

PUBLIC PACKET

The seal of the State of Oregon is a large, circular emblem in the background. It features an eagle with spread wings at the top, a ship on the left, a plow on the right, and a sheaf of wheat at the bottom. The words "THE UNION" are inscribed on a banner across the middle. The outer ring of the seal contains the text "STATE OF OREGON" and the year "1859" at the bottom.

OREGON BOARD OF DENTISTRY

**BOARD MEETING
OCTOBER 24, 2025**



Oregon

Tina Kotek, Governor

Board of Dentistry
1500 SW 1st Ave, Ste 770
Portland, OR 97201-5837
(971) 673-3200

NOTICE OF REGULAR MEETING

www.oregon.gov/dentistry

PLACE: BOARD OFFICE & VIRTUAL VIA ZOOM
DATE: October 24, 2025
TIME: 8:00 a.m. – 2:00 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/81352699486?pwd=jUINg3tYyRPOe5q9t0VjdHkzEldPi.1>

Phone # 1-253-205-0468 Meeting ID: 813 5269 9486 Passcode: 564474

Confirm Quorum & Review Agenda

1. Approval of August 22, 2025, Board Meeting Minutes

NEW BUSINESS

2. Association Reports
 - Oregon Dental Association
 - o Scaling Assistant Letter
 - Oregon Dental Hygienists' Association
 - o ODHA Report
 - o ADHA White Paper
 - o Oregon Dental Hygiene Education Programs
 - Oregon Dental Assistants Association
3. Committee and Liaison Reports
 - 2025-2026 Committee & Liaison Assignments
 - Dental Assistant Workforce Shortage Advisory Committee Meeting, 9.23.2025, Chair Dr. Clark
 - o Draft DAWSAC Meeting Minutes
 - o OAR 818-026-0055
 - o Memo: 818-042-0117 Initiation of IV line and Phlebotomy Rule Change options
 - Dental Therapy Rules Oversight Committee Meeting 10.8.2025, Chair Kristen Simmons, RDH
 - o Draft DTRO Committee Meeting Minutes
 - o Draft updated collaborative agreement
4. Executive Director's Report
 - Board Updates
 - OBD Budget Report & Governor's Letter
 - Customer Service Survey
 - Staff Speaking Engagements
 - Dental Hygiene & Dental Therapy License Renewal
 - FY 2025 Annual Performance Progress Report
 - Dental Testing and Regulatory Summit
 - Oregon Agency Expectations – Progress Report
 - 2026 Board Meeting Dates
5. Unfinished Business and Rules
 - Public Rulemaking

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.

- o Memo & Public Comments received on proposed rule changes
 - o Public Rulemaking Packet & SOS Filing for proposed rule changes
 - 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.
6. Correspondence
- Dr. Jeffrey Kobernik – email and request to the Board
 - o Email & AAOMS White Paper
7. Other
- CSG D/DH Compact Commission Overview
 - OHA – DHs Providing Immunization Education & Counseling
8. Articles & Newsletters (No Action Necessary)
- CDCA-WREB-CITA and ADEX Finalize Merger
 - CRDTS Letter from the Executive Director
 - CRDTS Executive Committee

EXECUTIVE SESSION

9:15 a.m.

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

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

OPEN SESSION (Zoom option available)

12:30 p.m.

<https://us02web.zoom.us/j/81352699486?pwd=jUINq3tYyRPOe5q9t0VjdKzEldPi.1>

Phone # 1-253-205-0468 Meeting ID: 813 5269 9486 Passcode: 564474

Enforcement Actions (vote on cases reviewed in Executive Session)

LICENSURE AND EXAMINATION

16. Ratification of Licenses Issued
17. License and Examination Issues
 - Request for approval of local anesthesia for dental assistant course – McKenzie Dental Practices by Ashley Leavitt, RDH & Tammy Maahs, RDH
 - Request for reinstatement of an expired license – Carly Jean Bull, RDH
 - Request for reinstatement of an expired license - Jacqueline Palmer, RDH
 - Request for reinstatement of a retired license – Yvonne Adams, RDH
 - Request for Board approval of two, one-year CODA-accredited programs in place of one, two-year CODA-accredited program for applicant Dr. Osama Alshafei
18. Strategic Planning Open Discussion and Future of the OBD
 - Timeline
 - Strategic Planning Ideas
 - o Exec Dir Article – OBD Dec 2021 Newsletter

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- o OBD Board Intro 8_20_21 Strategic Plan
 - o DRAFT 2026-2029 Strategic Planning Priorities
- Draft Surveys
 - o 2021 OBD Survey & Draft OBD Strategic Planning Survey 2025
 - o Open Discussion & Next Steps

Next Board Meeting is scheduled for December 12, 2025

ADJOURN

2:00 p.m.

Notes:

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

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

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

DRAFT
OREGON BOARD OF DENTISTRY
MINUTES
AUGUST 22, 2025

MEMBERS PRESENT: Aarati Kalluri, D.D.S., President
Sheena Kansal, D.D.S., Vice President
Reza Sharifi, D.M.D.
Michelle Aldrich, D.M.D.
Olesya Salathe, D.M.D.
Kristen Simmons, R.D.H., E.P.P.
Sharity Ludwig, R.D.H., E.P.P. (via Zoom)
Ginny Jorgensen

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

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

VISITORS ALSO PRESENT: Brett Hamilton, Director of Government and Regulatory Affairs, Oregon Dental Association (ODA); Lisa Rowley, Advocacy & Membership Director, Oregon Dental Hygienists' Association (ODHA); Mary Harrison, Vice President, Oregon Dental Assistants Association (ODAA); Gail Aamodt, R.D.H.; Matt Sinnott, Willamette Dental; Amy Coplen, R.D.H., DT, Pacific University

VIA ZOOM*: Caroline Zeller, D.D.S., President, ODA Board of Trustees; Katherine Landsberg, Director of Government Relations, Dental Assisting National Board (DANB); Alica Riedman; Dr. Julie Spaniel; Raelene Cabrera, DT; Mary Ann Wren; Mindy Davis; Sammi Snyder

*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. Terrence Clark and Mr. Kieshawn Lewis 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.

NEW BUSINESS

Approval of April 25, 2025 Minutes

Dr. Kansal moved and Dr. Sharifi seconded that the Board approve the minutes from the June 13, 2025 Board Meeting as presented. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

ASSOCIATION REPORTS

Oregon Dental Association (ODA)

Caroline Zeller, DDS, MPH, President of the ODA, announced the ODA Regional Event November 7-8, 2025 at Salishan Coastal Lodge where attendees could earn up to eleven hours of continuing education. Dr. Zeller directed everyone to the ODA website for details about the event.

Dr. Zeller shared that the ODA recently held a two-phase Hope For The Day (HFTD) Wellness Ambassador Training supporting mental health in both peer-to-peer and professional dental environments. Dr. Zeller shared details about the event and announced that there will be an upcoming opportunity in recognition of Suicide Prevention Month (September) to participate in these trainings for free. Dr. Zeller said she would share information about those upcoming events with the Board.

Dr. Zeller presented ODA's report to the Board regarding scaling dental assistants. Dr. Zeller respectfully urged 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.

Oregon Dental Hygienists' Association (ODHA)

Lisa Rowley, Advocacy & Membership Director, stated that 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. Ms. Rowley stated that the Rules Oversight Committee has recommended that the Board send 818-042-0040 Prohibited Acts for dental assistants to a public rulemaking hearing, and that the ODHA urges the Board to move forward with the committee's recommendation in keeping with the Board's regular rulemaking process.

Ms. Rowley stated that the proposed rule would not prevent future discussions about expanding the scope of practice for dental assistants and reminded the Board that the ODHA supported the local anesthesia functions certificate for dental assistants and would continue to support expanding scope of practice for dental assistants with appropriate education and certification.

Ms. Rowley reminded the Board that 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.

Ms. Rowley clarified that dental hygienists are educated and licensed to perform periodontal probing and to remove supra- and subgingival stains and deposits from the teeth. Ms. Rowley stressed that these two skills are the foundation of dental hygiene practice, expounding that 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. Ms. Rowley stated that 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.

Ms. Rowley reported that this year 159 dental hygiene students have or will graduate from Oregon dental hygiene education programs. Ms. Rowley pointed out that in fall 2024, two new dental hygiene education programs opened in Oregon. Ms. Rowley announced that the new program at Concorde Career College is scheduled to graduate 32 students in October 2025 and the new program at Rogue Community College is scheduled to graduate 20 students in June 2026. Ms. Rowley added that a list of Oregon's dental hygiene education programs was included with this report along with information about dental hygiene as a career and an overview of CODA accreditation of dental hygiene education programs.

Oregon Dental Assistants Association (ODAA)

Mary Harrison, Vice President of ODAA, stated that this is a very exciting time for dental assistants. Ms. Harrison reported that the courses for local anesthetic are filling up or full, noting

that the interest was amazing and very interesting. Ms. Harrison added that 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. Ms. Harrison reported that ODAA has been asked about the benefits these assistants should receive. Ms. Harrison stated that, as a professional membership organization, ODAA did not have this information, but that ODAA looked forward to gathering data in the future to better serve and support their members.

Ms. Harrison announced that the Oregon Association of Dental Labs (OADL) holds their annual meeting September 12th, 2025 and that the ODAA will be joining them for the second time. Ms. Harrison added that it will be a day of education for the whole dental team with a special gathering for the new LAC assistants. Ms. Harrison said the 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. Ms. Harrison said a panel of recent LACs and RFCs will lead a discussion regarding new DA functions and how they are being implemented into practice.

Ms. Harrison announced that the entire program and registration would be available soon at the [ODAA website](#) and that she was looking forward to seeing everyone there!

Ms. Harrison reminded the Board that the ODAA continues to support ODHA's position on the OPA. With concerns about a shortage of dental assistants, Ms. Harrison questioned why an assistant would leave their assistant duties to move to another area to scale a patient. Ms. Harrison suggested that, if an assistant is interested in scaling, she/he would leave assisting and return to school to study hygiene. Ms. Harrison elaborated that dental hygiene is not a simple function, and that many other issues needed to be included, such as probing, attachments, anatomy, etc. Ms. Harrison pointed out that letters have been written and testimony presented opposing the OPA on local and national levels.

Ms. Harrison recounted that, after discussion, a motion was made at the Rules Committee meeting to direct OBD staff to develop a dental assistant registration process. Ms. Harrison reported that members of the committee agreed that more time and discussion was needed to gather information about this possibility. Ms. Harrison stated that presently there is no way to know who is employed as an assistant in Oregon, adding that, without contact information, there is no way to share information about new rules and updates to these individuals themselves except through a message to the dentist employer. Ms. Harrison offered that ODAA would be very happy to assist in any way needed to make this happen. Ms. Harrison stated that ODAA believes this listing would be helpful for the entire dental team.

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

Mr. Prisby introduced a discussion of issues related to creating a dental assistant registry.

UNFINISHED BUSINESS AND RULES

Mr. Prisby reviewed the rulemaking process and recommended that the Board hold a virtual public rulemaking hearing on September 30, 2025 at 12:00 p.m. on proposed rule changes with the effective date of December 1, 2025. Mr. Prisby clarified that the Board would hold public rule comments open from September 2, 2025 through October 10, 2025. Mr. Prisby added that the Board would review comments and vote on rule changes at the October 24, 2025 Board meeting.

Dr. Aldrich moved and Dr. Kalluri seconded that the Board move OAR 818-001-0087 as presented to a public rulemaking period. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

OAR 818-001-0087

Fees

(1) The Board adopts the following fees:

(a) Biennial License Fees:

(A) Dental — \$4490;

(B) Dental — retired — \$0;

(C) Dental Faculty — \$4385;

(D) Volunteer Dentist — \$0;

(E) Dental Hygiene — \$25579;

(F) Dental Hygiene — retired — \$0;

(G) Volunteer Dental Hygienist — \$0;

(H) Dental Therapy - \$25579;

(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 — \$75200;

(D) Deep Sedation Permit — \$75400;

(E) General Anesthesia Permit — \$4400;

(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.

Dr. Kalluri moved and Dr. Kansal seconded that the Board move OAR 818-042-0080 as presented to a public rulemaking period. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

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 examinations, 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.

Dr. Kansal moved and Dr. Aldrich seconded that the Board move OAR 818-042-0110 as presented to a public rulemaking period. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ 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 examinations, 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.

Dr. Kalluri moved and Dr. Kansal seconded that the Board move OAR 818-042-0113 as presented to a public rulemaking period. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

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.

Dr. Adrich moved and Dr. Sharifi seconded that the Board move OAR 818-012-0010 as presented to a public rulemaking period. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ 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.**

Dr. Kansal moved and Dr. Kalluri seconded that the Board move OAR 818-035-0025 as presented to a public rulemaking period. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ 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 indirect supervision.
- (10) Place implant impression copings, except under indirect supervision.
- (11) Any Act in violation of Board statute or rules.

Dr. Kansal moved and Dr. Kalluri seconded that the Board move OAR 818-035-0030 as presented to a public rulemaking period. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ 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.**
- (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.**

Dr. Aldrich moved and Dr. Kalluri seconded that the Board move OAR 818-042-0040 as presented to a public rulemaking period. The motion passed with AK, MA, KS, SL, and GJ voting Aye and SK, RS, and OS voting 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~~3~~²) 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).

(~~20~~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.

(~~24~~²) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.

(~~22~~³) Perform periodontal assessment and periodontal probing.

(~~23~~⁴) Place or remove healing caps or healing abutments, except under indirect supervision.

(~~24~~⁵) Place implant impression copings, except under indirect supervision.

(~~25~~⁶) Perform intraoral adjustment of fixed and removable prosthesis or appliances.

(~~27~~) Any aAct in violation of Board statute or rules.

Dr. Kansal moved and Ms. Jorgensen seconded that the Board move OAR 818-042-0096 as presented to a public rulemaking period. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ 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.

(23) 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. Kansal moved and Dr. Aldrich seconded that the Board move OAR 818-042-0115 as presented to a public rulemaking period. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ 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 procedures 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.

Mr. Prisby directed the Board's attention to a letter from Raelene Cabrera, MDT to the Board requesting a proposed amendment to OAR 818-038-0020. The Board discussed issues regarding dental therapists placing space maintainers.

Ms. Simmons moved and Dr. Kalluri seconded that the Board to refer Proposed Amendment to OAR 818-038-0020 as presented to the Dental Therapy Rules Oversight Committee. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

EXECUTIVE DIRECTOR'S REPORT

OBD Budget Status Report

Director Prisby presented the latest budget report for the 2023 - 2025 Biennium. Mr. Prisby indicated that 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. Mr. Prisby announced that the final reconciliation and numbers for the 2023 – 2025 Biennium will be available in October.

Customer Service Survey – FY 2025

Mr. Prisby presented the attached legislatively mandated survey results for FY 2025, which is July 1, 2024 – June 30, 2025. Mr. Prisby shared that the results of the survey show that the OBD received positive ratings from the majority of those that submitted a survey.

OBD Letter to the Governor

Mr. Prisby recounted that at the June 13th Board Meeting, Board Members directed him to send a letter to the Governor addressing legislation: proposing some flexibility on scheduling DAWSAC meetings and a proposal for dental hygienists to administer vaccinations.

2025 Legislative Session

Mr. Prisby presented legislation tracked on behalf of the OBD.

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

Mr. Prisby explained that 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. Mr. Prisby asked the Board to review the report and, if there were no objections, approve it. Mr. Prisby added that this report follows the close of the recent fiscal year and offered to answer any questions regarding the report.

Dr. Kansal moved and Dr. Aldrich seconded that the Board approve the Agency Head Financial Transactions FY 2025 Report as presented. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

Delegated Duties Executive Director & Staff

Mr. Prisby stated that annually the Board is asked to review & approve delegated duties and position description of the executive director.

Dr. Kalluri moved and Dr. Salathe seconded that the Board approve Delegated Duties and Position Description of the Executive Director as presented. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

Board Best Practices Self-Assessment & Score Card

Mr. Prisby explained that 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. Mr. Prisby clarified that 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. Mr. Prisby announced that he will provide the FY 2025 annual progress report at the October 24, 2025, Board Meeting.

Dr. Sharifi moved and Dr. Kalluri seconded that the Board affirm that Best Practices have been Completed for the Fiscal Year as presented. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

2026 Board Meeting Dates

Mr. Prisby provided 2026 Board Meeting dates for the Board to consider for next year.

Dr. Kalluri moved and Ms. Simmons seconded that the Board approve proposed 2026 Board Meeting Dates as presented. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

Implementation of govDelivery email

Mr. Prisby reported that Ms. Robinson and he met with a Granicus representative on July 2, 2025. Mr. Prisby pointed out the attached document showing the implementation timeline and process ahead for OBD staff to implement the new email delivery system.

Dental Hygiene & Dental Therapy License Renewal

Mr. Prisby reported that the license renewal period started in mid-July and ends on September 30, 2025, and that it was progressing well. Mr. Prisby gave a friendly reminder that audits of Continuing Education are planned to be conducted after the renewal period closes, as it was for the dentists who renewed their licenses earlier in the year. Mr. Prisby stated that audits will commence in October on a select number of those who renewed their licenses, adding that the Board has audited licensees for compliance with Continuing Education requirements since 1999.

Dental Testing & Regulatory Summit – Educators Conference

Mr. Prisby shared that 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. Mr. Prisby announced that Ms. Simmons will attend this event and invited other Board members who are interested in attending to reach out to him.

Newsletter

Mr. Prisby announced that the OBD Newsletter is now available.

COMMITTEE AND LIAISON REPORTS

Dr. Kalluri reported that the OBD's committee and liaison assignments for May 2025 - April 2026 were available on the OBD website and noted that the assignments were attached for informational purposes.

Ms. Jorgensen announced that the next DAWSAC meeting is on September 23, 2025 at 5:00 p.m. – 6:30 p.m.

CORRESPONDENCE

- June 6, 2025 AADB Letter to State Boards
- CRDTS 2025 Notice of Annual Meeting
- June 30, 2025 DANB Letter to OBD regarding Exams
- July 14, 2025 ADA Leadership Communication to State Boards – Wellness Resources
- EFPDA Pathways Rule Change Proposal from Dr. Paul Fox

The Board discussed Dr. Fox's rule change proposal.

Ms. Jorgensen moved and Dr. Sharifi seconded that the Board refer Proposed Amendment to OAR 818-042-0113 as presented to the Licensing, Standards and Competency Committee. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

OTHER

Items were in the Board meeting packet for informational purposes.

- OGEK – Prohibited Communication FAQ
- JCNDE Annual State Dental Board Forum

Ms. Simmons and Dr. Smorra reported that they attended the Joint Commission on National Dental Examiners 2025 State Dental Board Forum. Dr. Smorra explained that the forum reviewed candidate skills evaluations through various professional examinations. Dr. Smorra shared that a preview DHLOSCE will be available in the coming weeks if Board members wish to review this examination.

- HPRB – OHA Health Care Workforce Reporting Program
- CSG D/DH License Compact Commission Meeting Agendas and Minutes from Recent Meetings

ARTICLES AND NEWS

- 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: 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 12:46 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

2026-0006, 2026-0004, 2025-0182, 2025-0172, 2025-0201, 2025-0209, 2025-0179, 2025-0210, 2025-0200, 2025-0211, 2026-0011, 2026-0003, 2025-0188, 2026-0017, 2026-0002, 2025-0211, 2025-0173, 2026-0008, 2026-0007, 2025-0181, 2025-0183

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, MA, OS, KS, SL, and GJ voting Aye.

COMPLETED CASES

2025-0158, 2025-0159, 2025-0084, 2026-0012, 2025-0204, 2025-0175, 2025-0187, 2025-0186, 2025-0205, 2025-0145, 2025-0121, 2025-0095, 2025-0101, 2025-0156

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, MA, OS, KS, SL, and GJ voting Aye.

2025-0120

Dr. Aldrich moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

MICHAEL D. CARLEY, D.D.S.; 2025-0169

Dr. Sharifi moved and Dr. Kansal seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a \$2,000 civil penalty be paid within 30 days of the effective date of the order. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

2025-0051

Ms. Simmons moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

2025-0122

Ms. Jorgensen moved and Dr. Kalluri seconded that the Board close the matter with a Letter of Concern. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

2025-0142

Dr. Salathe moved and Dr. Kansal seconded that the Board close the matter with a Letter of Concern. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

JAMES A. KLUSMIER, D.D.S.; 2025-0170

Ms. Ludwig moved and Dr. Salathe seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a \$2,000 civil penalty to be paid within 30 days of the effective date of the order. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

SCOTT R. NEISH, D.M.D.; 2025-0059

Dr. Aldrich moved and Ms. Jorgensen seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a Reprimand; require two hours of continuing education related to record keeping within thirty days after the effective date of the Order; refund patient AG \$1,000 within thirty days of the effective date of the Order; and pay a \$1,000 civil penalty within sixty days of the effective date of the Order. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

ROBERT H. PETERSON, D.D.S.; 2025-0144

Dr. Sharifi moved and Dr. Aldrich seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand, a civil penalty of \$6,000.00, and shall successfully complete a one hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority, and four additional hours of Board approved continuing education in the area of medications for managing dental pain. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

2025-0135

Ms. Simmons moved and Ms. Jorgensen seconded that the Board close the matter with a Letter of Concern. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

2025-0137

Ms. Jorgensen moved and Dr. Salathe seconded that the Board close the matter with a Letter of Concern. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

THORNTON D. SIMNITT, D.M.D.; 2025-0097

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, and a civil penalty of \$1,000.00 paid within 30 days of the effective date of the Order. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

PREVIOUS CASE REQUIRING BOARD ACTION

DELON K. GILBERT, D.D.S.; 2010-0133

Ms. Ludwig moved and Dr. Aldrich seconded that the Board grant Licensee relief per OAR 818-001-0083. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

2025-0072

Dr. Aldrich moved and Dr. Kansal seconded that the Board deny the request for the investigation file under ORS 676.175. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

LICENSEE; 2014-0066

Dr. Sharifi moved and Dr. Kansal seconded that the Board move to vacate the ICO. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

DAVID C. PATTERSON, D.D.S.; 2025-0162

Ms. Simmons moved and Ms. Jorgensen seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a dental license revocation. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

JOHN K. SULLIVAN, D.D.S.; 2025-0106

Ms. Jorgensen moved and Dr. Kalluri seconded that, in the matter of cases 2025-0106, 2025-0126, 2025-0130, 2025-0136, 2025-0147, 2025-0148, and 2025-0154, the Board issue a Final Default Order, suspending Licensee's license, until all previously requested documents are provided and approved by the Board. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

NATHAN M. TANNER, D.M.D.; 2024-0065, 2024-0100, and 2024-0127

Dr. Salathe moved and Dr. Kansal seconded that the Board deny the Licensee's request to withdraw the settlement agreement. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

LICENSE & EXAMINATION ISSUES

RATIFICATION OF LICENSES

Ms. Ludwig moved and Ms. Simmons seconded that the Board ratify the licenses presented in Tab 16. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

LICENSE, PERMIT & CERTIFICATION

Dr. Aldrich moved and Dr. Kansal seconded that the Board approve the reinstatement of expired license for Steven Mee, D.M.D. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

Dr. Aldrich moved and Dr. Kansal seconded that the Board approve the reinstatement of expired license for Audra L. Morgan, D.M.D. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

Dr. Aldrich moved and Dr. Kansal seconded that the Board approve the reinstatement of expired license for Michael J. Isaac, D.D.S. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

Dr. Aldrich moved and Dr. Sharifi seconded that the Board approve the reinstatement of expired license for Brett Munro Strong, D.D.S. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

Dr. Aldrich moved and Dr. Kalluri seconded that the Board approve the Soft Reline Course for Crystal Seutter, EFDA. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

Dr. Aldrich moved and Dr. Kalluri seconded that the Board approve the Soft Reline Course for Marie Plouse, EFDA. The motion passed with AK, SK, RS, MA, OS, KS, SL, and GJ voting Aye.

ADJOURNMENT

Mr. Prisby announced that the Dental Therapy Rules Oversight Committee will meet on October 8, 2025 at 5:00 p.m.

Dr. Kalluri announced that the next Board Meeting was scheduled for October 24, 2025 at 8:00 a.m.

The meeting was adjourned at 1:06 p.m.

DRAFT

ASSOCIATION REPORTS

October 14, 2025

Dear Members of the Oregon Board of Dentistry,

We have appreciated the robust discussions of scaling dentist assistants over the past several months. ODA believes that addressing the current workforce challenges requires thoughtful conversations, which might be at times contentious and uncomfortable. Oregon Dental Association (ODA) continues to respectfully urge 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.

Every day we hear from dentists on how the current workforce shortages are severely limiting access to dental care across the state, disrupting daily practice operations, impacting financial viability, and causing tremendous stress, which is affecting their well-being. For these reasons, we ask that the Board remain open to innovative ideas and empowering dental team members to practice the fullest extent of their training and licensure.

We have recently become aware of the request from the Oregon Dental Hygienists' Association that proposed rule changes to ORS 818-042-0040 be amended to read (12) Scale teeth using hand instruments, air polishers, ultrasonic equipment or other devices to remove supragingival and subgingival stains and deposits from tooth surfaces.

We welcome, and support, the amendment to not include prohibiting EFPDAs from using a brush or rubber cup to remove stains from coronal surfaces of teeth, which is currently permitted. However, this might be an example of how the proposed changes could have unintended consequences and add confusion not clarity to the rules. This is one of the reasons that they have suggested postponing the proposed rule changes and taking more time to study this issue.

ODA believes the Board can 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,



Amberena Fairlee, DMD
President, Oregon Dental Association

Oregon Board of Dentistry Meeting October 24, 2025

Oregon Dental Hygienists' Association

The ODHA is sponsoring a Fall Education Series that is free for members and is available to non-members with a fee. Fall courses include medical emergencies, complications of local anesthesia, cultural competency and infection control. These courses are presented in-person with a Zoom option and recorded for later viewing. Dr. Steven Beadnell presented our medical emergencies course on September 26, 2025.

October is National Dental Hygiene Month. This year's theme is The Power of Us and celebrates how dental hygienists create lasting change for our profession and the communities we serve through collaboration and creating opportunity. Each week will highlight a different aspect of this theme: the Power of You, the Power of your Practice, the Power of Partnerships, and the Power of our Profession.

The American Dental Hygienists' Association has released a white paper titled "Missed Potential: How Expanding Dental Hygienists' Role Can Bridge America's Oral Health Gaps." The paper discusses systemic barriers to oral healthcare and demonstrates how dental hygienist autonomy can improve access to preventive care especially for underserved patients. Oregon has been a national leader in implementing the policy changes that are recommended in this paper. The paper is attached for your review.

The Coalition for Modernizing Dental Licensure (CMDL www.dentallicensure.org) held their annual meeting on September 18, 2025. CMDL is a coalition of over 130 national and state organizations, institutions and programs representing dentistry, dental education, dental specialties, dental hygiene and nonprofit groups working to improve public access to oral health care. The goals of the coalition are to eliminate single-encounter, procedure-based patient examinations, replacing them with clinical assessments that have stronger validity and reliability evidence and to increase licensure portability to allow for professional mobility and improved access to care. The Oregon Dental Association, Oregon Dental Hygienists' Association, Oregon Health & Science University, Pacific University and Portland Community College are partner organizations.

WHITE PAPER

MISSED POTENTIAL

How Expanding Dental Hygienists' Roles Can Bridge America's Oral Health Gaps



SUGGESTED CITATION: Hammond, S. (2025, September). *Missed Potential: How Expanding Dental Hygienists' Roles Can Bridge America's Oral Health Gaps*. American Dental Hygienists' Association. <https://www.adha.org/WhitePapers>.

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Missed Potential: How Expanding Dental Hygienists' Roles Can Bridge America's Oral Health Gaps

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Executive Summary

Oral health is no less important than overall physical health—in fact, these facets of health are intertwined.

This paper examines the high prevalence of oral diseases that persist in the U.S. today and the serious physical and psychosocial concerns and productivity losses stemming from poor oral health. It describes the lack of access to preventive oral health care that many U.S. residents face and outlines why increasing autonomy for dental hygienists can help provide greater access.

The paper also includes data on self-reported anxiety among U.S. adults related to the condition of their mouths and teeth to magnify how significantly poor oral health is tied to mental health. This is a critical issue that deserves greater attention and deeper exploration.



Introduction

Drastic Oral Health Consequences in the United States—At a Standstill

More than 30 years ago, the late U.S. Surgeon General C. Everett Koop coined the phrase, “You’re not healthy without good oral health” (National Institutes of Health, 2021). Decades later, data on oral health from across the United States show the continued great toll of oral disease in our nation.

A 2021 National Institutes of Health (NIH) document, *Oral Health in America*, states a definition of oral health that includes “the ability to speak, smile, smell, taste, chew, swallow, and convey a range of emotions without pain, discomfort, and disease of the craniofacial complex” (National Institutes of Health, 2021). To date, one in three young adults, along with 42% of low-income adults of all ages in the United States, say they have pain when chewing or biting food (Health Policy

Institute, n.d.). Among adults 65 or older, 60% have periodontal diseases. Among children, more than one in four has untreated caries disease. Based on the definition from NIH’s *Oral Health in America*, a large proportion of the U.S. population doesn’t meet the definition of a healthy person.

It is time to acknowledge the state of American oral health and help health care workers, legislators, insurance companies, educators, and community leaders (state and national) understand the importance of preventive care (Bress, 2013). Along with increased direct-to-patient oral health literacy, dental hygienists can increase awareness that the mouth needs regular, preventive care just as the rest of the body does to maintain overall health.

Delving into the Data

Tooth Loss, Periodontal Diseases, Caries Disease, and Their Inequitable Toll

A wealth of current data highlights the continuing problem of poor oral health in the U.S. population, with especially concerning prevalence of disease among those with lower incomes and other marginalized groups.

Edentulism and Acceptance of Losing Teeth with Age

More than 1 in 6 (17%) adults ages 65-74 in the U.S. have no remaining natural teeth (Fellows et al., 2022). Tooth loss that comes with age seems to be accepted by almost half (48%) of high-income adults and 3 in 4 (74%) of low-income adults in the U.S. (Health Policy Institute, 2023).

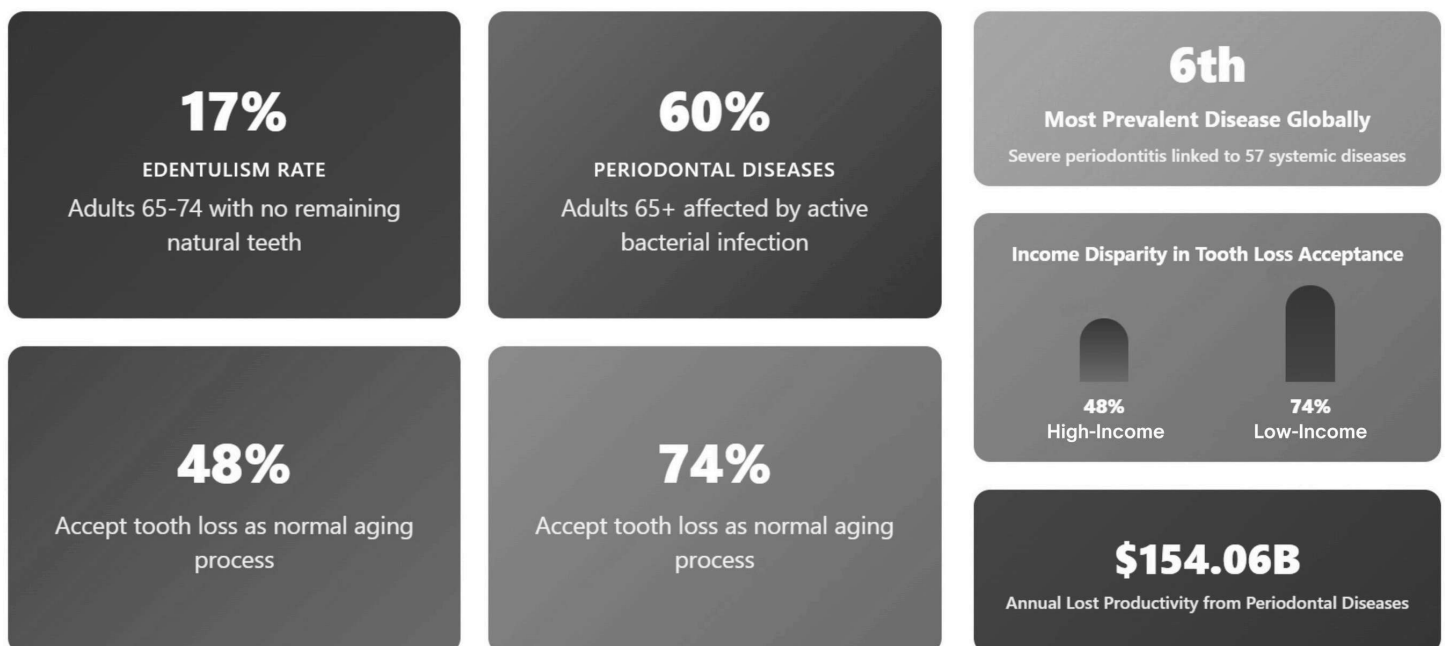
Periodontal Diseases: Infection, Inflammation, and Related Systemic Disease

Among older adults ages 65 and older, 60% have periodontal diseases — active bacterial infection of the gingiva (Fellows et al., 2022). Severe periodontitis has been labelled as the 6th most prevalent disease globally and has been potentially linked to 57 systemic diseases (IFDH, 2023).

The economic burden of periodontal diseases in the U.S. is staggering, on top of prevalence and linkages to multiple systemic diseases. In terms of lost productivity, periodontal disease caused an estimated loss of \$154.06 billion in the United States in just one year (Botelho et al., 2021).

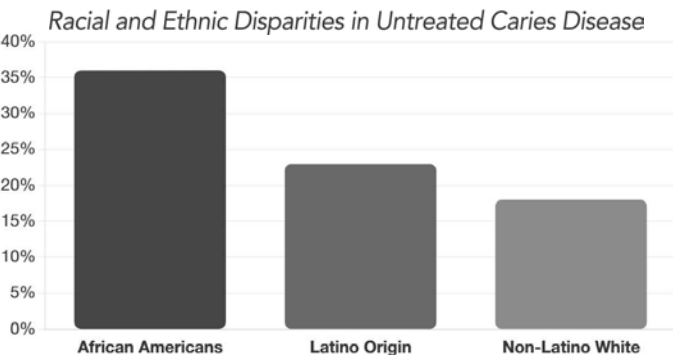
Over time, evidence of the association between periodontal diseases and systemic diseases has grown stronger. Although adults now retain most of their natural teeth, many working-age adults continue to experience “the same levels of tooth decay, gum disease, and oral cancers seen 20 years ago” (National Institutes of Health, 2001). Retention of natural teeth helps to show how oral infection and inflammation are connected to chronic and systemic diseases, including heart disease and diabetes. This demonstrates, more than ever, the need to prevent and control periodontal diseases to preserve overall health (National Institutes of Health, 2021).

The Inequitable Toll of Oral Health Diseases



Cause of Infection, Pain, and Related Effects

Over the past 20 years, the prevalence of untreated caries disease (or tooth decay) has not improved overall (Fellows et al., 2022). In terms of income differences, more than 40% of lower-income adults have untreated caries, compared with 9% among higher-income adults. Comparing racial and ethnic populations, untreated caries disease prevalence is 36% among African Americans, 23% among people of Latino origin, and 18% among non-Latino white populations (Fellows et al., 2022).



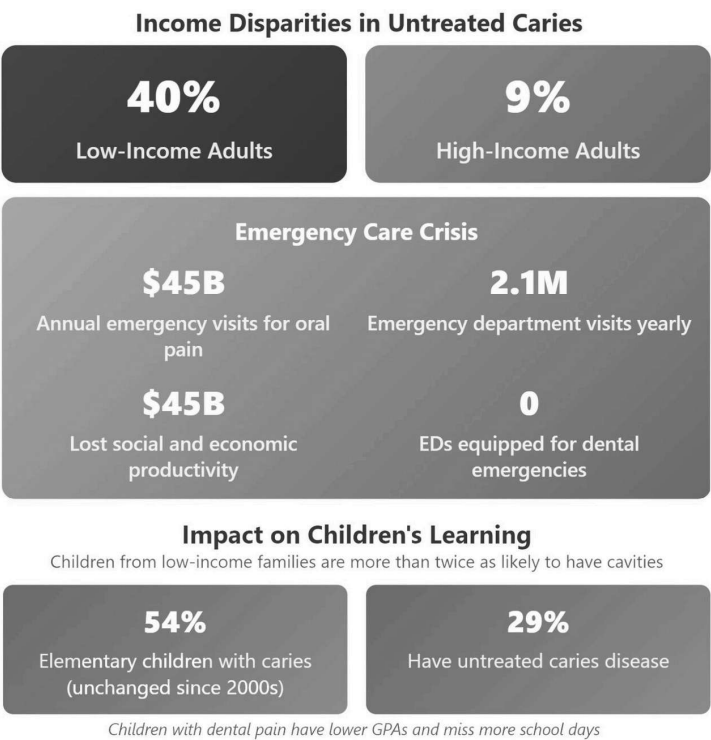
In the early 2000s, 54% of elementary school children had experienced caries disease (treated and untreated) and 29% had untreated caries disease (Aldosari et al., 2021). To date, this has remained largely unchanged. This problem among children is concerning. Children from lower-income families are more than twice as likely to have cavities compared with children from higher-income households (CDC, 2024).

Children with untreated caries disease and resulting pain can face learning deficits stemming from their dental disease, largely due to lower academic performance and missed days of school (Aldosari et al., 2021).

Children who report dental pain have lower average GPAs and are less likely to complete homework compared to those who have no dental pain (Aldosari et al., 2021). With regard to psychosocial concerns linked to poor oral health, students with dental problems are more likely to “be shy and to report feeling worthless, unhappy, or less friendly” (Aldosari et al., 2021).

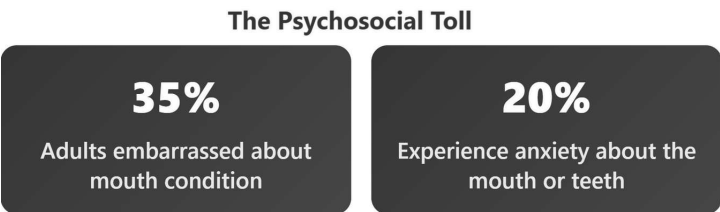
Emergency Care and Costs

Untreated oral diseases cost \$45 billion in social and economic productivity losses in the United States each year (Gajendra et al., 2025). Emergency visits related to oral pain exceed \$45 billion annually for adults (Luo, 2024). In 2017, there were 2.1 million emergency department visits for oral pain, even though personnel in emergency departments are not equipped or trained to handle dental emergencies (Gajendra et al., 2025).



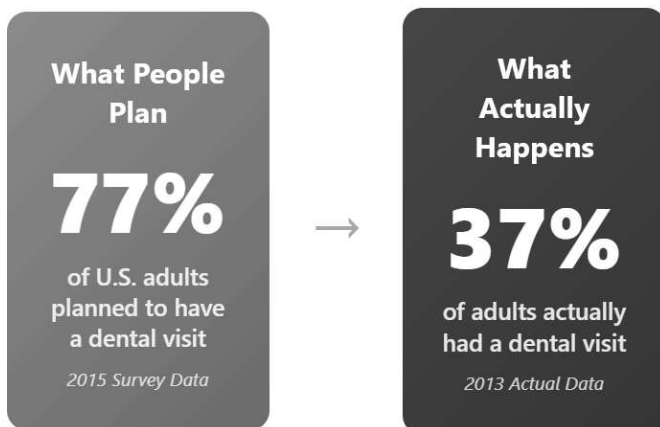
The Psychosocial Toll

One-third of adults (35%) in the U.S. are embarrassed about the condition of their mouth or teeth, and one in every five experiences anxiety as a result (Health Policy Institute, n.d.). Almost one in three (31.6%) people in the U.S. experience an anxiety disorder (Mental Health America, 2023), and oral problems are shown to cause or heighten this for many (Health Policy Institute, n.d.)



Lack of Access to Care in Dental Deserts

According to the American Dental Association's (ADA) Health Policy Institute, 77% of U.S. adults polled in 2015 said they planned to have a dental visit within the next year (Health Policy Institute, 2023.). 2013 data from the same document show that only 37% of adults had an actual dental visit in the past year (Health Policy Institute, n.d.). Among other variables, lack of access to a dental provider may be a sizeable barrier (Kim et al., 2024).



Getting routine oral health care takes time, effort, planning, and access. Despite the importance of preventive oral health care, 1.7 million people in the United States don't have access within a 30-minute drive, and 24.7 million

live in dental care shortage areas (defined as less than one dental office per 5,000/population) (Rahman et al., 2024). Communities with high levels of segregation and lower socioeconomic status are more likely to experience oral health care shortages (Rahman et al., 2024).

For 3.6 million people living in both urban and rural areas, transportation obstacles, including lack of a vehicle, lack of public transportation, or lengthy distances to dental offices, prohibit them from getting regular preventive oral health care (Kim et al., 2024).

This preventive care, which millions lack access to, has been proven to significantly reduce the risk of periodontal diseases, caries disease, tooth loss, and diabetes (Luo et al., 2024). It can even decrease heart disease risk by 14% (Luo et al., 2024).

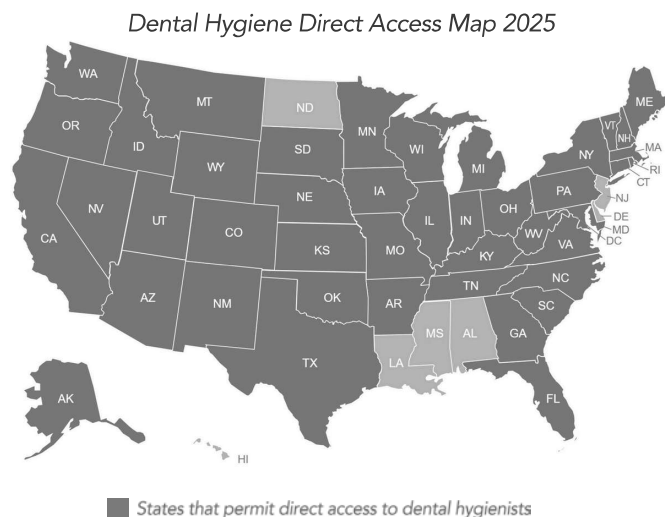
Dental hygienists are ideally educated to provide this care, but until it is accessible and the national norm, periodontal diseases, caries disease, and tooth loss will have a greater chance to develop. This will lead to potentially painful, costly, and unwanted outcomes. The following section details why preventive care should be made more accessible through increased dental hygienist scope and autonomy.



Part of the Solution

All States Should Allow Dental Hygienists to Practice to the Highest National Level with Increased Autonomy

The American Dental Hygienists' Association (ADHA) believes that oral health care is a basic right of all people. Allowing hygienists in every state direct access is a way to make preventive oral health care more accessible. State laws establish the scope of practice for dental hygienists. As of 2025, 43 states allow direct access; in these, scope limitations are varied, with no national standard (*Direct Access* - ADHA, 2025). States without direct access require a dentist to supervise a hygienist directly, restricting autonomous preventive care.



The National Governors Association (NGA) agrees that expanding the provision of affordable preventive oral health services in communities, outside of dental offices, in more states can reduce the most serious consequences of poor oral health (National Governors Association, 2014). In fact, NGA acknowledges that dental hygienists' normal scope of practice includes the services that are most effective in preventing serious dental diseases, citing these as professional prophylaxis, application of fluoride, and application of sealants (National Governors Association, 2014).

The December 2021 release of the National Institutes of Health report, *Oral Health in America*, further supports greater access to preventive oral health care by dental hygienists (National Institutes of Health, 2021).

As an example of state differences, Colorado dental hygienists can work autonomously, and there is no requirement that a dentist authorize or supervise most dental hygiene services. Conversely, Mississippi has no direct access. Some data from these states are presented in this paper for comparison.

When dental hygienists' autonomy level increases in a state, rates of oral preventive care are notably large in areas with shortages of dental providers. (Chen et al., 2020). Conversely, a lack of autonomy can create barriers to care. Preventive care is cost-effective, as it is associated with a reduced need for restorative care and dental treatment down the line (Chen et al., 2020). In addition, increased access to dental hygienists, especially outside of the traditional dental office, can reduce the prevalence of emergency department visits for non-traumatic dental complaints, particularly among younger adults (Akintolan et al., 2022).

There are major gaps and challenges to our population's oral health, as detailed in this paper. Restrictions on dental hygienist autonomy and scope limitations in states add to the hindrance in patients accessing preventive oral health care. Compounding this is the fact that there is no national standard.

Every state varies in terms of their scope of practice laws, but we know that an increased scope of practice generates better outcomes for patients. Dental hygienists, nationally, should be working autonomously and practicing at the highest national level.

Snapshots of Dental Hygiene Legislation & Data

Legislation and Data Points from Two States: Colorado & Mississippi

While every state has room to improve access to preventive oral care, even modest increases in professional autonomy can lead to measurable gains in routine care and long-term outcomes for those served. The following are 2 snapshots of state data; however, anyone can access their own state's fact sheet online via ADA's Health Policy Institute.

Colorado: A Snapshot of State That Offers Dental Hygienists Full Autonomy

Colorado offers a case study on how an effective state policy can increase access to oral health services offered by dental hygienists (Gadbury-Amyot, 2023). Over the past 35 years, dental hygienists licensed in Colorado have been able to provide dental hygiene care without authorization or supervision of a dentist. They can also own their practice, thanks to legislation enacted in 1987, and perform dental hygiene assessments, diagnoses, treatment planning, administration of local anesthesia (with permit), scaling and root planing, and prescribing and administering fluoride products (Gadbury-Amyot, 2023).

In Colorado, according to the state ADA Health Policy Institute fact sheet, 1 in 10 low-income adults say their mouth and teeth are in poor condition (Health Policy Institute, n.d.). Twenty-three percent of Coloradans experience anxiety about the condition of their mouth and teeth (occasionally or very often) (Health Policy Institute, n.d.). Fourteen percent think the appearance of their mouth and teeth affects their ability to interview for a job (Health Policy Institute, n.d.).

Mississippi: A Snapshot of a State Without Direct Access

In Mississippi, dental hygienists must work under the direct supervision of a dentist; direct access to dental hygiene services is not permitted.

In Mississippi, according to the state ADA Health Policy Institute fact sheet, 27% of low-income adults say their mouth and teeth are in poor condition (Health Policy Institute, n.d.). One in four (25%) experience anxiety about the condition of their mouth and teeth (occasionally or very often). Twenty-one percent think the appearance of their mouth and teeth affects their ability to interview for a job (Health Policy Institute, n.d.). Mississippi lacks direct access, and the data show more concerning oral health problems.

A Colorado Case Study Showing Increased Access to Care Along with Legislative Changes

The SMILES Dental Project, piloted in 2015, helped Colorado dental hygienists develop tests and refine a new system for delivering services to low-income, isolated Coloradans, including older adults and young children. The project helped expand both preventive dental hygiene services to those in need and expand the scope of care that licensed dental hygienists were able to perform. From 2017 to 2019, the program resulted in treatment delivered by dental hygienists to 10,938 Coloradans, from infants and school-aged children to residents of a senior center, a homeless shelter, and a mental health center. The project also leveraged two distinct changes to Colorado's legislation as it relates to the scope of practice for dental hygienists. In June 2015, a House Bill was enacted, allowing registered dental hygienists to provide interim therapeutic restorations even when recommended via tele-dentistry. In June 2018, another House Bill was enacted that allows dental hygienists to treatment plan and place silver diamine fluoride.

Recommendations

Based on a broad scoping review of current literature, there are several recommendations related to dental hygienists' scope of practice that every state should consider. States should:

- Permit dental hygienists to practice to the highest national level;
- Remove restrictions on settings in which dental hygienists can practice;
- Support the utilization of tele-dentistry; and
- Provide direct reimbursement to dental hygienists for care provided.

Overall, professional regulation that enables dental hygienists to use their education and array of skills can support innovation while ensuring patient safety and quality of oral health care.

A 2015 study by Turner et al. reviewed over 100 dental and other health-related research publications about direct access, primarily based in the U.S., and found no evidence of significant issues related to patient safety resulting from work performed by dental hygienists under direct access. In contrast, there was strong evidence that access to dental care improved as a result (Turner et al., 2015).

Conclusion

There will always be barriers to access when it comes to preventive oral health care, just as there are with access to fresh food and regular medical care. But, given the prevalence of oral diseases and the toll they are taking across the U.S., states should look to pave the way for dental hygienists to offer more preventive oral health care to those who need it.

The end result should be a national standard, resulting in a more physically and psychosocially well population with decreased pain, decreased medical expenses, and increased productivity that can help every state's bottom line.

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American Dental Hygienists' Association

The American Dental Hygienists' Association (ADHA) is the only organization representing the professional interests of the more than 200,000 dental hygienists in the United States. Dental hygienists are preventive oral health professionals, licensed in dental hygiene, who provide educational, clinical and therapeutic services that support total health through the promotion of optimal oral health. To learn more about the ADHA, dental hygiene or the link between oral health and general health, visit adha.org.



Oregon Dental Hygiene Education Programs September 29, 2025

Concorde Career College Dental Hygiene Program 1425 NE Irving Street Portland, OR 97232 www.concorde.edu/dental-programs/dental-hygiene Program Director: TBA Contact: Rochelle Mascarenhas rmascarenhas@concorde.edu 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 cumminism@lanecc.edu 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: Krista Beaty Krista.beaty@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 cmmons@roguecc.edu Class size = 20

Nothing to report under this tab

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	Lynn Murray
Ginny Jorgensen, Co-Chair	Alexandria Case
Amberena Fairlee, D.M.D., ODA Rep.	Jessica Andrews
Laura Vanderwerf R.D.H., ODHA Rep.	Amanda Nash
Kari Hiatt, ODAA Rep.	Carmen Mons
Kimberly Perlot R.D.H., D.T.- DT Rep.	Cassie Gilbert
Alyssa Kobylinsky	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
TBD., 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.
Raelene Cabrera, 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

**OREGON BOARD OF DENTISTRY
DENTAL ASSISTANT WORKFORCE SHORTAGE ADVISORY COMMITTEE MEETING MINUTES
(DAWSAC)
September 23, 2025**

MEMBERS PRESENT: Terrence Clark, DMD, Co-Chair
Ginny Jorgensen, Co-Chair
Amberena Fairlee, DMD – ODA Rep.
Kari Hiatt – ODAA Rep.
Lynn Murray
Carmen Mons
Alexandria Case
Jessica Andrews (joined meeting at 6:00pm)
Alyssa Kobylinsky
Amanda Nash

STAFF PRESENT: Angela Smorra DMD, OBD Dental Director/Chief Investigator
Dawn Dreasher, Office Specialist

VISITORS PRESENT:
VIA TELECONFERENCE* Mary Harrison, ODAA; Lisa Rowley, ODHA;

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

Call to Order: The meeting was called to order by Chair Dr. Terrence Clark at 5:00 p.m. via Zoom.

Self-Introductions of Committee Members

Chair Clark welcomed everyone to the meeting and had the DAWSAC Members introduce themselves and share information about their current positions in the dental field.

Dr. Clark announced that the Committee had a quorum.

Public Meeting Notice

Dr. Clark announced that the Committee is subject to Public Meetings Law.

Approval of May 13, 2025 Minutes

Ms. Jorgensen moved and Ms. Hiatt seconded that the Committee approve the minutes from the May 13, 2025 DAWSAC Committee Meeting as presented. The motion passed with TC, GJ, AF, KH, LM, CM, AC, AK, and AN voting Aye.

DAWSAC Packet Introduced

A copy of HB 3223 was attached for informational purposes.

OBD Letter to the Governor

Dr. Clark directed the Committee's attention to a copy of an OBD Letter to the Governor asking for Board discretion to hold DAWSAC Meetings as needed, not each quarter. Ms. Jorgensen clarified that the goal is to make DAWSAC a standing committee that would not be disbanded.

South Dakota

The Committee reviewed and discussed information from South Dakota and 13 other states about allowing dental assistants to monitor and/or administer and monitor nitrous oxide.

Ms. Hiatt moved and Ms. Case seconded that the Committee recommend that the Board consider allowing dental assistants to administer nitrous oxide under direct supervision. The motion passed with TC, GJ, AF, KH, LM, CM, AC, AK, and AN voting Aye.

Iowa Legislation

Dr. Clark directed the Committee's attention to an article about an Iowa law removing registration requirements for dental assistants.

Universal Dental Assistant License

The Committee reviewed and discussed a Dentistry IQ article making a case for a universal dental assistant license.

Dental Radiology Certification

Amanda Nash and Alex Case presented their rule change proposal allowing dental assistants who are Board approved radiologic proficiency instructors to sign off on proficiency. The Committee reviewed and discussed the proposal. Dr. Smorra suggested the Committee review rules from Radiation Protective Services.

Ms. Case moved and Ms. Nash seconded that the Committee present the rule change proposal allowing dental assistants who are Board approved radiologic proficiency instructors to sign off on proficiency to the Board for consideration. The motion passed with TC, GJ, AF, KH, LM, CM, AC, AK, and AN voting Aye.

Differences Between CDA & RDA and Policies in Neighboring States

Dr. Clark presented an article explaining the differences between CDA and RDA certifications and Ms. Jorgensen's summary of registered dental assistants in Idaho, Washington, California, Utah, and Nevada. The Committee discussed differences in state policies.

Chair Jorgensen's Submissions

Chair Jorgensen presented an opinion on Oral Preventative Assistants. The Committee discussed the pros and cons of expanding duties of dental assistants to include scaling and periodontal probing.

Ms. Jorgensen attached a Dentistry IQ article arguing against adopting military preventative dentistry models to address the dental hygiene workforce shortage.

Ms. Jorgensen presented an RDH Magazine article regarding proper CDT procedure codes for OPAs/scaling assistants performing supragingival scaling.

The Committee discussed issues related to requiring registration of dental assistants.

Ms. Murray moved and Ms. Mons seconded that the Committee recommend that the Board consider the registration of dental assistants. The motion passed with TC, GJ, AF, KH, LM, CM, AC, AK, and AN voting Aye.

ODAA Statement

Ms. Harrison submitted the written statement below:

The Oregon Dental Assistant Association (ODAA) met and would like the DAWSAC committee to know that our association supports some type of Registration for dental assistants. The purpose would be to help and have some means of communicating with assistants throughout the state. This would not mean another certificate but rather a way to connect for Rules updates, education, other work-related notices and information. This would also be helpful and ensure that the assistant would receive information personally, rather than something sent to the office and never received by the assistant, which as history might show, often happens.

The ODAA also supports the ODHA position regarding the prohibited duties listed in the Rules to help with clarification of those duties including scaling and probing, by only dental hygienists. Another recent topic being discussed is that of a POA. The ODAA also supports ODHA's position on this issue. There are many topics and concerns regarding this as a possible duty for a dental assistant which ODAA opposes. Thank you for taking our position when considering this in your discussions.

Mary Harrison CDA Emeritus, EFDA, EFODA, FADAA
Legislative Chair, ODAA

ODHA Letter to DAWSAC

Ms. Rowley presented ODHA's letter to the Committee supporting proposed rule changes to OAR 818-042-0040. The Committee discussed the proposed rule change.

Ms. Hiatt moved and Ms. Mons seconded that the Committee recommend that the Board adopt the proposed rule changes to OAR 818-042-0040. The motion passed with TC, GJ, AF, KH, LM, CM, AC, AK, and AN voting Aye.

Dental Assisting Employment Trends

Ms. Hiatt presented her research concerning dental assisting employment trends in Oregon. The Committee discussed statistical information in the report.

Ms. Jorgensen presented the 2019 OBD dental assistant survey. The Committee discussed the survey results.

Ms. Case moved and Ms. Nash seconded that the Committee recommend that the Board conduct a survey similar to the OBD 2019 Dental Assisting Questionnaire and to incorporate questions about wages and certifications. The motion passed with TC, GJ, AF, KH, LM, CM, AC, AK, and AN voting Aye.

Phlebotomy Services

Dr. Clark initiated a conversation about simplifying certification for dental assistants to perform phlebotomy services. The Committee asked Dr. Smorra to draft proposed rule changes that would simplify pathways for dental assistants to get certified to perform phlebotomy services.

Ms. Nash moved and Ms. Hiatt seconded that the Committee recommend that the Board propose rule changes to OAR 818-042-0117 to allow dental assistants to become certified to perform phlebotomy services by completing a phlebotomy training course and to remove the requirement that the dental assistant possess a Certified Anesthesia Dental Assistant certificate. The motion passed with TC, GJ, AF, KH, LM, CM, AC, AK, AN, and JA voting Aye.

Open Comment

Ms. Rowley reported that two weeks ago she had attended an all-day course sponsored by the ODAA. She said the panel presentation from dental assistants who had earned their LAFCs was especially impressive.

Dr. Clark brought up the idea of inviting the OBD to include wage history information from Ms. Hiatt's dental assisting employment trends presentation in the next newsletter in an effort to support higher wages. The Committee discussed dental office wage issues.

Ms. Nash moved and Ms. Andrews seconded that the Committee recommend that the Board include dental assistant wage history information in the next newsletter. The motion passed with TC, GJ, AF, KH, LM, CM, AC, AK, AN, and JA voting Aye.

ADJOURNMENT

The meeting was adjourned at 6:33 p.m. Chair Jorgensen stated that the next DAWSAC meeting will be scheduled at a later date.

Chapter 818

Division 26 ANESTHESIA

818-026-0055

Dental Hygiene, Dental Therapy and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation

(1) Under indirect supervision, dental hygiene procedures may be performed for a patient who is under nitrous oxide or minimal sedation under the following conditions:

(a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;

(b) The permit holder, or an anesthesia monitor, monitors the patient; or

(c) If a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not required to be present during the time the patient is sedated unless the permit holder leaves the patient.

(d) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with Board rules.

(2) Under indirect supervision, a dental assistant may perform those procedures for which the dental assistant holds the appropriate certification for a patient who is under nitrous oxide or minimal sedation under the following conditions:

(a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;

(b) The permit holder, or an anesthesia monitor, monitors the patient; and

(c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with Board rules.

(3) Under indirect supervision, a dental therapist may perform procedures for which they hold the appropriate license for a patient who is under nitrous oxide or minimal sedation under the following conditions:

(a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;

(b) The permit holder, or an anesthesia monitor, monitors the patient; and

(c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with Board rules

Statutory/Other Authority: ORS 679 & 680

Statutes/Other Implemented: ORS 679.250(7), 679.250(10) & ORS 679.600

History:

[OBD 1-2022, amend filed 06/21/2022, effective 07/01/2022](#)

[OBD 2-2019, amend filed 10/29/2019, effective 01/01/2020](#)

OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12

OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05

OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03

[Please use this link to bookmark or link to this rule.](#)

MEMO:

At the June 13, 2025, Board Meeting, the Board directed staff to draft proposed language and refer OAR 818-042-0117 to the Licensing, Standards and Competency Committee for review. At the September 23, 2025, DAWSAC Meeting committee members recommended the Board consider removal of barriers to dental assistants performing these procedures. This is what the Staff has prepared for the next Licensing, Standards and Competency Committee meeting agenda.

Draft Option #1 All dental assistants can obtain Phlebotomy training:

OAR 818-042-0117

Initiation of IV Line and Phlebotomy Blood Draw

The Board may certify a Dental Assistant 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.

Draft Option #2 EFDA Dental Assistants can obtain phlebotomy training:

OAR 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 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 or an Expanded Function 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 or an Expanded Function 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.

Draft Option #3 EFDA with Local Anesthesia Dental Assistants can obtain phlebotomy training:

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 **or an Expanded Function with Local 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 **or an Expanded Function with Local 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.

DENTAL THERAPY RULES OVERSIGHT COMMITTEE #6
Held as a Zoom Meeting

Minutes
October 8, 2025

MEMBERS PRESENT:

Kristen Simmons, R.D.H. Chair - OBD Rep.
Michelle Aldrich, D.M.D.– OBD Rep.
Ginny Jorgensen – OBD Rep.
Brandon Schwindt, D.M.D. - ODA Rep.
Amy Coplen, R.D.H., D.T. - ODHA Rep.
Miranda Davis, D.D.S. - DT Rep.
Wilbur Ramirez-Rodriguez, R.D.H, D.T. - DT Rep
Raelene Cabrera, R.D.H., DT, – DT Rep

STAFF PRESENT:

Stephen Prisby, Executive Director
Haley Robinson, Office Manager
Angela Smorra, D.M.D., Dental Director/Chief Investigator

VISITORS PRESENT:, Brett Hamilton, Oregon Dental Association; Lisa Rowley, Oregon Dental Hygienist's Association,

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

Call to Order: The virtual meeting was called to order by Chair Simmons at 5:59 p.m.

The agenda was briefly reviewed and discussed. It was noted that this is a public meeting and the creation of the committee due to legislation passed in 2021.

Ms. Coplen moved and Dr. Schwindt seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve the minutes from the February 23, 2022 DTRO Committee Meeting as presented. The motion passed with MA, BS, AC, GJ, MD, WR, KS and RC voting aye.

The Committee discussed the dental therapy scope of practice rules and briefly discussed Division 38 current rules.

The Committee discussed the request from Raelene Cabrera regarding OAR 818-038-0020.

- **Attachment #5 - 818-038-0020 Scope of Practice**
- **Attachment #6 - OAR 818-038-0022 – Draft with proposed language change**

There was robust discussion on the topic of space maintainers, and scope of practice and training for dental therapists.

Ultimately a consensus emerged to move the issue forward with safeguards, which would expand scope but also protect patients.

Dr. Schwindt moved, and Dr. Aldrich seconded that the Committee recommend to the Board to add language to rule allowing dental therapists to deliver unilateral space maintainers under indirect supervision and update the collaborative agreement to add that prescribing any dental appliance is a prohibited act for dental therapists. The motion passed with MA, BS, AC, GJ, MD, WR, KS and RC voting aye.

The Committee discussed the request from Wilbur Ramirez-Rodriguez regarding

- **Attachment #8**
- **Fee Rule - Attachment #9**

OBD Executive Director Stephen Prisby provided an overview and context about the fees and that the Board and Committee may not be able to recommend any discount of fees for those that are duly licensed with a dental therapy license and a dental hygiene license. Mr. Prisby also confirmed that language in statute cannot be amended by this Committee or Board, that it would be the Legislature's decision to update scope of practice in relation to the request brought forward.

The Committees discussed the Collaborative Agreement.

- **Attachment #10 - ORS 679.618**
- **Attachment #11 - Collaborative Agreement**

Chair Simmons stated the recommendations from this Committee will be reviewed by the Board at its October 24, 2025, Board Meeting and thanked everyone for their attendance and contributions.

The meeting adjourned at 6:56 p.m.

**Oregon Board of Dentistry
Dental Therapist
Verification of Collaborative Agreement**

I, (print your name) _____, a licensed Dentist pursuant to ORS 679.020 or exempt from licensure pursuant to ORS 679.025, license number _____, have entered into a Collaborative Agreement with (print your name) _____, an Oregon licensed Dental Therapist, license number DT _____. The Collaborative Agreement sets forth the agreed-upon practice limitations of the Dental Therapist's practice and adheres to all the requirements set forth by the Legislature and the Oregon Board of Dentistry.

Please describe the circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure within the scope of dental therapy:

Please define the practice settings in which the dental therapist may provide care:

Please describe any limitation on the care the dental therapist may provide:

Please define patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency, (attach a copy of the guidelines):

Please describe procedures for creating and maintaining dental records for patients treated by the dental therapist:

Please describe guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care, (attach copy of guidelines):

Please provide a quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up, (attach copy of plan):

Please describe protocols for the dispensation and administration of local anesthetic, non-narcotic analgesic's, and anti-inflammatories or antibiotics; including the dispensation of oral or topical administration of non-narcotic analgesics, anti-inflammatories and antibiotics:

Please describe the criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care:

Please describe protocols for when a patient requires treatment outside the dental therapist's scope of practice, including for referral of the patient for evaluation and treatment by the 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, (attach protocols):

Please briefly summarize the following treatment parameters for when the dental therapist consults with a dentist, if the dental therapist intends to administer local anesthesia and perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease. Severe systemic disease is defined as ASA III:

General Supervision: requires that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.

Indirect Supervision: requires that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

Direct Supervision: requires 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.

The below listed duties may be performed under **general supervision**, unless otherwise indicated.

If **all** duties listed below are allowed under **general supervision**, please initial here: _____

***If a duty listed below is **not** allowed, or allowed under a different level of supervision, please indicate that by checking the appropriate box.

Specific Supervision Levels	GS	IS	DS	Not Allowed
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	☐	☐	☐	☐
Comprehensive charting of the oral cavity	☐	☐	☐	☐
Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis	☐	☐	☐	☐
Exposing and evaluation of radiographic images	☐	☐	☐	☐
Dental prophylaxis, including subgingival scaling and polishing procedures	☐	☐	☐	☐
Application of topical preventative or prophylactic agents, including fluoride varnishes and pit and fissure sealants	☐	☐	☐	☐
Administering local anesthetic	☐	☐	☐	☐
Pulp vitality testing	☐	☐	☐	☐
Application of desensitizing medication or resin	☐	☐	☐	☐
Fabrication of athletic mouth guards	☐	☐	☐	☐
Changing of periodontal dressings	☐	☐	☐	☐
Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth	☐	☐	☐	☐
Emergency palliative treatment of dental pain	☐	☐	☐	☐
Preparation and placement of direct restoration in primary and permanent teeth	☐	☐	☐	☐
Fabrication and placement of single-tooth temporary crowns	☐	☐	☐	☐

Specific Supervision Levels	GS	IS	DS	Not Allowed
Preparation and placement of preformed crowns on primary teeth	☐	☐	☐	☐
Indirect pulp capping in permanent teeth	☐	☐	☐	☐
Indirect pulp capping on primary teeth	☐	☐	☐	☐
Suture removal	☐	☐	☐	☐
Minor adjustments and repairs of removable prosthetic devices	☐	☐	☐	☐
Atraumatic restorative therapy and interim restorative therapy	☐	☐	☐	☐
Oral examination, evaluation and diagnosis of conditions within the supervising dentist's authorization	☐	☐	☐	☐
Removal of space maintainers	☐	☐	☐	☐
The dispensation and oral or topical administration of:				
o Non-narcotic analgesics	☐	☐	☐	☐
o Anti-inflammatories				
o Antibiotics				

*Reminder: Root planing procedures must be performed by an active RDH licensee. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms

*Reminder: Under indirect supervision, dental hygiene procedures may be performed for a patient who is under nitrous oxide or minimal sedation under the following conditions: (a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents; (b) The permit holder, or an anesthesia monitor, monitors the patient; or (c) If a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not required to be present during the time the patient is sedated unless the permit holder leaves the patient. (d) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with Board rules.

*Reminder: Under indirect supervision, a dental therapist may perform procedures for which they hold the appropriate license for a patient who is under nitrous oxide or minimal sedation under the following conditions: (a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents; (b) The permit holder, or an anesthesia monitor, monitors the patient; and (c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with Board rules

The below listed duties may be performed under **indirect supervision**, unless otherwise indicated.

If all duties listed below are allowed under indirect supervision, please initial here: _____

In accordance with OAR 818-038-0020 (3) Please indicate whether review with the supervising dentist is to be completed before the procedure, after the procedure, or both. If a duty listed below is not allowed, or allowed under a different level of supervision, please indicate that by checking the appropriate box.

Specific Supervision Levels	Review Before	Review After	IS	DS	Not Allowed
Placement of temporary restorations Additional comments:	☐	☐	☐	☐	☐
Fabrication of soft occlusal guards Additional comments:	☐	☐	☐	☐	☐

Specific Supervision Levels	Review Before	Review After	IS	DS	Not Allowed
Tissue reconditioning and soft relines Additional comments:	☐	☐	☐	☐	☐
Tooth reimplantation and stabilization Additional comments:	☐	☐	☐	☐	☐
Recementing of permanent crowns Additional comments:	☐	☐	☐	☐	☐
Pulpotomies on primary teeth Additional comments:	☐	☐	☐	☐	☐
Simple extractions of: o Erupted posterior primary teeth; and Additional comments:	☐	☐	☐	☐	☐
Simple extractions of: o Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss Additional comments:	☐	☐	☐	☐	☐
Brush biopsies Additional comments:	☐	☐	☐	☐	☐
Direct pulp capping on permanent teeth Additional comments:	☐	☐	☐	☐	☐
<u>Deliver unilateral space maintainers</u> Additional comments:	☐	☐	☐	☐	☐

STOP – Did you remember to attach your....

1. Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency?
2. Medical emergency guidelines?
3. Quality assurance plan?
4. Protocols for when a patient requires treatment outside the dental therapist's scope of practice?

Dentist:

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD as soon as reasonably possible (this means in less than 14 days of the change). Failure to do so may result in Board action.

I understand that I may supervise and enter into collaborative agreements with up to three dental therapists at one time.

I attest that a copy of the Collaborative Agreement, signed by both parties, is attached to this verification. I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned. An annual submission of the collaborative agreement shall coincide with the license renewal period between August 1 and September 30 each year.

Dentist Name: _____

Address: _____

Cell phone # _____ Email: _____

Dentist Signature: _____ Date: _____

Dental Therapist:

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. I understand that I shall submit annually a signed copy of the collaborative agreement to the Oregon Board of Dentistry. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD as soon as reasonably possible (this means in less than 14 days of the change). Failure to do so may result in Board action.

I understand that I may enter into collaborative agreements with more than one dentist if each collaborative agreement includes the same supervision requirements and scope of practice.

I attest that a copy of my liability insurance is attached to this verification.

I attest that at least 51 percent of my dental therapy practice will be to patients who represent underserved populations, as defined by the Oregon Health Authority by rule, or patients located in dental care health professional shortage areas, as determined by the authority.

I attest that a copy of the Collaborative Agreement, signed by both parties, is attached to this verification. I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned. An annual submission of the collaborative agreement shall coincide with the license renewal period between August 1 and September 30 each year.

Dental Therapist Name: _____

Address: _____

Cell phone # _____ Email: _____

Dental Therapist Signature: _____ Date: _____

ORS 679.618 Collaborative agreement required to practice dental therapy; required provisions; duties of dentist.

(1) A dental therapist may practice dental therapy only under the supervision of a dentist and pursuant to a collaborative agreement with the dentist that outlines the supervision logistics and requirements for the dental therapist's practice. The collaborative agreement must include at least the following information:

- (a) The level of supervision required for each procedure performed by the dental therapist;**
- (b) Circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure;**
- (c) The practice settings in which the dental therapist may provide care;**
- (d) Any limitation on the care the dental therapist may provide;**
- (e) Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;**
- (f) Procedures for creating and maintaining dental records for patients treated by the dental therapist;**
- (g) Guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care;**
- (h) A quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up;**
- (i) Protocols for the dispensation and administration of drugs, as described in ORS 679.621, by the dental therapist, including circumstances under which the dental therapist may dispense and administer drugs;**
- (j) Criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care; and**
- (k) Protocols for when a patient requires treatment outside the dental therapist's scope of practice, including for referral of the patient for evaluation and treatment by the 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.**

(2) In addition to the information described in subsection (1) of this section, a collaborative agreement must include a provision that requires the dental therapist to consult with a dentist if the dental therapist intends to perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease.

(3) A dentist who enters into a collaborative agreement with a dental therapist shall:

- (a) Directly provide care to a patient that is outside the scope of practice of the dental therapist or arrange for the provision of care by another dentist; and**
- (b) Ensure that the dentist, or another dentist, is available to the dental therapist for timely communication during the dental therapist's provision of care to a patient.**

(4) A dental therapist may perform and provide only those procedures and services authorized by the dentist and set out in the collaborative agreement, and shall maintain with the dentist an appropriate level of contact, as determined by the dentist.

(5) A dental therapist and a dentist who enter into a collaborative agreement together shall each maintain a physical copy of the collaborative agreement.

(6)(a) A dental therapist may enter into collaborative agreements with more than one dentist if each collaborative agreement includes the same supervision requirements and scope of practice.

(b) A dentist may supervise and enter into collaborative agreements with up to three dental therapists at any one time.

(7)(a) A collaborative agreement must be signed by the dentist and dental therapist.

(b) A dental therapist shall annually submit a signed copy of the collaborative agreement to the Oregon Board of Dentistry. If the collaborative agreement is revised in between annual submissions, a signed copy of the revised collaborative agreement must be submitted to the board as soon as practicable after the revision is made.

EXECUTIVE DIRECTOR'S REPORT

EXECUTIVE DIRECTOR'S REPORT

October 24, 2025

Board Updates

The OBD sent out its first Gov Delivery email communications in September. This new method of delivering important news, license reminders and updates should significantly enhance the OBD's ability to connect with its licensees and stakeholders.

Attachment #1

OBD Budget Report & Governor's Letter

Attached is the budget report for the 2025 – 2027 Biennium. This report, which is from July 1, 2025, through July 31, 2025, shows revenue of \$85,812.87 and expenditures of \$178,895.25. I also attached the Governor's 9.16.2025 letter to agency leaders regarding the state's challenging budget situation. **Attachment #2**

Customer Service Survey

Attached are the legislatively mandated survey results from July 1, 2025 – September 30, 2025, which is the start of FY 2026. The results of the survey show that the OBD received positive ratings from the majority of those that chose to submit a survey. **Attachment #3**

Staff Speaking Engagements

Haley Robinson gave a presentation entitled "Board Updates and Dental Assisting Hot Topics" at the ODAA conference September 12, 2025, in Portland.

Dental Hygiene & Dental Therapy License Renewal

The license renewal period started in mid-July and ended September 30th.

- Preliminary Dental Therapy license renewal shows **9 renewed for 2025.**
- Preliminary Dental Hygiene license renewal shows **1906 renewed for 2025.**

Past Years DH License Renewals:

- In 2024 1918
- In 2023 1908
- In 2022 1884
- In 2021 1888
- In 2020 1948
- In 2019 1946
- In 2018 1954

FY 2025 Annual Performance Progress Report

Attached is the OBD's FY 2025 Annual Performance Progress Report which was submitted to DAS and the Legislative Fiscal Office as required each year. The OBD reports excellent results for the fiscal year. **Attachment #4**

Dental Testing and Regulatory Summit

The American Association of Dental Administrators (AADA) and the American Association of Dental Boards (AADB), ADEX, CDCA-WREB-CITA and educators multi-day meeting, was held in Grapevine, Texas, October 16 – 19, 2025. Kristen Simmons, RDH attended the educators conference & AADB Meeting, and her flight was booked back in August. All information and meeting agendas can be found at this web link [2025 Dental Testing & Regulatory Summit and Educators Conference](#)

In September agency directors were advised not to travel out of state due to the state's deteriorating budget outlook, so I did not attend the AADA or other scheduled meetings.

Oregon Agency Expectations – Progress Report

In January 2023, Oregon Governor Tina Kotek outlined 11 expectations for state agency operations. This report updates progress made in meeting expectations. This report updates eight of the 11 measures. It details the actions agencies have taken to meet expectations and reports performance data. The OBD continues to meet all requirements and expectations.

Attachment #5

2026 Board Meeting Dates

The Board approved the 2026 board meeting dates at its last board meeting. **Attachment #6**



OREGON BOARD OF DENTISTRY NEWS

September 5, 2025

The OBD is excited to share news and important updates through Gov Delivery.

- Dental Hygiene & Dental Therapy License Renewal period ends Sept 30th. Click [here](#) for more information
- The OBD seeks your comments on 10 proposed rule changes. Click [here](#) for more information
- The OBD Summer Newsletter is available. Click [here](#) to access it and past newsletters.

Upcoming Meetings:

Sept 23 - DAWSAC

Sept 30 - Rulemaking Hearing (public comment accepted until Oct 10)

Oct 8 - Dental Therapy Rules Oversight Committee Meeting

Oct 24 - Board Meeting

All Board and Committee Meetings are public meetings. Meeting agendas and packets with Zoom link are typically available one week before the meeting occurs and all are posted [here](#).

Please be aware that email scams and other illegal attempts are being made to compromise your security with people impersonating OBD staff. This is a regular occurrence and it is happening with all types of healthcare providers nationwide. The OBD website clearly lists OBD staff, and contact information. Please stay vigilant and contact the OBD when in doubt if you are receiving a legitimate email or call from the OBD.

Please contact the OBD's Executive Director, [Stephen Prisky](#) if you have any questions or need more information on any OBD business topic.

Reply to Board Staff



Oregon Board of Dentistry

Date run: 9/7/2025

For the Month of **JULY 2025** AY **2027** FY **2026**

3400 BOARD OF DENTISTRY **REVENUE**

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan	Unobligated Balance
0205	OTHER BUSINESS LICENSES	76,679.00	76,679.00	4,174,320.00	4,097,641.00
0210	OTHER NONBUSINESS LICENSES AND FEES	2,050.00	2,050.00	14,000.00	11,950.00
0410	CHARGES FOR SERVICES	364.00	364.00	146,000.00	145,636.00
0505	FINES AND FORFEITS	1,666.60	1,666.60	240,000.00	238,333.40
0605	INTEREST AND INVESTMENTS	5,033.27	5,033.27	60,000.00	54,966.73
0975	OTHER REVENUE	20.00	20.00	9,000.00	8,980.00
Grand Total		85,812.87	85,812.87	4,643,320.00	4,557,507.13

3400 BOARD OF DENTISTRY **TRANSFER OUT**

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan	Unobligated Balance
2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	0.00	0.00	200,000.00	200,000.00
Grand Total		0.00	0.00	200,000.00	200,000.00

3400 BOARD OF DENTISTRY **PERSONAL SERVICES**

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan	Unobligated Balance
3110	CLASS/UNCLASS SALARY & PER DIEM	59,713.45	59,713.45	1,444,488.00	1,384,774.55
3160	TEMPORARY APPOINTMENTS	0.00	0.00	4,778.00	4,778.00
3170	OVERTIME PAYMENTS	0.00	0.00	6,949.00	6,949.00
3190	ALL OTHER DIFFERENTIAL	738.69	738.69	43,252.00	42,513.31
3210	ERB ASSESSMENT	18.00	18.00	504.00	486.00
3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	13,463.90	13,463.90	296,742.00	283,278.10
3221	PENSION BOND CONTRIBUTION	2,901.73	2,901.73	67,187.00	64,285.27
3230	SOCIAL SECURITY TAX	4,582.24	4,582.24	113,690.00	109,107.76
3241	PAID FAMILY MEDICAL LEAVE INSURANCE	239.59	239.59	5,572.00	5,332.41
3250	WORKERS' COMPENSATION ASSESSMENT	10.58	10.58	294.00	283.42
3260	MASS TRANSIT	362.70	362.70	10,321.00	9,958.30
3270	FLEXIBLE BENEFITS	11,507.09	11,507.09	296,856.00	285,348.91
Grand Total		93,537.97	93,537.97	2,290,633.00	2,197,095.03

3400 BOARD OF DENTISTRY **SERVICES AND SUPPLIES**

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan	Unobligated Balance
4100	INSTATE TRAVEL	0.00	0.00	57,512.00	57,512.00
4125	OUT-OF-STATE TRAVEL	0.00	0.00	8,564.00	8,564.00
4150	EMPLOYEE TRAINING	0.00	0.00	61,404.00	61,404.00
4175	OFFICE EXPENSES	128.07	128.07	103,313.00	103,184.93
4200	TELECOMM/TECH SVC AND SUPPLIES	1,093.68	1,093.68	28,227.00	27,133.32
4225	STATE GOVERNMENT SERVICE CHARGES	62,341.20	62,341.20	266,545.00	204,203.80
4250	DATA PROCESSING	0.00	0.00	170,267.00	170,267.00
4275	PUBLICITY & PUBLICATIONS	88.71	88.71	37,519.00	37,430.29
4300	PROFESSIONAL SERVICES	11,661.00	11,661.00	557,636.00	545,975.00
4315	IT PROFESSIONAL SERVICES	0.00	0.00	176,116.00	176,116.00
4325	ATTORNEY GENERAL LEGAL FEES	0.00	0.00	459,308.00	459,308.00
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	0.00	0.00	798.00	798.00

<u>D10 Compt Srce Grp</u>	<u>D10 Compt Srce Grp Ttl</u>	<u>Current Month</u>	<u>Bien_To_Date</u>	Financial Plan	Unobligated Balance
4400	DUES AND SUBSCRIPTIONS	600.00	600.00	11,807.00	11,207.00
4425	LEASE PAYMENTS & TAXES	6,418.50	6,418.50	215,252.00	208,833.50
4475	FACILITIES MAINTENANCE	711.00	711.00	661.00	(50.00)
4575	AGENCY PROGRAM RELATED SVCS & SUPP	0.00	0.00	148,652.00	148,652.00
4650	OTHER SERVICES AND SUPPLIES	2,315.12	2,315.12	97,723.00	95,407.88
4700	EXPENDABLE PROPERTY \$250-\$5000	0.00	0.00	6,609.00	6,609.00
4715	IT EXPENDABLE PROPERTY	0.00	0.00	26,593.00	26,593.00
Grand Total		85,357.28	85,357.28	2,434,506.00	2,349,148.72

				Current Month	Bien_To_Date	Rpt Mm Bal Ytd Avg
3400	BOARD OF DENTISTRY	Revenue	REVENUE	85,812.87	85,812.87	4,729,132.87
		Revenue Total		85,812.87	85,812.87	4,729,132.87
		Expenditures	PERSONAL SERVICES	93,537.97	93,537.97	2,384,170.97
			SERVICES AND SUPPLIES	85,357.28	85,357.28	2,519,863.28
			TRANSFER OUT	0.00	0.00	200,000.00
		Expenditures Total		178,895.25	178,895.25	5,104,034.25



TINA KOTEK
GOVERNOR

September 16, 2025

Dear Agency Leaders,

Together, we created a 2025-2027 recommended budget poised to build on progress in key areas. From continuing to improve customer service to making headway on entrenched challenges, we have been organizing ourselves to do more with constrained resources. The legislature passed budgets that would help us stay the course on what is working. This is a direct reflection of what your agencies deliver to Oregonians every day. Thank you for your leadership.

Fulfilling our charge to improve the lives of Oregonians cannot be undermined or swayed in times of scarcity. In fact, that calling rings even louder. Budget challenges demand that we, as leaders, have the courage to take our best laid plans and put them back on the drawing board as conditions change – to sharpen our pencils, do more with less, and ground ourselves in what matters most. This moment upon us, following months of chaos and uncertainty driven by the Trump Administration's economic policies and Congress' passage of H.R 1, which will have devastating consequences to the Oregon Health Plan and the Supplemental Nutrition Assistance Program (SNAP), requires all of us to dig deep and get creative.

As you know, the combined impact of national policies reflected in the September Revenue Forecast yields a fiscal environment resulting in the 2025-27 Legislatively Adopted Budget (LAB) no longer being in balance with projected revenues for the biennium. The gap we must collectively overcome is \$372.7 million General Fund dollars, which is approximately one percent of the current LAB.

This estimated deficit does not account for costs required to implement H.R. 1, which is likely to widen that chasm. For Oregon, the cuts to federal programs are projected to reach \$15 billion dollars over the next decade. In the wake of failed leadership from the Republican-led federal government, we must step up to the plate. This is not what we had planned for, but it is what we must do.

I am asking you to leave no stone unturned to save tax-payer dollars. This challenge is not unique to Oregon, but how we respond will be. Our resilience, teamwork, and determination have carried us through hard times before. They will again. We will persevere. This work must begin now and continue to occur as we respond to real-time economic indicators in the December and March revenue forecasts ahead.

As a starting point, I direct all state agencies to carry out the following cost-saving strategies, effective immediately and until further notice:

254 STATE CAPITOL, SALEM OR 97301-4047 (503) 378-3111 FAX (503) 378-8970

WWW.GOVERNOR.OREGON.GOV

- **All agencies should slow operational General and Lottery Fund spending:** The LAB is likely the ceiling for available resources, and it is prudent to scenario plan for future cuts later in the budget cycle. The longer we wait, the harder reductions will be to implement. Examples of slowing operational growth include holding positions vacant longer after turnover, reducing spending on services and supplies, and slowing implementation of new or expanding programs.
- **Oregon's Chief Financial Officer (CFO) will determine reduction targets for all agencies:** These targets will take into account individual agency operating costs, such as service costs for 24/7 operations.
- **The state will reduce out-of-state travel costs:** All non-essential out-of-state travel for trainings and conferences is suspended starting today.

Based on the recent revenue forecast and unknowns around implementing H.R. 1, agencies should plan for these cost savings to be included in their 2025–27 budget adjustments. Please note that these adjustments will not close the projected gap. Agencies should also begin preparing for additional reductions in the 2026 legislative session.

CFO will follow up with you on how best to meet the savings target for operating budgets as well as reduction options for the 2026 legislative session based on Oregon's economic outlook. I will continue to update you on the situation and how to respond in the coming months as needed.

Thank you for your steadfast service to Oregonians. It is your work that gives me confidence we can make sensible reductions while maintaining progress.

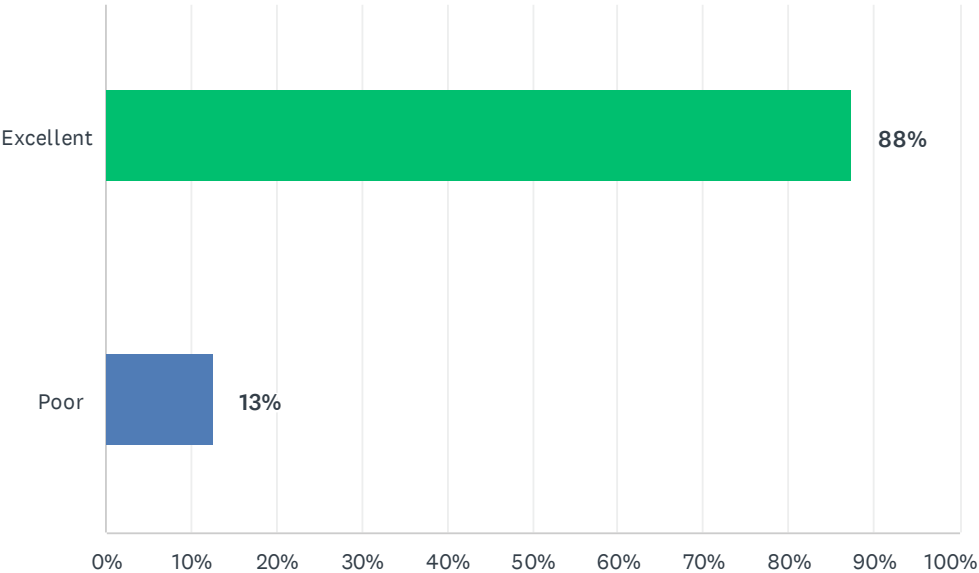
Sincerely,

A handwritten signature in black ink, appearing to read "Tina Kotek", with a stylized, cursive script.

Governor Tina Kotek

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

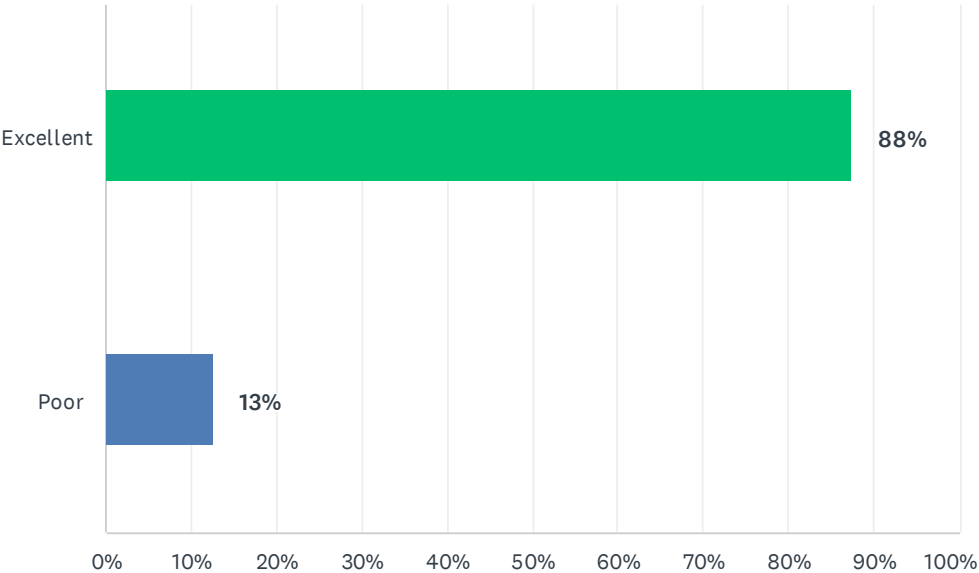
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	88%	7
Poor	13%	1
TOTAL		8

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

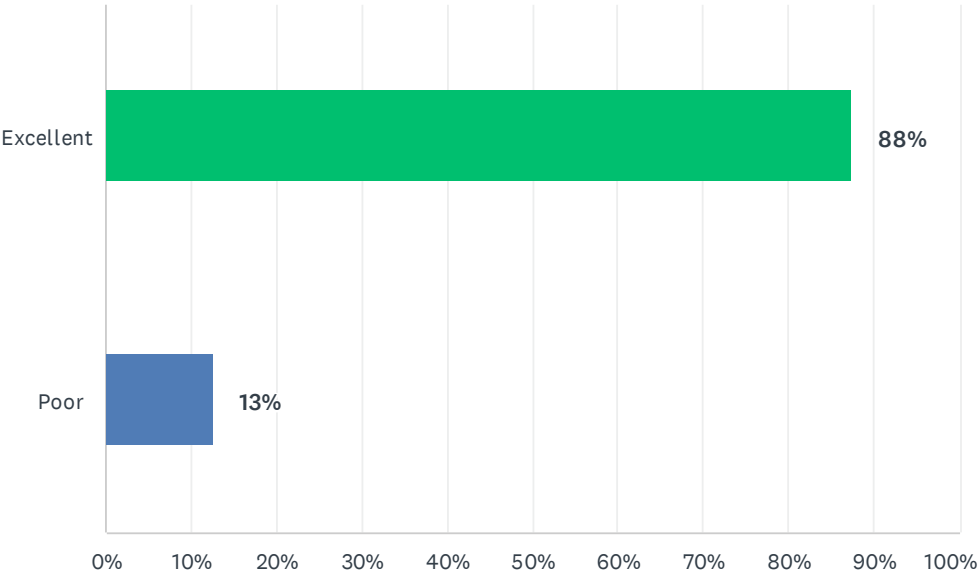
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	88%	7
Poor	13%	1
TOTAL		8

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

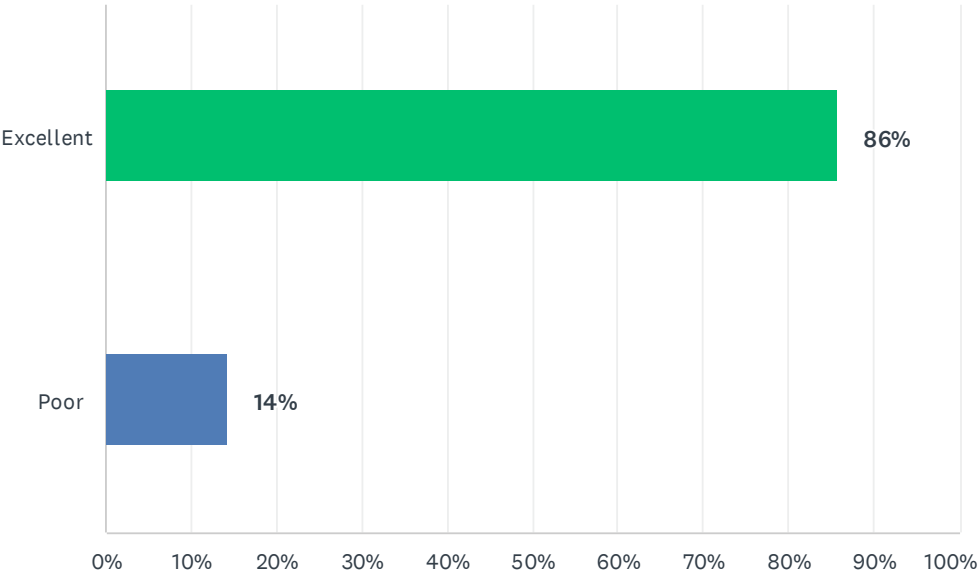
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	88%	7
Poor	13%	1
TOTAL		8

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

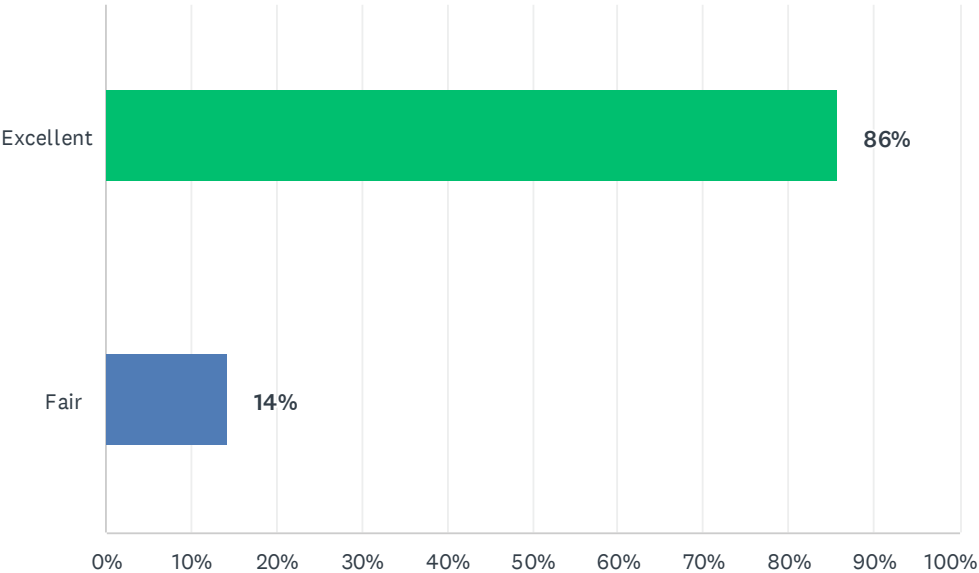
Answered: 7 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	86%	6
Poor	14%	1
TOTAL		7

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

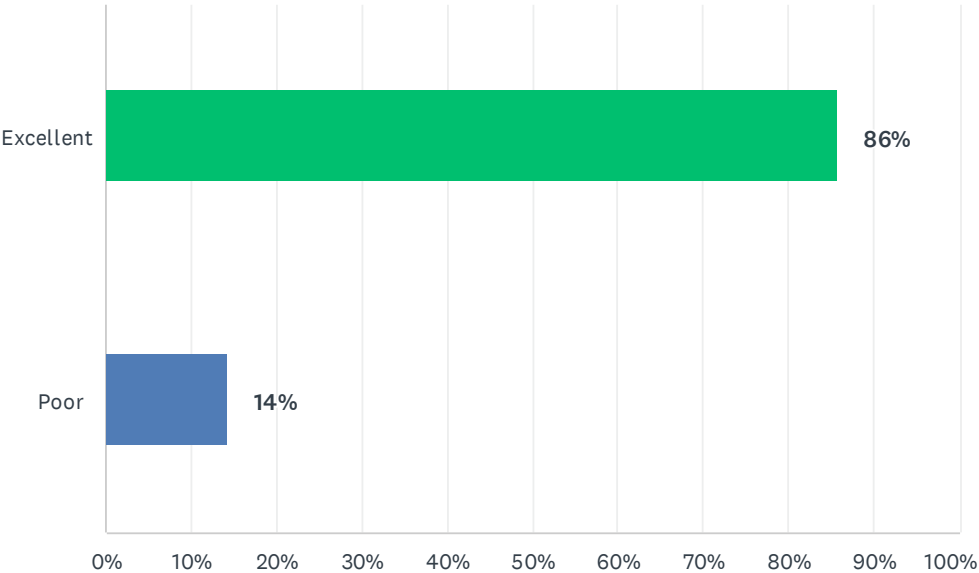
Answered: 7 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	86%	6
Fair	14%	1
TOTAL		7

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

Answered: 7 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	86%	6
Poor	14%	1
TOTAL		7

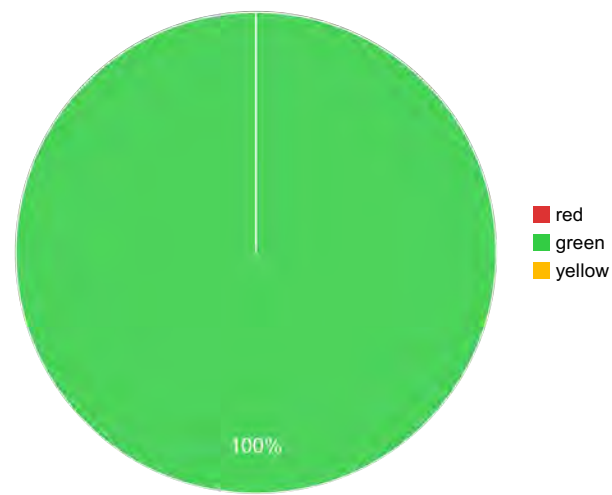
Board of Dentistry

Annual Performance Progress Report

Reporting Year 2025

Published: 9/2/2025 9:34:59 AM

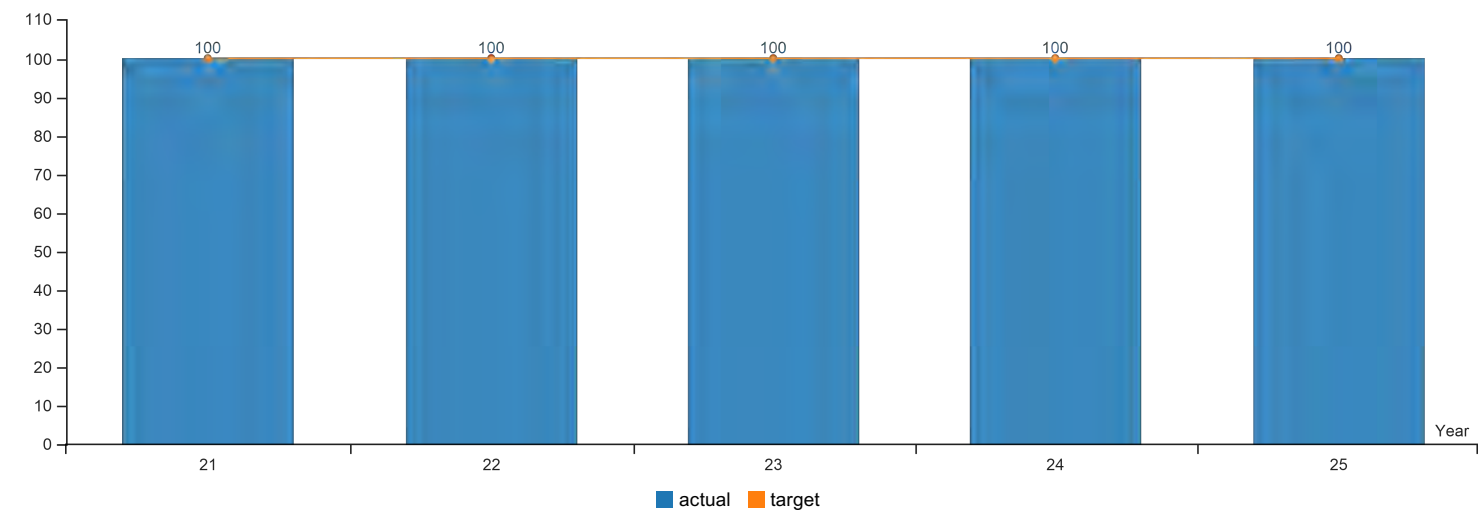
KPM #	Approved Key Performance Measures (KPMs)
1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
2	Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
4	Customer Satisfaction with Agency Services - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.
5	Board Best Practices - Percent of total best practices met by the Board.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	100%	0%	0%

KPM #1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
Percent of Licensees in Compliance with Continuing Education Requirements					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

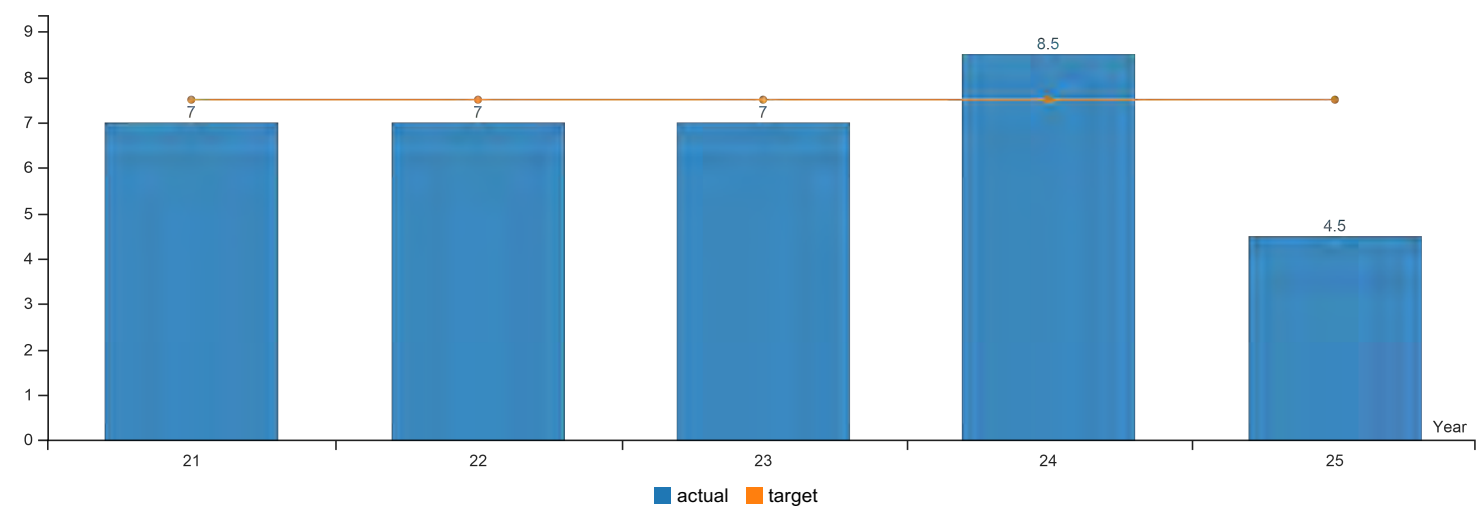
For FY 2025 we accomplished this goal by requiring our licensees complete and comply with continuing education requirements. The Board's view is that licensees should keep current on practice issues. One way to do this is to take continuing education courses during their two-year licensure period. The Board monitors their compliance with questions on their license renewal forms, it is requested in investigations and also verified in audits each renewal cycle. Board Staff follows up and ensures all licensees meet their CE requirement.

Factors Affecting Results

Board staff work with licensees to communicate the requirements to be in compliance with Board statutes and rules.

KPM #2	Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = negative result



Report Year	2021	2022	2023	2024	2025
Average time to Investigate Complaints					
Actual	7	7	7	8.50	4.50
Target	7.50	7.50	7.50	7.50	7.50

How Are We Doing

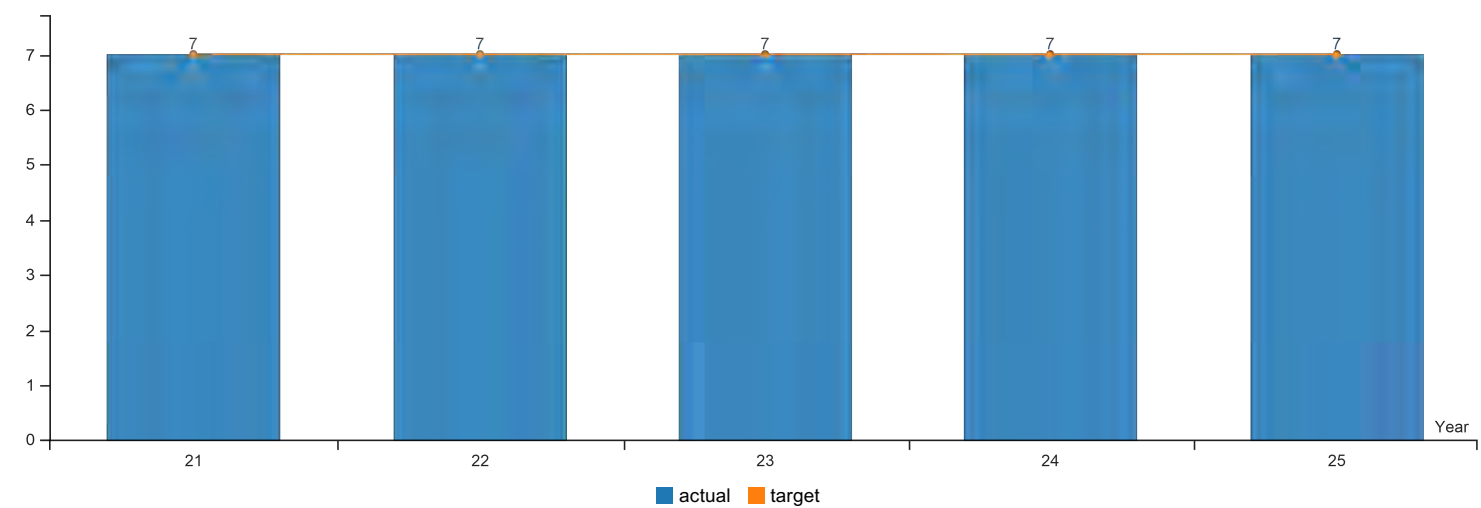
The investigators worked hard to close the cases and the regularly scheduled Board meetings remained on schedule in spite of the lingering effects of the pandemic. An investigation can sometimes take longer than usual because of a number of reasons: the number of treatment providers involved in the case, the complexity of the case, the timely responses of all involved and their cooperation as well.

Factors Affecting Results

The total number of investigations opened in FY 2025 was 213 compared to 178 in FY 2024. The number of cases closed in FY 2025 was 225 compared to 176 in FY 2024. All new complaints are addressed and investigated in a timely manner.

KPM #3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
Average Number of Working Days to Issue license after Paperwork is Completed.					
Actual	7	7	7	7	7
Target	7	7	7	7	7

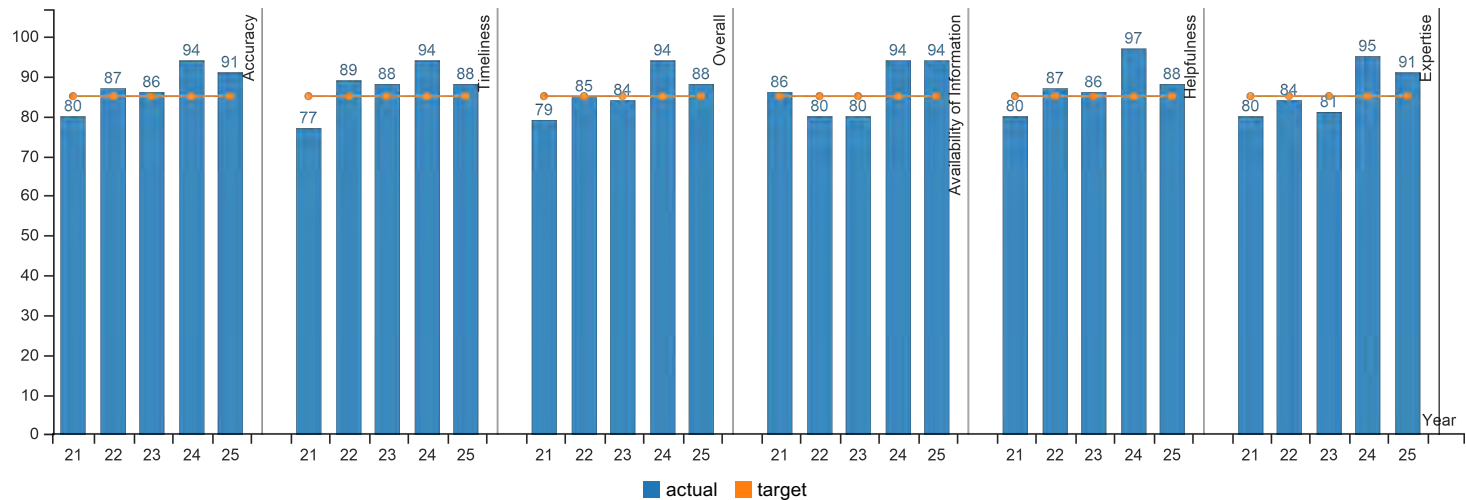
How Are We Doing

For FY 2025 we accomplished this goal. Although there are sometimes slight delays due to other agencies, schools, states and entities working remotely. Once all required documentation and paperwork is completed via the online portal, then licenses were issued with minimal delay.

Factors Affecting Results

It is one of our top priorities that applications and renewals be processed accurately and efficiently.

KPM #4	Customer Satisfaction with Agency Services - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.
	Data Collection Period: Jul 01 - Jun 30



Report Year	2021	2022	2023	2024	2025
Accuracy					
Actual	80%	87%	86%	94%	91%
Target	85%	85%	85%	85%	85%
Timeliness					
Actual	77%	89%	88%	94%	88%
Target	85%	85%	85%	85%	85%
Overall					
Actual	79%	85%	84%	94%	88%
Target	85%	85%	85%	85%	85%
Availability of Information					
Actual	86%	80%	80%	94%	94%
Target	85%	85%	85%	85%	85%
Helpfulness					
Actual	80%	87%	86%	97%	88%
Target	85%	85%	85%	85%	85%
Expertise					
Actual	80%	84%	81%	95%	91%
Target	85%	85%	85%	85%	85%

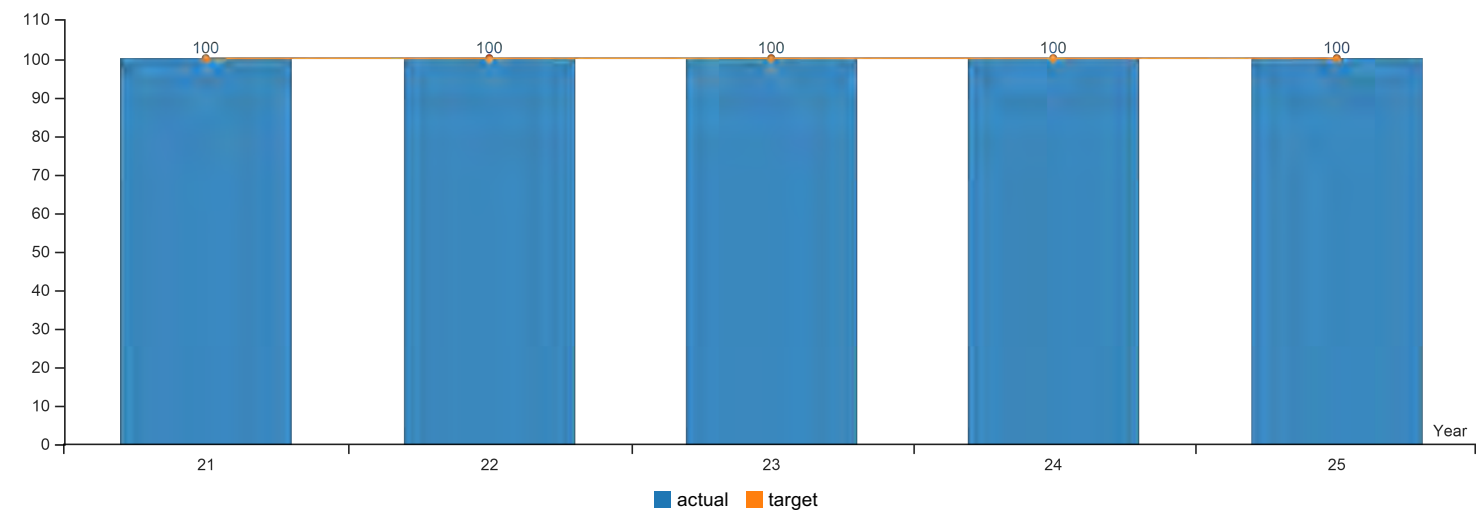
For FY 2025 we accomplished this goal. In compliance with the Oregon Legislatures directive, the Board conducts a Customer Service Survey as one tool to determine the customer satisfaction with the accuracy of carrying out the statutory requirements and Mission of the Board. The overall results were positive.

Factors Affecting Results

People choose to respond to surveys and we will continue to promote the survey and encourage feedback. We receive direct feedback outside the survey and it is good to know how the OBD's actions are impacting others and the information received is always useful.

KPM #5	Board Best Practices - Percent of total best practices met by the Board.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
Compliance with Best Practices Performance Measurement					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

For FY 2025 we accomplished this goal. Annually at the August Board Meeting the Board reviews the 15 metrics outlined on the Board Best Practices document.

Factors Affecting Results

The Board Members are engaged and dedicated to their responsibilities, duties and obligations serving Oregon in their capacity. The Board reviewed the Board Best Practices' Assessment document at its August 22, 2025, Board Meeting and unanimously agreed that all 15 metrics were met.

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%	

At the August 22, 2025 Board Meeting, the Board reviewed the best practices self-assessment documents and unanimously agreed that all Best Practices were met.



OREGON AGENCY EXPECTATIONS

Progress Report

Sept. 29, 2025

Covering April 1 – June 30, 2025

[Office of Strategic Initiatives and Enterprise Accountability](#)

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Introduction

In January 2023, Oregon Governor Tina Kotek outlined 11 expectations for state agency operations. This report updates progress made in meeting expectations. This report¹ updates eight of the 11 measures. It details the actions agencies have taken to meet expectations and reports performance data.

Agencies made the following progress:



Agencies are actively implementing audit recommendations in place: 96% of recommendations due have been implemented.



Nearly all agencies have current strategic plans developed internally and referred to often. Agencies are actively implementing strategic actions, estimating themselves on average to be around 60% of the way to achieving agency goals set forth in their plans.



Agencies reporting diversity, equity (DEI) and inclusion plan progress in alignment with agency strategic plans: 67 of 71 agencies reported their progress in DEI initiatives.



Agencies delivering information technology (IT) strategic plans declines: 63 of 71 agencies completed their required new or revised agency IT strategic plans on time.



Performance reviews for agency directors are on track: 27 of 29 agency director 360s reviews scheduled to occur from July 1, 2024 through June 30, 2025 have been completed.



Performance feedback remains steady: 54 of the 66 agencies that had required employee check-ins completed at least 90%.



Recruitment timelines have decreased by eight days, while vacancy rates remain steady. Agencies are now filling positions within an average of 52 days, with 10% of positions still vacant. Seventy-five percent of agencies have met this quarter's expectation.



Performance completing required training is mixed:

- Customer Service: **99%** (remains the same)
- Foundational Training for Managers: **53%** (decrease from 61%)
- Performance Feedback Training: **60%** (decrease from 71%)

¹ All reports are available on the [DAS Strategic Initiatives and Enterprise Accountability website](#).

- New Employee Orientations: **90% (increase from 79%)**
- Uplift Your Benefits: **96% (increase from 95%)**

Measures Covered in this Report

Audit Accountability

State agencies report to DAS on audit recommendation status twice a year.

Objectives: Agencies track recommendations made since Jan. 1, 2023, resulting from Secretary of State audits and agency internal audits.

Supporting Strategic Planning and Measuring Agency Performance

Agencies will develop and follow a strategic plan using goals outlined by the Governor's Office.

Objective: State agencies develop plans with agency leadership and in partnership with direct service employees, community partners, tribes, underrepresented communities and applicable boards and commissions responsible for oversight of the organization.

State Government Commitment to Diversity, Equity and Inclusion

All agencies will develop and submit a diversity, equity and inclusion plan updated every two years.

Objectives: Agencies will create a DEI plan to serve as an overarching DEI strategy tool, and an affirmative action plan, to achieve affirmative action goals.

Managing Information Technology Progress

State agencies report to EIS on IT strategic plan progress annually. The reports are due by June 1 of each year.

Objective: Agencies are to develop and maintain a business-driven and enterprise-aligned IT strategic plan supporting the organization's strategic priorities.

Performance Reviews for Agency Directors

All agency directors will have a 360-performance evaluation every two years.

Objective: Directors receive feedback based on [statewide values and competencies](#).

Performance Feedback for Employees

Each agency completes 90% or more required performance feedback check-ins each quarter.

Objective: Employees receive regular feedback from managers, who are equipped to assess performance and support the staff they manage.²

² According to the [statewide values and competencies](#).

Agency Hiring Practices

Each agency maintains an average of 50 or fewer days to complete competitive recruitments and actively manage vacancies³, reporting quarterly the reason for each.

Objective: Agencies are competitive for top candidates. (Hiring that takes longer than 50 days risks losing top candidates, and agencies can often control delays.)

Developing New Employees and Managers

- All agencies have a new employee orientation that 100% of new employees attend within 60 days. Objective: Employees are welcomed, informed and prepared to start work.
- All new employees complete Customer Service training within 60 days of hire. Objective: New employees align with and provide excellent service to customers.
- All new managers complete the Foundational Training Program. Objective: New managers are prepared to effectively manage.
- All new state employees complete Uplift Your Benefits within 14 days of hire. Objective: Employees understand offerings, resources and value of benefits package.
- All new managers complete employee feedback training within 30 days of hire. Objective: Employees and managers find performance process effective and valuable.

Expectations Reporting Schedule

	12/31/25	3/31/26	6/30/26	9/30/26
Director 360 reviews	✓	✓	✓	✓
Employee feedback	✓	✓	✓	✓
Recruitment	✓	✓	✓	✓
Workforce development	✓	✓	✓	✓
Audit response		✓		✓
Diversity, equity and inclusion plans				✓
Strategic planning				✓
Technology planning				✓
Emergency preparedness	✓			
Employee engagement		✓		
Succession planning		✓		

³ After the Legislature grants positions or after they become vacant.

Audit Accountability

Implementation rate for recommendations due during the reporting period: 96%⁴

Agencies reported on 104 audit reports covering 618 total recommendations.

- Total recommendations = 618
- Recommendations not yet due = 300
- Recommendations closed⁵ = 14
- Recommendations due by end of period = 304
 - o Recommendations implemented by end of period = 293
 - o Recommendations not implemented and overdue = 11

The total overdue recommendations decreased from 22 to 11. No agency reported more than two overdue recommendations.

In general, agency internal auditors noted their agencies were making progress and overdue recommendations were often partially implemented or waiting on validation from external auditors.

The high implementation rate is a positive sign. However, implementation status can change over time as internal and external auditors perform follow-up work to verify if management has fully implemented the recommendation or otherwise resolved the underlying audit findings. Additionally, expected implementation dates can change when agency priorities or resources shift.

⁴ Details in [Appendix A](#).

⁵ Recommendations closed due to management disagreeing with the recommendation, accepting the risk or determining the recommendation is no longer relevant to business practice

Supporting Strategic Planning and Measuring Agency Performance

Agencies with a current strategic plan in place: 94%⁶

Agencies were asked to report their strategic plan progress through an online survey. 64 out of 71 agencies have a current strategic plan in place. Four agencies do not have a plan, and three agencies did not respond to the survey.

Over half of strategic plans were initiated within the past year, with the average plan covering the period from 2023 to 2027. Nearly two-thirds of these plans will expire within the next two years. Most agencies developed their strategic plans internally, 80% of respondents consult their plans at least monthly, and 60% discuss them with their teams frequently.

Seventy-three percent outline between three-and-five top-level priorities. Eight agencies have already implemented actions on nearly all their strategic plan priorities.

On average, respondents rated their agencies as being 61% of the way toward achieving their strategic plan goals. However, 23% of priorities are still awaiting active implementation, while action is widespread on nearly a third of agency priorities, and 15% of priorities have been fully implemented.

To track progress, agencies most frequently rely on internal meetings, though 62% do not report publicly on their strategic plan progress. Additionally, 10% of agencies are actively developing their next strategic plan. Few agencies have yet to define how they will develop their next strategic plan, with three agencies having plans that expire this year but are still determining their next steps.

⁶ Details in [Appendix B](#).

State Government Commitment to Diversity, Equity and Inclusion

Agencies with a diversity, equity and inclusion plan in place: 96%⁷

Survey Results

The timing of DEI plan updates has changed to align with the strategic planning process. As a result, all agencies will submit a new DEI Plan June 2027. Agencies are still required to report progress on their DEI Plans annually starting this year.

The survey results revealed that 64 out of 71 agencies have a current DEI plan in place. Three agencies do not have a plan and four agencies did not respond to the survey. Over half of these plans were initiated within the past year. Nearly a third of DEI plans will expire this calendar year, and 87% will expire within the next two years. Most DEI plans were developed by a DEI officer or an agency director.

Agencies are continuing to make progress toward their goals, with most accomplishing at least one goal. Agencies report implementation of 167 of the 329 top-level priorities across all agency DEIB plans (51%) is already widespread or complete.

Twenty-eight percent of respondents report consulting their DEI plans at least weekly, while a quarter consult them infrequently. Seventy percent of respondents say DEI plans come up in discussion at least monthly.

DEI plans vary widely in the number of priorities, though 60% of plans contain three to five priorities. On average, respondents rated their agencies as 61% of the way toward achieving their DEI plan goals. Over half of the priorities are reported as having actions complete or widely implemented throughout the agency.

Most agencies monitor progress through internal meetings and communication, with fewer than half using data analysis to track DEI plan progress. Additionally, 69% of agencies do not report publicly on their DEI plan progress.

Looking ahead, 13 agencies are actively working on the next iteration of their DEI plans. 21 agencies follow a regular planning cycle for their DEI plans, while four agencies have plans that expire this year and are still determining their next steps.

⁷ Details in [Appendix C](#).

Agency Check-Ins and DEI Cohorts

The Office of Cultural Change (OCC) is meeting with every agency to check in on progress, explore barriers to implementation, uplift milestones and wins, as well as offer support. Agencies recognize barriers and places where they are behind in meeting their goals, oftentimes due to a lack of resources.

In addition, OCC continues to meet quarterly with agencies in DEI cohorts to provide support, capacity building and consulting around both DEI plans and general equity-related initiatives. Cohort attendance is strong. DEI practitioners continue to show up consistently alongside other agency representatives. A new public safety cohort was formed based on 2024 feedback.

Managing Information Technology Progress

IT strategic plans due before close of reporting period: 89%⁸

Most agencies have successfully updated their IT strategic plans to ensure alignment with their corresponding business strategic plans. Significantly, agencies previously exempt from reporting requirements due to having 50 or fewer full-time employees are now incorporated into the IT strategic planning performance measurement framework.

Of 71 agencies required to report, 63 submitted plans or updates.

EIS Review Process

The EIS Assistant State Chief Information Officer (ASCIO) team has reviewed all IT strategic plans and annual progress reports using evaluation criteria grounded in industry best practices and recognized frameworks. In addition to this review, the team engages directly with agencies to share tailored feedback and provide guidance. These collaborative sessions are designed to support continuous improvement in future strategic plan updates and annual progress reports, which are due each June.

Review Criteria: Agency Annual IT Progress Report



	✓	✗	
Executive Summary	☐	☐	Does the report provide a brief overview of the progress made against the strategic plan?
Strategic Objectives	☐	☐	Does the report outline each strategic objective from the plan and an update on progress made toward each?
Metrics and Targets	☐	☐	Does the report on the outcomes established to measure progress toward each objective? Includes both current performance metrics and any trends observed?
Initiatives	☐	☐	Does the report details of the initiatives or projects undertaken to support the strategic objectives? Including updates on the status of each initiative, any challenges encountered, and how they are being addressed?
Resource Allocation	☐	☐	Does the report description of resources such as budget, personnel, and technology allocated to support the strategic plan?
Risks and Mitigation Strategies	☐	☐	Does the report identify any risks that may impact the achievement of the strategic objectives and outline of the strategies in place to mitigate them?
Next Steps	☐	☐	Does the report provide insight into the next steps to be taken to further progress toward the strategic objectives, including any adjustments to the plan based on current performance and conditions?
Conclusion	☐	☐	Does the report summarize the overall progress against the strategic plan and highlights of any significant achievements or areas for improvement?

⁸ Details in [Appendix D](#).

Performance Reviews for Agency Directors

The performance review process underlying the expectation for agency director reviews began in January 2024. The Chief Human Resources Office (CHRO) developed a performance review schedule⁹ of three-to-five reviews monthly to distribute agency evaluations across each biennium. CHRO regularly updates the schedule to reflect leadership transitions.

Reporting agencies follow an established process based on agency size and include engagement with board or commission leadership when appropriate. Agencies with 75 or more employees use a statewide contract with Gallup to administer director evaluations, while smaller agencies may use a standardized, alternate process implemented in fall 2024.

Percentage of 360 performance reviews for agency directors scheduled that occurred (July 1, 2024 - June 30, 2025): 93%

The following reporting agencies completed scheduled director reviews:

2024 (July - December)	2025 (January - June)
Department of Land Conservation and Development	Business Oregon
Higher Education Coordinating Commission	Construction Contractors Board
Occupational Therapy Licensing Board	Department of Agriculture
Office of the Long Term Care Ombudsman	Department of Early Learning and Care
Oregon Board of Medical Imaging	Department of Environmental Quality
Oregon Department of Aviation	Department of Public Safety Standards and Training
Oregon Department of Human Services	Oregon Commission for the Blind
Oregon Department of Transportation	Oregon Health Authority
Oregon State Board of Nursing	Oregon Liquor and Cannabis Commission
Oregon State Marine Board	Oregon Parks and Recreation Department
	Oregon State Fire Marshal
	Psychiatric Security Review Board

The Employment Relations Board was scheduled for a review in fall 2024 but has not yet finished the evaluation process. The agency will complete the review by the third quarter of 2025. An additional nine directors are scheduled for review in the third quarter of 2025. The Oregon Department of Forestry and the Department of Consumer and Business Services were scheduled for the second quarter of 2025, and because of leadership changes, are rescheduled for 2026.

⁹ Details in [Appendix E](#).

Performance Feedback for Employees

Oregon state government requires managers to conduct quarterly check-ins with their employees. Each agency is expected to maintain a 90% or higher quarterly check-in completion rate.

Statewide percentage of required check-ins occurring on time: 95%¹⁰

Managers must meet with each employee to provide feedback on the employee's goals and expectations and document the check-in no later than July 31, 2025.

- 54 of the 66 executive branch agencies required to complete check-ins met or exceeded the 90% completion rate for this quarter's check-ins.
- An additional four agencies had a check-in completion rate between 80% and 90%.

Of the 66 agencies required to complete check-ins for the quarter, the following agencies did not reach at least 80% compliance:

- Oregon Public Utility Commission
- Oregon Public Defense Commission
- Oregon Racing Commission
- Oregon State Board of Nursing
- Board of Examiners for Speech-Language Pathology & Audiology
- Department of Environmental Quality
- Higher Education Coordinating Commission
- Board of Licensed Social Workers

In future months, DAS CHRO will meet with the agencies below 80% compliance to support them in meeting the Governor's expectations.

¹⁰ Details in [Appendix F](#).

Agency Hiring Practices

Time to Fill Positions

Agencies are expected to fill positions in 50 or fewer days on average. DAS analyzes Workday recruiting data that calculates the time to fill. Time to fill includes Executive Branch agencies and does not include atypical requisitions. For further details, refer to the [Time to Fill FAQs](#).

Positions were filled in 52 days on average in Q2 2025¹¹.

Proactive measures such as forecasting recruitment timelines, sourcing and outreach to job seekers, as well as expediting interviews, reference checks and job offers have continued to decrease the average time to fill.

Quarterly Time to Fill Data:

The table below shows the average time to fill per quarter, the number of agencies which recruited during that quarter, as well as the number and percentage of agencies that met the 50-day goal that quarter.

Year	Quarter	Days to Fill	# agencies hiring	# agencies 50 or fewer days	% agencies 50 or fewer days
2023	Q1	70 days	49	4	28%
	Q2	65 days	49	15	50%
	Q3	66 days	55	23	62%
	Q4	60 days	52	17	56%
2024	Q1	61 days	46	16	48%
	Q2	59 days	46	17	60%
	Q3	56 days	44	23	69%
	Q4	53 days	49	27	54%
2025	Q1	60 days	44	24	55%
	Q2	52 days	48	36	75%

¹¹ Details in [Appendix G](#).

Vacancy Rates

The vacancy rate for Q2 2025 was 9.9%¹².

Agencies are required to report vacancy rates on a quarterly basis. DAS reviews vacancy reports through Workday. To align with reporting presented to the Legislature, vacancies open for six months or longer are also shown.

Year	Quarter	Total positions	Total vacant positions	Positions vacant longer than 6 months	Positions vacant	Positions Vacant longer than 6 months
2023	Q2	42,310	6,217	2,837	14.7%	6.7%
	Q3	43,096	5,865	2,056	13.5%	5.1%
	Q4	43,891	5,732	2,238	13.0%	5.2%
2024	Q1	44,429	5,853	2,325	13.2%	5.2%
	Q2	44,653	5,773	2,634	12.9%	6.2%
	Q3	45,573	5,369	2,560	11.8%	5.6%
2025	Q4	46,070	5,409	2,729	11.7%	5.9%
	Q1	43,866	4,396	2,436	10.0%	5.6%
	Q2	43,412	4,277	2,455	9.9%	5.7%

¹² Details in [Appendix G](#).

Developing New Employees and Managers

Customer Service Training

Reporting agencies achieved 99% compliance.

The online self-pace customer service course is automatically assigned to all new hires to Oregon state government or employees who transfer from the Legislature, Judicial Department, Inside Oregon Enterprises, Oregon Travel Information Council, Secretary of State, Treasury or a semi-independent agency to the Executive Branch. All new employees must complete the training within 60 days of being hired.

This reporting period is from April 1, 2025 through June 30, 2025. Of the 755 new hires hired during this period:

- 707 employees completed the training within 60 days of being hired.
- 44 employees haven't completed the training but are still within 60 days.
- Three new employees have not completed the training and are over 60 days of being hired.
- One employee completed the training after 60 days of being hired.

Foundational Training Program

Reporting agencies achieved 53% compliance.

This training program is automatically assigned to all new managers to the executive branch or current executive branch employees who are promoted into a permanent or limited duration supervisory management position. All new managers must enroll into a cohort within five business days of being hired. New managers must complete the Foundational Training Program within four months of their position start date.

This reporting period is from July 1, 2024 through June 30, 2025. Of the 403 new managers hired during this period:

- 133 new managers completed the training within four months of being hired.
- 52 new managers completed the training over four months of being hired.
- 66 new managers have not completed the training and are over four months.
- 152 new managers have not completed the training but are still within four months.

DAS will be reaching out to the agencies with managers who have not completed this training to ensure timely completion.

Performance Accountability and Feedback Training

Reporting agencies achieved 60% compliance¹³.

These trainings are automatically assigned to all new managers in the executive branch or current executive branch employees who are promoted into a permanent or limited duration supervisory management position. All new managers must complete the three online self-paced training modules within 30 days of being hired or position start date.

This reporting period is from April 1, 2025, through June 30, 2025. Of the 112 new managers hired during this period:

- 56 new managers completed the training within 30 days of being hired.
- 25 new managers completed the training after 30 days of being hired.
- 12 new managers haven't completed the training and are over 30 days of being hired.
- 19 new managers haven't completed the training but are still within 30 days.

New Employee Orientation

Reporting agencies achieved 90% compliance.

This training is assigned by agencies to all new hires to Oregon state government or employees who transfer from the Legislature, Judicial Department, Inside Oregon Enterprises, Oregon Travel Information Council, Secretary of State, Treasury or a semi-independent agency to the Executive Branch, and employees who transfer to another Executive Branch agency. All new employees must complete the training within 60 days of being hired.

This reporting period is from April 1, 2025 through June 30, 2025. Of the 923 new employees hired during this period:

- 645 new employees completed the training within 60 days of being hired.
- 65 new employees have not completed the training and are over 60 days of being hired.
- Five new employees completed the training after 60 days of being hired. 208 new employees have not completed the training but are still within 60 days.

¹³ Details in [Appendix F](#).

Uplift Your Benefits

Reporting agencies achieved 96% compliance.

All employees new to state service are notified via Workday to attend an Uplift Your Benefits workshop.

This reporting period is from April 1, 2025 through June 30, 2025. Of the 751 new employees hired during this period:

- 656 employees completed the workshop within 30 days of assignment.
- 13 employees completed the workshop after the 30-day window.
- 15 employees have not completed the workshop and are past the 30-day window.
- 67 employees have not completed the workshop but are still within the 30-day window.

This reflects a strong overall compliance rate, with most new hires completing the training on time. The increase in employees still within the 30-day window suggests a recent wave of onboarding, and we expect many of these completions to be recorded in the coming weeks.

To ensure continued improvement, we will monitor agencies where employees are more likely to complete the training after the 30-day window. Our partnership coordinator will connect with these agencies to identify barriers and offer tailored support, with the goal of helping new employees access and complete their training within the recommended timeframe.

Conclusion

Agencies have made significant progress in several areas. They are diligently implementing audit recommendations and actively working towards strategic goals. DEI initiatives are well-reported and aligned with strategic plans. IT strategic management is strong, with most plans completed on time.

Performance management is on track, with most scheduled 360 reviews completed and steady employee check-ins. Recruitment timelines have improved, though vacancy rates remain steady.

Training completion rates vary, with high performance in some areas but room for improvement in others. Overall, agencies are making significant strides, reflecting a commitment to strategic goals and continuous improvement.

Appendix A: Audit Accountability

Statewide Status of All Audit Recommendations

	Implemented		Past Due		Total
All reporting agencies ¹⁴	293	96%	11	4%	304

Internal Audits

	Implemented		Past Due		Total
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Met Expectation

Office of the Long-Term Care Ombudsman	15	100%	0	0%	15
Oregon Department of Corrections	5	100%	0	0%	5
Oregon Department of Emergency Management	5	100%	0	0%	5
Oregon Department of Energy	1	100%	0	0%	1
Oregon Department of Fish and Wildlife	3	100%	0	0%	3
Oregon Department of Human Services	21	100%	0	0%	21
Oregon Department of Transportation	13	100%	0	0%	13
Oregon Health Authority	35	100%	0	0%	35
Oregon Liquor and Cannabis Commission	9	100%	0	0%	9
Oregon Lottery	3	100%	0	0%	3
Oregon Military Department	28	100%	0	0%	28
Oregon Youth Authority	8	100%	0	0%	8

Did not meet expectation

Oregon Department of Revenue	17	94%	1	6%	18
Oregon Department of Forestry	9	90%	1	10%	10
Department of Consumer and Business Services	11	85%	2	15%	13
Oregon Department of Education	2	50%	2	50%	4
Oregon Public Defense Commission	0	0%	2	100%	2
All reporting agencies	213	96%	8	4%	221

Secretary of State Audits

	Implemented		Past Due		Total
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Met Expectation

Department of Administrative Services	3	100%	0	0%	3
Department of Early Learning and Care	4	100%	0	0%	4
Higher Education Coordinating Commission	2	100%	0	0%	2
Oregon Department of Education	6	100%	0	0%	6
Oregon Department of Human Services	18	100%	0	0%	18
Oregon Department of Transportation	7	100%	0	0%	7
Oregon Health Authority	30	100%	0	0%	30
Oregon Housing and Community Services	6	100%	0	0%	6

¹⁴ Reporting agencies not listed either did not have audit activity or recommendations due.

Oregon Medical Board	1	100%	0	0%	1
Oregon State Police	1	100%	0	0%	1
Did not meet expectation					
Oregon Liquor and Cannabis Commission	1	50%	1	50%	2
Oregon Department of Emergency Management	1	33%	2	67%	3
All reporting agencies	80	96%	3	5%	83

Appendix B: Agency Strategic Plans

Statewide Status of Strategic Plans	#	%
Met expectation (Strategic plan currently in place; update submitted on time)	60	84.5%
Did not meet expectation	11	15.5%
Plan not currently in place or update submitted late	8	11.3%
No update submitted	3	4.2%
All reporting agencies	71	100%

No update submitted

Board of Licensed Social Workers

Oregon Public Defense Commission

Teacher Standards and Practices Commission

Plan not currently in place

Oregon Advocacy Commissions Office

Oregon Board of Optometry

Oregon Department of Aviation

Oregon Water Resources Department

Update submitted late

Office of the Public Records Advocate

Oregon Advocacy Commissions Office

Oregon Board of Tax Practitioners

Oregon Department of Fish and Wildlife

Oregon Veterinary Medical Examining Board

Appendix C: Agency Diversity, Equity and Inclusion Plans

Statewide Status of Diversity, Equity and Inclusion Plans	#	%
Met expectation (DEI plan currently in place; update submitted on time)	61	86%
Did not meet expectation	10	14%
Plan not currently in place or update submitted late	7	10%
No update submitted	3	4%
All reporting agencies	71	100%

No update submitted

Board of Licensed Social Workers

Oregon Public Defense Commission

Teacher Standards and Practices Commission

Plan not currently in place

Oregon Advocacy Commissions Office

Oregon Board of Optometry

Oregon Water Resources Department

Update submitted late

Office of the Public Records Advocate

Oregon Advocacy Commissions Office

Oregon Board of Tax Practitioners

Oregon Department of Fish and Wildlife

Oregon Veterinary Medical Examining Board

Appendix D: Agency Information Technology Plans

Status of Technology Planning	Revised IT Strategic Plan		Annual IT Progress Report		Combined	
	#	%	#	%	#	%
Met expectation (Revision and report on time)	63	89%	37	92.5%	100	90%
Did not meet expectation	8	11%	3	7.5%	11	10%
Submitted late	2	3%	3	7.5%	5	
Not submitted	6	8%	0	0%	6	
Exempt (1st year plan required)	0		31		31	
Non-exempt actions - all reporting	71	100%	40	100%	111	100%

Annual IT Progress Report Not Submitted

Oregon Employment Department

Oregon Parks and Recreation Department

Oregon Public Utility Commission

Revised IT Strategic Plan Not Submitted

Office of the Public Records Advocate

Oregon Advocacy Commissions Office

Oregon Board of Optometry

Oregon Department of Aviation

Oregon Employment Department

Oregon Housing and Community Services

Revised IT Strategic Plan Late

Criminal Justice Commission

Board of Examiners for Speech-Language Pathology & Audiology

Appendix E: Director Performance Review Schedule

	2025 (Odd-numbered years)	2026 (Even-numbered years)
January	Oregon Board of Physical Therapy Oregon Health Authority Oregon Liquor and Cannabis Commission	State Board of Chiropractic Examiners
February	Department of Early Learning and Care Commission for the Blind Oregon Parks and Recreation Department Oregon State Fire Marshal	Mental Health Regulatory Agency Oregon Water Resources Department Oregon Watershed Enhancement Board
March	Department of Environmental Quality Oregon Housing and Community Services	Oregon Board of Dentistry Oregon Medical Board
April	Board of Licensed Social Workers Business Oregon Oregon Department of Agriculture Department of Public Safety Standards and Training Oregon Department of Energy	Criminal Justice Commission State Library of Oregon
May	Psychiatric Security Review Board	Oregon Public Defense Commission
June	Construction Contractors Board Oregon Department of Geology and Mineral Industries	Board of Accountancy Board of Parole Oregon Veterinary Medical Examining Board
July	Oregon Department of Education Public Employee Retirement System	Employment Relations Board Oregon State Board of Massage Therapists Oregon Board of Naturopathic Medicine
August	Board of Examiners of Speech-Language Pathology & Audiology Oregon Board of Tax Practitioners	Oregon Department of Aviation Oregon State Board of Nursing

	2025 (Odd-numbered years)	2026 (Even-numbered years)
September	Office of the Long-Term Care Ombudsman Office of the Public Records Advocate Oregon Department of Emergency Management Oregon Department of Veterans' Affairs Oregon Lottery	Department of Administrative Services Oregon Occupational Therapy Licensing Board Oregon Department of Transportation Oregon Employment Department
October	Oregon Board of Optometry Oregon Mortuary and Cemetery Board Oregon Racing Commission Oregon State Police	Oregon Department of Revenue Oregon Public Utility Commission
November	Oregon Department of Corrections Oregon Government Ethics Commission Oregon Real Estate Agency	Department of Land Conservation and Development Oregon Department of State Lands Oregon Board of Medical Imaging Oregon Board of Pharmacy
December	Oregon Land Use Board of Appeals Oregon Department of Fish and Wildlife Oregon Military Department	Higher Education Coordinating Commission Oregon State Marine Board

Appendix F: Performance Feedback for Employees¹⁵

Performance Feedback for Employees Expectation: 90%+ completed	Check-Ins Complete %	Check-Ins Complete #	Total Required Check-Ins
Met expectation			
Board of Accountancy	100%	5	5
Business Oregon	100%	148	148
Construction Contractors Board	100%	53	53
Criminal Justice Commission	100%	14	14
Department of Administrative Services	100%	649	652
Department of Early Learning and Care	100%	256	257
Department of Public Safety Standards and Training	100%	81	81
Employment Relations Board	100%	7	7
Office of the Long-Term Care Ombudsman	100%	32	32
Office of the Public Records Advocate	100%	1	1
Oregon Board of Dentistry	100%	5	5
Oregon Board of Medical Imaging	100%	3	3
Oregon Board of Naturopathic Medicine	100%	1	1
Oregon Board of Pharmacy	100%	17	17
Oregon Board of Tax Practitioners	100%	1	1
Oregon Department of Aviation	100%	13	13
Oregon Department of Energy	100%	73	73
Oregon Department of Fish and Wildlife	100%	718	718
Oregon Department of Geology and Mineral Industries	100%	39	39
Oregon Department of Revenue	100%	854	854
Oregon Lottery	100%	430	432
Oregon Medical Board	100%	35	35
Oregon Military Department	100%	286	286
Oregon Mortuary and Cemetery Board	100%	5	5
Oregon Real Estate Agency	100%	26	26
Oregon State Board of Massage Therapists	100%	2	2
Oregon State Marine Board	100%	34	34
Oregon State Police	100%	977	977
Oregon Veterinary Medical Examining Board	100%	2	2
Oregon Watershed Enhancement Board	100%	35	35
Psychiatric Security Review Board	100%	8	8
State Board of Chiropractic Examiners	100%	3	3

¹⁵ Reporting agencies not listed did not have check ins required this period.

Performance Feedback for Employees Expectation: 90%+ completed	Check-Ins Complete %	Check-Ins Complete #	Total Required Check-Ins
State Library of Oregon	100%	37	37
Teacher Standards and Practices Commission	100%	19	19
Department of Land Conservation and Development	99%	83	84
Oregon Department of Agriculture	99%	256	258
Oregon Youth Authority	99%	604	609
Oregon Department of Corrections	98%	4,188	4,288
Oregon Department of Education	98%	488	500
Oregon Liquor and Cannabis Commission	98%	214	218
Oregon State Fire Marshal	98%	127	129
Public Employee Retirement System	98%	348	355
Department of Consumer and Business Services	97%	644	664
Oregon Employment Department	97%	1,381	1,430
Oregon Department of Veterans' Affairs	96%	64	67
Oregon Department of Human Services	95%	8,753	9,178
Oregon Department of Forestry	93%	461	495
Oregon Department of Transportation	93%	3,375	3,616
Oregon Government Ethics Commission	93%	13	14
Oregon Health Authority	93%	3,405	3,678
Oregon Housing and Community Services	93%	288	309
Oregon Parks and Recreation Department	93%	327	351
Commission for the Blind	92%	35	38
Oregon Department of Emergency Management	91%	73	80
Did not meet expectation			
Mental Health Regulatory Agency	89%	8	9
Oregon Water Resources Department	88%	159	181
Board of Parole	87%	20	23
Oregon Department of State Lands	85%	69	81
Department of Environmental Quality	80%	504	633
Oregon Public Utility Commission	79%	86	109
Higher Education Coordinating Commission	74%	102	138
Oregon Public Defense Commission	52%	71	136
Oregon State Board of Nursing	43%	20	47
Board of Licensed Social Workers	0%	0	5
Board of Examiners for Speech-Language Pathology & Audiology	0%	0	1
Oregon Racing Commission	0%	0	2
All reporting agencies	95%	31,035	32,601

Appendix G: Agency Hiring Practices

Time to Fill Vacant Positions

This table displays the time to fill for each agency within the Executive Branch that hired in Q2 2025, using the new report configuration data. A detailed report that compares historical time to fill data with data under the new report configuration is available on the [DAS website](#).

Average days to fill

Expectation: 50 or fewer days

Met expectation

Commission for the Blind	8
Oregon Real Estate Agency	9
Psychiatric Security Review Board	13
Oregon Board of Dentistry	20
Oregon Lottery	20
Oregon Department of Energy	26
Department of Public Safety Standards and Training	29
Board of Parole	30
Oregon Military Department	32
Oregon Public Defense Commission	32
Oregon State Fire Marshal	32
Oregon Department of Revenue	34
Oregon Watershed Enhancement Board	34
Higher Education Coordinating Commission	36
Office of the Long-Term Care Ombudsman	36
Business Oregon	39
Department of State Lands	39
Oregon State Marine Board	39
Oregon Department of Veterans' Affairs	41
Construction Contractors Board	42
Oregon Department of Agriculture	42
Oregon Employment Department	42
Department of Administrative Services	43
Oregon Department of Corrections	43
Oregon State Police	43
Department of Early Learning and Care	45
Oregon Department of Fish and Wildlife	45
Department of Consumer and Business Services	47
Oregon Department of Emergency Management	47
Oregon Department of Forestry	47
Oregon Public Utility Commission	47

Average days to fill

Expectation: 50 or fewer days

Oregon Medical Board	48
Oregon Housing and Community Services	49
Public Employee Retirement System	49
State Library of Oregon	49
Oregon Parks and Recreation Department	50

Did not meet expectation

Oregon Department of Education	54
Oregon Department of Transportation	54
Oregon Water Resources Department	54
Oregon Youth Authority	54
Oregon Department of Human Services	56
State Board of Chiropractic Examiners	60
Department of Land Conservation and Development	62
Department of Environmental Quality	62
Oregon Health Authority	68
Oregon Mortuary and Cemetery Board	69
Oregon State Board of Nursing	78
Oregon Liquor and Cannabis Commission	96

All reporting agencies ¹⁶	52
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¹⁶ Reporting agencies not listed did not report recruitments during the measurement period.

Vacancy Rates

This table displays the vacancy data for each agency within the Executive Branch in Q2 2025.

Vacancy Rates	Total Positions	Vacant	Vacant Long Term ¹⁷	Vacant %	Vacant Long Term %
Board of Accountancy	8	1	1	12.5%	12.5%
Board of Licensed Social Workers	8	1	0	12.5%	0.0%
Board of Parole	32	0	0	0.0%	0.0%
Business Oregon	196	13	14	6.6%	7.1%
Construction Contractors Board	60	4	3	6.7%	5.0%
Criminal Justice Commission	31	5	5	16.1%	16.1%
Department of Administrative Services	985	88	45	8.9%	4.6%
Oregon Department of Agriculture	415	73	57	17.6%	13.7%
Department of Consumer and	989	48	14	4.9%	1.4%
Oregon Department of Corrections	4,855	464	256	9.6%	5.3%
Department of Early Learning and	353	20	13	5.7%	3.7%
Department of Environmental Quality	863	76	49	8.8%	5.7%
Oregon Department of Geology and Mineral Industries	36	1	2	2.8%	5.6%
Department of Land Conservation and Development	103	9	3	8.7%	2.9%
Department of Public Safety Standards and Training	161	10	6	6.2%	3.7%
Oregon Department of Revenue	1,075	60	32	5.6%	3.0%
Oregon Department of State Lands	107	1	0	0.9%	0.0%
Employment Relations Board	14	0	0	0.0%	0.0%
Higher Education Coordinating Commission	183	22	14	12.0%	7.7%
Oregon Land Use Board of Appeals	7	0	0	0.0%	0.0%
Mental Health Regulatory Agency	15	0	0	0.0%	0.0%
Oregon Occupational Therapy Licensing Board	2	0	0	0.0%	0.0%
Office of the Long-Term Care Ombudsman	37	1	0	2.7%	0.0%
Office of the Public Records Advocate	2	0	0	0.0%	0.0%
Oregon Advocacy Commissions	4	1	0	25.0%	0.0%
State Board of Chiropractic Examiners	6	1	0	16.7%	0.0%
Oregon Board of Dentistry	9	1	0	11.1%	0.0%

¹⁷

Vacant longer than six months.

Vacancy Rates	Total Positions	Vacant	Vacant Long Term ¹⁷	Vacant %	Vacant Long Term %
State Board of Examiners for Speech-Language Pathology & Audiology	4	0	0	0.0%	0.0%
Oregon State Board of Massage Therapists	6	0	0	0.0%	0.0%
Oregon Board of Medical Imaging	3	0	0	0.0%	0.0%
Oregon Board of Naturopathic Medicine	4	0	0	0.0%	0.0%
Oregon Board of Optometry	2	0	0	0.0%	0.0%
Oregon Board of Pharmacy	24	3	0	12.5%	0.0%
Oregon Board of Physical Therapy	0	0	0		
Oregon Board of Tax Practitioners	2	0	0	0.0%	0.0%
Commission for the Blind	67	5	1	7.5%	1.5%
Oregon Department of Aviation	15	1	0	6.7%	0.0%
Oregon Department of Education	581	56	57	9.6%	9.8%
Oregon Department of Emergency Management	118	17	15	14.4%	12.7%
Oregon Department of Energy	101	4	6	4.0%	5.9%
Oregon Department of Fish and Wildlife	1,043	114	63	10.9%	6.0%
Oregon Department of Forestry	847	128	87	15.1%	10.3%
Oregon Department of Human Services	11,354	728	300	6.4%	2.6%
Oregon Department of Transportation	4,759	569	381	12.0%	8.0%
Oregon Department of Veterans' Affairs	101	7	0	6.9%	0.0%
Oregon Employment Department	1,994	318	184	15.9%	9.2%
Oregon Government Ethics Commission	15	0	0	0.0%	0.0%
Oregon Health Authority	5,730	795	549	13.9%	9.6%
Oregon Housing and Community Services	447	48	34	10.7%	7.6%
Oregon Liquor and Cannabis Commission	381	41	26	10.8%	6.8%
Oregon Medical Board	42	5	2	11.9%	4.8%
Oregon Military Department	480	101	59	21.0%	12.3%
Oregon Mortuary and Cemetery Board	7	0	0	0.0%	0.0%
Oregon Parks and Recreation	461	32	17	6.9%	3.7%
Oregon Public Defense Commission	177	10	5	5.6%	2.8%
Oregon Racing Commission	13	2	1	15.4%	7.7%
Oregon State Board of Nursing	62	7	2	11.3%	3.2%

Vacancy Rates	Total Positions	Vacant	Vacant Long Term ¹⁷	Vacant %	Vacant Long Term %
Oregon State Fire Marshal	163	10	4	6.1%	2.5%
Oregon Lottery	480	61	0	12.7%	0.0%
Oregon State Marine Board	40	1	0	2.5%	0.0%
Oregon State Police	1,383	133	69	9.6%	5.0%
Oregon Veterinary Medical Examining Board	5	0	0	0.0%	0.0%
Oregon Water Resources Department	251	23	12	9.2%	4.8%
Oregon Watershed Enhancement Board	34	1	0	2.9%	0.0%
Oregon Youth Authority	999	128	54	12.8%	5.4%
Psychiatric Security Review Board	12	1	0	8.3%	0.0%
Public Employee Retirement System	400	13	5	3.3%	1.3%
Oregon Public Utility Commission	147	10	5	6.8%	3.4%
Oregon Real Estate Agency	33	2	1	6.1%	3.0%
State Library of Oregon	41	2	0	4.9%	0.0%
Teacher Standards and Practices Commission	28	1	2	3.6%	7.1%
All reporting agencies	43,412	4,277	2,455	9.9%	5.7%

Appendix H: Developing New Employees and Managers

Customer Service Training Expectation: 90%+ completed	Completed within 60 days	Total required	Completed on time
Met expectation			
Business Oregon	2	2	100%
Construction Contractors Board	1	1	100%
Department of Administrative Services	15	15	100%
Department of Early Learning and Care	3	3	100%
Department of Environmental Quality	12	12	100%
Department of Public Safety Standards and	4	4	100%
Employment Relations Board	1	1	100%
Higher Education Coordinating Commission	2	2	100%
Oregon Department of Agriculture	6	6	100%
Oregon Department of Corrections	103	103	100%
Oregon Department of Education	4	4	100%
Oregon Department of Emergency Management	2	2	100%
Oregon Department of Energy	5	5	100%
Oregon Department of Fish and Wildlife	11	11	100%
Oregon Department of Forestry	14	14	100%
Oregon Department of Human Services	260	260	100%
Oregon Department of Revenue	16	16	100%
Oregon Department of State Lands	6	6	100%
Oregon Department of Veterans' Affairs	5	5	100%
Oregon Employment Department	5	5	100%
Oregon Housing and Community Services	11	11	100%
Oregon Liquor and Cannabis Commission	3	3	100%
Oregon Lottery	1	1	100%
Oregon Medical Board	1	1	100%
Oregon Military Department	11	11	100%
Oregon Parks and Recreation Department	7	7	100%
Oregon Public Defense Commission	9	9	100%
Oregon Public Utility Commission	2	2	100%
Oregon Racing Commission	2	2	100%
Oregon State Fire Marshal	4	4	100%
Oregon State Police	7	7	100%
Oregon Water Resources Department	7	7	100%
Oregon Youth Authority	15	15	100%
Public Employee Retirement System	6	6	100%
State Board of Chiropractic Examiners	1	1	100%

Customer Service Training Expectation: 90%+ completed	Completed within 60 days	Total required	Completed on time
Oregon Department of Transportation	45	46	98%
Oregon Health Authority	87	89	98%
Department of Consumer and Business Services	11	12	92%
All reporting agencies	707	711	99%

Foundational Training Expectation: 90%+ completed	Enrollment			Completion		
	Within 5 days	Required	On time	Within 4 months	Required	On time
Met expectation						
Business Oregon	2	2	100%	2	2	100%
Department of Land Conservation and Development	0	0	N/A	1	1	100%
Oregon Department of Agriculture	1	1	100%	2	2	100%
Oregon Department of Energy	1	1	100%	2	2	100%
Oregon Department of Revenue	3	3	100%	3	3	100%
Oregon Department of Emergency Management	1	1	100%	1	1	100%
Oregon Lottery	0	0	N/A	2	2	100%
Oregon Real Estate Agency	0	0	N/A	1	1	100%
Oregon State Fire Marshal	1	1	100%	1	1	100%
Oregon Water Resources Department	1	2	50%	1	1	100%
Department of Consumer and Business Services	5	5	100%	10	11	91%
Oregon Board of Pharmacy	1	1	100%	0	0	N/A
Did not meet expectation						
Oregon Department of Fish and Wildlife	2	3	67%	5	6	83%
Department of Early Learning and Care	0	0	N/A	3	4	75%
Oregon Department of Forestry	2	5	40%	6	8	75%
Department of Administrative Services	2	2	100%	4	6	67%
Oregon Department of Education	2	3	67%	4	6	67%
Oregon Youth Authority	0	2	0%	2	3	67%
Oregon Department of Transportation	6	11	55%	8	13	62%
Oregon Department of Human Services	16	20	80%	34	59	58%
Department of Public Safety Standards and Training	0	0	N/A	1	2	50%
Office of the Long-Term Care Ombudsman	0	0	N/A	1	2	50%
Oregon Employment Department	3	3	100%	3	6	50%
Oregon Public Utility Commission	0	1	0%	1	2	50%
Oregon Health Authority	15	21	71%	17	39	44%
Oregon State Police	3	3	100%	3	7	43%
Oregon Department of Corrections	3	5	60%	9	22	41%
Department of Environmental Quality	1	2	50%	2	6	33%
Oregon Liquor and Cannabis Commission	0	0	N/A	1	5	20%

Foundational Training Expectation: 90%+ completed	Enrollment			Completion		
	Within 5 days	Required	On time	Within 4 months	Required	On time
Oregon Housing and Community Services	1	1	100%	3	17	18%
Did not meet expectation						
Oregon Board of Optometry	0	0	N/A	0	1	0%
Oregon Department of State Lands	0	0	N/A	0	1	0%
Oregon Department of Veterans' Affairs	2	2	100%	0	2	0%
Oregon Parks and Recreation Department	1	1	100%	0	3	0%
Oregon Public Defense Commission	1	3	33%	0	1	0%
Public Employee Retirement System	0	0	N/A	0	2	0%
Teacher Standards and Practices Commission	0	0	N/A	0	1	0%
Oregon Military Department	1	2	50%	0	0	N/A
All reporting agencies ¹⁸	77	107	72%	133	251	53%

¹⁸ Reporting agencies not listed did not have Foundational Training required for this period.

New Employee Orientation Expectation: 90%+ completed	Completed within 60 days	Total required	Completed on time
Met expectation			
Business Oregon	4	4	100%
Department of Consumer and Business Services	8	9	89%
Department of Early Learning and Care	6	6	100%
Department of Public Safety Standards and	4	4	100%
Higher Education Coordinating Commission	1	1	100%
Oregon Department of Agriculture	5	5	100%
Oregon Department of Education	7	7	100%
Oregon Department of Energy	6	6	100%
Oregon Department of Fish and Wildlife	15	15	100%
Oregon Department of Revenue	21	21	100%
Oregon Department of State Lands	6	6	100%
Oregon Department of Veterans' Affairs	6	6	100%
Oregon Employment Department	4	4	100%
Oregon Liquor and Cannabis Commission	6	6	100%
Oregon Lottery	1	1	100%
Oregon Military Department	15	15	100%
Oregon Parks and Recreation Department	9	9	100%
Oregon Public Defense Commission	7	7	100%
Oregon Public Utility Commission	1	1	100%
Oregon State Fire Marshal	4	4	100%
Oregon State Marine Board	2	2	100%
Oregon Water Resources Department	12	12	100%
Public Employee Retirement System	8	8	100%
State Board of Chiropractic Examiners	1	1	100%
Oregon Department of Human Services	220	222	99%
Oregon Department of Forestry	22	23	96%
Department of Environmental Quality	16	17	94%
Department of Administrative Services	26	28	93%
Oregon Department of Transportation	40	43	93%
Oregon Housing and Community Services	14	15	93%

New Employee Orientation Expectation: 90%+ completed	Completed within 60 days	Total required	Completed on time
Did not meet expectation			
Oregon State Police	8	9	89%
Oregon Department of Corrections	84	108	78%
Oregon Health Authority	55	78	71%
Oregon Youth Authority	1	8	13%
Oregon Medical Board	0	1	0%
Oregon Racing Commission	0	2	0%
Oregon State Board of Nursing	0	1	0%
All reporting agencies	645	715	90%

Uplift Your Benefits Training Expectation: 90%+ completed	Completed within 30 days	Total required	Completed on time
Met expectation			
Business Oregon	2	2	100%
Construction Contractors Board	1	1	100%
Department of Administrative Services	15	15	100%
Department of Consumer and Business	12	12	100%
Department of Early Learning and Care	3	3	100%
Department of Environmental Quality	13	13	100%
Department of Public Safety Standards and	2	2	100%
Employment Relations Board	1	1	100%
Higher Education Coordinating Commission	2	2	100%
Oregon Department of Education	4	4	100%
Oregon Department of Emergency Management	2	2	100%
Oregon Department of Energy	5	5	100%
Oregon Department of Fish and Wildlife	12	12	100%
Oregon Department of Revenue	17	17	100%
Oregon Department of State Lands	6	6	100%
Oregon Department of Veterans' Affairs	5	5	100%
Oregon Employment Department	5	5	100%
Oregon Housing and Community Services	11	11	100%
Oregon Liquor and Cannabis Commission	3	3	100%
Oregon Lottery	1	1	100%
Oregon Medical Board	1	1	100%
Oregon Military Department	11	11	100%
Oregon Public Utility Commission	2	2	100%
Oregon Racing Commission	2	2	100%
Oregon State Fire Marshal	4	4	100%
Oregon Youth Authority	13	13	100%
Public Employee Retirement System	6	6	100%
State Board of Chiropractic Examiners	1	1	100%
Oregon Department of Human Services	251	253	99%
Oregon Health Authority	80	83	96%
Oregon Department of Transportation	41	43	95%
Did not meet expectation			
Oregon Public Defense Commission	7	8	88%
Oregon Department of Corrections	89	102	87%
Oregon Parks and Recreation Department	5	6	83%
Oregon Water Resources Department	5	6	83%
Oregon Department of Forestry	9	11	82%

Uplift Your Benefits Training Expectation: 90%+ completed	Completed within 30 days	Total required	Completed on time
Oregon State Police	4	5	80%
Oregon Department of Agriculture	3	5	60%
All reporting agencies	656	684	96%

Performance Accountability and Feedback Training Expectation: 90%+ completed	Completed within 30 days	Total required	Completed on time
Met expectation			
Business Oregon	1	1	100%
Department of Agriculture	1	1	100%
Department of Environmental Quality	1	1	100%
Department of Revenue	3	3	100%
Oregon Department of Education	2	2	100%
Oregon Department of Fish and Wildlife	3	3	100%
Oregon Housing and Community Services	1	1	100%
Oregon Military Department	2	2	100%
Oregon Parks and Recreation Department	1	1	100%
Oregon State Fire Marshal	1	1	100%
Oregon State Police	3	3	100%
Oregon Water Resources Department	2	2	100%
Did not meet expectation			
Department of Administrative Services	1	2	50%
Department of Consumer and Business	3	5	60%
Department of Corrections	2	4	50%
Oregon Board of Pharmacy	0	1	0%
Oregon Department of Energy	0	1	0%
Oregon Department of Forestry	2	4	50%
Oregon Department of Human Services	13	18	72%
Oregon Department of Transportation	4	10	40%
Oregon Department of Veterans' Affairs	1	2	50%
Oregon Employment Department	2	3	67%
Oregon Health Authority	6	17	35%
Oregon Public Defense Commission	1	3	33%
Oregon Youth Authority	0	2	0%
All reporting agencies	56	93	60%



**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

UNFINISHED
BUSINESS
&
RULES



Oregon

Tina Kotek, Governor

Board of Dentistry

1500 SW 1st Ave, Ste 770

Portland, OR 97201-5837

(971) 673-3200

Fax: (971) 673-3202

www.oregon.gov/dentistry

DATE: October 13, 2025

TO: OBD Board Members

FROM: OBD Executive Director Stephen Prisby

SUBJECT: Public Rulemaking Hearing & Comments Received

The OBD held a public rulemaking hearing on September 30, 2025, at 12 pm, with Haley Robinson serving as the Hearings Officer. There were attendees from the Board: Ms. Simmons and Ms. Jorgensen, staff members and the professional associations. No one gave testimony at the hearing, and the hearing ended at 12:15 pm.

The open public comment period on the proposed rule changes was from September 2, 2025, through October 10, 2025 at 4 pm.

I attached all the public comments received by Oct 10 at 4 pm for the Board to review. There was a lot of feedback and compiling it was cumbersome. I grouped the feedback based on general support or opposition to proposed rule changes and compiled emails that had specific rule language changes or other feedback for the Board to consider in its decision at the October 24th Board Meeting. The document is bookmarked and should be fairly easy to navigate.

I recommend that any rule changes that the Board approves: be approved with an effective date of December 1, 2025. I can answer any questions and look forward to your discussion of the rules and the comments at the Board Meeting.



October 1, 2025

Stephen Prisby, Executive Director
Oregon Board of Dentistry
1500 SW First Street, Suite 770
Portland, OR 97201

I am writing to you as the Advocacy Director for the Oregon Dental Hygienists' Association (ODHA). I have been a licensed dental hygienist for 47 years and have spent my career in dental assisting and dental hygiene education as both a faculty member and as a program director.

The ODHA strongly recommends that the Oregon Board of Dentistry adopt the proposed change to **OAR 818-042-0040 Prohibited Acts** that would clarify that dental assistants are currently prohibited by law from performing scaling to remove deposits and stains from teeth and are prohibited by law from periodontal probing. While this is already implied by existing law, the proposed rule change aims to eliminate any ambiguity and reinforce patient safety standards.

This proposed rule change is **consistent with existing law ORS 680.020** that states "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." We appreciate that one of the responsibilities of the Board is to interpret statutes so that they can provide clear and accurate information to their licensees.

We understand that there are dentists and dental team members who may not know that it is currently unlawful to practice dental hygiene or to present yourself as a dental hygienist without a valid dental hygiene license. This proposed rule change is intended to clarify that ORS 680.020 prohibits dental assistants from perform scaling and periodontal probing. This change will also help Board staff respond to questions that they receive about this issue.

It has been brought to our attention that 818-042-0112 Expanded Function Preventive Dental Assistants (EFPDA) allows EFPDAs to polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains. In order to align with this rule, we recommend that the rule change being considered in this rulemaking process be revised to read **(12) Scale teeth using hand instruments, air polishers, ultrasonic equipment or other devices to remove supragingival and subgingival stains and deposits from tooth surfaces.** We do not want this proposed rule change to prohibit EFPDAs from using a brush or rubber cup to remove stains from coronal surfaces of teeth.

Dental hygienists are educated and licensed to perform scaling to remove deposits and stains from teeth and periodontal probing. 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, in part because it takes at least two years to develop these clinical skills. The public deserves to receive dental hygiene treatment from licensed dental hygienists who have demonstrated competency in these skills during their time in a CODA accredited dental hygiene education program.

We empathize with dentists who are currently finding it difficult to hire a dental hygienist, but asking dental assistants to provide dental hygiene services is currently not legal in Oregon. Scaling teeth and periodontal probing require specialized education and licensure. Allowing unlicensed individuals to provide dental hygiene services is potentially harmful to patients who may receive substandard treatment and who may be led to believe that they are receiving their treatment from a licensed dental hygienist.

The ODHA looks forward to continuing discussions with the Oregon Dental Association and the Oregon Dental Assistants Association to explore solutions to the workforce situation that do **not** conflict with current law and do **not** jeopardize patient care. We also look forward to seeing how the graduates of two new dental hygiene education programs that have opened in Oregon will impact the dental hygiene workforce.

Thank you for considering these comments from the Oregon Dental Hygienists' Association.

Sincerely,

A handwritten signature in cursive script that reads "Lisa J. Rowley".

Lisa J. Rowley, Advocacy Director
Oregon Dental Hygienists' Association
lisajrowley.rdh@outlook.com



October 1, 2025

Stephen Prisby, Executive Director
Oregon Board of Dentistry
1500 SW First Street, Suite 770
Portland, OR 97201

I am writing to you as the Advocacy Director for the Oregon Dental Hygienists' Association. I have been a licensed dental hygienist for 47 years and I have spent my career in dental assisting and dental hygiene education as both a faculty member and a program director.

The ODHA strongly recommends that the Oregon Board of Dentistry adopt the proposed change to **OAR 818-035-0030 Additional Functions of Dental Hygienists** that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use **Botulinum Toxin Type A** to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist.

Dental hygienists will be required to complete a minimum of 10 hours in a hands-on clinical course offered by an approved provider or training as part of a CODA accredited program in order to perform this procedure. During their education, dental hygienists complete coursework in head and neck anatomy that is foundational to the additional training required for this procedure. The hands-on clinical training will help ensure that dental hygienists can safely perform this procedure.

Dentists will be allowed to delegate this procedure to their dental hygienists, thereby increasing access for patients to this therapeutic and cosmetic treatment. This change will expand dental hygiene scope of practice to align with practice already permitted in other states including California, Florida and New York. Both dentists and their patients will benefit from this change.

Thank you for considering these comments from the Oregon Dental Hygienists' Association.

Sincerely,

Lisa J. Rowley, Advocacy Director
Oregon Dental Hygienists' Association
lisajrowley.rdh@outlook.com

Stephen Prisby, Executive Director

Oregon Board of Dentistry

1500 SW First Street, Suite 770

Portland, OR 97201

I am writing to you as the Southwest Component Director for the Oregon Dental Hygienists' Association (ODHA). I have been a licensed dental hygienist for 19 years and an Expanded Practice Dental Hygienist for 15 years. I currently work for Community Health Centers of Lane County, an FQHC in the schools, Head Start, Relief Nursery, ECCares and Migrant Educational Program, since 2006, providing preventive care for 19 years, as well worked in a private dental practice.

The ODHA strongly recommends that the Oregon Board of Dentistry adopt the proposed change to OAR 818-042-0040 Prohibited Acts that would clarify that dental assistants are currently prohibited by law from performing scaling to remove deposits and stains from teeth and are prohibited by law from periodontal probing. While this is already implied by existing law, the proposed rule change aims to eliminate any ambiguity and reinforce patient safety standards. This proposed rule change is consistent with existing law ORS 680.020 that states "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." We understand that there are dentists and dental team members who may not know that it is currently unlawful to practice dental hygiene or to present yourself as a dental hygienist without a valid dental hygiene license. This proposed rule change is intended to clarify that ORS 680.020 prohibits dental assistants from: perform scaling and periodontal probing. This change will also help Board staff respond to questions that they receive about this issue.

As a Board of Dentistry member for 9 years the question about assistants' scaling came up often, with the Board clarifying the current rule, that assistants can't scale teeth, no matter the age of a patient. It has been brought to our attention that 818-042-0112 Expanded Function Preventive Dental Assistants (EFPDA) allows EFPDAs to polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains. In order to align with this rule, we recommend that the rule change being considered in this rulemaking process be revised to read (12) Scale teeth using hand instruments, air polishers, ultrasonic equipment or other devices to remove supragingival and subgingival stains and deposits from tooth surfaces. We do not want this proposed rule change to prohibit EFPDAs from using a brush or rubber cup to remove stains from coronal surfaces of teeth. Dental hygienists are educated and licensed to perform scaling to remove

deposits and stains from teeth and periodontal probing. 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, in part because it takes at least two years to develop these clinical skills. The public deserves to receive dental hygiene treatment from licensed dental hygienists who have demonstrated competency in these skills during their time in a CODA accredited dental hygiene education program. Scaling teeth and periodontal probing require specialized education and licensure. Allowing unlicensed individuals to provide dental hygiene services is potentially harmful to patients who may receive substandard treatment and who may be led to believe that they are receiving their treatment from a licensed dental hygienist.

* The purpose of this proposed rule change is to clarify the existing rule.

Thank you for your consideration.

A handwritten signature in black ink, appearing to read 'Alicia Riedman'.

Alicia Riedman RDH, EPDH, Southwest Component Director

Oregon Dental Hygiene Association

aliciariedman@outlook.com

October 10, 2025

Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201

RE: Oppose Proposed Rule Change 818-035-0030

Dear Oregon Board of Dentistry:

On behalf of the undersigned physician organizations, we are writing to share our concerns regarding the proposed change to rule 818-035-0030 that would allow dental hygienists to administer botulinum toxins to treat conditions that are within the oral and maxillofacial region. These are medical procedures that should require medical education, training, specific knowledge of facial anatomy (especially around the eyes) and the ability to manage the specific complications that may arise.

Procedures by any means, methods, devices or instruments that can alter or cause biologic change or damage the skin and subcutaneous tissue constitute the practice of medicine and surgery. This includes the use of foreign or natural substances by injection or insertion.^{i,ii} The medical procedures dental hygienists are seeking to perform use FDA-regulated devices, such as those that can alter or cause biologic change or damage and should only be performed by a physician or appropriately trained non-physician personnel under the direct, on-site supervision of an appropriately trained physician.ⁱⁱⁱ This proposal jeopardizes patient safety and disregards what is considered adequate and appropriate medical education and training. Quality patient care includes evaluating a patient's needs and condition(s), selecting an appropriate course of treatment and providing adequate follow-up care.

With the growing public demand for neuromodulators, providing patients with properly trained, educated, and supervised medical personnel is a safeguard Oregon should have for its citizenry. Neuromodulators can also be used to treat scars from injury and surgery, as well as from medical conditions; other applications include correcting facial asymmetries resulting from congenital, accidental, or medical conditions. Our utmost concern is to ensure that these products are safely administered by licensed and qualified physicians or under the direct, on-site supervision of a licensed and qualified physician. As with other cutaneous procedures, it is necessary to receive adequate training before using soft-tissue augmentation agents. Physician injectors should first be made to demonstrate a detailed knowledge of anatomy and possible adverse events (such as sensitivity, infection, and necrosis) through passing an American Board of Medical Specialties (or an ABMS-equivalent Board) examination in one of the CORE aesthetic specialties after residency training in one of these disciplines.^{iv}

According to the American Dental Association, dental hygienists receive anywhere from two to four years of education, resulting in an associate's degree, baccalaureate, or master's degrees, in some cases.^v The focus of their education is on oral health, rather than the skin and facial tissue. Dental hygienists are not required to demonstrate competency in procedures involving skin and soft tissue augmentation involving products that can alter or damage such living tissue. It is of upmost importance that the health care provider performing procedures with botulinum toxin or dermal fillers have specific, long-term training (such as a medical residency in dermatologic surgery, plastic surgery, facial plastic surgery or oculofacial plastic surgery). The education for dental hygienists does not include this type of intense training; additionally, any short-term training program offered by manufacturers of these products does not adequately protect patient safety.

Physicians complete medical school, residency and in many cases specialized fellowship and then board certification in their specialty. Some medical specialties like dermatology, plastic surgery, facial plastic surgery and oculofacial plastic surgery have focused training in using neuromodulators involving the skin and adjacent structures, which prepares physicians to perform medical procedures using fillers and neuromodulators safely and

effectively. Included in this training is proper technique, and the management of any adverse events. Furthermore, the American Medical Association (AMA) states that, “Cosmetic medical procedures, such as botulinum toxin injections, dermal filler injections, and laser and intense pulsed light procedures, be considered the practice of medicine.”^{vi}

During a 2021 meeting of the FDA’s General and Plastic Surgery Committee on Soft-Tissue Fillers, the American Society for Dermatologic Surgery’s Task Force on Soft-Tissue Fillers found that knowledge of vascular anatomy is *crucial* for all filler injections. **Intravascular injection is possible at any location on the face, but certain locations carry a higher risk, such as filler embolization; necrosis; visual abnormalities; blindness; and stroke.**^{vii} Thus, we are in firm agreement with the FDA’s further updated consumer guidance in 2023 that anyone considering a neurotoxin or dermal filler consult with a licensed provider who is experienced in injecting dermal fillers, knowledgeable about fillers, anatomy, managing complications and knows the risks and benefits of treatment.^{viii}

In 2024, the AMA adopted policy on Dentist Scope of Practice Expansion, recognizing “the threat posed to patient safety when dentists and dental hygienists are authorized to practice medicine and administer procedures outside their level of education and training.”^{ix} Simply put, dental hygienists do not have the same extensive training physicians have, especially when it comes to adverse event management beyond the dental cavity.

To best protect the citizens of Oregon from adverse events and ensure quality patient care, we urge you to oppose policy that would allow dental hygienists to administer botulinum toxins. Should you have any questions regarding this critical patient safety issue, please do not hesitate to contact Kristin Hellquist, Senior Chief Advocacy Officer at the American Society for Dermatologic Surgery Association, at khellquist@asds.net.

Sincerely,

American Academy of Dermatology Association
American Society for Dermatologic Surgery Association
American Society of Plastic Surgeons
The Aesthetic Foundation
The Aesthetic Society

ⁱ ASDSA *Position Statement on the Practice of Medicine*. <https://www.asds.net/Portals/0/PDF/asdsa/asdsa-position-statement-definition-of-the-practice-of-medicine.pdf>

ⁱⁱ AADA *Position Statement on Medical Spa Standards of Practice*. <https://www.aad.org/Forms/Policies/Uploads/PS/PS-Medical%20Spa%20Standards%20of%20Practice.pdf>

ⁱⁱⁱ ASDSA *Position Statement on Delegation*. <https://www.asds.net/Portals/0/PDF/asdsa/asdsa-position-statement-delegation.pdf>

^{iv} Gladstone H, Cohen J. Adverse Effects When Injecting Facial Fillers. *Semin Cutan Med Surg*. 2007 Mar;26(1):34-9.

^v Dental Hygienist Education and Training Requirements. Retrieved from <http://www.ada.org/en/education-careers/careers-in-dentistry/dental-team-careers/dental-hygienist/education-training-requirements-dental-hygienist>

^{vi} Addressing Safety and Regulation in Medical Spas. Retrieved Aug. 6, 2024. <https://policysearch.ama-assn.org/policyfinder/detail/dermal%20fillers?uri=%2FAMADoc%2Fdirectives.xml-0-1174.xml>

^{vii} Jones D, Fitzgerald R, Cox S, Butterwick K, et al. Preventing and Treating Adverse Events of Injectable Fillers: Evidence-Based Recommendations From the American Society for Dermatologic Surgery Multidisciplinary Task Force. *Dermatol Surg* 2021;47:214-26.

^{viii} Filling in Wrinkles Safely. Accessed Aug. 6, 2024. Retrieved from <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm049349.htm>

^{ix} Protecting Patients from Inappropriate Dentist and Dental Hygienist Scope of Practice Expansion. Retrieved Aug. 6, 2024. <https://policysearch.ama-assn.org/policyfinder/detail/scope%20of%20practice%20dentist?uri=%2FAMADoc%2Fdirectives.xml-D-35.974.xml>

From: Sehoya Maciel <macielsehoya@gmail.com>
Sent: Thursday, October 9, 2025 7:40 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: OAR 818-042-0040

To whom this may concern,

The ODHA strongly recommends that the Oregon Board of Dentistry adopt the proposed change to OAR 818-042-0040 Prohibited Acts that would clarify that dental assistants are currently prohibited by law from performing scaling to remove deposits and stains from teeth and are prohibited by law from periodontal probing. While this is already implied by existing law, the proposed rule change aims to eliminate any ambiguity and reinforce patient safety standards.

This proposed rule change is consistent with existing law ORS 680.020 that states “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.” We appreciate that one of the responsibilities of the Board is to interpret statutes so that they can provide clear and accurate information to their licensees.

We understand that there are dentists and dental team members who may not know that it is currently unlawful to practice dental hygiene or to present yourself as a dental hygienist without a valid dental hygiene license. This proposed rule change is intended to clarify that ORS 680.020 prohibits dental assistants from performing scaling and periodontal probing. This change will also help Board staff respond to questions that they receive about this issue.

It has been brought to our attention that 818-042-0112 Expanded Function Preventive Dental Assistants (EFPDA) allows EFPDAs to polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains. In order to align with this rule, we recommend that the rule change being considered in this rulemaking process be revised to read:

(12) Scale teeth using hand instruments, air polishers, ultrasonic equipment or other devices to remove supragingival and subgingival stains and deposits from tooth surfaces.

We do not want this proposed rule change to prohibit EFPDAs from using a brush or rubber cup to remove stains from coronal surfaces of teeth.

Dental hygienists are educated and licensed to perform scaling to remove deposits and stains from teeth and periodontal probing. 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, in part because it takes at least two years to develop these clinical skills. The public deserves to receive dental hygiene treatment from licensed dental hygienists who have demonstrated competency in these skills during their time in a CODA accredited dental hygiene education program.

We empathize with dentists who are currently finding it difficult to hire a dental hygienist, but asking dental assistants to provide dental hygiene services is currently not legal in Oregon. Scaling teeth and periodontal probing require specialized education and licensure. Allowing unlicensed individuals to provide dental hygiene services is potentially harmful to patients who may receive substandard treatment and who may be led to believe that they are receiving their treatment from a licensed dental hygienist.

The ODHA looks forward to continuing discussions with the Oregon Dental Association and the Oregon Dental Assistants Association to explore solutions to the workforce situation that do not conflict with current law and do not jeopardize patient care. We also look forward to seeing how the graduates of two new dental hygiene education programs that have opened in Oregon will impact the dental hygiene workforce.

Thank you for considering these comments from the Oregon Dental Hygienists' Association.

Sincerely,

Sehoya Maciel, RDH

Macielsehoya@gmail.com

971-216-9578

1125 NW 12th Ave apt 702, Portland, OR 97209

From: Leah Lewis <leahlewis8@icloud.com>
Sent: Thursday, October 9, 2025 7:37 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: proposed rule change is intended to clarify ORS 680.020

October 9, 2025

Stephen Prisby, Executive Director
Oregon Board of Dentistry
1500 SW First Street, Suite 770
Portland, OR 97201

I am writing to you as the Advocacy Director for the Oregon Dental Hygienists' Association (ODHA). I have been a licensed dental hygienist for 47 years and have spent my career in dental assisting and dental hygiene education as both a faculty member and as a program director.

The ODHA strongly recommends that the Oregon Board of Dentistry adopt the proposed change to OAR 818-042-0040 Prohibited Acts that would clarify that dental assistants are currently prohibited by law from performing scaling to remove deposits and stains from teeth and are prohibited by law from periodontal probing. While this is already implied by existing law, the proposed rule change aims to eliminate any ambiguity and reinforce patient safety standards.

This proposed rule change is consistent with existing law ORS 680.020 that states "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." We appreciate that one of the responsibilities of the Board is to interpret statutes so that they can provide clear and accurate information to their licensees.

We understand that there are dentists and dental team members who may not know that it is currently unlawful to practice dental hygiene or to present yourself as a dental hygienist without a valid dental hygiene license. This proposed rule change is intended to clarify that ORS 680.020 prohibits dental assistants from performing scaling and periodontal probing. This change will also help Board staff respond to questions that they receive about this issue.

It has been brought to our attention that 818-042-0112 Expanded Function Preventive Dental Assistants (EFPDA) allows EFPDAs to polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains. In order to align with this rule, we recommend that the rule change being considered in this rulemaking process be revised to read:

(12) Scale teeth using hand instruments, air polishers, ultrasonic equipment or other devices to remove supragingival and subgingival stains and deposits from tooth surfaces.

We do not want this proposed rule change to prohibit EFPDAs from using a brush or rubber cup to remove stains from coronal surfaces of teeth.

Dental hygienists are educated and licensed to perform scaling to remove deposits and stains from teeth and periodontal probing. 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, in part because it takes at least two years to develop these clinical skills. The public deserves to receive dental hygiene treatment from licensed dental hygienists who have demonstrated competency in these skills during their time in a CODA accredited dental hygiene education program.

We empathize with dentists who are currently finding it difficult to hire a dental hygienist, but asking dental assistants to provide dental hygiene

services is currently not legal in Oregon. Scaling teeth and periodontal probing require specialized education and licensure. Allowing unlicensed individuals to provide dental hygiene services is potentially harmful to patients who may receive substandard treatment and who may be led to believe that they are receiving their treatment from a licensed dental hygienist.

The ODHA looks forward to continuing discussions with the Oregon Dental Association and the Oregon Dental Assistants Association to explore solutions to the workforce situation that do not conflict with current law and do not jeopardize patient care. We also look forward to seeing how the graduates of two new dental hygiene education programs that have opened in Oregon will impact the dental hygiene workforce.

Thank you for considering these comments from the Oregon Dental Hygienists' Association.

Sincerely,

Leah Lewis, RDH, BSDH, EPDH, MBA

License number: H8899

From: Tana <keystoneoralhealth@gmail.com>
Sent: Thursday, October 9, 2025 2:16 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: rule change to 818-042-0040 Prohibited Acts

10/08/2025

To:
Stephen Prisby, Executive Director
Oregon Board of Dentistry
1500 SW First Street, Suite 770
Portland, OR 97201

I am writing as a to respectfully express my support in revising the current wording of **OAR 818-042-0040 Prohibited Acts**. I strongly encourage that the Oregon Board of Dentistry adopt the proposed change to **OAR 818-042-0040 Prohibited Acts** that would **clarify** that dental assistants are currently prohibited by law from performing scaling to remove deposits and stains from teeth and are prohibited by law from periodontal probing. I support recommendations that the rule change being considered in this rulemaking process be revised to [read \(12\) Scale teeth using hand instruments, air polishers, ultrasonic equipment or other devices to remove supragingival and subgingival stains and deposits from tooth surfaces](#). We do not want this proposed rule change to prohibit EFPDAs from using a brush or rubber cup to remove stains from coronal surfaces of teeth.

Not preemptively changing the wording in this Act could compromise patient safety, diminish the quality of care, and erode not only the standards of both of our professions, but the public perception of us as primary care providers. By allowing potential for unlicensed individuals to scale teeth; posing a risk to patient safety and undermining the professional integrity of both dental hygiene and dentistry.

Scaling is not merely a mechanical procedure — it is a clinical skill grounded in science by disease recognition, structure and tissue assessment, precision instrumentation, instrument maintenance and critical thinking skills. Scaling is a highly skilled clinical procedure that requires rigorous education, hours of supervised real-time (with immediate feedback) training experience for things such as:

1. learning tactile sensitivity — the ability to distinguish between calculus, decalcification, decay, enamel, cementum, and restorative materials through touch. Without this training, there is a high risk of incomplete deposit removal or unintentional removal of healthy tooth structure, compromising patient care.
2. Learning proper maintenance and management of instruments used for scaling. Proper scaling requires the use of sharp, well-maintained instruments. New instruments are not always sharp! Effective training to identify dull instruments, sharpen, and maintain instruments for different clinical needs, ensures both effectiveness and patient

safety. Ignoring this not only increases the risk of tissue trauma or ineffective calculus removal but also is a cause of clinician fatigue and musculoskeletal disorders.

3. Having comprehensive education in pharmacology, oral pathology, anatomy, and periodontology allows the early identification of signs of periodontal disease during scaling. Identifying things such as co-morbidities in patients' medical histories, observing changes in pocketing, clinical attachment loss, and other early signs of gingival diseases allows for stabilization of health and prevention of progression into periodontitis.

Thank you for considering my perspective and for your ongoing commitment to maintaining the highest standards of oral healthcare in our state.

Respectfully,

Tana Spencer

Tana Spencer, EPDH, sMS, CDHC, CH-OSE, FADHA

Clinical Educator - Public Speaker

Keystoneoralhealth@gmail.com

<https://sites.google.com/view/keystoneoralhealth/home>

From: Jonathan Yih <jonathan.yih17@gmail.com>
Sent: Wednesday, October 8, 2025 7:12 PM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Subject: Re: Any Public Comment

Hi Stephen,

Regarding the Proposed Change to OAR 818-042-0110

I would strongly recommend that you remove the proposed rule change to OAR 818-042-0110, or at least postpone the rule change until there is additional clarification.

Here are my comments and questions for clarification for the board.

1) I have commonly seen the following scenario: An orthodontic office employs someone interested in going to dental hygiene or dental assisting school. To get some basic dental experience, they are employed as a sterile technician. If they got "on-the-job" training assisting in orthodontic duties under supervision of a licensed dentist, **does the 6-month timeframe start for them then? Does the 6-month timeframe even apply to them? Or, does it not apply to them because they have not taken/passed any assisting exams?**

2) I ask the above scenario because it was my pre-existing understanding, and from your response, that "Certification by Credentialing" was a valid and approved method for obtaining EFODA. Essentially, someone could earn EFODA after working this "on-the-job" training after 1000 hours. **Is that still correct?**

3) Point #2 came into question and concern for me because I believe there is a conflict between two websites. **The Oregon.gov website** states that Certification by Credentialing is only possible for assistants who have been certified in other states. However, **OAR 818-042-0120** distinguishes those separately. Which of these is correct?

<https://www.oregon.gov/dentistry/Pages/dental-assistants.aspx>

Certification by Credentials

Dental Assistants who have been **certified in other states** to perform expanded functions or to take x-rays, and have **at least 1,000 hours** of work experience in the past two years performing these functions may qualify for certification by credential. The certification process is performed by the Dental Assisting National Board (DANB).

Verification of Oregon Certifications

To obtain written verification of Oregon certifications to be sent to another Licensing Board:

- [Certificate of Standing - Dental Assistant](#)

https://oregon.public.law/rules/oar_818-042-0120

OAR 818-042-0120

Certification by Credential

- (1) Dental Assistants who wish to be certified by the Board in Radiologic Proficiency or as Expanded Function Dental Assistants, Expanded Function Orthodontic Dental Assistants, or as Expanded Function Preventive Dental Assistants shall:
 - (a) **Be certified by another state** in the functions for which application is made. The training and certification requirements of the state in which the dental assistant is certified must be substantially similar to Oregon's requirements; **or**
 - (b) **Have worked for at least 1,000 hours** in the past two years in a dental office where such employment involved to a significant extent the functions for which certification is sought; **and**
 - (c) Shall be evaluated by a licensed dentist, using a Board approved checklist, to assure that the assistant is competent in the expanded functions.
- (2) Applicants applying for certification by credential in Radiologic Proficiency must obtain certification from the Oregon Health Authority, Center for Health Protection, Radiation Protection Services, of having successfully completed training equivalent to that required by [OAR 333-106-0055 \(General Requirements: X-ray Operator Training\)](#) or approved by the Oregon Board of Dentistry.

4) With all due respect, if DANB is the only testing entity authorized by the Board, do they have an undue "monopoly" over Oregon policies? They're an organization in Illinois,

correct? I understand the idea of streamlining things and copying all of their policies, but it also feels like a potential conflict of interest or clash with current Oregon law. **I worry that adopting every policy from DANB will overwrite the writing and phrasing currently written in OAR 818-042-0120.** My concerns may be dispelled by the answers to the above concerns.

If Oregon Law requires a licensed dentist to Directly Supervise orthodontic duties performed by a non-EFODA assistant after 6 months, this could severely inhibit their ability to provide orthodontic services to their patients. This can be especially concerning for dentists practicing in rural locations that have very little or no access to EFODA assistants.

Jonathan Yih, DMD, MS



ABO-Certified Orthodontist

(541) 908-4699 | jonathan.yih17@gmail.com

From: Trenton LeBaron <lebaron.dmd@gmail.com>
Sent: Tuesday, September 23, 2025 1:30 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: RE: Comment on proposed rule changes.

Hello,

Thank you for all you do and for seeking the public comment. I have reviewed the proposed changes and I have one concern and suggestion regarding the new rule under OAR 818-042-0040 Prohibited Acts #12 which states: "(12) Use hand instruments, air polishers, ultrasonic equipment or other devices to remove supragingival and subgingival stains and deposits from tooth surfaces."

The way this rule is worded may be confusing to Dental Assistants and Dentist who understand that in Oregon, certified EFDAs may perform coronal polishing which is understood to be polishing "the coronal [(i.e. supragingival)] surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains."

The way the new rule is worded may inadvertently suggest that any assistant would no longer be able to perform "coronal polishing" procedures as it implies that the use of "other devices" to remove supragingival stains would be prohibited if a brush and rubber cup were ever considered "other devices."

It may be beneficial to reword the new rule as follows:

(12) Use hand instruments, air polishers, ultrasonic equipment or other devices to remove supragingival and subgingival stains and deposits from tooth surfaces, with the exception of supragingival tooth surface stains removed by a certified Expanded Functions Dental Assistant with a brush or rubber cup as part of oral prophylaxis.

Thank you,

Trenton LeBaron, DMD
Member
LeBaron Dentistry, LLC
DBA: Keizer Smile Center
3975 River Rd. N #5
Keizer, OR 97303
Phone (503) 393-9106
Fax (503) 393-3053

Letter to the Dental Board Regarding Hygienist Administration of Botulinum Toxin

Dear Members of the Dental Board,

My name is Kim Wright, DMD, MAGD, and I am a general dentist in West Linn, Oregon. Approximately 15% of my practice is dedicated to treating orofacial pain, which encompasses a complex spectrum of temporomandibular joint dysfunctions, both joint-based and muscle-based. I write to you from a position of specialized clinical experience and deep concern for patient safety.

The Critical Need for Comprehensive Diagnostic Expertise

Orofacial pain represents one of dentistry's most diagnostically challenging domains, requiring extensive knowledge in headache medicine and neurology for successful patient outcomes. The complexity of these conditions cannot be overstated. In my practice, I have encountered patients whose "TMD symptoms" were actually manifestations of migraine, multiple sclerosis, extracranial malignancies, and intracranial tumors. Each of these cases required immediate medical intervention that would have been catastrophically delayed by inappropriate botulinum toxin treatment.

As board members well know, failure to properly diagnose conditions before rendering treatment represents a leading cause of disciplinary action in our profession. Allowing practitioners without comprehensive training in orofacial pain differential diagnosis to administer botulinum toxin as a treatment for these conditions creates an unacceptable risk of misdiagnosis and patient harm.

The Problematic Trend of First-Line Neurotoxin Treatment

Through my referral practice, which receives patients from primary care physicians, general dentists, and oral surgeons, I have observed a troubling pattern: botulinum toxin increasingly being marketed and utilized as first-line therapy for TMD conditions. This approach fundamentally violates established principles of conservative dental care.

Conservative and well-established reversible therapies should always be attempted before resorting to treatments that may mask symptoms and delay proper diagnosis of potentially serious underlying conditions. Yet the economic incentives surrounding botulinum toxin therapy are significant, as therapeutic doses are exponentially higher than cosmetic doses. The proportionally greater reimbursement creates powerful financial motivations that can compromise clinical judgment. Coupling this with social media influences that encourage patients to self-diagnose and seek neurotoxin treatment, we face a perfect storm of inappropriate care.

Additionally, I have seen cases where patients developed profound masseteric atrophy after neurotoxin treatment, without symptom relief. The instinct to simply increase subsequent doses reflects a gap in advanced training, the kind of diagnostic preparation every dentist receives as part of their professional education. If parafunction was the true etiology, significant muscle-mass reduction should translate into clinical improvement.

These scenarios demand rigorous oversight: pre- and post-treatment photographs to document changes, careful questioning about evolving symptoms, and timely referral to an appropriate specialist when appropriate. Managing such cases requires both the expertise to evaluate complex symptom patterns and the judgment to recognize when further botulinum toxin treatment is no longer appropriate. Significant muscle reduction without symptom abatement or resolution signals the need for an alternative diagnosis and treatment plan. Such oversight can only be provided by a dentist trained in differential diagnosis and long-term orofacial pain management. Patients whose conditions masquerade as TMD, including those with potentially life-threatening disease, deserve nothing less.

Proposed Safeguards

I want to emphasize that I am not categorically opposed to hygienist administration of neurotoxins. However, patient safety must remain paramount. I propose two essential modifications to any such policy:

1. **Scope Limitation:** Restrict hygienist botulinum toxin administration to cosmetic applications only, explicitly prohibiting treatment of masticatory muscles. This limitation would eliminate diagnostic complexity while preserving the cosmetic benefits that pose minimal risk to patient morbidity and mortality.
2. **Enhanced Supervision Requirements:** Any hygienist delivering botulinum toxin must work under the supervision of a dentist who is also trained and competent in this therapeutic modality. Currently, no other procedure performed by hygienists in our offices exceeds the training and capabilities of the supervising dentist. This principle should not be abandoned for botulinum toxin therapy.

Conclusion

The expansion of hygienist scope of practice should enhance patient care, not compromise it. While I support professional growth and expanded access to appropriate treatments, we cannot allow economic incentives or convenience to override our fundamental obligation to "first, do no harm."

I respectfully urge the board to implement these safeguards, ensuring that any expansion of hygienist practice maintains the diagnostic rigor and clinical oversight essential for patient safety. The complexity of orofacial pain diagnosis and the potential for serious underlying pathology demand nothing less than our most careful consideration.

Thank you for your attention to this critical patient safety issue.

Sincerely,
Kim Wright, DMD, MAGD
General Dentist
West Linn, Oregon

From: Zoe_Kyarra <Zoe_Kyarra@yahoo.com>
Sent: Thursday, September 11, 2025 1:40 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Botox for RDH

Sent from my U.S.Cellular© Smartphone

I was wondering when the rule passes September 30th, then the botox injection type A, fillers and TMJ for RDH to perform after training from a certified class will be in effect January 1st, 2026, are RDH able to get training before then Or do we have to wait until 2026? Also, do you know of any information on the classes that will offer the training on the west coast? Everything the thing I have found was on the east coast.

Thank you,

SherylAnne Warren, RDH, EPP

Re: Opposition to Proposed Rule Change 818-035-0030

Dear Members of the Board,

I am writing to respectfully oppose the proposed rule change 818-035-0030, which would allow dental hygienists with a local anesthesia endorsement to administer Botulinum Toxin Type A within the oral and maxillofacial region under the general supervision of a dentist, following completion of additional training.

As a dentist, I have seen firsthand the tremendous strain our profession is facing due to the ongoing shortage of dental hygienists. Many practices across Oregon, including my own, struggle to find hygienists who can assist in providing essential preventative and periodontal care for patients. This shortage directly impacts patients' access to routine cleanings, oral health maintenance, and periodontal therapy—all of which are foundational to overall health.

Expanding the scope of dental hygienists to include Botox administration does not address this critical need. In fact, it risks diverting hygienists away from their primary and urgently necessary role in preventive oral healthcare, further reducing access to care for the broader population. Botox procedures serve a relatively small, elective, and income-dependent patient population. Dentists, nurse practitioners, physicians, and other licensed providers already compete within this space to meet the demand for cosmetic and therapeutic Botox. Adding hygienists to this field will not increase access for underserved patients; it will instead siphon valuable providers away from where they are needed most.

Our communities benefit most when hygienists focus on dental hygiene and periodontal therapy—the very areas where demand far exceeds supply. The proposed expansion would only exacerbate the current workforce crisis and ultimately harm Oregonians' access to essential care.

For these reasons, I strongly urge you to vote **no** on the proposed scope expansion in rule 818-035-0030. Protecting and prioritizing access to preventive oral health services should remain the central mission for both dentists and hygienists alike.

Thank you for your consideration of my perspective.

Respectfully,



2/3/2025

Alexandra Dahm DDS

License: D11225

Owner: Haven Dental PDX Portland, OR 97213

From: Carmel Dudley Doran <carmelddoran@gmail.com>
Sent: Thursday, September 4, 2025 6:32 PM
To: OBD Info * OBD <Information@obd.oregon.gov>
Subject: Re: Opposition to Proposed Rule Change 818-035-0030

You don't often get email from carmelddoran@gmail.com. [Learn why this is important](#)

Dear Members of the Board,

I am writing to respectfully oppose the proposed rule change 818-035-0030, which would allow dental hygienists with a local anesthesia endorsement to administer Botulinum Toxin Type A within the oral and maxillofacial region under the general supervision of a dentist, following completion of additional training.

As a dentist, I have seen firsthand the tremendous strain our profession is facing due to the ongoing shortage of dental hygienists. Many practices across Oregon, including my own, struggle to find hygienists who can assist in providing essential preventative and periodontal care for patients. This shortage directly impacts patients' access to routine cleanings, oral health maintenance, and periodontal therapy—all of which are foundational to overall health.

Expanding the scope of dental hygienists to include Botox administration does not address this critical need. In fact, it risks diverting hygienists away from their primary and urgently necessary role in preventive oral healthcare, further reducing access to care for the broader population. Botox procedures serve a relatively small, elective, and income-dependent patient population. Dentists, nurse practitioners, physicians, and other licensed providers already compete within this space to meet the demand for cosmetic and therapeutic Botox. Adding hygienists to this field will not increase access for underserved patients; it will instead siphon valuable providers away from where they are needed most.

Our communities benefit most when hygienists focus on dental hygiene and periodontal therapy—the very areas where demand far exceeds supply. The proposed expansion would only exacerbate the current workforce crisis and ultimately harm Oregonians' access to essential care.

For these reasons, I strongly urge you to vote **no** on the proposed scope expansion in rule 818-035-0030. Protecting and prioritizing access to preventive oral health services should remain the central mission for both dentists and hygienists alike.

Thank you for your consideration of my perspective.

Respectfully,

Carmel D. Doran, DDS

--

Carmel Dudley Doran, DDS

cell 503-539-1193

work 503-224-6317

www.pettygrovedental.com

Chose to submit anonymously

Sent: Friday, September 5, 2025 1:41 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Opposition to Expanding Dental hygiene scope to include Botulinum Toxin(BoNT/A) injections.

Dear Members of the Board,

I appreciate the Board's ongoing work to protect the public and maintain high standards of dental care. I am writing to oppose any change that would allow dental hygienists to administer botulinum toxin (BoNT/A, e.g., BOTOX®/onabotulinumtoxinA) in Oregon.

To summarize,

- **Patient safety:** BoNT/A carries an FDA boxed warning for possible distant spread of toxin effect with potentially life-threatening dysphagia and respiratory compromise; effects can appear hours to weeks after injection and cannot be “reversed” the way a local anesthetic simply wears off. Duration is typically 3–4 months, so mistakes last far beyond a local anesthetic's few hours.
- **Scope and training:** Oregon rules explicitly authorize dentists—after accredited hands-on training—to use BoNT/A within the oral and maxillofacial region. There is no equivalent authorization for dental hygienists, and CODA dental hygiene competencies do not include neuromodulator injection or management of its complications.
- **Workforce reality:** Oregon practices are still navigating hygiene workforce shortages and hiring challenges; shifting hygienists toward elective injectables further reduces access to preventive and periodontal care and adds supervision complexity for dentists.
- **Clinical complexity:** For many dental indications (e.g., TMD/bruxism), first-line care remains conservative, reversible therapies; evidence for BoNT/A is mixed and often limited to refractory cases. Delegating BoNT/A to hygienists increases diagnostic risk and follow-up burden.

1) Patient Safety & Pharmacology

BoNT/A products carry a boxed warning for distant spread of toxin effect; reported symptoms include generalized weakness, dysphagia, and breathing difficulty, sometimes severe. These adverse effects can occur hours to weeks after treatment, and there are documented serious adverse events across indications. Unlike local anesthesia, whose action typically terminates within hours, BoNT/A's clinical effect persists for months, prolonging any error in dose, depth, or anatomic placement.

Large trials and pharmacovigilance reviews show overall good tolerability in expert hands but still report eyelid ptosis (~1–3%), facial paresis/weakness, and rare but serious systemic effects. Managing these complications requires advanced diagnosis and longitudinal follow-up well beyond a hygiene appointment.

BoNT/A also entails drug–drug interaction considerations (e.g., aminoglycosides, anticholinergics) and strict handling protocols (reconstitution, cold-chain storage, single-use vials within 24 hours). Errors here are not trivial.

2) Oregon Law & Education Standards

Oregon Administrative Rules authorize dentists, following specified hands-on CE (AGD PACE/ADA CERP), to use BoNT/A within the scope of dentistry. Hygienists' scope is defined by ORS 680 and Division 35 rules (e.g., anesthesia, ITRs, restorative functions under supervision). BoNT/A is not included. Any expansion would depart from the current statutory framework and training expectations.

Further, CODA dental hygiene standards do not include competencies for neuromodulator injection or management of its medical complications, whereas predoctoral dental standards encompass broader diagnosis/pharmacology foundations and emergency management.

3) Workforce & Access to Care

At the end of 2024, 32% of Oregon dentists reported recruiting a hygienist in the prior three months and 95% of those found it very/extremely challenging. The ADA and state stakeholders continue to address staffing constraints across teams. Allowing hygienists to perform BoNT/A would divert scarce hygiene FTE from prevention and periodontal therapies—areas already experiencing access constraints—while increasing supervisory and post-procedural complexity for dentists.

4) Appropriateness for Dental Conditions

For TMD/bruxism, national guidance emphasizes reversible, conservative therapies (education, splints, NSAIDs, physical therapy) as first-line. Evidence for BoNT/A remains heterogeneous and is often considered for refractory cases. Normalizing BoNT/A at the hygiene level risks overuse outside optimal indications and without comprehensive differential diagnosis of orofacial pain.

5) Operational Risk & Liability

BoNT/A requires:

- Informed consent addressing off-label dental uses, duration, and delayed adverse effects;
- Cold-chain handling/reconstitution and documentation;
- Recognition/management of complications that may present days–weeks later (ptosis, diplopia, dysphagia, cosmetic asymmetries, unintended diffusion);
- Medication reconciliation for potentiating agents.

These steps demand dentist-level diagnosis and continuity. Delegation to hygienists would increase malpractice exposure and oversight load precisely when practices are stretched.

Recommendation

For patient safety, workforce stability, and alignment with Oregon's current statutory framework and education standards, I urge the Board to maintain the prohibition on dental hygienists administering BoNT/A injections.

Thank you for your consideration and for your continued commitment to safe, evidence-based dental care in Oregon.

From: Dr. Steve Christensen <steve@deschuteskids.com>

Sent: Monday, September 8, 2025 9:53 AM

To: OBD Info * OBD <Information@obd.oregon.gov>

Subject: Comment no proposed rulemaking

Hello,

Thank you for continuing to maintain good communication with the dental providers of Oregon. Most of the time I agree with the proposed rulemaking, but today I do disagree with the proposed prohibition of EFDA certified DA's performing supra-gingival scaling. This procedure is well within their training and abilities. There has always been an effort by the profession and the OBD to improve access to care for the people of Oregon. This is a step in the wrong direction. I applauded the board's decision to allow appropriately trained DA's to administer local anesthetic, thereby freeing up dentist and hygienists to perform other patient related services. I utilize trained DA's to administer LA and I have to say that I am overwhelmed with how well they perform this task.

By prohibiting the DA's from being able to perform supra-gingival scaling, you are taking a dentist away from more critical patient care, thereby reducing the access to care for many Oregonians. Hygienists are in short supply in Oregon (and most states).

If I had to guess, this prohibition was proposed by the dental hygienists. They always get their knickers in a knot whenever a lowly DA might be infringing on the hallowed duties of the RDH. Please consider this my public comment: I am opposed to the prohibition of EFDA's performing supra-gingival scaling. This is well within an EFDA's training and skill level.

Sincerely,

Steve Christensen DMD

From: (null) baldwinks <baldwinks@frontier.com>
Sent: Monday, September 15, 2025 3:31 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Fee increase?

Too many layers on this site to get dollar amounts. It's not an easy site to navigate, especially on a phone. It seems in a hygiene shortage climate that fee increases are a discouragement to those who might be considering working longer.

Not everybody's getting raises.

My respectful opinion,

Juli Baldwn RDH

From: kelley slack <kellslack@hotmail.com>
Sent: Monday, September 15, 2025 5:32 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Concerns About Ongoing License Renewal Fee Increases

Dear Members of the Oregon Board of Dentistry,

I am writing as a licensed dental hygienist in Oregon who is increasingly concerned about the repeated increases to our license renewal fees. For many years, the renewal fee remained consistent. However, in the past five years it has risen by over \$100, and now another increase of \$25 is being proposed.

While I understand that administrative costs may rise over time, the frequency and scale of these increases place a real burden on hygienists. The cost of living in Oregon is already high, and many of us are balancing student loan debt, professional expenses, and household costs. Adding another increase to our licensure only compounds the financial strain.

I respectfully urge the Board to reconsider this increase and explore alternatives that would stabilize, or ideally reduce the renewal fee. Dental hygienists are essential to improving oral health outcomes across Oregon, and keeping our licensing costs manageable is one way to support us in continuing that mission.

Thank you for considering this perspective. I hope the Board will prioritize fairness and affordability for the professionals who serve patients every day.

Sincerely,

Kelley Maxwell, RDH

From: Valentina Serrano Hill <vavalen154@gmail.com>

Sent: Tuesday, September 30, 2025 8:55 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Subject: Concerns Regarding Scope of Practice Changes in General Dentistry

Dear Members of the Board,

My name is Dr. Valentina Serrano Hill, and I am currently practicing as an associate general dentist in Salem, Oregon. I am writing to respectfully share my concerns regarding the future of general dentistry, particularly in light of recent discussions about expanding the scope of practice for dental hygienists.

While I fully support collaborative care and recognize the vital role hygienists play in our field, I am concerned about the increasing delegation of procedures traditionally reserved for newly graduated general dentists—such as simple extractions and restorative treatment of uncomplicated cavities.

In addition, I believe it is essential to clearly define the legal responsibilities of both the providers performing these procedures and the supervising dentists. Clarity in this area will help ensure accountability and protect patient safety.

When I entered the workforce four years ago, it was already difficult to secure employment as a new graduate. Opportunities were limited, and compensation often did not reflect the level of training or responsibility. With the proposed changes, I worry that recent graduates will face even greater challenges, particularly when they are expected to compete with hygienists and dental assistants with expanded duties—often at lower cost to employers.

This may ultimately force new dentists to leave the state or pursue additional specialty training, not by choice but by necessity. In the long term, I fear this trend could lead to a decline in the number of general dentists available to serve our communities.

I want to emphasize that I am not writing out of self-interest, as these changes do not directly affect my current position. Rather, I speak on behalf of recent graduates and future dental professionals who may find their opportunities increasingly limited. In my view, the primary beneficiaries of these changes appear to be practice owners, rather than the general public.

Thank you for your time and for considering the broader implications of these decisions on the future of our profession.

Sincerely,

Dr. Valentina Serrano Hill

Associate General Dentist

Salem, Oregon

From: [Anissa Sabori](#)
To: [OBD Info * OBD](#)
Subject: 818-035-0030 Additional Functions of Dental Hygienists
Date: Saturday, October 4, 2025 4:10:40 PM

You don't often get email from asabori.email@gmail.com. [Learn why this is important](#)

- I am a licensed Dental Hygienist and I work in a clinical practice and also have my expanded practice permit.
- I am writing in not **supporting** of the proposed rule change to **818-035-0030 Additional Functions of Dental Hygienists** that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.
- I do not support this rule change because I feel so many emergencies can happen. This is how I felt when the board allowed Dental Assistants to give local anesthesia. Not enough training and in time it will show. It's way out of our league. I have a lot of questions on how this will be handled in the dental office. I don't think there is a weekend course that could make me feel confident in doing Botox on a patient.
- Thank you for considering my opinion in this proposed rule change.

Sincerely

Anissa R Sabori

From: Craig Elgin <craig@elginortho.net>
Sent: Wednesday, October 8, 2025 5:48 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: comments regarding proposed rules changes

Dear Oregon Board of Dentistry,

I am strongly opposed to the following rule changes proposed for the upcoming session:

OAR 818-042-011072

Certification - Expanded Function Orthodontic Dental Assistant (EFODA)

Lines 90-94:

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.

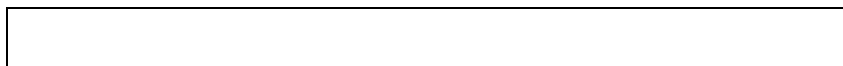
Reasons I oppose these changes:

1. As far as I can determine, this arbitrary 6 month window has no legal basis nor support in the Oregon Dental Practice Act.
2. These changes would add an additional layer of regulation with no substantial benefit in safety to the Oregon population of dental patients.
3. These changes would place an additional burden upon Oregon dental practices which are already struggling to meet staffing needs to serve their patient populations.
4. These changes would place an additional barrier to economic mobility and career advancement for dental assisting candidates.
5. The negative impacts stated above in points 3 and 4 would disproportionately affect dental practices and prospective dental assistants in rural and small town underserved communities, further exacerbating existing disparities in health care equity and access for the local patient populations, and further widening disparities for career and economic advancement for people living in these areas.

Sincerely,

Craig Elgin

Craig R Elgin, DMD, MS
Orthodontist



2901 Broadway Avenue
North Bend, Oregon 97459
t 541.756.3181
f 541.756.5838
craig@elginortho.net
<https://elginortho.net>

Sent: Thursday, October 9, 2025 10:22 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Comments regarding Oregon Board of Dentistry (OBD) Rule Revisions Prohibiting Scaling by Dental Assistants

Good Morning!

I recently sent a message to Brett Hamilton at the Oregon Dental Association regarding the proposed rule revisions prohibiting scaling by dental assistants.

Brett encouraged me to share my message and experiences with you, and he suggested that I urge you to postpone the proposed revisions and instead have staff conduct a thorough analysis of the potential impacts of scaling dental assistants in Oregon; exploring ideas, tools and practices already being used successfully in other states can provide new, innovative strategies that will allow us to do more within the existing workforce.

I'm sure that you're aware of the significant and ongoing difficulty for dentists to find and hire Dental Hygienists in rural communities in both Oregon and Washington.

I have experienced this shortage firsthand. I was personally unable to find a hygienist in our area for six months, during which time I performed all hygiene procedures in our practice. More recently, a dentist in our community faced similar challenges when her hygienist retired. It took her three months, offers of \$70+ per hour, full benefits, and a \$5,000 sign-on bonus to finally secure an appropriate candidate. Other dentists in our community are facing similar challenges that impact the viability of operating a successful dental practice in rural areas.

Current wages for a Registered Dental Hygienist (RDH) in Clatsop County, for example, range from \$65 to \$70 per hour. This is nearly \$20 to \$30 per hour more than what is typically seen in other areas of the United States. These wages are approaching those of dentists who have recently graduated from four-year doctorate programs. It is the scarcity of dental hygienists, and the subsequent competition for employees in rural areas that have caused this significant wage increase over the past 4-5 years.

While this is a difficult multifactorial challenge to confront, the Indian Health Service (IHS) has employed a successful model that may offer a potential solution. The IHS has been effectively using Periodontal EFDAs in rural areas across the U.S. since 2017. This approach has proven beneficial and could significantly help alleviate the shortage of dental hygienists in rural Oregon and other small communities, thereby improving periodontal outcomes for patients in these underserved areas.

I have linked a document referencing the IHS Periodontal Treatment initiative using Perio EFDA's here: <https://www.ihs.gov/doh/documents/perio/Fact%20Sheet%20-%20Periodontal%20EFDA.pdf>

I understand that implementing such a change would undoubtedly present challenges, but it is my sincere hope that the Oregon Board of Dentistry can find a way to help alleviate the struggle we face in finding dental hygienists in rural areas.

Thank you for your time. I truly appreciate all that you do to help our profession and the people that we serve!

Sincerely,

Aaron Smith DDS

From: Dr. Stephanie Woolsey <drwoolsey@deschuteskids.com>
Sent: Friday, October 10, 2025 10:29 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: DA supragingival scaling rule proposal

Hi there,

My name is Stephanie Woolsey and I am a pediatric dentist in Bend, OR.

I want to echo some of the thoughts from my colleagues on the proposed rule change. I am against the prohibition of EFDA certified DAs to perform supragingival scaling.

This procedure is well within their training and abilities. There has always been an effort by the profession and the OBD to improve access to care for the people of Oregon. This is a step in the wrong direction. I support the board's decision to allow appropriately trained DA's to administer local anesthetic, thereby freeing up dentist and hygienists to perform other patient related services. We utilize trained DA's to administer LA and I have to say that I am impressed with how well they perform this task.

By prohibiting the DA's from being able to perform supra-gingival scaling, you are taking a dentist away from more critical patient care, thereby reducing the access to care for many Oregonians. Hygienists are in short supply in Oregon (and most states).

Please consider this my public comment: I am opposed to the prohibition of EFDA's performing supra-gingival scaling. This is well within an EFDA's training and skill level.

Thank you!

Stephanie Woolsey, DDS

Letter of Opposition

To Whom It May Concern at the Oregon Board of Dentistry,

My name is Amber Phillips, and I am a registered dental hygienist writing to express my strong opposition to the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that would allow dental hygienists to administer Botox under the general supervision of a dentist.

While I have personally taken a class with a licensed dentist on delivering Botox, I firmly believe that this procedure should remain outside the scope of practice for dental hygienists. The administration of Botox requires extensive knowledge of facial anatomy, pharmacology, and potential complications. The repercussions of botched Botox treatments can be severe and are not worth the liability that would be placed on dental hygienists.

Expanding the scope of practice to include Botox administration undermines the rigorous training and expertise required to perform such procedures safely and effectively. It is imperative that we maintain the integrity and safety of our profession by ensuring that Botox administration remains the responsibility of qualified dentists.

Thank you for considering my perspective on this important matter.

Sincerely,
Amber Phillips, RDH



October 10, 2025 Department of Dermatologic Surgery

Dear Oregon Board of Dentistry,

Mail code: CH5D
3303 SW Bond Avenue
Portland, Oregon 97239-4501

6355 NE Cornell Road
Suite 165
Hillsboro, Oregon 97124

www.ohsu.edu/dermatology

I am a board-certified dermatologist practicing at Oregon Health & Science University in Portland, Oregon, and member of the American Society for Dermatologic Surgery Association (ASDSA). Thank you for the opportunity to submit testimony in opposition to the change in rule 818-035-0030 that would allow dental hygienists to administer botulinum toxins to treat conditions that are within the oral and maxillofacial region.

This proposal jeopardizes patient safety and disregards what is considered adequate and appropriate medical education and training. Procedures involving botulinum toxins are medical procedures using FDA-regulated products that can alter or damage the skin and subcutaneous tissue.

Safe quality care requires a full evaluation of a patient's medical history and conditions, selection of appropriate treatment, and adequate follow-up care. Complications from neuromodulators can be severe, including intravascular injections, embolization, necrosis, vision loss, blindness, and stroke.

In 2023, the FDA updated its guidance on dermal fillers to reflect new risks of delayed-onset inflammation following illnesses, vaccinations, or dental procedures. The FDA recommends that patients only receive these procedures from licensed providers with experience in injection techniques, knowledge of anatomy, and the ability to manage complications.

The American Society for Dermatologic Surgery's Multidisciplinary Task Force on Soft-Tissue Fillers emphasized that preventing and treating complications requires evidence-based clinical practice guidelines and deep knowledge of vascular anatomy. Intravascular injections are possible anywhere on the face and can lead to devastating outcomes such as necrosis, stroke, or blindness.

The American Medical Association recognized this risk in 2024 when it adopted policy opposing scope-of-practice expansion for dental hygienists, citing the threat posed to patient safety when providers perform procedures outside their level of training. Dental hygienists simply do not have the extensive medical education and training physicians receive — particularly in the recognition and management of complications beyond the oral cavity.

Short courses in product use cannot replace years of physician training. Dental hygienists' education focuses on oral health, not skin and facial tissue. Dermatologists, however, undergo in-depth medical training in anatomy, injection techniques, patient safety, and complication management. I have spent over a decade training physicians in advanced surgical and aesthetic procedures involving the face and neck. Since 2014, I have served as Fellowship Director for an ACGME-accredited Micrographic Surgery and Dermatologic Oncology Fellowship, Director of Cosmetic Dermatology, and Co-Director of Surgical Dermatology at Oregon Health & Science University. Through these roles, I have guided the specialized training of dermatologists who, after completing four years of residency, undertake an additional year focused on cutaneous surgery, complex

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Interim Chair
Alex G. Ortega Loayza, MD, MCR

Faculty
Anna A. Bar, MD
Carrie L. Seid, LE
Heather Onoday, FNP-C, DCNP
Irene Stueber, RN
Jackie Spellman, RN, BSN
Justin J. Leitenberger, MD
Lauren Ayala, RN, BSN
Olivia Lucero, MD, FACMS, FAAD
Wesley Yu, MD

Surgery Fellow
Deyson Lorenzo-Rios, MD

reconstruction, and injectable therapies. This rigorous, hands-on training provides essential expertise in recognizing anatomical variations, identifying potential complications, and responding immediately and appropriately to adverse events. Such a comprehensive background is critical to ensuring patient safety, particularly when performing procedures in sensitive facial regions where improper technique can result in serious, sometimes irreversible, harm.

For these reasons, I strongly urge you to oppose policy that would allow dental hygienists to administer botulinum toxins to protect patient safety and preserve the highest standards of medical care.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Bar". The signature is fluid and cursive, with a long horizontal stroke at the end.

Anna A. Bar, M.D.
Professor of Dermatology
Micrographic Surgery and Dermatologic Oncology Fellowship Program Director
Co-Director, Dermatologic Surgery
Oregon Health & Science University

From: Areicy Aguilar <areicyaguilar@gmail.com>
Sent: Wednesday, September 3, 2025 3:15 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Letter of Support for Botox

Dear Members of the Oregon Board of Dentistry,

I am a licensed dental hygienist, and I currently work in clinical practice.

I am writing in support of the proposed rule change to 818-035-0030, *Additional Functions of Dental Hygienists*. If passed, this rule will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions within the oral and maxillofacial region under the general supervision of a dentist, provided they have completed appropriate training.

I support this rule change because it expands access to safe, evidence-based treatment for patients, particularly those suffering from conditions such as temporomandibular joint disorders, bruxism, and chronic orofacial pain. Dental hygienists are already highly trained in head and neck anatomy, injection techniques, and patient assessment, making us well-prepared to incorporate this treatment into our scope of practice once the proper training is completed. Allowing hygienists to administer Botulinum Toxin Type A will not only enhance patient care but also improve efficiency within dental practices by enabling more comprehensive treatment options for those in need.

Thank you for considering my support for this important rule change.

Sincerely,

Areicy Aguilar, RDH

From: Angie Mora <angiemora77@gmail.com>
Sent: Wednesday, September 3, 2025 6:42 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Proposed rule change to 818-035-0030

Dear Members of the Oregon Board of Dentistry:

I am an Oregon licensed dental hygienist and I work in clinical practice.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

1) Improves timely access to care for orofacial conditions. Dental teams are often the first to identify and manage conditions such as bruxism-related myofascial pain, temporomandibular disorders (TMD), masseteric hypertrophy, and sialorrhea. Allowing properly trained hygienists to deliver Botox under dentist supervision expands same-day care options in dental settings without burdening medical clinics already facing access constraints.

2) Maintains patient safety. The proposed rule appropriately limits use to the oral and maxillofacial region; requires a local anesthesia endorsement; and requires hands-on, board-recognized continuing education. Dental hygienists are already highly trained in facial anatomy, injections, asepsis, documentation, and emergency preparedness. With defined training and supervision, Botox administration falls squarely within their competencies.

3) Aligns with Oregon's existing framework and national trends. Oregon already permits dentists to utilize Botox with defined CE. Extending limited permissions to trained hygienists—within dental scope and supervision—modernizes team-based care and reflects developments in other states.

Lessons from Other States

Several states have successfully implemented policies allowing dental hygienists to administer Botox under dentist supervision and with defined education:

- Kansas (since 2022): Registered dental hygienists may administer neurotoxin under direct dentist supervision with required training.

From: Angie Mora <angiemora77@gmail.com>

Sent: Wednesday, September 3, 2025 6:39 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for Proposed Rule Change – OAR 818-042-0040 (Prohibited Acts)

Dear Members of the Oregon Board of Dentistry,

I am a licensed dental hygienist working in clinical practice.

I am writing in support of the proposed rule change to OAR 818-042-0040 Prohibited Acts, which, if passed, will clarify that Oregon law currently prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling.

I strongly support this rule change because it upholds the integrity, safety, and quality standards of dental hygiene practice in Oregon. Dental hygiene procedures, such as probing and scaling, require the education, training, and clinical judgment of a licensed dental hygienist to ensure accurate assessments, safe treatment, and optimal patient outcomes. Allowing individuals without this specialized education to perform these procedures could compromise patient safety and undermine the rigorous standards that our licenses represent.

By clarifying and reinforcing these boundaries, the Board helps maintain public trust in the dental profession and safeguards the scope of practice that Oregon dental hygienists have worked diligently to achieve through education, clinical competency, and licensure.

Thank you for considering my support for this important rule change. I appreciate your commitment to maintaining the high standards and integrity of the dental hygiene profession in Oregon.

Sincerely,

Angelica Mora RDH, BSDH

License number H9011

From: Sarah Hiller <sarahhillerdavis@gmail.com>
Sent: Wednesday, September 3, 2025 4:08 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: SUPPORT 818-042-0040 Prohibited Acts

Hello,

I am a licensed dental hygienist and I currently work in a federal public health clinic. I am writing in support of the proposed rule change to to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

Dental hygiene training is a 4 year degree with rigorous educational and clinical requirements, this education culminates in three licensing exams before a hygienist is granted a license to practice. In comparison a dental assistant receives 3-12 months of training depending on their program. To allow assistants to perform these procedures would greatly impact the profession of dental hygiene and open the potential of bringing harm to the general public by permitting unlicensed personnel to perform these specialized treatments.

Thank you for considering my support for this proposed rule change

-Sarah Hiller RDH

From: Tasha Holzer <tasha.holzer.rdh@gmail.com>

Sent: Wednesday, September 3, 2025 6:42 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: My support for proposed rule change

I am a dental hygienist and I work in expanded practice. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

I support this proposed rule change for several reasons. First, allowing dental hygienists with proper training to administer Botulinum Toxin Type A enhances patient access to care, particularly for those seeking treatment for conditions like temporomandibular joint (TMJ) disorders or orofacial pain, which fall within our scope of practice in the oral and maxillofacial region. As dental hygienists, we are already trained to assess and manage oral health conditions, and with additional training, we can safely and effectively incorporate this treatment to improve patient outcomes. Second, this rule change aligns with the evolving role of dental hygienists in expanded practice settings, where we often serve as primary oral health providers in underserved areas. By enabling us to perform these procedures under general supervision, the rule promotes efficient collaboration with dentists while maintaining high standards of care. Finally, the requirement for appropriate training ensures that only qualified dental hygienists will perform these procedures, safeguarding patient safety and upholding professional standards. This change empowers dental hygienists to fully utilize our skills and training to meet patient needs more comprehensively.

Thank you for considering my support for this proposed rule change.

Sincerely,

Tasha Holzer RDH, EPDH

From: Tasha Holzer <tasha.holzer.rdh@gmail.com>

Sent: Wednesday, September 3, 2025 6:48 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: My support for proposed rule change

I am a licensed dental hygienist and I work in expanded practice and education. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene, including periodontal probing and scaling.

I support this proposed rule change for several reasons. First, clarifying that dental assistants are prohibited from performing dental hygiene tasks such as periodontal probing and scaling ensures that these procedures are carried out only by licensed dental hygienists who have undergone extensive education and training specific to these clinical skills. This protects patient safety by guaranteeing that complex assessments and treatments, which require specialized knowledge of periodontal disease and oral health management, are performed by qualified professionals. Second, this rule change reinforces the distinct roles and responsibilities within the dental team, promoting clear professional boundaries that enhance teamwork and accountability.

As an educator, I see this clarification as vital for training future dental professionals, ensuring they understand the scope of practice for each role and fostering respect for the expertise of licensed dental hygienists. By upholding these standards, the rule change supports the integrity of the dental hygiene profession and maintains public trust in the quality of care they will receive.

Thank you for considering my support for this proposed rule change.

Sincerely,

Tasha Holzer RDH, EPDH

From: Rachel Murdock <rachelmurdock04@gmail.com>
Sent: Wednesday, September 3, 2025 8:13 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Proposed rule change 818-042-0040 Prohibited Acts

Dear Oregon Board of Dentistry,

I am a licensed Expanded Practice Dental Hygienist in the state of Oregon. I work primarily in private practice with direct patient care as well as on call working for a school based dental program.

I am writing in support of the proposed rule change 818-042-0040 Prohibited Acts that if passed by the board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

I have invested hundreds of hours over many years, along with tens of thousands of dollars, to become thoroughly educated in the complexities of the human body. My training includes, but is not limited to, human anatomy and physiology, microbiology, psychology, pharmacology, dental hygiene, treatment and maintenance of periodontitis, administration of local anesthesia, and the anatomy of the oral cavity; all in connection with maintaining and promoting oral health.

Given this extensive education and clinical experience, I cannot overstate the risk we would impose on our patients by allowing under-educated individuals to perform procedures that could potentially cause irreversible damage to human tissue. The human body, particularly certain structures within the oral cavity, cannot always regenerate once harmed. This makes the accuracy, training, and qualifications of the provider absolutely critical.

Lowering the standard of care by blurring the lines between the roles of licensed Dental Hygienists and dental assistants not only jeopardizes patient safety but also creates confusion. Patients may not fully understand the differences between these roles and, as a result, may unknowingly consent to procedures performed by individuals who are not adequately trained. This undermines their autonomy and ability to make informed decisions about their own healthcare.

I strongly urge that we continue to uphold the highest standards of care and maintain clear distinctions between licensed professionals and support staff in the dental setting. Protecting patient safety and preserving the integrity of our profession must remain our top priorities.

Sincerely,
Rachel Murdock, RDH, EPDH

From: Rachel Murdock <rachelmurdock04@gmail.com>

Sent: Wednesday, September 3, 2025 8:38 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists

Dear Oregon Board of Dentistry,

I am a licensed Expanded Practice Dental Hygienist in the state of Oregon. I work primarily in private practice with direct patient care as well as on call working for a school based dental program.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists. that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

As dental hygienists, we are extensively trained to be experts in the anatomy and physiology of the head and neck. This includes not only the oral cavity but also the supporting skeletal structures, musculature, and neural pathways.

There are already several professions in Oregon that are permitted to administer Botulinum Toxin Type A, many of which require less specialized training in this anatomical region than dental hygienists. Given the hygienists' clinical experience and scope of practice, expanding their ability to provide this treatment is a logical and appropriate step forward.

We frequently see patients suffering from chronic pain, particularly due to clenching and grinding. While occlusal guards are commonly used, the inclusion of Botulinum Toxin Type A as a treatment option (administered under the supervision of a dentist) could offer additional and much-needed relief for these patients.

This rule change would enhance access to care, improve patient outcomes, and reflect the evolving role of dental hygienists in delivering comprehensive, evidence-based treatment.

Thank you for your thoughtful consideration.

Sincerely,

Rachel Murdock, RDH, EPDH

-----Original Message-----

From: Robin Johnson <raj32teeth@icloud.com>

Sent: Wednesday, September 3, 2025 9:10 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Botox

[You don't often get email from raj32teeth@icloud.com. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

I agree license Dental hygienist should be able to Botox to relieve symptoms of bruxism, TMJ, facial pain. We spend the most time with patients, making us the perfect advocate for introducing Botox.

Benefits for dental practices:

Increased patient convenience, strong patient relationships, profit for offices.

Thank you,

Robin Johnson RDH

Sent from my iPad

-----Original Message-----

From: Robin Johnson <raj32teeth@icloud.com>

Sent: Wednesday, September 3, 2025 9:25 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Stop dental Asstistant from scaling

[You don't often get email from raj32teeth@icloud.com. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

I believe that the clinical training is something that is learn between education and experience. This cannot happen in a couple classes!

I have studied, blood, sweat, tears for year between prerequisite classes then being excepted into one of the hardest field to get excepted in. I have earned my dental career ..the rigorous education and training I am now highly prepared and experienced.

These quick classes that supervised Assistants will not be adequate for the best interest for the patients. Doctors are very busy with there schedules, RDH exams, how will they be able to baby sit Assistants.

If they think this is a good idea with just a couple classes I think we should as dental hygienist take some classes and I want to be the dentist!

Thank you,

Robin Johnson RDH

Sent from my iPad

Oregon Board of Dentistry,

I am a registered dental hygienist, and I have worked in private practice and academia. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene care including periodontal probing and scaling.

As a dental hygienist, with bachelor and master level education in dental hygiene, I know the necessity of understanding the underlying conditions, anatomy, and consequences when delivering oral healthcare. This is not just about a technical skill but rather the knowledge of consequences if the skill is improperly performed and the health risk patients are put into when the skill is delivered without formal education and critical thinking. Periodontal probing and scaling can be life threatening if the patient is compromised and the clinician does not understand the oral systemic link. Improper technique can also cause permanent damage to the dentition, and a clinician without proper training may overlook conditions apparent in the oral cavity that a hygienist is trained to see. A dental hygienist does not only perform periodontal probing and scaling but is also trained in recognizing malignant oral lesions, nutritional deficiencies, and disease of the tooth structures and oral mucosa.

My other concerns are oversight and billing. Who is going to assure you that the assistant is following the law and not performing care beyond this proposed idea of assistants scaling and probing? How will the services be billed? Will the insurance company be billed for a service they assume a hygienist with proper licensure requirements has performed yet have been performed by an on the job trained assistant? Will the assistant be required to have the same continuing education as the hygienist? Will the assistant have to take a national board exam and a clinical practical exam like the hygienist? Will hygienists continue to have to pay over \$4,000 for licensing exams to be licensed in the state while an assistant can do scaling and probing without a license? Will the dentist be liable if a negligence or malpractice injury or complaint is filed against the assistant? Will the public be aware if the person performing the cleanings is not a licensed and educated professional in the profession of dental hygiene? Is there data showing a true shortage of hygienists in the state or is it more the expectations and environment hygienists are expected to work in that is preventing dentists from finding the hygienists they need for their practice? Are the number of patients, time allotted for care, time allotted to give patients oral hygiene education, or demand for production more of the issue with hygienists not filling those positions?

Please protect the public's safety and expectations by voting NOT to allow assistants to periodontal probe and scale in Oregon! Thank you for considering my support for this proposed rule change.

Jeannie Bopp, RDH, MSAH, BSDH

FW: Botox

From DREASHER Dawn * OBD <Dawn.Dreasher@obd.oregon.gov>

Date Tue 9/2/2025 2:50 PM

To PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>

From: Mons, Carmen D. <CMons@roguecc.edu>

Sent: Tuesday, September 2, 2025 2:11 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Botox

You don't often get email from cmoms@roguecc.edu. [Learn why this is important](#)

Hi,

I am writing in support of expanding the scope of practice for dental hygienists to include the administration of Botox injections. Dental hygienists are already licensed and trained to provide local anesthesia, which equips them with the knowledge and clinical skills necessary to safely and effectively perform these types of injections.

Please feel free to reach out with any questions.

Thank you,

Carmen Mons CDA, RDH, BSDH, EPP, MS

Rogue Community College

Director of Dental Programs

7731 Pacific Ave.

White City, OR 97503

541-956-7370

<https://www.roguecc.edu/dept/dental/>

FW: Scaling Assistants

From DREASHER Dawn * OBD <Dawn.Dreasher@obd.oregon.gov>

Date Tue 9/2/2025 2:50 PM

To PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>

From: Mons, Carmen D. <CMons@roguecc.edu>

Sent: Tuesday, September 2, 2025 2:17 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Scaling Assistants

You don't often get email from cmons@roguecc.edu. [Learn why this is important](#)

Hi,

I am writing in support of the proposed rule change to 818-042-0040, Prohibited Acts. If adopted by the Board, this rule will clarify that Oregon law prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling. These procedures are fundamental components of dental hygiene practice and require extensive education and training to perform safely and effectively.

Licensed dental hygienists complete two to three years of coursework in a CODA-accredited dental hygiene program before becoming eligible to sit for board examinations, which assess their competency in procedures such as scaling and probing. Allowing individuals without this level of education and training to perform these tasks would compromise patient safety.

Thank you for considering the support of this proposed rule change,

Carmen Mons CDA, RDH, BSDH, EPP, MS

Rogue Community College

Director of Dental Programs

7731 Pacific Ave.

White City, OR 97503

541-956-7370

<https://www.roguecc.edu/dept/dental/>

Dear Members of the Oregon Board of Dentistry:

I am an Oregon licensed dental hygienist and I work in clinical and expanded practice.

I am writing **in support** of the proposed rule change to **818-035-0030 Additional**

Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

1) Improves timely access to care for orofacial conditions. Dental teams are often the first to identify and manage conditions such as bruxism-related myofascial pain, temporomandibular disorders (TMD), masseteric hypertrophy, and sialorrhea. Allowing properly trained hygienists to deliver Botox under dentist supervision expands same-day care options in dental settings without burdening medical clinics already facing access constraints.

2) Maintains patient safety. The proposed rule appropriately limits use to the oral and maxillofacial region; requires a local anesthesia endorsement; and requires hands-on, board-recognized continuing education. Dental hygienists are already highly trained in facial anatomy, injections, asepsis, documentation, and emergency preparedness. With defined training and supervision, Botox administration falls squarely within their competencies.

3) Aligns with Oregon's existing framework and national trends. Oregon already permits dentists to utilize Botox with defined CE. Extending limited permissions to trained hygienists—within dental scope and supervision—modernizes team-based care and reflects developments in other states.

Lessons from Other States

Several states have successfully implemented policies allowing dental hygienists to administer Botox under dentist supervision and with defined education:

- **Kansas (since 2022):** Registered dental hygienists may administer neurotoxin under direct dentist supervision with required training.
- **Oklahoma (since 2023):** Hygienists may administer Botox under direct supervision pursuant to Board-adopted standards.
- **Arizona (2023 Attorney General opinion):** Clarified that hygienists may perform procedures such as administering Botox when prescribed by the supervising dentist, with appropriate training, under general supervision, and when not irreversible.

These jurisdictions report no systemic safety concerns when training and supervision requirements are met, and they demonstrate workable models Oregon can adopt and refine.

Benefits to Oregonians

- **Access & equity:** Expanded care capacity in dental clinics improves access for rural and underserved communities.
- **Cost-effectiveness:** Care delivered in the dental setting can reduce referrals, multiple visits, and overall costs.

- **Team-based efficiency:** Delegating appropriate injections to qualified hygienists frees dentists for diagnosis, complex procedures, and oversight.

Conclusion

Oregon has an opportunity to adopt a thoughtful, safety-forward rule that reflects current science, leverages the skills of our dental hygiene workforce, and improves patient access to conservative treatments for orofacial conditions. With clear training, supervision, and documentation standards, this change will enhance care without compromising safety.

Thank you for your consideration and for your continued commitment to patient-centered, evidence-based dental regulation. I respectfully urge the Board to finalize the proposed revisions authorizing qualified dental hygienists to administer botulinum toxin Type A within the oral and maxillofacial region.

Sincerely,

Kimberly Pratt RDH, BSDH, MSAH

Thank you for considering my support for this proposed rule change.

Oregon Board of Dentistry

1500 SW 1st Avenue, Suite 770

Portland, OR 97201

Subject: Support for Proposed Rule Change – OAR 818-042-0040 (Prohibited Acts)

Dear Members of the Oregon Board of Dentistry,

I am a licensed dental hygienist working in clinical and expanded practice settings.

I am writing in support of the proposed rule change to **OAR 818-042-0040 Prohibited Acts**, which, if passed, will clarify that Oregon law currently prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling.

I strongly support this rule change because it upholds the integrity, safety, and quality standards of dental hygiene practice in Oregon. Dental hygiene procedures, such as probing and scaling, require the education, training, and clinical judgment of a licensed dental hygienist to ensure accurate assessments, safe treatment, and optimal patient outcomes. Allowing individuals without this specialized education to perform these procedures could compromise patient safety and undermine the rigorous standards that our licenses represent.

By clarifying and reinforcing these boundaries, the Board helps maintain public trust in the dental profession and safeguards the scope of practice that Oregon dental hygienists have worked diligently to achieve through education, clinical competency, and licensure.

Thank you for considering my support for this important rule change. I appreciate your commitment to maintaining the high standards and integrity of the dental hygiene profession in Oregon.

Sincerely,

Kimberly Pratt RDH, BSDH, MSAH
H5568

From: [Ashley Pritchett](#)
To: [OBD Info](#) * [OBD](#)
Subject: Support for Proposed Rule Change – OAR 818-042-0040 (Prohibited Acts)
Date: Wednesday, September 3, 2025 7:11:16 AM

You don't often get email from ashleypritchett101@gmail.com. [Learn why this is important](#)

Dear Members of the Oregon Board of Dentistry,

I am a registered Dental Hygienist working in clinical practice.

I am writing in support of the proposed rule change to OAR 818-042-0040 Prohibited Acts, which, if passed, will clarify that Oregon law currently prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling.

I strongly support this rule change because it upholds the integrity, safety, and quality standards of dental hygiene practice in Oregon. Dental hygiene procedures, such as probing and scaling, require the education, training, and clinical judgment of a licensed dental hygienist to ensure accurate assessments, safe treatment, and optimal patient outcomes. Allowing individuals without this specialized education to perform these procedures could compromise patient safety and undermine the rigorous standards that our licenses represent.

By clarifying and reinforcing these boundaries, the Board helps maintain public trust in the dental profession and safeguards the scope of practice that Oregon dental hygienists have worked diligently to achieve through education, clinical competency, and licensure.

Thank you for considering my support for this important rule change. I appreciate your commitment to maintaining the high standards and integrity of the dental hygiene profession in Oregon.

Sincerely,

Ashley Pritchett, RDH

From: [Ashley Pritchett](#)
To: [OBD Info](#) * [OBD](#)
Subject: Public comment for rule change 818-035-0030
Date: Wednesday, September 3, 2025 7:09:51 AM

You don't often get email from ashleypritchett101@gmail.com. [Learn why this is important](#)

Dear Members of the Oregon Board of Dentistry:

I am an Oregon licensed dental hygienist and I work in clinical practice. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

- 1) Improves timely access to care for orofacial conditions. Dental teams are often the first to identify and manage conditions such as bruxism-related myofascial pain, temporomandibular disorders (TMD), masseteric hypertrophy, and sialorrhea. Allowing properly trained hygienists to deliver Botox under dentist supervision expands same-day care options in dental settings without burdening medical clinics already facing access constraints.
- 2) Maintains patient safety. The proposed rule appropriately limits use to the oral and maxillofacial region; requires a local anesthesia endorsement; and requires hands-on, board-recognized continuing education. Dental hygienists are already highly trained in facial anatomy, injections, asepsis, documentation, and emergency preparedness. With defined training and supervision, Botox administration falls squarely within their competencies.
- 3) Aligns with Oregon's existing framework and national trends. Oregon already permits dentists to utilize Botox with defined CE. Extending limited permissions to trained hygienists—within dental scope and supervision—modernizes team-based care and reflects developments in other states.

Lessons from Other States

Several states have successfully implemented policies allowing dental hygienists to administer Botox under dentist supervision and with defined education:

- Kansas (since 2022): Registered dental hygienists may administer neurotoxin under direct dentist supervision with required training.
- Oklahoma (since 2023): Hygienists may administer Botox under direct supervision pursuant to Board-adopted standards.
- Arizona (2023 Attorney General opinion): Clarified that hygienists may perform procedures such as administering Botox when prescribed by the supervising dentist, with appropriate training, under general supervision, and when not irreversible.

These jurisdictions report no systemic safety concerns when training and supervision requirements are met, and they demonstrate workable models Oregon can adopt and refine.

Benefits to Oregonians

- Access & equity: Expanded care capacity in dental clinics improves access for rural and underserved communities.
- Cost-effectiveness: Care delivered in the dental setting can reduce referrals, multiple visits, and overall costs.
- Team-based efficiency: Delegating appropriate injections to qualified hygienists frees dentists for diagnosis, complex procedures, and oversight.

Conclusion:

Oregon has an opportunity to adopt a thoughtful, safety-forward rule that reflects current science, leverages the skills of our dental hygiene workforce, and improves patient access to conservative treatments for orofacial conditions. With clear training, supervision, and documentation standards, this change will enhance care without compromising safety. Thank you for your consideration and for your continued commitment to patient-centered, evidence-based dental regulation. I respectfully urge the Board to finalize the proposed revisions authorizing qualified dental hygienists to administer botulinum toxin Type A within the oral and maxillofacial region.

Sincerely,

Ashley Pritchett, RDH

From: [Melissa Salgado](#)
To: [OBD Info * OBD](#)
Subject: Support of 818-035-0030 Additional Functions of Dental Hygienists - allows Dental hygienists to administer Botox under the supervision of a dentist
Date: Tuesday, September 2, 2025 9:46:04 PM

You don't often get email from melsalgado2000@gmail.com. [Learn why this is important](#)

Dear Members of the Oregon Board of Dentistry

I am an Oregon licensed dental hygienist and I work in clinical and expanded practice. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

- 1) Improves timely access to care for orofacial conditions. Dental teams are often the first to identify and manage conditions such as bruxism-related myofascial pain, temporomandibular disorders (TMD), masseteric hypertrophy, and sialorrhea. Allowing properly trained hygienists to deliver Botox under dentist supervision expands same-day care options in dental settings without burdening medical clinics already facing access constraints.
- 2) Maintains patient safety. The proposed rule appropriately limits use to the oral and maxillofacial region; requires a local anesthesia endorsement; and requires hands-on, board-recognized continuing education. Dental hygienists are already highly trained in facial anatomy, injections, asepsis, documentation, and emergency preparedness. With defined training and supervision, Botox administration falls squarely within their competencies.
- 3) Aligns with Oregon's existing framework and national trends. Oregon already permits dentists to utilize Botox with defined CE. Extending limited permissions to trained hygienists—within dental scope and supervision—modernizes team-based care and reflects developments in other states.

Lessons from Other States

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These jurisdictions report no systemic safety concerns when training and supervision requirements are met, and they demonstrate workable models Oregon can adopt and refine.

Benefits to Oregonians

- Access & equity: Expanded care capacity in dental clinics improves access for rural and underserved communities.
- Cost-effectiveness: Care delivered in the dental setting can reduce referrals, multiple visits, and overall costs.
- Team-based efficiency: Delegating appropriate injections to qualified hygienists frees dentists for diagnosis, complex procedures, and oversight.

Conclusion

Oregon has an opportunity to adopt a thoughtful, safety-forward rule that reflects current science, leverages the skills of our dental hygiene workforce, and improves patient access to conservative treatments for orofacial conditions. With clear training, supervision, and documentation standards, this change will enhance care without compromising safety.

Thank you for your consideration and for your continued commitment to patient-centered, evidence-based dental regulation. I respectfully urge the Board to finalize the proposed revisions authorizing qualified dental hygienists to administer botulinum toxin Type A within the oral and maxillofacial region.

Sincerely,

Melissa Salgado RDH, EPDH, BSDH

Thank you for considering my support for this proposed rule change.

From: Gemma Sanchez <gsanchez140@gmail.com>

Sent: Wednesday, September 3, 2025 3:06 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: I support Bill 818-035-0030

You don't often get email from gsanchez140@gmail.com. [Learn why this is important](#)

I am a licensed dental hygienist and I work in clinical practice. I am writing in support of the proposed rule change to 818-035-0030 Additional

Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

Thank you

From: Gemma Sanchez <gsanchez140@gmail.com>
Sent: Wednesday, September 3, 2025 3:10 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: I support rule change 818-042-0040

You don't often get email from gsanchez140@gmail.com. [Learn why this is important](#)

I am a licensed dental hygienist and I work in a clinical practice. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts

that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. I believe more training needs to be done and it should be regulated to insure standard of care is being upheld.

Thank you for considering my support for this proposed rule change.

From: Ashleigh Watson <ash.watson1026@gmail.com>

Sent: Wednesday, September 3, 2025 1:29 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Botulinum Toxin Type A (Botox) and Dermal Fillers

Dear Members of the Oregon Board of Dentistry:

I am an Oregon dental hygiene student.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

1) Improves timely access to care for orofacial conditions. Dental teams are often the first to identify and manage conditions such as bruxism-related myofascial pain, temporomandibular disorders (TMD), masseteric hypertrophy, and sialorrhea. Allowing properly trained hygienists to deliver Botox under dentist supervision expands same-day care options in dental settings without burdening medical clinics already facing access constraints.

2) Maintains patient safety. The proposed rule appropriately limits use to the oral and maxillofacial region; requires a local anesthesia endorsement; and requires hands-on, board-recognized continuing education. Dental hygienists are already highly trained in facial anatomy, injections, asepsis, documentation, and emergency preparedness. With defined training and supervision, Botox administration falls squarely within their competencies.

3) Aligns with Oregon's existing framework and national trends. Oregon already permits dentists to utilize Botox with defined CE. Extending limited permissions to trained hygienists—within dental scope and supervision—modernizes team-based care and reflects developments in other states.

Lessons from Other States

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- Oklahoma (since 2023): Hygienists may administer Botox under direct supervision pursuant to Board-adopted standards.
- Arizona (2023 Attorney General opinion): Clarified that hygienists may perform procedures such as administering Botox when prescribed by the supervising dentist, with appropriate training, under general supervision, and when not irreversible.

These jurisdictions report no systemic safety concerns when training and supervision requirements are met, and they demonstrate workable models Oregon can adopt and refine.

Benefits to Oregonians

- Access & equity: Expanded care capacity in dental clinics improves access for rural and underserved communities.
- Cost-effectiveness: Care delivered in the dental setting can reduce referrals, multiple visits, and overall costs.
- Team-based efficiency: Delegating appropriate injections to qualified hygienists frees dentists for diagnosis, complex procedures, and oversight.

Conclusion

Oregon has an opportunity to adopt a thoughtful, safety-forward rule that reflects current science, leverages the skills of our dental hygiene workforce, and improves patient access to conservative treatments for orofacial conditions. With clear training, supervision, and documentation standards, this change will enhance care without compromising safety.

Thank you for your consideration and for your continued commitment to patient-centered, evidence-based dental regulation. I respectfully urge the Board to finalize the proposed revisions authorizing qualified dental hygienists to administer botulinum toxin Type A within the oral and maxillofacial region.

Sincerely,

Ashleigh Watson, DH Student

Thank you for considering my support for this proposed rule change.

Sent: Wednesday, September 3, 2025 1:30 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for Proposed Rule Change – OAR 818-042-0040 (Prohibited Acts)

You don't often get email from ash.watson1026@gmail.com. [Learn why this is important](#)

Dear Members of the Oregon Board of Dentistry,

I am a dental hygiene student at Rogue Community College.

I am writing in support of the proposed rule change to OAR 818-042-0040 Prohibited Acts, which, if passed, will clarify that Oregon law currently prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling.

I strongly support this rule change because it upholds the integrity, safety, and quality standards of dental hygiene practice in Oregon. Dental hygiene procedures, such as probing and scaling, require the education, training, and clinical judgment of a licensed dental hygienist to ensure accurate assessments, safe treatment, and optimal patient outcomes. Allowing individuals without this specialized education to perform these procedures could compromise patient safety and undermine the rigorous standards that our licenses represent.

By clarifying and reinforcing these boundaries, the Board helps maintain public trust in the dental profession and safeguards the scope of practice that Oregon dental hygienists have worked diligently to achieve through education, clinical competency, and licensure.

Thank you for considering my support for this important rule change. I appreciate your commitment to maintaining the high standards and integrity of the dental hygiene profession in Oregon.

Sincerely,

Ashleigh Watson, DH Student

From: Annie Tejada <annie.tejada@advantagedental.com>

Sent: Thursday, September 4, 2025 11:16 AM

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

Cc: Annie Mason <annierdh320@yahoo.com>

Subject: Two proposed rule changes

To Whom it may concern,

I am a licensed hygienist in the State of Oregon who has major concerns with the proposed rule changes, and I know from speaking to my fellow colleagues I am not the only one. I have a Bachelor's degree I worked very hard to get after being a dental assistant for over ten years. I traveled three hours each day to go to a school in another city so I would not have to move my child and have him in another school, I did this for three years. Hygiene school was not easy, nor was traveling to Los Angeles for my clinical board exam, finding the perfect patient, written board exams, and our jurisprudence exam. To nullify all of this for each and everyone of us is a slap in the face. My training to be an assistant was eight weeks, no tests, no patients, no clinicals. I learned on the job. To let them probe and clean teeth without the proper training, without my training, you with a swing of your pen are taking everything away from me that I went back to school and worked so very hard for, words cannot express my anger, disappointment and fear for patients and the damage that is going to be done to their mouths without the proper training. All of this because there is a shortage of hygienists? Help open more schools, educate people on becoming hygienists and the benefits of it, don't take away what we worked so hard to achieve. If there is a shortage of dentists are you going to allow me to extract teeth, doing fillings and root canals? After 29 years of working on teeth I can honestly tell you I shouldn't be but you're planning on letting me do Botox like that will satisfy what you are taking away from us? It is unethical to patients, are they going to be told that a hygienist is not cleaning their teeth? That someone without proper training is cleaning their teeth? That a few weeks in class and a sign off sheet satisfied your requirements? Taking away everything every hygienist went through to achieve what we went through in every class, exam, final, blood sweat and tears to get through school and earn that degree. I take hours of required CE classes every year, pay you \$400 every two years to keep my license. If someone took away your degree from being a dentist and now said it was meaningless how would you feel? \$60,000 in school loans is what I paid for this degree that you want to make meaningless with this ruling. You are considering taking away someone's career, degree and livelihood, why would a company pay us what we are worth when an assistant who doesn't have our training but can do the same services and is paid half as much keep us or hire us? Because there is a shortage? We are worth our services, with this rule you are belittling us. I ask not just for

me but every hygienist in Oregon and every state considering this. To think again what this means for us.

Sincerely,

Annie Tejada EPDH

From: Alvina Shtogrina <alvinashtogrina@gmail.com>

Sent: Wednesday, September 3, 2025 4:34 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: 818-035-0030 Additional Functions of Dental Hygienists

To whom it may concern,

I am a licensed dental hygienist and I work in clinical practice. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

I support this proposed rule change because it expands safe, patient-centered care within the dental office. Dental hygienists with a local anesthesia endorsement already have extensive training in head and neck anatomy, injection techniques, and patient safety. With additional training specific to Botulinum Toxin Type A, hygienists are well-prepared to provide this service under the general supervision of a dentist. Allowing this function will improve patient access to care for conditions such as temporomandibular disorders and orofacial pain, while also strengthening collaborative, team-based dentistry. This change reflects both patient needs and the evolving role of dental professionals in Oregon. Thank you for considering my support for this proposed rule change.

Alvina Shulik RDH BASDH

From: →Niki Schuh <heyyniki6@gmail.com>
Sent: Wednesday, September 3, 2025 5:13 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support of proposed rule change 818-042-0040

I am a licensed dental hygienist and I work in public health. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. Before becoming a RDH I was an EFDA and the training I received from my program taught me what was in my scope of practice. I saw a lot of other assistants that weren't aware of what their scope was. Clarifying the rule helps assistants understand their scope and provide more clarity to patients as well who might be confused on which member of the dental team should be scaling and providing periodontal assessments.

Thank you for considering my support for this proposed rule change.

Niki Burris, BS, EPDH

From: Shacha Ramirez <shachamramirez@yahoo.com>

Sent: Thursday, September 4, 2025 3:42 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Comment on proposed rule ending in oct

You don't often get email from shachamramirez@yahoo.com. [Learn why this is important](#)

I am a licensed Dental Hygienist and I work in public health.

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. I support this rule change as it would hopefully clarify any misconceptions of what services are and are not allowed in each professional role. I have the utmost respect for dental assistants as they are just as vital in our dental care team. But as with any role there are limitations and they should be followed and respected. I think this proposal will aid in clarifying roles and avoiding any unnecessary time and resources spent if this is not done • Thank you for considering my support for this proposed rule change.

Shacha H. BSHD RDH

From: Huynh, Nina <huyn9577@pacificu.edu>
Sent: Thursday, September 4, 2025 6:37 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Scaling Assistants are not Legal in Oregon

You don't often get email from huyn9577@pacificu.edu. [Learn why this is important](#)

To who this may concern,

My name is Nina Huynh, I am a registered dental hygienist and I work in clinical practice at Kaiser Permanente. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

When patients come in for their dental cleanings, it involves more than just scraping off plaque and tartar and polishing. It involves periodontal assessment, deciding what treatment is best for the patient based on the assessments, and educating patients about the relationship of oral health and systemic health. When dental hygienist are performing cleanings on patients, it sometimes is necessary to go under the gum lines depending on the patients pocket depth and bone level. Without the proper training and knowledge on how to use an instrument, it can do more harm than good for the patients.

As a dental hygienist who graduated with from a dental hygiene program with a bachelors degree, I went through the program to learn, study and become an expert in my field. In this field, we're continuing to learn new things everyday. Without the knowledge and proper training, it can cause many unethical practices.

Thank you for considering my support for this proposed rule change.

Nina Huynh RDH

From: Heidi Elias <heidi.elias@hotmail.com>
Sent: Thursday, September 4, 2025 9:45 PM
To: OBD Info * OBD <Information@obd.oregon.gov>
Subject: Assistants should not be allowed to scale teeth

To whom it may concern:

I've been an RDH for over 14 years. I work clinically in Corvallis. I am writing you to say that assistants should not be able to scale or probe patients; thus I support the rule change 818-042-0040. The schooling for learning how to scale, use an ultrasonic, probe, etc. is very intense and not something that is learned quickly. It takes years to master. Trying to teach someone in a condensed program will ultimately hurt the person that matters the most, the patient. Assistants in Oregon have more functions than any other state. I love our assistants. They do an amazing job at what they do. But trying to condense TWO YEARS of intense training into a condensed program is a horrible idea. If we're trying to help solve the hygienist shortage, helping a hygienist get licensed when moving from one state to the next would be a great place to start. I strongly recommend you not allow Oregon dental assistants to scale and probe patients as this is not going to be in the best interest of the patients.

Thank you,
Heidi Dubuque, RDH

From: Amy Christensen <amy.m.annala@gmail.com>
Sent: Friday, September 5, 2025 10:25 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Proposed Rule Change

Good morning,

I am a licensed dental hygienist and I work at Highland Family Dental in Redmond, Oregon.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

Thank you for considering my support for this proposed rule change.

Amy Annala Christensen, RDH

September 5, 2025

Oregon Board of Dentistry,

I am a licensed dental hygienist in Oregon, and I work in clinical practice in Grants Pass Oregon. I am writing in **support** of the proposed rule change to **818-042-0040 Prohibited Acts** that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. These are skill sets that take years of education to understand how to perform and the science behind the periodontium to achieve. No dental assistant should be allowed to perform such procedures.

Thank you for considering my support for this proposed rule change.

Makya Smith
License #H9044

September 5, 2025

Oregon Board of Dentistry,

I am a licensed dental hygienist in Oregon, and I work in clinical practice in Grants Pass Oregon. I am writing in **support** of the proposed rule change to **818-035-0030 Additional Functions of Dental Hygienists** that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training. I believe hygienists have extensive knowledge of head and neck anatomy as well as clinical practice administering local anesthesia both of which contribute to a solid foundation to be considered for administering Botulinum Toxin in the head and neck region. Each day we work with patients suffering from bruxism and TMD conditions who could greatly benefit from this treatment option.

Thank you for considering my support for this proposed rule change.

Makya Smith
License #H9044

From: Leslie Briceno <bric3906@pacificu.edu>
Sent: Saturday, September 6, 2025 11:33 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support 818-042-0040

I am a dental hygienist and I work in a clinical setting as the full time hygienist.

I am writing in **support** of the proposed rule change to **818-042-0040 Prohibited Acts**. I think this law would make it clear with no grey area to misinterpret OR law.

Thank you for considering my support for this proposed rule change.

From: Karen Bernards <karenlbernards@gmail.com>

Sent: Saturday, September 6, 2025 4:32 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Proposed rule change

To Whom It May Concern,

I am writing in support of the proposed rule change 818-042-0040 Prohibited Acts that if passed will clarify what the Oregon Law already prohibits. No one that does not have a dental hygiene license should be probing and scaling patients. I have been practicing dental hygiene for over 40 years and value quality patient care from all aspects. That is why I feel so strongly about professional training and licensure for providing the appropriate health care services.

Thank you for considering my support for this rule change.

Sincerely,

Karen Bernard's

From: Karen Bernards <karenlbernards@gmail.com>

Sent: Saturday, September 6, 2025 4:23 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Proposed rule change

To Whom it may concern,

I am a licensed dental hygienist with over 40 years of experience. I still love what I do and have seen the benefit in pain relief that Botox has provided our patients. I support rule change 818-035-0030 Additional Functions of Dental Hygienists. With our local anesthetic training and experience we are qualified to provide these services with the appropriate training. Thank you for considering my strong support of this proposal.

Sincerely,

Karen Bernards, RDH

From: Brittnei McKenna <brittnei.mckenna@yahoo.com>

Sent: Saturday, September 6, 2025 5:25 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: No to Assistants

My name is Brittnei and I am a current Dental Hygiene student. Having been an assistant for over 10 years, I would have loved the opportunity to scale, administer anesthetic and PC. I really thought I'd have an upper hand when accepted into the hygiene program. I was wrong! Coming into my senior year, I can say I have truly been humbled and now understand why hygienists make the wage they do. This is hard work and absolutely is not learned over night not in a few months. They are well trained practitioners and should be treated as such. Allowing assistants to scale and PC is dangerous and should not be granted. I fully support assistants furthering their education getting certified in whatever area they wish, but any sort of hygiene function is not it. Leave that to the experts.

Thank you for your time,

Brittnei Jackson

From: Kylie Burk <kyliealiyah@hotmail.com>
Sent: Saturday, September 6, 2025 6:19 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Add Botox to Dental Hygiene Scope of Practice

I am dental hygiene student here in Oregon.

I am writing in **support** of the proposed rule change to **818-035-0030 Additional Functions of Dental Hygienists** that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

I support this rule change due to the opportunities it could give hygienists to develop their own practices that can offer patients valuable and worthwhile treatment. This rule change would allow patients to seek botox care at their dental office and with people they would already be familiar and comfortable with. I support this rule change because hygienists are able to administer local anesthesia and are trusted to do so, so adding botox administration under their license improves their already established scope.

Thank you for considering my support for this proposed rule change.

From: Kylie Burk <kyliealayah@hotmail.com>
Sent: Saturday, September 6, 2025 6:23 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Clarify that Scaling Assistants are not Legal in Oregon

I am a dental hygiene student here in Oregon.

I am writing in **support** of the proposed rule change to **818-042-0040 Prohibited Acts** that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

I support this rule change because dental assistants and those that work with dental assistants should know exactly what the dental assistant career is capable of. Gray area can cause legal issues and questions that cannot be answered without hesitancy and inconsistency. As a dental hygiene student knowing that I am doing a high demand career is reassuring but with the doubt and rumor of dental assistants potentially limiting our jobs is concerning. I support this rule change because clarity and honesty need to be the standard in the dental practice.

Thank you for considering my support for this proposed rule change.

From: Leah Lewis <leahlewis8@icloud.com>
Sent: Saturday, September 6, 2025 8:20 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support for Proposed Rule Change 818-035-0030

Leah Lewis

11775 sw Blakeney St
Beaverton, Oregon, 97008
leahlewis8@icloud.com
(503)-726-6605
9/5/2025

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Re: Support for Proposed Rule Change 818-035-0030

Dear Members of the Oregon Board of Dentistry,

I am a licensed dental hygienist and I work in clinical practice.

I am writing in support of the proposed rule change to 818-035-0030 Additional.Functions.of.Dental.Hygienists. If passed by the Board, this change will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist, after they have completed appropriate training.

I support this proposed rule change because hygienists are already trained to deliver precise injections in sensitive areas of the oral cavity, and the requirement for additional training ensures that this responsibility will be carried out with competence and confidence. Allowing hygienists to administer Botulinum Toxin Type A under general supervision aligns with evidence-based practices seen in other states and healthcare professions, ultimately improving patient care in Oregon. For example: it enhances patient care by broadening access to safe, evidence-based treatment; it recognizes the advanced education and training of hygienists; it improves efficiency in dental practices; it can address patient needs such as TMJ pain, clenching, or esthetic concerns in a safe and supervised manner.

Thank you for considering my support for this proposed rule change.

Sincerely,

Leah Lewis, RDH, EPDH, BSDH, MBA

License number H8899

From: Hansen, Brianna <wint3952@pacificu.edu>
Sent: Sunday, September 7, 2025 8:45 PM
To: OBD Info * OBD <Information@oregondentistry.org>
Subject: Proposed rule changes

I am a licensed dental hygienist and I work in a private practice in rural Oregon. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. I think this is an important clarification to make as dental hygienists must take written tests, train clinically, and take clinical boards showing that we are capable of doing these acts safely and effectively. While dental assistants have great training or is not in areas of scaling or probing and without dental hygiene education I cannot imagine a high standard of care. Thank you for considering my support for this proposed rule change.

Brianna Hansen

From: Heidi Klobes <heidi.klobes@pcc.edu>
Sent: Sunday, September 7, 2025 7:09 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support of the proposed rule change to 818-042-0040

Hello,

I am a licensed dental hygienist or dental hygienist and I work in education.

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

I am concerned that in the future the idea of scaling assistants may be revisited and I fear for the health of the public if such an item were to pass.

Thank you for considering my support for this proposed rule change.

Heidi M. Klobes M.Ed, EPDH, CDA

Faculty, Dental Sciences Dept.

ODHA Director, Metro East

Pronouns: She/Her/Hers

Portland Community College | Vanport Building
1810 SW 5th Avenue, 3rd Floor| Portland, OR 97201

"To inspire people, don't show them your superpowers. Show them theirs"

- Alexander Den Hejjer

From: Rebecca Keeney <rlkeeney13@gmail.com>
Sent: Thursday, September 11, 2025 8:39 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Proposed rule change 818-035-0030

Dear Oregon Board of Dentistry

- I am a licensed dental hygienist and I work in clinical practice.
- I am writing in **support** of the proposed rule change to **818-035-0030 Additional Functions of Dental Hygienists** that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.
- Having already spent hours in training along with having taken both written and clinical hands on boards to obtain my local anesthesia endorsement and having given 100s of injections in the course of my clinical duties as a dental hygienist, this is a logical duty to assume with the additional training considered. Hygienists are already familiar with the anatomy and physiology of the oral and maxillofacial regions, and administration of Botulinum Toxin Type A would be considerably less invasive than local anesthesia.
- Thank you for considering my support for this proposed rule change.

Rebecca Keeney, RDH

From: Rebecca Keeney <rlkeeney13@gmail.com>
Sent: Thursday, September 11, 2025 8:51 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Proposed Rule Change to 818-042-0040

Oregon Board of Dentistry

- I am a licensed dental hygienist and I work in clinical practice in Oregon.
- I am writing in **support** of the proposed rule change to **818-042-0040 Prohibited Acts** that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.
- As part of my CODA approved schooling, I spent 2 years learning both didactically and clinically, under constant supervision how to perform the duties of a dental hygienist. I was then required to pass both written and clinical board exams to prove my competency to complete the duties of a registered dental hygienist including periodontal probing and scaling. Dental assistants have not had this same instruction with many having only learned their duties with on the job training and many more taking 6 week training programs, and none undergoing clinical board exams for competency to perform these functions. Without proper instruction and a clear knowledge of what these duties are and why they are being performed, it would be a danger to patients oral health and a clear lapse in standard of care to allow individuals to perform these functions.
- Thank you for considering my support for this proposed rule change.

Sincerely,
Rebecca Keeney, RDH

To Whom it may concern:

I am a licensed dental hygienist and I work in clinical practice in Oregon state. I have expanded licenses in anesthesia, nitrous oxide administration, dental assistant anesthesia monitor with IV sedation and have been practicing for 31 years. I also hold a dental hygiene license in Washington state.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

I support this rule change as Dental hygienists , such as myself, have extensive education in administering Local anesthetic and head and neck anatomy. We also have a minimum 2 years of premedical training and current CE requirements to keep that training up to date. My current and past dentist boss's all incorporate Botox into their treatment protocol. I feel I would definitely utilize the skills to provide more comprehensive treatment to our patients.

I have also used my Local anesthesia skills to prepare patients for Botox treatment administered by the dentist. This would bring Oregon up to speed with other states that allow Botox administration like Arizona.

Thank you for considering my support for this proposed rule change.

Beth Thompson, B.S. RDH

From: Brittany Nguyen <brittanynguyenrdh@gmail.com>

Sent: Thursday, September 11, 2025 11:31 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for Proposed Rule Change 818-035-0030 – Expanding Dental Hygiene Scope

Dear Oregon Board of Dentistry,

My name is Brittany Nguyen, and I am a licensed dental hygienist currently working in clinical practice.

I am writing in strong support of the proposed rule change to 818-035-0030, Additional Functions of Dental Hygienists. This change would allow dental hygienists with a local anesthesia endorsement to administer Botulinum Toxin Type A (Botox) for conditions within the oral and maxillofacial region under the general supervision of a dentist, after appropriate training.

I support this rule change because:

- It enhances patient access to both therapeutic and cosmetic treatments.
- It recognizes the extensive training dental hygienists already receive in head and neck anatomy, pharmacology, and patient care.
- It aligns Oregon's scope of practice with what is already permitted in other states, ensuring patients have access to comprehensive, safe, and efficient care.

Expanding the scope in this way also reflects the evolving role of the dental hygiene profession and promotes better patient outcomes. I believe this is an important step in advancing oral health care in Oregon.

Thank you for considering my support of this proposal.

Sincerely,

Brittany Nguyen, BSDH, RDH

Clackamas, Oregon

From: Brittany Nguyen <brittanynguyenrdh@gmail.com>

Sent: Thursday, September 11, 2025 1:06 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for Proposed Rule Change 818-042-0040 – Clarifying Prohibited Acts

Dear Oregon Board of Dentistry,

My name is Brittany Nguyen, and I am a licensed dental hygienist currently working in clinical practice.

I am writing in strong support of the proposed rule change to 818-042-0040, Prohibited Acts. This clarification will reinforce that Oregon law prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling.

I support this rule change because periodontal probing and scaling are essential components of dental hygiene care that require the education, training, and licensure of a dental hygienist to perform safely and effectively. These procedures are not merely mechanical. They involve recognizing signs of disease, evaluating tissue response, and preventing harm to the patient. Allowing assistants to scale without this background knowledge places patients at risk of tissue trauma, incomplete care, and missed diagnoses. Upholding this rule also ensures that patients receive treatment from properly credentialed professionals, prevents confusion among dental teams, and maintains compliance with Oregon law.

By reinforcing these standards, the Board will protect both patients and the integrity of the dental hygiene profession in Oregon.

Thank you for considering my support of this important proposal.

Sincerely,

Brittany Nguyen, BSDH, RDH

Clackamas, Oregon

From: Taylor Lee <taylee_34@hotmail.com>
Sent: Friday, September 12, 2025 10:13 AM
To: OBD Info * OBD <Information@obd.oregon.gov>
Subject: Dental Hygiene Scope of Practice

Dear Members of the Oregon Board of Dentistry:

I am an Oregon licensed dental hygienist and I work in clinical and expanded practice.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

1) Improves timely access to care for orofacial conditions. Dental teams are often the first to identify and manage conditions such as bruxism-related myofascial pain, temporomandibular disorders (TMD), masseteric hypertrophy, and sialorrhea. Allowing properly trained hygienists to deliver Botox under dentist supervision expands same-day care options in dental settings without burdening medical clinics already facing access constraints.

2) Maintains patient safety. The proposed rule appropriately limits use to the oral and maxillofacial region; requires a local anesthesia endorsement; and requires hands-on, board-recognized continuing education. Dental hygienists are already highly trained in facial anatomy, injections, asepsis, documentation, and emergency preparedness. With defined training and supervision, Botox administration falls squarely within their competencies.

3) Aligns with Oregon's existing framework and national trends. Oregon already permits dentists to utilize Botox with defined CE. Extending limited permissions to trained hygienists—within dental scope and supervision—modernizes team-based care and reflects developments in other states.

Lessons from Other States

Several states have successfully implemented policies allowing dental hygienists to administer Botox under dentist supervision and with defined education:

- Kansas (since 2022): Registered dental hygienists may administer neurotoxin under direct dentist supervision with required training.
- Oklahoma (since 2023): Hygienists may administer Botox under direct supervision pursuant to Board-adopted standards.
- Arizona (2023 Attorney General opinion): Clarified that hygienists may perform procedures such as administering Botox when prescribed by the supervising dentist, with appropriate training, under general supervision, and when not irreversible.

These jurisdictions report no systemic safety concerns when training and supervision requirements are met, and they demonstrate workable models Oregon can adopt and refine.

Benefits to Oregonians

- Access & equity: Expanded care capacity in dental clinics improves access for rural and underserved communities.
- Cost-effectiveness: Care delivered in the dental setting can reduce referrals, multiple visits, and overall costs.
- Team-based efficiency: Delegating appropriate injections to qualified hygienists frees dentists for diagnosis, complex procedures, and oversight.

Conclusion

Oregon has an opportunity to adopt a thoughtful, safety-forward rule that reflects current science, leverages the skills of our dental hygiene workforce, and improves patient access to conservative treatments for orofacial conditions. With clear training, supervision, and documentation standards, this change will enhance care without compromising safety.

Thank you for your consideration and for your continued commitment to patient-centered, evidence-based dental regulation. I respectfully urge the Board to finalize the proposed revisions authorizing qualified dental hygienists to administer botulinum toxin Type A within the oral and maxillofacial region.

Sincerely,

Taylor Lee, RDH, BSDH

Thank you for considering my support for this proposed rule change.

From: Jill Parker <jillpuffparker@gmail.com>
Sent: Friday, September 12, 2025 10:51 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Rule 818-042-0040

Re: Rule 818-042-0040

Honored Oregon board of Dentistry Members;
I am a licensed dental hygienist and work in a general practice, Redwood Dental in Canby Oregon. I have been licensed for almost 30 years.

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. Having worked for thirty years in hygiene, I have seen how important a thorough, extended, complete education and hands on practice at an accredited Dental Hygiene School is imperative. Allowing dental assistants to perform probing or scaling without a dental hygiene degree would compromise patient safety and quality of care. These procedures demand extensive knowledge of oral anatomy, pathology, and disease management, which dental hygienists are uniquely trained to provide. Without this education and licensure, there is a significant risk of misdiagnosis, tissue trauma, and inadequate infection control.

I urge the Board not to compromise the high standard of patient care that Oregon has worked hard to establish. Patients and the public deserve the highest level of treatment, which can only be ensured by practitioners who have completed a full dental hygiene degree or dental degree

Thank you for considering my support for proposed clarification on this rule.

Jill Parker, RDH, BS
Licence # H3475
971-978-9253

From: Halea Johnson <smalls.johnson6@gmail.com>
Sent: Friday, September 12, 2025 11:16 AM
To: OBD Info * OBD <Information@obd.oregon.gov>
Subject: Support for Proposed Rule Change – OAR 818-042-0040 (Prohibited Acts)

Dear Members of the Oregon Board of Dentistry,

I am a licensed dental hygienist working in a clinical practice setting

I am writing in support of the proposed rule change to OAR 818-042-0040 Prohibited Acts, which, if passed, will clarify that Oregon law currently prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling.

I strongly support this rule change because it upholds the integrity, safety, and quality standards of dental hygiene practice in Oregon. Dental hygiene procedures, such as probing and scaling, require the education, training, and clinical judgment of a licensed dental hygienist to ensure accurate assessments, safe treatment, and optimal patient outcomes. Allowing individuals without this specialized education to perform these procedures could compromise patient safety and undermine the rigorous standards that our licenses represent.

By clarifying and reinforcing these boundaries, the Board helps maintain public trust in the dental profession and safeguards the scope of practice that Oregon dental hygienists have worked diligently to achieve through education, clinical competency, and licensure.

Thank you for considering my support for this important rule change. I appreciate your commitment to maintaining the high standards and integrity of the dental hygiene profession in Oregon.

Sincerely,
Halea Johnson RDH BSDH
License # H8416

From: Halea Johnson <smalls.johnson6@gmail.com>

Sent: Friday, September 12, 2025 11:13 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support 818-035-0030

Dear Members of the Oregon Board of Dentistry:

I am an Oregon licensed dental hygienist and I work in clinical and expanded practice.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

1) Improves timely access to care for orofacial conditions. Dental teams are often the first to identify and manage conditions such as bruxism-related myofascial pain, temporomandibular disorders (TMD), masseteric hypertrophy, and sialorrhea. Allowing properly trained hygienists to deliver Botox under dentist supervision expands same-day care options in dental settings without burdening medical clinics already facing access constraints.

2) Maintains patient safety. The proposed rule appropriately limits use to the oral and maxillofacial region; requires a local anesthesia endorsement; and requires hands-on, board-recognized continuing education. Dental hygienists are already highly trained in facial anatomy, injections, asepsis, documentation, and emergency preparedness. With defined training and supervision, Botox administration falls squarely within their competencies.

3) Aligns with Oregon's existing framework and national trends. Oregon already permits dentists to utilize Botox with defined CE. Extending limited permissions to trained hygienists—within dental scope and supervision—modernizes team-based care and reflects developments in other states.

Lessons from Other States

Several states have successfully implemented policies allowing dental hygienists to administer Botox under dentist supervision and with defined education:

- Kansas (since 2022): Registered dental hygienists may administer neurotoxin under direct dentist supervision with required training.
- Oklahoma (since 2023): Hygienists may administer Botox under direct supervision pursuant to Board-adopted standards.
- Arizona (2023 Attorney General opinion): Clarified that hygienists may perform procedures such as administering Botox when prescribed by the supervising dentist, with appropriate training, under general supervision, and when not irreversible.

These jurisdictions report no systemic safety concerns when training and supervision requirements are met, and they demonstrate workable models Oregon can adopt and refine.

Benefits to Oregonians

- Access & equity: Expanded care capacity in dental clinics improves access for rural and underserved communities.
- Cost-effectiveness: Care delivered in the dental setting can reduce referrals, multiple visits, and overall costs.
- Team-based efficiency: Delegating appropriate injections to qualified hygienists frees dentists for diagnosis, complex procedures, and oversight.

Conclusion

Oregon has an opportunity to adopt a thoughtful, safety-forward rule that reflects current science, leverages the skills of our dental hygiene workforce, and improves patient access to conservative treatments for orofacial conditions. With clear training, supervision, and documentation standards, this change will enhance care without compromising safety.

Thank you for your consideration and for your continued commitment to patient-centered, evidence-based dental regulation. I respectfully urge the Board to finalize the proposed revisions authorizing qualified dental hygienists to administer botulinum toxin Type A within the oral and maxillofacial region.

Sincerely,

Halea Johnson RDH, BSDH

Thank you for considering my support for this proposed rule change.

From: Leilani Allison <leilani.kuuipo.okalani@gmail.com>

Sent: Friday, September 12, 2025 11:28 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for Rule Change 818-035-0030

To whom it may concern at the Oregon Board of Dentistry:

I am a registered dental hygienist who is actively practicing in a private practice office, public health office, and an educator for dental hygiene students.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

Dental hygienists have an extensive knowledge of head and neck anatomy that is required of individuals who would administer botox. Dental hygienists in many CODA accredited programs in Oregon are required to take courses such as three anatomy and physiology courses, three chemistry courses, microbiology, in addition to head and neck anatomy, local anesthesia, pharmacology, and radiology - all of which are excellent educational foundations for a hygienist to then learn botox administration. In my offices, I have countless patients who have stress and/or anxiety induced bruxism that would benefit from botox administration to ease their pain and suffering. Patients with stress and anxiety can have an increase in symptoms when faced with the challenge of finding a new provider (such as a dermatologist or other licensed provider) to administer treatment - by allowing dental hygienists the ability to administer botox to the patients who know and trust us, we increase our patients' access to care and increase their quality of life. Please pass 818-035-0030 to help hygienists continue to decrease barriers of healthcare access to our patients, and help us increase our patients' quality of life.

Thank you for considering my support for this proposed rule change.

Signed,

Leilani Lokomaika'i Allison, RDH, BSDH

From: Leilani Allison <leilani.kuuipo.okalani@gmail.com>
Sent: Friday, September 12, 2025 11:47 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support for Rule Change 818-042-0040

To Whom it may concern at the Oregon Board of Dentistry,

I am a registered dental hygienist and I work in a private practice office, a public health office, and I am a dental hygiene educator. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

It is imperative that all persons receiving healthcare are given the care that they deserve provided by individuals who are trained in providing such services. As a dental hygienist, I know first hand how important it is to properly diagnose a patient's periodontal health, and how imperative it is to properly remove the bacteria through adequate scaling. Improper removal of dental biofilms as well as calculus increases a patient's risk of developing periodontal diseases such as chronic gingivitis that can lead to periodontitis. Additionally, continually neglecting to remove such debris will worsen our patient's health outcomes. Untreated periodontitis (whether it is caused by improper diagnosis from improper probing depths administered by untrained individuals, or through chronic poor scaling techniques rendered by untrained individuals) causes rampant inflammation that attacks the whole body and leads to many health issues or worsening of health issues such as reproductive health concerns, poor gestational and neonatal outcomes, heart diseases, diabetes, respiratory illness, and there is a connection with periodontitis and Alzheimers, rheumatoid arthritis, and even certain cancers. Periodontal probing isn't just simply "measuring the gums," and scaling isn't simply completed; these issues can truly be a life-or-death situation for some patients. This is exactly why we need a clear message that periodontal probing is PROHIBITED by untrained providers - improper probing which leads to improper diagnosis, and improper removal of dental bacteria will lead to adverse health outcomes that can have dire consequences, with our community of patients being the ones who pay the price. Please consider passing Rule Change 818-042-0040.

Thank you for considering my support for this proposed rule change.

-Leilani Lokomaika'i Allison, RDH BSDH

From: Kaitlyn B <kaitlynbulgarelli@gmail.com>

Sent: Tuesday, September 16, 2025 12:03 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: 818-035-0030 Additional Functions of Dental Hygienists

Hello! I am a licensed dental hygienist in Oregon and I work in clinical practice at Premier Care Dental. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training. I have seen doctors use botox to treat pain for TMD and have noticed a huge difference in patient's pain! I would like this rule to change so patients have less barriers in treating TMD, I feel very equipped as we practice local anesthesia daily and already have extensive knowledge of facial muscles. Thank you for considering my support for this proposed rule change.

Kaitlyn Bulgareli, RDH, EPDH

From: Shannon Herschberger <smeinig1976@gmail.com>
Sent: Tuesday, September 16, 2025 12:16 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Re: 818-042-0040 Prohibited Acts in support

On Sat, Sep 13, 2025 at 10:43 AM Shannon Herschberger <smeinig1976@gmail.com> wrote:

I have been a registered dental hygienist for 26 years. I am in support of adding language that defines dental assistants are not allowed to probe and scale in the state of Oregon.

Thank you,
Shannon Herschberger

5945 NW 59th Street
Redmond, OR 97756

September 16, 2025

Dear Members of the Oregon Board of Dentistry,

I have been a dental assistant for over 30 years and I hold a number of certifications in Oregon. In combination, I have taught in a CODA approved Dental Assisting program and been the Program Director of the program for 28 years. I am also a member of the DAWSAC committee. **I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts** which would make it clear that scaling and probing in the oral cavity remain prohibited acts for dental assistants.

I highly support dental assistants gaining additional training and certifications as I have of Restorative Functions, and of the new Local Anesthetic Functions Certification. However, I feel it is unwise and potentially dangerous for patients, to allow dental assistants to scale teeth and/or perform periodontal probing. It is best and safest for the patient that these services are performed by a Dental Hygienist who has had the breadth and depth training needed in these skill sets.

Rationale:

To provide safe and comprehensive dental hygiene services Dental Hygienists engage in college level coursework specific to education in these procedures, for two or more years. During these years they are educated both didactically and clinically, in the proper care and the very real risks of incautious treatment of patients. The Oregon Board of Dentistry has wisely asserted that it takes the erudition and graduation from a CODA accredited Dental Hygiene program to perform these skills safely and effectively. Let us hold to this prudent standard.

As you know, probing inappropriately can separate the PDL from the tooth which causes the patient harm.

As for scaling, to do this completely and effectively, it takes a great deal of skill and knowledge. Calculus left on a tooth, will again causes harm as the patient will likely experience recession of the gingival tissue and potential bone loss.

Our goal in dentistry is to provide safe and effective care to patients that prevents them from experiencing continued destruction of hard and soft tissues in their oral cavity. To do so means that providers must be trained thoroughly in the aspects of the care they provide. Dental assistants, without going through a dental hygiene program will not be sufficiently trained for scaling and probing.

I am all about advancement within the dental field, however it must not be at the risk of patients or their comprehensive care.

Sincerely,

Lynn Murray

Lynn Murray, M.Ed., RDA, CDA, EFDA-RF, CPFDA, MADAA

From: Jeanette Perez-Vogt <perez-vogtj@lanecc.edu>
Sent: Tuesday, September 16, 2025 10:13 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support for Proposed Rule Change to 818-042-0040 Prohibited Acts

Dear Members of the Oregon Board of Dentistry,

I am a licensed dental hygienist, and I work in both clinical practice and education. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts. If passed, this rule will provide needed clarification that Oregon law currently prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling.

I support this proposed rule change because periodontal probing and scaling require specialized education, clinical training, and licensure to perform safely and effectively. These procedures are critical for the prevention, diagnosis, and treatment of periodontal disease, and must be completed by licensed dental hygienists who are trained to assess tissue health, identify pathology, and manage complications. Allowing unlicensed personnel to perform these tasks could compromise patient safety and quality of care, while also blurring important professional boundaries between dental assisting and dental hygiene.

This clarification will help protect the public, support the integrity of dental hygiene as a licensed profession, and ensure that patients in Oregon continue to receive safe, evidence-based care.

Thank you for considering my support for this proposed rule change.

Jeanette Perez-Vogt, EPDH, RDH
Dental Hygiene Faculty
Health Professions, Health, & Physical Education
Lane Community College
4000 E. 30th Ave.

From: Jeanette Perez-Vogt <perez-vogtj@lanecc.edu>

Sent: Tuesday, September 16, 2025 10:18 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for Proposed Rule Change to 818-035-0030 Additional Functions of Dental Hygienists

Dear Members of the Oregon Board of Dentistry,

I am a licensed dental hygienist, and I work in both clinical practice and education. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists. If passed, this rule will allow dental hygienists with a local anesthesia endorsement to administer Botulinum Toxin Type A to treat conditions within the oral and maxillofacial region under the general supervision of a dentist, after completing the required training.

I support this proposed rule change because it recognizes the advanced education and skills of licensed dental hygienists while expanding access to safe, patient-centered care. Dental hygienists are already highly trained in head and neck anatomy, injection techniques, and patient management. With additional specialized training, hygienists are well prepared to deliver this therapy effectively and safely.

This change will also improve patient care by expanding treatment options for conditions such as temporomandibular joint disorders, bruxism, and orofacial pain, while maintaining appropriate oversight through the dentist's supervision. It reinforces the collaborative nature of the dental team and allows patients to benefit from a broader range of services without compromising safety or quality of care.

Thank you for considering my support for this proposed rule change.

Sincerely,

Jeanette Perez-Vogt, EPDH, RDH

Dental Hygiene Faculty

Health Professions, Health, & Physical Education

Lane Community College

4000 E. 30th Ave.

From: Jacqueline Scott <jacquelinescott99@gmail.com>

Sent: Wednesday, September 17, 2025 7:15 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for proposal rule change 818-035-0030

Jacqueline Scott
1207 monroe st
Oregon city, Or, 97045
[Jacquelinescott99@gmail.com](mailto:jacquelinescott99@gmail.com)

(503)-307-2709

9/17/25

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Re: Support for Proposed Rule Change 818-035-0030

Dear Members of the Oregon Board of Dentistry,

I am a licensed dental hygienist and I work in clinical practice.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists. If passed by the Board, this change will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist, after they have completed appropriate training.

I support this proposed rule change because hygienists are already trained to deliver precise injections in sensitive areas of the oral cavity, and the requirement for additional training ensures that this responsibility will be carried out with competence and confidence. Allowing hygienists to administer Botulinum Toxin Type A under general supervision aligns with evidence-based practices seen in other states and healthcare professions, ultimately improving patient care in Oregon. For example: it enhances patient care by broadening access to safe, evidence-based treatment; it recognizes the advanced education and training of hygienists; it improves efficiency in dental practices; it can address patient needs such as TMJ pain, clenching, or esthetic concerns in a safe and supervised manner.

Thank you for considering my support for this proposed rule change.

Sincerely,

Jacqueline Scott RDH

License number H6091

From: Yvette Hey <helloyvettehey@gmail.com>
Sent: Wednesday, September 17, 2025 7:39 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: DH scope of practice

To whom it may concern,

I am a licensed dental hygienist and I work in clinical practice. I am writing in support of the proposed rule change to 818-035-0030. Additional functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

I believe we have the skills and experience to perform said treatments while offering peace of mind to the patient that the mouth, head, and neck are our area of expertise. We have built a level of rapport with patients that no other providers can match.

Thank you for considering my support for this proposed rule change.

Sincerely,

Yvette Hey, RDH, EPDH

From: Briana Underwood <b.underwood13@gmail.com>
Sent: Wednesday, September 17, 2025 7:49 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Statement in Support of Proposed Rule Change to 818-035-0030

To whom this may concern,

As a licensed dental hygienist working in clinical practice, I am writing in support of the proposed rule change to 818-035-0030, Additional Functions of Dental Hygienists. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

Dental hygienists receive extensive education in head and neck anatomy as part of our professional training. Because of this, dental hygienists are uniquely qualified to safely and effectively provide such treatments. Expanding this scope of practice would also increase patient access to care, improving both convenience and outcomes for those seeking treatment with Botulinum Toxin Type A.

Thank you for your consideration of my support for this proposed rule change.

Sincerely,

Briana Elwood, RDH

From: Laura Vanderwerf <laura.vanderwerf@pcc.edu>
Sent: Wednesday, September 17, 2025 8:00 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: rule change to 818-042-0040 Prohibited Acts

Dear Members of the Oregon Board of Dentistry,

I am a licensed dental hygienist working in both clinical practice and in education. I am writing in support of the proposed rule change to OAR 818-042-0040 (Prohibited Acts). If passed, this change will clarify that Oregon law prohibits dental assistants from practicing dental hygiene, including performing periodontal probing and scaling.

I support this proposed rule change because it protects patient safety and ensures quality care. Periodontal probing and scaling require specialized education, training, and licensure to perform correctly and safely. When unlicensed individuals perform these procedures, patients may be placed at risk for misdiagnosis, injury, or progression of undetected disease. Clear rules are essential to uphold professional standards, prevent scope-of-practice confusion, and preserve the integrity of dental hygiene practice in Oregon.

Thank you very much for considering my support for this critical rule clarification. I appreciate the Board's commitment to safeguarding both patients and the dental profession.

Sincerely,
Laura Lee Vanderwerf, RDH, EPDH
Faculty Department Chair, Portland Community College

Laura Vanderwerf, RDH, EPDH, BSDH, CDA, FADHA

Pronouns: she, her

*Full-Time Faculty – Dental Hygiene
Faculty Department Chair*

Portland Community College

1810 SW 5th Avenue, 3rd Floor

Portland, OR 97201

laura.vanderwerf@pcc.edu

971-722-4037

From: Regina Piluyeva <regina.piluyeva@pcc.edu>
Sent: Wednesday, September 17, 2025 8:24 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support for Proposed Rule Change to 818-035-0030

Subject: Support for Proposed Rule Change to 818-035-0030

Dear Members of the Board,

I am a dental hygiene student, and I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists, which, if passed, will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions within the oral and maxillofacial region under the general supervision of a dentist, after completing appropriate training.

As a student, I am eager to advance the scope of practice within the dental field to better serve patients, and I believe this rule change is an important step toward providing more comprehensive care. Allowing trained dental hygienists to administer Botulinum Toxin Type A would not only improve patient outcomes but also increase access to essential treatments in dental offices. It is crucial to ensure that dental professionals with the proper qualifications and training are empowered to provide the best care possible in these specialized areas.

I appreciate your time and consideration in reviewing this proposed rule change. Thank you for your efforts in advancing the dental profession.

Sincerely,
Regina Piluyeva
Portland community college Dental Hygiene

From: Regina Piluyeva <regina.piluyeva@pcc.edu>
Sent: Wednesday, September 17, 2025 8:26 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support for Proposed Rule Change to 818-042-0040 Prohibited Acts

Subject: Support for Proposed Rule Change to 818-042-0040 Prohibited Acts

Dear Members of the Board,

I am a dental hygiene student, and I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts, which, if passed, will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene, including periodontal probing and scaling.

As a dental hygiene student, I believe it is critical that the roles and responsibilities of dental assistants and dental hygienists are clearly defined. This rule change would provide essential clarification that protects the integrity of the dental hygiene profession and ensures that only qualified individuals perform procedures like periodontal probing and scaling. These are advanced skills that require specific education and training, and it is vital that the public receives care from professionals who are specifically licensed and trained to perform these tasks.

Thank you for considering my support for this important proposed rule change.

Sincerely,
Regina Piluyeva
Portland community college dental hygiene

Lauren Davis

2112 NW Irving St., Apt. 405

Portland, OR 97210

lauren.davis6@pcc.edu

09/17/2025

Oregon Board of Dentistry

1500 SW 1st Ave, Suite 770

Portland, OR 97201

Re: Support for Proposed Rule Change to OAR 818-035-0030 (Additional Functions of Dental Hygienists)

Dear Members of the Oregon Board of Dentistry,

I am a dental hygiene student at Portland Community College. I am writing in support of the proposed rule change to OAR 818-035-0030 (Additional Functions of Dental Hygienists). If passed, this change will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A (Botox) to treat conditions within the oral and maxillofacial region under the general supervision of a dentist, after completing appropriate training.

I support this proposed rule change because it acknowledges the extensive head and neck anatomy education that is a central part of dental hygiene programs. As a student, I am learning how anatomy, physiology, and pharmacology all intersect in patient care, and this expansion reflects the depth of knowledge dental hygienists bring to the dental team. This rule would also increase patient access to care, provide additional treatment options for managing oral and maxillofacial conditions, and align Oregon with other states that already recognize this scope of practice.

Thank you for considering my support for this proposed rule change. I appreciate the Board's commitment to ensuring that the scope of dental hygiene practice reflects the training and skills of the profession.

Sincerely,

Lauren Davis

Dental Hygiene Student, Portland Community College

Lauren Davis

2112 NW Irving St., Apt. 405
Portland, OR 97210
lauren.davis6@pcc.edu
09/17/2025

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Re: Support for Proposed Rule Change to OAR 818-042-0040 (Prohibited Acts)

Dear Members of the Oregon Board of Dentistry,

I am a dental hygiene student at Portland Community College. I am writing in support of the proposed rule change to OAR 818-042-0040 (Prohibited Acts). If passed, this change will clarify that Oregon law prohibits dental assistants from practicing dental hygiene, including performing periodontal probing and scaling.

I support this proposed rule change because it emphasizes the importance of the education and training necessary to deliver safe and effective dental hygiene care. As a student, I am gaining hands-on experience and detailed instruction under faculty supervision to learn how to assess periodontal health, perform probing, and safely remove deposits. These skills are complex, require critical thinking, and must be practiced under direct instruction to ensure competence.

Allowing only licensed dental hygienists to perform these procedures ensures that patients receive care from providers who are properly trained to identify, diagnose, and treat periodontal conditions. It also reinforces the professional role of the dental hygienist within the dental team, creating clarity and protecting the public.

Thank you for considering my support for this proposed rule change. I appreciate the Board's efforts to promote high standards for patient care and to recognize the education and professional role of dental hygienists.

Sincerely,
Lauren Davis
Dental Hygiene Student, Portland Community College

September 17, 2025

Dear Members of the Oregon Board of Dentistry,

I have been a dental assistant for 18 years. I also have taught in a CODA approved Dental Assisting Program for 12 years and still currently teach in the program. **I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts** which would make it clear that scaling and probing in the oral cavity remain prohibited acts for dental assistants.

Without question, I support dental assistants gaining additional certifications and trainings. I, myself, hold multiple additional certifications above the standard, CDA and EFDA. I support dental assistants advancing in their careers. However, I feel it is not safe or ethical to allow DA's to scale and perform periodontal charting. Dental Hygienists receive rigorous training in these areas. And allowing DA's to complete this in a condensed shortened course is not appropriate in order to give patients safe and comprehensive care.

As you know, probing or scaling incorrectly, can cause harm to the patient. Our goal in dentistry is to provide safe and effective patient care. I do not feel DA's would be sufficiently trained in a condensed course to without these standards.

Sincerely,

Jenna Johnson

Jenna Johnson, B.S., CDA, EFDA, EFODA

From: Laura Vanderwerf <laura.vanderwerf@pcc.edu>

Sent: Wednesday, September 17, 2025 8:09 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for Proposed Rule Change to OAR 818-035-0030 (Additional Functions of Dental Hygienists)

Dear Members of the Oregon Board of Dentistry,

I am a licensed dental hygienist, educator, and active member of the Oregon Dental Hygiene Association. I currently serve as Faculty Department Co-Chair and Instructor at Portland Community College, where I help prepare the next generation of dental hygienists for practice. I am writing in support of the proposed rule change to OAR 818-035-0030 (Additional Functions of Dental Hygienists). If passed, this change will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A (Botox) to treat conditions within the oral and maxillofacial region under the general supervision of a dentist, after completing appropriate training.

I support this proposed rule change because it recognizes both the extensive head and neck anatomy education dental hygienists receive and the profession's ability to safely expand into evidence-based treatments that improve patient care. In my role as an educator, I see firsthand the depth of knowledge our students develop in anatomy, physiology, and pharmacology. With additional hands-on training, dental hygienists are well prepared to provide therapeutic and cosmetic Botox services within the dental setting. This expansion not only enhances patient access to care for conditions such as temporomandibular disorders, bruxism, and orofacial pain, but also aligns Oregon with other states that already permit hygienists to perform this function under dental supervision.

Thank you for considering my support for this important rule change. I appreciate the Board's ongoing work to advance patient care while acknowledging the training and expertise of the dental hygiene profession.

Sincerely,

Laura

Laura Vanderwerf, RDH, EPDH, BSDH, CDA, FADHA

Pronouns: she, her

Full-Time Faculty – Dental Hygiene

Faculty Department Chair

Portland Community College

1810 SW 5th Avenue, 3rd Floor

Portland, OR 97201

laura.vanderwerf@pcc.edu

971-722-4037

From: Abby Hodge <abbilyn.dusk@gmail.com>
Sent: Wednesday, September 17, 2025 10:36 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Dental Hygiene Scope of Practice

I am a dental hygiene student and I work clinically at a dental school.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

I believe that this rule change could help many patients as a beneficial and non-invasive treatment for TMD and bruxism. Botox in the masseter muscle can significantly decrease grinding and clenching of teeth, especially at night, which may cause broken teeth, bone loss and exostosis. This can be seen as medically necessary and thus may be covered by many patients insurance.

Thank you for considering my support for this proposed rule change.

Lindsey Schultz

Dental Hygiene Student
Rogue Community College
White City, Oregon

September 17, 2025

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Re: Support for Proposed Rule Change to 818-042-0040 (Prohibited Acts)

Dear Members of the Oregon Board of Dentistry,

My name is Lindsey Schultz, and I am currently a dental hygiene student at Rogue Community College in White City, Oregon. I am writing in support of the proposed rule change to 818-042-0040 (Prohibited Acts), which would clarify that Oregon law prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling.

I am explicitly opposed to allowing dental assistants to perform these duties. As dental hygiene students, we invest significant time, effort, and financial resources into our education to ensure that we are properly trained to provide safe, effective, and evidence-based care. Periodontal probing and scaling are not simple tasks; they require in-depth knowledge of anatomy, pathology, instrumentation, infection control, and critical thinking to properly assess and treat patients. Allowing untrained individuals to perform these procedures not only undermines the dental hygiene profession but also poses risks to patient health and safety.

Dental assistants play an important role in the dental team, but their scope of practice is not interchangeable with that of a licensed dental hygienist. Protecting these distinctions ensures the highest standard of care for the patients we serve.

Thank you for considering my perspective on this important matter. I urge you to support the proposed rule change and uphold the integrity of the dental hygiene profession.

Sincerely,

Lindsey Schultz
Dental Hygiene Student
Rogue Community College

From: Barbara Sigurdson <barbara.sigurdson@chemeketa.edu>

Sent: Wednesday, September 17, 2025 11:30 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Proposed rule change to 818-042-0040

Good morning,

I am a licensed dental hygienist and I work in education and public health. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. My reason for supporting this change is to ensure patient safety. The education required to deliver such care goes beyond the act of probing and scaling alone, treating the periodontium affects people's health. A proper education and licensing should be mandatory for clinicians to comprehend how delicate periodontal tissues are and how to treat them properly. If harm is done during these procedures or if disease is not treated adequately and disease is not arrested properly, the damage is not always repairable and can be detrimental to someone's overall health and wellness short term and long term. The track for doing these clinical therapies is currently for individuals to obtain a dental hygiene education and licensing before practicing and should stay that way.

Thank you for considering my support for this proposed rule change.

--

Barbara Sigurdson CDA, EFDA, BSDH, EPDH

Chemeketa Community College

Dental Assisting Instructor

Phone: (503) 399-5265

Email: barbara.sigurdson@chemeketa.edu

From: Barbara Sigurdson <barbara.sigurdson@chemeketa.edu>
Sent: Wednesday, September 17, 2025 11:33 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: proposed rule change to 818-035-0030

Good morning,

I am a licensed dental hygienist and I work in education and public health. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training. Dental Hygienists have undergone extensive head and neck anatomy courses, pain management and emergency medical training as well as technical training and licensing to administer local anesthetic. This criterion more than prepares a provider to deliver medicaments necessary to treat patients. Allowing a Dental Hygienist with proper training to deliver this therapy will help meet the needs of patients, allowing the doctors time to be better spent on therapies that only they can provide. Thank you for considering my support for this proposed rule change.

--

Barbara Sigurdson CDA, EFDA, BSDH, EPDH
Chemeketa Community College
Dental Assisting Instructor
Phone: (503) 399-5265
Email: barbara.sigurdson@chemeketa.edu

Madelyn Bryan

Dental Hygiene Student
Rogue Community College
White City, Oregon

September 17, 2025

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Re: Support for Proposed Rule Change to 818-042-0040 (Prohibited Acts)

Dear Members of the Oregon Board of Dentistry,

My name is Madelyn Bryan, and I am currently a dental hygiene student at Rogue Community College in White City, Oregon. I am writing in support of the proposed rule change to 818-042-0040 (Prohibited Acts), which would clarify that Oregon law prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling.

I am explicitly opposed to allowing dental assistants to perform these duties. As a dental hygiene student, I invest significant time, effort, and financial resources into my education to ensure that I am properly trained to provide safe, effective, and evidence-based care. *Periodontal probing and scaling are not simple tasks*; they require in-depth knowledge of anatomy, pathology, instrumentation, and critical thinking to properly assess and treat patients. Allowing dental assistants to perform these procedures not only undermines the dental hygiene profession but also poses risks to patient health and safety. *It is also inconsiderate to the profession of dental assisting* to assume that dental assistants have the time to perform dental hygiene duties in addition to everything else the dental assisting profession requires.

Dental assistants play an important role in the dental team, but their *scope of practice is not interchangeable* with that of a licensed dental hygienist. Protecting these distinctions ensures the highest standard of care for the patients we serve.

Thank you for considering my perspective on this important matter. I urge you to support the proposed rule change and uphold the integrity of the dental hygiene profession.

Sincerely,
Madelyn Bryan
Dental Hygiene Student
Rogue Community College

From: Shelby Gainforth <gainfors@gmail.com>
Sent: Wednesday, September 17, 2025 5:44 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Botox Dental Hygienist

Hi,

I strongly believe dental hygienists in Oregon should be allowed to provide Botox for patients due to bruxism and TMD. We have the knowledge and training to provide this treatment and pain relief for patients. The opportunity to expand our scope of practice and continue learning with the Botox courses would be amazing.

Warm regards,

Shelby Rouleau

From: Leah Lewis <leahlewis8@icloud.com>

Sent: Wednesday, September 17, 2025 9:20 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for Proposed Rule Change 818-042-0040 Prohibited Acts

Dear Members of the Oregon Board of Dentistry,

I am a licensed dental hygienist and I work in clinical practice.

I am writing in strong support of the proposed rule change to 818-042-0040 Prohibited Acts. If passed, this rule will clarify that Oregon law prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling.

This clarification is important to me because:

- As a current registered dental hygienist, I believe strict curriculum (such as an CODA accredited DH program) is the only way to ensure proper technique for diagnosis would be preformed. I do not believe it is in the best interest of the patient to ever allow any less than a registered dental hygienist to preform these duties.
- Oregon law already requires a valid dental hygiene license to practice dental hygiene or present oneself as a dental hygienist.
- Periodontal probing and scaling are essential components of dental hygiene practice and must remain within the scope of licensed professionals to ensure patient safety and quality care.
- Often times, I find Dentists in practice deny proper treatment needed for patients such as, periodontal treatment plans- I do not think this would help bridge that gap to ensure following proper AAP Periodontal Protocols. Possibly leading to over or under- diagnosis of Periodontal Disease.
- Some dental offices and team members may not realize it is currently illegal for dental assistants to perform these procedures. This rule change provides the necessary clarity to prevent unsafe and unlawful practices.

As a member of the dental community, I believe it is vital to protect the integrity of dental hygiene practice and the health of our patients by supporting this rule change.

Thank you for considering my comments in support of this proposed clarification.

Sincerely,

Leah Lewis- license #H8899

Portland, Oregon

From: Kate Hedrick <katie.hedrick@pcc.edu>
Sent: Wednesday, September 17, 2025 10:32 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support for OAR 818-042-0040

Dear Members of the Oregon Board of Dentistry,

My name is Kate Hedrick, and I am a dental hygiene student at Portland Community College. I'm writing to express my full support for the proposed rule change to OAR 818-042-0040 (Prohibited Acts). This clarification is so important and it would make clear that dental assistants are not permitted to practice dental hygiene, including performing periodontal probing and scaling.

As a student, I'm spending hundreds of hours in clinic and classroom settings learning not just the how but the why behind these procedures. Probing, scaling, and assessing periodontal health aren't simple tasks, they require critical thinking, a strong understanding of anatomy, and hands-on practice under direct faculty supervision to develop competency. These skills directly impact patient outcomes and must be performed by someone who is properly educated and licensed.

Restricting these procedures to licensed dental hygienists ensures that patients receive the safest, most accurate care possible. It also protects the integrity of our profession, provides clarity for the dental team, and helps maintain high standards for patient care in Oregon.

Thank you for considering my support of this rule change. I am grateful for the Board's commitment to protecting patients and recognizing the education, skill, and professional role of dental hygienists.

Sincerely,

Kate Hedrick

Dental Hygiene Student, Portland Community College

From: Kate Hedrick <katie.hedrick@pcc.edu>
Sent: Wednesday, September 17, 2025 10:27 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support for proposed rule change

Dear Members of the Oregon Board of Dentistry,

My name is Kate Hedrick, and I'm a proud dental hygiene student at Portland Community College. I'm writing to share my strong support for the proposed rule change to OAR 818-035-0030 (Additional Functions of Dental Hygienists). This update would allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A (Botox) to treat conditions in the oral and maxillofacial region under the general supervision of a dentist after completing the proper training.

As a student, I spend countless hours learning head and neck anatomy, physiology, and pharmacology, and I've seen firsthand how much knowledge dental hygienists bring to patient care. This rule change recognizes that expertise and allows us to use our education to serve patients in an even more meaningful way. It would also expand access to care, give patients additional treatment options for oral and maxillofacial concerns, and bring Oregon up to speed with other states already allowing this scope of practice. I would be eager to provide this service to my future patients.

Thank you for considering my support of this proposed rule change. I truly appreciate the Board's efforts to keep our scope of practice current and reflective of the education and skill set that dental hygienists have to offer.

Sincerely,

Kate Hedrick

Dental Hygiene Student, Portland Community College

From: Tori Lund <tori.lund@pcc.edu>
Sent: Wednesday, September 17, 2025 10:42 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Lund OAR 818-035-003

Victoria Lund

7267 SE Lamphier St
Portland, Oregon 97222
toritlund@gmail.com
09/17/2025

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Re: Support for Proposed Rule Change to OAR 818-035-0030 (Additional Functions of Dental Hygienists)

Dear Members of the Oregon Board of Dentistry,

I am a dental hygiene student at Portland Community College. I am writing in support of the proposed rule change to OAR 818-035-0030 (Additional Functions of Dental Hygienists). If passed, this change will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A (Botox) to treat conditions within the oral and maxillofacial region under the general supervision of a dentist, after completing appropriate training.

I support this proposed rule change because it acknowledges the extensive head and neck anatomy education that is a central part of dental hygiene programs. As a student, I am learning how anatomy, physiology, and pharmacology all intersect in patient care, and this expansion reflects the depth of knowledge dental hygienists bring to the dental team. This rule would also increase patient access to care, provide additional treatment options for managing oral and maxillofacial conditions, and align Oregon with other states that already recognize this scope of practice.

Thank you for considering my support for this proposed rule change. I appreciate the Board's commitment to ensuring that the scope of dental hygiene practice reflects the training and skills of the profession.

Sincerely,
Victoria Lund
Dental Hygiene Student, Portland Community College

From: Tori Lund <tori.lund@pcc.edu>
Sent: Wednesday, September 17, 2025 10:42 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Lund OAR 818-042-0040

Victoria Lund

7267 SE Lamphier St
Portland, Oregon 97222
toritlund@gmail.com
09/17/2025

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Re: Support for Proposed Rule Change to OAR 818-042-0040 (Prohibited Acts)

Dear Members of the Oregon Board of Dentistry,

I am a dental hygiene student at Portland Community College. I am writing in support of the proposed rule change to OAR 818-042-0040 (Prohibited Acts). If passed, this change will clarify that Oregon law prohibits dental assistants from practicing dental hygiene, including performing periodontal probing and scaling.

I support this proposed rule change because it emphasizes the importance of the education and training necessary to deliver safe and effective dental hygiene care. As a student, I am gaining hands-on experience and detailed instruction under faculty supervision to learn how to assess periodontal health, perform probing, and safely remove deposits. These skills are complex, require critical thinking, and must be practiced under direct instruction to ensure competence.

Allowing only licensed dental hygienists to perform these procedures ensures that patients receive care from providers who are properly trained to identify, diagnose, and treat periodontal conditions. It also reinforces the professional role of the dental hygienist within the dental team, creating clarity and protecting the public.

Thank you for considering my support for this proposed rule change. I appreciate the Board's efforts to promote high standards for patient care and to recognize the education and professional role of dental hygienists.

Sincerely,
Victoria Lund
Dental Hygiene Student, Portland Community College

From: Kelli Swanson Jaecks <kellijaecks@gmail.com>

Sent: Thursday, September 18, 2025 10:34 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: In favor of proposed rule change 818-035-0030

Hello- I am an Oregon licensed dental hygienist and I work in oral health education. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training. Our DH training in local anesthesia is robust and this rule change falls within the scope of Dental Hygiene. As a hygienist, I do my own local injections and keep current with educational best practices. With the appropriate training, a dental hygienist will be able to administer Botulinum Toxin Type A with safety and efficacy. Thank you for considering my testimony.

Kelli Swanson Jaecks, MA, RDH, FADHA

Licence# H 3590

From: Kelli Swanson Jaecks <kellijaecks@gmail.com>
Sent: Thursday, September 18, 2025 10:39 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Testimony in support of the proposed rule change to 818-042-0040

Hello- I am an Oregon licensed dental hygienist and I work in education. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. The dental assistant is not properly trained and educated to perform these tasks safely. To protect the public, these duties need to remain firmly within the scope of dental hygiene. Thank you for considering my support for this proposed rule change.

Kelli Swanson Jaecks, MSA, RDH, FADHA
License #H3590

From: Lydia Ferguson <lferguson@roguech.org>
Sent: Thursday, September 18, 2025 10:52 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Expanding Hygiene Scope of Practice

Good afternoon,

I am a licensed dental hygienist, and I work in a clinical practice as well as in a public health setting. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of a Dental Hygienists that if passed by the board will allow dental hygienists with a local anesthetic endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

I strongly support the proposed rule change allowing dental hygienists to administer Botulinum Toxin Type A. Dental hygienists are highly trained healthcare providers with in-depth knowledge of head and neck anatomy, including the intricate muscular and nervous system essential for the safe and effective administration of Botox. Every day, we perform precise intraoral procedures and injections that demand exceptional anatomical understanding, fine motor skills, and clinical judgment which are all skills that directly translate to Botox administration.

In addition to our procedural expertise, dental hygienists are thoroughly educated in pharmacology, systemic health, and medical emergency management, ensuring that patient safety remains paramount in all clinical situations.

It is important to note that many states already permit registered nurses to administer Botox with proper certification. Dental hygienists bring comparable, if not more specialized, training in head, neck, and facial anatomy due to our focused education and daily clinical practice, with appropriate certification, we are exceptionally qualified to provide this service safely and competently.

Every day I help patients feel more confident in their smiles. Botox offers both therapeutic and aesthetic benefits that can enhance not only a patient's appearance but also their overall facial and oral health. Whether used to manage conditions like bruxism, TMJ disorders, denture adaptation, or to soften lines that affect a person's self-esteem, Botox can be a powerful tool in improving quality of life- and dental hygienists are ideally positioned to deliver it with skill, empathy, and safety.

Expanding our scope of practice to include Botox aligns with the evolution of dental hygiene as a profession and supports improved patient access to care delivered by trusted and highly skilled providers.

Thank you for considering my support for this proposed rule change.

Lydia Ferguson, RDH, EPP

Lydia Ferguson
Dental Hygienist



906 Royal Ct., Medford OR 97504

Office: [541-773-3863](tel:541-773-3863) ext 2297

lferguson@roguech.org | www.roguecommunityhealth.org

From: Kris Heintzman <kdheintzman@gmail.com>
Sent: Thursday, September 18, 2025 11:58 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: 818-042-0040 Prohibited Acts

I am a semi-retired licensed dental hygienist in the State of Oregon. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that, if passed by the Board, will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene, including periodontal probing and scaling. Dental Assistants should not be able to complete periodontal scaling or probing, not only because they have not received the training needed to perform these procedures, but also because of the potential damage that could result in patient injury or the advancement of periodontal disease if scaling and/or probing are inaccurate.

Thank you for considering my support for this proposed rule change.

Kris Heintzman, RDH

From: Christina Becker <christinarbecker@gmail.com>
Sent: Thursday, September 18, 2025 3:10 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: OBD - Rule Changes to 818-042-0040 Prohibited Acts

I am writing representing myself. I am a dental assistant with 13 years of experience, holding certifications as an EFDA, EFODA, and LAFC. I work in dental education as an instructor.

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts, which, if passed by the Board, will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene, including periodontal probing and scaling.

To avoid confusion, it is crucial to clearly define the prohibited acts. We do not permit unqualified professionals to perform procedures for which they are not qualified. Let us make it clearer.

Thank you for considering my support for this proposed rule change.

Christina R Becker

CDA, EFDA, EFODA, LAFC

From: Robbie Salle <robbiesalle73@gmail.com>
Sent: Friday, September 19, 2025 5:02 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Proposed Rule Change

I am a currently licensed expanded practice dental hygienist, and I work in clinical practice and in education.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

I believe this rule change would allow more access to the general public and be a great help with those suffering from chronic headaches due to TMJ. I personally have benefitting greatly in this manner and would love to become licensed to do so.

I am also in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

Thank you for considering my support for these proposed rule changes.

Robbie Salle

EPDH #3466

From: Shantell Dendauw <sdendauw@roguech.org>

Sent: Friday, September 19, 2025 8:02 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: endorsement to use Botulinum Toxin Type A for EPP RDH

Good afternoon,

I am a licensed dental hygienist, and I work in a clinical practice as well as in a public health setting. I am writing in support of the proposed rule change to **818-035-0030** Additional Functions of a Dental Hygienists that if passed by the board will allow dental hygienists with a local anesthetic endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

I strongly support the proposed rule change allowing dental hygienists to administer Botulinum Toxin Type A. Dental hygienists are highly trained healthcare providers with in-depth knowledge of head and neck anatomy, including the intricate muscular and nervous system essential for the safe and effective administration of Botox. Every day, we perform precise intraoral procedures and injections that demand exceptional anatomical understanding, fine motor skills, and clinical judgment which are all skills that directly translate to Botox administration.

In addition to our procedural expertise, dental hygienists are thoroughly educated in pharmacology, systemic health, and medical emergency management, ensuring that patient safety remains paramount in all clinical situations.

It is important to note that many states already permit registered nurses to administer Botox with proper certification. Dental hygienists bring comparable, if not more specialized, training in head, neck, and facial anatomy due to our focused education and daily clinical practice, with appropriate certification, we are exceptionally qualified to provide this service safely and competently.

Every day I help patients feel more confident in their smiles. Botox offers both therapeutic and aesthetic benefits that can enhance not only a patient's appearance but also their overall facial and oral health. Whether used to manage conditions like bruxism, TMJ disorders, denture adaptation, or to soften lines that affect a person's self-esteem, Botox can be a powerful tool in improving quality of life- and dental hygienists are ideally positioned to deliver it with skill, empathy, and safety.

Expanding our scope of practice to include Botox aligns with the evolution of dental hygiene as a profession and supports improved patient access to care delivered by trusted and highly skilled providers.

Thank you for considering my support for this proposed rule change.

Shantell Dendauw, EPP RDH

Shantell Dendauw

Dental Hygienist



906 Royal Ct., Medford OR 97504

Office: [541-773-3863](tel:541-773-3863) ext 2260

sdendauw@roguech.org | www.roguecommunityhealth.org

From: Ellie Trujillo <ellietrujillo7@gmail.com>
Sent: Friday, September 19, 2025 6:42 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support for Rule Change 818-035-0030

To whom it may concern at the Oregon Board of Dentistry:

I am a registered dental hygienist who is actively practicing in a private practice office, I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

Dental hygienists have an extensive knowledge of head and neck anatomy. Dental hygienists in many CODA accredited programs in Oregon are required to take courses such as three anatomy and physiology courses, three chemistry courses, microbiology, in addition to head and neck anatomy, local anesthesia, pharmacology, and radiology - all of which are educational foundations to learn botox administration. In my office, I have countless patients who have stress induced bruxism that would benefit from botox administration to ease their pain and suffering. It can become a hassle, resulting in more stress for patients to face the challenge of finding a new provider (such as a dermatologist or other licensed provider) to administer botox treatment - by allowing dental hygienists the ability to administer botox to the patients who know and trust us, we increase our patients' access to care and increase their quality of life. Please pass 818-035-0030 to help hygienists continue to decrease barriers of healthcare access to our patients, and help us increase our patients' quality of life.

Thank you for considering my support for this proposed rule change.

Signed,
Ellie Trujillo, RDH
EPDH #3466

From: Ellie Trujillo <ellietrujillo7@gmail.com>
Sent: Friday, September 19, 2025 6:50 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support for Rule Change 818-042-0040

To Whom it may concern at the Oregon Board of Dentistry,

I am a registered dental hygienist and I work in a private practice office. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

It is imperative that all persons receiving healthcare are given the care that they deserve provided by individuals who are trained in providing such services. Many hours go into our training as a dental hygienist to properly learn the techniques of probing at proper angulations and scaling the entirety of the pocket depths to remove all calculus and dental biofilms. As a dental hygienist, I know first hand how important it is to properly diagnose a patient's periodontal health, and to properly remove the bacteria through adequate scaling. Improper removal of dental biofilms and calculus increases a patient's risk of developing periodontal disease such as chronic gingivitis that can lead to periodontitis. Additionally, continually neglecting to remove such debris will worsen our patient's health outcomes. Untreated periodontitis, (whether it is a result of improper diagnosis from inaccurate probing depths taken by untrained individuals, or through improper scaling techniques rendered by untrained individuals) causes rampant inflammation. This inflammation spreads through the whole body and leads to many health issues or worsening of existing health issues such as poor gestational and neonatal outcomes, heart diseases, diabetes, respiratory illness, Alzheimers (which has a direct link to untreated periodontitis), rheumatoid arthritis, and even certain cancers. Periodontal probing isn't just simply "measuring the gums," and scaling isn't simply completed; these issues can truly be a life-or-death situation for some patients. This is why it is important we have a clear message that periodontal probing is PROHIBITED by untrained providers - improper probing which leads to improper diagnosis, and improper removal of dental bacteria will lead to adverse health outcomes that can have dire consequences, with our community of patients being the ones who pay the price. Please consider passing Rule Change 818-042-0040.

Thank you for considering my support for this proposed rule change.

- Ellie Trujillo, RDH

From: Adrienne Accuardi <adrienneaccuardi@gmail.com>

Sent: Sunday, September 21, 2025 10:22 AM

To: OBD Info * OBD <Information@obd.oregon.gov>

Subject: Support of 818-035-0030 Additional Functions of Dental Hygienists - allows Dental hygienists to administer Botox under the supervision of a dentist

Dear Members of the Oregon Board of Dentistry:

I am an Oregon licensed dental hygienist.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

1) Improves timely access to care for orofacial conditions. Dental teams are often the first to identify and manage conditions such as bruxism-related myofascial pain, temporomandibular disorders (TMD), masseteric hypertrophy, and sialorrhea. Allowing properly trained hygienists to deliver Botox under dentist supervision expands same-day care options in dental settings without burdening medical clinics already facing access constraints.

2) Maintains patient safety. The proposed rule appropriately limits use to the oral and maxillofacial region; requires a local anesthesia endorsement; and requires hands-on, board-recognized continuing education. Dental hygienists are already highly trained in facial anatomy, injections, asepsis, documentation, and emergency preparedness. With defined training and supervision, Botox administration falls squarely within their competencies.

3) Aligns with Oregon's existing framework and national trends. Oregon already permits dentists to utilize Botox with defined CE. Extending limited permissions to trained hygienists—within dental scope and supervision—modernizes team-based care and reflects developments in other states.

Lessons from Other States

Several states have successfully implemented policies allowing dental hygienists to administer Botox under dentist supervision and with defined education:

- Kansas (since 2022): Registered dental hygienists may administer neurotoxin under direct dentist supervision with required training.
- Oklahoma (since 2023): Hygienists may administer Botox under direct supervision pursuant to Board-adopted standards.
- Arizona (2023 Attorney General opinion): Clarified that hygienists may perform procedures such as administering Botox when prescribed by the supervising dentist, with appropriate training, under general supervision, and when not irreversible.

These jurisdictions report no systemic safety concerns when training and supervision requirements are met, and they demonstrate workable models Oregon can adopt and refine.

Benefits to Oregonians

- Access & equity: Expanded care capacity in dental clinics improves access for rural and underserved communities.
- Cost-effectiveness: Care delivered in the dental setting can reduce referrals, multiple visits, and overall costs.
- Team-based efficiency: Delegating appropriate injections to qualified hygienists frees dentists for diagnosis, complex procedures, and oversight.

Conclusion

Oregon has an opportunity to adopt a thoughtful, safety-forward rule that reflects current science, leverages the skills of our dental hygiene workforce, and improves patient access to conservative treatments for orofacial conditions. With clear training, supervision, and documentation standards, this change will enhance care without compromising safety. Thank you for your consideration and for your continued commitment to patient-centered, evidence-based dental regulation. I respectfully urge the Board to finalize the proposed revisions authorizing qualified dental hygienists to administer botulinum toxin Type A within the oral and maxillofacial region.

Sincerely,

Adrianne Parker RDH, BSDH

Thank you for considering my support for this proposed rule change.

From: Adrienne Accuardi <adrienneaccuardi@gmail.com>

Sent: Sunday, September 21, 2025 10:27 AM

To: OBD Info * OBD <Information@obd.oregon.gov>

Subject: Support for Proposed Rule Change – OAR 818-042-0040 (Prohibited Acts)

Dear Members of the Oregon Board of Dentistry,

I am a licensed dental hygienist working in clinical practice / education.

I am writing in support of the proposed rule change to OAR 818-042-0040 Prohibited Acts, which, if passed, will clarify that Oregon law currently prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling.

I strongly support this rule change because it upholds the integrity, safety, and quality standards of dental hygiene practice in Oregon. Dental hygiene procedures, such as probing and scaling, require the education, training, and clinical judgment of a licensed dental hygienist to ensure accurate assessments, safe treatment, and optimal patient outcomes. Allowing individuals without this specialized education to perform these procedures could compromise patient safety and undermine the rigorous standards that our licenses represent.

By clarifying and reinforcing these boundaries, the Board helps maintain public trust in the dental profession and safeguards the scope of practice that Oregon dental hygienists have worked diligently to achieve through education, clinical competency, and licensure.

Thank you for considering my support for this important rule change. I appreciate your commitment to maintaining the high standards and integrity of the dental hygiene profession in Oregon.

Sincerely,
Adrienne Parker, RDH, BSDH
H8214

From: natalie gilless martin <nataliegillessmartin@gmail.com>

Sent: Sunday, September 21, 2025 10:37 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Botox licensure for Dental Hygienists

Hi there,

I am a licensed dental hygienist, and I work in clinical practice. I am writing in support of the proposed rule change to 818-035-0030. Additional functions of dental hygienists that, if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training. As a practicing dental hygienist, I encounter patients daily who suffer from TMJ pain. Being licensed to administer Botox would greatly help me improve their outcomes and overall quality of life. Thank you for considering my support for this proposed rule change.

Natalie Gilless, EPDH

From: natalie gilless martin <nataliegillessmartin@gmail.com>

Sent: Sunday, September 21, 2025 10:55 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Prohibited Acts

Hi there,

I am a licensed dental hygienist, and I work in clinical practice. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene, including periodontal probing and scaling. It is my opinion that allowing dental assistants to perform treatments that could cause harm is unsafe for patients. Dental assistants have not obtained the proper education or passed the dental hygiene board exam, and do not have the knowledge required to keep patients safe. In addition, patients must be seen by providers who are educated in identifying potential issues such as cancer, drug interactions, and abscesses. Clarifying that dental assistants have not obtained the proper training to perform these tasks will help to ensure that patients are receiving care from a properly educated and licensed dental hygienist. Thank you for considering my support for this proposed rule change.

Natalie Gilless, EPDH

From: Hailey Schreyer <schreyerhailey@gmail.com>
Sent: Sunday, September 21, 2025 10:27 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Public comment for proposed rule changes

Dear Oregon Board of Dentistry,

I am a licensed dental hygienist and I work in clinical practice and education. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene, including periodontal probing and scaling. I support this proposed rule change for a number of reasons.

Firstly, periodontal probing and scaling are core components of clinical dental hygiene practice. Dental assistants do not receive any of the necessary instruction of how to interpret probing measurements or how to accurately and safely use scaling instruments. As a dental hygiene educator, I can tell you firsthand the significant amount of effort and time it takes for dental hygiene students to become competent in using scaling instruments safely and effectively.

Secondly, dental assistants being able to scale and probe would put patients at risk for gingival trauma and infection. It is too easy for improper adaptation of instruments to occur without proper training and practice under the guidance of an instructor. If dental assistants were to probe and scale prophylaxis patients, they would miss sub-gingival deposits and the patient's long-term oral and systemic health would suffer. Missed sub-gingival deposits can and have resulted in periodontal abscesses, infection, and even death.

Clarifying that probing and scaling are not allowed by dental assistants will also keep patients safe and help promote optimal oral health, as dental assistants do not have the necessary education and training or scope of practice to diagnose periodontal disease and to treatment plan the best course of action. Many patients already do not understand the difference between a dental assistant and a dental hygienist, and keeping dental assistants from performing any of the core duties of a hygienist's role will help clarify the difference between dental professionals, their roles, and the skills they bring to clinical practice, and reduce confusion among patients.

I am also writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training. I support this proposed rule change for several reasons. For one, it will improve patient's access to cosmetic and therapeutic treatments. The private practice I am at specializes in TMJ dysfunction and therapies to help improve TMD. I would be delighted to be able to play a greater role in improving my patients' TMD. Additionally, passage of this rule change would recognize the extensive head and neck anatomy training that dental hygienists receive, as well as align the dental hygienist's scope of practice with that of other states, where administration of the Botulinum Toxin Type A is already permitted.

Thank you for considering my support for these proposed rule changes.

Sincerely,

Hailey Schreyer, RDH

From: Michelle Reed <mreedsmile@icloud.com>
Sent: Monday, September 22, 2025 1:33 PM
To: OBD Info * OBD <Information@obd.oregon.gov>
Subject: In support of Botox

Dear Members of the Oregon Board of Dentistry:

I am an Oregon licensed dental hygienist.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

1) Improves timely access to care for orofacial conditions. Dental teams are often the first to identify and manage conditions such as bruxism-related myofascial pain, temporomandibular disorders (TMD), masseteric hypertrophy, and sialorrhea. Allowing properly trained hygienists to deliver Botox under dentist supervision expands same-day care options in dental settings without burdening medical clinics already facing access constraints.

2) Maintains patient safety. The proposed rule appropriately limits use to the oral and maxillofacial region; requires a local anesthesia endorsement; and requires hands-on, board-recognized continuing education. Dental hygienists are already highly trained in facial anatomy, injections, asepsis, documentation, and emergency preparedness. With defined training and supervision, Botox administration falls squarely within their competencies.

3) Aligns with Oregon's existing framework and national trends. Oregon already permits dentists to utilize Botox with defined CE. Extending limited permissions to trained hygienists—within dental scope and supervision—modernizes team-based care and reflects developments in other states.

Lessons from Other States

Several states have successfully implemented policies allowing dental hygienists to administer Botox under dentist supervision and with defined education:

- Kansas (since 2022): Registered dental hygienists may administer neurotoxin under direct dentist supervision with required training.**
- Oklahoma (since 2023): Hygienists may administer Botox under direct supervision pursuant to Board-adopted standards.**
- Arizona (2023 Attorney General opinion): Clarified that hygienists may perform procedures such as administering Botox when prescribed by the supervising dentist, with appropriate training, under general supervision, and when not irreversible.**

These jurisdictions report no systemic safety concerns when training and supervision requirements are met, and they demonstrate workable models Oregon can adopt and refine.

Benefits to Oregonians

- Access & equity: Expanded care capacity in dental clinics improves access for rural and underserved communities.**
- Cost-effectiveness: Care delivered in the dental setting can reduce referrals, multiple visits, and overall costs.**
- Team-based efficiency: Delegating appropriate injections to qualified hygienists frees dentists for diagnosis, complex procedures, and oversight.**

Conclusion

Oregon has an opportunity to adopt a thoughtful, safety-forward rule that reflects current science, leverages the skills of our dental hygiene workforce, and improves patient access to conservative treatments for orofacial conditions. With clear training, supervision, and documentation standards, this change will enhance care without compromising safety.

Thank you for your consideration and for your continued commitment to patient-centered, evidence-based dental regulation. I respectfully urge the Board to finalize the proposed revisions authorizing qualified dental hygienists to administer botulinum toxin Type A within the oral and maxillofacial region.

Sincerely,

Michelle Reed RDH, BS

Thank you for considering my support for this proposed rule change.

Sent with love from

Michelle's iPhone

From: Michelle Reed <mreedsmile@icloud.com>
Sent: Monday, September 22, 2025 1:35 PM
To: OBD Info * OBD <Information@obd.oregon.gov>
Subject: In support of not letting assistants scale!

Dear Members of the Oregon Board of Dentistry:

I am an Oregon licensed dental hygienist.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

- 1) Improves timely access to care for orofacial conditions.** Dental teams are often the first to identify and manage conditions such as bruxism-related myofascial pain, temporomandibular disorders (TMD), masseteric hypertrophy, and sialorrhea. Allowing properly trained hygienists to deliver Botox under dentist supervision expands same-day care options in dental settings without burdening medical clinics already facing access constraints.
- 2) Maintains patient safety.** The proposed rule appropriately limits use to the oral and maxillofacial region; requires a local anesthesia endorsement; and requires hands-on, board-recognized continuing education. Dental hygienists are already highly trained in facial anatomy, injections, asepsis, documentation, and emergency preparedness. With defined training and supervision, Botox administration falls squarely within their competencies.
- 3) Aligns with Oregon's existing framework and national trends.** Oregon already permits dentists to utilize Botox with defined CE. Extending limited permissions to trained hygienists—within dental scope and supervision—modernizes team-based care and reflects developments in other states.

Lessons from Other States

Several states have successfully implemented policies allowing dental hygienists to administer Botox under dentist supervision and with defined education:

- **Kansas (since 2022):** Registered dental hygienists may administer neurotoxin under direct dentist supervision with required training.
- **Oklahoma (since 2023):** Hygienists may administer Botox under direct supervision pursuant to Board-adopted standards.
- **Arizona (2023 Attorney General opinion):** Clarified that hygienists may perform procedures such as administering Botox when prescribed by the supervising dentist, with appropriate training, under general supervision, and when not irreversible.

These jurisdictions report no systemic safety concerns when training and supervision requirements are met, and they demonstrate workable models Oregon can adopt and refine.

Benefits to Oregonians

- **Access & equity:** Expanded care capacity in dental clinics improves access for rural and underserved communities.
- **Cost-effectiveness:** Care delivered in the dental setting can reduce referrals, multiple visits, and overall costs.
- **Team-based efficiency:** Delegating appropriate injections to qualified hygienists frees dentists for diagnosis, complex procedures, and oversight.

Conclusion

Oregon has an opportunity to adopt a thoughtful, safety-forward rule that reflects current science, leverages the skills of our dental hygiene workforce, and improves patient access to conservative treatments for orofacial conditions. With clear training, supervision, and documentation standards, this change will enhance care without compromising safety. Thank you for your consideration and for your continued commitment to patient-centered, evidence-based dental regulation. I respectfully urge the Board to finalize the proposed revisions authorizing qualified dental hygienists to administer botulinum toxin Type A within the oral and maxillofacial region.

**Sincerely,
Michelle Reed RDH, BS.**

Thank you for considering my support for this proposed rule change

From: McKayla Opoien <mckaylaopoiien@yahoo.com>

Sent: Friday, September 19, 2025 3:26 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Comments

To Whom it May Concern,

I am a licensed dental hygienist and I work in clinical practice, in addition to expanded practice. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

After spending years on my education, a large amount of money for tuition, and 36 hours each renewal cycle for continuing education required to maintain my Expanded Practice Dental Hygiene License, it is insulting that some think a dental assistant should be able to practice dental hygiene without a dental hygiene license. Most importantly, patients are the ones who would most significantly be impacted by a dental assistant working outside of their scope of practice with minimal training. Periodontal disease would only increase without the necessary work of licensed dental hygienists who have spent years on their training. Any dental assistant has the same opportunity dental hygienists have had to further their education and complete a degree in dental hygiene. A dental assistant performing dental hygiene procedures without a dental hygiene degree is malpractice.

Thank you for considering my support for this proposed rule change.

Sincerely,

McKayla Opoien

From: McKayla Opoien <mckaylaopoien@yahoo.com>
Sent: Friday, September 19, 2025 3:38 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Comments

To Whom it May Concern,

I am a licensed dental hygienist and I work in clinical practice, in addition to expanded practice. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

I support this proposed rule change because, as a dental hygienist, I have already received extensive head and neck anatomy training. This training allows me to administer supraperiosteal injections, as well as nerve blocks, on a regular basis. After completing appropriate training, dental hygienists with local anesthesia endorsements are more than capable and competent to administer Botox, as is evidenced by what is already allowed in other states, such as, Kansas, Arizona, and Oklahoma.

Thank you for considering my support for this proposed rule change.

Sincerely,
McKayla Opoien

From: My Tran <myttran16@gmail.com>

Sent: Monday, September 22, 2025 1:32 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for Proposed Rule Change – OAR 818-042-0040 (Prohibited Acts)

Dear Members of the Oregon Board of Dentistry,

I am a licensed dental hygienist working in clinical practice / education.

I am writing in support of the proposed rule change to OAR 818-042-0040 Prohibited Acts, which, if passed, will clarify that Oregon law currently prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling.

I strongly support this rule change because it upholds the integrity, safety, and quality standards of dental hygiene practice in Oregon. Dental hygiene procedures, such as probing and scaling, require the education, training, and clinical judgment of a licensed dental hygienist to ensure accurate assessments, safe treatment, and optimal patient outcomes. Allowing individuals without this specialized education to perform these procedures could compromise patient safety and undermine the rigorous standards that our licenses represent.

By clarifying and reinforcing these boundaries, the Board helps maintain public trust in the dental profession and safeguards the scope of practice that Oregon dental hygienists have worked diligently to achieve through education, clinical competency, and licensure.

Thank you for considering my support for this important rule change. I appreciate your commitment to maintaining the high standards and integrity of the dental hygiene profession in Oregon.

Sincerely,
My Tran, RDH, BSDH
H8206

From: Riley Goolsby <rileyreneegoolsby@hotmail.com>
Sent: Monday, September 22, 2025 6:22 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support for Proposed Rule Change 818-035-0030

Dear Members of the Oregon Board of Dentistry,

I am a licensed dental hygienist and I work in private clinical practice. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists. If passed by the Board, this change will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist, after they have completed appropriate training. I support this proposed rule change because hygienists are already trained to deliver precise injections in sensitive areas of the oral cavity, and the requirement for additional training ensures that this responsibility will be carried out with competence and confidence. Allowing hygienists to administer Botulinum Toxin Type A under general supervision aligns with evidence-based practices seen in other states and healthcare professions, ultimately improving patient care in Oregon. For example: it enhances patient care by broadening access to safe, evidence-based treatment; it recognizes the advanced education and training of hygienists; it improves efficiency in dental practices; it can address patient needs such as TMJ pain, clenching, or esthetic concerns in a safe and supervised manner.

Thank you for considering my support for this proposed rule change.

Sincerely,
Riley Goolsby RDH

Amber Peoples-Choate
amber.peopleschoate@pcc.edu
Wednesday, September 17th, 2025

RECEIVED
SEP 23 2025
Oregon Board
of Dentistry

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Re: Support for Proposed Rule Change to OAR 818-042-0040 (Prohibited Acts)

Dear Members of the Oregon Board of Dentistry,

I am a dental hygiene student at Portland Community College. I am writing in support of the proposed rule change to OAR 818-042-0040 (Prohibited Acts). If passed, this change will clarify that Oregon law prohibits dental assistants from practicing dental hygiene, including performing periodontal probing and scaling.

I support this proposed rule change because it emphasizes the importance of the education and training necessary to deliver safe and effective dental hygiene care. As a student, I am gaining hands-on experience and detailed instruction under faculty supervision to learn how to assess periodontal health, perform probing, and safely remove deposits. These skills are complex, require critical thinking, and must be practiced under direct instruction to ensure competence.

Additionally, I feel strongly that dental assistants carry a large variety of responsibilities in a dental office, and adding this would only increase the chance of their being overworked and taken advantage of.

Allowing only licensed dental hygienists to perform these procedures ensures that patients receive care from providers who are properly trained to identify, diagnose, and treat periodontal conditions. It also reinforces the professional role of the dental hygienist within the dental team, creating clarity and protecting the public.

Thank you for considering my support for this proposed rule change. I appreciate the Board's efforts to promote high standards for patient care and to recognize the education and professional role of dental hygienists.

Sincerely,
Amber Peoples-Choate
Dental Hygiene Student, Portland Community College



Amber Peoples-Choate
amber.peopleschoate@pcc.edu
Wednesday, September 17th, 2025

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

RECEIVED
SEP 23 2025

Oregon Board
of Dentistry

Re: Support for Proposed Rule Change to OAR 818-035-0030 (Additional Functions of Dental Hygienists)

Dear Members of the Oregon Board of Dentistry,

I am a dental hygiene student at Portland Community College. I am writing in support of the proposed rule change to OAR 818-035-0030 (Additional Functions of Dental Hygienists). If passed, this change will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A (Botox) to treat conditions within the oral and maxillofacial region under the general supervision of a dentist, after completing appropriate training.

I support this proposed rule change because it acknowledges the extensive head and neck anatomy education that is a central part of dental hygiene programs. As a student, I am learning how anatomy, physiology, and pharmacology all intersect in patient care, and this expansion reflects the depth of knowledge dental hygienists bring to the dental team. This rule would also increase patient access to care, provide additional treatment options for managing oral and maxillofacial conditions, and align Oregon with other states that already recognize this scope of practice.

Thank you for considering my support for this proposed rule change. I appreciate the Board's commitment to ensuring that the scope of dental hygiene practice reflects the training and skills of the profession.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amber Choate', with a stylized flourish at the end.

Amber Peoples-Choate
Dental Hygiene Student, Portland Community College

From: Debbie Kalinoski <dnkalinoski@yahoo.com>
Sent: Tuesday, September 23, 2025 10:16 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: proposed rule change

I am a licensed dental hygienist and I work in clinical practice four days a week. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulism Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist, after they have completed appropriate training.

I am in support of this rule change because in my fourteen years of clinical practice I have seen many patients struggle with TMD disorder. I currently get botox injected into my masseters and temporalis every 3 months to help alleviate painful TMD symptoms. As a provider, I could offer my patients something life changing. I already inject regularly in my office and I have great knowledge of head and neck anatomy. I am confident with the advanced training I will master this skill. I am hopeful that this is something we will be able to offer patients, we are very qualified.

Thank you for considering my support for this proposed rule change.

Sincerely,

Debbie Schriber

From: Gretchen Marcoulier <gretchenmarcoulier@gmail.com>

Sent: Tuesday, September 23, 2025 1:14 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Dental hygiene Botox approval

Hi!

I am a licensed dental hygienist and I work in clinical practice.

- I am writing in **support** of the proposed rule change to **818-035-0030 Additional**

Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

- I was so excited to see the proposal of Botox. I'm from Nevada where hygienists were allowed to administer it and who better than someone who already gives injections in the mouth! Feel like passing national boards which involve head and neck anatomy and already give local anesthetic is a no brainer!

Thanks for the consideration!

Gretchen Marcoulier

775-240-8606 direct/text

gretchenmarcoulier@gmail.com

-----Original Message-----

From: Elane Drushella <maceelane@gmail.com>

Sent: Tuesday, September 23, 2025 1:32 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: 818-035-0030 Rule

Dear Members of the Oregon Board of Dentistry:

I am an Oregon licensed dental hygienist and I work in clinical and expanded practice. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

- 1) Improves timely access to care for orofacial conditions. Dental teams are often the first to identify and manage conditions such as bruxism-related myofascial pain, temporomandibular disorders (TMD), masseteric hypertrophy, and sialorrhea. Allowing properly trained hygienists to deliver Botox under dentist supervision expands same-day care options in dental settings without burdening medical clinics already facing access constraints.
- 2) Maintains patient safety. The proposed rule appropriately limits use to the oral and maxillofacial region; requires a local anesthesia endorsement; and requires hands-on, board-recognized continuing education. Dental hygienists are already highly trained in facial anatomy, injections, asepsis, documentation, and emergency preparedness. With defined training and supervision, Botox administration falls squarely within their competencies.
- 3) Aligns with Oregon's existing framework and national trends. Oregon already permits dentists to utilize Botox with defined CE. Extending limited permissions to trained hygienists—within dental scope and supervision—modernizes team-based care and reflects developments in other states.

Lessons from Other States

Several states have successfully implemented policies allowing dental hygienists to administer Botox under dentist supervision and with defined education:

- Kansas (since 2022): Registered dental hygienists may administer neurotoxin under direct dentist supervision with required training.
- Oklahoma (since 2023): Hygienists may administer Botox under direct supervision pursuant to Board-adopted standards.
- Arizona (2023 Attorney General opinion): Clarified that hygienists may perform procedures such as administering Botox when prescribed by the supervising dentist, with appropriate

training, under general supervision, and when not irreversible.

These jurisdictions report no systemic safety concerns when training and supervision requirements are met, and they demonstrate workable models Oregon can adopt and refine.

Benefits to Oregonians

- Access & equity: Expanded care capacity in dental clinics improves access for rural and underserved communities.
- Cost-effectiveness: Care delivered in the dental setting can reduce referrals, multiple visits, and overall costs.
- Team-based efficiency: Delegating appropriate injections to qualified hygienists frees dentists for diagnosis, complex procedures, and oversight.

Conclusion

Oregon has an opportunity to adopt a thoughtful, safety-forward rule that reflects current science, leverages the skills of our dental hygiene workforce, and improves patient access to conservative treatments for orofacial conditions. With clear training, supervision, and documentation standards, this change will enhance care without compromising safety.

Thank you for your consideration and for your continued commitment to patient-centered, evidence-based dental regulation. I respectfully urge the Board to finalize the proposed revisions authorizing qualified dental hygienists to administer botulinum toxin Type A within the oral and maxillofacial region.

Sincerely,

Elane Drushella, RDH

Thank you for considering my support for this proposed rule change.

From: Lori Killen Aus <lorikaus@gmail.com>
Sent: Wednesday, September 24, 2025 11:55 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: 818-042-0040 testimony

I have been a practicing RDH since 1980 and still practice in a general practice office 2 days a week, with the majority of my work in public health and my own EPDH practice serving those who lack access to care. I also am an adjunct professor at Mt Hood DH program, taking students on rotations into care facilities.

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

RDH's have two years of prerequisites with two more years of robust didactic and clinic education. Assistants have much shorter education with many trained on the job. They are trained to assist the dentist in restorative procedures. They have no education in tooth and root morphology. This education is essential to performing thorough and effective tooth and root debridement and detoxification. Assistants can do beautiful work in polishing, fluoride, and radiographs along with recording perio charting - this helps the hygiene flow, allowing us to serve more patients. These reasons also hold true for assistants perio charting. Their level of education is simply not adequate for these essential procedures.

Thank you so much for your good work and for considering my support for this proposed rule change.

Lori

Lori Killen Aus RDHEP, MA, FADHA

Oral Health for Life, LLC

oralhealthforlife.net

From: Madison Buchanan <madisonwindham16@gmail.com>

Sent: Wednesday, September 24, 2025 12:36 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Proposed Rule Changes

I am a licensed dental hygienist and I work in clinical practice. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training. I support this rule change because I want to be able to help patients that struggle with headaches and TMJ related issues and feel confident this is a skill I would be capable of applying based on my years spent studying head and neck anatomy and working clinically. Thank you for considering my support for this proposed rule change.

I am also writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. I support this rule change because assistants do not have the same knowledge as hygienists or dentists in regard to maxillofacial anatomy, proper instrument adaptation, and possible risks associated with improper technique. Thank you for considering my support for this proposed rule change.

Oregon Board of Dentistry

1500 SW 1st Ave #770,
Portland, OR 97201

Complete Aesthetics Training Institute

930 SE 11th Ave.
Portland OR 97214

9-29-2025

Dear Esteemed Board Members,

I am writing to address the proposed rule change the Oregon Board of Dentistry is considering regarding the administration of Botox by Oregon-licensed dental hygienists. I am fully in support of this change.

Currently, according to the Oregon Board of Nursing, a Licensed Practical Nurse (LPN) can administer Botox with proper medical oversight, despite only requiring one year of nursing education. Based on my experience in training hundreds of nurses across various licensure levels over the past decade, I believe that dental hygienists possess a superior understanding of anatomy and possess greater skills in facial injections compared to LPNs. Given the extensive education required for dental hygienists, I am confident in their ability to responsibly provide significant health benefits to their patients through the administration of Botox treatments.

Moreover, passing this rule change would not only advance the field of dental hygiene but also make the benefits of Botox injections accessible to a much larger patient base, ultimately serving both patients and providers effectively.

I look forward to the outcome of this proposal and would be more than happy to assist in any way.

Sincerely,
Wendy Pickett, RN, BS, CEO, CAI
Owner and Founder
Complete Aesthetics Training Institute
(503) 201-4897
wendy@completeaestheticstraining.com



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

September 29, 2025

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

Dear Mr. Prisby,

My name is Amy Coplen, and I am the Program Director at Pacific University School of Dental Hygiene Studies. I am writing to express my support for the proposed new rule OAR 818-035-0030. I am writing to you as both a practicing clinician with over twenty years of experience and an educator with fifteen years of service in dental hygiene education. Over the course of my career, I have had the privilege of working closely with patients across diverse settings and mentoring the next generation of dental professionals. These experiences have given me a broad perspective on the evolving needs of patient care and the expanding scope of evidence-based practice within dentistry.

I strongly support the inclusion of dental hygienists as providers authorized to administer botulinum toxin (Botox) injections for therapeutic purposes within the orofacial region. Dental hygienists possess a unique and comprehensive understanding of the anatomy, function, and pathology of the orofacial complex. Their training equips them to recognize muscular dysfunction, parafunctional habits, and pain disorders that can be effectively managed through Botox therapy.

Allowing qualified dental hygienists to provide therapeutic Botox injections would not only increase access to care for patients experiencing conditions such as temporomandibular joint disorders, bruxism, and chronic facial pain, but also improve interdisciplinary collaboration within oral health care teams. As with other advanced procedures that hygienists have successfully integrated into practice, including local anesthesia and nitrous oxide administration, the appropriate training and regulation can ensure that Botox therapy is delivered safely, effectively, and with the highest standard of care.

The dental hygiene profession has consistently demonstrated the ability to expand scope responsibly, always with patient safety and quality of care at the forefront. Empowering dental hygienists to administer therapeutic Botox injections represents a natural and evidence-supported progression of the profession's role in managing oral and facial health.

I urge the Board to support this advancement, recognizing the potential to improve patient outcomes, expand access to needed care, and further utilize the expertise of highly trained oral health professionals.

Regards,

A handwritten signature in black ink, appearing to read 'Amy Coplen', with a stylized, flowing script.

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



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

September 29, 2025

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

Dear Mr. Prisby,

My name is Amy Coplen, and I am the Program Director at Pacific University School of Dental Hygiene Studies. Although I have already submitted a letter to the board along with other Dental Hygiene Program Directors in Oregon, I'd like to provide additional comment during this public comment period. I believe it is critical that the Board clarify the language around prohibited acts for dental assistants in Oregon. The confusion surrounding what dental assistants are allowed to do is evident—a letter from one board member in the August meeting packet stated that dental assistants may already perform supragingival cleaning on children under 18, "including removal of visible calculus." This interpretation is concerning and highlights the need for precise language in OAR 818-042-0400.

To illustrate the scope of the problem: the administrative assistant at my daughter's school once told me last year she had worked as a "hygienist," but when I asked her where she went to school, she told me she was "trained on the job". If this practice occurred at her practice in southern Oregon, how many other offices across Oregon may be training assistants in similar ways.

Some may argue that if such practices are occurring without board complaints, then perhaps it is not a problem. However, absence of complaints is not evidence of safety or quality. Patients may even leave believing they received the best cleaning of their life simply because the procedure was fast and painless, when in reality they received little to no benefit. So, we have to ask ourselves the question, is neglecting a patient, giving them a “gleamery” style cleaning, and then charging them, whether through a federally funded or private insurance harm? I believe it is harm. I urge the board members to accept the proposed OAR 818-042-0400 rule changes.

As it currently stands, ORS 680.020 states that 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. During the August Board of Dentistry meeting, the Board Investigator shared that they receive many inquiries about unlicensed individuals wanting to practice dental hygiene and finding it difficult to locate the rules that prohibit it. The rules exist to clarify and interpret the statutes. For all these reasons, I strongly urge the Board to accept the proposed changes to OAR 818-042-0400. The evidence shows that clarification is overdue.

Regards,

A handwritten signature in black ink, appearing to read "Amy Coplen", with a large, sweeping flourish at the end.

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

From: Marin Laurel <marinkleihauer0@gmail.com>
Sent: Monday, September 29, 2025 8:36 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Rule change 818-035-0030

I am a licensed dental hygienist and I work in a private clinical practice.

- I am writing in **support** of the proposed rule change to **818-035-0030 Additional**

Functions of Dental Hygienists that if passed by the Board will allow dental

hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

- I support this rule change because it allows dental hygienists to expand in their careers. Having a non clinical based option is an amazing opportunity for the hygienists that are interested in expanding their knowledge and patient care. This rule change can help support businesses not only with patient care but financially as well.
- Thank you for considering my support for this proposed rule change.

-Marin Kleihauer RDH

From: Marin Laurel <marinkleihauer0@gmail.com>
Sent: Monday, September 29, 2025 8:45 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: 818-042-0040

- I am a licensed dental hygienist and I work in a private clinical practice.
 - I am writing in **support** of the proposed rule change to **818-042-0040 Prohibited Acts** that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.
 - Dental assistants do not have the schooling or clinical knowledge to be performing any kind of hand instrumentation under the gum line. Even if a short crash course was created it would leave dental hygienists out of competitive wages and eventually out of jobs completely. The patients safety and the quality of care should come first!
 - Thank you for considering my support for this proposed rule change.
- Marin Kleihauer RDH

Kylie Fernstrom

20640 SW Westside St

Aloha, OR 97078

kylie.fernstrom@pcc.edu

09/30/25

Oregon Board of Dentistry

1500 SW 1st Ave, Suite 770

Portland, OR 97201

Re: Support for Proposed Rule Change to OAR 818-035-0030 (Additional Functions of Dental Hygienists)

Dear Members of the Oregon Board of Dentistry,

My name is Kylie Fernstrom, and I am currently a dental hygiene student at Portland Community College. I am writing to express my support for the proposed rule change to OAR 818-035-0030 (Additional Functions of Dental Hygienists). If approved, this change would allow dental hygienists with a local anesthesia endorsement to administer Botulinum Toxin Type A (Botox) for conditions within the oral and maxillofacial region under the general supervision of a dentist, once proper training is completed.

As a student, I'm gaining a strong foundation in head and neck anatomy, physiology, and pharmacology, and I see how much these subjects connect directly to patient care. This proposed change highlights the depth of education and clinical training that dental hygienists receive, and it recognizes the important role we can play in providing safe and effective care for patients.

I believe this expansion would improve patient access to treatment options for oral and maxillofacial conditions, while also bringing Oregon in line with other states that have already taken this step. It not only supports the growth of the profession, but more importantly, it benefits patients by increasing the care options available to them.

Thank you for considering my perspective as a student and future dental hygienist. I appreciate the Board's dedication to maintaining high standards in dentistry while ensuring that the scope of practice reflects the knowledge and skills of dental hygienists.

Sincerely,

Kylie Fernstrom

Dental Hygiene Student, PCC

Kylie Fernstrom

20640 SW Westside St

Aloha, OR 97078

kylie.fernstrom@pcc.edu

09/30/25

Oregon Board of Dentistry

1500 SW 1st Ave, Suite 770

Portland, OR 97201

Re: Support for Proposed Rule Change to OAR 818-042-0040 (Prohibited Acts)

Dear Members of the Oregon Board of Dentistry,

My name is Kylie Fernstrom, and I am currently a dental hygiene student at Portland Community College. I am writing to share my support for the proposed rule change to OAR 818-042-0040 (Prohibited Acts). If passed, this rule will help make it clear that dental assistants are not permitted to perform dental hygiene procedures, such as periodontal probing and scaling.

As a student, I'm learning every day just how much training and critical thinking go into providing safe, effective dental hygiene care. Under the guidance of my instructors, I've been practicing skills like probing and scaling, and I've seen how important it is to understand not just the technique, but also the patient's overall health and periodontal status. These are not simple tasks—they take time, education, and supervised practice to perform correctly and safely.

Restricting these procedures to licensed dental hygienists ensures that patients are receiving care from providers who have the proper training to recognize, assess, and treat periodontal conditions. It also helps protect the public and maintains the integrity of the dental hygiene profession within the dental team.

Thank you for taking the time to consider my perspective as a student. I appreciate the Board's commitment to protecting patients and upholding the high standards of dental hygiene practice.

Sincerely,

Kylie Fernstrom

Dental Hygiene Student, PCC

730 55th Place
Springfield, OR 97478

Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201

Dear Board Members,

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

I am an Oregon licensed registered dental hygienist, and I have worked in clinical practice and as dental hygiene faculty for over 30 years here in Oregon. I also have a current Expanded Practice Permit and have worked in expanded practice settings. I teach in local anesthesia labs in the educational setting and administer local anesthesia regularly in the dental practice where I work.

There are several benefits to adding this function for dental hygienists to include improving treatment options for dental related issues such as bruxism and TMJ dysfunction/disorders. This function aligns with our current skills of administering local anesthesia and our knowledge of head and neck anatomy. I believe we can practice the function safely within our scope of practice here in Oregon. Allowing hygienists to perform this function can expand the availability of this type of service, making this accessible to a broader patient population.

Thank you for considering my support for this proposed rule change.

Sincerely,
Tamara Maahs, RDH, BSDH, EP H3105
Lane Community Dental Hygiene Faculty

From: [Mecham, Kimberly](#)
To: [OBD Info * OBD](#)
Subject: Support of proposed rule change to 818-042-2240
Date: Thursday, October 2, 2025 7:28:51 PM

You don't often get email from kimberly.mecham@advantagedental.com. [Learn why this is important](#)

To the Oregon Board of Dentistry,

I am a licensed dental hygienist, and I work in clinical practice and expanded practice. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

I have experienced this firsthand; in fact, I left my last job because the dental assistants were doing things they legally should not be doing. When I brought this to the attention of our boss initially, he said it was a “grey area”, and it was fine. This created such an uproar in the office because the dental assistants had become very territorial and didn’t want me to change anything or tell them what they ethically could or couldn’t do in their scope of license. It became so unhealthy and a hostile working environment for me to work there that I, the only dental hygienist, was pushed out of my position. The dental assistants told the dentist that I was wrong and they could in fact scale and showed them one piece of paper, that if anyone would have actually read would have noted that in fact in Oregon they cannot and what they showed was in fact a combined list of all duties that dental assistants can do in all states and you had to look at your individual state to know what was allowed. No one in that office wanted to make corrections in the office to follow the law. I mean why would they want to if they could pay dental assistants to do what a hygienist does, or “the dental assistants have been doing it so it fine to continue”, or “well some of them are pretty good at it so it’s fine.” How is it fine? It is not legal. It is not ethical. Just because one can drive a car at 10 doesn’t mean they legally should. This same office had other things going on that are not in the scope of a dental assistant. I feel as one thing is looked over other things begin to creep in and begin to be looked over or given the blind eye. Overtime assistants are starting and titrating N2O, completing sealants without anyone looking at them before being dismissed, scaling below the gumline, using the ultrasonic scaler to remove more than ortho cement, and the list of infractions gets longer and longer, doing things only EFDA can do when not having this qualification.

I also can attest to witnessing multiple dental assistants getting hired right out of dental assisting school and being put into full columns to do cleanings. These poor dental assistants didn’t know how to properly polish to remove the plaque let alone have a clue how to hold an instrument to scale. None of them knew how to fulcrum or use indirect vision. They were all trying to scale, because they were told they could by their boss. This was not right. It was not safe for them or the patient. They were in children’s mouths with a sharp instrument with a cutting edge and had no idea how to use it. Children are unpredictable and often move around unexpectedly. It doesn’t take much to accidentally harm one of them when they sit up fast from laying down unexpectedly. I was called in multiple times during the first week to check on their cleanings only to find there was so much plaque still on the teeth there was no way they actually polished already, and the gums were cut and bleeding due to improper use of the scaler. This is putting our patients in harm's way.

I also know that if you supragingival calculus you almost always have subgingival calculus. If we are

going to allow them to scale above the gums, they are going to just lead to unethical dental cleanings leaving behind subgingival calculus, or equally as bad, they will just start scaling below the gums with no training. I have seen many teenagers and young children with subgingival calculus. In this same office I was referring to earlier when I would do their cleaning and do a proper dental hygiene prophylaxis, I often would find subgingival calculus that had been there for years on the molars, and orthodontic cement that was left behind for multiple years as no one had given them a proper and professional dental hygiene cleaning until I had them. This is putting our patient's oral health/periodontal health at risk. As we all know, if the mouth isn't healthy then the body isn't healthy, so ultimately it is putting our patient's overall health at risk.

Some might argue that this is just because they weren't trained properly. Well, what exactly is proper training? Why did I go to dental hygiene school if now dental assistants can just take a course and be certified to do many of the things I went to dental hygiene school to be able to do. They don't have any boards they have to take, written or clinical. They don't have a license to uphold. They don't have required continued education, medical emergencies, or fees to pay. Why are we allowing our profession to be belittled and disgraced? We as dental hygienists have worked hard to be where we are at. We completed many hours of grueling dental hygiene schooling. We are providers. We are healthcare workers. We cannot let others just take this away from us by passing a law allowing those with less training and education to replace us.

Thank you for taking the time to read my firsthand experiences and for considering my support for this proposed rule change.

Kim Mecham | Regional Community Expanded Practice Dental Hygienist | Advantage Dental+

M: 541-410-2483 | kimberly.mecham@advantagedental.com
63140 Britta St. Suite D104
Bend, OR 97703-9802



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From: [Kindee Moore](#)
To: [OBD Info * OBD](#)
Subject: RDH Botox
Date: Wednesday, October 1, 2025 2:09:50 AM

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I am a licensed dental hygienist and I work in a private practice alongside an amazing dentist that provides a comprehensive approach to relieve TMJ distress including Botox therapeutic treatment. I am writing in **support** of the proposed rule change to **818-035-0030 Additional Functions of Dental Hygienists** that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training. The office I work in sees many Central Oregon residents for therapeutic Botox especially for TMD relief. So many of the patients are very thankful to be able to minimal or no TMJ discomfort during dental cleanings. Thank you for considering my support for this proposed rule change.

Kindee Moore, RDH

From: [Omari](#)
To: [OBD Info](#) * [OBD](#)
Subject: Support for Proposed Rule Change on Scaling Assistants
Date: Wednesday, October 1, 2025 10:00:51 AM

You don't often get email from oreid27@gmail.com. [Learn why this is important](#)

Dear Oregon Board of Dentistry,

I am a dental hygiene student writing in support of the proposed rule change to 818-042-0040 Prohibited Acts.

Scaling and periodontal probing are essential parts of dental hygiene practice that require proper education, training, and licensure to ensure patient safety and high-quality care. These procedures are not tasks that can be delegated without risk. They involve critical judgment, infection control, and skill that only licensed dental hygienists are prepared to provide.

Allowing unlicensed individuals to perform probing and scaling would undermine both patient safety and the standards of our profession. This rule change is important because it eliminates confusion, reinforces current Oregon law, and protects the public by ensuring only qualified, licensed professionals are responsible for these procedures.

Thank you for considering my support for this proposed rule change.

Sincerely,

Omari R

Dental Hygiene Student

From: [Amber](#)
To: [OBD Info * OBD](#)
Subject: Support for Proposed Rule Change 818-042-0040
Date: Wednesday, October 1, 2025 4:05:06 PM

You don't often get email from amberroyal21@gmail.com. [Learn why this is important](#)

Dear Oregon Board of Dentistry,

I am a licensed dental hygienist currently working in clinical practice, and I am writing to express my support for the proposed rule change to **818-042-0040 Prohibited Acts**. If passed, this rule will clarify that Oregon law prohibits dental assistants from practicing dental hygiene, including periodontal probing and scaling.

Dental assistants do not receive the same level of education and training as dental hygienists. Periodontal disease is a serious condition that can contribute to a number of systemic health problems, and it is essential that patients receive care from providers who are specifically educated and licensed to perform these procedures. As dental hygienists, we are trained to deliver the highest standard of care and to protect the health and safety of our patients.

Thank you for considering my support for this proposed rule change.

Sincerely,
Amber Royal, RDH, CDA

From: [Sharon M](#)
To: [OBD Info * OBD](#)
Subject: Support of the proposed rule change to 818-042-0040 Prohibited Acts
Date: Wednesday, October 1, 2025 6:05:08 PM

You don't often get email from montoya.sharon@gmail.com. [Learn why this is important](#)

I am a licensed dental hygienist and I work in a clinical practice.

I am writing in support of the proposed rule change to **818-042-0040 Prohibited Acts** that if passed by the board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

There are two primary reasons why dental assistants should not perform dental hygiene procedures such as scaling and periodontal probing:

1. Inadequate Training and Clinical Judgment

Dental hygiene requires a high level of clinical expertise and judgment developed through rigorous education and hands-on experience. As a licensed dental hygienist, I have dedicated countless hours to mastering the skills necessary to safely and effectively remove deposits and assess periodontal health. My training included in-depth study of periodontics, pathology, pharmacology, and other critical subjects that enable me to provide comprehensive care. In contrast, dental assistant programs are typically shorter and less intensive, often lacking the depth and span of clinical and didactic instruction required to perform these procedures safely.

2. Patient Safety and Quality of Care

Allowing dental assistants to perform hygiene tasks poses a significant risk to patient safety. Without the extensive training that hygienists receive, assistants may inadvertently overlook signs of disease or cause harm to oral tissues. The potential for misdiagnosis, incomplete treatment, or procedural errors increases when individuals without sufficient education attempt to perform advanced clinical tasks. Quality care demands a foundation of knowledge and experience that cannot be substituted.

Our profession must remain committed to patient-centered care. Providing safe, effective, and high-quality treatment is only possible when clinicians are adequately trained and qualified. Delegating dental hygiene procedures to individuals without the necessary education compromises both patient outcomes and professional standards.

Thank you in advance for considering my support for this proposed rule change.

Sharon Montoya RDH BSDH

From: [Pam Mona](#)
To: [OBD Info * OBD](#)
Subject: Support of rule change
Date: Thursday, October 2, 2025 9:59:00 AM

You don't often get email from pmpm727@yahoo.com. [Learn why this is important](#)

I am writing to express my strong support for the proposed rule change to 818-035-0030 Additional Function of Dental Hygienists during the open comment period. As a registered dental hygienist working in clinical practice, I believe this rule change represents a progressive and safe step toward improving patient care, expanding access, and utilizing the extent of our clinical training. Dental hygienists receive extensive education in head and neck anatomy, facial musculature, and patient assessment. These foundational competencies directly align with the skills necessary to safely and effectively administer Botulinum Toxin Type A. In fact, our training often exceeds that of other professionals who are currently authorized to provide these services.

By allowing dental hygienists to administer Botulinum Toxin Type A, we can improve patient outcomes and reduce the burden of other healthcare providers that are often overbooked with patients. I personally treat patients who complain of persistent temporal mandibular joint pain, chronic bruxism, and daily migraines. In our general practice setting we refer patients to seeing specialists, but they often run into too many inconveniences that prevent them from receiving treatment. Granting us the ability to administer Botox within the general dental setting is a safe, logical, and patient-centered decision that reflects the evolving role of allied dental professionals.

Thank you for your time and dedication to improving the quality and accessibility of healthcare services.

Sincerely,
Pamela Monaghan, CRDH
H8830

From: [Sierra Page](#)
To: [OBD Info * OBD](#)
Subject: Oct. Rule Making Hearing Comment
Date: Thursday, October 2, 2025 2:41:42 PM

You don't often get email from sierrapage06@gmail.com. [Learn why this is important](#)

Hello,

While I am impressed to see the proposed change that will allow registered dental hygienists to administer Botulinum Toxin Type A, there is no additional permission for the RDH to also use dermal fillers. I would ask the board to add this into the additional acts of the dental hygienist. Currently in Oregon any registered nurse can take a certification course to administer both Botox and dermal fillers. Dental hygienists have hours of in depth training of facial/cranial anatomy, more than a registered nurse. Nurses can also administer both of these services under indirect supervision, will it be the same for hygienists? Adding in, most Botulinum Toxin Type A certification courses are combined with dermal filler instruction.

Best,

Sierra Page

From: [chris rickard](#)
To: [OBD Info * OBD](#)
Subject: Comments in support of 818-042-0040 Prohibited Acts
Date: Thursday, October 2, 2025 7:37:24 PM

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To Whom It May Concern,

I am writing to the Oregon Board of Dentistry supporting the rule change contained here within 818-042-0040. My sister-in-law is a registered dental hygienist, which she earned through four hard years of arduous school at CBC in Pasco, WA. When she talked to my wife, who holds a BSN in Nursing, and myself that her former employer was allowing dental assistants to perform procedures reserved for hygienists; we both were alarmed and concerned regarding patient safety and possible malpractice suits. I am a 21 Army combat veteran and if I would have allowed an untrained soldier to accomplish a task for which they were untrained, I would have been held accountable for any injuries or deaths caused.

The need to keep certain tasks separated with respect to education, knowledge and training is paramount and needed; especially with regard to many medical procedures which require advanced education. A dental hygienist would not be allowed to perform any procedure which a dentist is required; therefore, a dental assistant should not be performing procedures to which they are untrained and more importantly not licensed.

Respectfully,
Christopher Rickard
Sent from my iPhone

23168 Maverick Ct.
Bend, OR 97701

October 2, 1025

Dear Members of the Oregon Board of Dentistry,

I have been a dental assistant for over 20 years as well as an instructor at a CODA approved Dental Assisting Program. **I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts** which would make it clear that scaling and probing in the oral cavity remain prohibited acts for dental assistants.

I highly support dental assistants gaining additional training and certifications. However, I feel it is unwise and potentially dangerous for patients, to allow dental assistants to scale teeth and/or perform periodontal probing. It is best and safest for the patient that these services are performed by a Dental Hygienist who has had the breadth and depth training needed in these skill sets.

Rationale:

To provide safe and comprehensive dental hygiene services Dental Hygienists engage in college level coursework specific to education in these procedures, for two or more years. During these years they are educated both didactically and clinically, in the proper care and the very real risks of incautious treatment of patients. The Oregon Board of Dentistry has wisely asserted that it takes the erudition and graduation from a CODA accredited Dental Hygiene program to perform these skills safely and effectively. Let us hold to this prudent standard.

As you know, probing inappropriately can separate the PDL from the tooth which causes the patient harm.

As for scaling, to do this completely and effectively, it takes a great deal of skill and knowledge. Calculus left on a tooth, will again causes harm as the patient will likely experience recession of the gingival tissue and potential bone loss.

Our goal in dentistry is to provide safe and effective care to patients that prevents them from experiencing continued destruction of hard and soft tissues in their oral cavity. To do so means that providers must be trained thoroughly in the aspects of the care they provide. Dental assistants, without going through a dental hygiene program will not be sufficiently trained for scaling and probing.

I am all about advancement within the dental field, however it must not be at the risk of patients or their comprehensive care.

Sincerely,

Leslie Houston, BAS, CDA, EFDA

From: [Heather Holliday](#)
To: [OBD Info * OBD](#)
Subject: 818-042-0040 Prohibited Acts
Date: Friday, October 3, 2025 12:43:10 PM

You don't often get email from hollidayheather@hotmail.com. [Learn why this is important](#)

To whom it may concern,

I am writing in **support** of the proposed rule change to **818-042-0040 Prohibited Acts** that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

I am a registered nurse certified in obstetrics with a bachelor of science degree in nursing. I have worked in this capacity for 26 years. Even though I am not in the field of dentistry, we are both essential workers and place a high priority on the overall health of our patients/communities. In my experience I have found that clearly defined roles and responsibilities make for a better and healthier experience for both patients and employees. Currently there is a lack of clarity of the roles and responsibility between dental assistants and dental hygienists in many dentist offices throughout our state. For example just last week a google review of Deschutes Pediatric Dentistry in Redmond, Oregon incorrectly titled a dental assistants as a hygienist. Instead of correcting the misconception and using it as an educational opportunity, the office responded by also giving this said assistant the title of hygienist. This happens in all jobs but I kindly correct the person if I'm ever called anything other than a nurse. That is what the dental assistants should be doing along with introducing themselves correctly to the patients in the first place. It makes me question how many other areas in this office are the dental assistants over stepping into roles and responsibilities that have been outlined for hygienist duties due to their higher level of education and training. A clear understanding of the roles and responsibilities will help hold dental offices accountable and provide a standard of practice for all dental staff throughout the state of Oregon.

Thank you for considering my support for this proposed rule change.

Heather Holliday, RNC-OB, BSN

From: [Connie Morton](#)
To: [OBD Info](#) * [OBD](#)
Subject: Support for Proposed Rule Change to OAR 818-042-0040
Date: Friday, October 3, 2025 4:46:36 PM

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Oregon Board of Dentistry

Dear Members of the Board,

I am licensed dental hygienist currently working in a clinical practice. I am writing in support of the proposed rule change to OAR 818-042-0040 (Prohibited Acts) that clarifies dental assistants may not perform periodontal probing or scaling.

This rule change is important because it:

Reinforces existing Oregon law, which already prohibits anyone without a dental hygiene license from practicing dental hygiene.

Protects patient safety by ensuring that scaling and probing — critical procedures that require specialized education, clinical skill, and infection control training — are performed only by licensed hygienists.

Preserves the professional and economic integrity of dental hygiene. Allowing unlicensed staff to perform these procedures would devalue the role of hygienists, reduce demand for licensed providers, and ultimately undermine patient care standards.

By clearly defining the scope of practice, this rule helps maintain high-quality oral health services for Oregonians while also protecting the workforce stability of the dental hygiene profession.

Thank you for considering my support for this clarification to OAR 818-042-0040. I respectfully urge the Board to pass this rule change.

Sincerely,
Connie Cappuccio, RDH
Hillsboro, OR

From: [Stephanie Zuercher](#)
To: [OBD Info * OBD](#)
Subject: Botox to Dental Hygiene Scope of Practice
Date: Saturday, October 4, 2025 8:07:20 AM

You don't often get email from stephaniezuercher@yahoo.com. [Learn why this is important](#)

To Whom It May Concern,

I am a Registered Dental Hygienist and I work in clinical practice. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

Dental Hygienists are highly trained healthcare professionals with extensive education in head and neck anatomy, facial musculature, infection control, and patient safety-- making us well-qualified to administer Botulinum Toxin Type A under appropriate regulation. Allowing us to obtain an endorsement for Botox administration would expand access to care, improve patient convenience, and enhance the scope of preventative and therapeutic services available in dental settings. Many procedures using Botulinum Toxin Type A, such as treatment for TMJ disorders, bruxism, and facial pain, fall within the dental field's functional area. By establishing clear training standards and certification pathways, Oregon could safely integrate this skill into dental hygiene practice, aligning with other progressive states that already recognize the competence and safety of hygienists performing these minimally invasive procedures.

Thank you for considering my support for this proposed rule change.

Stephane A. Zuercher, RDH

From: [Stephanie Zuercher](#)
To: [OBD Info * OBD](#)
Subject: Opposed to Scaling Assistants in Oregon
Date: Saturday, October 4, 2025 8:20:32 AM

You don't often get email from stephaniezuercher@yahoo.com. [Learn why this is important](#)

To Whom It May Concern,

I am a Dental Hygienist and I work in clinical practice. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

Dental hygiene procedures such as scaling and periodontal probing require advanced education, clinical training and licensure to ensure patient safety and high-quality care. These tasks are beyond the scope of dental assisting training and involve assessing and treating complex periodontal conditions that, if performed improperly, can lead to infection, tissue damage, or misdiagnosis of disease. Dental hygienists complete rigorous accredited programs that include anatomy, pathology, microbiology, and hands-on clinical experience specifically focused on preventative and therapeutic oral care. Allowing dental assistants-- who do not receive equivalent training or licensure-- to perform these procedures would compromise patient safety, diminish professional standards, and blur the lines of accountability in dental practice. I whole -heartedly believe that protecting the integrity of the dental hygiene profession is our duty and ensures that patients continue to receive evidence-based, ethical, and competent care.

Thank you for considering my support for this proposed rule change.

Stephanie A. Zuercher, RDH

From: tanyaeckroth@gmail.com
To: [OBD Info * OBD](#)
Subject: Support 818-042-0040, Prohibited Acts
Date: Saturday, October 4, 2025 1:33:08 PM

You don't often get email from tanyaeckroth@gmail.com. [Learn why this is important](#)

Dear Oregon Board of Dentistry,

I am a licensed dental hygienist in Oregon and have been practicing since 1998.

I am writing in **support** of the proposed rule change to **818-042-0040, *Prohibited Acts***, which—if passed—will clarify that Oregon law prohibits dental assistants from practicing dental hygiene, including periodontal probing and scaling.

While I understand that the current shortage of dental hygienists makes it tempting to fill the gap with dental assistants at some point, it is in the best interest of the public and their safety that those providing dental hygiene services are graduates of a CODA-accredited dental hygiene program.

I spent six of my 27 years as a dental hygienist serving as a lead clinical and didactic instructor at a local dental hygiene school. From firsthand experience, I can attest that it takes hundreds of supervised clinical hours just to be competent enough to begin treating patients at an entry level—and additional years to truly master the profession.

Dental assistants are an essential part of the dental team, providing critical care within the scope of their training. However, a shortened course cannot compare to two years of rigorous education required to become a dental hygienist. Allowing dental assistants to perform periodontal probing or scaling would be a disservice to patients and compromise public health. These procedures should remain strictly within the scope of licensed dental hygienists.

Thank you for considering my support of this proposed rule change.

Sincerely,
Tanya Eckroth, RDH, MBA (H3833)

From: [Shannon Dark](#)
To: [OBD Info * OBD](#)
Subject: Strong Support for Proposed Rule Change – OAR 818-042-0040 (Prohibited Acts)
Date: Sunday, October 5, 2025 6:47:16 AM

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Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201

Subject: Strong Support for Proposed Rule Change – OAR 818-042-0040 (Prohibited Acts)

Dear Members of the Oregon Board of Dentistry,

I am a licensed dental hygienist currently practicing in a clinical setting, and I am writing to express my strong support for the proposed rule change to OAR 818-042-0040, Prohibited Acts. It is crucial that this rule is passed to clearly affirm that dental assistants are not permitted to perform dental hygiene procedures, including periodontal probing and scaling.

This rule change is essential to uphold the integrity, safety, and quality standards that define dental hygiene practice in Oregon. Procedures such as periodontal probing and scaling require the specialized education, training, and clinical judgment that only licensed dental hygienists possess. Allowing unqualified individuals to perform these procedures not only jeopardizes patient safety but also undermines the professional standards that our licenses signify.

By reinforcing these critical boundaries, the Board will maintain public trust in the dental profession and protect the hard-earned scope of practice that dental hygienists in Oregon have achieved through rigorous education and clinical competence.

I urge you to support this important rule change. It is vital for the continued excellence and integrity of the dental hygiene profession in Oregon.

Sincerely,
Shannon Dark
Shannondark247@gmail.com
(971) 273-9232

From: [Diane O'Neil](#)
To: [OBD Info * OBD](#)
Subject: Proposed Rule Change 818-042-0042
Date: Monday, October 6, 2025 10:45:21 AM

You don't often get email from do104@hotmail.com. [Learn why this is important](#)

I am a licensed Registered Dental Hygienist that has worked in a general practice setting for over 20+ years. Bill #818-042-0040 prompted me to write this letter today. Clearly, the OBD supports the current law prohibiting dental assistants from practicing dental hygiene services including periodontal scaling and probing. The dental hygiene programs are all full.

There is no shortage of dental hygienists. However, since Covid 19 the paradigm has shifted. Temporary work is the main reason for the shortage of high-quality dental hygienists not wanting to be employed within a practice setting. Temporary work offers flexibility, no accountability, high wage, medical insurance, PTO and no micro management from an employer.

The working environment, management style and dental hygiene model are what needs to be change. Dentists and Dental Hygienists need to come together not only for the profession but patient safety. OBD should consult Chief Editor of Dentistry IQ, David R. Rice DDS article dated August 22,2025. His article states the reason for upheaval and is spot on regarding the real issue.

When the ruling to pass occurred for Dental Therapists, dentists were not supportive. The dental community was very concerned about the patient's safety, what procedures they would be providing and how they should be utilized...It did not fix the shortage or lack of access to dental care. Now, here we are again, looking at ruling #818-042-0040. The average dental hygiene student gets roughly 653 hours of didactic/clinical teachings in preparation to pass a clinical and written board in order to become a Registered Dental Hygienist. But, if bill #818-042-0042 does not pass this will leave the door open for an unlicensed Dental Assistant to only get 120 hours of instruction and then they are good to go...? This seems negligent, disrespectful to Registered Dental Hygienists and puts patients care at risk. Dental Hygienists are more than just "tooth scrappers", we are educated, licensed professionals with backgrounds in the whole-body health both physically and mentally.

Do not let the biased opinion of some dentist's cloud the real issue and push the agenda that it is okay to have dental assistants begin to complete dental hygienist's procedures. This is a "wet behind the ears" mentality and a deregulation of standards!! So, I am asking the board to give serious thought, consideration of the ramifications of this bill #818-042-0042 and join me to support the passing of this bill. Keep Registered Dental Hygiene standards set at the highest level it currently is at. Both dentists and dental hygienists have behaved badly. Let's get on the right track and come together for our profession and figure out the better path moving forward so the patient stays safe and dental hygiene can maintain the highest standard of care in which the OBD has an

understanding of and has reached a consensus long ago. Focus on temporary platforms not the dental hygiene profession itself.

Thank You,

D. R.D.H., BS

From: [Jen Wilson](#)
To: [OBD Info](#) * [OBD](#)
Subject: Support for Proposed Rule Change to OAR 818-035-0030 – Additional Functions of Dental Hygienists
Date: Monday, October 6, 2025 11:37:36 AM

You don't often get email from wilsonjen424@gmail.com. [Learn why this is important](#)

Jennifer Wilson, BHS, RDH

11369 SW Sycamore Pl
Portland, OR 97223
wilsonjen424@gmail.com
417-315-5794

10/06/25

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

RE: Support for Proposed Rule Change to OAR 818-035-0030 – Additional Functions of Dental Hygienists

Dear Members of the Oregon Board of Dentistry,

I am writing to express my strong support for the proposed amendment to OAR 818-035-0030, which would expand the scope of practice for dental hygienists holding a local anesthesia endorsement to include the use of Botulinum Toxin Type A in the treatment of conditions within the oral and maxillofacial region, under the general supervision of a licensed dentist and following appropriate training.

This rule change represents a progressive and evidence-based step forward in the delivery of comprehensive oral health care in Oregon. Dental hygienists are highly trained professionals with a deep understanding of facial anatomy, pharmacology, and patient care. With the additional requirement of appropriate training, they will be well-equipped to safely and effectively administer Botulinum Toxin Type A for therapeutic purposes such as bruxism, temporomandibular joint disorders, and other oral-facial pain conditions.

Allowing dental hygienists to perform these procedures under the general supervision of a dentist will not only enhance patient access to care but also improve treatment outcomes and practice efficiency. Many states have already taken similar steps, recognizing the value of leveraging the full skill set of the dental team to meet the growing needs of patients.

As a full time faculty member in the dental hygiene program at Portland Community College, I believe this rule change will uphold the high standards of patient safety and professional accountability while supporting innovation in oral healthcare delivery. Changes to the dental hygiene scope are exciting to share with our students and some of them have expressed interest in providing this service.

Thank you for your thoughtful consideration of this important rule update. I respectfully urge the Board to adopt the proposed changes to OAR 818-035-0030.

Sincerely,

Jennifer Wilson, BHS, RDH

Full Time Faculty at Portland Community College,

Member of Oregon Dental Hygienists' Association

-----Original Message-----

From: Angelina Brower <angelinabrower@gmail.com>

Sent: Monday, October 6, 2025 6:23 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Adding Botox to Dental Hygiene Scope of Practice

Hello, OBD.

I am a licensed RDH and I work in clinical practice. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of RDHs; that if passed by the Board, will allow RDHs with an LA endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed the appropriate training. RDHs have required thorough education of head & neck anatomy in hygiene school, which is already required prior to taking LA courses necessary for the LA endorsement. I believe with the base knowledge that RDHs already have on this subject, combined with the LA endorsement (which required two passed board exams and specific training) that with additional training, administering Botulinum Toxin Type A would be very safe and within the knowledge base and capabilities of RDHs.

Thank you for considering my support for this proposed rule change.

Angelina Pejakovich, RDH

From: Amaya Adkins <amaya.adkins@arrowdentalclinic.com>

Sent: Tuesday, October 7, 2025 3:53 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for Proposed Rule Change 818-035-0030 – Additional Functions of Dental Hygienists

Dear Members of the Oregon Board of Dentistry,

I am writing in strong support of the proposed rule change **818-035-0030 – Additional Functions of Dental Hygienists**, which, if passed, will allow dental hygienists with a local anesthesia endorsement to administer Botulinum Toxin Type A to treat conditions within the oral and maxillofacial region under the general supervision of a dentist, following appropriate training.

I have been a licensed dental hygienist since 2009 and currently practice full-time in a clinical setting. In addition, I hold an Expanded Practice Permit (EPP), which allows me to provide preventive dental care to patients with limited access to traditional dental settings. Through my years in practice, I have developed an in-depth understanding of head and neck anatomy, facial musculature, and neurology—knowledge that is fundamental to safely and effectively administering Botulinum Toxin Type A.

Dental hygienists receive extensive education in head and neck anatomy, physiology, and injection techniques as part of their training and licensure. We routinely provide local anesthesia, placing us in an ideal position to safely expand into therapeutic and cosmetic applications within the oral and maxillofacial region. By comparison, many other professions currently permitted to administer Botulinum Toxin Type A complete far less focused coursework in head, neck, and facial anatomy, yet are authorized to perform these procedures.

The Pacific Northwest has long been a leader in advancing the dental profession, embracing innovation and expanding the scope of practice for dental hygienists to better serve patients and communities. This proposed rule continues that progressive trajectory, ensuring patient safety while expanding access to care and allowing trained professionals to practice at the top of their licensure.

I strongly urge the Board to support this rule change and recognize the qualifications and capabilities of Oregon's dental hygienists in providing these beneficial treatments safely and effectively.

Thank you for your time and consideration.

Respectfully,

[Amaya Adkins], RDH, EPDH

[1005 Benton Ave, PO Box 717]

[La Grande, OR 97850]

[amaya.adkins@arrowdentalclinic.com]

From: Joy Shaw <joy.shaw@pcc.edu>

Sent: Tuesday, October 7, 2025 7:55 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Re: Support for Proposed Rule Change to OAR 818-042-0040 (Prohibited Acts)

Joy Shaw

11895 SW Center St Apt 100

Beaverton, OR, 97005

joyshawrdh@gmail.com

October 7th, 2025

Oregon Board of Dentistry

1500 SW 1st Ave, Suite 770

Portland, OR 97201

Re: Support for Proposed Rule Change to OAR 818-042-0040 (Prohibited Acts)

Dear Members of the Oregon Board of Dentistry,

I am a dental hygiene student at Portland Community College. I am writing in support of the proposed rule change to OAR 818-042-0040 (Prohibited Acts). If passed, this change will clarify that Oregon law prohibits dental assistants from practicing dental hygiene, including performing periodontal probing and scaling.

I support this proposed rule change because it emphasizes the importance of the education and training necessary to deliver safe and effective dental hygiene care. As a student, I am gaining hands-on experience and detailed instruction under faculty supervision to learn how to assess periodontal health, perform probing, and safely remove deposits. These skills are complex, require critical thinking, and must be practiced under direct instruction to ensure competence.

Allowing only licensed dental hygienists to perform these procedures ensures that patients receive care from providers who are properly trained to identify, diagnose, and treat periodontal conditions. It also reinforces the professional role of the dental hygienist within the dental team, creating clarity and protecting the public.

Thank you for considering my support for this proposed rule change. I appreciate the Board's efforts to promote high standards for patient care and to recognize the education and professional role of dental hygienists.

Sincerely,

Joy Shaw

Dental Hygiene Student, Portland Community College

From: Stacey Carney <slmcarney@gmail.com>
Sent: Tuesday, October 7, 2025 9:06 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support of Dental Hygiene Scope changes

To whomever it concerns,

I am a licensed dental hygienist and I work in clinical practice in Happy Valley, Oregon. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed would allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training. I feel this would be a very appropriate use of the dental hygienists skill-set and would add value to many dental practices, as well as value to the dental hygiene profession in general. A large number of patients suffer from TMJ pain and disorders, and this proposed change would be another tool in the dental hygiene arsenal. Thank you for considering my support of this proposed rule change.

Stacey L. Carney, B.S., RDH

From: Joy Shaw <joy.shaw@pcc.edu>
Sent: Tuesday, October 7, 2025 7:56 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Re: Support for Proposed Rule Change to OAR 818-035-0030 (Additional Functions of Dental Hygienists)

Joy Shaw
11895 SW Center St Apt 100
Beaverton, OR, 97005
joyshawrdh@gmail.com
October 7th, 2025

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Re: Support for Proposed Rule Change to OAR 818-035-0030 (Additional Functions of Dental Hygienists)

Dear Members of the Oregon Board of Dentistry,

I am a dental hygiene student at Portland Community College. I am writing in support of the proposed rule change to OAR 818-035-0030 (Additional Functions of Dental Hygienists). If passed, this change will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A (Botox) to treat conditions within the oral and maxillofacial region under the general supervision of a dentist, after completing appropriate training.

I support this proposed rule change because it acknowledges the extensive head and neck anatomy education that is a central part of dental hygiene programs. As a student, I am learning how anatomy, physiology, and pharmacology all intersect in patient care, and this expansion reflects the depth of knowledge dental hygienists bring to the dental team. This rule would also increase patient access to care, provide additional treatment options for managing oral and maxillofacial conditions, and align Oregon with other states that already recognize this scope of practice.

Thank you for considering my support for this proposed rule change. I appreciate the Board's commitment to ensuring that the scope of dental hygiene practice reflects the training and skills of the profession.

Sincerely,
Joy Shaw
Dental Hygiene Student, Portland Community College

October 7, 2025

Oregon Legislature

I am a registered dental hygienist in Oregon, and I work in an educational program. I have been a hygienist for over 40 years and feel bill 818-035-0030 is a service hygienists can provide that is well within their scope of practice. Our dental hygiene program provides students with two full terms of local anesthesia and a board exam to add this function to their BSDH expanded practice license. This course educates students on the anatomy of the head and neck, nerve innervations, and physiology of anesthetics. Botulinum Toxin Type A would be a natural progression and addition to this course of training.

I am in support of the proposed rule change to 818-035-003 Additional Functions of Dental Hygienists that, if passed by the Board, will allow dental hygienists with a local anesthesia endorsement to use Botox Type A to treat conditions that are within the oral maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

Thank you for considering my support for this proposed rule change.

A handwritten signature in cursive script, appearing to read "Jeannie Bopp".

Jeannie Bopp, RDH MSAH

Jeannie.bopp@oit.edu

541-885-1340

From: Renee Bowen <ncali4575@gmail.com>
Sent: Wednesday, October 8, 2025 5:04 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: rule change to 818-035-0030

To Whom it May Concern,

I am a licensed dental hygienist and I work in clinical practice at Grants Pass Smile Suite in Grants Pass, OR.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

It matters because it enhances patient access to therapeutic and cosmetic treatments.

It recognizes the extensive head and neck anatomy training dental hygienists receive.

It expands the scope of practice to align with practice already permitted in other states.

Thank you for considering my support for this proposed rule change.

Renee Bowen

RDH License # H7998

2221 Williams Hwy

Grants Pass, OR 97527

458-229-8291

-----Original Message-----

From: Stacey Carney <slmcarney@gmail.com>

Sent: Wednesday, October 8, 2025 3:18 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support of rule change

To whomever it concerns,

I want to express my support of the proposed rule change which if passed would clarify the illegality of dental assistants' use of probing and scaling instruments. Dental hygienists go through rigorous clinical coursework as well as board examinations in order to provide these essential services to patients. Many assistants are unsure as to whether or not they are "allowed" to scale or probe, so clear guidelines would be beneficial. Thank you,

Stacey Carney, RDH

Sent from my iPhone

-----Original Message-----

From: Wade Holaday <the5holadays@icloud.com>

Sent: Wednesday, October 8, 2025 4:59 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Assistants should NOT be scaling

I have been a hygienist for over 35 years and was a dental assistant prior to that. I went to school and have an associates of applied science for dental assisting. I can truly say in all my years of experience that there is a HUGE difference in assistants that learn from an accredited course/school and those who learn on the job. Having said that, I have had the pleasure of working from some amazing assistants that were taught by dentists or other dental staff with on job training, but they have been far and few between. I have a very strong concern thinking and wondering how assistants would learn to PROPERLY scale. To this day I have the voice of one of my instructors telling and showing me how to detect the feel of calculus opposed to feeling rough dentin, dental pearls, etc. I think you would be doing patients a disservice and us as dental hygienists a, for lack of better words, a slap in the face, by allowing anyone to scale without proper training, National boards and state boards that would need to be passed. The damage they could do to the dentin without proper techniques would be irreversible. Patients have a hard enough time now determining whether we as hygienist are doing a "regular" cleaning or a periodontal maintenance cleaning...though I have explained this SO many times over the years. Please do not allow assistants to do scaling. Thank you for taking the time to read this.

Cinda

-----Original Message-----

From: Wade Holaday <the5holadays@icloud.com>

Sent: Wednesday, October 8, 2025 4:47 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Botox for hygienists

Since we, as hygienists, deal with the face and neck all day long it makes sense that we have the ability, after taking appropriate lecture and hands on classes, be able to provide Botox to our patients. I have been a hygienist since 1986 and still love learning and being able to provide my patients with proven techniques and procedures to help with their overall health and dental hygiene. I myself have clenching and grinding issues and had a terrible experience from a dentist with Botox that left me with the ability to smile for four months. I have since then done research on my own but am hoping that now I will be allowed to help my patients and hopefully have them avoid what I went through and be more knowledgeable and another resource if they would like to have Botox to help with their dental issues. Thank you for your time and please truly consider those of us that have studied long and hard and deal with the face all day long Cinda

From: Ashleigh Soltis <ash.soltis@gmail.com>
Sent: Wednesday, October 8, 2025 4:29 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: OPPOSE dental assistants scaling

Dear Members of the Oregon Board of Dentistry,

I am a dental hygiene student at Rogue Community College.

I am writing in support of the proposed rule change to OAR 818-042-0040 Prohibited Acts, which, if passed, will clarify that Oregon law currently prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling.

I strongly support this rule change because it upholds the integrity, safety, and quality standards of dental hygiene practice in Oregon. Dental hygiene procedures, such as probing and scaling, require the education, training, and clinical judgment of a licensed dental hygienist to ensure accurate assessments, safe treatment, and optimal patient outcomes. Allowing individuals without this specialized education to perform these procedures could compromise patient safety and undermine the rigorous standards that our licenses represent.

By clarifying and reinforcing these boundaries, the Board helps maintain public trust in the dental profession and safeguards the scope of practice that Oregon dental hygienists have worked diligently to achieve through education, clinical competency, and licensure.

Thank you for considering my support for this important rule change. I appreciate your commitment to maintaining the high standards and integrity of the dental hygiene profession in Oregon.

Sincerely,

Ashleigh Watson, DH Student

From: Heidi Klobes <ms.heidimay@gmail.com>

Sent: Wednesday, October 8, 2025 5:03 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Comment on proposed rule change to 818-042-0040 Prohibited Acts

Hello,

I am a licensed expanded practice dental hygienist, dental assistant and a dental sciences educator. I work at Portland Community College and Concorde Career College.

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

I realize there is a shortage of hygienists but training assistants is not the answer. This is a matter of public safety and negates the current situation with the shortage of dental assistants as well. Our dental hygiene students go through a very rigorous education learning to scale the teeth of persons who are healthy and also diseased. They learn techniques that take months to master in order to keep the patient safe. They learn about signs of disease and how to diagnose periodontal disease. Please pass this rule change in order to ensure the future safety of the public.

Thank you for considering my support for this proposed rule change.

Heidi M. Klobes

She/Her/Hers

"To inspire people, don't show them your superpowers. Show them theirs"

- Alexander Den Hejjer

From: Renee Bowen <ncali4575@gmail.com>
Sent: Wednesday, October 8, 2025 5:27 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: rule change to 818-042-0040

To Whom it May Concern,

I am a licensed dental hygienist and I work in clinical practice at Grants Pass Smile Suite in Grants Pass, OR.

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

This matters because in Oregon it is against the law to practice dental hygiene or to present yourself as a dental hygienist without a valid dental hygiene license.

Periodontal probing and scaling are essential components of dental hygiene practice.

Some dentists and dental team members do not know that it is currently illegal for a dental assistant to perform periodontal probing and scaling.

Without essential dental hygiene certified training there can be incredible risk to a patient's safety that other states recognize and do not allow.

If this rule changes the inaccuracy of correct probing increases along with the injury risk of likely gouging roots, cutting tissue, or ligaments. The training of how to use beveled edges on instruments takes much training which starts on typodonts and excessive slow training on people for accuracy without injury. I worked hard for 2 years to train and learn how to probe without pushing too hard or too lights and how to scale properly. To allow a dental assistant to this without training is not right. What's the point of certified schooling for hygienists if others can practice without a valid license? This also puts my career at risk. So I absolutely support

the proposed rule change to 818-042-0040. Please Help Clarify that Scaling Assistants are NOT Legal in Oregon.

Thank you for considering my support for this proposed rule change.

Renee Bowen

RDH License # H7998

2221 Williams Hwy

Grants Pass, OR 97527

458-229-8291

"To inspire people, don't show them your superpowers. Show them theirs"

- Alexander Den Hejjer

From: Ashleigh Soltis <ash.soltis@gmail.com>
Sent: Wednesday, October 8, 2025 4:28 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: IN SUPPORT of Botox

Dear Members of the Oregon Board of Dentistry:

I am an Oregon dental hygiene student.

I am writing in support of the proposed rule change to 818-035-0030 Additional

Functions of Dental Hygienists that if passed by the Board will allow dental

hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general

supervision of a dentist after they have completed appropriate training.

1) Improves timely access to care for orofacial conditions. Dental teams are often the first to identify and manage conditions such as bruxism-related myofascial pain, temporomandibular disorders (TMD), masseteric hypertrophy, and sialorrhea. Allowing properly trained hygienists to deliver Botox under dentist supervision expands same-day care options in dental settings without burdening medical clinics already facing access constraints.

2) Maintains patient safety. The proposed rule appropriately limits use to the oral and maxillofacial region; requires a local anesthesia endorsement; and requires hands-on, board-recognized continuing education. Dental hygienists are already highly trained in facial anatomy, injections, asepsis, documentation, and emergency preparedness. With defined training and supervision, Botox administration falls squarely within their competencies.

3) Aligns with Oregon's existing framework and national trends. Oregon already permits dentists to utilize Botox with defined CE. Extending limited permissions to trained hygienists—within dental scope and supervision—modernizes team-based care and reflects developments in other states.

Lessons from Other States

Several states have successfully implemented policies allowing dental hygienists to administer Botox under dentist supervision and with defined education:

- Kansas (since 2022): Registered dental hygienists may administer neurotoxin under direct dentist supervision with required training.
- Oklahoma (since 2023): Hygienists may administer Botox under direct supervision pursuant to Board-adopted standards.
- Arizona (2023 Attorney General opinion): Clarified that hygienists may perform procedures such as administering Botox when prescribed by the supervising dentist, with appropriate training, under general supervision, and when not irreversible.

These jurisdictions report no systemic safety concerns when training and supervision requirements are met, and they demonstrate workable models Oregon can adopt and refine.

Benefits to Oregonians

- Access & equity: Expanded care capacity in dental clinics improves access for rural and underserved communities.
- Cost-effectiveness: Care delivered in the dental setting can reduce referrals, multiple visits, and overall costs.
- Team-based efficiency: Delegating appropriate injections to qualified hygienists frees dentists for diagnosis, complex procedures, and oversight.

Conclusion

Oregon has an opportunity to adopt a thoughtful, safety-forward rule that reflects current science, leverages the skills of our dental hygiene workforce, and improves patient access to conservative treatments for orofacial conditions. With clear training, supervision, and documentation standards, this change will enhance care without compromising safety.

Thank you for your consideration and for your continued commitment to patient-centered, evidence-based dental regulation. I respectfully urge the Board to finalize the proposed revisions authorizing qualified dental hygienists to administer botulinum toxin Type A within the oral and maxillofacial region.

Sincerely,

Ashleigh Watson, DH Student

Thank you for considering my support for this proposed rule change.

From: Dianna Oh <dianna.f.oh@gmail.com>
Sent: Wednesday, October 8, 2025 5:40 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Botox for Dental Hygienists

Good afternoon,

I am a registered dental hygienist in the State of Oregon. I have been practicing for the last 4 years, servicing those in the Bend, Oregon area.

I am writing to voice my support for the proposed rule change regarding dental hygienists scope of practice and the use of Botox. I believe this is a skill set already possessed by any dental hygienist who has received their local anesthesia license, as well as a great addition to the list of ways we can continue to help our community. Botox, while also used cosmetically, can be used to treat various TMJ issues. With our thorough knowledge in head and neck anatomy, as well as infection control protocol, this would be a seamless addition to our scope of practice.

I hoped to voice my total support for this rule change, as well as encourage those considering it to support the change as well.

Thank you for your time,

Dianna Oh, RDH

From: Reatha White <reatha.white@pcc.edu>
Sent: Wednesday, October 8, 2025 6:53 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: proposed rule change to 818-042-0040 Prohibited Acts

Hello OBD,

I am a dental hygienist and I work in clinical practice and education at PCC's dental hygiene program as the lead 1st year instructor.

I am writing in **support** of the proposed rule change to **818-042-0040 Prohibited Acts** that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. Dental assistants do not have the didactic and clinical education to scale or probe. And dentists are in no way shape or form capable of providing the in depth education directly in a preceptorship manner. Patient welfare and safety are a priority in licensing clinicians in any of dental hygienists scope of practice.

Thank you for considering my support for this proposed rule change.

Reatha White BSDH, RDH

--

Reatha White BSDH, RDH

Pronouns: she, her

FT Dental Hygiene Instructor - Dental Sciences Department

Portland Community College

Vanport Building

T: x1906 (971-722-1906) C: 971-344-4557

From: Beth Kreinheder <bethkrein@icloud.com>

Sent: Wednesday, October 8, 2025 6:56 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for Proposed Rule Change to OAR 818-042-0040

Dear Members of the Board,

I am a licensed dental hygienist practicing in Oregon, and I am writing in strong support of the proposed rule change to OAR 818-042-0040 (Prohibited Acts). If passed, this change will help clarify that Oregon law currently prohibits dental assistants from engaging in the practice of dental hygiene, including procedures such as periodontal probing and scaling.

As a dental hygienist, I believe this clarification is essential to uphold patient safety, maintain high standards of care, and ensure that only appropriately educated and licensed professionals are performing procedures that require advanced training and clinical judgment. Periodontal assessment and instrumentation are critical components of comprehensive patient care and must remain within the scope of licensed dental hygienists to protect the public and preserve the integrity of the profession.

Thank you for considering my support for this important rule change.

Sincerely,
Beth Kreinheder, BS, EPDH

From: Robin Defayette <rdefayette09@yahoo.com>
Sent: Wednesday, October 8, 2025 7:00 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support for Proposed Rule Change to OAR 818-042-0040

Dear Members of the Board,

I am a licensed dental hygienist practicing in Oregon, and I am writing in strong support of the proposed rule change to OAR 818-042-0040 (Prohibited Acts). If passed, this change will help clarify that Oregon law currently prohibits dental assistants from engaging in the practice of dental hygiene, including procedures such as periodontal probing and scaling.

As a dental hygienist, I believe this clarification is essential to uphold patient safety, maintain high standards of care, and ensure that only appropriately educated and licensed professionals are performing procedures that require advanced training and clinical judgment. Periodontal assessment and instrumentation are critical components of comprehensive patient care and must remain within the scope of licensed dental hygienists to protect the public and preserve the integrity of the profession.

Thank you for considering my support for this important rule change.

Sincerely,
Robin Defayette, RDH
Portland, OR

From: Eve Bennett <eve.epdh@gmail.com>
Sent: Wednesday, October 8, 2025 7:09 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject:

Subject: Support for Proposed Rule Change to OAR 818-042-0040

Dear Members of the Board,

I am a licensed dental hygienist practicing in Oregon, and I am writing in strong support of the proposed rule change to OAR 818-042-0040 (Prohibited Acts). If passed, this change will help clarify that Oregon law currently prohibits dental assistants from engaging in the practice of dental hygiene, including procedures such as periodontal probing and scaling.

As a dental hygienist, I believe this clarification is essential to uphold patient safety, maintain high standards of care, and ensure that only appropriately educated and licensed professionals are performing procedures that require advanced training and clinical judgment. Periodontal assessment and instrumentation are critical components of comprehensive patient care and must remain within the scope of licensed dental hygienists to protect the public and preserve the integrity of the profession.

Thank you for considering my support for this important rule change.

Sincerely,

Eve Bennett RDH, EPDH
Portland, Oregon

From: shawn cooper <coopnwebb@sbcglobal.net>

Sent: Wednesday, October 8, 2025 7:19 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for rule change to 818-042-0040 Prohibited Acts

I am a licensed dental hygienist. I work in clinical practice. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

As an RDH, I (we) had to complete thousands of hours of courses and clinic work to earn a degree to become the professionals that we are. This entails four years or more. We also had to pass national boards and state boards to prove our competency. And even after accomplishing this we continue to grow and learn in our career with mandatory continuing education. Assistants are not trained for our job and by letting them claim they are or letting patients believe they are, you are putting patient's health at risk. Periodontal health and overall health.

Thank you for considering my support for this proposed rule change.

Shawn Webb, RDH

Sent from my iPhone

From: Joanna <joannameas1@gmail.com>
Sent: Wednesday, October 8, 2025 7:24 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Proposed rule change 818-035-0030

Dear Members of the Oregon Board of Dentistry:

I am an Oregon licensed dental hygienist and I work in clinical practice. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

1) Improves timely access to care for orofacial conditions. Dental teams are often the first to identify and manage conditions such as bruxism-related myofascial pain, temporomandibular disorders (TMD), masseteric hypertrophy, and sialorrhea. Allowing properly trained hygienists to deliver Botox under dentist supervision expands same-day care options in dental settings without burdening medical clinics already facing access constraints.

2) Maintains patient safety. The proposed rule appropriately limits use to the oral and maxillofacial region; requires a local anesthesia endorsement; and requires hands-on, board-recognized continuing education. Dental hygienists are already highly trained in facial anatomy, injections, asepsis, documentation, and emergency preparedness. With defined training and supervision, Botox administration falls squarely within their competencies.

3) Aligns with Oregon's existing framework and national trends. Oregon already permits dentists to utilize Botox with defined CE. Extending limited permissions to trained hygienists—within dental scope and supervision—modernizes team-based care and reflects developments in other states.

Lessons from Other States

Several states have successfully implemented policies allowing dental hygienists to administer Botox under dentist supervision and with defined education:

- Kansas (since 2022): Registered dental hygienists may administer neurotoxin under direct dentist supervision with required training.
- Oklahoma (since 2023): Hygienists may administer Botox under direct supervision pursuant to Board-adopted standards.
- Arizona (2023 Attorney General opinion): Clarified that hygienists may perform procedures such as administering Botox when prescribed by the supervising dentist, with appropriate training, under general supervision, and when not irreversible.

These jurisdictions report no systemic safety concerns when training and supervision requirements are met, and they demonstrate workable models Oregon can adopt and

refine.

Benefits to Oregonians

- Access & equity: Expanded care capacity in dental clinics improves access for rural and underserved communities.
- Cost-effectiveness: Care delivered in the dental setting can reduce referrals, multiple visits, and overall costs.
- Team-based efficiency: Delegating appropriate injections to qualified hygienists frees dentists for diagnosis, complex procedures, and oversight.

Conclusion

Oregon has an opportunity to adopt a thoughtful, safety-forward rule that reflects current science, leverages the skills of our dental hygiene workforce, and improves patient access to conservative treatments for orofacial conditions. With clear training, supervision, and documentation standards, this change will enhance care without compromising safety. Thank you for your consideration and for your continued commitment to patient-centered, evidence-based dental regulation. I respectfully urge the Board to finalize the proposed revisions authorizing qualified dental hygienists to administer botulinum toxin Type A within the oral and maxillofacial region.

Sincerely,

Joanna Meas, RDH, BSDH

Thank you for considering my support for this proposed rule change.

From: Joanna <joannameas1@gmail.com>
Sent: Wednesday, October 8, 2025 7:56 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Proposed rule change 818-042-0040

You don't often get email from joannameas1@gmail.com. [Learn why this is important](#)

I am a licensed dental hygienist and I work in clinical practice. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

Periodontal probing and scaling are essential functions of a dental hygienists role and scope of practice. Allowing an assistant to do such without obtaining the proper education and licensure of a dental hygienist will create an ethical dilemma and jeopardize quality patient care.

Sincerely,

Joanna Meas, RDH, BSDH

Thank you for considering my support for this proposed rule change.

From: Chris <hoda44444@aol.com>

Sent: Wednesday, October 8, 2025 7:45 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: rule change support

I am a licensed dental hygienist and I work in (clinical practice and expanded practice). • I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. • (Explain in your own words why you support this proposed rule change). • Thank you for considering my support for this proposed rule change. Dental assistants do not have the education or time spent in college that my four year degree has afforded me to understand the periodontium.

Christine Lahoda
H3897

From: Chris <hoda44444@aol.com>

Sent: Wednesday, October 8, 2025 7:52 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Botox support for RDH

I am a licensed dental hygienist and I work in clinical practice and expanded practice. • I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training. Dental hygienist have a formal training of the head and neck anatomy and many years of experience. We are trained to understand nerves muscles and the function of the entire body. As a dental hygienist with a bachelors degree, I have enough background that I can get a BSN in 12 months. We have the same background as an RN• Thank you for considering my support for this proposed rule change.

Christine Lahoda BSDH EPDH RDH
H3897

From: Erica L. <ericalin107@gmail.com>
Sent: Wednesday, October 8, 2025 8:20 PM
To: OBD Info * OBD <Information@obd.oregon.gov>
Subject: Support for Proposed Rule Change to OAR 818-042-0040

Dear Members of the Board,

I am a licensed dental hygienist practicing in Oregon, and I am writing in strong support of the proposed rule change to OAR 818-042-0040 (Prohibited Acts). If passed, this change will help clarify that Oregon law currently prohibits dental assistants from engaging in the practice of dental hygiene, including procedures such as periodontal probing and scaling.

As a dental hygienist, I believe this clarification is essential to uphold patient safety, maintain high standards of care, and ensure that only appropriately educated and licensed professionals are performing procedures that require advanced training and clinical judgment. Periodontal assessment and instrumentation are critical components of comprehensive patient care and must remain within the scope of licensed dental hygienists to protect the public and preserve the integrity of the profession.

Thank you for considering my support for this important rule change.

Sincerely,
Erica Liang Lin, RDH, EPDH
Portland, Oregon

From: Nannette Kelly <nannette.kelly1@gmail.com>

Sent: Wednesday, October 8, 2025 8:24 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for Proposed Rule Change 818-042-0040 – Clarification on Scaling Assistants

Dear Members of the Oregon Board of Dentistry,

I am a licensed dental hygienist, and I work in clinical practice.

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts, which will clarify that Oregon law currently prohibits dental assistants from performing periodontal probing and scaling to remove deposits and stains.

This clarification is critical to uphold the standards of patient safety and quality care. Periodontal probing and scaling require specialized education, clinical training, and licensure to perform safely and effectively. These procedures are integral to the practice of dental hygiene and directly impact diagnosis, treatment planning, and overall oral health outcomes.

Allowing unlicensed personnel to perform these duties could place patients at risk and undermine the integrity of Oregon's dental hygiene licensure system. Clear rules protect both patients and providers by ensuring that all members of the dental team practice within their defined scopes.

Thank you for considering my support for this proposed rule change.

Sincerely,

Nannette Kelly, RDH, CH-OSE, CH-ONC, FADHA

From: Phuong Nguyen <phuongntm@gmail.com>
Sent: Wednesday, October 8, 2025 9:08 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support for Proposed Rule Change to OAR 818-042-0040

Dear Members of the Board,

I am a licensed dental hygienist practicing in Oregon, and I am writing in strong support of the proposed rule change to OAR 818-042-0040 (Prohibited Acts). If passed, this change will help clarify that Oregon law currently prohibits dental assistants from engaging in the practice of dental hygiene, including procedures such as periodontal probing and scaling.

As a dental hygienist, I believe this clarification is essential to uphold patient safety, maintain high standards of care, and ensure that only appropriately educated and licensed professionals are performing procedures that require advanced training and clinical judgment. Periodontal assessment and instrumentation are critical components of comprehensive patient care and must remain within the scope of licensed dental hygienists to protect the public and preserve the integrity of the profession.

Thank you for considering my support for this important rule change.

Sincerely,
Phuong Nguyen, RDH
Happy Valley, Oregon

Phuong Nguyen
Cell phone : 503 858 9977
GMail : phuongntm@gmail.com

-----Original Message-----

From: Kylie Berg <kylieberg10@gmail.com>

Sent: Wednesday, October 8, 2025 9:30 PM

To: OBD Info * OBD <Information@obd.oregon.gov>

Subject: 818-042-0040 proposed Rule Changes Letter

My name is Kylie Berg and I am a licensed dental hygienist in the state of Oregon and I work in a clinical private practice in Roseburg, OR. I am writing in support of the proposed rule change to 818-042-0040 prohibited acts that if passed by the board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. I recently graduated from dental hygiene school in March of 2025 from Oregon Institute of Technology, and it took me a total for 5 years of schooling to be able to practice dental hygiene. I am very proud of my hard work and dedication that got me to this point, and by allowing dental assistants to do my job it is insulting to this career. I have also worked as a dental assistant prior to attending hygiene school, and performing probing and scaling procedures is not something that I would have been comfortable doing without proper training. Another thing is that dental assistants are the backbone of the office. They have so much on their plates, they would not have time to provide these services to patients. If a dentist wanted to utilize allowing dental assistants to scale and probe, they would have to hire more assistants to scale and probe, which would reduce dental hygiene jobs and diminish my career choice. Regarding patient care, patients will not be receiving the necessary care that they need to properly treat or maintain their oral health status. It is crucial for patients to have properly trained hygienists provide care to them.

Thank you for considering my support of this proposed rule change.

Kylie Berg, BSDH, EPDH, RDH

-----Original Message-----

From: Melissa Allen <melbel27c@icloud.com>

Sent: Wednesday, October 8, 2025 11:19 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: proposed rule change to 818-042-0040 Prohibited Acts

I am a licensed dental hygienist in the state of Oregon and I work in. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

I support this rule change because I spent years and thousands of dollars on my dental hygiene education to meet Oregon's requirements to become a licensed dental hygienist in this state. Undermining the standard of care that is taught and upheld by dental hygienist is insulting to our profession and will be a major safety concern for patients. There are many other avenues that can be taken to increase access to dental care but this is not a safe one.

Thank you for considering my support for this proposed rule change Thank you, Melissa Allen
RDH

From: Matt And Jessica Leonard <mattandjessleonard@yahoo.com>

Sent: Thursday, October 9, 2025 6:26 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support 818-035-0030

To whom it may concern,

• I am a licensed expanded practice dental hygienist. I am writing in **support** of the proposed rule change to **818-035-0030 Additional Functions of Dental Hygienists** that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training. Since I am already licensed in local anesthesia and have over 20 years working as an hygienist and understanding head and neck anatomy, I am fully capable of being able to administrator Botox with proper training.

Thank you for considering my support for this proposed rule change.

Kindly,

Jessica Leonard

From: Kate Kline <katekline63@gmail.com>
Sent: Thursday, October 9, 2025 5:37 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: rule change 818-042-0040

To whom it may concern,

My name is Kate Kline. I have been a Registered Dental Hygienist for 35 years.
I work in a private practice dental office full time.

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts, that if passed by the Board, will clarify that Oregon law currently prohibits dental assistants from practicing Dental Hygiene. This will prohibit dental assistants from doing any probing or scaling.

I support this act because dental hygiene is not a cosmetic procedure. It is not a job that should be taught on the job by a dentist. It is a health procedure.

I am so happy to see that Oregon is remaining strong in the face of greed unlike 4 other states have done so far, and other states are trying to do so, by passing legislation allowing a dental assistant to do a Dental Hygienist's job. These states are putting profit before patient health and it is a disservice to our profession. Thank you for maintaining high standards.

Thank you for considering this proposal rule change.

Kate Kline, RDH

From: Mara Brown <mara.hansenbrown@gmail.com>
Sent: Thursday, October 9, 2025 7:00 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support for Proposed Rule Change to OAR 818-042-0040

Dear Members of the Oregon Board of Dentistry,

My name is Mara Brown, and I am an Expanded Practice Dental Hygienist currently working in multiple clinical practices in Bend Oregon. I'm writing to express my support for the proposed rule change to OAR 818-042-0040 – Prohibited Acts.

If adopted, this change would clarify that Oregon law prohibits dental assistants from performing dental hygiene procedures such as periodontal probing and scaling. This clarification is essential to ensure that all patient care is delivered by individuals who are properly trained and licensed.

As a dental hygienist, I've undergone extensive education, clinical training, and licensure requirements in order to safely and effectively provide these services. These procedures require a deep understanding of oral health, anatomy, pathology, and patient care that goes far beyond technical skill. Allowing unlicensed individuals to perform them could compromise patient safety and undermine the high standards we strive to maintain in our profession.

This rule change not only protects patients and practices—it also supports the integrity of dental hygiene as a licensed profession and ensures each member of the dental team operates within their appropriate scope of practice.

Thank you for taking the time to consider my support of this important clarification. I appreciate the Board's commitment to maintaining the quality and safety of dental care in Oregon.

Sincerely,
Mara Brown, RDH, EPDH

From: Logan Kadlecik <logankad10@gmail.com>

Sent: Thursday, October 9, 2025 7:32 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for Proposed Rule Change Allowing Dental Hygienists to Administer Botox for Oral Conditions

Dear Oregon Board of dentistry,

I am a licensed dental hygienist and I work in a clinical practice.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

This change represents an important and logical advancement in dental care. Dental hygienists are already highly trained in facial anatomy, infection control, and patient care. Expanding their scope to include Botox for therapeutic oral conditions—such as TMJ disorders, bruxism, or facial pain—will not only improve patient access to timely treatment but also enhance the overall quality of care within dental practices.

Allowing hygienists to provide this service under general supervision ensures both patient safety and professional accountability while enabling dental teams to function more efficiently. It aligns with evidence-based practice, supports interprofessional collaboration, and reflects the evolving role of dental hygienists in modern dentistry.

I urge the Board to move forward with this rule change and recognize the value and capability of Oregon's dental hygienists in providing safe, effective, and patient-centered care.

Thank you for considering my support for this proposed rule change.

Sincerely,

Logan Kadlecik, RDH

Bend, OR

Alisa Stephenson

Enterprise, OR

astphen@gmail.com

406-461-2685

10/09/2025

Dear Members of the Board,

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts, which, if passed, will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene, including periodontal probing and scaling. As a Registered Dental Hygienist (RDH) who was previously a Dental Assistant (DA), I believe this clarification is necessary to ensure that the scope of practice for both professions is well-defined.

Clearly stating in the rules what dental assistants are and are not permitted to do will help avoid confusion and provide guidance on the boundaries between the roles of a DA and an RDH. I strongly support this proposed change as it will provide clear guidance, protect patient safety, and ensure that each professional is working within their legally defined scope of practice.

Thank you for considering my support for this important rule change.

Sincerely,

Alisa Stephenson, BSDH, OMT

Alisa Stephenson
Enterprise, OR
astphen@gmail.com
406-461-2685

10/09/2025

Dear Members of the Board,

I am a licensed dental hygienist with 11 years of experience working in both public health and private dental offices. I am writing to express my strong support for the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists, which, if passed, would allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions within the oral and maxillofacial region under the general supervision of a dentist, following completion of appropriate training.

I fully support this rule change because dental hygienists, through our extensive education on head and neck anatomy, are well-equipped to perform these injections. We have the specialized knowledge and training to safely and effectively deliver this type of treatment, just as other licensed professionals have been doing for years. Allowing us to expand our role in providing these services will help meet patient demand and allow dental teams to offer more comprehensive care.

Thank you for considering my support for this proposed rule change. I believe it will enhance the quality of care we can provide and better serve the needs of our patients.

Sincerely,

Alisa Stephenson, BSDH, OMT

From: Susan Haag <susan_haag@verizon.net>
Sent: Friday, October 10, 2025 8:34 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: support for rule change to 818-040-0040

I am writing to give my support for the rule change to 818-040-0040 Prohibited Acts. I have been a licensed dental hygienist in private practice in Maryland since 1989. I support the law that if passed will clarify that Oregon state law currently prohibits dental assistants from practicing dental hygiene, including probing and scaling. Patient care is too important to jeopardize by allowing staff that don't have the current level of education and training to properly provide safe and effective dental hygiene duties. Thank you for protecting patients in your state by passing this rule change.

Susan Haag
susan_haag@verizon.net

From: Isabelle Yang <isabelle.yang@pcc.edu>
Sent: Friday, October 10, 2025 8:58 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject:

Isabelle Yang
676 S. Taylor Ct.
Molalla, OR 97038
isabelle.yang@pcc.edu
10/10/2025

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Re: Support for Proposed Rule Change to OAR 818-035-0030 (Additional Functions of Dental Hygienists)

Dear Members of the Oregon Board of Dentistry,

I am a dental hygiene student at Portland Community College. I am writing in support of the proposed rule change to OAR 818-035-0030 (Additional Functions of Dental Hygienists). If passed, this change will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A (Botox) to treat conditions within the oral and maxillofacial region under the general supervision of a dentist, after completing appropriate training.

I support this proposed rule change because it acknowledges the extensive head and neck anatomy education that is a central part of dental hygiene programs. As a student, I am learning how anatomy, physiology, and pharmacology all intersect in patient care, and this expansion reflects the depth of knowledge dental hygienists bring to the dental team. This rule would also increase patient access to care, provide additional treatment options for managing oral and maxillofacial conditions, and align Oregon with other states that already recognize this scope of practice.

Thank you for considering my support for this proposed rule change. I appreciate the Board's commitment to ensuring that the scope of dental hygiene practice reflects the training and skills of the profession.

Sincerely,
Isabelle Yang
Dental Hygiene Student, Portland Community College

--

Best,

Isabelle Yang

SADHA President

Portland Community College

Isabelle.yang@pcc.edu

From: Isabelle Yang <isabelle.yang@pcc.edu>
Sent: Friday, October 10, 2025 8:58 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Re: Support for Proposed Rule Change to OAR 818-042-0040 (Prohibited Acts)

Isabelle Yang
676 S. Taylor Ct.
Molalla, OR 97034
Isabelle.yang@pcc.edu
10/10/25

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Dear Members of the Oregon Board of Dentistry,

I am a dental hygiene student at Portland Community College. I am writing in support of the proposed rule change to OAR 818-042-0040 (Prohibited Acts). If passed, this change will clarify that Oregon law prohibits dental assistants from practicing dental hygiene, including performing periodontal probing and scaling.

I support this proposed rule change because it emphasizes the importance of the education and training necessary to deliver safe and effective dental hygiene care. As a student, I am gaining hands-on experience and detailed instruction under faculty supervision to learn how to assess periodontal health, perform probing, and safely remove deposits. These skills are complex, require critical thinking, and must be practiced under direct instruction to ensure competence.

Allowing only licensed dental hygienists to perform these procedures ensures that patients receive care from providers who are properly trained to identify, diagnose, and treat periodontal conditions. It also reinforces the professional role of the dental hygienist within the dental team, creating clarity and protecting the public.

Thank you for considering my support for this proposed rule change. I appreciate the Board's efforts to promote high standards for patient care and to recognize the education and professional role of dental hygienists.

Sincerely,
Isabelle Yang
Dental Hygiene Student, Portland Community College

--

Best,
Isabelle Yang
SADHA President
Portland Community College

Isabelle.yang@pcc.edu

From: Lisette Bair <lisete.bair@pcc.edu>

Sent: Friday, October 10, 2025 8:59 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Re: Support for Proposed Rule Change to OAR 818-035-0030 (Additional Functions of Dental Hygienists)

Lisette Bair

15888 SW Cherrywood Ln

Tigard, OR, 97224

lisete.bair@pcc.edu

10/10/25

Oregon Board of Dentistry

1500 SW 1st Ave, Suite 770

Portland, OR 97201

Dear Members of the Oregon Board of Dentistry,

I am a dental hygiene student at Portland Community College. I am writing in support of the

proposed rule change to OAR 818-035-0030 (Additional Functions of Dental Hygienists). If passed, this change will allow dental hygienists with a local anesthesia endorsement to use

Botulinum Toxin Type A (Botox) to treat conditions within the oral and maxillofacial region under the general supervision of a dentist, after completing appropriate training.

I support this proposed rule change because it acknowledges the extensive head and neck anatomy education that is a central part of dental hygiene programs. As a student, I am learning

how anatomy, physiology, and pharmacology all intersect in patient care, and this expansion

reflects the depth of knowledge dental hygienists bring to the dental team. This rule would also

increase patient access to care, provide additional treatment options for managing oral and

maxillofacial conditions, and align Oregon with other states that already recognize this scope of practice.

Thank you for considering my support for this proposed rule change. I appreciate the Board's

commitment to ensuring that the scope of dental hygiene practice reflects the training and skills

of the profession.

Sincerely,

Lisette Bair

Dental Hygiene Student, Portland Community College

From: Rachel Shan <rachel.shan@pcc.edu>

Sent: Friday, October 10, 2025 8:59 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for Proposed Rule Change to OAR 818-035-0030 (Additional Functions of Dental Hygienists)

Rachel Shan

17541 SW Rose Petal Lane
Beaverton, OR 97003

rachel.shan@pcc.edu

10/10/2025

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Re: Support for Proposed Rule Change to OAR 818-035-0030 (Additional Functions of Dental Hygienists)

Dear Members of the Oregon Board of Dentistry,

I am a dental hygiene student at [Name of College/University]. I am writing in support of the proposed rule change to OAR 818-035-0030 (Additional Functions of Dental Hygienists). If passed, this change will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A (Botox) to treat conditions within the oral and maxillofacial region under the general supervision of a dentist, after completing appropriate training.

I support this proposed rule change because it acknowledges the extensive head and neck anatomy education that is a central part of dental hygiene programs. As a student, I am learning how anatomy, physiology, and pharmacology all intersect in patient care, and this expansion reflects the depth of knowledge dental hygienists bring to the dental team. This rule would also increase patient access to care, provide additional treatment options for managing oral and maxillofacial conditions, and align Oregon with other states that already recognize this scope of practice.

Thank you for considering my support for this proposed rule change. I appreciate the Board's commitment to ensuring that the scope of dental hygiene practice reflects the training and skills of the profession.

Sincerely,

Rachel Shan

Dental Hygiene Student, Portland Community College

From: Rachel Shan <rachel.shan@pcc.edu>

Sent: Friday, October 10, 2025 9:03 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Re: Support for Proposed Rule Change to OAR 818-042-0040 (Prohibited Acts)

Rachel Shan

17541 SW Rose Petal Lane

Beaverton, OR 97003

rachel.shan@pcc.edu

10/10/2025

Oregon Board of Dentistry

1500 SW 1st Ave, Suite 770

Portland, OR 97201

Re: Support for Proposed Rule Change to OAR 818-042-0040 (Prohibited Acts)

Dear Members of the Oregon Board of Dentistry,

I am a dental hygiene student at Portland Community College. I am writing in support of the proposed rule change to OAR 818-042-0040 (Prohibited Acts). If passed, this change will clarify that Oregon law prohibits dental assistants from practicing dental hygiene, including performing periodontal probing and scaling.

I support this proposed rule change because it emphasizes the importance of the education and training necessary to deliver safe and effective dental hygiene care. As a student, I am gaining hands-on experience and detailed instruction under faculty supervision to learn how to assess periodontal health, perform probing, and safely remove deposits. These skills are complex, require critical thinking, and must be practiced under direct instruction to ensure competence.

Allowing only licensed dental hygienists to perform these procedures ensures that patients receive care from providers who are properly trained to identify, diagnose, and treat periodontal conditions. It also reinforces the professional role of the dental hygienist within the dental team, creating clarity and protecting the public.

Thank you for considering my support for this proposed rule change. I appreciate the Board's efforts to promote high standards for patient care and to recognize the education and professional role of dental hygienists.

Sincerely,

Rachel Shan

Dental Hygiene Student, Portland Community College

From: Alexis Cumiford <alexis.cumiford@pcc.edu>

Sent: Friday, October 10, 2025 9:01 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for Proposed Rule Change to OAR 818-042-0040 (Prohibited Acts)

Alexis Cumiford

20529 SE Alder Ct

Gresham, OR 97030

alexisshirriecumiford@gmail.com

10/10/2025

Oregon Board of Dentistry

1500 SW 1st Ave, Suite 770

Portland, OR 97201

Dear Members of the Oregon Board of Dentistry,

I am a dental hygiene student at Portland Community College. I am writing in support of the proposed rule change to OAR 818-042-0040 (Prohibited Acts). If passed, this change will clarify

that Oregon law prohibits dental assistants from practicing dental hygiene, including performing

periodontal probing and scaling.

I support this proposed rule change because it emphasizes the importance of the education and

training necessary to deliver safe and effective dental hygiene care. As a student, I am gaining

hands-on experience and detailed instruction under faculty supervision to learn how to assess

periodontal health, perform probing, and safely remove deposits. These skills are complex, require critical thinking, and must be practiced under direct instruction to ensure competence.

Allowing only licensed dental hygienists to perform these procedures ensures that patients receive care from providers who are properly trained to identify, diagnose, and treat periodontal

conditions. It also reinforces the professional role of the dental hygienist within the dental team,

creating clarity and protecting the public.

Thank you for considering my support for this proposed rule change. I appreciate the Board's efforts to promote high standards for patient care and to recognize the education and professional role of dental hygienists.

Sincerely,

Alexis Cumiford

Dental Hygiene Student, Portland Community College

From: Nicole Evans <nevansrdh@gmail.com>
Sent: Friday, October 10, 2025 9:04 AM
To: OBD Info * OBD <Information@obd.oregon.gov>
Subject: Take Action Now!

Hello,

I am a licensed Dental Hygienist and I've worked in Eugene, Oregon at Distinctive Dentistry as their Lead Hygienist for the past 5 years (practicing for 15 years total). I am writing in support of the proposed rule change 818-042-0040 Prohibited Acts that if passed by the board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. This is extremely important as dental assistants DO NOT have the proper training or skill set to perform such tasks and would inherently pose a risk to their patients. Patients deserve to have qualified clinicians assessing/treating and managing their oral health. Dental assistants do not carry licenses that would hold them accountable in the event of a malpractice lawsuit, therefore putting their Doctor's license/business at risk. Risking these important aspects of Dentistry and standard of care amongst the dental community sounds like a liability not only to the community itself but the patients that simply deserve better care from LICENSED professionals. Thank you for considering my support for this proposed rule change. I hope the right choice is made for the sake of the community and the integrity of amazing Dentistry.

Nicole Evans, RDH, BSDH

From: Ericka Swenson <erickas6824@yahoo.com>
Sent: Friday, October 10, 2025 9:04 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject:

You don't often get email from erickas6824@yahoo.com. [Learn why this is important](#)

- I am a licensed dental hygienist and I work in a clinical office.
- I am writing in **support** of the proposed rule change to **818-042-0040 Prohibited Acts** that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.
- Thank you for considering my support for this proposed rule change.

Thanks,

Ericka Swenson, RDH

Sent from my iPhone

Maddy Ferrito

7522 SW Barnes Rd. Unit F
Portland, OR 97225
maddy.ferrito@gmail.com
10/10/2025

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Re: Support for Proposed Rule Change to OAR 818-042-0040 (Prohibited Acts)

Dear Members of the Oregon Board of Dentistry,

I am a dental hygiene student at [Name of College/University]. I am writing in support of the proposed rule change to OAR 818-042-0040 (Prohibited Acts). If passed, this change will clarify that Oregon law prohibits dental assistants from practicing dental hygiene, including performing periodontal probing and scaling.

I support this proposed rule change because it emphasizes the importance of the education and training necessary to deliver safe and effective dental hygiene care. As a student, I am gaining hands-on experience and detailed instruction under faculty supervision to learn how to assess periodontal health, perform probing, and safely remove deposits. These skills are complex, require critical thinking, and must be practiced under direct instruction to ensure competence.

Allowing only licensed dental hygienists to perform these procedures ensures that patients receive care from providers who are properly trained to identify, diagnose, and treat periodontal conditions. It also reinforces the professional role of the dental hygienist within the dental team, creating clarity and protecting the public.

Thank you for considering my support for this proposed rule change. I appreciate the Board's efforts to promote high standards for patient care and to recognize the education and professional role of dental hygienists.

Sincerely,
Maddy Ferrito
Dental Hygiene Student, Portland Community College

Maddy Ferrito

7522 SW Barnes Rd. Unit F
Portland, OR 97225
maddy.ferrito@gmail.com
10/10/2025

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Re: Support for Proposed Rule Change to OAR 818-035-0030 (Additional Functions of Dental Hygienists)

Dear Members of the Oregon Board of Dentistry,

I am a dental hygiene student at [Name of College/University]. I am writing in support of the proposed rule change to OAR 818-035-0030 (Additional Functions of Dental Hygienists). If passed, this change will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A (Botox) to treat conditions within the oral and maxillofacial region under the general supervision of a dentist, after completing appropriate training.

I support this proposed rule change because it acknowledges the extensive head and neck anatomy education that is a central part of dental hygiene programs. As a student, I am learning how anatomy, physiology, and pharmacology all intersect in patient care, and this expansion reflects the depth of knowledge dental hygienists bring to the dental team. This rule would also increase patient access to care, provide additional treatment options for managing oral and maxillofacial conditions, and align Oregon with other states that already recognize this scope of practice.

Thank you for considering my support for this proposed rule change. I appreciate the Board's commitment to ensuring that the scope of dental hygiene practice reflects the training and skills of the profession.

Sincerely,
Maddy Ferrito
Dental Hygiene Student, Portland Community College

I am a licensed dental hygienist and I work in private practice in a rural setting on the Oregon coast I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

#1 Access to Care in Rural Communities

In smaller coastal communities, patients often face barriers to care including fewer providers, and long travel times to larger cities. Expanding the scope of practice to allow trained hygienists to provide therapeutic Botulinum Toxin injections for conditions such as orofacial pain and temporomandibular disorders. Allowing us to provide this service would greatly improve access for those who need it. Patients would no longer need to travel long hours inland or wait months for specialized appointments. This could delay relief and possibly worsen the patients' conditions.

#2 Patient Benefits

Allowing hygienists to administer it under general supervision expands the dental team's ability to address patient needs while maintaining the safety standards the Board requires. This helps improve quality of life for patients in rural areas, where untreated orofacial pain can significantly impact their nutrition, sleep, and overall health.

#3 RDH's Education and Clinical Competency

Hygienists in Oregon already complete extremely rigorous training in anatomy and physiology, pharmacology, and pain management. Those of us with local anesthesia endorsements have already demonstrated competency in administering safe injections effectively. We do so daily in our field, anesthetizing sensitive oral and maxillofacial regions. Our education emphasizes precision, technique and management of complications. Everything we've learned and the skills we've developed clinically directly translate to us safely being able to deliver Botulinum Toxin with appropriate training and supervision.

For these reasons, I believe passing this rule change will improve access, reduce disparities for rural patients and responsibly expand the use of dental hygienists' education and training for the benefit of the communities we serve.

Respectfully,
Lindsay Tuel, RDH, EPDH

To the Oregon Board of Dentistry,

I am a licensed dental hygienist and I work in clinical practice. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. Thank you for considering my support for this proposed rule change.

I am writing in strong opposition to any proposal that would allow dental assistants to perform scaling procedures. I began my career as a dental assistant in 2012 and earned my EFDA. After working as an assistant for 12 years, I can confidently say that I had no real understanding at that time of what proper scaling entailed or the critical role of patient education in periodontal health.

As a licensed dental hygienist now, I understand how much in-depth education, clinical training, and rigorous skill development is required to perform scaling effectively and safely. Scaling “just above the gumline” is not benign, it leaves subgingival biofilm and calculus behind, which can cause harm, including the development of periodontal abscesses. Proper instrumentation, root debridement, and patient education are complex skills that take years of specialized training to master.

Dental hygienists are specifically educated to assess, diagnose dental hygiene needs, and perform scaling as part of comprehensive periodontal care. Allowing assistants to scale would not only undermine patient safety but also diminish the standard of care that Oregonians deserve. It inevitably will result in more harm than good for patients, which goes against the very core of health care, which is to do no harm.

Respectfully,

Lindsay Tuel, RDH, EPDH, EFDA

From: isabelle cade <isabellecade44@gmail.com>

Sent: Friday, October 10, 2025 9:11 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Statement in Support of Proposed Rule Change to OAR 818-042-0040

As a Dental Hygiene student at Oregon Tech, I have spent the last three years undergoing rigorous, highly critical, and comprehensive training that emphasizes patient safety, accurate diagnosis, and effective periodontal care. This education has prepared me to perform procedures such as scaling and periodontal assessment with the highest professional standards.

Allowing dental assistants to perform scaling or other dental hygiene procedures without equivalent education, training, and licensure undermines these standards and compromises patient safety. These tasks require a deep understanding of oral anatomy, pathology, and infection control, knowledge that is developed through extensive clinical and lectured education.

I strongly support the proposed rule change to OAR 818-042-0040, which clarifies that Oregon law prohibits dental assistants from practicing dental hygiene, including periodontal probing and scaling. Upholding this standard protects both patients and the integrity of our profession.

Thank you for considering my support for this important rule change.

Sincerely,

Isabelle Cade

Dental Hygiene Student, Oregon Institute of Technology

From: Jessica Allen <jesallen1282@gmail.com>
Sent: Friday, October 10, 2025 9:17 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Public comment re rule change 818-042-0040

I am licensed dental hygienist and I currently work in clinical practice but have many years experience as an EPDH within the public health setting.

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

Dental hygienists are health providers and require many hours of education and hands on experience to ensure the safety of the public as we provide health services. I think that the lines between dental assistants and dental hygienist experience and expertise need to continue to be clear. I do not believe that blurring those lines will help to serve the population; it will only increase the risk of harm. The standard of care will decline.

You may create a stop gap to serve more people in the short-term but the long term consequence may be that we have less people willing to pursue the higher level of education to become a dental hygienist and then by default you will have an even bigger shortage of health providers.

Dental hygienists are unique in that we treat the whole person and operate as a link in the chain to overall health. It isn't just measuring the gums or scaling some calculus.

Thank you for considering my support for this proposed rule change.

Jessica Allen RDH

From: Elly Kim <ellyjbear@gmail.com>
Sent: Friday, October 10, 2025 9:32 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support of the proposed rule change

To Oregon Board of Dentistry,

I am a licensed dental hygienist and work in a general dental practice.

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

Dental hygienists are licensed oral healthcare providers with thousands of hours in trainings and clinical settings. Hygienists cannot be replaced by assistants with far less training and lack of qualifications. We should continue providing quality of care with appropriate professionals.

Please protect our profession.

Thank you for considering my support for this proposed rule change.

Best regards,
Elly Kim

From: Dana Moody <danareneemarquis@gmail.com>

Sent: Friday, October 10, 2025 9:41 AM

To: OBD Info * OBD <Information@obd.oregon.gov>; Dana Moody <danareneemarquis@gmail.com>

Subject: In Support of Purposed Rule Change 818-042-0042

To: Oregon Board of Dentistry

I am writing in support of the proposed rule change 818-042-0040 Prohibited Acts. As a staff dental hygienist in the academic setting of OHSU School of Dentistry, I stand in solidarity with efforts to protect the integrity of the dental hygiene profession and the scope in which we are trained and licensed to operate. I am firmly opposed to allowing dental assistants to scale teeth, as this would undermine patient safety, professional standards, and the clear boundaries defined within our practice. Clarity in the law must strongly uphold this distinction in its language.

In unity,

Dana Moody, RDH, BS

From: Jenny Collins <jcol238@yahoo.com>

Sent: Friday, October 10, 2025 9:37 AM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for Proposed Rule Change 818-042-0040 – Prohibited Acts

Dear Members of the Oregon Board of Dentistry,

My name is Jennifer Collins, and I am a licensed dental hygienist working in clinical dental hygiene practice in Oregon. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts, which clarifies that dental assistants are not permitted to perform scaling or periodontal probing under current Oregon law.

As a practicing clinician, I strongly believe this clarification is essential to uphold patient safety and maintain the integrity of dental hygiene as a licensed healthcare profession. Periodontal probing and scaling are not only foundational components of preventive and therapeutic care but also require the education, skill, and clinical judgment that are part of dental hygiene training and licensure.

This clarification will help ensure that all dental team members operate within their appropriate scopes of practice, reducing confusion and protecting the public from unlicensed practice. Thank you for taking the time to consider this important clarification and for your continued work in maintaining the standards of dental care in Oregon.

Sincerely,

Jennifer Collins, RDH

Licensed Dental Hygienist

From: Aamodt, Gail <gail.aamodt@pacificu.edu>

Sent: Friday, October 10, 2025 9:57 AM

To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>; OBD Info * OBD
<information@obd.oregon.gov>

Subject: Support for proposed rule change to 8181-04200040

I am writing in support for the proposed rule change to 8181-04200040. I have been a practicing RDH since 1977 and a dental hygiene educator since 1996. I can verify it takes a great deal of time and working with students to teach the critical thinking and skills needed to understand and apply the concepts needed to identify and provide treatment to patients with periodontal concerns.

This rule change seeks to clarify the rule so that the training of these skills is better understood by all of us in the field of dentistry. Without this clarification, a misinterpretation of the rules in this important skill may be put into practice in some offices.

With the current shortages of dental assistants and dental hygienists some providers may be seeking ways to find a fast path to stretching the rules to allow those without the training needed to fill a gap.

I know that we all have the safety of the community at heart and this clarification helps to hold the current standards we all expect.

Thank you for the work the OBD puts into play to protect the people in our state.

Sincerely,

Gail Aamodt RDH, MS

From: Amaya Adkins <amaya.adkins@arrowdentalclinic.com>
Sent: Friday, October 10, 2025 10:19 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support for Clarification of Proposed Rule Change 818-042-0040

Dear Members of the Oregon Board of Dentistry,

My name is Amaya Adkins, and I am a licensed dental hygienist working in clinical practice since 2009.

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts, which will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene, including procedures such as periodontal probing and scaling.

Dental hygienists attend accredited dental hygiene programs, complete rigorous coursework, and clinical training, and must pass both national and regional board examinations to ensure competence and patient safety. We have worked hard to earn the privilege to practice dental hygiene and to protect the integrity and standards of our profession.

Allowing individuals without the appropriate education and licensure to perform dental hygiene procedures poses significant risks to patient safety and undermines the professional qualifications that our field is built upon. This clarification is essential to maintain high standards of care and to ensure that Oregonians continue to receive safe and effective dental treatment.

Thank you for your time and consideration of this important issue.

Sincerely,

Amaya Adkins, RDH, BSDH, EPDH-H5616

La Grande, OR

To the Oregon Board of Dentistry,

Hello, my name is Hannah Badker and I am a senior in the dental hygiene clinic at Oregon Tech located in Klamath Falls. I am writing in **support** of the proposed rule change to **818-042-0040 Prohibited Acts** that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. I believe that allowing dental assistants to perform dental hygiene practices such as periodontal probing and scaling is beyond out of their scope of practice. I have been in school for 4 years now and have invested countless hours and large amounts of money to obtain my degree in dental hygiene. Over the course of my program, I have obtained over 180 credit hours and over 600 patient care clinics. I also have very extensive knowledge regarding head and neck anatomy, dental anatomy, histology/embryology, local anesthetics, anatomy and physiology, and many more topics relating to the human body that dental assistants do not have. Knowing the amount of time and effort that I put into this degree and knowing that there is a possibility for a dental assistant to perform my job duties is very discouraging. How is it safe for the patient to obtain care from healthcare professionals who are not professionals in the scope of dental hygiene practice. How is it safe for dental assistants to scale supragingivally and leave excess calculus subgingivally that can put the patient at risk for developing a periodontal abscess. How is it ethical if the dental assistants are only scaling supragingivally and then walking out and charging for a prophylaxis? How will you guarantee that the assistant is only scaling supragingivally and not going subgingivally? Will dental assistants be held to the same standard as dental hygienists in taking continuing education courses? This issue is very important to me and I want

to voice my opinion in hopes to keep the best standard of care for our patients. Thank you very much for your time.

Thanks,

Hannah Badker

From: Kim Pratt <oregoncwgrl1@gmail.com>
Sent: Friday, October 10, 2025 11:51 AM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Fwd: Proposed Hygienist Rule change

I am an licensed expanded practice dental hygienist, and I work in clinical practice as well as in education. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. Dental hygienists have extensive knowledge on disease prevention and instrumentation to safely and effectively treat oral health. Scaling is a technique sensitive procedure that can cause damage if not performed correctly which dental hygienists are highly trained in. Thank you for considering my support for this proposed rule change.

Ashley Mora, BS, MSAH, RDH, EP

Have a great day!

From: Morgan Pelker <morgan.pelker@gmail.com>

Sent: Friday, October 10, 2025 12:16 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Letter of Support for 818-035-0030 Additional Functions of Dental Hygienists

Dear Members of the Oregon Board of Dentistry,

I'm writing as a licensed and clinically practicing Registered Dental Hygienist (RDH) here in Oregon, and I want to express my strong support for the proposed rule change, **818-035-0030 Additional**

Functions of Dental Hygienists, that would expand the scope of practice to allow qualified dental hygienists to administer Botulinum Toxin Type A.

I believe this addition is a logical and important step forward for the dental hygiene profession. This will enhance patient care, retention, and satisfaction in practices throughout our state.

My support is based on the daily skills and competencies which make us uniquely suited for this procedure, as well as, lived experience.

- **1. Extensive Head and Neck Anatomy Expertise:** Our accredited dental hygiene education programs include intensive training in the nerves and musculature of the head and neck. This detailed knowledge is arguably more relevant for facial injectables than the anatomical requirements for other health professionals currently allowed to administer Botox.
- **2. Proven Injection Competency and Safety:** As licensed RDHs, many of us are already qualified to administer local anesthesia via intraoral injections. This requires a high degree of precision, needle-handling proficiency, and management of patient anxiety, a skill set that directly transfers to safe and effective Botox administration. The potential complications of a local anesthetic injection are often more significant than those associated with Botox, yet we manage them routinely and competently.

- **3. Improved Patient Access and Convenience:** Therapeutic Botox is increasingly recognized as an effective treatment for temporomandibular joint disorders, bruxism, migraines, and other orofacial pain conditions. Allowing RDHs to provide this treatment, after specialized training, integrates care seamlessly into dental practices. I have referred many patients to outside offices for therapeutic injections which is a significant time expense, therefore, many patients do not follow through. The opportunity for care during routine hygiene appointment, allows patients immediate relief and increases practice production.
- **4. Professional Growth and Retention:** Expanding the scope of practice provides valuable career growth opportunities for seasoned dental hygienists, which can help combat professional burnout and improve job satisfaction, ultimately contributing to better retention of highly skilled dental professionals in Oregon.

I strongly urge the Oregon Board of Dentistry to accept this proposed rule change of, **818-035-0030 Additional Functions of Dental Hygienists**. By doing so, the Board will be maximizing the capabilities of its highly educated healthcare workforce while making high-quality therapeutic care more accessible to Oregon residents.

Thank you for your time and careful consideration, Morgan Moses, EPDH

To Whom It May Concern,

I am a licensed dental hygienist and work expanded practice in public health. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. In my time in public health, I have learned the importance of staging and grading and knowing how to properly scale. The majority of the patients I see have periodontal disease and if not properly treated these patients will have further complications. Many patients do not have the financial stability to pay for bridges, crowns, etc. which is why the periodontal treatments become even more vital. As dental hygienists we learn the anatomy of each tooth to know how to better use our scalers and take various courses to learn about periodontal disease and prevention. Above the gum scaling is not sufficient for many underserved, low-income populations.

Thank you for considering my support for this proposed rule change.

Best,
Estivali Carrillo EPDH

From: Sean VanSooy <svansooy@gmail.com>
Sent: Friday, October 10, 2025 1:02 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: 818-042-0040 Prohibited Acts

Dear Oregon Board of Dentistry,

My name is Sean VanSooy, I am a licensed Dental Hygienist and I work in a private practice in Portland OR.

I'm writing this email in support for the purposed rule change to 818-042-0040 Prohibited Acts.

I feel that allowing dental assistants to perform dental hygiene functions that may include things like root scaling and planing procedures will put patients at risk of injury, while also depriving them of the years of OHI knowledge gained not only through practice, but through the two years spent in hygiene school learning in depth what it means to truly take care of one's teeth and gingiva. Not only do we spend those years learning, but we are also tested by the Oregon Board of Dentistry to become licensed - ensuring that we know what we're doing and also what not to do. I can say from personal experience that those board exams and the schooling combined is what has made me the great dental hygienist I am today. I fear that dropping standards due to a perceived dental hygiene shortage doesn't actually fix the underlying problem, but rather creates far more. And public trust in dentistry has always been an uphill battle, so allowing uncertified assistants to perform procedures meant to be done by a hygienist is akin to allowing hygienists to start doing fillings from start to finish (including using instruments that remove tooth tissue during the prep). which we are not allowed to do now and rightly fully so, as we have not had that education, nor have we been tested on those skills.

Thank you for considering my support for the rule change.

Sean VanSooy, RDH

From: Ibeth Morales-Acosta <bettyacosta10@icloud.com>

Sent: Friday, October 10, 2025 1:01 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support change

I am a licensed dental hygienist and I work in clinical practice.

I am writing in **support** of the proposed rule change to **818-035-0030 Additional**

Functions of Dental Hygienists that if passed by the Board will allow dental

hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat

conditions that are within the oral and maxillofacial region under the general

supervision of a dentist after they have completed appropriate training.

I support this proposed rule change because it will help dental hygienists increase access for patients to this therapeutic and cosmetic treatment.

Thank you for considering my support for this proposed rule change.

Sincerely

Ibeth M-A

From: Paige Holt <paige.holtrdh@gmail.com>
Sent: Friday, October 10, 2025 1:06 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Rule change 818-042-0040

I am a licensed dental hygienist and I work at SmikeKeepers Main, Medford, OR.

I practice and educate at this public health office serving the underserved.

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

I have a bachelors degree and dental hygiene with an Emphasis in Business and an Emphasis in Teaching at OIT in Klamath Falls.

In my 25 years, providing dental hygiene services and education to the public, I further understand how oral health and systemic health are intertwined and extremely important. The change in science and how we provide to our patient and educate them has greatly changed over the last 25 years.

Giving someone with little or no education about this and ruining their periodontal health. By not knowing oral anatomy and how to use a probe correctly would be detrimental to the public. Once those structures have lost attachment, they are lost, you don't regain them. It's like handing someone a drill to prep a tooth. There's a lot of science, anatomy and skill that is needed to do no harm to the patient.

You can due damage to the attached gum tissue as you probe if you do t know what your doing. If you don't understand what kind of inflammation you're seeing. Linking a person's health to their oral presentation and likelihood of health or poor prognosis is very important as well.

So I support the rule change.

Paige Holt RDH

From: Marika Kimler <marikakimler8@gmail.com>
Sent: Friday, October 10, 2025 1:17 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Proposed rule change

Dear Members of the Oregon Board of Dentistry:

I am an Oregon licensed dental hygienist and I work in clinical and expanded practice.

I am writing in support of the proposed rule change to [818-035-0030](#) Additional

Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general

supervision of a dentist after they have completed appropriate training.

I personally have struggled with TMJ problems as I am a chronic clencher and regularly get massage therapy and chiropractic care on my jaw muscles. I know the benefits I would be able to provide to my patients because I myself know how beneficial this can be and the positive impact it will make in someone's every day life.

Several states have successfully implemented policies allowing dental hygienists to administer Botox under dentist supervision and with defined education:

- Kansas (since 2022): Registered dental hygienists may administer neurotoxin under direct dentist supervision with required training.
- Oklahoma (since 2023): Hygienists may administer Botox under direct supervision pursuant to Board-adopted standards.
- Arizona (2023 Attorney General opinion): Clarified that hygienists may perform procedures such as administering Botox when prescribed by the supervising dentist, with appropriate training, under general supervision, and when not irreversible.

These jurisdictions report no systemic safety concerns when training and supervision requirements are met, and they demonstrate workable models Oregon can adopt and refine.

Benefits to Oregonians

- Access & equity: Expanded care capacity in dental clinics improves access for rural and underserved communities.
- Cost-effectiveness: Care delivered in the dental setting can reduce referrals, multiple visits, and overall costs.
- Team-based efficiency: Delegating appropriate injections to qualified hygienists frees dentists for diagnosis, complex procedures, and oversight.

Conclusion

Oregon has an opportunity to adopt a thoughtful, safety-forward rule that reflects current science, leverages the skills of our dental hygiene workforce, and improves patient access to conservative treatments for orofacial conditions. With clear training, supervision, and documentation standards, this change will enhance care without compromising safety.

Thank you for your consideration and for your continued commitment to patient-centered, evidence-based dental regulation. I respectfully urge the Board to finalize the proposed revisions authorizing qualified dental hygienists to administer botulinum toxin Type A within the oral and maxillofacial region.

Sincerely,

Marika Kimler, RDH

H7630

-----Original Message-----

From: Ross Erickson <rossdentalhyg@gmail.com>

Sent: Friday, October 10, 2025 1:20 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Rule change

I am a dental hygienist and I work in clinical practice. I am writing in support of the proposed rule change to specify that dental assistants are prohibited from practicing dental hygiene. I have been a dental hygienist for 13 years and from 2019-2024 I was a full time temporary hygienist. There were a few instances while filling in at different offices where I noticed dental assistants using scalers on child prophylaxis patients. I am in support of the proposed change to ensure protection for the patients of Oregon and to maintain the integrity of the dental hygiene profession. While traveling to different dental offices I encountered many "prophylaxis" patients that had subgingival calculus present. If dental assistants are scaling it would only increase the problem and put more Oregon residents at risk.

Ross Erickson H7150

Sent from my iPhone

From: Donna Brenneman <tookie.jane2@gmail.com>

Sent: Friday, October 10, 2025 1:15 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Adding Botox to RDH duties]

OBD ,

I am a Registered Dental Hygienist working in clinical practice. I am writing to support the need for Hygienists to be able to provide Botox to our patients. I currently started working with a Dentist that has a license to administer Botox to her patients. Many people suffer from TMJ disorders and Bruxism. Hygienists have been thoroughly educated in Head and Neck Anatomy , local anesthesia, pain Management and Pharmacology. I believe we have more detailed understanding of the facial muscles than a RN. I believe Hygienists would be very good at providing this care to their patients. My office has a lot of patients that seek this treatment for their TMJ disorders. In this day and age of stressful living there is a huge need for treatment to give patients relief from TMJ pain and this also prevents damage to their teeth from clenching and grinding. I am in favor of Hygienists to administer Botox under a licensed Dentist.

Thank you,

Donna Brenneman, RDH. Lic # H7450

Sent from my iPhone

From: Jocelyn Boffing <joie23@gmail.com>
Sent: Friday, October 10, 2025 1:23 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Proposed Dental Hygiene Rule Changes

Dear Members of the Oregon Board of Dentistry:

I am an Oregon licensed dental hygienist and I work in clinical and expanded practice.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

1) Improves timely access to care for orofacial conditions. Dental teams are often the first to identify and manage conditions such as bruxism-related myofascial pain, temporomandibular disorders (TMD), masseteric hypertrophy, and sialorrhea. Allowing properly trained hygienists to deliver Botox under dentist supervision expands same-day care options in dental settings without burdening medical clinics already facing access constraints.

2) Maintains patient safety. The proposed rule appropriately limits use to the oral and maxillofacial region; requires a local anesthesia endorsement; and requires hands-on, board-recognized continuing education. Dental hygienists are already highly trained in facial anatomy, injections, asepsis, documentation, and emergency preparedness. With defined training and supervision, Botox administration falls squarely within their competencies.

3) Aligns with Oregon's existing framework and national trends. Oregon already permits dentists to utilize Botox with defined CE. Extending limited permissions to trained hygienists—within dental scope and supervision—modernizes team-based care and reflects developments in other states.

Lessons from Other States

Several states have successfully implemented policies allowing dental hygienists to administer Botox under dentist supervision and with defined education:

- Kansas (since 2022): Registered dental hygienists may administer neurotoxin under direct dentist supervision with required training.
- Oklahoma (since 2023): Hygienists may administer Botox under direct supervision pursuant to Board-adopted standards.
- Arizona (2023 Attorney General opinion): Clarified that hygienists may perform procedures such as administering Botox when prescribed by the supervising dentist, with appropriate training, under general supervision, and when not irreversible.

These jurisdictions report no systemic safety concerns when training and supervision requirements are met, and they demonstrate workable models Oregon can adopt and refine.

Benefits to Oregonians

- Access & equity: Expanded care capacity in dental clinics improves access for rural and underserved communities.
- Cost-effectiveness: Care delivered in the dental setting can reduce referrals, multiple visits, and overall costs.
- Team-based efficiency: Delegating appropriate injections to qualified hygienists frees dentists for diagnosis, complex procedures, and oversight.

Conclusion

Oregon has an opportunity to adopt a thoughtful, safety-forward rule that reflects current science, leverages the skills of our dental hygiene workforce, and improves patient access to conservative treatments for orofacial conditions. With clear training, supervision, and documentation standards, this change will enhance care without compromising safety.

Thank you for your consideration and for your continued commitment to patient-centered, evidence-based dental regulation. I respectfully urge the Board to finalize the proposed revisions authorizing qualified dental hygienists to administer botulinum toxin Type A within the oral and maxillofacial region.

Sincerely,

Jocelyn Boffing, RDH

From: Jocelyn Boffing <joie23@gmail.com>
Sent: Friday, October 10, 2025 1:24 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Proposed Dental Assisting Rule Changes

"OAR 818-042-0040 Prohibited Acts, which, if passed, will clarify that Oregon law currently prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling. "

Dear Members of the Oregon Board of Dentistry,

I am a licensed dental hygienist working in clinical practice.

I am writing in support of the proposed rule change to OAR 818-042-0040 Prohibited Acts, which, if passed, will clarify that Oregon law currently prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling.

I strongly support this rule change because it upholds the integrity, safety, and quality standards of dental hygiene practice in Oregon. Dental hygiene procedures, such as probing and scaling, require the education, training, and clinical judgment of a licensed dental hygienist to ensure accurate assessments, safe treatment, and optimal patient outcomes. Allowing individuals without this specialized education to perform these procedures could compromise patient safety and undermine the rigorous standards that our licenses represent.

By clarifying and reinforcing these boundaries, the Board helps maintain public trust in the dental profession and safeguards the scope of practice that Oregon dental hygienists have worked diligently to achieve through education, clinical competency, and licensure.

Thank you for considering my support for this important rule change. I appreciate your commitment to maintaining the high standards and integrity of the dental hygiene profession in Oregon.

Sincerely,

Jocelyn Boffing, RDH

From: robin rea <robin_myrs@yahoo.com>
Sent: Friday, October 10, 2025 1:31 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Rule change to 818-042-0040

I am a (licensed dental hygienist and I work in clinical practice .

- I am writing in **support** of the proposed rule change to **818-042-0040 Prohibited Acts** that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

I feel that , we as registered dental hygienists, have studied for years to be able to practice scaling and periodontal probing safely and efficiently. I don't believe that a certified class could replace the years of study and practice that it takes to be be qualified and effective.

- Thank you for considering my support for this proposed rule change.

Robin Rea RDH

From: Natalie Marshall <nataliej85@icloud.com>
Sent: Friday, October 10, 2025 1:57 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support of RDH Botox injecting

I am a licensed dental hygienist and I work at Sherwood Old Town Dental.

I am writing in SUPPORT of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with local anesthesia endorsement to use Botulinum Toxin type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

Dentists allow hygienist to inject local anesthesia and we have a thorough knowledge of head and neck anatomy. We can continue to support dentists in their practice efforts, as we do daily with local anesthesia injections, if allowed to administer Botox. Our knowledge of the nerves of the face are already extensive. To meet the current public demands requires adjunct professionals such as dental hygienists to expand their scope of practice.

Thank you for considering my support for this rule change.

Natalie Marshall Svoboda RDH MPH

Sent from my iPhone

From: Briana Neet <bneet13@comcast.net>
Sent: Friday, October 10, 2025 2:08 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: OAR 818-042-0040

Dear Members of the Oregon Board of Dentistry,

I am licensed dental hygienist and work in a private practice. H5276. I am writing to express my strong support for the proposed amendments to OAR 818-042-0040, which clarifies that dental assistants are prohibited from performing dental hygiene procedures such as periodontal probing and scaling. This clarification is a must, overdue and essential for protecting patient safety, maintaining the integrity of dental hygiene practice, and ensuring that all oral healthcare providers are working within their scope of practice. I have recently witnessed an assistant performing hygiene duties while I was job temping at another office. This was a standard of practice for this office and supported, trained, and encouraged by owner dentist. Sadly, the patient did not know nor was it explained to the patient by that an assistant, with no formal training, was providing a hygiene service. Not only is this illegal, billing for the services is fraudulent. The provider was not licensed to provide that service. Very disappointing that a licensed dentist would jeopardize patient safety and care for illegal treatment. We must practice within our scope of practice.

Thank you, Briana Neet

From: Lori Hamilton <lorham.floss27@gmail.com>
Sent: Friday, October 10, 2025 2:09 PM
To: OBD Info * OBD <Information@obd.oregon.gov>
Subject: Dental Hygiene practices vs dental assistants

Dear OBD,

It has come to my attention that there is possible rule changes in the scope of practice that will allow dental assistants to do periodontal probings and Supra gingival scaling. This should not be allowed due to the relevance of periodontal probing and its use to help in the diagnosis of periodontal disease. A dental hygienist spends many hours being educated at an accredited program in both clinical and didactic studies in order to perform these duties. I personally think it is a disservice to people seeking professional dental care.

I personally think that allowing dental assistants to take the "quick training" to administer anesthesia is an unethical practice. Dental hygienist are educated not only in the clinical and didactic aspects of administering local anesthesia, but of the pharmacology and medical emergencies associated with this practice. Has anyone looked into the matter of liability insurance for a dental assistant who causes harm to a patient by performing improper anesthesia?

Most dental hygienists carry their own malpractice insurance. Is this issue a case of greed or a case of dental hygienist shortages? We have a new dental hygiene program at Rogue Community College that will help greatly if there is in fact a dental hygienist shortage, along with other established programs in Oregon. Please consider the implications you are putting into policy at the expense of Oregon's citizens.

Sincerely,

Lori Hamilton RDH

From: Jill Lomax <jill.lomax@chemeketa.edu>
Sent: Friday, October 10, 2025 2:11 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Support for Proposed Rule Change to OAR 818-042-0040

To the Oregon Board of Dentistry,

My name is Jill Lomax and I am a Dental Assisting Instructor at a CODA-accredited Dental Assisting Program in Salem, Oregon.

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

As an educator, I frequently receive inquiries from both dental offices and program graduates regarding the scope of practice for dental assistants. The level of confusion regarding periodontal scaling highlights the need for clearer guidance to ensure compliance with the OAR's and to protect patient safety.

I appreciate the Board's efforts to promote clarity that scaling assistants are not legal in Oregon. Thank you for considering my support for this proposed rule change.

Sincerely,

Jill Lomax

Jill Lomax, EdM, CDA, EFDA-RF, FADAA

Dental Assisting Program Co-Chair

Chemeketa Community College | 4000 Lancaster Drive NE | Salem, OR
97305

Bldg 8, Room 109 | 503.399.5084 | go.chemeketa.edu/dental

Chemeketa is a proud Hispanic-Serving Institution that aspires to be an inclusive environment. I am proud to work at a college where we honor and value the unique contributions of our diverse students, employees, and community.

From: Lauren Vo <laurenvo0211@gmail.com>
Sent: Friday, October 10, 2025 2:34 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Scaling Assistants are not Legal in Oregon

Dear Oregon Board of Dentistry,

I am a licensed dental hygienist and I work in clinical practice. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. It is unethical and illegal for a provider who has not gone through hygiene school, did not take any specialized courses such as periodontal disease, did not have any clinical practice/training or skills on scaling and did not take a dental hygiene board to work on a patient's mouth.

Thank you for considering my support for this proposed rule change.

From: Teri Allen <tiallen56@gmail.com>
Sent: Friday, October 10, 2025 2:47 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Proposed Rule Change to 818-042-0040

To Whom It May Concern-

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts, that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

When we go to our dentist for services we expect and deserve the highest caliber of training and professionalism available to that practice. A licensed dental hygienist spends many hours developing and upgrading his/her skills. A dental assistant also spends their training and hours learning their craft, but their skills aren't DEDICATED to the cleaning and maintaining teeth and gums. For the costs of these services I want ONLY the most highly qualified individuals practicing their discipline in my oral cavity.

Thank you for your consideration,

Teri Allen

From: KATIE HINTZ <khintz21@aol.com>

Sent: Friday, October 10, 2025 2:47 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Support for Proposed Rule Change – OAR 818-042-0040 (Prohibited Acts)

Dear Members of the Oregon Board of Dentistry,

I am a licensed dental hygienist working in clinical practice

I am writing in support of the proposed rule change to OAR 818-042-0040 Prohibited Acts, which, if passed, will clarify that Oregon law currently prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling.

I strongly support this rule change because it upholds the integrity, safety, and quality standards of dental hygiene practice in Oregon. Dental hygiene procedures, such as probing and scaling, require the education, training, and clinical judgment of a licensed dental hygienist to ensure accurate assessments, safe treatment, and optimal patient outcomes. Allowing individuals without this specialized education to perform these procedures could compromise patient safety and undermine the rigorous standards that our licenses represent.

By clarifying and reinforcing these boundaries, the Board helps maintain public trust in the dental profession and safeguards the scope of practice that Oregon dental hygienists have worked diligently to achieve through education, clinical competency, and licensure.

Thank you for considering my support for this important rule change. I appreciate your commitment to maintaining the high standards and integrity of the dental hygiene profession in Oregon.

Sincerely,

Katherine Hintz

H8345

October 10, 2025

Stephen Prisby, Executive Director Oregon Board of Dentistry
1500 SW First Street, Suite 770
Portland, OR 97201

I am writing to you as a licensed dental hygienist who has been in clinical practice for one year and previously spent a portion of my career as a dental assistant for 7 years. I can attest both these careers are very different yet crucial in overall patient care, I would like to strongly urge that the Oregon Board of Dentistry adopt the proposed change to OAR 818-042-0040 Prohibited Acts that would clarify that dental assistants are currently prohibited by law from performing scaling to remove deposits and stains from teeth and are prohibited by law from periodontal probing. While this is already implied by existing law, the proposed rule change aims to eliminate any ambiguity and reinforce patient safety standards.

This proposed rule change is consistent with existing law ORS 680.020 that states "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." I appreciate that one of the responsibilities of the Board is to interpret statutes so that they can provide clear and accurate information to their licensees.

According to 818-042-0112 Expanded Function Preventive Dental Assistants (EFPDA) allows EFPDAs to polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains. In order to align with this rule, I would recommend that the rule change being considered in this rulemaking process be revised to read (12) Scale teeth using hand instruments, air polishers, ultrasonic equipment or other devices to remove supragingival and subgingival stains and deposits from tooth surfaces. I do not want this proposed rule change to prohibit EFPDAs from using a brush or rubber cup to remove stains from coronal surfaces of teeth.

We dental hygienists are educated and licensed to perform scaling to remove deposits and stains from teeth and periodontal probing. 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, in part because it takes at least two years to develop these clinical skills. The public deserves to receive dental hygiene treatment from licensed dental hygienists who have demonstrated competency in these skills during their time in a CODA accredited dental hygiene education program.

I do empathize with dentists who are currently finding it difficult to hire a dental hygienist, as I've seen it first hand at my current office but asking dental assistants to provide dental hygiene services is currently not legal in Oregon. Scaling teeth and periodontal probing require specialized education and licensure. Allowing unlicensed individuals to provide dental hygiene services is potentially harmful to patients who may receive substandard treatment and who may be led to believe that they are receiving their treatment from a licensed dental hygienist. Thank you for considering my letter.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Hernandez", with a stylized flourish at the end.

Brenda Hernandez RDH, EPDH, BSDH
hern4344@pacificu.edu

From: KATIE HINTZ <khintz21@aol.com>
Sent: Friday, October 10, 2025 2:50 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: support of the proposed rule change to 818-035-0030

Dear Members of the Oregon Board of Dentistry:

I am an Oregon licensed dental hygienist and I work in clinical practice.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

1) Improves timely access to care for orofacial conditions. Dental teams are often the first to identify and manage conditions such as bruxism-related myofascial pain, temporomandibular disorders (TMD), masseteric hypertrophy, and sialorrhea. Allowing properly trained hygienists to deliver Botox under dentist supervision expands same-day care options in dental settings without burdening medical clinics already facing access constraints.

2) Maintains patient safety. The proposed rule appropriately limits use to the oral and maxillofacial region; requires a local anesthesia endorsement; and requires hands-on, board-recognized continuing education. Dental hygienists are already highly trained in facial anatomy, injections, asepsis, documentation, and emergency preparedness. With defined training and supervision, Botox administration falls squarely within their competencies.

3) Aligns with Oregon's existing framework and national trends. Oregon already permits dentists to utilize Botox with defined CE. Extending limited permissions to trained hygienists—within dental scope and supervision—modernizes team-based care and reflects developments in other states.

Lessons from Other States

Several states have successfully implemented policies allowing dental hygienists to administer Botox under dentist supervision and with defined education:

- Kansas (since 2022): Registered dental hygienists may administer neurotoxin under direct dentist supervision with required training.
- Oklahoma (since 2023): Hygienists may administer Botox under direct supervision pursuant to Board-adopted standards.

- Arizona (2023 Attorney General opinion): Clarified that hygienists may perform procedures such as administering Botox when prescribed by the supervising dentist, with appropriate training, under general supervision, and when not irreversible.

These jurisdictions report no systemic safety concerns when training and supervision requirements are met, and they demonstrate workable models Oregon can adopt and refine.

Benefits to Oregonians

- Access & equity: Expanded care capacity in dental clinics improves access for rural and underserved communities.
- Cost-effectiveness: Care delivered in the dental setting can reduce referrals, multiple visits, and overall costs.
- Team-based efficiency: Delegating appropriate injections to qualified hygienists frees dentists for diagnosis, complex procedures, and oversight.

Conclusion

Oregon has an opportunity to adopt a thoughtful, safety-forward rule that reflects current science, leverages the skills of our dental hygiene workforce, and improves patient access to conservative treatments for orofacial conditions. With clear training, supervision, and documentation standards, this change will enhance care without compromising safety.

Thank you for your consideration and for your continued commitment to patient-centered, evidence-based dental regulation. I respectfully urge the Board to finalize the proposed revisions authorizing qualified dental hygienists to administer botulinum toxin Type A within the oral and maxillofacial region.

Thank you for considering my support for this proposed rule change.

Sincerely,

Katherine Hintz, RDH, OMT

October 10, 2025

Stephen Prisby, Executive Director Oregon Board of Dentistry
1500 SW First Street, Suite 770
Portland, OR 97201

I am writing to you as a licensed dental hygienist who has been in clinical practice for one year and previously spent a portion of my career as a dental assistant for 7 years.

I would like to strongly recommend that the Oregon Board of Dentistry adopt the proposed change to OAR 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist.

Dental hygienists will be required to complete a minimum of 10 hours in a hands-on clinical course offered by an approved provider or training as part of a CODA accredited program in order to perform this procedure. During their education, dental hygienists complete coursework in head and neck anatomy that is foundational to the additional training required for this procedure. The hands-on clinical training will help ensure that dental hygienists can safely perform this procedure safely.

Dentists will be allowed to delegate this procedure to their dental hygienists, thereby increasing access for patients to this therapeutic and cosmetic treatment. This change will expand dental hygiene scope of practice to align with practice already permitted in other states including California, Florida and New York. Both dentists and their patients will benefit from this change expanding the access..

Thank you for considering my letter.

Sincerely,

A handwritten signature in black ink, appearing to read 'B. Hernandez', with a stylized flourish at the end.

Brenda Hernandez RDH, EPDH, BSDH
hern4344@pacificu.edu

From: JOLIE BAURES <jolie.baures@gmail.com>
Sent: Friday, October 10, 2025 2:55 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: Botox Proposal

"Botox proposal"

Dear Members of the Oregon Board of Dentistry:

I am an Oregon licensed dental hygienist and I work in clinical and expanded practice.

I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

1) Improves timely access to care for orofacial conditions. Dental teams are often the first to identify and manage conditions such as bruxism-related myofascial pain, temporomandibular disorders (TMD), masseteric hypertrophy, and sialorrhea. Allowing properly trained hygienists to deliver Botox under dentist supervision expands same-day care options in dental settings without burdening medical clinics already facing access constraints.

2) Maintains patient safety. The proposed rule appropriately limits use to the oral and maxillofacial region; requires a local anesthesia endorsement; and requires hands-on, board-recognized continuing education. Dental hygienists are already highly trained in facial anatomy, injections, asepsis, documentation, and emergency preparedness. With defined training and supervision, Botox administration falls squarely within their competencies.

3) Aligns with Oregon's existing framework and national trends. Oregon already permits dentists to utilize Botox with defined CE. Extending limited permissions to trained

hygienists—within dental scope and supervision—modernizes team-based care and reflects developments in other states.

Lessons from Other States

Several states have successfully implemented policies allowing dental hygienists to administer Botox under dentist supervision and with defined education:

- Kansas (since 2022): Registered dental hygienists may administer neurotoxin under direct dentist supervision with required training.
- Oklahoma (since 2023): Hygienists may administer Botox under direct supervision pursuant to Board-adopted standards.
- Arizona (2023 Attorney General opinion): Clarified that hygienists may perform procedures such as administering Botox when prescribed by the supervising dentist, with appropriate training, under general supervision, and when not irreversible.

These jurisdictions report no systemic safety concerns when training and supervision requirements are met, and they demonstrate workable models Oregon can adopt and refine.

Benefits to Oregonians

- Access & equity: Expanded care capacity in dental clinics improves access for rural and underserved communities.
- Cost-effectiveness: Care delivered in the dental setting can reduce referrals, multiple visits, and overall costs.
- Team-based efficiency: Delegating appropriate injections to qualified hygienists frees dentists for diagnosis, complex procedures, and oversight.

Conclusion

Oregon has an opportunity to adopt a thoughtful, safety-forward rule that reflects current science, leverages the skills of our dental hygiene workforce, and improves patient access to conservative treatments for orofacial conditions. With clear training, supervision, and documentation standards, this change will enhance care without compromising safety.

Thank you for your consideration and for your continued commitment to patient-centered, evidence-based dental regulation. I respectfully urge the Board to finalize the proposed revisions authorizing qualified dental hygienists to administer botulinum toxin Type A within the oral and maxillofacial region.

Sincerely,

[Jolie Dee Baures RDH]

License Number H3729

"OAR 818-042-0040 Prohibited Acts, which, if passed, will clarify that Oregon law currently prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling. "

Dear Members of the Oregon Board of Dentistry,

I am a [licensed dental hygienist / dental hygiene student] working in [clinical practice / expanded practice / education / public health / other setting].

I am writing in support of the proposed rule change to OAR 818-042-0040 Prohibited Acts, which, if passed, will clarify that Oregon law currently prohibits dental assistants from performing dental hygiene procedures, including periodontal probing and scaling.

I strongly support this rule change because it upholds the integrity, safety, and quality standards of dental hygiene practice in Oregon. Dental hygiene procedures, such as probing and scaling, require the education, training, and clinical judgment of a licensed dental hygienist to ensure accurate assessments, safe treatment, and optimal patient outcomes. Allowing individuals without this specialized education to perform these procedures could compromise patient safety and undermine the rigorous standards that our licenses represent.

By clarifying and reinforcing these boundaries, the Board helps maintain public trust in the dental profession and safeguards the scope of practice that Oregon dental hygienists have worked diligently to achieve through education, clinical competency, and licensure.

Thank you for considering my support for this important rule change. I appreciate your commitment to maintaining the high standards and integrity of the dental hygiene profession in Oregon.

Jolie Dee Baures RDH

License number H3729

From: Melanie Breidenthal <melbreidenthal@gmail.com>

Sent: Friday, October 10, 2025 3:22 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Letter in support of 818-042-0040

My name is Melanie Breidenthal and I am a licensed dental hygienist and I work in an oral surgery practice in Medford OR.

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

This clarification is necessary to protect the public from harm that can result from unlicensed individuals attempting to provide services that they are not trained to perform.

Thank you for considering my support for this proposed rule change.

Melanie Breidenthal RDH

Dear Members of the Oregon Board of Dentistry,

I am a licensed Registered Dental Hygienist that works in a private practice in Grants Pass Oregon. I am writing to respectfully urge your consideration and support in allowing licensed dental hygienists in Oregon to administer botulinum toxin (Botox) injections as part of their professional scope of practice, particularly when used for therapeutic and dental-related purposes.

Dental hygienists are highly trained oral healthcare professionals with extensive education in facial anatomy, patient care, and clinical safety. As minimally invasive aesthetic and therapeutic treatments such as botulinum toxin injections become more integrated into dental care—especially for conditions like temporomandibular joint disorders (TMD), bruxism, and orofacial pain—it is both logical and efficient to allow trained hygienists to participate in delivering these services under appropriate supervision.

Other states have already taken steps to modernize their scope of practice regulations to reflect the evolving nature of oral healthcare. By doing so, they have expanded access to care, improved patient outcomes, and maintained safety through rigorous training and certification standards. Oregon has the opportunity to lead in this area by recognizing the capabilities and professionalism of its dental hygiene community.

Expanding the scope of practice to include botulinum toxin administration—within well-defined parameters and under the supervision of a licensed dentist—would not only enhance patient care but also support the development of skilled professionals within the dental team.

Thank you for your time and thoughtful consideration of this important matter. I am confident that with appropriate training and oversight, dental hygienists can safely and effectively contribute to this aspect of patient care.

Sincerely,

Brittany Fredenburg, RDH

October 9, 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,

I am a licensed Expanded Practice Dental Hygienist and work as a dental hygiene educator. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

As a dental hygiene educator, I see firsthand the time, guided practice, and constructive feedback it takes for students to develop the competence and critical thinking required to perform periodontal probing and scaling. Periodontal probing is not a passive procedure; it is a critical component of comprehensive patient assessment that shapes accurate diagnosis, individualized care planning, and patient education. Likewise, proper instrument adaptation for both periodontal probing and scaling requires formal training that is achieved through accredited education and supervised clinical experience. The Commission on Dental Accreditation (CODA) requires dental hygiene programs to demonstrate that graduates possess the knowledge and skills to begin the practice of dental hygiene using rigorous evaluation methods. Without this foundation, there is a significant risk to underdiagnosing periodontal disease and delivering proper preventative services. Periodontal disease is the leading cause of tooth loss and one that disproportionately affects underserved and low-income populations. As oral healthcare professionals, we have the collective responsibility to uphold professional standards and the core values of societal trust and non-maleficence.

Upholding clear professional standards protects the public and our dental care workforce. These standards reflect our shared commitment to evidence-based practice, patient safety, and ethical responsibility. I respectfully ask the Board to reaffirm the essential role of licensed dental hygienists to provide these critical preventive services.

Thank you for considering my support for this proposed rule change.

A handwritten signature in black ink, appearing to read 'Mónica Sarmiento', with a long horizontal flourish extending to the right.

Mónica Sarmiento, RDH, EPDH, DT
Clinical Instructor, School of Dental Hygiene Studies
Pacific University
222 SE 8th Ave, Ste 286
Hillsboro, OR 97123
monicasarmiento@pacificu.edu

To the Oregon Board of Dentistry,

I am a dental hygiene student and I work in clinical practice as a front desk assistant as well as a dental assistant while attending a CODA accredited dental hygiene program. I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling. I believe that allowing dental assistants to scale and probe teeth would lead to patients receiving care that is below the standard of care. As a dental hygiene student in my senior year I am very aware of the many years of training and study it takes to provide quality periodontal care. A registered hygienist in Oregon is well equipped to not only treat patients through preventative procedures such as prophylaxis but is also equipped to diagnose periodontal disease. If periodontal disease goes undiagnosed or misdiagnosed it could be a detriment to the patients oral and systemic health. I also firmly believe that dental assistants are the backbone of our offices and as such are already asked to do a great deal. I do not believe that adding scaling and probing to their scope of practice would benefit them but instead would just add one more thing to their already full plate.

Thank you for considering my support for this proposed rule change.

Stephanie Schaap
Dental Hygiene Student

Dear Members of the Oregon Board of Dentistry,

I am a Registered Dental Hygienist in Grants Pass, Oregon that works in a private practice. I am writing to express my respectful opposition to any proposed changes that would permit dental assistants to perform periodontal probing and scaling procedures in the state of Oregon.

These procedures are critical components of preventive and periodontal care, requiring a comprehensive understanding of oral anatomy, disease progression, tissue response, and clinical technique. Dental hygienists undergo extensive education and clinical training specifically focused on these competencies, typically through accredited dental hygiene programs that span several years and include rigorous licensure requirements.

Allowing dental assistants—who do not receive equivalent education or clinical preparation—to perform probing and scaling could pose risks to patient safety, quality of care, and long-term oral health outcomes. These procedures, if performed incorrectly, have the potential to cause tissue damage, incomplete removal of biofilm and calculus, misdiagnosis, and ultimately, compromised care.

I recognize and value the important role dental assistants play as part of the dental team. However, expanding their scope to include tasks that require the specialized training of a licensed dental hygienist would undermine professional standards and potentially endanger public health.

I respectfully urge the Board to prioritize patient safety, uphold the integrity of clinical care, and maintain the standards that have long protected the citizens of Oregon.

Thank you for your attention to this matter and for your continued dedication to ensuring the highest standards in dental care across our state.

Sincerely,

Brittany Fredenburg, RDH

From: Taylor Hess <hesst503@icloud.com>

Sent: Friday, October 10, 2025 3:46 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Clarifying that Oregon law currently prohibits dental assistants from practicing dental hygiene

Hello,

I am a licensed dental hygienist and I work in clinical practice. I am writing in **support** of the proposed rule change to **818-042-0040 Prohibited Acts**

that if passed by the Board will clarify that Oregon law currently prohibits dental

assistants from practicing dental hygiene including periodontal probing and scaling. There is a commonly held public belief that dental hygiene visits are nothing more than a cleaning. Cars get cleaned. Your fridge gets cleaned. Services rendered by a registered dental hygienist are nothing short of therapy. It takes hundreds of hours to learn the proper technique to scale and probe below the gum line. Cutting corners by allowing untrained clinicians to perform dental hygiene is bad for Americans Thank you for considering my support for this proposed rule change.

Thank you,

Taylor Hess, RDH

From: Cory RDH <rdhcory@gmail.com>

Sent: Friday, October 10, 2025 3:33 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: support of the proposed rule change to 818-035-0030

To the Oregon Board of Dentistry,

I am a dental hygienist (OR license H8176) working in clinical practice, and I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that, if passed by the Board, would allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training.

This would be a great value-add to a practice and a great addition to the toolbox for those with a local anesthesia endorsement. Working all over Portland, it is hard not to notice the frustrating amount of patients with unresolved TMD being offered only a nightguard or a referral to a specialist. Patients would be so relieved to have another avenue for relief, and a lot of us hygienists would be thrilled and thankful for the opportunity to learn a new skill and offer a helpful service to our patients.

Thank you for the opportunity to comment and for considering an expansion of a hygienist's functions.

Cory Barrett, RDH

From: Krista Beaty <kristabeaty5@gmail.com>
Sent: Friday, October 10, 2025 3:46 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: proposed rule change to 818-042-0040 Prohibited Acts

Dear Oregon Board of Dentistry,
I am a Registered Dental Hygienist who currently works in dental hygiene education and administration.
I am writing in **support** of the proposed rule change to **818-042-0040 Prohibited Acts**, which, if passed by the Board, will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene, including periodontal probing and scaling.

I have worked in dentistry since 1999, first as a Certified Expanded Functions Dental Assistant, and then as a registered dental hygienist since 2004. I acquired dental assisting skills in an accredited program and worked in various dental practices in this capacity.

Once I began my dental hygiene education program, I realized immediately how limited my knowledge and skills were as a dental assistant compared to the demands of dental hygiene. Skills such as indirect vision, fine motor instrumentation, and time management were demanding and much different from the skills I developed as a dental assistant. It took two years of dental hygiene education for me to develop the dexterity and skill needed to practice dental hygiene safely and effectively. Furthermore, the amount of knowledge and critical thinking required in dental hygiene was significantly more advanced. To function ethically and safely with less direct supervision from the dentist, I had to develop the ability to gather and synthesize information to deliver patient-specific care. These are skills developed in dental hygiene school, and not in dental assisting school.

Dental assistants serve a vital role in the dental team. However, scaling and probing are frankly outside of their knowledge and scope. I know this from my own personal experience. Could I have picked up an instrument and flicked off some calculus as an assistant? Perhaps. But could I have done that safely, effectively, and while making evidence-based decisions and communicating informed consent to my patient? No. Not at that stage in my professional development.

These skills are developed in hygienists over a MINIMUM of two years of intense education. Hygiene skills, then, are only mastered after 10 years of practice. While a person may be taught to hold an instrument and activate it during on-the-job training, this is inadvisable. There is no way for a dentist or hygienist to provide the level of theory, background, supervision, and feedback required to effectively and SAFELY treat the public with just onsite training. Proposing this puts the public at risk.

It will also increase the liability burden for the dentist or practice owner/manager. Why would dentists want to take on the additional responsibility? How does this actually solve an access to care problem?

I see the risk of supervised neglect. Dental assistants are not typically trained to diagnose periodontal conditions, and as a result, these conditions may be overlooked. Accretions will likely be left behind, increasing the risk of disease progression for patients. Rather than improving healthcare, this decreases the efficacy of preventive dentistry and puts the public at risk.

As a dental hygiene educator, I can attest to the rigor of our dental hygiene program, our successful accreditation, and the success of our graduates. Their competence is further demonstrated by their requirement to perform skills and knowledge on board exams. No clinician should be allowed to perform potentially dangerous skills on the public without being tested through board examinations, applying through the board of dentistry, and graduating from an accredited dental hygiene program.

And why burden your dental assistants with MORE responsibilities and tasks in an already busy work day? They are not sufficiently educated or compensated for these tasks.

For these reasons, I would appreciate it if you could support the proposed rule change to 818-042-0040. Please prohibit dental assistants from performing tasks for which they are not adequately trained and equipped. Please protect our patients and utilize dental hygienists as the preventive specialists we are trained to be.

Thank you for considering my support for this proposed rule change.

Respectfully,

Krista Beaty, BSDH, MS, RDH

Oct 2, 2025
Stephen Prisby
Executive Director
Oregon Board of Dentistry
1500 SW First Street, Suite 770
Portland, OR 97201

Dear Mr. Prisby,

I am writing to you as a licensed dental hygienist practicing in Bend, Oregon. I have been in the field of dentistry for 6 years, first as a dental assistant and now as a registered dental hygienist.

I ask that you consider the proposed change to OAR 818-035-0030, Additional Functions of Dental Hygienist, which, if passed by the Board, will allow dental hygienists with local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist.

Dental hygienists will be required to complete additional hands-on clinical training by an approved provider. Dental hygienists are equipped with extensive knowledge regarding the head and neck. The hands-on clinical training will ensure that dental hygienists can safely preform this procedure.

Thank you for considering this proposed change and taking the time to read these comments.

Best regards,

Sailor Woodward

Sailor Woodward, RDH

From: Glo R <ltt77@hotmail.com>

Sent: Friday, October 10, 2025 3:53 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: Supporting proposed rule change to 818-042-0040 Prohibited Acts

Dear Oregon Board of Dentistry,

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts, which if passed by the Board, will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene, including periodontal probing and scaling.

I have been licensed to practice dental hygiene in the state of Oregon for over 30 years. There have been previous proposals to reduce the importance of dental hygiene education that have failed, and I ask you to consider if this is really the best solution for staffing in this state. We already have a shortage of dental assistants, which, if this Act were to change, would increase. By reducing licensing requirements, the Board is sending a message to Oregonians that quality care is not essential, but that they only care about the bottom line.

As a dental hygienist, I take pride in providing the best care to my patients. Having an education provided the scientific foundation and skills necessary to do so. Please consider not lowering standards for health care and explore other ways to improve staffing challenges. With the imminent changes to health care, let's work as a team to make it easier to expand access to dental care.

Thank you for considering my support for this proposed rule change.

Sincerely,

Gloria Ritchie

From: Payton Cuellar <paytoncuellar@gmail.com>
Sent: Friday, October 10, 2025 3:54 PM
To: OBD Info * OBD <information@obd.oregon.gov>
Subject: SUPPORT 818-042-0040 Prohibited Acts

I am a licensed dental hygienist and I work in education and public health.

I am writing in support of the proposed rule change to 818-042-0040 Prohibited Acts that if passed by the Board will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene including periodontal probing and scaling.

Not clarifying these laws will put patient safety at risk and significantly lower the standard of care in the state of Oregon. Dental Hygienists are the periodontal experts in a general practice and work alongside doctors to treat patients. Dental Hygienists also go to school for at least two years to learn how to perform hygiene services including scaling and probing at a competent level. There is no amount of on the job training or weekend courses that would prepare an assistant to perform similar jobs to a Hygienist. With periodontal disease on the rise the role of a properly trained hygienist is more important than ever. Improper removal of calculus can lead to worsening periodontal conditions and improper instrumentation can cause trauma to the tooth and gingival tissues.

Due to these risks many hygienists carry their own malpractice insurance as well. Having assistants who require no formal training or documentation with the Board of dentistry, scale or probe patients puts practices at risk for significant damages if any legal proceedings were to follow trauma caused by an assistant performing roles beyond their training.

These changes will help clarify the verbiage and protect not only the patients but dental assistants from potentially working outside their scope and causing harm to patients.

Thank you for considering my support for this proposed rule change.

-Payton Cuellar, MPH, RDH, EPDH

To the Oregon Board of Dentistry,

I am a dental hygiene student and I work in clinical practice as a front desk assistant as well as a dental assistant while attending a CODA accredited dental hygiene program. I am writing in support of the proposed rule change to 818-035-0030 Additional Functions of Dental Hygienists that if passed by the Board will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training. As a senior dental hygiene student I am well aware of the depth of knowledge and study we are required to know and practice in order to safely administer local anesthesia to our patients. Our background in head and neck anatomy, training to administer local anesthetic, training in medical emergencies, deep understanding of the oral/systemic connection, and our extensive training in treating each patient's individual needs makes us ideal providers to administer Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region. I fully support further training to ensure that we, as hygienists, are able to administer Botulinum Toxin Type A in the safest and most effective way. I believe that by allowing us to provide this service to our patients we can increase patients' access to this very beneficial treatment.

Thank you for considering my support for this proposed rule change.

Stephanie Schaap
Dental Hygiene Student

From: **Heidi Wickham** <heidilwickham@gmail.com>

Date: Fri, Oct 10, 2025 at 3:57 PM

Subject: Proposed rule change

To: <information@obd.oregon>

Hello,

My name is Heidi Wickham and I am a licensed dental hygienist in Medford. I currently work in a periodontal office. I am writing in support of the proposed rule change to 818-042-0040.

I feel that this will cause harm to patients. We will see a decline of patients getting the proper care they need. Please honor our profession and our patients by not allowing assistants to scale after taking a weekend course.

Thank you,

Heidi Wickham RDH

Dear Oregon Board of Dentistry,

I am a dental hygiene student and in my last year my program. I am writing in support of the proposed rule change to 818-035-0039, Additional Functions of Dental Hygienists. That, if passed, will allow dental hygienists with a local anesthesia endorsement to use Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region under the general supervision of a dentist after they have completed appropriate training. My entire cohort has completed and passed the Local anesthesia written and clinical boards. We have all completed 6 months of anesthesia lecture and lab to take the board, making us more than prepared and qualified to treat conditions with Botulinum Toxin Type A after the completion of a course.

I am also in support of the proposed rule change to 818-042-0040 Prohibited Acts, which if passed by the Board, will clarify that Oregon law currently prohibits dental assistants from practicing dental hygiene, including periodontal probing and scaling. My classmates and I, by the time we graduate from our program, will have over 600 patient care clinic hours. In these hours, we learn the proper technique and instruments to treat our patients. We also get one-on-one time with experienced registered hygienists to safely and effectively treat our patients. Having an assistant with minimal training probe or scale a patient will lead to false readings, improper diagnosis, and residual calculus under the gumline. This means patients will receive inadequate treatment and risk developing periodontitis. For the best interest of our patients, consider this change.

Thank you for considering my support for these rule changes

From: Shannon Newman <snewman0926@gmail.com>

Sent: Friday, October 10, 2025 3:56 PM

To: OBD Info * OBD <information@obd.oregon.gov>

Subject: 818-042-0040 Support

Dear OBD, I am a Registered Dental Hygienist in 3 states (Oregon, Idaho, Arizona). I am writing in support of the rule change to 818-042-0040 Prohibited Acts that if passed by the board will clarify that Oregon law currently prohibits Dental Assistants from practicing Dental Hygiene duties including perio probing and scaling teeth.

Before becoming a Registered Dental Hygienist I was an Expanded Functions Dental Assistant for 12 years in Oregon. During this time as a Dental Assistant, I never perio charted or scaled teeth because it's illegal. I worked VERY hard to earn my RDH degree with schooling and taking boards. I graduated as a RDH in 2017 and am still paying for student loans. It's an honor to be a Dental Hygienist and I am very proud of my profession.

Dental Assistants can already give local anesthetic injections in Oregon with only a few weeks of school. I took an entire college semester and boards, again paying a lot of money to be allowed to give local anesthetic. Please don't delegate any more duties of RDH's to Dental Assistants. There is NOT a shortage of hygienist here. However, if the board continues expanding the role of Dental Assistants I fear many, including myself, will likely move out of state and practice in states with higher standards of care. I'm going to let my Arizona RDH license expire and will not be renewing it because of a similar situation.

Please protect me and other hygienist like myself that have made sacrifices (time & financially) to earn the title of RDH and all of the duties that come with the title. Thank you for considering my support in this purposed rule change.

Shannon Newman RDH

208-703-0963



OREGON BOARD OF DENTISTRY PUBLIC RULE MAKING HEARING

Join Zoom Meeting

<https://us02web.zoom.us/j/85480043465?pwd=hJoa7yP5gDeDZ1t1KTRaVY67wGATKu.1>

Meeting ID: 854 8004 3465

Passcode: 557988

Please send any comments or feedback on proposed rule changes to information@obd.oregon.gov

September 30, 2025 from 12 pm – 12:30 pm
(May end early if no one attends or time allotment not needed)

OAR	818-001-0087	Fees
OAR	818-012-0010	Unacceptable Patient Care
OAR	818-035-0025	Prohibited Acts
OAR	818-035-0030	Additional Functions of Dental Hygienists
OAR	818-042-0040	Prohibited Acts
OAR	818-042-0080	Certification – Expanded Function Dental Assistant (EFDA)
OAR	818-042-0096	Local Anesthesia Functions of Dental Assistants
OAR	818-042-0110	Certification – Expanded Function Orthodontic Dental Assistant (EFODA)
OAR	818-042-0113	Certification – Expanded Function Preventive Dental Assistants (EFPDA)
OAR	818-042-0115	Expanded Functions – Certified Anesthesia Dental Assistant

1 **OAR 818-001-0087 Fees**

2
3 (1) The Board adopts the following fees:

4 (a) Biennial License Fees:

5 (A) Dental — \$4490;

6 (B) Dental — retired — \$0;

7 (C) Dental Faculty — \$4385;

8 (D) Volunteer Dentist — \$0;

9 (E) Dental Hygiene — \$25579;

10 (F) Dental Hygiene — retired — \$0;

11 (G) Volunteer Dental Hygienist — \$0;

12 (H) Dental Therapy - \$25579;

13 (I) Dental Therapy - retired - \$0;

14 (b) Biennial Permits, Endorsements or Certificates:

15 (A) Nitrous Oxide Permit — \$40;

16 (B) Minimal Sedation Permit — \$75;

17 (C) Moderate Sedation Permit — \$75200;

18 (D) Deep Sedation Permit — \$75400;

19 (E) General Anesthesia Permit — \$1400;

20 (F) Radiology — \$75;

21 (G) Expanded Function Dental Assistant — \$50;

22 (H) Expanded Function Orthodontic Assistant — \$50;

23 (I) Instructor Permits — \$40;

24 (J) Dental Hygiene Restorative Functions Endorsement — \$50;

25 (K) Restorative Functions Dental Assistant — \$50;

26 (L) Anesthesia Dental Assistant — \$50;

27 (M) Dental Hygiene, Expanded Practice Permit — \$75;

28 (N) Non-Resident Dental Background Check - \$100.00;

29 (c) Applications for Licensure:

30 (A) Dental — General and Specialty — \$445;

31 (B) Dental Faculty — \$405;

32 (C) Dental Hygiene — \$210;

33 (D) Dental Therapy - \$210;

34 (E) Licensure Without Further Examination — Dental — \$890.

35 (F) Licensure Without Further Examination — Dental Hygiene and Dental Therapy — \$820

36 (d) Examinations:

37 (e) Jurisprudence — \$0;

38 (f) Duplicate Wall Certificates — \$50.

39 (2) Fees must be paid at the time of application and are not refundable.

40 (3) The Board shall not refund moneys under \$5.01 received in excess of amounts due or to which
41 the Board has no legal interest unless the person who made the payment or the person's legal
42 representative requests a refund in writing within one year of payment to the Board.

43
44 **OAR 818-042-0080 Certification – Expanded Function Dental Assistant (EFDA)**

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

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

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

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

50 (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the ~~Oregon Basic,~~
51 ~~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 examinations, 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 examinations, 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 indirect supervision.

(10) Place implant impression copings, except under indirect 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.
- (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.

- (1~~56~~) Remove teeth or parts of tooth structure.
- (1~~67~~) 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~~78~~) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
- (1~~89~~) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
- (~~1220~~) Apply denture relines except as provided in OAR 818-042-0090(2).
- (~~201~~) 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.
- (~~242~~) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (~~223~~) Perform periodontal assessment and periodontal probing.
- (~~234~~) Place or remove healing caps or healing abutments, except under indirect supervision.
- (~~245~~) Place implant impression copings, except under indirect supervision.
- (~~256~~) Perform intraoral adjustment of fixed and removable prosthesis or appliances.
- (~~27~~) Any aAct 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.
- (~~23~~) 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 procedures 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.



NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 818
OREGON BOARD OF DENTISTRY

FILED

08/25/2025 8:57 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: The Board intends to amend rules in the Dental Practice Act.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 10/10/2025 4:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

CONTACT: Stephen Prisby
971-673-3200
stephen.prisby@obd.oregon.gov

1500 SW 1st Ave
Portland, OR 97201

Filed By:
Stephen Prisby
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 09/30/2025

TIME: 12:00 PM - 12:30 PM

OFFICER: Hearings Officer

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 971-673-3200

SPECIAL INSTRUCTIONS:

Zoom info on website and contact OBD Staff for any assistance

NEED FOR THE RULE(S)

The OBD regularly updates the Dental Practice Act. The OBD's various committees have met to consider the rule changes brought forward in the rulemaking process.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

The Dental Practice Act, committee meeting minutes and board meeting minutes can all be accessed on the OBD Website or by contacting an OBD staff at 971-673-3200 or at information@obd.oregon.gov

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

This is unknown and challenging for the Board to measure or quantify. Board and Committee members represent diversity in Oregon and were integral in the discussions leading to the proposed rule changes.

FISCAL AND ECONOMIC IMPACT:

The Board anticipates little or no meaningful impact on our Licensees to comply with these proposed rule changes.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

The Board anticipates little or no meaningful impact on our Licensees to comply with these proposed rule changes.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Board and Committee members represent diversity in Oregon in practice size, facility type and ownership as well. Small and large business interests are involved in Board rulemaking activities. The professional associations had representation on all committees that helped develop and approve these proposed rule changes.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

818-001-0087, 818-012-0010, 818-035-0025, 818-035-0030, 818-042-0040, 818-042-0080, 818-042-0096, 818-042-0110, 818-042-0113, 818-042-0115

AMEND: 818-001-0087

RULE SUMMARY: Select fees are increasing that were approved by the Oregon Legislature which were included in the OBD's 2025 -2027 Budget.

CHANGES TO RULE:

818-001-0087

Fees ¶¶

(1) The Board adopts the following fees:¶¶

(a) Biennial License Fees:¶¶

(A) Dental -~~\$4490~~;¶¶

(B) Dental - retired - \$0;¶¶

(C) Dental Faculty - ~~\$4385~~;¶¶

(D) Volunteer Dentist - \$0;¶¶

(E) Dental Hygiene -~~\$25579~~;¶¶

(F) Dental Hygiene - retired - \$0;¶¶

(G) Volunteer Dental Hygienist - \$0;¶¶

(H) Dental Therapy - ~~\$25579~~;¶¶

(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 - ~~\$75200~~;¶¶

(D) Deep Sedation Permit - ~~\$75400~~;¶¶

(E) General Anesthesia Permit - ~~\$1400~~;¶¶

(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: 818-012-0010

RULE SUMMARY: The rule is being expanded to include reference to storage of medications, injectables and written informed consent prior to administering botox products or dermal fillers.

CHANGES TO RULE:

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.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.140(1)(e), 679.140(4), 680.100

AMEND: 818-035-0025

RULE SUMMARY: The rule is being amended to include procedures and define prohibited practices.

CHANGES TO RULE:

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~~ Perform intraoral adjustment of fixed and removable prosthetics or appliance except as provided by OAR 818-035-0030(1)(h)s;¶
- (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 indirect supervision.¶
- (10) Place implant impression copings, except under indirect supervision.¶
- (11) Act in violation of Board statutes or rules.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.020(1)

AMEND: 818-035-0030

RULE SUMMARY: The rule is being amended to expand the scope of practice to include extraoral procedures and include administering botox related products with training and supervision requirements.

CHANGES TO RULE:

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.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.025(2)(j)

AMEND: 818-042-0040

RULE SUMMARY: The rule is being amended to clarify prohibited acts.

CHANGES TO RULE:

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.¶
- ~~(13)~~ 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 and periodontal probing.¶
- ~~(23)~~ Place or remove healing caps or healing abutments, except under indirect supervision.¶
- ~~(24)~~ Place implant impression copings, except under indirect supervision.¶
- ~~(25)~~ Any aPerform intraoral adjustment of fixed and removable prosthesis or appliances.¶
- ~~(27)~~ Act in violation of Board statutes or rules.

Statutory/Other Authority: ORS 680, ORS 679

Statutes/Other Implemented: ORS 679.020, 679.025, 679.250

AMEND: 818-042-0080

RULE SUMMARY: The rule is being amended to clarify criteria for certification.

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 Assistanting examination, or equivalent successor examinations, administered by the ~~Dental Assisting National Board, Inc. (DANB);~~ or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully 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: 818-042-0096

RULE SUMMARY: The rule is being amended to clarify and expand the criteria to earn this certificate.

CHANGES TO RULE:

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.¶¶

(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.

Statutory/Other Authority: ORS 679, ORS 679.600

Statutes/Other Implemented: ORS 679.600

AMEND: 818-042-0110

RULE SUMMARY: The rule is being amended to clarify the criteria needed to earn the certificate.

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. (CDA) or NB), or any other testing entity authorized by the Board, or prior passage of the Certified Dental Assistant, Certified Orthodontic Assistant (COA) or Infection Control Examination, and administered by DANB and passage of the Oregon Expanded Functions Orthodontic Assistanting examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully placed and ligated orthodontic wires on ten (10) patients and removed bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow speed 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.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.250(7)

AMEND: 818-042-0113

RULE SUMMARY: The rule is being amended to clarify the criteria needed to earn the certificate.

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 of the Oregon Expanded Functions General Dental Assistant (EFDA) examination, or the Coronal Polish (CP) examinationing 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

AMEND: 818-042-0115

RULE SUMMARY: The rule is being amended to clarify the criteria needed to earn the certificate.

CHANGES TO RULE:

818-042-0115

Expanded Functions - Certified Anesthesia Dental Assistant ¶¶

(1) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant, who possesses a Certified Anesthesia Dental Assistant certificate from the Oregon Board of Dentistry to:¶¶

(a) Administer medications into an existing intravenous (IV) line of a patient under sedation or anesthesia under direct visual supervision.¶¶

(b) Administer emergency medications to a patient in order to assist the licensee in an emergent situation under direct visual supervision.¶¶

(c) Perform phlebotomy for dental procedures: 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.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.020(1), 679.025(1), 679.250(7)

CORRESPONDENCE

Reports from the ASA and AAOMS

From Dr. Jeff Kobernik <drkobernik@oregondentalanesthesia.com>

Date Mon 8/18/2025 11:42 AM

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

 1 attachment (149 KB)

AAOMS White Paper .pdf;

Good morning,

It has come to my attention that the American Society of Anesthesiologists published the following as part of their "Monday Morning Outreach":

"Our Executive Committee members met with American Association of Oral and Maxillofacial Surgeons (AAOMS) leadership during our annual in-person gathering. Over the years, AAOMS has supported key federal and state advocacy issues important to ASA. This most recent meeting provided a valuable opportunity for our leaders to discuss current and future topics of mutual interest. We conveyed our appreciation for AAOMS's inclusion of nurse anesthetist supervision language in their recent White Paper on Anesthesia Delivery by CRNAs in Dental Offices."

"AAOMS's position that nurse anesthetists should be supervised by a dentist or physician with equivalent or greater anesthesia/sedation training aligns with ASA's policy that proper supervision is crucial for patient safety. Additionally, we explored various issues, including dental pediatric anesthesia policy, VA and related federal anesthesia matters, workforce initiatives, potential educational collaborations, and development opportunities for residents, fellows, and faculty. Discussion also reflected examples of ASA State Components meeting with OMS State Components to advance shared advocacy goals. I encourage Component leadership to consider potentially adding this to your state-level inter-society collaborative work. Overall, this productive meeting further strengthened our collaboration with AAOMS."

Attached is the "White Paper" from AAOMS referenced. Changes to the Oregon Dental Practice Act to reflect both the ASA's and AAOMS's position that implementing a permitting process in the state of Oregon would effectively safeguard patient's well-being and promote accountability within dental practices. CRNAs (and RNs) providing sedation/anesthesia in a dentist office setting are unregulated by the OBD. My support is with the ASA and AAOMS, these providers should not provide sedation/anesthesia services outside the supervision of a dentist or physician with the education and training to provide comparable or higher level of sedation/anesthesia.

What is the best course of action to have the OBD and the OBD's Anesthesia Committee to explore this permitting process or establish verbiage within the Oregon Dental Practice Act that would echo the ASA's and AAOMS's position.

Best regards,

Jeffrey A. Kobernik, DMD
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Anesthesia Delivery by CRNAs in Dental Offices

The American Association of Oral and Maxillofacial Surgeons (AAOMS) firmly believes in prioritizing patient safety and ensuring the provision of high-quality care in dentistry. AAOMS values the significant contributions made by certified registered nurse anesthetists (CRNAs) in the healthcare ecosystem and acknowledges the expertise they bring to anesthesia administration. The intention of AAOMS is not to undermine the crucial role of these professionals but rather to address the unique circumstances surrounding dental anesthesia, dental practices and dental offices.

A review of claims data provided by FAIR Health for 2018-23¹ shows that oral and maxillofacial surgeons (OMSs) are the dental specialists providing the overwhelming majority of deep sedation/general anesthesia and IV sedation services in the U.S. to patients with private dental insurance. Because OMSs provide the majority of dental office-based anesthetic care in the country, AAOMS is uniquely qualified to offer an informed opinion.

AAOMS believes all dentists having sedation and/or anesthesia services administered in their offices should possess dental anesthesia training. Such requirements are intended to enhance patient safety by ensuring dentists possess the necessary knowledge and skills to provide anesthesia within the dental setting. This added training equips practitioners with a comprehensive understanding of the potential risks and complications associated with anesthesia administration, enabling them to respond appropriately in emergencies. Dental offices are unique locations, requiring all involved in the procedure to possess a basic understanding of anesthesia administration as well as the ability to recognize and know how to address medical emergencies.

Additionally, and in light of the growing importance of patient safety and the intricacies involved in dental procedures, it is imperative to highlight the critical need for dental board oversight of any anesthetic procedure performed within a dental office. To ensure the highest standards of care and minimize potential risks, it is

essential to establish a permitting process that grants authority to dental boards to regulate and monitor these procedures. By implementing a permitting process, states can effectively safeguard the well-being of patients and promote accountability within dental practices.

Accordingly, it is the position of AAOMS that CRNAs – who are unregulated by the dental board – should not provide sedation or anesthesia services in a dental office outside of the supervision of a dentist or physician with the education and training to provide a comparable or higher level of sedation or anesthesia.

While AAOMS acknowledges the importance of interdisciplinary collaboration in the healthcare landscape, the Association believes the distinct nature of dental procedures and their unique challenges necessitate the involvement of professionals with specialized dental expertise. By allowing dental practitioners to lead in matters pertaining to dentistry – and most importantly, the unique nature of OMS practices – AAOMS can ensure patients receive the highest standard of care and treatment tailored to the specific intricacies of their oral health needs.

1 Statistics calculated by AAOMS using data from the U.S. Census Bureau and information provided by FAIR Health based on its privately insured dental claims data for calendar years 2018-23. Of the total 14,905,240 moderate and deep sedation/general anesthesia (DS/GA) cases performed in this period, 77 percent – or 11,505,037 – were delivered by OMSs. In the 1- to 7-year-old age group, OMSs provided 36 percent (34,843) of the total DS/GA cases (97,849). In the 8- to 12-year-old age group, OMSs provided 78 percent (186,122) of the total DS/GA cases (238,493). For moderate sedation, in the 1- to 7-year-old age group, OMSs provided 32 percent (3,118) of the total moderate IV sedation procedures (9,657) and in the 8- to 12-year-old age group, provided 73 percent (22,627) of the total moderate IV sedation services (30,898).

OTHER ISSUES



DDH Compact Commission holds first meeting

Next meeting to take place in early 2025

by **Olivia Anderson**

September 09, 2024



The Dentist and Dental Hygienist Compact Commission held its initial meeting Aug. 28, marking the first time the states that enacted the compact gathered to organize and discuss the commission.

The compact did not make any final decisions at the inaugural meeting and deferred all actions until at least the next meeting early next year.

Passed by 10 states thus far, the DDH Compact is an interstate licensure agreement that supports license portability by allowing dental professionals to practice in multiple states without needing separate licenses through a “privilege to practice.” The states include Colorado, Iowa, Kansas, Maine, Minnesota, Ohio, Tennessee, Virginia, Washington and Wisconsin.

The appointed commissioner from each of the ten compact member states attended the Aug. 28 meeting, including a representative from Ohio, whose participation in the compact does not go into effect until Jan. 1, 2025. Stephanie Lotridge, former executive director of the Idaho Board of Dentistry, served as interim chair at the meeting.

At the meeting, attorney Samantha Nance provided several potential draft rules for commissioners’ consideration ahead of the next meeting. These include clarification of the definition of “clinical assessment;” language which outlines the member states’ full control over disciplinary actions and scope of practice within their borders; and language clarifying that practitioners will still need to obtain member state permits around expanded scope or duties.

In discussing the powers of commission officers, commissioners expressed a preference that the vice chair position would serve

as chair-elect and ascend to the chair position after completion of their term. They also determined that any immediate past chair would remain an officer and have voting power.

Ms. Nance provided a review of the commission's governing structure, emphasizing that the commission is limited in its rulemaking authority and may not extend beyond what is directly authorized in the compact.

Attendees also discussed future meetings. At the next meeting, commissioners will likely adopt bylaws and administrative rules, elect officers and discuss the shared data system that participating states must join.

Some options for the compact's shared data system include the nursing compact's system, which the Emergency Medical Services Compact purchased and customized for themselves; and Compact Connect, a customizable, open-source data system designed for compacts to customize as needed. Partners of the latter include the Audiology/Speech Language Pathology Compact, the Occupational Therapy Compact and the Counseling Compact.

It is anticipated that once the data system is operational, the compact commission can begin to accept applications for a privilege to practice in compact member states in the Fall of 2025.

For more information on the DDH Compact, visit ddhcompact.org.

On April 22, 2024, Maine Governor Janet Mills signed LD 2137 making Maine the seventh state to enact the Dentist and Dental Hygienist Compact. The compact was also enacted in Washington, Iowa, Tennessee, Virginia, Wisconsin, and Kansas. This meets the threshold that the compact will come into effect upon enactment of the seventh member state.

FULL COMMISSION MEETINGS

Meetings of the Dentist and Dental Hygienist Compact Commission are listed below. Per the model legislation, all commission meetings are open to the public and require 30 days notice.

Public Participation: Opportunity for public comment will be provided at each commission meeting. 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 speak on.

To register to attend a meeting, click register below.

Date	Location	Agenda	Documents	Minutes
August 28, 2024 9:00 AM EST	Zoom	Agenda	Meeting Packet	Minutes
January 21, 2025 10:00 AM EST	Register	Meeting Packet	Governance Document Drafts	Minutes
March 10, 2025 1:00 PM EST	Register	Agenda	Data System RFI	Minutes
May 12, 2025 1:00 PM EST	Register	Agenda	N/A	Minutes
July 14, 2025 1:00 PM EST	Register	Agenda	N/A	Draft Minutes
September 8, 2025 1:00 PM EST	Register	Agenda	N/A	Coming Soon

EXECUTIVE COMMITTEE MEETINGS

The Executive Committee meets on the 1st Monday of every month at 1pm ET.

Public Participation: Opportunity for public comment will be provided at each committee meeting. 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 speak on.

To register to attend a meeting, click register below.

Date	Location	Agenda	Documents	Minutes
June 2, 2025 1:00 PM ET	Register	Agenda	N/A	Minutes
July 7, 2025 1:00 PM ET	Register	Agenda	N/A	Minutes
August 4, 2025 1:00PM ET	Register	Agenda	N/A	Draft Minutes
September 10, 2025 1:00PM ET	Register	Agenda	N/A	Coming Soon
October 6, 2025	Register	Agenda	N/A	Coming Soon

FINANCE COMMITTEE MEETINGS

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Public Participation: Opportunity for public comment will be provided at each committee meeting. 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 speak on.

To register to attend a meeting, click register below.

Date	Location	Agenda	Documents	Minutes
August 25th at 1pm ET	Zoom	Agenda	N/A	Coming Soon

RULES COMMITTEE MEETINGS

Public Participation: Opportunity for public comment will be provided at each committee meeting. 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 speak on.

To register to attend a meeting, click register below.

Date	Location	Agenda	Documents	Minutes
MAY 1, 2025 10:00 AM ET	Register	Agenda		Minutes
June 5, 2025 1:30 PM ET	Register	Amended Agenda	Original Agenda	Minutes
June 27, 2025 1:30 PM ET	Register	Agenda	N/A	Minutes
July 28, 2025 at 1:00PM ET	Register	Agenda	N/A	Draft Minutes
August 29, 2025 at 1030AM ET	Register	Agenda		Coming Soon
September 29, 2025 at 12:00PM ET	Register	Agenda		Coming Soon

Guidance for Dental Providers to Provide Immunization Counseling and Reimbursement

Purpose

This guidance outlines the requirements for licensed dental providers to deliver and receive reimbursement for immunization counseling under the Oregon Health Plan (OHP) using Current Dental Terminology (CDT) Code D1301 – Immunization Counseling.

Background

The Oregon Health Plan reimburses for CDT Code D1301 when a licensed dental provider—dentist, dental hygienist, or dental therapist—performs immunization counseling consistent with OAR 410-123-xxxx and applicable Oregon Health Authority guidance.

CDT D1301 is defined as: “Provided immunization counseling to educate the patient on the importance of immunizations in preventing oral and systemic diseases. This counseling is essential to mitigate the risk of disease transmission and to maintain overall oral health, particularly in immunocompromised patients or those at high risk for specific infections.”

Provider Eligibility

Licensed dental providers eligible for reimbursement include:

- Dentists, Dental hygienists and Dental therapists

Requirements for Reimbursement

To receive reimbursement under CDT D1301, providers must meet the following criteria:

1. ALERT IIS Registration:

Providers must be registered users with the [ALERT Immunization Information System \(IIS\)](#) as a query user at a minimum, enabling access to patient immunization records.

2. Education and Competency:

Providers must maintain current knowledge of immunization protocols, including:

- Recommended vaccine schedules
- Risks, benefits, contraindications, and potential adverse effects
- Communication strategies for addressing patient or caregiver concerns
- Referral processes and locations where patients may receive vaccines

3. Immunization Counseling Includes:

- A **face-to-face discussion** between a licensed dental provider and the patient or caregiver.
- **Review of the patient’s immunization status** using available records, such as the ALERT Immunization Information System (IIS).
- **Education on the benefits and risks** of vaccines in preventing oral and systemic diseases.

- **Addressing patient or caregiver questions and concerns** to support informed decision-making.
- **Guidance on how and where to receive recommended vaccines** or referrals for vaccination when needed.

The goal of immunization counseling is to educate patients on the importance of vaccines in preventing oral and systemic diseases and to support informed decision-making.

Required Documentation:

The patient's record must reflect the substance of the counseling session. Generic templates or note shortcuts are not sufficient. Documentation must include a brief summary of topics discussed.

4. Next Steps and Referral Requirements:

- **Dentists** meeting requirements under ORS 679.552 and OAR 410-123-1262 may prescribe and administer vaccines.
 - If the vaccine is administered on the same day as counseling, D1301 may **not** be billed.
 - If the dentist administers the vaccine on a different day, D1301 may be billed.
- **Dentists** who have **not** completed requirements under ORS 679.552 and OAR 410-123-1262 **must** refer the patient to an authorized provider for vaccine administration after providing immunization counseling.
- **Dental hygienists** and **dental therapists** **must** refer the patient to an authorized provider for vaccine administration after providing immunization counseling. These licensees are **not** permitted to prescribe or administer vaccines under ORS 679.552.

5. Follow-Up:

Providers are encouraged to follow up at the patient's next preventive appointment to confirm vaccine completion.

Additional Information

For more information, see requirements for dentists at the [Oregon Health Authority page "Immunization Information for Dentists."](#)

Webinars and Continuing Education				
Human Papillomavirus (HPV) and Dentistry: What Every Provider Should Know	CareQuest Institute for Oral Health	Foundational knowledge of HPV, mode of transmission, its connection to oropharyngeal cancer; what dental providers can do in education / detection. (CareQuest Institute)	1 CE credit, live; there is a recorded version; PDF of slides/notes available. (CareQuest Institute)	
Enhance your HPV Communication Confidence Applying Brief Motivational Interviewing	University of Washington / ACDE Webinar Series	Role of motivational interviewing (Brief-MI) for HPV vaccine communication: epidemiology of HPV/OPC, vaccine facts, MI skill-building. (UW School of Dentistry)	Live webinar (date listed May 6, 2025), 2 credit hours, paid (\$69) (Indiana University School of Dentistry)	
HPV Webinar – (PA) Coalition for Oral Health	PA Coalition for Oral Health + PA Immunization Coalition	Focuses on HPV and oropharyngeal cancer; strategies for vaccine uptake; communication for dental practice settings. ((PCOH) PA Coalition for Oral Health)	Live + recorded later; credits for dental professionals via state association; free/live event. ((PCOH) PA Coalition for Oral Health)	
Oral Health Practitioners and Cancer Prevention through HPV Vaccination	Illinois Department of Public Health	Strategies for dental team to prevent HPV-related cancer; current policies/guidelines; vaccine schedules; referrals. (Illinois Department of Public Health)	Recorded webinar; accessible on state health dept site. (Illinois Department of Public Health)	
Framing HPV Immunization Education for Maximum Patient Acceptance	Texas Oral Health Coalition & partners (UNTHSC, TAMU, TWU, MD Anderson)	Evidence-based counseling and patient communication strategies; discussing vaccine immunization, safety; educational scenarios / verbiage for DHs in practice. (TxOHC)	CEU: 1.0 hour; designed for dental health professionals. (TxOHC)	
Dental Provider Education – Preventing HPV Associated Cancers	VAX 2 STOP CANCER	On-demand training for dentists, hygienists, & assistants: best practices for recommendation, messages for vaccine hesitancy, materials for patient education, etc. (VAX 2 STOP CANCER)	1 CE credit hour (Alabama, for those licensed there) but materials may be useful elsewhere. (VAX 2 STOP CANCER)	

New Insights in HPV Cancer Prevention for Dental Hygienists	ADHA (American Dental Hygienists' Association)	Overview of HPV infection, cancer, vaccine; communication / integrating vaccine recommendation into DH daily practice. (mymembership.adha.org)	1.5 CE hours; ADHA members; may have on-demand/recorded option. (mymembership.adha.org)	
HPV and the Role of the Dental Team	National Network for Oral Healthcare Access	Human Papillomavirus (HPV) is a growing concern for health care providers and their patients. Oropharyngeal cancer has surpassed cervical cancer as the highest caused cancer from HPV. Oral health providers have a critical role in HPV, having the opportunity for patient education on the HPV vaccine, care coordination, and diagnosis of oropharyngeal cancers.	1.0 CE hours	
Preventing HPV Cancers: The Role of Dental Professionals	American Cancer Society			
The Journey of Two HPV-Related Oropharyngeal Cancer Survivors (1 Credit)	Utah Dental Hygiene Association			
Increasing HPV Vaccination Coverage for Cancer Prevention (1 Credit)	American Dental Hygiene Association			
Role of the Oral Health Care Professional in Early Diagnosis of Oral Cancer and Precancers (1 Credit)	Weber State University			
HPV-Related Oropharyngeal Cancer:	May 2023		5 CE hours; Training Modules	

Staging and Treatment (0.25 Credit)				
The Oral Side Effects of HPV-Related Oropharyngeal Cancer Therapy (0.5 Credit)				
Preventing HPV Cancers- Best Practices from the Field (0.25 Credit)				
Stepping Up and Stepping Out: The Dental Professional's Role in Oral Cancer (1 Credit)				
HPV Resources & Materials for Dental Professionals (0.25 Credit)				

Oropharyngeal Cancer Prevention & Human Papillomavirus (HPV) Vaccination Initiative

Background

Human papillomavirus (HPV) is a prevalent virus known to cause six types of cancer, and it is the most common sexually transmitted infection in the United States. HPV is believed to be responsible for 60% to 70% of oropharyngeal cancers (OPC) in the country. Over the past few decades, the incidence of OPC has steadily risen, and it is now the most common cancer caused by HPV in the U.S.ⁱ

Globally, oral cancer is the sixth most common type of cancer, with 377,713 new cases and 177,757 deaths recorded in 2020. This represents an increase from 2018, which saw 354,864 new cases and 177,384 deaths. In the U.S., the American Cancer Society estimated that 54,010 new cases of oral cavity or oropharyngeal cancers would be diagnosed in 2021, making up about 3% of all cancer diagnoses in the country. The cost of treating these cancers ranges from \$45,000 to \$70,000 per case, and roughly 10,850 people are expected to die each year. The five-year survival rate in the U.S. is 64%, though this varies depending on the stage at diagnosis. Around 70% of these cancers are diagnosed at later stages, which significantly lowers the survival rate significantly — from 84% for localized cases to just 38% for those diagnosed after metastasis.ⁱⁱ

Vaccination can prevent up to 90% of these HPV-related cancers.ⁱⁱⁱ In June 2020, the U.S. Food and Drug Administration expanded the approval of the HPV 9-valent vaccine to also prevent OPC and other head and neck cancers caused by HPV.^{iv} Nationally, in 2023, 59% of adolescents in the United States aged 13–15 received two or three doses of HPV vaccine.^v In 2023, 68% of adolescents aged 13–17 in Oregon received all recommended doses of the HPV vaccine.^{vi} That year, Oregon ranked 17th in the nation for HPV vaccination, with 68% of its population vaccinated. Rhode Island ranked first with 84.2% vaccinated, while Mississippi ranked last at 50th with only 38.4% of its population vaccinated.^{vii}

A survey of 330 dentists conducted by the American Dental Association revealed that while more than half are open to administering vaccines in their practices, only 2% currently offer them.^{viii} Only 9% of dentists currently discuss HPV vaccination, particularly for individuals aged 11 to 26. Barriers to patient education on HPV include discomfort with sensitive conversations (66%) and feeling unqualified to address the topic (35%). Additionally, dentists identified the top reasons for not

discussing the vaccine as forgetting to mention it (41%), feeling unqualified (35%), and believing it falls outside their role as healthcare professionals (22%). Despite these challenges, over 80% of respondents expressed support for receiving training on how to discuss HPV vaccination.^{ix}

Initiative Goals:

The primary goal of the Oral Health Program's Oropharyngeal Cancer Prevention & HPV Vaccination Initiative is to increase HPV vaccination rates in all eligible individuals in Oregon according to evidence-based practices. The secondary goal is to reduce oropharyngeal cancer rates in Oregon. The Healthy People 2030 initiative aims to increase the percentage of adolescents receiving the recommended HPV vaccine doses to 80%.

- Short-term Goal: In 5 years, increase the number of dental providers providing immunization counseling for HPV from 0% to 50%.
- Short-term Goal: In 5 years, increase the number of dental providers providing immunization counseling using CDT D1301 Immunization counseling code for immunization counseling from 0 claims.
- Short-term Goal: In 5 years, increase the number of dental providers administering HPV vaccine from HPV from 0% to 10%.
- Short-term Goal: In 5 years, increase the percentage of adolescents in Oregon ages 13-17 receiving all recommended doses of the human papillomavirus (HPV) vaccine^x receiving both recommended doses of HPV vaccine from 68% percent to 80%.
- Long-term Goal: Decrease rates of HPV related oropharyngeal cancers.

Target Populations:

Provider Target Population:

Dentists, dental hygienists, and dental therapists are qualified healthcare providers with the necessary education to provide HPV immunization counseling. In Oregon, only dentists are authorized to administer vaccines, underscoring the crucial role of dental professionals in patient education and the need for clear guidelines on vaccine administration within dental practices. Currently, seven other states permit dentists to administer vaccines. Massachusetts goes even further by permitting both dentists and dental hygienists to administer vaccines, broadening the network of healthcare professionals engaged in vaccination efforts.^{xi} A significant barrier to HPV vaccination, frequently cited in the literature, is the absence of a strong

healthcare provider recommendation. According to a national survey, parents who did not receive a provider's recommendation were twice as likely to report that they did not plan to vaccinate their child.^{xii}

HPV Vaccine Target Population:

HPV vaccine is recommended for routine vaccination at age 11 or 12 years. (Vaccination can be started at age 9.) The CDC Advisory Committee on Immunization Practices (ACIP) also recommends vaccination for everyone through age 26 if not adequately vaccinated when younger. HPV vaccination is given as a series of either two or three doses, depending on age at initial vaccination.^{xiii}

HPV vaccination is not generally recommended for individuals older than 26 years. However, some adults aged 27 to 45 may choose to receive the vaccine after consulting with their healthcare provider, especially if they missed vaccination earlier in life. The benefit of the vaccine for this age group is lower, as many individuals have likely already been exposed to HPV. For adults aged 27 to 45, clinicians may consider discussing vaccination with those who are most likely to benefit. For most adults over 26, HPV vaccination is not typically recommended or necessary. For adults aged 27 through 45 years, the public health benefit of HPV vaccination in this age range is minimal; shared clinical decision-making is recommended because some persons who are not adequately vaccinated might benefit.^{xiv}

Disparities in HPV Vaccination

- **Geographic disparities**

HPV vaccination rates remain disproportionately low in rural areas. While adolescent vaccination rates have been increasing, the U.S. up-to-date (UTD) rate was only 49% in 2017. On average, rural adolescents have a 12% lower UTD rate compared to their urban counterparts, with Oregon showing a gap of 12.5%.^{xv}

- **Racial disparities**

HPV up-to-date (UTD) vaccination rates for individuals aged 13-17 varied across racial groups as of 2023. Vaccination rates were 58% for both White and Black individuals, 59% for Native Hawaiian/Pacific Islanders, 65% for Hispanics and American Indians, and 66% for Asians.^{xvi}

- **Insurance disparities**

In 2024, the CDC reported that children with private health insurance (41.5%) were more likely to have received at least one dose of the HPV vaccine compared to those with Medicaid coverage (37.0%), other government coverage (30.2%), and uninsured children (20.7%).^{xvii}

Strategies and Activities

Strategy 1: The Oral Health Program will collaborate with the Public Health Division (PHD) Immunization Program, Health Policy and Analytics, Medicaid, OHSU School of Dentistry Public Health Program, OHSU Knight Cancer Institute, Oregon Cancer Collaborative and other community and national partners.

Activity 1: Collaborate with healthcare providers, dental hygiene schools, OHSU School of Dentistry, public health officials, community organizations, and advocacy groups to promote HPV vaccination, and identify and address barriers.

- a. Develop educational materials for providers and patients.
 - Develop strategies to educate oral health providers including dental students, dental therapy students and dental hygiene students.
 - Integrate HPV vaccine discussions into routine dental visits, particularly for adolescents and young adults.
- a. Educate Dental Care Organizations (DCO) and Coordinated Care Organizations (CCO) on Immunization Counseling as a prevention strategy.
- b. Operationalize and disseminate guidance.
 - Communications plan with Immunization Program, Medicaid, Health Policy and Analytics with PHD leading this effort utilizing Public Health Educator role for internal partners and external partners.

Activity 2: Identify areas of low HPV vaccination rates by zip code.

- a. Identify high priority areas.
 - Collaborate with community partners, local public health agencies, dental providers in identified areas to promote HPV vaccination.
- b. Develop strategies as outlined in Activity 1.

Strategy 2: The Oral Health Program will collaborate with the Immunization Program, Health Policy and Analytics and the Medicaid Program to promote and encourage immunization counseling by dental providers. According to an American Dental Association Clinical Evaluators Panel report published in the January 2022 issue of The Journal of the American Dental Association HPV vaccination was discussed by only 9% of the dentists with their patients.^{xviii}

Activity 1: Promote use of immunization counseling dental code by dental providers.

- a. Code D1301 Immunization counseling
 - OHA Fee-For-Service (FFS) set to \$19.53.

Code states: Provided immunization counseling to educate the patient on the importance of immunizations in preventing oral and systemic diseases. This counseling is essential to mitigate the risk of disease transmission and to maintain overall oral health, particularly in immunocompromised patients or those at high risk for specific infections.

Activity 2: Promote Oregon Health Authority Model Immunization Protocols

- a. Educate dental providers on the Model Immunization Protocols.
- b. Develop dental provider specific materials and guidance.
- c. Develop best practice process for referral to Primary Care Provider (PCP) for HPV vaccine administration.

Activity 3: Promote use of the ALERT Immunization Information System

- a. Educate dental providers on the ALERT Immunization Information System.
- b. Develop dental provider specific materials and guidance.
- c. Develop best practice process for referral to Primary Care Provider (PCP) for HPV vaccine administration.

Strategy 3: The Oral Health Program will collaborate with the Immunization Program, Health Policy and Analytics and the Medicaid Program to promote and encourage vaccine administration by dentists. According to an American Dental Association Clinical Evaluators Panel report published in the January 2022 issue of The Journal of the American Dental Association HPV vaccination was discussed by only 9% of the dentists with their patients.^{xix} This same report indicated only 2% of the dentists surveyed were administering vaccines.

Activity 1: Encourage dentists to register and obtain vaccines through the “Vaccine for Children” program at the Oregon Health Authority. Dentists who see “Vaccines for Children” (VAP) eligible populations, (Medicaid (OHP) clients may be eligible to obtain vaccines at no cost for their patients through the program to vaccinate eligible children who are 18 years of age or younger.

Activity 2: Encourage dentists to utilize the vaccine administration dental code for administration of the HPV vaccine, helping to integrate preventive care into dental practice and improve patient education on its benefits. These codes enable dentists to document and bill for HPV vaccinations, promoting broader preventive health measures within dental practices.

- a. The CDT codes for vaccine administration by dentists include D1781, D1782, and D1783 for vaccine administration of the HPV vaccine. These codes are part of the preventive category of services and are categorized as Vaccinations. These codes do not cover the cost of the vaccine product itself and are intended to compensate for the provider’s time.
- b. OHA FFS set to \$15.58 for D1781, \$15.58 for D1782, and, \$15.58 for D1783.

- c. HPV Vaccine Administration Codes: Recognizing the role of dental professionals in preventive care, the ADA has also established CDT codes for HPV vaccine administration:
 - D1781: Vaccine administration – human papillomavirus – dose 1
 - D1782: Vaccine administration – human papillomavirus – dose 2
 - D1783: Vaccine administration – human papillomavirus – dose 3

Activity 3: Create and advocate for reimbursement strategies that support dentists in administering and purchasing the HPV vaccine outside of the Vaccines for Children Program. Additionally, identify and address barriers to reimbursement to ensure seamless integration of vaccination services into dental practices.

- a. The CPT 90651: CPT code for vaccine administration CPT Code for Product 9065: Human Papillomavirus 9-valent Vaccine, 2- or 3-dose schedule, for Intramuscular use^{xx}
 - OHA FFS set to \$253.60 for CPT 90651
- b. Create specialized materials and guidance for dental providers on vaccine reimbursement, outlining billing procedures, insurance protocols, and best practices to support dentists in successfully integrating vaccine administration into their practices.
- c. Create dental provider-specific materials and guidance for integrating electronic health record (EHR) systems between medical and dental offices. Identify key barriers such as system incompatibility, data-sharing limitations, and regulatory challenges. Develop strategies to overcome these obstacles, including interoperability solutions, standardized protocols, and policy recommendations to enhance collaboration between dental and medical professionals.

Data Monitoring and Evaluation

- Short-term Goal: In 5 years, increase the number of dental providers providing immunization counseling for HPV from 0 to 50%.
- Short-term Goal: In 5 years, increase the number of dental providers providing immunization counseling using CDT code for immunization counseling from 0 claims.
- Short-term Goal: In 5 years, increase the number of dental providers administering HPV vaccine from HPV from 0% to 10%.
- Short-term Goal: In 5 years, increase the percentage of adolescents in Oregon ages 13-17 receiving all recommended doses of the human papillomavirus (HPV) vaccine^{xxi} receiving both recommended doses of HPV vaccine from 68% percent to 80%.
- Long-term Goal: Decrease rates of HPV related oropharyngeal cancers.

Data Sources:

Quarterly: Review data sources to determine the number of claims submitted for D1301.

- Determine if it is possible to track how often a provider logs into the Alert system who is from a dental clinic or of a particular provider type, i.e. dentist, dental hygienist and dental therapist, who will be providing the immunization counseling.

Quarterly: Monitor use of ALERT Immunization Information System by dental providers, compare claims data submission for CDT D1301 submission.

Quarterly: Monitor HPV vaccination administration claims for CDT D1781: Vaccine administration – human papillomavirus – dose 1, D1782: Vaccine administration – human papillomavirus – dose 2 and D1783: Vaccine administration – human papillomavirus – dose 3.

Quarterly: Monitor HPV vaccination administration claims for CPT 90651.

Semi-Annually: Develop a claims comparison method to evaluate the effectiveness of immunization counseling by dental providers in leading to HPV vaccination. This method should include:

- Data Collection – Gather dental claims for immunization counseling codes (e.g., CDT codes for HPV vaccine discussions) and compare them with corresponding medical claims for HPV vaccine administration.
- Cross-System Integration – Collaborate with medical insurance providers to track patient follow-through on receiving the vaccine after immunization counseling.
- Patient Follow-Up – Implement follow-up surveys or EHR tracking to assess whether patients who received vaccine education from a dental provider ultimately received the HPV vaccine.
- Key Performance Metrics – Measure success based on immunization counseling-to-vaccination conversion rates, time between immunization counseling and vaccination, and demographic trends.
- Identifying Barriers – Analyze reasons for non-completion, such as insurance coverage issues, lack of access, or patient hesitancy.
- Optimization Strategies – Use findings to refine immunization counseling approaches, improve reimbursement processes, and enhance provider training to increase HPV vaccine uptake.

Annually: Review CCO Incentive Measures and Benchmarks^{xxii}

- Review CCO Incentive Measures and Benchmarks: Immunizations for Adolescents (Combo 2) Percentage of adolescents that turned 13 years old during the measurement year and had the meningococcal, Tdap, and HPV vaccines by their 13th birthday.

Annually: Review incidence or mortality of oral cavity and pharynx cancer submitted to the Oregon State Cancer Registry (OSCaR).

- Review Oregon State Cancer Registry (OSCaR) for rates of oral cancer incidents and deaths for each year at the state level and county level. More than 80% of oropharyngeal cancers in the United States are caused by HPV while only approximately 3% of oral cavity cancers are caused by HPV. Cancer surveillance does not differentiate oral cancers and location, i.e pharynx versus oral cavity.^{xxiii}

Annually: Review incidence or mortality of oral cavity and pharynx cancer rates published.

- National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) program.^{xxiv}

Citations

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ⁱⁱ Kaiser Family Foundation. The HPV vaccine: Access and use in the U.S. [Internet]. 2021 Nov 12 [cited 2025 Mar 3]. Available from: <https://www.kff.org/womens-health-policy/fact-sheet/the-hpv-vaccine-access-and-use-in-the-u-s/>

ⁱⁱⁱ Centers for Disease Control and Prevention. Cancers caused by HPV [Internet]. Atlanta, GA: CDC; [cited 2025 Mar 3]. Available from: <https://www.cdc.gov/hpv/about/cancers-caused-by-hpv.html>

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^{vi} America's Health Rankings. Analysis of CDC, National Immunization Survey-Teen, United Health Foundation [Internet]. 2025 [cited 2025 Mar 3]. Available from: <https://www.americahealthrankings.org>

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Peer Reviewed Articles					
Title	Source	Exchange: Journal Ranking or Other Source Type	Abstract		Link
Could oral health care professionals help increase human papillomavirus vaccination rates by engaging patients in discussions?	Vila A, Casey S M, Pava T, Petros R B, Marry E J. Could oral health care professionals help increase human papillomavirus vaccination rates by engaging patients in discussions? <i>Inquiry: practice & research Journal of the American Dental Association</i> . 07-11 Index 161, S-85 0.090	https://doi.org/10.1177/0026000620950866	Scope of Practice: Oral health care professionals are well positioned to contribute to the prevention of human papillomavirus (HPV)-related oropharyngeal and other HPV-related cancers through engaging patients in conversations about HPV vaccination.		https://doi.org/10.1177/0026000620950866
Intervention to Leverage Dental Offices as Settings for Promoting the HPV Vaccine	Hassellon, N. & Bukalski, J. (2025, January 5). Educable, recommend, refer: An intervention to leverage dental offices as settings for promoting the HPV vaccine. S. Jabs Research. https://www.studysignpost.com/science/nursance-centre/hpv-cancer-prevention-programme-in-us-dental-offices-as-settings-for-promoting-the-hpv-vaccine.html	https://www.studysignpost.com/science/nursance-centre/hpv-cancer-prevention-programme-in-us-dental-offices-as-settings-for-promoting-the-hpv-vaccine.html	Scope of Practice: Oral health providers, the dentists and hygienists, can play an important role in HPV vaccination by engaging with their patients and families about the role of HPV in developing oropharyngeal cancers and how to prevent this – through HPV vaccination. In this project in focus, formative research informed a strategic approach to engaging with subject matter experts to develop Educable, Recommend, and Refer to – Interventively train oral health providers to promote HPV vaccination.		https://www.studysignpost.com/science/nursance-centre/hpv-cancer-prevention-programme-in-us-dental-offices-as-settings-for-promoting-the-hpv-vaccine.html
"Human Papillomavirus Content Inclusion in Dental Hygiene Program Curricula in the United States"	Trauger, K.A., Sub, C. L., Arnett, M.C., Blau, C.M., & Flynn, P. M. (2021). Human papillomavirus content inclusion in dental hygiene program curricula in the United States. <i>Journal of Dental Hygiene</i> , 95(2), 45–49	http://dx.doi.org/10.1901/JDH.2020.952045	Curriculum Content Evidence: The results section explicitly documents that nearly 80% of dental hygiene programs provide HPV vaccine knowledge and communication skills training. This supports the claim that hygienists are taught HPV vaccination and patient education. The study notes that 98% of HPV content is taught by dental hygiene faculty. This anchors the subject as part of standard training. References to advocating for HPV vaccination for at-risk populations show that programs don't just cover clinical knowledge but also emphasize preventive counseling. Communication Training: Multiple sections highlight the inclusion of communication strategies and counseling in curricula – key for vaccine education. Accreditation Connection: CODA standards are cited as requiring ongoing curriculum updates, reinforcing the expectation that HPV vaccination topics be integrated as "emerging information" in dental hygiene programs.		http://dx.doi.org/10.1901/JDH.2020.952045
"Examining the Role of HPV Communication Training in the Knowledge, Attitudes, Comfort, and Confidence of Dental Hygiene Students"	Bull, C. L., Matthews, E., Evans, M., & Arnett, M. C. (2021). Examining the role of HPV communication training in the knowledge, attitudes, comfort, and confidence of dental hygiene students. <i>Journal of Dental Hygiene</i> , 95(5), 47–55.	http://dx.doi.org/10.1901/JDH.2020.955047	Curriculum Content Evidence: Dental hygiene curricula already include HPV vaccination and education through didactic modules on HPV and vaccination facts, training in motivational interviewing (MI) for patient communication, and required patient discussions supported by faculty feedback. Students are also assessed on HPV knowledge, communication skills, and vaccine advocacy, confirming that vaccination education is an explicit part of their training. Communication Training: Demonstrates that communication training on HPV and vaccination is an explicit part of dental hygiene curricula. Programs incorporate individualized interview (MI) and brief motivational interviewing (BRI) strategies, role-playing, and required patient conversations to help students build comfort and confidence in discussing HPV transmission, HPV/COC, and vaccine uptake. Faculty feedback and structured assessment further ensure that students develop the skills needed for effective vaccine counseling and advocacy. Accreditation Connection: Although CODA is not named explicitly, the curriculum described aligns with accreditation-style competencies in health promotion and patient counseling: structured didactic instruction (HPV module), documented skill development (BM training and role-play), supervised clinical application (two required HPV patient discussions), and formal evaluation mechanisms (CODCEs, faculty feedback, and repeated assessments of knowledge, attitudes, confidence, and comfort). This competency-based scenario—health practice, attitude—aligns—ensures that hygienists are trained to meet professional outcomes consistent with accreditation expectations for preventive counseling and effective patient communication.		http://dx.doi.org/10.1901/JDH.2020.955047
"Role of Oral Health Providers in Supporting HPV-Related Cancer Prevention in the Dental Setting"	Chen, M., Woo, B., Thelen, A., & Navasari, S. (2015). Role of Oral Health Providers in Supporting HPV-Related Cancer Prevention in the Dental Setting. <i>Journal of the California Dental Association</i> , 53(1).	https://www.healthcarejournal.com/doi/full/10.1108/1943-388X-2016-2407474747474747	Curriculum Content Evidence: Dental hygiene curricula (per CODA) require competencies in health promotion, disease prevention, and patient education. Students are trained in oral cancer screenings and prevention strategies, including systemic health counseling. Hygienists already affirm their role in oropharyngeal cancer prevention. Faculty Role: Faculty design HPV modules that include motivational interviewing, case-based learning, and communication strategies. Faculty-led HPV curriculum improves knowledge, comfort, and self in patient counseling. Communication Training: Hygienists receive explicit training in motivational interviewing and preventive counseling (e.g., fluoride, tobacco cessation, diet). HPV vaccine conversations can be integrated into reviewing medical history forms and oral cancer screenings.		https://www.healthcarejournal.com/doi/full/10.1108/1943-388X-2016-2407474747474747
"Engaging new partners in human papillomavirus (HPV) vaccine promotion: Considerations for training private practice dental professionals in HPV vaccine promotion."	Ashleson N, Ryan G, McKernan S, Scherer A Day E, Arcis J. Engaging new partners in human papillomavirus (HPV) vaccine promotion: Considerations for training private practice dental professionals in HPV vaccine promotion. <i>J Public Health Dentistry</i> . 02-11 Index 74, S-85 0.057	http://dx.doi.org/10.1901/JDH.2020.955047	Curriculum Content Evidence: Demonstrates that dental hygienists are already formally trained and expected to deliver preventive counseling within their scope, which establishes a good foundation for HPV counseling. Since HPV is directly linked to oral cancers, adding HPV counseling is a "natural extension" of their curriculum-based preventive training. Article explicitly states that HPV vaccine counseling fits seamlessly within the existing training and education of dental hygienists, who already counsel patients in other prevention areas. Scope of Practice: Hygienists acknowledge needing more formal education, but the presence of these survey items provides that HPV counseling is seen as within their educational and professional scope, and that addressing these barriers is part of their curriculum development. Directly frames HPV counseling and referral as part of the preventive health promotion scope of dental hygienists. It underscores that vaccine-related education does not expand scope artificially, but rather fits within their existing roles. While hygienists already receive preventive health training, this highlights that continuing education (CE) is being designed to address HPV counseling specifically. This indicates that their professional education framework is actively being updated to include HPV vaccination counseling. The study explicitly included dental hygienists' training and educational needs in its survey design, confirming that hygienists are both a target group and recipients of HPV-specific continuing education. Accreditation Connection: Demonstrates that dental hygiene's professional education is being actively expanded to include HPV counseling as a standard competency.		http://dx.doi.org/10.1901/JDH.2020.955047
Health literacy approaches to improving communication between dental hygienists and patients for HPV-related oral cancer prevention	Thompson, E. L., Daley, B. M., Varnes, G. A., Heywood, A. K., Catlett, P. A., Deltzer, R. D., Haines, L. C., Griner, B. B., Vazquez-Otero, C., & Klein, N. S. (2017). Health literacy approaches to improving communication between dental hygienists and patients for HPV-related oral cancer prevention. <i>Journal of Dental Hygiene</i> , 95(4), 37–45.	http://dx.doi.org/10.1901/JDH.2020.955047	Curriculum Content Evidence: Confirms HPV/COC content appears in initial education and CE. Scope of Practice: This study posits dental hygienists—the virtue of their accredited education, health-literacy competencies, and prevention-focused clinical role—as appropriately trained and professionally scoped to provide patient education on HPV and the HPV vaccine. Explicitly includes HPV vaccine promotion within hygienists' prevention. Dental hygienists – are a unique group of oral health care providers ... because of their training, have a unique position as educators and prevention specialists'.		http://dx.doi.org/10.1901/JDH.2020.955047
Pilot Test of Survey to Assess Dental and Dental Hygiene Student Human Papillomavirus-Related Oropharyngeal Cancer Knowledge, Perceptions and Clinical Practices	Rubenstein, F., Fowler, B., Moore, R., Poppe, L., Dixon BL, Platon LM, Winkler J, Kapcia D. Pilot Test of Survey to Assess Dental and Dental Hygiene Student Human Papillomavirus-Related Oropharyngeal Cancer Knowledge, Perceptions, and Clinical Practices. <i>J Cancer Educ</i> . 2018 Aug;34(4):507-514. doi: 10.1007/s13187-017-1165-5. PMID: 29801963	http://dx.doi.org/10.1901/JDH.2020.955047	Curriculum Content Evidence: Reviews dental professionals – including dental hygienists – as ideally positioned to counsel patients on HPV and vaccination because of their frequent patient contact and preventive scope. This builds the case that vaccine education fits within dental hygienist's preventive practice model. Dental hygiene curriculum exposure to HPV and vaccination is explicitly assessed, including "scope of dental practice" emphasizes recognition that hygienists are part of the workforce responsible for patient education on HPV. The conclusion emphasizes that oral health curricula, including dental hygiene education, should prepare students to counsel on HPV and vaccines. It underscores hygienists' preventive role and integration in HPV cancer prevention. Scope of Practice: This demonstrates that students – including dental hygienists – perceived HPV vaccination and vaccine recommendation as part of the professional role of dental providers. It validates that scope of practice encompasses HPV education. The study recognizes that future dental hygienists will have responsibilities in HPV prevention and cervical cancer control must support their readiness to counsel patients.		http://dx.doi.org/10.1901/JDH.2020.955047
A Mixed-Methods Examination of Factors Related to HPV Vaccination Promotion in Private Dental Settings, Iowa, 2019	Johnson N, Ryan G, McKernan S, Scherer A Day E, Arcis J. A Mixed-Methods Examination of Factors Related to HPV Vaccination Promotion in Private Dental Settings, Iowa, 2019. <i>Prev Chronic Dis</i> . 2021;18:205053. DOI: https://doi.org/10.5888/pcd18.205053	https://doi.org/10.5888/pcd18.205053	Curriculum Content Evidence: Confirms HPV/COC content appears in initial education and CE. Scope of Practice: This study posits dental hygienists—the virtue of their accredited education, health-literacy competencies, and prevention-focused clinical role—as appropriately trained and professionally scoped to provide patient education on HPV and the HPV vaccine. Explicitly includes HPV vaccine promotion within hygienists' prevention. Dental hygienists – are a unique group of oral health care providers ... because of their training, have a unique position as educators and prevention specialists'.		https://doi.org/10.5888/pcd18.205053
The role of dental providers in preventing HPV-related diseases: a systems perspective	Daley EM, Varos CA, Thompson E, Vazquez-Otero C, Griner SB, Merrell L, Griner SB, Nestlegrange M, Klein N et al. Assessing a continuing education course for dental hygienists to improve HPV and HPV vaccine knowledge and self-efficacy. <i>J Cancer Educ</i> . 2020;35(1):23-30. doi: 10.1007/s13187-020-02462-5. PMID: 38819525	https://www.cdc.gov/diseases/prevention/2021_02_05_053.htm	Curriculum Content Evidence: Modified CE Course: Included HPV & COC etiology, vaccine safety/effectivity, how to discuss/recommend, how to refer, and motivational interviewing scripting. Led by a dental hygiene educator. Dental curriculum was an important provider group for HPV prevention as indicated by the national guidelines to encourage dental providers to educate, recommend, and refer HPV vaccination to their patients. To help translate and implement these guidelines into current practice, continuing education tools are an important strategy to reach dental hygienists in practice, especially since implementation awareness is low. This study demonstrates that continuing education tool led to improvements in knowledge, and future work should develop interactive continuing education tools that can involve changes in self-efficacy and ultimately improve behaviors in clinical practice. Scope of Practice: Directly states patient education and counseling are in Dental Hygienists scope. Identifies Dental Hygienists as ideal messengers.		https://www.cdc.gov/diseases/prevention/2021_02_05_053.htm
An Educational Intervention on HPV Knowledge and Comfortability Discussing Vaccination among Oral Health Care Professionals of the American Indian and Alaska Native Population	Sandhu, M. I., Briss, M. A., Grogan, L., Johnson, L. B., Walsh, K., & Vila, A. (2020). An educational intervention on HPV knowledge and comfortability discussing vaccination among oral health care professionals of the American Indian and Alaska Native population. <i>Human Vaccines & Immunotherapeutics</i> , 16(12), 3131–3137. https://doi.org/10.1080/21645515.2020.1752959	https://doi.org/10.1080/21645515.2020.1752959	Scope of Practice: The article highlights that both the American Dental Association (ADA) and American Academy of Pediatric Dentistry (AAPD) have policy statements supporting HPV vaccination promotion for oral health providers, explicitly encouraging education and counseling. Demonstrates that dental hygienists have the educational foundation, continuing curriculum opportunities, knowledge acquisition capacity, and professional scope to counsel patients on HPV vaccination. With appropriate training, hygienists not only gain confidence and retain HPV vaccine knowledge, but also become effective promoters of cancer-preventive vaccination in diverse patient populations such as AIAN communities.		https://doi.org/10.1080/21645515.2020.1752959

Identifying the Utility of Dental Providers in Human Papillomavirus Prevention Efforts: Results from the National Health and Nutrition Examination Survey 2015–2018	Chen M, Kelly A, Thakkar-Santam M, Tranby SP, Friedberg-Lewy J, Shah PQ, Lantieri N, Bucher Y. Identifying the Utility of Dental Providers in Human Papillomavirus Prevention Efforts: Results From the National Health and Nutrition Examination Survey 2015-2018. <i>Journal of Adolescent Health</i> . 2022;70(4):571–576. doi:10.1016/j.jadohealth.2021.10.030	<i>Journal of Adolescent Health</i> . 2024; 9:181–182?	The findings The 2015–2018 National Health and Nutrition Examination Survey (NHANES) data suggests that dental providers are a critical, yet underutilized, resource for HPV prevention, as a significant number of unvaccinated adolescents and young adults visit the dentist but not a medical provider. Studies based on this data show a positive association between dental visits and increased HPV vaccination rates, indicating potential for dental offices to become a key access point for prevention efforts, including education, referral, and potentially even vaccine administration in the future. We highlight the importance of utilizing dental providers in HPV primary prevention efforts, including counseling, primary care referral, and vaccine administration. Dental providers are well-positioned to serve as an access point for HPV vaccination for young people who may not have a medical visit. Dental offices can serve as referral points, connecting unvaccinated patients with resources or opportunities for receiving the vaccine.	https://pubmed.ncbi.nlm.nih.gov/34903425/#--text=ON%20house%20with%20that%20a%20confidence%20interval%201.28%20%20
Accreditation				
Commission on Dental Accreditation (CODA)	Commission on Dental Accreditation. Accreditation Standards for Dental Hygiene Education Programs. Chicago, IL: American Dental Association; 2023. Accessed September 13, 2025. https://coda.ada.org/media/project-organization/ada/coda/dental_hygiene_standards.pdf	CODA is recognized by the U.S. Department of Education (USDE) as the national accrediting agency for dental, advanced dental, and allied dental education programs.	CODA requires dental hygiene programs to train students to: Obtain, review, and regularly update patient medical and dental histories. Recognize the link between systemic health and oral conditions. Use the medical history to guide patient risk assessment, prevention strategies, and education. Reviewing medical history is not optional — it's a core competency required for accreditation and directly tied to hygienists' ability to counsel patients on prevention, including vaccines like HPV. CODA Standards Related to Medical History Review 1. CODA Standard 2-8 (Dental Hygiene Standards). Requires that graduates must be competent in providing the dental hygiene process of care, which includes assessment, diagnosis, planning, implementation, and evaluation. The assessment component specifically requires students to collect, analyze, and document data on a patient's general, oral, and psychosocial health — this includes obtaining and updating medical, dental, and social histories. 2. CODA Standard 2-13. Requires that graduates be competent in assessment of patient's needs, (risk factors, and systemic conditions. This involves linking systemic diseases, medications, and conditions (like HPV, diabetes, cardiovascular disease, etc.) to oral findings. 3. CODA Standard 3-10. Requires that graduates be competent in health promotion and disease prevention strategies. This builds on the medical history review because identifying risk factors in the history (e.g., immunization status, tobacco use, HPV risk factors) guides the preventive counseling hygienists provide.	https://coda.ada.org/standards
American Dental Hygiene Association (ADHA)	American Dental Hygienists' Association (ADHA). Standards for Clinical Dental Hygiene Practice. Revised 2025 Access: 2025 (suppl) 1-15.	The American Dental Hygienists' Association (ADHA) is the largest national organization representing the professional interests of dental hygienists.	ADHA Standards (clinical practice). The clinical assessment includes "an examination of the head and neck and oral cavity including an oral cancer screening," and documentation standards call out recording the oral cancer screening. ADHA The 2025 update also requires a comprehensive head-and-neck/oral exam and emphasizes educating patients and maintaining routine screenings for early detection as part of implementation and continuing care.	https://www.adha.org/wp-content/uploads/2025/01/2025_Standards-of-Clinical-Hygiene-Practice.pdf
National Board Exam: Dental Hygienist				
Dental Hygiene Reference Tests for the National Board Dental Hygiene Examination		Pathology Color Atlas of Common Oral Diseases, Langlais, et al. (Wolters Kluwer) General and Oral Pathology for the Dental Hygienist, DeLong and Burkhardt (Wolters Kluwer) Oral Pathology for the Dental Hygienist, Baen and Anderson Phelan (Elsevier)		
National Board Dental Hygiene Examination	Link to Guide National Board Dental Hygiene Examination (NBDHE) 2025 Candidates Guide	JONDE. (2023). National Board Dental Hygiene Examination (NBDE) Guide. Chicago: American Dental Association.	Reference Tests for Dental Hygiene Exam Explicitly listed on the national board exam and forms part of the foundational competency for all licensed dental hygienists in the U.S. The Joint Commission on National Dental Examinations (JCNDE) develops and administers the NBDE. The NBDE Test Specifications (updated 2023) include content on oral pathology, oral cancer, and risk factors such as HPV and tobacco use. In the Scientific Basis for Dental Hygiene Practice section, hygienists are tested on: Recognition of oral pathology and potentially malignant lesions. Knowledge of risk factors and prevention strategies for oral and oropharyngeal cancers. Clinical decision-making regarding patient education, counseling, and referral. Examples of Oral Cancer Content Areas in the NBDE Assessment and Diagnosis Identify abnormal oral lesions (erythroplakia, leukoplakia, oral squamous cell carcinoma). Recognize signs and symptoms associated with oral cancer. Patient Risk Factors & Prevention Knowledge of HPV as an etiologic factor. Counseling patients about tobacco cessation and alcohol reduction. Clinical Practice Performing and integrating an intraoral extraoral examination. Recognizing when referral for biopsy or specialist evaluation is indicated.	
HPV Toolkit for Oral Health Providers				
HPV Dental Toolkit, Massachusetts HPV Coalition	Massachusetts HPV Coalition. (n.d.). Dental Toolkit. Retrieved September 10, 2025, from https://www.masshpvcoalition.org/download-our-dental-toolkit	Toolkit	The American Academy of Dentists (AAD) and the American Academy of Pediatric Dentistry (AAPD) both recognize the critical role dental providers have in preventing HPV. In 2017, the AAPD released a statement encouraging oral health providers to educate patients and guardians on the relationship between HPV and oral cancer, as well as counsel patients and guardians on the HPV vaccine. Emphasizes role of oral health providers and HPV vaccine educators which includes dental hygienists.	https://www.masshpvcoalition.org/download-our-dental-toolkit
Immunize Oregon and OHSU Knight Cancer Institute	Oregon HPV Prevention Alliance. HPV Dental Task Force. (2022, April). Dental Office HPV Materials Toolkit (English + Spanish). Oregon Health & Science University. https://www.ohsu.edu/sites/default/files/2022-04/2022-04_Dental%20Office%20HPV%20Materials%20Toolkit_ENG%28SPAN%28Web.pdf	Toolkit	Dental teams are trusted messengers for oral cancer prevention and are encouraged to engage in vaccine counseling and referrals. Strong emphasis on team-based prevention, making HPV counseling part of routine dental care. Patient-centered counseling not only increases awareness of HPV-related risks but also strengthens vaccine confidence, ensuring that more individuals receive protection against HPV-associated diseases.	https://www.ohsu.edu/sites/default/files/2022-04/2022-04_Dental%20Office%20HPV%20Materials%20Toolkit_ENG%28SPAN%28Web.pdf
Cancer Prevention Through HPV Vaccination: An Action Guide for Dental Health Care Providers	American Dental Association	Toolkit	Oral health professionals play a critical role in combating growing rates of HPV-positive oropharyngeal cancers, which affect the tonsils and the base of the tongue. Oral health professionals should strongly and clearly recommend HPV vaccination to all age-appropriate patients.	https://www.ada.org/media/press-releases/2023/04/2023-04-Dental%20Office%20HPV%20Materials%20Toolkit_ENG%28SPAN%28Web.pdf
Policy Statements				
"Policy on Human Papilloma Virus Vaccinations"	American Academy of Pediatric Dentistry. Policy on human papilloma virus vaccinations. The reference manual of pediatric dentistry. Chicago: American Academy of Pediatric Dentistry. 2020. p. 102–3.	Policy Statement	Policy: Policy on Human Papilloma Virus Vaccinations Key language: Encourages oral health care providers to (1) educate patients and parents on HPV and oropharyngeal cancer; (2) counsel regarding HPV vaccination per CDC recommendations; (3) examine patients for signs of oropharyngeal cancer. Implication: Hygienists "at least" "oral health care providers," affirming their role in HPV vaccine counseling.	https://www.aapd.org/media/press-releases/2023/04/2023-04-Dental%20Office%20HPV%20Materials%20Toolkit_ENG%28SPAN%28Web.pdf
"Policy Statement on HPV Vaccine for the Prevention of Oral HPV Infection (2018)"	American Dental Association. Policy Statement: HPV Vaccine for the Prevention of Oral HPV Infection. Adopted October 2018. Accessed September 14, 2025. https://www.ada.org/resources/clinical-recommendations/health-topics/hpv-vaccine	Policy Statement	Policy: Policy Statement on HPV Vaccine for the Prevention of Oral HPV Infection (2018). Key language: Urges dentists to support HPV vaccination; ADA's Action Guide for Dental Health Care Providers extends this responsibility to the dental team, providing strategies for patient conversations and referrals. Implication: ADA recognizes vaccine counseling as part of the dental team's preventive role — hygienists included.	https://www.ada.org/media/press-releases/2018/10/2018-10-ADA-Policy-Statement-on-HPV-Vaccination
				https://www.ada.org/search-results?hpv%20policy%20statement&sort=relevancy

American Dental Hygiene Association	American Dental Hygienists' Association (2022). ADHA Policy Manual FY22. Chicago, IL Author. Retrieved from https://www.adha.org/wp-content/uploads/2023/01/ADHA_Policy_Manual_FY22.pdf	Policy Statement	Policy: No single HPV-only statement, but ADHA's Policy Manual supports vaccine administration by dental hygienists (with appropriate training/authorization). Oropharyngeal cancer screening as part of the dental hygiene scope. Educational stance: ADHA offers CE 1h: "New Insights in HPV Cancer Prevention for Dental Hygienists" that trains hygienists to counsel on HPV risk and vaccination. Implication: ADHA affirms hygienists' preventive and counseling role in HPV and related cancers through scope-supportive policy + continuing education.	www.adha.org
Association of State and Territorial Dental Directors (ASTDD)	White Paper: Human Papilloma Virus (HPV) and Oropharyngeal Cancer Association of State and Territorial Dental Directors (ASTDD) Adopted July 10, 2017	White Paper	The Association of State and Territorial Dental Directors (ASTDD) endorses promotion of the HPV vaccine to reduce the risk of HPV-related oropharyngeal cancer. Integrating HPV and OPC education into dental, dental hygiene and other health professions curricula can increase the comfort level of healthcare providers in addressing HPV and the HPV vaccine in a clinical setting.	https://www.astdd.org/docs/human-papilloma-virus-and-oropharyngeal-cancer-white-paper.pdf
American Cancer Society (ACS)	National HPV Vaccination Roundtable. (2019, September). Cancer Prevention Through HPV Vaccination: An Action Guide for Dental Health Care Providers (Version 3.0). https://hpvrroundtable.org/wp-content/uploads/2023/05/DENTAL-Action-Guide-Webb-1.pdf HPV Vaccination Roundtable	Statement and Action Guide	Oral health professionals play a critical role in combating growing rates of HPV-positive oropharyngeal cancers, which affect the tonsils and the base of the tongue. Oral health professionals should strongly and clearly recommend HPV vaccination to all age-eligible patients. Dental providers play a unique role in HPV cancer prevention. Although dental providers cannot screen for oral HPV, you can reduce the incidence by promoting HPV vaccination. Create a cancer prevention culture in your office by arming staff with the right language to speak professionally and confidently about the vaccine, and establish processes to make appropriate recommendations to your patients. Let it be known that your practice believes in cancer prevention. Widely established that terms oral health providers and dental providers are inclusive terms to the dental team which includes dental hygienists and dental therapists.	https://hpvrroundtable.org/cancer-prevention-through-hpv-vaccination-action-guide/
Certification				
Dental Hygienists - Fast Sheet - Knowledge Network HPV	May 19, 2025 College of Dental Hygienists of Ontario		Knowledge expectations of dental hygienists around HPV, oral cancer, oral management implications, role of dental hygienists in prevention and detection of HPV related lesions, education of HPV vaccination. Timely identification of precancerous and cancerous lesions. "dental hygienists can play a role in suggesting that unvaccinated patients/clients -- both male and female, particularly those aged 9 to 26 years -- speak with their primary care physician regarding possible immunization."	https://dho.org/factsheets/human-papillomavirus-and-warts/
Webinars and Continuing Education				
Human Papillomavirus (HPV) and Dentistry: What Every Provider Should Know	CareQuest Institute for Oral Health	Foundational knowledge of HPV: mode of transmission, its connection to oropharyngeal cancer; what dental providers can do in education / detection. (CareQuest Institute)	1 CE credit, live; there is a recorded version; PDF of slides/notes available. (CareQuest Institute)	
Enhance your HPV Communication Confidence: Applying Brief Motivational Interviewing	University of Washington / ACDE Webinar Series	Role of motivational interviewing (BriefMI) for HPV vaccine communication: epidemiology of HPV/OPC, vaccine facts, MI skill-building. (UW School of Dentistry)	live webinar (date listed May 6, 2025), 2 credit hours, paid (\$89) (Indiana University School of Dentistry)	
HPV Webinar -- (PA) Coalition for Oral Health	PA Coalition for Oral Health + PA Immunization Coalition	Focuses on HPV and oropharyngeal cancer: strategies for vaccine uptake; communication for dental practice settings. ((PCOH) PA Coalition for Oral Health)	live + recorded later; credits for dental professionals via state association; free/live event. ((PCOH) PA Coalition for Oral Health)	
Oral Health Practitioners and Cancer Prevention through HPV Vaccination	Illinois Department of Public Health	Strategies for dental team to prevent HPV-related cancer: current policies/guidelines, vaccine schedules, referrals. (Illinois Department of Public Health)	Recorded webinar; accessible on state health dept site. (Illinois Department of Public Health)	
Training HPV Immunization Education for Maximum Patient Acceptance	Texas Oral Health Coalition & partners (UNTHSC, TAMU, TWU, MD Anderson)	Evidence-based counseling and patient communication strategies, discussing vaccine immunization, safety, educational scenarios / verbiage for DPs in practice. (TxOHC)	CEU 1.5 hour; designed for dental health professionals. (TxOHC)	
Dental Provider Education - Preventing HPV Associated Cancers	VAX 2 STOP CANCER	On-demand training for dentists, hygienists, & assistants: best practices for recommendation, messages for vaccine hesitancy, materials for patient education, etc. (VAX 2 STOP CANCER)	1 CE credit hour (Alabama, for those licensed there) but materials may be useful elsewhere. (VAX 2 STOP CANCER)	
New Insights in HPV Cancer Prevention for Dental Hygienists	ADHA (American Dental Hygienists' Association)	Overview of HPV infection, cancer, vaccine; communication / integrating vaccine recommendation into DH daily practice. (mymembership.adha.org)	1.5 CE hours; ADHA members; may have on-demand/recorded option. (mymembership.adha.org)	
HPV and the Role of the Dental Team	National Network for Oral Healthcare Access	Human Papillomavirus (HPV) is a growing concern for health care providers and their patients. Oropharyngeal cancer has surpassed cervical cancer as the highest caused cancer from HPV. Oral health providers have a critical role in HPV, having the opportunity for patient education on the HPV vaccine, care coordination, and diagnosis of oropharyngeal cancers.		https://www.nncha.org/pages-1/resources-clinical-resources-hpv

Preventing HPV Cancers: The Role of Dental Professionals The Journey of Two HPV-Related Oropharyngeal Cancer Survivors (1 Credit) Increasing HPV Vaccination Coverage for Cancer Prevention (1 Credit) Role of the Oral Health Care Professional in Early Diagnosis of Oral Cancer and Precancers (1 Credit) HPV-Related Oropharyngeal Cancer: Staging and Treatment (0.25 Credit) The Oral Side Effects of HPV-Related Oropharyngeal Cancer Therapy (0.5 Credit) Preventing HPV Cancers: Best Practices from the Field (0.25 Credit) Stepping Up and Stepping Out: The Dental Professional's Role in Oral Cancer (1 Credit) HPV Resources & Materials for Dental Professionals (0.25 Credit)	American Cancer Society Utah Dental Hygiene Association American Dental Hygiene Association Weber State University May 2023	Sponsored by the American Cancer Society, online training with 8 modules.	8 CE hours, Training Modules	https://www.aacdipjournal.org/Resources/Preventing%20HPV%20Cancers%20for%20Dental%20Professionals%20Continuing%20Education%20Course.pdf
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NEWSLETTERS
&
ARTICLES OF
INTEREST



**AMERICAN BOARD_{of}
DENTAL EXAMINERS**

FOR IMMEDIATE RELEASE

CDCA-WREB-CITA and ADEX Finalize Merger to Form the American Board of Dental Examiners

(Washington, DC) The organizations behind the most widely accepted dental licensure exam in the United States have officially merged. CDCA-WREB-CITA, the nation's leading dental exam administrator, and the American Board of Dental Examiners (ADEX), developer of the national ADEX licensure exams, are now combined under a single entity: the American Board of Dental Examiners.

Merger plans announced earlier this summer were overwhelmingly approved by the governing bodies of both non-profit organizations this month.

Together, these two organizations currently serve 98% of dental licensure candidates and 85% of dental hygiene licensure candidates in the U.S. through the ADEX examination, administered at every dental school in the country. The merger reflects a shared commitment to a comprehensive, modern, reliable clinical exam process while preserving the essential role of state dental boards in establishing the national licensure exam standards. The American Board of Dental Examiners will both develop and administer national examinations for initial licensure in dentistry in the same way that its counterparts in medicine and nursing have for decades.

A Proven Partnership

The organizations share a rich history of innovation and collaboration.

ADEX was formed in 2004 to create a nationally recognized exam deliverable by all testing agencies. ADEX works closely with dental boards and educators to align content with evolving professional standards. Recognizing the need to make the initial licensure examination process uniform for the dental professions through a single psychomotor performance exam, CDCA-WREB-CITA was established in the merger of three regional testing agencies in 2021 and 2022. Today, CDCA-WREB-CITA is the only provider of the ADEX Examination.

Together, CDCA-WREB-CITA and ADEX pioneered the manikin-based CompeDont™ examination in 2020 and 2021, setting a new standard in patient safety, fidelity, and examination reliability.

“Through the unification of ADEX with CDCA-WREB-CITA, licensing jurisdictions can now confidently protect their citizens with a comprehensive, respected exam that is psychometrically sound and administered consistently across the United States and internationally. It has been my honor to help realize this achievement which marks a transformative milestone for dental professionals everywhere, ensuring excellence,

mobility, and public trust,” noted Dr. Conrad McVea, Chair of the new ADEX Council on Examinations.

ADEX is now required or recognized by law for licensure in nearly every U.S. jurisdiction, including the U.S. Virgin Islands and Puerto Rico, and it is growing internationally, with exam locations in Mexico, Canada, Jamaica, and new expansion into Saudi Arabia.

Meeting New Challenges

“The new American Board of Dental Examiners is uniquely positioned to bring the dental community the uniform competency standards it has sought for decades. With exceptionally strong relationships with dental boards and educational programs nationwide, we will continue to do the hard work that allows these dedicated professionals to protect the public while offering broad geographic licensure portability and additional access to care,” explained Dr. Mark Armstrong, Chair of the new organization.

The change brings expanded opportunities for state board participation in test development. Each member dental board will appoint a dentist and a dental hygienist, significantly increasing representation, particularly for dental hygiene professionals.

The merger will also be reflected in a new organizational logo and updated branding. The unified organization will use www.adextesting.org for its website and email addresses—platforms already familiar to most stakeholders.

The new organization will focus on further streamlining exam development and delivery, strengthening national and international relationships, and ensuring that every component of the dental licensure process, from scoring to candidate experience, reflects the highest standards of fairness, competence, and public protection.

The American Board of Dental Examiners will hold its Annual Meeting and Educators Conference in October as part of the Dental Testing and Regulatory Summit in Grapevine, Texas, marking the beginning of this next chapter in advancing national licensure standards.

For additional information, contact:

Stephanie Beeler
Director of Communications, Board Affairs & Events
443-270-3090
sbeeler@adextesting.org

A LETTER FROM THE EXECUTIVE DIRECTOR



Central Regional Dental Testing Service
Over 50 Years of Dental and Dental Hygiene Testing Excellence!
CRDTS+SRTA Better Together

Thank you to those who joined us at the 2025 CRDTS Annual Meeting! To those who could not be there this year, we hope to see you next year! The location and dates of next year's meeting will be announced soon so that you can plan early.

I am proud to be a part of such a phenomenal group of people who are passionate about the quality of oral health care and willing to share their talents, knowledge and expertise to promote the safety and welfare of the public.

Whether it is as CRDTS staff, CRDTS examiner, state dental board member or executive director, dental or dental hygiene school faculty member, speaker or exhibitor, your contribution to the Annual Meeting and to the CRDTS organization is greatly appreciated.

CRDTS is Growing and Evolving, and We are Excited About the Future!

A FEW THINGS WE ARE DOING:

- Expanding our reach and continuing the more than 50 years of excellence in dental and dental hygiene clinical licensure exam administration
- Developing outreach programs and independent testing site locations
- Providing much needed calibration, reeducation and remediation programs for state dental boards, schools and individual licensees
- Pioneering advances in simulated teeth and typodonts, and developing new technology with virtual haptic and virtual reality

Watch for more exciting news to come!

On behalf of the CRDTS Leadership Team, we sincerely appreciate your support and participation in CRDTS!

Richard "Sheli" Cobler



Central Regional Dental Testing Service
Over 50 Years of Dental and Dental Hygiene Testing Excellence!
CRDTS+SRTA Better Together

CRDTS NEWS

CRDTS has a long history of excellence in dental and dental hygiene testing, due in large part to those who have given their service and support in leadership positions.

As our organization continues to grow and expand our services we want to acknowledge all who have contributed in the past and welcome those who are stepping forward to share your time and talents in moving CRDTS forward.

MEET THE 2025-2026 CRDTS EXECUTIVE COMMITTEE



DR. DEENA KUEMPEL
PRESIDENT



DR. SEAN ELLIS
PRESIDENT ELECT



MS. REBECCA FICKEN, RDH
VICE PRESIDENT



MS. LINDA JORGENSON, RDH
SECRETARY/TREASURER



DR. ROD HILL
DENTAL ERC CHAIR



MS. LISA KUCERA
DENTAL HYGIENE ERC CHAIR

WE APPRECIATE YOUR SERVICE!

Help us in thanking the following former members of the CRDTS Executive Committee. While they have promised to stick around as examiners and help however they can, their terms expired August 2025 as officers of the organization.



DR. OTTO DOHM
IMMEDIATE PAST PRESIDENT



MR. ANDREW JOHNSTON, RDH
PAST VICE PRESIDENT



MS. MARY KELLY
PAST SECRETARY/TREASURER

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

H9103	Samayoa Davila, Juan Jose	2025-08-13
H9104	Miller, Jamie Nicole	2025-08-13
H9105	Hong, Stacy Tien	2025-08-13
H9106	Ortiz-Haro, Wendy	2025-08-18
H9107	Vazquez, Sonia Elizabeth	2025-08-20
H9108	Wallace, April Liann	2025-08-20
H9109	Nguyen, Brittany	2025-08-20
H9110	Greene, Cameron Jane	2025-08-20
H9111	Magers, Lexy	2025-08-20
H9112	Bui, Debbie	2025-08-20
H9113	Aguilar, Areicy Georgina	2025-08-25
H9114	Hansen, Chelsea Ann	2025-08-25
H9115	Carter Sadek, Jasmine Marie	2025-08-25
H9116	Gomez, Karen	2025-08-25
H9117	Tapia-Guillen, Xitlali	2025-08-25
H9118	Gaines, Abigail Madla	2025-08-28
H9119	Clark, Gabrielle Elizabeth	2025-08-29
H9120	Soza, Monica Loren	2025-09-02
H9121	Tran, Mary	2025-09-02
H9122	Power, Erin	2025-09-03
H9123	Trinidad, Mary	2025-09-03
H9124	Reed, Adrienne brooke	2025-09-04
H9125	Lizama, Monica Vanessa	2025-09-04
H9126	Bran-Barrera, Sandra	2025-09-04
H9127	Ramirez, Andrea	2025-09-10
H9128	Ibrahim, Fartun	2025-09-11
H9129	Agni, Craig	2025-09-16
H9130	O'Ryan, Rachel	2025-09-22
H9131	Blaylock, Jaiden Bailee	2025-09-30
H9132	Nguyen, Jamie	2025-10-07
H9133	Sullivan, Kelley	2025-10-07
H9134	Walker, Madison	2025-10-07
H9135	Chaer, Michele	2025-10-07

DENTISTS

D12253	Jeong, Soo Cheol	2025-08-18	DDS
D12254	Husienzad, Asma	2025-08-20	DMD
D12255	Donakey, Reid Allen	2025-08-25	DDS
D12256	Bowers, Dana Renee	2025-08-28	DDS
D12257	Chen, Jessica	2025-09-02	DMD
D12258	Chellis, Jessica Rosemary	2025-09-02	DMD
D12259	Salehi Oka, Elaheh	2025-09-02	DMD
D12260	Bannan, Sean	2025-09-03	DDS
D12261	Lee, Eugene	2025-09-03	DDS
D12262	Gushiken, Karly	2025-09-08	DMD
D12263	Burg, Jeffrey Scott	2025-09-10	DDS
D12264	Tep, Tiffany Alanna	2025-09-16	DMD
D12265	Wang, Joy Kristina	2025-09-22	DDS
D12266	Phan, Cuong Quoc	2025-09-30	DDS
D12267	Vo, Tina	2025-09-30	DMD
D12268	Wood, Jake	2025-09-30	DMD
D12269	Madani, Christopher Alan	2025-09-30	DDS
D12270	Chandrashekhar, Hemamalini	2025-10-07	DDS
D6824	Ferguson, David K	2025-10-07	DMD

LICENSE, PERMIT & CERTIFICATION



McKenzie Dental
Practices of Oregon

Oregon Board of Dentistry
Licensing/Examinations
1500 SW 1st Avenue, Suite 770
Portland, OR 97201

Dear Oregon Board of Dentistry,

McKenzie Dental Practices of Oregon respectfully requests approval for our course *Local Anesthesia Functions for Dental Assistants* as a board-approved training course to qualify for the Oregon Local Anesthesia Functions Certificate (LAFC).

Provided with this letter are the Syllabus/Course Description, Course Outline and Curricula Vitae for Ashley Leavitt, RDH and Tamara Maahs, RDH, BSDH, EP along with their credentials, who will join McKenzie Dental Practices of Oregon as instructors for the course including the hands-on/lab portion of the training course.

Also provided are pre-test for Medical Emergencies in the Dental Office, sample quiz, and the final exam for the certification as well as the Injections Practice Summary and Basic Skill Evaluation form used for practicing injections. If additional documentation is indicated or if you have any questions, please contact us.

Thank you for your time and consideration,

James Lee, DDS, Director and Michelle Plouse, EFDA, Lead Dental Assistant Instructor



McKenzie Dental Practices of Oregon

Expanded Function Dental Assistant (EFDA) with Local Anesthesia Functions Oregon

Course Title: Local Anesthesia Functions for Dental Assistants

Sponsor: McKenzie Dental Practices of Oregon

Contact: James Lee, DDS, Director and Marie Plouse, EFDA, Lead Dental Assistant
Instructor

Instructors: Ashley Leavitt, RDH and Tamara Maahs, RDH, BSDH, EP

Course Description:

This course provides current Oregon Expanded Function Dental Assistants with essential knowledge and clinical skills for the safe and effective administration of local anesthesia. Topics include neuroanatomy, pharmacology, patient assessment, injection techniques, pain management, and emergency protocols. The curriculum integrates lectures, independent study, clinical training and hands-on practice to develop competency in preparation, administration, and management of local anesthesia.

Prerequisites: Must have an Oregon Expanded Function Dental Assistant and a minimum of 3 years current work experience as an expanded function dental assistant, BLS for Healthcare Providers certification or its equivalent, and professional liability insurance.

Course Outcomes:

- Understand neurophysiology and pharmacology of local anesthetics.
- Identify anatomical landmarks and understand the physiology related to the delivery of local anesthetics.
- Conduct comprehensive patient assessments, including medical history, physical and psychological evaluation, and treatment complexity, to determine appropriate anesthetic use.
- Select appropriate anesthetic based on the patient's dental, medical, physical and psychological assessment, procedure(s) to be performed, the duration needed and the maximum safe dosage.
- Recognize indications, contraindications, and complications of local anesthetics, and select appropriate medications and injection techniques.
- Safely and effectively administer local anesthesia under supervision practicing maxillary and mandibular injection techniques.
- Develop clinical precision and confidence by performing safe and effective local anesthesia injections.
- Maintain infection control and safety standards by following proper protocols and demonstrating correct needle handling.

- Prevent and manage complications by identifying and responding to potential adverse complications [systemic or local] such as hematoma, nerve injury, anesthesia failure, allergic reactions, etc.
- Consider legal aspects of delivering local anesthesia to include documentation and state requirements.

Course Certification Completion Requirements:

- Participate in all lecture, lab, and clinical sessions*
- Pass final written examination at 75% or higher
- Practical skill demonstrations
- Clinical performance/competency assessments
- Complete the DANB Application

https://danbsfprodassets.azureedge.net/assets/docs/default-source/state-application-packets/or_lafc.pdf?sfvrsn=2c9b2569_9

*See <https://www.danb.org/state-requirements/oregon-expanded-function-dental-assistant-with-local-anesthesia-functions-certificate>

Teaching Methods:

Hybrid study format: 24 hours lecture coursework online and 20 hours in-person class/clinical sessions (4 hours per week over 5 weeks).

*Clinical sessions include hands on partner practice requiring the student participate as a clinician as well as a patient.

In person on-site proctored final certification exam required week 6.

Required Textbook:

Local Anesthesia for Dental Professionals, 2nd Edition 2022 update, Bassett, DiMarco, & Naughton

Additional required resources will be provided

Local Anesthesia Functions for Dental Assistants Course Outline

Week 1: Orientation, Armamentarium and Basic Injection Technique

Unit Objectives

1. Understand head and neck anatomy as it relates to the administration of local anesthesia.
2. Identify specific hard and soft tissue landmarks needed for administering local anesthesia.
3. List the armamentarium required for administration of local anesthesia.
4. Demonstrate how to safely prepare an anesthetic syringe and appropriate anesthetic agents.
5. Demonstrate one-handed technique for uncapping and recapping the needle on the prepared syringe.
6. Describe the basic injection technique steps.
7. Demonstrate safe dismantling and sharps management/disposal after injections are performed.

Week 2: Neurophysiology and Neuroanatomy

Unit Objectives

1. Describe the structure of a nerve.
2. Explain nerve impulse transmission.
3. Describe the chemical structure of local anesthetics.
4. Explain the mechanism of action of local anesthetics
5. Explain the factors that affect local anesthetic activity to include physiologic effect, dissociation constant, effects of inflammation and infection, lipid solubility and protein binding.

Mandibular Injection Techniques: Objectives

1. Describe the technique for administering an inferior alveolar nerve block (IA) and Gow-Gates (GG) nerve block. Compare and contrast the two injection techniques.
2. Describe the technique for administering a mental and incisive injection and understand the difference between the two injections.
3. Describe indications and technique for the Long Buccal (LB) injection.
4. Describe the indications and technique for administering an infiltration (supraperiosteal [SP]) injection in the anterior and posterior regions of the mandible.

Lab: Identify landmarks for mandibular anesthetic injections (IA, GG, LB, Incisive and infiltration/supraperiosteal [SP]) and practice on a student partner.

Week 3: Pharmacology of Local Anesthetics and Vasoconstrictors

Unit Objectives

1. Describe the mechanism of action and pharmacokinetics of local anesthetic agents.
2. Discuss the efficacy, safety, duration of action, and recommended dosages of local anesthetic agents.
3. Recognize and describe the clinical manifestations of a local anesthetic overdose.
4. Explain the rationale for adding a vasoconstrictor to local anesthetic agents.
5. Recognize and describe the clinical manifestations of a vasoconstrictor overdose.

Maxillary Injection Techniques: Objectives

1. Describe the technique for administering a posterior superior alveolar (PSA) nerve block.
2. Describe the technique for administering a middle superior alveolar (MSA) nerve block.
3. Describe the technique for administering an anterior superior alveolar (ASA) nerve block.
4. Describe the technique for administering an infiltration (supraperiosteal [SP]) injection.

Lab: Identify landmarks for maxillary local anesthetic injections (PSA, MSA, ASA, and infiltration/supraperiosteal [SP]) and practice on a student partner.

Week 4: Patient Physical and Psychological Evaluation

Unit Objectives:

1. Understand why the medical questionnaire is important for identifying conditions, allergies or medications that could lead to adverse reactions, complications, or affect the effectiveness of local anesthetics.
2. Explain how the patient medical history is important for guiding treatment decisions and ensuring patient safety.
3. Review patient assessment tools for evaluation of physical and psychological tolerance to local anesthetics.
4. Use the American Society of Anesthesiologists Physical Status Classification System to determine which patients may be at medical risk for the administration of local anesthetics/vasoconstrictors.

5. Assess the significance of drug interactions that can occur with the administration of local anesthetics/vasoconstrictors.
6. Identify modifications to treatment to promote patient safety and comfort with the administration of local anesthesia.
7. Recognize the need for a medical consultation prior to treatment and administering local anesthetics.
8. Describe cardiac dosage for local anesthesia when cardiovascular disease is reported.
9. Consider signs and symptoms of possible undiagnosed medical conditions that can affect local anesthesia administration.
10. Discuss the importance of and strategies for post-operative/anesthetic care.
11. Review stress reduction protocols for anxious patient management.

Palatal Injection Techniques: Objectives

1. Describe the indications and technique for administering a greater palatine (GP) injection.
2. Describe the indications and technique for administering an anterior middle superior (AMSA) injection.
3. Describe the indications and technique for administering a nasopalatine (NP) injection.

Lab: Identify landmarks for maxillary palatal local anesthetic injections (NP, AMSA, and GP) and practice on a student partner. Practice opposite side PSA, IA and GG.

Week 5: Local Anesthesia Management and Legal Considerations

Unit Objectives:

1. Identify and manage adverse systemic and/or local complications associated with the administration of local anesthesia.
 - a. Systemic reactions
 - i. Edema
 - ii. Allergic reactions
 - iii. Overdose
 - b. Local reactions
 - i. Trismus
 - ii. Hematoma
 - iii. Tissue sloughing
 - iv. Sterile abscess
 - v. Paresthesia

- vi. Broken needle
 - vii. Post operative self-mutilation
- 2. Identify and manage medical emergencies involving local anesthesia
 - a. Allergy
 - b. Syncope
 - c. Hyperventilation
 - d. Cardiovascular effects
 - i. Blood pressure
 - ii. Cardiac arrest
 - iii. Myocardial infarction
 - iv. Stroke
 - e. Drug interaction
 - f. Seizure

Lab: Additional practice and Competency Testing for IA and PSA injections, review common medical emergencies

Week 6: Anesthetic Considerations in Dental Specialties

Unit Objectives

1. Discuss specific needs for pain control in the specialty areas of dentistry to include endodontics, pediatric dentistry, periodontics, and oral and maxillofacial surgery.
2. Describe supplemental techniques used for pain control.
 - a. Intraosseal (intrapapillary) injection
 - b. Intraosseous injection
 - c. Periodontal ligament (PDL) injection
 - d. Intrapulpal injection
3. Discuss pediatric considerations.
 - a. Fear
 - b. Toxic reaction (anesthesia overdose)
 - c. Self-inflicted soft tissue injury
 - d. Specific techniques for pediatrics
4. Discuss considerations for surgeries such as periodontal or oral surgeries.

On site: FINAL EXAMINATION and Complete DANB Application

LOCAL ANESTHESIA ORIENTATION AND PRACTICE



Lab Preparation and Basic Injection
Technique for Local Anesthesia Functions
for Dental Assistants

ARMAMENTARIUM

Prior to the start of lab:

- ✦ Review lecture materials
- ✦ Know your landmarks!
- ✦ Complete pre-injection paperwork
 - ✦ Patient BP
 - ✦ MRD Calculations
- ✦ Set up dental unit
- ✦ Assemble injection armamentarium (Anesthesia Tray Set Up)



ANESTHESIA TRAY SET UP

- ✿ Mouth Mirror
- ✿ Air/Water Syringe Tip & Saliva Ejector
 - ✿ If you drip anesthetic in the patient's mouth it does not taste good!
- ✿ Cotton Pliers (locking)
 - ✿ Safety
 - ✿ Essential for the recapping technique



ANESTHESIA TRAY SET UP



ANESTHESIA TRAY SET UP

- ✦ Patient Napkin & Napkin Holder



- ✦ Patient Protective Eyewear



ANESTHESIA TRAY SET UP

Stack of 2x2 Gauze

- ✿ 2x2 gauze will be divided into two piles
 - ✿ One pile for use in drying and retracting tissue*
 - ✿ One pile for expressing solution from the syringe before the injection (this allows for easier syringe handling)

*Do not express solution into your pile of gauze to be used for drying and retracting



ANESTHESIA TRAY SET UP

Long Cotton Tip Applicators

- ✿ Used to place topical anesthetic
- ✿ It is important that you place the topical in the exact penetration site of the injection.
- ✿ Used for injection “rehearsal” prior to picking up the syringe
- ✿ By using a long swab to “practice” the injection, you will be able to rehearse the process; reinforcing the correct angle(s) and pathway for the injection

Illustration from Bassett's Local
Anesthesia, 2nd Edition



ANESTHESIA TRAY SET UP

Topical Anesthetic

- ✿ Benzocaine is one of the most commonly used topical gel
- ✿ Use unless you know the patient has an ester allergy
- ✿ Document if any tissue reaction (e.g., redness or sloughing) at the site of topical placement
- ✿ Use Lidocaine topical if the patient shows signs of sensitivity or allergy to esters



ANESTHESIA TRAY SET UP

- ✿ Transfer topical anesthetic gel from the original container to a small, clean “souffle” cup
- ✿ DO NOT PLACE TOPICAL CONTAINERS ON YOUR TRAY OR AT YOUR DENTAL UNIT
- ✿ Collect only a small amount of topical (no “big globs”)
- ✿ You can minimize adverse reactions to the topical by using a small amount of agent at the penetration site



TOPICAL ANESTHETIC



Topical WRONG



CORRECT amount of topical

ANESTHESIA TRAY SET UP

Color Transfer Sticks

- ✿ Transfer sticks with vegetable dye that allow the clinician to “mark” the soft tissue penetration site
- ✿ Should be used on [relatively] dry tissue, otherwise moisture will cause the dye to spread out and blur the site



ANESTHESIA TRAY SET UP

Two Anesthetic Syringes

- ✿ Should be fully loaded with appropriate anesthetic and correct needle for the injection(s) being attempted
- ✿ Having two syringes during lab will enable you to move quickly and efficiently from one injection to the next AND prevent your having to change cartridge and/or needle, should you have an unengaged harpoon, a positive aspiration, or a contamination event

ANESTHESIA TRAY SET UP

- ✿ Extra Needles and Anesthetic Cartridges
 - ✿ Place extras in a small barrier sleeve*, NOT loose on your tray
 - ✿ At the end of clinic, carefully empty the unused needles and cartridges onto a clean tray in the sterilization area- these items can be used if they have not been contaminated

*Remember that the barrier sleeve will be contaminated, so be careful to not cross-contaminate



THE SYRINGE



Know your Syringe

- ✿ We will use a breech loading, metallic, cartridge- type aspirating syringe
- ✿ Load with pre-filled anesthetic cartridges
- ✿ Clinician must manually aspirate (syringe will not aspirate automatically)
- ✿ Most commonly used syringe in dentistry

PARTS OF THE SYRINGE

- ✦ Needle adaptor
- ✦ Barrel
- ✦ Piston with harpoon
- ✦ Finger grip
- ✦ Thumb ring

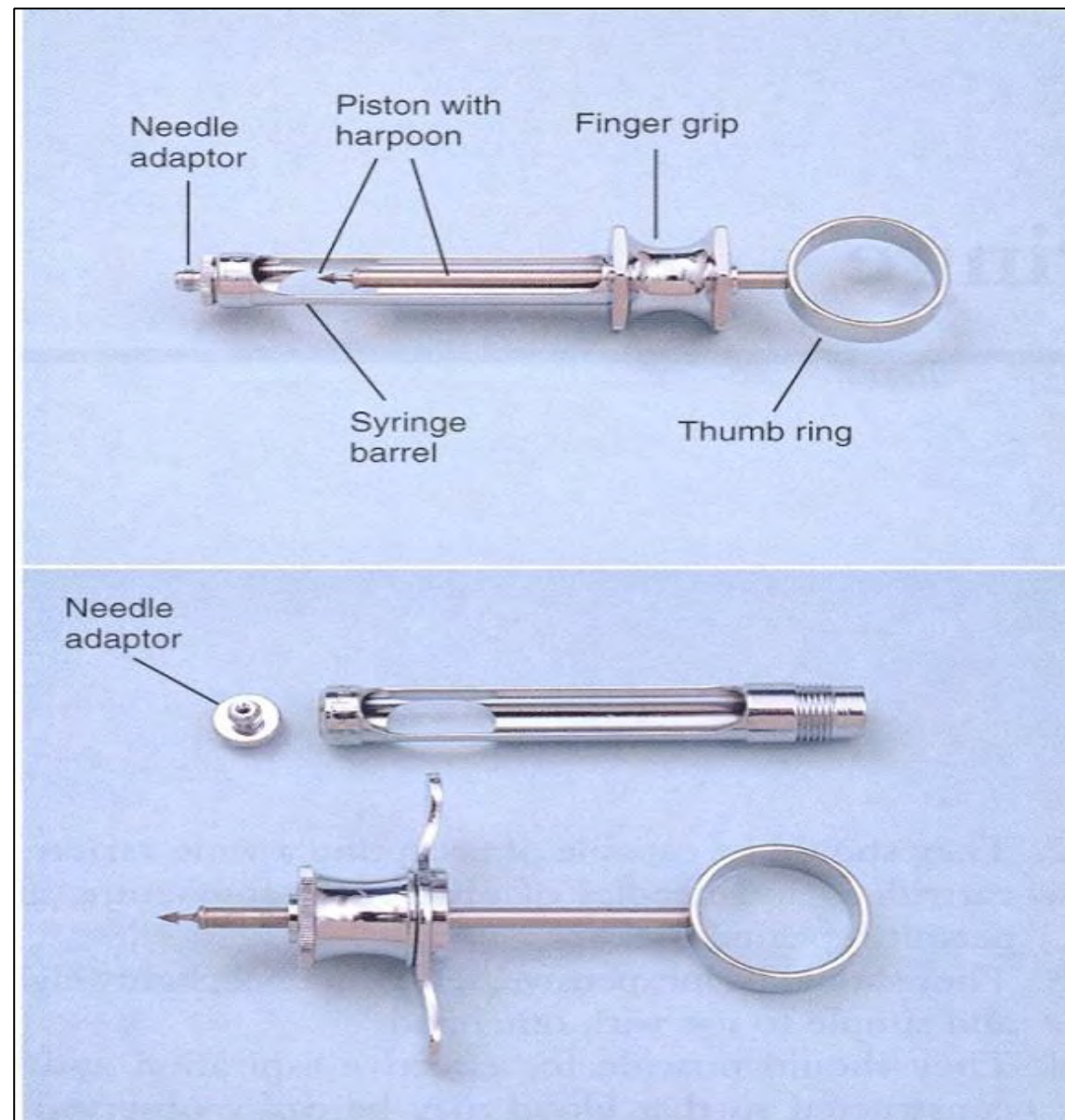


Illustration obtained from Malamed's Handbook of Local Anesthesia

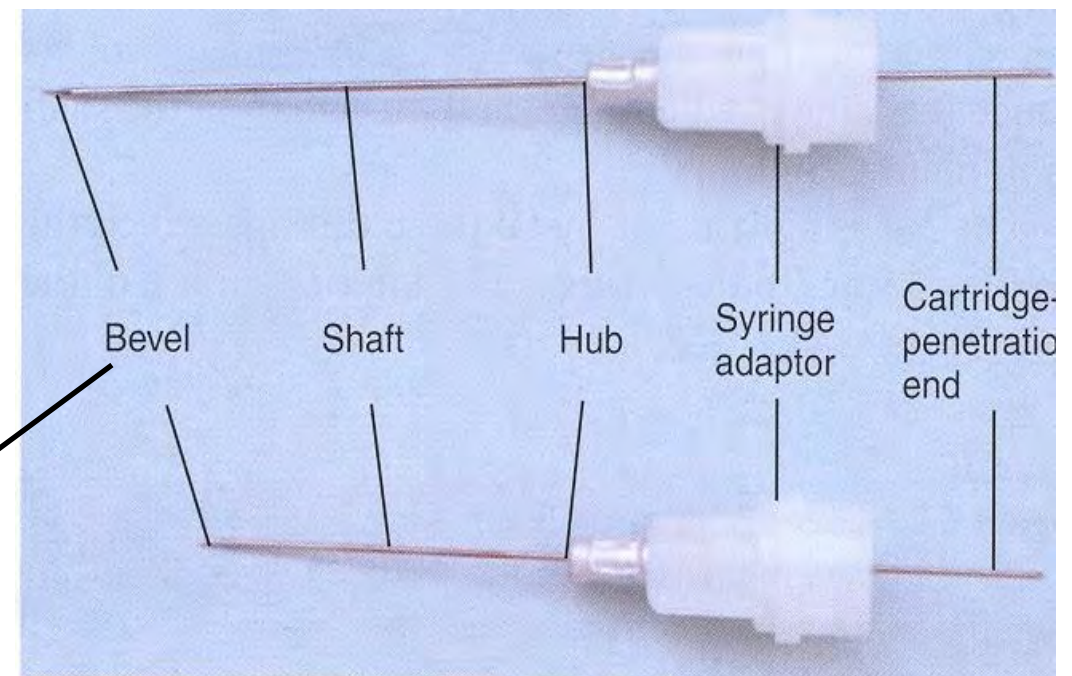
COMPONENTS OF THE CARTRIDGE

- ✿ Cylindrical Glass Tube
- ✿ Stopper (receives the harpoon from the syringe)
- ✿ Aluminum cap
- ✿ Diaphragm (part the needle penetrates)



COMPONENTS OF THE NEEDLE

- ✿ Needle tip and Bevel
- ✿ Needle Hub and Syringe Adapter



CHARACTERISTICS OF THE NEEDLE

✦ Needle Gauge

- ✦ Refers to the diameter of the lumen
- ✦ The smaller the gauge # the greater the lumen diameter
- ✦ Use **27 gauge** for both short and long needles (NOTE: 30 gauge short may be used for infiltrations and 25 gauge long will be introduced for Gow-Gates)

✦ Needle Length

- ✦ Long: hub to tip is approximately 32mm
 - ✦ Short: hub to tip is approximately 20mm
- (actual length may vary among manufacturers)

NEEDLE AND PATIENT SAFETY

- ✿ **NEVER** insert the needle in the tissue to the hub
- ✿ The weakest point of the needle is the junction of the hub and needle shaft. If the needle breaks, it will be difficult to retrieve (grab) the broken tip with your cotton pliers.
- ✿ **NEVER** bend the needle for injections
- ✿ You may see practicing clinicians do this. **HOWEVER**, it is not permitted for this course.

NEEDLE AND PATIENT SAFETY

- ✿ Always select longer needles for injections that require deeper penetrations
- ✿ Use a short needle for all injections, EXCEPT for the Inferior Alveolar (IA) and Gow-Gates (GG) Block Injections
 - ✿ It is mandatory for this course to use a long needle for the IA and GG injections
- ✿ NOTE: it is acceptable to use a long needle for the Long Buccal (LB) and Incisive injections, but these may be easier to perform with a short needle. In addition, articaine may be used (and more desirable) for LB and Incisive injections, whereas articaine will NOT be used for mandibular nerve BLOCK injections.

NEEDLE AND PATIENT SAFETY

- ✿ Needles should be changed after 3-4 soft tissue penetrations
 - ✿ Needles become dull after repeated injections
- ✿ Needles should be changed after injections in which bone/periosteum is contacted (e.g., IA, Gow-Gates, GP, NP, AMSA)
 - ✿ Contacting the periosteum may “barb” the needle, making it more difficult to penetrate soft tissue

NEEDLE CONTAMINATION

- ✿ A needle is considered contaminated if it touches anything other than the inside of the patient's mouth and/or the inside of the needle cap (touching the outside of the cap is considered contamination)
 - ✿ This also includes extra-oral tissue, gauze, patient napkin, operator glove, etc.
- ✿ A contaminated needle must be changed before using that syringe for another injection

LOADING THE SYRINGE

- ✦ Retract the Piston (we recommend using your non-dominant hand so you can use your dominant hand for placing the cartridge, engaging the harpoon, and then placing the needle)
- ✦ Hold the syringe in your non-dominant hand/palm and fully retract the piston by pushing up on the bottom of the finger grip while pulling back on the piston just above the thumb ring (note palm technique—do not use your thumb in thumb ring)

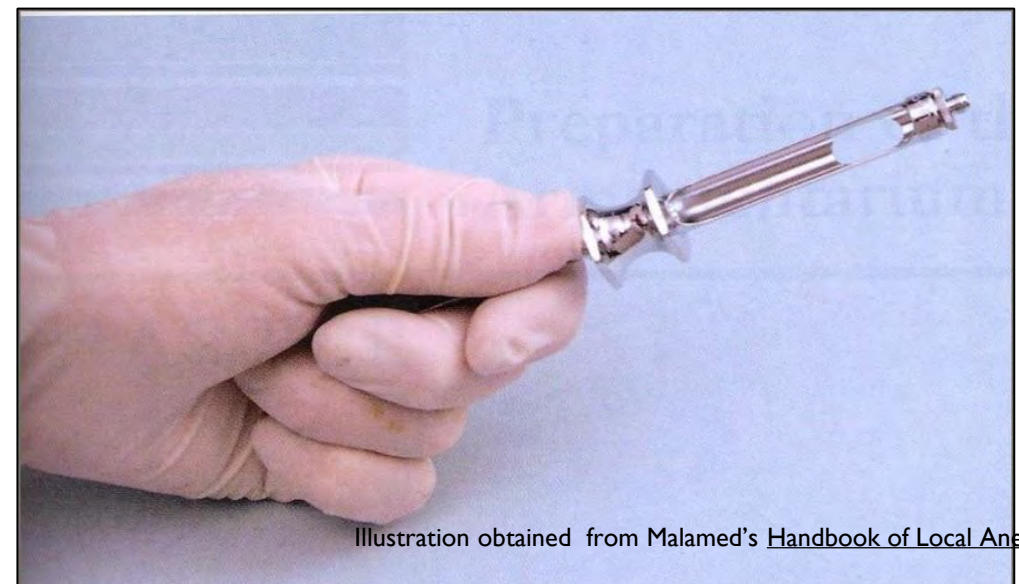


Illustration obtained from Malamed's Handbook of Local Anesthesia

LOADING THE SYRINGE

✦ Inserting the Cartridge

1. Insert the cartridge into the barrel with the stopper end toward the harpoon
2. Slide (or “drop”) the diaphragm end of the cartridge into the needle adapter end of the barrel



LOADING THE SYRINGE

✦ Engage the harpoon

- ✦ With the cartridge fully inserted, engage the harpoon in the plunger by pressing the thumb ring (Fig. 1)
- ✦ Keep the bar code toward the small window of the syringe
- ✦ You can also push and give a ***slight*** (approximately 1-2mm) twist the right to engage/counter-sink the harpoon (Fig. 2)
- ✦ Gently pull back on thumb ring to ensure harpoon is engaged within the rubber stopper



Fig. 1 Illustration obtained from Bassett's Local Anesthesia, 2nd Edition (Note image on next slide)

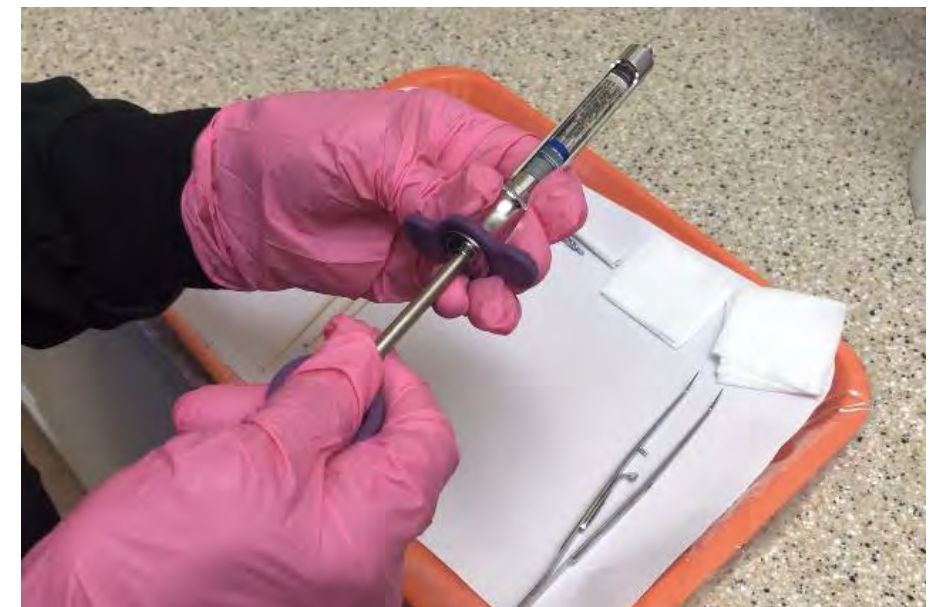


Fig. 2

LOADING THE SYRINGE

- ✿ Engaging the harpoon
 - ✿ If using the thumb, you may have better pressure to engage the harpoon if you use both hands.



ATTACHING THE NEEDLE

Attaching the needle to the syringe

- ✦ With the needle cap secure, carefully remove the syringe adapter cover (this on the opposite end of the needle)
- ✦ With your hands behind the needle tip, perforate the loaded cartridge diaphragm with the syringe adapter end of the needle
- ✦ Carefully rotate the adapter onto the threaded portion of the syringe hub
- ✦ NOTE: DO NOT re-cap the *syringe* end of the needle when changing needles

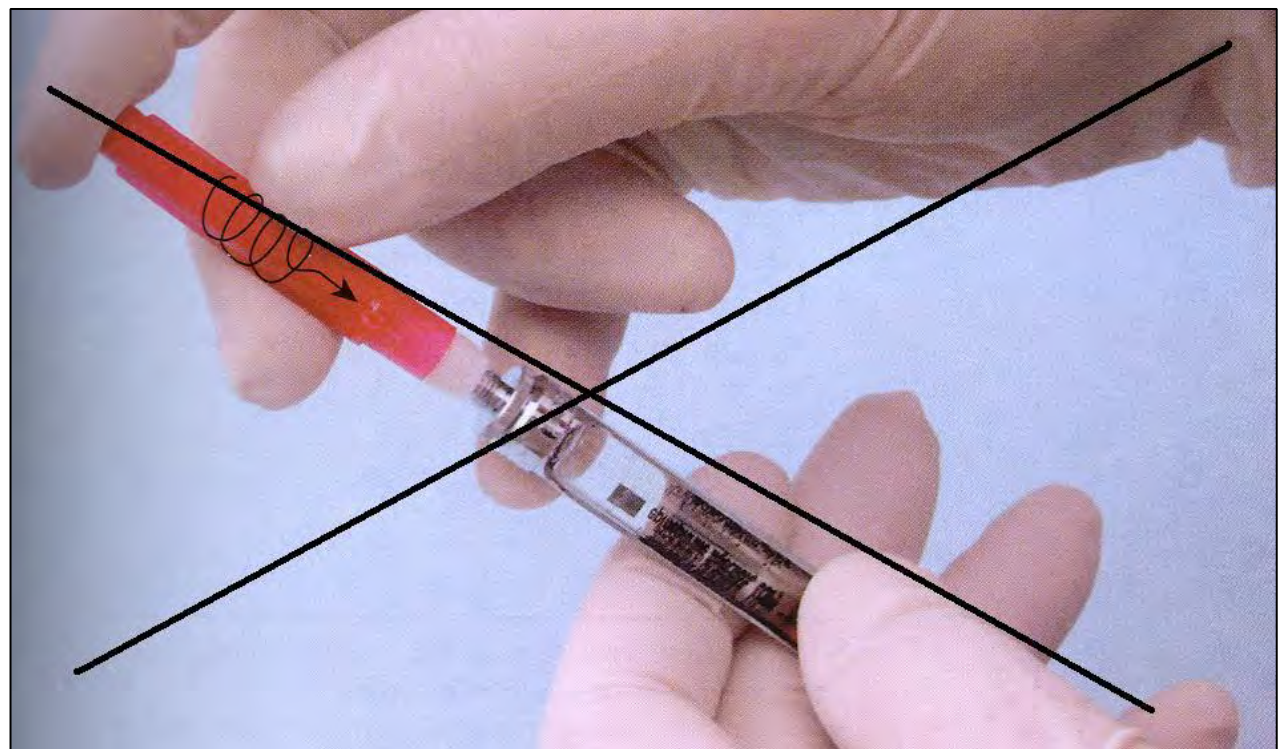
ATTACHING THE NEEDLE

- ✦ Make certain to keep both your dominant and non-dominant hands below the point of the needle when attaching and removing needles
- ✦ This is the only acceptable method to avoid a needlestick injury



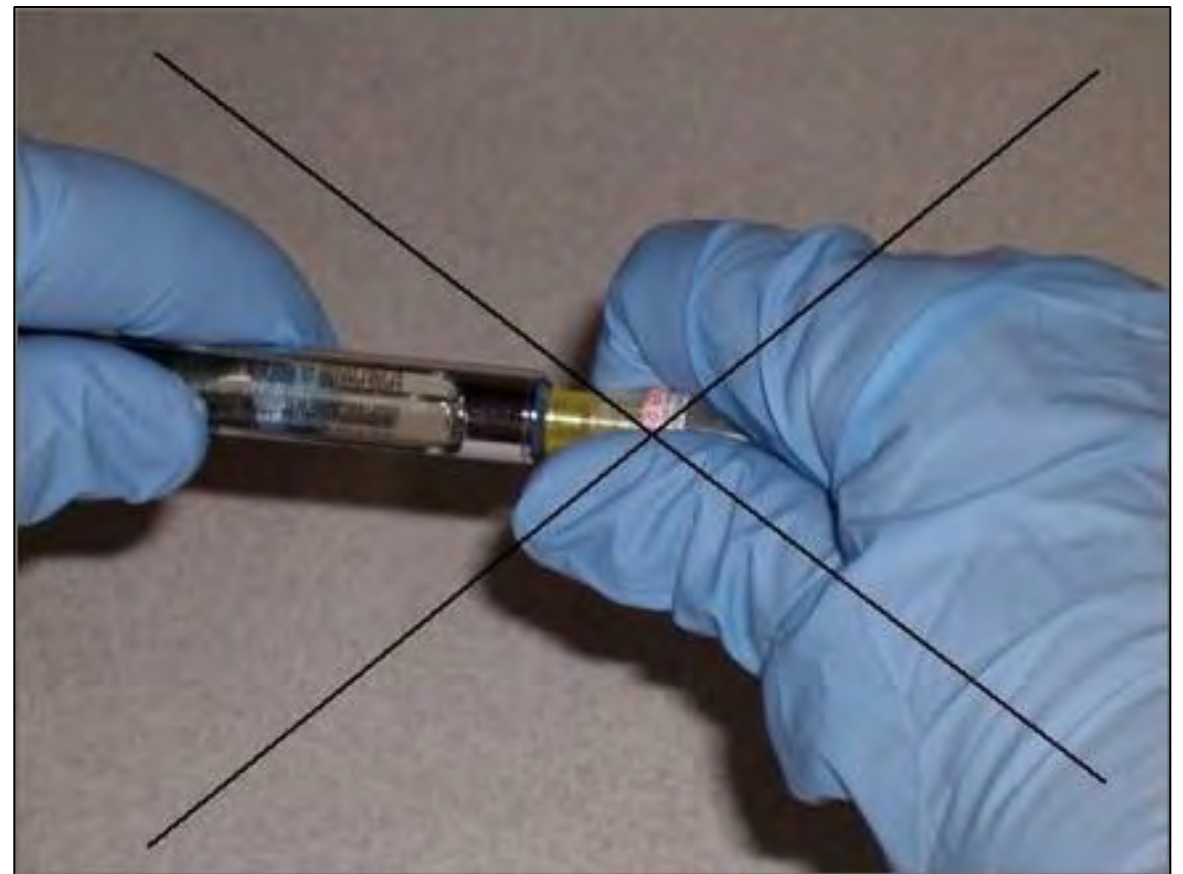
AVOIDING A NEEDLE-STICK

- ✦ NEVER position your hand or fingers on the end of the needle, even when the needle cap is secure



AVOIDING A NEEDLE-STICK

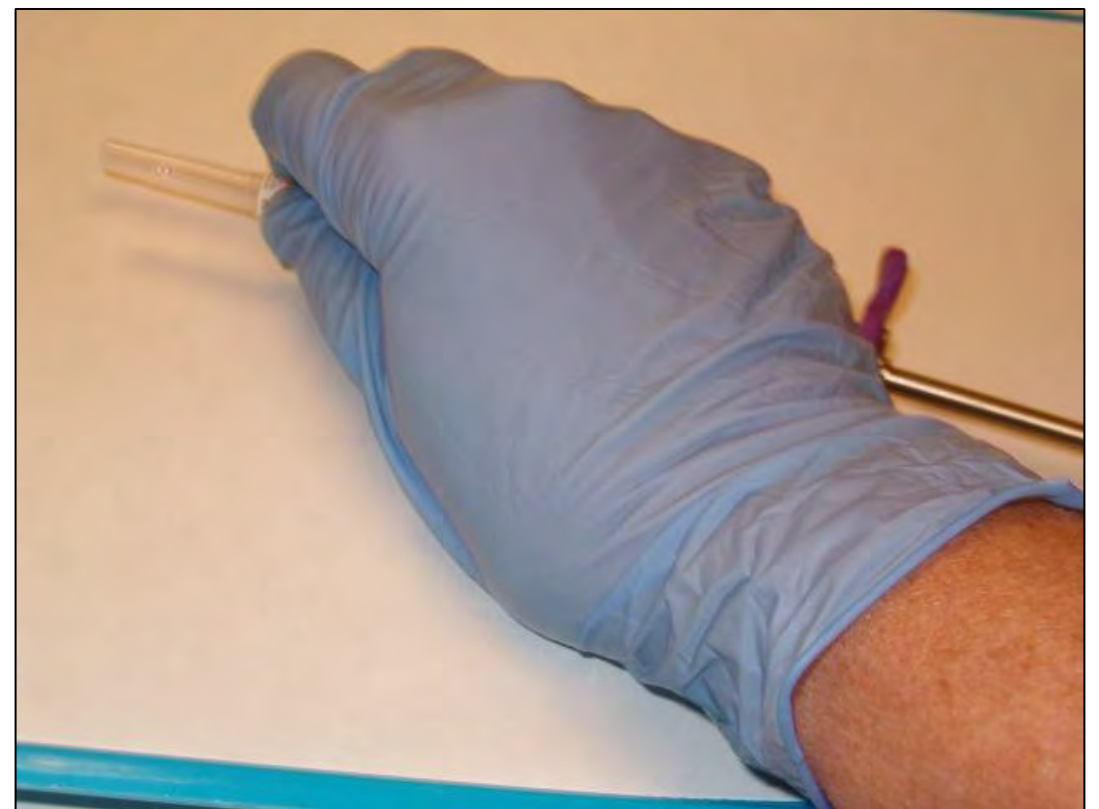
- ✿ NEVER place your hand (and palm) over the needle tip to thread the needle onto the syringe or when recapping
- ✿ If the needle cap becomes loose, it might come off and you may instinctively push it back on and risk impaling the needle within your hand



UNCAPPING THE NEEDLE

Always use the One-handed Uncapping Technique

- ✿ Place your non-dominant hand behind your back
- ✿ With the syringe laying on your tray, wrap your dominant hand around the syringe, and, with your thumb and forefinger, carefully “wiggle” (do not “twist”) the cap loose from the syringe adapter



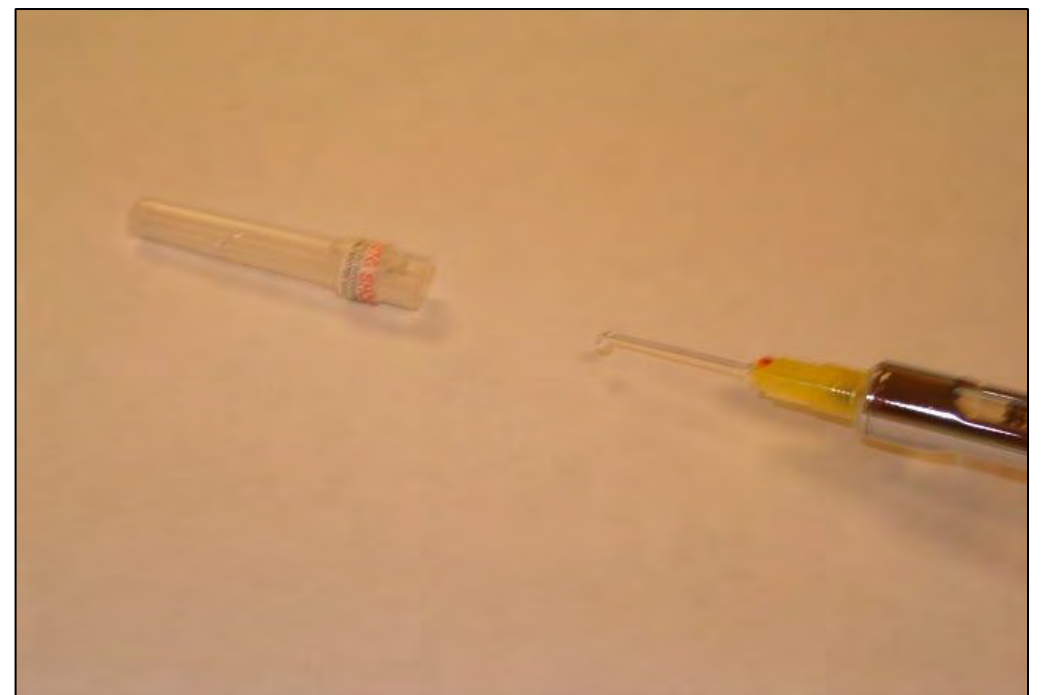
UNCAPPING THE NEEDLE

- ✦ Once the cap has loosened, lay the syringe flat; cap should still envelope the needle
- ✦ With your palm down, slide your thumb into the thumb ring and your middle/forefingers onto the finger rest (it is also helpful if the large barrel window is toward the tray, then when you pick up the syringe, the window is properly oriented)
- ✦ LIFT UP on the syringe and slowly pull the needle out of the cap, taking care as not to contaminate the needle by touching the tray cover



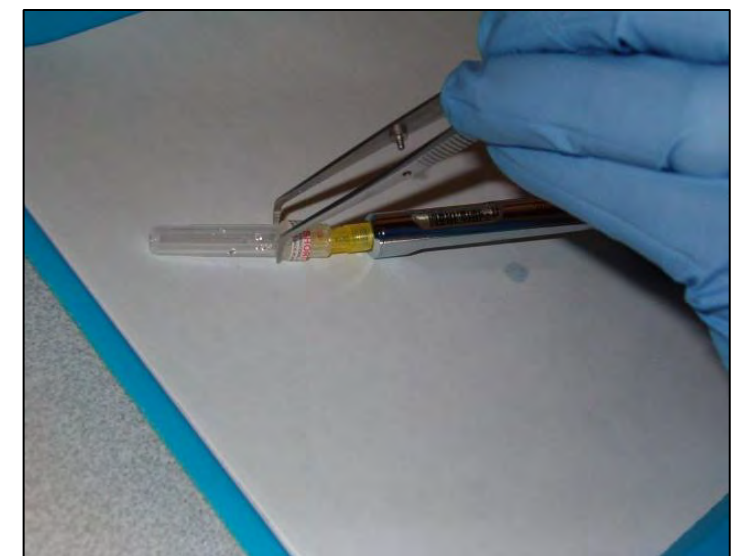
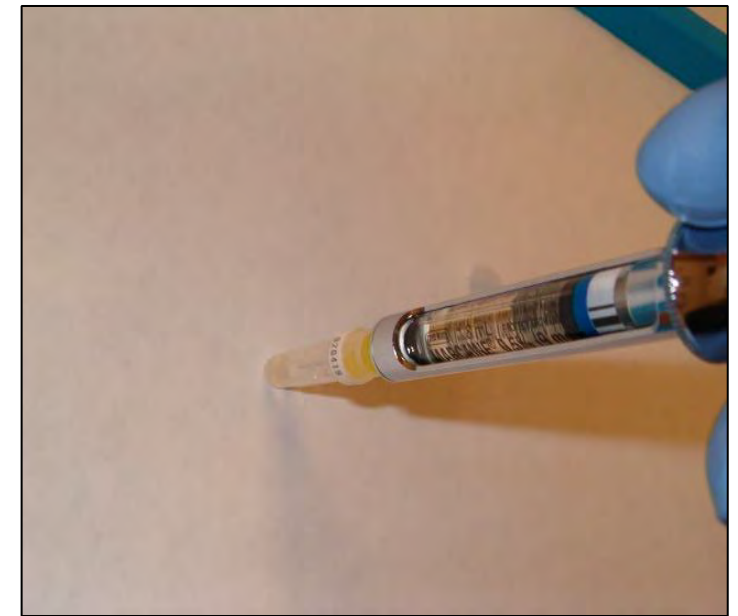
RECAPPING THE NEEDLE

- ✿ Always use the “One-handed Scoop” Technique
 - ✿ Recommended by the CDC
- ✿ Place your non-dominant hand behind your back
- ✿ With the cap on the tray and palm down, line up the needle tip with the opening and carefully slide the needle into the cap



RECAPPING THE NEEDLE

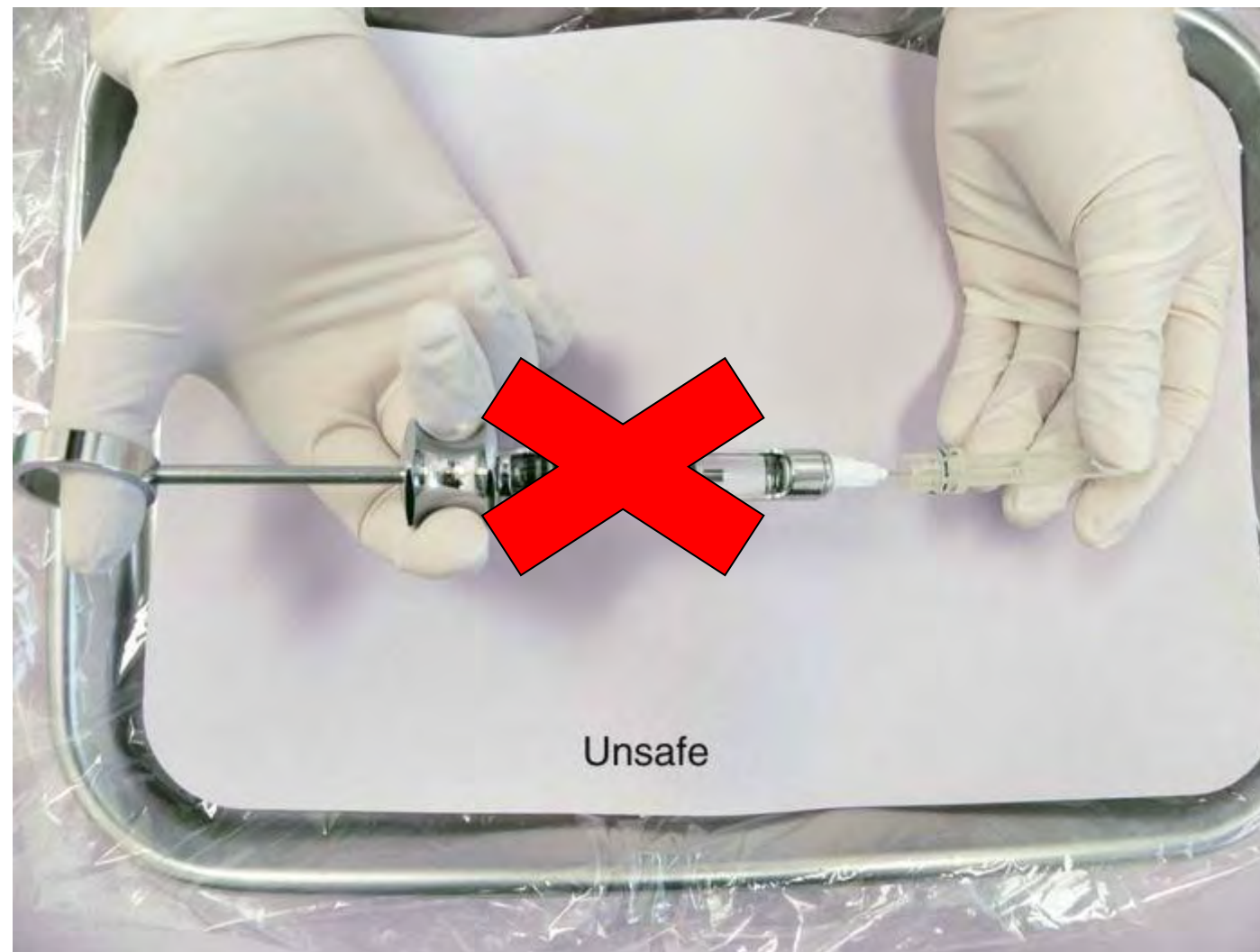
- ✿ Once the needle is completely covered (no part of the needle is visible) tip the syringe up on end (vertically) and gently push the needle cap against the tray until it is secure OR
- ✿ Once the needle is completely covered (no metal visible), with both hands behind the needle, use the locking cotton pliers with your non-dominant hand to pull the cap onto the syringe adapter; then, tip the syringe on end and gently press against the tray surface to secure the cap
- ✿ You can alternately set the syringe down (with cap sheathed to the hub*) and then use your non-dominant hand to hold the syringe in place (below the finger grip) while you use your locking cotton forceps (dominant hand) to secure the cap. *The needle must be completely covered prior to this!

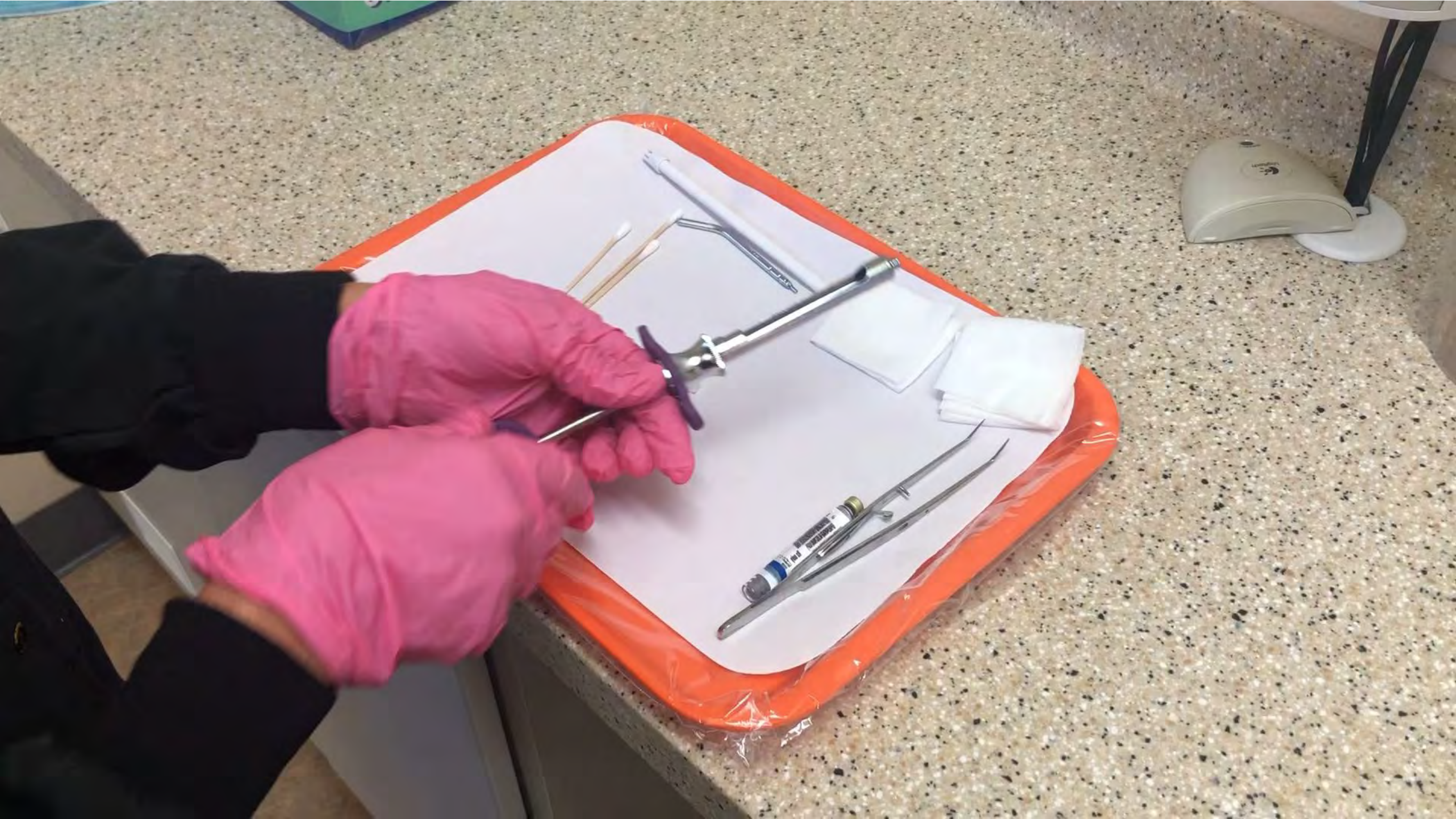


“ONE HANDED SCOOP” TECHNIQUE



UNSAFE TWO-HANDED RECAPPING





UNCAPPING AND RECAPPING VIDEO

HANDLING THE SYRINGE

- ✦ Always handle the syringe with a “Palm Up” orientation
- ✦ “Palm Up” means the palm is facing the upward or to the side (in other words—not face up extending the wrist)

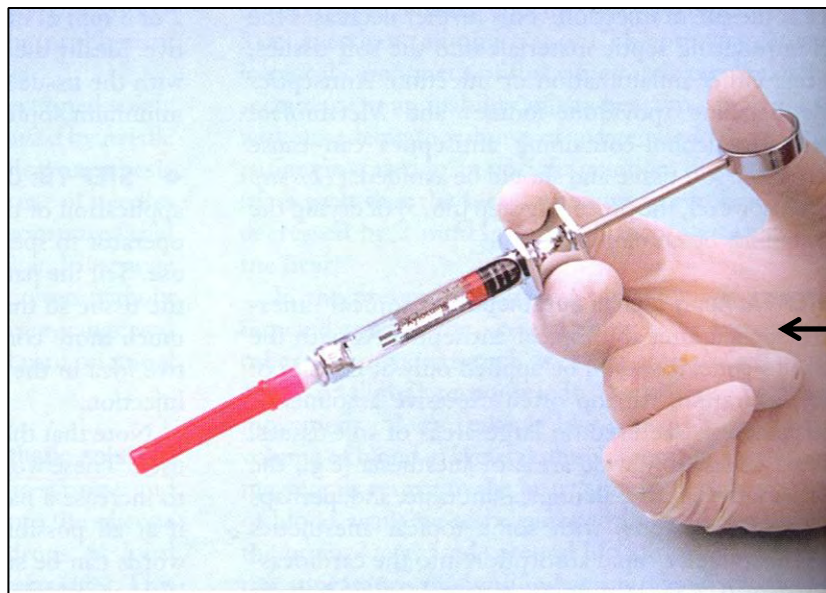


Illustration obtained from Malamed's [Handbook of Local Anesthesia](#)

HANDLING THE SYRINGE

- Palm down, results in poor syringe control

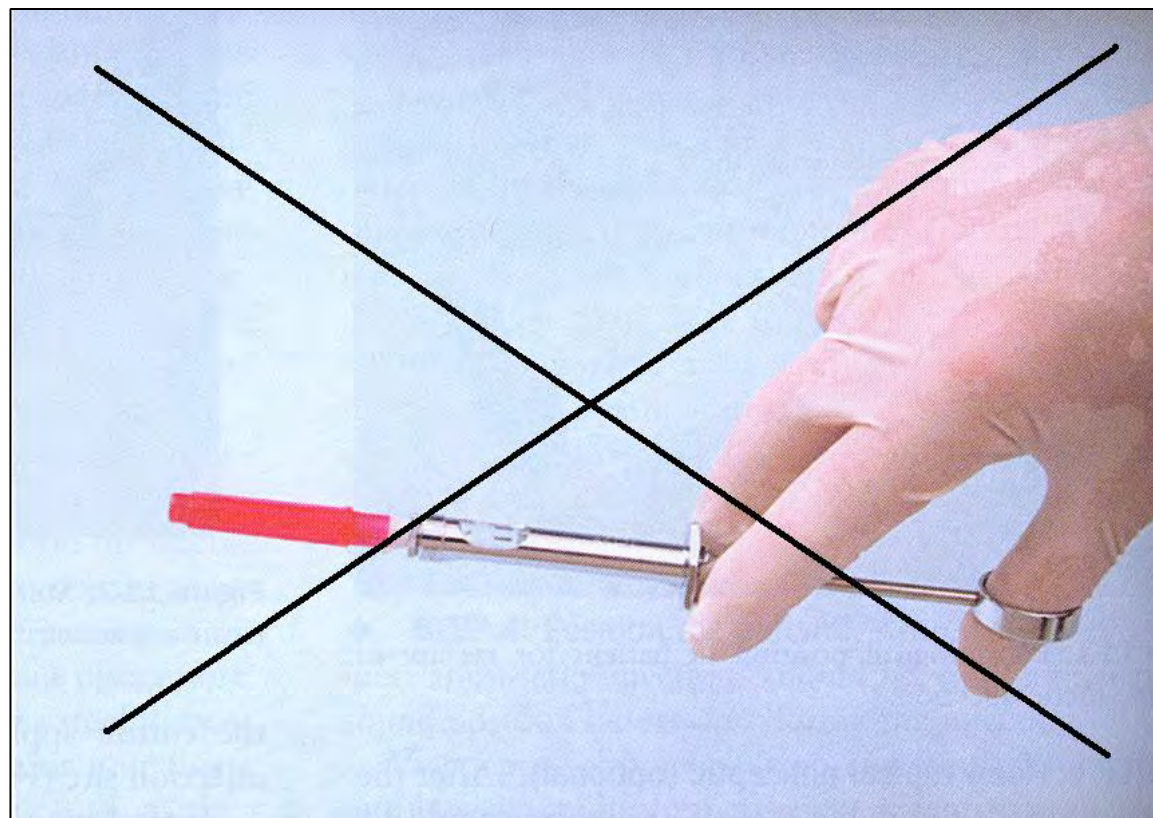
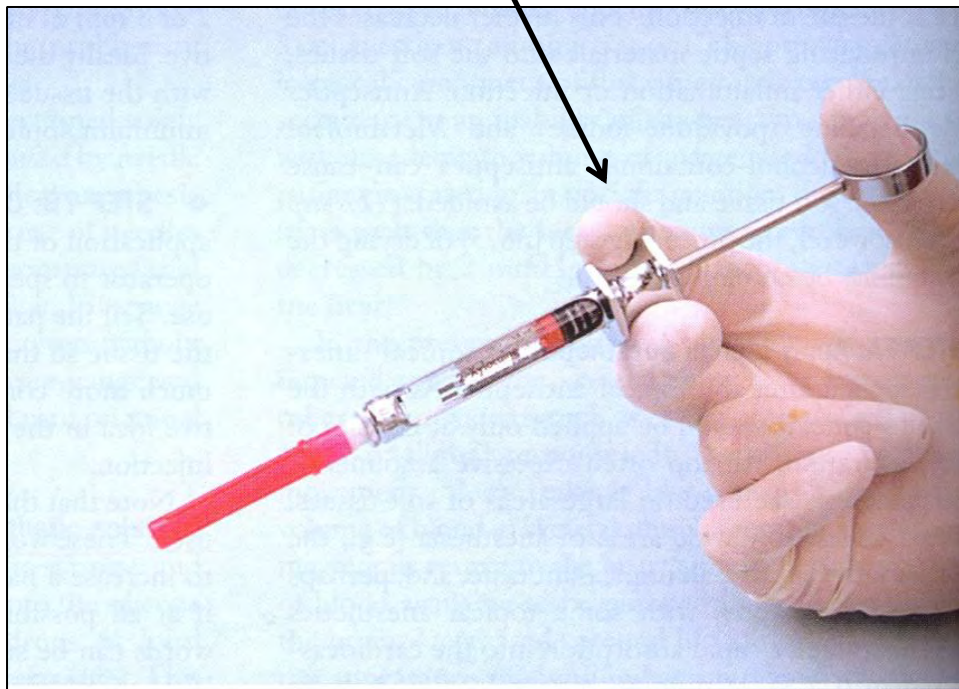


Illustration obtained from Malamed's [Handbook of Local Anesthesia](#)

HANDLING THE SYRINGE

When holding the syringe:

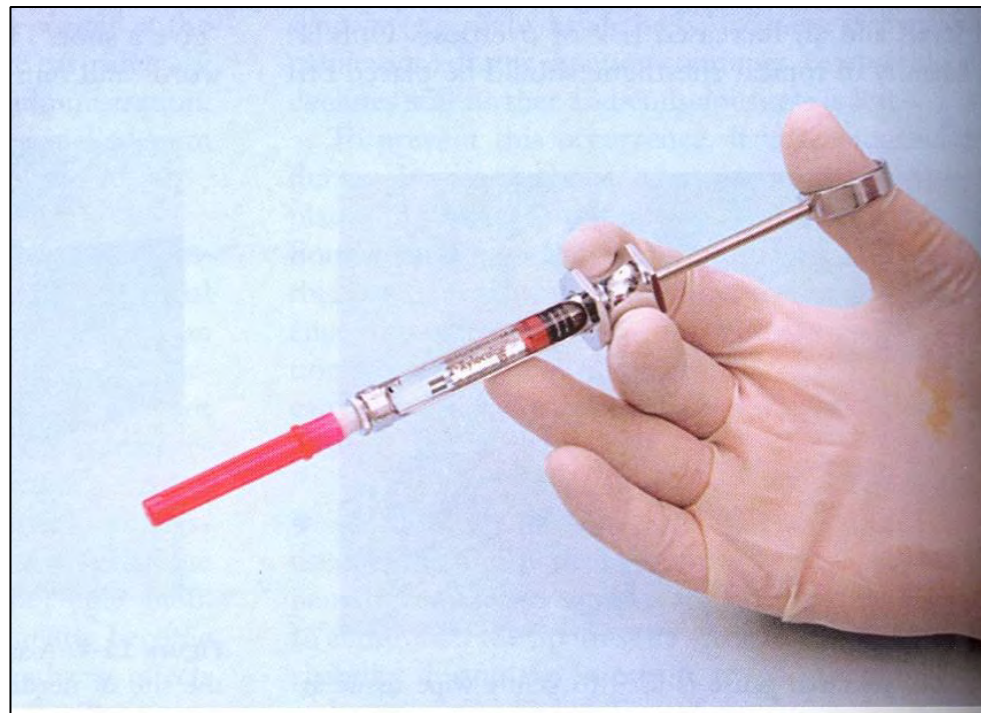
- ✦ The index and middle finger on the finger rest between your knuckles, not at the base or tips of the fingers



- ✦ *The thumb should be half-way into the thumb ring (ring should not be to the base of the thumb/below the knuckle)*

HANDLING THE SYRINGE

- The ring finger may be placed on the barrel of the syringe to have greater stabilization for some clinicians



SHARPS DISPOSAL

- All needles and cartridges must be disposed of in appropriately labeled sharps container in the operator
- Each student must disassemble his/her own syringe(s) and dispose of his/her own sharps prior to transporting armamentarium to sterilization area
- **DO NOT** disassemble syringes and dispose of another clinician's needles and/or cartridges

NEEDLESTICK PREVENTION

- ✦ Review your organization Needlestick Protocol
- ✦ Always use the best work practice and engineering controls
 - ✦ Follow appropriate uncapping and recapping techniques

NEEDLESTICK PREVENTION

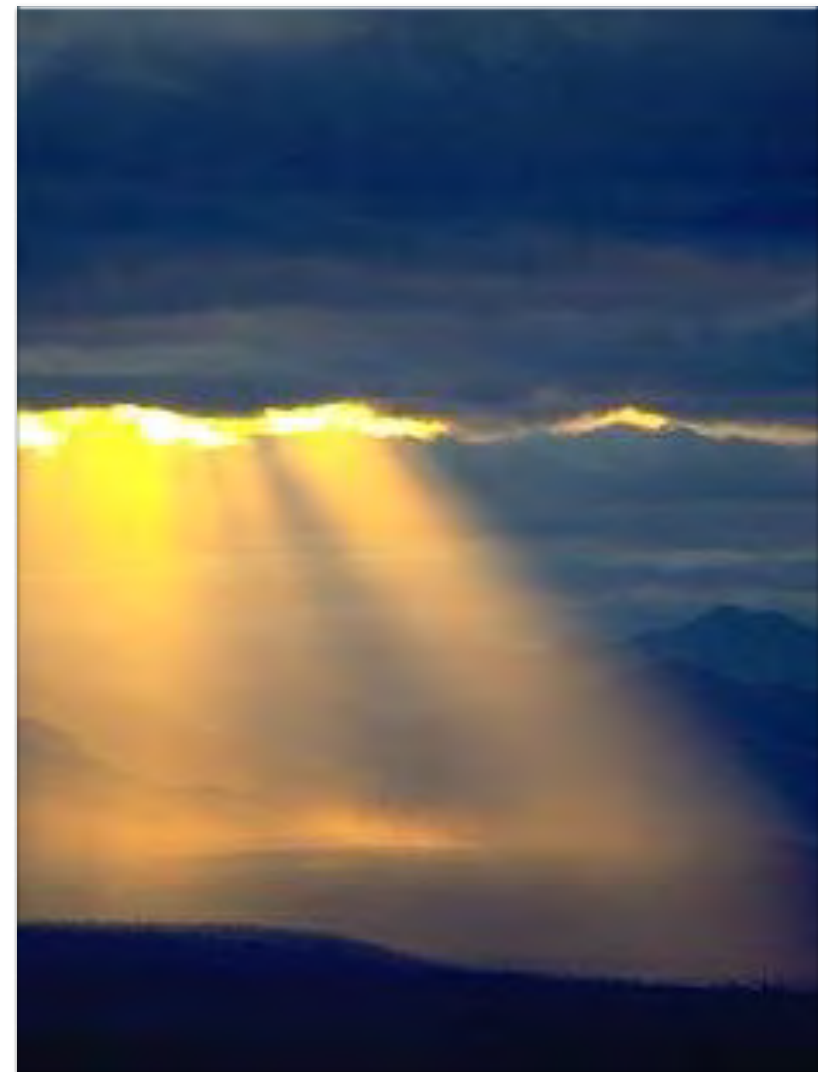
- NOTE: If at any time, the clinician feels they cannot safely obtain adequate retraction, vision, and safe syringe management, they should immediately recap the needle and begin the process as a first injection.

NEEDLESTICK PREVENTION: MULTIPLE INJECTIONS

- ✿ When performing multiple injections with the same syringe and needle, it is important to use safe work practices to avoid a needlestick incident
- ✿ After you have completed the first injection:
 - ✿ Completely withdraw the needle from the tissue, come out of the oral cavity AND move syringe away from the field
 - ✿ Re-adjust retraction grasp to obtain adequate tissue retraction and establish adequate vision*
 - ✿ Bring the syringe back into the field and attempt the 2nd injection

BASIC INJECTION TECHNIQUE: PATIENT/OPERATOR POSITIONING

- ✦ Properly position the patient and light
 - ✦ Retract the tissue
 - ✦ Adjust light to illuminate the site
 - ✦ **Most critical**--if you cannot adequately see the site, you cannot do the injection



BASIC INJECTION TECHNIQUE: SITE LOCATION

- ✿ With tissue retracted, locate the injection site visually and with palpation (readjust light if necessary)
 - ✿ Use your non dominant hand for retraction
- ✿ A dry [long] cotton swab is helpful in identifying the site

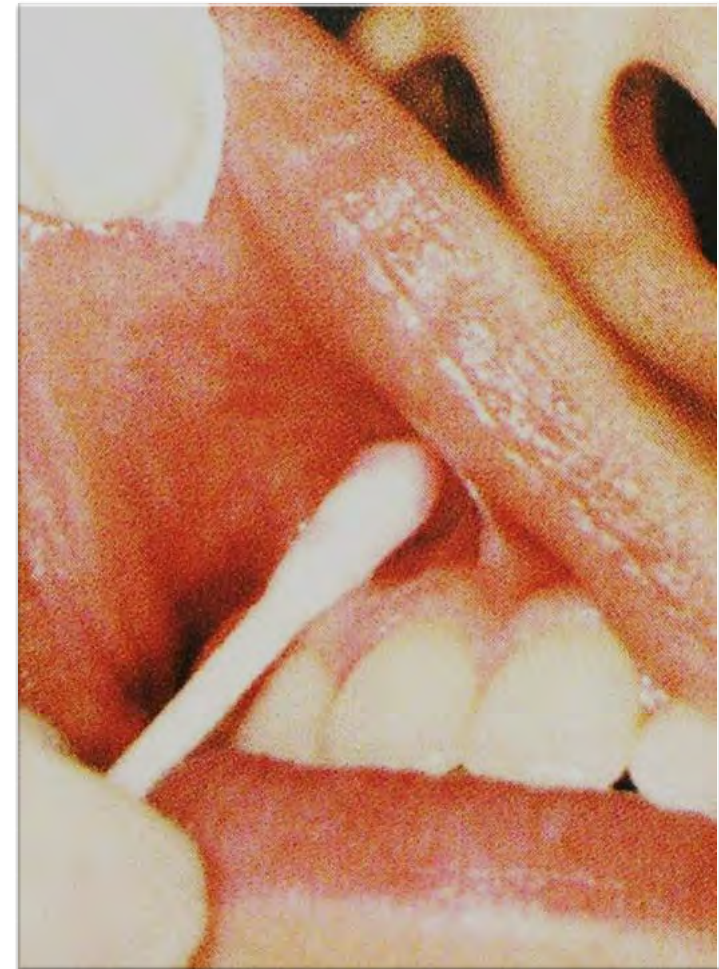
BASIC INJECTION TECHNIQUE: PREPARE THE SITE

- ✦ Gently and carefully dry the tissue with a 2x2 gauze
- ✦ Dab the tissue with gauze
- ✦ Avoid aggressive or excessive drying of the tissue, doing so may cause tissue sloughing or bleeding



BASIC INJECTION TECHNIQUE: PREPARE THE SITE

- ✦ Once the penetration site is dry, apply topical anesthetic using a cotton swab
- ✦ Explain to the patient that you will apply a “numbing gel” to the tissue to make the procedure more comfortable
- ✦ Apply a small amount of topical; you only need the topical at the site of the injection
- ✦ Apply the topical at the same directional plane as the injection



BASIC INJECTION TECHNIQUE: PREPARE THE SITE

- ✿ Leave the topical on the injection site for 1-2 minutes
 - ✿ Redirect the light away from the patient's face
 - ✿ Talk to the patient to reassure them--especially if the patient is nervous
 - ✿ Remind the patient to breath in and out during the injection
 - ✿ Reinforce positive thoughts
 - ✿ Suggest visualization strategies to help with relaxation

BASIC INJECTION TECHNIQUE: PRE-INJECTION

- ✿ Redirect light toward penetration site
- ✿ Remove cotton swab with topical
- ✿ Position your non-dominant hand for tissue retraction
 - ✿ Dab the penetration site to remove excess topical and dry the tissue
 - ✿ 2 x 2 gauze may be used to secure grasp of tissue as long as you make sure the gauze does not impede vision and injection site, or create potential to contaminate the needle prior to injection



BASIC INJECTION TECHNIQUE: INJECTION

- ✿ Keeping the tissue dry and retracted, remove the needle cap using the one-handed uncapping technique, WHILE INSTRUCTOR OBSERVES.
- ✿ Out of the patient's line of vision, pick up the syringe with your dominant hand.
- ✿ Without touching the gauze express a few drops of anesthetic solution onto a couple of 2x2s, to test the cartridge flow rate.
- ✿ **Always** keep your eye on the needle tip.

BASIC INJECTION TECHNIQUE: INJECTION

- ✿ Before proceeding, ensure that you can adequately see your injection site
- ✿ Ensure that the large window of the barrel is visible, so you can monitor the aspiration and flow rate
- ✿ Maintain security by establishing a fulcrum
 - ✿ Best: firm hand rest with your dominant hand
 - ✿ Keep elbow of your dominant hand close to your side (note this does not work for all injections)
 - ✿ Use the digit of your non-dominant hand to stabilize the syringe barrel (PSA injection)

BASIC INJECTION TECHNIQUE: TARGET

- ✿ Pull the retracted tissue taut at the penetration site
- ✿ Insert the needle at the pre-determined penetration site
- ✿ Slowly advance the needle to the target
 - ✿ The target is the optimum depth and angle of penetration = deposition site
 - ✿ Periosteum (bone) is the described target for Inferior Alveolar, Gow-Gates, Long Buccal and palatal injections

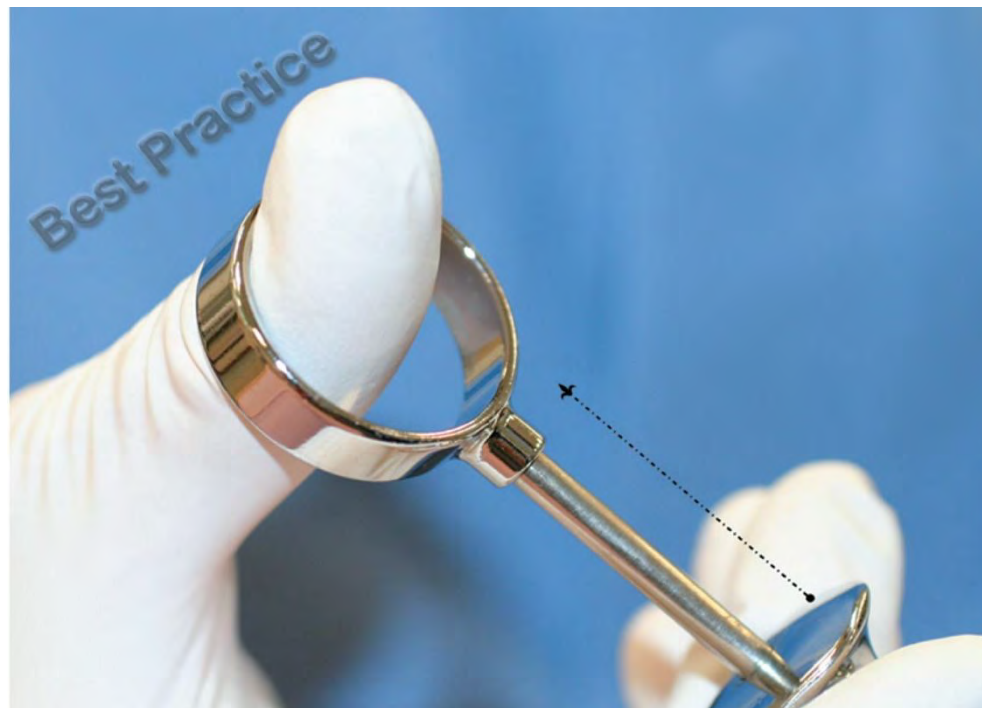
BASIC INJECTION TECHNIQUE: ASPIRATION

- ✿ When the target has been reached, **ASPIRATE**.
 - ✿ The goal of aspiration is to determine where the tip of the needle is situated (within a blood vessel would produce a positive aspiration, which is NOT desired).
 - ✿ Aspiration is accomplished by backward movement of the rubber stopper or movement of the thumb ring.
 - ✿ Negative pressure is applied within the cartridge, causing fluid to be drawn in from the tissue. Small bubbles may be seen in the cartridge as the stopper moves .

BASIC INJECTION TECHNIQUE: ASPIRATION

- Thumb ring with aspiration

Proper Thumb Placement



Improper Thumb Placement



BASIC INJECTION TECHNIQUE: ASPIRATION

- ✿ When performing an aspiration, ensure that the tip of the needle does not move and remains at the target.
- ✿ It is very common for a novice clinician to move from the target when aspirating. This happens when the clinician pulls back on the entire syringe, instead of only the thumb ring. A solid fulcrum with help prevent this.
- ✿ If this occurs, then the needle should be advanced (repositioned) back to the target and an aspiration should be performed.

BASIC INJECTION TECHNIQUE: ASPIRATION

- ✦ Aspirate in TWO PLANES for highly vascular areas. These would be the PSA, IA, and Gow-Gates.
- ✦ Always re-aspirate if the depth changes or any movement occurs during the injection.

BASIC INJECTION TECHNIQUE: ASPIRATION

- ✦ **Positive Aspiration** indicates that the needle tip is in a blood vessel and will show as blood enters the cartridge
 - ✦ Anesthetic given into a vessel would cause anesthetic to enter immediately into the bloodstream
- ✦ **Negative Aspiration** means that no blood enters the cartridge and the risk of anesthetic immediately entering the bloodstream is unlikely

BASIC INJECTION TECHNIQUE: DEPOSITING SOLUTION

- ✿ If a negative aspiration has been achieved, begin slowly depositing the anesthetic solution
 - ✿ This should take 1-2 minutes to deposit an entire cartridge (30 sec-1 min to deposit 1/2 cartridge, etc)
- ✿ If a positive aspiration occurs, follow appropriate protocol

BASIC INJECTION TECHNIQUE: HOW TO HANDLE A POSITIVE ASPIRATION

- ✿ When blood enters the anesthetic cartridge, a positive aspiration has occurred
 - ✿ Withdraw the needle, change the cartridge, expel blood from the needle lumen and reattempt the injection
 - ✿ What if you get a “wisp”?
 - ✿ A “wisp” of blood: a small, thread-like bit of blood appearing in the cartridge. If this happens, reposition the syringe and re-aspirate
 - ✿ If negative, proceed with depositing solution; if positive, then follow the positive aspiration procedure

BASIC INJECTION TECHNIQUE: THE IMPORTANCE OF ASPIRATION

- ✿ Some authors and clinicians recommend that aspiration be performed twice at the target (deposition site) prior to injecting (one aspiration, then rotating the barrel 45 degrees before a second aspiration).
- ✿ For this course, we will practice two aspirations for highly vascular areas. Just a small rotation is needed for the second aspiration. NOTE: it may be prudent to aspirate a few times during the injection.

BASIC INJECTION TECHNIQUE: COMPLETING THE INJECTION

- ✿ Once the appropriate amount of anesthetic has been deposited, slowly and carefully remove the needle from the tissue
- ✿ When withdrawing the needle, follow the same pathway as insertion
- ✿ Ensure the needle is completely out of the tissue before you move the syringe away from the patient
- ✿ Excessive or quick movement of the needle within the tissue, may result in bleeding at the site of penetration

BASIC INJECTION TECHNIQUE: RECAPPING THE NEEDLE

- ✦ Immediately make the syringe “safe” by recapping the needle using the “One-handed Scoop” Technique
- ✦ If you are unable to easily sheath the needle (i.e., chasing it around the tray), you may need to reposition the cap. This may be safely accomplished with the use of locking cotton pliers in the following manner.
 - ✦ 1: Move your dominant hand and syringe from the field (tray) and grasp the cotton pliers with your non-dominant hand.
 - ✦ 2: Pick up the cap with the cotton pliers and reposition to a more accessible location.
 - ✦ 3: Move the non-dominant hand from the field and carefully re-sheath the needle. Once the needle is completely covered, the pliers may be used to secure the cap at the hub.

BASIC INJECTION TECHNIQUE: RECAPPING THE NEEDLE

- ✿ DO NOT lay the syringe on the tray uncapped
- ✿ Attend to the patient **AFTER** the needle has been recapped

BASIC INJECTION VERBALIZATIONS

In order to assist your observing instructor in allowing to proceed during the injection process, you must verbalize the following steps during the injection:

- ✿ “I am at penetration site” (initial penetration)
- ✿ “I am at the target.” This is where you will be at your proper depth and angle. State “at periosteum” for injections in which bone is contacted, state “target” for other injections.
- ✿ “I am aspirating.”
- ✿ Observe the aspiration (cartridge **and** neck of cartridge) and then state if it is “positive” or “negative.”
- ✿ “I am delivering anesthetic.”
- ✿ **You will not be permitted to move to the next step until the instructor tells you to “proceed.”**

SOURCES

- Bassett, K. DiMarco, A. & Naughton, D. (2014). Local anesthesia for dental professionals. (2nd Ed.). Boston, MA: Pearson.
- Daskalos Logothetis, D. (2012). Local anesthesia for the dental hygienist. St. Louis, MO: Elsevier Mosby
- Malamed, S. (2013). Handbook of local anesthesia. (6th Ed.). St. Louis, MO: Elsevier Saunders

Injections Practice Summary

Mandibular Injections

Injection	Penetration Site	Depth of Penetration	Target	Dosage	Areas Anesthetized	Comments
Inferior Alveolar Nerve Block (IANB)	Lateral to the pterygomandibular raphe 8-10 mm above the mandibular occlusal plane Barrel parallel to mandibular occlusal plane	$\frac{2}{3}$ to $\frac{3}{4}$ the length of a long needle or 20-25 mm* Bone is contacted	Inferior alveolar nerve before it enters the mandibular foramen	1 cartridge	Mandibular teeth to the midline Lingual soft tissue and periosteum Buccal periosteum and mucous membrane anterior to the mandibular 1 st molar	* Approximately 7-12 mm of the needle is <i>showing</i>
Long Buccal	Buccal mucosa distal and buccal to the most posterior mandibular tooth at the height of the mandibular occlusal plane	2-5 mm Bone is contacted	Long buccal nerve as it crosses over anterior border of the ramus	1-2 stoppers width	Soft tissues and periosteum buccal to the mandibular molars	Considered supplemental to IA nerve block
Gow-Gates	Height of the mesiolingual cusp of the maxillary second molar Higher in the pterygomandibular triangle than the IA Approximately 6 mm superior to the IA penetration site.	25 mm (variation by patient) Bone is contacted	Neck of the condyle just below the insertion of the lateral pterygoid muscle	1 cartridge (sometimes more)	Pulp and root of all the teeth in mandibular quadrant All periodontium, buccal mucosa, floor of the mouth and $\frac{1}{2}$ the tongue on the quadrant anesthetized	Extra- oral landmarks are important (lower border of the tragus (intertragic notch) to assist with pathway After injection, keep mouth open for one minute and seat patient upright
Incisive or Mental	Depth of the mucobuccal fold at or slightly anterior to the mental foramen	5-6 mm	Mental foramen and incisive nerve within	1/3 cartridge	Buccal mucous membranes anterior to the mental foramen Lower lip and skin of chin Premolars, canine and incisors on side of injection	Injection site is the same for the mental or incisive, additional applied pressure to assist the anesthetic solution to enter the mental foramen is what makes this an incisive injection
Supraperiosteal a.k.a. Infiltration	Depth of mucobuccal fold above apex of tooth being anesthetized Approach is generally parallel to the tooth root	4-6 mm	Apical region of the tooth to be anesthetized	1/3 cartridge	Pulp and root area of the tooth Buccal periosteum, connective tissue, mucous membrane	Approach for mandibular molar infiltrations may be modified to a more sideways angle in the mucobuccal fold rather than parallel to the long axis of the tooth roots

Maxillary Injections

Injection	Penetration Site	Depth of Penetration	Target	Dosage	Areas Anesthetized	Comments
Posterior Superior Alveolar (PSA)	Height of the mucobuccal fold above the distobuccal root of the maxillary second molar	16 mm or approximately 3/4 the length of a short needle*	PSA nerve posterior, superior and medial to the posterior border of the maxilla	½ to 1 cartridge	Pulps of the maxillary third, second and first molars, with the possible exception of the mesiobuccal root of the maxillary first molar Buccal tissue and bone overlying these teeth	* Approximately 5-7 mm of the needle is <i>showing</i> Target approximates apex of third molar region Literature suggests that this nerve block can be achieved at a lesser depth of penetration and might be wise for safety
Middle Superior Alveolar (MSA)	Height of mucobuccal fold above second premolar (but anterior to zygomatic arch)	4-8 mm	Apical region of second premolar	1/3 to ½ cartridge	Pulps of the maxillary first and second premolars Buccal tissue and bone overlying these teeth	Studies indicate that the Middle Superior Alveolar (MSA) nerve is not consistently present in all individuals. The incidence of its absence is reported to be missing in 50% to 72% of the population.
Anterior Superior Alveolar (ASA)	Height of the mucobuccal fold anterior and parallel with the canine eminence	4-8 mm	Apical region of the maxillary cuspid	½ cartridge	Pulps of maxillary central, lateral and canine/buccal periodontium and bone over these teeth on side of injection	Angle the barrel of the syringe slightly over the adjacent maxillary lateral incisor for optimal pathway
Supraperiosteal a.k.a. Infiltration	Height of mucobuccal fold above apex of tooth being anesthetized Approach is generally parallel to the tooth root	4-6 mm	Apical region of the tooth to be anesthetized	1/3 cartridge	Pulp and root area of the tooth Buccal periosteum, connective tissue, mucous membrane	

Palatal Maxillary Nerve Block Injections

Injection	Penetration Site	Depth of Penetration	Target	Dosage	Areas Anesthetized	Comments
Greater Palatine (GP)	"Fat pad" inferior to second maxillary molar at junction of alveolar process and hard palate	4-10 mm Bone is contacted	Greater palatine foramen	¼ cartridge	Posterior portion of hard palate, anteriorly as far as the first premolar and medially to the midline	
Anterior Middle Superior Alveolar (AMSA)	Midway between the free gingival margin and the mid-palatine suture at the contact point between the first and second premolars	4-10 mm Bone is contacted	Palatal bone at injection site	1 cartridge (<i>half</i> this dose with use of articaine)	ASA and MSA nerves Central incisor to second premolar, adjacent palatal and buccal soft tissue	Requires SLOW insertion and administration! The recommended dose must be administered for effective anesthesia Compared to traditional MSA and ASA injections, the AMSA injection can potentially anesthetize a larger area with fewer injections and without causing unwanted numbness of the facial muscles
Nasopalatine (NP)		4-10 mm Bone is contacted	Nasopalatine nerve within incisive foramen	¼ cartridge	Anterior portion of the hard palate from the mesial of the right first premolar to the mesial of the left first premolar	

*Dosages listed are for 2% or 3% solutions. When using 4% articaine, REDUCE the dosage by ¼ to ½.

CURRICULUM VITAE

Ashley Leavitt, RDH

EDUCATIONAL BACKGROUND

Lane Community College, Associate of Applied Science in Dental Hygiene, 2011

President of the Student ADHA 2009-2011

DENTAL HYGIENE LICENSURE/ OTHER CERTIFICATIONS

Oregon: H6096, August 2011-Active

California: 26291, August 2011-May 2025

Nevada: 101962, April 2014-June 2024

South Carolina: 10249. February 2015- December 2022

Ohio: 31.015630. February 2017-December 2021

Georgia: DH044219 Jan 2021-Active

Level I Laser Certification Associate Fellowship Certification from World Clinical Laser Institute: 2013

WORK EXPERIENCE

Impression Dental Care, Huntington Beach, CA (Aug 2011- April 2014)

Smile by Design, Irvine, CA (April 2013-April 2014)

Summerlin Dental, Las Vegas, NV (April 2014-Oct 2014)

Ivy Dental Care, Las Vegas, NV (Oct 2014-Feb 2015)

Keowee Smiles, Seneca, SC (March 2015-Feb 2017, Feb 2020-Dec 2020, July 2021)

Afinia Dental, Cincinnati, OH (Feb 2017-May 2017)

Dr. Tara Hardin, Mason, OH (May 2017-Aug 2017, Feb 2019-March 2019)

Willamette Dental, various offices OR (Aug 2018-Nov 2018)

Arrow Dental, Salem, OR (Aug 2018-Jan 2019)

Wallace Medical Concern, Portland, OR (Sept 2018)

Mill City Dental, Mill City, OR (Sept 2018)

Terwilliger Dental, Portland, OR (Sept 2018)

Aspen Dental, Eugene, OR (Sept 2018)

Mountain Stream Dental, Springfield, OR (Sept 2018)

Gentle Dental, Salem, OR (Oct 2018)

Somerset Dental, Las Vegas, NV (Oct 2018)

Moore Family Dentistry, Henderson, NV (Oct 2018)

McKenzie Dental Center, Springfield, OR (Nov 2018- Dec 2018)

Elm Street Dental, Albany, OR (Dec 2018)

Dr. Sproul, Eugene, OR (Dec 2018, Aug 2019-Jan 2020, Feb 2024)

Dr. Hunksman, Salem, OR (Jan 2019)

Gilmore Family Dentistry, Salem, OR (Jan 2019)

Dr. Trenton Young, Salem, OR (Jan 2019)

360 Dental, Eugene, OR (Feb 2019)

Eugene Periodontics & Implant Dentistry, Eugene, OR (March 2019-August 2019)

WORK EXPERIENCE (CONT)

Dr. Argawal, Beaverton, OR (Aug 2019-Sept 2019)
Dr. Stephenson, Eugene, OR (Sept 2019)
Newport Dental Care, Newport Beach, OR (Sept 2019-Oct 2019)
Dr. Furgason-Fife, Eugene, OR (Oct 2019, Jan 2020)
Dr. Holland, Springfield, OR (Oct 2019, Feb 2024)
Dr. Laster, Corvallis, OR (Oct 2019)
Dr. Winstead, Salem, OR (Oct 2019)
Gentle Dental, Beaverton, OR (Oct 2019)
Mt. Tabor Dental, Portland, OR (Oct 2019)
Dr. Bevans, Eugene, OR (Dec 2019)
Dr. Carly Peterschmidt, Eugene, OR (Jan 2020, Jan 2024)
Dr. Vivona-Dow, Eugene, OR (Jan 2020 and Jan 2024)
Downtown Dental, Greenville, SC (Jan 2021)
Grand Oaks Dental, Anderson SC (Jan 2021)
Benson Family Dentistry, Travers Rest, SC (Jan 2021)
Falls Park Dentistry, Greenville, SC (Jan 2021)
Conestee Family Dental, Greenville, SC (Jan 2021)
Mountain Lakes Family Dentistry, Clemson, SC (Jan 2021)
Dr. Keenan Smith, Greenville, SC (Jan 2019)
Dr. George Andrews, Atlanta, GA (Feb 2021)
Dr. Thornton, Marietta, GA (Feb 2021- Aug 2022)
V Cosmetic Dentistry, Suwanee, GA (Feb 2021)
Executive Park Dentistry, Atlanta, GA (Feb 2021)
Georgia Prosthodontics, Lawrenceville, GA (Feb 2021-Dec 2021)
Patrick Family Dental Care, Smyrna, GA (Feb 2021-Jan 2022)
Dr. Veal, Dunwoody, GA (Feb 2022-Sept 2023)
Maple Drive Dentistry, Atlanta, GA (Jan 2022-March 2023)
Dentique, Atlanta, GA (June 2022-Aug 2022)
Peacetrree Smile Center, Atlanta GA (July 2022)
Dr. Chartier, Decatur, GA (Aug 2022-Dec 2023)
Relief Dental, Tucker, GA (Sept 2022)
Georgia Dental Center, Decatur, GA (Oct 2022)
Atlanta Dental Center (Oct 2022-
Pumphrey Periodontics, Atlanta GA (Nov 2022-Dec 2023)
Art Cosmetic Dentistry of Buckhead, Atlanta, GA (Dec 2022)
Lavista Dentistry, Tucker, GA (Jan 2023-Nov 2023)
Smile 23, Atlanta, GA (Feb 2023)
DeMercy Dental, Roswell, GA (April 2023)
Dr. Resuta, Atlanta, GA (July 2023-Aug 2023)
Decatur Smiles, Decatur, GA (July 2023)
Gallery Dental, Atlanta, GA (Sept 2023-Oct 2023)

WORK EXPERIENCE (CONT)

Dr. David Lester, Eugene, OR (Jan 2024-Feb 2024)

Delta Oaks Dental Care, Eugene, OR (Jan 2024)

Alison Cadaret, Eugene, OR (Sept 2019-Dec 2019, Jan 2024-Feb 2024)

For Beautiful Smiles, Eugene, OR (Feb 2024-Present)

Oak Grove Dental Center, Milwaukie, OR (July 2025)

PROFESSIONAL ASSOCIATIONS

Board of Editorial Advisors- Inside Dental Hygiene Magazine (IDH) (Sept 2022- Present)

WRITING AND PUBLICATIONS

"The Front Line Defense Against Caries"- Article Publication in IDH Magazine, February 2021

"Shaping the Future"- Feature in IDH Magazine, October 2021

"Whitening, Aligners, and More: Trends in Dental Hygiene- Article Publication in IDH Magazine, October 2022

"What Works Best" feature in Inside Dental Hygiene Magazine, January 2024

COMMUNITY SERVICE

We Care to Share, Haiti- Volunteer Dental Mission. (2013, 2016, 2019)

EDUCATIONAL METHODOLOGY

Learning to Make Clinical Decisions- 2025

Clinical Teaching Strategies and Techniques- 2025

The Role of Adult Learning in Clinical Education- 2025

Dimensions of Clinical Teaching- 2025

CONTINUING EDUCATION

Local Anesthesia in Pediatric Dentistry- 2019

Sedation in the Dental Office: an overview- 2021

Managing Adult Emergencies in the Dental Office- 2023

Head and Neck Anatomy: Part I- Bony Structures- 2025

Head and Neck Anatomy: Part II- Musculature- 2025

Head and Neck Anatomy: Part III- Cranial Nerves- 2025

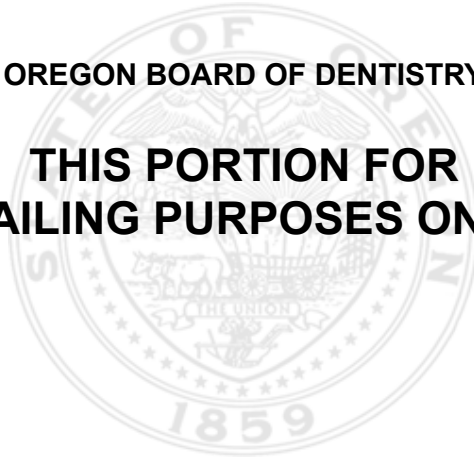
CPR/BLS Certification

American Heart Association Healthcare Provider Card, Expires Dec 2026

OREGON BOARD OF DENTISTRY

**THIS PORTION FOR
MAILING PURPOSES ONLY**

ASHLEY D. LEAVITT
1458 N 66 ST
SPRINGFIELD OR 97478



THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN SIGHT OF LICENSEE'S PATIENTS

H6096
License Number

OREGON BOARD OF DENTISTRY

2025/2027 Hygiene License

ASHLEY D. LEAVITT R.D.H.

Restrictions:
None

Permits:
Nitrous Oxide
Endorsements:
Local Anesthesia

Expires: 09/30/2027



THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN SIGHT OF LICENSEE'S PATIENTS

TAMARA MAAHS, RDH, BSDH, EP
Health Professions: Dental Hygiene
Lane Community College

TITLE Dental Hygiene Faculty, Registered Dental Hygienist, Expanded Practice Dental Hygienist (Oregon)

APPOINTMENT September 1994 (initial appointment) to present, Part-time Faculty (up to .67 FTE)
Temporary Contracted Faculty for 2021-22
Temporary Contracted Faculty for 2018-19
Temporary Contracted Faculty for 2004-05
Temporary Contracted Faculty for 2001-02

DENTAL HYGIENE LICENSURE/OTHER CERTIFICATION

- Oregon Dental Hygiene License: 1993 active, license number H3105
- PERMITS: Nitrous Oxide, Expanded Practice with Collaborative Agreement
- Oregon Certificate of Instructor Approval for Radiologic Proficiency
- DANB Radiation Health and Safety Certificate

EDUCATION Bachelor of Science in Dental Hygiene
Oregon Institute of Technology, Klamath Falls, OR,
March 2001

Associate of Applied Science in Dental Hygiene
Lane Community College, Eugene, OR
June 1993

Associate of Applied Science in Dental Assisting
Oregon Institute of Technology, Klamath Falls, OR
June 1982

EDUCATIONAL METHODOLOGY

Dental Hygiene National Review Course, San Jose, CA, 2015

Educator Program Oregon Dental Hygiene Association Conference “Educational Methodologies for Successful Communication”, 2013

“Striving for Better: An Intentional Approach to Clinical Teaching”, Dental Hygiene Educators Workshop, University of Texas Health Science Center of San Antonio, 2013

Inservice courses in clinical instruction, educational methodology, and online instructional design (specifically Quality Matters Training for recognition of online courses 2007: Certified Peer Reviewer 2007 and SoftChalk interactive software for online instruction)

“Balancing Clinical Teaching and Evaluation”, Dental Hygiene Clinical Educators Workshop, San Antonio, TX, 2005

Oregon Institute of Technology, DHY 450 Instructional Methods, 1998
Oregon Institute of Technology, DHY 451 Instructional Experience, 1998

DENTAL HYGIENE WORK EXPERIENCE

Academic

1994 to Present Part-time and Temporary Contracted Faculty, Dental Hygiene
Lane Community College, Eugene OR

Faculty Internship

June-Sept 2018 Absolute Dental Hygiene, Tamra Johns, RDH, BSDH, EP, Owner
June-Sept 2016 Absolute Dental Hygiene, Tamra Johns, RDH, BSDH, EP, Owner
June-Sept 2014 Absolute Dental Hygiene, Tamra Johns, RDH, BSDH, EP, Owner
June-Sept 2013 Eugene Periodontics & Implant Dentistry, Andrew N. Dow, DMD, MSD

Clinical

1993 to Present General Practice Dental Hygienist, part-time
Coleman A. Dow, DMD and Douglas N. Dow, DMD, Springfield, OR

1994 to 1997 General Practice Dental Hygienist, part-time
Patrick V. Hagerty, DMD, Albany, OR

Dental Hygiene Substitute

Andrew N. Dow, DMD, MSD, Eugene, OR (6/2013-9/2015)
Steven Abbott, DMD, Veneta, OR (6/2001-8/2001)
Fred C. Platt, DMD, Eugene, OR (8/1994-12/1994)
Stephen Skipworth, DDS, Cottage Grove, OR (8/1994)
Stephen J. Dose, DMD, Eugene, OR (8/1994)
Donald Tillman, DDS, Eugene, OR (7/1994)
Mel Bryson, DMD, Springfield, OR (6/1994-7/1994)
Mark G. Thoreson, DDS, Eugene, OR (6/1994-9/1994)
Richard Smith, DMD, Springfield, OR (1/1994)
Dennis W. Clark, DDS, Lebanon, OR (8/1993-9/1993)
Michael E. Lacey, DMD, Eugene, OR (7/1993)

1992 to 1994 General Practice Dental Hygienist and Dental Assistant, part-time
Andrew Holub, DDS, Eugene, OR

1987 to 1991 General Practice Dental Assistant, full-time
Nicholas L. Kenney, DDS, Springfield, OR

1987 Dental Assistant substitute and part-time
Steven W. Thurn, DMD, Springfield OR
John Baron, DDS, Springfield, OR

1982 to 1987 General Practice Dental Assistant, full-time
Terry L. Dressell, DMD, Klamath Falls, OR

CURRENT AND PAST TEACHING CONTENT

Oral Biology
Special Needs Patient/Medical Emergencies
Periodontology 1 and 2
Clinical Dental Hygiene 4 and 5 (didactic)
Clinical Dental Hygiene: first and second year clinic (second year lead and shared lead)
Local Anesthesia (orientation and lab instructor)
Trends and Issues in Dental Hygiene

AREAS OF SPECIAL COMPETENCE

- Patterson EagleSoft Software/Direct Digital Radiography
- Dental Hygiene Treatment Planning
- Dental Hygiene Current Dental Terminology and Coding: presentations for local study groups
- Local Anesthesia
- Power Driven Scalers (Ultrasonic Instrumentation)
- Periodontal Scaling/Advanced Instrumentation

WRITING AND DEVELOPMENT: EDUCATIONAL MATERIALS AND PUBLICATIONS

Periodontal Abscess or Gingival Abscess: “The Perils of Popcorn”: A Clinical Case Report, Dentistry IQ, September 2022

Ultrasonics Lecture: Guest Speaker for Lane County Dental Hygienists’ Association April 28, 2011

Trends & Issues in Dental Hygiene, developed first dental hygiene online course at LCC using Web CT and Moodle, 2002-present. Recognized in 2007 by Quality Matters Peer Course Review.

Design and delivery of online courses for LCC Dental Hygiene to include Clinical Dental Hygiene (lecture and lab), Periodontology, Trends and Issues in Dental Hygiene: made possible by the NPDHS distance learning Dental Hygiene Program project.

Dental Hygiene CDT Codes Instructional Module, co-author, 1996 and author of subsequent current revisions.

Nonsurgical Periodontal Therapy (Scaling and Root Planing) Consent Form for Lane Community College Dental Clinic

Instructional modules and educational materials for the Dental Radiology Continuing Education Course, 1996-2006.

“A Different Spin on Polishing.” RDH Magazine, November 2006: 46-50 &102.

“The Beauty of Managed Care.” RDH Magazine, June 2000: 46-50 & 100.

RELEVANT EDUCATION AND CONTINUING EDUCATION

- Dental Anxiety and Management of Symptoms February 2025
- Western Society of Periodontology Referring to Periodontist and Implant Maintenance October 2024
- 2024 Annual ADEA Meeting New Orleans: Building Clinical Preparedness, Approach to Faculty Calibration, Opportunity to Create Change in Dental and Dental Hygiene Licensure, Ethical Dilemmas, Artificial Intelligence March 2024
- Educators Platform Conference for Clinic and Lab Instructors October 2023
- Periodontal Classification System, April 2023
- Educator’s Role in Teaching Implant Assessment, Maintenance, Homecare (also Mastery course), 2023
- Recordkeeping Board Protocols from Oregon Board of Dentistry, May 2022
- Review of Periodontology, Sept 2022
- Special Care Dentistry Series, Oct 2022
- Oral Pathology Cases and Concepts, Nov 2020
- Incorporating 2018 AAP Classifications of Periodontal Disease and Peri-Implant Diseases and Conditions into Practice, June 2020
- 2018 Western Society of Periodontology 66th Annual Scientific Session, San Diego, CA
- 2018 Western Society of Periodontology Program: Prognosis for the Periodontally Compromised Tooth, Improve Your Quality of Hygiene Care, and Peri-Implantitis: Prevalence, Risk Factors, and Non-Surgical Treatment, Portland, OR

- 2014 Optimizing Hygiene, Regenerative, and Implant Dentistry, Corvallis, OR
- 2012 Soft Tissue Laser Certification Course, Los Angeles, CA
- 2008 Western Society of Periodontology Annual Session, Las Vegas, NV
- 2007 WREB Educators' Forum, Rio Salado College, Tempe, AZ
- 2006 RDH Under One Roof Conference, Las Vegas, NV
 - Courses on Writing/Publishing and Hypersensitivity/Desensitizing
- 2001 Dental Hygiene National Board Review Course, San Francisco, CA
- 1999 Oregon Institute of Technology BUS 316 Total Quality in Health Care
- 1999 Oregon Institute of Technology BUS 317 Health Care Management

CPR/BLS CERTIFICATION

American Heart Association Healthcare Provider Card, expires January 2027

Request for Reinstatement of an Expired License - Carly Jean Bull, R.D.H.

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."

Carly Jean Bull, R.D.H. (H7208) held a license to practice dental hygiene in Oregon that expired on September 30, 2022. Since Ms. Bull's dental hygiene license expired, Ms. Bull has been practicing dental hygiene in Idaho. Ms. Bull would now like to reinstate her Oregon dental hygiene license so she can resume practicing dental hygiene in Oregon. Ms. Bull has submitted a License Reinstatement Application, fees, proof of continuing education for the renewal cycles during which her license was expired, passed the Board's Jurisprudence Examination, and passed a background check. No other licensing agencies report any adverse action taken against Ms. Bull's licenses. Board staff submitted an inquiry to the National Practitioners Data Bank and no negative information regarding Ms. Bull 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 Ms. Bull to take any further examinations and whether to reinstate Ms. Bull's dental hygiene 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
SEP 08 2025

Oregon Board
of Dentistry

2105 \$527.00
1290 \$750.00
1707 \$8.00

Name CARLY JEAN BULL
License # H7208

Licensure Fees:	\$527.00
Penalty Fee:	\$250.00
Reinstatement:	\$500.00
OWHI Survey Fee:	\$8.00
Total:	\$1,285.00



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
PO Box 892

Phone: 503 930 1439

Email Address:

cbullrdh@gmail.com

Aumsville, OR 97325

(see back)

**NOTE: ALSO COMPLETE AND SIGN ON THE REVERSE
INCOMPLETE FORMS WILL BE RETURNED**

Current address : 6356 S. Zitner Ave
Boise, ID 83709

moving to : 6742 Peter Rd SE Aumsville, OR
97325

mailing : PO Box 892 Aumsville OR
97325

xCarmy Bull

**Oregon Board of Dentistry
Renewal Application Personal History Questions**

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

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

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

Category I

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

Question 1: Do you hold or have you held a license to practice dentistry or dental hygiene in any other state or jurisdiction during the time your Oregon license was expired? Yes ☒ No ☐

- If yes, list the states or jurisdictions in which you are currently licensed:

- IDAHO

Question 2: Since the date of your last license renewal application, has any licensing board refused to license, refused to renew, denied you a license to practice, or asked you or permitted you to withdraw an application for licensure?

Yes ☐ No ☒

Question 3: Since the date of your last license renewal application, have you ever had any inquiry, disciplinary action, remediation, corrective action, or adverse action imposed against any professional license or certification, or were you ever denied a professional license or certification, or have you entered into any consent agreement, stipulated order, or settlement with any regulatory board or certification agency; or have you ever been notified of any complaints or investigations related to any license or certification?

Yes ☐ No ☒

Question 4: Since the date of your last license – add renewal application, regardless of the outcome, have you been denied approval to prescribe controlled substances, or been subject to an inquiry or charged with a violation of federal or state controlled substance laws, or been asked to surrender your DEA number?

Yes ☐ No ☒

Question 5: Since the date of your last license – add renewal application, have you been arrested and/or convicted of, pled guilty or "nolo contendere" (no contest) to ANY offense in any state in the United States or any foreign country, other than minor traffic violations? Matters in which you were pardoned and/or diverted, or the conviction was deferred, set aside, or expunged must be disclosed, excluding expunged juvenile records. Serious traffic convictions, such as reckless driving, driving under the influence of alcohol and/or drugs, hit-and-run, evading a peace officer, driving while the license was suspended or revoked, or failure to appear, must be disclosed. This list is not all-inclusive.

Yes ☐ No ☒

Question 6: Since the date of your last license – add renewal application, have you been contacted by or asked to make a response to any governmental agency in any jurisdiction regarding any criminal or civil matter of which you are the subject, whether or not a charge, claim or filing with a court actually occurred?

Yes ☐ No ☒

Question 7: Since the date of your last license – add renewal application, are there any current, proposed, impending or threatened civil or criminal actions against you, which includes, but is not limited to malpractice claims? This includes whether or not a claim, charge or filing was actually made with a court.

Yes ☐ No ☒

Question 8: Since the date of your last license – add renewal application, have you entered any formal, informal, out-of-court, confidential settlement and/or agreement to deter, prevent, or settle a claim, lawsuit, letter of intent to sue, and/or criminal action? This includes whether or not a claim, charge or filing was actually made with a court.

Yes ☐ No ☒

Question 9: Since the date of your last license – add renewal application, has any award, settlement, agreement or payment of any kind been made by you or on your behalf to resolve a malpractice claim, even if it was not required to be reported to the Federation of State Medical Boards (FSMB) or National Practitioner Data Bank (NPDB)? Have you been notified in any manner that any such claim is proposed, pending or threatened, whether or not a claim, charge or filing was actually made with a court?

Yes ☐ No ☒

Question 10: Since the date of your last license – add renewal application, have you been subject to any academic, clinical, or professional action in a postgraduate training program during this time period, including actions such as warning, remediation, probation, restriction, suspension, termination, or request to voluntarily resign?

Yes ☐ No ☒

Question 11: Since the date of your last license – add renewal application, regarding your medically related employment, have you had an employment agreement or privileges denied, reduced, restricted, suspended, revoked or terminated; or have you been subject to disciplinary action by a medically related entity including but not limited to probation; or have you been terminated from employment or subject to non-renewal of an employment agreement with or without cause; or have you been asked to voluntarily resign or voluntarily suspend your privileges; or have you been under investigation by a hospital, clinic, surgical center, or other medically related entity, or have you been notified that such action or request is pending or proposed?

Yes ☐ No ☒

Question 12: Since the date of your last license – add renewal application, have you interrupted the practice of your health care profession for two years or more?

Yes ☐ No ☒

Question 13: Since the date of your last license – add renewal application, have you ceased the practice of dentistry, dental hygiene, or dental therapy or has the nature of your practice changed since your last license renewal?

Yes ☐ No ☒

Request for reinstatement of an expired license – Jacqueline Marie Palmer, R.D.H.

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.”

Jacqueline Marie Palmer(H7121) held a license to practice dental hygiene in Oregon that expired on September 30, 2023. Since Ms. Palmer’s dental hygiene license expired, she has not held any other licenses. Ms. Palmer would now like to reinstate her Oregon dental hygiene license so she can resume practicing in Oregon. Ms. Palmer has submitted a License Reinstatement Application, fees, proof of continuing education for the renewal cycle(s) during which her 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 Ms. Palmer. Board staff submitted an inquiry to the National Practitioners Data Bank and the Healthcare Integrity Data Bank and no negative information regarding Ms. Palmer 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 Ms. Palmer to take any further examination and whether to reinstate Ms. Palmer’s dental hygiene 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

210 \$255.00
1290 \$750.00
1707 \$4.00

Name *Jacqueline Palmer*
License # *H7121*

RECEIVED
AUG 14 2025

Oregon Board
of Dentistry

Licensure Fees:	\$255.00
Penalty Fee:	\$250.00
Reinstatement:	\$500.00
OWHI Survey Fee:	\$4.00
Total:	\$1,009.00



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 *2751 Copeland Rd*
Harper, OR 97906

Phone: *541-801-6927*

Email Address:

Jacqueline.palmer00@gmail.com

NOTE: ALSO COMPLETE AND SIGN ON THE REVERSE
INCOMPLETE FORMS WILL BE RETURNED

Oregon Board of Dentistry

Renewal Application Personal History Questions

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

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

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

Category I

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

Question 1: Do you hold any licenses to practice another health care profession?

Yes ☐ No ☒

If yes, list the states/jurisdictions in which you are currently licensed. Include license numbers.

Question 2: Since the date of your last license renewal application, has any licensing board refused to license, refused to renew, denied you a license to practice, or asked you or permitted you to withdraw an application for licensure?

Yes ☐ No ☒

Question 3: Since the date of your last license renewal application, have you ever had any inquiry, disciplinary action, remediation, corrective action, or adverse action imposed against any professional license or certification, or were you ever denied a professional license or certification, or have you entered into any consent agreement, stipulated order, or settlement with any regulatory board or certification agency; or have you ever been notified of any complaints or investigations related to any license or certification?

Yes ☐ No ☒

Question 4: Since the date of your last license – add renewal application, regardless of the outcome, have you been denied approval to prescribe controlled substances, or been subject to an inquiry or charged with a violation of federal or state controlled substance laws, or been asked to surrender your DEA number?

Yes ☐ No ☒

Question 5: Since the date of your last license – add renewal application, have you been arrested and/or convicted of, pled guilty or "nolo contendere" (no contest) to ANY offense in any state in the United States or any foreign country, other than minor traffic violations? Matters in which you were pardoned and/or diverted, or the conviction was deferred, set aside, or expunged must be disclosed, excluding expunged juvenile records. Serious traffic convictions, such as reckless driving, driving under the influence of alcohol and/or drugs, hit-and-run, evading a peace officer, driving while the license was suspended or revoked, or failure to appear, must be disclosed. This list is not all-inclusive.

Yes ☐ No ☒

Question 6: Since the date of your last license – add renewal application, have you been contacted by or asked to make a response to any governmental agency in any jurisdiction regarding any criminal or civil matter of which you are the subject, whether or not a charge, claim or filing with a court actually occurred?

Yes ☐ No ☒

Question 7: Since the date of your last license – add renewal application, are there any current, proposed, impending or threatened civil or criminal actions against you, which includes, but is not limited to malpractice claims? This includes whether or not a claim, charge or filing was actually made with a court.

Yes ☐ No ☒

Question 8: Since the date of your last license – add renewal application, have you entered any formal, informal, out-of-court, confidential settlement and/or agreement to deter, prevent, or settle a claim, lawsuit, letter of intent to sue, and/or criminal action? This includes whether or not a claim, charge or filing was actually made with a court.

Yes ☐ No ☒

Question 9: Since the date of your last license – add renewal application, has any award, settlement, agreement or payment of any kind been made by you or on your behalf to resolve a malpractice claim, even if it was not required to be reported to the Federation of State Medical Boards (FSMB) or National Practitioner Data Bank (NPDB)? Have you been notified in any manner that any such claim is proposed, pending or threatened, whether or not a claim, charge or filing was actually made with a court?

Yes ☐ No ☒

Question 10: Since the date of your last license – add renewal application, have you been subject to any academic, clinical, or professional action in a postgraduate training program during this time period, including actions such as warning, remediation, probation, restriction, suspension, termination, or request to voluntarily resign?

Yes ☐ No ☒

Question 11: Since the date of your last license – add renewal application, regarding your medically related employment, have you had an employment agreement or privileges denied, reduced, restricted, suspended, revoked or terminated; or have you been subject to disciplinary action by a medically related entity including but not limited to probation; or have you been terminated from employment or subject to non-renewal of an employment agreement with or without cause; or have you been asked to voluntarily resign or voluntarily suspend your privileges; or have you been under investigation by a hospital, clinic, surgical center, or other medically related entity, or have you been notified that such action or request is pending or proposed?

Yes ☐ No ☒

Question 12: Since the date of your last license – add renewal application, have you interrupted the practice of your health care profession for two years or more?

Yes ☐ No ☒

Question 13: Since the date of your last license – add renewal application, have you ceased the practice of dentistry, dental hygiene, or dental therapy or has the nature of your practice changed since your last license renewal?

Yes ☒ No ☐

Request for reinstatement of a retired license – Yvonne Adams, R.D.H.

The Board has received a request for the reinstatement of a retired 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.”

Yvonne B Adams (H2238) held a license to practice dental hygiene in Oregon that expired on September 30, 2022. Since Ms. Adams’s dental hygiene license expired, she has not held any other licenses. Ms. Adams would now like to reinstate her Oregon dental hygiene license so she can resume practicing in Oregon. Ms. Adams has submitted a License Reinstatement Application, fees, proof of continuing education for the renewal cycle(s) during which her 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 Ms. Adams. Board staff submitted an inquiry to the National Practitioners Data Bank and the Healthcare Integrity Data Bank and no negative information regarding Ms. Adams 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 Ms. Adams to take any further examination and whether to reinstate Ms. Adams’s dental hygiene 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

JUL 30 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

2103 \$558.00
1290 \$750.00
1707 \$4.00

Name YVONNE B ADAMS
License # H2238

Licensure Fees:	\$558.00
Penalty Fee:	\$250.00
Reinstatement:	\$500.00
OWHI Survey Fee:	\$4.00
Total:	\$1,312.00



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

37526 N Grove Rd,
Deer Park, WA
99006

Phone:

Email Address:

adamsyvonne42@gmail.com
-km

**NOTE: ALSO COMPLETE AND SIGN ON THE REVERSE
INCOMPLETE FORMS WILL BE RETURNED**

**Oregon Board of Dentistry
Renewal Application Personal History Questions**

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

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

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

Category I

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

Question 1: Do you hold any licenses to practice another health care profession?

Yes ☐ No ☒

If yes, list the states/jurisdictions in which you are currently licensed. Include license numbers.

Question 2: Since the date of your last license renewal application, has any licensing board refused to license, refused to renew, denied you a license to practice, or asked you or permitted you to withdraw an application for licensure?

Yes ☐ No ☒

Question 3: Since the date of your last license renewal application, have you ever had any inquiry, disciplinary action, remediation, corrective action, or adverse action imposed against any professional license or certification, or were you ever denied a professional license or certification, or have you entered into any consent agreement, stipulated order, or settlement with any regulatory board or certification agency; or have you ever been notified of any complaints or investigations related to any license or certification?

Yes ☐ No ☒

Question 4: Since the date of your last license – add renewal application, regardless of the outcome, have you been denied approval to prescribe controlled substances, or been subject to an inquiry or charged with a violation of federal or state controlled substance laws, or been asked to surrender your DEA number?

Yes ☐ No ☒

Question 5: Since the date of your last license – add renewal application, have you been arrested and/or convicted of, pled guilty or "nolo contendere" (no contest) to ANY offense in any state in the United States or any foreign country, other than minor traffic violations? Matters in which you were pardoned and/or diverted, or the conviction was deferred, set aside, or expunged must be disclosed, excluding expunged juvenile records. Serious traffic convictions, such as reckless driving, driving under the influence of alcohol and/or drugs, hit-and-run, evading a peace officer, driving while the license was suspended or revoked, or failure to appear, must be disclosed. This list is not all-inclusive.

Yes ☐ No ☒

Question 6: Since the date of your last license – add renewal application, have you been contacted by or asked to make a response to any governmental agency in any jurisdiction regarding any criminal or civil matter of which you are the subject, whether or not a charge, claim or filing with a court actually occurred?

Yes ☐ No ☒

Question 7: Since the date of your last license – add renewal application, are there any current, proposed, impending or threatened civil or criminal actions against you, which includes, but is not limited to malpractice claims? This includes whether or not a claim, charge or filing was actually made with a court.

Yes ☐ No ☒

Question 8: Since the date of your last license – add renewal application, have you entered any formal, informal, out-of-court, confidential settlement and/or agreement to deter, prevent, or settle a claim, lawsuit, letter of intent to sue, and/or criminal action? This includes whether or not a claim, charge or filing was actually made with a court.

Yes ☐ No ☒

Question 9: Since the date of your last license – add renewal application, has any award, settlement, agreement or payment of any kind been made by you or on your behalf to resolve a malpractice claim, even if it was not required to be reported to the Federation of State Medical Boards (FSMB) or National Practitioner Data Bank (NPDB)? Have you been notified in any manner that any such claim is proposed, pending or threatened, whether or not a claim, charge or filing was actually made with a court?

Yes ☐ No ☒

Question 10: Since the date of your last license – add renewal application, have you been subject to any academic, clinical, or professional action in a postgraduate training program during this time period, including actions such as warning, remediation, probation, restriction, suspension, termination, or request to voluntarily resign?

Yes ☐ No ☒

Question 11: Since the date of your last license – add renewal application, regarding your medically related employment, have you had an employment agreement or privileges denied, reduced, restricted, suspended, revoked or terminated; or have you been subject to disciplinary action by a medically related entity including but not limited to probation; or have you been terminated from employment or subject to non-renewal of an employment agreement with or without cause; or have you been asked to voluntarily resign or voluntarily suspend your privileges; or have you been under investigation by a hospital, clinic, surgical center, or other medically related entity, or have you been notified that such action or request is pending or proposed?

Yes ☐ No ☒

Question 12: Since the date of your last license – add renewal application, have you interrupted the practice of your health care profession for two years or more?

Yes ☒ No ☐

Question 13: Since the date of your last license – add renewal application, ^I have you ceased the practice of dentistry, dental hygiene, or dental therapy or has the nature of your practice changed since your last license renewal?

Yes ☒ No ☐

Request for Board approval of two, one-year CODA-accredited programs in place of one, two-year CODA-accredited program for applicant Dr. Osama Alshafei.

Dr. Osama Alshafei submitted an application for licensure by exam to the Oregon Board of Dentistry on May 14, 2025. Dr. Alshafei was recently approved (10.13.2025) for a dental license in Washington state. The OBD has received a verification for Dr. Alshafei's Kuwaiti dental license. Dr. Alshafei has provided proof of passing the NBDE in 2006 and proof of passing the Clinical exam via ADEX in summer 2025. OBD has received official transcripts for Dr. Alshafei's Bachelor of Dental Surgery from the University of Leeds (awarded December 2000) and certification completing a one-year clinical training program at the Department of Oral and Maxillofacial at Washington Hospital Center from 2003 to 2004 and received confirmation of Dr. Alshafei's completing a PGY-one year program at the University of Maryland (July 2004-June 2005).

Pursuant to OAR 818-021-0010 the Board needs to determine if it is acceptable for Dr. Alshafei to be granted a dental license based on his CODA-accredited training being two one-year programs rather than one two-year program.

Relevant Rule:

818-021-0010 Application for License to Practice Dentistry

(1) An applicant to practice general dentistry, in addition to the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:

(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or

(b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and

(c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination.

(2) An applicant who has not met the educational requirements for licensure may apply for examination if the Dean of an accredited school certifies the applicant will graduate.

(3) An applicant must pass a Board examination consisting of a clinical portion administered by the Board, or any clinical Board examination administered by any state, or regional testing agency, national testing agency or other Board-recognized testing agency and a jurisprudence portion administered by the Board. Clinical examination results will be recognized by the Board for five years.

(4) A person who fails any Board approved clinical examination three times must successfully complete the remedial training recommended by the testing agency. Such remedial training must be conducted by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association.

(5) Prior to initial licensure, an applicant must complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).

NOTE, for comparison: Washington State's RCW states 'Applicants must graduate from a Commission on Dental Accreditation (CODA)-accredited dental school with a doctor of dental surgery (DDS) or doctor of dental medicine degree (DMD). Official school transcript with degree posted, or, for recent graduates, a verified list of graduating students submitted directly from the dean, is required.

Or

- Graduates from non-accredited dental schools must also meet the requirements outlined in WAC 246-817-160.
 - Evidence of successful completion of at least two additional predoctoral or postdoctoral academic years of dental education. Official school transcript or letter from school verifying education is required.
 - Additional predoctoral or postdoctoral dental education completed before July 1, 2018, must be obtained at a dental school in the United States or Canada, approved, conditionally or provisionally, by the Commission on Dental Accreditation.
 - Additional predoctoral or postdoctoral dental education completed after July 1, 2018, must be obtained in a dental program in the United States or Canada, approved, conditionally or provisionally, by the Commission on Dental Accreditation and include clinical training.

From: osama alshafei <osama_alshafei@me.com>
Sent: Thursday, October 9, 2025 6:52 AM
To: MCNEAL Kathleen * OBD <Kathleen.McNeal@obd.oregon.gov>
Subject: Re: -Licensure application - education requirement

Hi Kathleen

Kindly find the statement below to present to the board.

Subject: Application for Dental Licensure Based on Equivalency of CODA-Accredited OMFS Training

Dear Members of the Oregon Board of Dentistry,

I am writing to formally request the issuance of a dental license based on the equivalency of my two years of CODA-accredited Oral and Maxillofacial Surgery (OMFS) residency training in the USA stipulated by the confirmations you have received and I respectfully petition the Board to consider this advanced training as satisfying the two-year program requirement for foreign-trained dentists.

My 2 years residency training in OMFS were rigorous, full-time commitment that fulfilled the standards of typical advanced education programs and I would like to highlight Key aspects of my training include:

- **Intensive Clinical Hours:** My residency involved a contracted 80-hour work week compared to 40-hour week typical for 3rd or 4th year students in a two-year advanced dental program. This included lectures, tutorials, journal clubs, joint conferences, grand rounds, anesthesia rotations, emergency room consults/treatment/admissions and urgent care patient management and extensive on-call responsibilities every third to fourth day, beginning at 5:30 AM and concluding only when all clinical duties were complete.
- **Comprehensive, Interdisciplinary Training:** The curriculum was robust, covering all core dental disciplines at an undergraduate and postgraduate levels, as you were Not only expected to know the undergraduate curricular fundamentals but you must have reached the required postgraduate levels incrementally including Prosthodontics, Periodontics, Endodontics, Pediatric Dentistry, Orthodontics, oral pathology, oral medicine, applied pharmacology and therapeutics including DEA prescribing fundamentals and Anesthesia/Sedation.
- **Academic and Teaching Responsibilities:** My role was not limited to clinical practice as I was actively involved in teaching and supervising dental students and collaborated with residents in GPR, AGD, and other specialty programs in multidisciplinary cases at the dental school. This experience covered the full spectrum of the dental curriculum, In theoretical knowledge to clinical application.

This immersive experience has fundamentally transformed my clinical skills, knowledge base, and professional communication abilities as I was lucky, blessed and fortunate to do some of this at the first dental school in the world.

Moreover, My current dental educational and clinical standing is, at a minimum, equivalent to that of a graduate from any CODA-accredited dental program.

This assertion is substantiated by my successful completion of all mandatory examinations required for licensure in the great state of Oregon:

- NBDE Parts I and II
- ADEX Clinical Examination
- ADEX Multiple-Choice Question (MCQ) Examination

Passing these rigorous assessments demonstrates that my core and applied dental knowledge meets the standards required to practice dentistry safely and effectively in the U.S.A.

To be clear, I am not requesting a waiver of any licensure requirement. Rather, I am asking the Board to recognize the depth, breadth, and intensity of my CODA-accredited OMFS training as equivalent to the stipulated two-year program.

Granting this license will enable me matriculate into a fellowship position in Head and Neck Oncology at Providence Hospital in Portland Oregon, which had been open since July 2025. This opportunity is a critical step in my professional development, as it will provide the necessary case experience—specifically, the 100 cases in pathology and reconstruction required—to pursue certification from the International Board for the Certification of Specialists in Oral and Maxillofacial Surgery (IBCSOMS) with an added Certificate of Added Qualification in Head and Neck Oncology. This advanced certification will ultimately allow me to continue treating this vulnerable patient population at the highest level.

This fellowship will not only allow me to contribute immediately to the care of cancer patients in Oregon, a community with high demand for services to specialized care, but it will also ensure my continued growth and service in this critical field.

I trust that the board members will find my education satisfactory and diversified to enable the issuance of a dental license in the Great state of Oregon. Thank you for your time and consideration of this important request

Sincerely,

Dr.Osama Alshafei

BChD MFD RCSI FFD OSOM RCSI MOMS RCSEd

Fellow in oral and maxillofacial surgery Medical University of Vienna Austria

Consultant Oral and Maxillofacial Surgeon Adan General Hospital - Adan Specialty dental centre Hadeya

Kuwait Ministry of health

Web <https://zmdvqhks.manus.space/?locale=en>

Instagram DrOsamaAlshafei

[Tel:+436604819088](tel:+965436604819088)

From: osama alshafei <osama_alshafei@me.com>
Sent: Thursday, October 9, 2025 6:52 AM
To: MCNEAL Kathleen * OBD <Kathleen.McNeal@obd.oregon.gov>
Subject: Re: -Licensure application - education requirement

Hi Kathleen

Kindly find the statement below to present to the board.

Subject: Application for Dental Licensure Based on Equivalency of CODA-Accredited OMFS Training

Dear Members of the Oregon Board of Dentistry,

I am writing to formally request the issuance of a dental license based on the equivalency of my two years of CODA-accredited Oral and Maxillofacial Surgery (OMFS) residency training in the USA stipulated by the confirmations you have received and I respectfully petition the Board to consider this advanced training as satisfying the two-year program requirement for foreign-trained dentists.

My 2 years residency training in OMFS were rigorous, full-time commitment that fulfilled the standards of typical advanced education programs and I would like to highlight Key aspects of my training include:

- **Intensive Clinical Hours:** My residency involved a contracted 80-hour work week compared to 40-hour week typical for 3rd or 4th year students in a two-year advanced dental program. This included lectures, tutorials, journal clubs, joint conferences, grand rounds, anesthesia rotations, emergency room consults/treatment/admissions and urgent care patient management and extensive on-call responsibilities every third to fourth day, beginning at 5:30 AM and concluding only when all clinical duties were complete.
- **Comprehensive, Interdisciplinary Training:** The curriculum was robust, covering all core dental disciplines at an undergraduate and postgraduate levels, as you were Not only expected to know the undergraduate curricular fundamentals but you must have reached the required postgraduate levels incrementally including Prosthodontics, Periodontics, Endodontics, Pediatric Dentistry, Orthodontics, oral pathology, oral medicine, applied pharmacology and therapeutics including DEA prescribing fundamentals and Anesthesia/Sedation.
- **Academic and Teaching Responsibilities:** My role was not limited to clinical practice as I was actively involved in teaching and supervising dental students and collaborated with residents in GPR, AGD, and other specialty programs in multidisciplinary cases at the dental school. This experience covered the full spectrum of the dental curriculum, In theoretical knowledge to clinical application.

This immersive experience has fundamentally transformed my clinical skills, knowledge base, and professional communication abilities as I was lucky, blessed and fortunate to do some of this at the first dental school in the world.

Moreover, My current dental educational and clinical standing is, at a minimum, equivalent to that of a graduate from any CODA-accredited dental program.

This assertion is substantiated by my successful completion of all mandatory examinations required for licensure in the great state of Oregon:

- NBDE Parts I and II
- ADEX Clinical Examination
- ADEX Multiple-Choice Question (MCQ) Examination

Passing these rigorous assessments demonstrates that my core and applied dental knowledge meets the standards required to practice dentistry safely and effectively in the U.S.A.

To be clear, I am not requesting a waiver of any licensure requirement. Rather, I am asking the Board to recognize the depth, breadth, and intensity of my CODA-accredited OMFS training as equivalent to the stipulated two-year program.

Granting this license will enable me matriculate into a fellowship position in Head and Neck Oncology at Providence Hospital in Portland Oregon, which had been open since July 2025. This opportunity is a critical step in my professional development, as it will provide the necessary case experience—specifically, the 100 cases in pathology and reconstruction required—to pursue certification from the International Board for the Certification of Specialists in Oral and Maxillofacial Surgery (IBCSOMS) with an added Certificate of Added Qualification in Head and Neck Oncology. This advanced certification will ultimately allow me to continue treating this vulnerable patient population at the highest level.

This fellowship will not only allow me to contribute immediately to the care of cancer patients in Oregon, a community with high demand for services to specialized care, but it will also ensure my continued growth and service in this critical field.

I trust that the board members will find my education satisfactory and diversified to enable the issuance of a dental license in the Great state of Oregon. Thank you for your time and consideration of this important request

Sincerely,

Dr.Osama Alshafei

BChD MFD RCSI FFD OSOM RCSI MOMS RCSEd

Fellow in oral and maxillofacial surgery Medical University of Vienna Austria

Consultant Oral and Maxillofacial Surgeon Adan General Hospital - Adan Specialty dental centre Hadeya

Kuwait Ministry of health

Web <https://zmdvqhks.manus.space/?locale=en>

Instagram DrOsamaAlshafei

[Tel:+436604819088wis](tel:+965436604819088)

STRATEGIC PLANNING SESSION

A WORD FROM THE EXECUTIVE DIRECTOR

STEPHEN PRISBY

It was a turbulent and unpredictable year and there is a lot of news to share since our last newsletter. We powered through (like you did) under stressful conditions during the pandemic. The ongoing and changing Covid emergency rules and executive orders has been difficult and challenging for everyone. We acknowledge this, and we have heard from many of you on different topics and your feedback is always valuable. Oregon Board of Dentistry (OBD) Staff are still “essential personnel” and have been reporting to work at our downtown Portland Office, and not working remotely throughout the pandemic. They have shown tremendous resilience, commitment and fortitude in getting the work done and I thank them sincerely for their efforts. I have more good news to share below, I am optimistic for our dental professionals, the state and the OBD.

We welcomed two new Board Members with Dr. Aarati Kalluri and Dr. Sheena Kansal joining the Board in the spring of 2021. We also had staffing changes and welcomed Dr. Angela Smorra as our new Dental Investigator in May 2021. Please enjoy reading their biographies and information about other Board and Staff changes in an article in this Newsletter.

The 2021 Legislative session was a bumpy and difficult affair if you observed or participated in the session. There is an article in this Newsletter that reviews legislation that impacts our Licensees or the OBD, most notable is the Dental Therapy Bill (HB 2528). The bill directs the OBD to create rules and issue licenses to Dental Therapists in 2022.

The Board was established in 1887, and Dental Hygiene was added as a new regulated Licensee back in the 1940s. A new standing OBD Committee was established to make recommendations to the Board. The Dental Therapy Rules Oversight Committee has already met twice, and a third meeting was being scheduled in December 2021. We highlight this Committee in another Newsletter article for you to stay informed on this new type of Licensee and the steps we are taking to administer the provisions of the new legislation.

The OBD went through its regular and transparent rulesmaking process and a Newsletter article also details the twenty-three (23) rule changes that were voted on by the Board at the October 22, 2021 Board Meeting. These rule changes are not related to dental therapy. Eighteen (18) rule changes are effective January 1, 2022 and five (5) rule changes are effective July 1, 2022. Please review these closely as there are new rule changes involving dental license CE requirements, placing dental implants, dental hygienists placing interim therapeutic restorations and other rule changes that may directly impact you, your practice, or colleagues that you supervise.

FREQUENTLY ASKED QUESTIONS

Q: What information must I maintain in the patient record & give to the patient when placing implants?

A: OAR 818-012-0070(4) Requires when a dental implant is placed the following information must be given to the patient and maintained in the patient record: (a) Manufacture brand; (b) Design name of implant; (c) Diameter and length; (d) Lot number; (e) Reference number; (f) Expiration date. The product labeling stickers containing the above information may also be used in satisfying this requirement.

The OBD also undertook strategic planning in 2021. This endeavor could have been easily delayed due to the pandemic, staffing shortages and other issues. We shifted the work on the strategic plan a few months to welcome two new Board Members and one staff member, but moved forward to prioritize this important work. The plan is to replace the OBD's 2017 - 2020 Strategic Plan. In early 2021, the OBD circulated a survey on OBD operations and areas of focus to our Licensees and interested parties to inform the Board on the issues important to the dental community.



We followed procurement rules and eventually selected the Peak Fleet to help facilitate our planning and help draft the next plan. The OBD held strategic planning sessions on October 22 & 23 with all ten Board Members participating in-person. The work and efforts are now being distilled and the Board will review a final plan at the February 2022 Board Meeting.

I am so thankful that the OBD continues to attract such interesting, smart, professional and engaged Oregonians year after year. We will have three open Board Member seats next year so please consider contributing to the profession as a Board Member. Another Newsletter article highlights how to apply and learn more about service on the Board.

As 2021 ends, I wish you all happy holidays, good health and a great start to 2022. If you have any questions or comments, I look forward to hearing from you. Stephen.Prisby@oregondentistry.org or 971-673-3200. ■



BOARD & STAFF UPDATES

The Governor appointed and the Senate confirmed Dr. Sheena Kalia Kansal to the Oregon Board of Dentistry. She is replacing Dr. Hai Pham's position. Her term began April 19, 2021 and ends March 31, 2025. OBD. Dr. Sheena Kalia Kansal is a pediatric dentist and an owner of Hollywood Children's Dentistry located in northeast Portland. She completed her undergraduate studies and Doctor of Dental Surgery (DDS) in Alberta, Canada. She practiced general dentistry for six years in Canada before relocating to Portland and completing a two-year specialty program in Pediatric Dentistry at OHSU in 2008. She has been practicing dentistry for over 20 years and is, currently, serving communities in Portland and surrounding areas.

Board Introduction

Strategic Plan 2022-2025

Oregon Board of Dentistry

August 20, 2021



ThePEAKFleet

The PEAK Fleet

Creating an engaged workforce that thrives together

Purpose of Today's Session

- *Introductions*
- *PEAK Fleet Background*
- *Approach to Strategy*
- *Themes emerging so far*
- *Plan for Oct 23rd Strategy FTF*
- *Inputs & Questions from OBD*



Dedicated to creating a new renaissance where
creative, inclusive environments abound.

We believe the Future of Work begins with People.

For purpose, not just profit.



PEAK Values®

About Us:



Jen Coyne
CEO & Co-Founder



Theresa Trelstad
PEAK Fleet Consultant



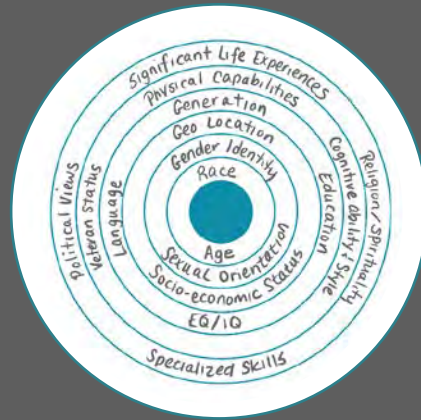
Brian Stinson
Co-Founder

Our Focus Areas:

Strategy
Development



Equity, Justice,
Diversity & Inclusion



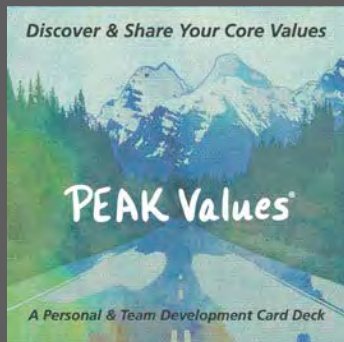
Effective
Meetings



Team & Leadership
Development



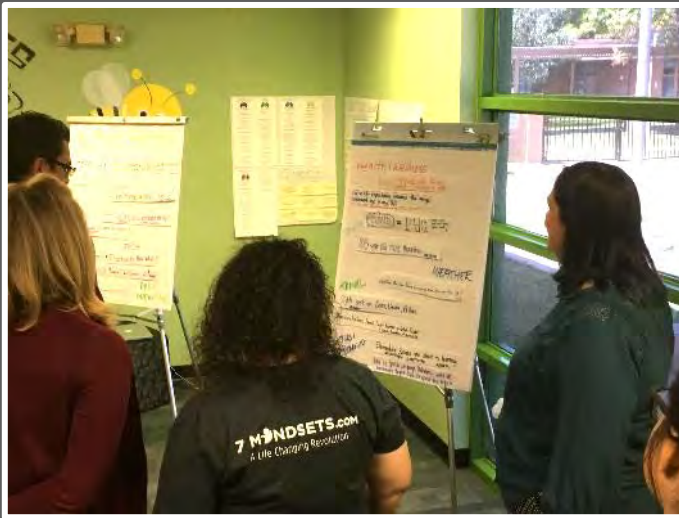
Individual &
Organizational Values



Problem Solving &
Innovation

Our Formats:

Workshops



Leadership Retreats



Consulting



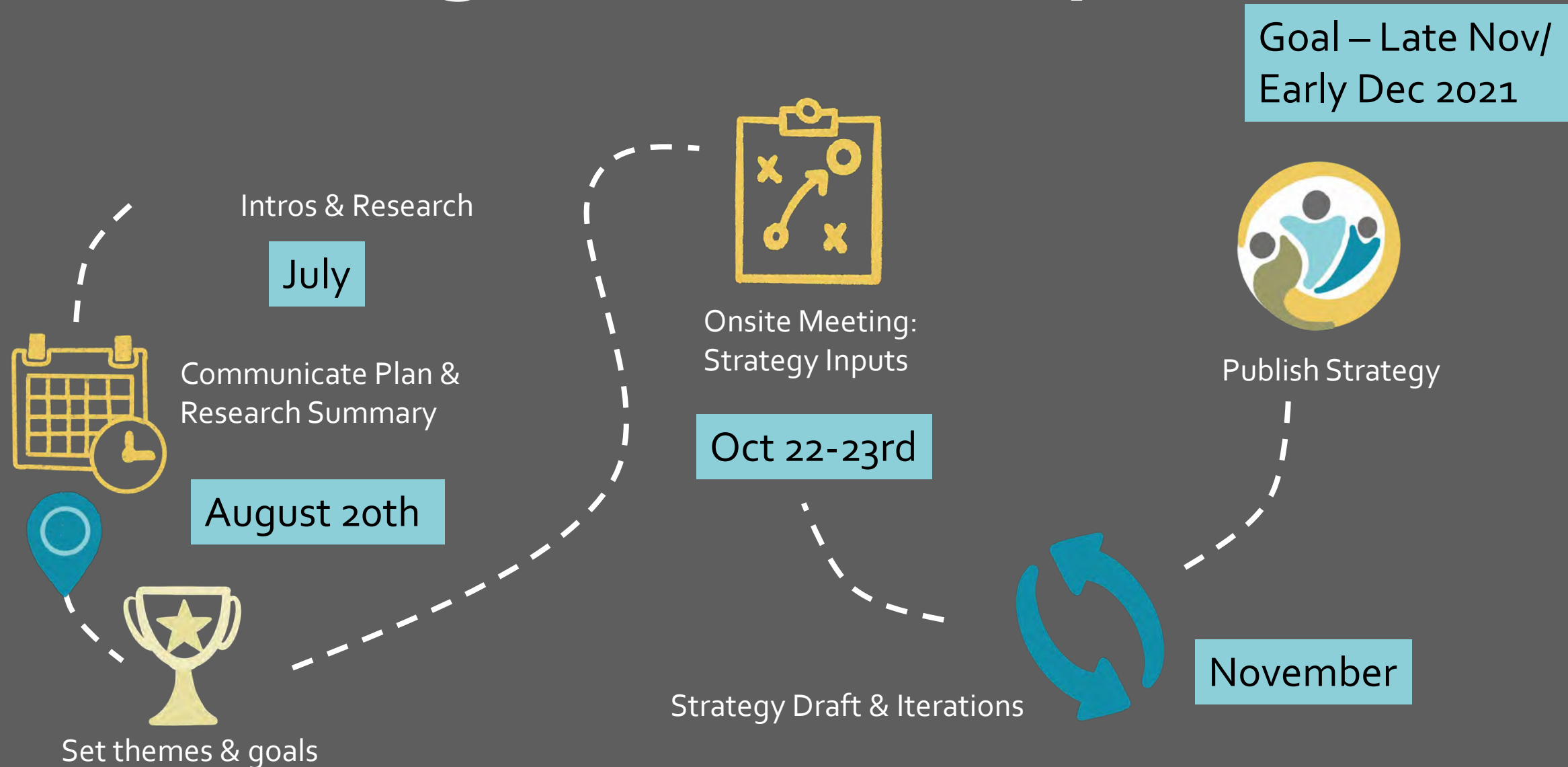
We also offer:
Speakerships +
Events



Our Approach to Strategy

- Set a pace for OBD's Strategy Process
- Empathy & Listening at the forefront
- Incorporate additional research and perspective
- Evaluate the data – quantitative & qualitative
- Facilitation to maximize participation and use of staff and board member time

OBD Strategic Plan Journey



Background/research so far

- Introductory meeting with OBD Staff
- Interviews with each Staff member
- Coding and analysis of Surveys from Board and Members

Additional work to be done

- Peer Dental organization research, themes
- Understand OHA Strategic Themes
- Potential impacts of Governor's office change

Themes Emerging

- Corporate Dentistry
- Dental Therapy
- Technology & Processes
 - Data & analytics capabilities
 - Operational processes & systems
- Workplace Environment & Engaged Workforce
- Community / Constituent Outreach: Diversity, Equity & Inclusion Considerations

A taste of upcoming events...

- Write down any additional ideas for themes or specific issues you'd like addressed – post on “Additional Themes” poster
- Read info about each of the themes
 - Add any questions you want to make sure are answered
 - Give a +1 to any themes you especially want to spend focused time
 - Any comments you have now to build out the initiatives

Next up: In-Person Joint Working Session, Oct 23rd

Draft Agenda (Subject to Change)

Start	End	Duration	Topic
8:00 AM	8:45 AM	0:45:00	Open mg Values exercise
8:45 AM	8:50 AM	0:05:00	Objectives and Goals for the Day
8:50 AM	8:55 AM	0:05:00	Point in time/Map "we are here"
8:55 AM	9:40 AM	0:45:00	Organizational Values => As jens for reviewing OBD Mission
9:40 AM	10:25 AM	0:45:00	Discussion and Analysis of OBD Opportunities and Threats
10:25 AM	10:40 AM	0:15:00	Break
10:40 AM	11:25 AM	0:45:00	Strengths and Weaknesses, small group discussion
11:25 AM	12:10 PM	0:45:00	Posters of Like Items
12:10 PM	12:55 PM	0:45:00	LUNCH
12:55 PM	1:40 PM	0:45:00	Strategic Themes, Goals within each theme
1:40 PM	2:10 PM	0:30:00	Criteria/level of difficulty to achieve goals
2:10 PM	2:40 PM	0:30:00	Stack rank Prioritization
2:40 PM	2:55 PM	0:15:00	Wrap up & Final comments

Inputs & Questions

DRAFT

Possible 2026 – 2029 OBD Strategic Plan Priorities

- Review and possibly update the Protocols
- Simplify Dental Assistant Rules and eliminate pathways and rules (cut the red tape)
- At the Feb 2025 Board Meeting, Board Member Dr. Clark expressed his concerns and brought a proposal forward to add that at least one (1) hour of continuing education must be related to alcohol and substance abuse by oral health care providers, current treatment modalities, and legal and ethical obligations to report abuse.
- Schedule more board member training – Workday, accessing Board confidential documents, etc...
- Annual Public Meetings Law Training for Board

o Feedback from Chip Dunn Board Member 2017-2025

Looking ahead, I believe one of the most pressing challenge remains improving access to dental care for low-income patients. While the board has made significant strides over the years I've been involved, there is always more work to be done in this area.

Looking at the 2026-2029 plan topics, I would like to see the board prioritize refining the Dental Assistant Rules and Regulations. Streamlining these regulations and eliminating unnecessary red tape could ease the burdens for dental providers, particularly when participating in Medicaid or other public health assistance programs, thereby encouraging more dentists to serve low-income patients. Furthermore, creating clearer pathways into the profession for dental assistants could attract new providers from underserved communities, ultimately elevating the standard of care across Oregon.

Oregon Board of Dentistry - Strategic Planning Survey

Monday, April 19, 2021

273

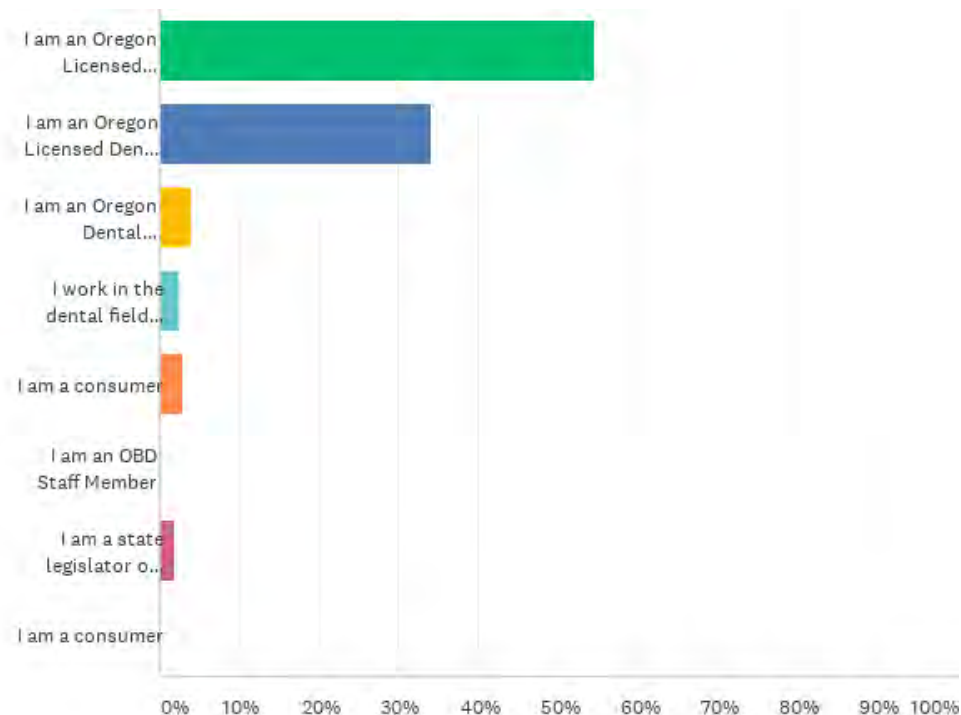
Total Responses

Date Created: Thursday, November 05, 2020

Complete Responses: 273

Q1: Which best describes your relationship to the Oregon Board of Dentistry? (choose only one, your primary role)

Answered: 273 Skipped: 0



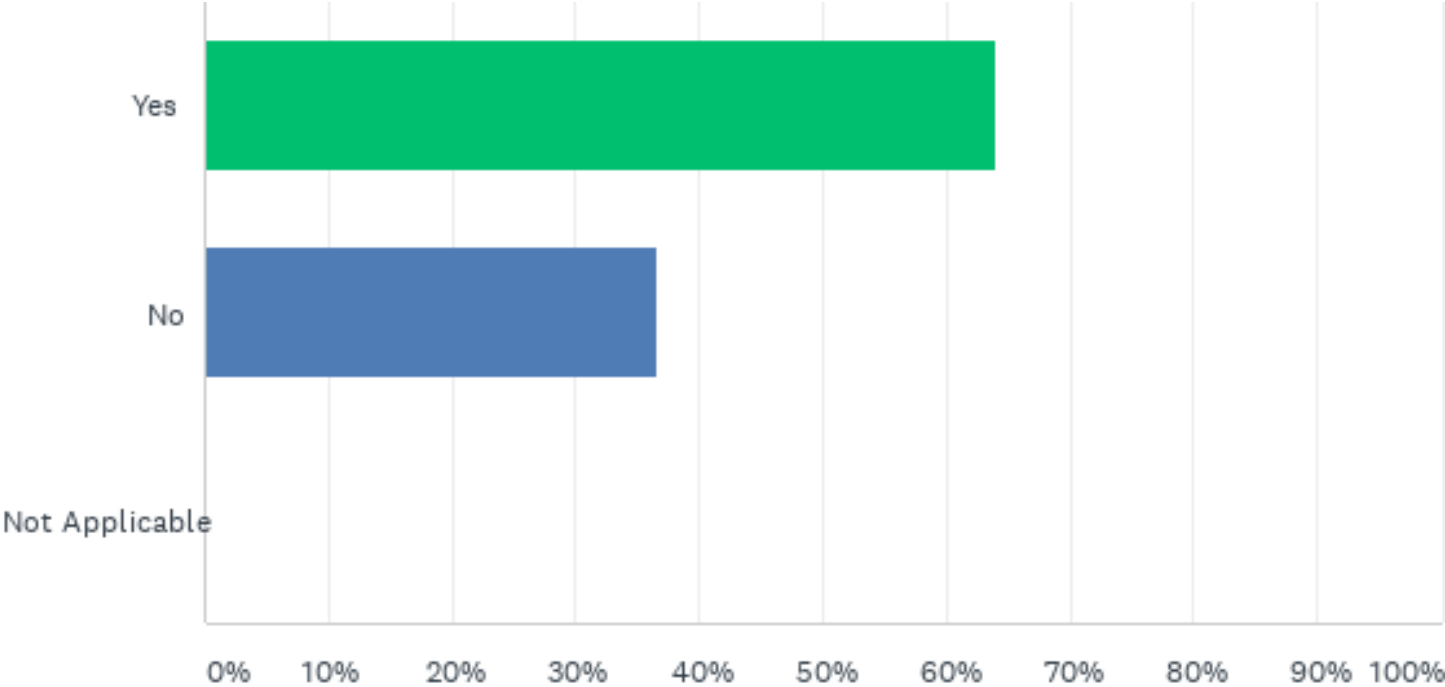
Q1: Which best describes your relationship to the Oregon Board of Dentistry? (choose only one, your primary role)

Answered: 273 Skipped: 0

ANSWER CHOICES	RESPONSES	
I am an Oregon Licensed Dentist	54.58%	149
I am an Oregon Licensed Dental Hygienist	34.07%	93
I am an Oregon Dental Assistant	4.03%	11
I work in the dental field, but I am not a Licensee or dental assistant (office staff, insurance, association or related health entity)	2.56%	7
I am a consumer	2.93%	8
I am an OBD Staff Member	0.00%	0
I am a state legislator or state government official	1.83%	5
I am a consumer	0.00%	0
Total Respondents: 273		

Q2: Have you interacted with the Oregon Board of Dentistry through email, mail, telephone or in person over the last 12 months?

Answered: 273 Skipped: 0



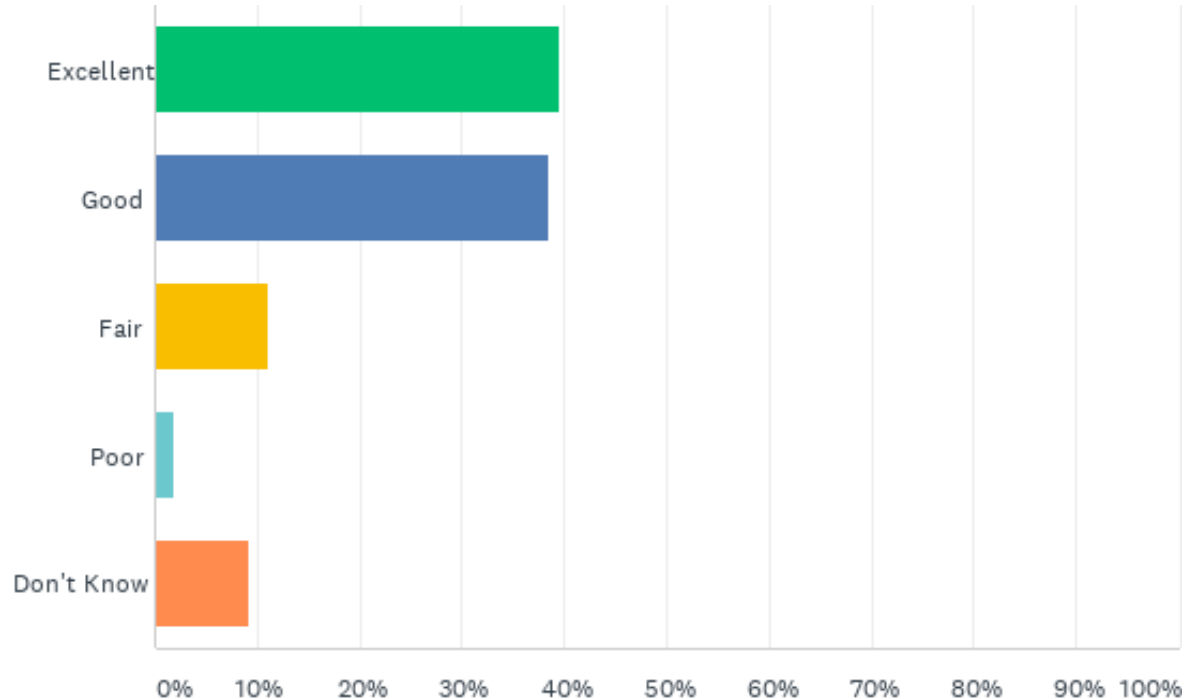
Q2: Have you interacted with the Oregon Board of Dentistry through email, mail, telephone or in person over the last 12 months?

Answered: 273 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	64.10%	175
No	36.63%	100
Not Applicable	0.00%	0
Total Respondents: 273		

Q3: How would you rate your overall experience with Oregon Board of Dentistry Staff?

Answered: 273 Skipped: 0



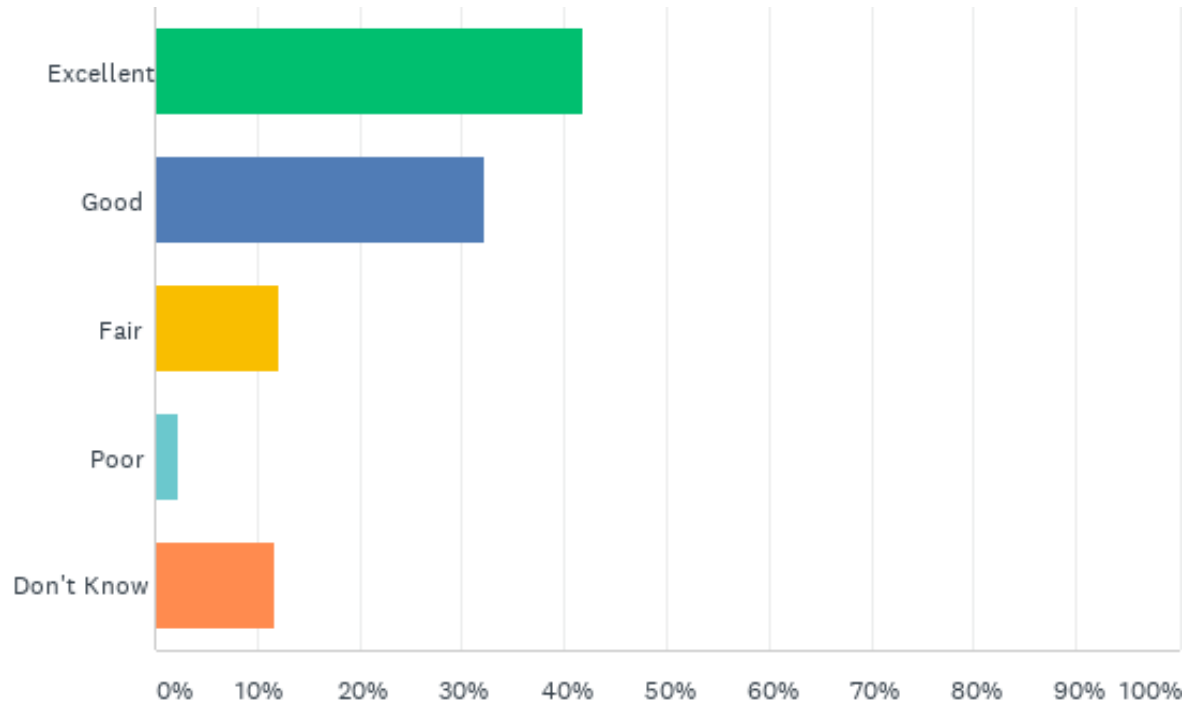
Q3: How would you rate your overall experience with Oregon Board of Dentistry Staff?

Answered: 273 Skipped: 0

ANSWER CHOICES	RESPONSES	
Excellent	39.56%	108
Good	38.46%	105
Fair	10.99%	30
Poor	1.83%	5
Don't Know	9.16%	25
TOTAL		273

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

Answered: 273 Skipped: 0



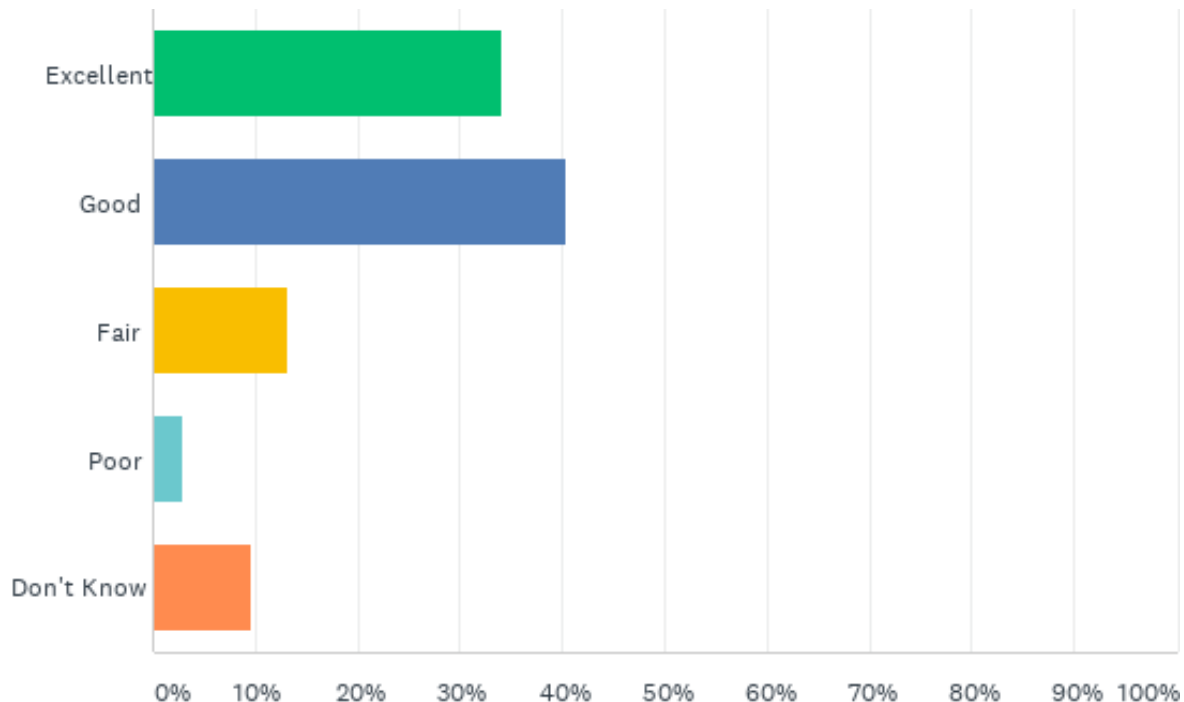
Q4: How do you rate the knowledge and expertise of the Oregon Board of Dentistry Staff?

Answered: 273 Skipped: 0

ANSWER CHOICES	RESPONSES	
Excellent	41.76%	114
Good	32.23%	88
Fair	12.09%	33
Poor	2.20%	6
Don't Know	11.72%	32
TOTAL		273

Q5: How do you rate the availability of information when communicating with the Oregon Board of Dentistry in any manner?

Answered: 273 Skipped: 0



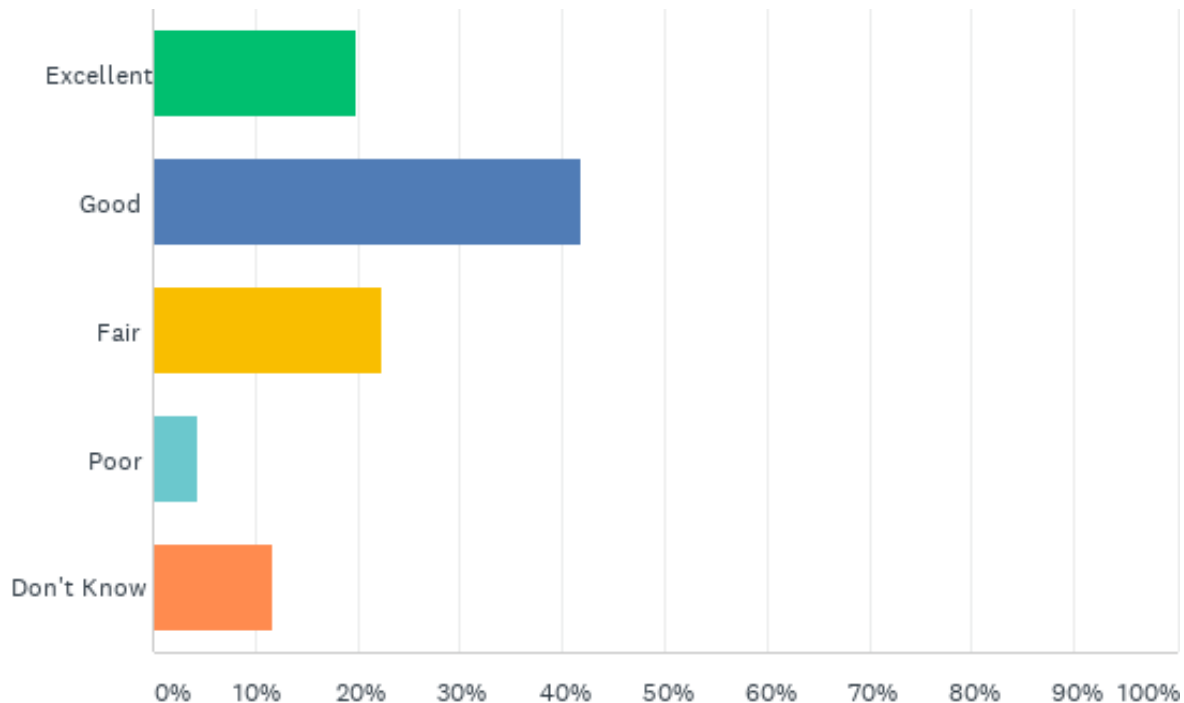
Q5: How do you rate the availability of information when communicating with the Oregon Board of Dentistry in any manner?

Answered: 273 Skipped: 0

ANSWER CHOICES	RESPONSES	
Excellent	34.07%	93
Good	40.29%	110
Fair	13.19%	36
Poor	2.93%	8
Don't Know	9.52%	26
TOTAL		273

Q6: How do you rate the Oregon Board of Dentistry Website in finding the information you were looking for?

Answered: 273 Skipped: 0



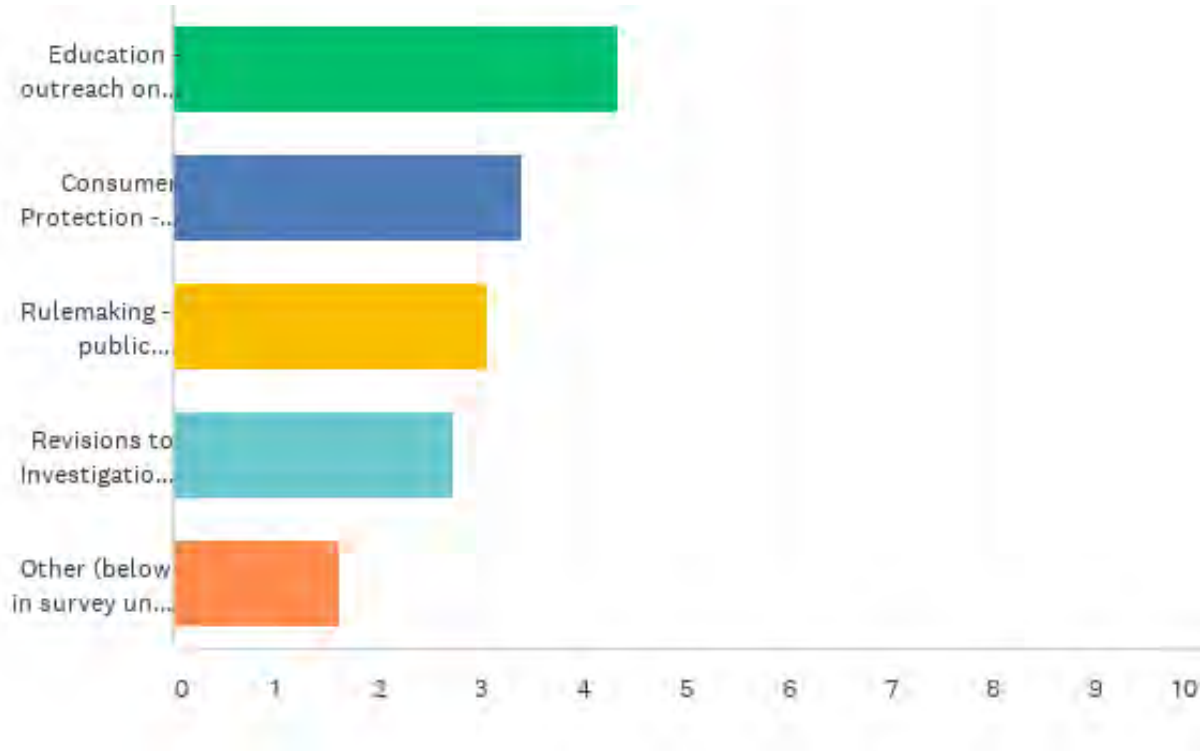
Q6: How do you rate the Oregon Board of Dentistry Website in finding the information you were looking for?

Answered: 273 Skipped: 0

ANSWER CHOICES	RESPONSES	
Excellent	19.78%	54
Good	41.76%	114
Fair	22.34%	61
Poor	4.40%	12
Don't Know	11.72%	32
TOTAL		273

Q7: Rank (1 is most important, 5 is least important) areas that you believe the OBD should focus on more intently, in upcoming strategic planning

Answered: 265 Skipped: 8



Q7: Rank (1 is most important, 5 is least important) areas that you believe the OBD should focus on more intently, in upcoming strategic planning

Answered: 265 Skipped: 8

	1	2	3	4	5	TOTAL	SCORE
Education - outreach on statutes, rules & protocols (presentations, newsletters, Eblasts, website)	64.23% 158	18.70% 46	8.54% 21	6.10% 15	2.44% 6	246	4.36
Consumer Protection - communication with consumers to highlight some area of oral healthcare	15.23% 37	39.51% 96	22.22% 54	17.70% 43	5.35% 13	243	3.42
Rulemaking - public meetings, public participation and implementation	9.35% 23	24.39% 60	36.59% 90	24.39% 60	5.28% 13	246	3.08
Revisions to Investigations, enforcement and compliance activities	9.31% 23	14.17% 35	27.13% 67	41.30% 102	8.10% 20	247	2.75
Other (below in survey under comments describe the area the OBD should focus on more intently)	7.98% 17	4.23% 9	6.10% 13	7.04% 15	74.65% 159	213	1.64

DRAFT

Oregon Board of Dentistry: Strategic Planning Survey

Survey Description:

Welcome! Your feedback is crucial in shaping the Oregon Board of Dentistry's next strategic plan. This survey should take 5–10 minutes to complete. Your responses will help guide priorities for public protection, licensure, education, access to care, and more.

1. Professional Role (*Single Choice*)

- Dentist
 - Dental Hygienist
 - Dental Hygienist & Dental Therapist
 - Dental Therapist (single license)
 - Dental Assistant
 - None of the above
-

2. Years of Practice in Oregon (*Single Choice*)

- 0–2 years
 - 3–7 years
 - 8–15 years
 - 16+ years
-

3. Primary Practice Setting (*Single Choice or Multiple Selection, based on your preference*)

- Private Practice
- Community Health Center

- Academic/Education
 - Corporate Dentistry
 - Government/Military
 - Other (please specify): **[Text Field]**
-

4. Satisfaction with Current OBD Communication & Transparency (*Likert Scale*)

How satisfied are you with current communication and transparency from the Oregon Board of Dentistry?

- Very Satisfied
 - Somewhat Satisfied
 - Neutral
 - Somewhat Dissatisfied
 - Very Dissatisfied
-

5. Strategic Priorities – Rate Importance (*Matrix – Likert Scale 1–5*)

Please rate how important each of the following areas is for the Board to prioritize in the next 2 – 4 years (1 = Not Important; 5 = Very Important).

- Public Protection and Safety
- Licensure and Credentialing Efficiency
- Continuing Education Requirements
- Diversity, Equity & Inclusion
- Workforce Shortages & Access to Care
- Technological Advancement in Dental Practice
- Enforcement & Disciplinary Procedures

[Set up as a matrix question with rows = areas and columns = 1 to 5]

6. Critical Issue (*Open-Ended*)

In your opinion, what is the **most critical issue** the Oregon Board of Dentistry should address in the next 3–5 years?

[Text Field, single line or paragraph]

7. Representation (*Single Choice + Optional Comment Field*)

Do you feel your professional voice is adequately represented by the Oregon Board of Dentistry?

- Yes
- No
- Not Sure

(Optional) Please elaborate: [Text Field]

8. Frequency of Checking OBD Updates (*Single Choice*)

How often do you consult the OBD website or communications for updates?

- Weekly
 - Monthly
 - A few times a year
 - Rarely/Never
-

9. Preferred Communication Methods (*Multiple Choice*)

Which of the following communication channels would you prefer from the Oregon Board of Dentistry? (Select all that apply.)

- Email newsletters
 - Webinars / Virtual Town Halls
 - Other (please specify): [Text Field]
-

10. Operational Improvements (*Open-Ended*)

What changes or improvements would you like to see in how the Oregon Board of Dentistry operates?

[Text Field, paragraph response]

11. Barriers to Compliance (*Single Choice + Open Comment If "Yes"*)

Are there any barriers that hinder your ability to comply with Board rules or regulations?

- Yes (If yes, please explain): **[Text Field]**
 - No
-

12. Future Participation (*Single Choice + Optional Contact Field*)

Would you be willing to participate in future focus groups, advisory panels, or additional surveys to inform the Board's strategic planning?

- Yes (If yes, please leave your email): **[Text Field]**
- No
- Maybe