. The public packet would still be available on the OBD website approximately one week before the Board meeting. Submissions for the meeting packet would be due 14 calendar days before the meeting.

Dr. Clark moved and Dr. Kalluri seconded that the Board eliminate production of Case Book before each Board Meeting. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

Strategic Planning
Mr. Prisby counseled the Board to consider thinking about the next strategic plan to replace the current 2022-2025 plan. Mr. Prisby offered some documents to help start the conversation and the Board briefly discussed next steps. Dr. Sharifi recounted his positive experience with the strategic planning process in the past. Mr. Prisby also included a summary of work completed in support of the current plan. Mr. Prisby mentioned that the email upgrade that is part of the OBD's new budget would help facilitate the strategic planning process.

Newsletter
Mr. Prisby announced that the next OBD Newsletter will be published in August 2025.

UNFINISHED BUSINESS AND RULES
Mr. Prisby presented the OBD's proposed temporary rule changes regarding fee increases (SB 5512) and updates to dental assisting rules in compliance with HB 3223 (2024).

Dr. Kansal moved and Dr. Clark seconded that the Board approve temporary rule changes to OAR 818-001-0087, OAR 818-042-0080, OAR 818-042-0110 and OAR 818-042-0113 as presented to be effective July 1, 2025. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

Mr. Prisby presented proposed rule changes to address inconsistencies and correct a typographical error related to certain dental assisting functions.

Ms. Ludwig moved and Dr. Salathe seconded that the Board refer OAR 818-042-0115 to the Rules Oversight Committee. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

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 pr~~r~~ocedures **in accordance with OAR**

818-042-0117.

(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.

Ms. Ludwig moved and Dr. Kansal seconded that the Board direct staff to draft proposed language and refer OAR 818-042-0117 to the Licensing, Standards and Competency Committee for review. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

818-042-0117
Initiation of IV Line and Phlebotomy Blood Draw

The Board may certify an Anesthesia Dental Assistant or an Expanded Function Dental Assistant with a Local Anesthesia Functions Certificate to perform the expanded function anesthesia duties below if the applicant submits a completed application, pays the certification fee and:

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

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

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

Mr. Prisby provided an update on money owed to the Board from former Licensee regarding Case 2021-0109 & 2021-0176.

CORRESPONDENCE

- American Academy of Pediatric Dentistry – April 28, 2025 Email, Letter & Framework

The Board briefly discussed issues related to pediatric sedation.

- American Academy of Dental Sleep Medicine – April 30, 2025 Email & Letter

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OTHER

Items were in the Board meeting packet for informational purposes.

- CSG D-DH License Compact Commission Information & Comments Submitted.
- Tribes (no comments)
- Other Public Comment (no comments)

Mr. Hamilton asked the Board to consider putting links to ODA wellness resources on the OBD website. The Board discussed the issue.

Ms. Ludwig moved and Dr. Clark seconded that the Board add links to the ODA, ODHA, and ODAA to the OBD website. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

ARTICLES AND NEWS

- DANB Exams Now Offered in Spanish
- ADEA Trends in dental education Summary 2024-25
- Article – Public Meetings Law

The Board discussed and clarified issues related to current Public Meetings Law.

EXECUTIVE SESSION: The Board entered into Executive Session pursuant to ORS 192.606 (2)(f)(L); ORS 676.165; ORS 676.175 (1), and ORS 679.320 to review confidential investigations, consider exempt records and to consult with legal counsel.

OPEN SESSION: The Board returned to Open Session at 12:41 p.m. President Kalluri took roll call and announced the Board had a quorum.

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

CONSENT AGENDA

2025-0177, 2025-0163, 2025-0151, 2025-0157, 2025-0150, 2025-0167, 2025-0168, 2025-0165, 2025-0178, 2025-0174, 2025-0153, 2025-0155, 2025-0152

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

COMPLETED CASES

2025-0089, 2025-0092, 2025-0151, 2025-0141, 2025-0107, 2025-0072, 2024-0155, 2025-0088, 2024-0133, 2025-0140, 2025-0076, 2025-0063

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

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LICENSEE; 2025-0180
Dr. Clark 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, remove Licensee from HPSP, require Licensee successfully take and pass a Board approved clinical exam prior to returning to practice, require Licensee to enroll in Soberlink for 48-months with twice daily testing, and require Licensee to submit to drug testing every 90-days for 48-months. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

LINDA KWON RIDDER, D.D.S.; 2025-0065
Dr. Salathe 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 $1,000 civil penalty, payable within 30 days of the effective date of the Order; and a requirement that the licensee 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 with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

2025-0102
Mr. Lewis moved and Dr. Kansal seconded that the Board close the matter with a finding of No Violation and deny the May 12, 2025 request for complaint and investigation materials under 676.1751. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

JOHN K. SULLIVAN, D.D.S.; 2025-0106, 2025-0126, 2025-0130, 2025-0136, 2025-0147, 2025-0148, and 2025-0154
Ms. Ludwig moved and Dr. Kansal seconded that the Board issue a Notice of Proposed Dental License Suspension and offer Licensee a Consent Order suspending Licensee's license until all previously requested documents are provided and approved by the Board. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

PREVIOUS CASE REQUIRING BOARD ACTION

NATHAN M. TANNER, D.M.D.; 2024-0065, 2024-0100, and 2024-0127
Ms. Jorgensen moved and Dr. Kansal seconded that the Board offer Licensee a Consent Order incorporating (1) a Reprimand; (2) a $9,000 civil penalty to be paid within 210 days of the effective date of the order; (3) after September 11, 2025, Licensee shall be permanently restricted from providing orthodontic treatment and dentofacial orthopedics to patients until licensee satisfactorily completes a 3 year CODA accredited program in Orthodontics and Dentofacial Orthopedics and further order of the Board; (4) Licensee shall be permanently restricted from providing oral airway appliances or any associated airway treatment for patients who do not have a documented diagnosis, within the previous 6 months, of Obstructive Sleep Apnea (OSA), or other sleep-related breathing disorders (SRBD) from a licensee of the Oregon Medical Board (OMB), and (5) Licensee shall document in the patient record the name of the OMB licensee who has diagnosed the condition to be treated, their diagnosis, the baseline data obtained that assisted with their medical diagnosis, and copies of their referrals prescribing oral appliance therapy or associated airway treatment. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

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LICENSE & EXAMINATION ISSUES

RATIFICATION OF LICENSES

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

LICENSE, PERMIT & CERTIFICATION

Dr. Clark moved and Dr. Sharifi seconded that the Board approve Soft Reline Course for Cheryl Padron, R.D.H. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

The Board directed staff to instruct Marie Plouse to include medical and dental history in the required patient history questions in their Soft Reline course.

Mr. Lewis moved and Dr. Kansal seconded that the Board approve the reinstatement of expired license for Jennifer Lloyd, R.D.H. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

Mr. Prisby directed the Board's attention to the PCC request for approval of their Local Anesthesia Certification course for dental assistants, which was approved by the Board at the April 25, 2025 meeting. The request was not included in the April 25, 2025 Board Book, but reviewed in handouts at the April meeting. The course is included in the June 13, 2025 Board Book for posterity.

Ms. Ludwig moved and Dr. Kalluri seconded that the Board deny Kentucky Orthodontic Exam to be recognized for specialty license for Jennnifer Friedman, D.M.D. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

ADJOURNMENT

Dr. Kalluri announced that the next Board Meeting was scheduled for August 22, 2025 at 8:00 a.m.

The meeting was adjourned at 1:02 p.m.

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Aarati Kalluri, D.D.S., President

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ASSOCIATION REPORTS

oregon dental ASSOCIATION

Dear Members of the Oregon Board of Dentistry,

The Oregon Dental Association (ODA) respectfully urges the Board to postpone rulemaking on the proposed revisions to OAR 818-042-0040 and instead assign staff to conduct a thorough analysis of the potential impacts of scaling dental assistants in Oregon.

It's important to note that postponing rulemaking will not change what is currently happening in Oregon—dental assistants will continue to be unable to scale unless there is further proactive legislative and rulemaking action, which the Oregon Dental Association is not considering at this time.

The proposed rule revision could create unintended barriers to future exploration and thoughtful discussion of expanding the scope of practice for dental assistants. ODA appreciates the Board's past commitment to deliberation and inclusive evaluation, as seen in its consideration of dental therapy, dental assistants administering local anesthesia, and more recently, dental hygienists performing Botox injections. We ask for the same measured approach in evaluating the scaling dental assistant model.

At a time when workforce shortages are severely limiting access to dental care across the state and disrupting daily practice operations, it is essential that we remain open to innovative strategies already proven effective in other states. The dental care team should be empowered to work to the fullest extent of their training and licensure to address these urgent challenges.

ODA has conducted preliminary assessments by reviewing other states and agencies currently using scaling dental assistants and has not identified patient safety concerns with coronal scaling performed by trained dental assistants on healthy patients with reversible gingivitis. Moreover, according to the Board, there have been no consumer complaints regarding dental assistants operating outside their scope in this area. In contrast, currently allowed procedures by other members of the dental team, such as local anesthesia and Botox injections present greater risk of irreversible harm when not properly administered.

It is important to re-state that ODA is not currently seeking legislation to introduce scaling dental assistants. The association had only begun reviewing the American Legislative Exchange Council (ALEC) Dental Access Model, which includes Oral Preventive Assistants, before the recent opposition to this proposal prompted us to clarify our position. Any future implementation would require legislative approval and is not presently being pursued.

ODA believes the Board can help ensure a thoughtful path forward by slowing down the rulemaking process and allowing time for comprehensive analysis. We are committed to working collaboratively with the Board to identify patient-centered, innovative solutions to Oregon's dental workforce challenges.

Thank you for your continued leadership and commitment to improving oral health outcomes for all Oregonians.

Sincerely,

Caroline Zeller, DDS, MPH
President, Oregon Dental Association

oregon dental ASSOCIATION

Briefing: Scaling Dental Assistants

The current workforce shortages are negatively impacting access to dental care for Oregonians across the state and impacting dental practice operations. As part of that work to expand access to care it is critical that every member of the dental care team utilize their full scope of practice and skills. At the same time, the ODA is exploring ideas, tools and practices already being used in other states that provide new, innovative strategies to do more within the existing workforce.

The purpose of the document is to present information regarding trained dental assistants, known as a Scaling Dental Assistant, to perform supragingival scaling on healthy patients under direct supervision and assess if Scaling Dental Assistants will improve access to care.

Scaling Dental Assistant Overview

Access to preventive dental care is a growing concern in many parts of the U.S., especially in rural and underserved areas. As oral diseases persist and the dental workforce is stretched thin, policymakers are exploring ways to improve care delivery models. One solution gaining attention is the authorization of Scaling Dental Assistants—dental assistants trained to perform supragingival scaling under strict supervision.

The premise is that allowing trained dental assistants to perform supragingival scaling on healthy patients under direct supervision will improve access to care and increase practice efficiency while maintaining high standards of care.

<u>Dental Access Model Act</u>
On July 26, 2024, the American Legislative Exchange Council (ALEC) Health and Human Services Task Force approved a model ADA introduced called the ALEC Dental Access Model, which includes Oral Preventive Assistants (Scaling Dental Assistants) as an opportunity to address workforce challenges. The model was created to support the expansion of access to dental care, especially in rural areas, by more efficiently utilizing existing members of the dental team. Specifically, the Oral Preventive Assistants will be able to provide supragingival scaling and polishing after meeting training and certification. Certification of Oral Preventive Assistants (OPA)

(1) The scope of practice for an oral preventive assistant shall be limited to taking and recording periodontal probe readings, documenting areas of periodontal concern, and supragingival scaling and polishing. Oral preventive assistants shall be further limited to practicing on periodontally healthy patients or patients with reversible gingivitis. For the first five (5) years after certification of the OPA position in the state, oral preventive assistants shall be limited to practicing in federally designated Health Provider Shortage Areas (HPSAs) or in counties with a population of less than 100,000.

Pilot Project

ODA is tracking activities to address the workforce shortage such as the OPA EFDA Pilot Project in Missouri. The Missouri Office of Dental Health (ODH) asked the Missouri Dental Board (MDB) has a pilot project to address the urgent workforce challenges and provide increased access to care. The project will examine the use of an Oral Preventive Assistant (OPA) Expanded Function Dental Assistant (EFDA) (herein referred to as OPA) to deliver preventive care, including supragingival scaling on healthy patients with a focus on improving access to care, especially in rural areas and in Medicaid clinics where it's been very difficult to recruit hygienists. There are currently sixteen (16) OPAs delivering care in seven (7) clinical sites. The pilot is planned to be completed by the end of October 2025 with final reporting by the end of the year.

The results of the pilot project will be reported to all major stakeholders, including the Missouri Dental Board and the Missouri Department of Health and Senior Services through the Office of Dental Health at the end of October. More information about his project can be found https://www.modental.org/member-resources/advocacy-pac/opa-pilot.

Current Scaling Assistants Scope of Practices

The current scope of practice of dental assistants from all states can be reviewed on the https://www.danb.org/state-requirements, website. Specifically, below is information from states and agencies that are currently utilizing Scaling Dental Assistants:

- In 2025, Arizona passed a law allowing dental assistants to perform supragingival scaling and polishing on periodontally healthy patients or those with mild gingivitis. https://adanews.ada.org/ada-news/2025/april/arizona-oral-preventive-assistants-bill-becomes-law/
- In 2023, Illinois Dental Assistant Qualified in Expanded Functions Requirements | DANB began allowing dental assistants to offer coronal scaling above the gum line on patients aged 17 or younger who are Medicaid recipients, uninsured, or from households earning up to 300% of the federal poverty level
    - Scope of Practice, page 4
- In 1998, Kansas Dental Assistant Requirements | DANB passed a law allowing dental assistants to perform coronal scaling on patients aged 12–17 who are Medicaid recipients, uninsured, or from households earning up to 300% of the federal poverty level
    - Scope of Practice, page 3
- In 1971, the U.S. military began utilizing dental assistants to perform scaling procedures, particularly in preventive care settings.
    - Scope of Practice: In the U.S. military, dental assistants, particularly those in the Army's 68E Dental Specialist role, are trained to perform a range of preventive and assistive dental procedures, including scaling.

- In 1961, the Indian Health Service was one of the first governmental agencies or organizations that adopted the model of expanded function dental assistants (EFDAs) to used to provide basic periodontal services. IHS Periodontal Treatment Initiative EFDA Fact Sheet and Maximizing the Dental Workforce in Your Practice see pg. 39)

Supportive Arguments for Dental Scaling Assistants

- Improved Access to Care: may expand the number of providers who can deliver basic preventive services, reducing wait times and travel burdens for patients.
- Practice Efficiency: prospect of allowing dentists and hygienists to focus on higher-level care by delegating routine scaling to trained assistants.
- Cost-Effective: may lower operational costs and expand care in Medicaid or underserved populations.
- Workforce Development: opportunity for career growth opportunities for dental assistants, aiding recruitment and retention in the dental workforce.

Missouri Dental ASSOCIATION | ADA

3340 American Avenue
Jefferson City, MO 65109
T 573.634.3436 • F 573.635.0764
modental.org

Briefing: Post Pandemic Oral Healthcare Workforce in Missouri

BACKGROUND & PROBLEMS

Like all healthcare sectors, the oral healthcare workforce has diminished, and the COVID-19 pandemic exacerbated the decline. The Missouri Office of Dental Health statewide survey of oral healthcare workers and the most recent re-licensure data provided by the Missouri Dental Board (January 2023) indicated an exit of between 1% and 10% of the oral healthcare workforce: 1% administrative staff, 6% dentists, 8% dental hygienists, and 10% dental assistants. The survey also indicated that 20% of the workforce is considering retirement in the next 5 years due to age or job stress. *A summary page from the Office of Dental Health Workforce Survey Report is attached.*

The result is significantly understaffed clinics that are operating at 60%-80% of their capacity. The workforce shortages have more severely impacted rural clinics and clinics that serve the eligible Medicaid population with wait times for appointments in many Federally Qualified Health Centers of weeks or even months long. The Office of Dental Health used license and permit data to determine where providers are located and where they are needed. *Provider distribution maps by county are attached.* The main take-aways are:

- All but a few metropolitan counties have significant oral healthcare workforce shortages. Rural areas are the most severely impacted.
- There is a shortage of dentists and dental hygienists in rural Missouri: 44% of clinics that had an opening for a dental hygienist were unable to fill that opening.
- In 1995 Missouri developed the Expanded Function Dental Assistants (EFDAs) provider category to increase the productive capacity of dental clinics and address access to care issues. EFDAs (dental assistants with additional approved training) can help dentists with many functions including fillings, crowns, dentures and orthodontics. This program has been very successful, increasing productive capacity of clinics by 15%-25% with no complaints about quality of care. However, there is no EFDA provider category to assist dentists and hygienists with periodontal care.
- Currently the Missouri Dental Board has issued the following number of licenses and permits to oral healthcare providers with Missouri addresses: 2,486 dentist licenses, 3,410 dental hygienist licenses, and 7,084 EFDA permits.
- If you refer to the provider distributions maps you will see that EFDAs are distributed more evenly throughout the state, especially in rural areas where hygienists are scarce.

SOLUTIONS

- Missouri needs an Oral Preventive Assistant (OPA), an EFDA with further training, to assist dentists and hygienists in delivery of periodontal care to improve access to care especially for rural clinics and those that serve Medicaid eligible patients.
  - This new category of OPA-EFDA would have a greater scope than current EFDAs, yet a more limited scope than a hygienist and of course a dentist.
  - The OPA-EFDA would be authorized to treat children and adults who are healthy or just have gingivitis that is reversible with a good cleaning and good home hygiene.
  - The OPA-EFDA would be additionally trained to record gum measurement information so dentists could diagnose and triage patients, and then delegate to the OPA-EFDA to remove above-the-gumline tartar, polish teeth and apply fluoride.
  - The OPA-EFDA would operate under the direct supervision of a dentist or hygienist and would free more highly trained providers to treat more serious problems that might require additional skill.
- Last year, a law was enacted to allow pilot projects to explore new ideas to expand access to oral health care delivery. A 12-month pilot program can be designed to train and use OPA-EFDA in 5 to 10 clinics located in areas of the lowest ratios of hygienists per capita. The provisions of the pilot program statute require evaluation metrics to be used and reported back to the Office of Dental Health and the Dental Board for review.
- Missouri needs to allow communities to invest in OPA-EFDA training. It has proven to be the most cost-effective way to leverage the existing dental workforce and increase productive capacity and access. One EFDA can increase productive capacity of a dentist or hygienist by 15%-25%. It costs $5,000-$10,000 to educate an EFDA, $30,000-$60,000 to educate a hygienist, and $350,000-$500,000 to educate a dentist.
- One of the key reasons the EFDA program has been so successful is that the training programs have been made available regionally and do not require rural students to relocate to metropolitan areas for training and certification.
  - The Office of Dental Health provider maps clearly show that few hygienists who train in St. Louis, Kansas City, Springfield, Joplin or Sedalia return to rural Missouri. Currently EFDA training programs are provided through dental assisting education programs and associations, such as the Missouri Dental Association and Missouri Primary Care Association.
  - OPA-EFDA training programs, would be no different and could be made more accessible, especially to rural Missouri, at a modest cost by making online curriculums available to vo-tech educational centers to convey the didactic portions of the curriculum.
  - FQHCs and regional clinics could be utilized for clinical practicums where students could refine competencies in clinical skills under the direct supervision and mentoring of dentists and hygienists, just as they do in dental assisting and dental hygiene schools, without the need for the student to relocate for training.

DANB
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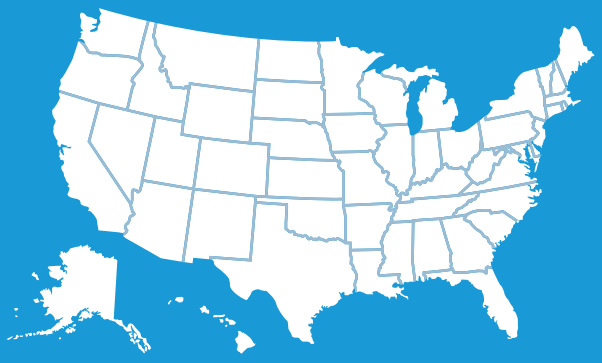
Kansas

Allowable and Prohibited Duties for Dental Assistants

At-a-glance information includes a dental assisting career ladder and job titles, radiography requirements, education and exam requirements, delegable functions and supervision levels, and prohibited functions.

These data are presented for informational purposes only and are not intended as a legal opinion regarding dental practice in any state. DANB confers with each state's dental board annually or when changes occur regarding the accuracy and currency of this information. To verify, or if you have any questions, please contact your state's dental board.



INSIDE:

- State requirements and functions chart
- Appendix A: information about numbering system
- Appendix B: information about supervision levels for dental assistants

KANSAS

State-approved 7/16/2024

State Job Titles

State Career Ladder

There are two recognized levels of dental assistants in Kansas. See the following pages for details about requirements and allowed functions for each level. Numbers for each level are provided for internal reference and do not correspond to specific state designations.

2 Dental Assistant *with expanded duties training*

1 Dental Assistant

State Radiography Requirements

State Radiography Requirements

There are no radiography requirements for dental assistants in Kansas.

All dental assistants may legally operate dental x-ray equipment and perform dental radiographic procedures under the supervision of a licensed dentist.

Prohibited Duties

Functions NOT Permitted by Dental Assistants in Kansas

The following functions are not permitted by any level of dental assistant:

- Any and all removal of or addition to the hard or soft tissue of the oral cavity
- Any and all diagnosis of or prescription for treatment for disease, pain, deformity, deficiency, injury, or physical condition of the human teeth or jaws, or adjacent structure
- Any and all correction of malformation of teeth or of the jaws
- Any and all administration of general or local anesthesia of any nature in connection with a dental operation
- A prophylaxis (except coronal polishing and scaling as defined in “Allowable Functions”; see next page)

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KS KANSAS

State-approved 7/16/2024

1 Dental Assistant

Requirements

Education, Training and Credential Requirements

A dental assistant in Kansas may perform basic supportive dental procedures specified by the state dental practice act (see below) under the supervision of a licensed dentist.

There are no education or training requirements for this level of dental assisting.

Allowable

Allowable Functions

DANB's Note on Allowable Dental Assisting Functions
In the state of Kansas, all dental assistants may:

- Expose, process, and evaluate dental radiographs under the supervision of a licensed dentist
- Perform infection control and occupational safety procedures
- Perform other duties not specified by this state's dental practice act.

At this time, DANB cannot list all allowable dental assisting functions for each state because some states' dental practice acts outline very specific allowable functions, while others outline only prohibited functions and some contain minimal or no regulation of dental assisting duties.

2 Dental Assistant *with expanded duties training*

Requirements

Education, Training and Credential Requirements

To perform expanded functions under the direct supervision of a licensed dentist in the state of Kansas, a dental assistant must become qualified as follows:

Coronal polishing: The dental assistant must undergo appropriate training by a licensed dentist.

Coronal scaling: The dental assistant must successfully complete a Kansas Board-approved course of instruction. The supervising dentist must verify proof of completion of required training and must report to the Kansas Board the name and practice location of each dental assistant who is performing coronal scaling by April 3, 2016 or within 30 days of the dental assistant first performing coronal scaling, whichever is later.

Assisting in the administration and monitoring of nitrous oxide and/or oxygen: The dental assistant must:

I. Be certified in CPR

AND

II. Successfully complete a Kansas Board-approved course of instruction which includes 16 hours of instruction at a CODA-accredited teaching program which includes both didactic and clinical instruction in:
   i. Theory of pain control
   ii. Anatomy
   iii. Medical History
   iv. Pharmacology
   v. Emergencies and complications

Allowable

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

Under Direct Supervision*

9. Coronal polishing procedures
20. Coronal scaling (not including subgingival scaling)
59. Assisting in the administration and monitoring of nitrous oxide and/or oxygen (Note: The dental assistant must be certified in CPR and have passed a Board-approved course.)

***Direct Supervision**: The dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and, before dismissal of the patient, evaluates the performance.

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Appendix A: Numbering System for Dental Assisting Functions

The following list of 70 dental assisting tasks was developed by the ADAA/DANB Alliance as part of a study of dental assisting core competencies conducted between 2002 and 2005. These selected tasks were determined to be representative of a broad range of dental assisting core competencies.

The numbered functions listed in the preceding state charts correspond to functions that were included in the DANB/ADAA core competencies study and use language directly from the state's dental practice act. The numbers are provided to facilitate comparison between and among states. Functions listed with bullets in the preceding charts are part of the state's practice act but are not specific matches to the functions that were included in the 2002-2005 study.

1. Perform mouth mirror inspection of the oral cavity
2. Chart existing restorations or conditions
3. Phone in prescriptions at the direction of the dentist
4. Receive and prepare patients for treatment, including seating, positioning chair and placing napkin
5. Complete laboratory authorization forms
6. Place and remove retraction cord
7. Perform routine maintenance of dental equipment
8. Monitor and respond to post- surgical bleeding
9. Perform coronal polishing procedures
10. Apply effective communication techniques with a variety of patients
11. Transfer dental instruments
12. Place amalgam for condensation by the dentist
13. Remove sutures
14. Dry canals
15. Tie in arch wires
16. Demonstrate knowledge of ethics/ jurisprudence/patient confidentiality
17. Identify features of rotary instruments
18. Apply topical fluoride
19. Select and manipulate gypsums and waxes
20. Perform supragingival scaling
21. Mix dental materials
22. Expose radiographs
23. Evaluate radiographs for diagnostic quality
24. Provide patient preventive education and oral hygiene instruction
25. Perform sterilization and disinfection procedures
26. Provide pre- and post-operative instructions
27. Place and remove dental dam
28. Pour, trim and evaluate the quality of diagnostic casts
29. Size and place orthodontic bands and brackets
30. Using the concepts of four- handed dentistry, assist with basic restorative procedures, including prosthodontics and restorative dentistry
31. Identify intraoral anatomy
32. Demonstrate understanding of the OSHA Hazard Communication Standard
33. Place, cure and finish composite resin restorations
34. Place liners and bases
35. Place periodontal dressings
36. Demonstrate understanding of the OSHA Bloodborne Pathogens Standard
37. Take and record vital signs
38. Monitor vital signs
39. Clean and polish removable appliances and prostheses
40. Apply pit and fissure sealants
41. Prepare procedural trays/ armamentaria setups
42. Place orthodontic separators
43. Size and fit stainless steel crowns
44. Take preliminary impressions
45. Place and remove matrix bands
46. Take final impressions
47. Fabricate and place temporary crowns
48. Maintain field of operation during dental procedures through the use of retraction, suction, irrigation, drying, placing and removing cotton rolls, etc.
49. Perform vitality tests
50. Place temporary fillings
51. Carve amalgams
52. Process dental radiographs
53. Mount and label dental radiographs
54. Remove temporary crowns and cements
55. Remove temporary fillings
56. Apply topical anesthetic to the injection site
57. Demonstrate understanding of the Centers for Disease Control and Prevention Guidelines
58. Using the concepts of four-handed dentistry, assist with basic intraoral surgical procedures, including extractions, periodontics, endodontics and implants
59. Monitor nitrous oxide/oxygen analgesia
60. Maintain emergency kit
61. Remove permanent cement from supragingival surfaces
62. Remove periodontal dressings
63. Place post-extraction dressings
64. Fabricate custom trays, to include impression and bleaching trays, and athletic mouthguards
65. Recognize basic medical emergencies
66. Recognize basic dental emergencies
67. Respond to basic medical emergencies
68. Respond to basic dental emergencies
69. Remove post-extraction dressings
70. Place stainless steel crown

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Appendix B: Levels of Supervision

An important consideration in the discussion of the delegation of tasks to dental assistants is that of supervision of dental assistants by their dentist-employers. The American Dental Association (ADA) has identified five levels of supervision for allied dental personnel, including dental assistants, which it defines in its "Comprehensive Policy Statement on Allied Dental Personnel," (2010: 505) which is part of its *Current Policies,* last updated in 2020. Note that "allied dental personnel" refers to dental assistants, dental hygienists and dental laboratory technicians.

The five levels of supervision defined by the ADA are as follows:

Personal supervision. A type of supervision in which the dentist is personally operating on a patient and authorizes the allied dental personnel to aid treatment by concurrently performing a supportive procedure.

Direct supervision. A type of supervision in which a dentist is in the dental office or treatment facility, personally diagnoses and treatment plans the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and evaluates their performance before dismissal of the patient.

Indirect supervision. A type of supervision in which a dentist is in the dental office or treatment facility, has personally diagnosed and treatment planned the condition to be treated, authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and will evaluate the performance of the allied dental personnel.

General supervision. A type of supervision in which a dentist is not required to be in the dental office or treatment facility when procedures are provided, but has personally diagnosed and treatment planned the condition to be treated, has personally authorized the procedures, and will evaluate the performance of the allied dental personnel.

Public Health Supervision. A type of supervision in which a licensed dental hygienist may provide dental hygiene services, as specified by state law or regulations, when such services are provided as part of an organized community program in various public health settings, as designated by state law, and with general oversight of such programs by a licensed dentist designated by the state.

Furthermore, the ADA's "Comprehensive Policy Statement on Allied Dental Personnel" stipulates that intraoral expanded functions should be performed by allied dental personnel "under the supervision of a dentist."

Because the study of dental assisting core competencies undertaken by the ADAA/DANB Alliance did not address the question of supervision, the ADAA/DANB Alliance has not made any recommendations as to the levels of supervision that should be necessary for the delegation of the tasks included in the study to dental assistants. However, the ADAA/DANB Alliance believes it is important to call attention to the fact that while the ADA has defined supervision levels in the aforementioned policy statement, which governs the ADA's own activities and the activities of its members, these definitions have not been uniformly adopted by the dental boards of every U.S. state or district.

For the purposes of the attached charts, if a state's dental practice act specifically defines levels of supervision, the state-specific definition is noted in the template.

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Illinois

Allowable and Prohibited Duties for Dental Assistants

At-a-glance information includes a dental assisting career ladder and job titles, radiography requirements, education and exam requirements, delegable functions and supervision levels, and prohibited functions.

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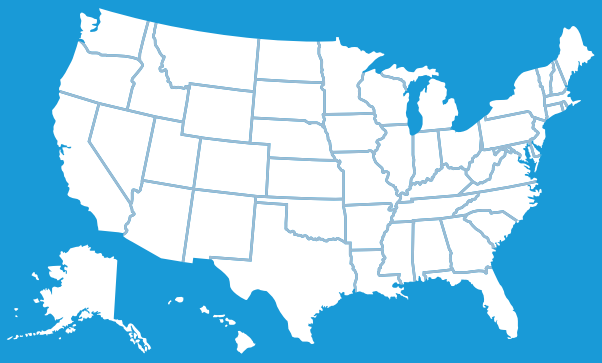

INSIDE:

- State requirements and functions chart
- Appendix A: information about numbering system
- Appendix B: information about supervision levels for dental assistants

ILLINOIS

State-approved 7/16/2024

State Job Titles

State Career Ladder

There are three recognized levels of dental assistants in Illinois. See the following pages for details about requirements and allowed functions for each level. Numbers for each level are provided for internal reference and do not correspond to specific state designations.

3 Expanded Function Dental Assistant (EFDA)

2 Dental Assistant *qualified in expanded functions*

1 Dental Assistant

State Radiography Requirements

State Radiography Requirements

There are no radiography requirements for dental assistants in Illinois.

All dental assistants may legally operate dental x-ray equipment and perform dental radiographic procedures.

Prohibited Duties

Functions NOT Permitted by Dental Assistants in Illinois

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

The following functions are not permitted by any level of dental assistant:

20. Removal of calculus from teeth
20. Performing supragingival or subgingival scaling
34. Applying cavity bases
46. Taking of material or digital scans for final impressions for the fabricating of prosthetic appliances, crowns, bridges, inlays, onlays or other restorative or replacement dentistry
49. Performing pulp vitality tests

- Diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury or physical condition of the human teeth or jaws, or adjacent structures
- Removal of, restoration of or addition to the hard or soft tissues of the oral cavity except for the placing, carving, and finishing of amalgam restorations and placing, packing, and finishing composite restorations by dental assistants who have had additional formal education and certification as outlined in statute
- Any and all correction of malformation of teeth or of the jaws
- Administration of anesthetics except for monitoring of nitrous oxide, minimal sedation, moderate sedation, deep sedation and general anesthesia after completion of an approved training program
- The operative procedure of dental hygiene consisting of oral prophylactic procedures except for coronal polishing or pit and fissure sealants, as specified
- Making denture adjustments
- Permanently cementing permanent crowns or bridges
- Permanently re-cementing permanent crowns or bridges that have come loose
- Placement of any chemotherapeutic agent for the management of periodontal disease
- Cementing bands and/or bonding brackets
- Air polishing
- Inter-oral use of a high-speed hand piece
- Use of a laser to remove tissue
- Placement or removal of implant prosthetic components and prostheses, including but not limited to the placement or removal of healing abutments, implant supported provisionals, components used in final impression procedures, and final prostheses, which include abutment, crowns, fixed and fixed detachable prostheses and fixed detachable prostheses during recare appointments.

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ILLINOIS

State-approved 7/16/2024

1 Dental Assistant

Requirements

Education, Training and Credential Requirements

A dental assistant in Illinois may perform basic supportive dental procedures specified by the state dental practice act (see below) under the supervision of a licensed dentist. There are no education or training requirements for this level of dental assisting.

Allowable

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

Under Supervision*

- Any authorized or prescribed services or procedures for which the dental assistant is considered competent by the supervising dentist as a result of on-the-job training
- After being authorized by a dentist, remove loose, broken, or irritating orthodontic appliances on a patient of record for the purpose of eliminating pain or discomfort

DANB's Note on Allowable Dental Assisting Functions

In the state of Illinois, all dental assistants may:

- Expose, process and evaluate dental radiographs
- Perform infection control and occupational safety procedures
- Perform other duties not specified by this state's dental practice act

At this time, DANB cannot list all allowable dental assisting functions for each state because some states' dental practice acts outline very specific allowable functions, while others outline only prohibited functions and some contain minimal or no regulation of dental assisting duties.

***Supervision**: A dentist must authorize the procedure, remain in the dental facility while the procedure is performed, and approve the work performed by the dental assistant before dismissal of the patient. The dentist does not need to be present at all times in the treatment room.

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2 Dental Assistant *qualified in expanded functions*

Coronal Scaling and Intracoronal Temporization | *Restorative (Amalgams, Composites and Interim Restorations)* | *Coronal Polishing, Sealants, Monitor Nitrous, Monitor Sedation*

Requirements

Education, Training and Credential Requirements

To perform expanded functions under the supervision of a licensed dentist in Illinois, a dental assistant must meet state requirements for each of the desired expanded functions, as outlined below.

To qualify to perform **coronal scaling** and intracoronal temporization of a tooth** under the direct supervision of a dentist, a dental assistant must:

I. Have at least 2,000 hours of direct clinical patient care experience

AND

II. Complete an approved coronal polishing course prior to taking coronal scaling course

AND

III. Complete a structured training program in coronal scaling and intracoronal temporization of a tooth provided by an educational institution (such as a dental school, dental hygiene or dental assisting program), an approved CE provider, or a statewide dental or dental hygienist association approved by the Department, that includes:
- minimum 32 hours of didactic and clinical manikin or human subject instruction in specified content
- an outcome assessment exam that demonstrates competency
- completion of 6 full-mouth scaling procedures, observed and approved by supervising dentist (if training not from a CODA-accredited dental assisting program)
- issuance of a certificate of completion (kept on file at the dental office)

To **place, carve and finish amalgam restorations; place, pack and finish composite restorations;** and **place interim restorations** under the direct supervision of a dentist, a dental assistant must:

I. Pass approved coronal polishing course and approved dental sealants course (prior to taking restorative training program)

AND

II. a. Successfully complete a structured training program meeting the requirements outlined in statute provided by an educational institution accredited by CODA **OR**
b. Have at least 4,000 hours of clinical patient care experience and successfully complete a structured training program meeting the requirements outlined in statute provided by a statewide dental association approved by the Illinois Department of Financial and Professional Regulation (IDFPR)

AND

III. Maintain on file at the dental office the certificate of completion of the required training program, which must be made available to IDFPR upon request

To perform c**oronal polishing, place pit and fissure sealants, monitor patients under nitrous oxide,** or **monitor patients under sedation**, a dental assistant must:

I. Be at least 18 years of age

AND

II. a. Complete 1,000 hours of clinical dental assisting experience **OR**
b. Complete a CODA-accredited dental assisting program **OR**
c. Hold a current national DANB Certified Dental Assistant (CDA) certification

AND

III. a. Complete approved course addressing the expanded function in question, subject to specific didactic and clinical requirements **OR**
b. Provide proof of completion of an approved dental assisting program that contained the expanded function in the curriculum

Note: For nitrous, sedation, and anesthesia monitoring, dental assistants must maintain basic life support certification intended for healthcare providers (BLS) that includes evaluation of hands-on skills and a written exam.

Allowable

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

Under Supervision"

20. Perform coronal scaling (using hand instruments) above the gum line, supragingivally, on the clinical crown of the tooth only on patients 17 years of age or younger who have an absence of periodontal disease and who are not medically compromised or individuals with special needs**
- Perform intracoronal temporization of a tooth (using hand instruments)

** *Coronal scaling shall only be utilized on patients who are eligible for Medicaid or who are uninsured and whose household income is not greater than 300% of the federal poverty level*

Under Direct Supervision*

12, 51. Placing, carving, and finishing amalgam restorations
33. Place, pack, and finish composite restorations
50. Place interim restorations

Under Supervision"

9. Coronal polishing
40. Application of pit and fissure sealants
59. Monitor the patient while nitrous oxide is being administered
- Monitor a patient under minimal sedation, moderate sedation, deep sedation or general anesthesia
- All duties designated to Dental Assistants, under the same level of required supervision

***Supervision**: A dentist must authorize the procedure, remain in the dental facility while the procedure is performed, and approve the work performed by the dental assistant before dismissal of the patient. The dentist does not need to be present at all times in the treatment room.

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3 Expanded Function Dental Assistant

Requirements

Education, Training and Credential Requirements

To perform specified expanded functions in Illinois and hold oneself out as an Expanded Function Dental Assistant, a dental assistant must complete required training in each of the allowed expanded functions. To qualify, a dental assistant must:

I. a. Complete training in the expanded functions from an approved continuing education sponsor **OR**
   b. Complete training in the expanded functions from a dental assistant training program accredited by the Commission on Dental Accreditation **OR**
   c. Complete a training course approved by the Illinois Department of Financial and Professional Regulation
   AND

II. Complete and maintain Basic Life Support certification, proof of which must be kept on file with the supervising dentist

Note: The Illinois General Assembly passed a law in the 2017 legislative session authorizing the creation of an Expanded Function Dental Assistant who may perform the functions listed below. The Illinois General Assembly further amended the law in 2018. The Illinois Department of Financial and Professional Regulation (IDFPR) is in the process of developing rules to implement this new law.

Allowable

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

Under Supervision*

9, 40. Coronal polish and pit and fissure sealants**
46. Take material or digital scans for final impressions‡
12, 33, 51. Place, carve, and finish amalgam restorations and place, carve, and finish composite restorations**
20. Perform coronal scaling (using hand instruments)**
49. Perform pulp vitality test‡
59. Start the flow of oxygen and monitoring of nitrous oxide-oxygen analgesia‡
- Perform intracoronal temporization of a tooth (using hand instruments)

*** As allowed pursuant to requirements summarized on the previous page*

‡ After completing a training program that includes either didactic objectives or clinical skills and functions that demonstrate competency

***Supervision**: A dentist must authorize the procedure, remain in the dental facility while the procedure is performed, and approve the work performed by the dental assistant before dismissal of the patient. The dentist does not need to be present at all times in the treatment room.

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Appendix A: Numbering System for Dental Assisting Functions

The following list of 70 dental assisting tasks was developed by the ADAA/DANB Alliance as part of a study of dental assisting core competencies conducted between 2002 and 2005. These selected tasks were determined to be representative of a broad range of dental assisting core competencies.

The numbered functions listed in the preceding state charts correspond to functions that were included in the DANB/ADAA core competencies study and use language directly from the state's dental practice act. The numbers are provided to facilitate comparison between and among states. Functions listed with bullets in the preceding charts are part of the state's practice act but are not specific matches to the functions that were included in the 2002-2005 study.

1. Perform mouth mirror inspection of the oral cavity
2. Chart existing restorations or conditions
3. Phone in prescriptions at the direction of the dentist
4. Receive and prepare patients for treatment, including seating, positioning chair and placing napkin
5. Complete laboratory authorization forms
6. Place and remove retraction cord
7. Perform routine maintenance of dental equipment
8. Monitor and respond to post- surgical bleeding
9. Perform coronal polishing procedures
10. Apply effective communication techniques with a variety of patients
11. Transfer dental instruments
12. Place amalgam for condensation by the dentist
13. Remove sutures
14. Dry canals
15. Tie in arch wires
16. Demonstrate knowledge of ethics/ jurisprudence/patient confidentiality
17. Identify features of rotary instruments
18. Apply topical fluoride
19. Select and manipulate gypsums and waxes
20. Perform supragingival scaling
21. Mix dental materials
22. Expose radiographs
23. Evaluate radiographs for diagnostic quality
24. Provide patient preventive education and oral hygiene instruction
25. Perform sterilization and disinfection procedures
26. Provide pre- and post-operative instructions
27. Place and remove dental dam
28. Pour, trim and evaluate the quality of diagnostic casts
29. Size and place orthodontic bands and brackets
30. Using the concepts of four- handed dentistry, assist with basic restorative procedures, including prosthodontics and restorative dentistry
31. Identify intraoral anatomy
32. Demonstrate understanding of the OSHA Hazard Communication Standard
33. Place, cure and finish composite resin restorations
34. Place liners and bases
35. Place periodontal dressings
36. Demonstrate understanding of the OSHA Bloodborne Pathogens Standard
37. Take and record vital signs
38. Monitor vital signs
39. Clean and polish removable appliances and prostheses
40. Apply pit and fissure sealants
41. Prepare procedural trays/ armamentaria setups
42. Place orthodontic separators
43. Size and fit stainless steel crowns
44. Take preliminary impressions
45. Place and remove matrix bands
46. Take final impressions
47. Fabricate and place temporary crowns
48. Maintain field of operation during dental procedures through the use of retraction, suction, irrigation, drying, placing and removing cotton rolls, etc.
49. Perform vitality tests
50. Place temporary fillings
51. Carve amalgams
52. Process dental radiographs
53. Mount and label dental radiographs
54. Remove temporary crowns and cements
55. Remove temporary fillings
56. Apply topical anesthetic to the injection site
57. Demonstrate understanding of the Centers for Disease Control and Prevention Guidelines
58. Using the concepts of four-handed dentistry, assist with basic intraoral surgical procedures, including extractions, periodontics, endodontics and implants
59. Monitor nitrous oxide/oxygen analgesia
60. Maintain emergency kit
61. Remove permanent cement from supragingival surfaces
62. Remove periodontal dressings
63. Place post-extraction dressings
64. Fabricate custom trays, to include impression and bleaching trays, and athletic mouthguards
65. Recognize basic medical emergencies
66. Recognize basic dental emergencies
67. Respond to basic medical emergencies
68. Respond to basic dental emergencies
69. Remove post-extraction dressings
70. Place stainless steel crown

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Appendix B: Levels of Supervision

An important consideration in the discussion of the delegation of tasks to dental assistants is that of supervision of dental assistants by their dentist-employers. The American Dental Association (ADA) has identified five levels of supervision for allied dental personnel, including dental assistants, which it defines in its "Comprehensive Policy Statement on Allied Dental Personnel," (2010: 505) which is part of its *Current Policies,* last updated in 2020. Note that "allied dental personnel" refers to dental assistants, dental hygienists and dental laboratory technicians.

The five levels of supervision defined by the ADA are as follows:

Personal supervision. A type of supervision in which the dentist is personally operating on a patient and authorizes the allied dental personnel to aid treatment by concurrently performing a supportive procedure.

Direct supervision. A type of supervision in which a dentist is in the dental office or treatment facility, personally diagnoses and treatment plans the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and evaluates their performance before dismissal of the patient.

Indirect supervision. A type of supervision in which a dentist is in the dental office or treatment facility, has personally diagnosed and treatment planned the condition to be treated, authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and will evaluate the performance of the allied dental personnel.

General supervision. A type of supervision in which a dentist is not required to be in the dental office or treatment facility when procedures are provided, but has personally diagnosed and treatment planned the condition to be treated, has personally authorized the procedures, and will evaluate the performance of the allied dental personnel.

Public Health Supervision. A type of supervision in which a licensed dental hygienist may provide dental hygiene services, as specified by state law or regulations, when such services are provided as part of an organized community program in various public health settings, as designated by state law, and with general oversight of such programs by a licensed dentist designated by the state.

Furthermore, the ADA's "Comprehensive Policy Statement on Allied Dental Personnel" stipulates that intraoral expanded functions should be performed by allied dental personnel "under the supervision of a dentist."

Because the study of dental assisting core competencies undertaken by the ADAA/DANB Alliance did not address the question of supervision, the ADAA/DANB Alliance has not made any recommendations as to the levels of supervision that should be necessary for the delegation of the tasks included in the study to dental assistants. However, the ADAA/DANB Alliance believes it is important to call attention to the fact that while the ADA has defined supervision levels in the aforementioned policy statement, which governs the ADA's own activities and the activities of its members, these definitions have not been uniformly adopted by the dental boards of every U.S. state or district.

For the purposes of the attached charts, if a state's dental practice act specifically defines levels of supervision, the state-specific definition is noted in the template.

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ARMY WRITER

Thanks for your contributions!

We need more examples. Examples can be contributed by using the form below.

MOS 68E
Dental Specialist
Duty Descriptions

Dental Assistant

Assists dentists during oral surgery, restorative treatments, and preventive care procedures; prepares patients for examinations by arranging instruments and materials; operates dental X-ray equipment to take intra- and extra-oral radiographs; sterilizes instruments and maintains the cleanliness of dental equipment and operatories; manages patient records, schedules appointments, and orders dental supplies; trains or supervises junior enlisted personnel; sets up portable dental operatories.

68E40 Dental SRP NCO

Supervises activities of dental team in a dental facility; provides technical guidance; determines personnel requirements and establishes work priorities; organizes work schedules and duty assignments; instructs subordinates in work techniques and procedures; evaluates personnel performance, counsels personnel, and prepares evaluation reports; prepares administrative, technical, patient, and manpower reports.

68E20 Oral Surgery Assistant

Serves as an oral and maxillofacial surgery assistant for the 214th Surgical Detachment; assists the surgeon with all chairside procedures including operatory setup, anesthesia administration, and cleanup; prepares and sterilizes surgical instruments, materials, and equipment in accordance with infection control and biohazard protocols; provides patients with information on oral health care, treatment plans, and postoperative outcomes; supervises the daily maintenance, readiness, and accountability of medical equipment valued in excess of $57,000.

68EX2 Preventive Dentistry Specialist

As Preventive Dentistry Specialist, examines patients' teeth and gums, recording the presence of diseases or abnormalities; removes soft and hard deposits from teeth; teaches patients how to practice good oral hygiene; provides preventive dental care; removes calculus, stains, and plaque from teeth; takes and develops dental x-rays; applies cavity-preventive agents such as fluorides and pit and fissure sealants.

68EN5 Dental Laboratory Technician

Performs procedures in fabrication and repair of removable and fixed dental prosthodontic appliances based on consultation requests; fabricates fixed and removable precision appliances; fabricates simple and complex orthodontic, pedodontic, periodontic and surgical appliances; assists in fabricating maxillofacial appliances; manages the operational maintenance of laboratory equipment; orders and receives supplies.

Squad Leader

Serves as squad leader for the Area Support Platoon on an MTOE, Dental Company (Area Support), supervising three Soldiers; trains new Soldiers to operate dental equipment; provides counseling and mentorship to Soldiers on career progression; takes interest in health, welfare and morale of Soldiers; supports the commander's intent on all policies and guidelines for the unit maintenance program; conduct inventories to identify shortages and deficiencies of $350,000 worth of dental equipment and vehicles to ensure 100% readiness to accomplish the unit mission.

68E20 Dental Specialist

Supervises the set up of field dental clinic; assists in four-handed dentistry including exams, endodontics, oral surgery, extractions, and restorative procedures; performs instrument sterilization; exposes dental radiographs, performs charting; manages patients records; seats patients; schedules appointments.

68E20 Dental Specialist

Serves as a Dental Specialist in a brigade support battalion medical company in the 1st Brigade Combat Team, 101st Airborne Division (Air Assault); provides Echelon II combat dental health support for Forward Operating Base Fenty consisting of 3,500 Soldiers, coalition forces, Afghan National Army, and civilian contractors; directly responsible for the health, welfare, morale, and combat readiness of two Soldiers; supervised the daily maintenance, readiness, and accountability of medical equipment valued in excess of $900,000.

MOS 68E - Dental Specialist

Major Duties. The dental specialist assists the dental officer in prevention, examination, and treatment of diseases of teeth and oral region, or assists with the management of dental treatment facilities. Duties for MOS 68E at each level of skill are:

MOSC 68E10. Patient care. Receives and seats patients; prepares dental operatory, selects and arranges instruments, measures and records temperature, blood pressure and pulse, and assists dentist during patient exams; provides oral hygiene instructions; assists with administration of anesthesia and in placement and removal of sutures; prepares restorative and impression materials; performs Cardiopulmonary Resuscitation and operates resuscitative equipment; manages infection control and disposes of contaminated waste and dental radiography materials; loads and unloads radiographic film cassettes; protects self and patient from excessive ionizing radiation exposure; exposes bite-wing periapical, occlusal film, and panoramic radiographic film; schedules appointments, retrieves, files, and maintains dental records; receives, stores, packs, unpacks and safeguards dental supplies and equipment; performs preventive maintenance on dental equipment; sets up, maintains, disassembles and packs dental field equipment shelters.

MOSC 68E20. Supervises dental teams, sections, or small fixed or mobile dental facilities; assists dental officers in prevention, examination, and treatment of diseases of teeth and oral region; assists and advises subordinate personnel on supply economy procedures; supervises the packing, unpacking, loading, setting up, and storage of dental unit field equipment and shelters; assists in presentation of training programs; prepares the site for field dental treatment facilities; assists with technical and administrative management of dental treatment facilities under the supervision of a Dental NCO.

MOSC 68E30. Supervises activities of dental teams, sections, or clinics in small or medium sized fixed or mobile dental facilities; provides technical guidance; ensures comfort, safety, and cleanliness of dental

facilities; determines personnel requirements; establishes work priorities; organizes work schedules and assigns duties; instructs subordinates in work techniques and procedures; evaluates personnel performance; counsels personnel and prepares evaluation reports; supervises movements and establishment of field dental units; prepares unit CBRN plans and supervises procedures; prepares administrative, technical, patient, and manpower reports; establishes and monitors stock level of supplies and equipment; requisitions and maintains dental supplies and equipment.

MOSC 68E40. Supervise activities of dental teams, large fixed or mobile dental facilities or dental clinic commands; assists with the planning, execution, and oversight of missions within multifunctional medical battalions; prepares periodic and special reports concerning personnel, patients, dental care and treatment operations; supervises and plans training in general military and MOS specific subjects; coordinates administrative activities and prepares dental treatment facility SOPs; revises topography of selected operational site and advises on the location of field treatment and sanitation facilities; prepares operational orders and fragmentation orders in support of medical missions; ensures compliance with infection control protocols; manages dental readiness of supported units; coordinates the deployment, establishment, disestablishment, and redeployment of mobile dental facilities; plans, develops, and supervises loading plans for dental field organizations; performs staff, budget, and advisory duties.

MOSC 68E50. Serves as senior enlisted advisor of fixed dental activity, deployable dental company, or area dental laboratory or as staff NCO at a medical battalion or brigade; supervises general administrative functions and coordinates personnel assignments; evaluates training programs and requirements; assists the Commander in the administrative and technical supervision of subordinate dental facilities; assists in the planning, development, and management of the command budget programs; coordinates and supervises unit preventive maintenance and supply programs; assists with the planning, execution, and oversight of missions within a medical brigade or medical command; assists with the coordination, reception, staging, and integration of deployed units; assists with deployment, reintegration, reconstitution, and retraining; assists in the development of operational plans and tactical SOPs; provides technical assistance in planning and staffing of facilities.

Use this form to contribute examples.

MOS:

Duty Title:

Duty Description:

Submit

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IHS Periodontal Treatment Initiative
EFDA Fact Sheet

History and Need of Expanded Function Dental Assistants

Traditionally, periodontal services have been provided by a licensed dentist and/or a licensed or registered dental hygienist. However, the Indian Health Service was one of the first governmental agencies or organizations that adopted the model of expanded function dental assistants (EFDAs). Starting in 1961, the IHS initially used EFDAs in providing basic restorative services to augment the services provided by dentists, and over the past several decades, EFDAs have increasingly been used to provide basic periodontal services to American Indian/Alaska Native (AI/AN) patients to augment the care provided by dentists and dental hygienists.

Access to oral health care is not evenly distributed in the United States or in Indian Country. While urban areas and larger IHS or tribal dental programs often employ one or more dental hygienists to provide preventive care and periodontal therapy to AI/ANs, many smaller programs located in more isolated areas do not have that luxury. While the IHS does employ over 400 dental hygienists as of 2015, more than two thirds of these hygienists are located in the largest (in terms of AI/AN population served) IHS-funded dental clinics. The last oral health status survey (2014) showed that 17% of AI/AN adults over the age of 35 suffer from severe periodontal disease (with pockets $\geq$ 5.5 mm) compared to a prevalence of just 10% for the U.S. overall, and an evaluation of data from the National Health and Nutrition Examination Survey (NHANES) in 2014 showed that prevalence of periodontal disease may even be higher, especially among those older than 35, minority populations, those at or below the federal poverty level, those with less formal education, and current smokers. With a low access to dental care in the IHS (around 25%), not enough dental hygienists in underserved areas, and many patients with some of the social and economic contributing factors leading to periodontal disease, **expanded function dental assistants ("Perio EFDAs") are a great option to help meet the periodontal needs of AI/ANs.**

"Perio EFDAs" undergo an intensive hands-on curriculum through formal IHS continuing dental education to provide basic periodontal therapy to AI/AN patients. This fact sheet will detail that curriculum and provide IHS, tribal, and urban dental programs with information on how your program, too, can benefit from trained Perio EFDAs providing quality periodontal care for your patients.

Overall Health begins with Periodontal Health!

EFDA Fact Sheet—continued

Perio EFDA Training

Periodontal Expanded Functions—Basic

Most dental assistants who are Perio EFDAs have been trained to provide basic periodontal services. The IHS offers a one-week basic course to develop or improve skills in ultrasonic scaling. Learning objectives for this course include:

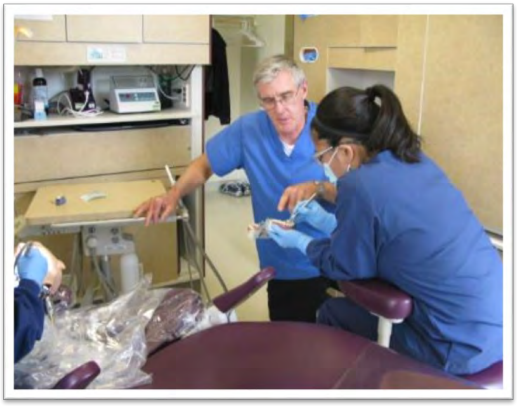
1. Relate Community Periodontal Index (CPI) scores to a need for periodontal treatment.
2. Detect disease, supra- and sub-gingival calculus.
3. Accurately code for periodontal and hygiene procedures with IHS/ADA coding.
4. Remove visible calculus through ultrasonic scaling of teeth.
5. Recommend effective toothpastes, mouthrinses and oral hygiene aids to patients.
6. Motivate patients to improve plaque removal and periodontal health.
7. Identify those at risk for periodontal breakdown.

This course, which includes online, didactic and clinical components, includes a lab with ultrasonic instrumentation on a typodont with simulated calculus. Those enrolled will also clean each other's teeth for a ½ day before seeing patients for at least 1 ½ days. Following the training, students must satisfactorily complete 20 patient cleanings at their home dental clinic within 6 months after course completion, evaluated by a preceptor, before receiving a course completion certificate by the IHS Division of Oral Health.

Periodontal Expanded Functions—Advanced

The advanced course is also a one-week course offered by the IHS for EFDAs who have previously taken the basic course. In addition to the learning objectives from the basic course, students also learn the following in this course:

1. Use universal scalers efficiently and atraumatically.
2. Sharpen scalers correctly and efficiently.



Like the basic course, students must complete 20 patient cleanings at their home dental clinic, documented through training progress records evaluated by a preceptor, before receiving a course completion certificate by the IHS Division of Oral Health.

Starting in FY 2016, new courses will be provided for interested dental assistants in multiple areas of the IHS. **Please check the IHS DOH CDE site for offerings.**

Overall Health begins with Periodontal Health!

EFDA Fact Sheet—continued

How can Perio EFDAs be utilized in our programs?

How are Perio EFDAs being used now?

Many IHS, Tribal, and Urban dental programs across the country currently utilize Perio EFDAs. In a recent survey of chief dentists and program managers, 98.5% of trained Perio EFDAs are being used routinely in that capacity.

How can a Perio EFDA be used in your facility?

Even in programs with dental hygienists, Perio EFDAs can serve a vital role. While dental hygienists can focus on treating the patients with periodontal disease, the Perio EFDAs can provide services such as routine preventive prophlaxis cleanings, periodontal maintenance (working with the hygienist), oral hygiene instructions, and other preventive services (fluoride applications, sealants, dietary counseling, etc.). By using the EFDA in this way, it maximizes efficiency for both the assistant and the dental hygienist.

For programs without a dental hygienist, or with too few dental hygienists, the EFDA can provide basic scaling using ultrasonic and sonic scalers, or, if they have completed the advanced course and have demonstrated competency, they can remove visible calculus through hand scaling. By using the Perio EFDA in this way, it ensures that patients are receiving at least basic periodontal services in your facility. Perio EFDAs work under the supervision of a dentist or hygienist, and the dentist or hygienist provides a "check in" and "check out" on each patient treated by a Perio EFDA.

How much could a Perio EFDA save our clinic?

If your program is unable to hire a dental hygienist due to costs, the annual salary of a federal GS-5 Civil Service or equivalent tribal hire EFDA is approximately only 40-50% that of a dental hygienist. In addition, considering the costs of referring patients out of your program to specialists for basic periodontal care, the costs of an EFDA to take care of the basic periodontal needs of your patients is minimal.

Perio EFDAs are a cost effective resource that will help your dental program provide quality basic periodontal services to the AI/AN population you serve.

Overall Health begins with Periodontal Health!

Oregon Board of Dentistry,

As the current Oregon Dental Association President-Elect, the ODA representative on the Oregon Board of Dentistry's Dental Assistant Workforce Shortage Advisory Committee, a practicing general dentist, and a former Expanded Functions Dental Assistant, I have some strong opinions on the proposed rules revision seeking to prohibit scaling dental assistants.

Oregon has a major shortage of dental assistants and dental hygienists. This shortage, mixed with stagnant reimbursement rates from dental insurance plans and an increased cost of living, has led to a market where many dental offices cannot fill vacant dental hygiene positions.

In my time working with the DAWSAC, the dental assistant representatives have noted repeatedly that one of the best ways to recruit and retain dental assistants in the state of Oregon is to provide them opportunities for expansion of their skills and duties. The dental assistant DAWSAC members were in strong support of assistants getting certification to administer local anesthesia, an invasive procedure that requires adequate training.

In an effort to address the dental hygiene shortage, several states have started various forms of scaling dental assistants. In these states, adequate training is required before qualified dental assistants can perform supragingival scaling and periodontal charting. This seems like a creative way to address multiple issues at once. These states are trying to retain dental assistants by giving them additional certifications after adequate training; and they are trying to address the dental hygienist shortage by shifting basic preventive care to an auxiliary position, opening up existing dental hygienists for more invasive scaling and root planing procedures.

If Oregon were to prohibit any form of scaling dental assistant, I feel it would send the message that Oregon doesn't care about the workforce shortage, and therefore doesn't care about increasing patient access to care. It seems counterintuitive for a state dental board to approve dental assistants providing local anesthesia with proper training, but prohibit any form of scaling assistant, which is arguably a less invasive and less risky procedure.

For the above reasons, I strongly discourage you from considering revisions to OAR 818-042-0040, which would prohibit scaling dental assistants.

Amberena Fairlee, DMD
President-Elect of the Oregon Dental Association

Oregon Board of Dentistry Meeting
August 22, 2025

Oregon Dental Hygienists' Association

The ODHA strongly recommends that the Oregon Board of Dentistry move the proposed amendment to OAR 818-042-0040, that would clarify that dental assistants are prohibited from performing periodontal probing and removing supra- and subgingival stains and deposits from teeth, to a public rulemaking hearing to allow the public and interested parties to provide feedback on this issue before the Board makes a decision on this proposal.

ORS 680.020 states that (1) It is unlawful for any person not otherwise authorized by law to practice dental hygiene or purport to be a dental hygienist without a valid license to practice dental hygiene issued by the Oregon Board of Dentistry.

Dental hygienists are educated and licensed to perform periodontal probing and to remove supra- and subgingival stains and deposits from the teeth. These two skills are the foundation of dental hygiene practice. Dental hygiene education programs must include at least two academic years of full-time college level instruction, or its equivalent, because it takes at least two years to develop these skills. The public deserves to receive this treatment from licensed dental providers who have demonstrated competency in these skills while they are in an accredited dental education program.

This year 159 dental hygiene students have or will graduate from Oregon dental hygiene education programs. In fall 2024, two new dental hygiene education programs opened in Oregon. The new program at Concorde Career College is scheduled to graduate 32 students in September 2025 and the new program at Rogue Community College is scheduled to graduate 20 students in June 2026. A list of Oregon's dental hygiene education programs is included with this report along with information about dental hygiene as a career and an overview of CODA accreditation of dental hygiene education programs.

adha Oregon DENTAL HYGIENISTS' ASSOCIATION

Oregon Dental Hygiene Education Programs
August 2025

Concorde Career College Dental Hygiene Program 1425 NE Irving Street Portland, OR 97232 www.concorde.edu/dental-programs/dental-hygiene Program Director: TBA Class size = 32	**Oregon Institute of Technology** Salem Campus Dental Hygiene Program 4000 Lancaster Dr. NE Building 8-101 Salem, OR 97305 www.oit.edu/academics/degrees/dental-hygiene Program Director: Paula Hendrix paula.hendrix@oit.edu Class size = 20
Lane Community College Dental Hygiene Program 4000 E. 30th Avenue Eugene, OR 97405 www.lanecc.edu/hp/dental/dental-hygiene Program Director: Michelle Cummins Class size = 20	**Pacific University** Dental Hygiene Program 222 SE 8th Avenue, Suite 271 Hillsboro, OR 97123 www.pacificu.edu/dentalhygiene Program Director: Amy Coplen amy.coplen@pacificu.edu Class size = 32
Mount Hood Community College Dental Hygiene Program 26000 SE Stark Street Gresham, OR 97030 https://www.mhcc.edu/DentalHygiene/ Program Director: Jennifer Aubry jennifer.aubry@mhcc.edu Class size = 18	**Portland Community College** Dental Hygiene Program 1810 SW 5th Avenue, 3rd Floor Portland, OR 97201 www.pcc.edu/programs/dental-hygiene/ Program Director: Kimberly Pennington kimberly.pennington@pcc.edu Class size = 20
Oregon Institute of Technology Klamath Falls Campus Dental Hygiene Program 3201 Campus Drive Klamath Falls, OR 97601 www.oit.edu/academics/degrees/dental-hygiene Program Director: Paula Russell paula.russell@oit.edu Class size = 20	**Rogue Community College** Dental Hygiene Program 7731 Pacific Avenue White City, OR 97503 www.roguecc.edu Program Director: Carmen Mons cmons@roguecc.edu Class size = 20

adha™ | Oregon DENTAL HYGIENISTS' ASSOCIATION

Commission on Dental Accreditation (CODA)
Accredited Dental Hygiene Education Programs

The Commission on Dental Accreditation (CODA) operates under the auspices of the American Dental Association (ADA). CODA "serves the public and dental professions by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs." Specialized accrediting agencies "assess and verify educational quality … to ensure that individuals will be qualified to enter those disciplines."

CODA accredited dental hygiene education programs:

- Must be sponsored by "institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate* national accrediting agency) recognized by the United States Department of Education for offering college-level programs."

- Must have "an active liaison mechanism between the program and the dental and allied dental professions in the community."

- Must include "at least two academic years of full-time instruction or its equivalent at the postsecondary college-level."

- Must include content "in general education, biomedical sciences, dental sciences and dental hygiene science" and the "number of hours of preclinical practice and direct patient care must ensure that students attain clinical competence and develop appropriate judgment."

- In the first year of the program when students "begin providing dental hygiene services for patients, each student should be scheduled for at least eight to twelve hours of direct patient care per week." In the second year of the program "each student should be scheduled for at least twelve to sixteen hours of direct patient care per week …"

- Must have "established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies."

- Must graduate students who are competent in "providing the dental hygiene process of care" which includes assessment, planning, implementation, evaluation and documentation.

- Must graduate students who are competent in "providing dental hygiene care for all patient populations including: 1) child 2) adolescent 3) adult 4) geriatric 5) special needs."

- Must graduate students who are competent in “providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.”

- Must graduate students who are competent “in providing appropriate support measures for medical emergencies that may be encountered in dental hygiene practice.”

- Must graduate students who are competent in “the application of the principles of ethical reasoning, ethical decision making and professional responsibility.”

- Must have faculty who have “current knowledge of the specific subjects they are teaching” and “documented background in current educational methodology concepts consistent with teaching assignments.”

- Must have a “formal written patient care quality assurance plan that allows for a continuous systematic review of patient care standards.”

For more information, contact the Commission on Dental Accreditation at 401 N. Michigan Ave., Suite 3300 Chicago, Illinois 60611 312-440-4653 or **https://coda.ada.org/**.

You can access the CODA Standards for Dental Hygiene Education Programs at: **https://coda.ada.org/-/media/project/ada-organization/ada/coda/files/dental_hygiene_standards.pdf**

You can view a list of CODA accredited dental hygiene education programs in Oregon at **www.odha.org/oregon-dental-hygiene-education-programs.**

adha™ Oregon DENTAL HYGIENISTS' ASSOCIATION

Frequently Asked Questions about Dental Hygienists
July 2025

1. **What is a dental hygienist?**
   Dental hygienists are licensed healthcare professionals who provide preventive, educational and therapeutic dental services directly to patients. They focus on preventing and treating dental diseases to improve oral health in support of the patient's overall health.

   Dental hygienists must be licensed in each state in which they practice. Licensure requirements vary from state to state. In most states, dental hygienists must graduate from an accredited dental hygiene program, pass a national computer-based board examination and pass a clinical board examination. The RDH credential stands for Registered Dental Hygienist and indicates that the dental hygienist is licensed to practice.

   The scope of practice for dental hygienists varies from state to state. Most dental hygienists perform oral health assessments; expose, process and interpret dental radiographs (x-rays); remove plaque, calculus and stain from the teeth; apply preventive materials including fluoride and sealants; teach oral hygiene techniques; and counsel patients on maintaining optimal oral health. Dental hygienists may also be able to administer local anesthesia and nitrous oxide-oxygen sedation; prescribe fluoride and antimicrobial agents; place temporary restorations; and place permanent restorations.

2. **Where do dental hygienists work?**
   Clinical dental hygienists provide direct patient care in a variety of healthcare settings that include private dental offices, managed care organizations, schools, public health clinics, hospitals and long-term care facilities. Dental hygienists with a bachelor's or master's degree have additional career options that include teaching dental assisting, dental hygiene and dental students in colleges and universities; administering public health and community-based programs; managing dental practices and health care facilities; and marketing dental supplies, products and equipment.

   In some states dental hygienists are direct access providers. The American Dental Hygienists' Association defines direct access as the ability of dental hygienists to initiate treatment based on their assessment of a patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship. Dental hygienists licensed in Oregon may obtain an expanded practice permit which allows them to treat patient in specified locations or who represent specified populations without the supervision of a dentist. Expanded practice dental hygienists may be employed by organizations where a dentist is not present and may own and operate their own dental hygiene business.

3. **What are the prerequisites for a dental hygiene education program?**
   Most dental hygiene education programs require one to two years of college-level prerequisite coursework required by the Commission on Dental Accreditation that includes writing, speech, psychology, sociology, chemistry, microbiology, nutrition, anatomy and physiology. To be successful in a dental hygiene education program, students must be able to apply scientific concepts to clinical situations, have good manual dexterity, present a professional appearance, communicate effectively with others, demonstrate concern for patients, and maintain composure during stressful situations.

4. **How long is a dental hygiene education program?**
   Dental hygiene education programs can be two, three or four years in length. Entry-level programs can offer a certificate, associate or bachelor's degree. Bachelor's degree completion and master's degree programs are available for licensed dental hygienists who wish to pursue additional education.

5. **What is involved in a dental hygiene education program?**
   Dental hygiene education programs include classroom, laboratory and clinical coursework required by the Commission on Dental Accreditation. **Dental science courses** include head & neck anatomy, dental anatomy, oral embryology & histology, radiography, dental materials, periodontology, pain management, pharmacology and oral pathology. **Dental hygiene science courses** include patient assessment, treatment planning, oral health education, instrumentation, medical emergencies, legal/ethical issues and community dental health. **Clinical dental hygiene courses** include approximately 500 hours of supervised clinical practice with a wide variety of patients.

6. **What is the job outlook for dental hygienists?**
   National – "Employment of dental hygienists is projected to grow 9 percent from 2023 to 2033, much faster than the average for all occupations. About 16,400 openings for dental hygienists are projected each year, on average, over the decade. Many of those openings are expected to result from the need to replace workers who transfer to different occupations or exit the labor force, such as to retire … Studies linking oral health and general health, along with efforts to expand access to oral hygiene services, should continue to drive demand for preventive dental services, including those performed by hygienists. In addition, demand for dental hygienists is expected to grow as state laws increasingly allow dental hygienists to work at the top of their training." www.bls.gov

   Oregon – "Employment in this occupation in 2023 was somewhat larger than most occupations across the state. The total number of job openings is projected to be somewhat larger than most occupations in Oregon through 2033. This occupation is expected to grow at a somewhat faster rate than the statewide average growth rate for all occupations through 2033." www.qualityinfo.org

7. **What is the average salary for a dental hygienist?**
   National – "The median annual wage for dental hygienists was $94,260 in May 2024. The median wage is the wage at which half the workers in an occupation earned more

than that amount and half earned less. The lowest 10 percent earned less than $66,470, and the highest 10 percent earned more than $120,060." www.bls.org

Oregon – In 2025, the average hourly wage is $51.23 and average annual salary is $106.560. www.qualityinfo.org

8. **What does a typical day look like for a dental hygienist?**
   Most dental hygienists work in clinical practice where they typically treat one patient each hour during an eight-hour day. Many dental hygienists choose to work 3-4 days per week and they may work in more than one dental office. Dental hygienists work closely with dentists and dental assistants and they may work with other healthcare professionals as part of an interprofessional team.

   Dental hygienists wear safety glasses, face masks and gloves to protect themselves and their patients from infectious diseases. Being a dental hygienist requires a high level of precision and manual dexterity as well as good communication skills in developing relationships with patients. Dental hygienists are educators and use motivational interviewing techniques daily to help promote healthy habits in their patients.

9. **What is the quality of life for a dental hygienist?**
   Most dental hygienists in clinical practice work 3-4 days per week and often work in more than one dental office. Flexible work scheduling is a unique feature of this profession. Dental hygienists form strong relationships with their patients while helping them to improve their oral health. Dental hygienists have many career opportunities beyond clinical practice.

10. **Where can I find out more about dental hygiene as a career?**
    American Dental Hygienists' Association www.adha.org
    Oregon Dental Hygienists' Association www.odha.org or info@odha.org

OREGON DENTAL ASSISTANTS ASSOCIATION REPORT August 2025

This is a very exciting time for dental assistants. The courses for local anesthetic are filling up or full. The interest is amazing and very interesting. Dental assistants are excited to accept new and helpful functions for their careers and the support of the dental offices that will take advantage of this new assistant function. ODAA has been asked about the benefits these assistants should receive. As a professional membership organization, we do not have this information but look forward to gathering data in the future to better serve and support our members.

A reminder that the ODAA continues to support ODHA's position on the OPA.
With the concern about a shortage of dental assistants, why would an assistant leave the assistant duties to move to another area to scale another patient? If an assistant is interested in scaling she/he would leave assisting and return to school to study hygiene. It is not a simple function, many other issues are needed to be included, probing, attachments, anatomy, etc. not a simple answer. Letters have been written and testimony presented opposing the OPA on local and national levels.

Oregon Association of Dental Labs (OADL) holds their annual meeting September 12th, 2025. The Oregon Dental Assistants Association will be joining them for the second time. We will have a day of education for the whole dental team with a special gathering for the new LA assistants. ODAA's theme is, **Growth. Beyond the Chair: From Skill to Impact** featuring speakers **Dr. David Carsten, Dentistry 2035, Haley Robinson, OBD Update, Heather Wynkoop, Unbreakable Teams: Build Trust That Sticks, Tina Clarke, Unbreakable Teams: Build Trust That Sticks,** and ***The Empower Hour:*** *Celebration meets opportunity.* Panel of recent LAC's and RFC's. Discussion regarding new DA functions and how they are being implemented into practice
The entire program and registration will be available soon at the ODAA website. Looking forward to seeing you there!

"I move that the Oregon Board of Dentistry direct the board staff to develop a dental assistant registration process." This motion was made at the Rules committee meeting after discussion. The members of the committee agreed more time and discussion
was needed to gather information about this possibility. Presently there is no way to know who is employed as an assistant in Oregon. Without contact information there is no way to share information about new Rules and updates to these individuals themselves rather than through a message to the dentist employer. ODAA would be very happy to assist in any way needed to make this happen. We believe this listing would be helpful for the entire dental team!

Thank you,
Mary Harrison CDA Emeritus, EFDA, EFODA, FADAA
971-219-1144
Mary2805@aol.com

COMMITTEE REPORTS

Oregon Board of Dentistry Committee and Liaison Assignments
May 2025 - April 2026
STANDING COMMITTEES

Dental Assistant Workforce Shortage Advisory Committee (DAWSAC)
Purpose: To review, discuss and make recommendations to the Board on addressing workforce shortages in accordance with HB 3223 (2023).
Committee:
Terrence Clark, D.M.D., Co-Chair
Ginny Jorgensen, Co-Chair
Amberena Fairlee, D.M.D., ODA Rep.
Laura Vanderwerf R.D.H., ODHA Rep.
Kari Hiatt, ODAA Rep.
Kari Kuntzelman, DT, DT Rep.
Alyssa Kobylinsky
Lynn Murray
Alexandria Case
Jessica Andrews
Amanda Nash
Carmen Mons
Cassie Gilbert
Megan Barron

Licensing, Standards and Competency
Purpose: To improve licensing programs and assure competency of licensees and applicants.
Committee:
Sheena Kansal, D.D.S., Chair
Michelle Aldrich, D.M.D.
Sharity Ludwig, R.D.H.
Kieshawn Lewis
Julie Spaniel, D.D.S., ODA Rep.
Heidi Klobes, R.D.H., ODHA Rep.
Jill Lomax, ODAA Rep.
Kristen Moses, R.D.H., DT, DT Rep.

Rules Oversight
Purpose: To review and refine OBD rules.
Committee:
Aarati Kalluri, D.D.S., Chair
Olesya Salathe, D.M.D.
Kristen Simmons, R.D.H.
Ginny Jorgensen
Phillip Marucha, D.M.D., ODA Rep.
Alicia Riedman, R.D.H., ODHA Rep.
Mary Harrison, ODAA Rep.
Raelene Cabrera, R.D.H., DT, DT Rep

Dental Therapy Rules Oversight
Purpose: To draft, refine and update dental therapy rules.
Committee:
Kristen Simmons, R.D.H. Chair
Terrence Clark, D.M.D.
Ginny Jorgensen
Sarah Kowalski, R.D.H., OHA Rep.
Brandon Schwindt, D.M.D., ODA Rep.

Amy Coplen, R.D.H., DT, ODHA Rep.
Alexandria Case, ODAA Rep.
Wilbur Ramirez-Rodriguez, R.D.H., DT, DT Rep.
Kari Kuntzelman, DT, DT Rep.
Miranda Davis, D.D.S., DT Rep.

Communications
Purpose: To enhance communications to all constituencies.
Committee:
Michelle Aldrich, D.M.D., Chair
Sharity Ludwig, R.D.H.
Olesya Salathe, D.M.D.
Kieshawn Lewis
Alayna Schoblaske, D.M.D., ODA Rep.
Alicia Riedman, R.D.H., ODHA Rep.
Christina Becker, ODAA Rep.
Jason Mecum, DT, DT Rep.

Dental Hygiene
Purpose: To review issues related to Dental Hygiene.
Committee:
Sharity Ludwig, R.D.H, Chair
Kristen Simmons, R.D.H.
Michelle Aldrich, D.M.D.
David J. Dowsett, D.M.D., ODA Rep.
Daniel Martinenez Tovar, R.D.H., ODHA Rep.
Lynn Murray, ODAA Rep.
Mark Kobylinsky, R.D.H., DT, DT Rep.

Enforcement and Discipline
Purpose: To improve the discipline process.
Committee:
Terrence Clark, D.M.D., Chair
Kristen Simmons, R.D.H.
Kieshawn Lewis
Jason Bajuscak, D.M.D., ODA Rep.
Jill Mason R.D.H., ODHA Rep.
Mary Harrison, ODAA Rep.
Yadira Martinez, R.D.H., DT, DT Rep.

Anesthesia
Purpose: To review and make recommendations on the Board's rules regulating the administration of sedation in dental offices.
Committee:
Reza Sharifi, D.M.D., Chair
Sheena Kansal, D.D.S.
Julie Ann Smith, D.D.S., M.D.

Brandon Schwindt, D.M.D.
Mark Mutschler, D.D.S.
Normund Auzins, D.D.S
Ryan Allred, D.M.D.
Jay Wylam, D.M.D.
Michael Doherty, D.D.S.
Eric Downey, D.D.S
Jeffrey Kobernik, D.M.D.

LIAISONS

Stephen Prisby, Executive Director and current OBD Board Members choose assignments and interest in other entities as they arise.
American Assoc. of Dental Administrators (AADA)
American Assoc. of Dental Boards (AADB)
American Board of Dental Examiners (ADEX)
CDCA WREB CITA
CRDTS-SRTA

Draft 1

Rules Oversight Committee Meeting
Minutes
July 17, 2025

MEMBERS PRESENT:	Aarati Kalluri, D.D.S., Chair Olesya Salathe, D.M.D. Kristen Simmons, R.D.H. Philip Marucha, D.D.S., ODA Rep. Alicia Riedman, R.D.H., ODHA Rep. Mary Harrison, ODAA Rep. Raelene Cabrera, R.D.H., DT, DT Rep.
STAFF PRESENT:	Stephen Prisby, Executive Director Angela Smorra, D.M.D., Dental Director/Chief Investigator Haley Robinson, Office Manager Kathleen McNeal, Licensing Manager Dawn Dreasher, Office Specialist
ALSO PRESENT:	Joanna Tucker-Davis, Sr. Assistant Attorney General
VISITORS PRESENT:	Carmen Mons, R.D.H., Sharity Ludwig, R.D.H., Manu Chaudhry, D.D.S., Barry Taylor, D.M.D., ODA, Jenna Shanks, R.D.H., Melody McGee, R.D.H., Julie Spaniel, D.D.S., Amy Coplen, R.D.H., D.T., Jeannie Bopp, R.D.H.

*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 5:00 p.m. Dr. Kalluri welcomed everyone and asked Committee Members, Mr. Prisby and Joanna Tucker-Davis to introduce themselves.

PUBLIC MEETING NOTICE

Dr. Kalluri explained that this Committee is governed by Public Meetings Law.

MINUTES

Ms. Simmons moved and Ms. Riedman seconded that the minutes of the August 6, 2024, Rules Oversight Committee meeting be approved as presented. The motion passed with AK, OS, KS, PM, AR, MH, and RC voting Aye.

The Committee reviewed and discussed Temporary Rules enacted on July 1, 2025, which need to be made permanent within 180 days of the effective date.

Ms. Harrison moved and Dr. Kalluri seconded that the Committee recommend the Board send OAR 818-001-0087, OAR 818-042-0080, OAR 818-042-0110, and OAR 818-042-0113 to a public rulemaking hearing as presented. The motion passed with AK, OS, KS, PM, AR, MH, and RC voting Aye.

OAR 818-001-0087
Fees
(1) The Board adopts the following fees:
(a) Biennial License Fees:
(A) Dental —$44~~4~~**9**0;
(B) Dental — retired — $0;
(C) Dental Faculty — $**4**38~~8~~5;
(D) Volunteer Dentist — $0;
(E) Dental Hygiene —$25~~55~~**79**;
(F) Dental Hygiene — retired — $0;
(G) Volunteer Dental Hygienist — $0;
(H) Dental Therapy - $25~~55~~**79**;
(I) Dental Therapy - retired - $0;
(b) Biennial Permits, Endorsements or Certificates:
(A) Nitrous Oxide Permit — $40;
(B) Minimal Sedation Permit — $75;
(C) Moderate Sedation Permit — $~~75~~**200**;
(D) Deep Sedation Permit — $~~75~~**400**;
(E) General Anesthesia Permit — $~~1~~40**0**;
(F) Radiology — $75;
(G) Expanded Function Dental Assistant — $50;
(H) Expanded Function Orthodontic Assistant — $50;
(I) Instructor Permits — $40;
(J) Dental Hygiene Restorative Functions Endorsement — $50;
(K) Restorative Functions Dental Assistant — $50;
(L) Anesthesia Dental Assistant — $50;
(M) Dental Hygiene, Expanded Practice Permit — $75;
(N) Non-Resident Dental Background Check - $100.00;
(c) Applications for Licensure:
(A) Dental — General and Specialty — $445;
(B) Dental Faculty — $405;
(C) Dental Hygiene — $210;
(D) Dental Therapy - $210;
(E) Licensure Without Further Examination — Dental — $890.
(F) Licensure Without Further Examination — Dental Hygiene and Dental Therapy — $820
(d) Examinations:
(e) Jurisprudence — $0;
(f) Duplicate Wall Certificates — $50.
(2) Fees must be paid at the time of application and are not refundable.
(3) The Board shall not refund moneys under $5.01 received in excess of amounts due or to which the Board has no legal interest unless the person who made the payment or the person's legal representative requests a refund in writing within one year of payment to the Board.

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; 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,~~ **Oregon Expanded Functions with Infection Control examination,** or equivalent successor examination~~s~~, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board**, or prior passage of the Certified Dental Assistant examination or Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam, or equivalent successor examinations, administered by DANB or any other testing entity authorized by the Board**; and certification by an Oregon licensed dentist that the applicant has successfully 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.**

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,~~ **Oregon Orthodontic Expanded Functions with Infection Control examination,** or equivalent successor examination~~s~~, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board**, or prior passage of the Certified Dental Assistant, Certified Orthodontic Assistant or Infection Control Examination administered by DANB and passage of the Oregon Expanded Functions Orthodontic Assisting exam, or equivalent successor examinations, administered by 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 hand piece 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 duties in subsection (b). If no expanded function orthodontic certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded orthodontic function duties until EFODA certification is achieved.**

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 examination, or the Coronal Polishing (CP) examination,~~ **Oregon Expanded Functions with Infection Control examination; or passage of the Coronal Polishing with Infection Control examination,** or equivalent successor examinations, administered by the Dental Assisting
National Board, Inc. (DANB), or any other testing entity authorized by the Board**, or prior passage of the Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam or Coronal Polishing exam, or equivalent successor examinations, administered by 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.

The Committee reviewed and discussed possible recommendations to the Board regarding Division 12 – Standards of Practice.

Ms. Harrison moved and Dr. Salathe seconded that the Committee recommend the Board send OAR 818-012-0010 to a public rulemaking hearing as presented. The motion passed with AK, OS, KS, PM, AR, MH, and RC voting Aye.

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 radiographic and other imaging are of diagnostic quality.
(6) Render services which the licensee is not licensed to provide.
(7) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.
(8) Fail to maintain patient records in accordance with OAR 818-012-0070.
(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.

(10) Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.
(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.
(12) Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.
(13) Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(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.
(15) Fail to advise a patient of any recognized treatment complications.
(16) Fail to maintain proper storage or handling of medications, including injectables, according federal regulations, guidelines, standards, and manufacturer recommendations.
(17) Fail to obtain and maintain a written informed consent prior to administering Botulinum Toxin Type A or dermal fillers.

The Committee reviewed and discussed possible recommendations to the Board regarding Division 35 – Dental Hygiene.

Dr. Salathe moved and Dr. Marucha seconded that the Committee recommend the Board send OAR 818-035-0025 to a public rulemaking hearing as amended. The motion passed with AK, OS, KS, PM, AR, MH, and RC voting Aye.

OAR 818-035-0025
Prohibited Acts
A dental hygienist may not:
(1) Diagnose and treatment plan other than for dental hygiene services;
(2) Cut hard or soft tissue with the exception of root planing, except as provided in OAR 818-035-0065;
(3) Extract any tooth;
~~**(4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-0030(1)(h);**~~
(4) Perform intraoral adjustment of fixed and removable prosthesis or appliances.
(5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, OAR 818-035-0040, OAR 818-026-0060(12), OAR 818-026-0065(12) and 818-026-0070 (12);
(6) Place, condense, carve or cement permanent restorations except as provided in OAR 818-035-0072, or operatively prepare teeth;
(7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;
(8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(9) Place or remove healing caps or healing abutments, except under **in**direct supervision.
(10) Place implant impression copings, except under **in**direct supervision.
(11) ~~Any~~ **Act in violation of Board statute or rules.**

Dr. Marucha moved and Ms. Simmons seconded that the Committee recommend the Board send OAR 818-035-0030 to a public rulemaking hearing as amended. The motion passed with AK, OS, KS, PM, AR, MH, and RC voting Aye.

OAR 818-035-0030
Additional Functions of Dental Hygienists
(1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:
(a) Make preliminary intra-oral and extra-oral examinations and record findings;
(b) Place periodontal dressings;
(c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;
(d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;
(e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.
(f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.
(g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.
(h) Apply temporary soft relines **after manufacturer required denture preparation** to complete dentures for the purpose of tissue conditioning.
(i) Perform all aspects of teeth whitening procedures.
(2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:
(a) Determine the need for and appropriateness of sealants or fluoride; and
(b) Apply sealants or fluoride.
(3) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the indirect supervision of a licensed dentist:
(a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.
(b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.
(4) Perform extraoral adjustment of fixed and removable prosthesis or appliances.

Ms. Riedman moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-035-0030 to a public rulemaking hearing as presented. The motion passed with AK, OS, KS, PM, AR, MH, and RC voting Aye.

OAR 818-035-0030
Additional Functions of Dental Hygienists
(1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:
(a) Make preliminary intra-oral and extra-oral examinations and record findings;
(b) Place periodontal dressings;
(c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;
(d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;
(e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.

(f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.
(g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.
(h) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.
(i) Perform all aspects of teeth whitening procedures.
(2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:
(a) Determine the need for and appropriateness of sealants or fluoride; and
(b) Apply sealants or fluoride.
(3) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the indirect supervision of a licensed dentist:
(a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.
(b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.
(4) A dental hygienist with a local anesthesia endorsement may utilize Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical course(s) in Botulinum Toxin Type A, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP). Alternatively, a dental hygienist with a local anesthesia endorsement may meet the requirements of subsection (4) by successfully completing training in Botulinum Toxin Type A as part of a CODA accredited program.

The Committee reviewed and discussed possible recommendations to the Board regarding Division 42 – Dental Assisting.

Ms. Harrison moved and Dr. Kalluri seconded that the Committee recommend the Board send OAR 818-042-0040 to a public rulemaking hearing as amended. The motion passed with AK, OS, KS, PM, AR, MH, and RC voting Aye.

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.
(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 indirect supervision.
(24) Place implant impression copings, except under indirect supervision.
(25) **Perform intraoral adjustment of fixed and removable prosthesis or appliances.**
(26) ~~Any a~~**A**ct in violation of Board statute or rules.

The Committee discussed issues regarding proposed changes to 818-042-0040 concerning scaling and periodontal probing.

Ms. Riedman 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 with AK, KS, PM, AR, MH, and RC voting Aye. OS voted nay.

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.
(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 hand instruments, air polishers, ultrasonic equipment or other devices to remove supragingival and subgingival stains and deposits from tooth surfaces.**
(1~~2~~**3**) 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.
(1~~3~~**4**) Use lasers, except laser-curing lights.
(1~~4~~**5**) Use air abrasion or air polishing.
(1~~5~~**6**) Remove teeth or parts of tooth structure.
(1~~6~~**7**) 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.
(1~~7~~**8**) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
(1~~8~~**9**) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
(~~12~~**20**) Apply denture relines except as provided in OAR 818-042-0090(2).
(2~~0~~**1**) 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.
(2~~1~~**2**) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(2~~2~~**3**) Perform periodontal assessment **and periodontal probing**.
(2~~3~~**4**) Place or remove healing caps or healing abutments, except under indirect supervision.
(2~~4~~**5**) Place implant impression copings, except under indirect supervision.
(2~~5~~**6**) Any act in violation of Board statute or rules.

Ms. Harrison moved and Dr. Kalluri seconded that the Committee recommend the Board send OAR 818-042-0096 to a public rulemaking hearing as presented. The motion passed with AK, OS, KS, PM, AR, MH, and RC voting Aye.

OAR 818-042-0096
Local Anesthesia Functions of Dental Assistants
(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.
(2) **The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon Certified Anesthesia Dental Assistant 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~~**3**) 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.

Ms. Harrison moved and Dr. Kalluri seconded that the Committee recommend the Board send OAR 818-042-0115 to a public rulemaking hearing as presented. The motion passed with AK, OS, KS, PM, AR, MH, and RC voting Aye.

OAR 818-042-0115
Expanded Functions — Certified Anesthesia Dental Assistant
(1) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant, who possesses a Certified Anesthesia Dental Assistant certificate from the Oregon Board of Dentistry to:
(a) Administer medications into an existing intravenous (IV) line of a patient under sedation or anesthesia under direct visual supervision.
(b) Administer emergency medications to a patient in order to assist the licensee in an emergent situation under direct visual supervision.
(c) Perform phlebotomy for dental pr~~r~~ocedures **in accordance with OAR 818-042-0117.**
(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.

The Committee reviewed and discussed correspondence and research regarding creating a dental assistant registry.

Ms. Harrison moved and Ms. Riedman seconded that the Committee recommend the Board direct staff to develop a dental assistant registration process. The motion passed with AK, OS, KS, PM, AR, MH, and RC voting Aye.

Ms. Harrison moved and Dr. Kalluri seconded that the Committee recommend the Board send OAR 818-042-0110 to a public rulemaking hearing as presented. The motion passed with AK, OS, KS, PM, AR, MH, and RC voting Aye.

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,~~ **Oregon Orthodontic Expanded Functions with Infection Control examination,** or equivalent successor examination~~s~~, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board**, or prior passage of the Certified Dental Assistant, Certified Orthodontic Assistant or Infection Control Examination administered by DANB and passage of the Oregon Expanded Functions Orthodontic**

Assisting exam, or equivalent successor examinations, administered by 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 hand piece 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 duties in subsection (b). If no expanded function orthodontic certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded orthodontic function duties until EFODA certification is achieved.**

ANY OTHER BUSINESS

Dr. Kalluri thanked everyone for their attendance and contributions. She explained that the Board would review the recommendations at the August 22, 2025, Board Meeting.

The meeting adjourned at 6:06 p.m.

DRAFT

Dear Fellow Members of the Oregon Board of Dentistry,

Since I am not able to attend the August Board meeting, I am writing to advocate for the expansion of the scope of practice for dental assistants in Oregon, specifically allowing them to remove visible calculus from the teeth of adults through scaling. As a Co-Chair of the DAWSAC Committee, charged with recommending to the Board ways to increase the number of dental assistants in the State of Oregon and help retain the dental assistants we already have, allowing trained assistants to scale visible calculus is another step towards this goal and consistent with our legislative charge. I believe it will help increase the interest in being a Dental Assistant as a profession, as well as help retain dental assistants in the profession.

Current Practices in Oregon

Currently, dental assistants in Oregon are permitted to scale hard cement from teeth after orthodontic treatment and perform supragingival cleaning for children under 18, including the removal of visible calculus. This demonstrates that dental assistants are already skilled in performing similar tasks, ensuring patient safety and maintaining oral health.

National Precedents

Many other states have embraced the practice of allowing dental assistants to perform scaling on adults, recognizing the value of their training and expertise. The military and the Indian Health Service have successfully implemented this practice for decades, demonstrating that it can be done effectively and safely in various healthcare settings.

Safety and Efficacy

When removing visible calculus and providing routine prophylaxis for adults with no periodontal issues or measurable gingivitis, dental assistants are not diagnosing, treating, curing, or preventing dental diseases. Instead, they are performing a vital service: removing visible calculus and plaque, polishing tooth surfaces, administering fluoride treatments, and providing essential oral hygiene instruction. This preventive care is crucial in promoting overall oral health and preventing future dental issues.

Conclusion

Allowing dental assistants to perform scaling on adults will enhance access to preventive dental care, reduce patient wait times, and optimize the use of trained personnel in dental practices. By expanding their scope of practice, we can ensure that more patients receive the timely care they need while maintaining high standards of safety and efficacy, and we can help reduce the dental auxiliary workforce shortage in Oregon.

I urge the Oregon Board of Dentistry to consider this proposal seriously. By aligning our practices with those of other states and recognizing the competencies of our dental assistants, we can improve dental health outcomes for all Oregonians and increase the number of auxiliary members of the dental team.

Warmly,

Terrence Clark, DMD

Member of the Oregon Board of Dentistry

Willamette Dental

6950 NE Campus Way
Hillsboro, OR 97124

1.855.433.6825
willamettedental.com

August 6, 2025

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

Dear Board of Dentistry Members:

It is our understanding that, at the August 22nd meeting, the Oregon Board of Dentistry (Board) will vote on the Rules Oversight Committee's recommendation to approve revisions and initiate rulemaking regarding the training and use of Dental Assistants for scaling functions (OAR 818-042-0040). This apparently came about from an Oregon Dental Hygienists' Association (ODHA) November 2024 communication to the Board regarding what ODHA said was "an unsubstantiated report" of Willamette Dental actively exploring the training and deployment of "scaling assistants."

To be absolutely clear: Willamette Dental has not pursued and has no plans to pursue training or use of "scaling assistants," and we are not aware of any other Oregon dental system, clinic, or provider that is. Nor are we aware of any serious academic exploration of establishing local training programs for "scaling assistants." This was clarified in a statement by an ODHA representative during the Board meeting in December 2024. Despite this correction, the urgency to pursue and act on proposed rule changes has persisted with further unsubstantiated suggestions and unproven allegations of practice violation. Ensuring quality and patient safety is paramount; however, at this stage the justification of need for these revisions appears to be a rule-based solution seeking a problem.

Therefore, it would be highly speculative and premature for the Board to engage in rulemaking on this topic at this time. Moreover, if acted upon, it would represent a notable departure from procedural norms in general, let alone for a policy matter of this gravity.

Willamette Dental has no position as to whether Dental Assistants could or should be trained and/or certified for scaling activities. Given a well-documented shortage of certified and licensed dental personnel at all levels, we believe the dental community at-large should have conversations about how to ensure that those currently in the dental field may fully leverage their

skillsets and existing training to serve patients and stay in the dental workforce. We should not be making policy decisions prematurely nor allow procedural norms to be compromised as means to effectuate such an outcome. This is a principled statement, but critically important considering current state – one-quarter of the workforce being over the age of 55 and the tendency of health care workers to retire earlier than the general workforce.

Such open stakeholder conversations may or may not result in requests of the Board to support either statutory or regulatory changes to required training and/or scopes of practice within dentistry.

Willamette Dental is always eager to participate in industry or profession-wide conversations centered on how all of us can best serve patients. We believe strongly that dental professional associations would be the best convenors to encourage collaborative, open stakeholder conversations.

Rulemaking on Dental Assistant scaling at this time likely would have the effect of foreclosing such important conversations, and that would not be in the best interests of the patients all of us serve.

Thank you for your consideration.

Sincerely,

Eugene C. Skourtes, DMD,
President & Chief Executive Officer
Willamette Dental

Pacific University Oregon

Dental Hygiene Studies
222 SE 8th Ave., Suite 271
Hillsboro OR 97123
p: 503-352-7373
f: 503-352-7260

August 8, 2025

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

Dear Members of the Oregon Board of Dentistry,

On behalf of several Dental Hygiene Program Directors across the State of Oregon, we write to express our strong support for the proposed amendments to OAR 818-042-0040 (12 & 23) Prohibited Acts. These changes are essential to clarify that no licensee may authorize dental assistants to perform any prohibited acts listed under OAR 818-042-0040.

We are increasingly concerned about recent efforts to expand the scope of practice for dental assistants through the promotion of the Oral Preventive Assistant (OPA) model. This model would allow individuals to take and record periodontal probe readings, document periodontal conditions, and perform supragingival scaling and polishing after completing a board-approved course. While these proposals are often presented as solutions to the dental workforce shortage, it is critical to examine the broader implications for patient safety, care quality, and professional integrity.

The push to implement the OPA model is supported by organizations that may stand to benefit financially from the expanded use of dental assistants in roles traditionally reserved for licensed dental hygienists. This shift prioritizes short-term cost savings for dental practices over long-term investments in equitable, high-quality oral health care, particularly for underserved populations. It is unlikely that any reduction in labor costs would be passed on to patients. Rather, the primary financial gain would benefit the business model of private practices.

Additionally, a recent study published in *Health Affairs Scholar* (January 2025) by the ADA Health Policy Institute, titled *"Workforce Factors Associated with Job Satisfaction Among Dental Hygienists and Assistants in the United States,"* found that the leading causes of job dissatisfaction among both groups were **negative workplace culture, overwork, and insufficient pay**. The authors encourage efforts to **reduce attrition, and turnover** as they relate to the oral workforce shortage. Authors suggested targeted strategies to **improve workplace conditions** could play a significant role in addressing workforce attrition and turnover. These findings point to the need for structural improvements, not dilution of

professional roles, as the more sustainable and ethical response to workforce shortages. The proposed changes to OAR 818-042-0040 will help ensure this model **is not adopted** in Oregon.

The solution to the current oral health workforce crisis is not to lower educational standards or compromise the scope of professional practice. Instead, we must protect the public by ensuring that only those who have completed rigorous, accredited dental hygiene programs are permitted to perform periodontal procedures. If the concept of an Oral Preventive Assistant is to be considered at all, the training must meet the same level of scrutiny as **all other licensed providers** who have periodontal procedures included in their scope of practice under the oversight of the Commission on Dental Accreditation (CODA).

We commend the Board for its ongoing commitment to protecting the health and safety of Oregonians. We respectfully **urge you to adopt the proposed amendments to OAR 818-042-0040**, thereby reaffirming Oregon's dedication to maintaining high standards of care in dentistry and dental hygiene.

Thank you for your time and consideration. Please feel free to reach out to us at the contact information below if we can provide additional information or support.

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

Kimberly Pennington, MEd, BSDH, RDH
Program Dean, Dental Sciences
Portland Community College
1810 SW 5th Avenue, 3rd Floor
Portland, OR 97201
(971) 722-4235

Kimberly.Pennington@PCC.EDU

Paula Russell, RDH, M.Ed
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

From: Aamodt, Gail <gail.aamodt@pacificu.edu>
Sent: Sunday, August 10, 2025 3:37 PM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Subject: Support for the proposed amendments to OAR 818-042-0040 (12 & 23) Prohibited Acts.

You don't often get email from gail.aamodt@pacificu.edu. Learn why this is important

August 10, 2025

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

Dear Members of the Oregon Board of Dentistry,
On behalf of myself, as an RDH and dental hygiene educator in the State of Oregon, I write to express my strong support for the proposed amendments to OAR 818-042-0040 (12 & 23) Prohibited Acts. These changes are essential to clarify that no licensee may authorize dental assistants to perform any prohibited acts listed under OAR 818-042-0040.
I am increasingly concerned about recent efforts to expand the scope of practice for dental assistants through the promotion of the Oral Preventive Assistant (OPA) model. This model would allow individuals to take and record periodontal probe readings, document periodontal conditions, and perform supragingival scaling and polishing after completing a board-approved course. While these proposals are often presented as solutions to the dental workforce shortage, it is critical to examine the broader implications for patient safety, care quality, and professional integrity. Having been a dental hygiene educator for the last 25 years and a clinician for the past 48 years, I can attest that this proposal will reduce the skills and knowledge needed to safely provide dental hygiene services to the public.
The push to implement the OPA model is supported by organizations that may stand to benefit financially from the expanded use of dental assistants in roles traditionally reserved for licensed dental hygienists. This shift prioritizes short-term cost savings for dental practices over long-term investments in equitable, high-quality oral health care, particularly for underserved populations. It is unlikely that any reduction in labor costs would be passed on to patients. Rather, the primary financial gain would benefit the business model of private practices.
The solution to the current oral health workforce crisis is not to lower educational standards or compromise the scope of professional practice. Instead, we must protect the public by ensuring that only those who have completed rigorous, accredited dental hygiene programs are permitted to perform periodontal procedures. If the concept of an Oral Preventive Assistant is to be considered at all, the training must meet the same level of scrutiny as **all other licensed providers** who have periodontal procedures included in their scope of practice under the oversight of the Commission on Dental Accreditation (CODA).
We commend the Board for its ongoing commitment to protecting the health and safety of Oregonians. We respectfully **urge you to adopt the proposed amendments to OAR 818-042-0040**, thereby reaffirming Oregon's dedication to maintaining high standards of care in dentistry and dental hygiene.
Thank you for your time and consideration. Please feel free to reach out to us at the contact information below if we can provide additional information or support.

Gail Aamodt, RDH, DT, EPDH, MS

Professor, School of Dental Hygiene Studies
Pacific University
222 SE 8th Ave, Ste 271
Hillsboro, OR 97123
503-523-9605
gail.aamodt@pacificu.edu

EXECUTIVE DIRECTOR'S REPORT

EXECUTIVE DIRECTOR'S REPORT
August 22, 2025

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, 2025, shows revenue of $4,024,194.06 and expenditures of $3,567,439.36. The final reconciliation and numbers for the 2023 – 2025 Biennium will be available in October. **Attachment #1**

Customer Service Survey – FY 2025
Attached are the legislatively mandated survey results for FY 2025, which is July 1, 2024 – June 30, 2025. The results of the survey show that the OBD received positive ratings from the majority of those that submitted a survey. **Attachment #2**

OBD Letter to the Governor
At the June 13th Board Meeting, Board Members directed me to send me a letter to the Governor addressing legislation: proposing some flexibility on scheduling DAWSAC meetings and a proposal for dental hygienists to administer vaccinations. **Attachment #3**

2025 Legislative Session
Legislation tracked on behalf of the OBD. **Attachment #4**

Agency Head Financial Transactions FY 2025 Report (July 1, 2024 – June 30, 2025)
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

Delegated Duties Executive Director & Staff
Annually the Board is asked to review & approve delegated duties and position description of the executive director. **Attachment #6 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 2025 annual progress report. I will provide the FY 2025 annual progress report at the October 24, 2025, Board Meeting. **Attachment #7 ACTION REQUESTED**

2026 Board Meeting Dates
I provided 2026 Board Meeting dates for the Board to consider for next year.
Attachment #8 ACTION REQUESTED

Implemention of govDelivery email
Haley and I met with a Granicus representative on July 2, 2025. The attached document shows the implementation timeline and process ahead for OBD staff to implement the new email delivery system. **Attachment #9**

Dental Hygiene & Dental Therapy License Renewal
The license renewal period started in mid-July and ends on September 30, 2025, 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.

Dental Testing & Regulatory Summit – Educators Conference
This fall a summit will host the annual meetings of the CDCA-WREB-CITA, the American Association of Dental Administrators (AADA) and the American Association of Dental Boards (AADB) for a collaborative event at the Gaylord Texan Resort in Grapevine, Texas from Oct 15 – 19, 2025. Two Board Members are welcome to attend this event. **Attachment #10**

Newsletter
The OBD Newsletter is now available. **Attachment #11**

Oregon Board of Dentistry

Date run: 7/20/2025

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

3400 BOARD OF DENTISTRY *REVENUE*

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan
0205	OTHER BUSINESS LICENSES	77,723.00	3,593,012.00	3,495,149.00
0210	OTHER NONBUSINESS LICENSES AND FEES	1,500.00	22,260.00	14,900.00
0410	CHARGES FOR SERVICES	290.50	27,834.00	148,355.00
0505	FINES AND FORFEITS	15,166.67	252,324.34	240,000.00
0605	INTEREST AND INVESTMENTS	5,155.48	125,293.74	60,000.00
0975	OTHER REVENUE	20.00	3,469.98	14,001.00
Grand Total		**99,855.65**	**4,024,194.06**	**3,972,405.00**

3400 BOARD OF DENTISTRY *TRANSFER OUT*

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan
2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	0.00	175,571.75	267,000.00
Grand Total		**0.00**	**175,571.75**	**267,000.00**

3400 BOARD OF DENTISTRY *PERSONAL SERVICES*

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan
3110	CLASS/UNCLASS SALARY & PER DIEM	59,713.45	1,394,017.18	1,548,096.00
3115	BOARD MEMBER STIPENDS	3,916.00	57,493.00	46,900.00
3160	TEMPORARY APPOINTMENTS	0.00	0.00	4,585.00
3170	OVERTIME PAYMENTS	750.24	2,681.06	6,669.00
3180	SHIFT DIFFERENTIAL	0.00	1.00	0.00
3190	ALL OTHER DIFFERENTIAL	738.69	19,766.84	41,510.00
3210	ERB ASSESSMENT	13.14	321.93	404.00
3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	13,628.50	259,747.16	288,767.00
3221	PENSION BOND CONTRIBUTION	2,937.74	67,331.14	72,030.00
3230	SOCIAL SECURITY TAX	4,939.21	111,723.05	130,994.00
3241	PAID FAMILY MEDICAL LEAVE INSURANCE	258.27	5,639.12	5,391.00
3250	WORKERS' COMPENSATION ASSESSMENT	10.68	244.34	351.00
3260	MASS TRANSIT	367.20	8,507.31	10,681.00
3270	FLEXIBLE BENEFITS	11,507.09	278,319.11	301,948.00
Grand Total		**98,780.21**	**2,205,792.24**	**2,458,326.00**

3400 BOARD OF DENTISTRY *SERVICES AND SUPPLIES*

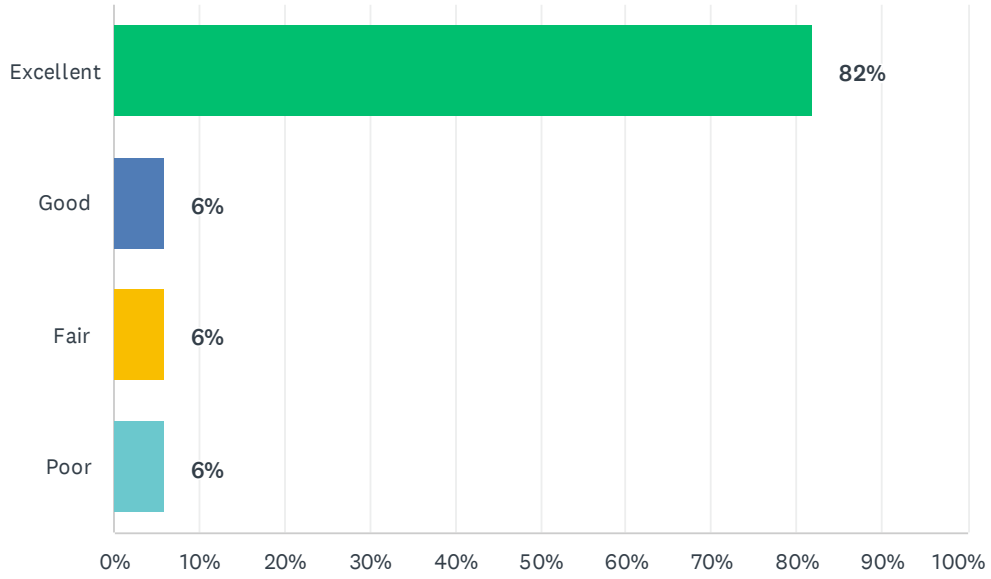
D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan
4100	INSTATE TRAVEL	1,060.42	11,983.83	55,194.00
4125	OUT-OF-STATE TRAVEL	0.00	0.00	8,220.00
4150	EMPLOYEE TRAINING	0.00	17,574.89	58,929.00
4175	OFFICE EXPENSES	1,443.78	22,530.50	99,149.00
4200	TELECOMM/TECH SVC AND SUPPLIES	790.51	19,914.89	27,088.00
4225	STATE GOVERNMENT SERVICE CHARGES	71.15	95,552.73	94,114.00
4250	DATA PROCESSING	18,899.02	142,778.98	163,405.00
4275	PUBLICITY & PUBLICATIONS	297.91	2,097.81	16,145.00
4300	PROFESSIONAL SERVICES	14,196.75	401,141.49	458,367.00
4315	IT PROFESSIONAL SERVICES	1,011.00	3,801.00	161,038.00
4325	ATTORNEY GENERAL LEGAL FEES	4,538.60	209,450.18	338,907.00
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	0.00	120.00	766.00

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan
4400	DUES AND SUBSCRIPTIONS	0.00	1,546.80	11,331.00
4425	LEASE PAYMENTS & TAXES	6,418.50	174,712.14	206,576.00
4475	FACILITIES MAINTENANCE	711.00	12,435.92	634.00
4575	AGENCY PROGRAM RELATED SVCS & SUPP	2,258.00	41,747.30	142,660.00
4650	OTHER SERVICES AND SUPPLIES	3,024.72	176,002.43	94,383.00
4700	EXPENDABLE PROPERTY $250-$5000	0.00	0.00	6,343.00
4715	IT EXPENDABLE PROPERTY	0.00	28,256.23	25,521.00
Grand Total		**54,721.36**	**1,361,647.12**	**1,968,770.00**

				Current Month	Bien_To_Date	Rpt Mm Bal Ytd Avg
3400	**BOARD OF DENTISTRY**	Revenue	***REVENUE***	99,855.65	4,024,194.06	504,873.34
		Revenue Total		**99,855.65**	**4,024,194.06**	**504,873.34**
		Expenditures	***PERSONAL SERVICES***	98,780.21	2,205,792.24	299,577.87
			SERVICES AND SUPPLIES	54,721.36	1,361,647.12	217,257.67
			TRANSFER OUT	0.00	175,571.75	29,412.50
		Expenditures Total		**153,501.57**	**3,743,011.11**	**546,248.04**

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

Answered: 33 Skipped: 0

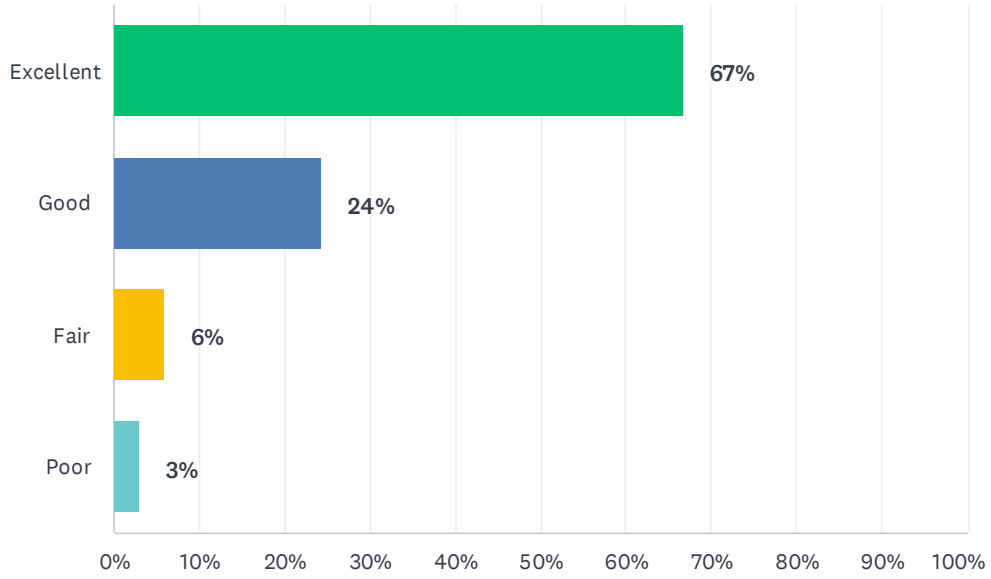


ANSWER CHOICES	RESPONSES	
Excellent	82%	27
Good	6%	2
Fair	6%	2
Poor	6%	2
TOTAL		33

Attachment #2

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

Answered: 33 Skipped: 0

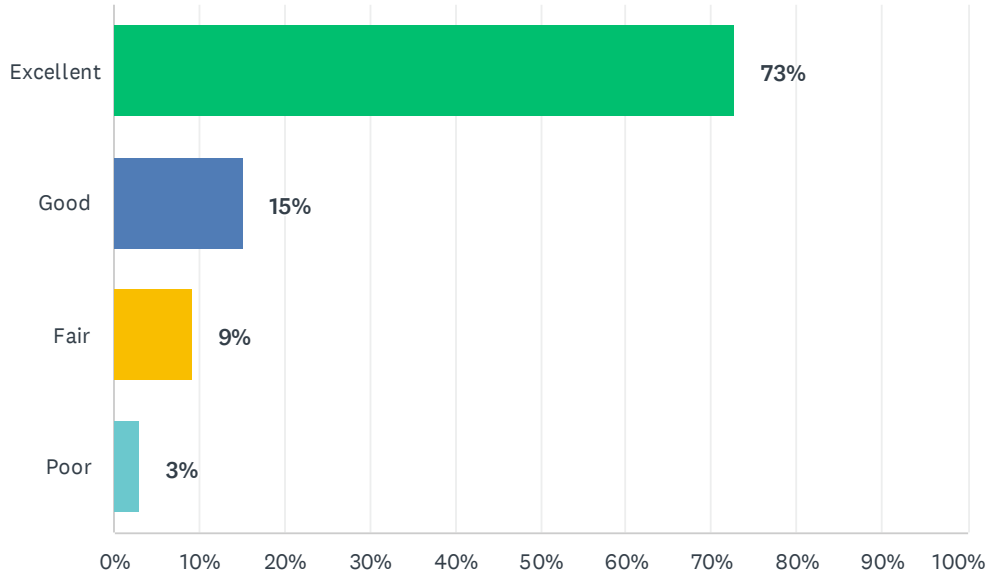


ANSWER CHOICES	RESPONSES	
Excellent	67%	22
Good	24%	8
Fair	6%	2
Poor	3%	1
TOTAL		33

Attachment #2

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

Answered: 33 Skipped: 0

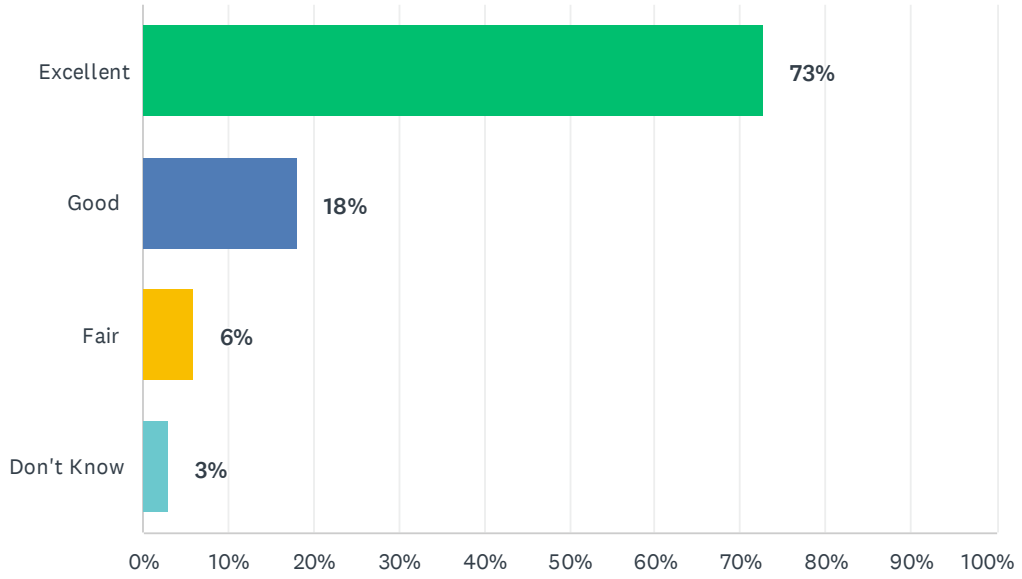


ANSWER CHOICES	RESPONSES	
Excellent	73%	24
Good	15%	5
Fair	9%	3
Poor	3%	1
TOTAL		33

Attachment #2

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

Answered: 33 Skipped: 0

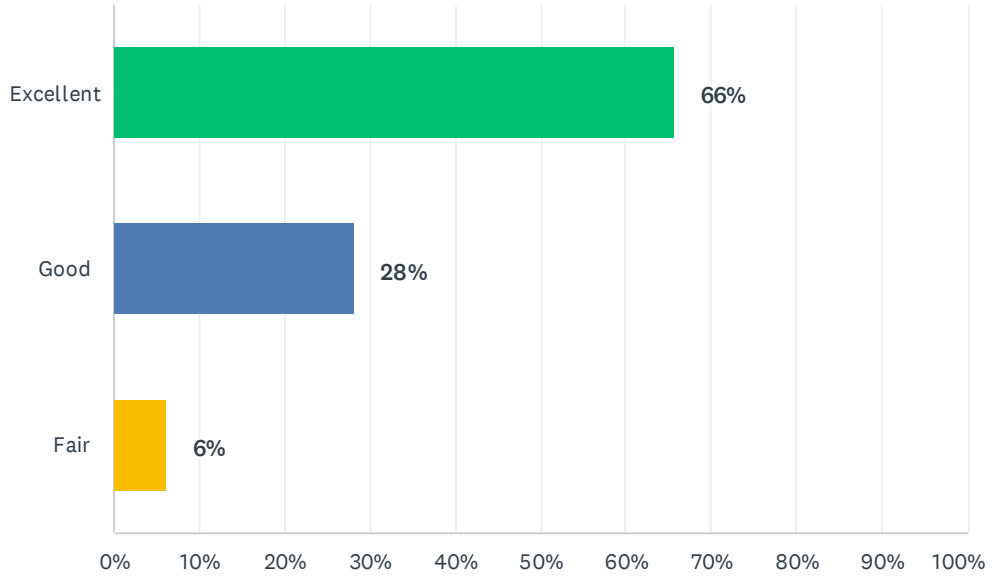


ANSWER CHOICES	RESPONSES	
Excellent	73%	24
Good	18%	6
Fair	6%	2
Don't Know	3%	1
TOTAL		33

Attachment #2

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

Answered: 32 Skipped: 1

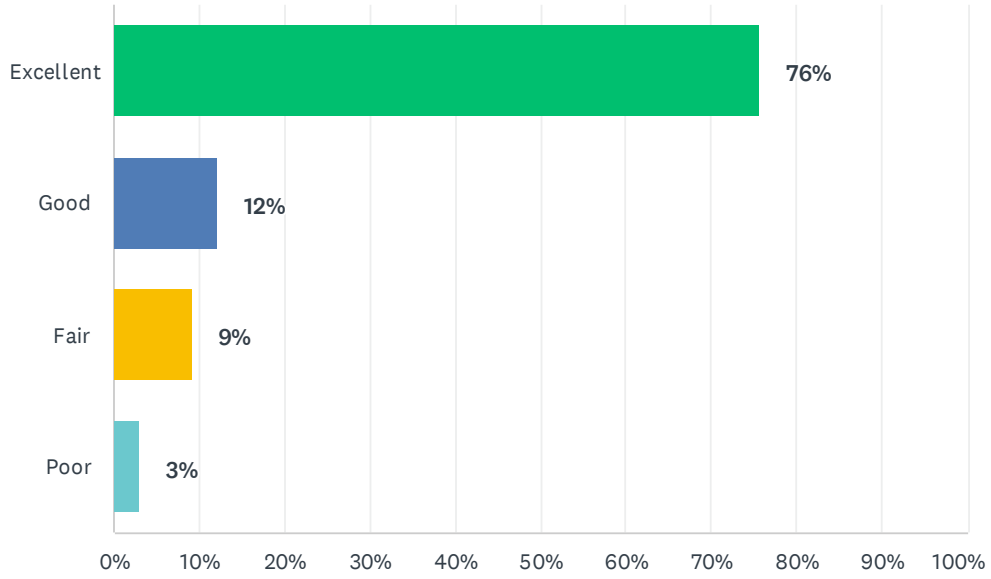


ANSWER CHOICES	RESPONSES	
Excellent	66%	21
Good	28%	9
Fair	6%	2
TOTAL		32

Attachment #2

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

Answered: 33 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	76%	25
Good	12%	4
Fair	9%	3
Poor	3%	1
TOTAL		33

Attachment #2

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

June 25, 2025

Via Email
The Honorable Governor Kotek
Office of the Governor

Dear Governor Kotek,

The Oregon Board of Dentistry (OBD) met on June 13, 2025, at its regular board meeting. The Board Members discussed a number of issues and directed me to send me this letter to you on two important matters.

1.) HB 3223 passed in 2023, directed the OBD to address the dental assistant work force shortage in Oregon by convening a new advisory committee to make recommendations to the OBD on a quarterly basis. HB 3223 is now enshrined in law under ORS 679.330.

The OBD stood up the new Dental Assistant Workforce Shortage Advisory Committee (DAWSAC) in 2023. It has held regular quarterly meetings since the inaugural meeting on October 27, 2023. The issue is that the legislation did not have any end or sunset date to the meetings of this workgroup. It is directed to meet quarterly in essence forever.

Possible Language Amendment:

ORS 679.330 Advisory committee on dental assistant workforce shortage. (1) The Oregon Board of Dentistry shall convene an advisory committee of at least seven members to study the dental assistant workforce shortage and to review the requirements for dental assistant certification in other states. The committee shall provide advice to the board on a quarterly basis **or as needed at the Board's discretion** on how to address the dental assistant workforce shortage in this state.

The OBD recommends that legislation be introduced and supported to allow the OBD to have this advisory committee meet as needed and at the discretion of the OBD.

2.) HB 2220 passed in 2019, allowed Oregon licensed dentists to prescribe and administer vaccines to a patient, provided rules and criteria were met. HB 2220 is now enshrined in law under ORS 679.552. This historic legislation among the first in the U.S., was timely as the OBD implemented rules effective January 1, 2020, allowing this ahead of the worldwide covid pandemic that year. During the pandemic, dental hygienists were allowed to administer covid vaccines and there were no Board complaints or any negative consequences that came to the OBD's attention in helping combat the pandemic.

The OBD recommends that legislation be introduced and supported to allow Oregon licensed dental hygienists the opportunity to administer vaccinations under the supervision of an Oregon licensed dentist. This concept has widespread support in the oral health education community and with professional associations. The OBD would proudly introduce a legislative concept on this change and/or support legislators and professional associations to do so.

Respectfully,
Stephen Prisby
OBD Executive Director

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

BillTracker

Custom Report

Report Date: July 14, 2025

Bill Number	Effective Date	Bill Manager	Status	Bill Number	Bill URL	Effective Date Details	State	Last Action
HB 2047		Stephen Prisby	Failed	HB 2047 INTRO	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2047/Introduced		OR	06/27/25 - In c upon adjournr

Relating to parental rights.

Declares the state's public policy regarding the rights of a parent to the care, custody and control of the parent's child.

Relating to parental rights; creating new provisions; amending ORS 109.640, 109.650, 109.670, 109.675, 109.685, 109.690, 109.695 and 419B.090; and repealing ORS 109.680.

Digest: The Act describes a parent's rights to the care, custody and control of the parent's minor child. (Flesch Readability Score: 70.1).
Declares the state's public policy regarding the rights of a parent to the care, custody and control of the parent's child.
Requires treatment providers to notify and disclose certain information to a minor's parent or guardian when providing services to a minor without parental consent.

HB 2105		Stephen Prisby	Failed	HB 2105 INTRO	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2105/Introduced		OR	06/27/25 - In c upon adjournr

Relating to surveys conducted by state agencies.

Directs a state agency to report to the Legislative Assembly when the agency conducts an external survey.

Relating to surveys conducted by state agencies.

Digest: The Act makes a state agency make a report to the legislature on surveys done by the agency. (Flesch Readability Score: 61.6).
Directs a state agency to report to the Legislative Assembly when the agency conducts an external survey.

HB 2225		Stephen Prisby	Failed	HB 2225 INTRO	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2225/Introduced		OR	06/27/25 - In c upon adjournr

Relating to equitable access to health care services.

Establishes minimum amounts of reimbursement for primary care, optometry, dental care and behavioral health services provided to recipients of medical assistance.

Relating to equitable access to health care services.

Digest: The Act tells OHA and CCOs to set minimum rates for reimbursing certain health care providers. (Flesch Readability Score: 63.6).
Establishes minimum amounts of reimbursement for primary care, optometry, dental care and behavioral health services provided to recipients of medical assistance.

BillTracker

Custom Report

Report Date: July 14, 2025

Bill Number	Effective Date	Bill Manager	Status	Bill Number	Bill URL	Effective Date Details	State	Last Action
HB 2255		Stephen Prisby	Failed	HB 2255 INTRO	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2255/Introduced		OR	06/27/25 - In c upon adjournr

Relating to interpretation of laws.

Provides that courts may not defer to an agency's interpretation of a statute or rule.

Relating to interpretation of laws.

Digest: The Act says that courts may not defer to a state agency's thinking about a law or rule. The Act says that courts have to use an interpretation that limits agency power and favors people's liberty. (Flesch Readability Score: 64.0).

Provides that courts may not defer to an agency's interpretation of a statute or rule. Directs courts to exercise doubt in favor of an interpretation that limits agency power and maximizes individual liberty.

HB 2303		Stephen Prisby	Failed	HB 2303 INTRO	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2303/Introduced		OR	06/27/25 - In c upon adjournr

Relating to judicial review of administrative rules.

Directs the courts to declare a rule invalid if the rule requires a public body to fail to comply with federal laws or regulations.

Relating to judicial review of administrative rules; creating new provisions; and amending ORS 137.673 and 183.400.

Digest: The Act tells courts to say that a rule is invalid if the rule makes a public body break federal laws or regulations. (Flesch Readability Score: 66.1).

Directs the courts to declare a rule invalid if the rule requires a public body to fail to comply with federal laws or regulations.

HB 2402		Stephen Prisby	Failed	HB 2402 INTRO	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2402/Introduced		OR	06/27/25 - In c upon adjournr

Relating to administrative rules.

Directs every agency to review the agency's administrative rules and amend the rules to simplify the rules and eliminate redundancy.

Relating to administrative rules.

Digest: The Act tells agencies to look at their rules and simplify them. (Flesch Readability Score: 81.8).

Directs every agency to review the agency's administrative rules and amend the rules to simplify the rules and eliminate redundancy.

BillTracker

Custom Report

Report Date: July 14, 2025

Bill Number	Effective Date	Bill Manager	Status	Bill Number	Bill URL	Effective Date Details	State	Last Action
HB 2427		Stephen Prisby	Failed	HB 2427 INTRO	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2427/Introduced		OR	06/27/25 - In c upon adjournr

Relating to the constitutionality of state laws.

Directs the Department of Justice to review state statutes and administrative rules and determine whether each statute or rule is likely to be found unconstitutional under the reasoning and interpretation of the Fourteenth Amendment to the United States Constitution set forth in the Students for Fair Admissions case decided by the United States Supreme Court.

Relating to the constitutionality of state laws.

Digest: The Act tells DOJ to look at all state laws and rules and report on which laws and rules are likely to be found unconstitutional under the SFFA case. (Flesch Readability Score: 69.4).

Directs the Department of Justice to review state statutes and administrative rules and determine whether each statute or rule is likely to be found unconstitutional under the reasoning and interpretation of the Fourteenth Amendment to the United States Constitution set forth in the Students for Fair Admissions case decided by the United States Supreme Court. Directs the department to report on its findings to a committee or interim committee related to the judiciary.

HB 2429		Stephen Prisby	Failed	HB 2429 INTRO	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2429/Introduced		OR	06/27/25 - In c upon adjournr

Relating to medical decision-making by individuals under 18 years of age.

Modifies provisions authorizing unemancipated minors to consent to health care services without parental consent.

Relating to medical decision-making by individuals under 18 years of age; amending ORS 109.680, 418.307, 419B.552, 433.267 and 441.054; and repealing ORS 109.640, 109.650, 109.670, 109.675, 109.685, 109.690 and 109.695.

Digest: The Act limits the minors who can make health care choices without a parent's consent to minors who have been emancipated. (Flesch Readability Score: 60.6).

Modifies provisions authorizing unemancipated minors to consent to health care services without parental consent.

BillTracker

Custom Report

Report Date: July 14, 2025

Bill Number	Effective Date	Bill Manager	Status	Bill Number	Bill URL	Effective Date Details	State	Last Action
HB 2585		Stephen Prisby	Failed	HB 2585 INTRO	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2585/Introduced		OR	06/27/25 - In c upon adjournr

Relating to health care profession scopes of practice; prescribing an effective date.

Directs the Oregon Health Authority to establish a process to receive and review scope of practice requests for specified health care professions.

Relating to health care profession scopes of practice; and prescribing an effective date.

Digest: The Act tells OHA to make a process to look at scopes of work for some health care workers and to report to the legislature. (Flesch Readability Score: 73.1).

Directs the Oregon Health Authority to establish a process to receive and review scope of practice requests for specified health care professions. Requires the authority to report to the interim committees of the Legislative Assembly related to health care.

Becomes operative July 1, 2026.

Takes effect on the 91st day following adjournment sine die.

HB 2594		Stephen Prisby	Passed	HB 2594 EN	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2594/Enrolled		OR	06/11/25 - Ch (2025 Laws): the 91st day f adjournment s

Relating to dental laboratories; and prescribing an effective date.

Requires a dental laboratory to register with the Health Licensing Office.

Relating to dental laboratories; and prescribing an effective date.

Digest: The Act says that a dental laboratory has to register with the HLO. (Flesch Readability Score: 63.4).

Requires a dental laboratory to register with the Health Licensing Office. Defines "dental laboratory." Requires a dental laboratory to provide a material content disclosure to a dentist who prescribes a work order for a dental prosthetic appliance or other artificial material or device. Defines "material content disclosure." Allows the office to impose discipline for certain violations. Directs the office to provide administrative and regulatory oversight to the dental laboratory program.

Becomes operative July 1, 2026.

Takes effect on the 91st day following adjournment sine die.

BillTracker

Custom Report

Report Date: July 14, 2025

Bill Number	Effective Date	Bill Manager	Status	Bill Number	Bill URL	Effective Date Details	State	Last Action
HB 2676		Stephen Prisby	Failed	HB 2676 INTRO	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2676/Introduced		OR	06/27/25 - In c upon adjournr

Relating to an interstate dental professionals compact; prescribing an effective date.

Enacts the interstate Dentist and Dental Hygienist Compact.

Relating to an interstate dental professionals compact; creating new provisions; amending ORS 676.177, 679.025, 679.260 and 680.020; and prescribing an effective date.

Digest: The Act makes Oregon join a compact to let dentists and dental hygienists from other states work in this state. (Flesch Readability Score: 68.0).
Enacts the interstate Dentist and Dental Hygienist Compact. Permits the Oregon Board of Dentistry to disclose specified information to the Dentist and Dental Hygienist Compact Commission. Exempts individuals authorized by compact privilege from requirement to obtain licensure from the board to practice as a dentist or dental hygienist. Allows the board to use moneys to meet financial obligations imposed on the State of Oregon as a result of participation in the compact.
Takes effect on the 91st day following adjournment sine die.

HB 2692		Stephen Prisby	Failed	HB 2692 INTRO	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2692/Introduced		OR	06/27/25 - In c upon adjournr

Relating to administrative law.

Modifies provisions relating to administrative law.

Relating to administrative law; creating new provisions; amending ORS 183.333, 183.335, 183.355, 183.482 and 183.484; and repealing ORS 183.336.

Digest: The Act changes some laws about agency actions. (Flesch Readability Score: 61.2).
Modifies provisions relating to administrative law.

HB 3043		Stephen Prisby	Pending	HB 3043 EN	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB3043/Enrolled		OR	06/24/25 - Pre signed.

Relating to the impaired health professional program; and prescribing an effective date.

Defines "monitoring agreement" and "workplace monitor" for purposes of the impaired health professional program.

Relating to the impaired health professional program; and prescribing an effective date.

Digest: The Act makes some changes to the impaired health professional program. (Flesch Readability Score: 64.9).
Defines "monitoring agreement" and "workplace monitor" for purposes of the impaired health professional program. Clarifies that a licensee may self-refer to the program. Under specified circumstances, allows a health professional licensing board to remove from board records information regarding a licensee's participation in the program. Clarifies the requirements of a program clinical evaluator.
Takes effect on the 91st day following adjournment sine die.

BillTracker

Custom Report

Report Date: July 14, 2025

Bill Number	Effective Date	Bill Manager	Status	Bill Number	Bill URL	Effective Date Details	State	Last Action
HB 3279		Stephen Prisby	Failed	HB 3279 INTRO	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB3279/Introduced		OR	06/27/25 - In c upon adjournr

Relating to professional licensing during emergencies.

Authorizes the Oregon Department of Emergency Management to issue temporary professional licenses during states of emergency to individuals formerly licensed by certain professional licensing boards.

Relating to professional licensing during emergencies.

Digest: The Act says that ODEM can give short-term licenses during emergencies to people who used to do certain health care jobs. (Flesch Readability Score: 60.6).

Authorizes the Oregon Department of Emergency Management to issue temporary professional licenses during states of emergency to individuals formerly licensed by certain professional licensing boards.

Bill Number	Effective Date	Bill Manager	Status	Bill Number	Bill URL	Effective Date Details	State	Last Action
HB 3382		Stephen Prisby	Failed	HB 3382 A	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB3382/A-Engrossed		OR	06/27/25 - In c upon adjournr

Relating to administrative rules.

Directs the Secretary of State to maintain an online Oregon Rulemaking Information System.

Relating to administrative rules; creating new provisions; and amending ORS 183.335, 183.341 and 276A.253.

Digest: The Act tells the SOS to make an online system about rules. The Act tells agencies to make some data about rules accessible online. (Flesch Readability Score: 71.2).

Directs the Secretary of State to maintain an online Oregon Rulemaking Information System.

Directs agencies to make certain information relating to administrative rules accessible online.

[Takes effect on the 91st day following adjournment sine die.].

BillTracker

Custom Report

Report Date: July 14, 2025

Bill Number	Effective Date	Bill Manager	Status	Bill Number	Bill URL	Effective Date Details	State	Last Action
HB 3569		Stephen Prisby	Passed	HB 3569 EN	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB3569/Enrolled		OR	06/26/25 - Governor signed.

Relating to rules advisory committees.

Requires an agency that appoints a rules advisory committee with regard to rules implementing legislation to invite certain legislators to participate on the committee as nonvoting members.

Relating to rules advisory committees.

Digest: The Act says that some legislators have to be asked to be on the RAC for rules implementing the law. (Flesch Readability Score: 76.5).

[Digest: The Act says that the first chief sponsor of a law has to be invited to be on the rules advisory committee for rules implementing the law. (Flesch Readability Score: 60.3).]

Requires an agency that appoints a rules advisory committee with regard to rules implementing legislation to invite [the first chief sponsor] certain legislators to participate on the committee as [a nonvoting member] nonvoting members.

Requires the Small Business Rules Advisory Committee to invite [the first chief sponsor] certain legislators to participate on the committee as [a nonvoting member] nonvoting members when the committee is used as a rules advisory committee with regard to rules implementing legislation.

HB 3912		Stephen Prisby	Passed	HB 3912 EN	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB3912/Enrolled		OR	06/26/25 - Governor signed.

Relating to use of the title "doctor"

Requires an individual who uses the title "doctor" in connection with a health care profession to designate on specified material, including social media and professional name badges, the health care profession in which the individual earned a doctoral degree.

Relating to use of the title "doctor".

Digest: The Act makes a person who says they are a doctor on some materials say in what health care profession they are a doctor. (Flesch Readability Score: 69.6).

Requires an individual who uses the title "doctor" in connection with a health care profession to designate on specified material, including social media and professional name badges, the health care profession in which the individual earned a doctoral degree.

BillTracker

Custom Report

Report Date: July 14, 2025

Bill Number	Effective Date	Bill Manager	Status	Bill Number	Bill URL	Effective Date Details	State	Last Action
SB 411		Stephen Prisby	Failed	SB 411 INTRO	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB411/Introduced		OR	06/27/25 - In c upon adjournr

Relating to legislative approval of administrative rules; prescribing an effective date.

Modifies the existing administrative rule review process to require legislative approval of newly adopted administrative rules in order for the rules to take effect.

Relating to legislative approval of administrative rules; creating new provisions; amending ORS 183.335, 183.710, 183.720 and 183.722; and prescribing an effective date.

Digest: The Act requires legislative approval for new rules to take effect. Voters must say yes to a constitutional change before the Act can start. The Act applies to new rules starting in 2027. (Flesch Readability Score: 62.3).

Modifies the existing administrative rule review process to require legislative approval of newly adopted administrative rules in order for the rules to take effect. Establishes a process by which rules receive legislative consideration and approval or rejection.

Takes effect only upon the approval of the constitutional amendment proposed by ___ Joint Resolution ___ (2025) (LC 1900), and applies to rules adopted by state agencies on or after January 1, 2027.

SB 476		Stephen Prisby	Pending	SB 476 EN	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB476/Enrolled		OR	06/30/25 - Sp

Relating to professional workforce; and declaring an emergency.

Requires professional licensing boards to provide culturally responsive training to specified staff members and publish guidance on pathways to professional authorization for internationally educated individuals.

Relating to professional workforce; and declaring an emergency.

Digest: The Act says staff of licensing boards must have culturally responsive training. The Act also lets the OMB give a doctor who was trained in another country a license to be a doctor in this state under some conditions. (Flesch Readability Score: 63.3).

Requires professional licensing boards to provide culturally responsive training to specified staff members and publish guidance on pathways to professional authorization for internationally educated individuals.

Allows the Oregon Medical Board to issue a provisional license to a qualified internationally trained physician. Requires the holder of a provisional license to practice under the supervision of a licensed physician for four years prior to applying for full licensure. Directs the board to submit a report every odd-numbered year to the interim committees of the Legislative Assembly related to health care on the provisional licensure of internationally trained physicians.

Declares an emergency, effective July 1, 2025.

BillTracker

Custom Report

Report Date: July 14, 2025

Bill Number	Effective Date	Bill Manager	Status	Bill Number	Bill URL	Effective Date Details	State	Last Action
SB 482		Stephen Prisby	Failed	SB 482 INTRO	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB482/Introduced		OR	06/27/25 - In c upon adjournr

Relating to administrative rules.

Provides that a state agency may not adopt rules without statutory authority.

Relating to administrative rules.

Digest: The Act says that an agency may not make rules without statutory authority to make the rules. (Flesch Readability Score: 60.1).
Provides that a state agency may not adopt rules without statutory authority.

Bill Number	Effective Date	Bill Manager	Status	Bill Number	Bill URL	Effective Date Details	State	Last Action
SB 609		Stephen Prisby	Failed	SB 609 A	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB609/A-Engrossed		OR	06/27/25 - In c upon adjournr

Relating to equitable access to health care services.

Establishes minimum amounts of reimbursement for primary care, optometry, dental care and behavioral health services provided to recipients of medical assistance.

Relating to equitable access to health care services.

Digest: The Act tells OHA and CCOs to set minimum rates for reimbursing certain health care providers. (Flesch Readability Score: 63.6).
Establishes minimum amounts of reimbursement for primary care, optometry, dental care and behavioral health services provided to recipients of medical assistance.

Bill Number	Effective Date	Bill Manager	Status	Bill Number	Bill URL	Effective Date Details	State	Last Action
SB 800		Stephen Prisby	Failed	SB 800 INTRO	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB800/Introduced		OR	06/27/25 - In c upon adjournr

Relating to compliance with tax laws; prescribing an effective date.

Expands provisions requiring tax compliance as a condition of receiving a license to conduct a business, trade or profession or of entering into a contract with a state agency or political subdivision.

Relating to compliance with tax laws; creating new provisions; amending ORS 9.565, 305.380 and 305.385; and prescribing an effective date.

Digest: The Act requires people who seek licenses to show tax compliance. (Flesch Readability Score: 64.9).
Expands provisions requiring tax compliance as a condition of receiving a license to conduct a business, trade or profession or of entering into a contract with a state agency or political subdivision. Requires licensees and contractors to provide a tax compliance certificate from the Department of Revenue, unless a certain compliance rate is demonstrated by holders of the type of license.
Applies to licenses issued, reissued, reinstated or renewed and contracts entered into on or after January 1, 2026.
Takes effect on the 91st day following adjournment sine die.

BillTracker

Custom Report

Report Date: July 14, 2025

Bill Number	Effective Date	Bill Manager	Status	Bill Number	Bill URL	Effective Date Details	State	Last Action
SB 835		Stephen Prisby	Failed	SB 835 A	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB835/A-Engrossed		OR	06/27/25 - In c upon adjournr

Relating to tribal affiliation data; declaring an emergency.

Directs the Oregon Health Authority, in collaboration withthe nine federally recognized Indian tribes in Oregon, to adopt rules governing the collection, storage and use of data on tribal affiliation.

Relating to tribal affiliation data; creating new provisions; amending ORS 413.161, 413.163, 413.164 and 442.373; and declaring an emergency.

Digest: The Act tells OHA to work with the nine tribes in Oregon to adopt rules for collecting tribal data. (Flesch Readability Score: 67.3).
[Digest: The Act tells OHA and ODHS to work with the nine tribes in Oregon to adopt rules for collecting tribal data. (Flesch Readability Score: 68.6).]
Directs the Oregon Health Authority, in collaboration with [the Department of Human Services and] the nine federally recognized Indian tribes in Oregon, to adopt rules governing the collection, storage and use of data on tribal affiliation.
Declares an emergency, effective on passage.

SB 844		Stephen Prisby	Pending	SB 844 EN	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB844/Enrolled		OR	06/30/25 - Sp

Relating to public health.

Changes the date by which the Oregon Health Authority report on opioid and opiate overdoses is due to the Legislative Assembly.

Relating to public health.

Digest: The Act changes some laws about labs, overdose reports and terms about the environment. The Act makes a new law to keep some information secret. The Act also lets OHA have more contracts for school-based health centers. (Flesch Readability Score: 68.5).
Changes the date by which the Oregon Health Authority report on opioid and opiate overdoses is due to the Legislative Assembly.
Changes the definition of "hemodialysis technician."
Requires the authority to keep confidential specified information related to psilocybin licensees, license applicants and permit holders.
Defines "environmental health." Changes requirements for authorizations for certain environmental health occupations and professions.
Aligns state regulations of clinical laboratories with federal law.
Broadens the authority's ability to enter into contracts for purposes of supporting school-based health centers.

BillTracker

Custom Report

Report Date: July 14, 2025

Bill Number	Effective Date	Bill Manager	Status	Bill Number	Bill URL	Effective Date Details	State	Last Action
SB 5512	07/01/2025	Stephen Prisby	Passed	SB 5512 EN	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB5512/Enrolled		OR	06/23/25 - Eff July 1, 2025.

Relating to the financial administration of the Oregon Board of Dentistry; and declaring an emergency.

Limits biennial expenditures from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by the Oregon Board of Dentistry.

Relating to the financial administration of the Oregon Board of Dentistry; and declaring an emergency.

Digest: The Act creates an agency budget. (Flesch Readability Score: 73.8).

Limits biennial expenditures from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by the Oregon Board of Dentistry.

Declares an emergency, effective July 1, 2025.

BillTracker

Custom Report

Report Date: July 14, 2025

Bill Number	Effective Date	Bill Manager	Status	Bill Number	Bill URL	Effective Date Details	State	Last Action
HB 3569		Stephen Prisby	Passed	HB 3569 EN	https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB3569/Enrolled		OR	06/26/25 - Governor signed.

Relating to rules advisory committees.

Requires an agency that appoints a rules advisory committee with regard to rules implementing legislation to invite certain legislators to participate on the committee as nonvoting members.

Relating to rules advisory committees.

Digest: The Act says that some legislators have to be asked to be on the RAC for rules implementing the law. (Flesch Readability Score: 76.5).

[Digest: The Act says that the first chief sponsor of a law has to be invited to be on the rules advisory committee for rules implementing the law. (Flesch Readability Score: 60.3).]

Requires an agency that appoints a rules advisory committee with regard to rules implementing legislation to invite [the first chief sponsor] certain legislators to participate on the committee as [a nonvoting member] nonvoting members.

Requires the Small Business Rules Advisory Committee to invite [the first chief sponsor] certain legislators to participate on the committee as [a nonvoting member] nonvoting members when the committee is used as a rules advisory committee with regard to rules implementing legislation.

Enrolled
House Bill 2594

Sponsored by Representatives PHAM H, JAVADI; Representative NOSSE (Presession filed.)

CHAPTER .....

AN ACT

Relating to dental laboratories; creating new provisions; amending ORS 676.565, 676.579, 676.590, 676.612, 676.613, 676.622, 676.992, 679.010 and 679.176; repealing ORS 679.530; and prescribing an effective date.

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

SECTION 1. As used in sections 1 to 5 of this 2025 Act:

(1) "Certified dental laboratory technician" means a dental laboratory technician who is certified by the National Board for Certification in Dental Laboratory Technology, or its successor organization, as approved by the Health Licensing Office by rule.

(2) "Dental laboratory" means a facility where one or more dental laboratory technicians make, provide, repair or alter dental prosthetic appliances and other artificial materials and devices that are returned to a dentist and inserted into the human oral cavity, or that come into contact with the human oral cavity's adjacent structures and tissues, of a dental patient.

(3) "Dental laboratory technician" means a person who, pursuant to a dentist's prescribed work order, makes, provides, repairs or alters dental prosthetic appliances and other artificial materials and devices that are returned to the dentist and inserted into the human oral cavity, or that come into contact with the human oral cavity's adjacent structures and tissues, of the dentist's patient.

(4) "Dentist" means a dentist licensed under ORS chapter 679.

(5) "Material content disclosure" means a notice provided to a dentist by a dental laboratory that includes:

(a) The name, physical address and registration number of the dental laboratory;

(b) The city, state and country of origin where the technological work under the work order was performed in whole or in part;

(c) The city, state and country of the dental laboratory or dental laboratories that manufactured or repaired, directly or indirectly, the dental prosthetic appliances or other artificial materials and devices ordered under the work order; and

(d) So that the dentist may include the information in the patient's record, the manufacturer and brand name or the United States Food and Drug Administration registration number of all patient contact materials used in a dental prosthetic appliance or other artificial material or device that is inserted into the human oral cavity, or that comes into contact with the human oral cavity's adjacent structures and tissues, of the dentist's patient.

(6) "Responsible person" means the person who:

(a) Controls a majority interest in a dental laboratory; or

(b) Is primarily responsible for the supervision of the day-to-day operations of the dental laboratory.

(7) "Work order" means a written instrument prescribed by a dentist that directs a dental laboratory to, for an individual patient, make, provide, repair or alter one or more dental prosthetic appliances or other artificial materials or devices that will be returned to the dentist and inserted into the human oral cavity, or that will come into contact with the human oral cavity's adjacent structures and tissues, of the dentist's patient.

SECTION 2. (1) A dental laboratory may not operate or do business in this state unless the dental laboratory holds an active registration issued by the Health Licensing Office under section 3 of this 2025 Act.

(2) A dental laboratory is considered to operate or do business in this state if the dental laboratory is physically located within this state or prepares work product pursuant to a work order that originated from a dentist licensed in this state.

(3)(a) Subsection (1) of this section does not apply to a dental laboratory that:

(A) Is in a dental office;

(B) Is owned and operated by and under the supervision of a practicing dentist; and

(C) Does not perform work pursuant to work orders that originate from outside of the dentist's practice.

(b) A dental laboratory described in paragraph (a) of this subsection shall annually file with the office:

(A) The address of the dental laboratory; and

(B) The name, license number and contact information of the dentist described in paragraph (a) of this subsection.

(4) A dental laboratory operated as part of an educational program is not required to register under section 3 of this 2025 Act if the dental laboratory is operated solely for the purpose of allowing students to perform duties that are part of a supervised course of study in an educational program that meets any of the accreditation standards described in ORS chapter 679.

(5) Sections 1 to 5 of this 2025 Act do not apply to services authorized under:

(a) ORS 680.010 to 680.205 when performed by a dental hygienist licensed under ORS 680.010 to 680.205; or

(b) ORS 680.500 to 680.565 when performed by a denturist licensed under ORS 680.500 to 680.565.

SECTION 3. (1) The Health Licensing Office may issue a dental laboratory registration to an applicant that submits a completed application and pays the fee established under ORS 676.576. The application must include:

(a) The name, mailing address, phone number and electronic mail address of the dental laboratory;

(b) The physical address of the dental laboratory if different than the mailing address;

(c) The name, mailing address, phone number and electronic mail address of the responsible person or the name and license number of the dentist who supervises the dental laboratory;

(d) An attestation by the responsible person or the dentist supervising the dental laboratory that the dental laboratory meets the infectious disease control requirements of the federal Occupational Safety and Health Administration and the Centers for Disease Control and Prevention; and

(e) An attestation by the responsible person or the dentist supervising the dental laboratory that the dental laboratory will comply with the requirements of section 4 of this 2025 Act.

(2) To be eligible for registration under this section, the applicant must include with the application documentation that the applicant, or an employee of the applicant who works at least 30 hours per week in the dental laboratory:

(a) Has successfully completed, during the 12 months immediately preceding the application for registration, at least 12 hours of continuing education in dental laboratory technology approved or accepted by the National Board for Certification in Dental Laboratory Technology, or its successor organization, and by the Health Licensing Office;

(b) Is a certified dental laboratory technician in good standing; or

(c) Is a dentist.

(3) The office shall assign a registration number to each registered dental laboratory. The dental laboratory shall include the dental laboratory registration number on all invoices and other correspondence of the dental laboratory.

(4) A dental laboratory registered under this section shall maintain a qualified employee as described in subsection (2) of this section.

(5) A dental laboratory registration is valid for one year.

SECTION 4. (1) A dental laboratory registered under section 3 of this 2025 Act shall provide to a prescribing dentist who submits a work order to the dental laboratory:

(a) A material content disclosure for each dental prosthetic appliance or other artificial material or device in a manner that is easily entered into the patient record; and

(b) The point of origin of the manufacture of each dental prosthetic appliance or other artificial material or device ordered under the work order.

(2) If a dental prosthetic appliance or other artificial material or device ordered under the work order was partially or entirely manufactured by one or more third parties, the point of origin disclosure described in subsection (1) of this section must identify:

(a) The portion of the dental prosthetic appliance or other artificial material or device that was manufactured by the third party; and

(b) The city, state and country of each third party.

SECTION 5. In the manner prescribed in ORS chapter 183 for contested cases, the Health Licensing Office may impose a form of discipline listed in ORS 676.612 against a dental laboratory registered under section 3 of this 2025 Act for any violation of sections 1 to 5 of this 2025 Act or rules adopted under sections 1 to 5 of this 2025 Act or for the commission of a prohibited act described in ORS 676.612.

SECTION 6. Violation of section 2 of this 2025 Act is a Class B violation.

SECTION 7. The Health Licensing Office may adopt rules to carry out sections 1 to 5 of this 2025 Act.

SECTION 8. Section 3 of this 2025 Act is amended to read:

Sec. 3. (1) The Health Licensing Office may issue a dental laboratory registration to an applicant that submits a completed application and pays the fee established under ORS 676.576. The application must include:

(a) The name, mailing address, phone number and electronic mail address of the dental laboratory;

(b) The physical address of the dental laboratory if different than the mailing address;

(c) The name, mailing address, phone number and electronic mail address of the responsible person or the name and license number of the dentist who supervises the dental laboratory;

(d) An attestation by the responsible person or the dentist supervising the dental laboratory that the dental laboratory meets the infectious disease control requirements of the federal Occupational Safety and Health Administration and the Centers for Disease Control and Prevention; and

(e) An attestation by the responsible person or the dentist supervising the dental laboratory that the dental laboratory will comply with the requirements of section 4 of this 2025 Act.

[*(2) To be eligible for registration under this section, the applicant must include with the application documentation that the applicant, or an employee of the applicant who works at least 30 hours per week in the dental laboratory:*]

[*(a) Has successfully completed, during the 12 months immediately preceding the application for registration, at least 12 hours of continuing education in dental laboratory technology approved or accepted by the National Board for Certification in Dental Laboratory Technology, or its successor organization, and by the Health Licensing Office;*]

[*(b) Is a certified dental laboratory technician in good standing; or*]

[*(c) Is a dentist.*]

(2)(a) To be eligible for registration under this section, the applicant must include with the application documentation that the dental laboratory:

(A) Employs a certified dental laboratory technician who is in good standing with the National Board for Certification in Dental Laboratory Technology, or its successor organization, and approved by the Health Licensing Office by rule, and who works at least 30 hours per week in the dental laboratory; or

(B) Is operated under the supervision of a dentist who works at least 30 hours per week in the dental laboratory.

(b) Paragraph (a) of this subsection does not apply to a dental laboratory that provides to the office documentation that the dental laboratory has been continuously owned and operated by the same individual since January 1, 2013.

(3) The office shall assign a registration number to each registered dental laboratory. The dental laboratory shall include the dental laboratory registration number on all invoices and other correspondence of the dental laboratory.

(4) A dental laboratory registered under this section shall maintain a qualified employee as described in subsection (2) of this section.

(5) A dental laboratory registration is valid for one year.

SECTION 9. ORS 679.176 is amended to read:

679.176. **(1) As used in this section:**

(a) "Sub-work order" means a written instrument by which a dental laboratory registered under section 3 of this 2025 Act subcontracts all or part of the work directed to be done by a work order prescribed by a dentist licensed under ORS chapter 679.

(b) "Work order" has the meaning given that term in section 1 of this 2025 Act.

[*(1)*] **(2)** [*No dentist may*] **A dentist may not** use the services of any person[,] **who is** not licensed to practice dentistry in this state[*, to construct, alter, repair, reline, reproduce or duplicate any prosthetic denture, bridge, appliance or any other structure to be worn in the human mouth,*] **to make, provide, repair or alter dental prosthetic appliances or other artificial materials or devices that are returned to a dentist and inserted into the human oral cavity, or that come into contact with the human oral cavity's adjacent structures and tissues,** unless the dentist first [*furnishes to such*] **provides to the** person a [*written*] work order, in substantially the following form:

(Date) _____, 2____

TO: (Name of dental [*technician or*] laboratory with address) **(Dental laboratory registration number)**

RE: (Name or number of patient)

(Description of the work to be done, including diagrams if necessary, together with specifications of the type of materials to be used.)

(Name of ordering dentist)

(Address) _____

(Current license number) _____

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(3) A person that receives a work order prescribed by a dentist under subsection (1) of this section may not engage as a subcontractor another person that is not authorized to

perform the services necessary to complete the work order unless the person that receives the work order first provides to the subcontractor a sub-work order in substantially the following form:

(Date) _____, 2____

TO: (Name of subcontracted dental laboratory with address) (Subcontracted dental laboratory registration number, if applicable)

RE: (Name or number of patient)

(Description of the work to be done, including diagrams if necessary, together with specifications of the type of materials to be used.)

(Name of ordering dental laboratory)

(Address) _____

(Current dental laboratory registration number) ____

[*(2) A duplicate copy of each such work order issued by the dentist shall be retained by each dentist for not less than two years. The Oregon Board of Dentistry or its agents shall be permitted to inspect, upon demand, the duplicate copies of all such work orders retained by each dentist.*]

(4)(a) A dentist shall retain for at least two years from the date of prescription a duplicate copy of each work order prescribed by the dentist. The Oregon Board of Dentistry, or an agent of the board, may inspect, upon demand, the duplicate copies of all work orders and sub-work orders retained pursuant to this paragraph.

(b) A person described in subsection (3) of this section shall attach a duplicate copy of each sub-work order issued by the person to a duplicate copy of the associated work order and shall retain the duplicate copies for at least two years from the date of issuance. The Health Licensing Office, or an agent of the office, may inspect, upon demand, the duplicate copies of all work orders and sub-work orders retained pursuant to this paragraph.

(5) A work order or sub-work order may be transmitted or retained in an electronic format.

[*(3)*] **(6)** [*No work order shall*] **A work order may not** permit or require the taking of impressions of any part of the human oral cavity by any person [*not a dentist licensed by the board*] **who is not a dentist licensed under ORS chapter 679 or a denturist licensed under ORS 680.500 to 680.565**.

SECTION 10. ORS 676.565 is amended to read:

676.565. Pursuant to ORS 676.568, the Health Licensing Office shall provide administrative and regulatory oversight and centralized service for the following boards, councils and programs:

(1) Board of Athletic Trainers, as provided in ORS 688.701 to 688.734;

(2) Board of Cosmetology, as provided in ORS 690.005 to 690.225;

(3) State Board of Denture Technology, as provided in ORS 680.500 to 680.565;

(4) State Board of Direct Entry Midwifery, as provided in ORS 687.405 to 687.495;

(5) Respiratory Therapist and Polysomnographic Technologist Licensing Board, as provided in ORS 688.800 to 688.840;

(6) Environmental Health Registration Board, as provided in ORS chapter 700;

(7) Board of Electrologists and Body Art Practitioners, as provided in ORS 690.350 to 690.410;

(8) Advisory Council on Hearing Aids, as provided in ORS 694.015 to 694.170;

(9) Sexual Offense Treatment Board, as provided in ORS 675.365 to 675.410;

(10) Long Term Care Administrators Board, as provided in ORS 678.710 to 678.820;

(11) Board of Licensed Dietitians, as provided in ORS 691.405 to 691.485;

(12) Behavior Analysis Regulatory Board, as provided in ORS 676.806;

(13) Board of Certified Advanced Estheticians, as provided in ORS 676.630 to 676.660;

(14) Art therapy, as provided in ORS 681.740 to 681.758;

(15) Lactation consultation, as provided in ORS 676.665 to 676.689;

(16) Music therapy, as provided in ORS 681.700 to 681.730;

(17) Genetic counseling, as provided in ORS 676.730 to 676.748;

(18) State Board of Sign Language Interpreters, as provided in ORS 676.750 to 676.789; [*and*]

(19) Temporary staffing agencies, as provided in ORS 676.695 to 676.725[.]**; and**

(20) Dental laboratories, as provided in sections 1 to 5 of this 2025 Act.

SECTION 11. ORS 676.579 is amended to read:

676.579. (1)(a) The Health Licensing Office is under the supervision and control of a director, who is responsible for the performance of the duties, functions and powers and for the organization of the office.

(b) The Director of the Oregon Health Authority shall establish the qualifications for and appoint the Director of the Health Licensing Office, who holds office at the pleasure of the Director of the Oregon Health Authority.

(c) The Director of the Health Licensing Office shall receive a salary as provided by law or, if not so provided, as prescribed by the Director of the Oregon Health Authority.

(d) The Director of the Health Licensing Office is in the unclassified service.

(2) The Director of the Health Licensing Office shall provide the boards, councils and programs administered by the office with any services and employees as the office requires to carry out the office's duties. Subject to any applicable provisions of the State Personnel Relations Law, the Director of the Health Licensing Office shall appoint all subordinate officers and employees of the office, prescribe their duties and fix their compensation.

(3) The Director of the Health Licensing Office is responsible for carrying out the duties, functions and powers under ORS 675.365 to 675.410, 676.560 to 676.625, 676.630 to 676.660, 676.665 to 676.689, 676.695 to 676.725, 676.730 to 676.748, 676.750 to 676.789, 676.810, 676.815, 676.825, 676.992, 678.710 to 678.820, 680.500 to 680.565, 681.700 to 681.730, 681.740 to 681.758, 687.405 to 687.495, 687.895, 688.701 to 688.734, 688.800 to 688.840, 690.005 to 690.225, 690.350 to 690.410, 691.405 to 691.485 and 694.015 to 694.170 and ORS chapter 700 **and sections 1 to 5 of this 2025 Act**.

(4) The enumeration of duties, functions and powers in subsection (3) of this section is not intended to be exclusive or to limit the duties, functions and powers imposed on or vested in the office by other statutes.

SECTION 12. ORS 676.590 is amended to read:

676.590. (1) Information obtained by the Health Licensing Office as part of an investigation conducted under the following laws and any reports issued by an investigator are exempt from public disclosure:

(a) ORS 676.630 to 676.660, 676.665 to 676.689, 676.695 to 676.725, 676.730 to 676.748, 676.750 to 676.789, 681.700 to 681.730, 681.740 to 681.758, 690.005 to 690.225, 690.350 to 690.410 or 694.015 to 694.170 **or sections 1 to 5 of this 2025 Act**.

(b) ORS 676.560 to 676.625 if the investigation is related to the regulation of:

(A) Advanced nonablative esthetics under ORS 676.630 to 676.660;

(B) Lactation consultation under ORS 676.665 to 676.689;

(C) Music therapy under ORS 681.700 to 681.730;

(D) Art therapy under ORS 681.740 to 681.758;

(E) Barbering, hair design, esthetics, nail technology or natural hair care under ORS 690.005 to 690.225;

(F) Electrologists and body art practitioners under ORS 690.350 to 690.410;

(G) Dealing in hearing aids under ORS 694.015 to 694.170;

(H) Genetic counseling under ORS 676.730 to 676.748;

(I) Signed language interpretation under ORS 676.750 to 676.789; [*or*]

(J) Temporary staffing agencies under ORS 676.695 to 676.725[.]**; or**

(K) Dental laboratories under sections 1 to 5 of this 2025 Act.

(2) The office shall disclose information obtained as part of an investigation described in subsection (1) of this section to a person who demonstrates by clear and convincing evidence that the public interest in disclosure outweighs other interests in nondisclosure, including the public interest in nondisclosure.

(3) A complaint that forms the basis for an investigation described in subsection (1) of this section shall not be considered information obtained as part of an investigation and is not exempt from public disclosure.

(4) Upon request, the office shall disclose to a person against whom disciplinary action is sought any information obtained as part of an investigation described in subsection (1) of this section, if the information is not otherwise privileged or confidential under state or federal law.

SECTION 13. ORS 676.612 is amended to read:

676.612. (1) Subject to ORS 676.616 and 687.445, and in the manner prescribed in ORS chapter 183 for contested cases and as specified in ORS 675.385, 676.660, 676.685, 676.745, 676.777, 676.825, 678.780, 680.535, 681.733, 681.755, 687.445, 688.734, 688.836, 690.167, 690.407, 691.477, 694.147 and 700.111 **and section 5 of this 2025 Act**, the Health Licensing Office may refuse to issue or renew, may suspend or revoke or may otherwise condition or limit an authorization or may discipline or place on probation an authorization holder for commission of the prohibited acts listed in subsection (2) of this section.

(2) A person subject to the authority of a board, council or program listed in ORS 676.565 commits a prohibited act if the person engages in:

(a) Fraud, misrepresentation, concealment of material facts or deception in applying for or obtaining an authorization to practice in this state, or in any written or oral communication to the office concerning the issuance or retention of the authorization.

(b) Using, causing or promoting the use of any advertising matter, promotional literature, testimonial, guarantee, warranty, label, insignia or any other representation, however disseminated or published, that is false, misleading or deceptive.

(c) Making a representation that the authorization holder knew or should have known is false or misleading regarding skill or the efficacy or value of treatment or remedy administered by the authorization holder.

(d) Practicing under a false, misleading or deceptive name, or impersonating another authorization holder.

(e) Permitting a person other than the authorization holder to use the authorization.

(f) Practicing with a physical or mental condition that presents an unreasonable risk of harm to the authorization holder or to the person or property of others in the course of performing the authorization holder's duties.

(g) Practicing while under the influence of alcohol, cannabis, controlled substances or other skill-impairing substances, or engaging in the illegal use of controlled substances or other skill-impairing substances so as to create a risk of harm to the person or property of others in the course of performing the duties of an authorization holder.

(h) Failing to properly and reasonably accept responsibility for the actions of employees.

(i) Employing, directly or indirectly, any suspended, uncertified, unlicensed or unregistered person to practice a regulated occupation or profession subject to the authority of the boards, councils and programs listed in ORS 676.565.

(j) Unprofessional conduct, negligence, incompetence, repeated violations or any departure from or failure to conform to standards of practice in performing services or practicing in a regulated occupation or profession subject to the authority of the boards, councils and programs listed under ORS 676.565.

(k) Conviction of any criminal offense, subject to ORS 670.280. A copy of the record of conviction, certified by the clerk of the court entering the conviction, is conclusive evidence of the conviction. A plea of no contest or an admission of guilt is a conviction for purposes of this paragraph.

(L) Failing to report any adverse action, as required by statute or rule, taken against the authorization holder by another regulatory jurisdiction or any peer review body, health care institution, professional association, governmental agency, law enforcement agency or court for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action as described in this section.

(m) Violation of a statute regulating an occupation or profession subject to the authority of the boards, councils and programs listed in ORS 676.565.

(n) Violation of any rule regulating an occupation or profession subject to the authority of the boards, councils and programs listed in ORS 676.565.

(o) Failing to cooperate with the office in any investigation, inspection or request for information.

(p) Selling or fraudulently obtaining or furnishing an authorization to practice in a regulated occupation or profession subject to the authority of the boards, councils and programs listed in ORS 676.565, or aiding or abetting such an act.

(q) Selling or fraudulently obtaining or furnishing any record related to practice in a regulated occupation or profession subject to the authority of the boards, councils and programs listed in ORS 676.565, or aiding or abetting such an act.

(r) Failing to pay an outstanding civil penalty or fee that is due or failing to meet the terms of any order issued by the office that has become final.

(3) For the purpose of requesting a state or nationwide criminal records check under ORS 181A.195, the office may require the fingerprints of a person who is:

(a) Applying for an authorization;

(b) Applying for renewal of an authorization; or

(c) Under investigation by the office.

(4) If the office places an authorization holder on probation under subsection (1) of this section, the office, in consultation with the appropriate board, council or program, may determine and at any time modify the conditions of the probation.

(5) If an authorization is suspended, the authorization holder may not practice during the term of suspension. Upon the expiration of the term of suspension, the authorization may be reinstated by the office if the conditions of suspension no longer exist and the authorization holder has satisfied all requirements in the relevant statutes or administrative rules for issuance, renewal or reinstatement.

SECTION 14. ORS 676.613 is amended to read:

676.613. (1) In addition to all other remedies, when it appears to the Health Licensing Office that a person is engaged in, has engaged in or is about to engage in any act, practice or transaction that violates any provision of ORS 675.365 to 675.410, 676.630 to 676.660, 676.665 to 676.689, 676.695 to 676.725, 676.730 to 676.748, 676.750 to 676.789, 676.810, 676.815, 678.710 to 678.820, 680.500 to 680.565, 681.700 to 681.730, 681.740 to 681.758, 687.405 to 687.495, 688.701 to 688.734, 688.800 to 688.840, 690.005 to 690.225, 690.350 to 690.410, 691.405 to 691.485 or 694.015 to 694.170 or ORS chapter 700 **or sections 1 to 5 of this 2025 Act**, the office may, through the Attorney General or the district attorney of the county in which the act, practice or transaction occurs or will occur, apply to the court for an injunction restraining the person from the act, practice or transaction.

(2) A court may issue an injunction under this section without proof of actual damages. An injunction issued under this section does not relieve a person from any other prosecution or enforcement action taken for violation of statutes listed in subsection (1) of this section.

SECTION 15. ORS 676.622 is amended to read:

676.622. (1) A transaction conducted through a state or local system or network that provides electronic access to the Health Licensing Office information and services is exempt from any requirement under ORS 675.365 to 675.410, 676.560 to 676.625, 676.630 to 676.660, 676.665 to 676.689, 676.695 to 676.725, 676.730 to 676.748, 676.750 to 676.789, 676.810, 676.815, 676.992, 680.500 to 680.565, 681.700 to 681.730, 681.740 to 681.758, 687.405 to 687.495, 688.701 to 688.734, 688.800 to 688.840, 690.005 to 690.225, 690.350 to 690.410, 691.405 to 691.485 and 694.015 to 694.170 and ORS chapter 700

and sections 1 to 5 of this 2025 Act, and rules adopted thereunder, requiring an original signature or the submission of handwritten materials.

(2) Electronic signatures subject to ORS 84.001 to 84.061 and facsimile signatures are acceptable and have the same force as original signatures.

SECTION 16. ORS 676.992 is amended to read:

676.992. (1) Except as provided in subsection (3) of this section, and in addition to any other penalty or remedy provided by law, the Health Licensing Office may impose a civil penalty not to exceed $5,000 for each violation of the following statutes and any rule adopted under the following statutes:

(a) ORS 688.701 to 688.734 (athletic training);

(b) ORS 690.005 to 690.225 (cosmetology);

(c) ORS 680.500 to 680.565 (denture technology);

(d) Subject to ORS 676.616 and 687.445, ORS 687.405 to 687.495 (direct entry midwifery);

(e) ORS 690.350 to 690.410 (tattooing, electrolysis, body piercing, earlobe piercing, dermal implanting and scarification);

(f) ORS 694.015 to 694.170 (dealing in hearing aids);

(g) ORS 688.800 to 688.840 (respiratory therapy and polysomnography);

(h) ORS chapter 700 (environmental sanitation);

(i) ORS 675.365 to 675.410 (sexual abuse specific treatment);

(j) ORS 678.710 to 678.820 (nursing home administrators and residential care facility administrators);

(k) ORS 691.405 to 691.485 (dietitians);

(L) ORS 676.612 (prohibited acts);

(m) ORS 676.802 to 676.830 (applied behavior analysis);

(n) ORS 681.700 to 681.730 (music therapy);

(o) ORS 676.630 to 676.660 (advanced nonablative esthetics procedure);

(p) ORS 681.740 to 681.758 (art therapy);

(q) ORS 676.665 to 676.689 (lactation consultation);

(r) ORS 676.730 to 676.748 (genetic counseling); [*and*]

(s) ORS 676.750 to 676.789 (signed language interpretation)[.]**; and**

(t) Sections 1 to 5 of this 2025 Act (dental laboratories).

(2) The office may take any other disciplinary action that it finds proper, including but not limited to assessment of costs of disciplinary proceedings, not to exceed $5,000, for violation of any statute listed in subsection (1) of this section or any rule adopted under any statute listed in subsection (1) of this section.

(3) Subsection (1) of this section does not limit the amount of the civil penalty resulting from a violation of ORS 694.042.

(4) In imposing a civil penalty under this section, the office shall consider the following factors:

(a) The immediacy and extent to which the violation threatens the public health or safety;

(b) Any prior violations of statutes, rules or orders;

(c) The history of the person incurring a penalty in taking all feasible steps to correct any violation; and

(d) Any other aggravating or mitigating factors.

(5) Civil penalties under this section shall be imposed as provided in ORS 183.745.

(6) The moneys received by the office from civil penalties under this section shall be deposited in the Health Licensing Office Account and are continuously appropriated to the office for the administration and enforcement of the laws the office is charged with administering and enforcing that govern the person against whom the penalty was imposed.

SECTION 17. ORS 679.010 is amended to read:

679.010. As used in this chapter and ORS 680.010 to 680.205, unless the context requires otherwise:

(1) “Dental assistant” means a person who, under the supervision of a dentist or dental therapist, renders assistance to a dentist, dental therapist, dental hygienist, dental technician or another dental assistant or who, under the supervision of a dental hygienist, renders assistance to a dental hygienist providing dental hygiene.

(2) “Dental hygiene” is that portion of dentistry that includes, but is not limited to:

(a) The rendering of educational, preventive and therapeutic dental services and diagnosis and treatment planning for such services;

(b) Prediagnostic risk assessment, scaling, root planing, curettage, the application of sealants and fluoride and any related intraoral or extraoral procedure required in the performance of such services; and

(c) Prescribing, dispensing and administering prescription drugs for the services described in paragraphs (a) and (b) of this subsection.

(3) “Dental hygienist” means a person who, under the supervision of a dentist, practices dental hygiene.

(4) “Dental technician” means a person who, at the authorization of a dentist, makes, provides, repairs or alters [*oral*] **dental** prosthetic appliances and other artificial materials and devices that are returned to a dentist and inserted into the human oral cavity or that come in contact with its adjacent structures and tissues.

(5) “Dental therapist” means a person licensed to practice dental therapy under ORS 679.603.

(6) “Dental therapy” means the provision of preventive 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) “Dentist” means a person who may perform any intraoral or extraoral procedure required in the practice of dentistry.

(8) “Dentist of record” means a dentist that either authorizes treatment for, supervises treatment of or provides treatment for a patient in a dental office or clinic owned or operated by an institution as described in ORS 679.020 (3).

(9)(a) “Dentistry” means the healing art concerned with:

(A) The examination, diagnosis, treatment planning, treatment, care and prevention of conditions within the human oral cavity and maxillofacial region, and of conditions of adjacent or related tissues and structures; and

(B) The prescribing, dispensing and administering of prescription drugs for purposes related to the activities described in subparagraph (A) of this paragraph.

(b) “Dentistry” includes, but is not limited to:

(A) The cutting, altering, repairing, removing, replacing or repositioning of hard or soft tissues and other acts or procedures as determined by the Oregon Board of Dentistry and included in the curricula of:

(i) Dental schools accredited by the Commission on Dental Accreditation of the American Dental Association;

(ii) Post-graduate training programs; or

(iii) Continuing education courses.

(B) The prescription and administration of vaccines.

(10) “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.

(11) “Expanded practice dental hygienist” means a dental hygienist who performs dental hygiene services in accordance with ORS 680.205 as authorized by an expanded practice dental hygienist permit issued by the board under ORS 680.200.

(12) “General supervision” means supervision requiring that a dentist authorize the procedures by standing orders, practice agreements or collaboration agreements, 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.

(13) "Indirect supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

SECTION 18. ORS 679.530 is repealed.

SECTION 19. (1) Sections 1 to 5 of this 2025 Act, the amendments to ORS 676.565, 676.579, 676.590, 676.612, 676.613, 676.622, 676.992, 679.010 and 679.176 by sections 9 to 17 of this 2025 Act and the repeal of ORS 679.530 by section 18 of this 2025 Act become operative on July 1, 2026.

(2) The amendments to section 3 of this 2025 Act by section 8 of this 2025 Act become operative on January 1, 2030.

(3) The Health Licensing Office may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the office to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the office by sections 1 to 5 of this 2025 Act, the amendments to ORS 676.565, 676.579, 676.590, 676.612, 676.613, 676.622, 676.992, 679.010 and 679.176 by sections 9 to 17 of this 2025 Act and the repeal of ORS 679.530 by section 18 of this 2025 Act.

SECTION 20. This 2025 Act takes effect on the 91st day after the date on which the 2025 regular session of the Eighty-third Legislative Assembly adjourns sine die.

Passed by House April 10, 2025

.....
Timothy G. Sekerak, Chief Clerk of House

.....
Julie Fahey, Speaker of House

Passed by Senate May 21, 2025

.....
Rob Wagner, President of Senate

Received by Governor:

.....M.,....., 2025

Approved:

.....M.,....., 2025

.....
Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M.,....., 2025

.....
Tobias Read, Secretary of State

Enrolled
House Bill 3043

Introduced and printed pursuant to House Rule 12.00. Presession filed (at the request of Governor Tina Kotek for Oregon State Board of Nursing)

CHAPTER .....

AN ACT

Relating to the impaired health professional program; creating new provisions; amending ORS 675.583, 676.185, 676.190, 676.194, 676.200 and 678.112; and prescribing an effective date.

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

SECTION 1. Sections 2 and 3 of this 2025 Act are added to and made a part of ORS 676.185 to 676.200.

SECTION 2. A health professional licensing board may establish by rule a process through which a licensee enrolled in the impaired health professional program established under ORS 676.190 who has successfully completed the program may petition the licensee's health professional licensing board to remove from any records held by the health professional licensing board information relating to the licensee's participation in the program. A health professional licensing board that establishes a process described in this section may determine whether to grant a licensee's petition.

SECTION 3. (1) A monitoring agreement required under ORS 676.190 must require that the licensee who is party to the monitoring agreement:

(a) Subject to subsection (3) of this section, consent to disclosure and exchange of information between the impaired health professional program established under ORS 676.190, the licensee's health professional licensing board, employer, evaluators and treatment entities, in compliance with ORS 179.505 and 42 C.F.R. part 2;

(b) Comply continuously with the agreement for at least two years to successfully complete the program;

(c) Agree to participate in a recommended treatment plan;

(d) Subject to subsection (4) of this section, submit to random drug or alcohol testing in accordance with federal regulations; and

(e) Subject to subsection (4) of this section, abstain from the use of mind-altering or intoxicating substances or potentially addictive drugs unless the drugs are:

(A) Prescribed for a documented medical condition by a person authorized by law to prescribe the drug to the licensee; and

(B) Approved by the program if the licensee's health professional licensing board has granted the program that authority.

(2) The monitoring agreement described in subsection (1) of this section must also:

(a) Require the licensee to report at least the following information to the impaired health professional program:

(A) The licensee's use of mind-altering or intoxicating substances or potentially addictive drugs within 24 hours of the use, if the licensee's monitoring agreement requires the licensee to abstain from the use of those substances;

(B) In compliance with rules adopted under ORS 676.190, the licensee's compliance or noncompliance with the agreement;

(C) Regarding the licensee, any arrest for or conviction of a misdemeanor or felony crime within three business days after the licensee is arrested or convicted; and

(D) Any applications that the licensee submits for licensure in other states, changes in the licensee's employment and changes in the licensee's practice setting;

(b) Contain limits on the licensee's practice of the licensee's health profession; and

(c) Provide that the licensee is responsible for the cost of evaluations, toxicology testing and treatment.

(3) Notwithstanding subsection (1)(a) of this section, information related to a licensee who self-enrolls in the impaired health professional program may be disclosed to the licensee's health professional licensing board only if the licensee is noncompliant with the licensee's monitoring agreement.

(4) The requirements of subsection (1)(d) and (e) of this section do not apply to a monitoring agreement for a licensee who is diagnosed with solely a mental health disorder and whose health professional licensing board does not otherwise require the licensee to submit to random drug or alcohol testing.

SECTION 4. ORS 676.185 is amended to read:

676.185. As used in ORS 676.185 to 676.200:

[*(1) "Direct supervisor" means the individual who is responsible for:*]

[*(a) Supervising a licensee enrolled in the impaired health professional program;*]

[*(b) Monitoring the licensee's compliance with the requirements of the program; and*]

[*(c) Periodically reporting to the program on the licensee's compliance with the requirements of the program.*]

[*(2)*] **(1)** "Health [*profession*] **professional** licensing board" means:

(a) A health professional regulatory board as defined in ORS 676.160; or

(b) The Health Licensing Office for a board, council or program listed in ORS 676.565.

[*(3) "Impaired professional" means a licensee who is unable to practice with professional skill and safety by reason of habitual or excessive use or abuse of drugs, alcohol or other substances that impair ability or by reason of a mental health disorder.*]

[*(4)*] **(2)** "Licensee" means a health professional licensed or certified by or registered with a health [*profession*] **professional** licensing board.

(3) "Monitoring agreement" means a written agreement entered into between the impaired health professional program established under ORS 676.190 and a licensee enrolled in the program that includes the provisions described in section 3 of this 2025 Act.

[*(5)*] **(4)** "Substantial noncompliance" includes the following:

(a) Criminal behavior;

(b) Conduct that causes injury, death or harm to the public, or a patient, including sexual impropriety with a patient;

(c) Impairment in a health care setting in the course of employment;

(d) A positive toxicology test result as determined by federal regulations pertaining to drug testing;

(e) Violation of a restriction on a licensee's practice imposed by the impaired health professional program established under ORS 676.190 or the licensee's health [*profession*] **professional** licensing board;

(f) Civil commitment for mental illness;

(g) Failure to participate in the program after entering into a [*diversion*] **monitoring** agreement under ORS 676.190; or

(h) Failure to enroll in the program after being referred to the program.

(5) "Workplace monitor" means an individual who is free of conflicts of interest, agrees to serve as a liaison between the impaired health professional program and a licensee enrolled in the program, and has responsibility for at least:

(a) Monitoring the licensee's safe practice in the workplace;

(b) Completing a monthly safe practice report and submitting the report to the program;

(c) Informing the program of any concerns regarding the licensee, including any unsafe practices in which the licensee engages in the workplace; and

(d) Receiving noncompliance reports from the program that may require the licensee to cease practicing.

SECTION 5. ORS 676.190 is amended to read:

676.190. (1) The health [*profession*] **professional** licensing boards may establish or contract to establish an impaired health professional program **to assist licensees who are unable to practice with professional skill and safety by reason of habitual or excessive use or abuse of drugs, alcohol or other substances that impair ability or by reason of a mental health disorder**.

(2) A program established or contracted for under this section must:

(a) Enroll licensees of participating health [*profession*] **professional** licensing boards who have been diagnosed with alcohol or substance abuse or a mental health disorder;

(b) Require that a licensee sign a written consent prior to enrollment in the program allowing disclosure and exchange of information between the program, the licensee's **health professional licensing** board, the licensee's employer, evaluators and treatment entities in compliance with ORS 179.505 and 42 C.F.R. part 2;

(c) Enter into [*diversion*] **monitoring** agreements with enrolled licensees**, regardless of whether the licensee was referred by the licensee's health professional licensing board or was self-referred**;

(d) If the enrolled licensee has a [*direct supervisor*] **workplace monitor**, assess the ability of the [*direct supervisor*] **workplace monitor** to supervise the licensee, including an assessment of any documentation of the [*direct supervisor's*] **workplace monitor's** completion of specialized training;

(e) Report substantial noncompliance with a [*diversion*] **monitoring** agreement to a noncompliant licensee's **health professional licensing** board within one business day after the program learns of the substantial noncompliance; and

(f) At least weekly, submit to licensees' **health professional licensing** boards:

(A) A list of licensees who were referred to the program by a health [*profession*] **professional** licensing board and who are enrolled in the program; and

(B) A list of licensees who were referred to the program by a health [*profession*] **professional** licensing board and who successfully complete the program.

(3) The lists submitted under subsection (2)(f) of this section are exempt from disclosure as a public record under ORS 192.311 to 192.478.

(4) When the program reports substantial noncompliance under subsection (2)(e) of this section to a licensee's **health professional licensing** board, the report must include:

(a) A description of the substantial noncompliance;

(b) A copy of a report from the independent [*third party*] **clinical evaluator** who diagnosed the licensee under ORS 676.200 (2)(a) or subsection [*(7)(a)*] **(6)(c)** of this section stating the licensee's diagnosis;

(c) A copy of the licensee's [*diversion*] **monitoring** agreement; and

(d) The licensee's employment status.

(5) The program may not diagnose or treat licensees enrolled in the program.

[*(6) The diversion agreement required by subsection (2) of this section must:*]

[*(a) Require the licensee to consent to disclosure and exchange of information between the program, the licensee's board, the licensee's employer, evaluators and treatment programs or providers, in compliance with ORS 179.505 and 42 C.F.R. part 2;*]

[*(b) Require that the licensee comply continuously with the agreement for at least two years to successfully complete the program;*]

[*(c) Require that the licensee abstain from mind-altering or intoxicating substances or potentially addictive drugs, unless the drug is:*]

[*(A) Prescribed for a documented medical condition by a person authorized by law to prescribe the drug to the licensee; and*]

[*(B) Approved by the program if the licensee's board has granted the program that authority;*]

[*(d) Require the licensee to report use of mind-altering or intoxicating substances or potentially addictive drugs within 24 hours;*]

[*(e) Require the licensee to agree to participate in a recommended treatment plan;*]

[*(f) Contain limits on the licensee's practice of the licensee's health profession;*]

[*(g) Require the licensee to submit to random drug or alcohol testing in accordance with federal regulations, unless the licensee is diagnosed with solely a mental health disorder and the licensee's board does not otherwise require the licensee to submit to random drug or alcohol testing;*]

[*(h) Require the licensee to report to the program regarding the licensee's compliance with the agreement;*]

[*(i) Require the licensee to report any arrest for or conviction of a misdemeanor or felony crime to the program within three business days after the licensee is arrested or convicted;*]

[*(j) Require the licensee to report applications for licensure in other states, changes in employment and changes in practice setting; and*]

[*(k) Provide that the licensee is responsible for the cost of evaluations, toxicology testing and treatment.*]

[*(7)(a)*] **(6)(a)** A health [*profession*] **professional** licensing board may establish by rule an option to permit licensees of the health [*profession*] **professional** licensing board to self-refer to the program.

(b) The program shall require a licensee who self-refers to the program to attest that the licensee is not, to the best of the licensee's knowledge, under investigation by the licensee's **health professional licensing** board. The program shall enroll the licensee on the date on which the licensee attests that the licensee, to the best of the licensee's knowledge, is not under investigation by the licensee's **health professional licensing** board.

(c) When a licensee self-refers to the program, the program shall:

(A) Require that an independent [*third party*] **clinical evaluator** approved by the licensee's board to evaluate alcohol or substance abuse or mental health disorders evaluate the licensee for alcohol or substance abuse or mental health disorders; and

(B) Investigate to determine whether the licensee's practice while impaired has presented or presents a danger to the public.

(d) When a licensee self-refers to the program, the program may not report the licensee's enrollment in or successful completion of the program to the licensee's **health professional licensing** board.

[*(8)*] **(7)** The health [*profession*] **professional** licensing boards shall arrange for an independent [*third party*] **clinical evaluator** to conduct an audit every four years of an impaired health professional program for the licensees of those health [*profession*] **professional** licensing boards to ensure compliance with program guidelines. The health [*profession*] **professional** licensing boards shall report the results of the audit to the Legislative Assembly in the manner provided by ORS 192.245 and to the Governor. The report may not contain individually identifiable information about licensees.

[*(9)*] **(8)** The health [*profession*] **professional** licensing boards, in consultation with one another, may adopt rules to carry out this section **and section 3 of this 2025 Act**.

(9) In addition to other fees that a health professional licensing board imposes on licensees, a health professional licensing board may adopt rules to impose a fee of $25 per year on each person licensed by the health professional licensing board who is eligible to enroll in the program. A health professional licensing board that adopts rules described in this section shall collect the $25 fee at the same time the health professional licensing board collects other fees imposed on licensees.

SECTION 6. ORS 676.194 is amended to read:

676.194. (1) The Impaired Health Professional Program Work Group is established.

(2) The work group consists of the designees of any health [*profession*] **professional** licensing boards that elect to establish or contract for an impaired health professional program as described in ORS 676.190.

(3) The work group shall facilitate the establishment and continuation of the impaired health professional program described in ORS 676.190.

(4) A majority of the members of the work group constitutes a quorum for the transaction of business.

(5) Official action by the work group requires the approval of a majority of the members of the work group.

(6) The work group shall elect one of its members to serve as chairperson.

(7) The work group shall meet at times and places specified by the call of the chairperson or of a majority of the members of the work group.

(8) The work group may adopt rules necessary for the operation of the work group.

(9) The Oregon Medical Board shall provide staff support to the work group.

(10) Members of the work group are not entitled to compensation, but may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495. Claims for expenses shall be paid out of funds appropriated to the health professional licensing board that the member represents for purposes of the work group.

(11) All agencies of state government, as defined in ORS 174.111, are directed to assist the work group in the performance of duties of the work group and, to the extent permitted by laws relating to confidentiality, to furnish information and advice the members of the work group consider necessary to perform their duties.

SECTION 7. ORS 676.200 is amended to read:

676.200. (1)(a) A health [*profession*] **professional** licensing board that is authorized by law to take disciplinary action against licensees may adopt rules opting to participate in the impaired health professional program established under ORS 676.190 and may contract with or designate one or more programs to deliver therapeutic services to its licensees.

(b) A **health professional licensing** board may not establish the **health professional licensing** board's own impaired health professional program for the purpose of monitoring licensees of the **health professional licensing** board that have been referred **or that have been self-referred** to the program.

(c) A **health professional licensing** board may adopt rules establishing additional requirements for licensees referred to the impaired health professional program established under ORS 676.190 or a program with which the **health professional licensing** board has entered into a contract or designated to deliver therapeutic services under [*subsection (1) of this section*] **paragraph (a) of this subsection**.

(2) If a **health professional licensing** board participates in the impaired health professional program, the **health professional licensing** board shall establish by rule a procedure for referring licensees to the program. The procedure must provide that, before the **health professional licensing** board refers a licensee to the program, the **health professional licensing** board shall ensure that:

[*(a) An independent third party approved by the board to evaluate alcohol or substance abuse or mental health disorders has diagnosed the licensee with alcohol or substance abuse or a mental health disorder and provided the diagnosis and treatment options to the licensee and the board;*]

(a) An independent clinical evaluator, who is a licensed health care professional with demonstrated expertise in the areas of concern, and who is approved by the health professional licensing board:

(A) Provides a comprehensive clinical assessment of the licensee including both a mental health disorder assessment and an alcohol or substance use disorder assessment, according

to guidelines established by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR);

(B) Diagnoses the licensee with a mental health disorder or an alcohol or substance use disorder; and

(C) Suggests a monitoring care plan and recommended fitness level for the licensee's return to practice and, if applicable, recommends the criteria treatment plan of the American Society of Addiction Medicine, or its successor organization;

(b) The **health professional licensing** board has investigated to determine whether the licensee's professional practice while impaired has presented or presents a danger to the public; and

(c) The licensee has agreed to report any arrest for or conviction of a misdemeanor or felony crime to the **health professional licensing** board within three business days after the licensee is arrested or convicted.

(3) A **health professional licensing** board that participates in the impaired health professional program shall review reports received from the program. If the **health professional licensing** board finds that a licensee is substantially noncompliant with a [*diversion*] **monitoring** agreement entered into under ORS 676.190, the **health professional licensing** board may suspend, restrict, modify or revoke the licensee's license or end the licensee's participation in the impaired health professional program.

(4) A **health professional licensing** board may not discipline a licensee solely because the licensee:

(a) Self-refers to or participates in the impaired health professional program;

(b) Has been diagnosed with alcohol or substance abuse or a mental health disorder; or

(c) Used controlled substances or cannabis**, or used psilocybin pursuant to ORS 475A.210 to 475A.722,** before entry into the impaired health professional program, if the licensee did not practice while impaired.

SECTION 8. ORS 678.112 is amended to read:

678.112. Persons licensed [*to practice nursing*] **or certified by the Oregon State Board of Nursing** who elect not to participate in the impaired health professional program established under ORS 676.190 or who fail to comply with the terms of participation shall be reported **by the program** to the [*Oregon State Board of Nursing*] **board** for formal disciplinary action under ORS 678.111.

SECTION 9. ORS 675.583 is amended to read:

675.583. **(1) As used in this section:**

(a) "Impaired professional" means a regulated social worker who is unable to practice with professional skill and safety by reason of habitual or excessive use or abuse of drugs, alcohol or other substances that impair ability or by reason of a mental health disorder.

(b) "Prohibited conduct" has the meaning given that term in ORS 676.150.

[*(1)*] **(2)** Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a regulated social worker shall report to the State Board of Licensed Social Workers any information the regulated social worker has that appears to show that a regulated social worker is or may be an impaired professional [*as defined in ORS 676.185*], or may have engaged in unprofessional conduct according to the guidelines of the code of ethics, to the extent that disclosure does not conflict with the requirements of ORS 675.580.

[*(2)*] **(3)** A regulated social worker shall report any prohibited conduct [*as defined in ORS 676.150*] in the manner provided in ORS 676.150.

[*(3)*] **(4)** Notwithstanding ORS 676.175, any information that the board obtains pursuant to subsection [*(1)*] **(2)** of this section is confidential and may not be disclosed except as provided by the board by rule.

[*(4)*] **(5)** A person who reports or provides information to the board under subsection [*(1)*] **(2)** of this section in good faith is not subject to an action for civil damages as a result of reporting or providing information to the board.

SECTION 10. **(1) Sections 2 and 3 of this 2025 Act and the amendments to ORS 675.583, 676.185, 676.190, 676.194, 676.200 and 678.112 by sections 4 to 9 of this 2025 Act become operative on January 1, 2026.**

(2) A health professional licensing board, as defined in ORS 676.185, may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the health professional licensing board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the health professional licensing board by sections 2 and 3 of this 2025 Act and the amendments to ORS 675.583, 676.185, 676.190, 676.194, 676.200 and 678.112 by sections 4 to 9 of this 2025 Act.

SECTION 11. **This 2025 Act takes effect on the 91st day after the date on which the 2025 regular session of the Eighty-third Legislative Assembly adjourns sine die.**

Passed by House June 17, 2025

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Timothy G. Sekerak, Chief Clerk of House

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Julie Fahey, Speaker of House

Passed by Senate June 20, 2025

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Rob Wagner, President of Senate

Received by Governor:

.....M.,....., 2025

Approved:

.....M.,....., 2025

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Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M.,....., 2025

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Tobias Read, Secretary of State

Enrolled
House Bill 3569

Sponsored by Representatives GAMBA, BOICE; Representatives MANNIX, NELSON, OWENS, Senators SMITH DB, THATCHER

CHAPTER .....

AN ACT

Relating to rules advisory committees; creating new provisions; and amending ORS 183.333 and 183.407.

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

SECTION 1. ORS 183.333 is amended to read:

183.333. (1)**(a)** The Legislative Assembly finds and declares that it is the policy of this state that whenever possible the public be involved in the development of public policy by agencies and in the drafting of rules. The Legislative Assembly encourages agencies to seek public input to the maximum extent possible before giving notice of intent to adopt a rule. The agency may appoint an advisory committee or use any other means of obtaining public views that will assist the agency in drafting the rule.

(b) The membership of an advisory committee appointed under this subsection must represent the interests of persons and communities likely to be affected by the rule.

(c) An agency that appoints an advisory committee under this subsection with regard to adoption of rules implementing legislation enacted by the Legislative Assembly shall invite to participate as a nonvoting member of the committee:

(A) For legislation sponsored by a member of the Legislative Assembly, the first chief sponsor of the legislation, or another sponsor of the legislation as designated by the first chief sponsor.

(B) For legislation sponsored by a committee of the Legislative Assembly, the chair of the committee that sponsored the legislation at the time the legislation was introduced, or another member of the committee as designated by the chair.

(2) Any agency in its discretion may develop a list of interested parties and inform those parties of any issue that may be the subject of rulemaking and invite the parties to make comments on the issue.

(3) If an agency appoints an advisory committee for consideration of a rule under subsection (1) of this section, the agency shall seek the committee's recommendations on whether the rule will have a fiscal impact, what the extent of that impact will be and whether the rule will have a significant adverse impact on small businesses. If the committee indicates that the rule will have a significant adverse impact on small businesses, the agency shall seek the committee's recommendations on compliance with ORS 183.540.

(4) An agency shall consider an advisory committee's recommendations provided under subsection (3) of this section in preparing the statement of fiscal impact required by ORS 183.335 (2)(b)(E).

(5) If an agency does not appoint an advisory committee for consideration of a permanent rule under subsection (1) of this section and 10 or more persons likely to be affected by the rule object to the agency's statement of fiscal impact as required by ORS 183.335 (2)(b)(E) or an association with at least 10 members likely to be affected by the rule objects to the statement, the agency shall appoint a fiscal impact advisory committee to provide recommendations on whether the rule will have a fiscal impact and what the extent of that impact will be. The membership of the fiscal impact advisory committee must represent the interests of persons and communities likely to be affected by the rule. An objection under this subsection must be made not later than 14 days after the notice required by ORS 183.335 (1) is given. If the agency determines that the statement does not adequately reflect the rule's fiscal impact, the agency shall extend the period for submission of data or views under ORS 183.335 (3)(a) by at least 20 days. The agency shall include any recommendations from the committee in the record maintained by the agency for the rule.

(6) An agency may appoint the Small Business Rules Advisory Committee established in ORS 183.407 as the advisory committee or fiscal impact advisory committee for purposes of this section.

(7) Subsection (5) of this section does not apply to any rule adopted by an agency to comply with a judgment or a settlement of a judicial proceeding.

(8) If an agency is required by law to appoint an advisory committee or a fiscal impact advisory committee under this section, the agency may not appoint an officer, employee or other agent of the agency to serve as a member of the advisory committee or fiscal impact advisory committee.

SECTION 2. ORS 183.407 is amended to read:

183.407. (1) The Small Business Rules Advisory Committee is established to serve as an advisory committee for agencies adopting new administrative rules and to review the effectiveness of existing administrative rules.

(2) The committee consists of nine members as follows:

(a) Two representatives of small businesses appointed by the Governor;

(b) Two representatives of small businesses appointed by the President of the Senate;

(c) Two representatives of small businesses appointed by the Speaker of the House;

(d) A representative of small businesses appointed by the Office of Small Business Assistance established in ORS 56.203;

(e) A representative of state agencies appointed by the Director of the Oregon Department of Administrative Services; and

(f) A member who is an expert in the rulemaking process appointed by the State Archivist.

(3)**(a)** Upon request of an agency, the committee shall serve as the advisory committee or fiscal impact advisory committee for reviewing an agency's proposed administrative rules under ORS 183.333.

(b) When an agency uses the committee as the advisory committee under this subsection with regard to adoption of rules implementing legislation enacted by the Legislative Assembly, the committee shall invite to participate as a nonvoting member of the committee:

(A) For legislation sponsored by a member of the Legislative Assembly, the first chief sponsor of the legislation, or another sponsor of the legislation as designated by the first chief sponsor.

(B) For legislation sponsored by a committee of the Legislative Assembly, the chair of the committee that sponsored the legislation at the time the legislation was introduced, or another member of the committee as designated by the chair.

(4) Upon request of an agency, the committee may agree to complete the rules review and reporting required by ORS 183.405 in place of the agency.

(5) Members of the committee shall be appointed to serve for terms of two years, but a member serves at the pleasure of the appointing authority. The appointing authority shall appoint a person to fill any vacancy on the committee for the expired term. A member may be reappointed to the committee.

(6) The members of the committee shall elect a chairperson from among the members of the committee. In the absence of a chairperson, the member appointed by the State Archivist shall serve as acting chairperson.

(7) A majority of the members of the committee constitutes a quorum for the transaction of business.

(8) The committee shall meet upon the call of the chairperson or upon a request of a majority of the members of the committee. The committee may meet by phone or video conference with at least 24 hours' public notice.

(9) The State Archives shall provide administrative support to the committee.

(10) Members of the committee are not entitled to compensation, but may be reimbursed from funds available to the State Archives for actual and necessary travel and other expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495.

SECTION 3. (1) The amendments to ORS 183.333 by section 1 of this 2025 Act apply to advisory committees appointed on or after the effective date of this 2025 Act.

(2) The amendments to ORS 183.407 by section 2 of this 2025 Act apply to requests to use the Small Business Rules Advisory Committee as the advisory committee for reviewing an agency's proposed administrative rules made on or after the effective date of this 2025 Act.

Passed by House May 14, 2025

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Timothy G. Sekerak, Chief Clerk of House

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Julie Fahey, Speaker of House

Passed by Senate June 17, 2025

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Rob Wagner, President of Senate

Received by Governor:

.....M.,....., 2025

Approved:

.....M.,....., 2025

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Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M.,....., 2025

.....
Tobias Read, Secretary of State

Enrolled
House Bill 3912

Sponsored by Representative JAVADI; Representatives MCINTIRE, PHAM H

CHAPTER .....

AN ACT

Relating to use of the title "doctor"; amending ORS 676.110.

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

SECTION 1. ORS 676.110 is amended to read:

676.110. (1) An individual practicing a health care profession may not use the title "doctor" in connection with the profession, unless the individual:

(a) Has earned a doctoral degree in the individual's field of practice; and

(b)(A) Is licensed by a health professional regulatory board to practice the particular health care profession in which the individual's doctoral degree was earned; or

(B) Is working under a board-approved residency contract and is practicing under the license of a supervisor who is licensed by [*a*] **the** health professional regulatory board to practice the particular health care profession in which the individual's doctoral degree was earned.

[*(2) If an individual uses the title "doctor" in connection with a health care profession at any time, the individual must designate the health care profession in which the individual's doctoral degree was earned on all written or printed matter, advertising, billboards, signs or professional notices used in connection with the health care profession, regardless of whether the individual's name or the title "doctor" appears on the written or printed matter, advertising, billboard, sign or professional notice. The designation must be in letters or print at least one-fourth the size of the largest letters used on the written or printed matter, advertising, billboard, sign or professional notice, and in material, color, type or illumination to give display and legibility of at least one-fourth that of the largest letters used on the written or printed matter, advertising, billboard, sign or professional notice.*]

(2)(a) As used in this subsection, "material" means electronic or printed matter, social media, advertising, billboards, signs, professional notices and professional name badges.

(b) An individual who uses the title "doctor" in connection with the health care profession the individual practices shall designate the health care profession in which the individual earned a doctoral degree on all material used in connection with the health care profession. The designation must:

(A) Be in letters or print at least one-fourth the size of the largest letters or print used on the material; and

(B) Be in color, type, illumination or matter so as to give display and legibility of at least one-fourth that of the largest letters used on the material.

(3) Subsection (1) of this section does not prohibit:

(a) A chiropractic physician licensed under ORS chapter 684 from using the title "chiropractic physician";

(b) A naturopathic physician licensed under ORS chapter 685 from using the title “naturopathic physician”;

(c) A person licensed to practice optometry under ORS chapter 683 from using the title “doctor of optometry” or “optometric physician”; or

(d) A physician licensed under ORS 677.805 to 677.840 from using the title “podiatric physician.”

Passed by House April 14, 2025

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Timothy G. Sekerak, Chief Clerk of House

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Julie Fahey, Speaker of House

Passed by Senate June 17, 2025

.....
Rob Wagner, President of Senate

Received by Governor:

.....M.,....., 2025

Approved:

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Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M.,....., 2025

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Tobias Read, Secretary of State

Enrolled
Senate Bill 476

Sponsored by Senators JAMA, FREDERICK, MANNING JR, NERON, PATTERSON, REYNOLDS; Senator PHAM K, Representatives GRAYBER, NELSON, TRAN (Presession filed.)

CHAPTER .....

AN ACT

Relating to professional workforce; creating new provisions; amending ORS 677.010 and 677.100; and declaring an emergency.

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

SECTION 1. (1) As used in this section:

(a) "Occupational or professional service" means a service:

(A) That an individual must possess a license, certificate or other form of authorization to provide under the laws of this state; and

(B) Over which a professional licensing board has regulatory oversight.

(b) "Professional licensing board" means a state agency or board that licenses, certifies or otherwise authorizes individuals to provide an occupational or professional service.

(2) A professional licensing board shall:

(a) Ensure that any staff of the professional licensing board who interact with internationally educated individuals through the licensure, certification or other authorization process receive culturally responsive training approved by the Office of Immigrant and Refugee Advancement.

(b) Develop and publish on a website operated by or on behalf of the professional licensing board clear and easily understandable guidance regarding pathways to licensure, certification or other authorization issued by the professional licensing board for internationally educated individuals. The guidance developed under this paragraph must include information on eligibility requirements, processes, costs and timelines for licensure, certification or other authorization.

(3) A professional licensing board may adopt rules to carry out the provisions of this section.

SECTION 2. A professional licensing board shall publish the guidance described in section 1 of this 2025 Act not later than July 1, 2026.

SECTION 3. (1) Section 1 of this 2025 Act becomes operative on January 1, 2026.

(2) A professional licensing board may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the professional licensing board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the professional licensing board by section 1 of this 2025 Act.

SECTION 4. Sections 5 and 6 of this 2025 Act are added to and made a part of ORS chapter 677.

SECTION 5. Not later than February 1 of each odd-numbered year, the Oregon Medical Board shall report, in the manner provided in ORS 192.245, to the interim committees of the Legislative Assembly related to health care, on the provisional licensure of internationally trained physicians under section 6 of this 2025 Act. The report must include the following information from the two immediately preceding calendar years:

(1) The number of applications for provisional licensure received;

(2) The numbers of provisional licenses issued or denied;

(3) An aggregated list of employers that employed provisionally licensed internationally trained physicians; and

(4) Any disciplinary or remedial actions taken against provisionally licensed internationally trained physicians.

SECTION 6. (1) The Oregon Medical Board may issue a provisional license to a qualified internationally trained physician. To be considered for a provisional license under this section, an internationally trained physician must have:

(a) Graduated from a school of medicine with a degree substantially similar to a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, as determined by the board;

(b) Completed a training program that is substantially similar to an approved training program, as determined by the board;

(c) Obtained certification from the Educational Council for Foreign Medical Graduates, or its successor organization, as approved by the board;

(d) Practiced medicine in another country or jurisdiction for at least three years;

(e) An offer of employment at a clinical facility located in this state that will provide supervision and assessment of the applicant in accordance with standards established by the board by rule;

(f) Complied with all board rules that apply to similar applicants for a license to practice medicine in this state; and

(g) Provided evidence, as determined sufficient by the board, that the applicant is of good moral character consistent with the requirements of ORS 677.100 and in good standing in each country or jurisdiction in which the applicant practiced and received education and training.

(2) An applicant for a provisional license under this section shall:

(a) Apply to the board in the form and manner required by the board;

(b) Pay the fee established by the board by rule; and

(c) Provide to the board any further information required by the board.

(3) An internationally trained physician provisionally licensed under this section shall practice:

(a) Under the supervision of a physician licensed under ORS 677.100 who is in good standing with the board and meets the requirements established by the board relating to supervision; and

(b)(A) In a facility in this state with an approved training program;

(B) In a federally qualified health center that provides primary care and other services to underserved populations, as determined by the board; or

(C) In any other clinical location that demonstrates that the location meets the requirements established by the board by rule.

(4) An internationally trained physician provisionally licensed under this section:

(a) Is considered a fully licensed physician in this state for all purposes, including but not limited to credentialing and insurance billing;

(b) Is subject to all the provisions of this chapter and to rules of the board adopted under this chapter; and

(c) Has the same duties and responsibilities, and is subject to the same penalties and sanctions, as any other physician licensed under this chapter.

(5) An internationally trained physician provisionally licensed under this section may, after completion of four years of full-time equivalent practice under subsection (3) of this section, successful completion of a clinical assessment evaluation as determined by the board by rule and satisfaction of the requirements for licensure under ORS 677.100, apply for licensure under ORS 677.100.

(6) The board may adopt rules as necessary to carry out this section.

SECTION 7. ORS 677.010 is amended to read:

677.010. As used in this chapter, subject to the exemptions in ORS 677.060 and unless the context requires otherwise:

(1) "Approved internship" means the first year of post-graduate training [*served in a hospital that is approved by the board or*] **that is accredited** by the Accreditation Council of Graduate Medical Education, the American Osteopathic Association or the Royal College of Physicians and Surgeons of Canada**, and approved by the Oregon Medical Board**.

(2) "Approved school of medicine" means a school offering a full-time resident program of study in medicine or osteopathic medicine leading to a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, [*such program having been*] **if the program of study is** fully accredited or conditionally approved by the Liaison Committee on Medical Education, or its successor agency, or the American Osteopathic Association, or its successor agency, **or the Committee on Accreditation of Canadian Medical Schools, or its successor agency,** or [*having been otherwise*] **has otherwise been** determined by the board to meet the association standards as specifically incorporated into board rules.

[*(3) "Board" means the Oregon Medical Board.*]

(3) "Approved training program" means a residency program that is accredited by the Accreditation Council of Graduate Medical Education, or its successor organization, the American Osteopathic Association, or its successor organization, or the Royal College of Physicians and Surgeons of Canada, or its successor organization, and approved by the board.

(4) "Diagnose" means to examine another person in any manner to determine the source or nature of a disease or other physical or mental condition, or to hold oneself out or represent that a person is so examining another person. It is not necessary that the examination be made in the presence of such other person; it may be made on information supplied either directly or indirectly by such other person.

(5) "Dispense" means the preparation and delivery of a prescription drug, pursuant to a lawful order of a practitioner, in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

(6) "Dispensing physician" means a physician or podiatric physician and surgeon who purchases prescription drugs for the purpose of dispensing them to patients or other individuals entitled to receive the prescription drug and who dispenses them accordingly.

(7) "Drug" means all medicines and preparations for internal or external use of humans, intended to be used for the cure, mitigation or prevention of diseases or abnormalities of humans, which are recognized in any published United States Pharmacopoeia or National Formulary, or otherwise established as a drug.

(8) "Fellow" means an individual who has not qualified under ORS 677.100 (1) and (2) and who is pursuing some special line of study as part of a supervised program of a school of medicine, a hospital approved for internship or residency training, or an institution for medical research or education that provides for a period of study under the supervision of a responsible member of that hospital or institution, such school, hospital or institution having been approved by the board.

(9) "Intern" means an individual who has entered into a hospital or hospitals for the first year of post-graduate training.

(10) "Internationally trained physician" means a physician who graduated from a medical school that is not an approved school of medicine and who completed a training program that is not an approved training program.

[*(10)*] **(11)** "License" means permission to practice, whether by license, registration or certification.

[*(11)*] **(12)** "Licensee" means an individual holding a valid license issued by the board.

[*(12)*] **(13)** "Physical incapacity" means a condition that renders an individual licensed under this chapter unable to practice under that license with professional skill and safety by reason of physical illness or physical deterioration that adversely affects cognition, motor or perceptive skill.

[*(13)*] **(14)** "Physician" means a person who holds a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, or a person who holds a degree of Doctor of Podiatric Medicine if the context in which the term "physician" is used does not authorize or require the person to practice outside the scope of a license issued under ORS 677.805 to 677.840.

[*(14)*] **(15)** "Podiatric physician and surgeon" means a physician licensed under ORS 677.805 to 677.840 to practice podiatry.

[*(15)(a)*] **(16)(a)** "Podiatry" means:

(A) The diagnosis or the medical, physical or surgical treatment of ailments of the human foot, ankle and tendons directly attached to and governing the function of the foot and ankle, and treatment involving the use of a general or spinal anesthetic if that treatment is performed in a hospital licensed under ORS 441.025 or in an ambulatory surgical center licensed by the Oregon Health Authority and is under the supervision of or in collaboration with a podiatric physician and surgeon;

(B) Assisting in the performance of surgery, as provided in ORS 677.814; and

(C) The treatment of skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle.

(b) "Podiatry" does not include administering general or spinal anesthetics or the amputation of the entire foot.

[*(16)*] **(17)** "Prescribe" means to direct, order or designate the use of or manner of using by spoken or written words or other means.

[*(17)*] **(18)** "Resident" means an individual who, after the first year of post-graduate training, in order to qualify for some particular specialty in the field of medicine, pursues a special line of study as part of a supervised program of a hospital approved by the board.

SECTION 7a. If Senate Bill 874 becomes law, section 7 of this 2025 Act (amending ORS 677.010) is repealed and ORS 677.010, as amended by section 1, chapter 344, Oregon Laws 2025 (Enrolled Senate Bill 874), is amended to read:

677.010. As used in this chapter, subject to the exemptions in ORS 677.060 and unless the context requires otherwise:

(1) "Approved internship" means the first year of post-graduate training [*served in a hospital that is approved by the Oregon Medical Board or*] **that is accredited** by the Accreditation Council for Graduate Medical Education or its successor organization, the American Osteopathic Association or its successor organization or the Royal College of Physicians and Surgeons of Canada or its successor organization**, and approved by the Oregon Medical Board**.

(2) "Approved school of medicine" means a school offering a full-time resident program of study in medicine or osteopathic medicine leading to a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, [*such program having been*] **if the program of study is** fully accredited or conditionally approved by the Liaison Committee on Medical Education, or its successor agency, or the American Osteopathic Association, or its successor agency, **or the Committee on Accreditation of Canadian Medical Schools, or its successor agency,** or [*having been otherwise*] **has otherwise been** determined by the board to meet the association standards as specifically incorporated into board rules.

(3) "Approved training program" means a residency program that is accredited by the Accreditation Council of Graduate Medical Education, or its successor organization, the American Osteopathic Association, or its successor organization, or the Royal College of Physicians and Surgeons of Canada, or its successor organization, and approved by the board.

[*(3)*] **(4)** "Diagnose" means to examine another person in any manner to determine the source or nature of a disease or other physical or mental condition, or to hold oneself out or represent that a person is so examining another person. It is not necessary that the examination be made in the presence of such other person; the examination may be made on information supplied either directly or indirectly by such other person.

[*(4)*] **(5)** "Dispense" means the preparation and delivery of a prescription drug, pursuant to a lawful order of a practitioner, in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

[*(5)*] **(6)** "Dispensing physician" means a physician or podiatric physician and surgeon who purchases prescription drugs for the purpose of dispensing them to patients or other individuals entitled to receive the prescription drug and who dispenses them accordingly.

[*(6)*] **(7)** "Drug" means all medicines and preparations for internal or external use of humans, intended to be used for the cure, mitigation or prevention of diseases or abnormalities of humans, which are recognized in any published United States Pharmacopoeia or National Formulary, or otherwise established as a drug.

[*(7)*] **(8)** "Fellow" means an individual who has not qualified under ORS 677.100 (1) and (2) and who is pursuing some special line of study as part of a supervised program of a school of medicine, a hospital approved for internship or residency training, or an institution for medical research or education that provides for a period of study under the supervision of a responsible member of that hospital or institution, such school, hospital or institution having been approved by the board.

[*(8)*] **(9)** "Intern" means an individual who has entered into a hospital or hospitals for the first year of post-graduate training.

(10) "Internationally trained physician" means a physician who graduated from a medical school that is not an approved school of medicine and who completed a training program that is not an approved training program.

[*(9)*] **(11)** "License" means permission to practice, whether by license, registration or certification.

[*(10)*] **(12)** "Licensee" means an individual holding a valid license issued by the board.

[*(11)*] **(13)** "Physical incapacity" means a condition that renders an individual licensed under this chapter unable to practice under that license with professional skill and safety by reason of physical illness or physical deterioration that adversely affects cognition, motor or perceptive skill.

[*(12)*] **(14)** "Physician" means a person who holds a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, or a person who holds a degree of Doctor of Podiatric Medicine if the context in which the term "physician" is used does not authorize or require the person to practice outside the scope of a license issued under ORS 677.805 to 677.840.

[*(13)*] **(15)** "Podiatric physician and surgeon" means a physician licensed under ORS 677.805 to 677.840 to practice podiatry.

[*(14)(a)*] **(16)(a)** "Podiatry" means:

(A) The diagnosis or the medical, physical or surgical treatment of ailments of the human foot, ankle and tendons directly attached to and governing the function of the foot and ankle, and treatment involving the use of a general or spinal anesthetic if that treatment is performed in a hospital licensed under ORS 441.025 or in an ambulatory surgical center licensed by the Oregon Health Authority and is under the supervision of or in collaboration with a podiatric physician and surgeon;

(B) Assisting in the performance of surgery, as provided in ORS 677.814; and

(C) The treatment of skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle.

(b) "Podiatry" does not include administering general or spinal anesthetics or the amputation of the entire foot.

[*(15)*] **(17)** "Prescribe" means to direct, order or designate the use of or manner of using by spoken or written words or other means.

[*(16)*] **(18)** "Resident" means an individual who, after the first year of post-graduate training, in order to qualify for some particular specialty in the field of medicine, pursues a special line of study as part of a supervised program of a hospital approved by the board.

[*(17)*] **(19)** "Traditional Eastern medicine" means the practice of medicine, specifically acupuncture and traditional Chinese medicine, regulated by this chapter if the medicine is practiced within the context of a person's license to practice acupuncture issued under ORS 677.757 to 677.770.

SECTION 8. ORS 677.100 is amended to read:

677.100. (1) An applicant for a license to practice medicine in this state, except as otherwise provided in subsection (2) of this section, must possess the following qualifications:

(a) Have attended and graduated from a school of medicine.

(b) Have satisfactorily completed the following post-graduate requirement:

(A) Satisfactory completion of an approved rotating internship if a graduate of an approved school of medicine;

(B) One year of training in an approved program if a graduate of an approved school of medicine; [*or*]

(C) Three years of training in an approved program if a graduate of an unapproved school of medicine**; or**

(D) Four years of provisional licensure under section 6 of this 2025 Act.

(c) Have complied with each rule of the Oregon Medical Board which applies to all similar applicants for a license to practice medicine in this state.

(d) Have provided evidence sufficient to prove to the satisfaction of the board that the applicant is of good moral character. For purposes of this section, the lack of good moral character may be established by reference to acts or conduct that reflect moral turpitude or to acts or conduct which would cause a reasonable person to have substantial doubts about the individual's honesty, fairness and respect for the rights of others and for the laws of the state and the nation. The acts or conduct in question must be rationally connected to the applicant's fitness to practice medicine.

(2) If an applicant establishes that the applicant is of good moral character and has qualifications which the board determines are the equivalent of the qualifications required by subsection (1)(a) to (c) of this section, the applicant satisfies the requirements of subsection (1) of this section.

(3) An applicant for a license to practice medicine [*must make written application*] **shall apply** to the board **in a manner** showing compliance with this section, ORS 677.110, 677.120 and the rules of the board, and containing [*such*] **any** further information as the rules of the board may require.

SECTION 9. (1) Section 5 of this 2025 Act and the amendments to ORS 677.010 by section 7 of this 2025 Act become operative on January 1, 2026.

(2) Section 6 of this 2025 Act and the amendments to ORS 677.100 by section 8 of this 2025 Act become operative on January 1, 2027.

(3) The Oregon Medical Board may take any action before the operative dates specified in subsections (1) and (2) of this section that is necessary for the board to exercise, on and after the operative dates specified in subsections (1) and (2) of this section, all of the duties, functions and powers conferred on the board by sections 5 and 6 of this 2025 Act and the amendments to ORS 677.010 and 677.100 by sections 7 and 8 of this 2025 Act.

SECTION 9a. If Senate Bill 874 becomes law, section 9 of this 2025 Act is amended to read:

Sec. 9. (1) Section 5 of this 2025 Act and the amendments to ORS 677.010 by section [*7*] **7a** of this 2025 Act become operative on January 1, 2026.

(2) Section 6 of this 2025 Act and the amendments to ORS 677.100 by section 8 of this 2025 Act become operative on January 1, 2027.

(3) The Oregon Medical Board may take any action before the operative dates specified in subsections (1) and (2) of this section that is necessary for the board to exercise, on and after the operative dates specified in subsections (1) and (2) of this section, all of the duties, functions and powers conferred on the board by sections 5 and 6 of this 2025 Act and the amendments to ORS 677.010 and 677.100 by sections [*7*] **7a** and 8 of this 2025 Act.

SECTION 10. **Notwithstanding any other law limiting expenditures, the limitation on expenditures established by section 1, chapter 364, Oregon Laws 2025 (Enrolled House Bill 5022), for the biennium beginning July 1, 2025, as the maximum limit for payment of expenses from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by the Oregon Medical Board, is increased by $59,747 for the purpose of licensing internationally trained physicians under section 6 of this 2025 Act.**

SECTION 11. **This 2025 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect July 1, 2025.**

Passed by Senate June 23, 2025

Repassed by Senate June 27, 2025

.....
Obadiah Rutledge, Secretary of Senate

.....
Rob Wagner, President of Senate

Passed by House June 26, 2025

.....
Julie Fahey, Speaker of House

Received by Governor:

.....M.,....., 2025

Approved:

.....M.,....., 2025

.....
Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M.,....., 2025

.....
Tobias Read, Secretary of State

Enrolled
Senate Bill 844

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with presession filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Governor Tina Kotek for Oregon Health Authority)

CHAPTER .....

AN ACT

Relating to public health; creating new provisions; amending ORS 413.223, 413.225, 413.550, 413.561, 432.141, 438.010, 438.040, 438.060, 438.150, 438.160, 438.220, 438.310, 438.435, 438.450, 438.705, 438.990, 475A.380, 475A.483, 475A.586, 672.060, 676.177, 676.595, 676.992, 688.625, 700.010, 700.025, 700.030, 700.035, 700.053, 700.062, 700.220, 700.240, 813.160 and 830.535; and repealing ORS 438.030, 438.050, 438.055, 438.070, 438.110, 438.120, 438.130, 438.140, 438.210, 438.320, 438.420, 438.510, 700.050, 700.052 and 700.059.

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

OVERDOSE REPORTING

SECTION 1. ORS 432.141 is amended to read:

432.141. (1) From resources available to the Oregon Health Authority, the authority shall compile statistics on the total number of opioid and opiate overdoses and the total number of opioid and opiate overdose related deaths occurring in this state.

(2) Not less than once every three months, the authority shall report to the Governor and each local health department, as defined in ORS 431.003, the statistics compiled under subsection (1) of this section.

(3) Not later than [*September 15*] **January 15** of each year, the authority shall report to the interim committees of the Legislative Assembly related to health care, in the manner provided by ORS 192.245, the statistics compiled under subsection (1) of this section **for the immediately preceding year**. **The report must include the most recently available relevant data.**

SECTION 2. (1) The amendments to ORS 432.141 by section 1 of this 2025 Act first apply to the report required under ORS 432.141 (3) in 2027.

(2) Notwithstanding ORS 432.141 (3), the report required under ORS 432.141 (3) is not required to be submitted in 2026.

HEMODIALYSIS TECHNICIANS

SECTION 3. ORS 688.625 is amended to read:

688.625. As used in ORS 688.625 to 688.665:

[*(1) "Hemodialysis technician" means a person certified by the Oregon Health Authority under ORS 688.650.*]

(1)(a) "Hemodialysis technician" means a person who provides hemodialysis services as that term is defined by the Oregon Health Authority by rule.

(b) "Hemodialysis technician" does not include a licensed health care provider if the provision of hemodialysis services falls within the licensed health care provider's scope of practice.

(2) "Outpatient renal dialysis facility" has the meaning given that term in ORS 442.015.

PSILOCYBIN SERVICES

NOTE: Sections 4 through 6 were deleted by amendment. Subsequent sections were not renumbered.

SECTION 7. ORS 475A.380 is amended to read:

475A.380. [*Minimum standards of education and training for psilocybin service facilitators; rules.*] (1) The Oregon Health Authority shall adopt by rule minimum standards of education and training requirements for psilocybin service facilitators.

(2) The authority shall approve **training program** courses for psilocybin service facilitators. To obtain approval of a **training program** course, the provider of a **training program** course must submit an outline of instruction to the authority. The outline must include the approved **training program** courses, total hours of instruction, hours of lectures in theory and the hours of instruction in application of practical skills.

SECTION 8. ORS 475A.483 is amended to read:

475A.483. [*Issuing, renewing permits; fees; rules.*] (1) The Oregon Health Authority shall issue permits to qualified applicants to perform work described in ORS 475A.480. The authority shall adopt rules establishing:

(a) The qualifications for performing work described in ORS 475A.480;

(b) The term of a permit issued under this section;

(c) Procedures for applying for and renewing a permit issued under this section; and

(d) Reasonable application, issuance and renewal fees for a permit issued under this section.

(2)(a) The authority may require an individual applying for a permit under this section to successfully complete a **training program** course, made available by or through the authority, through which the individual receives training on:

(A) Checking identification;

(B) Detecting intoxication;

(C) Handling psilocybin products;

(D) If applicable, the manufacturing of psilocybin products;

(E) The content of ORS 475A.210 to 475A.722 and rules adopted under ORS 475A.210 to 475A.722; or

(F) Any matter deemed necessary by the authority to protect the public health and safety.

(b) The authority or other provider of a **training program** course may charge a reasonable fee for the **training program** course.

(c) The authority may not require an individual to successfully complete a **training program** course more than once, except that:

(A) As part of a final order suspending a permit issued under this section, the authority may require a permit holder to successfully complete the **training program** course as a condition of lifting the suspension; and

(B) As part of a final order revoking a permit issued under this section, the authority shall require an individual to successfully complete the **training program** course prior to applying for a new permit.

(3) The authority shall conduct a criminal records check under ORS 181A.195 on an individual applying for a permit under this section.

(4) Subject to the applicable provisions of ORS chapter 183, the authority may suspend, revoke or refuse to issue or renew a permit if the individual who is applying for or who holds the permit:

(a) Is convicted of a felony or is convicted of an offense under ORS 475A.210 to 475A.722, except that the authority may not consider a conviction for an offense under ORS 475A.210 to 475A.722 if the date of the conviction is two or more years before the date of the application or renewal;

(b) Violates any provision of ORS 475A.210 to 475A.722 or any rule adopted under ORS 475A.210 to 475A.722; or

(c) Makes a false statement to the authority.

(5) A permit issued under this section is a personal privilege and permits work described under ORS 475A.480 only for the individual who holds the permit.

SECTION 9. ORS 475A.586 is amended to read:

475A.586. [*Certain information related to licensure exempt from disclosure.*] (1) Subject to subsection (2) of this section, information is exempt from public disclosure under ORS 192.311 to 192.478 if the information is:

(a) Personally identifiable information, as defined in ORS 432.005;

(b) The address of a premises for which a license has been issued or for which an applicant has proposed licensure under ORS 475A.290, 475A.305 or 475A.594;

(c) Related to the security plan or the operational plan for a premises for which a license has been issued or for which an applicant has proposed licensure under ORS 475A.290, 475A.305 or 475A.594; or

(d) Related to any record that the Oregon Health Authority determines contains proprietary information of a licensee.

(2) The exemption from public disclosure as provided by this section does not apply to:

(a) The name of an individual listed on an application, if the individual is a direct owner of the business operating or to be operated under the license; or

(b) A request for information if the request is made by a law enforcement agency**, unless the information requested is confidential pursuant to section 5 of this 2025 Act**.

(3) For purposes of subsection (2)(a) of this section, an individual is not a direct owner of the business operating or to be operated under the license if:

(a) The direct owner of the business operating or to be operated under the license is a legal entity; and

(b) The individual is merely a general partner, limited partner, member, shareholder, or other direct or indirect owner of the legal entity.

SECTION 9a. Section 9 of this 2025 Act (amending ORS 475A.586) is repealed and ORS 475A.586, as amended by section 13, chapter 147, Oregon Laws 2025 (Enrolled House Bill 2387), is amended to read:

475A.586. (1) Subject to subsection (2) of this section, information is exempt from public disclosure under ORS 192.311 to 192.478 if the information is:

(a) Personally identifiable information, as defined in ORS 432.005;

(b) The address of a premises for which a license has been issued or for which an applicant has proposed licensure under ORS 475A.290, 475A.305 or 475A.594;

(c) Related to the security plan or the operational plan for a premises for which a license has been issued or for which an applicant has proposed licensure under ORS 475A.290, 475A.305 or 475A.594; or

(d) Related to any record that the Oregon Health Authority determines contains proprietary information of a licensee.

(2) The exemption from public disclosure as provided by this section does not apply to:

(a) The name of an individual listed on an application, if the individual is a direct owner of the business operating or to be operated under the license; or

(b) A request for information if the request is made by a law enforcement agency, unless the information requested is confidential pursuant to section [*3 of this 2025 Act*] **2, chapter 147, Oregon Laws 2025 (Enrolled House Bill 2387)**.

(3) For purposes of subsection (2)(a) of this section, an individual is not a direct owner of the business operating or to be operated under the license if:

(a) The direct owner of the business operating or to be operated under the license is a legal entity; and

(b) The individual is merely a general partner, limited partner, member, shareholder, or other direct or indirect owner of the legal entity.

SECTION 10. ORS 676.177 is amended to read:

676.177. **(1) For purposes of this section, "public entity" means:**

(a) A board or agency of this state, or a board or agency of another state with regulatory or enforcement functions similar to the functions of a health professional regulatory board of this state;

(b) A district attorney;

(c) The Department of Justice;

(d) A state or local public body of this state that licenses, franchises or provides emergency medical services; or

(e) A law enforcement agency of this state, another state or the federal government.

[*(1)*] **(2)** Notwithstanding any other provision of ORS 676.165 to 676.180 and except as provided in subsection (5) of this section, a health professional regulatory board, upon a determination by the board that it possesses otherwise confidential information that reasonably relates to the regulatory or enforcement function of another public entity, may disclose that information to the other public entity.

[*(2)*] **(3)** Any public entity that receives information pursuant to subsection [*(1)*] **(2)** of this section shall agree to take all reasonable steps to maintain the confidentiality of the information, except that the public entity may use or disclose the information to the extent necessary to carry out the regulatory or enforcement functions of the public entity.

[*(3) For purposes of this section, "public entity" means:*]

[*(a) A board or agency of this state, or a board or agency of another state with regulatory or enforcement functions similar to the functions of a health professional regulatory board of this state;*]

[*(b) A district attorney;*]

[*(c) The Department of Justice;*]

[*(d) A state or local public body of this state that licenses, franchises or provides emergency medical services; or*]

[*(e) A law enforcement agency of this state, another state or the federal government.*]

(4) Notwithstanding subsections [*(1) to*] **(2) and** (3) of this section, the Oregon Board of Physical Therapy may disclose information described in subsection [*(1)*] **(2)** of this section to the Physical Therapy Compact Commission established in ORS 688.240.

(5) A health professional regulatory board may not disclose the information described in subsection [*(1)*] **(2)** of this section to another public entity if the information relates to the provision of or referral for reproductive or gender-affirming health care services.

(6) A health professional regulatory board may disclose to the Oregon Health Authority information described in subsection (2) of this section. The authority shall take all reasonable steps to maintain the confidentiality of any information received under this subsection, except that the authority may use the information to the extent necessary to carry out its regulatory or enforcement functions under ORS 475A.210 to 475A.722.

SECTION 11. The amendments to ORS 475A.380, 475A.483, 475A.586 and 676.177 by sections 7 to 10 of this 2025 Act apply to information obtained by the Oregon Health Authority or health professional regulatory board on or after the effective date of this 2025 Act.

ENVIRONMENTAL HEALTH REGISTRATION BOARD

SECTION 12. ORS 700.010 is amended to read:

700.010. As used in this chapter, unless the context requires otherwise:

(1) "Board" means the Environmental Health Registration Board, established within the Health Licensing Office.

(2) "Certified professional soil scientist" means a person registered in good standing with the American Registry of Certified Professionals in Agronomy, Crops and Soils.

(3) "Environmental health" means the art and science of applying sanitary, biological and physical science principles and knowledge to improve and control the environment and factors therein for the protection of the health and welfare of the public.

[*(3)*] **(4)** "Environmental health specialist" means a person who by education, training and experience in the sanitary, biological and physical sciences is qualified to perform duties in environmental [*sanitation*] **health**, including but not limited to scientific investigation and education and counseling in environmental [*sanitation*] **health**.

[*(4)*] **(5)** "Environmental health specialist trainee" means a person who lacks the combination of training, education and experience required for a registered environmental health specialist, but who is engaged in meeting the requirements.

[*(5) "Environmental sanitation" means the art and science of applying sanitary, biological and physical science principles and knowledge to improve and control the environment and factors therein for the protection of the health and welfare of the public.*]

(6) "Registrant" means any person registered with the office under this chapter.

(7) "Registration" means written authorization issued under ORS 700.030 or 700.053 for the holder to perform duties in the fields of environmental [*sanitation*] **health** or waste water sanitation.

[*(8) "Science courses relating to environmental sanitation" include courses in public or community health or in sanitary, biological or physical sciences.*]

[*(9)*] **(8)** "Trainee registration" means written authorization issued under ORS 700.035 or 700.062 for the holder to perform duties as an environmental health specialist trainee or as a waste water specialist trainee.

[*(10)*] **(9)** "Waste water specialist" means a person who by education, training and experience in the sanitary, biological and physical sciences is qualified to perform duties in the field of waste water treatment, disposal and reuse where soil is used in the final stage of the treatment process.

[*(11)*] **(10)** "Waste water specialist trainee" means a person who lacks the combination of training, education and experience required for a registered waste water specialist, but who is engaged in the process of meeting the requirements.

SECTION 13. ORS 700.025 is amended to read:

700.025. The provisions of ORS 700.020 (2) do not apply to:

(1) Any person teaching, lecturing or engaging in research in environmental [*sanitation*] **health** but only in so far as such activities are performed as part of an academic position in a college or university.

(2) Any person who is a sanitary engineer, public health engineer or registered professional engineer.

(3) Any public health officer employed pursuant to ORS 431.001 to 431.550, 431.705 to 431.760, 431.990 and 431A.005 to 431A.020.

(4) Any person employed by a federal governmental agency but only at such times as the person is carrying out the functions of employment.

(5) Any person who holds a doctorate in veterinary medicine.

(6) The performances of such duties as meat inspection, produce inspection, bee inspection, grain warehouse inspection, landscaping, gardening, plumbing, septic tank or cesspool installation or insect and rodent poison application.

(7) Any employee of the Department of Environmental Quality other than an on-site waste water disposal employee.

(8) Any person employed by a local government, or its agents, while employed in a job that did not require registration under ORS 700.020 as of October 4, 1997.

SECTION 14. ORS 700.030 is amended to read:

700.030. [*(1) Subject to ORS 676.612, upon application accompanied by payment of the applicable fees established under ORS 676.576, the Health Licensing Office shall issue a registration to any applicant who:*]

[*(a) Performs to the satisfaction of the Environmental Health Registration Board on an examination approved by the board; and*]

[*(b) Furnishes evidence satisfactory to the office that the applicant:*]

(1) The Health Licensing Office may issue a registration to practice environmental health to an applicant who submits an application and pays the applicable fees established under ORS 676.576. The applicant must also:

(a) Pass an examination approved by the Environmental Health Registration Board by rule; and

(b) Submit proof that the applicant:

(A) Has a bachelor's degree from an accredited college or university, 45 quarter hours or the equivalent semester hours in science courses [*related to environmental sanitation*] and two years of experience in environmental [*sanitation*] **health** under the supervision of a registered environmental health specialist **or a person possessing equal qualifications as determined by the board**;

(B) Has a graduate degree in public or community health **or another environmental health field** from an accredited college or university and one year of experience in environmental [*sanitation*] **health** under the supervision of a registered environmental health specialist **or a person possessing equal qualifications as determined by the board**; or

[*(C) Possesses qualifications equivalent to those described in subparagraph (A) or (B) of this paragraph, as determined by the board by rule.*]

[*(2) For the purpose of meeting the qualifications set forth in subsection (1)(b)(A) of this section, accumulated schooling relevant to environmental sanitation gained while serving in the United States Public Health Service or a branch of the Armed Forces of the United States may be credited toward the educational requirement as evaluated by the current edition of the "Guide to Evaluation of Educational Experiences in the Armed Services" by the American Council on Education.*]

[*(3) The office, in consultation with the board, shall establish by rule requirements for registration as an environmental health specialist when an individual's date of employment precedes attainment of registration.*]

(C) Has an active credential as a registered environmental health specialist or a registered sanitarian by a national association that is recognized by the board.

(2) For the purpose of meeting the education and experience requirements listed in subsection (1)(b) of this section, accumulated schooling relevant to environmental health gained while serving in the United States Public Health Service or a branch of the Armed Forces of the United States may be credited toward an applicant's educational requirements. The board may use any system it considers reliable in assigning credit for relevant schooling under this subsection, including but not limited to assigning credit in conformance with the American Council on Education Military Guide.

(3) The office may require an applicant to meet additional requirements by rule to obtain an environmental health specialist registration.

SECTION 15. ORS 700.035 is amended to read:

700.035. [*(1) Subject to ORS 676.612, upon application and payment of the applicable fees established under ORS 676.576, the Health Licensing Office shall issue an environmental health specialist trainee registration to any applicant who performs to the satisfaction of the Environmental Health Registration Board on an examination approved by the board and furnishes evidence satisfactory to the office that the applicant:*]

(1) The Health Licensing Office may issue an environmental health specialist trainee registration to an applicant who submits an application and pays the applicable fees established under ORS 676.576. An applicant must also:

(a) [*Has*] **Have** a bachelor's degree and at least 45 quarter hours, or the equivalent semester hours, in science courses [*relating to environmental sanitation*] from an accredited college or university; or

(b) [*Has*] **Have** at least 15 quarter hours, or the equivalent semester hours, in science courses [*relating to environmental sanitation*] from an accredited college or university and [*has*] **have** at least

five years of experience in environmental [*sanitation*] **health** or related activities, as determined by the **Environmental Health Registration** Board, under the supervision of a registered environmental health specialist or a person possessing equal qualifications, as determined by the board.

[*(2) A person may not be registered as an environmental health specialist trainee for more than two years' full-time employment in the environmental sanitation profession, or the equivalent hours if employment in environmental sanitation is less than full-time or 40 hours per week.*]

[*(3) The office, in consultation with the board, shall establish by rule requirements for registration as an environmental health specialist trainee when an individual's date of employment precedes attainment of registration.*]

(2) The board may enact rules to require an examination of applicants for registration as an environmental health specialist trainee.

[*(4)*] **(3)** An environmental health specialist trainee shall be supervised by a registered environmental health specialist or a person possessing equal qualifications as determined by the board.

(4) For the purpose of meeting the education and experience requirements listed in subsection (1) of this section, accumulated schooling relevant to environmental health gained while serving in the United States Public Health Service or a branch of the Armed Forces of the United States may be credited toward an applicant's educational requirements. The board may use any system it considers reliable in assigning credit for relevant schooling under this subsection, including but not limited to assigning credit in conformance with the American Council on Education Military Guide.

SECTION 16. ORS 700.053 is amended to read:

700.053. [*(1) An applicant for registration as a waste water specialist shall submit an application to the Health Licensing Office in the manner required by the Environmental Health Registration board. The application shall be on a form approved by the office, include proof satisfactory to the board that the applicant meets the education and experience requirements under subsection (3) of this section and include payment of the applicable fees established under ORS 676.576.*]

[*(2) The office shall issue a registration as a waste water specialist to an applicant whose application complies with subsection (1) of this section and who successfully completes the examination required under subsection (5) of this section and passes the examination required under subsection (6) of this section.*]

[*(3) An applicant for registration as a waste water specialist is required to have:*]

(1) The Health Licensing Office may issue a waste water specialist registration to an applicant who submits an application and pays the applicable fees established under ORS 676.576. An applicant must also:

(a) Pass an examination approved by the Environmental Health Registration Board by rule; and

(b) Submit proof that the applicant:

[*(a)*] **(A) Has** a bachelor's degree from an accredited college or university, including at least 45 quarter hours or the equivalent in soil science courses and two years of experience in waste water treatment, disposal and reuse within this state supervised by a registered waste water specialist or by an equally qualified person as determined by the board;

[*(b)*] **(B) Has** a graduate degree in soil science from an accredited college or university and one year of experience in waste water treatment, disposal and reuse within this state supervised by a registered waste water specialist or by an equally qualified person as determined by the board; or

[*(c)*] **(C) Has** a graduate degree in soil science from an accredited college or university and [*to*] **is** currently [*be*] certified as a professional soil scientist.

[*(4) Soil science schooling obtained while serving in the United States Public Health Service or a branch of the Armed Services of the United States may be credited toward the soil science course requirement under subsection (3)(a) of this section. The board may use any system it considers reliable in assigning credit for relevant schooling under this subsection, including but not limited to assigning credit in conformance with the "Guide to Evaluation of Educational Experience in the Armed Services" published by the American Council on Education.*]

[*(5) The board may, at its discretion, conduct an examination of candidates for registration as waste water specialists. The examination may be on any matter pertaining to the fitness of the applicant to be registered as a waste water specialist, but may not duplicate matters covered on the examination required under subsection (6) of this section.*]

[*(6) Every applicant for registration as a waste water specialist shall be given a written or practical examination prepared by the board and designed to test the technical competence of the applicant in all major areas of waste water sanitation.*]

(2) For the purpose of meeting the education requirements listed in subsection (1) of this section, accumulated schooling relevant to soil science gained while serving in the United States Public Health Service or a branch of the Armed Forces of the United States may be credited toward an applicant's educational requirements. The board may use any system it considers reliable in assigning credit for relevant schooling under this subsection, including but not limited to assigning credit in conformance with the American Council on Education Military Guide.

SECTION 17. ORS 700.062 is amended to read:

700.062. [*(1) Subject to ORS 676.612, upon application and payment of the applicable fees established under ORS 676.576, the Health Licensing Office shall issue registration as a waste water specialist trainee to any applicant who furnishes evidence satisfactory to the office that the applicant:*]

(1) The Health Licensing Office may issue a waste water specialist trainee registration to an applicant who submits an application and pays the applicable fees established under ORS 676.576. An applicant must also:

(a) [*Has*] **Have** a bachelor's degree from an accredited college or university, including at least 45 quarter hours or the equivalent in soil science courses; or

(b) [*Has*] **Have** a graduate degree in soil science from an accredited college or university.

[*(2) Soil science schooling obtained while serving in the United States Public Health Service or a branch of the Armed Services of the United States may be credited toward the soil science course requirement under this section. The Environmental Health Registration Board may use any system it considers reliable in assigning credit for relevant schooling under this subsection, including but not limited to assigning credit in conformance with the "Guide to Evaluation of Educational Experience in the Armed Services" published by the American Council on Education.*]

(2) For the purpose of meeting the education requirements listed in subsection (1) of this section, accumulated schooling relevant to soil science gained while serving in the United States Public Health Service or a branch of the Armed Forces of the United States may be credited toward an applicant's educational requirements. The Environmental Health Registration Board may use any system it considers reliable in assigning credit for relevant schooling under this subsection, including but not limited to assigning credit in conformance with the American Council on Education Military Guide.

SECTION 18. ORS 700.220 is amended to read:

700.220. (1) The members of the Environmental Health Registration Board appointed by the Governor shall be appointed from among the residents of this state and shall have the following qualifications and terms of office:

(a) One shall be a physician licensed to practice medicine or surgery by the Oregon Medical Board who has an emphasis in public health.

(b) Four shall be persons registered under this chapter who have at least four years of experience in environmental [*sanitation*] **health**.

[*(c) One shall be a representative of the food or food and alcoholic beverage retail industry.*]

[*(d) One shall be a public member.*]

(c) Two must be members of the public who do not possess the same professional qualifications of the other members.

(2) The term of office of each member of the Environmental Health Registration Board is four years, but a member serves at the pleasure of the Governor. Vacancies shall be filled by the Governor by appointment for the unexpired term. A member shall hold the member's office until the

appointment and qualification of a successor. A member is eligible for reappointment. If a person serves two consecutive full terms, a period of at least four years must elapse before the person is again eligible for appointment to serve on the board.

(3) The members of the board are entitled to compensation and expenses as provided in ORS 292.495, to be paid from the Environmental Health Registration Account.

SECTION 19. ORS 700.240 is amended to read:

700.240. [*(1) The Health Licensing Office, in consultation with the Environmental Health Registration Board, has such authority as is reasonably necessary to administer this chapter, including the authority to adopt rules pursuant to ORS chapter 183.*]

[*(2) The office has authority to administer oaths and subpoena witnesses.*]

[*(3) The office shall keep a record of all proceedings of the office, including a register of all registrants. These records shall at reasonable times be open to the public.*]

[*(4) When the office is satisfied that an applicant for registration under this chapter has complied with all of the requirements thereof, it shall have issued to such applicant an appropriate certificate evidencing registration.*]

(1) The Health Licensing Office may:

(a) Determine the qualifications, training, education and fitness of applicants for registration, renewal of registrations and reciprocal registrations;

(b) Adopt rules that are necessary to conduct its business related to carrying out its duties under and in administering this chapter;

(c) Examine, approve, issue, deny, revoke, suspend and renew registrations to practice environmental health or waste water sanitation under this chapter;

(d) Provide for waivers of examinations and credentials;

(e) Provide requirements for temporary registrations as considered appropriate;

(f) Establish standards for applicants with experience that precedes the date of application; and

(g) Limit the number of renewals for environmental health specialist trainees and waste water specialist trainees.

(2) The Environmental Health Registration Board may:

(a) Approve examinations for registrations by rule;

(b) Establish standards of practice and professional responsibility for persons registered by the office;

(c) Adopt rules that are necessary to carry out this chapter; and

(d) Establish supervision requirements for environmental health specialist trainees and waste water specialist trainees.

SECTION 20. ORS 672.060 is amended to read:

672.060. Registration under ORS 672.002 to 672.325 is not required for the following:

(1) The performance of work as an employee or a subordinate of a registered professional engineer if:

(a) The work does not include final engineering designs or decisions;

(b) The work is done under the supervision and control of and is verified by a registered professional engineer; and

(c) The employee or subordinate does not by verbal claim, sign, advertisement, letterhead or card or in any other way imply that the employee or subordinate is or purports to be a professional engineer or registered professional engineer.

(2) The performance of engineering work by an employee, sole proprietorship, firm, partnership or corporation:

(a) On property owned or leased by the employer, sole proprietorship, firm, partnership or corporation, or on property in which the employer, sole proprietorship, firm, partnership or corporation has an interest, estate or possessory right; and

(b) That affects exclusively the property or interests of the employer, sole proprietorship, firm, partnership or corporation, unless the performance affects the health or safety of the public or an employee.

(3) The performance of engineering work by a person, or by full-time employees of the person, if:

(a) The engineering work is in connection with or incidental to the operations of the person; and

(b) The engineering work is not offered directly to the public.

(4) An offer by an employee, sole proprietorship, firm, partnership or corporation to perform engineering work if:

(a) The employer, sole proprietorship, firm, partnership or corporation holds a certificate of registration to engage in the practice of professional engineering issued by the proper authority of any other state, a territory or possession of the United States or a foreign country; and

(b) The offer includes a written statement that the offeror is not registered to practice engineering in the State of Oregon, but will comply with ORS 672.002 to 672.325 by having an individual holding a valid certificate of registration in this state in responsible charge of the work prior to performing any engineering work within this state.

(5) The offering by a construction contractor licensed under ORS chapter 701 of services constituting the performance of engineering work if:

(a) The services are appurtenant to construction services to be provided by the construction contractor;

(b) The services constituting the practice of engineering are performed by an engineer or engineers registered under ORS 672.002 to 672.325; and

(c) The offer by the construction contractor discloses in writing that the contractor is not an engineer and identifies the engineer or engineers that will perform the services constituting the practice of engineering.

(6) The execution of engineering work designed by a professional engineer or the supervision of the construction of engineering work as a foreman or superintendent.

(7) The making of drawings or specifications for, or the supervision of the erection, enlargement or alteration of, a building, or an appurtenance thereto, if the building has a ground area of 4,000 square feet or less and is not more than 20 feet in height from the top surface of lowest flooring to the highest interior overhead finish of the structure. The exemption in this subsection does not apply to a registered professional engineer.

(8) The making of drawings or specifications for, or the supervision of the erection, enlargement or alteration of, a building, or an appurtenance thereto, if the building is to be used for a single family residential dwelling or farm building or is a structure used in connection with or auxiliary to a single family residential dwelling or farm building, including but not limited to a three-car garage, barn or shed or a shelter used for the housing of domestic animals or livestock. The exemption in this subsection does not apply to a registered professional engineer.

(9) The performance of work as a registered architect practicing architecture.

(10) The performance of work as a registered environmental health specialist or registered environmental health specialist trainee working under the supervision of a registered environmental health specialist practicing environmental [*sanitation*] **health**, or a registered waste water specialist or registered waste water specialist trainee working under the supervision of a registered waste water specialist practicing waste water sanitation.

(11) The performance of land surveying work under the supervision of a registered professional land surveyor or registered professional engineer. The exemption in this subsection does not allow an engineer to supervise a land surveying activity the engineer could not personally perform under ORS 672.025.

(12) The performance of land surveying by a person:

(a) On property owned or leased by the person, or on property in which the person has an interest, estate or possessory right; and

(b) That affects exclusively the property or interests of the person, unless the performance affects the health or safety of the public or an employee.

(13) The performance of land surveying work by a landowner within the boundaries of the landowner's land or by the landowner's regular employee as part of the employee's official duties within the boundaries of the land of the employer.

(14) An offer by a person to perform land surveying if:

(a) The person holds a certificate of registration to engage in the practice of land surveying issued by the proper authority of any other state, a territory or possession of the United States or a foreign country; and

(b) The offer includes a written statement that the offeror is not registered to practice land surveying in the State of Oregon, but will comply with ORS 672.002 to 672.325 by having an individual holding a valid certificate of registration in this state in responsible charge of the work prior to performing any land surveying work within this state.

(15) An offer by a person to perform photogrammetric mapping if:

(a) The person holds a certificate of registration to engage in the practice of professional photogrammetric mapping issued by the proper authority of any other state, a territory or possession of the United States or a foreign country; and

(b) The offer includes a written statement that the offeror is not registered to practice photogrammetric mapping in the State of Oregon, but will comply with ORS 672.002 to 672.325 by having an individual holding a valid certificate of registration in this state in responsible charge of the work prior to performing any photogrammetric mapping work within this state.

(16) The transcription of existing georeferenced data into a Geographic Information System or Land Information System format by manual or electronic means, and the maintenance of that data, if the data are clearly not intended to indicate the authoritative location of property boundaries, the precise shape or contour of the earth or the precise location of fixed works of humans.

(17) Activities under ORS 306.125 or 308.245. This exemption applies to the transcription of tax maps, zoning maps and other public data records into Geographic Information System or Land Information System formatted cadastre and the maintenance of those cadastre, if:

(a) The data are not modified for other than graphical purposes; and

(b) The data are clearly not intended to authoritatively represent property boundaries.

(18) The preparation of maps or the compilation of databases depicting the distribution of natural or cultural resources, features or phenomena, if the maps or data are not intended to indicate the authoritative location of property boundaries, the precise shape or contour of the earth or the precise location of fixed works by humans.

(19) The preparation by a federal agency or its contractors of military maps, quadrangle topographic maps, satellite imagery or other maps or images that do not define real property boundaries.

(20) The preparation or transcription by a federal agency or its contractors of documents or databases into a Geographical Information System or Land Information System format, including but not limited to the preparation or transcription of federal census and other demographic data.

(21) The preparation by a law enforcement agency or its contractors of documents or maps for traffic accidents, crime scenes or similar purposes depicting physical features or events or generating or using georeferenced data involving crime statistics or criminal activities.

(22) Activities of a peace officer, as defined in ORS 161.015, or a fire service professional, as defined in ORS 181A.355, in conducting, reporting on or testifying about or otherwise performing duties regarding an official investigation.

(23) The creation of general maps prepared for private firms or governmental agencies:

(a) For use as guides to motorists, boaters, aviators or pedestrians;

(b) For publication in a gazetteer or an atlas as an educational tool or reference publication;

(c) For use in the curriculum of any course of study;

(d) If produced by any electronic or print media, for use as an illustrative guide to the geographic location of any event; or

(e) If prepared for conversational or illustrative purposes, including but not limited to for use as advertising material or user guides.

SECTION 21. ORS 676.595 is amended to read:

676.595. (1) As used in this section, "board" means the:

(a) Sexual Offense Treatment Board established under ORS 675.395.

(b) Behavior Analysis Regulatory Board created under ORS 676.806.

(c) Long Term Care Administrators Board established under ORS 678.800.

(d) State Board of Denture Technology established under ORS 680.556.

(e) State Board of Direct Entry Midwifery established under ORS 687.470.

(f) Board of Athletic Trainers established under ORS 688.705.

(g) Respiratory Therapist and Polysomnographic Technologist Licensing Board established under ORS 688.820.

(h) Board of Licensed Dietitians established under ORS 691.485.

(i) Environmental Health Registration Board established under ORS 700.210.

(2) Except to the extent that disclosure is necessary to conduct a full and proper investigation, the Health Licensing Office may not disclose information, including complaints and information identifying complainants, obtained by the office as part of an investigation conducted under:

(a) ORS 675.365 to 675.410, 676.802 to 676.830, 678.710 to 678.820, 680.500 to 680.565, 687.405 to 687.495, 688.701 to 688.734, 688.800 to 688.840 or 691.405 to 691.485 or ORS chapter 700.

(b) ORS 676.560 to 676.625 if the investigation is related to the regulation of:

(A) Sexual abuse specific treatment under ORS 675.365 to 675.410;

(B) Applied behavior analysis under ORS 676.802 to 676.830;

(C) Nursing home administration and residential care facility administration under ORS 678.710 to 678.820;

(D) The practice of denture technology under ORS 680.500 to 680.565;

(E) Direct entry midwifery under ORS 687.405 to 687.495;

(F) Athletic training under ORS 688.701 to 688.734;

(G) Respiratory care and polysomnography under ORS 688.800 to 688.840;

(H) Dietetics under ORS 691.405 to 691.485; or

(I) Environmental **health** or waste water sanitation under ORS chapter 700.

(3) Notwithstanding subsection (2) of this section, if the office or board decides not to impose a disciplinary sanction after conducting an investigation described in subsection (2) of this section:

(a) The office shall disclose information obtained as part of the investigation if the person requesting the information demonstrates by clear and convincing evidence that the public interest in disclosure outweighs other interests in nondisclosure, including the public interest in nondisclosure.

(b) The office may disclose to a complainant who made a complaint related to the investigation a written summary of information obtained as part of the investigation to the extent that disclosure is necessary to explain the office's or board's decision. The person who is the subject of the investigation may review and obtain a copy of a written summary disclosed under this paragraph after the office has redacted any information identifying the complainant.

(4) Notwithstanding subsection (2) of this section, if a decision is made to impose a disciplinary sanction and to issue a notice of intent to impose a disciplinary sanction after conducting an investigation described in subsection (2) of this section, upon written request by the person who is the subject of the investigation, the office shall disclose to the person all information obtained by the office or board during the investigation, except that the office may not disclose:

(a) Information that is otherwise privileged or confidential under state or federal law.

(b) Information identifying a person who provided information that led to the investigation, unless the person will provide testimony at a hearing arising out of the investigation.

(c) Information identifying a complainant.

(d) Reports of expert witnesses.

(5) Information disclosed to a person under subsection (4) of this section may be further disclosed by the person only to the extent that disclosure is necessary to prepare for a hearing arising out of the investigation.

(6) The office shall disclose:

(a) Any notice related to the imposition of a disciplinary sanction.

(b) A final order related to the imposition of a disciplinary sanction.

(c) An emergency suspension order.

(d) A consent order or stipulated agreement that involves the conduct of a person against whom discipline is sought.

(e) Information to further an investigation into board conduct under ORS 192.685.

(7) The office or board must summarize the factual basis for the office's or board's disposition of:

(a) A final order related to the imposition of a disciplinary sanction;

(b) An emergency suspension order; or

(c) A consent order or stipulated agreement that involves the conduct of a person against whom discipline is sought.

(8)(a) An office or board record or order, or any part of an office or board record or order, that is obtained during an investigation described in subsection (2) of this section, during a contested case proceeding or as a result of entering into a consent order or stipulated agreement is not admissible as evidence and may not preclude an issue or claim in a civil proceeding.

(b) This subsection does not apply to a proceeding between the office or board and a person against whom discipline is sought as otherwise authorized by law.

(9)(a) Notwithstanding subsection (2) of this section, the office is not publicly disclosing information when the office permits other public officials and members of the press to attend executive sessions where information obtained as part of an investigation is discussed. Public officials and members of the press attending such executive sessions may not disclose information obtained as part of an investigation to any other member of the public.

(b) For purposes of this subsection, "public official" means a member, member-elect or employee of a public entity as defined in ORS 676.177.

(10) The office may establish fees reasonably calculated to reimburse the actual cost of disclosing information to a person against whom discipline is sought as required by subsection (4) of this section.

SECTION 22. ORS 676.992 is amended to read:

676.992. (1) Except as provided in subsection (3) of this section, and in addition to any other penalty or remedy provided by law, the Health Licensing Office may impose a civil penalty not to exceed $5,000 for each violation of the following statutes and any rule adopted under the following statutes:

(a) ORS 688.701 to 688.734 (athletic training);

(b) ORS 690.005 to 690.225 (cosmetology);

(c) ORS 680.500 to 680.565 (denture technology);

(d) Subject to ORS 676.616 and 687.445, ORS 687.405 to 687.495 (direct entry midwifery);

(e) ORS 690.350 to 690.410 (tattooing, electrolysis, body piercing, earlobe piercing, dermal implanting and scarification);

(f) ORS 694.015 to 694.170 (dealing in hearing aids);

(g) ORS 688.800 to 688.840 (respiratory therapy and polysomnography);

(h) ORS chapter 700 (environmental [*sanitation*] **health**);

(i) ORS 675.365 to 675.410 (sexual abuse specific treatment);

(j) ORS 678.710 to 678.820 (nursing home administrators and residential care facility administrators);

(k) ORS 691.405 to 691.485 (dietitians);

(L) ORS 676.612 (prohibited acts);

(m) ORS 676.802 to 676.830 (applied behavior analysis);

(n) ORS 681.700 to 681.730 (music therapy);

(o) ORS 676.630 to 676.660 (advanced nonablative esthetics procedure);

(p) ORS 681.740 to 681.758 (art therapy);

(q) ORS 676.665 to 676.689 (lactation consultation);

(r) ORS 676.730 to 676.748 (genetic counseling); and

(s) ORS 676.750 to 676.789 (signed language interpretation).

(2) The office may take any other disciplinary action that it finds proper, including but not limited to assessment of costs of disciplinary proceedings, not to exceed $5,000, for violation of any statute listed in subsection (1) of this section or any rule adopted under any statute listed in subsection (1) of this section.

(3) Subsection (1) of this section does not limit the amount of the civil penalty resulting from a violation of ORS 694.042.

(4) In imposing a civil penalty under this section, the office shall consider the following factors:

(a) The immediacy and extent to which the violation threatens the public health or safety;

(b) Any prior violations of statutes, rules or orders;

(c) The history of the person incurring a penalty in taking all feasible steps to correct any violation; and

(d) Any other aggravating or mitigating factors.

(5) Civil penalties under this section shall be imposed as provided in ORS 183.745.

(6) The moneys received by the office from civil penalties under this section shall be deposited in the Health Licensing Office Account and are continuously appropriated to the office for the administration and enforcement of the laws the office is charged with administering and enforcing that govern the person against whom the penalty was imposed.

SECTION 23. ORS 700.050, 700.052 and 700.059 are repealed.

SECTION 24. The repeal of ORS 700.050, 700.052 and 700.059 by section 23 of this 2025 Act applies to individuals who submit an application to practice as an environmental health specialist or waste water specialist on or after the effective date of this 2025 Act.

SECTION 25. The amendments to ORS 700.220 by section 18 of this 2025 Act apply to members of the Environmental Health Registration Board appointed on or after the effective date of this 2025 Act.

CLINICAL LABORATORIES

SECTION 26. ORS 438.010, as amended by section 89, chapter 73, Oregon Laws 2024, is amended to read:

438.010. As used in ORS 438.010 to 438.510, unless the context requires otherwise:

(1) "Authority" means the Oregon Health Authority.

(2) "Certificate" means a certificate issued by the authority or the federal government to a clinical laboratory in accordance with the Clinical Laboratory Improvement Amendments of 1988 (P.L. 100-578, 42 U.S.C. 201 and 263a).

[*(2)*] **(3)** "Clinical laboratory" or "laboratory" means a facility where the microbiological, serological, chemical, hematological, immunohematological, immunological, toxicological, cytogenetical, exfoliative cytological, histological, pathological or other examinations are performed on materials derived from the human body, for the purpose of diagnosis, prevention of disease or treatment of patients by physicians, dentists and other persons who are authorized by license to diagnose or treat humans.

[*(3) "Clinical laboratory specialty" or "laboratory specialty" means the examination of materials derived from the human body for the purpose of diagnosis and treatment of patients or assessment of health, employing one of the following sciences: Serology, microbiology, chemistry, hematology, immunohematology, immunology, toxicology, cytogenetics, exfoliative cytology, histology or pathology.*]

[*(4) "Clinician" means a nurse practitioner licensed by the Oregon State Board of Nursing, or a physician associate licensed by the Oregon Medical Board.*]

[*(5)*] **(4)** "Custody chain" means the handling of specimens in a way that supports legal testimony to prove that the sample integrity and identification of the sample have not been violated, as well as the documentation describing those procedures from specimen collection to the final report.

[*(6)*] **(5)** "Dentist" means a person licensed to practice dentistry by the Oregon Board of Dentistry.

[*(7) "Director of clinical laboratory" or "director" means the person who plans, organizes, directs and participates in any or all of the technical operations of a clinical laboratory, including but not limited to reviewing laboratory procedures and their results, training and supervising laboratory personnel, and evaluating the technical competency of such personnel.*]

[*(8)*] **(6)** "Health screen testing" means tests performed for the purpose of identifying health risks, providing health information and referring the person being tested to medical care.

[*(9) "High complexity laboratory" means a facility that performs testing classified as highly complex in the specialties of microbiology, chemistry, hematology, diagnostic immunology, immunohematology, clinical cytogenetics, cytology, histopathology, oral pathology, pathology, radiobioassay and histocompatibility and that may also perform moderate complexity tests and waived tests.*]

[*(10) "High complexity test" means a procedure performed on materials derived from the human body that meet the criteria for this category of testing in the specialties of microbiology, chemistry, hematology, immunohematology, diagnostic immunology, clinical cytogenetics, cytology, histopathology, oral pathology, pathology, radiobioassay and histocompatibility as established by the authority.*]

[*(11) "Laboratory evaluation system" means a system of testing clinical laboratory methods, procedures and proficiency by periodic performance and reporting on test specimens submitted for examination.*]

[*(12) "Moderate complexity laboratory" means a facility that performs testing classified as moderately complex in the specialties of microbiology, hematology, chemistry, immunohematology or diagnostic immunology and may also perform any waived test.*]

[*(13) "Moderate complexity test" means a procedure performed on materials derived from the human body that meet the criteria for this category of testing in the specialties of microbiology, hematology, chemistry, immunohematology or diagnostic immunology as established by the authority.*]

[*(14)*] **(7)** "Operator of a substances of abuse on-site screening facility" or "operator" means the person who plans, organizes, directs and participates in any or all of the technical and administrative operations of a substances of abuse on-site screening facility.

[*(15) "Owner of a clinical laboratory" means the person who owns the clinical laboratory, or a county or municipality operating a clinical laboratory or the owner of any institution operating a clinical laboratory.*]

[*(16)*] **(8)** "Physician" means a person licensed to practice medicine by the Oregon Medical Board.

[*(17) "Physician performed microscopy procedure" means a test personally performed by a physician or other clinician during a patient's visit on a specimen obtained during the examination of the patient.*]

[*(18) "Physician performed microscopy procedures" means a limited group of tests that are performed only by a physician or clinician.*]

[*(19)*] **(9)** "Specimen" means materials derived from a human being or body.

[*(20)*] **(10)** "Substances of abuse" means ethanol, cannabis and controlled substances.

[*(21)*] **(11)** "Substances of abuse on-site screening facility" or "on-site facility" means a location where on-site tests are performed on specimens for the purpose of screening for the detection of substances of abuse.

[*(22)*] **(12)** "Substances of abuse on-site screening test" or "on-site test" means a substances of abuse test that is easily portable and can meet the requirements of the federal Food and Drug Administration for commercial distribution or an alcohol screening test that meets the requirements of [*the conforming products list found in*] the United States Department of Transportation National Highway Traffic Safety Administration **for conforming products.** [*Docket No. 94-004 and meets the*

standards of the United States Department of Transportation Alcohol Testing Procedure, 49 C.F.R. part 40, in effect on October 23, 1999.]

[*(23) "Waived test" means a procedure performed on materials derived from the human body that meet the criteria for this category of testing as established by the authority.*]

SECTION 27. ORS 438.040 is amended to read:

438.040. [*It is unlawful:*]

[*(1) For any owner or director of a clinical laboratory to operate or maintain a clinical laboratory without a license issued under ORS 438.110 or without a temporary permit issued under ORS 438.150 or to perform or permit the performance of any laboratory specialty for which the laboratory is not licensed except as specified under ORS 438.050, unless the laboratory has been issued a valid certificate from the federal government under the Clinical Laboratory Improvement Amendments of 1988 (P.L. 100-578, 42 U.S.C. 201 and 263a).*]

[*(2) For an out-of-state laboratory to perform health screen testing in Oregon without a permit issued under ORS 438.150 (5).*]

[*(3) For any person to serve in the capacity of director of a clinical laboratory without being qualified as a clinical laboratory director under ORS 438.210.*]

(1) The Oregon Health Authority shall verify the qualifications of each clinical laboratory in this state and shall issue or facilitate the issuance of a certificate to a clinical laboratory that satisfies the requirements of the Clinical Laboratory Improvement Amendments of 1988 (P.L. 100-578, 42 U.S.C. 201 and 263a).

(2) A clinical laboratory may not operate in this state without a certificate issued by the authority or the federal government under this section.

SECTION 28. ORS 438.060 is amended to read:

438.060. [*Notwithstanding ORS 438.050, any person performing health screen testing must obtain a permit under ORS 438.150 (5). However, an employer providing health screen testing to employees of the employer is exempt from the applications of ORS 438.010, 438.130, 438.150 and this section if such employer contracts for the testing through a licensed physician, a clinical laboratory or a hospital, which is a permittee of the Oregon Health Authority as provided in this section.*]

(1) Except as provided in subsection (2) of this section, a clinical laboratory in this state or out of this state may not perform health screen testing in this state without a permit issued by the Oregon Health Authority under ORS 438.150.

(2) An employer may enter into a contract with a third party to provide health screen testing to the employees of the employer if the third party has a permit issued under ORS 438.150.

SECTION 29. ORS 438.150 is amended to read:

438.150. [*(1) In addition to the license of a clinical laboratory required by ORS 438.040, the Oregon Health Authority may issue a temporary permit valid for a period, to be determined by the authority, from the date of issuance in any or all clinical laboratory specialties upon payment of the respective required fees as described in ORS 438.130 (2).*]

[*(2) In issuing the temporary permit, the authority may require that:*]

[*(a) Plans for compliance with applicable laws and rules be submitted with the application for the temporary permit;*]

[*(b) During the period in which the temporary permit is in effect periodic reports be submitted on the progress of the plans for compliance; and*]

[*(c) Special temporary provisions specified by the authority upon application of the temporary permit be maintained for the protection of the public.*]

[*(3) If at any time the authority determines that the clinical laboratory can no longer operate in a manner that protects the public health and safety or that the requirements imposed under subsection (2) of this section are not being maintained, the authority shall cancel the temporary permit.*]

[*(4) One renewal of the temporary permit may be granted if deemed to be in the best interest of public health by the authority. The fee for renewal is the respective required fee as described in ORS 438.130 (2).*]

[*(5) The authority may issue permits for health screen testing.*]

[*(6) The authority by rule shall specify:*]

[*(a) Appropriate quality assurance procedures;*]

[*(b) Personnel qualifications;*]

[*(c) Standards for counseling and referral of persons being tested;*]

[*(d) Tests a health testing service may conduct;*]

[*(e) The procedure for applying for a permit; and*]

[*(f) The procedure for reporting to the authority the location of all health screening facilities.*]

[*(7) The authority by rule may specify the maximum length of time a health screen testing service may remain in one location.*]

(1)(a) A clinical laboratory may apply for a permit to conduct health screen testing by submitting an application to the Oregon Health Authority.

(b) The authority may issue a permit to a clinical laboratory to conduct health screen testing if the clinical laboratory satisfies the requirements established by the authority by rule under subsection (2) of this section.

(2) The authority shall adopt rules to administer this section, including rules establishing:

(a) Application procedures and permit eligibility requirements, including an application fee, permit fee or both;

(b) Appropriate quality assurance practices;

(c) Personnel qualifications;

(d) A list of tests that a clinical laboratory may conduct;

(e) Counseling and referral standards for persons being tested; and

(f) Reporting standards for clinical laboratories to notify the authority of the location of any health screen testing facilities.

(3) The authority may establish by rule a maximum period of time a clinical laboratory conducting health screen tests may remain in a single location.

SECTION 30. ORS 438.160 is amended to read:

438.160. [*Subject to ORS chapter 183, the Oregon Health Authority may refuse to issue or renew the license, or may suspend or revoke the license or health screen testing permit, of a clinical laboratory if it finds that the owner or director has:*]

Subject to ORS chapter 183, the Oregon Health Authority may refuse to issue or renew or may suspend or revoke a certificate described in ORS 438.040, a permit for health screen testing described in ORS 438.150 or a permit for substances of abuse on-site screening testing described in ORS 438.435 if the authority finds that the owner or director of the clinical laboratory or substances of abuse on-site screening facility has:

(1) Intentionally made false statements on an application for a **certificate described in ORS 438.040, a permit for health screen testing described ORS 438.150, a permit for substances of abuse on-site screening testing described in ORS 438.435** [*clinical laboratory license*] or any other documents required by the authority, or made any misrepresentation in seeking to obtain or retain a [*license*] **certificate or permit**.

(2) Demonstrated incompetence as defined pursuant to regulations promulgated after public hearing.

(3) Intentionally falsified any report.

(4) Referred a specimen for examination to [*a nonlicensed or an unlicensed*] **an uncertified** clinical laboratory in this state unless the laboratory is exempt from the application of ORS 438.010 to 438.510.

(5) Misrepresented the scope of laboratory service offered by the clinical laboratory [*or the clinical laboratory specialties authorized by the license*] **or authorized by the certificate**.

(6) Rendered a report on clinical laboratory work actually performed in another clinical laboratory without designating the name and address of the clinical laboratory in which the test was performed.

(7) Knowingly had professional connection with or permitted the use of the name of the [*licensed*] clinical laboratory or its director by a clinical laboratory that is required to but has not obtained a [*license*] **certificate**.

(8) Failed to perform or cause to be performed within the time specified analysis of test samples [*as authorized by ORS 438.320,*] or failed to report on the results of such analysis within the specified time.

(9) Failed to permit within a reasonable time the entry or inspection authorized [*by ORS 438.310.*] **under the certificate.**

[*(10) Failed to continue to meet requirements of ORS 438.110 and 438.120.*]

[*(11)*] **(10)** Violated any provision of ORS 438.010 to 438.510.

SECTION 31. ORS 438.220 is amended to read:

438.220. [*Notwithstanding ORS 438.210, a*] **A** person is qualified to act as the laboratory director of the clinical laboratory at any accredited chiropractic college in this state for the benefit of chiropractic patients if that person is a chiropractic physician licensed by the State Board of Chiropractic Examiners, and possesses special qualifications, as determined by the State Board of Chiropractic Examiners, that enable that person to perform as a laboratory director.

SECTION 32. ORS 438.310 is amended to read:

438.310. [*(1)*] The Oregon Health Authority or its authorized representative may[*:*]

[*(a) At reasonable times enter the premises of a clinical laboratory licensed or subject to being licensed under ORS 438.010 to 438.510 to inspect the facilities, methods, procedures, materials, staff, equipment, laboratory results and records of the clinical laboratory.*]

[*(b) Require the owner or director to submit reports on the operations and procedures of the laboratory.*]

[*(c) Require*] **require** the owner or director **of a clinical laboratory certified under ORS 438.040** to submit initial laboratory findings indicative of communicable disease as defined by law or by rule. Each report shall include the name of the person from whom the specimen was obtained, if the name was reported to the laboratory, and the name and address of the physician for whom such examination or test was made. Such reports shall not be construed as constituting a diagnosis nor shall any laboratory making such report be held liable under the laws of this state for having violated a trust or confidential relationship.

[*(2) The Director of the Oregon Health Authority or a designee, the authority, or any employee thereof, shall not disclose information contained in reports on communicable diseases submitted to the authority under subsection (1) of this section except as such information is made available to employees of the authority and to local health officers for purposes of administering the public health laws of this state. However, information contained in such reports may be used in compiling statistical and other data in which persons are not identified by name or otherwise.*]

[*(3) The authority shall by rule set standards for the recognition of private laboratory accrediting organizations whose standards meet or exceed federal standards. A laboratory that is accredited by a private laboratory accrediting organization recognized by the authority under this section may submit proof of such accreditation to the authority. Upon receipt of such proof, the authority shall issue a license pursuant to ORS 438.130.*]

SECTION 33. ORS 438.435 is amended to read:

438.435. [*(1) In addition to duties which a clinical laboratory may perform under ORS 438.010 to 438.510, a laboratory is authorized to perform appropriate tests, examinations or analyses on materials derived from the human body for the purpose of detecting substances of abuse in the body. All laboratories performing the tests, examinations or analyses must be licensed under the provisions of ORS 438.010 to 438.510 and must employ qualified technical personnel to perform the tests, examinations and analyses.*]

[*(2) In order to perform such tests, examinations or analyses, the laboratory may examine specimens submitted by persons other than those described in ORS 438.430 (1) and shall report the result of any test, examination or analysis to the person who submitted the specimen. When the substance of*

abuse test is for nonmedical employment or pre-employment purposes, and a written request is provided, the test result shall be reported to the person from whom the specimen was originally obtained.]

[*(3) When the specimen of a person tested for substances of abuse is submitted to the laboratory and the test result is positive, the laboratory shall perform a confirming test which has been designated by rule of the Oregon Health Authority as the best available technology for use to determine whether or not the substance of abuse identified by the first test is present in the specimen prior to reporting the test results.*]

[*(4)*] **(1)** The **Oregon Health** Authority by rule shall set standards for [*special category laboratories*] **substances of abuse on-site screening facilities** that engage only in the initial testing for substances of abuse in the body, including [*registration procedures for such laboratories and personnel*] **application procedures and permit eligibility requirements for a facility to obtain a permit to conduct substances of abuse on-site screening tests**.

[*(5)*] **(2)** The operator of a substances of abuse on-site screening facility may use substances of abuse on-site screening tests if the test results are not for use in diagnosing or preventing disease and are not for use by physicians, dentists or other licensed health care professionals in treating humans. Any entity using the test shall pay a yearly filing fee[*, not to exceed $50,*] **established by rule by the authority,** and file a [*registration*] **permit application** form as provided by rule of the authority that:

(a) States the current name and address of the entity, the telephone number of the entity, if any, and the name of a contact individual at each on-site facility operated by the entity; and

(b) Certifies that:

(A) The tests are being administered according to the federal Food and Drug Administration package insert that accompanies the test;

(B) The tests are being administered according to the instructions of the manufacturer;

(C) Custody chain procedures are being followed;

(D) Operators of the substances of abuse on-site screening facility are trained in the use of the substances of abuse on-site screening tests by the manufacturer; and

(E) If the substances of abuse on-site screening facility obtains a positive test result on a specimen and the entity indicates that the test result is to be used to deny or deprive any person of employment or any benefit, or may otherwise result in adverse employment action, the same specimen shall be submitted to a clinical laboratory [*licensed under ORS 438.110 and 438.150*] **certified under ORS 438.040** or an equivalent out-of-state facility and the presence of a substance of abuse confirmed prior to release of the on-site test result.

[*(6)*] **(3)** The authority by rule shall set reasonable standards for [*the*] **substances of abuse on-site** screening by correctional agencies of adults in custody within state and local correctional facilities and offenders on parole, probation or post-prison supervision for substances of abuse. The standards shall include, but not be limited to, the establishment of written procedures and protocols, the qualifications and training of individuals who perform screening tests, the approval of specific technologies and the minimum requirements for record keeping, quality control and confirmation of positive screening results.

[*(7)*] **(4)** If an initial test by a [*special category laboratory under subsection (4) of this section or a special category screening under subsection (6) of this section*] **substances of abuse on-site screening facility** shows a result indicating the presence of a substance of abuse in the body, a confirmatory test shall be conducted in a [*licensed*] clinical laboratory **certified under ORS 438.040** if the results are to be used to deprive or deny any person of any employment or benefit. If a screening test of an adult in custody in a state or local correctional facility is positive for a substance of abuse, the adult in custody may be held in a secure facility pending the outcome of the confirmatory test. If the confirmatory test is positive, the adult in custody may be held in a secure facility pending the outcome of any hearing to determine what action will be taken.

[*(8)*] **(5)** If any test for substances of abuse is performed outside this state the results of which are to be used to deprive or deny any person any employment or any benefit, the person desiring

to use the test shall have the burden to show that the testing procedure used meets or exceeds the testing standards of this state.

(6) Notwithstanding the provisions of this section, a clinical laboratory certified under ORS 438.040 may perform substances of abuse on-site screening testing.

SECTION 34. ORS 438.450 is amended to read:

438.450. The Oregon Health Authority shall make such rules as are necessary for carrying out ORS 438.010 to [*438.510 in accordance with ORS 183.330.*] **438.450.**

SECTION 35. ORS 438.705 is amended to read:

438.705. As used in ORS 438.705 to 438.720 and 438.994:

(1) "Anatomical material" means the body of a dead human or a cell, group of cells or body part taken from the body of a dead human.

(2) "Donor" has the meaning given that term in ORS 97.953.

(3)(a) "Nontransplant anatomical research recovery organization" means a person that engages in the recovery or distribution of anatomical material from a donor for research or education purposes other than transplanting the anatomical material or therapy.

(b) "Nontransplant anatomical research recovery organization" does not include:

(A) A hospital or other health care facility, as those terms are defined in ORS 442.015;

(B) A public corporation, as defined in ORS 353.010;

(C) A public or private institution of higher education; or

(D) A clinical laboratory, as defined in ORS 438.010, that is:

(i) [*Licensed*] **Certified** under ORS 438.010 to 438.510; and

(ii) Owned or controlled by, or under common ownership with, a hospital described in subparagraph (A) of this paragraph.

SECTION 36. ORS 438.990 is amended to read:

438.990. Violation of [*any provision of*] ORS 438.040 [*or 438.510*] is a Class A misdemeanor. Each day of continuing violation shall be considered a separate offense.

SECTION 37. ORS 438.030, 438.050, 438.055, 438.070, 438.110, 438.120, 438.130, 438.140, 438.210, 438.320, 438.420 and 438.510 are repealed.

SECTION 38. ORS 413.550 is amended to read:

413.550. As used in ORS 413.550 to 413.559:

(1) "Certified health care interpreter" means an individual who has been approved and certified by the Oregon Health Authority under ORS 413.558.

(2) "Coordinated care organization" has the meaning given that term in ORS 414.025.

(3) "Health care" means medical, surgical, oral or hospital care or any other remedial care recognized by state law, including physical and behavioral health care.

(4)(a) "Health care interpreter" means an individual who is readily able to:

(A) Communicate in English and communicate with a person with limited English proficiency or who communicates in signed language;

(B) Accurately interpret the oral statements of a person with limited English proficiency, or the statements of a person who communicates in signed language, into English;

(C) Accurately interpret oral statements in English to a person with limited English proficiency or who communicates in signed language;

(D) Sight translate documents from a person with limited English proficiency; and

(E) Interpret the oral statements of other persons into the language of the person with limited English proficiency or into signed language.

(b) "Health care interpreter" also includes an individual who can provide the services described in paragraph (a) of this subsection using relay or indirect interpretation.

(5) "Health care interpreter registry" means the registry described in ORS 413.558 that is administered by the authority.

(6)(a) "Health care provider" means any of the following that are reimbursed with public funds, in whole or in part:

(A) An individual licensed or certified by the:

(i) State Board of Examiners for Speech-Language Pathology and Audiology;
(ii) State Board of Chiropractic Examiners;
(iii) State Board of Licensed Social Workers;
(iv) Oregon Board of Licensed Professional Counselors and Therapists;
(v) Oregon Board of Dentistry;
(vi) State Board of Massage Therapists;
(vii) Oregon Board of Naturopathic Medicine;
(viii) Oregon State Board of Nursing;
(ix) Oregon Board of Optometry;
(x) State Board of Pharmacy;
(xi) Oregon Medical Board;
(xii) Occupational Therapy Licensing Board;
(xiii) Oregon Board of Physical Therapy;
(xiv) Oregon Board of Psychology;
(xv) Board of Medical Imaging;
(xvi) State Board of Direct Entry Midwifery;
(xvii) Respiratory Therapist and Polysomnographic Technologist Licensing Board;
(xviii) Board of Registered Polysomnographic Technologists;
(xix) Board of Licensed Dietitians; and
(xx) State Mortuary and Cemetery Board;

(B) An emergency medical services provider licensed by the Oregon Health Authority under ORS 682.216;

(C) A clinical laboratory [*licensed under ORS 438.110*] **certified under ORS 438.040**;

(D) A health care facility as defined in ORS 442.015;

(E) A home health agency licensed under ORS 443.015;

(F) A hospice program licensed under ORS 443.860; or

(G) Any other person that provides health care or that bills for or is compensated for health care provided, in the normal course of business.

(b) "Health care provider" does not include any individual listed in paragraph (a) of this subsection when providing services as an employee of or under contract with:

(A) A school district, as defined in ORS 332.002;

(B) A public charter school, as defined in ORS 338.005; or

(C) An education service district, as defined in ORS 334.003.

(7) "Interpretation service company" means an entity, or a person acting on behalf of an entity, that is in the business of arranging for health care interpreters to work with health care providers in this state.

(8) "Person with limited English proficiency" means a person who, by reason of place of birth or culture, communicates in a language other than English and does not communicate in English with adequate ability to communicate effectively with a health care provider.

(9) "Prepaid managed care health services organization" has the meaning given that term in ORS 414.025.

(10) "Qualified health care interpreter" means an individual who has been issued a valid letter of qualification from the authority under ORS 413.558.

(11) "Sight translate" means to translate a written document into spoken or signed language.

SECTION 39. ORS 413.561 is amended to read:

413.561. ORS 413.559 may be enforced by any means permitted under law by:

(1) A health professional regulatory board with respect to a health care provider under the jurisdiction of the board.

(2) The Oregon Health Authority or the Department of Human Services with regard to health care providers or facilities regulated by the authority or the department and health care providers enrolled in the medical assistance program.

(3) The authority with regard to emergency medical services providers licensed under ORS 682.216 and clinical laboratories [*licensed under ORS 438.110*] **certified under ORS 438.040**.

SECTION 40. ORS 813.160 is amended to read:

813.160. (1) A chemical analysis is valid under ORS 813.300 if:

(a) It is an analysis of a person's blood for alcohol content and is performed in:

(A) A laboratory certified or accredited under 42 C.F.R. part 493 and approved for toxicology testing;

(B) A laboratory [*licensed under ORS 438.110*] **certified under ORS 438.040** and approved for toxicology testing; or

(C) A forensic laboratory established by the Department of State Police under ORS 181A.150 that is accredited by a national forensic accrediting organization.

(b) It is an analysis of a person's breath and is performed by an individual possessing a valid permit to perform chemical analyses issued by the Department of State Police and is performed according to methods approved by the Department of State Police. For purposes of this paragraph, the Department of State Police shall do all of the following:

(A) Approve methods of performing chemical analyses of a person's breath.

(B) Prepare manuals and conduct courses throughout the state for the training of police officers in chemical analyses of a person's breath, which courses shall include, but are not limited to, approved methods of chemical analyses, use of approved equipment and interpretation of test results together with a written examination on these subjects.

(C) Test and certify the accuracy of equipment to be used by police officers for chemical analyses of a person's breath before regular use of the equipment and periodically thereafter at intervals of not more than 90 days. Tests and certification required by this subparagraph must be conducted by trained technicians. Certification under this subparagraph does not require a signed document.

(D) Ascertain the qualifications and competence of individuals to conduct chemical analyses in accordance with one or more methods approved by the department.

(E) Issue permits to individuals according to their qualifications. Permits may be issued to police officers only upon satisfactory completion of the prescribed training course and written examination. A permit must state the methods and equipment that the police officer is qualified to use. Permits are subject to termination or revocation at the discretion of the Department of State Police.

(2) In conducting a chemical test of the blood, only a duly licensed physician or a person acting under the direction or control of a duly licensed physician may withdraw blood or pierce human tissue. A licensed physician, or a qualified person acting under the direction or control of a duly licensed physician, is not civilly liable for withdrawing any bodily substance, in a medically acceptable manner, at the request of a peace officer.

(3) An individual who performs a chemical analysis of breath or blood under ORS 813.100 or 813.140 shall prepare and sign a written report of the findings of the test that must include the identification of the police officer upon whose request the test was administered.

(4) Any individual having custody of the report mentioned in subsection (3) of this section shall, upon request of the person tested, furnish that person or that person's attorney, a copy of the report.

(5) The expense of conducting a chemical test as provided by ORS 813.100 or 813.140 must be paid by the governmental unit on whose equipment the test is conducted or by the governmental unit upon whose request the test was administered if no governmental unit's equipment is used to conduct the test.

SECTION 41. ORS 830.535 is amended to read:

830.535. (1) A chemical analysis is valid under ORS 830.505, 830.520 or 830.525 if:

(a) It is an analysis of a person's blood for alcohol content and is performed in:

(A) A laboratory certified or accredited under 42 C.F.R. part 493 and approved for toxicology testing;

(B) A laboratory [*licensed under ORS 438.110*] **certified under ORS 438.040** and approved for toxicology testing; or

(C) A forensic laboratory established by the Department of State Police under ORS 181A.150 that is accredited by a national forensic accrediting organization.

(b) It is an analysis of a person's breath and is performed by an individual possessing a valid permit to perform chemical analyses issued by the Department of State Police under ORS 813.160 or by the State Marine Board under the provisions of this section. Chemical analyses must be performed according to methods approved by the Department of State Police under ORS 813.160 or approved by the board under this section. For purposes of this section, the board shall do all of the following:

(A) Approve methods of performing chemical analyses of a person's breath.

(B) Prepare manuals and conduct courses throughout the state for the training of peace officers in chemical analyses of a person's breath, which courses shall include, but are not limited to, approved methods of chemical analyses, use of approved equipment and interpretation of test results together with a written examination on these subjects.

(C) Test and certify the accuracy of equipment to be used by peace officers for chemical analyses of a person's breath before regular use of the equipment and periodically thereafter at intervals of not more than 90 days. Tests and certification required by this subparagraph must be conducted by trained technicians.

(D) Ascertain the qualifications and competence of individuals to conduct chemical analyses in accordance with one or more methods approved by the board or by the Department of State Police under ORS 813.160.

(E) Issue permits to individuals according to their qualifications. Permits may be issued to peace officers only upon satisfactory completion of the prescribed training course and written examination. A permit must state the methods and equipment that the peace officer is qualified to use. Permits are subject to termination or revocation at the discretion of the board.

(2) In conducting a chemical test of the blood, only a duly licensed physician or a person acting under the direction or control of a duly licensed physician may withdraw blood or pierce human tissue. A licensed physician, or a qualified person acting under the direction or control of a duly licensed physician, is not civilly liable for withdrawing any bodily substance, in a medically acceptable manner, at the request of a peace officer.

(3) An individual who performs a chemical analysis of breath or blood under ORS 830.505, 830.520 or 830.525 shall prepare and sign a written report of the findings of the test. A test administered at the request of a peace officer must include the identification of the peace officer upon whose request the test was administered.

(4) Any individual having custody of the report mentioned in subsection (3) of this section shall, upon request of the person tested, furnish a copy of the report to that person or that person's attorney.

(5) The expense of conducting a chemical test as provided by ORS 830.505 or 830.520 must be paid by the governmental units on whose equipment the test is conducted or by the governmental units upon whose request the test was administered if no governmental unit's equipment is used to conduct the test.

SCHOOL-BASED HEALTH CENTERS

SECTION 42. ORS 413.223 is amended to read:

413.223. The division of the Oregon Health Authority that is charged with public health functions:

(1) Shall develop and continuously refine a system of care that:

(a) Meets the developmental needs of adolescents;

(b) Promotes evidence-based practices for children; and

(c) Prioritizes public health through activities such as:

(A) Establishing certification and performance standards;

(B) Collecting and analyzing clinical data;

(C) Conducting ongoing assessments and special studies; and

(D) Defining a statewide planning and development process.

(2) Shall adopt by rule the procedures and criteria for the certification, suspension and decertification of school-based health centers. The procedures must allow certified school-based health centers a reasonable period of time to cure any defects in compliance prior to the suspension or decertification of the school-based health center.

(3) Shall convene work groups to recommend best practices for school-based health centers with respect to electronic health records, billing, joint purchasing, business models and patient centered primary care home identification.

(4)(a) May, in addition to the duties described in subsection (1) of this section, enter into [*a contract with an entity that coordinates the efforts of school-based health centers*] **contracts with entities** for the purpose of providing assistance to school-based health centers that receive grant moneys under ORS 413.225.

(b) A contract entered into under this subsection must require the entity to:

(A) Provide technical assistance and community-specific ongoing training to school-based health centers, school districts and education service districts;

(B) Assist school-based health centers in improving business practices, including practices related to billing and efficiencies;

(C) Assist school-based health centers in expanding their relationships with coordinated care organizations, sponsors of medical care for school-age children and other community-based providers of school-based health and mental health services; and

(D) Facilitate the integration of health and education policies and programs at the local level so that school-based health centers operate in an optimal environment.

SECTION 43. ORS 413.225 is amended to read:

413.225. (1) As used in this section:

(a) "Community health center or safety net clinic" means a nonprofit medical clinic or school-based health center that provides primary physical health, vision, dental or mental health services to low-income patients without charge or using a sliding scale based on the income of the patient.

(b) "School-based health center" means a health clinic that:

(A) Is located on the grounds of a school in a school district or on the grounds of a school operated by a federally recognized Indian tribe or tribal organization;

(B) Is organized through collaboration among **youth,** schools, communities and health providers, including public health authorities;

(C) Is administered by a county, state, federal or private organization that ensures that certification requirements are met and provides project funding through grants, contracts, billing or other sources of funds;

(D) Is operated exclusively for the purpose of providing health services such as:

(i) Primary care;

(ii) Preventive health care;

(iii) Management and monitoring of chronic health conditions;

(iv) Behavioral health care;

(v) Oral health care;

(vi) Health education services; and

(vii) The administration of vaccines recommended by the Centers for Disease Control and Prevention;

(E) Provides health services to children and adolescents by licensed or certified health professionals; and

(F) May provide one or more health services to children and adolescents by:

(i) A student enrolled in a professional medical, nursing or dental program at an accredited university if the health service is within the student's field of study and training; or

(ii) An expanded practice dental hygienist holding a permit issued under ORS 680.200 for oral health care.

(2)(a) The Oregon Health Authority shall award grants to community health centers or safety net clinics, including school-based health centers, to ensure the capacity of each grantee to provide health care services to underserved or vulnerable populations.

(b) The authority shall work with the Centers for Medicare and Medicaid Services and stakeholders to identify additional sources of funding for school-based health center expenditures for which federal financial participation is available under Title XIX or Title XXI of the Social Security Act.

(3) The authority shall provide outreach for the Cover All People program, including development and administration of an application assistance program, and including grants to provide funding to organizations and local groups for outreach and enrollment activities for the program, within the limits of funds provided by the Legislative Assembly for this purpose.

(4) The authority shall, using funds allocated by the Legislative Assembly:

(a) Provide funds for the expansion and continuation of school-based health centers that are operating on July 29, 2013, and that become certified under ORS 413.223;

(b) Direct funds to communities with certified school-based health centers and to communities planning for certified school-based health centers; and

(c) Create a pool of funds available to provide financial incentives to:

(A) Increase the number of school-based health centers identified as patient centered primary care homes without requiring school-based health centers to be identified as patient centered primary care homes;

(B) Improve the coordination of the care of patients served by coordinated care organizations and school-based health centers; and

(C) Improve the effectiveness of the delivery of health services through school-based health centers to children who qualify for medical assistance.

(5) The authority shall by rule adopt criteria for awarding grants and providing funds in accordance with this section.

(6) The authority shall analyze and evaluate the implementation of the Cover All People program.

CAPTIONS

SECTION 44. The unit captions used in this 2025 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2025 Act.

Passed by Senate June 23, 2025

Repassed by Senate June 27, 2025

.....
Obadiah Rutledge, Secretary of Senate

.....
Rob Wagner, President of Senate

Passed by House June 26, 2025

.....
Julie Fahey, Speaker of House

Received by Governor:

.....M.,....., 2025

Approved:

.....M.,....., 2025

.....
Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M.,....., 2025

.....
Tobias Read, Secretary of State

Enrolled
Senate Bill 5512

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with presession filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Oregon Department of Administrative Services)

CHAPTER .....

AN ACT

Relating to the financial administration of the Oregon Board of Dentistry; and declaring an emergency.

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

SECTION 1. Notwithstanding any other law limiting expenditures, the amount of $4,690,136 is established for the biennium beginning July 1, 2025, as the maximum limit for payment of expenses from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by the Oregon Board of Dentistry.

SECTION 2. This 2025 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect July 1, 2025.

Passed by Senate May 22, 2025

.....
Obadiah Rutledge, Secretary of Senate

.....
Rob Wagner, President of Senate

Passed by House June 4, 2025

.....
Julie Fahey, Speaker of House

Received by Governor:

.....M.,....., 2025

Approved:

.....M.,....., 2025

.....
Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M.,....., 2025

.....
Tobias Read, Secretary of State

Fiscal Year 2025 Agency Head Financial Transactions

Annual Leave Summary July 1, 2024 – June 30, 2025

Accrual or type of leave	Balance 7/1/2024	Accrual per month	Earned	Used	Balance 6/30/2025
Vacation	174	13.34	160	88	206
Vacation Payout *	-	-	-	40	0
Sick Leave	868	8	96	72	892
Personal Business	24	-	-	24	0
Discretionary Governor's Leave	8	-	-	8	0
Jury Duty		-	-	8	0

*HR Policy allows up to100 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, 2024 – June 30, 2025

Total In State Travel Expenses	**$963.53**
AADA & AADB Annual Meetings in Louisville, KY Sept 2024	**$2,117.87**
Total Out of State Travel Expenses	**$2,117.87**
Total Agency Head Expenses Reimbursed to Employee:	**$2,099.45**

The expenses not reimbursed to employee, was airfare directly expensed to the agency. $981.95

Fiscal Year 2025 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 2025 Agency Head Financial Transactions

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

	Total
Registrations/Memberships	$ 9943
Office Equipment/Supplies	$ 11035.35
Publications/Subscriptions	$ 468.00
Board Meeting/Staff Training Food	$ 4367.43
Transportation	$ 90.00
Misc. (FEDEX, Background checks)	$ 85.50
	$ 25,988.53

Agency Head Financial Transactions
Spots Card and Travel Reimbursement
Fiscal Year 2025 by Quarter

SPOTS Card Purchases: (Agency credit card paid directly by state)	**sub-total**	**Total**
July – September		**$4131.37**
AADB Registration	$275.00	
AT&T	$447.09	
Board Meeting Food	$820.08	
UPS	$18.00	
Fieldprint	$37.50	
Quadient	$424.11	
NPDB	$290	
Office Depot	$858.69	
NIC	$961.00	
October – December		**$8857.86**
AT&T	$443.62	
Board Meeting Food	$944.09	
Quadient	$424.11	
Survey Monkey	$468.00	
NPDB	$5072.50	
Office Depot	$1345.29	
Witco - Nameplate	$70.25	
Zipcar	$90.00	

Fiscal Year 2025 Agency Head Financial Transactions

January – March		**$5187.88**
AADB	$300.00	
AT&T	$591.76	
UPS	$30.00	
Quadient	$2147.16	
NIC	$710.00	
Board Meeting Food	$655.11	
Office Depot	$533.77	
Stericycle (paper shredding services)	$220.08	

April – June		**$7811.32**
NPDB	$5.00	
AADB Membership Renewal	$4,000.00	
AT&T	$295.88	
Witco (nameplates)	$20.32	
Board Meeting Food	$1948.15	
Stericyle (paper shredding services)	$100.00	
NIC	$1121.00	
Office Depot	$320.97	

TO: OBD Board Members

FROM: Stephen Prisby, OBD Executive Director

DATE: August 11, 2025

SUBJECT: OBD Delegated Duties to Executive Director & Staff

Annually, I ask that the Board review and approve delegated duties to the Executive Director and staff. I attached the delegated duties that I would like the Board to affirm, as well as the executive director's current job description.

Two Attachments:

- Delegated Authority to Executive Director & Board Staff
- Executive Director's Job Description & Organization Chart

Delegation Authority granted to Oregon Board of Dentistry Executive Director and Staff the following:

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

Notices/Consent Orders/Orders/Interim Consent Orders:

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

New, Renewal, Reinstatement Applications & Volunteers:

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

Dental Therapy Collaborative Agreements:

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

Time Keeping Record & Delegation:

- The OBD President reviews monthly Executive Director time off submission via email and replies with approval. The OBD Office Manager approves in Workday each month. The Office Manager may be delegated Workday and time approval for all staff by the Executive Director as needed.

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

_____ _____

President Oregon Board of Dentistry Date

STATE OF OREGON
POSITION DESCRIPTION

Position Revised Date:
August 8, 2025

This position is:
- ☐ Classified
- ☐ Unclassified
  - ☒ Executive Service
- ☐ Mgmt Svc – Supervisory
- ☐ Mgmt Svc – Managerial
- ☐ Mgmt Svc - Confidential

Agency: Oregon Board of Dentistry

Facility:

☐ New ☒ Revised

SECTION 1. POSITION INFORMATION

a. Classification Title:	Agency Head 8	**b.** Classification No:	Z7008
c. Pos. Est. Date:	July 1, 2003	**d.** Position No:	0000521
e. Working Title:	Executive Director	**f.** Agency No:	834000
g. Section Title:		**h.** Budget Auth No:	000927450
i. Employee Name:	Stephen Prisby	**j.** Repr. Code:	MEAH

k. Work Location (City – County): Portland-Multnomah

l. Supervisor Name (Optional): Board President

m. Position: ☒ Permanent ☐ Seasonal ☐ Limited Duration ☐ Academic Year
☒ Full-Time ☐ Part-Time ☐ Intermittent ☐ Job Share

n. FLSA: ☒ Exempt ☐ Non-Exempt

If Exempt: ☒ Executive ☐ Professional ☐ Administrative

o. Eligible for Overtime: ☐ Yes ☒ No

SECTION 2. PROGRAM AND POSITION INFORMATION

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

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

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

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

SECTION 3. DESCRIPTION OF DUTIES

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

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

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

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

SECTION 4. WORKING CONDITIONS

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

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

SECTION 5. GUIDELINES

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

- Oregon statutes (ORS 679 & 680) and rules (OAR 818) as they apply to dentists, dental hygienists and dental assistants
- Oregon statutes and rules as they apply to health care professions that interrelate with the Board and its licensees (pharmacy, nursing, medicine, denturists, etc.)
- Oregon Public Records Law
- Oregon Public Meetings Law
- Oregon Attorney General's Administrative Procedures Act
- Service Employees International Union Local 503, OPEU Contract
- Federal regulations regarding reporting adverse actions taken against licensees of the Board (National Practitioners Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB)
- Oregon Revised Statutes 240 – State Personnel Relations
- SEIU Local 503 – Specials Coalition – Collective Bargaining Agreement
- Dept. of Administrative Services policy and procedures regarding personnel, purchasing, accounting, budgeting, etc.
- Historical records of the Board: court cases, contested case records, policies, Minutes of Board and committee meetings.

b. How are these guidelines used?

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

SECTION 6. WORK CONTACTS

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

Who Contacted	How	Purpose	How Often?

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

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

SECTION 7. POSITION RELATED DECISION MAKING

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

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

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

SECTION 8. REVIEW OF WORK

Who reviews the work of the position?

Classification Title	Position Number	How	How Often	Purpose of Review

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

Oregon Board of Dentistry Chairperson	Varies upon appointment	Meetings in person and annual evaluations	Monthly	Determine if the goals and objectives of the agency are being met.

SECTION 9. OVERSIGHT FUNCTIONS

THIS SECTION IS FOR SUPERVISORY POSITIONS ONLY

a. How many employees are directly supervised by this position? 3

How many employees are supervised through a subordinate supervisor? 3

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

- ☐ Plan work
- ☐ Assigns work
- ☐ Approves work
- ☐ Responds to grievances
- ☐ Disciplines and rewards
- ☐ Coordinates schedules
- ☐ Hires and discharges
- ☐ Recommends hiring
- ☐ Gives input for performance evaluations
- ☐ Prepares & signs performance evaluations

SECTION 10. ADDITIONAL POSITION-RELATED INFORMATION

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

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

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

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

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

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

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

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

Operating Area	Biennial Amount ($00000.00)	Fund Type

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

Entire agency	$4.4 million	Other

SECTION 11. ORGANIZATIONAL CHART

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

SECTION 12. SIGNATURES

SIGNATURE ON FILE		SIGNATURE ON FILE	
Employee Signature	Date	Supervisor Signature	Date
Appointing Authority Signature	Date		

Oregon Board of Dentistry Organization Chart 2025-27

Governor

10 Board Members

Stephen Prisby
Executive Director
Position number 521
Classification Title Agency Head 8
Classification Number Z7588

Dental Director/Chief Investigator
Position number 532
Classification Title Healthcare Investigator
Classification Number C5911

Investigator
Position number 528
Classification Title Investigator 2
Classification Number C5232

Investigator
Position number 530
Classification Title Investigator 2
Classification Number C5232

Office Manager
Position number 524
Classification Title Office Manager 2
Classification Number X0806

Licensing Manager
Position number 525
Classification Title Administrative Specialist 2
Classification Number C0108

Office Specialist
Position number 529
Classification Title Office Specialist 2
Classification Number C0104

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 BOARD OF DENTISTRY
2026
BOARD MEETING DATES

Friday, February 27, 2026
Friday, April 24, 2026
Friday, June 12, 2026
Friday, August 21, 2026
Friday, October 23, 2026
Friday, December 11, 2026

DRAFT

Oregon Board of Dentistry

govDelivery Kickoff

July 2, 2025

Attachment #9

Your Granicus Team

Isaac Benzaquen

Implementation Consultants

Main implementation contact.
Responsible for overall implementation success.

Nick Scott

Account Executive

Strategic, Exploratory, Contractual

Andree Beels

Customer Success Consultant

Best Practice, Adoption

Customer Support

Support.Granicus.com

Available 8 am – 8 pm ET
Urgent phone support 24 / 7

Attachment #9

Agenda Today

1

Goals and Objectives

2

govDelivery Communications Cloud

3

Account Configuration

4

Implementation Process

5

Next Steps

Popular Goals

Promote & Transform Services

Accelerate & streamline usage of your services.

Enhance Public Awareness

Inform & engage your stakeholders to drive changes in behavior.

Improve Stakeholder Involvement

Increase the contributions made by those in your community.

govDelivery Communications Cloud

The govDelivery solution is the first FedRAMP-authorized digital engagement platform for email, social and text communications. It's easy to use, more affordable than traditional advertising, and trusted by every Federal Agency.

For 20+ years, Granicus has partnered with federal agencies to help reach more people, communicate efficiently, enhance the customer experience, and achieve their missions.

How it all works...

Existing Content

Utilize content like alerts and updates, announcements, press releases, newsletters, and website content for your communications.

People Subscribe

When stakeholders subscribe, they select which types of information they want to receive via email or text or both.

View Results

Reporting and Analytics to measure the impact of your communications.

Promote Alerts

Add overlays, web forms and subscription links on your website to promote visitors to enroll in receiving your digital communications.

Send Messages

Messages are sent automatically (Page Watch) or Admins send scheduled and curated information via email, text, or social media.

govDelivery

- ✓ Cloud-based SaaS (web-based platform)
- ✓ Secure
- ✓ Easy to use

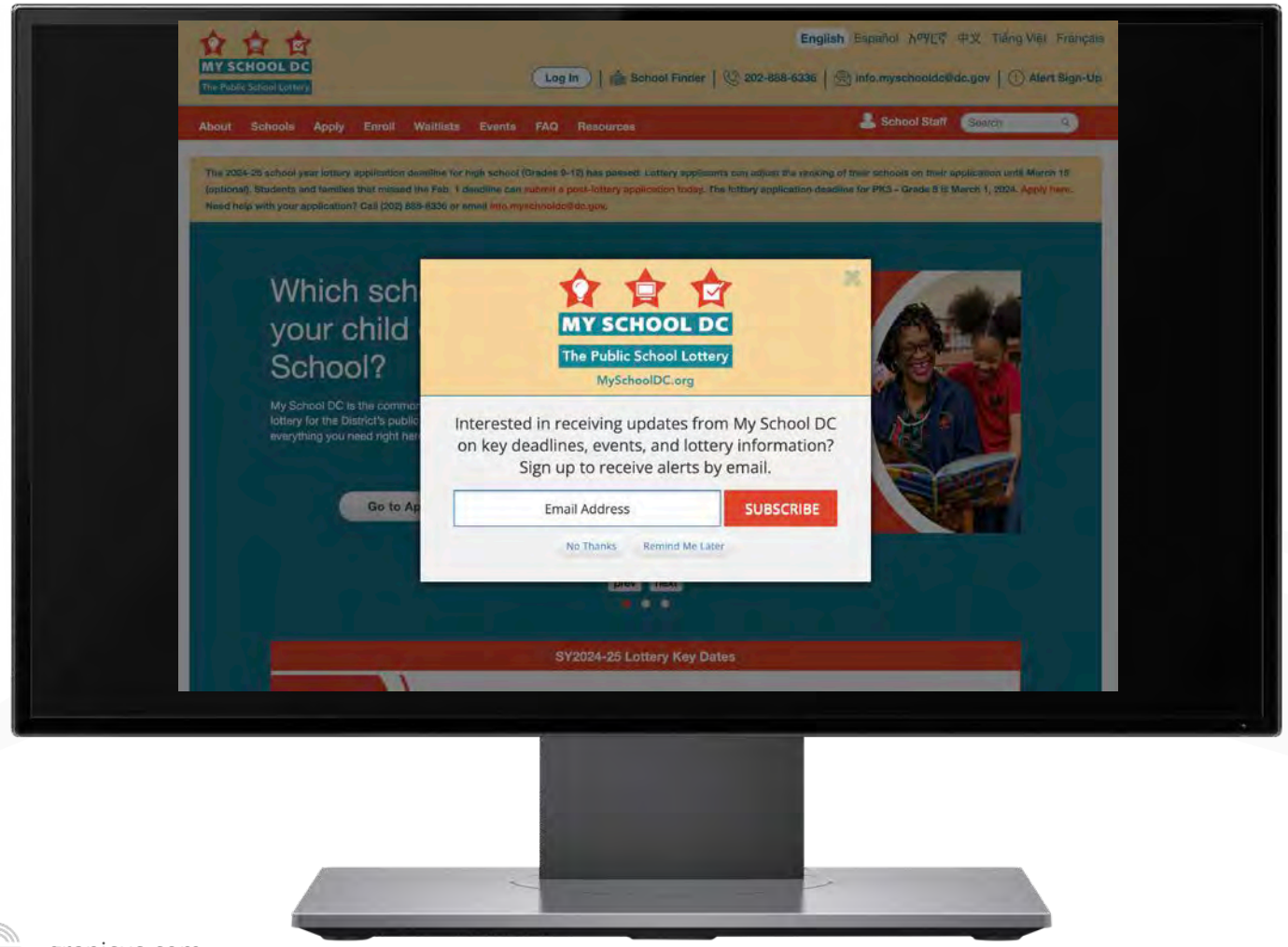
Importing Current Subscribers

After uploading email addresses from your existing sources, send a bulletin asking those subscribers to choose which topics they are most interested in receiving information about (Manage Subscriptions).

Potential subscriber sources:

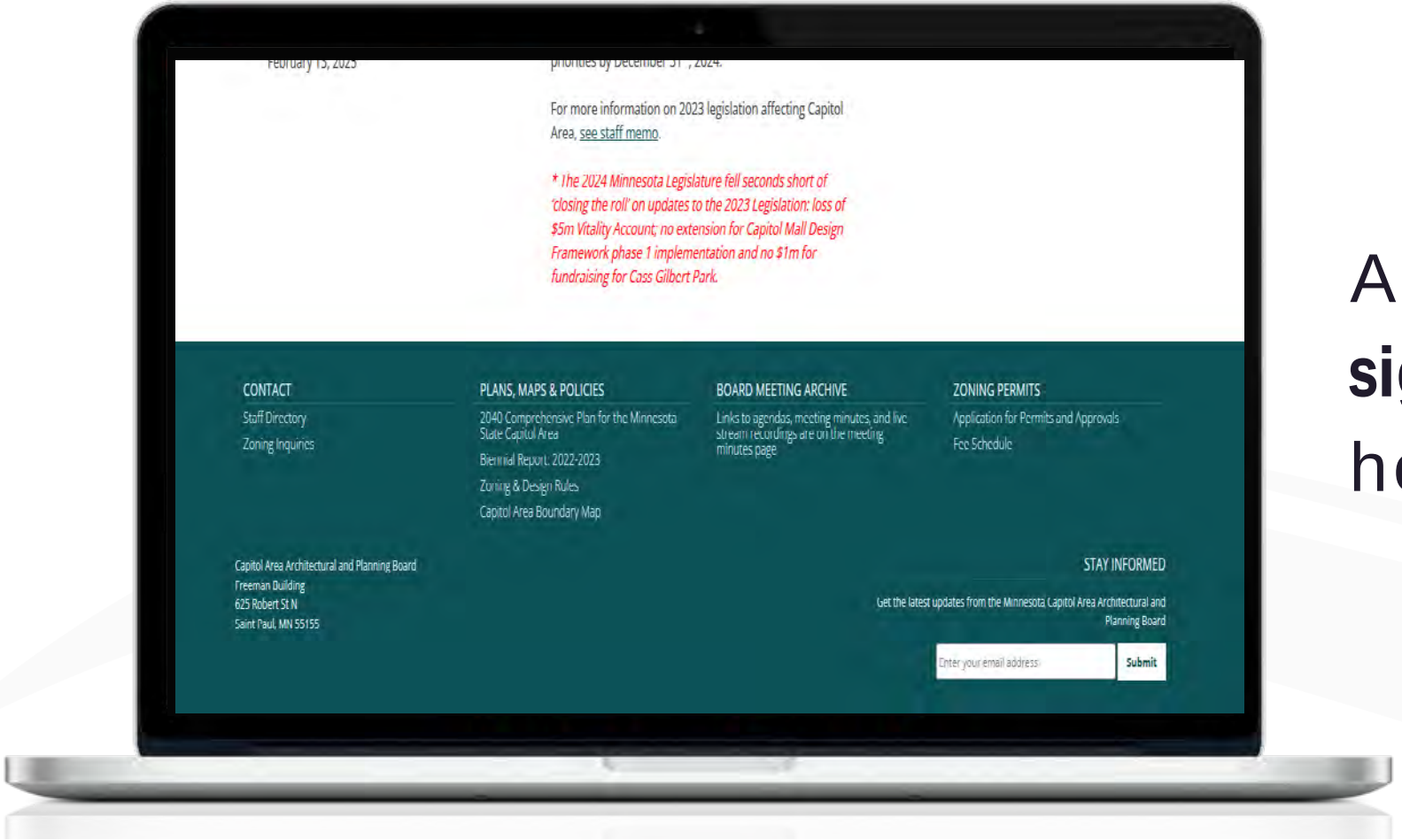
- ✓ Current newsletters
- ✓ Internal listserv
- ✓ Other communications

Prompt You Website Visitors



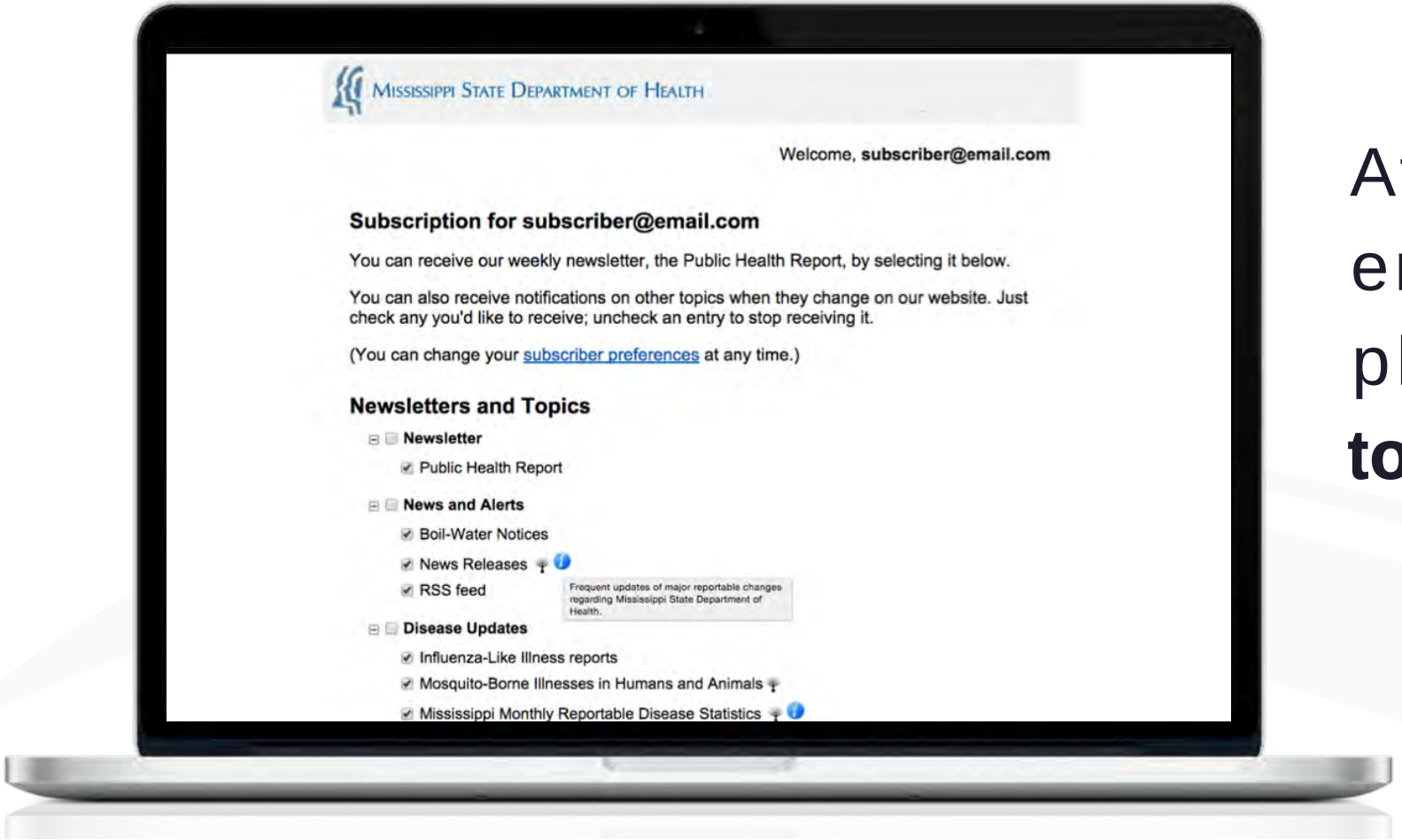
Convert websites **visitors into subscribers** with an overlay.

Capture Web Visitors Where They Browse



Add an **embedded signup form** to your homepage's footer.

Categories and Topics



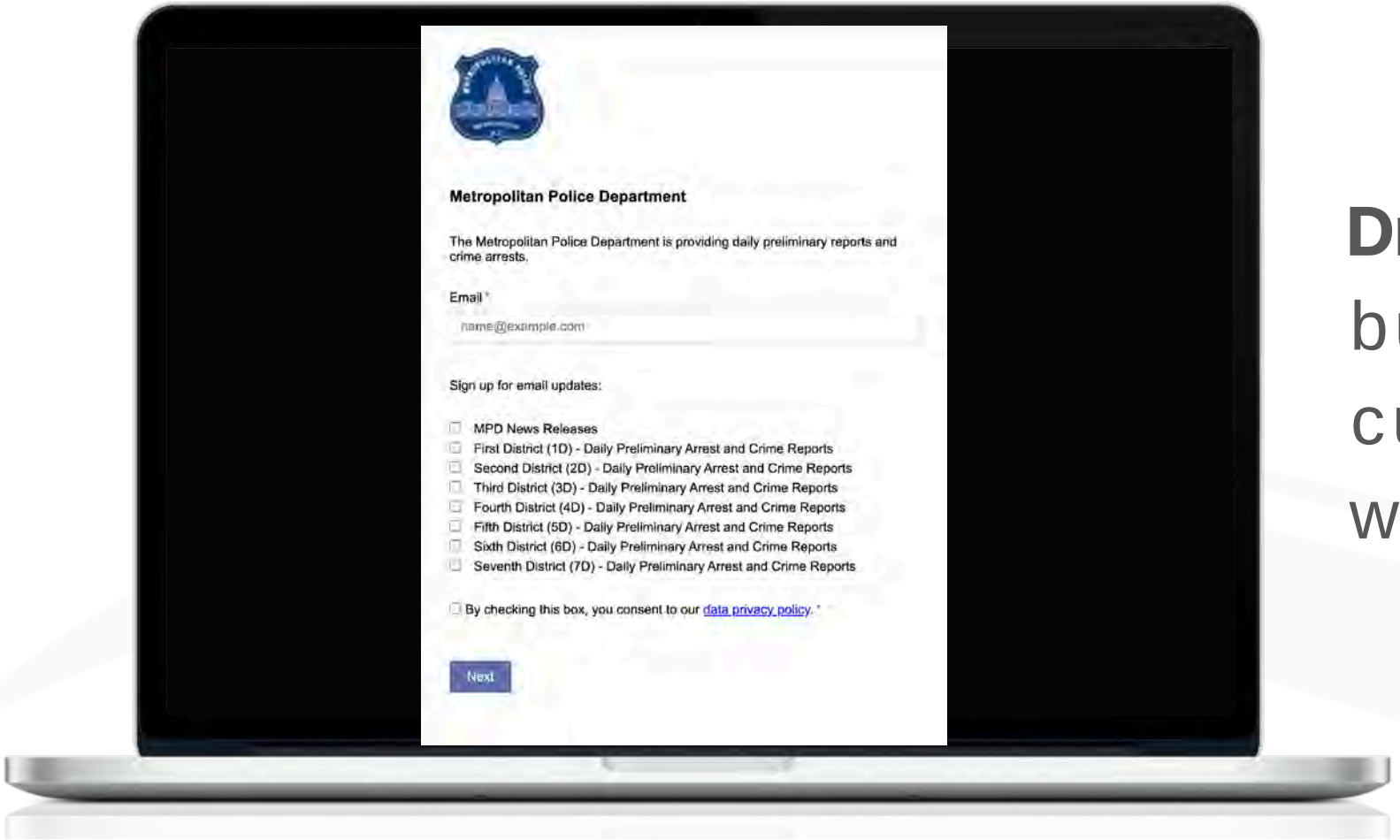
After a subscriber enters their email or phone, **promote topics.**

Attachment #9

Ask Questions For More Information

Capture Questions data like First Name or County when people are signing up.

Custom Signup Options



Drag and drop sign-up builder to create custom signup workflows.

The Granicus Network

Instantly drive more relevant subscriptions through the Granicus Subscriber Network of over 280M stakeholders subscribe to receive the messages they want the most.

CREATE ONCE, PUBLISH EVERYWHERE

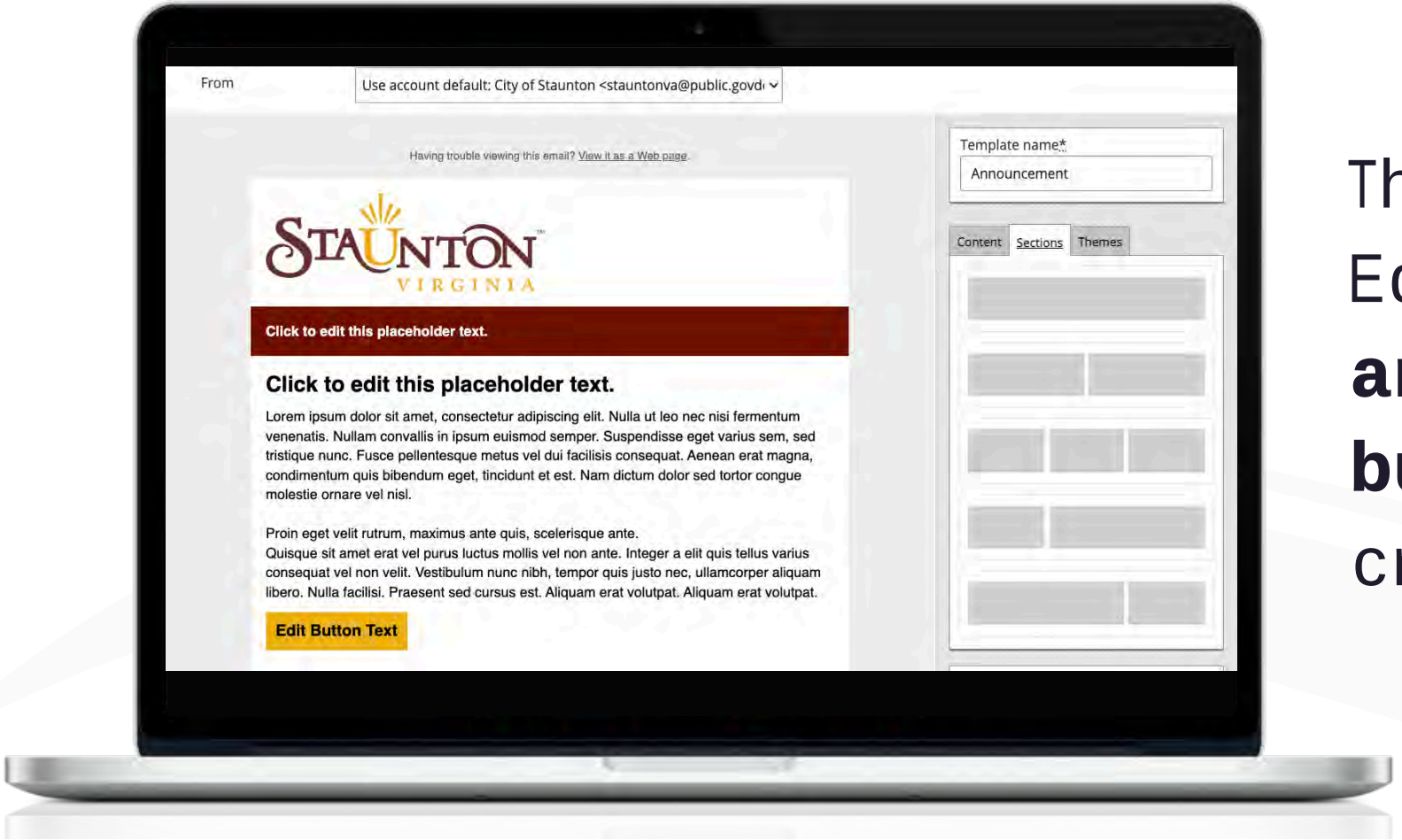
EMAIL

WEB

SMS MESSAGES

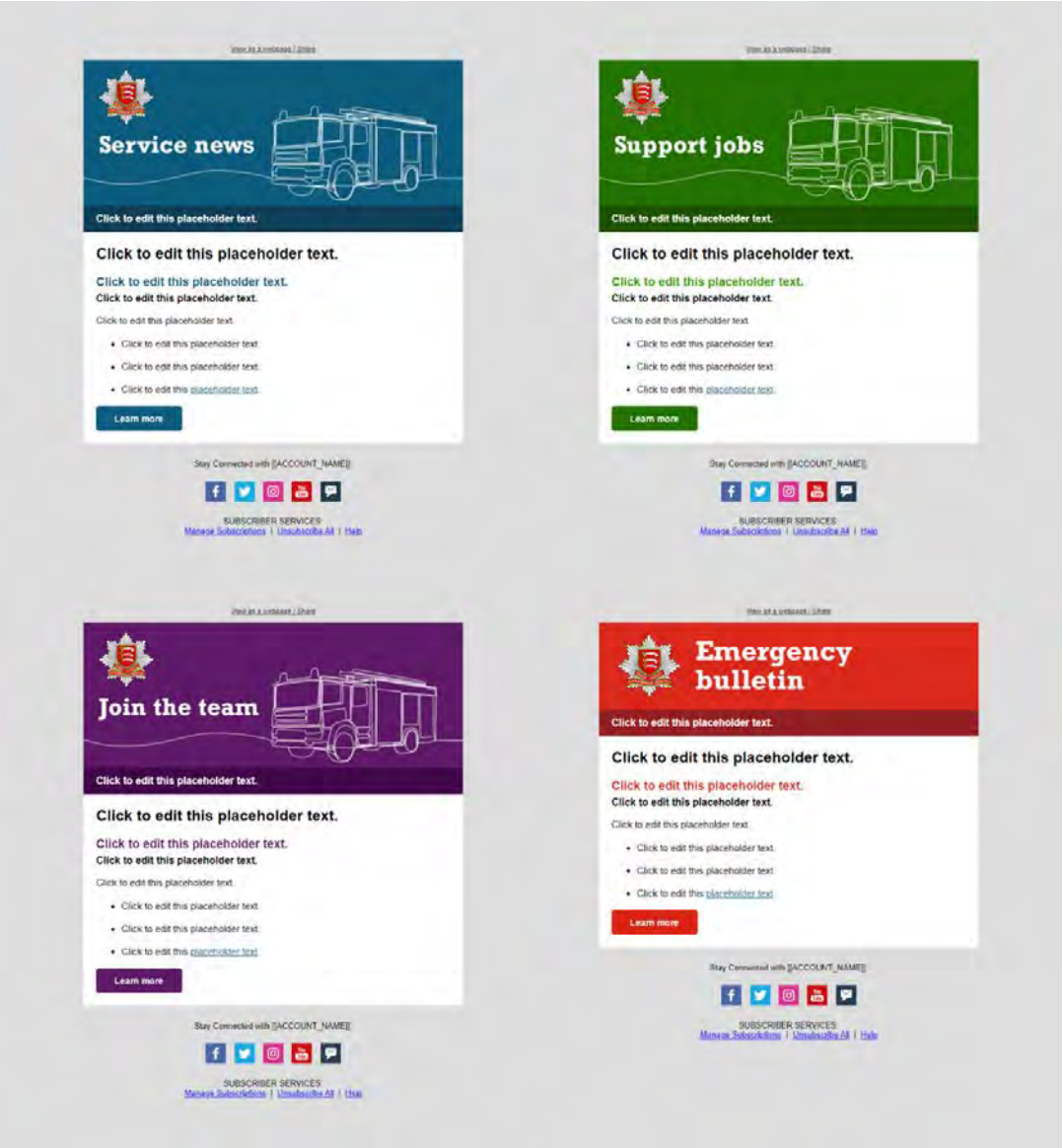
SOCIAL NETWORKS

Design Your Email Content



The Advanced Bulletin Editor (ABE) is a **drag and drop template builder** that are easy to create and edit.

Use Templates to Deliver a Consistent Brand Identity



Start with a limited number of branded email templates.

- ✓Subscribers become familiar with consistent branding
- ✓Keeps management time down
- ✓It “Just Works” on mobile, tablet and desktop
- ✓Easy for admins to work with

Leverage Automation Capabilities

HTML Page Watch

Has limited automation; will send emails with links to the content when a webpage is updated. It's great for Meeting Minutes uploads and publications.

RSS Page Watch

Can be fully automated; will send emails with a link to the article and any information from the RSS feed. It's good for press releases and job postings.

Web Services (API)

Is fully automated; will send emails via application APIs (databases, CRM, etc.). It's great for traffic alerts, transit schedules and real-time notifications.

Offer SMS

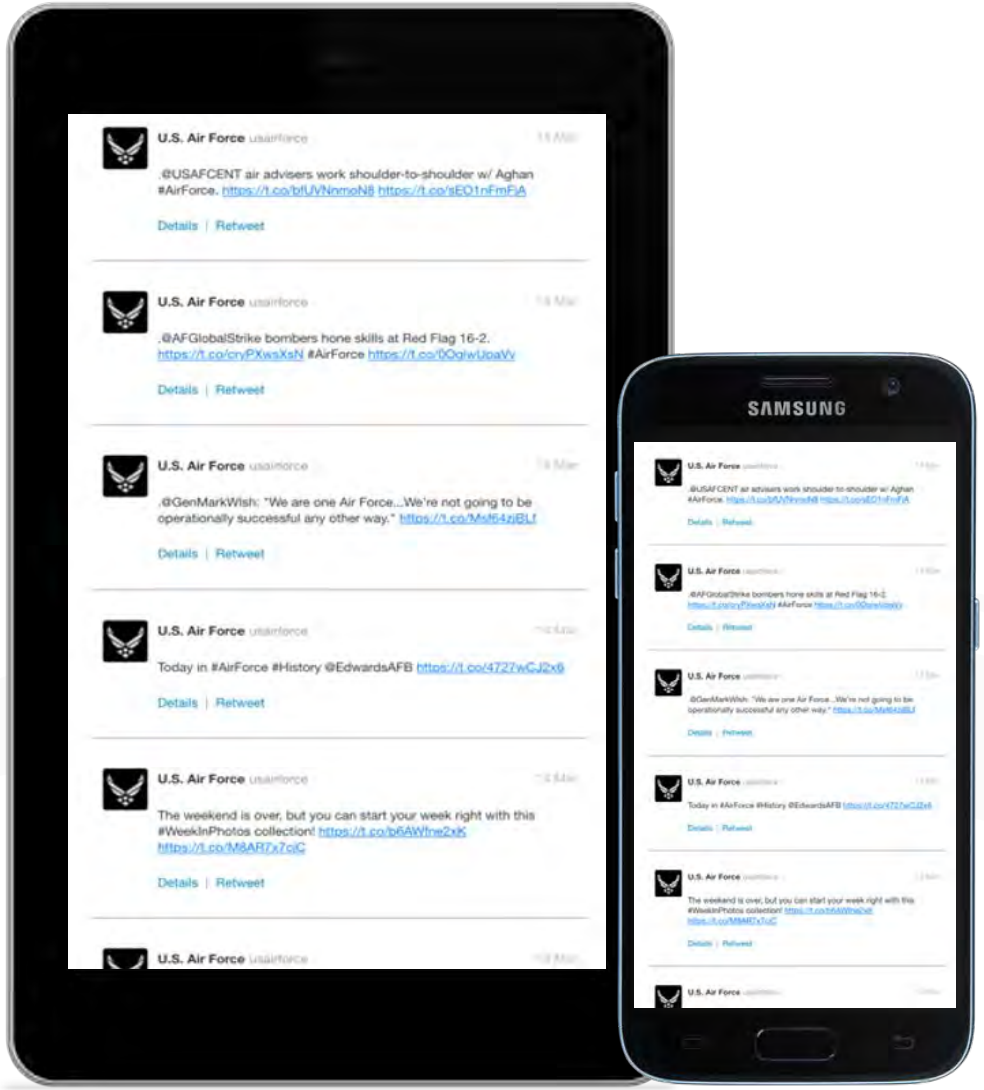
Text Messaging allows your agency to:

- **Extend** your reach
- **Accelerate** audience response
- **Simplify** communications
- **Amplify** your digital strategy

Each **govDelivery** account uses a unique Toll-Free Number
(or custom short code)

Attachment #9

Extend Your Communications with Social Media

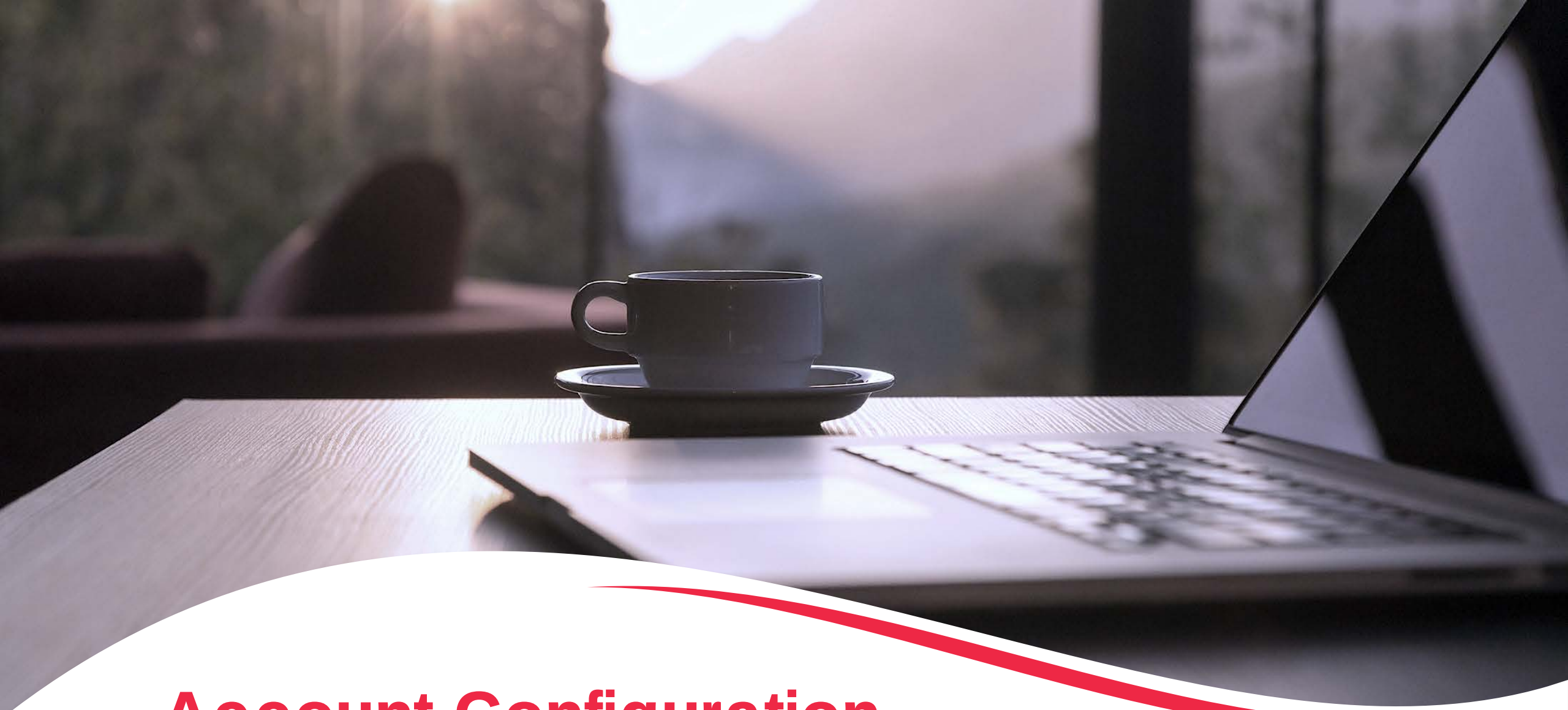


Email and text messages are the most direct form of communication, but **social plays a role** and further **extends reach**.

Attachment #9

Bulletin Specific Reporting

Dig deep with **individual bulletin metrics**, including deliverability, open rate, and click rate.



Account Configuration

Attachment #9

Email From Address

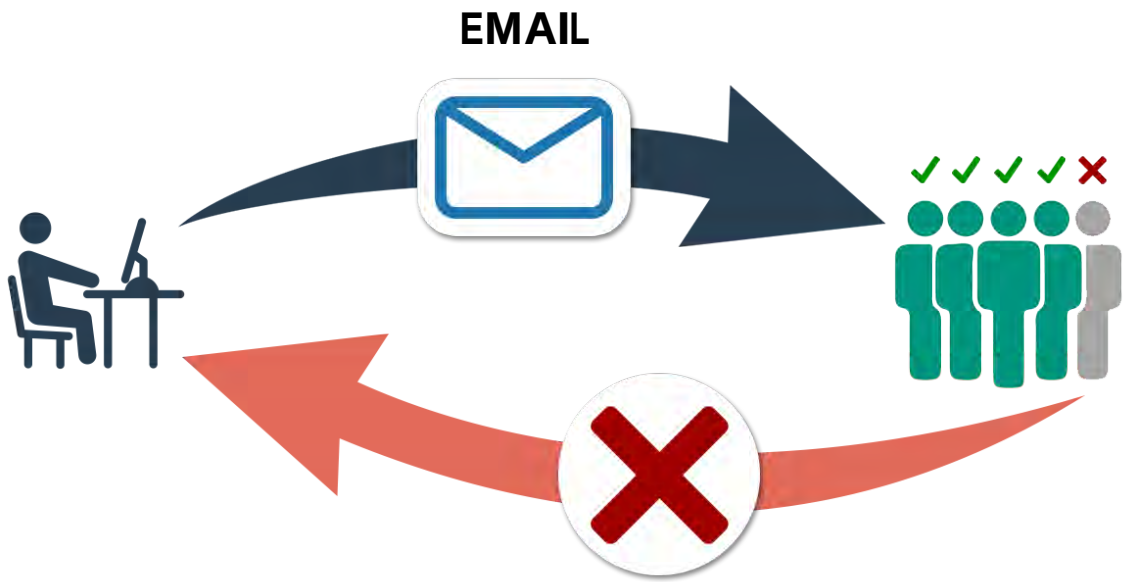
DISPLAY NAME

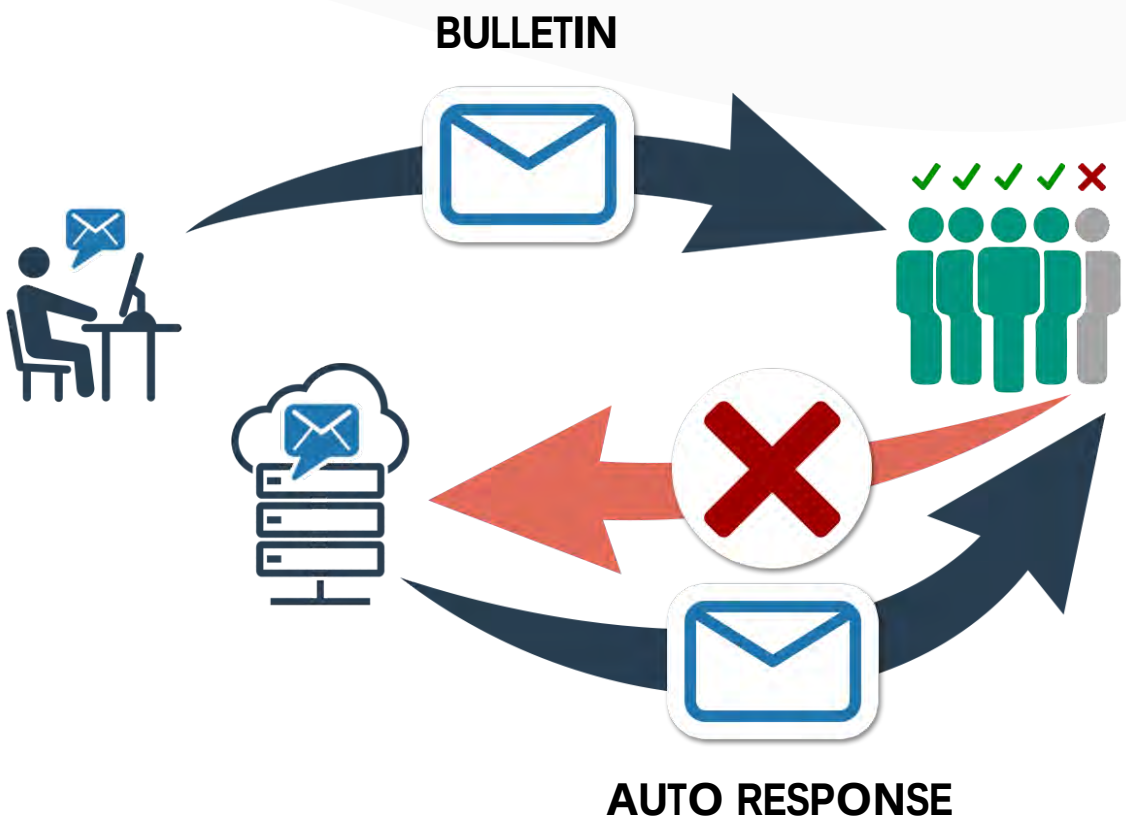
Oregon Board of Dentistry

EMAIL ADDRESS

OregonDentistry@public.govdelivery.com

How Are Replies Dealt With





Administrator Hierarchy

Description	Account Admin	Group Admin	Topic Admin
Update general/default bulletin templates	✓		
Delete Administrators	✓		
Create and Assign Administrators	✓	✓	
Upload Subscribers	✓	✓	✓
Manage Topic Templates and Bulletins	✓	✓	✓
Send Bulletins	✓	✓	✓

Account Administrators

- Responsible for supervising the overall system and managing other admins. Most often, the Account Administrator is a Web Administrator or Project Manager.

Group Administrators

- Oversee a category or several topics that represent a department, office, or division. They can also add and assign Topic Administrators to topics.

Topic Administrators

- Responsible for the day-to-day maintenance of one or more topics. Their primary task is sending bulletins to subscribers. They cannot modify or add topics.

Implementation Process and Next Steps

Attachment #9

Project Timeline

July 2

SCOPE

- We review objectives and success measurements.
- Assess and establish best practices.
- Determine system settings and features.

July 15

BUILD

- Set up a personalized account.
- Build branded subscription pages and message templates.
- Configure features and functionality.

Aug 15

DESIGN

- Create mock-ups and instructions for easy website integration.
- Complete and verify Digital Design materials.

Aug 30

EDUCATE

- Provide custom Administrator (Account, Group, or Topic) training.
- Signup for govCommunity to learn from your peers

Sep 15

LAUNCH

- Begin acquiring subscribers and sending bulletins.
- Transition from Implementation to the Client Success Team.
- Schedule a post-launch review.

Next Steps

- ❑ Internal Project Manager
- ❑ Administrators & their access rights
- ❑ Schedule weekly status call
- ❑ Targeted launch date
- ❑ From Address(es) & Display Name(s)
- ❑ Categories & Topics
- ❑ Template designs

Thank you

Isaac Benzaquen | isaac.benzaquen@Granicus.com |

Attachment #9

Outlook

2025 Dental Testing & Regulatory Summit

From AADB <aadb@memberclicks-mail.net>
Date Tue 7/15/2025 11:15 AM
To PRISBY Stephen * OBD <stephen.prisby@obd.oregon.gov>

Hello,

This fall, the Summit will be hosting the Annual Meetings for CDCA-WREB-CITA, the American Association of Dental Administrators (AADA), and the American Association of Dental Boards (AADB). We are excited to bring these important organizations together for a collaborative and informative event.

We've added many new features to this year's event to enhance your experience, and we've also made the registration process even easier. Our new streamlined process is designed to simplify registration for attendees who plan to participate in all three group meetings. To get a preview of what the new registration process will look like this year, please watch the video below. This resource should provide a clear overview of how the combined registration will work. You will receive a dedicated registration link via email closer to the opening date to complete your registration for this event. We are looking forward to a productive and engaging Summit and hope to see you there.

Registration officially opens on August 1, 2025!

This email was sent to stephen.prisby@obd.oregon.gov by info@aadbdentalboards.org

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OREGON BOARD OF DENTISTRY

NEWS

Vol. 40 August 2025

President's Message

Aarati Kalluri, D.D.S.

It's been an incredible 27-year journey, full of learning, meaningful connections, and exposure to diverse cultures and environments.

I grew up in a middle class family of academicians and researchers who taught me the value of hard work, perseverance, and ethical service.

What is my purpose to be here today? Because I believe deeply in the power of education and awareness. In our fast paced world, constant evolution is the norm. That's why we need to embrace fresh ideas and find ways to work smarter—so our healthcare teams can deliver safer, more effective care at the point of need.

As a mother of two, I get it: we all crave a regulated, trustworthy healthcare system where our families feel safe. I have worked alongside people from all walks of life. What matters most? Empathy and accommodation—these are the cornerstones of excellent care for Oregonians.

I earned my Bachelor's and Master's in Prosthodontics from India in 2003, then taught and practiced there. In 2005, I moved to Oregon, settling with my husband and had two lovely kids. In 2008, I graduated from UCSF with my DDS degree. I was awarded a Fellow of the Academy of General Dentistry in 2021 —and now, this year, I'm earning the Mastership (MAGD). My drive to learn and excel continues stronger than ever.

I spent a couple of years working in Oregon before building my practice from the ground up. I'm passionate about clinical work and grateful to serve our community.

Five years ago, I joined the Board of Dentistry. I've had the privilege of working alongside of my colleagues and staff to help bring new systems and ideas that will help us abide by the mission statement of Oregon Board of Dentistry:

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

Today, I shared my 27-year journey—rooted in education, empathy, and ethical care. Now, as we move forward together, I want each one of you to bring one new idea, one small change, into your practice or workplace. Because when we act thoughtfully, we don't just treat—we transform."

"Empathy. Innovation. Trust. Three pillars for healthcare that serves families—our families in Oregon." ■

Board Staff

Stephen Prisby
Executive Director
Stephen.Prisby@obd.oregon.gov

Angela Smorra, D.M.D.
Dental Director/ Chief Investigator
Angela.Smorra@obd.oregon.gov

Winthrop "Bernie" Carter, D.D.S.
Dental Investigator
Bernie.Carter@obd.oregon.gov

Haley Robinson
Office Manager
Haley.Robinson@obd.oregon.gov

Gabriel Kubik
Investigator
Gabriel.Kubik@obd.oregon.gov

Kathleen McNeal
Examination & Licensing Manager
Kathleen.McNeal@obd.oregon.gov

Dawn Dreasher
Office Specialist
Dawn.Dreasher@obd.oregon.gov

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

Board Members

Aarati Kalluri, D.D.S.
President
Hillsboro
Second term expires 2029

Sheena Kansal, D.D.S.
Vice President
Portland
Second term expires 2029

Reza Sharifi, D.M.D.
Portland
Second term expires 2027

Kristen Simmons, R.D.H.
Hillsboro
First term expires 2028

Ginny Jorgensen
Wilsonville
First term expires 2028

Sharity Ludwig, R.D.H.
Bend
First term expires 2026

Olesya Salathe, D.M.D.
Clackamas
First term expires 2028

Terrence Clark, D.M.D.
West Linn
First term expires 2026

Michelle Aldrich, D.M.D.
Salem
First term expires 2026

Kieshawn Lewis
Tigard
First term expires 2029

Scheduled Board Meetings

2025 -26

- June 13, 2025
- August 22, 2025
- October 24, 2025
- December 12, 2025
- February 27, 2026
- April 24, 2026
- June 12, 2026
- August 21, 2026
- October 23, 2026
- December 11, 2026

A Word From the Executive Director

Stephen Prisby

Outgoing President Reza Sharifi, DMD & Incoming President Aarati Kalluri, DDS

A Time of Reflection and Transition

As we pass the halfway point of 2025, I want to take this opportunity to share key updates from the Oregon Board of Dentistry (OBD) and reflect on the important work we all do to ensure the integrity and advancement of oral healthcare in our state.

Leadership Transitions

At our April Board Meeting, we thanked outgoing President Dr. Reza Sharifi for his dedicated service since joining the Board in 2019. A skilled Oral Surgeon and holder of a General Anesthesia Permit, Dr. Sharifi made significant contributions during his tenure.

We also extended our gratitude and best wishes to Chip Dunn, who served two full terms (2017–2025) as a public member. We are pleased to welcome Mr. Kieshawn Lewis as his successor—you will learn more about Mr. Lewis in this newsletter.

(Left to Right) Reza Sharifi, DMD, Chip Dunn & Stephen Prisby

The Board has elected Dr. Aarati Kalluri as the new OBD President for the term April 2025 – April 2026. Her leadership will coincide with key initiatives, including:

- Implementation of the 2025–2027 Budget, featuring selective fee increases
- Anticipated updates to the Dental Practice Act later this year
- Development of our next Strategic Plan, building on the success of 2022–2025

Licensees and stakeholders will be invited to complete a strategic planning survey soon—your ideas and feedback are essential.

Workforce Trends & Access to Care

The Board remains focused on access to dental care across both rural and urban communities. We continue to track:

- Workforce availability
- Licensure portability
- Expanded roles for dental hygienists and dental assistants

The Dental Assistant Workforce Shortage Advisory Committee (DAWSAC), established in Fall 2023, meets quarterly to provide guidance and input. The OBD has shown its commitment to transparency and openness, responding to concerns about applications, scope of practice, and regulatory clarity.

We are working closely with professional associations, legislators, academic institutions, and community partners to explore innovative, evidence-based solutions—ensuring access to care without compromising safety or quality.

Enforcement & Ethics

Protecting the public remains at the core of our mission. Over the past five years, the Board has:

- Received and reviewed approximately 190 complaints per year
- Taken disciplinary action in about 26 cases annually
- Maintained a licensee base of around 8,000 providers (4,400 dental hygienists, 3,600 dentists)

Every complaint is reviewed with care and attention. While serious violations are addressed through appropriate enforcement, we remain equally committed to fairness, education, and ethical rehabilitation. Prevention through clear guidance is always preferable to post-incident discipline. In my experience, OBD licensees provide excellent care and customer service, and serve Oregonians safely and ethically.

Looking Ahead

As we prepare for upcoming rule changes and consider the impacts of the recently concluded 2025 legislative session, the Board will continue to:

- Promote regulatory clarity and consistency
- Review rules with input from committees and stakeholders
- Align with best practices across the profession

Stay tuned for updates from upcoming Board and committee meetings.

A Call to Engagement

To all licensees: stay engaged. Your involvement is vital—read our communications, attend meetings, respond to surveys, and reach out with questions or concerns. Together, we uphold a profession rooted in excellence, accountability, and public service.

Thank you for your commitment to dentistry and dental hygiene, and for the compassionate care you provide to Oregon communities every day.

Since joining the Board in 2012 and becoming Executive Director in 2015, I have worked to uphold five key values in my service to the state:

Brevity – Equity – Fairness – Focus – Courtesy

I look forward to hearing from you if you have any questions or comments. ■

Stephen.Prisby@obd.oregon.gov
971-673-3200

Frequently Asked Questions

Q: Do I need a sedation permit to prescribe for anxiolysis?

A: In accordance with OAR 818-026-0030(7) - When a dentist utilizes a single oral agent to achieve anxiolysis only, no anesthesia permit is required. Please be aware that a licensee that does not hold a Moderate, Deep Sedation or General Anesthesia Permit may not administer, for purpose of anxiolysis or sedation, Benzodiazepines or narcotics in children under 6 years of age (OAR 818-026-0020).

Welcome

The OBD welcomed a new public board member on April 1, 2025. His term will end on March 31, 2029. Kieshawn Lewis is an Oregon resident and proud alumnus of Portland State University and the University of Southern California. With an early passion for dentistry and aspirations of becoming a maxillofacial surgeon, his career ultimately led him into the tech industry, where he started as an engineer and grew into a leadership role in Human Resources, specializing in diversity, equity, inclusion, and talent development. His curiosity about dentistry, combined with his background in engineering and people-focused leadership, reflects his deep commitment to problem-solving and helping others. In his free time, Kieshawn enjoys spending time with his family, working out, and exploring all the world has to offer while always seeking ways to give back in return. ■

New Staff Introductions

Meet New OBD Investigator – Gabriel Kubik

Originally from Iowa, I've proudly called Oregon home since 2004. With over 15 years of experience in law enforcement, my career has spanned both military and civilian public safety roles. I began as a Military Police Officer, serving with distinction before advancing to the role of Military Police Investigator. Later, I dedicated a decade to the Oregon Department of Corrections, focusing on safety, accountability, and the rehabilitation of inmates.

I earned my Bachelor of Applied Science in Criminal Justice from Portland State University, graduating summa cum laude in 2021—an honor that reflects my commitment to academic excellence and lifelong learning.

For the past year, I've been working with the Oregon Board of Dentistry, and I've thoroughly enjoyed the transition into this new role. It's been an exciting and rewarding change, allowing me to apply my experience in a fresh, impactful setting.

Outside of work, I'm a devoted father and outdoor enthusiast. Whether skiing, backpacking, or traveling, I love exploring the outdoors with my daughters, ages 12 and 15. These shared adventures help us stay connected and grounded in the beauty of the natural world. ■

Meet New OBD Office Specialist – Dawn Dreasher

I joined the Oregon Board of Dentistry as Office Specialist on August 19, 2024. Born and raised in Chicago, I arrived in Portland (via Denver) in 2005. I graduated from the University of Colorado with a BA in Philosophy.

At law firms in Chicago and Denver, I served as a legal assistant in the areas of real estate and civil litigation. I also bring my experience as an executive assistant in the reinsurance industry. I strive each day to provide excellent customer service and to support the talented and dedicated people working to fulfill the Board's mission.

Outside of the office, I enjoy exploring on foot – especially hiking, backpacking, and dog walking. I spent many years as a youth mentor in the BSA scouting program and continue to roam the beautiful Pacific Northwest wilderness with my husband and two adult children. ■

Have you moved or changed work locations recently?

ORS. 679.120(4), 679.615(5), and 680.074(4) requires that licensees update the Board within 30 days of any change of address.

To update your contact info, please go to www.oregon.gov/dentistry and click "Licensee Portal" for instructions.

Clarification on radiographs

The Oregon Board of Dentistry (Board) regularly receives questions about the requirement for radiographs/X-rays and how often they are required.

The decision about whether and/or when to take radiographs is the responsibility of Oregon licensed dental professionals, including Dentists, Dental Therapists, or an Expanded Practice Permit Dental Hygienist. It should be based on factors including the patient's oral health, patient's age, the risk for disease, and any sign or symptoms of oral disease that a patient may be experiencing.

The Oregon Board of Dentistry does not have a time requirement for how often radiographs or X-rays are to be taken. So, if your Dentist says we (the Board) require X-rays every six months or every year, that is not true.

The dental professional uses their professional judgment to decide when radiographic imaging is clinically indicated, not the patient.

Dental radiographs are an important diagnostic tool to assist your dental professional in treatment planning, and it is the responsibility of the treating dental professional to determine how often they are needed.

The Board takes the following into consideration when it reviews care provided by our licensees:

Oregon Revised Statute (ORS) 679.140(4) states:
"In determining what constitutes unacceptable patient care, the board may take into account all relevant factors and practices, including but not limited to the practices generally and currently followed and accepted by persons licensed to practice Dentistry in this state, the current teachings at accredited dental schools, relevant technical reports published in recognized dental journals, and the desirability of reasonable experimentation in the furtherance of the dental arts."

In order to diagnose dental pathology and complete an adequate examination on a new or existing patient, the dental professional must have adequate dental radiographs, periodontal probings (if appropriate), and a current medical history. If pathology is diagnosed during the dental examination, the dental professional is obligated to explain the problem, the treatment options, the risks of providing or not providing the treatment, and answer questions. The dental professional is also required to document in the patient's records any dental pathology that is diagnosed during the examination.

When treatment is provided, the dental professional is expected to have obtained the patient's informed consent prior to providing the treatment. Patients may choose to refuse diagnostic tests, dental radiographs, or recommended treatment. A dentist is not obligated to treat a patient who does not agree with a treatment plan, including X-rays. The Board cannot mandate that dental professionals provide unacceptable patient care, and the Board cannot force a licensee to provide treatment for a patient if, in their professional judgement, they do not have the ability to obtain an accurate dental diagnosis or dental justification for treatment. ■

Frequently Asked Questions Expanded Practice Permits

Q: What is a collaborative agreement?

A: A Collaborative Agreement is an approved agreement between a licensed dentist and an Expanded Practice Dental Hygienist (EPDH), which allows that EPDH to perform some or all of the following services while practicing under their EPP: Administering local anesthesia (if the EPDH also has a local anesthesia endorsement); administering temporary restorations without excavation; and prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs specified in the agreement. The Collaborative Agreement should also contain agreed-upon referral parameters.

Q: Do EPDHs need to have a Collaborative Agreement to practice under their EPP?

A: No. However, the EPDH may not provide any of the services listed in the previous answer while working under the EPP unless they have a current Collaborative Agreement that has been approved by the OBD.

Patient Records

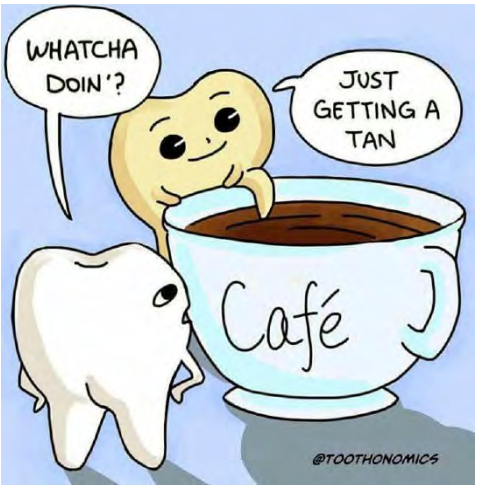
The OBD regularly interacts with unhappy consumers and also Licensees who are frustrated in trying to track down patient records. Please do your best to ensure patient records are transferred appropriately in all circumstances: patients transferring offices, retiring, relocating, or closing a practice.

Professional relations, customer service and doing the right thing should ensure patient records are transferred in a timely manner and will reduce the number of complaints the Board receives every year. It will also speed up investigations and the time it takes to close board cases.

Diagnostic Records — in general patient records need to be transferred or given to the patient within 14 days. You do not need a written request to do it.

When changing practice locations, closing a practice location, or retiring, each licensee must retain patient records for the required amount of time or transfer the custody of patient records to another licensee licensed and practicing dentistry in Oregon. Transfer of patient records pursuant to this section of this rule must be reported to the Board in writing within 14 days of transfer, but not later than the effective date of the change in practice location, closure of the practice location, or retirement. Failure to transfer the custody of patient records as required in this rule is unprofessional conduct.

Please review OAR 818-012-0032 Diagnostic Records and 818-012-0070 Patient Records for more detail and specific language in the rules. ■



OAR 818-021-0115
DISPLAY OF LICENSES

Every licensee of the Board shall have conspicuously displayed their current license in every office where that licensee practices in plain sight of the licensee's patients.

Licenses are available for printing 24/7 on the licensee portal!

https://online.oregondentistry.org/#/

Oregon Wellness Program

All licensees — dentists, dental therapists, and dental hygienists — have access to highly confidential mental health services through the Oregon Wellness Program (OWP). Self-referral is all that is required and the Board is not involved or aware of anyone accessing it.

Any Licensee may contact the OWP and receive up to eight free visits per calendar year. Interested licensees can make a self-referral by visiting the OWP website to review available providers and contact providers directly to schedule an appointment. Visits are available in-person or via telehealth. There is no reporting to a primary health provider or billing of insurance.

The Oregon Board of Dentistry is committed to mental wellness and supportive of our licensees utilizing all available tools for success in their practice and in all aspects of life.
https://oregonwellnessprogram.org/

For program questions or help choosing a mental health provider, call 541-242-2805.
If you are experiencing a mental health crisis, call 9-1-1 or 9-8-8.

Oregon Board of Dentistry

Letters of Concern

Angela M. Smorra, DMD

Bernie Carter, DDS

A "Letter of Concern" is used by the Board to address a specific issue with a Licensee's documentation, clinical care, behavior, or actions. It is a way to formally communicate concerns without necessarily imposing formal disciplinary action taken by the Board. The goal of this type of Board action is to outline a specific concern, reinforce relevant standards, and may include suggestions for improvement. The purpose is to inform and document the concern, as well as give the Licensee an opportunity to address any issues and work towards improvement.

- Once the Board receives a written complaint regarding a Licensee, the Board is mandated by statute to open a case and investigate the complaint until resolved by Board Action.
- The Board carefully considers the totality of the facts while remaining consistent and considering circumstances relevant to each individual case. The safety of the public is of paramount importance, and disciplinary actions are calculated to aid in the rehabilitation of the Licensee.
- The final Board Action can include public notice of proposed discipline or confidential motions finding No Violation, No Further Action, or issuing a Letter of Concern (LOC).
- The minutes of the Board meeting, which are open to the public, will reflect only the case number if the outcome is confidential. The Licensee will not have their name published by the Board.
- The specific information of the LOC is not reported to the National Practitioner's Data Bank
- In general, Licensees may receive a LOC for minor violation(s) of Statutes and/or rules of the Dental Practice Act (DPA).
- Investigatory information obtained by an investigator and the report issued by the investigator are exempt from public disclosure.
- If the Licensee's violation(s) of statutes and/or rules of the DPA contained in the LOC emerge as a recurring trend with the Licensee, the Licensee may be disciplined for those violations by the Board through a future Board action.
- The Letter of Concern received by the Licensee (respondent) and the complainant may state the specifics of the LOC.
- All Licensees and Complainants are encouraged to resolve patient related and non-patient related complaints, if possible, prior to a complaint being submitted to the Board for investigation.
- The action required of the Licensee receiving a Letter of Concern, may verbally state, "Licensee is reminded to assure that they complete.....*[(the articulated Board action(s)]."*

Below are 12 specific examples of areas of concern the Board has noted in recent cases, and relevant Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR).

1. Reminding Licensee of the importance of case selection when treatment planning the surgical removal of impacted teeth. **OAR 818-012-0010, 818-012-0070(1)(b)(c)**

2. Reminding Licensee to not allow their Healthcare Provider BLS Certification to lapse, even if they have not been practicing during a brief period. **OAR 818-012 0030(18)**

3. Reminding Licensee to assure they document the number and types of radiographic images taken and the radiographic findings of each image. **OAR 818-012-0070(1)(f)**

4. Reminding Licensee to assure they document that informed consent has been obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or its equivalent. **OAR 818-012-0070(1)(c)**

5. Reminding Licensee to assure they do not document conflicting notes about types of restorations completed. **OAR 818-012-0070(1)(d)**

6. Reminding Licensee to assure their preoperative radiographic imaging allows for careful consideration of all potential risks or complications of the teeth they extract. **OAR 818-012-0070(1)(b)(c)(d)**

7. Reminding Licensee to assure their permanent restorations have sound margins, adequate resistance form, and adequate retention form. **ORS 679.140(1)(e)**

8. Reminding Licensee to assure they notify the Board in writing of their intent to use the services of a qualified anesthesia provider. **OAR 818-026-0080(8)**

9. Reminding Licensee to assure they complete all required continuing education hours, including those related to Cultural Competency, Infection Control, and Pain Management, within the required license renewal period. **OAR 818-021-0060(5)(6)(7)**

10. Reminding Licensee to assure that, when they utilize 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. **OAR 818-026-0080(6)**

11. Reminding Licensee to assure they provide all required implant information to the patient in writing and document it in the patient record when they surgically place dental implants. They are reminded this includes all of the following: the manufacture brand; design name of implant; diameter and length of the implant; lot number; reference number; and expiration date. **OAR 818-012-0070(4)**

12. Reminding Licensee 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 in surgical management of complex surgical extractions. **OAR 818-012-0010(2)**

While some of these violations could result in immediate disciplinary action, the focus of LOCs is on improvement. LOCs are meant to encourage positive change, rather than a public disciplinary action. All Licensees should review the ORS and the OARs of the Dental Practice Act to ensure compliance with the statutes sets by the State of Oregon and administrative rules set by the Oregon Board of Dentistry. ■

Dental Assisting

The Changing Opportunities and Recognition of Oregon Dental Assistants; Implementation of Local Anesthesia Functions Certificate (LAFC)

According to Marilyn Wilson, EFDA, EFODA, LAFC "waiting for her dentist to numb the patient" is no longer necessary now that she successfully completed an Oregon Board of Dentistry (OBD) approved Local Anesthesia Course for Oregon Expanded Functions Dental Assistants (EFDAs). Having acquired the Local Anesthesia Functions Certificate (LAFC), Marilyn is allowed to perform this procedure for dental patients in Dr. Dean Gregson's dental practice in Milwaukie, Oregon, where she has been employed for 11 years.

Marilyn enrolled in an OBD approved 65-hour local anesthesia course as one of the first Oregon EFDAs to do so. Dr. Gregson and the dental hygienists employed in his practice encouraged and supported her decision to expand her knowledge and advance her dental assisting career by taking this challenging course.

Having an EFDA in the dental practice who can provide local anesthetic for restorative patients alleviates the need to wait for the dentist or to ask the hygienists to leave their hygiene patient to anesthetize a restorative patient in the next operatory. The time savings supports the dental practice and lessens the "chair-time" for the dental patients. It is a "win/win" for all.

Marilyn graduated from the Portland Community College Dental Assisting Program in 1997 where she received her OR-EFDA, OR-EFODA and Pit and Fissure Sealants Certificates. Her 28-year career has seen many changes. Mrs. Wilson mentioned that dental assistants have so many important responsibilities in a dental practice that are way beyond chairside duties. This includes Equipment and Dental Unit Waterline maintenance, infection control and sterilization, OSHA standards, supply inventory and more.

When Marilyn first learned there was the potential for dental assistants to earn a certificate to provide local anesthetic injections, she was thrilled. Marilyn said that, "Much of the waiting during the day is for the dentist or hygienist to give the local anesthetic injection." By earning the LAFC, she will be able to

help keep the patient schedule moving rather than "standing around" waiting.

Initially, Marilyn heard about the LAFC through a Patterson study club meeting that she attends. She discussed it with Dr. Gregson who was supportive and checked in with the dental hygienists in her dental practice to make sure they were "on-board". There was some slight skepticism just as there was for many in the dental community until they found out that the course EFDAs are required to take and pass is the same course they were required to take and pass in their dental hygiene programs. It made sense to them and was a relief to know they would not be asked as often to anesthetize restorative patients.

With Dr. Gregson's financial support and encouragement and the purchase of a required liability insurance policy, Marilyn registered for one of the first OBD approved courses offered in Oregon. Joined by 10 other cohorts, two of whom already had their Restorative Functions Certificate (RFC) and are currently placing fillings and one dental hygienist who moved to Oregon from Texas, who did not have the opportunity to provide local anesthetic in her state, the rigorous study of local anesthesia began.

Marilyn said the course was difficult and required lots of study time but the course had been structured so the online content was well-organized and provided pre-recorded lectures, study guides, progress tests and a final exam that all students are required to pass at 75% or higher to successfully complete the course and receive the LAFC. The students even received a plastic skull and colored pens to use for the study of the location of nerves, injection sites and angles.

Once the cohort came together in a dental office setting for the clinical requirements, there were lengthy discussions regarding specific patient scenarios, potential outcomes and the "step-by-step" process of giving local anesthetic prior to injecting each other. During the required two-day in-person part of the course, Marilyn was able to practice injecting on 6 others. She received over 20 injections herself. The entire cohort of 11 successfully completed the course and are now able to provide this service for dental patients. Not only will it lessen the need to "wait around" but it will also increase efficiency in the dental schedule while improving access to care for Dr. Gregson's dental patients.

Although it took time and a village to gather the support for Oregon to accept that dental assistants are very capable of learning and providing local anesthetic for dental patients, the benefits will outweigh the wait.

As Oregon continues to work on filling the dental assistant shortage, making this progressive move toward adding career advancement opportunities will enhance the interest in the profession and retain those who may otherwise have been looking for a more challenging and rewarding career. With the addition of advanced dental assistant functions, Oregonians can be confident they will receive the high-quality dental care they deserve from educated professionals.

Meanwhile, Marilyn says, "It has just been so much fun getting people numb and seeing my doctor relieved that he can start working."

Congratulations to Oregon and the EFDAs who receive their LAFC! ■

Ginny Jorgensen, ODAA President

Frequently Asked Questions

Q: May a hygienist apply SDF to treat caries on a patient that hasn't been examined by a dentist?

A: No. Under OAR 818-035-0025 (1) a dental hygienist is prohibited from diagnosing and treatment planning anything other than for dental hygiene services. Use of CDT Code D1354 (interim caries arresting medicament application) would require a dentist to diagnose active, non-symptomatic caries, and justify treatment. However, under OAR 818-035-0030 RDH's can determine the need for fluoride as a preventative measure, and some fluoride may include SDF in the formula. The RDH would bill using the appropriate CDT prevention code. The Board has noticed an uptick in complaints involving the use of SDF. At a minimum, documentation of PARQ, or its equivalent, is required under the Dental Practice Act. Review with your malpractice insurance, legal counsel, office policies, and dentist to determine how long after caries diagnosis standing orders for SDF are acceptable.

Q: I bought a new digital impression scanning system. May I have my dental assistant take the final digital impressions?

A: Dental Assistants with the proper training may take final impressions using traditional, or digital, impression materials. It is the dentist's responsibility to review all impressions to ensure accurate and clinically acceptable impressions are captured. Prior to January 1, 2020 the Dental Practice Act prohibited dental assistants from taking jaw registrations or oral impressions for supplying artificial teeth as substitutes for natural teeth, except diagnostic or opposing models or for the fabrication of temporary or provisional restorations or appliances. However, this rule has been struck.

OREGON BOARD OF DENTISTRY
1500 SW 1ST AVENUE, SUITE #770
PORTLAND, OR 97201

Phone: 971-673-3200

www.oregon.gov/dentistry

Email:
Information@obd.oregon.gov

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DEPUTY SECRETARY OF STATE

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STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

TEMPORARY ADMINISTRATIVE ORDER

INCLUDING STATEMENT OF NEED & JUSTIFICATION

OBD 1-2025

CHAPTER 818

OREGON BOARD OF DENTISTRY

FILED

06/16/2025 9:33 AM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Temporary Rules to amend fees and dental assistant rules to be in compliance with legislation.

EFFECTIVE DATE: 07/01/2025 THROUGH 12/27/2025

AGENCY APPROVED DATE: 06/13/2025

CONTACT: Stephen Prisby
971-673-3200
stephen.prisby@obd.oregon.gov

1500 SW 1st Ave
SUite #770
PORTLAND,OR 97201

Filed By:
Stephen Prisby
Rules Coordinator

NEED FOR THE RULE(S):

Legislation was passed that requires rules to align and comply with them.

JUSTIFICATION OF TEMPORARY FILING:

The OBD Budget Bill (SB 5512) 2025 and HB 3223 (2023) require the OBD amend rules to align with legislation. The OBD relies on fees to sustain its operations and fee increases will provide needed income to do that. Three dental assistant rules need to be amended so that they comply with HB 3223 requirements regarding test criteria for dental assistant certifications. The OBD strives to ensure rules are in alignment with Oregon Law. The OBD would not be in compliance with law if these temporary rules are not in effect on July 1, 2025.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

Legislation can be accessed easily on the OLIS website, and the Board has information in multiple board meeting public packets. Staff can provide information as requested too.

RULES:
818-001-0087, 818-042-0080, 818-042-0110, 818-042-0113

AMEND: 818-001-0087

RULE SUMMARY: The fee increases are being implemented to align the rule with the Board's legislatively approved 2025-2027 budget, which includes fee increases to dentists, dental therapists and dental hygienist's biennial license fees. Sedation permit fees are also increasing for the moderate sedation, deep sedation and general anesthesia permits.

CHANGES TO RULE:

818-001-0087
Fees ¶

(1) The Board adopts the following fees:¶
(a) Biennial License Fees:¶

(A) Dental -$44~~8~~90;¶
(B) Dental - retired - $0;¶
(C) Dental Faculty - $43~~8~~85;¶
(D) Volunteer Dentist - $0;¶
(E) Dental Hygiene -$2~~55~~79;¶
(F) Dental Hygiene - retired - $0;¶
(G) Volunteer Dental Hygienist - $0;¶
(H) Dental Therapy - $2~~55~~79;¶
(I) Dental Therapy - retired - $0;¶
(b) Biennial Permits, Endorsements or Certificates:¶
(A) Nitrous Oxide Permit - $40;¶
(B) Minimal Sedation Permit - $75;¶
(C) Moderate Sedation Permit - $~~75~~200;¶
(D) Deep Sedation Permit - $~~75~~400;¶
(E) General Anesthesia Permit - $~~1~~400;¶
(F) Radiology - $75;¶
(G) Expanded Function Dental Assistant - $50;¶
(H) Expanded Function Orthodontic Assistant - $50;¶
(I) Instructor Permits - $40;¶
(J) Dental Hygiene Restorative Functions Endorsement - $50;¶
(K) Restorative Functions Dental Assistant - $50;¶
(L) Anesthesia Dental Assistant - $50;¶
(M) Dental Hygiene, Expanded Practice Permit - $75;¶
(N) Non-Resident Dental Background Check - $100.00;¶
(c) Applications for Licensure:¶
(A) Dental - General and Specialty - $445;¶
(B) Dental Faculty - $405;¶
(C) Dental Hygiene - $210;¶
(D) Dental Therapy - $210;¶
(E) Licensure Without Further Examination - Dental - $890.¶
(F) Licensure Without Further Examination - Dental Hygiene and Dental Therapy - $820¶
(d) Examinations:¶
(e) Jurisprudence - $0;¶
(f) Duplicate Wall Certificates - $50.¶
(2) Fees must be paid at the time of application and are not refundable.¶
(3) The Board shall not refund moneys under $5.01 received in excess of amounts due or to which the Board has no legal interest unless the person who made the payment or the person's legal representative requests a refund in writing within one year of payment to the Board.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 293.445, 679.060, 679.115, 679.120, 679.250, 680.050, 680.075, 680.200, 680.205, 679.615

AMEND: 818-042-0080

RULE SUMMARY: This rule is being amended so that it complies with HB 3223 (2024) requirements.

CHANGES TO RULE:

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 Functions with Infection Control examination, or equivalent successor examination, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; or prior passage of the Certified Dental Assistant examination or Infection Control Examination and¶
passage of the Oregon Expanded Functions General Dental Assist~~ant~~ing exam~~ination~~, 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 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.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.250(7)

AMEND: 818-042-0110

RULE SUMMARY: This rule is being amended so that it complies with HB 3223 (2024) requirements.

CHANGES TO RULE:

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~~Orthodontic Expanded Functions with Infection Control examination, or equivalent successor examination, administered by the Dental Assisting National Board, Inc. (~~C~~DA~~) or Certified Orthodontic Assistant (COA) examination, and~~NB), or any other testing entity authorized by the Board, or prior passage of the Certified Dental Assistant, Certified Orthodontic Assistant or Infection Control Examination administered by DANB and passage of the Oregon Expanded Functions Orthodontic Assist~~ant~~ing exam~~ination~~, 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 hand piece from teeth on four (4) patients.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.250(7)

AMEND: 818-042-0113

RULE SUMMARY: This rule is being amended so that it complies with HB 3223 (2024) requirements.

CHANGES TO RULE:

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~~Expanded Functions with Infection Control examination~~, and Certified Preventive Functions Dental Assistant (CPFDA) examination,~~;or passage of the Coronal Polishing with Infection Control examination, or equivalent successor¶ examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Infection Control Examination and passage ~~or~~f the Oregon Expanded Functions General Dental Assist~~ant (EFDA) examination, or the Coronal Polish (CP) examination~~ing exam or Coronal Polishing exam, 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.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679

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

DATE: August 11, 2025

TO: OBD Board Members

FROM: OBD Executive Director Stephen Prisby

SUBJECT: Public Rulemaking Hearing & Next Steps

The rulemaking process involves certain steps and appropriate public notice.

I recommend the Board hold a virtual public rulemaking hearing on proposed rule changes on Tuesday, Sept 30 at 12 pm. Historically these public rulemaking hearings have had limited attendance and participation, but it is important to still hold them.

The public comment period will be open from September 2, 2025, through October 10, 2025. The OBD will publicize this on the OBD website and in email blasts. Any public comment can be emailed to the OBD's general email information@obd.oregon.gov or any OBD staff member.

All public comment will be recorded and shared in the October 24, 2025, Board Meeting packet. The Board can take action and vote to make the rule changes permanent at that meeting.

I recommend the effective date of any rule changes be December 1, 2025. That date will ensure the 4 temporary rules (effective on July 1, 2025) will become permanent before the 180-day period ends on December 27, 2025.

Rules moved to the Board from July 17, 2025 Rules Oversight meeting (combined rule changes)

OAR 818-001-0087
Fees
(1) The Board adopts the following fees:
(a) Biennial License Fees:
(A) Dental —$4~~4~~**9**0;
(B) Dental — retired — $0;
(C) Dental Faculty — $**4**3~~8~~5;
(D) Volunteer Dentist — $0;
(E) Dental Hygiene —$2~~55~~**79**;
(F) Dental Hygiene — retired — $0;
(G) Volunteer Dental Hygienist — $0;
(H) Dental Therapy - $2~~55~~**79**;
(I) Dental Therapy - retired - $0;
(b) Biennial Permits, Endorsements or Certificates:
(A) Nitrous Oxide Permit — $40;
(B) Minimal Sedation Permit — $75;
(C) Moderate Sedation Permit — $~~75~~**200**;
(D) Deep Sedation Permit — $~~75~~**400**;
(E) General Anesthesia Permit — $~~1~~40**0**;
(F) Radiology — $75;
(G) Expanded Function Dental Assistant — $50;
(H) Expanded Function Orthodontic Assistant — $50;
(I) Instructor Permits — $40;
(J) Dental Hygiene Restorative Functions Endorsement — $50;
(K) Restorative Functions Dental Assistant — $50;
(L) Anesthesia Dental Assistant — $50;
(M) Dental Hygiene, Expanded Practice Permit — $75;
(N) Non-Resident Dental Background Check - $100.00;
(c) Applications for Licensure:
(A) Dental — General and Specialty — $445;
(B) Dental Faculty — $405;
(C) Dental Hygiene — $210;
(D) Dental Therapy - $210;
(E) Licensure Without Further Examination — Dental — $890.
(F) Licensure Without Further Examination — Dental Hygiene and Dental Therapy — $820
(d) Examinations:
(e) Jurisprudence — $0;
(f) Duplicate Wall Certificates — $50.
(2) Fees must be paid at the time of application and are not refundable.
(3) The Board shall not refund moneys under $5.01 received in excess of amounts due or to which the Board has no legal interest unless the person who made the payment or the person's legal representative requests a refund in writing within one year of payment to the Board.

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; 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,~~ **Oregon Expanded Functions with Infection Control examination,** or equivalent successor examination~~s~~, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board**, or prior passage of the Certified Dental Assistant examination or Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam, or equivalent successor examinations, administered by DANB or any other testing entity authorized by the Board**; and certification by an Oregon licensed dentist that the applicant has successfully 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.**

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,~~ **Oregon Orthodontic Expanded Functions with Infection Control examination,** or equivalent successor examination~~s~~, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board**, or prior passage of the Certified Dental Assistant, Certified Orthodontic Assistant or Infection Control Examination administered by DANB and passage of the Oregon Expanded Functions Orthodontic Assisting exam, or equivalent successor examinations, administered by 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 hand piece 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 duties in subsection (b). If no expanded function orthodontic**

certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded orthodontic function duties until EFODA certification is achieved.

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 examination, or the Coronal Polishing (CP) examination,~~ **Oregon Expanded Functions with Infection Control examination; or passage of the Coronal Polishing with Infection Control examination,** or equivalent successor examinations, administered by the Dental Assisting
National Board, Inc. (DANB), or any other testing entity authorized by the Board**, or prior passage of the Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam or Coronal Polishing exam, or equivalent successor examinations, administered by 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.

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 radiographic and other imaging are of diagnostic quality.
(6) Render services which the licensee is not licensed to provide.
(7) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.
(8) Fail to maintain patient records in accordance with OAR 818-012-0070.

(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.
(10) Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.
(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.
(12) Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.
(13) Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(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.
(15) Fail to advise a patient of any recognized treatment complications.
(16) Fail to maintain proper storage or handling of medications, including injectables, according federal regulations, guidelines, standards, and manufacturer recommendations.
(17) Fail to obtain and maintain a written informed consent prior to administering Botulinum Toxin Type A or dermal fillers.

OAR 818-035-0025
Prohibited Acts
A dental hygienist may not:
(1) Diagnose and treatment plan other than for dental hygiene services;
(2) Cut hard or soft tissue with the exception of root planing, except as provided in OAR 818-035-0065;
(3) Extract any tooth;
~~**(4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-0030(1)(h);**~~
(4) Perform intraoral adjustment of fixed and removable prosthesis or appliances.
(5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, OAR 818-035-0040, OAR 818-026-0060(12), OAR 818-026-0065(12) and 818-026-0070 (12);
(6) Place, condense, carve or cement permanent restorations except as provided in OAR 818-035-0072, or operatively prepare teeth;
(7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;
(8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(9) Place or remove healing caps or healing abutments, except under **in**direct supervision.
(10) Place implant impression copings, except under **in**direct supervision.
(11) ~~Any~~ **Act in violation of Board statute or rules.**

OAR 818-035-0030
Additional Functions of Dental Hygienists
(1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:
(a) Make preliminary intra-oral and extra-oral examinations and record findings;
(b) Place periodontal dressings;

(c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;
(d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;
(e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.
(f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.
(g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.
(h) Apply temporary soft relines **after manufacturer required denture preparation** to complete dentures for the purpose of tissue conditioning.
(i) Perform all aspects of teeth whitening procedures.
(2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:
(a) Determine the need for and appropriateness of sealants or fluoride; and
(b) Apply sealants or fluoride.
(3) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the indirect supervision of a licensed dentist:
(a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.
(b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.
(4) Perform extraoral adjustment of fixed and removable prosthesis or appliances.
(5) A dental hygienist with a local anesthesia endorsement may utilize Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical course(s) in Botulinum Toxin Type A, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP). Alternatively, a dental hygienist with a local anesthesia endorsement may meet the requirements of subsection (4) by successfully completing training in Botulinum Toxin Type A as part of a CODA accredited program.

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.
(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 hand instruments, air polishers, ultrasonic equipment or other devices to remove supragingival and subgingival stains and deposits from tooth surfaces.**
(1~~2~~**3**) 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.
(1~~3~~**4**) Use lasers, except laser-curing lights.
(1~~4~~**5**) Use air abrasion or air polishing.
(1~~5~~**6**) Remove teeth or parts of tooth structure.
(1~~6~~**7**) 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.
(1~~7~~**8**) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
(1~~8~~**9**) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
(~~12~~**20**) Apply denture relines except as provided in OAR 818-042-0090(2).
(2~~0~~**1**) 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.
(2~~1~~**2**) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(2~~2~~**3**) Perform periodontal assessment **and periodontal probing**.
(2~~3~~**4**) Place or remove healing caps or healing abutments, except under indirect supervision.
(2~~4~~**5**) Place implant impression copings, except under indirect supervision.
(2~~5~~**6**) **Perform intraoral adjustment of fixed and removable prosthesis or appliances.**
(27) ~~Any a~~**A**ct in violation of Board statute or rules.

OAR 818-042-0096
Local Anesthesia Functions of Dental Assistants
(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.
(2) **The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon Certified Anesthesia Dental Assistant 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~~**3**) 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.

OAR 818-042-0115

Expanded Functions — Certified Anesthesia Dental Assistant

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

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

(b) Administer emergency medications to a patient in order to assist the licensee in an emergent situation under direct visual supervision.

(c) Perform phlebotomy for dental pr~~r~~ocedures **in accordance with OAR 818-042-0117.**

(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.

From: Raelene Cabrera <raelene.cabrera@yahoo.com>
Sent: Monday, August 11, 2025 3:25 PM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Subject: Proposal to amend OAR 818-038-0020

To Whom It May Concern:

My name is Raelene Cabrera and I am a licensed dental therapist practicing in Oregon. I am submitting a proposal to amend OAR 818-038-0020 to allow dental therapists to place space maintainers. Please see proposal attached to this email.

I learned this procedure while I was enrolled in the dental therapy program at the University of Minnesota School of Dentistry. Now that I am practicing as a dental therapist, I can see that this is a procedure that will benefit our patients and the collaborating doctors' dental therapists work with.

Thank you for your consideration.

Warm regards,
Raelene S. Cabrera MDT, BSDH

Proposed Rule Amendment
August 11, 2025

818-038-0020 Scope of Practice

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

a) Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider;
b) Comprehensive charting of the oral cavity;
c) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;
d) Exposing and evaluation of radiographic images;
e) Dental prophylaxis, including subgingival scaling and polishing procedures;
f) Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;
g) Administering local anesthetic;
h) Pulp vitality testing;
i) Application of desensitizing medication or resin;
j) Fabrication of athletic mouth guards;
k) Changing of periodontal dressings;
l) Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth;
m) Emergency palliative treatment of dental pain;
n) Preparation and placement of direct restoration in primary and permanent teeth;
o) Fabrication and placement of single-tooth temporary crowns;
p) Preparation and placement of preformed crowns on primary teeth;
q) Indirect pulp capping on permanent teeth;
r) Indirect pulp capping on primary teeth;
s) Suture removal;
t) Minor adjustments and repairs of removable prosthetic devices;
u) Atraumatic restorative therapy and interim restorative therapy;
v) Oral examination, evaluation and diagnosis of conditions within the scope of practice of the dental therapist and with the supervising dentist's authorization;
w) **Placement and r**emoval of space maintainers;
x) The dispensation and oral or topical administration of:
   (A) Nonnarcotic analgesics;
   (B) Anti-inflammatories; and
   (C) Antibiotics; and
y) Other services as specified by the Oregon Board of Dentistry by rule.

CORRESPONDENCE

American Association of Dental Boards

Via email

June 6, 2025

Dear Colleagues:

As we move into Membership renewal season, we'd like to encourage your State Board to participate as an AADB Member to further promote upholding the longstanding regulation standards in dentistry. Our profession is in the midst of change as we speak and there are multiple threats to these standards in the very near future. We're happy to work with your Board to provide resources and support as we navigate these pending threats and changes.

We'd like to thank our current Members for their engagement and support throughout this last year! We enjoy providing needed services as well as a national forum for networking for our Members and State Boards. We look forward to our continued work together in 2026!

The American Association of Dental Boards is a national association that encourages the highest standards of dental regulation by promoting higher and uniform standards of competency for dental practitioners. The American Association of Dental Boards presently has thirty-three member jurisdictions. Membership is comprised of boards of dentistry, advanced education boards, present and past members of those boards, board administrators, board attorneys, educators, practitioners, and other oral health stakeholders.

As the national face of state dental boards, we influence the licenses of over half a million oral health practitioners through the regulation of dentists, dental therapists, hygienists, and assistants by our governing Members. Our mission is simple: To serve as a resource by providing a national forum for the exchange, development, and dissemination of information to assist dental regulatory boards with their obligation to protect the public.

The value of membership is expressed by Mr. Bobby White, CEO of the long-time AADB Member, North Carolina Board of Dental Examiners:

"Each state has only one dental Board, so no one else in your state knows exactly what it is like to serve as a member, administrator, attorney, or investigator regulating the practice of dentistry. Who do you turn to if you have questions about anesthesia for unlicensed practice? The AADB is the one organization where accumulated expertise and experience on dental regulation is readily available and freely shared. Each meeting I come away with several 'nuggets' that make my job easier and our Board more effective. You can't get what the AADB offers in any other organization."

Our goal is to represent all fifty-three dental licensure jurisdictions in the United States. Please let us know your possible interest in joining our organization by contacting our Executive Director, Ms. Kimber Cobb at kimber@aadbdentalboards.org. If you have any questions or concerns about joining our organization, please contact myself or Kimber and we're happy to address them.

Sincerely,

Clifford O. Feingold, DDS
Vice-president AADB
cliffordfeingold@yahoo.com

cc: Dr. Art Jee, President
Kimber Cobb, Executive Director

June 12, 2025

Via Electronic Mail

CRDTS Member State Boards

RE: Notice of Annual Meeting

Dear Executive Director:

Per the requirements of the Central Regional Dental Testing Service, Inc. (CRDTS) Bylaws, enclosed is the formal notice of the Annual General Assembly of CRDTS, which will be held August 22, 2025. The State Dental and Dental Hygiene Boards are the Members of CRDTS, and we ask that you provide copies of this Notice to each of the members of your State Dental Board.

Additionally, if your State Board's designated Member Representative is not planning to attend the General Assembly, we request that your State Board execute a proxy in writing to be filed with the Secretary of CRDTS before the meeting.

Please let us know if you have any questions.

Sincerely,

Richael Cobler

Richael L. Cobler
Executive Director
CRDTS

cc: Steering Committee
Executive Committee

Central Regional Dental Testing Service, Inc.
1725 SW Gage Blvd.
Topeka, KS 66604-3333
www.crdts.org

PH: 785-273-0380
FX: 785-273-5015
info@crdts.org

NOTICE OF ANNUAL MEETING
OF MEMBERS OF
CENTRAL REGIONAL DENTAL TESTING SERVICE, INC.
TO BE HELD AUGUST 23, 2024

TO THE MEMBERS OF CENTRAL REGIONAL DENTAL TESTING SERVICE, INC.

Notice is hereby given that the General Assembly of the Members of Central Regional Dental Testing Service, Inc., a Kansas not for profit corporation, will be held on August 23, 2024, at the InterContinental Kansas City at the Plaza, 401 Ward Parkway, Kansas City, MO, 64112, commencing at 1:00 p.m. Central Time, for the following purposes:

- Approval of Minutes of the previous General Assembly and any Special Meetings of Members.
- Adoption of the General Assembly's rules of order and procedures, including limitations on the time allocated for debate.
- Announcement of duly designated Member Representatives for the current meeting.
- Approval of any amendments to the Articles of Incorporation.
- Approval of any amendments to these Bylaws.
- A Steering Committee report on actions taken in the previous year, including the annual report of operations and general financial condition of the Corporation, and any recommendations.
- Consideration of Corporation Policies.
- The President's report on actions taken in the previous year and any recommendations.
- A report from all other Officers and Standing Committee Chairs, including the actions and recommendations.
- Nomination and election of Officers of the Corporation.
- Announcement of persons duly designated by Members to serve on the Steering Committee for the coming year.
- Nomination and election of the Nominating Committee members.
- Nomination and election of the Chairperson of the Dental Examination Review Committee.
- Nomination and election of the Chairperson of the Dental Hygiene Examination Review Committee.
- Approval of the date(s) selected for subsequent General Assembly.
- Any other business that may properly come before the Members.

By Order of the Steering Committee

Otto Dohm, DDS
President

Central Regional Dental Testing Service, Inc.
1725 SW Gage Blvd.
Topeka, KS 66604-3333
www.crdts.org

PH: 785-273-0380
FX: 785-273-5015
info@crdts.org

Dental Assisting National Board

June 30, 2025

VIA EMAIL

Stephen Prisby, Executive Director
Oregon Board of Dentistry
Stephen.PRISBY@obd.oregon.gov

Dear Stephen:

I am writing to notify you that, in accordance with direction from the Oregon Board of Dentistry in connection with implementation of new provisions of Oregon statute enacted in 2023 and becoming effective July 1, 2025, DANB has published the following exams:

EXAMS PUBLISHED

Exams Recognized or Required for **Radiologic Proficiency Certificate:**

Pathway I:

Radiation Health and Safety (RHS) Exam - English
Radiation Health and Safety (RHS) Exam - Spanish
Radiation Health and Safety (RHS) Exam - Vietnamese

Exams Recognized or Required for **Expanded Functions Dental Assistant (EFDA) Certificate**:

Pathway III:

Expanded Functions with Infection Control (OR-EFIC) Exam - English
Expanded Functions with Infection Control (OR-EFIC) Exam - Spanish
Expanded Functions with Infection Control (OR-EFIC) Exam – Vietnamese

Pathway II:

Oregon Expanded Functions General Dental Assisting Exam (ORXG) - English
Oregon Expanded Functions General Dental Assisting Exam (ORXG) - Spanish
Oregon Expanded Functions General Dental Assisting Exam (ORXG) - Vietnamese

Exams Recognized or Required for **Expanded Functions Orthodontic Dental Assistant (EFODA) Certificate**:

Pathway III:

Orthodontic Expanded Functions with Infection Control (OR-OEFIC) Exam - English
Orthodontic Expanded Functions with Infection Control (OR-OEFIC) Exam - Spanish
Orthodontic Expanded Functions with Infection Control (OR-OEFIC) Exam - Vietnamese

Pathway II:

Oregon Expanded Functions Orthodontic Dental Assisting Exam (ORXO) - English
Oregon Expanded Functions Orthodontic Dental Assisting Exam (ORXO) - Spanish
Oregon Expanded Functions Orthodontic Dental Assisting Exam (ORXO) - Vietnamese

Exams Recognized or Required for **Expanded Functions Prevention Dental Assistant (EFPDA) Certificate**:

Pathway III

Same exam as required for EFDA certificate (see above):
Expanded Functions with Infection Control (OR-EFIC) Exam – English
Expanded Functions with Infection Control (OR-EFIC) Exam – Spanish
Expanded Functions with Infection Control (OR-EFIC) Exam – Vietnamese

Coronal Polishing with Infection Control (CPIC) Exam – English
Coronal Polishing with Infection Control (CPIC) Exam – Spanish
Coronal Polishing with Infection Control (CPIC) Exam – Vietnamese

Pathway II

Same exam as required for EFDA certificate (see above):
Oregon Expanded Functions General Dental Assisting Exam (ORXG) – English
Oregon Expanded Functions General Dental Assisting Exam (ORXG) – Spanish
Oregon Expanded Functions General Dental Assisting Exam (ORXG) – Vietnamese

Recognized for Pathway II for **EFDA, EFODA and EFPDA Certificates:**

Infection Control Exam (ICE) – English
Infection Control Exam (ICE) – Spanish
Infection Control Exam (ICE) – Vietnamese

APPLICATION FORMS

Application forms for these exams are available at the following locations:

- https://www.danb.org/exams/state-exams
- https://www.danb.org/exams/view-danb-exams

- https://www.danb.org/exams/exam/rhs-exam
- https://www.danb.org/exams/exam/rhs-spanish
- https://www.danb.org/exams/oregon-exams-in-spanish-and-vietnamese
- https://www.danb.org/exams/exam/OR-EFIC
- https://www.danb.org/exams/oregon-exams-in-spanish-and-vietnamese
- https://www.danb.org/exams/exam/orxg-exam
- https://www.danb.org/exams/oregon-exams-in-spanish-and-vietnamese
- https://www.danb.org/exams/exam/OR-OEFIC
- https://www.danb.org/exams/oregon-exams-in-spanish-and-vietnamese
- https://www.danb.org/exams/exam/orxo-exam
- https://www.danb.org/exams/oregon-exams-in-spanish-and-vietnamese
- *https://www.danb.org/exams/exam/OR-EFIC Also listed above*
- *https://www.danb.org/exams/oregon-exams-in-spanish-and-vietnamese*
- https://www.danb.org/exams/exam/coronal-polishing-with-infection-control
- https://www.danb.org/exams/oregon-exams-in-spanish-and-vietnamese
- *https://www.danb.org/exams/exam/orxg-exam Also listed above*
- *https://www.danb.org/exams/oregon-exams-in-spanish-and-vietnamese*
- https://www.danb.org/exams/exam/ice-exam
- https://www.danb.org/exams/exam/infection-control-spanish
- https://www.danb.org/exams/oregon-exams-in-spanish-and-vietnamese

If you have any questions about the foregoing, please do not hesitate to contact me by phone at 312-280-3431 or by email at klandsberg@danb.org.

As always, it has been our pleasure working with you on the exams needed under the new law, and we look forward to continuing to provide you and Oregon dental assisting candidates with excellent service.

Best regards,

Katherine Landsberg
Director, Government Relations

Cc: Laura Skarnulis, DANB CEO
Jackie Urban, DANB Director, Credentialing Operations

ADA American Dental Association®
America's leading advocate for oral health

211 East Chicago Avenue
Chicago, Illinois 60611

T 312.440.2700
F 312.440.7488
www.ada.org

Brett H. Kessler, D.D.S.
President

July 14, 2025

State Boards of
Dentistry
VIA E-MAIL

Dear State Boards of Dentistry Board Members, Executive Directors, Administrators, and Staff:

It has been almost one year since Ms. Kimber Cobb, RDH, BS, Executive Director, AADB, shared this update from the AADB 2024 Annual Meeting:

"Our primary focus for this Annual meeting was Practitioner Well-being and Recovery. Our first keynote session focused on the relationship between certain stigmas associated with the above versus maintaining regulatory standards. How can these subjects and potential issues be approached differently? What changes are State Boards considering currently? Our second session provided updates and background on patient safety related to well-being and recovery and what collaborative approaches can and are being taken to facilitate public protection. Our first set of panelists, Dr. Robert McNeill, Dr. Hana Alberti, Dr. Brett Kessler, incoming ADA President and Mr. Mark Staz with Federation of State Medical Boards did a fabulous job of outlining key points in a conversational/podcast presentation. Our second session, presented by Dr. Alan Budd and Dr. Bill Claytor provided excellent information on entities within our profession that have taken a collaborative approach to practitioner well-being and recovery. We've seen extensive changes throughout recent years to balance the support needed by dental and dental hygiene practitioners. There is no doubt there will continue to be a focus in this area that will benefit dental professionals while maintaining public safety."

As ADA Leadership, we want to follow up with each state to ensure that resources are readily available. We know that State Boards of Dentistry protect the public's health. Supporting the health and well-being of dentists and dental team members contributes to that essential mission. By destigmatizing and communicating there will not be repercussions for mental health care, dentists and their staff are more likely to seek help. While approximately one in five adults[1] experience a mental illness in a given year, health professionals are less likely to report mental health issues due to specific occupational barriers which include the fear of punitive action against a professionals' license[2]. When professionals seek help for mental health issues, it keeps the public safe and helps the licensee.

In 2024, ADA's Council on Dental Practice (CDP) developed a licensure reform toolkit titled Reducing Barriers to Care for Mental Health and Substance Use Disorders | American Dental Association to address an ADA House of Delegates Resolution (517H-2023/Preventing Unfair Discrimination). This toolkit highlights several states (IA, MN, OR, TX, and VA) that accomplished licensure reform after auditing their initial and renewal licensure applications for intrusive mental health questions that may deter a dentist from seeking mental health care.

The ADA has learned from colleagues in medicine (American Medical Association, Federation of State Medical Boards, Federation of State Physician Health Programs, and The Joint Commission) to focus questions on current impairment. Best practices are to avoid "Have You Ever?" questions that could prevent dentists or other licensed dental providers from asking for help for a mental health challenge, including substance use disorders. Seeking professional help for these issues early can keep our patients and the public safer.

Other resources we are bringing to your attention include:

- ADA's digital Dentist Well-Being Programs Directory allows readers to search by state to find wellness contacts and resources in each state. The directory also includes the 28 member programs of the Federation of State Physician Health Programs (FSPHP) that provide therapeutic alternative to discipline for dentists.

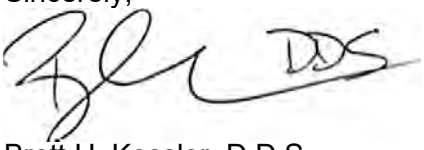
- The ADA licensed the Dental Well-Being Index (WBI), an anonymous, validated risk assessment invented by the Mayo Clinic, for members to access without cost. CDP recently expanded the WBI to **all** dentists, dental students, and dental team members. Information about the WBI can be found here WBI. A recent ADA News article highlights this expansion.

- ADA Members and ASDA/ADA Dental Student Members have access to Talkspace Go (self-guided mental health and well-being app, available at no cost) and Talkspace Therapy (discounted subscription to work with a licensed therapist). Additional information about Talkspace can be found here.

We hope the above ADA resources are helpful to you. To find additional resources, please visit ADA Wellness Resources.

Should you have any questions, please email dentalpractice@ada.org.

Sincerely,



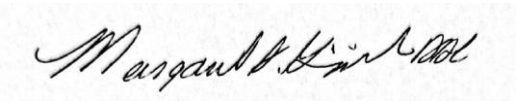
Brett H. Kessler, D.D.S.
President

Richard J. Rosato, D.M.D.
President-Elect

Elizabeth A. Shapiro, D.D.S., J.D.
Interim Executive Director

Shane A. Ricci, D.D.S., F.A.G.D., F.I.C.D., F.A.C.D., chair, Council on Dental Practice

Jennifer Thompson, D.D.S., vice chair, Council on Dental Practice



Margaret Gingrich, D.D.S., chair, Dental Team Wellness Advisory

[1]National Alliance on Mental Illness NAMI Mental Health by the Numbers
[2]American Hospital Association Suicide Prevention: Evidenced-Informed Interventions for the Health Care Workforce

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From: Paul <drfoxpa@gmail.com>
Sent: Tuesday, July 29, 2025 9:54 AM
To: SMORRA Angela * OBD <Angela.SMORRA@obd.oregon.gov>
Subject: Re: FW: EFPDA Pathways

Hi Dr. Smorra,

I hope you are doing well and having a nice summer. I wanted to follow up with you related to our previous phone conversation about a new pathway for the EFPDA certification due to the lack of available dental assistants in the State of Oregon who can coronal polish. If you recall, my vision is to add a new pathway for EFPDA certification that allows for a dental assistant, who is certified in radiologic proficiency, to complete a board approved, in-office course similar to that for pit and fissure sealants.

I have spoken with ODAA President Ginny Jorgensen on the matter and she has reviewed my attached document. She also voiced the ODAA's proposal for all dental assistants to register with the state in a database, which seems like a wonderful idea as well!

I'm attaching a document I have been working on with my "recommendations" highlighted in red. Please review and let me know what you think and/or if I need to make any material changes for success. Furthermore, if you could review with me the formal process needed to submit? Or is this email and attached document sufficient?

Thank you so much for your willingness to listen to my recommendations and hopefully we can increase the safe and effective access to care for Oregonians!

Thank you,
Paul Fox, DMD

Identification of the problem: There is a shortage of dental assistants in the State of Oregon with the ability to perform coronal polishing. One factor leading to the shortage is difficulty for dental assistant to obtain the EFPDA certification. Furthermore, it has been brought to our attention through various sources in the dental community, that many peer dentists in Oregon are permitting uncertified dental assistants to coronal polish in their practices. The reasoning is due to the lack of available EFPDA certified dental assistants and the difficulty in getting the certification.

Identification of the solution: To create an additional pathway for capable dental assistants to obtain the didactic and practical training to perform safe and effective coronal polishing on patients through a board approved, in-office training course. The training course will consist of didactic, classroom style learning with a written examination and a practical, hands-on coronal polishing of teeth on patients in a clinical setting. By creating an additional pathway to obtain EFPDA certification, there should be a large reduction in dentists who are not following the current certification rule.

DANB:

Expanded Function Preventive Dental Assistant (EFPDA) Requirements

To perform expanded preventive functions in Oregon under the supervision of a licensed dentist, a dental assistant must earn an Oregon Expanded Function Preventive Dental Assistant (EFPDA) certificate. To qualify, one must:

Pathway I:

1. Hold an Oregon Certificate of Radiologic Proficiency (see requirements), AND

2. Successfully complete a course of instruction in a program accredited by CODA, AND

3. Apply for the Oregon EFPDA certificate (administered by DANB).

Pathway II:

1. Hold an Oregon Certificate of Radiologic Proficiency (see requirements), AND

2. Have already passed the DANB Infection Control (ICE) exam, AND

3. Pass one of the following exams:

a. DANB Coronal Polishing (CP) exam, OR

b. Oregon Expanded Functions General Dental Assisting exam (administered by DANB), AND

4. Provide endorsement from a dentist licensed in Oregon stating that the applicant has completed clinical requirements within six months of completion, AND

5. Apply for the Oregon EFPDA certificate (administered by DANB).

Pathway III:

1. Hold an Oregon Certificate of Radiologic Proficiency (see requirements), AND

2. Pass one of the following exams:

a. Oregon Expanded Functions with Infection Control exam, OR

b. Coronal Polish with Infection Control exam

3. Provide endorsement from a dentist licensed in Oregon stating that the applicant has completed clinical requirements within six months of completion, AND

4. Apply for the Oregon EFPDA certificate (administered by DANB).

Pathway IV:

1. Be certified in another state with requirements similar to Oregon's, OR Obtain verification from a licensed dentist of having been employed (outside the state of Oregon) for at least 1,000 hours in the past two years as a dental assistant performing the permitted expanded preventive functions, AND

2. Apply for the Oregon EFPDA certificate (administered by DANB).

Pathway V:

1. Hold an Oregon Certificate of Radiologic Proficiency (see requirements), AND

2. Completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board

3. Provide endorsement from a dentist licensed in Oregon stating that the applicant has completed clinical requirements within six months of completion, AND

4. Apply for the Oregon EFPDA certificate (administered by DANB).

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 Expanded Functions with Infection Control examination; or passage of the Coronal Polishing with Infection Control examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam or Coronal Polishing exam, or equivalent successor examinations, administered by 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; or

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

Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679
History:
OBD 1-2025, temporary amend filed 06/16/2025, effective 07/01/2025 through 12/27/2025
OBD 2-2024, amend filed 10/28/2024, effective 01/01/2025
OBD 2-2019, amend filed 10/29/2019, effective 01/01/2020
OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

Outline for Board Approved Course of Instruction:

A. Infection Control:

I. Prevention of Disease Transmission

A. Infectious diseases

B. Review medical histories for transmissible diseases

C. Hand hygiene

D. Use of personal protective equipment (PPE)

E. Minimize contact with aerosols, droplets and spatter

II. Prevention of Cross-contamination

A. Clean and disinfect treatment areas, equipment and laboratories

B. Prepare and use chemical disinfectants

C. Use of surface barriers and Prepare tray setups

D. Maintain and monitor dental unit water lines

E. Clean and maintain evacuation lines and traps

F. Dispose of biohazardous and other waste

III. Process Instruments and Devices

A. Process instruments and devices

B. Monitor and maintain processing equipment (e.g., sterilizers, ultrasonic cleaner).

IV. Occupational Safety and Administration Protocol

A. Occupational safety regulations, standards and guidelines:

1. OSHA Bloodborne Pathogens Standard

2. OSHA Hazard Communication Standard

3. CDC guidelines.

4. federal regulations (e.g., EPA, FDA).

B. Maintain and document programs and policies for infection prevention control and safety

B. Coronal Polishing:

I. Evaluation

A. Health and dental histories

B. Anatomy and pathologies of the oral cavity

C. Characteristics of plaque, calculus and materia alba

D. Tooth stains

E. Restorations

F. Differences between coronal polishing and oral prophylaxis

II. Equipment and Supplies

A. Select instruments and materials

B. Characteristics of abrasives and polishing agents

III. Procedures

A. Position equipment, operator and patient

B. Operate low-speed handpieces

C. Identify fulcrum position

D. Describe polishing stroke pattern and sequence

E. Apply infection prevention and control procedures

F. Maintain equipment

IV. Administration

A. Legal record maintenance and legal responsibilities

B. Patient education

C. Safety data sheets (SDS) for coronal polishing materials

Written multiple choice examination to follow.

Goals and objectives for practical, in-office hands on training for coronal polishing on patients:

GOALS AND OBJECTIVES:

1. Explain the procedure to patients

2. Recognize decalcification and mottled enamel

3. Identify plaque, calculus and stain formation within the oral cavity

4. Utilize proper armamentaria in an organized sequence for disclosing and polishing

5. Perform plaque disclosure

6. Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue retraction

7. Select and dispense the proper amount of polishing agent

8. Demonstrate proper polishing techniques using appropriate cup adaptation, stroke, and handpiece use

9. Demonstrate the use of floss and tape

10. Demonstrate techniques for cleaning fixed and removal prosthesis and orthodontic appliances

11. Maintain aseptic techniques including disposal of contaminated material

818-042-0114

Additional Functions of Expanded Function Preventive Dental Assistants (EFPDA)

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

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

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 Expanded Functions with Infection Control examination; or passage of the Coronal Polishing with Infection Control examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Infection Control Examination and passage of the Oregon Expanded Functions General Dental

Assisting exam or Coronal Polishing exam, or equivalent successor examinations, administered by 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.

Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679
History:
OBD 1-2025, temporary amend filed 06/16/2025, effective 07/01/2025 through 12/27/2025
OBD 2-2024, amend filed 10/28/2024, effective 01/01/2025
OBD 2-2019, amend filed 10/29/2019, effective 01/01/2020
OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

818-042-0114
Additional Functions of Expanded Function Preventive Dental Assistants (EFPDA)

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

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

Statutory/Other Authority: ORS 676
Statutes/Other Implemented: ORS 676 & ORS 679.600

History:

OBD 1-2024, amend filed 03/08/2024, effective 05/01/2024
OBD 1-2022, amend filed 06/21/2022, effective 07/01/2022
OBD 2-2018, adopt filed 10/04/2018, effective 01/01/2019

818-042-0090

Additional Functions of EFDAs

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

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

(2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.

(3) Place retraction material subgingivally.

OTHER ISSUES

Prohibited Serial Communications

Purpose & Definitions

Governing bodies are required to deliberate and decide matters in open public meetings. The purpose and intent of the Public Meetings Law is that the decisions of governing bodies be arrived at openly and that the public be informed and aware of the deliberations and decisions of governing bodies and the information upon which such decisions are made. ORS 192.620

Prohibited serial communications occur when the governing body, outside of a public meeting, uses serial electronic written communications (notes, emails, texts), in-person communications, or an intermediary to communicate among a quorum of the members of the governing body for the purpose of deliberating or deciding on any matter within the governing body's jurisdiction (i.e., a matter for which the governing body has the authority to make a decision or recommendation). OAR 199-050-005(10) & OAR 199-050-0020

Deliberating includes any discussions or communications that are part of the governing body's decision-making process. A decision-making process may include:

(a) Identifying or selecting the nature of the decision to be made;
(b) Gathering information related to the decision to be made;
(c) Identifying and assessing alternatives;
(d) Weighing information; and
(e) Making a decision. ORS 192.610(3) & OAR 199-050-0005(4)

An **intermediary** is 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. An intermediary may be a member of the governing body, a staff member, or any other person who is used to facilitate communications among members of the governing body. OAR 199-050-0005(7)

Frequently Asked Questions

1. When do communications among governing body members become prohibited serial communications?

Answer: It depends on whether the communications involved a quorum of members and on the subject and purpose of the communications. The determinative factors include:

(A) Do the serial communications involve a quorum of the governing body?

(B) Do the communications involve a matter within the governing body's jurisdiction (i.e., a matter for which the governing body has the authority to decide or make a recommendation)?

(C) Did a quorum use the serial communications for the purpose of deliberating or deciding on that matter?

2. Does a quorum of the governing body have to be involved in the same communication at the same time for it to be considered a prohibited serial communication?

Answer: No. Prohibited serial communications may occur through a quorum of members being involved in the same communication or a quorum of members being involved in a series of individual or small group communications. If a member of the governing body individually communicates (in person or by telephone, email, text, etc.) one by one with enough members that a quorum of the governing body is involved, and the matter communicated is within the governing body's jurisdiction, and the communications are for the purpose of deliberating or deciding on the matter, then it is prohibited serial communications.

Using an example of a governing body comprised of seven members and a quorum of four members:

Member A calls Member B on May 1st to discuss lowering the downtown parking fines by 10%. On May 15th, Member B emails Member C to see if Member C would also be supportive of lowering the downtown parking fees by 10%. The next day, Member A sends a text message to Member D to see if Member D would support lowering the downtown parking fees by 10%. In this example, four members - a quorum - have deliberated about whether to lower the downtown parking fees by 10%. In this situation a prohibited serial communication has occurred in violation of the Public Meetings Law.

3. **Can a quorum of the governing body engage in serial communications on topics not within their jurisdiction?**

Answer: Yes. The prohibitions on serial communications only apply to matters within the governing body's jurisdiction. For example, it is not a prohibited serial communication for the Library Advisory Committee, with authority only to make recommendations about the Library matters, to serially communicate about the Police Department's proposed budget that includes a new K-9. Also, it is not a prohibited serial communication for members of a governing body to communicate about other non-jurisdictional matters, like one member's vacation or another member's favorite sports team.

4. **I am on a governing body. If a constituent or member of the public approaches me to discuss a matter within my governing body's jurisdiction, may I speak to them without risk of engaging in a prohibited serial communication? What if that member of the public also approaches other members of the governing body to discuss the same matter?**

***Answer*:** Generally, yes. Nothing in the Public Meetings Law prohibits you from speaking to a constituent about their concerns and other topics or matters within the governing body's jurisdiction. The fact that a constituent communicates on their own with a quorum of the governing body does not mean the governing body engaged in prohibited serial communications. But if a member of the governing body asks or directs the constituent to be the go between among governing body members, in order to share information among a quorum of the governing body for the purpose of deliberating or deciding on a matter, that could be a prohibited serial communication.

5. **May I speak to a member of the media?**

Answer: Yes. Nothing in the Public Meetings Law prohibits a member of a governing body from speaking to the media about topics regarding the public body's business or otherwise. The stated policy and purpose of Oregon's Public Meetings Law is transparency and openness; it is not intended to limit or prohibit interactions between governing bodies and the media.

6. **The governing body is scheduled to consider a matter at our next public meeting and I would like to know how other members of the governing body feel about the matter beforehand. May I ask a staff member to ask other members of the governing body and report back to me?**

Answer: Generally**,** no. In this situation, the staff member would be considered an intermediary used to communicate among members of the governing body for the purpose of deliberating or making a decision on a matter withing the governing body's authority. If the communications occur with a quorum of the governing body, a prohibited serial communication has occurred. However, it would not be a prohibited serial communication if the communications are either:

(1) purely factual or educational in nature and that convey no deliberation or decision on any matter that might reasonably come before the governing body;

(2) Not related to any matter that, at any time, could reasonably be foreseen to come before the governing body for deliberation and decision; or

(3) Nonsubstantive in nature, such as communication relating to scheduling, leaves of absence and other similar matters.

For example, if the communications with staff was to check with other members of the governing body to determine whether to reschedule the meeting to another time, such communications would not be prohibited.

7. **I am a city administrator; may I meet privately with individual members of the governing body on a routine basis to discuss matters subject to deliberation or decision by the governing body?**

Answer**:** Yes. A city administrator or other staff member may meet with individual members of the governing body. However, if the city administrator or staff member is communicating among a quorum of members and sharing the information received from individual members with a quorum of the governing body members, such communications may be prohibited serial communications. The Public Meetings Law requires deliberations and decisions of a governing body to be conducted in a public meeting. So if the purpose of the city administrator's meetings with individual members is to facilitate communications among a quorum of the members and those communications are for the purpose of deliberating or deciding on a matter, those individual meetings may violate the Public Meetings Law.

As an example, assume the city administrator wants the council to consider whether and by how much to adjust the sound permit fee for local music concerts in the park. Consider the following scenarios:

Scenario 1: The city administrator contacts each councilor individually and asks for their thoughts on whether the sound permit fee should be adjusted. The city administrator does not convey information received to other members of the council. The city administrator uses the information gained from the discussions with individual council members to create a staff report.

The city administrator places an item on the agenda for the council to consider whether to adjust the sound permit fee and by how much. The sound permit fee is then considered at a publicly noticed council meeting where the city administrator presents the staff report. At the public meeting, the councilors debate the issue and determine the fee amount.

In Scenario 1, the city administrator is gathering information in order to create a staff report to present the issue for discussion, deliberation, and decision by the council at a public meeting. The council did not engage in deliberations or make a decision, through the city administrator as an intermediary, about whether to adjust the fee and by how much. The council had an open debate about the fee at a public meeting. In Scenario 1, it does not appear to the city council engaged in prohibited serial communications.

Scenario 2: The city administrator contacts each councilor individually and asks for their thoughts on whether the sound permit fee should be adjusted. When speaking with the Mayor, the Mayor proposes a 10% reduction in the permit fee. The city administrator then conveys to the other councilors that the Mayor has proposed a 10% reduction and asks whether they agree with that amount. Councilor A suggests it should instead be a 5% increase. The city administrator then presents the Mayor's and Councilor A's suggestions to the other councilors individually. A majority of the councilors indicate to the city administrator that they agree with the Mayor's suggestion of a 10% reduction. The city administrator then places a 10% reduction on the agenda for the council's vote.

In Scenario 2, the city administrator is acting as an intermediary, sharing information received from individual councilors with a quorum of the city council. Through the city administrator, the city council members are communicating with each other for the purpose of deliberating or deciding on the fee amount, setting the fee reduction at 10% and rejecting the proposal of a 5% increase. The city council's consideration of the competing proposals, their deliberations, and the decision reached on the fee reduction were done outside of a public meeting. In Scenario 2, the council appears to have engaged in prohibited serial communications.

8. May I attend town halls or neighborhood association meetings?

Answer: Generally, yes. Governing body members (individually or in groupings less than a quorum) can attend town halls or neighborhood association meetings where they may talk with their constituents and discuss matters within the governing body's jurisdiction. However, if a quorum of the governing body is present at the town hall or neighborhood association meeting and the topic to be discussed is a matter within the governing body's jurisdiction, then the governing body would need to hold the gathering as a public meeting and satisfy all of the Public Meetings Law requirements (public notice, accessibility and accommodations, minutes or recordings, etc.).

9. May I discuss nonsubstantive matters such as scheduling with other members of the governing body?

Answer: Yes. Communications that are nonsubstantive in nature, such as communications relating to scheduling, leaves of absence and other similar matters, are not subject to the Public Meetings Law.

10. Can prohibited serial communications occur during a public meeting?

Answer: Yes. During a public meeting, if members of the governing body communicate with each other via text message, group chat, email, or even hand-written notes, and those communications involve a matter within the governing body's jurisdiction and are for the purpose of deliberating or deciding on that matter, then prohibited serial communications are likely to have occurred, unless all of these communications were shared publicly during the public meeting.

11. How may the governing body correct a prohibited serial communications violation?

Answer: If members of a governing body realize that they may have engaged in prohibited serial communications, the best practice would be to schedule a public meeting at which the governing body publicly shares its past prohibited serial communications. For example, at the public meeting the governing body could present the emails or texts or repeat the communications and conversations previously held. At the same time, the governing body should consider and communicate how it will prevent similar violations from occurring in the future, such as by obtaining additional training.

Such a corrective action may not prevent someone from filing a grievance and submitting a complaint with the Oregon Government Ethics Commission (OGEC), but it would be a factor considered by OGEC in evaluating the case and in determining the appropriate penalties or sanctions.

12. What are the penalties if prohibited serial communications occur?

Answer: Engaging in prohibited serial communications violates the Public Meetings Law. If someone were to file a complaint with OGEC, after having satisfied the mandatory grievance process in ORS 192.705, and if OGEC were to find a violation, it could impose sanctions against each governing body member found to have participated in the prohibited serial communications. The sanctions for a violation range from a Letter of Education to a civil penalty in an amount up to $1,000 per violation.

***** OGEC may supplement these FAQs with additional questions and answers. Please contact our office at mail@ogec.oregon.gov or 503-378-5105 with questions.***

From: Joint Commission on National Dental Examinations <ada@messaging.ada.org>
Sent: Friday, July 18, 2025 1:58 PM
To: PRISBY Stephen * OBD <stephen.prisby@obd.oregon.gov>
Subject: Register now for the JCNDE Annual State Dental Board Forum

Registration for the JCNDE Annual State Dental Board Forum

JCNDE
JOINT COMMISSION ON NATIONAL DENTAL EXAMINATIONS

August
18
Noon CT

Register

Register Today for the Virtual JCNDE Annual State Dental Board Forum

On an annual basis, the Joint Commission on National Dental Examinations (JCNDE) convenes a forum for boards of dentistry to exchange information about the National Board Examinations.

The State Dental Board Forum (SDBF) will be held on **Monday, August 18, 2025, from 12:00 PM – 1:30 PM (CST)**. The SDBF will be conducted remotely via Zoom. All dental board members are encouraged to attend this important event.

Registration is required to attend.

The JCNDE welcomes your participation. If you have any questions, please contact Sandra Lopez at lopezs@ada.org.

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From: Andy Davis (He/Him) <Andy.Davis@oha.oregon.gov>
Sent: Sunday, August 3, 2025 11:31 AM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Cc: Piper Block (she/her) <Piper.Block@oha.oregon.gov>; Workforce Data Admin <Wkfc.Admin@odhsoha.oregon.gov>
Subject: HPRB follow-up from OHA - Health Care Workforce Reporting Program

Good morning,

Sorry that this took a little longer than planned to get back to you, Director. I hope this contains all the information you needed, and I'm happy to answer any additional questions.

Thank you for two constructive meetings with the Executive Directors of our Health Professional Regulatory Boards to talk about administrative and survey changes for the Oregon Health Care Workforce Survey.

This email and its attachments summarize the presentations. Please consider the topics in this email, and reach out with any questions or comments on them. We want to move forward with all of these items with your cooperation and approval, and won't push forward changes without you.

There are three main topics:

1. Proposed changes to the survey:
    a. Gender question update
    b. Removal of "country of origin" data collection
    c. Additional intro text for disability question section
2. Updates to interagency agreements
3. Increase to Health Care Workforce fee amount

We would ask that, if you agree to the proposed survey changes, you reply with approval directly for items 1a and 1b. If you'd like to talk about concerns with them, please contact me or Piper Block directly and we can discuss them. Your reply will allow us to move forward with making those changes in a timely manner.

1. **Proposed Survey Changes**

    a. **Gender question update:**

The current question asked on the Oregon Health Care Workforce Survey presents a mismatch between terms for sex and gender. OHA recommends to change this to a single question about gender.

The current question reads:

What is your gender:

1. *Male*
2. *Female*
3. *Prefer to self describe: (free text)*
4. *Don't want to answer/decline*

The question asks about **gender** but then provides classifications of **sex** as answer choices (male and female). This misclassification impacts the quality and reliability of the data we collect.

After consultation with HPRB, as well as direct consultation with member boards who reached out with questions or comments, we are recommending a change to the following question text:

What is your gender:

1. *Woman*
2. *Man*
3. *Nonbinary*
4. *Agender/No gender*
5. *Genderfluid*
6. *Don't want to answer*
7. *Not listed, my gender is: (free text)*

This version was based on consultation with OHA's Data Equity team and represents a balance between a more inclusive gender collection question and a simplified set of choices.

If you approve of this change, we will plan to implement the survey change six months after all boards have given approval.

b. **Removal of "country of origin" data collection:**

OHA has a new policy limiting the collection and retention of data on country of birth in accordance with ORS 181A.823.

Currently, the survey asks the following question:

> *How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry? (free text)*

OHA proposes changing this question to:

> *How do you identify your race, ethnicity, tribal affiliation, or ancestry? (free text)*

This would allow us to still utilize the free text answers for quality checks against the multiple-selection race and ethnicity section.

If you approve of this change, we will implement the survey change as soon as practicable after all boards have given approval.

c. **Additional intro text for disability question section:**

We have been given feedback that some renewing licensees were questioning the form and content of the disability questions asked on the OHA survey. We want to make sure that respondents are clear on the reasons why questions are asked, and that we are not creating any concerns that the questions are directly related to fitness for license renewal.

We have drafted an expanded version of the introduction to this section, and have asked OHA's Data Equity team to review the draft. We hope to be able to share that text with you within the next two weeks for your approval.

2. Updates to interagency agreements

The current interagency agreements between OHA and your board expires 12/31/2025. OHA would like to extend the current agreements through 2029.

We've attached the current IAA and amendment documents for your information and review.

OHA will be asking for three changes:

1. Language to extend the current contracts to December 31, 2029
2. Updates to board authorized representatives
3. Fee amount

The process going forward will depend somewhat on timing for the proposed fee change, and we detail that some below.

If there is agreement on extension, following DAS approval for a fee change, OHA will submit contract details for execution by the Office of Contracts and Procurement, who will then work between OHA and each board to obtain signatures and finalize the IAA. We will work to make this happen as quickly as possible, with the aim of completing the extension work by the end of 2025.

3. Increase to Health Care Workforce fee amount

The Health Care Workforce Database (HCWD) program is designed by statute to be funded by license renewal fees, and that the fees should reimburse the cost of obtaining or reporting the survey information.

ORS language around program funding (ORS 676.410):

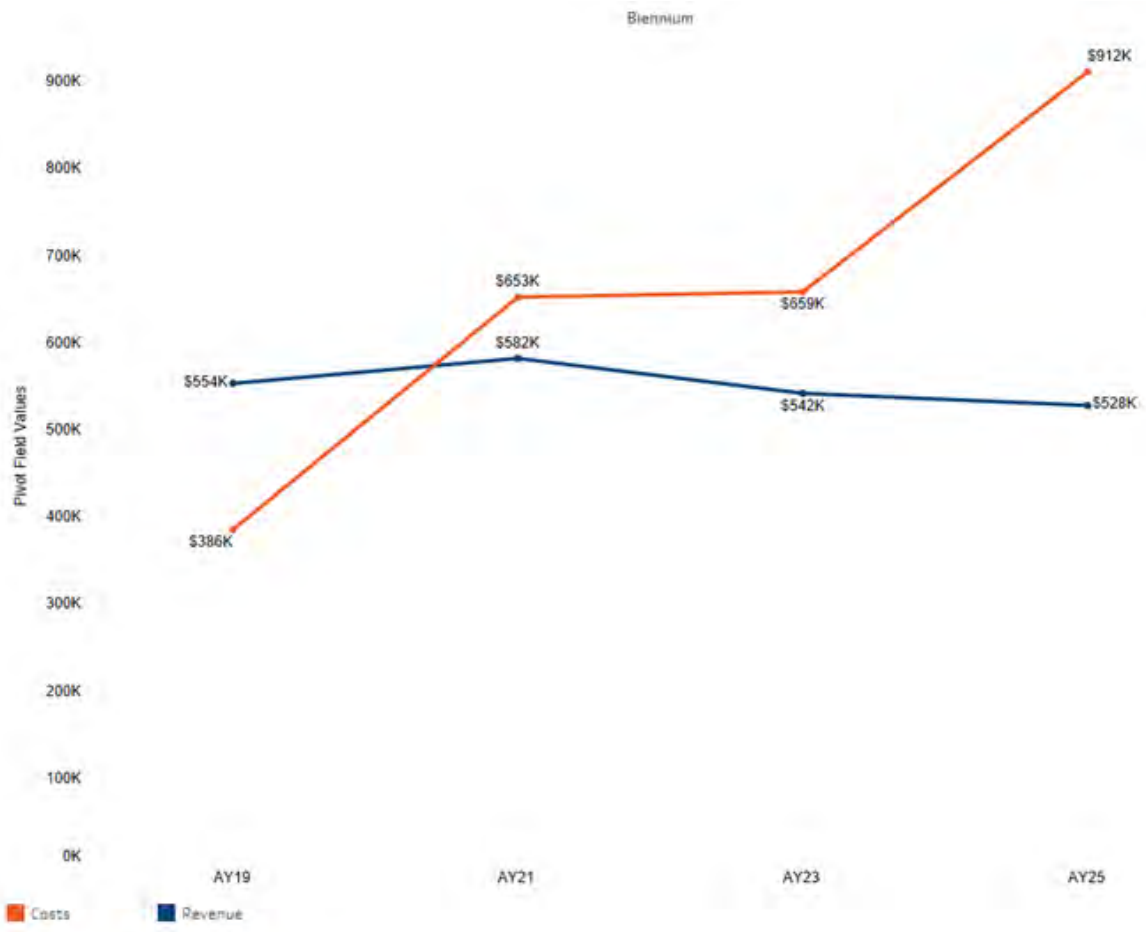
> *(6) In addition to renewal fees that may be imposed by a health care workforce regulatory board, the authority shall establish fees to be paid by individuals applying to renew a license with a health care workforce regulatory board. The amount of fees established under this subsection must be reasonably calculated to reimburse the actual cost of obtaining or reporting information as required by subsection (2) of this section.*

In the process of preparing for IAA extension, OHA asked our budgeting office for financial analysis and feedback on a need for a fee change. The analysis showed that the HWRP program is currently in need of a fee increase to meet current program budgetary needs, and we presented at the July HPRB meeting on some of the background here.

The current fee has been in place since 2016. It is $2 for one-year license renewals, and $4 for two-year licenses. We've simplified that to $2 per license year in the following data.

HCWD last renewed IAAs in 2020/21. At that time, HCWD had a substantial balance in our accounts.

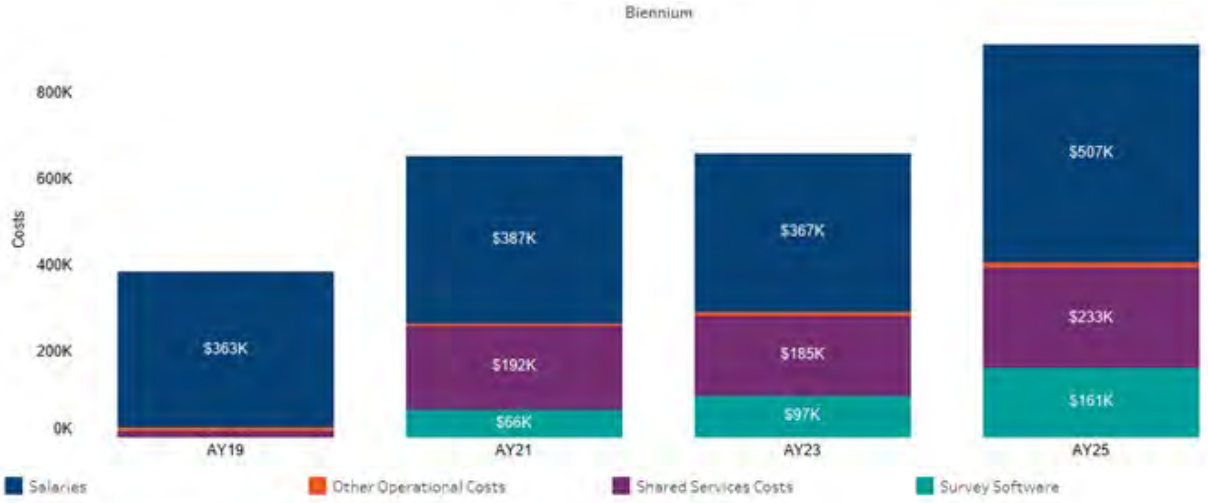
Almost immediately after that renewal, the program started spending that balance down. This graph shows the biennial costs and revenue for the program.

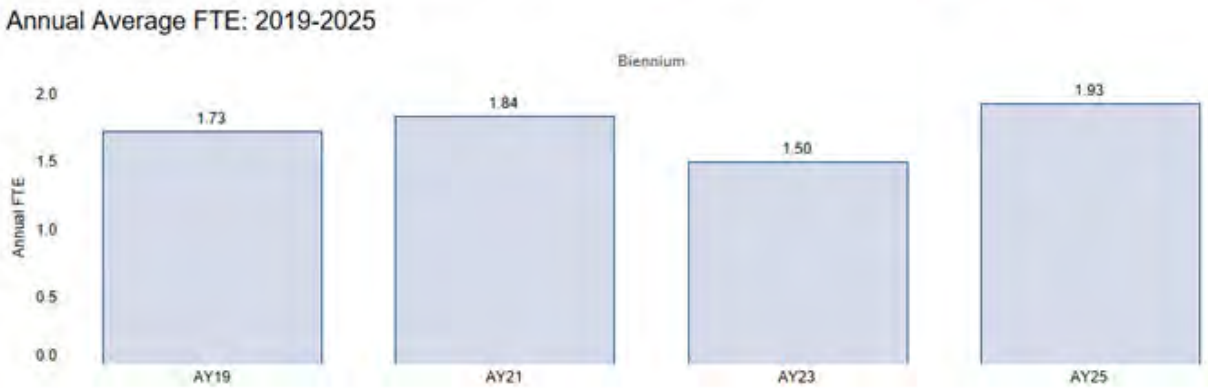


Costs have grown over time, but increased significantly due to:

- Increased Qualtrics survey software costs
- Increased FTE and salary costs
- Increased OHA Shared Services fees for overhead and agency costs

The following chart shows the breakdown in those cost areas:



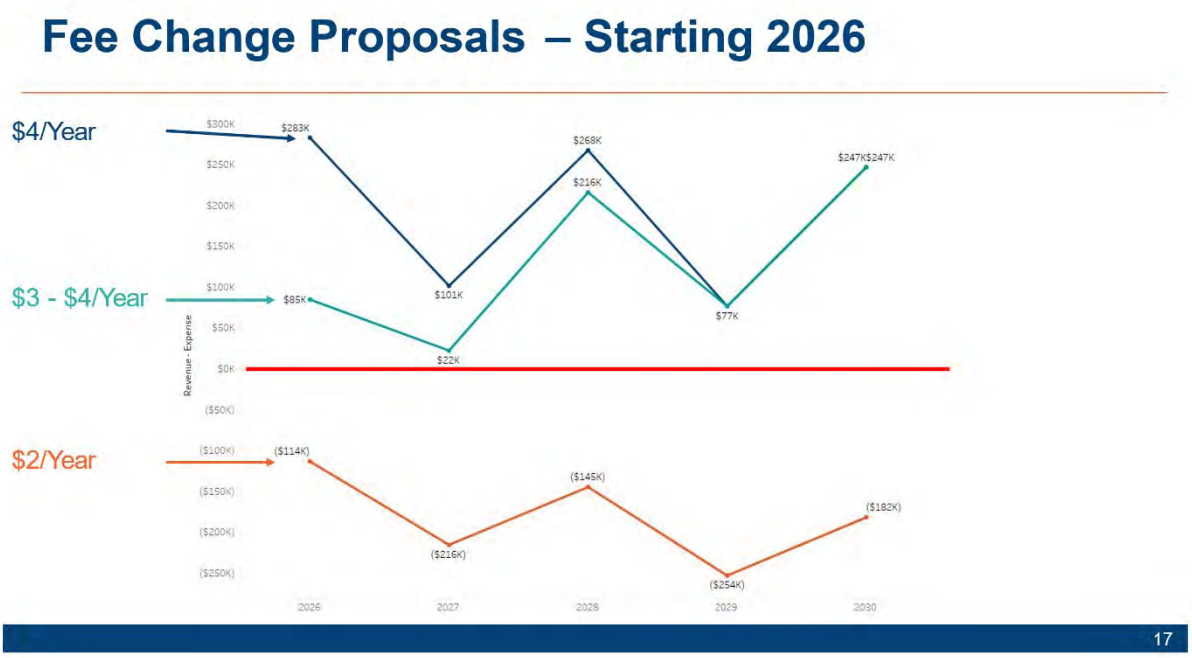


HCWD is now in a position where the balance is depleted, and we need to increase program revenue to pay for the current level of service.

Our budget analysts provided us with two proposals to increase the HCWD fee above $2 per license year:

- A graduated increase from $3 per license year up to $4 per license year, stepped in between 2026 and 2029.
- A one-time increase up to $4 per license year, starting in 2026.

The following chart illustrates the program net revenue under the two proposals, as well as the current $2 per license year fee level:



Based on feedback at the August 28th HPRB meeting about the difficulty of multiple fee change rule changes and implementations, our understanding is that HPRB prefers a single increase to $4 per license year, so we will pursue that option.

We anticipate the process will be:

1. Perform a financial analysis and program budgeting process to justify a fee increase (we are here)
2. Submit a preliminary request with financial and program details to OHA budget director for approval to move forward
3. OHA conducts stakeholder meetings, program evaluation and prepares documentation for formal request and rule change
    a. **Licensing boards will be involved in this step during stakeholder engagement**
4. OHA submits formal request to OHA budget director for approval
5. OHA budget director reviews and approves materials and submits request to DAS for fee change approval
6. DAS reviews, approves and authorizes a fee change
    a. **We will send new IAAs once this step is complete, with the new fee included**
7. DAS submits request to LFO for a fee change ratification in the next session (hopefully 2026 short session)
8. Legislative ratification makes fee change approval final

Based on the positive feedback toward a $4 per license year fee level, we will begin step 2 shortly. We will plan to have a round of stakeholder engagement with you and the other boards soon.

We anticipate this process, through to step 6 of DAS approval, to take somewhere in the 2-3 month range. We hope we can complete everything faster than that, but our goal is to be able to present new IAAs to you immediately after DAS approval and for that to be in November.

Thank you for your openness to this process, and we appreciate your continued partnership. Please reach out with any questions or feedback.

Again, we would ask that, if you agree to the proposed survey changes, you reply with approval directly for items 1a and 1b so we can move forward with those changes.

Andy Davis
Research Analyst
OREGON HEALTH AUTHORITY
Health Policy and Analytics Division
Research & Data
andy.davis@oha.oregon.gov
(503) 586-9957
http://www.oregon.com/OHA

OREGON HEALTH AUTHORITY

6/23/2025

Health Care Workforce Reporting Program (HWRP) Updates for Health Professional Regulatory Boards

Agenda

- Proposed changes to the Workforce survey (10 min)
  - Gender/Sex question – updated proposal | Timeline: Early 2026 if agreed
  - Removing ‘country of origin’ – new proposal | Timeline: ASAP if agreed
  - Additional disability header language – new proposal | Timeline: Early 2026 or later if agreed

- Interagency Agreement (IAA) Renewals (5 min)
- Licensing Survey Fee Change (15 min)

Proposed Changes for Gender/Sex Question

Current question and core issue

What is your gender:

- ***Male***
- ***Female***
- ***Prefer to self describe: (free text)***
- ***Don’t want to answer/decline***

The question asks about **gender** but then provides classifications of **sex** as answer choices (male and female). This misclassification impacts the quality and reliability of the data we collect.

Proposed revision

Based on feedback at the last HPRB meeting and after, we propose a change to this slightly expanded version of the question.

This version was based on consultation with OHA's Data Equity team and represents a balance between a more inclusive gender collection question and a simplified set of choices.

What is your gender:

1. ***Woman***
2. ***Man***
3. ***Nonbinary***
4. ***Agender/No gender***
5. ***Genderfluid***
6. ***Don't want to answer***
7. ***Not listed, my gender is: (free text)***

Two additional minor changes

- Deletion of “country of origin” from the question “How do you identify your **race, ethnicity, tribal affiliation, ~~country of origin,~~ or ancestry?”**
  - This is an open text question at the beginning of the REALD section
  - We do not currently share or present data from this question

- Change of introductory narrative for the REALD Disability section to clarify use and origin of this set of questions
  - Exact language TBD – we will provide proposed language for your approval before

Timeline for changes

- IAAs lay out a **6-month** notification period for changes to data elements or specifications in the survey
  - Changes require collaboration between OHA and each licensing board
- We will follow up with an email to ensure each board director receives the information and has an opportunity to respond
- Timelines:
  - Gender/Sex question – Early 2026 if agreed
  - Removing ‘country of origin’ – ASAP if agreed
  - Additional disability header language – Early 2026 or later if agreed

Request for Renewal of Interagency Agreements (IAA)

Current IAA status

- Current IAAs
  - Signed January 1, 2016
  - One extension in 2021
  - Run through December 31, 2025

- The IAA sets out the data collection standards and agreements on data sharing and billing

- Request for extending current IAAs for an additional 4 years (2029)

Amendments and changes

OHA would request minimal changes to the current IAAs:

- Language to extend the current contracts to December 31, 2029
- Updates to board authorized representatives
- Fee amount

Next Steps

- After this meeting: HWRP will send current IAA for boards to review
- HWRP will report out additional timeline details based on fee change process

HWRP Survey Fee Increase

HWRP is funded by license renewal fees

The HWRP program is designed by statute to be funded by license renewal fees, and that the fees should reimburse the cost of obtaining or reporting the survey information.

ORS language around program funding (ORS 676.410):

(6) In addition to renewal fees that may be imposed by a health care workforce regulatory board, the authority shall establish fees to be paid by individuals applying to renew a license with a health care workforce regulatory board. The amount of fees established under this subsection must be reasonably calculated to reimburse the actual cost of obtaining or reporting information as required by subsection (2) of this section.

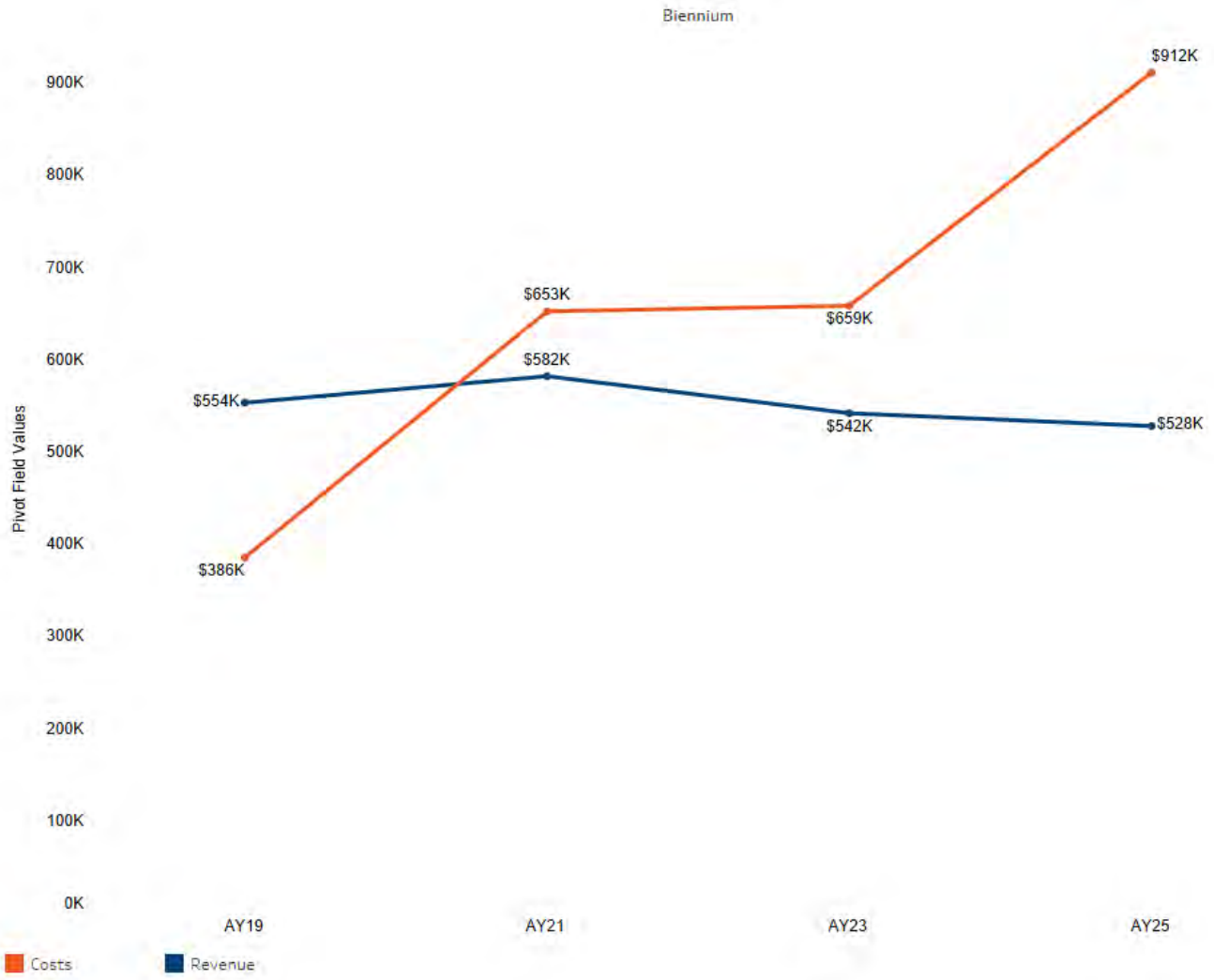
Current financial standing

- HWRP fee has not increased for at least 10 years
- Revenue from fees has not kept pace with increasing costs and we have used up our stored surplus

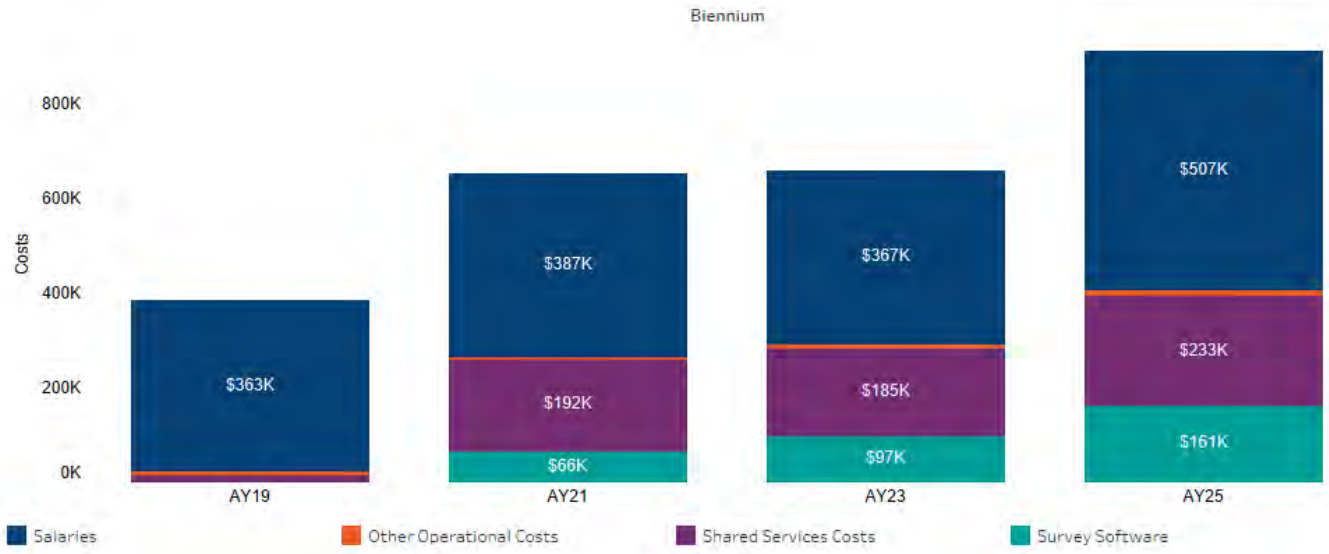
The main drivers of increased costs:

- Increased Qualtrics survey software costs
- Increased FTE and salary costs
- Increased OHA Shared Services fees for overhead and agency costs

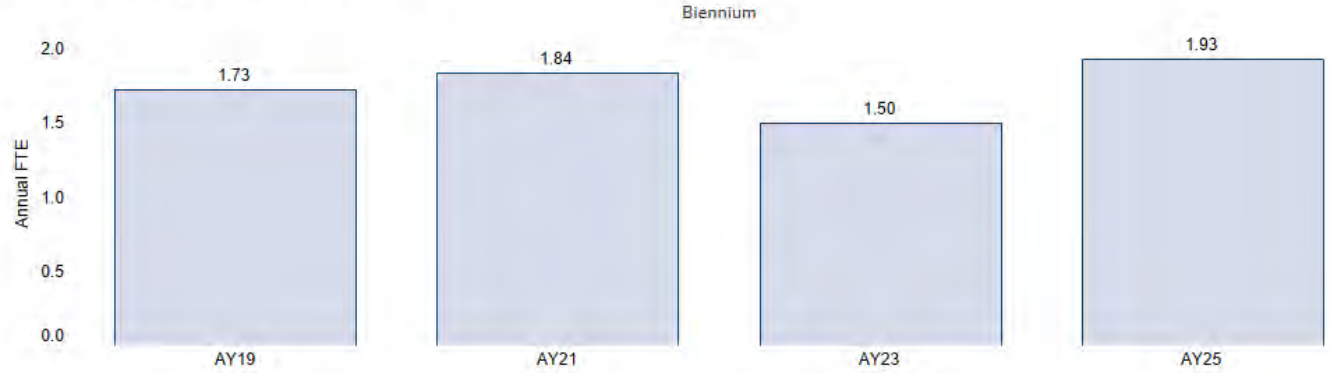
Historical Biennial Costs and Revenue: 2019-2025



Historical Biennial Costs Break-Down: 2019-2025



Annual Average FTE: 2019-2025



Fee Increase Proposals from HPA Business Operations

HPA Business Operations provided two proposals:

1. Proposal #1: One-time fee increase from $2 per license year to $4 per license year, starting in 2026 and continuing to 2030.
2. Proposal #2: Incremental fee increase from $2 per license year to
   - $3 in 2026
   - $3.50 in 2027
   - $3.75 in 2028
   - $4.00 in 2029
   - $4.00 in 2030

Fee Change Proposals – Starting 2026

We want to hear from you

- How would these proposed fee increases impact your board operations and budget?
- How can we support you best during this process?

We will take notes here and also send out an email for additional feedback

HWRP will communicate with boards regularly in the coming months and will share your feedback with our budget team

HWRP Contact Information

Website:
https://www.oregon.gov/oha/hpa/analytics/pages/health-care-workforce-reporting.aspx

Piper Block, Manager, Research and Data Unit
piper.block@oha.oregon.gov

Andy Davis, Senior Research Analyst, HWRP
andy.davis@oha.oregon.gov

Thank you

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact External Relations Division at Oha.ExternalRelations@dhsoha.oregon.gov or call 503-945-6691. We accept all relay calls.

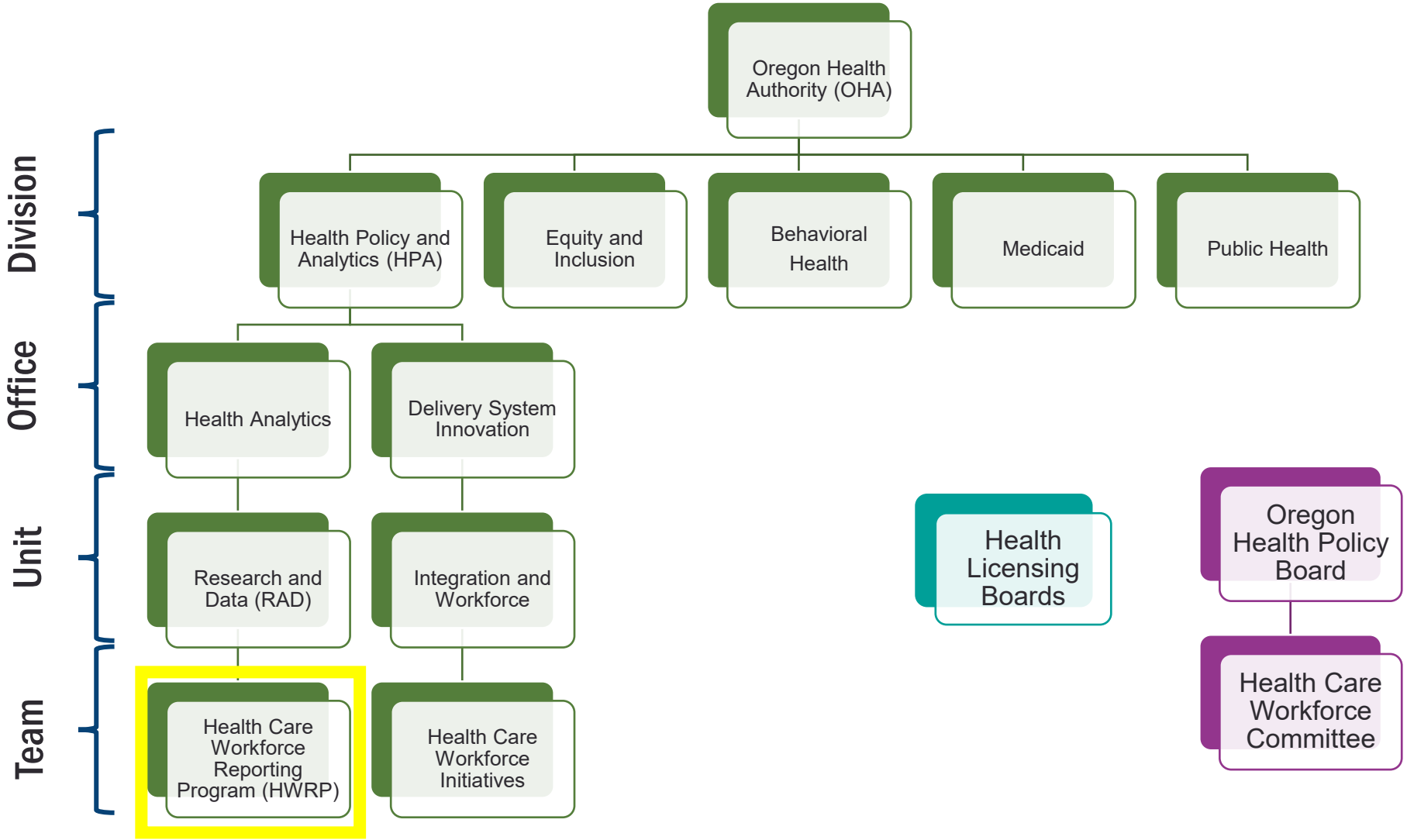
HEALTH POLICY AND ANALYTICS

Office of Health Analytics

OREGON HEALTH AUTHORITY

Appendix Slides

Health Care Workforce Reporting Program's (HWRP) role within OHA



How is health care workforce survey data used? 1/2

Reports by the HWRP Team:

- Health Care Workforce Dashboard
- Oregon's Health Care Workforce Supply
- The Diversity of Oregon's Licensed Health Care Workforce
- Behavioral Health Data Brief

Other uses of HWRP data:

- Health Care Workforce Needs Assessment (OHA/OHPB)
- Postsecondary Healthcare Education Shortage in Oregon (HECC)
- Updating HRSA's Shortage Designation Management System (SDMS)

How is health care workforce survey data used? 2/2

Data requests and administrative uses of HWRP data:

1. Office of Rural Health (annual):
    1. Annual Areas of Unmet Health Care Needs Report (Sep 2024)
    2. Maps
2. Oregon PCO office (annual):
    1. Updating SDMS database for HPSA designations
    2. Dental workforce data for the Oral Health Workforce Grant
3. OHA Public Health Division (annual):
    1. SB 48 suicide prevention training
4. Health Care Market Oversight program (HCMO):
    1. Pharmacist data for Ben Chan (Sep 2024)
5. Deschutes County Health Services (March 2025):

    1. Conducted a program evaluation and needed to understand how licensed behavioral health providers are distributed across the county
6. OSBN:
    1. Oregon Center for Nursing puts out data briefs that frequently use HWRP data
    2. OHSU – we sent OSBN data to academic researchers studying school nurses
7. OHA Reports:
    1. Oregon's Health Care Workforce Needs Assessment (OHA, Jan 2025)
8. Questions from legislators:
    1. Rep Nathanson, Mar 2024 – Heard concerns from her constituents that Optum's acquisition of Oregon Medical Group caused a decrease in available providers, particularly concerned about noncompete clauses. HWRP data analyzed to see if the data showed a substantial decrease in primary care providers in Lane County.
    2. Rep Javadi, Oct 2024 – HWRP provided counts and FTE estimates of practicing dentists and dental hygienists in Clatsop, Tillamook, Lincoln, Curry, and Coos Counties.
9. Data for contractors:
    1. ATI Advisory – Recommendations of the Joint Task Force on Hospital Discharge Challenges (Nov 2024)
    2. NORC – Medicaid advisory for home health occupations (2025)
    3. Deloitte – Recommendations for the HB 2665 Temporary Health Care Workers Maximum Rate Setting Work Group (2024)

Fee Change Proposals – Starting 2026

Projected costs, revenues, and net revenues: 2026-2030

Year of Year	Total Costs	$2 Revenue	$2 Net Revenue	$3-4 Revenue	$3-4 Net Revenue	$4 Revenue	$4 Net Revenue
2026	($510,439)	$396,748	($113,691)	$595,121	$84,682	$793,495	$283,056
2027	($533,295)	$317,398	($215,897)	$555,445	$22,150	$634,794	$101,499
2028	($557,660)	$412,616	($145,044)	$773,656	$215,996	$825,233	$267,573
2029	($583,640)	$330,092	($253,548)	$660,184	$76,544	$660,184	$76,544
2030	($611,345)	$429,118	($182,227)	$858,237	$246,892	$858,237	$246,892
Grand Total	($2,796,379)	$1,885,972	($910,407)	$3,442,643	$646,264	$3,771,943	$975,564

INTERAGENCY AGREEMENT

This Agreement is between Oregon Health Authority "OHA" and Oregon Board of Dentistry "Contractor", both individually without distinction as "Party" and collectively as the "Parties."

SECTION 1: AUTHORITY

This Agreement is entered into pursuant to the authority granted by ORS 190.110 and 283.110, allowing state agencies to enter into agreements with other state agencies to cooperate in performing duties, exercising powers or administering policies or programs.

SECTION 2: PURPOSE

In House Bill 2009, OHA was mandated to create and maintain a healthcare workforce database that will provide information upon request to state agencies and to Legislative Assembly about Oregon's healthcare workforce, including but not limited to:

(a) Demographics, including gender, race, and ethnicity;

(b) Date of birth;

(c) Education background;

(d) Specialty training and certification;

(e) License information;

(f) Employment information, including practice status, practice type, practice setting;

(g) Geographic location of primary and secondary practice;

(h) Anticipated changes in the practice;

(i) Language spoken.

As part of the mandate, OHA was authorized to establish fees to be paid by applicants for issuance or renewal of license reasonably calculated to reimburse the actual cost of obtaining or reporting information as required for the establishment and maintenance of the health care workforce database.

SECTION 3: EFFECTIVE DATE AND DURATION

This Agreement shall begin on January 1, 2016, or the date of the last signature, whichever occurs last, and shall be terminated on December 30, 2020, unless terminated earlier in accordance with Section 7.

SECTION 4: AUTHORIZED REPRESENTATIVES

4.1 OHA AUTHORIZED REPRESENTATIVE IS:

Matthew Betts

Director of Business Support

Health Policy and Analytics

500 Summer St. NE, E-64

Salem, OR 97301

(503) 884-7013

Matthew.BETTS@dhsoha.state.or.us

4.2 CONTRACTOR AUTHORIZED REPRESENTATIVE IS:

Oregon Board of Dentistry
Attention: Stephen Prisby
1500 SW 1st Ave, Suite 770
Portland, OR 97201
Phone: 971-673-3200
Email: stephen.prisby@state.or.us

4.3 A Party may designate a new Authorized Representative by written notice to the other Party.

SECTION 5: RESPONSIBILITIES OF EACH PARTY

5.1 **OHA SHALL** develop a questionnaire to collect information from licensees regarding education, demographics, specialty, employment, location, practice plans, and languages spoken. OHA shall process, clean, and store data from the questionnaire. OHA shall share data with Contractor upon request. OHA shall notify the Contractor of any changes to the questionnaire format or questions. OHA shall work with Contractor staff to identify and solve issues that arise.

5.2 OHA may provide datasets to the Oregon Healthcare Workforce Institute (OHWI) and Oregon Center for Nursing (OCN) for use in research, policy, health planning, and evaluation purposes. OHA will maintain data sharing agreements with OHWI and OCN to ensure compliance with all applicable data privacy & security rules, policies, and regulations. OHA may share de-identified datasets with other state agencies, OHA contractors, and other data requestors for use in research, program evaluation, or

other activities that support OHA's mission. OHA will comply with all applicable data privacy & security rules, policies, and regulations.

5.3 Contractor shall embed access to the questionnaire containing the aforementioned data questions into their license renewal process. On an annual basis, Contractor shall provide OHA with a verification data file containing the data elements outlined in Exhibit A.

SECTION 6: COMPENSATION AND PAYMENT TERMS

6.1 Fees

OHA will invoice Contractor annually during the month of January for the previous year. This agreement commits Contractor to transfer to OHA by March 31st of each year an amount equivalent to **$4.00** per individual renewed on or after January 1, 2016. OHA will provide Contractor with account and transfer information to electronically deposit the funds on an annual basis. Payments for each calendar year should be transferred no later than March 31 of the following year.

SECTION 7: TERMINATION

7.1 This Agreement may be terminated at any time by mutual written agreement of the Parties.

7.2 A Party may terminate this Agreement upon 30 days written notice to the other Party.

7.3 A Party may terminate this Agreement immediately upon written notice to the other Party, or at such later date as the terminating Party may specify in such notice, upon the occurrence of any of the following events:

7.3.1 The terminating party fails to receive funding, appropriations, limitations, allotments, or other expenditure authority at levels sufficient in the terminating Party's reasonable administrative discretion, to perform its duties under this Agreement;

7.3.2 Federal or state laws, rules, regulations or guidelines are modified or interpreted in such a way that the terminating Party's performance under this Agreement is prohibited or the terminating Party is prohibited from paying for such performance from the planned funding source;

7.3.3 The other Party materially breaches a covenant, warranty or obligation under this Agreement, or fails to perform its duties within the time specified in this Agreement or any extension of that time, or so fails to pursue its duties as to endanger that Party's performance under this Agreement in accordance with its terms, and such breach or failure is not cured within 20 days after delivery of the terminating Party's notice to the other Party of such breach or failure, or within such longer period of cure as the terminating Party may specify in such notice.

SECTION 8: AMENDMENTS

The terms of this Agreement may not be waived, altered, modified, supplemented or otherwise amended, in any manner whatsoever, except by written mutual agreement of the Parties.

SECTION 9: NOTICE

Except as otherwise expressly provided in this Agreement, any notices to be given relating to this Agreement shall be given in writing by email, personal delivery, facsimile, or mailing the same, postage prepaid, to a Party's Authorized Representative at the address, number or email address set forth in this Agreement, or to such other addresses or numbers as a Party may indicate pursuant to this Section 9.

SECTION 10: SURVIVAL

All rights and obligations shall cease upon termination of this Agreement, except for those rights and obligations that by their nature or express terms survive termination of this Agreement. Termination shall not prejudice any rights or obligations accrued to the Parties prior to termination.

SECTION 11: SEVERABILITY

The Parties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the Parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.

SECTION 12: COUNTERPARTS

This Agreement may be executed in several counterparts, all of which when taken together shall constitute one agreement, notwithstanding that all Parties are not signatories to the same counterpart. Each copy of the Agreement so executed shall constitute an original.

SECTION 13: LIABILITY AND INSURANCE

13.1 The Parties understand that each is insured with respect to tort liability by the State of Oregon Insurance Fund, a statutory system of self-insurance established by ORS Chapter 278, and subject to the Oregon Tort Claims Act (ORS 30.260 to 30.300). Each Party agrees to accept that coverage as adequate insurance of the other Party with respect to personal injury and property damage.

13.2 The Parties agree that any tort liability claim, suit, or loss resulting from or arising out of the Parties' performance of, or activities under, this Agreement shall be allocated, as between the Parties, in accordance with law by Risk Management of the Department of Administrative Services for purposes of the Parties' respective loss experiences and

subsequent allocation of self-insurance assessments under ORS 278.435. Each Party to the Agreement agrees to notify Risk Management and the other Party in the event it receives notice or knowledge of any claims arising out of the Parties' performance of, or activities under, this Agreement.

SECTION 14: DAS REPORTING REQUIREMENT

The Parties agree that OHA shall be the Reporting Party for purposes of ORS 190.115, Summaries of Agreements of State Agencies. OHA shall submit a summary of this Agreement to the Oregon Department of Administrative Services through the electronic Oregon Procurement Information Network (ORPIN), within the 30-day period immediately following the Effective Date of the Agreement.

SECTION 15: RECORDS

The Parties shall create and maintain records documenting their performance under this Agreement. The Oregon Secretary of State's Office, the federal government, the other Party, and their duly authorized representatives shall have access to the books, documents, papers, and records of a Party that are directly related to this Agreement for the purposes of making audit, examination, excerpts, and transcripts for a period of six years after termination of this Agreement.

SECTION 16: COMPLIANCE WITH LAW

In connection with their activities under this Agreement, the Parties shall comply with all applicable federal, state and local laws and regulations.

SECTION 17: NO THIRD PARTY BENEFICIARIES

OHA and Oregon Board of Dentistry are the only Parties to this Agreement and are the only Parties entitled to enforce its terms. Nothing in this Agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Agreement.

SECTION 18: FORCE MAJEURE

Neither Party is responsible for any failure to perform or any delay in performance of any obligation under this Agreement caused by fire, riot, acts of God, terrorism, war, or any other cause which is beyond that Party's reasonable control.

SECTION 19: MERGER, WAIVER AND MODIFICATION

This Agreement and all exhibits and attachments, if any, constitute the entire agreement between the Parties on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this Agreement. No waiver,

consent, modification or change of terms of this Agreement shall bind either Party unless in writing and signed by both Parties. Such waiver, consent, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given.

SECTION 20: SUBCONTRACTS AND ASSIGNMENT

20.1 Neither Party may enter into any subcontracts for the performance of any of its obligations under this Agreement, without the prior written consent of the other Party.

20.2 Neither Party may assign, delegate or transfer any of its rights or obligations under this Agreement, without the prior written consent of the other Party.

(The remainder of this page is intentionally left blank)

SECTION 21: ADDITIONAL PROVISIONS

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the dates set forth below.

STATE OF OREGON acting by and through its

Oregon Health Authority Health Policy & Analytics

By: Matt Betts
(signature of Printed Name below)

Matt Betts
Printed Name

Bus. Ops. Dir.
Title

3/11/16
Date

Contractor:

Oregon Board of Dentistry

By: Stephen Prisby
(signature of Printed Name below)

Stephen Prisby
Printed Name

Executive Director
Title

3/10/2016
Date

EXHIBIT A: VERIFICATION DATA FILE

Data Element	Description	Required	Format
License number		Required	Character data as stored in Contractor database
Last name		Required	Character data as stored in Contractor database
First name		Required	Character data as stored in Contractor database
Middle name		Required	Character data as stored in Contractor database
Year of birth		Required	Date yyyy

Agreement Number 150477

AMENDMENT TO
STATE OF OREGON
INTERAGENCY AGREEMENT

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This is amendment number **01** to Agreement Number **150477** between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as "OHA" and

Oregon Board of Dentistry
Attention: Stephen Prisby
1500 SW 1st Ave, Suite 770
Portland, OR 97201
Phone: 971-673-3200
Email: stephen.prisby@state.or.us

hereinafter referred to as "Agency."

1. This amendment shall become effective on the date this amendment has been fully executed by every party and, when required, approved by Department of Justice.

2. The Agreement is hereby amended as follows:

a. Section 3 "Effective Date and Duration" is hereby amended as follows: language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**.

This Agreement shall begin on January 1, 2016, or the date of the last signature, whichever occurs last, and shall be terminated on December ~~30, 2020~~ **31, 2025**, unless terminated earlier in accordance with Section 7.

b. Section 5.2 is hereby amended as follows: language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**.

~~OHA may provide datasets to the Oregon Healthcare Workforce Institute (OHWI) and Oregon Center for Nursing (OCN) for use in research, policy, health planning, and evaluation purposes. OHA will maintain data sharing agreements with OHWI and OCN to ensure compliance with all applicable data privacy & security rules, policies, and regulations.~~ OHA may share de-identified datasets with other state agencies, OHA

contractors, and other data requestors for use in research, program evaluation, or other activities that support OHA's mission. OHA will comply with all applicable data privacy & security rules, policies, and regulations.

3. Except as expressly amended above, all other terms and conditions of the original Agreement and any previous amendments are still in full force and effect. Agency certifies that the representations, warranties and certifications contained in the original Agreement are true and correct as of the effective date of this amendment and with the same effect as though made at the time of this amendment.

4. **Certification:** Without limiting the generality of the foregoing, by signature on this Agreement, the Agency hereby certifies that:

a. Agency is in compliance with all insurance requirements in Exhibit C of the original Agreement and notwithstanding any provision to the contrary, Agency shall deliver to the OHA Agreement Administrator (see page 1 of the original Agreement) the required Certificate(s) of Insurance for any extension of the insurance coverage required by Exhibit C of the original Agreement, within 30 days of execution of the Agreement. By certifying compliance with all insurance as required by this Agreement, Agency acknowledges it may be found in breach of the Agreement for failure to obtain required insurance. Agreement may also be in breach of the Agreement for failure to provide Certificate(s) of Insurance as required and to maintain required coverage for the duration of the Agreement;

b. Agency acknowledges that the Oregon False Claims Act, ORS 180.750 to 180.785, applies to any "claim" (as defined by ORS 180.750) that is made by (or caused by) the Agency and that pertains to this Agreement or to the project for which the Agreement work is being performed. Agency certifies that no claim described in the previous sentence is or will be a "false claim" (as defined by ORS 180.750) or an act prohibited by ORS 180.755. Agency further acknowledges that in addition to the remedies under this Agreement, if it makes (or causes to be made) a false claim or performs (or causes to be performed) an act prohibited under the Oregon False Claims Act, the Oregon Attorney General may enforce the liabilities and penalties provided by the Oregon False Claims Act against the Agency;

c. The information shown in "Agency Data and Certification", of the original Agreement or as amended is Agency's true, accurate and correct information;

d. To the best of the undersigned's knowledge, Agency has not discriminated against and will not discriminate against minority, women or emerging small business enterprises certified under ORS 200.055 in obtaining any required subcontracts;

e. Agency and Agency's employees and agents are not included on the list titled "Specially Designated Nationals" maintained by the Office of Foreign Assets Control of the United States Department of the Treasury and currently found at *https://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx*;

f. Agency is not listed on the non-procurement portion of the General Service

Administration's "List of Parties Excluded from Federal procurement or Nonprocurement Programs" found at: *https://www.sam.gov/portal/public/SAM/*;

g. Agency is not subject to backup withholding because:

(1) Agency is exempt from backup withholding;

(2) Agency has not been notified by the IRS that Agency is subject to backup withholding as a result of a failure to report all interest or dividends; or

(3) The IRS has notified Agency that Agency is no longer subject to backup withholding; and

h. Agency Federal Identification Number (FEIN) provided to OHA is true and accurate. If this information changes, Agency shall provide OHA with the new FEIN within 10 days.

5. **Agency Data.** This information is requested pursuant to ORS 305.385.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

Agency Name (exactly as filed with the IRS): Oregon Board of Dentistry

Street address: 1500 SW 1st Ave. Ste #770

City, state, zip code: Portland, OR. 97201

Email address: Stephen.Prisby@oregondentistry.org

Telephone: (971) 673-3200 Facsimile: (971) 673-3202

Agency Proof of Insurance: Agency shall provide the following information upon submission of the signed Agreement Amendment. All insurance listed herein and required by Exhibit C of the original Agreement, must be in effect prior to Agreement execution.

Workers' Compensation Insurance Company: SAIF

Policy #: A967396156 Expiration Date: 7/1/2021

6. Signatures.

AGENCY: YOU WILL NOT BE PAID FOR SERVICES RENDERED PRIOR TO NECESSARY STATE APPROVALS

Oregon Board of Dentistry
By:

Stephen Prisby
Authorized Signature

Stephen Prisby
Printed Name

Executive Director
Title

8/19/2020
Date

State of Oregon acting by and through its Oregon Health Authority
By:

Authorized Signature

Amy Clary
Printed Name

Research and Data Manager
Title

10/19/2020
Date

Approved for Legal Sufficiency:

Not Required per OAR 137-045-0030(1)(a) With Protect Form on, click here
Department of Justice Date

DDH Compact Commission Meeting Minutes
May 12, 2025
1:00 p.m. ET

Zoom Webinar

State	Name	Voting Member	Attendance
Colorado	Yukon Morford	x	*x*
Iowa	Jessica O'Brien	x	*x*
Kansas	Lane Hemsley	x	*x*
Maine	Penny Vaillancourt	x	*x*
Minnesota	Bridgett Anderson	x	x
Ohio	Corey Schaal	x	x
Tennessee	Ailene Macias	x	
Virginia	Jamie Sacksteder	x	x
Washington	Catharine Roner-Reiter	x	x
Wisconsin	Dr. Matthew Bistan	x	*x*
	Name		
Arkansas		Effective 90 days after session officially ends	
Iowa	Dakota Allison	alternate	
Kansas	Charity Carlat	alternate	
Maine	Gregory V. Sarka	alternate	
Nebraska	Vonda Apking	Effective 1-1-26	
Tennessee	Suzanne DuVall	alternate	
Virginia	Erin T. Weaver	alternate	
Washington	Bruce Bronoske	alternate	

Note- Quorum = 6/10

Name	Agenda	Approve Minutes	Delegate RFP drafting to Executive Committee	Adjourn		
Yukon Morford						
Jessica O'Brien						
Lane Hemsley						
Penny Vaillancourt		1				

draft

Bridgett Anderson	2		2	1		
Corey Schaal	1	2	1	2		
Ailene Macias						
Jamie Sacksteder						
Catharine Roner-Reiter						
Dr. Matthew Bistan						
	Passes	Passes	Passes	Passes		

1:00 p.m. ET – Call to Order

Roll Call: CSG takes attendance.

Adoption of Agenda:

- Chair Bistan introduces the agenda for adoption.

Motion

- **C. Schaal motions to adopt the agenda.**
- **B. Anderson seconds.**
- **All members voted in favor. Agenda is adopted.**

Review and Adoption of Minutes from March Meeting:

- Chair Bistan introduces minutes for review.

Motion

- **P. Vaillancourt motions to adopt the minutes.**
- **C. Schaal seconds.**
- **All members voted in favor. Minutes are approved.**

Legislative Update:

- M. Shafer reports that two new states have enacted the DDH Compact, Nebraska and Arkansas.
- There are several other states with pending legislation including Missouri, Arizona, Nevada and Texas.

draft

- Pennsylvania, New Jersey, and Massachusetts have year long sessions and there hasn't been movement recently.

Rules Committee Update

- B. Anderson reports that the Rules Committee is discussing clinical assessment. No movements yet. They will continue discussing clinical assessment and will also be discussing criminal background checks.

RFI

- Chair Bistan introduces RFI agenda item.
- J. Thomas and M. Shafer share some overview about the RFI responses.

Respondents:

CompactConnect- Compact data system jointly developed by the ASLP, Counseling and OT Compacts

GL Solutions- Licensing, enforcement, and case management systems for regulatory agencies

GoTu- Dental talent marketplace connecting dental professionals with dental practices

IMLCC- Interstate Medical Licensure Compact Commission using a web-based system for healthcare compact environment

System Automation- Evoke- regulatory management platform for licensing marketplace

Discussion and questions about the respondents and next steps.

- What is the intention of IMLC? Do they want to integrate with the DDH Compact?
    - CSG believes they do want to expand their platform to other compacts but have not heard from them outside of their response to the RFI. IMLCC also responded to an RFI for the PA Compact data system.
- A few mentioned ADA/ADHA data integration. What would be the purpose of that?
    - S. Nance - Sometimes outside organizations will integrate. In some compacts there may be significantly integrated data held within a professional association. It doesn't sound like that's the case here so it may not be relevant.

draft

    - B. Anderson – They may have been thinking of national board data. However, commission wouldn't be verifying primary sources.
    - S. Nance – Correct, primary verification is the responsibility of the state of qualifying licensure. Rules Committee will discuss the specifics.
- Primary Verification
    - P. Vaillancourt – Maine has some concerns with the OT Compact and CompactConnect. CompactConnect doesn't do the verification of jurisprudence exams. Concerns about verifying jurisprudence for privilege holders.
    - C. Schaal – Ohio likes that it will be left to the state to verify jurisprudence through the state system and not through the compact data system.
- Integrating with marketplace system
    - C. Schaal – Some concerns with GoTu system and integrating compact data with a system meant for job searches.

Chair Bistan asks if the commission is comfortable moving forward with proposals from these groups.

- B. Anderson clarifies that others can still apply to the RFP if they are interested. S. Nance confirms.

Motion

- **C. Schaal motions to delegate the drafting of the RFP to the Executive Committee.**
- **B. Anderson seconds.**
- **All members voted in favor.**

Public Comment and Questions:

Alyssa Aberle - Joint written public comment sent to the committee from Colorado Dental Hygienists' and Dental Associations concerning the CODA educational requirements and ensuring they are met. A. Aberle reiterates concerns that states may not differentiate between licensees and may seek privileges without proving qualifications.

- Some discussion about what states track and the quirks of different states.
- S. Nance clarifies that unknown does not qualify a person for a privilege. Meeting eligibility needs to be proven. States may need to do things operationally to allow for this, for example asking privilege seekers to provide primary source data to use the compact.

draft

- P. Vaillancourt offers that Maine is beginning to make decisions about what data they need to track in order to accurately determine eligibility for the compact, including CODA education and FBI Criminal Background Checks.

April Thacker - Nevada DSO and NADP representative – Asks whether the commission is considering a tiered fee structure for practitioners who seek multiple privileges.

- Chair Bistan answers that the commission has not discussed fees yet.
- M. Shafer responds that most commissions charge a flat fee as a commission fee.
- C. Schaal responds that there is a commission fee and a privilege fee. States will set their own fee for the privilege.

Adjournment

Next full commission meeting is scheduled for July 14, 2025 1 p.m. ET.

Motion

- **B. Anderson motions to adjourn the meeting.**
- **C. Schaal seconds.**
- **All members voted in favor. Meeting adjourned 1:47 p.m. ET.**

draft

DDH Compact Executive Committee Meeting Minutes

Register for Zoom: https://csg-org.zoom.us/webinar/register/WN_31_hwGCFQGumUhG5HbQPLw

State	Name	Voting Member	Attendance
Wisconsin	Dr. Matthew Bistan	x	x
Minnesota	Bridgett Anderson	x	x
Virginia	Jamie Sacksteder	x	x
Ohio	Corey Schaal	x	x
Interim Legal Counsel	Samantha Nance		x
Interim Executive Director	Jessica Thomas		x
CSG	Matt Shafer		x

Note- Quorum =

Name	Agenda	RFP approval	Adjourn
Bridgett Anderson			
Corey Schaal	1	1	1
Jamie Sacksteder	2	2	2
Dr. Matthew Bistan			
Result	Motion passes	Motion passes	Motion passes

DRAFT

Call to Order

Chair Bistan calls the meeting to order at 1:02 p.m. ET.

Roll Call: CSG takes attendance.

Adoption of Agenda:

Motion

Corey Schaal motions to adopt the agenda.

Jamie Sacksteder seconds the motion.

The motion passes and agenda is adopted.

Data System Discussion

Group discusses funding questions.

- CSG confirms that ADA has a contract with CSG to staff the commission. Funding specific to the compact data system is not yet established.
- CompactConnect is funded by professional organizations as well as by CSG via the Department of Defense cooperative agreement.
- Some compacts fund their data systems through HRSA grants or other federal grants.
- Some compact professions already had data systems in place that they could modify for use for the compact.
- Revenue and Data System will be balanced with income. This will need to happen hand in hand.

Committees

- Finance Committee needs to be established. Executive Committee will continue to work on Data System RFP.

RFP vs Sole Source

- M. Shafer (CSG) explains justification for choosing CompactConnect as a sole source solution for data system.
    - $1 million to $1.5 million for new system
    - $200 – 500 thousand for CompactConnect
- S. Nance confirms there is justification for a sole source solution.
- C. Schaal – Asks if there has been any communication with AADB regarding the data system.
    - Nothing to report but CSG can reach out at the committee's discretion.
- J. Sacksteder- What are the compacts and who does the ongoing maintenance for CompactConnect?
    - Counseling, OT, ASLP
    - CSG can acquire estimate for upkeep costs

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- J. Sacksteder – Hesitant about sole source. Has heard mixed reviews about CompactConnect and DDH doesn't have many similarities with the professions involved.
    - S. Nance adds
        - CompactConnect is not live yet and is working out some bugs.
        - The professions may not be similar but the compact models are and should work well from a compact perspective
- C. Schaal – How are the MOUs with CompactConnect created?
    - Multiple MOUs between commissions, between CSG and the commissions, and between the commissions and the developer.
- C. Schaal agrees with J. Sacksteder that commission should put out an RFP.
- M. Bistan – Would we be building from the ground up if we did not go with CompactConnect? Did anyone else with a working compact data system respond to the RFI?
    - J. Sacksteder – not necessarily but we would have to modify
    - M. Shafer - IMLC responded to the RFI
- M. Bistan agrees with going with an RFP over a sole source.

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RFP Draft

J. Thomas shares Joint Commission Data System RFP on screen. B. Anderson (via chat) approves this for use as a starting point for DDH Data System RFP draft.

Committee provides edits which J. Thomas notes in draft.

C. Schaal and B. Anderson (via chat) ask for the background information section in Social Work Compact RFI to be added to RFP.

C. Schaal requests Section 2.2 be deleted.

Committee discusses jurisprudence exam and the potential to include that in the data system.

CSG will put together an RFP draft based on edits provided by the committee.

Motion RFP

- C. Schaal motions to approve the RFP with modifications and review over email.
- J. Sacksteder seconds.
- Motion approved.

Finance Committee

C. Schaal will be chair of finance committee.

Commission will wait on funding to pursue an ED and secretariat. Typically occurs between a year and 18 months of commission set up.

Delegate Comment and Questions: None

Next Steps:

Executive Committee will meet the first Monday of the month at 1 p.m. ET.

Adjournment

- C. Schaal motions to adjourn.
- J. Sacksteder seconds.
- Meeting adjourned at 1:58 p.m. ET.

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DDH Compact Rules Committee Meeting Minutes

June 27

Register for Zoom: https://csg-org.zoom.us/webinar/register/WN_MnlDDHguSvWzD0Qgw6SOYw

State	Name	Voting Member	Attendance
Minnesota	Bridgett Anderson – Rules Chair	x	x
Ohio	Corey Schaal	x	x
Virginia	Jamie Sacksteder	x	x
Washington	Catharine Roner-Reiter	x	x
Wisconsin	Dr. Matthew Bistan	x	x
Interim Legal Counsel	Samantha Nance		x
Interim Executive Director	Jessica Thomas		x
CSG	Dan Logsdon		x

Note- Quorum = 3/5

Name	Agenda	Minutes	Closed Session	Reopen Meeting
Bridgett Anderson – Rules Chair				
Corey Schaal	1	2		
Jamie Sacksteder				
Catharine Roner-Reiter			2	
Dr. Matthew Bistan	2	1	1	
Result	passed	passed	passed	passed

B. Anderson introduces self and begins meeting at 1:32 p.m. ET.

Adoption of Agenda:

Motion

- Corey Schaal motions to adopt the agenda.

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- Dr. Matt Bistan seconds.
- All members voted in favor, no one abstained. Agenda is adopted.

Minutes

Motion

- Dr. Matt Bistan motions to approve meeting minutes.
- Corey Schaal seconds.
- Minutes are approved.

Discussion and Vote to Enter Closed Session:

Samantha Nance, Commission Counsel, requested a closed session to brief the committee on current litigation and the effects on the commission and this committee, specifically for the purposes of rulemaking.

The Compact allows for commission to enter closed session and S. Nance would advice the same protocol be followed for committee meetings.

Motion

- Dr. Matt Bistan motions to enter a closed session.
- Catharine Roner-Reiter seconds.
- Motion passes.

Separate closed session link is sent to the committee members. Members of the public are informed that the committee will reconvene in an open session after the closed session.

CLOSED SESSION occurs.

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B. Anderson reopens Rules Meeting at 2:37 p.m. ET explaining to members of the public that committee is in ongoing discussions about clinical assessment.

S. Nance explains that we have just ended a closed session to discuss pending litigation and steps it may effect rulemaking.

Next Steps:

B. Anderson – We will be gathering information on testing. B. Anderson will provide her drafted language to committee and interested members of the public for discussion before the next meeting.

K. Bison will send a poll for the next rules meeting.

Delegate Comment and Questions:

C. Schaal thanks Jessica for time with commission. This is her last meeting as ED of DDH Compact.

Public Comment and Questions:

No public comments were submitted. B. Anderson asks if anyone would like to contribute public comment.

Kimber Cobb – Understands there was not a lot of public discussion today but we are looking forward to a definition for clinical assessment. Stakeholders feel strongly about the hands-skills requirement as part of the definition.

Commented [JT1]: did not catch how she introduced herself, ED of AADB?

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Adjournment

- C. Schaal motions to adjourn the meeting at 2:43 p.m. ET.
- Jamie Sacksteder seconds.
- Meeting adjourned.

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DDH Dentist and Dental Hygienist Compact

DDH Compact Executive Committee Agenda
July 7, 2025 1:00 p.m. ET

Register for Zoom: https://csg-org.zoom.us/webinar/register/WN_31_hwGCFQGumUhG5HbQPLw

Public Participation: To request the opportunity to submit written or oral public comment, please contact dentalcompact@csg.org with the subject line "Public Comment Request" at least 48 hours prior to the meeting. Please identify which agenda item you are requesting to comment on.

State	Name	Voting Member	Attendance
Wisconsin	Dr. Matthew Bistan	x	
Minnesota	Bridgett Anderson		
Virginia	Jamie Sacksteder		
Ohio	Corey Schaal	x	

1:00 p.m. ET **Call to Order**

Roll Call

Adoption of Agenda

- Kaitlyn Bison (CSG) calls the roll.
- Dr. Bistan, chair, explains that since a quorum was not reached, the committee will not be able to address any voting items.

Approve Meeting Minutes*

- Samantha Nance, interim legal counsel, explains that since the committee members cannot vote to approve the meeting minutes, both sets of minutes will need to be approved at the next meeting.

1:10 p.m. **Introduce Interim Executive Director**

- Kaitlyn Bison (CSG) introduces herself to the committee as the new interim staff for the DDH Commission.

Rules Committee Updates

- Item skipped as Rules Committee Chair was not present.

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1:15 p.m. **Approve and Set RFP Deadlines**

- Item skipped in favor of reviewing draft RFP language with the two present committee members.
- Kaitlyn Bison (CSG) reviews comments and changes to the draft RFP.
- Corey Schaal mentions that the introductory language was taken from the RFP issued by the Social Work Compact.
- Corey Schaal asks whether there would be NPDB access through the Commission website and how the systems would interact.
- Samantha Nance explains that there is no mechanism for the NPDB to directly feed into the Commission system—it would be up to the states to provide that information.
    - She also mentions concerns from other compacts about the accuracy of NPDB information, noting it serves more of a supportive role than a definitive source.
- Dr. Bistan agrees, and Kaitlyn Bison resolves the comment.
- Corey Schaal asks about including information in the data system regarding the jurisprudence exam and whether it could show where to take it.
    - Dr. Bistan agrees and suggests also including requirements by state related to sedation licenses.
- Corey Schaal notes it may ultimately be easier to link to each state's website rather than trying to include all state-specific information.
- Samantha Nance adds that a disclaimer should clarify it is ultimately the applicant's responsibility.
- Kaitlyn Bison introduces a discussion on the language of the budget ceiling.
- Corey Schaal points out an outline formatting error, which is subsequently corrected.
    - Corey Schaal requests more information about the current budget. Kaitlyn Bison responds that this information could be presented at a later date when the full Commission is present.
- Kaitlyn Bison introduces a comment about language that might limit responses to systems not built on existing platforms.
- Samantha Nance notes that limiting responses in this way may not be advisable.
- Corey Schaal asks whether the language should be removed entirely or simply reworded.
- Samantha Nance clarifies which paragraphs could be deleted and which should be revised.
- Kaitlyn Bison introduces the need for a submission deadline. The committee tentatively agrees on a timeline of 90 days from the RFP release date.
- Dr. Bistan suggests striking the applicant webinar language from the RFP.
- Corey Schaal agrees and points out a typo, which is corrected.
- Kaitlyn Bison (CSG) asks if there are any further thoughts on the language; none are offered.

1:35 p.m. **Discuss Finance Committee Makeup**

- Dr. Bistan mentions the importance of forming the committee as soon as possible.
- Corey notes that he and Bridgett have expressed interest in serving.

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- Dr. Bistan suggests reaching out to other commissioners who have not yet served on a committee to gauge additional interest.
- Corey Schaal adds that the committee should have an odd number of members—ideally at least 3, if not 5.

1:45 p.m. **Delegate Comment and Questions**

- No questions received.

Public Comment and Questions

- No requests for ublic comment were recived.

2:00 p.m. **Adjourn**

- Meeting adjourned.

* Indicates agenda item requires Commission vote

DRAFT

DDH Dentist and Dental Hygienist Compact

DDH Compact Commission Agenda
July 14, 2025 1:00 p.m. ET

Register for Zoom: https://csg-org.zoom.us/webinar/register/WN_L5AzUXRuTYqxGotlVUj_9A

Public Participation: To request the opportunity to submit written or oral public comment, please contact dentalcompact@csg.org with the subject line "Public Comment Request" at least 48 hours prior to the meeting. Please identify which agenda item you are requesting to comment on.

1:00 p.m. ET **Call to Order**

Roll Call

State	Commissioner	Present
Colorado	Yukon Morford	**X**
Iowa	Jessica O'Brien	X
Kansas	Lane Hemsley	X
Maine	Penny Vaillancourt	
Minnesota	Bridgett Anderson, Vice Chair	
Ohio	Corey Schaal, Treasurer	X
Tennessee	Ailene Macias	X
Virginia	Jamie Sacksteder, Secretary	X
Washington	Catharine Roner-Reiter	X
Wisconsin	Dr. Matthew Bistan, Chair	

Welcome and Role Call

- Kaitlyn Bison (CSG) take the roll.
- The Chair and Vice Chair were both unable to attend the meeting, and the Treasurer , Corey Schaal, volunteered to facilitate the meeting

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Adoption of Agenda*

- Corey Schall requested a motion to adopt the agenda.
- Jessica O'Brien made the motion.
- Catharine Roner-Reiter seconded.
- Motion passed.

Adoption of Previous Meeting Minutes*

- Corey Schall asked for comments or feedback on the previous minutes.
- Hearing none, Corey requested a motion to adopt the minutes.
- Jessica O'Brien made the motion.
- Yukon seconded.
- Motion passed.

Introduction of Interim Executive Director

- Kaitlyn Bison (CSG) is introduced as new interim staff for the DDH Compact.

Legislative Update

- Kaitlyn Bison (CSG) provided the legislative update.

Rules Committee Update

- Samantha provided an update from the Rules Committee.
- The discussion included current litigation, which was mostly handled in closed session, with a portion held in open session.
- Another Rules Committee meeting is scheduled for a later date.

Populate and Schedule Finance Committee Meeting

- Samantha gave an overview of the Finance Committee, including its responsibilities related to short- and mid-term funding planning prior to privileges being issued.
- Discussed the committee's role in advising on data system needs.
- Corey Schall requested expressions of interest from commissioners not currently serving on a committee.
- Corey Schall mentions that the Chair will be involved.
- Catharine Roner-Reiter volunteered to join the Finance Committee.
- Corey will make a recommendation to the Chair.
- Yukon and Jessica O'Brien expressed potential interest and will follow up.
- Finance Committee meetings will be held on a monthly basis; next meeting scheduled for August (Doodle poll to be sent).

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Delegate Comments and Questions

- Samantha asks if there is an update from the Executive Committee meeting on the RFP.
- Corey Schall gives an update mentioning an informal meeting since there was not a quorum; going over a draft of the RFP and the process of developing that.
- Executive Committee will be coming together shorty to finalize and send that out, and expenditures will. Be something of interest to the Finance Committee going forward.
- Lane Hemsley asked about updates on Kansas' data transition.
- Catharine Roner-Reiter reiterated the licensing update and emphasized the need to adjust the system in response to RFP data, including the move to Salesforce.
- Jaime Sacsteder (via chat) mentioned that Iowa is also updating its licensing system.

Public Comments and Questions

- Written public comments were submitted and discussed.
- Lauren Johnson provides oral public comment: I submitted a letter on behalf of the Washington State Dental Association, emphasizing the importance of selecting a data system through the RFP that can notify states of disciplinary actions without requiring them to query the system.
    - Suggested that draft RFP materials and documentation be shared with stakeholders for input.
- Samantha provided clarification on compact privilege tracking, explaining that states can only share data they collect. For example, if Ohio does not track certain data, it cannot be included in the system.
- Discussion addressed the distinction between required vs. optional reporting and inconsistencies in state reporting formats.

Adjournment*

- Corey Schall called for a motion to adjourn.
- Jessica O'Brien made the motion.
- Jamie Sacksteder seconded.
- Motion passed.

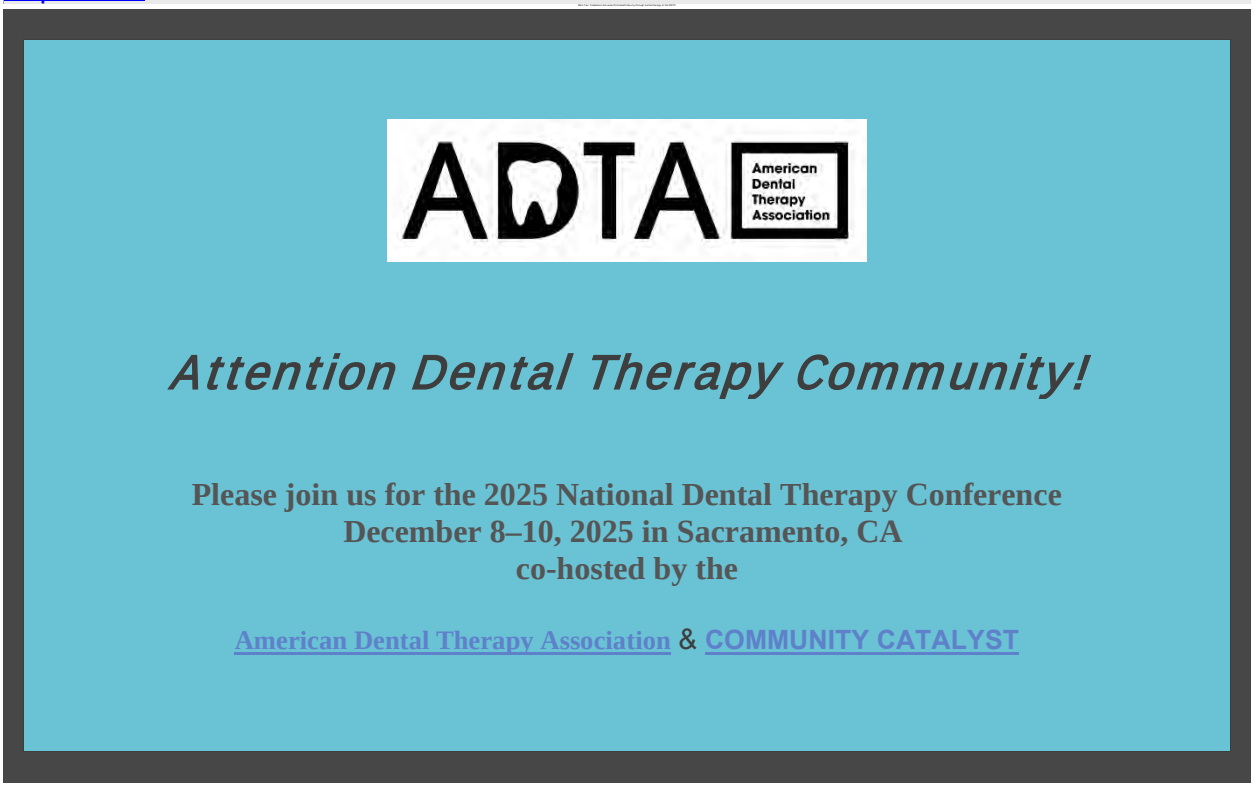
** Indicates items requiring Commission vote*

DRAFT

NEWSLETTERS & ARTICLES OF INTEREST

From: American Dental Therapy Association (ADTA) <ed-americandentaltherapyassociation.org@shared1.ccsend.com>
Sent: Monday, June 9, 2025 11:58 AM
To: PRISBY Stephen * OBD <stephen.prisby@obd.oregon.gov>
Subject: National Dental Therapy Conference (NDTC)

You don't often get email from ed-americandentaltherapyassociation.org@shared1.ccsend.com. Learn why this is important



Dear ADTA Family,

We're excited to announce the National Dental Therapy Conference will take place December 8–10, 2025, in Sacramento California.

Co-chaired by the **American Dental Therapy Association** and **Community Catalyst**, this national convening will bring together advocates, dental therapists, dental therapy students, policymakers, and community leaders to advance oral health equity and access in oral health through dental therapy.

*There will be continuing dental education available to support state and federal CDE requirements for dental therapists.

In recent years (2023, 2024), the ADTA has hosted a National Annual Conference to mobilize dental therapy in states working hard to authorize dental therapy. This year, the National Dental Therapy Conference will serve as the ADTAs Annual Conference as we had a unique and existing opportunity to partner with strong ally's to dental therapy. We look forward to sharing information about our 2026 Annual Conference during the National Dental Therapy Conference.

Mark your calendars and stay tuned for the launch of our conference website! **Sign up here** to be the first to know!

Interested in supporting this important event? View our **Sponsorship Package** to learn about opportunities to get involved.

The American Dental Therapy Association educates the public about the value of dental therapists, supports the dental therapy workforce, supports and advocates for educational and career advancement opportunities for dental therapists, and supports educational institutions in developing superior dental therapy programs.

See you in Sacramento!

Kari Ann Kuntzelman (Chickasaw Nation of Oklahoma) (she/her,hers)

Executive Director, American Dental Therapy Association

Licensed Dental Therapist – Oregon

American Dental Therapy Association

(305) 799-8012

ed@americandentaltherapyassociation.org

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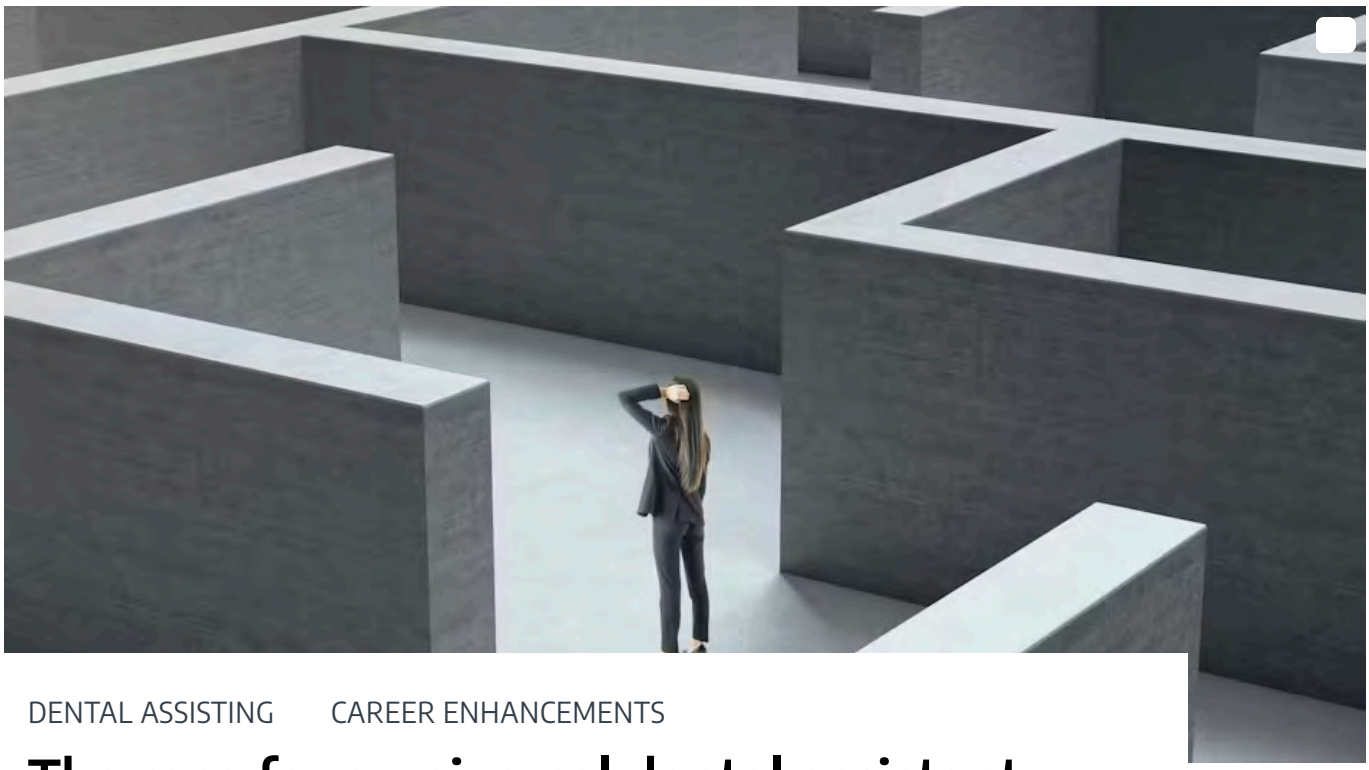

DENTAL ASSISTING CAREER ENHANCEMENTS

The case for a universal dental assistant license in the United States

Dental assistants are essential to safe, quality dental care—so why is their licensing a state-by-state maze? It's time for a universal, national standard in dental assisting.

Erin Hendricks, DA, CCHW

June 16, 2025

What you'll learn in this article:

- Why dental assistant licensing varies drastically across states.
- How inconsistent regulations undermine workforce mobility.
- The impact of nonstandardized training on patient safety.
- The economic and operational costs of redundant credentialing, both for dental assistants and employers.
- The case for a universal dental assistant license.

In a health-care system that strives for consistency, accessibility, and equity, there's a glaring omission in dental care policy—the lack of a universal dental assistant license. Despite playing a vital role in delivering safe, efficient, and compassionate dental care, dental assistants in the US operate under a fractured regulatory framework that varies significantly by state.

This inconsistency undermines professional mobility, complicates hiring for dental practices, and ultimately affects the quality of patient care. It's time to ask: Shouldn't dental assistants be held to a standardized national credential just like nurses or radiologic technologists?

Dental assisting: A profession without a passport

Licensing and certification requirements for dental assistants differ dramatically across the 50 states. Some states, such as Minnesota and Oregon, require formal certification and continuing education for advanced duties. Others, like Alabama or Hawaii, have minimal regulatory standards.

This disparity means a dental assistant trained and certified in one state may be ineligible to perform the same duties when moving to another state, not because of competency, but because of bureaucratic barriers.

According to the Dental Assisting National Board (DANB):[1]

- Only 38 states recognize or require certification for expanded functions dental assistants.
- 12 states have no requirement for formal credentialing, even for invasive or technical procedures.

- Over 400,000 dental assistants are currently employed in the US, many of whom are affected by this fragmented system.

What message does that send to professionals committed to their field, or to patients expecting standardized care?

Career Enhancements

Oral preventive assistants can be a good thing for dental...

Erin Hendricks, DA, CCHW

Career Enhancements

Universal framework for dental assistants moves one step closer

Meg Kaiser

Quality of care and patient safety: What's at stake?

Dental assistants aren't just "extra hands"—they're essential partners in clinical procedures, infection control, radiographic imaging, and patient communication. Inconsistent training standards can lead to variability in sterilization techniques and infection prevention, radiographic image quality and radiation safety, emergency response protocols, and chairside assistance during surgical procedures.

From a patient's perspective, a dental visit in Texas should offer the same level of safety and professionalism as one in Massachusetts. Right now, that's not guaranteed.

Dental assistant workforce mobility: A national need

The US Bureau of Labor Statistics projects 7% growth in dental assistant jobs from 2022 to 2032, faster than the national average. But growth means little if professionals are trapped by geography.[2]

Consider this: a certified dental assistant from Arizona relocates to Maryland to support a spouse's military transfer. Despite years of experience and continuing education, they may face delays in recredentialing, redundant coursework or exams, or temporary underemployment or job loss.

This isn't just inefficient; it's unjust. A universal license would facilitate interstate mobility, allowing skilled professionals to meet shifting health-care needs, especially in rural or underserved areas where staffing shortages are most acute.

Economic and operational efficiency within the dental profession

Redundant credentialing costs time and money, not only for assistants, but for dental practices, state boards, and educational institutions. According to DANB, assistants can spend upwards of $1,000 on state-specific exams, fees, and retraining, not including lost wages.[3]

For employers, inconsistent regulations mean hiring delays, onboarding challenges, and legal uncertainty about who is allowed to do what in the operatory. A universal license would reduce this administrative burden, streamline hiring practices, and foster a more flexible, responsive dental workforce.

A national standard for DAs is within reach

What's the solution? It's a nationally recognized, portable dental assistant license, based on a core set of standards for education, ethics, safety, and clinical competence. This could be administered through an expanded role for the ADAA or under the umbrella of a national accrediting body similar to the National Council of State Boards of Nursing (NCSBN).

Benefits would include a clear career path for students entering the field, enhanced credibility and respect for dental assistants, a stronger, more unified dental workforce, and improved consistency in patient care across the country.

We must ask: why do we hold different standards for dental assistants based solely on state lines? How can we expect excellence in care when the professional standards behind that care vary so widely? What could a unified system mean for the future of dental health access in America?

Dental assistants are more than support staff—they're trained professionals who deserve recognition, mobility, and respect. A universal dental assistant license isn't

just a policy proposal; it's a commitment to equity, safety, and progress in oral health care.

Let's hope the dental profession can soon move toward a system that supports the professionals behind the smiles, no matter where they practice.

References

1. 1. DANB exam content validation study summary reports. Dental Assisting National Board Inc. August 2, 2921. Accessed June 16, 2025. https://danbsfprodassets.azureedge.net/assets/docs/default-source/content-validation-study-reports/danb-exam-content-validation-study-2021-summary-reports.pdf?sfvrsn=2fd5d416_3

2. 2. Occupational Outlook Handbook. Dental Assistants. US Bureau of Labor and Statistics. Last modified April 18, 2025. Accessed June 15, 2025. https://www.bls.gov/ooh/healthcare/dental-assistants.htm

3. 3. State dental assisting requirements. Dental Assisting National Board Inc. Accessed June 16, 2025. https://www.danb.org/state-requirements

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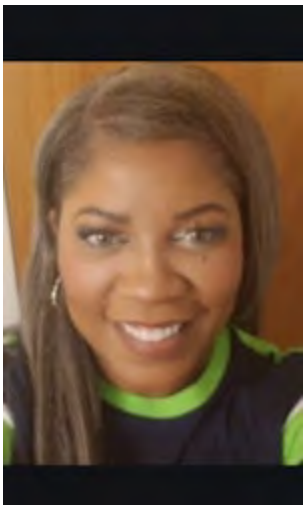

About the Author

Erin Hendricks, DA, CCHW

Erin Hendricks, DA, CCHW, spent 35 years as a dental assistant in the District of Columbia, Maryland, Virginia area, starting her journey with the US Air Force; she says nothing says "precision" like military training. As the president-elect of the ADAA and a guest speaker at Yankee Dental Congress 2024 and SmileCon 2025, Erin is able to share her passion for the dental assisting profession. When she's not advocating for dental assistants, she's either perfecting a smokey eye (makeup is her side gig) or reposting hilarious memes on social media.

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CDCA-WREB-CITA and ADEX Sign Memorandum of Understanding to Merge

(June 20, 2025) The American Board of Dental Examiners (ADEX) and CDCA-WREB-CITA have signed a Memorandum of Understanding (MOU) on **June 12, 2025**, to merge into a single organization under the unified name *American Board of Dental Examiners*. This decision reflects a shared commitment to national dental licensure standards and uniting exam development and delivery under one roof.

The combined organization will continue to include the direct representation of dental boards throughout the United States and North America, furthering the ADEX national exam standard and its innovative psychomotor performance exam administration capabilities.

"The new ADEX is uniquely positioned to bring the dental community the licensure uniformity it has sought for decades," explained CDCA-WREB-CITA Chair Dr. Mark Armstrong.

This combination marks a new chapter in dental licensure, one that advances public protection, professional mobility, and common competency exam standards throughout the United States and beyond.

"At each step, it has taken forethought and intention to create the path to where we are today. I am proud of what we have already achieved and grateful for the thoughtful leadership that has guided us here," noted current ADEX President Dr. Conrad McVea.

What This Means for Stakeholders:

One connected organization: Combining ADEX's exam development expertise with CDCA-WREB-CITA's national exam administration delivery network, similar to Medical's USMLE and Nursing's NCLEX.

Broader representation: All member dental boards will have the opportunity to appoint both a dentist and a dental hygienist to participate in the development of exam content and oversight.

Continued innovation: The organizations' successful joint efforts, including the CompeDont™ and SimuDont exam technology, will continue under a common mission.

Next Steps:

Final approval of the merger is expected later this summer, pending votes by both organizations, including the ADEX House of Representatives and the General Assembly of CDCA-WREB-CITA.

Stakeholders will be kept informed throughout the process, with additional details to be shared following ratification.

For additional information, contact Renea Chapman at office@adexexams.org or Stephanie Beeler at sbeeler@adextesting.org.

Instrument Selection and Application Used to Probe Dental Implants

Joohyun (Jenna) Cha, DDS, MS[1]/Chandur Wadhwani, BDS, MSD[2]/Mansen Wang, PhD, MS[3]/
Steven D. Hokett, DDS, MCR[4]/James Katancik, DDS, PhD[5]

Purpose: *The purpose of this study was to survey clinicians' choice of peri-implant instrument selection and the application used to probe dental implants as well as to evaluate peri-implant probing force and pressure applied compared with that reported in current literature.* ***Materials and Methods:*** *Forty-eight clinicians (16 periodontists/periodontal residents, 16 restorative dentists, and 16 hygienists) participated in the study. A questionnaire to determine the frequency and method of probing dental implants was provided and subject to the chi-square test. Each participant was given a choice of three periodontal probes (Marquis, UNC-15, plastic) to use on the typodont, and the probing force was recorded blindly. The probing force and pressure data were analyzed with analysis of variance (ANOVA) among subject groups as well as probe types per site; where statistical differences ($P < .05$) were detected, Tukey's post hoc test was applied.* ***Results:*** *The questionnaire resulted in a variety of answers, although the majority demonstrated an agreement on probing implants in everyday practice. There was no significant difference among provider groups in regard to instrument selection, probing forces, and pressure in both the maxilla and mandible, although the mean probing forces and pressures in all provider groups were higher than the suggested value reported in the literature.* ***Conclusion:*** *This study indicated that there are variations among clinical provider groups with regard to peri-implant probe instrument type used and forces applied, though these are not statistically significant. Probe tip diameter should be considered to avoid bleeding on probing false positives when probing dental implants, especially as the forces generally used by the clinicians may be higher than advised.*
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Keywords: *bleeding on probing, implant health, implant probing, probing pressure*

Endosseous dental implants have become a highly popular modern treatment to restore compromised function and esthetics in edentulous sites. Excellent personal oral hygiene and dedicated dental implant maintenance are crucial to achieve long-term success with dental implants. The importance of appropriate diagnosis of the peri-implant tissue health is magnified with the ever-increasing number of dental implants placed and restored. Diagnostic parameters used in assessing peri-implant health and disease include mobility, suppuration, peri-implant probing, bleeding on probing (BOP), radiographs, and gingival indices.[1–3] Current peri-implant hard and soft tissue disease conditions are categorized as either peri-implant mucositis or peri-implantitis. Peri-implant mucositis is defined as the presence of visual inflammation of the peri-implant soft tissues and bleeding on peri-implant probing.[4] Peri-implantitis is defined as the presence of peri-implant probing depth ≥ 5 mm associated with BOP and/or suppuration with radiographic evidence of bone loss.[5]

The use of the periodontal probe in estimating peri-implant probing depth and detecting clinical signs of inflammation has historically been a linchpin in clinical diagnostics. The degree of peri-implant inflammation is often characterized based on BOP, wherein the absence of BOP serves as a strong positive prognostic value in determining peri-implant health. Clinical

[1]Associate Periodontist, Sacramento, California, USA.
[2]Private Practice Limited to Prosthodontics, Bellevue, Washington; Affiliate Clinical Associate Professor, Department of Periodontics, Oregon Health & Science University, Portland, Oregon, USA.
[3]Biostatistician, Medical Data Research Center, Providence Health & Services, Portland, Oregon, USA.
[4]Private Practice Limited to Periodontics, Vancouver, Washington; Assistant Professor, Department of Periodontology, Oregon Health & Science University, Portland, Oregon, USA.
[5]Professor and Chair, Department of Periodontology, Oregon Health & Science University, Portland, Oregon, USA.

Correspondence to: Dr James Katancik, Department of Periodontology, Oregon Health & Science University, School of Dentistry, 10N092 SDPERI, 2730 SW Moody Ave, Portland, OR 97201-5042, USA. Fax: 503 494-8351.
Email: katancik@ohsu.edu

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trials report that BOP represents a low positive predictive value for disease progression and/or recurrence; however, the absence of BOP has a rather high negative predictive value and, hence, indicates periodontal stability for health.[6,7] BOP has been reported to have a higher diagnostic accuracy for peri-implant health than for natural teeth. Lutherbacher et al compared dental implant probe sites vs natural tooth probe sites and reported that at all threshold frequencies, implant sites yielded higher sensitivity and specificity for a positive BOP test result than did natural tooth sites. When peri-implant BOP frequencies of ≥ 50% were achieved, the positive predictive value for disease progression to occur was 100%. BOP is a valuable diagnostic marker for monitoring peri-implant tissue changes[8] and can be a reliable predictor of loss of support around peri-implant mucosa.[9–11]

The accurate clinical assessment of peri-implant BOP and probing depth depends on variables including the degree of peri-implant soft and hard tissue inflammation, peri-implant probe tip diameter, probe angulation, probing force used, and even the effect of systemic medications.[12–26] Previous studies suggest an optimal probing force around natural teeth ranging from 0.25 N[23–25,27] to 0.75 N[12,13]; however, the heterogeneity of probe types studied limits valid comparisons of the recommended probing forces. The probing forces and the specific probe types used in the probing studies require appropriate calibration in order to compare potential discrepancies, as the probing pressure at the tip ultimately determines the probing depth.[15,21]

Probing pressure is determined by dividing the probing force applied on the probe by the area at the tip end.[15] Larsen et al investigated the significance of the concept of probing pressure around natural teeth and provided a correction factor that compensates for the different probing pressures used in various studies.[21] The review critiqued that the majority of probing studies failed to incorporate the probing force and the probe tip dimension together; instead, they reported only one or the other. It is important for clinicians to acknowledge the principal of probing pressure when understanding such recommended "optimal probing forces." Unfortunately, the idea of probing pressure has been largely unrecognized in the dental literature.

To the best of the authors' knowledge, there has been no recommendation in the implant literature with regard to the probing pressure around dental implants. Gerber et al applied different peri-implant probing forces (0.15 N and 0.25 N using the same 0.4-mm probe diameter) to assess BOP tendency and probe penetration in well-maintained peri-implant tissues and concluded that 0.15 N of probing force when using a 0.4-mm-diameter probe would avoid false positive BOP readings around dental implants.[28] Although the authors inadvertently described 0.15 N as "the threshold pressure," they failed to meet the criteria of the definition of pressure. The true "threshold pressure" could be extracted from the given information, which was calculated to a pressure of 119 Ncm^2.

Sparse information is available for modern dental clinicians regarding the use of peri-implant diagnostic tests including recommended instruments and probing force or pressure that should be applied. Recognizing the limitations of the current clinical practice in peri-implant probe selection and diagnostic pressure is a fundamental step toward improving future implant dentistry. Therefore, the purpose of this study was to assess clinicians' attitude to probing around dental implants and probe type chosen, and to evaluate the probing force and pressure used at different implant sites. The peri-implant pressure based on force and tip diameter was ultimately calculated and compared.

MATERIALS AND METHODS

A plastic typodont representation of a human maxilla and mandible (Typodont implant training models courtesy of Nobel Biocare) with mounted detection devices recording probing forces (N) was used. The maxillary model (Fig 1a) had a mounted force detection device (Digital Force Gauge) (Fig 1b) with a covered screen, thus blinding measurements from the study participants. An implant (Nobel Biocare Replace Select RP 4.3-mm-diameter dental implant) was placed in the maxillary right central incisor site with a healing abutment (Nobel Biocare Replace Select RP) in place. The mandibular model (Fig 1c) also had a mounted force detection device (Shimpo FGV-5XY 5.000 lb/2.000 kg/20.00 N) (Fig 1d) with a cover over the probe force display read-out and a dental implant (Nobel Biocare Replace Select RP 4.3-mm-diameter dental implant) with a healing abutment (Nobel Biocare Replace Select RP) positioned at the mandibular right second premolar site. Each implant site was masked using a soft tissue silicone-based material (Kerr Soft tissue Moulage, Gingival Simulation Material). Specific implant sites were chosen for simplicity and visibility. Forty-eight dental professionals (16 periodontists/periodontal residents, 16 prosthodontists/general dentists, and 16 practicing dental hygienists) participated in the study. The periodontist/periodontal residents ("Pe" group), prosthodontist/general dentists ("Rd" group), and two hygienists ("Hy" group) were recruited from a university setting, and the remaining 14 hygienists were recruited from a local hygiene study club meeting.

Each subject was given three survey questions to answer; all answer choices were dichotomous, yes or no:

Fig 1 *(a)* Maxilla model. *(b)* Maxilla force detector. *(c)* Mandible model. *(d)* Mandible force detector.

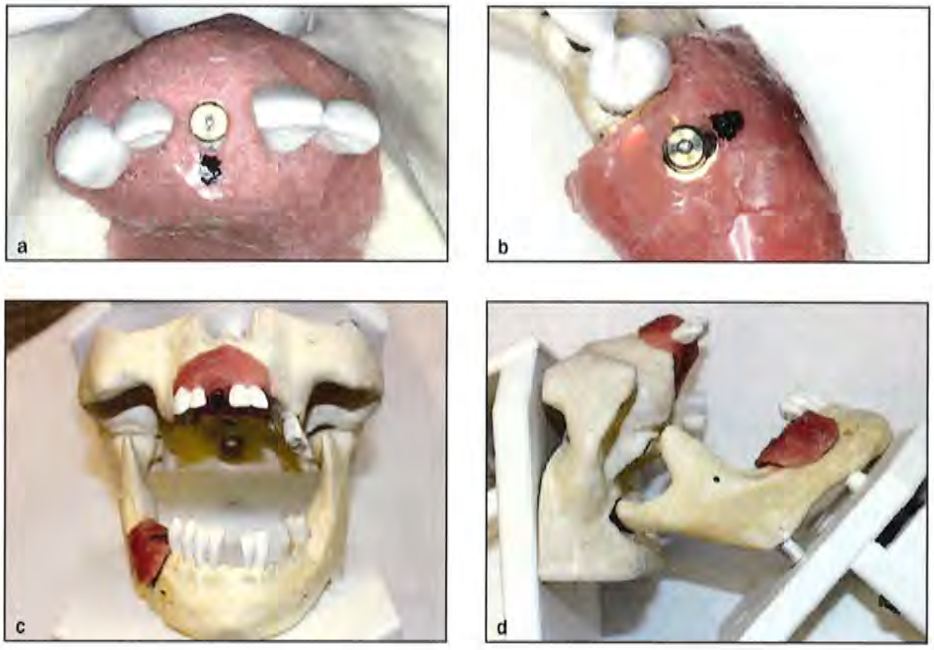

Fig 2 *(a)* Occlusal view showing a palatal surface sensor marker (maxillary right central incisor site). *(b)* Occlusal view showing a buccal surface sensor marker (mandibular right second premolar site). *(c)* Combined model (frontal view). *(d)* Combined model (profile view).

- Do you probe dental implants?
- Do you probe implants and teeth in the same way?
- Do you probe implants and teeth with the same instrument?

For the probing test, each subject was given written instructions, which asked the subjects to:

- Choose the type of probe one would normally use in practice.
- Probe only a single time at the marked point (Fig 2a) on the palatal surface of the maxillary right central incisor implant healing abutment on the maxilla model.
- Probe once at the marked point (Fig 2b) on the buccal surface of the mandibular right second premolar implant healing abutment on the mandible model.

Maxillary and mandibular models were joined together to simulate the supine position similar to that of a patient in a dental chair, as seen in Figs 2c and 2d. The measurements (N) were recorded, and the survey participants were blinded to the results.

All analyses were done using SAS version 9.3 (SAS Institute). A chi-square test was used to analyze survey questions and compare the type of peri-implant probe selected. Probing force and pressure data were analyzed with analysis of variance (ANOVA) among subject groups as well as probe types per site (mandible vs maxilla) with a post hoc Tukey's test for pairwise comparisons. A P value less than .05 was considered as statistical significance. Results were compared to the suggested probing force (0.15 N) and pressure (119 Ncm^2) from the literature.[28] Probing pressure (Ncm^2) was calculated by dividing measured probing force (N) by surface area of the probe tip using the

Table 1 Survey Results Comparison Among Provider Groups

	Hygienist	Periodontist/ periodontal resident	Prosthodontist/ general dentist
Do you probe implants?			
Yes	15 (93.8%)	16 (100%)	16 (100%)
No	1 (6.2%)	0	0
In the same way?*			
Yes	11 (68.8%)	7 (43.7%)	4 (25%)
No	5 (31.2%)	9 (56.3%)	12 (75%)
With the same instrument?			
Yes	7 (43.7%)	10 (62.5%)	6 (37.5%)
No	9 (56.3%)	6 (37.5%)	10 (62.5%)

*Statistical significance, $P < .05$.

probe tip diameter. The three probes provided to each study participant included the UNC-15 (PCPUNC156, Hu-Friedy, metal, 0.5-mm tip diameter), the Marquis X2 (Marquis, metal, 0.4-mm tip diameter), and a plastic probe (Premier PerioWise, 0.6-mm tip diameter); tip diameters were measured with a digital caliper (Mitutoyo). The surface area of a circle was used; hence, pressure= $F/\pi r^2$ (F = force, r = radius).[15] The calculated surface areas were 0.126 mm^2, 0.196 $mm,^2$ and 0.283 mm^2 for Marquis, UNC-15, and PerioWise plastic probe, respectively.

RESULTS

Survey Questions

When asked, "Do you probe implants?," 100% of the Pe group and Rd group answered "yes"; 1 out of 16 answered "no" in the Hy group. No differences were found between the three groups (P = 1) in whether they probe dental implants or not (Table 1). Even though one hygienist denied probing implants clinically in her practice, the data provided by this subject were still included in the data analysis. To the question, "Do you probe dental implants and teeth in the same way?," there was a statistical difference between the three groups since $P = .045$. Eleven out of the 16 (69%) dental hygienists answered that they probe dental implants as they probe teeth ($P < .05$). Twelve out of 16 (75%) in the Rd group answered that they do not probe dental implants in the same way that they probe natural teeth ($P < .05$). Nine out of 16 (56%) in the Pe group answered that they do not probe dental implants and teeth in the same fashion (Table 1). When surveyed, "Do you probe dental implants and teeth with the same instrument?," 62.5% of the Pe group answered "yes," whereas 62.5% of the Rd group and 56.3% of the Hy group answered "no" (Table 1). The results showed no statistical difference between the three groups, $P = .338$.

Type of Probe Chosen

There was no statistical difference between groups in probe selection, $P = .152$ (Fig 3a). Probe selection for hygienists was relatively equally distributed compared with the other groups (37.5% Marquis vs 37.5% plastic vs 25% UNC-15). The Pe group preferred the Marquis probe (62.5%) to plastic (25%) or UNC-15 (12.5%). The Rd group, however, seemed to favor the plastic probe (56.3%) compared with Marquis (18.5%) or UNC-15 (25%). When comparing probe material types (plastic vs metal), 29 out of 48 (60.4%) chose metal probes (Marquis or UNC-15) and 19 out of 48 (39.6%) chose a plastic probe (Fig 3b). No differences were found between the types of probe used, $P = .191$.

Probing Force for Maxilla (N) and Mandible (N)

The Hy group demonstrated the widest probing force range in the maxilla, whereas the Rd group demonstrated the narrowest range. There was no statistically significant difference ($P = .85$) between the three groups regarding probing forces in the maxilla as shown in Fig 4a. The Hy group demonstrated the widest probing force range as well in the mandible; the Pe group demonstrated the narrowest. Similarly, there was no difference ($P = .96$) among the three groups in the mandible as shown in Fig 4b.

Probing Pressure Per Provider Type for Maxilla (Ncm^2) and Mandible (Ncm^2)

Pressure (Ncm^2) was calculated based on measured probe tip diameters per provider type. All groups had plotted outliers as shown in Fig 5a. Excluding the outliers, the Pe group had the widest range, whereas the Hy group had the narrowest range of pressures. There was no statistical difference ($P = .60$) between the three groups in regard to the probing pressure in the maxilla. Excluding the outliers, the Hy group had the widest range, whereas the RD group had the narrowest range of pressures. ANOVA results concluded that there was

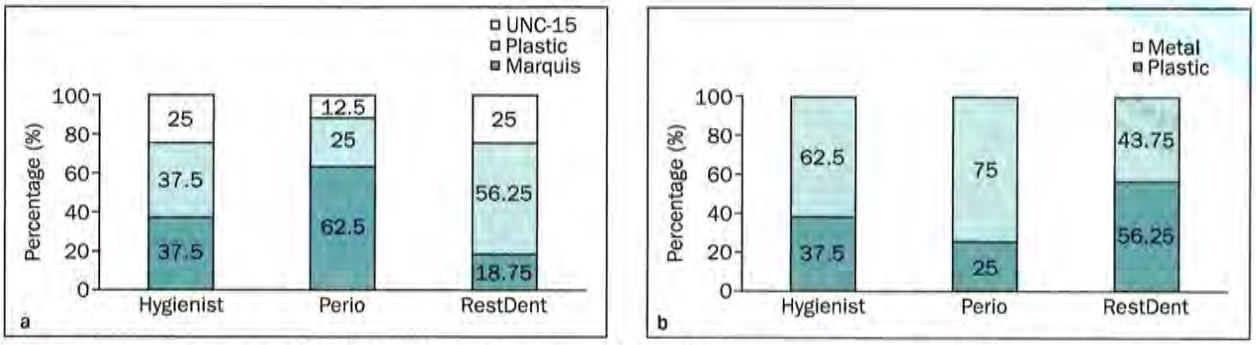

Fig 3 *(a)* Graphical representation of three types of probe selection distribution among three dental professional groups. No statistical significance ($P = .152$). *(b)* Graphical representation of probe material choice (metal vs plastic) among three dental professional groups. No statistical significance ($P = .191$).

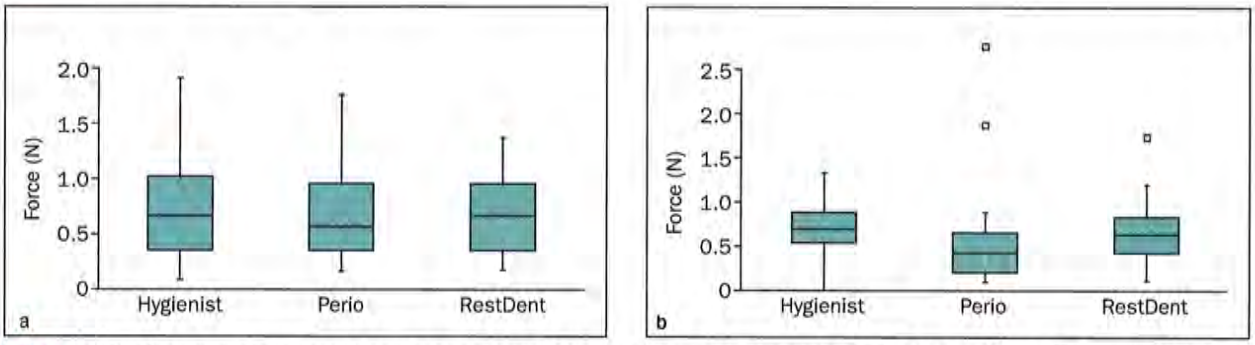

Fig 4 *(a)* Graph demonstrating measured probing force (N) in maxilla model. Horizontal black solid lines indicate medians of each group. No statistical significance ($P = .85$). *(b)* Graph demonstrating measured probing force (N) in mandible model. Horizontal black solid lines indicate medians of each group. No statistical significance ($P = .9604$).

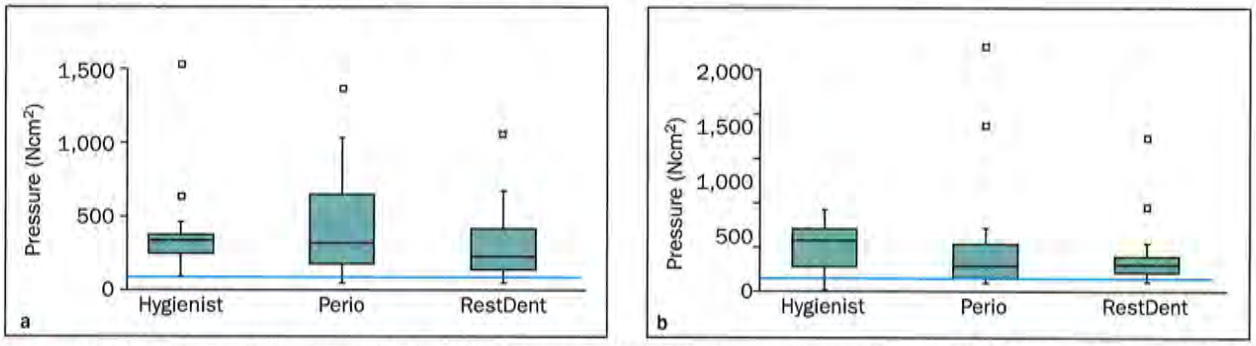

Fig 5 *(a)* Graph demonstrating calculated probing pressure (Ncm^2) in the maxilla model. Horizontal black solid lines indicate medians of each group. Blue line represents the suggested peri-implant probing pressure (119 Ncm^2) from the dental literature.[28] No statistical significance ($P = .60$) is noted. *(b)* Graph demonstrating calculated probing pressure (Ncm^2) in the mandible model. Horizontal black solid lines indicate medians of each group. Blue line representing suggested, calculated pressure (119 Ncm^2) from literature.[28] No statistical significance ($P = .78$) is noted.

no difference ($P = .78$) between the three groups in regard to the probing pressure in the mandible as shown in Fig 5b. All outliers were included in the data set to run ANOVA because they were true data.

Probing Pressure Per Probe Type for Maxilla (Ncm^2) and Mandible (Ncm^2)

Pressure (Ncm^2) was calculated per probe type based on the tip dimension of each probe. Nineteen participants selected the Marquis probe or plastic probe, respectively, and the remaining 10 subjects chose the UNC-15 probe. Using the ANOVA method, it was assumed that the data fit normal distribution. The widest probing pressure range resulted from the Marquis probe group, whereas the narrowest resulted from the UNC-15 probe group. There was no statistical difference ($P = .0705$) between the three groups in the maxilla. The Marquis probe group showed the widest probing pressure range in the mandible as well; the plastic probe group demonstrated the narrowest probing pressure range. ANOVA results concluded that there was a statistical difference between probe types ($P < .05$). Post hoc Tukey's test indicated that the mean probing pressure in the Marquis group was significantly

higher than that in the plastic probe group ($P = .0394$) in the mandible model. The statistical significance resulted between the same groups whether the outliers were included or not. This result is expected based on the fact that the plastic probe tip diameter (0.6 mm) is significantly wider than the Marquis probe (0.4 mm).

DISCUSSION

The survey questions were distributed to different clinicians in regard to peri-implant probing. All clinicians except one hygienist answered that they probe dental implants in their clinical practices. The one hygienist who answered "no" commented that she does not probe dental implants, but her clinical supervisor does in their practice. Dental professionals in this study generally probe dental implants to assess health and disease; however, some clinicians question whether peri-implant probing may cause detrimental effects on the soft tissue seal. Etter et al conducted a histomorphometric study to evaluate the peri-implant mucosal healing following clinical probing around healthy implants.[29] They reported a separation between the implant surface and the junctional epithelium, which healed completely by day five; Taylor and Campbell reported a similar healing around natural teeth.[30] Moreover, some clinicians express a concern in contaminating noninfected peri-implant tissues from an infected pocket following probing. Christersson et al examined the transmissibility of *Actinobacillus actinomycetemcomitans* (*Aa*) predominantly found in localized aggressive periodontitis patients.[31] They found that healthy sites were infected by *Aa* transfer via a probe; however, the newly infected sites were detected free of the microorganisms within 3 weeks.

The dental professional groups presented different preferences in responding to the question, "Do you probe dental implants and teeth in the same way?" This could be a considerable range due to the diverse education background, current learning experiences, and specific philosophy of their practices. Furthermore, this would explain the variations in the answers to the question, "Do you probe dental implants and teeth with the same instrument?" as well. When asked to choose an instrument, the Hy group did not demonstrate a clear preference. Most of the hygienists mentioned that they chose a probe based on availability in their offices; the majority of them work in general dental practices. The Hy and Pe groups inclined toward metal probes, whereas the Rd group favored a plastic probe. Some clinicians added that they generally do not probe around implant healing abutments. Healing abutments were used in this study instead of implant restorations since the convexity of the crown anatomy could hinder a proper insertion of the probes or unintentionally affect the probe angulation.[32]

Interestingly, many subjects noted that they were taught to probe implants with plastic probes, but they have developed their own empirical philosophies throughout the years of practicing. Traditional belief was that a metal probe could scratch the titanium abutment or leave damage at the implant-abutment interface as the probe entered the peri-implant soft tissue seal; a damaged interface could attract bacterial accumulation, which may lead to implant failure.[33,34] Therefore, it was commonly suggested to use a plastic probe when probing around dental implants.[29,35] Currently, Fakhravar et al investigated whether a different probe material would leave different surface alterations; in fact, they utilized the same UNC-15 metal probe and Periowise plastic probe chosen for the present study.[36] The results from a contact profilometer and light microscopy concluded that the metal probe left no apparent surface alterations. Meanwhile, the plastic probe showed possible plastic residues from instrumentation, although they did not affect the abutment surface significantly.

Force variations did not provide a practical implication without incorporating the probe tip dimensions. When the probe tip diameters were taken into consideration, a proper comparison was reached. Within the sample of this study, the majority of probing pressure values were consistently higher than the recommended probing pressure found in the dental literature, 119 Ncm^2, and represented by the blue bar (Fig 5), to avoid false positive BOP readings.[28] The outcome signifies that dental professionals in this study may be applying too much pressure when probing around dental implants. Gerber et al showed that BOP percentages per increment of 0.1-N force applied appeared to be twice as high at implant sites as in teeth; increasing the probing force from 0.15 N to 0.25 N resulted in a 13.7% increase of BOP sites in implants and 6.6% for natural teeth.[28] This is in agreement with Mombelli et al, who compared the relationship between increasing force and tissue resistance to probing; the depth-force curve showed a steeper curve for implants than teeth.[37]

Peri-implant tissue is more sensitive to BOP due to its different structural composition from natural gingiva in regard to attachment. Previous studies reported that collagen fiber bundles originated from the root cementum and advanced in a perpendicular fashion to the gingival tissues around teeth; in comparison, peri-implant mucosa displayed a parallel orientation of the collagen fibers to the implant titanium surface.[38,39]

Numerous studies have published recommendations for optimal probing forces to prevent false readings of probing depths and BOP.[12,21–26,40,41] Probing forces measured with diverse probe types in such

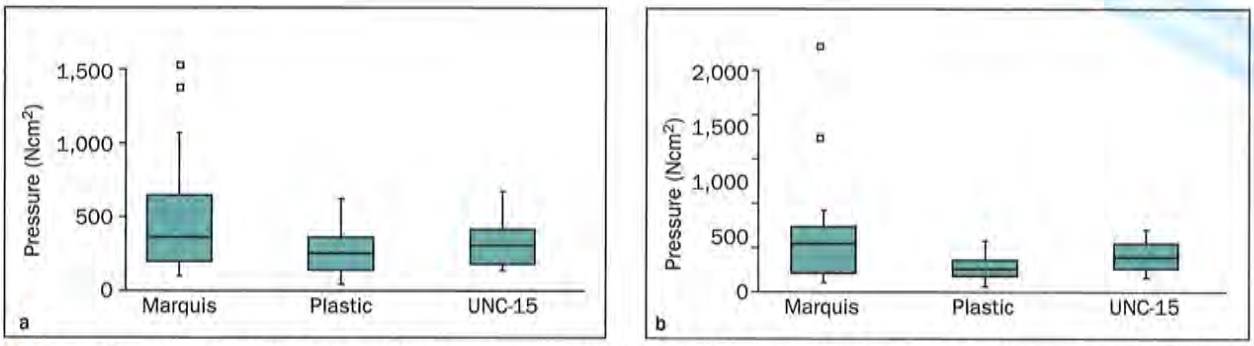

Fig 6 *(a)* Graph demonstrating calculated probing pressure (Ncm^2) per probe type in the maxilla model. Horizontal black solid lines indicate medians of each group. No statistical significance ($P = .0705$) is noted. *(b)* Graph demonstrating calculated probing pressure (Ncm^2) per probe type in the mandible model. Horizontal black solid lines indicate medians of each group. $P = .0394$, demonstrating statistical significance; $P < .05$.

studies require a necessary standardization. Modern dental clinicians must consider probing pressure at the probe tip, which ultimately controls probe penetration into the peri-implant sulcus and adjacent soft tissues.[21] Pressure exerted on the tip is directly proportional to the probing force and inversely proportional to the surface area at the tip. Since periodontal probe tips are round, the surface area of a circle is used; hence, pressure = $F/\pi r^2$ (F = force, r = radius). Increases in probing force add probing pressure by a proportional amount; however, increases in probe diameter will decrease the pressure by a proportional amount, squared.[15] Consequently, a change in probe tip diameter has more weight than the probing force exerted in determining probing pressure. The Marquis probe demonstrated the highest probing pressure and the most variable range in both the maxilla and mandible compared with the other probes in this study (Fig 6). The Marquis probe has the smallest tip diameter among the three probes provided; it resulted in a higher probing pressure even if the same probing force were exerted with wider tip diameter probes. This principle could be used to work backwards to calculate a recommended probing force (N) with a specific probe to achieve the recommended probing pressure from literature, 119 Ncm^2 as shown in Table 2.[28] As the tip diameter increases, more force needs to be applied to achieve the same amount of pressure.

BOP prevalence is also known to be associated with increasing peri-implant probing depths. Merli et al recently concluded that for each 1-mm increment in probing depth increase, the odds ratio of a site to experience BOP was increased by 1.81, and a higher risk was observed for site-specific factors, especially interproximal sites.[42] However, one must consider several varying factors before assuming the severity of peri-implant disease due to mere signs of deep probing depths and BOP around peri-implant tissues. Deep probing depths may represent nonpathologic pockets. For example, if an endosseous dental implant were to be placed apical to the crest of alveolar bone for a better emergence profile, it can result in a thick, long peri-implant soft tissue tunnel.[43] Even though many reports from periodontal societies recommend certain guidelines to determine peri-implant diagnoses, it is imperative for dental professionals to think critically beyond what the guidelines suggest to avoid overdiagnosis and overtreatment. The present study asks a thought-provoking question to the clinicians as to how little is known about the meaning of BOP around a dental implant, which is widely used in clinical practice. A future study designed to discuss and apply clinical implications of peri-implant probe pressure would be beneficial.

Table 2 Recommended Forces with Different Probe Tip Diameter Dimensions to Achieve the Same Desired Pressure, 119 Ncm^2

Tip diameter	Surface area (πr^2)	Recommended force
0.4 mm (Marquis)	0.126 mm^2	0.15 N = 15 g
0.5 mm (UNC-15)	0.196 mm^2	0.23 N = 23 g
0.6 mm (Plastic)	0.283 mm^2	0.34 N = 34 g

One limitation of the present study includes the use of a typodont model that has a silicone-based soft tissue moulage to mimic gingival tissues around the healing abutment. There was a gap (Figs 2a and 2b) present between the healing abutment surface and the soft tissue moulage. When the participants probed to the base of the gap for the metal sensor to detect the force (N), in a few occasions, they noted the difficulty of tactile sensitivity. Lack of resistance from the lateral gingiva could have contributed to the outliers in the present study. The lateral gingival wall could be a factor that resists probe advancement in relatively healthy or nonincised gingiva.[25] Moreover, with the increasing level of inflammation, the peri-implant probe

could penetrate further because of reduced resistance from the lateral gingival wall.[13,14,16] Another limitation of this study was that only three types of periodontal probes were provided with varying degrees of taper. Preference of probe choice could have resulted differently outside the university setting as well. This study simply reflected clinicians' inability to probe dental implants at "an optimal probing force." Multiple questions arise regarding the current clinical practices of using manual metal or plastic probes to assess peri-implant health. Should dental clinicians be using a force-limiting peri-implant probe (eg, the Florida Probe) in everyday practice to avoid false positive BOP? Could clinicians ever be standardized? Whether a standardization of clinicians is even clinically applicable or not is another question for another study.

CONCLUSIONS

Within the limitations of this survey, there were variations among the groups with regard to the instrument type, probing forces, and probing pressure applied. Even though no statistical differences existed, the range of values among groups did differ. Clinicians must understand the physical dimension of the peri-implant probe as well as the probing forces being applied. Dental professionals may be applying too much probing pressure around dental implants, and this could lead to false positive BOP sites; inappropriate probing may also lead to misdiagnosis, which in turn, may result in inappropriate treatment. This study should provide a basis of current perception in regard to implant probing pressure and can be used to inform clinicians on what might be done.

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Louisiana Joins Interstate Dental & Dental Hygiene Licensure Compact

First state adopts dental licensure reform, enshrining high standards for patient care

BATON ROUGE, La. (June 25, 2025) - Louisiana has become the first state to join the Interstate Dental & Dental Hygiene Licensure (IDDHL) Compact. HB543, sponsored by Representative Wayne McMahen, is now law after it passed the legislature with no opposition. The IDDHL Compact, developed by the American Association of Dental Boards, aims to streamline the licensing process for dentists and dental hygienists who want to practice in multiple states. This compact offers a voluntary, expedited pathway to licensure for qualified dental professionals while maintaining high standards of patient safety and care.

“The Compact facilitates a more efficient licensure process allowing practitioners to begin working in new states more quickly after meeting eligibility requirements,” said Representative Wayne McMahen during the House Committee on House and Governmental Affairs hearing on May 7, 2025. “Joining the Compact could significantly benefit Louisiana by expanding the dental workforce, improving access to care, and streamlining licensure process for dental professionals.”

The IDDHL Compact, modeled after the medical licensure compact, preserves state authority over dental licensing while simplifying the process for qualified professionals to practice across state lines. It requires graduates from Commission on Dental Accreditation (CODA)-approved schools to pass the American Board of Dental Examiners (ADEX) licensure exam or have five years of practice after passing a regional licensing examination.

"This is a great step forward for dental care in Louisiana and the U.S., marking a significant milestone in dental care accessibility and professional mobility," said Dr. Art Jee, President of the AADB's Board of Directors. "Louisiana's adoption of the compact creates new opportunities for dental professionals to serve communities across state lines."

Key benefits of the compact include:

- Expedited licensure process for qualified dental professionals
- Enhanced professional mobility for dentists and dental hygienists
- Maintained high standards of patient safety through uniform competency requirements
- Cost-effective implementation for participating states

The compact will also provide access to an AADB Licensure Repository, a centralized portal for verifying licensure documents and sharing disciplinary information among member states.

"By joining the IDDHL Compact, Louisiana demonstrates its commitment to meeting the needs of providers while protecting public health," added Dr. Jee. "We anticipate other states will follow Louisiana's lead, creating a nationwide network that benefits both dental professionals and patients."

The IDDHL Compact has been introduced in a total of nine states so far. It is actively being considered by legislatures in Massachusetts and Pennsylvania. The IDDHL Compact was also passed by the Oklahoma House of Representatives and both chambers of the Mississippi Legislature while making progress in other states where it has been introduced.

For more information about the Interstate Dental & Dental Hygiene Licensure Compact, visit aadbcompact.org.

About the American Association of Dental Boards (AADB)
The American Association of Dental Boards, founded in 1883, is a national organization that promotes high standards in dental education, licensure, and regulation. AADB membership includes state dental boards, specialty boards, and dental educators from across the United States and its territories.

ADTA NEWSLETTER

July 2025

Happy summer, and welcome to ADTA's July 2025 newsletter! We're excited to announce the hiring of our Executive Director, our upcoming annual conference, celebrate new graduates, and share useful resources. We're also keeping an eye on efforts to ban water fluoridation, and the work to expand Dental Therapist education programs and licensed practice in more states.

- American Dental Therapy Association

Familiar Face, New Role

Kari Ann Kuntzelman, a member of the Chickasaw Nation, stepped down earlier this year from her role as President of the ADTA. But she didn't go far! We're happy to announce her new position with ADTA, serving as its Executive Director. Kari Ann served as Board President from 2021-2022, Immediate Past President in 2023, and served a second Presidential term from January 2024-April 2025. She started her new role as Executive Director in May.

Welcome New Board Members

The American Dental Therapy Association (ADTA) is honored to welcome its newest members to the Board of Directors as of April 27, 2025: **Amy Coplen**, Dental Therapist (3 year term) – At-Large Board Director, Oregon; **Jamie Tonie** (1 year term) – Student Representative, dəxʷx̌ayəbus Dental Therapy Program (WA); **Victoria Contreras** (1 year term) – Student Representative, dəxʷx̌ayəbus Dental Therapy Program (WA). The inclusion of these dedicated individuals strengthens our leadership and affirms our commitment to representing the diverse voices within the dental therapy community. In particular, the active participation of members in the governance of a membership-based organization like the ADTA is vital to our continued relevance, responsiveness, and integrity. Board members serve not only as stewards of the association's mission, but also as conduits for the needs, insights, and aspirations of the broader membership. We extend our sincere gratitude to Amy, Jamie, and Victoria for their willingness to serve. Their expertise and perspectives will play a crucial role in shaping the future of dental therapy and in advancing equitable access to oral health care across the nation.

Save the Date!

We're excited to announce our 2025 National Dental Therapy Conference, taking place Dec. 8-10 in Sacramento, California.

Day 1 (Dec. 8) will be a pre-conference day featuring a California-specific session, as well as a session on the clinical Medical Management of Caries (this session will meet the requirements of state dental therapy license and CHAP Certification requirements).

Day 2 (Dec. 9) will be a full day with breakout sessions.

Day 3 (Dec.10) will be a half day with a plenary session. More details to come

Explore becoming a sponsor or exhibitor.

There are many benefits to participating. We're happy to create the best package to meet your interest and needs.

Join us as a sponsor of the 2025 National Dental Therapy Conference, the premier event uniting policymakers, educators, practitioners, and advocates, in expanding access to

equitable oral health care through innovative workforce solutions.

This is a unique opportunity to gain direct exposure to these key audiences and showcase your organization's commitment to improving health equity, advancing community-centered care, and aligning with a growing movement that is reshaping the future of dental

care nationwide.

in the weeks and months ahead.

To learn more or discuss sponsorship opportunities, contact:

Parrish Ravelli

pravelli@communitycatalyst.org

910-520-3286

Congratulations to 2025's Newest Graduates!

Skagit Valley College and the **Swinomish Indian Tribal Community** celebrated the first graduating class of the dəxʷx̌ayəbus *(pronounced dahf-hi-ya-buus)* SVC Dental Therapy Program on June 13, 2025. The six Native American students completed a rigorous three-year program combining academic and clinical training, becoming Washington's first cohort from an accredited dental therapy program. Their

This year, the **Alaska Native Health Consortium** (ANTHC) is celebrating 20 years of Dental Health Aides working in Alaska. In June, three students graduated from the **Alaska Dental Therapy Educational Program**. Congratulations to Hilary "Mek" Apangalook of Gambell, sponsored by Southcentral Foundation,

Shaun Robinson of Anchorage, sponsored by Yukon-

work addresses oral health shortages, especially in tribal and underserved communities. Many will be licensed by the Swinomish Tribe under its sovereign dental licensing system. The graduation marks a milestone in Native-led health education, with future cohorts planned to expand access to culturally competent dental care statewide.

Kuskokwim Health Corporation, and Courtney McCay of Wrangell, sponsored by SouthEast Alaska Regional Health Consortium.

The University of Minnesota's Division of Dental Therapy celebrated seven new graduates in May of this year, who represent the program's thirteenth class of dental therapy graduates. ADTA joins the school in offering congratulations to Ayaa Almosawi, Hannah Kartak, Natalie Kohner, Alison Murphy, Saad Shaikh, Lilly Thach and Taylor Voight on their graduation from the Dental Therapy program.

In May, nine students graduated from Minnesota State University in Mankato with their Master of Science in Advanced Dental Therapy. In the photo above, Program Director and Assistant Professor Dr. Anitha Peddireddy, PhD, MDS, BDS stands with the new grads. Congratulations to Nicole Blake, Brooke Engbarth, Kelsey Marben, Sarah Hoffmann, Payton Pendergast, Edward Terry (not pictured), Kaci

	Theurer, Taylor Weerts and Alyssa Wempen.

IHS Loan Repayment and Scholarships for Dental Therapists

Speaking of dental therapy education and careers, the Indian Health Service includes dental therapists among the health professions eligible for **loan repayment** and **scholarships**. The **IHS Scholarship Program** provides qualified American Indian and Alaska Native health professions students financial support in exchange for a minimum two-year service commitment within an Indian health program. The application cycle for scholarships is Dec. 30 to Feb. 28. **Loan repayment** awards payment of up to $50,000 for education loans to clinicians who commit to an initial two-year commitment to practice in health facilities serving American Indian and Alaska Native communities. Applications for loan repayment are accepted Oct. 1 through Aug. 15.

Listen and learn: the 30-minute podcast that earns you 0.5 CE credits

Viva Learning, a dental continuing education platform, delivers free CE accredited content. In May it posted a podcast entitled "Profitable Care: Financial Benefits of Medical Management of Caries," presented by pediatric dentist Dr. John Frachella. In the episode, Dr. Frachella discusses why he believes the medical management of caries isn't widely used among practicing dentists and why doing it can actually benefit a practice's financial health. Find the podcast **here**.

(Keep scrolling for more CE options lower in the newsletter.)

We're recruiting director positions for terms beginning in Jan. 2026!

Joining the ADTA Board of Directors is a great way to help shape the future of dental therapy while growing your leadership skills. We're at our best when we're fully represented by providers and students who are committed to excellence, advocacy and growth. Learn more **here**.

Still have questions? **Contact us** and we'd be happy to talk more in-depth about ADTA board member roles and responsibilities.

In the News

President Trump's tax cut and spending bill: The ADTA is closely monitoring the impact Trump's policy bill, signed into law on July 4th after it passed both the House and Senate, will have on the communities and populations our dental therapists serve. We are concerned the impacts will further strain systems of care in the already underserved communities in which many of us practice. **Funding cuts to healthcare**, including oral care, may increase demand for dental therapists. Will our current dental therapy schools be able to graduate enough dental therapists to keep up? What workplace models will develop that both meet growing patient needs and uphold the best working environments for dental therapists? As we contemplate these and other

potential shifts, we remain dedicated to our mission to ensure that all Americans have access to high-quality oral health care. The work of dental therapists is meaningful and needed. Our patients and communities are valued and deserve our very best. Know that we are here in partnership with you to help our profession and patients thrive. Keep up the good work, and be well.

Fluoride in drinking water: Two states -- Utah and Florida -- have banned fluoride in drinking water. Utah's ban took effect May 7. Florida's ban takes effect July 1. The New York Times wrote about Florida's changed public water law in an **article published May 15**. The bans are the first in a national movement in which opponents of fluoridated water cite health concerns and government overreach as reasons to end the decades-long public health practice. Louisiana, Ohio, South Carolina, Tennessee, and several local governments are contemplating fluoride restrictions and bans. Proponents of water fluoridation support its use as a safe, proven method for the prevention of dental decay in both children and adults.

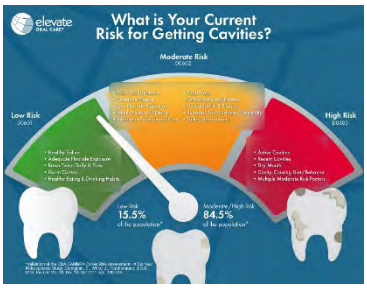
Dental Therapy in the News: The online magazine **Dentistry**, based in the UK, has an interesting article exploring how far Dental Therapy as a profession has come, and why it still has further to go. Dental Therapist, clinical educator and speaker Cat Edney writes that while "dental therapy becoming visible, viable and vocally valued," those milestones are not the same as equality within dental practices and professions. There remains room to improve education and mentoring, and respect and understanding among colleagues, Edney says. Read the full article **here**.

The digital magazine **83-degrees**, based out of Tampa, Florida, has an article looking at the ongoing effort by **Floridians for Dental Access** to get Dental therapy licensed there. The Florida House passed a bill in the 2025 session allowing Dental Therapists to practice in the state, but the measure died in committee in the Florida Senate. Access to dental care is a statewide crisis in Florida, where six million Floridians have limited or no access to local dental care. Florida's statewide ban on fluoride in drinking water, which begins July 1, may further compound the issue, as children will be at greater risk to develop

cavities. Writer Phillip Morgan looks at the financial impact barriers to care have on dental-related emergency room visits, and some of the solutions (like mobile clinics) communities are using to reach people who are most in need. Read the full article **here**.

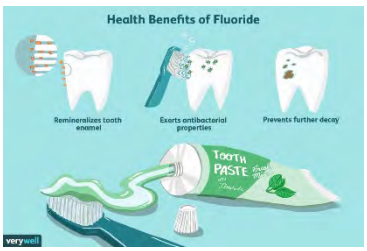
The U.S. Coast Guard wants to incorporate dental therapists into its health care delivery team, and it has teamed up with the University of Minnesota's Division of Dental Therapy to make it happen. As of Fall 2024, each dental therapy class at the university will include up to two guardsmen. Guardsmen Jasmine Chapman and Javier Carrasquillo Marrero are the first two learners to join the program. Read more **here**.

Don't Miss



elevateoralcare.com

Elevate Oral Care has two great info graphics with an easy-to-follow visual assessment for determining your risk of getting cavities, and strategies for reducing risk. The second of the two graphics helps patients identify oral health goals and steps they can take in the dental office and at home to achieve them. Find a printable version of these educational materials **here**.



verywellhealth.com

Verywell Health has a useful article (and this info. graphic) explaining the benefits, recommendations and risks of fluoride in toothpaste. It's a good guide for having conversations with patients who may have questions and concerns about fluoride's safety. The article addresses how fluoride works, its benefits and risks in toothpaste, and alternatives. Read the full article **here**.

ilikemyteeth.org

The Campaign for Dental Health, a program of the American Academy of Pediatrics, is dedicated to providing the public and policy makers with the evidence-based information and tools they need to promote and protect **community water fluoridation** as an important public health measure. The easy-to-navigate and aptly named website, **ilikemyteeth.org**, has facts about oral health and **preventive strategies like fluoride.**

Oral Health Learning Café

The **Oral Health Learning Café**, part of the National Maternal and Child Oral Health Resource Center, is a group of stakeholders working on medical-dental integration. An informal, supportive space where

professionals can engage with others and learn. the café includes a discussion list and monthly webinars that provide information about oral health programs and services (e.g., integrating oral health care and primary care) throughout the country and share strategies, challenges, lessons learned, and resources.

Opportunity

Job Opportunity in Vermont!

Join a team focused on Minimally Invasive Dentistry/Medical Management of Caries located in Vermont.

Vermont requires Dental Therapists to be dually licensed regardless of current licensure or certification status, however, language states a pathway through "license by endorsement".

Click below to visit the Vermont online Statutes webpage.

https://tr.ee/IT2aayQuob

Voices of Dental Therapy - Call for Submissions

**** Our feature publication by dental therapists for dental therapists ****

Share your expertise and experiences with our vibrant community by contributing to ADTA's Voices of Dental Therapy publication. This special feature gives you a glimpse into the lives of your colleagues from around the nation. Use our **article submission form** to send an entry to us. Dental therapists may submit an article, interview, photo, innovations in dental therapy, dental therapist stories, research, global or education program updates, upcoming events, and more. (Note: please complete the form in its entirety.) Still have questions? Please **email us.** We're happy to help.

On Demand Webinars

ADTA Learning Management System - ADTA Members and Education Subscribers receive access to On Demand Webinars with CE credit as part of their membership benefits, excluding specialty webinars and online workshops.

If you are a current ADTA member or education subscriber, **click here** to login to your member account. Once you have logged in, click on the Learning Management System button to gain access to online programs.

Non-Members can purchase individual webinars using the registration form below. Interested in saving money? Join the ADTA as a member or Education subscriber. **Click here** to review pricing and benefits.

To access on demand webinars, click here.

More Resources

CareQuest Institute for Oral Health has a series of upcoming live webinars featuring leading experts and researchers as they explore the most pressing topics facing oral and overall health today. On Thursday, July 10th, 2025, 7:00 p.m. ET, CareQuest presents **From Long-Term Care to At-Home Caregiving: How to Support Older Adults' Oral Health Needs.** Explore the importance of routine oral health care in supporting aging and medically complex patients. Click **here** for a schedule of more upcoming webinars and to access past webinars.

Arcora Foundation is an ADA CERP recognized provider, and another great resource for continuing education. Click **here** to access their library of courses, which includes the 1.5- CDE course (Oct. 2024) on **Minimally Invasive Dentistry: What It Is and Why it Works,** the 1 CDE course (Sept. 2024) **Dental Care is Prenatal Care**, and the 3 CDE credit course (February 2024) **Optimize Dental Teams with Dental Therapists**.

The National Coalition Of Dentists for Health Equity has developed a **webinar series on the most accurate information on Dental Therapists**. Knowledgeable and experienced researchers, practitioners and program administrators share findings regarding the education, supervision

and quality of patient care provided by dental therapists. They also delineate financial information that dental practices need to use to determine whether dental therapists would be an asset to their clinical operations. **Access the webinar series here**.

Elevate Oral Care's products provide valuable tools for implementing preventive measures and managing caries, which align with the principles of minimally invasive dentistry. **Sign up here** to schedule a staff meeting to learn more about what they offer.

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GOVERNMENT POLITICS

Oregon ethics commission pursues legislative action, further revision on meetings policy

The consensus comes after a slew of cases generated confusion about the nature of Oregon's laws governing open public meetings

BY: **SHAANTH NANGUNERI** - AUGUST 8, 2025 1:17 PM

Members of the Philomath City Council vote to refer a two-year moratorium to voters. The Oregon Government Ethics Commission agreed Friday that councils like these deserve more clarity from state officials on the use of communications and public meetings law.(Mike McInally/Oregon Capital Chronicle)

Leaders of Oregon's Government Ethics Commission agreed Friday that there isn't enough clarity surrounding their recently-acquired power to ensure public officials only make governing decisions in front of their constituents, leaving the door open for future legislative action or additional guidance from the commission.

During a discussion on communications and public records law, members of the statewide ethics board raised questions about the implementation of House Bill 2805, a 2023 law passed by the Oregon Legislature which gave the nine-member commission the power to investigate and train public officials across the state to comply with public meetings law. The commission is investigating the Salem City Council for such violations in a novel case, an issue that Commission Chair David Fiskum said could come to the board in its September meeting.

The 2023 legislation aimed to crack down on what the law calls "serial communications," in which a majority of members of a governing body discuss issues relevant to their work and make decisions outside of the public eye in text messages, emails or private meetings. It's long been illegal for a majority to meet and make decisions outside of public meetings.

Illegal serial communications could include one council member working to coordinate and deliver messages to a majority of the governing board before a meeting.

The law, however, does not aim to crack down on public staff aiming to collect background information or data or officials speaking with the media or engaged citizens. Fiskum told members of the body on Friday that lawmakers may act to further clarify the law in the 2027 legislative session, when they'll have more time than 2026's 35-day short session.

"That reality will carry implications for our administration of this law, as well as for public policy in general," he said. "Internally, that inability to change things until 2027 means that all of us will have to live with sometimes longer agendas."

The law sparked debate and confusion statewide about the appropriate bounds of conduct when it comes to public meetings. The ethics commission advised members of the Salem City Council in late July that they are allowed to attend neighborhood association meetings and speak with the media after an initial state ethics investigation found that its mayor and city councilors held an illegal serial meeting prior to the resignation of a city manager.

In another case, Patricia Mulvihill, executive director of the Salem-based League of Oregon Cities, wrote to the ethics commission in May, saying the agency had a "gross misinterpretation" of the law's enforcement via trainings delivered to Portland city councilors since November 2024, as reported by the Oregon Journalism

Project. In one training, according to the letter, officials were told a mayor's comments to a local newspaper about city business could raise a potential violation.

Legislation likely

The acrimony has already caught the attention of one Salem lawmaker, who warned of an unintended chilling effect on effective collaboration among elected officials. Rep. Kevin Mannix, R-Salem, requested the commission pause enforcement of the law until May 2026 for further legislative clarity in a July 23 letter.

"In conversations with colleagues at both the state and local levels, it has become apparent that the fear of inadvertently violating public meetings requirements is discouraging legitimate, informal discussions among elected officials," Mannix wrote to the commission. "This is particularly problematic when officials are trying to gather information, understand complex issues, or develop thoughtful policy proposals before bringing them forward for formal public consideration."

The commission rejected Mannix's request on the grounds that state law requires them to move forward with enforcement. But commissioners on Friday parsed through a Frequently Asked Questions document, aiming to assuage some of those fears.

That document details how violations of state open meetings law require that a quorum of elected officials be in communication and that those communications include discussing decisions they'll make. For instance, four of seven city councilors calling each other to talk about lowering parking fees would constitute a violation, but those four city councilors texting each other about a sports team would not.

Susan Myers, the commission's executive director, called the FAQ a "living document."

"I want to stress, because everyone has been saying, 'You guys need to rescind this,' It's not a matter of rescinding it." she said. "There may be fine-tuning that we do to examples or adding or deleting questions as time goes on and as the commission has more opportunity to consider the specific issues."

The FAQ notes that meeting with a neighborhood association or discussing business that is outside of the governing body's work is not a violation, but not all commissioners were convinced the

guidance was clear enough. One key question was the extent to which members of a communication chain would all be impacted. For instance, should the original sender be implicated for sending a message that spiraled into backroom negotiations they weren't a part of?

"Somebody else may share your communication and down the line it may become a quorum, and ergo, you may be violating public meetings laws," said Commissioner Shenoa Payne. "To me, I mean as a lawyer, it seems like a tough pill to swallow."

Myers said she's been talking with key stakeholders about the issue, including a leader of the effort to pass the 2023 law, Rep. Nathan Sosa, D-Hillsboro. She said legislative action could be forthcoming as soon as the 2026 legislative session, but that she would prefer receiving advice from the Oregon Law Commission as well, a nonpartisan law reform body that was established in 1997 with the goal of identifying gaps in existing law.

GET THE MORNING HEADLINES.

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SHAANTH NANGUNERI

Shaanth Kodialam Nanguneri is a reporter based in Salem, Oregon covering Gov. Tina Kotek and the Oregon Legislature. He grew up in the Bay Area, California and went on to study at UCLA, reporting for the Daily Bruin until graduating in March 2025. Previously, he was a reporting intern covering criminal justice and health for CalMatters in Sacramento, California. He is always eager to tell stories that illuminate how complex and intricate policies from state government can help shape the lives of everyday Oregonians.

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BY **SHAANTH NANGUNERI**

July 17, 2025

Former information officer implicated in latest ethics ruling for Oregon bourbon scandal

BY **SHAANTH NANGUNERI**

July 16, 2025

PROBING OREGON POLITICS AND POWER

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STATES NEWSROOM

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LICENSE RATIFICATION

RATIFICATION OF LICENSES

As authorized by the Board, licenses to practice dentistry, dental therapy and dental hygiene were issued to applicants who fulfilled all routine licensure requirements. It is recommended the Board ratify the issuance of the following licenses. Complete application files will be available for review during the Board meeting.

DENTAL HYGIENISTS

H9023	Palo, Kyla Anne Franchesca Fernandez	2025-06-05
H9024	Miller, Justin	2025-06-06
H9025	Interiano, Jose Matias	2025-06-06
H9026	Reiter, Taryn Marie	2025-06-12
H9027	Lyons, Lindsay Marie	2025-06-16
H9028	Avril, Sierra Dawn	2025-06-18
H9029	Huhta, Kate Lorelle	2025-06-18
H9030	Scott, Justin Chamberlain	2025-06-23
H9031	Martinez, Cierra	2025-06-23
H9032	Jones, Gina	2025-06-25
H9033	Tuel, Lindsay Leilani	2025-06-25
H9034	Knill, Iris Craig	2025-06-25
H9035	Harper, Carly Lyn	2025-06-25
H9036	Erdahl, Emma Grace	2025-06-25
H9037	Nazal, Amelia Lynn	2025-06-25
H9038	Harpole, Jordan Nicole	2025-06-25
H9039	Corona, Linda A	2025-06-25
H9040	Chmiel, Amanda Lynn	2025-06-25
H9041	Avalos Huerta, Maria Celeste	2025-06-25
H9042	Cregan, Adreanna Rebeca	2025-06-25
H9043	Forrester, Adam Davis	2025-06-25
H9044	Smith, Makya Elizabeth	2025-06-26
H9045	Kinsley, Brianna Camille	2025-06-26
H9046	Pennington, Kimberly	2025-06-26
H9047	Nicotra, Amber Rose	2025-06-30
H9048	Semprevivo, Julia Urara	2025-06-30
H9049	Vakulenko, Viktoriia	2025-06-30
H9050	Brown, Michaela Lyn	2025-06-30
H9051	Ma, Julie Anna	2025-06-30
H9052	Williams, Serena Darlene	2025-06-30
H9053	Martin, Grace Ann	2025-07-01
H9054	Strech, Dallas Rae	2025-07-02
H9055	Myler, Grace Olivia	2025-07-02
H9056	Gehring, Jacklyn JoAnne	2025-07-02

H9057	Peters, Alyssa Marie	2025-07-02
H9058	Eakin, Savanna Marie	2025-07-02
H9059	Smoke, Courtney	2025-07-03
H9060	Layne, Angie	2025-07-03
H9061	Smart, Sondra Lee	2025-07-07
H9062	Parr, Christianna Maureen	2025-07-07
H9063	Childers, Crystal Marie	2025-07-08
H9064	Ziegler, Amanda Rayann	2025-07-08
H9065	Lihs, Taylor Elise	2025-07-08
H9066	Enachiev, Dan	2025-07-08
H9067	Meng, Michaella	2025-07-08
H9068	Hovey, Danielle Marie	2025-07-08
H9069	Atiyeh, Victoria	2025-07-08
H9070	Knott, Emily Grace	2025-07-09
H9071	Tsurkan, Irina	2025-07-09
H9072	Bukmyrza, Elona Avelovna	2025-07-09
H9073	Cerbu, Hannah	2025-07-14
H9074	Chabbert, Reyna Graves	2025-07-15
H9075	Cayson, Brooke Lee	2025-07-15
H9076	Nation, Jessi Jo	2025-07-16
H9077	De Clue, Vanessa	2025-07-16
H9078	Carpenter, Angela A.B.	2025-07-16
H9079	Espinosa, Madison	2025-07-16
H9080	Marshall, Kyndal Dariann	2025-07-18
H9081	Rodriguez-Garcia, Nancy	2025-07-21
H9082	Kramer, Devon Lynn	2025-07-21
H9083	Delker, Kassidy Renee	2025-07-21
H9084	Vargo, Jennifer Marie	2025-07-22
H9085	Cruz, Jaden Steven	2025-07-22
H9086	Roberson, Kaylea	2025-07-23
H9087	Nickoloff, Kevin William	2025-07-23
H9088	Satre, Kadence Emersen	2025-07-23
H9089	Chege, Annie Njoki	2025-07-25
H9090	Burris, Niki Ann	2025-07-28
H9091	Hughes, Cheri ElizabethBuller	2025-08-04
H9092	Binuya, Denise Marie	2025-08-04
H9093	Salyer, Amanda Joyce	2025-08-05
H9094	Wagner, Bailey Raine	2025-08-07
H9095	Apilado, Justin-Troy Garcia	2025-08-12
H9096	Garcia Tiburcio, Laura	2025-08-12
H9097	Aiello, Rachel Leah	2025-08-12

H9098	Ellis, Michelle Dianne	2025-08-12
H9099	Samara, Taylor Bryawn	2025-08-12
H9100	Palacios, Valeria Liliana	2025-08-12
H9101	Drake, Gabrielle Mari	2025-08-12
H9102	Hernandez Morales, Alexandra	2025-08-12

DENTISTS

D12182	Infante-Bugarin, Minette	2025-06-03	DMD
D12183	Saunders, Mitchell Scott	2025-06-04	DMD
D12184	Zlobinskaya, Mariya	2025-06-04	DMD
D12185	Neal, Ryan Cole	2025-06-04	DMD
D12186	Carter, Ryan	2025-06-05	DMD
D12187	Spencer, Brian	2025-06-09	DMD
D12188	Crocker, Gabriel Philip	2025-06-10	DDS
D12189	Borrero, Daniel A	2025-06-10	DDS
D12190	Graumann, Oliver Winslow	2025-06-10	DDS
D12191	Spencer, Kayla	2025-06-10	DMD
D12192	Nguyen, Hanna Quynh-Han	2025-06-12	DDS
D12193	Bienstock, Brian Scott	2025-06-16	DDS
D12194	Ellis, Kayla Vonise	2025-06-18	DDS
D12195	Brown, Connor	2025-06-18	DDS
D12196	Ghaffarinia, Marjan	2025-06-23	DMD
D12197	Lee, Kyubin	2025-06-23	DDS
D12198	Wickline, Natalie Rose	2025-06-23	DDS
D12199	Bottner, Daniel Eric	2025-06-24	DDS
D12200	Garcia, Jeffrey William	2025-06-25	DDS
D12201	Saudagar, Neekita Ramju	2025-06-25	DDS
D12202	Hoang, Sandy	2025-06-25	DDS
D12203	Otis, Yvonne	2025-06-25	DMD
D12204	Scheel, Jacob Lim	2025-06-26	DDS
D12205	Kobitter, Thomas Jay	2025-06-26	DDS
D12206	Shearer, Dalton	2025-07-01	DMD
D12207	Piedra Rodriguez, Joselene	2025-07-01	DMD
D12208	Hamby, Taylor Rae	2025-07-01	DMD
D12209	Fakih, Hussein Haidar	2025-07-01	DMD
D12210	Vasquez, Adam Daniel	2025-07-01	DMD
D12211	REZENDES, THOMAS Edwin	2025-07-01	DMD
D12212	VanCleave, Trace David	2025-07-01	DMD
D12213	King, Carissa Anne	2025-07-01	DMD

D12214	Martin, Trevor Ray	2025-07-01	
D12216	Kerr, Anthony	2025-07-02	DMD
D12217	Noh, Jihoon	2025-07-02	DMD
D12218	Olson, Jacob	2025-07-02	DMD
D12219	Lodin, Lais Mohammed	2025-07-02	DDS
D12220	Ruiz, Byron	2025-07-02	DDS
D12221	Vuong, Linh Gia	2025-07-02	DMD
D12222	Huang, Casper	2025-07-02	DMD
D12223	Iida, Nicole Ami	2025-07-02	DDS
D12224	Lion, Khalil George	2025-07-07	DDS
D12225	McCreadie, Tyler	2025-07-08	DMD
D12226	Gering, Courtney Sharon	2025-07-08	DMD
D12227	Burnett, Arielle	2025-07-08	DMD
D12228	Feathers, Julie Marie	2025-07-10	DDS
D12229	KHOURI, RANIA Anne	2025-07-11	DMD
D12230	Edet, Anna	2025-07-11	DDS
D12231	Rathi, Rajat Jaiprakash	2025-07-15	DDS
D12232	Seog, Julianne	2025-07-16	DMD
D12233	Bobbitt, Stephanie Lorraine	2025-07-16	DMD
D12234	lee, amber	2025-07-16	DDS
D12235	Duval, Maria Leticia	2025-07-16	DMD
D12236	Brusse, Stephen James	2025-07-16	DMD
D12237	Pene, Brayden Tyler	2025-07-16	DDS
D12238	Fortanely, Beatriz Ellen	2025-07-16	DDS
D12239	Truong, Michaelyn Van	2025-07-16	DMD
D12240	Nguyen, Audrey	2025-07-18	DDS
D12241	Karam, Nawal Salim	2025-07-21	DMD
D12242	Santwani, Pooja	2025-07-21	DDS
D12243	Azar, Aziz	2025-07-21	DMD
D12244	Johnson, Alexander	2025-07-22	DMD
D12245	Hall, Hali Rashelle	2025-07-29	DMD
D12246	Ball, Anna	2025-07-29	DMD
D12247	Allen, Raleigh John	2025-08-04	DDS
D12248	Song, Shi Guang	2025-08-04	DMD
D12249	Tilley, Edgar	2025-08-05	DMD
D12250	Koohbor, Parham	2025-08-12	DDS
D12251	Wong, Alexandria	2025-08-12	DMD
D12252	Sharma, Steven	2025-08-12	DDS

LICENSE, PERMIT & CERTIFICATION

Request for reinstatement of an expired license – Steven Mee, D.M.D.

The Board has received a request for the reinstatement of an expired license. OAR 818-021-0085 requires that before a license that has been expired may be reinstated, the applicant must complete a number of steps. One of the requirements for reinstatement is that the applicant "passes any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials."

Steven Mee, D.M.D. (D11102) held a license to practice dentistry in Oregon that expired on March 31, 2023. Since Dr. Mee's dental license expired in 2023, Dr. Mee has held an active license in Illinois (issued 4.22.2021, expired 9.30.2024) and California (issued 2.16.2024, expires 4.30.2026). Dr. Mee would now like to reinstate his Oregon dental license so he can resume practicing dentistry in Oregon. Dr. Mee has submitted a License Reinstatement Application, fees, proof of continuing education for the renewal cycles during which his license was expired, passed the Board's Jurisprudence Examination, and has submitted a background check. No disciplinary actions have been taken against Dr. Mee in any of the states in which he has been licensed. Board staff submitted an inquiry to the National Practitioners Data Bank and no negative information regarding Dr. Mee has been filed by any other entity in the data bank.

Pursuant to OAR 818-021-0085, the Board needs to determine if it is necessary for Dr. Adams to take any further examination and whether to reinstate Dr. Adams dental license.

Relevant Rules:
818-021-0085 – Renewal or Reinstatement of Expired License

Any person whose license to practice as a dentist or dental hygienist has expired, may apply for reinstatement under the following circumstances:

(1) If the license has been expired 30 days or less, the applicant shall:
- (a) Pay a penalty fee of $50;
- (b) Pay the biennial renewal fee; and
- (c) Submit a completed renewal application and certification of having completed the Board's continuing education requirements.

(2) If the license has been expired more than 30 days but less than 60 days, the applicant shall:
- (a) Pay a penalty fee of $100;
- (b) Pay the biennial renewal fee; and
- (c) Submit a completed renewal application and certification of having completed the continuing education requirements.

(3) If the license has been expired more than 60 days, but less than one year, the applicant shall:
- (a) Pay a penalty fee of $150;
- (b) Pay a fee equal to the renewal fees that would have been due during the period the license was expired;

(c) Pay a reinstatement fee of $500; and
(d) Submit a completed application for reinstatement provided by the Board, including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.

(4) If the license has been expired for more than one year but less than four years, the applicant shall:
(a) Pay a penalty fee of $250;
(b) Pay a fee of equal to the renewal fees that would have been due during the period the license was expired;
(c) Pay a reinstatement fee of $500;
(d) Pass the Board's Jurisprudence Examination;
(e) Pass any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials;
(f) Submit evidence of good standing from all states in which the applicant is currently licensed; and
(g) Submit a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.

(5) If a dentist or dental hygienist fails to renew or reinstate his or her license within four years from expiration, the dentist or dental hygienist must apply for licensure under the current statute and rules of the Board.

RECEIVED

MAY 15 2025

Oregon Board of Dentistry

OREGON BOARD OF DENTISTRY
LICENSE AND PERMIT REINSTATEMENT APPLICATION

Return to: Oregon Board of Dentistry
Unit 23
PO Box 4395
Portland, OR 97208-4395

2104 $880.00
1290 $750.00
1706 $100.00
1707 $8.00

Name STEVEN MEE
License # D1102

Licensure Fees:	$880.00
Penalty Fee:	$250.00
Reinstatement:	$500.00
PMMP Fee	$100.00
OWHI Survey Fee:	$8.00
Total:	$1,738.00

Please list the address to which you prefer your mail to be sent. At least one address must be a physical street address.

☐ Primary Business Address: 5295 Coventry Dr, Riverside CA 92506

☐ Home Address: 5295 Coventry Dr, Riverside CA 92506

Phone: 909-856-5885
Email Address: Stevenmee@gmail.com

NOTE: ALSO COMPLETE AND SIGN ON THE REVERSE
INCOMPLETE FORMS WILL BE RETURNED

Request for reinstatement of an expired license – Audra L Morgan, D.M.D.

The Board has received a request for the reinstatement of an expired license. OAR 818-021-0085 requires that before a license that has been expired may be reinstated, the applicant must complete a number of steps. One of the requirements for reinstatement is that the applicant "passes any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials."

Audra L Morgan (D10698) held a license to practice dentistry in Oregon that expired on March 31, 2023. Since this applicant's dental license expired, she has held a license in Washington State. This applicant would now like to reinstate their Oregon dental license so they can resume practicing in Oregon. This applicant has submitted a License and Permit Reinstatement Application, fees, proof of continuing education for the renewal cycle(s) during which the license was expired, passed the Board's Jurisprudence Examination and has submitted a background check. No other licensing agencies report any adverse action taken against this applicant. Board staff submitted an inquiry to the National Practitioners Data Bank and the Healthcare Integrity Data Bank and no negative information regarding this applicant has been filed by any other entity in either of these data banks. Pursuant to OAR 818-021-0085, the Board needs to determine if it is necessary for this applicant to take any further examination and whether to reinstate the dental license.

Relevant Rules:

818-021-0085 – Renewal or Reinstatement of Expired License

Any person whose license to practice as a dentist or dental hygienist has expired, may apply for reinstatement under the following circumstances:

(1) If the license has been expired 30 days or less, the applicant shall:
- (a) Pay a penalty fee of $50;
- (b) Pay the biennial renewal fee; and
- (c) Submit a completed renewal application and certification of having completed the Board's continuing education requirements.

(2) If the license has been expired more than 30 days but less than 60 days, the applicant shall:
- (a) Pay a penalty fee of $100;
- (b) Pay the biennial renewal fee; and
- (c) Submit a completed renewal application and certification of having completed the continuing education requirements.

(3) If the license has been expired more than 60 days, but less than one year, the applicant shall:
- (a) Pay a penalty fee of $150;
- (b) Pay a fee equal to the renewal fees that would have been due during the period the license was expired;
- (c) Pay a reinstatement fee of $500; and
- (d) Submit a completed application for reinstatement provided by the Board, including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.

(4) If the license has been expired for more than one year but less than four years, the applicant shall:

(a) Pay a penalty fee of $250;
(b) Pay a fee of equal to the renewal fees that would have been due during the period the license was expired;
(c) Pay a reinstatement fee of $500;
(d) Pass the Board's Jurisprudence Examination;
(e) Pass any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials;
(f) Submit evidence of good standing from all states in which the applicant is currently licensed; and
(g) Submit a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.

(5) If a dentist or dental hygienist fails to renew or reinstate his or her license within four years from expiration, the dentist or dental hygienist must apply for licensure under the current statute and rules of the Board.

RECEIVED
APR 28 2025
Oregon Board of Dentistry

OREGON BOARD OF DENTISTRY
LICENSE AND PERMIT REINSTATEMENT APPLICATION

Return to: Oregon Board of Dentistry
Unit 23
PO Box 4395
Portland, OR 97208-4395

2104 $880.00
1290 $750.00
1706 $100.00
0408 $3.50

Name Audra Morgan
License # D10689

Licensure Fees:	$880.00
Penalty Fee:	$250.00
Reinstatement:	$500.00
PMMP Fee	$100.00
Service Fee:	$3.50
Total:	$1,733.50

Please list the address to which you prefer your mail to be sent. At least one address must be a physical street address.

☐ Primary Business Address

☒ Home Address 1330 Crystal Court
Walla Walla, WA 99362

Phone: 541-805-8784
Email Address: aojmorgan@gmail.com

NOTE: ALSO COMPLETE AND SIGN ON THE REVERSE
INCOMPLETE FORMS WILL BE RETURNED

Juris 1 passed
48/50

Request for reinstatement of an expired license – Michael J Isaac, D.D.S.

The Board has received a request for the reinstatement of an expired license. OAR 818-021-0085 requires that before a license that has been expired may be reinstated, the applicant must complete a number of steps. One of the requirements for reinstatement is that the applicant "passes any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials."

Michael J Isaac (D10206) held a license to practice dentistry in Oregon that expired on March 31, 2023. Since this applicant's dental license expired, he has held a license in Washington, California, Wisconsin, Missouri and Kansas. This applicant would now like to reinstate their Oregon dental license so they can resume practicing in Oregon. This applicant has submitted a License and Permit Reinstatement Application, fees, proof of continuing education for the renewal cycle(s) during which the license was expired, passed the Board's Jurisprudence Examination and has submitted a background check. No other licensing agencies report any adverse action taken against this applicant. Board staff submitted an inquiry to the National Practitioners Data Bank and the Healthcare Integrity Data Bank and no negative information regarding this applicant has been filed by any other entity in either of these data banks. Pursuant to OAR 818-021-0085, the Board needs to determine if it is necessary for this applicant to take any further examination and whether to reinstate the dental license.

Relevant Rules:

818-021-0085 – Renewal or Reinstatement of Expired License

Any person whose license to practice as a dentist or dental hygienist has expired, may apply for reinstatement under the following circumstances:

(1) If the license has been expired 30 days or less, the applicant shall:
- (a) Pay a penalty fee of $50;
- (b) Pay the biennial renewal fee; and
- (c) Submit a completed renewal application and certification of having completed the Board's continuing education requirements.

(2) If the license has been expired more than 30 days but less than 60 days, the applicant shall:
- (a) Pay a penalty fee of $100;
- (b) Pay the biennial renewal fee; and
- (c) Submit a completed renewal application and certification of having completed the continuing education requirements.

(3) If the license has been expired more than 60 days, but less than one year, the applicant shall:
- (a) Pay a penalty fee of $150;
- (b) Pay a fee equal to the renewal fees that would have been due during the period the license was expired;
- (c) Pay a reinstatement fee of $500; and
- (d) Submit a completed application for reinstatement provided by the Board, including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.

(4) If the license has been expired for more than one year but less than four years, the applicant shall:

(a) Pay a penalty fee of $250;
(b) Pay a fee of equal to the renewal fees that would have been due during the period the license was expired;
(c) Pay a reinstatement fee of $500;
(d) Pass the Board's Jurisprudence Examination;
(e) Pass any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials;
(f) Submit evidence of good standing from all states in which the applicant is currently licensed; and
(g) Submit a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.

(5) If a dentist or dental hygienist fails to renew or reinstate his or her license within four years from expiration, the dentist or dental hygienist must apply for licensure under the current statute and rules of the Board.

OREGON BOARD OF DENTISTRY
LICENSE AND PERMIT REINSTATEMENT APPLICATION

Return to: Oregon Board of Dentistry
Unit 23
PO Box 4395
Portland, OR 97208-4395

RECEIVED
JUN 18 2025
Oregon Board of Dentistry

2104 $772.00
1290 $750.00
1707 $8.00
1706 $100.00

Name MICHAEL J ISAAC
License # D10206

Licensure Fees:	$772.00
Penalty Fee:	$250.00
Reinstatement:	$500.00
OWHI Survey Fee:	$8.00
PDMP Fee:	$100.00
Total:	$1,630.00

Please list the address to which you prefer your mail to be sent. At least one address must be a physical street address.

☐ Primary Business Address

☑ Home Address 5050 Main St. #247 Kansas City, MO 64112

Phone: 573-578-7411
Email Address: michaelisaac404@gmail.com

NOTE: ALSO COMPLETE AND SIGN ON THE REVERSE
INCOMPLETE FORMS WILL BE RETURNED

14. Request for reinstatement of an expired license - Brett Munro Strong, D.D.S.

The Board has received a request for the reinstatement of an expired license. OAR 818-021-0085 requires that before a license that has been expired may be reinstated, the applicant must complete a number of steps. One of the requirements for reinstatement is that the applicant "passes any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials."

Brett Munro Strong, D.D.S. (D10389) held a license to practice dentistry in Oregon that expired on March 31, 2022. Since this applicant's dental license expired, he has held a license in Texas and Tennessee. This applicant would now like to reinstate their Oregon dental license so they can resume practicing in Oregon. This applicant has submitted a License and Permit Reinstatement Application, fees, proof of continuing education for the renewal cycle(s) during which the license was expired, passed the Board's Jurisprudence Examination and has submitted a background check.

Board staff submitted an inquiry to the National Practitioners Data Bank and one report regarding action taken against Dr. Strong November 2010 was filed in these databanks (Attachment #1).

Pursuant to OAR 818-021-0090 the Board needs to determine if it is necessary for Dr. Staley to take any further examination and whether or not to reinstate Dr. Staley's dental license.

Relevant Rules:

818-021-0085 – Renewal or Reinstatement of Expired License

Any person whose license to practice as a dentist or dental hygienist has expired, may apply for reinstatement under the following circumstances:

(1) If the license has been expired 30 days or less, the applicant shall:
- (a) Pay a penalty fee of $50;
- (b) Pay the biennial renewal fee; and
- (c) Submit a completed renewal application and certification of having completed the Board's continuing education requirements.

(2) If the license has been expired more than 30 days but less than 60 days, the applicant shall:
- (a) Pay a penalty fee of $100;
- (b) Pay the biennial renewal fee; and
- (c) Submit a completed renewal application and certification of having completed the continuing education requirements.

(3) If the license has been expired more than 60 days, but less than one year, the applicant shall:
- (a) Pay a penalty fee of $150;
- (b) Pay a fee equal to the renewal fees that would have been due during the period the license was expired;
- (c) Pay a reinstatement fee of $500; and
- (d) Submit a completed application for reinstatement provided by the Board, including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.

(4) If the license has been expired for more than one year but less than four years, the applicant shall:

(a) Pay a penalty fee of $250;

(b) Pay a fee of equal to the renewal fees that would have been due during the period the license was expired;

(c) Pay a reinstatement fee of $500;

(d) Pass the Board's Jurisprudence Examination;

(e) Pass any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials;

(f) Submit evidence of good standing from all states in which the applicant is currently licensed; and

(g) Submit a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.

(5) If a dentist or dental hygienist fails to renew or reinstate his or her license within four years from expiration, the dentist or dental hygienist must apply for licensure under the current statute and rules of the Board.

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JUN 06 2025
Oregon Board of Dentistry

OREGON BOARD OF DENTISTRY
LICENSE AND PERMIT REINSTATEMENT APPLICATION

Return to: Oregon Board of Dentistry
Unit 23
PO Box 4395
Portland, OR 97208-4395

2104 $ 880.00
1290 $ 750.00
1706 $ 100.00
1707 $ 8.00

Name Brett Strong
License # D10389

Licensure Fee:	$880.00
Penalty Fee:	$250.00
Reinstatement:	$500.00
PDMP:	$100.00
OWHI Survey Fee:	$8.00
Total:	$1738.00

Please list the address to which you prefer your mail to be sent. At least one address must be a physical street address.

☐ Primary
Business Address

Phone: 512-608-3789
Email Address:
STRONGDENTIST@YAHOO.COM

☑ Home
Address
Brett M. Strong
8214 Ephraim Rd.
Austin, TX
78717

NOTE: ALSO COMPLETE AND SIGN ON THE REVERSE
INCOMPLETE FORMS WILL BE RETURNED

Sorry, happened at Post Office

Request for Approval of Soft Reline Course – Crystal Seutter, EFDA

The Board has received a request for approval of a Soft Reline Course. This course would be provided so the EFDA Dental Assistants could qualify to apply soft relines in accordance with OAR 818-042-0090 – Additional Functions of EFDAs.

Relevant Rules:
OAR 818-042-0090 – Additional Functions of EFDAs

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

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

(2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.

(3) Place retraction material subgingivally.

From: Marie Shawniee Plouse <summerland20@gmail.com>
Sent: Wednesday, June 11, 2025 3:31 PM
To: MCNEAL Kathleen * OBD <Kathleen.McNeal@obd.oregon.gov>
Subject: Re: Request for Approval as Instructor for Denture Soft Reline Course

Since Crystal's email sending to you, she is just going to send from my email address:

Dear Members of the Oregon Board of Dentistry,

I am writing to formally request approval as an instructor for a continuing education course titled “Soft Reline for Dentures, An Expanded Functions Course”. The purpose of this course is to educate dental assistants on the clinical application, indications, contraindications, materials, and patient care protocols associated with soft denture relining.

I have enclosed my professional resume, course syllabus/outline, and relevant supporting documents for your review.

Thank you for considering my request,
Crystal Seutter
206-795-0468

CRYSTAL SEUTTER

Southwick21@yahoo.com | 206-795-0468 | Springfield, Or 97478

Summary

Enthusiastic Expanded Functions Dental Assistant looking to tackle new responsibilities as a EFDA restorative assistant at a thriving dental office in Eugene or the surrounding area. Adept at performing restorations and patient comfort. Excellent interpersonal and communication talents.

Skills

- Physical examination knowledge
- Chair-side duties
- X-ray proficiency
- Placing and finishing restorations
- OSHA coordinator
- Training
- Team building
- Denture adjustments
- Crown adjustments
- Final impressions
- Ordering
- First aid trained

Experience

Current Employer

McKenzie Dental Center, Springfield, Or. EFDA-RF / Instructor 11/2022 - current

- Place and finish all restorations for three dentists **(all other tasks as assigned)**

Comfort Dental Excellence | Bonney Lake , WA
EFDA
01/2018 - Current

- Place amalgam and composite restorations.
- Adjustment of dentures and crowns.
- Final impressions.
- Assisted dentist with completing procedures.
- Maintained dental lab equipment by sanitizing surfaces and organizing tools, instruments and equipment.
- OSHA coordinator.
- Ordering.
- Maintenance of handpieces and rooms.
- Training of new employees
- Updated patient records with new data and treatment information.
- Exposed dental diagnostic x-rays.
- Worked successfully with diverse group of coworkers to accomplish goals and address issues related to our products and services.

South Hill Dental | Puyallup, WA
EFDA/RDA
05/2010 - 01/2018

- Performed coronal polishing.
- Made impressions and took impressions for mouthguards.
- Placed and removed matrices and temporary separating devices.
- Applied topical agents to patients, including and.

- Assisted dentist with completing procedures.
- Passed instruments to dentist, gently sprayed water, suctioned fluids and mixed materials to support dentists during procedures.
- Selected and prepared tools used for procedures by sanitizing and arranging.
- Maintained dental lab equipment by sanitizing surfaces and organizing tools, instruments and equipment.
- Sponsored for EFDA schooling (restorative assistant WREB accredited)
- Placing amalgam and composite restorations.
- Assisting in orthodontic procedures.
- Surgical implant procedures.

Hermiston Dental Group | Hermiston , OR
RDA
09/2004 - 03/2008

- Sanitized equipment, cleaned treatment rooms and restocked supplies after each patient's treatment to maintain cleanliness and prepare for next patient.
- Stocked and prepared exam and treatment rooms by setting up required instruments, tools, supplies and equipment.
- Sterilized tools, exam chair, trays and surfaces for clean and safe dental office.
- Escorted patients to exam rooms while making friendly conversation to prepare for cleanings and procedures.
- Assisted dentists in permanent and temporary restorative procedures, applied dental fillings, placed temporary crowns and seated permanent crowns.
- Gathered medical information, dental health history and vitals from patients.
- Laid out dental instruments and equipment before procedures.

Education and Training

South Puget Sound Community College | Olympia, WA
EFDA in Expanded Dental Functions Dental Auxillary
10/2014

Blue Mountain Community College | Pendleton, OR
CDA in Certified Dental Assistant
08/2004

OREGON BOARD OF DENTISTRY

Dental Assistant

117399

CERTIFICATE NUMBER

Crystal N Seutter

Expanded Functions Dental Assistant
Issued: May 25, 2006
Restorative Functions Add-On
Issued: October 07, 2022

Expanded Functions Orthodontics Assistant
Issued: May 25, 2006

Radiological Proficiency
Issued: May 24, 2006

Certificate Print Date: October 20, 2022

Blue Mountain Community College

Unofficial Registration History

Record of: SOUTHWICK, CRYSTAL N
SSN: ###-##-4607
Date of Birth: 05/14/1979

Degree Intent: Dental Assist Tech CC2
Date of Issue: 05/23/2025

COURSE	TITLE	CR	GRD	RPT	PTS
Winter-2003					
HD100	COLLEGE SURVIVAL & SUCCESS	3.00	B		9.00
MTH015	MATHEMATICS IMPROVEMENT	3.00	C		6.00
SP111	FUNDAMENTALS OF SPEECH	3.00	B		9.00

	Crs Att	Crs Com	GPA Crs	GPA Pts	GPA
Term:	9.00	9.00	9.00	24.00	2.67
Cum:	9.00	9.00	9.00	24.00	2.67

Summer-2003					
WR065	INTRODUCTION TO TECHNICAL	3.00	NC		0.00

	Crs Att	Crs Com	GPA Crs	GPA Pts	GPA
Term:	3.00	0.00	0.00	0.00	0.00
Cum:	12.00	9.00	9.00	24.00	2.67

Fall-2003					
DA041	DENTAL RADIOLOGY	4.00	B		12.00
DA051	CHAIRSIDE PROCEDURES	3.00	A		12.00
DA070	BASIC DENTAL SCIENCE	3.00	A		12.00
DA072	DENTAL ANATOMY	4.00	A		16.00
DA076	DENTAL PHARMACOLOGY	1.00	B		3.00
DA080	DENTAL MATERIALS	3.00	A		12.00
DA090	DENTAL HEALTH EDUCATION	2.00	B		6.00

	Crs Att	Crs Com	GPA Crs	GPA Pts	GPA
Term:	20.00	20.00	20.00	73.00	3.65
Cum:	32.00	29.00	29.00	97.00	3.34

Winter-2004					
DA042	DENTAL RADIOLOGY	3.00	A		12.00
DA052	CHAIRSIDE PROCEDURES	3.00	A		12.00
DA054	DENTAL SPECIALTIES	2.00	B		6.00
DA062	CLINICAL PRACTICE	4.00	A		16.00
DA074	DENTAL PATHOLOGY	1.00	B		3.00
DA082	DENTAL MATERIALS & PROCEDURES	2.00	A		8.00
DA092	DENTAL LAW & ETHICS	1.00	B		3.00
DA096	MEDICAL EMERGENCIES IN THE	1.00	A		4.00
WR115	INTRODUCTION TO COLLEGE WRITING	3.00	A		12.00

	Crs Att	Crs Com	GPA Crs	GPA Pts	GPA
Term:	20.00	20.00	20.00	76.00	3.80
Cum:	52.00	49.00	49.00	173.00	3.53

Spring-2004					
DA043	DENTAL RADIOLOGY	1.00	B		3.00
Spring-2004 (continued)					
DA053	CHAIRSIDE PROCEDURES	2.00	A		8.00
DA063	CLINICAL PRACTICE	8.00	A		32.00
DA066	CLINICAL PRACTICE SEMINAR	1.00	A		4.00
DA094	DENTAL BUSINESS OFFICE	3.00	A		12.00

	Crs Att	Crs Com	GPA Crs	GPA Pts	GPA
Term:	15.00	15.00	15.00	59.00	3.93
Cum:	67.00	64.00	64.00	232.00	3.63

****

AWARDED Certificate in Dental Assisting Technician with Honors 06/11/2004

******* End of Registration History *******

Issued To: CRYSTAL N. SOUTHWICK
9608 189TH ST CT E
PUYALLUP, WA 98375

Soft Reline for Dentures: An Expanded Functions Course

Course Information

Course Duration: 1 Day (4 CE Hours)

Target Audience: Dental Assistants (Chairside or Expanded Functions), with a focus on removable prosthodontics support.

Course Objectives

- Understand the indications and contraindications for soft relines.
- Differentiate between chairside and lab-processed soft relines.
- Identify and handle materials used for soft relines.
- Prepare the denture and oral environment appropriately.
- Provide patient instructions post-reline.
- Assist in and/or perform a chairside soft reline under supervision.

Course Outline

I. Introduction to Denture Relines (30 mins)

- Purpose of Denture Relining
- Hard vs. Soft Relines
- Residual Ridge Anatomy and Resorption
- Soft Tissue Considerations
- Oral Lesions and their Influence
- Contraindications

II. Chairside Soft Reline Procedure (30 mins)

- Infection control protocols
- Step-by-step process:
  - Cleaning and drying the denture
  - Surface preparation
  - Mixing and applying material
  - Insertion and functional impression
  - Trimming excess material
  - Polishing and finishing

III. Post-Operative Instructions and Patient Care (30 mins)

- Verbal and written instructions
- Proper hygiene and cleaning of soft relines

- Follow-up scheduling
- Managing patient expectations

BREAK (10 min)

IV. Hands-On Lab Activity (2 hours)

- Practice soft reline on models/old dentures
- Evaluate fit and comfort
- Troubleshooting techniques

V. Soft Reline Certificate Examination (20 min)

Assessment and Completion

• Hands-on performance review by instructor
• Completion of a short post-course quiz
• Certificate of Completion issued

Materials Provided

- Course handouts/manual
- Reline material sample kits
- Patient instruction sheets
- PPE and instruments for lab activity

Denture Soft Reline – Dental Assistant Chairside Checklist

Step 1: Preparation and Setup

Gather Supplies: Have the reline kit ready (soft reline material, mixing tools, adhesive primer) and ensure all instruments are clean and within reach.

Prepare the Denture: Thoroughly clean the denture's interior (tissue-contact side) and dry it. Removing any adhesive residue or debris is critical for good bond.

Patient & Area Prep: Seat the patient comfortably and place a dental bib.

Safety: Both patient and operator should wear appropriate PPE.

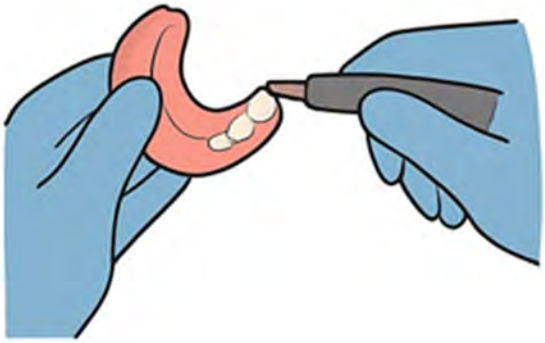
Step 2: Evaluate and Adjust Denture

Discuss and address any areas that may currently be causing discomfort and adjust.

Relieve the Interior: Use an acrylic bur to roughen and slightly reduce the fitting surface of the denture. Removing a thin layer creates space for the new soft liner and exposes fresh acrylic for bonding.

Adjust Borders: Trim the denture flanges if they are over-extended, and remove any undercuts on the tissue side. This prevents the new liner from causing over-extension and ensures the denture will seat properly after relining.

Rinse and Dry:



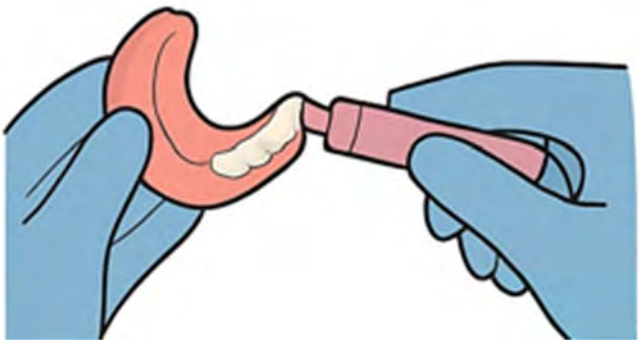
Step 3: Mix and Apply Soft Reline Material

Proportioning: Follow the manufacturer's instructions to mix the soft reline material. This may involve combining a powder and liquid (for acrylic liners) or using an automix cartridge for silicone liners.

Mixing: Work quickly and mix thoroughly until the material reaches a uniform consistency (no streaks or clumps). Soft reline materials have a short working time – often around 1–2 minutes before they begin to set.

Load the Denture: Immediately apply the mixed soft reline material evenly onto the denture's intaglio (tissue-contact) surface. Spread it to cover the entire area that contacts the gums, roughly 1–2 mm thick. Avoid trapping air bubbles.

Once loaded, aim to get the denture seated within 15-30 seconds.



Step 4: Seat Denture and Allow Material to Set

Bite Gently: Once positioned properly, instruct the patient to close down gently into normal biting position. Ensure they do not bite too forcefully (which could squeeze out too much liner). Verify that the occlusion (bite) is correct and the denture is fully seated as it was pre-operatively.

Muscle Trimming: While the material is still soft, have the patient perform light functional movements – ask them to gently move their lips, cheeks, and tongue. This "muscle trims" the edges, molding the reline material along the borders for a better fit.

Setting Time: Keep the denture in place without disturbance for the recommended setting time (typically about 5 minutes for many chairside materials). Do not remove it during this period. Use a timer and reassure the patient to remain still with the denture in place until the material has fully set.

Step 5: Trim Excess Material

Careful Removal: After the material has set, gently remove the denture from the patient's mouth. There will likely be excess liner (flash) extending beyond the denture borders.

Excess Trimming: Use a scalpel to trim away the bulk of the excess soft liner that extruded over the edges. Be cautious not to tear or dislodge the newly bonded liner.

Refinement: With a slow-speed handpiece, use a fine acrylic bur or stone to smooth the edges of the reline material so it blends with the denture border.

Rinse: Rinse the denture to remove any trimmed fragments. If any soft liner got on the polished side, peel or buff it off. The relined surface should show a uniform layer of soft material covering the intaglio.

Step 6: Final Fit and Patient Instructions

Fit Check: Place the relined denture back into the patient's mouth. It should feel more secure due to intimate contact with the gums. Verify there are no pressure points: ask if the patient feels any sharp spots or discomfort. Check retention and stability – the denture should be snugger fitting now.

Post-Operative Instructions for Soft Denture Reline

1. Wear Time:

- Keep your denture in place for the first 24 hours after the reline, including while sleeping (unless instructed otherwise by the dentist).
- This helps the liner mold to your tissues and improves adaptation.

2. Soreness and Adjustment:

- Mild soreness or pressure is normal. If you experience persistent pain or sore spots after 24 hours, contact the office for an adjustment.
- Do not attempt to adjust the denture yourself.

3. Oral Hygiene:

- Gently rinse your mouth with warm salt water (1 tsp salt in 8 oz of warm water) 2–3 times daily to promote healing.
- Avoid using strong mouthwashes with alcohol for the first few days, as they may irritate the tissues.

4. Denture Care:

- Remove and clean your denture carefully after the first 24 hours.
- Use a soft denture brush and mild, non-abrasive cleanser to clean the outside surfaces.
- Do not scrub the soft liner surface—instead, gently rinse it under lukewarm water to avoid damaging the material.

5. Eating Instructions:

- Start with soft foods and chew evenly on both sides of your mouth to minimize pressure on healing tissues.
- Avoid hard, sticky, or crunchy foods until the reline has fully adapted and you feel comfortable.

6. Follow-Up Appointments:

- A follow-up visit is usually recommended within 48–72 hours to evaluate fit and comfort, and to make any necessary adjustments.
- If discomfort worsens or you notice signs of infection (swelling, redness, pus, or fever), contact the dental office immediately.

7. Lifespan of the Soft Reline:

- Soft liners typically last between 6 to 12 months, depending on use and oral conditions.
- This is a temporary solution; long-term success may require a hard reline or new denture fabrication in the future.

8. Storage:

- When not wearing the denture, store it in cool water. Never let it dry out.
- Avoid using hot water, which can distort the denture or damage the soft liner.

Student Name: _____ Date: _____

Soft Reline – Performance Check-Off Sheet

Attempt: ☐ 1st ☐ 2nd ☐ 3rd

Instructions: Place a checkmark (✓) in the appropriate column for each step. Use the 'Comments' section for any feedback or observations.

Performance Criteria	Completed Correctly	Needs Improvement	Comments
Greeted patient and explained procedure	☐	☐	
Removed denture carefully and rinsed	☐	☐	
Inspected oral tissues for irritation or ulcers	☐	☐	
Cleaned and disinfected denture	☐	☐	
Dried denture thoroughly	☐	☐	
Roughened tissue side of denture for retention	☐	☐	
Mixed soft reline material properly per manufacturer's instructions	☐	☐	
Applied soft reline material evenly on tissue side	☐	☐	
Seated denture in patient's mouth and instructed to close gently	☐	☐	
Held denture in place for proper setting time	☐	☐	
Removed denture, trimmed excess material	☐	☐	
Smoothed borders and polished for comfort	☐	☐	

Returned denture to mouth and confirmed proper fit	☐	☐	
Provided post-op care instructions and cleaning guidelines	☐	☐	
Documented procedure in patient chart	☐	☐	

Instructor Evaluation
Overall Performance: ☐ Competent ☐ Needs Remediation ☐ Incomplete

Instructor Signature: _____Student Signature: _____

Student Name: _____ Date: _____ Score: ____/10

Soft Reline Test

Multiple Choice – Choose the best answer for each question:

1. What is the main purpose of a soft denture reline?
   a. To improve the color of the denture
   b. To enhance the chewing function permanently
   c. To provide a more comfortable fit for the patient
   d. To remove plaque from the denture

2. Which patient would most likely need a soft reline?
   a. A patient with strong, well-formed ridges
   b. A patient who just received a new denture
   c. A patient with sensitive or thin mucosal tissue
   d. A patient who wants to whiten their denture

3. Before performing a soft reline, what must the dental assistant do first?
   a. Polish the denture
   b. Disinfect and dry the denture
   c. Place the denture in boiling water
   d. Apply the final glaze

4. Which of the following materials is commonly used in soft relines?
   a. Acrylic resin
   b. Zinc oxide-eugenol
   c. Silicone-based or tissue conditioner material
   d. Amalgam

5. How long should a soft reline material typically remain in the mouth to set?
   a. 30 seconds
   b. 2–5 minutes
   c. 20–30 minutes
   d. 1 hour

6. What is the dental assistant's role during the reline procedure?

   a. Diagnosing the need for reline
   b. Trimming and polishing the denture
   c. Educating the patient and preparing materials
   d. Prescribing medication

7. Which of the following is NOT a reason to reline a denture?
   a. Weight loss or tissue resorption
   b. Aesthetic dissatisfaction
   c. Poor denture fit or pressure sores
   d. Loose denture retention

8. Why is it important to explain aftercare instructions to the patient?

a. To avoid unnecessary follow-up appointments
b. To prevent allergic reactions
c. To ensure the material sets correctly
d. To maintain the health of oral tissues and extend the life of the reline

9. How should a patient clean a soft-relined denture?
a. Soak in bleach overnight
b. Brush aggressively with toothpaste
c. Use a soft brush with non-abrasive cleanser
d. Use mouthwash on the tissue side only

10. Which of the following is a limitation of soft denture relines?
a. They improve comfort
b. They can last for many years
c. They may stain or deteriorate over time
d. They completely eliminate all pressure points permanently

Answer Key:

1. c
2. c
3. b
4. c
5. b
6. c
7. b
8. d
9. c
10. c

Soft Reline for Dentures
An Expanded Functions Course

Course Objectives

- Understand the indications and contraindications for soft relines.
- Differentiate between chairside and lab-processed soft relines.
- Identify and handle materials used for soft relines.
- Prepare the denture and oral environment appropriately.
- Provide patient instructions post-reline.
- Assist in and/or perform a chairside soft reline under supervision.

Purpose of Denture Relining

Denture relining is extensively used in dentistry to remodel the surfaces of dentures that come in contact with the soft tissues of the oral cavity.

These materials are extremely useful in a number of clinical situations. In most cases, dentures are relined in order to compensate the effects of the bone resorption that inevitably involves the osteo mucosal tissues subject to compression exerted by the denture.

However, relining materials are also used in the case of denture fractures, for the remodeling of the alveolar crests, in the presence of a split palate, when mucosal lesions appear and in soft tissue conditioning after the implant osteointegration period, where they are also useful for absorbing part of the masticatory load.

Hard vs. Soft Relines

Soft relining resin is one of two optional materials for use in denture relining. This resin is made of silicone and creates a softer, more comfortable base for the denture. Soft relining is the best choice for people with thin or especially sensitive gums, as there is less chance that irritation will develop in the future.

The downside of soft relining is that because the material is softer, it is also less durable than the original denture or hard relining resin. This means that you will require more frequent visits for relining than if you choose to use hard resin. Soft relines are a better choice for older patients who usually have thinner gums and more advanced recession of the gums and other tissues in the mouth.

A hard denture reline involves resurfacing the inner part of a denture with a rigid acrylic material, similar to the original denture base. This type of reline is typically recommended for patients with healthy, firm gum tissue and provides a more permanent and stable fit. The process involves removing a layer of the denture's inner surface, taking an impression, and applying the new hard material either chairside or in a dental lab. While it offers durability and structure, a hard reline may feel less comfortable during healing and is not ideal for patients with sensitive or sore gums.

In contrast, a soft denture reline uses a pliable, rubbery material—often silicone-based—that cushions the gums and adapts better to sensitive or uneven tissue. This option is especially beneficial for patients with tender gums, significant bone loss, or those recovering from recent extractions. Soft relines are typically done chairside and provide immediate relief from discomfort.

However, they are not as durable as hard relines, usually lasting between six months to a year, and may require more frequent replacement. Additionally, because of the softer material, they can be more prone to bacterial buildup if not properly cleaned. Overall, the choice between a hard and soft reline depends on the patient's oral health condition, comfort needs, and how long-lasting the solution needs to be.

Residual Ridge Anatomy and Resorption

Residual ridge anatomy refers to the shape, height, width, and overall condition of the jawbone (alveolar ridge) that remains after teeth have been lost or extracted. This ridge is the foundation that supports dentures, and its anatomy plays a crucial role in the fit, stability, and comfort of the prosthesis. Over time, the residual ridge naturally undergoes bone resorption, where the bone gradually shrinks and changes shape due to lack of stimulation from tooth roots. The rate and pattern of this resorption vary between individuals and can be influenced by factors such as time since extraction, systemic health, denture wear, and bite force.

When the residual ridge becomes severely resorbed, it may be narrow, uneven, or mobile, leading to a poor denture fit, decreased retention, and sore spots from pressure points. These anatomical changes are important considerations when deciding to perform a soft denture reline. A soft reline is often recommended in cases where the ridge is sharp, thin, or covered with delicate mucosa, because the softer, cushioned material can better adapt to these irregularities and provide greater comfort. It helps to reduce irritation, absorb minor movements, and create a more even distribution of forces, especially in patients who cannot tolerate the pressure of a hard acrylic base.

Additionally, soft relines are commonly used as a temporary solution during the healing period after extractions, when the residual ridge is actively remodeling and changing shape. During this phase, frequent relining may be needed to maintain comfort and fit until the bone stabilizes enough for a more permanent reline or a new denture fabrication.

Soft Tissue Considerations

Soft tissue considerations are a key factor when deciding to perform a soft denture reline, as the condition of the oral mucosa directly affects how well a denture fits and how comfortable it feels.

Patients who benefit most from a soft reline often have thin, delicate, or easily irritated mucosa that cannot tolerate the pressure of a hard acrylic denture base. Common soft tissue concerns include chronic sore spots, ulcerations, mobile or flabby tissue, severe ridge resorption, or inflammatory conditions like denture stomatitis. In these situations, a soft reline acts as a cushion between the denture and the soft tissues, helping to reduce friction, evenly distribute pressure, and minimize trauma.

A soft liner is particularly helpful for healing tissues after recent extractions or surgery. As the tissues reshape and heal, a soft reline can provide comfort and stability during this transitional period. It can also be beneficial for patients who wear dentures long-term without regular maintenance, where tissues may have become distorted or inflamed due to poor fit.

However, it’s important to consider tissue health and hygiene when using soft liners. The soft material is more porous than hard acrylic, which means it can harbor bacteria or fungi if not properly cleaned. For patients with poor oral hygiene or active infections, the dentist may need to address the underlying soft tissue condition before or in conjunction with placing a soft reline.

In summary, soft tissue considerations for a denture soft reline involve assessing the health, resilience, and sensitivity of the oral mucosa. A soft reline is ideal for cushioning delicate tissues, managing sore spots, and improving comfort—especially when the gums are not healthy or firm enough to support a hard reline.

Oral Lesions and their Influence

Oral lesions—such as ulcers, pressure sores, inflamed tissue, or fungal infections like denture stomatitis—play a significant role in determining whether a soft denture reline is appropriate. These lesions often develop as a result of ill-fitting dentures, which cause uneven pressure and friction on the soft tissues. When such lesions are present, careful clinical judgment is needed before proceeding with a reline.

In cases of minor irritation or pressure sores, a soft reline may be beneficial. The cushioning effect of the soft liner can reduce trauma to the affected areas by evenly distributing pressure and eliminating the direct contact that caused the irritation. This allows the tissues to heal while still enabling the patient to wear their denture.

However, when more serious or infectious lesions are present—such as ulcerations due to trauma, fungal infections (e.g., candidiasis), or open wounds—a soft reline may not be immediately appropriate. In these situations, the source of the infection or inflammation must be treated first, since applying a soft liner over an infected or actively inflamed area can trap pathogens and worsen the condition. Soft liners are porous and can absorb moisture and microorganisms, creating a favorable environment for bacterial or fungal growth if not properly maintained.

Additionally, if lesions are suspected to be related to systemic issues or more serious pathology (e.g., oral cancer, autoimmune disease), the patient should be referred for further evaluation before any reline is done.

In summary, the presence and type of oral lesions directly impact the timing and suitability of a soft denture reline. Minor trauma-related lesions may improve with a soft liner, but active infections or suspicious lesions must be treated or ruled out first. Ensuring healthy tissue before relining helps prevent complications and promotes long-term denture success.

Contraindications

There are several important contraindications to consider before performing a soft denture reline, as certain oral conditions can interfere with healing, increase the risk of infection, or reduce the effectiveness of the reline.

One key contraindication is the presence of oral candidiasis (Candida infection). Soft liners are made of porous, sponge-like material that can harbor fungi and bacteria, making them difficult to disinfect thoroughly. Applying a soft reline over infected tissue can trap moisture and pathogens against the mucosa, exacerbating the infection. In such cases, candidiasis must be treated first—typically with antifungal medications and improved hygiene—before considering a reline.

Another contraindication is the presence of sharp or prominent tori (bony growths), such as mandibular or palatal tori. These bony projections can create pressure points under the denture, leading to chronic irritation, ulceration, or poor adaptation of the liner. A soft reline may temporarily cushion the area, but it usually doesn't provide enough protection or stability over the long term. In some cases, surgical removal of the tori may be necessary for optimal denture fit.

Additional contraindications include:

- Open wounds or non-healing ulcers: Relining over these areas can delay healing and cause further trauma.
- Severe tissue inflammation or hyperplasia (e.g., epulis fissuratum): These need to be addressed surgically or with tissue conditioning before a reline is performed.
- Poor oral hygiene: If a patient is not maintaining proper denture care, a soft liner may become a breeding ground for microbes and worsen oral conditions.

In summary, contraindications for a denture soft reline include active infections like candidiasis, sharp or prominent tori, open wounds, inflamed or overgrown tissue, and poor hygiene. These conditions must be resolved or managed before a soft reline is safely and effectively applied.

Chairside Soft Reline Procedure

- Infection control protocols
- Step-by-step process:
  - Cleaning and drying the denture
  - Surface preparation
  - Mixing and applying material
  - Insertion and functional impression
  - Trimming excess material
  - Polishing and finishing

Post-Operative Instructions

- Verbal and written instructions
- Proper hygiene and cleaning of soft relines
- Follow-up scheduling
- Managing patient expectations

Hands-On Lab Activity

- Practice soft reline on models/old dentures
- Evaluate comfort and fit
- Troubleshooting techniques

Request for Approval of Soft Reline Course – Marie Plouse, EFDA

The Board has received a request for approval of a Soft Reline Course. This course would be provided so the EFDA Dental Assistants could qualify to apply soft relines in accordance with OAR 818-042-0090 – Additional Functions of EFDAs.

Relevant Rules:
OAR 818-042-0090 – Additional Functions of EFDAs

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

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

(2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.

(3) Place retraction material subgingivally.

From: Marie Shawniee Plouse
To: MCNEAL Kathleen * OBD
Subject: Request for Approval as Instructor for Denture Soft Reline Course
Date: Friday, August 8, 2025 3:47:05 PM

Dear Members of the Oregon Board of Dentistry,

I am writing to formally request approval as an instructor for a continuing education course titled "Soft Reline for Dentures, An Expanded Functions Course". The purpose of this course is to educate dental assistants on the clinical application, indications, contraindications, materials, and patient care protocols associated with soft denture relining.

I have enclosed my professional resume, course syllabus/outline, and relevant supporting documents for your review.

Thank you for considering my request,

Marie Plouse
541-514-9203

Marie Plouse

5690 Main Street, Springfield, OR 97478 • (458) 446-1738 • info@mdporegon.com

As a dental assitant, I have deveolped several skills that would transfer into a teaching role. One of the most significant is educating patients on oral hygiene, pre and post operative instructions similar to how a teacher instructs students by breaking down complex concepts and ensureing comprehension. Strong communication skills with patients is an essential skill for a teacher to be able to communicate effectively with students. Additionaly, my history of traning new dental assistants at work has provided me preparation in guiding and mentoring new learners, which is a core responsibility of teaching.

The ability to keep accurate records and documentation transitions to teachers tracks student performace, attendance and curriculum planning. These transferable skills make me well-suited for a transition into teaching, particulary a soft reline instructor.

Experience

MCKENZIE DENTAL PRACTICES OF OREGON
Feburay 2025 to Present
Position: Instructor

PEAK IMPLANT AND ORAL SURGERY
August 2019 to Feburay 2025
Kim Harroun (503) 375-2000
Position: Surgical Dental Assistant

EUGENE PERIODONTICS AND IMPLANT DENTISTRY
October 2018 to June 2024
Nichole Peters (541) 654-5482
Position: Surgical Dental Assistant

Certificates

EFDA, RHS Certified
Soft Reline Certified
BLS Certified
DAANCE Certified
Phlebotomy Certified
IV Therapy Certified

OREGON BOARD OF DENTISTRY

Dental Assistant

Expanded Functions Dental Assistant
Issued: July 20, 2015

122185

CERTIFICATE NUMBER

Marie S Plouse

Radiological Proficiency
Issued: April 16, 2015

Anesthesia Dental Assistant
Issued: January 25, 2019
IV Therapy Add-On
Issued: December 21, 2022

Certificate Print Date: January 05, 2023

THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN SIGHT OF PATIENTS

School of
DENTISTRY

OHSU

This certifies that

Marie Plouse

attended the following course:

Soft Reline for Dentures: An Expanded Functions Course

2/9/2024

and earned the following CEUS

Soft Reline for Dentures: An Expanded Functions Course

Course Information

Course Duration: 1 Day (4 CE Hours)

This hands-on course provides current Oregon Expanded Function Dental Assistants with the essential skills and knowledge to perform soft denture relines confidently and effectively. Participants will explore the clinical indications for soft relines, learn step-by-step procedures, and gain insight into patient communication and post-operative care. Emphasis is placed on material selection, chairside techniques, infection control, and troubleshooting common challenges.

By the end of the course, dental assistants will be able to:

- Identify when soft relines are appropriate and beneficial for patients
- Prepare and assist in chairside soft reline procedures
- Understand the properties of reline materials and their applications
- Educate patients on care and maintenance of relined dentures
- Collaborate effectively with the dental team to ensure optimal outcomes

Whether you're new to prosthodontics or looking to expand your clinical capabilities, this course provides practical training that enhances your value in the dental practice.

Course Objectives

- Understand the indications and contraindications for soft relines.
- Differentiate between chairside and lab-processed soft relines.
- Identify and handle materials used for soft relines.
- Prepare the denture and oral environment appropriately.
- Provide patient instructions post-reline.
- Assist in and/or perform a chairside soft reline under supervision.

Course Outline

I. Introduction to Denture Relines (30 mins)

- Purpose of Denture Relining
- Hard vs. Soft Relines
- Residual Ridge Anatomy and Resorption
- Soft Tissue Considerations
- Oral Lesions and their Influence
- Reviewing Patient Health History and Systemic Conditions
    - Importance of reviewing medical history
    - Identifying systemic conditions that affect oral tissues
    - Medications and their impact on soft reline success
    - Legal and documentation considerations
- Contraindications

II. Chairside Soft Reline Procedure (30 mins)

- Infection control protocols
- Step-by-step process:
  - Cleaning and drying the denture
  - Surface preparation
  - Mixing and applying material
  - Insertion and functional impression
  - Trimming excess material
  - Polishing and finishing

III. Post-Operative Instructions and Patient Care (30 mins)

- Verbal and written instructions
- Proper hygiene and cleaning of soft relines
- Follow-up scheduling
- Managing patient expectations

BREAK (10 min)

IV. Hands-On Lab Activity (2 hours)

- Practice soft reline on models/old dentures
- Evaluate fit and comfort
- Troubleshooting techniques

V. Soft Reline Certificate Examination (20 min)

Assessment and Completion

• Hands-on performance review by instructor
• Completion of a short post-course quiz
• Certificate of Completion issued

Materials Provided

- Course handouts/manual
- Reline material sample kits
- Patient instruction sheets
- PPE and instruments for lab activity

Post-Operative Instructions for Soft Denture Reline

1. Wear Time:

- Keep your denture in place for the first 24 hours after the reline, including while sleeping (unless instructed otherwise by the dentist).
- This helps the liner mold to your tissues and improves adaptation.

2. Soreness and Adjustment:

- Mild soreness or pressure is normal. If you experience persistent pain or sore spots after 24 hours, contact the office for an adjustment.
- Do not attempt to adjust the denture yourself.

3. Oral Hygiene:

- Gently rinse your mouth with warm salt water (1 tsp salt in 8 oz of warm water) 2–3 times daily to promote healing.
- Avoid using strong mouthwashes with alcohol for the first few days, as they may irritate the tissues.

4. Denture Care:

- Remove and clean your denture carefully after the first 24 hours.
- Use a soft denture brush and mild, non-abrasive cleanser to clean the outside surfaces.
- Do not scrub the soft liner surface—instead, gently rinse it under lukewarm water to avoid damaging the material.

5. Eating Instructions:

- Start with soft foods and chew evenly on both sides of your mouth to minimize pressure on healing tissues.
- Avoid hard, sticky, or crunchy foods until the reline has fully adapted and you feel comfortable.

6. Follow-Up Appointments:

- A follow-up visit is usually recommended within 48–72 hours to evaluate fit and comfort, and to make any necessary adjustments.
- If discomfort worsens or you notice signs of infection (swelling, redness, pus, or fever), contact the dental office immediately.

7. Lifespan of the Soft Reline:

- Soft liners typically last between 6 to 12 months, depending on use and oral conditions.
- This is a temporary solution; long-term success may require a hard reline or new denture fabrication in the future.

8. Storage:

- When not wearing the denture, store it in cool water. Never let it dry out.
- Avoid using hot water, which can distort the denture or damage the soft liner.

Denture Soft Reline – Dental Assistant Chairside Checklist

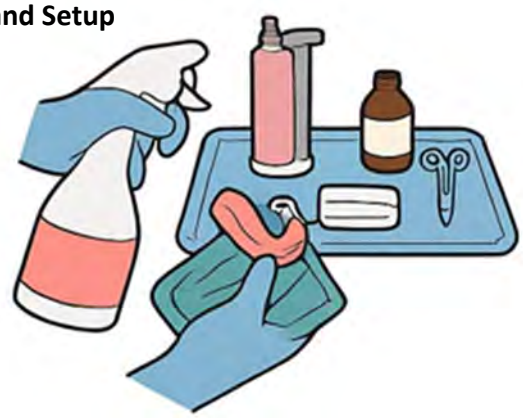
Step 1: Preparation and Setup

Gather Supplies: Have the reline kit ready (soft reline material, mixing tools, adhesive primer) and ensure all instruments are clean and within reach.

Prepare the Denture: Thoroughly clean the denture's interior (tissue-contact side) and dry it. Removing any adhesive residue or debris is critical for good bond.

Patient & Area Prep: Seat the patient comfortably and place a dental bib.

Safety: Both patient and operator should wear appropriate PPE.



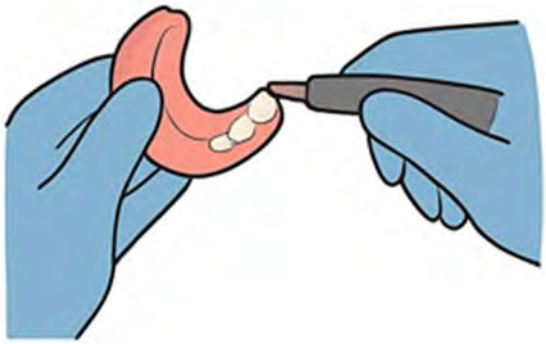
Step 2: Evaluate and Adjust Denture

Review Patient Health History: Note any changes to their history or medications.

Discuss and address any areas that may currently be causing discomfort and adjust.

Relieve the Interior: Use an acrylic bur to roughen and slightly reduce the fitting surface of the denture. Removing a thin layer creates space for the new soft liner and exposes fresh acrylic for bonding.

Adjust Borders: Trim the denture flanges if they are over-extended, and remove any undercuts on the tissue side. This prevents the new liner from causing over-extension and ensures the denture will seat properly after relining. *Rinse and Dry*



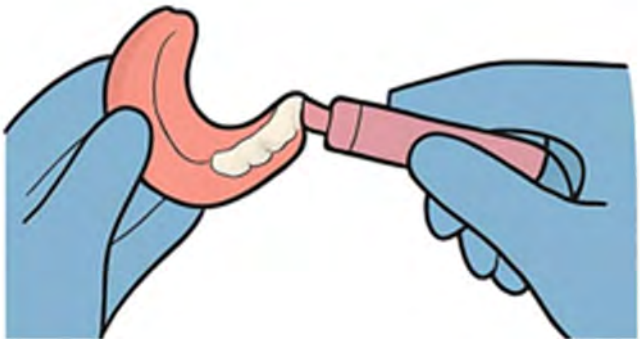
Step 3: Mix and Apply Soft Reline Material

Proportioning: Follow the manufacturer's instructions to mix the soft reline material. This may involve combining a powder and liquid (for acrylic liners) or using an automix cartridge for silicone liners.

Mixing: Work quickly and mix thoroughly until the material reaches a uniform consistency (no streaks or clumps). Soft reline materials have a short working time – often around 1–2 minutes before they begin to set.

Load the Denture: Immediately apply the mixed soft reline material evenly onto the denture's intaglio (tissue-contact) surface. Spread it to cover the entire area that contacts the gums, roughly 1–2 mm thick. Avoid trapping air bubbles.

Once loaded, aim to get the denture seated within 15-30 seconds.



Step 4: Seat Denture and Allow Material to Set

Bite Gently: Once positioned properly, instruct the patient to close down gently into normal biting position. Ensure they do not bite too forcefully (which could squeeze out too much liner). Verify that the occlusion (bite) is correct and the denture is fully seated as it was pre-operatively.

Muscle Trimming: While the material is still soft, have the patient perform light functional movements – ask them to gently move their lips, cheeks, and tongue. This "muscle trims" the edges, molding the reline material along the borders for a better fit.

Setting Time: Keep the denture in place without disturbance for the recommended setting time (typically about 5 minutes for many chairside materials). Do not remove it during this period. Use a timer and reassure the patient to remain still with the denture in place until the material has fully set.

Step 5: Trim Excess Material

Careful Removal: After the material has set, gently remove the denture from the patient's mouth. There will likely be excess liner (flash) extending beyond the denture borders.

Excess Trimming: Use a scalpel to trim away the bulk of the excess soft liner that extruded over the edges. Be cautious not to tear or dislodge the newly bonded liner.

Refinement: With a slow-speed handpiece, use a fine acrylic bur or stone to smooth the edges of the reline material so it blends with the denture border.

Rinse: Rinse the denture to remove any trimmed fragments. If any soft liner got on the polished side, peel or buff it off. The relined surface should show a uniform layer of soft material covering the intaglio.

Step 6: Final Fit and Patient Instructions

Fit Check: Place the relined denture back into the patient's mouth. It should feel more secure due to intimate contact with the gums. Verify there are no pressure points: ask if the patient feels any sharp spots or discomfort. Check retention and stability – the denture should be snugger fitting now.

Student Name: _____ Date: _____

Soft Reline – Performance Check-Off Sheet

Attempt: ☐ 1st ☐ 2nd ☐ 3rd

Instructions: Place a checkmark (✓) in the appropriate column for each step. Use the 'Comments' section for any feedback or observations.

Performance Criteria	Completed Correctly	Needs Improvement	Comments
Greeted patient and explained procedure	☐	☐	
Reviewed patient health history including medications			
Removed denture carefully and rinsed	☐	☐	
Inspected oral tissues for irritation or ulcers	☐	☐	
Cleaned and disinfected denture	☐	☐	
Dried denture thoroughly	☐	☐	
Roughened tissue side of denture for retention	☐	☐	
Mixed soft reline material properly per manufacturer's instructions	☐	☐	
Applied soft reline material evenly on tissue side	☐	☐	
Seated denture in patient's mouth and instructed to close gently	☐	☐	
Held denture in place for proper setting time	☐	☐	
Removed denture, trimmed excess material	☐	☐	
Smoothed borders and polished for comfort	☐	☐	
Returned denture to mouth and confirmed proper fit	☐	☐	
Provided post-op care instructions and cleaning guidelines	☐	☐	
Documented procedure in patient chart	☐	☐	

Instructor Evaluation
Overall Performance: ☐ Competent ☐ Needs Remediation ☐ Incomplete

Instructor Signature: _____Student Signature: _____

Student Name: _____ Date: _____ Score: ____/10

Soft Reline Test

Multiple Choice – Choose the best answer for each question:

1. What is the main purpose of a soft denture reline?
   a. To improve the color of the denture
   b. To enhance the chewing function permanently
   c. To provide a more comfortable fit for the patient
   d. To remove plaque from the denture

2. Which patient would most likely need a soft reline?
   a. A patient with strong, well-formed ridges
   b. A patient who just received a new denture
   c. A patient with sensitive or thin mucosal tissue
   d. A patient who wants to whiten their denture

3. Before performing a soft reline, what must the dental assistant do first?
   a. Polish the denture
   b. Disinfect and dry the denture
   c. Place the denture in boiling water
   d. Apply the final glaze

4. Which of the following materials is commonly used in soft relines?
   a. Acrylic resin
   b. Zinc oxide-eugenol
   c. Silicone-based or tissue conditioner material
   d. Amalgam

5. How long should a soft reline material typically remain in the mouth to set?
   a. 30 seconds
   b. 2–5 minutes
   c. 20–30 minutes
   d. 1 hour

6. What is the dental assistant's role during the reline procedure?

   a. Diagnosing the need for reline
   b. Trimming and polishing the denture
   c. Educating the patient and preparing materials
   d. Prescribing medication

7. Which of the following is NOT a reason to reline a denture?
   a. Weight loss or tissue resorption
   b. Aesthetic dissatisfaction
   c. Poor denture fit or pressure sores
   d. Loose denture retention

8. Why is it important to explain aftercare instructions to the patient?

a. To avoid unnecessary follow-up appointments
b. To prevent allergic reactions
c. To ensure the material sets correctly
d. To maintain the health of oral tissues and extend the life of the reline

9. How should a patient clean a soft-relined denture?
a. Soak in bleach overnight
b. Brush aggressively with toothpaste
c. Use a soft brush with non-abrasive cleanser
d. Use mouthwash on the tissue side only

10. Which of the following is a limitation of soft denture relines?
a. They improve comfort
b. They can last for many years
c. They may stain or deteriorate over time
d. They completely eliminate all pressure points permanently

Answer Key:

1. c
2. c
3. b
4. c
5. b
6. c
7. b
8. d
9. c
10. c

Soft Reline for Dentures
An Expanded Functions Course

Course Objectives

- Understand the indications and contraindications for soft relines.
- Differentiate between chairside and lab-processed soft relines.
- Identify and handle materials used for soft relines.
- Prepare the denture and oral environment appropriately.
- Provide patient instructions post-reline.
- Assist in and/or perform a chairside soft reline under supervision.

Purpose of Denture Relining

Denture relining is extensively used in dentistry to remodel the surfaces of dentures that come in contact with the soft tissues of the oral cavity.

These materials are extremely useful in a number of clinical situations. In most cases, dentures are relined in order to compensate the effects of the bone resorption that inevitably involves the osteo mucosal tissues subject to compression exerted by the denture.

However, relining materials are also used in the case of denture fractures, for the remodeling of the alveolar crests, in the presence of a split palate, when mucosal lesions appear and in soft tissue conditioning after the implant osteointegration period, where they are also useful for absorbing part of the masticatory load.

Hard vs. Soft Relines

Soft relining resin is one of two optional materials for use in denture relining. This resin is made of silicone and creates a softer, more comfortable base for the denture. Soft relining is the best choice for people with thin or especially sensitive gums, as there is less chance that irritation will develop in the future.

The downside of soft relining is that because the material is softer, it is also less durable than the original denture or hard relining resin. This means that you will require more frequent visits for relining than if you choose to use hard resin. Soft relines are a better choice for older patients who usually have thinner gums and more advanced recession of the gums and other tissues in the mouth.

A hard denture reline involves resurfacing the inner part of a denture with a rigid acrylic material, similar to the original denture base. This type of reline is typically recommended for patients with healthy, firm gum tissue and provides a more permanent and stable fit. The process involves removing a layer of the denture's inner surface, taking an impression, and applying the new hard material either chairside or in a dental lab. While it offers durability and structure, a hard reline may feel less comfortable during healing and is not ideal for patients with sensitive or sore gums.

In contrast, a soft denture reline uses a pliable, rubbery material—often silicone-based—that cushions the gums and adapts better to sensitive or uneven tissue. This option is especially beneficial for patients with tender gums, significant bone loss, or those recovering from recent extractions. Soft relines are typically done chairside and provide immediate relief from discomfort.

However, they are not as durable as hard relines, usually lasting between six months to a year, and may require more frequent replacement. Additionally, because of the softer material, they can be more prone to bacterial buildup if not properly cleaned. Overall, the choice between a hard and soft reline depends on the patient's oral health condition, comfort needs, and how long-lasting the solution needs to be.

Residual Ridge Anatomy and Resorption

Residual ridge anatomy refers to the shape, height, width, and overall condition of the jawbone (alveolar ridge) that remains after teeth have been lost or extracted. This ridge is the foundation that supports dentures, and its anatomy plays a crucial role in the fit, stability, and comfort of the prosthesis. Over time, the residual ridge naturally undergoes bone resorption, where the bone gradually shrinks and changes shape due to lack of stimulation from tooth roots. The rate and pattern of this resorption vary between individuals and can be influenced by factors such as time since extraction, systemic health, denture wear, and bite force.

When the residual ridge becomes severely resorbed, it may be narrow, uneven, or mobile, leading to a poor denture fit, decreased retention, and sore spots from pressure points. These anatomical changes are important considerations when deciding to perform a soft denture reline. A soft reline is often recommended in cases where the ridge is sharp, thin, or covered with delicate mucosa, because the softer, cushioned material can better adapt to these irregularities and provide greater comfort. It helps to reduce irritation, absorb minor movements, and create a more even distribution of forces, especially in patients who cannot tolerate the pressure of a hard acrylic base.

Additionally, soft relines are commonly used as a temporary solution during the healing period after extractions, when the residual ridge is actively remodeling and changing shape. During this phase, frequent relining may be needed to maintain comfort and fit until the bone stabilizes enough for a more permanent reline or a new denture fabrication.

Soft Tissue Considerations

Soft tissue considerations are a key factor when deciding to perform a soft denture reline, as the condition of the oral mucosa directly affects how well a denture fits and how comfortable it feels.

Patients who benefit most from a soft reline often have thin, delicate, or easily irritated mucosa that cannot tolerate the pressure of a hard acrylic denture base. Common soft tissue concerns include chronic sore spots, ulcerations, mobile or flabby tissue, severe ridge resorption, or inflammatory conditions like denture stomatitis. In these situations, a soft reline acts as a cushion between the denture and the soft tissues, helping to reduce friction, evenly distribute pressure, and minimize trauma.

A soft liner is particularly helpful for healing tissues after recent extractions or surgery. As the tissues reshape and heal, a soft reline can provide comfort and stability during this transitional period. It can also be beneficial for patients who wear dentures long-term without regular maintenance, where tissues may have become distorted or inflamed due to poor fit.

However, it’s important to consider tissue health and hygiene when using soft liners. The soft material is more porous than hard acrylic, which means it can harbor bacteria or fungi if not properly cleaned. For patients with poor oral hygiene or active infections, the dentist may need to address the underlying soft tissue condition before or in conjunction with placing a soft reline.

In summary, soft tissue considerations for a denture soft reline involve assessing the health, resilience, and sensitivity of the oral mucosa. A soft reline is ideal for cushioning delicate tissues, managing sore spots, and improving comfort—especially when the gums are not healthy or firm enough to support a hard reline.

Oral Lesions and their Influence

Oral lesions—such as ulcers, pressure sores, inflamed tissue, or fungal infections like denture stomatitis—play a significant role in determining whether a soft denture reline is appropriate. These lesions often develop as a result of ill-fitting dentures, which cause uneven pressure and friction on the soft tissues. When such lesions are present, careful clinical judgment is needed before proceeding with a reline.

In cases of minor irritation or pressure sores, a soft reline may be beneficial. The cushioning effect of the soft liner can reduce trauma to the affected areas by evenly distributing pressure and eliminating the direct contact that caused the irritation. This allows the tissues to heal while still enabling the patient to wear their denture.

However, when more serious or infectious lesions are present—such as ulcerations due to trauma, fungal infections (e.g., candidiasis), or open wounds—a soft reline may not be immediately appropriate. In these situations, the source of the infection or inflammation must be treated first, since applying a soft liner over an infected or actively inflamed area can trap pathogens and worsen the condition. Soft liners are porous and can absorb moisture and microorganisms, creating a favorable environment for bacterial or fungal growth if not properly maintained.

Additionally, if lesions are suspected to be related to systemic issues or more serious pathology (e.g., oral cancer, autoimmune disease), the patient should be referred for further evaluation before any reline is done.

In summary, the presence and type of oral lesions directly impact the timing and suitability of a soft denture reline. Minor trauma-related lesions may improve with a soft liner, but active infections or suspicious lesions must be treated or ruled out first. Ensuring healthy tissue before relining helps prevent complications and promotes long-term denture success.

Patient Health History & Evaluation

Before performing a soft denture reline, it is essential to review the patient's health history thoroughly. Systemic conditions such as diabetes, autoimmune disorders, and cancer treatments can significantly affect oral tissue healing and the success of the reline procedure. Medications like blood thinners, bisphosphonates, and immunosuppressants may also influence tissue response and increase the risk of complications.

A careful evaluation helps identify contraindications, including active oral lesions, untreated infections, or recent surgical procedures that may require postponing treatment. Accurate documentation of the patient's medical status and any updates is critical for legal and clinical purposes. Dental assistants should engage patients in open dialogue, asking clear and respectful questions to ensure all relevant health information is disclosed.

When uncertainty arises, it is always best to consult with the supervising dentist before proceeding. A comprehensive health history review not only enhances patient safety but also supports optimal clinical outcomes.

Contraindications

There are several important contraindications to consider before performing a soft denture reline, as certain oral conditions can interfere with healing, increase the risk of infection, or reduce the effectiveness of the reline.

One key contraindication is the presence of oral candidiasis (Candida infection). Soft liners are made of porous, sponge-like material that can harbor fungi and bacteria, making them difficult to disinfect thoroughly. Applying a soft reline over infected tissue can trap moisture and pathogens against the mucosa, exacerbating the infection. In such cases, candidiasis must be treated first—typically with antifungal medications and improved hygiene—before considering a reline.

Another contraindication is the presence of sharp or prominent tori (bony growths), such as mandibular or palatal tori. These bony projections can create pressure points under the denture, leading to chronic irritation, ulceration, or poor adaptation of the liner. A soft reline may temporarily cushion the area, but it usually doesn't provide enough protection or stability over the long term. In some cases, surgical removal of the tori may be necessary for optimal denture fit.

Additional contraindications include:

- Open wounds or non-healing ulcers: Relining over these areas can delay healing and cause further trauma.
- Severe tissue inflammation or hyperplasia (e.g., epulis fissuratum): These need to be addressed surgically or with tissue conditioning before a reline is performed.
- Poor oral hygiene: If a patient is not maintaining proper denture care, a soft liner may become a breeding ground for microbes and worsen oral conditions.

In summary, contraindications for a denture soft reline include active infections like candidiasis, sharp or prominent tori, open wounds, inflamed or overgrown tissue, and poor hygiene. These conditions must be resolved or managed before a soft reline is safely and effectively applied.

Chairside Soft Reline Procedure

- Infection control protocols
- Step-by-step process:
  - Cleaning and drying the denture
  - Surface preparation
  - Mixing and applying material
  - Insertion and functional impression
  - Trimming excess material
  - Polishing and finishing

Post-Operative Instructions

- Verbal and written instructions
- Proper hygiene and cleaning of soft relines
- Follow-up scheduling
- Managing patient expectations

Hands-On Lab Activity

- Practice soft reline on models/old dentures
- Evaluate comfort and fit
- Troubleshooting techniques