PUBLIC PACKET

OREGON BOARD OF DENTISTRY

BOARD MEETING
APRIL 28, 2023

Oregon
Tina Kotek, Governor

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

NOTICE OF REGULAR MEETING

PLACE: **VIRTUAL VIA ZOOM**

DATE: **April 28, 2023**

TIME: **8:00 a.m. – 3:00 p.m.**

Call to Order – Jose Javier. D.D.S., President **8:00 a.m.**

OPEN SESSION (Zoom option available)
https://us02web.zoom.us/j/86434395283?pwd=Vm5TdzdFbUxlbXRkRElOUm9XZGZydz09
Dial-In Phone #: 1-253-215-8782 ● Meeting ID: 864 3439 5283 ● Passcode: 108496

Review Agenda

1. Approval of Minutes
   - February 24, 2023 Board Meeting Minutes

NEW BUSINESS

2. Association Reports
   - Oregon Dental Association
   - Oregon Dental Hygienists' Association
   - Oregon Dental Assistants Association
   - Oregon Community College Consortium

3. Committee and Liaison Reports
   - Memo – Update on Public Rulemaking Hearing & Committee work
   - Public Rule Making Hearing scheduled for May 10, 2023 at 12 pm via Zoom
     - Public Comment closes June 2.
     - The Board will review comments received and plan to vote on the proposed rule changes at the June 16, 2023 Board Meeting.

4 Executive Director's Report
   - Board Member & Staff Updates
   - OBD Budget Status Report & Update on OBD 2023-25 Budget
   - Customer Service Survey
   - 2023 Dental License Renewal – CE audit letters will go out in April & May (the OBD has audited licensees compliance with CE since 1999)
   - Board and Staff Speaking Engagements – Spring OBD Presentation
   - OBD Affirmative Action Plan
   - Statewide Affirmative Action Activities
   - Agency Expectations Guide and Timetable
   - OBD 2022-25 Strategic Plan
   - Executive Order 23-03 and OBD response
   - 2023 Legislative Session
   - Fiscal Impact Statements
   - Secretary of State – Retention Policies and News
   - Workday Implementation and Updates

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.

- State CC Forum Meeting
- AADA & AADB Mid-Year Meetings
- Prescription Drug Monitoring Program
- 2024 Proposed Board Meeting Dates
- Newsletter

5. Unfinished Business and Rules
   - Memo – Proposed amendment to OAR 818-001-0087 Fees - Draft
   - Proposed New Rule – OAR 818-021-XXXX - Dental, Dental Therapy and Dental Hygiene Licensure for Active-Duty Members of the Uniformed Services and their Spouses Stationed in Oregon
   - Dental Therapist Collaborative Agreement draft

6. Correspondence
   - Representative Hai Pham request
   - Response to Representative Pham
   - Response to LFO
   - Testimony re: HB 2996 and HB 3223
   - Ginny Jorgensen letter
   - Ginny Jorgensen Letter #2
   - Dr. Fine Email to Board re: HB 3223
   - State Board Participation on 2023 CODA Accreditation Site Visit – Concorde Career College
   - Memo - Question regarding maintaining 3D images from digital scanners

7. Other
   - Tribes
   - Other Public Comment
   - EBAS Ethics for Public Protection
   - JCNDE – Survey & OBD Response submitted by Director Prisby
   - JCNDE – State Dental Forum
   - Job Opportunity as Oregon Health Authority's Dental Director
   - Informational Bulletin re: Dental Shield Requirement & Hand-Held Intraoral X-Ray Use in Dental Facilities
   - Controlled substance education requirement for DEA registration – FAQ
   - Continuing Education Recognition Program (CERP) - standards & procedures
   - Evaluation of Safety Concerns with Certain Dental Devices Used on Adults – FDA Safety Communication
   - Memo – Election of OBD Officers

8. Articles & Newsletters (No Action Necessary)
   - DANB new strategic plan focuses on dental assistant workforce solutions
   - UAB dental school houses 1st U.S. dental implant registry
   - Governor Tina Kotek Submits Appointments for Senate Confirmation
   - US Labor Force Discussion - Occupational Licensure

EXECUTIVE SESSION **11:00 a.m.**

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

9. Review New Cases Placed on Consent Agenda
10. Review New Case Summary Reports
11. Review Completed Investigative Reports
12. Previous Cases Requiring Further Board Consideration

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

13. Personal Appearances and Compliance Issues
14. Licensing and Examination Issues
15. Consult with Counsel

LUNCH **11:45 a.m.**
OPEN SESSION (Zoom option available) **2:00 p.m.**
https://us02web.zoom.us/j/86434395283?pwd=Vm5TdzdFbUxlbXRkRElOUm9XZGZydz09
Dial-In Phone #: 1-253-215-8782 ● Meeting ID: 864 3439 5283 ● Passcode: 108496

Enforcement Actions (vote on cases reviewed in Executive Session)
LICENSURE AND EXAMINATION
16. Ratification of Licenses Issued
17. License and Examination Issues

ADJOURN **3:00 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.
(3) The Board may from time to time throughout the meeting enter into Executive Session to discuss matters on the agenda for any of the reasons specified in ORS 192.660. Prior to entering into Executive Session, the Board President will announce the nature of and authority for holding the Executive Session. No final action will be taken in Executive Session.

STANDARD PROTOCOLS FOR
GENERAL CONSENT ORDERS

CIVIL PENALTIES

Licensee shall pay a $(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within (**XX**) days of the effective date of the Order.

> **NOTE:** The Board will allow licensed dentists a 30-day payment period for each civil penalty increment of $2,500.00.
>
> **NOTE:** The Board will allow licensed dental hygienists a 30-day payment period for each civil penalty increment of $500.00.

REFUND OR RESTITUTION PAYMENTS

Licensee shall pay $(**XX**) *refund or restitution*, by a single payment, in the form of a cashier's, bank, or official check made payable to patient (PATIENT INITIALS) and delivered to the Board offices within (**XX**) days of the effective date of the Order.

> **NOTE:** The Board will allow licensed dentists a 30-day payment period for each restitution and/or refund increment of $2,500.00.
>
> REFUND: To restore money paid by patient for treatment.
>
> RESTITUTION: Money to repair unacceptable treatment.

REIMBURSEMENT PAYMENTS

Licensee shall provide the Board with documentation verifying reimbursement payment made to (COMPANY NAME), patient (PATIENT INITIALS) insurance carrier, within (**XX**) days of the effective date of the Order.

> **NOTE:** The Board will allow licensed dentists a 30-day payment period for each reimbursement increment of $2,500.00.

CONTINUING EDUCATION – BOARD ORDERED

Licensee shall successfully complete (**XX**) hours of (**XX**) (OPTIONS: Board approved, hands-on, mentored), continuing education in the area of (**XX**) within (**XX**) (OPTIONS: years, months) of the effective date of the Order, unless the Board grants an extension, and advises Licensee in writing. This ordered continuing education is in addition to the continuing education required for the licensure period(s) (**XX**) (i.e. April 1, XXXX to March 31, XXXX). As soon as possible, Licensee shall submit documentation to the Board verifying completion of the Board ordered course(s).

COMMUNITY SERVICE

Licensee shall provide (**XX**) hours of Board approved community service in Oregon within (**XX**) (years, months) of the effective date of the Order, unless the Board grants an extension, and advises the Licensee in writing. The community service shall be pro bono, and shall involve the Licensee providing direct dental care to patients. As soon as possible, Licensee shall submit documentation to the Board verifying completion of the community service.

> **NOTE:** The Board will allow three months to complete each increment of ten hours of community service.

FALSE CERTIFICATION OR STATEMENTS ON DOCUMENTS OR RECORDINGS

Licensee shall pay a $(**XX**) civil penalty, by a single payment, and complete the balance of the (**XX**) (40, 36 or 24) hours of continuing education for the licensure period (i.e. April 1, XXXX to March 31, XXXX), within (**XX**) days of the effective date of the Order. As soon as possible, Licensee shall submit documentation to the Board verifying completion of the continuing education.

> **NOTE:** The civil penalties are $2,000.00 for dentists and $1,000.00 for dental hygienists.

FAILURE TO MEET CONTINUING EDUCATION STANDARDS

NOTE: If Licensee completes ≥75% of the required continuing education, it will result in a letter informing the Licensee to complete the remaining CE by the specified deadline. Licensee will have a 60-day grace period, from its due date, to complete the remaining CE.

NOTE: If Licensee completes >25% and <75% of the required continuing education, the Board will request a letter of explanation, review extenuating circumstances, and audit an additional two-year cycle. Discipline may be recommended after review of circumstances by the Board Evaluators.

NOTE: If Licensee completes ≤25% of the required continuing education, the Board will audit previous renewal cycles and recommend a reprimand and a civil penalty.

NOTE: If Licensee fails to provide the CE required to maintain their anesthesia permit (i.e. For a random CE audit), the permit will be immediately removed from their license until documentation is provided to the Board.

FAILURE TO MAINTAIN HEALTH CARE PROVIDER BLS/CPR

Licensee shall pay a $(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order.

NOTE: Failure to maintain Health Care Provider BLS/CPR for one day to three months will result in a Letter of Concern.

NOTE: Failure to maintain Health Care Provider BLS/CPR for three months to six months will result in a reprimand.

NOTE: Failure to maintain Health Care Provider BLS/CPR for longer than six months will result in a $500.00 (DENTIST) civil penalty or a $250.00 (DENTAL HYGIENIST) civil penalty.

NOTE (ANESTHESIA PERMIT HOLDERS): Failure to maintain Health Care Provider BLS/CPR for longer than six months will result in a reprimand and a $1000.00 (DENTIST) civil penalty or a $500.00 (DENTAL HYGIENIST) civil penalty. Failure to provide the CE required to maintain their anesthesia permit will result in immediate removal of the permit from their license until documentation is provided to the Board.

FAILURE TO MAINTAIN ACLS/PALS

Licensee shall pay a $(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order.

> **NOTE:** Failure to maintain ACLS/PALS for one day to three months will result in a Letter of Concern.
>
> **NOTE:** Failure to maintain ACLS/PALS for longer than three months will result in a reprimand and a $1000.00 civil penalty.
>
> **NOTE:** If Licensee fails to provide the CE required to maintain their anesthesia permit (i.e. For a random CE audit), the permit will be immediately removed from their license until documentation is provided to the Board.

WORKING WITHOUT A CURRENT LICENSE

Licensee shall pay a $(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within (**XX**) days of the effective date of the Order.

> **NOTE:** A licensed dentist, who worked any number of days without a license will be issued a Notice of Proposed Disciplinary Action and offered a Consent Order incorporating a reprimand and a $2,000.00 civil penalty.
>
> **NOTE:** A licensed dental hygienist who worked any number of days without a current license, will be issued a Notice of Proposed Disciplinary Action and offered a Consent Order incorporating a reprimand and civil penalty of $1,000.00.

ALLOWING A PERSON TO PERFORM DUTIES FOR WHICH THE PERSON IS NOT LICENSED OR CERTIFIED

Licensee shall pay a $(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within (**XX**) days of the effective date of the Order, unless the Board grants an extension, and advises the Licensee in writing.

> **NOTE:** The Licensee will be charged $2,000.00 for the first offense and $4,000.00 for the second, and each subsequent offense.

FAILURE TO RESPOND WITHIN TEN DAYS TO A BOARD REQUEST FOR INFORMATION

Licensee shall pay a $(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order.

> **NOTE:** The Board will issue a Notice of Proposed Disciplinary Action and offer a Consent Order, incorporating a reprimand and a $1,000.00 civil penalty, to a licensed dentist, who fails to respond within ten days to a Board request for information.

> **NOTE:** The Board will issue a Notice of Proposed Disciplinary Action and offer a Consent Order, incorporating a reprimand and a $500.00 civil penalty, to a licensed dental hygienist, who fails to respond within ten days to a Board request for information.

FAILURE TO CONDUCT WEEKLY BIOLOGICAL TESTING OF STERILIZATION DEVICES

Licensee shall pay a $ (**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check made payable to the Oregon Board of Dentistry and delivered to the Board offices within (**XX**) days of the effective date of the Order.

Licensee shall successfully complete (**XX**) hours of Board approved continuing education in the area of infection control within (**XX**) (OPTIONS: years, months) of the effective date of the Order. This ordered continuing education is in addition to the continuing education required for the licensure period(s) (**XX**) (i.e. April 1, XXXX to March 31, XXXX). As soon as possible, Licensee shall submit documentation to the Board verifying completion of the Board ordered course(s).

For a period of one year of the effective date of the Order, Licensee shall submit, by the fifteenth of each month, the results of the previous month's weekly biological monitoring testing of sterilization devices. Periods of time Licensee is not practicing dentistry as a dentist in Oregon, shall not apply to reduction of the one-year requirement.

NOTE: Failure to do biological monitoring testing one to five times within a calendar year will result in a Letter of Concern.

NOTE: Failure to do biological monitoring testing six to ten times within a calendar year will result in the issuance of a Notice of Proposed Disciplinary Action and an offer of a Consent Order incorporating a reprimand.

NOTE: Failure to do biological monitoring testing 11 to 20 times within a calendar year will result in the issuance of a Notice and an offer of a Consent Order incorporating a reprimand, a $3,000.00 civil penalty, two hours of Board approved continuing education in the area of infection control within (**XX**), and monthly submission of spore testing results for a period of one year from the effective date of the Order.

NOTE: Failure to do biological monitoring testing more than 20 times within a calendar year will result in the issuance of a Notice and an offer of a Consent Order incorporating a reprimand, a $6,000.00 civil penalty, four hours of Board approved continuing education in the area of infection control within (**XX**), and monthly submission of spore testing results for a period of one year from the effective date of the Order.

FAILURE TO REGISTER WITH THE PRESCRIPTION DRUG MONITORING PROGRAM (PDMP). Effective July 1, 2020.

Licensee shall pay a $(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order.

NOTE: Failure to be registered with the PDMP for one day to three months will result in a Letter of Concern.

NOTE: Failure to be registered with the PDMP for three months to six months will result in a reprimand.

NOTE: Failure to be registered with the PDMP for longer than six months will result in a $1000.00 civil penalty.

STANDARD PROTOCOLS FOR CONSENT ORDERS
RELATED TO DIAGNOSED SUBSTANCE USE DISORDER

Licensee shall, for an indefinite length of time, be subject to the following conditions of this Consent Order:

Licensee shall voluntarily enter the State's Health Professionals' Services Program (HPSP) and abide by all of the terms and conditions established by the HPSP vendor, per Oregon law ORS 676.

Licensee shall contact and initiate procedures to enter HPSP within one (1) business day of the effective date of this Order. Business days are defined as days Monday through Friday excluding holidays. Licensee understands that failure to enroll in HPSP will result in notification to the Board.

Licensee shall not apply for relief from these conditions within five years of the effective date of the Order, and must do so in writing. Periods of time Licensee is not practicing dentistry as a dentist in Oregon, or dental hygiene as a dental hygienist in Oregon, shall not apply to reduction of the five-year requirement.

Licensee shall not use alcohol, marijuana, illegal drugs, stimulants, narcotics, sedatives, or any other mind altering substances at any place or time unless prescribed by a licensed practitioner for a bona fide medical condition and upon prior notice to the Board and care providers, except that prior notice to the Board and care providers shall not be required in the case of a bona fide medical emergency.

Licensee shall undergo an evaluation by a Board approved evaluator or treatment provider within 30 days of the effective date of the Order and make the written evaluation and treatment recommendations available to the Board.

Licensee shall adhere to, participate in, and complete all aspects of any and all residential care programs, continuing care programs and recovery treatment plans recommended by Board approved care providers and arrange for a written copy of all plans, programs, and contracts to be provided to the Board within 30 days of the effective date of this Order.

Licensee shall advise the Board, in writing, of any change or alteration to any residential care programs, continuing care programs, and recovery treatment plans 14 days before the change goes into effect.

Licensee shall instruct all health care providers participating in the residential, continuing care, and recovery programs to respond promptly to any Oregon Board of Dentistry inquiry concerning Licensee's compliance with the treatment plan and to immediately report to the Board, any positive test results or any substantial failure to fully participate in the programs by the Licensee. Licensee shall instruct the foregoing professionals to make written quarterly reports to the Board of Licensee's progress and compliance with the treatment programs.

Licensee shall waive any privilege with respect to any physical, psychiatric, or psychological evaluation or treatment in favor of the Board for the purposes of

determining compliance with this Order, or the need to modify this Order, and shall execute any waiver or release upon request of the Board.

Licensee shall submit to a Board approved, random, supervised, urinalysis, hair, or blood testing program, at Licensee's expense, with the frequency of the testing to be determined by the Board, but initially at a minimum of 36 random tests per year. Licensee shall arrange for the results of all tests, both positive and negative, to be provided promptly to the Board.

Licensee shall advise the Board, within 72 hours, of any alcohol, illegal or prescription drug, or mind altering substance related relapse, any positive urinalysis test result, or any substantial failure to participate in any recommended recovery program.

Licensee shall personally appear before the Board, or its designated representative(s), at a frequency to be determined by the Board, but initially at a frequency of three times per year.

Licensee shall, within three days, report the arrest for any misdemeanor or felony and, within three days, report the conviction for any misdemeanor or felony.

Licensee shall assure that, at all times, the Board has the most current addresses and telephone numbers for residences and offices.

IF APPROPRIATE –

Licensee, agree to not order, store, inventory, audit, access, draw, administer, dispense, waste, or have unilateral access to any Scheduled controlled drugs for any clinic setting.

Licensee shall immediately begin using pre-numbered triplicate prescription pads for prescribing controlled substances. Said prescription pads will be provided to the Licensee, at his/her expense, by the Board. Said prescriptions shall be used in their numeric order. Prior to the 15th day of each month, Licensee shall submit to the Board office, one copy of each triplicate prescription used during the previous month. The second copy to the triplicate set shall be maintained in the file of the patient for whom the prescription was written. In the event of a telephone prescription, Licensee shall submit two copies of the prescription to the Board monthly. In the event any prescription is not used, Licensee shall mark all three copies void and submit them to the Board monthly.

Licensee shall maintain a dental practice environment in which nitrous oxide is not present or available for any purpose, or establish a Board approved plan to assure that Licensee does not have singular access to nitrous oxide. The Board must approve the proposed plan before implementation.

Licensee shall immediately surrender his/her Drug Enforcement Administration Registration.

STANDARD PROTOCOLS FOR CONSENT ORDERS
SPECIFICALLY RELATED TO SEXUAL VIOLATIONS

SEX RELATED VIOLATIONS

Licensee shall, for an indefinite length of time, be subject to the following conditions of this Consent Order:

Licensee shall not apply for relief from these conditions within five years of the effective date of the Order, and must do so in writing. Periods of time Licensee is not practicing dentistry as a dentist in Oregon, shall not apply to reduction of the five-year requirement.

Licensee shall undergo an assessment by a Board approved evaluator, within 30 days of the effective date of the Order, and make the written evaluation and treatment recommendations available to the Board.

Licensee shall adhere to, participate in, and complete all aspects of any and all residential care programs, continuing care programs and recovery treatment plans recommended by Board approved care providers and arrange for a written copy of all plans, programs, and contracts to be provided to the Board within 30 days of the effective date of the Order.

Licensee shall advise the Board, in writing, of any change or alteration to any residential care programs, continuing care programs, and recovery treatment plans 14 days before the change goes into effect.

Licensee shall instruct all health care providers participating in the residential, continuing care, and recovery programs to respond promptly to any Oregon Board of Dentistry inquiry concerning Licensee's compliance with the treatment plan and to immediately report to the Board, any substantial failure to fully participate in the programs by the Licensee. Licensee shall instruct the foregoing professionals to make written quarterly reports to the Board of Licensee's progress and compliance with the treatment programs.

Licensee shall waive any privilege with respect to any physical, psychiatric, or psychological evaluation or treatment in favor of the Board for the purposes of determining compliance with this Order, or the need to modify this Order, and shall execute any waiver or release upon request of the Board.

Licensee shall report all arrests or interaction with law enforcement within 72 hours.

Licensee shall advise the Board, within 72 hours, of any substantial failure to participate in any recommended recovery program.

Licensee shall personally appear before the Board, or its designated representative(s), at a frequency to be determined by the Board, but initially at a frequency of three times per year.

IF APPROPRIATE –

Require Licensee to advise his/her dental staff or his/her employer of the terms of the Consent Order at least on an annual basis. Licensee shall provide the Board with documentation attesting that each dental staff member or employer reviewed the Consent Order. In the case of a Licensee adding a new employee, the Licensee shall advise the individual of the terms of the Consent Order on the first day of employment and shall provide the Board with documentation attesting to that advice.

STANDARD PROTOCOLS FOR CONSENT ORDERS
REQUIRING CLOSE SUPERVISION

CLOSE SUPERVISION

For a period of at least (XX) months, Licensee shall only practice dentistry in Oregon under the close supervision of a Board approved, Oregon licensed dentist (Supervisor), in order to demonstrate that clinical skills meet the acceptable level of patient care. Periods of time Licensee does not practice dentistry as a dentist in Oregon, shall not apply to reduction of the (six) month requirement

Licensee will submit the names of any other supervising dentists for Board approval. Licensee will immediately advise the Board of any change in supervising dentists.

Licensee shall only treat patients when another Board approved Supervisor is physically in the office and shall not be solely responsible for emergent care.

The Supervisor will review and co-sign Licensee's treatment plans, treatment notes, and prescription orders.

Licensee will maintain a log of procedures performed by Licensee. The log will include the patient's name, the date of treatment, and a brief description of the procedure. The Supervisor will review and co-sign the log. Prior to the 15th of each month, Licensee will submit the log of the previous month's treatments to the Board.

For a period of two weeks, or longer if deemed necessary by the Supervisor, the Supervisor will examine the appropriate stages of dental work performed by Licensee in order to determine clinical competence.

After two weeks, and for each month thereafter for a period of six months, the Supervisor will submit a written report to the Board describing Licensee's level of clinical competence. At the end of six months, the Supervisor, will submit a written report attesting to the level of Licensee's competency to practice dentistry in Oregon.

At the end of the restricted license period, the Board will re-evaluate the status of Licensee's dental license. At that time, the Board may extend the restricted license period, lift the license restrictions, or take other appropriate action.

STANDARD PROTOCOLS – DEFINITIONS

Group practice: On 10/10/08, the Board defined "group practice" as two or more Oregon licensed dentists, one of which may be a respondent, practicing in the same business entity and in the same physical location.

STANDARD PROTOCOLS – PARAGRAPHS

WHEREAS, based on the results of an investigation, the Board has filed a Notice of Proposed Disciplinary Action, dated (**XX**), and hereby incorporated by reference; and

Licensee shall successfully complete the Board/OAGD Mentor Program at Licensee's expense. Licensee will remain in the Mentor Program until such time as the mentor advises the Board that Licensee achieved an acceptable level of skill in the listed areas of XXX and the Board advises Licensee in writing that he met the provisions of this Order. Participation in the Mentor Program requires that Licensee successfully complete continuing education and/or engage in a study club, as recommended by the Mentor and move to adopt the Mentor's recommendations on treatment. In the event Licensee's mentor agreement ends prematurely, the Board may require an alternative education program for Licensee.

APPROVAL OF MINUTES

DRAFT 1

OREGON BOARD OF DENTISTRY
MINUTES
FEBRUARY 24, 2023

MEMBERS PRESENT:	Jose Javier, D.D.S., President Chip Dunn, Vice President Alicia Riedman, R.D.H.,E.P.P. Reza Sharifi, D.M.D. Jennifer Brixey Aarati Kalluri, D.D.S. Sheena Kansal, D.D.S. Terrence Clark, D.M.D. (portion of meeting) Sharity Ludwig, R.D.H.,E.P.P. Michelle Aldrich, D.M.D.
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 Shane Rubio, Investigator Samantha Plumlee, Examination and Licensing Manager Ingrid Nye, Investigator Teresa Haynes, Project Manager Kathleen McNeal, Office Specialist
ALSO PRESENT:	Lori Lindley, Sr. Assistant Attorney General
VISITORS PRESENT: VIA TELECONFERENCE*:	Jen Lewis-Goff, Oregon Dental Association (ODA); Olesya Salathe, D.M.D.(ODA); Katy Adishian (ODA); Lisa Rowley, R.D.H., ODHA; Mary Harrison, ODAA; Lynn Murray, Dental Assisting Program Director at Central Oregon Community College, Ginny Jorgensen, Jill Lomax, Amy Coplen, R.D.H., E.P.D.H., Pacific University; Richael Cobler, Executive Director of CRDTS; Cindy Gaskill, RDH, MAE, Director of Dental Hygiene Examinations at CRDTS; Emily Coates, Alicia Michelson, Vesna Hopkins, Laura Skarnulis, (DANB); Katherine Landsberg (DANB); Representative Hai Pham, D.M.D., Pulla Medha, Manu Chaudhry, D.D.S.

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

Call to Order: The meeting was called to order by the President at 8:00 a.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

President Jose Javier, D.D.S. welcomed everyone to the meeting and had the Board Members, Lori Lindley, and Stephen Prisby introduce themselves.

NEW BUSINESS

Approval of Minutes

Dr. Sharifi moved and Ms. Riedman seconded that the Board approve the minutes as presented from the December 16, 2022 Board Meeting. The motion passed unanimously.

ASSOCIATION REPORTS

Oregon Dental Association (ODA)

Dr. Olesya Salathe reported the ODA continues to work hard on their $20 million legislative workforce ask. The bill has had a hearing and was being amended on its way to Ways and Means. The ODA was excited to have the Oregon Dental Conference fully back to in person for the dates of April 13-15.

Oregon Dental Hygienists' Association (ODHA)

Karen Hall, R.D.H., new Advocacy Director for the ODHA had nothing to report to the Board.

Oregon Dental Assistants Association (ODAA)

Mary Harrison reported that many ODAA members had been writing letters to legislators and traveling to Salem in opposition of House Bill 2996 and House Bill 3223 that relate to exams and dental assistant functions.

Oregon Community College Dental Assisting Consortium

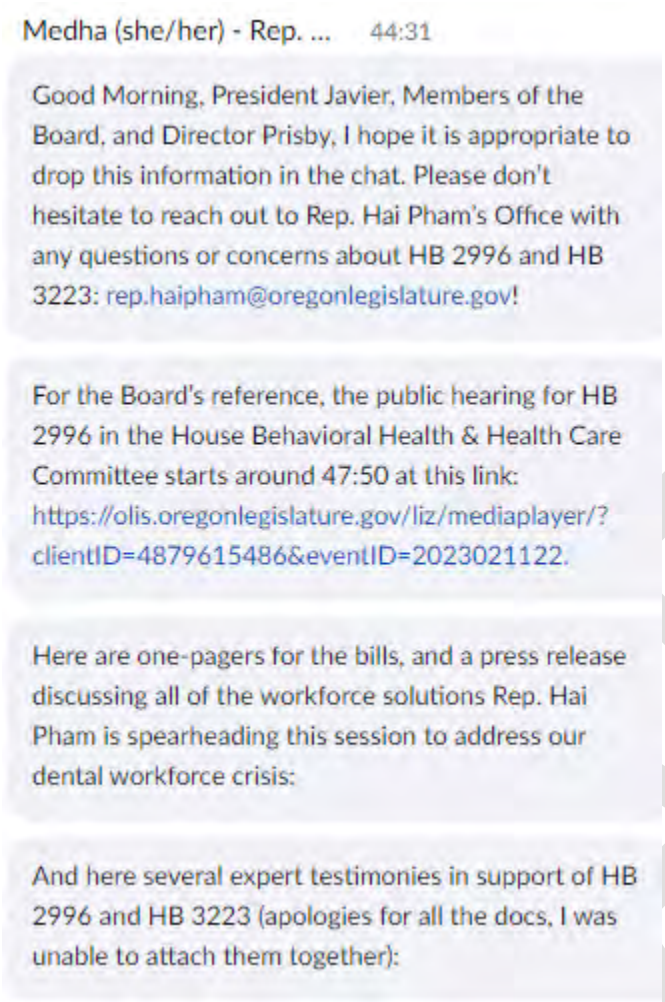
Jill Lomax from Chemeketa shared a report from the ADA's Health Policy Institute that showed over a 10-year span that dental assisting enrollment had decreased 45% while dental hygiene enrollment had increased 5%. Ms. Lomax added that additional studies on workforce shortage did not show removing exams to be a benefit and noted support for the ODAA's stance on the proposed legislature. Ms. Lomax added that the Consortium would like to propose an Oregon Dental Workforce forum including the ODA, the ODAA, the OBD, DANB, stakeholders and legislators with would identify innovative ways to work together.

Dental Assisting National Board (DANB)

Katherine Landsberg, Director of Government Relations for DANB, reported that DANB approved a strategic plan to support dental assistants, dental practices and regulators. One thing they were exploring was a series of smaller, stackable credentials allowing dental assistants to earn credentials earlier in their careers. DANB was developing a Spanish translation of the RHS exam and they offer exams online so more people have access to the exams. Ms. Landsberg reiterated DANB's opposition of the proposed House Bill 2996 and House Bill 3223. Ms. Landsberg finished with a description of the financial partnership between DANB and OBD, which was audited on a yearly basis.

Dr. Hai Pham, pediatric dentist and State Representative from House District 36, spoke about what House Bill 2996 and House Bill 3223 entailed, stating the intent was to remove third-party Radiologic Proficiency testing in favor of mentorship and hands-on training. Dr. Pham added that he was working on another bill to get $20 million to help improve workforce issues.

Medha Pullam, Chief of Staff for Representative Hai Pham included the following information in the public chat:



Dr. Pham submitted materials to the Board after the Board book was already published. Those materials will be presented at the next regularly scheduled meeting on April 28, 2023.

COMMITTEE AND LIAISON REPORTS

Rules Oversight Committee Meeting – January 11, 2023

Mr. Dunn, Rules and Oversight Committee Chair reported there were 17 motions sent to the Board for review after healthy discussion. Mr. Dunn recommended that a motion be made to move all the rule recommendations to public rule making after going through each of the 17 rules.

It was determined that recommended changes to rule 818-42-0060 would not be included in the motion because of current proposed legislation.

Mr. Prisby clarified that the proposed Board of Dentistry Draft rule regarding HB 4096 would allow the practitioner to volunteer in Oregon for no payment and they would adhere to rules in the Oregon Dental Practice Act and can practice no more than 30 days total, within a calendar year.

Ms. Riedman moved and Dr. Kansal seconded that the Board send OARs 818-001-0002, 818-012-0005, 818-012-0007, 818-012-0030, 818-012-0032, 818-021-0012, 818-021-0015, 818-021-0017, 818-021-0030, 818-021-0040, 818-021-0060, 818-021-0070, 818-021-0076, and 818-042-0040 to a public rulemaking hearing. The motion passed unanimously.

Anesthesia Committee Meeting – March 18, 2022

Dr Sharifi reported on a productive Anesthesia Committee Meeting.

Ms. Ludwig moved and Dr. Aldrich seconded that the Board send OARs 818-026-0010, 818-026-0020, 818-026-0050 and 818-026-0055 from the Anesthesia Committee Meeting to the Rules Oversight Committee as presented. The motion passed unanimously.

Mr. Prisby offered guidance on a Memo recommending committee meetings & rulemaking activities in 2023. Mr. Prisby suggested May 10th for the Public Rules Hearing and recommended a date in the middle of July (11th or 12th) for the Licensing Standards Committee.

CDCA-WREB-CITA Annual Meeting Summary was shared.

Oregon Board of Dentistry Committee and Liaison Assignments for May 2022 - April 2023 were posted.

EXECUTIVE DIRECTOR'S REPORT

Board and Staff Updates

Mr. Prisby noted that Dr. Kansal had trained and prepared to be an observer for the CDCA-WREB-CITA exam scheduled to take place in Arizona but was unable to travel due to weather hazards.

OBD Budget Status Report

Mr. Prisby presented the latest budget report for the 2021 - 2023 Biennium. This report, which is from July 1, 2021 through, December 31, 2022 shows revenue of $2,535,126.46 and expenditures of 2,656,574.50.

Customer Service Survey

Mr. Prisby shared the legislatively mandated survey results from July 1, 2021 – January 31, 2023. The results of the survey show that the OBD continues to receive positive ratings from the majority of those that submit a survey.

Board and Staff Speaking Engagements

Mr. Prisby noted that Samantha Plumlee gave a license application zoom presentation to the graduating dental hygiene students at OIT in Salem & Klamath Falls on Wednesday, February 15, 2023.

Dental License Renewal – OHA Health Care Workforce Questionnaire

Mr. Prisby shared that the 2023 dental license renewal was going smoothly. Mr. Prisby also shared an attachment of the questions which the OHA mandates and which are incorporated into license renewals; the OHA health care workforce questionnaire. This information is collected by the OHA in collaboration with the OBD, as part of legislatively mandated Health

Care Workforce Database reporting, ORS 676.410 and Oregon Administrative Rules (OARs) 409-026-0100 through 409-026-0140.

Governor Kotek's Expectations of Agency Leaders
Mr. Prisby noted that Governor Kotek has laid out her expectations of all agency directors in an emailed document. The document was presented. Mr. Prisby reported on a meeting of small boards/agencies (small being less than 50 employees) on February 3rd which provided more information and context on the Governor's directives.

ORS 192 Handout - Executive Sessions
Mr. Prisby shared the Oregon Government Ethics Commission handout regarding meeting in closed executive sessions. Lori Lindley, AAG shared a general comment that Board members should refrain from answering questions about their opinions on legislative topics because they do not have authority to speak on behalf of the Board. If they have an opinion as a dentist, Board members may share they are only speaking on behalf of themselves as a dentist. Further, any request for comments from Board Members should be forwarded to Executive Director Prisby.

OBD Budget Bill - HB 5011 Presentation
Mr. Prisby included the presentation to the Joint Committee On Ways and Means Subcommittee On Education which was held on February 20, 2023. Mr. Prisby took time to review the budget presentation and spent time explaining the need for proposed fee increases and reduction options, including moving one FTE to .5 FTE effective January 1, 2024. He also highlighted the OBD's execution and achievement of promulgating dental therapy rules, implementing a new strategic plan, onboarding five new board members and other achievements in the current 2021-2023 Biennium.

2023 Legislation being monitored
Mr. Prisby shared a report of 2023 legislation which he is tracking for the OBD.

2023 Legislative Calendar
Mr. Prisby included a legislated calendar and noted the session is scheduled to end in June.

AADA & AADB 2023 Mid-Year Meetings
Mr. Prisby noted the American Association of Dental Administrators (AADA) and the American Association Dental Boards (AADB) 2023 Mid-Year Meetings will both be held virtually this year. The AADB Meeting is on April 21 & 22. The AADA Meeting is on April 25. He attached relevant info distributed recently from AADA and AADB.

Newsletter
Mr. Prisby noted the next Newsletter will be produced in the summer to capture all the important news that comes from the 2023 Legislative Session, Governor's Directives and OBD updates.

UNFINISHED BUSINESS AND RULES
OBD Staff presented an updated Dental Therapy Verification of Collaborative Agreement. Dr. Smorra pointed out two possible changes to the Collaborative Agreement. After discussion it was recommended that the possible language changes be put to the Dental Therapy committee for review.

CORRESPONDENCE

Dr. Manu Chaudhry, DDS requested, via email, guidance from the OBD regarding alternate use of D8660 with Handicapping Malocclusions. Lori Lindley noted that the Board has no jurisdiction over codes.

Dr. Mitchell Levine, DMD put forth a letter regarding American Academy of Dental Sleep Medicine as an ongoing resource for patients with obstructive sleep apnea.

OTHER ISSUES

Health Professionals' Services Program (HPSP) Satisfaction Report was posted.

Oregon Health Authority's Dental Program Update was presented.

Dentist and Dental Hygienist Compact was posted.
Dr. Kansal moved and Ms. Riedman seconded that the Board move discussion of the Dentist and Dental Hygienist Compact to the Licensing Standards Committee. The motion passed unanimously.

NEWSLETTERS & ARTICLES OF INTEREST

CODA's Annual Report 2022
DANB Article – Reasons dental assistants change offices or jobs
US Court rules dental therapists can receive Medicaid payments
OHA Presentation from January 24, 2023
ADA-FTC letter from January 5, 2023
Commission on Dental Accreditation letter to CODA dated January 16, 2023
Ginny Jorgensen, EFDA Opinion piece: Solution to declining dental workforce isn't less training – it's more support

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

OPEN SESSION: The Board returned to Open Session at 2:00 p.m.

CONSENT AGENDA

2023-0126, 2023-0085, 2023-0073, 2023-0078, 2023-0084, 2023-0077, 2023-0080, 2023-0116, 2023-0120, 2022-0044

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

COMPLETED CASES

2023-0005, 2023-0050, 2023-0064, 2023-0058, 2023-0068, 2023-0033, 2023-0069, 2023-0081, 2022-0129, 2023-0037

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

Cook, Jonathan T, D.D.S.; 2023-0091
Dr. Aldrich moved and Mr. Dunn seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a $2,000.00 civil penalty to be paid within 90 days of the effective date of the Order, a $2,000.00 civil penalty to be paid within 120 days of the effective date of the Order, a $2,000.00 civil penalty to be paid within 160 days of the effective date of the Order, Licensee shall adhere to, participate in, and complete all aspects of any and all residential care programs, continuing care programs and recovery treatment plans recommended by Board approved care providers, enrollment in a Board approved alcohol monitoring service for a minimum of 48 months at the Licensee's expense, notify the Board within 48 hours of any positive tests for substance abuse usage, agree that upon a positive test result for substance abuse usage that Licensee will refrain from practice until an evaluation is completed from a Board approved evaluator, Licensee shall not use controlled substances, mood altering drug or alcohol at any place or time, unless prescribed by a licensed practitioner for a bona fide medical condition and upon prior notice to the Board and care providers, except that prior notice to the Board and providers shall not be required in the case of a bona fide medical emergency and Licensee will not order, stock, distribute or have access to any controlled substance other than for medical emergencies. The motion passed unanimously.

2023-0063
Ms. Ludwig moved and Dr. Kansal seconded that the Board close the matter with a strongly worded Letter of Concern reminding Licensee to assure that he, other dentist licensees working for him, and the dental hygienists licensees working for him are documenting periodontal health or a periodontal diagnosis (Gingivitis or Periodontitis) in the patient treatment record notes, or an appropriate diagnosis on the periodontal form utilized in the office, prior to determining a periodontal treatment plan and performing the indicated treatment procedures for patients being treated; that he demonstrates acceptable supervision of all dental hygienists; and that he conducts weekly biological monitoring of his sterilization devices. The motion passed unanimously.

2023-0109
Dr. Kalluri moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern reminding Licensee to carefully review all CE requirements prior to each renewal to ensure that all required CE has been completed in compliance with the DPA as written at time of renewal. The motion passed unanimously.

McNaughton, Hallie Lee, D.M.D. 2023-0061
Dr. Kansal moved and Mr. Dunn seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, two hours of Board approved continuing education in the area of infection control within 30 days of the effective date of the Order, take and pass the Dental Jurisprudence Test within 60 days of the date of the effective date of the Order; and submit monthly submission of spore testing results for a period of one year to the Board. The motion passed unanimously.

2023-0007
Dr. Sharifi moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that (1) he documents a description of all radiographic images, and (2) heat sterilizing devices are tested for proper function by means of a biological monitoring system each calendar week in which scheduled patients are treated. The motion passed unanimously.

2023-0045
Ms. Riedman moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that when he diagnoses a dental problem (tooth decay) for his patients that he documents the finding(s) and documents the procedures performed to remedy the findings (removed tooth decay). The motion passed unanimously.

2023-0113
Ms. Brixey moved and Dr, Kansal seconded that the Board close the matter with a Letter of Concern reminding Licensee to carefully review all CE requirements prior to each renewal to ensure that all required CE has been completed in compliance with the DPA as written at time of renewal, and that Licensee maintains at all times a current BLS for Healthcare Providers level certification. The motion passed unanimously.

2023-0036
Dr. Aldrich moved and Dr. Kansal seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure she always maintains a current PDMP registration. The motion passed unanimously.

2023-0052
Ms. Ludwig moved and Dr. Kansal seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he be vigilant, and with due diligence, when performing pediatric procedures per parent consent vs. performing procedures from a purely professional context, that he exposes radiographic images when indicated, and that he performs weekly biological monitoring of his sterilization devices. The motion passed unanimously.

2023-0014
Dr. Kalluri moved and Mr. Dunn seconded that the Board close the matter with a strongly worded Letter of Concern reminding licensee to assure he (1) updates his address with the Oregon Board of Dentistry within 30 days of any address changes; (2) improves his documentation of patient records to reflect a description of all radiographic images, dental materials used, and a dental diagnosis for justification of treatment. The motion passed unanimously.

PREVIOUS CASES REQUIRING BOARD ACTION

Sullivan, John K, D.D.S.; 2022-0095
Dr. Sharifi moved and Ms. Riedman seconded that the Board issue a Notice of Proposed Disciplinary Action, and offer Licensee a Consent Order incorporating a reprimand restriction from surgical placement of any and all dental implants until Licensee completes a Board approved Mentorship Program on surgical procedures and placement of intraosseous implants UNTIL Mentorship is completed; take and pass the Dental Jurisprudence Test within 30 days of the effective date of the Order; complete six hours of Board approved continuing education in

dental record keeping, within 90 days of the effective date of the Order. The motion passed unanimously.

LICENSE & EXAMINATION ISSUES

Request for reinstatement of Dental Hygiene license – Emilie Mae Keimig, R.D.H.
Ms. Riedman moved and Mr. Dunn seconded that the Board reinstate the dental hygiene license of Emilie Mae Keimig, R.D.H. The motion passed unanimously.

Request for reinstatement of Dental Hygiene license – Quyanna Miller, R.D.H.
Mr. Dunn moved and Ms. Riedman seconded that the Board reinstate the dental hygiene license of Quyanna Miller, R.D.H. The motion passed unanimously.

Request for reinstatement of Dental Hygiene license – Michelle Gaffaney, R.D.H.
Dr. Kansal moved and Dr. Aldrich seconded that the Board reinstate the dental hygiene license of Michelle Gaffney, R.D.H. The motion passed unanimously.

Request for approval of Nonresident Permit – Sassan Kafayi, D.D.S.
Dr. Aldrich moved and Dr. Kansal seconded that the Board approve the nonresident permit of Sassan Kafayi, D.D. S. The motion passed unanimously.

Request for approval of Nonresident Permit – Hana Mansoor, D.D.S.
Ms. Ludwig moved and Dr. Kansal seconded that the Board approve the nonresident permit of Hana Mansoor D.D. S. The motion passed unanimously.

Request for approval of Soft Reline Course – Trista Herrera, EFDA
Dr. Kalluri moved and Ms. Brixey seconded that the Board approve the Soft Reline Course put forth by of Trista Herrera, EFDA. The motion passed unanimously.

RATIFICATION OF LICENSES

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

ADJOURNMENT

The meeting was adjourned at 2:17 p.m. Dr. Javier stated that the next Board Meeting would take place on April 28, 2023.

_____
Jose Javier, D.D.S.
President

DRAFT

ASSOCIATION REPORTS

COMMITTEE REPORTS

Oregon
Tina Kotek, Governor

OBD Executive Director
Stephen Prisby

Board of Dentistry
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Portland, OR 97201-5837
(971) 673-3200
Fax: (971) 673-3202
www.oregon.gov/dentistry

DATE: April 12, 2023

TO: OBD Board Members

FROM: OBD Executive Director Stephen Prisby

SUBJECT: Public Rulemaking Activities & Committee work in 2023

I share an update on rulemaking and upcoming committee work.

- The Board has 17 rule changes (13 amends, 3 repeals and 1 new) voted on at the February 24, 2023 Board Meeting to begin the rulemaking process.
- The Board will hold a Public Rulemaking Hearing on May 10 at 12 pm, conducted via zoom. I can serve as the Hearings Officer for that meeting unless any Board Member would like to serve in that capacity.
- The Board will accept public comment on these proposed rule changes from the date of the Secretary of State filing through June 2, 2023.
- The Board will review the feedback and comments received at its June 16, 2023 Board Meeting. The Board typically votes on the rule changes at that point in the process, but can pull back a rule, send it back to another committee or any other action.

The Board has selected July 12 for the next Licensing, Standards and Competency Committee Meeting. That meeting will be conducted via zoom and tentatively is scheduled from 5 pm – 7 pm.

Potential new legislation (HB 2996, HB 3223 & others) would require amendments to rules in the Dental Practice Act. OBD staff will try to ensure the June 16 Board Meeting agenda and the July 12th committee meeting agenda account for those as well.

A Temporary Rule may be needed should we get legislative approval in our 2023-2025 budget to increase license and renewal fees and this should be effective July 1, 2023. Temporary rules can be promulgated on the Board's vote with short notice and no public rulemaking hearings. These rules are only effective for 180 days and need to be made permanent or they expire. OAR 818-001-0087 Fees would be presented to the Board at its June 16 Board Meeting with updated fees for Board review and vote.

- Board Meeting Dates
  - June 16
  - August 25
  - October 27
  - December 15

OREGON BOARD OF DENTISTRY
PUBLIC RULE MAKING HEARING
May 10, 2023 at 12 pm to be conducted via Zoom
Comments and feedback may be submitted until June 2, 2023 to
information@obd.oregon.gov

818-001-0002	**Definitions**
818-012-0005	**Scope of Practice**
818-012-0007	**Procedures, Record Keeping and Reporting**
818-012-0030	**Unprofessional Conduct**
818-012-0032	**Diagnostic Records**
818-015-0005	**General Provisions**
818-015-0007	**Specialty Advertising**
818-021-0012	**Specialties Recognized**
818-021-0015	**Certification as a Specialist**
818-021-0017	**Application to Practice as a Specialist**
818-021-0030	**Dismissal from Examination**
818-021-0040	**Examination Review Procedures**
818-021-0060	**Continuing Education — Dentists**
818-021-0070	**Continuing Education — Dental Hygienists**
818-021-0076	**Continuing Education — Dental Therapists**
818-021-0084	**Temporary Voluntary Practice Approval**
818-042-0040	**Prohibited Acts**

MEETING NOTICE

PUBLIC RULEMAKING HEARING

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

ZOOM MEETING INFORMATION
https://us02web.zoom.us/j/88562279368?pwd=Zlk5clNZWDBOR0t4ckZwcW02d1pRUT09
Dial-In Phone #: 1-253-215-8782 ● Meeting ID: 885 6227 9368 ● Passcode: 273978

May 10, 2023
12:00 – 12:30 p.m.

818-001-0002
Definitions
As used in OAR chapter 818:
(1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.
(2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.
(3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.
(4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.210 to practice dental hygiene.
(5) “Dental Therapist” means a person licensed to practice dental therapy under ORS 679.603.
(6) “Dental Therapy” means the provision of preventative dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under ORS 679.621.
(7) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
(8) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
(9) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
(10) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.
(11) "Licensee" means a dentist, hygienist or dental therapist.
(12) “Volunteer Licensee” is a dentist, hygienist or dental therapist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.
(13) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.
(14) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.
(a) “Dental Anesthesiology” is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.
(b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.
(c) "Endodontics" is the specialty of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.
(d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.
(e) “Oral and Maxillofacial Radiology” is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy

that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.
(f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.
(g) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.
(h) "Orofacial Pain" Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care.
(i) "Orthodontics and Dentofacial Orthopedics" is the specialty of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.
(j) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.
(k) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.
(l) "Prosthodontics" is the specialty of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.
(15) “Full-time” as used in ORS 679.025 and 680.020 is defined by the Board as any student who is enrolled in an institution accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency in a course of study for dentistry, dental hygiene or dental therapy.
(16) For purposes of ORS 679.020(4)(h) the term “dentist of record” means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in 679.020(3).
(17) “Dental Study Group” as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-0070 is defined as a group of licensees who come together for clinical and non-clinical educational study for the purpose of maintaining or increasing their competence. This is not meant to be a replacement for residency requirements.
(18) “Physical Harm” as used in OAR 818-001-0083(2) is defined as any physical injury that caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical harm include mental pain, anguish, or suffering, or fear of injury.
(19) “Teledentistry” is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.
(20) “BLS for Healthcare Providers or its Equivalent” the BLS~~/CPR~~ certification standard is the American Heart Association’s BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial BLS~~/CPR~~ course must be a hands-on course; online BLS~~/CPR~~ courses will not be approved by the Board for initial BLS~~/CPR~~ certification: After the initial BLS~~/CPR~~

certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A BLS~~/CPR~~ certification card with an expiration date must be received from the BLS~~/CPR~~ provider as documentation of BLS~~/CPR~~ certification. The Board considers the BLS~~/CPR~~ expiration date to be the last day of the month that the BLS~~/CPR~~ instructor indicates that the certification expires.

818-012-0005
Scope of Practice
(1) No dentist may perform any of the procedures listed below:
(a) Rhinoplasty;
(b) Blepharoplasty;
(c) Rhytidectomy;
(d) Submental liposuction;
(e) Laser resurfacing;
(f) Browlift, either open or endoscopic technique;
(g) Platysmal muscle plication;
(h) Otoplasty;
(i) Dermabrasion;
(j) Hair transplantation, not as an isolated procedure for male pattern baldness; and
(k) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.
(2) Unless the dentist:
(a) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA), or
(b) Holds privileges either:
(A) Issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures in a hospital setting; or
(B) Issued by a credentialing committee for an ambulatory surgical center licensed by the State of Oregon and accredited by either the JCAHO or the Accreditation Association for Ambulatory Health Care (AAAHC).
(3) A dentist may utilize Botulinum Toxin Type A ~~and dermal fillers~~ to treat ~~a~~ condition**s** that ~~is~~ **are** within the **oral and maxillofacial region** ~~scope of the practice of dentistry~~ after completing a minimum of **10** ~~20~~ hours in a hands on clinical course(s), ~~which includes both~~ **in** Botulinum Toxin Type A ~~and dermal fillers~~, 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 dentist may meet the requirements of subsection (3) by successfully completing training in Botulinum Toxin Type A as part of a CODA accredited program.**
(4) A dentist may utilize dermal fillers 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 dermal fillers, 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 dentist may meet the requirements of subsection (4) by successfully completing training in dermal fillers as part of a CODA accredited program.
(5) A dentist may place endosseous implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical course(s), which includes treatment planning, appropriate case selection, potential complications and the surgical placement of the implants under direct supervision, and the provider is **a Commission on Dental Accreditation (CODA) accredited graduate dental education program, or a provider that has been** approved by the Academy of

General Dentistry Program Approval for Continuing Education (AGD PACE) **or** by the American Dental Association Continuing Education Recognition Program (ADA CERP).
(6) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement and or restoration of dental implants every licensure renewal period. (Effective ~~July 1, 2022~~ **January 1, 2024**).

818-012-0007
Procedures, Record Keeping and Reporting of Vaccines
(1) Prior to administering a vaccine to a patient of record, the dentist must follow the "Model Standing Orders" approved by the Oregon Health Authority (OHA) for administration of vaccines and the treatment of severe adverse events following administration of a vaccine.
(2) The dentist must maintain written policies and procedures for handling and disposal of used or contaminated equipment and supplies.
(3) The dentist or designated staff must give the appropriate Vaccine Information Statement (VIS) to the patient or legal representative with each dose of vaccine covered by these forms. The dentist or designated must ensure that the patient or legal representative is available and has read, or has had read to them, the information provided and has had their questions answered prior to the dentist administering the vaccine. The VIS given to the patient must be the most current statement.
(4) The dentist or designated staff must document in the patient record:
(a) The date and site of the administration of the vaccine;
(b) The brand name, or NDC number, or other acceptable standardized vaccine code set, dose, manufacturer, lot number, and expiration date of the vaccine;
(c) The name or identifiable initials of the administering dentist;
(d) The address of the office where the vaccine(s) was administered unless automatically embedded in the electronic report provided to the OHA ALERT Immunization System;
(e) The date of publication of the VIS; and
(f) The date the VIS was provided and the date when the VIS was published.
(5) If providing state or federal vaccines, the vaccine eligibility code as specified by the OHA must be reported to the ALERT system.
(6) A dentist who administers any vaccine must report, the elements of Section (3), and Section (4) of this rule if applicable, to the OHA ALERT Immunization System within 14 days of administration.
(7) The dentist must report adverse events as required by the Vaccine Adverse Events Reporting System (VAERS), to the Oregon Board of Dentistry within 10 business days and to the primary care provider as identified by the patient.
(8) A dentist who administers any vaccine will follow storage and handling guidance from the vaccine manufacturer and the Centers for Disease Control and Prevention (CDC).
(9) Dentists who do not follow this rule can be subject to discipline for failure to adhere to these requirements.

818-012-0030
Unprofessional Conduct
The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:
(1) Attempt to obtain a fee by fraud, or misrepresentation.
(2) Obtain a fee by fraud, or misrepresentation.
(a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.

(b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.
(c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.
(3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.
(4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.
(5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.
(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.
(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.
(8) Misrepresent any facts to a patient concerning treatment or fees.
(9)(a) Fail to **release patient records pursuant to OAR 818-012-0032.** ~~provide a patient or patient's guardian within 14 days of written request:~~
~~(A) Legible copies of records; and~~
~~(B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.~~
~~(b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed $30 for copying 10 or fewer pages of written material and no more than $0.50 per page for pages 11 through 50 and no more than $0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.~~
(10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.
(11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.
(12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.
(13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.
(14) Violate any Federal or State law regarding controlled substances.
(15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry, dental hygiene or dental therapy.
(16) Practice dentistry, dental hygiene or dental therapy in a dental office or clinic not owned by an Oregon
licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).
(17) Make an agreement with a patient or person, or any person or entity representing patients

or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.
(18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent.
(19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to the recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or the public.
(20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.
(21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable to safely conduct the practice of dentistry, dental hygiene or dental therapy.
(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.
(23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have access to the Program's electronic system if the Licensee holds a Federal Drug Enforcement Administration registration.
(24) Fail to comply with ORS 413.550-413.558, regarding health care interpreters.

818-012-0032
Diagnostic Records
(1) Licensees shall provide duplicates of physical diagnostic records ~~that have been paid for~~ to patient or patient's guardian within 14 calendar days of receipt of written request.
~~(A)~~ **(a)** Physical records include**:**
(A) Legible copies of paper charting and chart notes, and;
(B) Duplicates of silver emulsion radiographs **of the same quality as the originals**, **duplicates of** physical study models, ~~paper charting and chart notes,~~ **and photographs if they have been paid for**.
~~(B)~~ **(b)** Licensees may require the patient or patient's guardian to pay in advance the fee reasonably calculated to cover costs of making the copies or duplicates.
~~(1)~~ **(2)** Licensee may charge a fee not to exceed $30 for copying 10 or fewer pages of written material and no more than $0.50 per page for 11-50 and no more than $0.25 for each additional page, including cost of microfilm plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual costs of duplicating radiographs may also be charged to the patient.
~~(2)~~ **(3)** Licensees shall provide duplicates of digital patient records within 14 calendar days of receipt of written request by the patient or patient's guardian.
~~(A)~~ **(a)** Digital records include any patient diagnostic image, study model, test result or chart record in digital form.
~~(B)~~ **(b)** Licensees may require the patient or patient's guardian to pay for the typical retail cost of the digital storage device, such as a CD, thumb drive, or DVD as well as associated postage.
~~(C)~~ **(c)** Licensees shall not charge any patient or patient's guardian to transmit requested digital records over email if total records do not exceed 25 Mb.
~~(D) A clinical day is defined as a day during which the dental clinic treated scheduled patients.~~
~~(E)~~ **(d)** Licensees may charge up to $5 for duplication of digital records up to 25Mb and up to $30 for more than 25Mb.
~~(F)~~ **(e)** Any transmission of patient records shall be in compliance with the Health Insurance Portability and Accountability Act (HIPAA Act) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act).

~~(C)~~ **(f)** Duplicated digital records shall be of the same quality as the original digital file.
~~(3)~~ **(4)** If a records summary is requested by patient or patient's guardian, the actual cost of creating this summary and its transmittal may be billed to the patient or patient's guardian.
(5) Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (1)(a)(B) of this rule.

818-015-0005
General Provisions
(1) "To advertise" means to publicly communicate information about a licensee's professional services or qualifications for the purpose of soliciting business.
(2) Advertising shall not be false, deceptive, misleading or not readily subject to verification and shall not make claims of professional superiority which cannot be substantiated by the licensee, who shall have the burden of proof.
(3) Advertising shall not make a representation that is misleading as to the credentials, education, or the licensing status of a licensee. Licensee may not claim a degree, credential, or distinction granted by a professional organization or institution of higher learning that has not been earned.
(**4**~~3~~) A licensee who authorizes another to disseminate information about the licensee's professional services to the public is responsible for the content of that information unless the licensee can prove by clear and convincing evidence that the content of the advertisement is contrary to the licensee's specific directions.
(5) A dentist shall adhere to the Doctors' Title Act, ORS 676.110 (Use of title "doctor")

~~**818-015-0007**~~
~~**Specialty Advertising**~~
~~(1) A dentist may only advertise as a specialist in an area of dentistry which is recognized by the Board and in which the dentist is licensed or certified by the Board.~~
~~(2) The Board recognizes the following specialties:~~
~~(a) Endodontics;~~
~~(b) Oral and Maxillofacial Surgery;~~
~~(c) Oral and Maxillofacial Radiology;~~
~~(d) Oral and Maxillofacial Pathology;~~
~~(e) Orthodontics and Dentofacial Orthopedics;~~
~~(f) Pediatric Dentistry;~~
~~(g) Periodontics;~~
~~(h) Prosthodontics;~~
~~(i) Dental Public Health;~~
~~(j) Dental Anesthesiology;~~
~~(k) Oral Medicine;~~
~~(l) Orofacial Pain.~~
~~(3) A dentist whose license is not limited to the practice of a specialty under OAR 818-021-0017 may advertise that the dentist performs or limits practice to specialty services even if the dentist is not a specialist in the advertised area of practice so long as the dentist clearly discloses that the dentist is a general dentist or a specialist in a different specialty. For example, the following disclosures would be in compliance with this rule for dentists except those licensed pursuant to 818-021-0017: "Jane Doe, DDS, General Dentist, practice limited to pediatric dentistry." "John Doe, DMD, Endodontist, practice includes prosthodontics."~~

818-021-0012
Specialties Recognized
~~(1) A dentist may advertise that the dentist is a dentist anesthesiologist, endodontist, oral~~

~~and maxillofacial pathologist, oral and maxillofacial surgeon, oral and maxillofacial radiologist, oral medicine dentist, orofacial pain dentist, orthodontist and dentofacial orthopedics, pediatric dentist, periodontist, prosthodontist or dental public health dentist, only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.~~
~~(2) A dentist may advertise that the dentist specializes in or is a specialist in dental anesthesiology, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery, oral and maxillofacial radiology, oral medicine, orofacial pain, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics or dental public health only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.~~
The Board recognizes the following specialties:
(a) Dental Anesthesiology;
(b) Dental Public Health;
(c) Endodontics;
(d) Oral and Maxillofacial Pathology;
(e) Oral and Maxillofacial Radiology;
(f) Oral and Maxillofacial Surgery;
(g) Oral Medicine;
(h) Orofacial Pain;
(i) Orthodontics and Dentofacial Orthopedics;
(j) Pediatric Dentistry;
(k) Periodontics;
(l) Prosthodontics.

818-021-0015
Certification as a Specialist
The Board may certify a dentist as a specialist if the dentist:
(1) Holds a current Oregon dental license;
(2) Is a diplomate of or a fellow in a specialty board accredited or recognized by the American Dental Association; or
(3) Has completed a post-graduate program approved by the Commission on Dental Accreditation of the American Dental Association; or
~~(4) Was qualified to advertise as a specialist under former OAR 818-010-0061.~~

818-021-0017
Application to Practice as a Specialist
(1) A dentist who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting 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 and active licensure as a general dentist in another state. Licensure as a general dentist must have been obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency;
(b) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; and
(c) Proof of satisfactory completion of a post-graduate specialty program accredited by the Commission on Dental Accreditation of the American Dental Association.
(d) Passing the Board's jurisprudence examination.
(e) Completion of a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).
(2) A dentist who graduated from a dental school located outside the United States or Canada who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory

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evidence of:
(a) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language, and evidence of active licensure as a general dentist in another state obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency; or
(b) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language and certification of having successfully passed the clinical examination administered by any state or regional testing agency within the five years immediately preceding application; 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; and
(d) Passing the Board's jurisprudence examination; and
(e) Completion of a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).
(3) An applicant who meets the above requirements shall be issued a specialty license upon:
(a) Passing a specialty examination approved by the Board within the five years immediately preceding application; or
(b) Passing a specialty examination approved by the Board greater than five years prior to application; and
(A) Having conducted licensed clinical practice in the applicant's postdoctoral dental specialty in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching the applicant's dental specialty by dentists employed by a dental education program in a CODA-accredited dental school, with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dentistry in the specialty applicant is applying for, and any adverse actions or restrictions; and;
(B) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.
(4) Any applicant who does not pass the first examination for a specialty license may apply for a second and third regularly scheduled specialty examination. If the applicant fails to pass the third examination for the practice of a recognized specialty, the applicant will not be permitted to retake the particular specialty examination until he/she has attended and successfully passed a remedial program prescribed by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the Board.
(5) Licenses issued under this rule shall be limited to the practice of the specialty only.

~~818-021-0030~~
~~Dismissal from Examination~~
~~(1) The Board may dismiss any applicant from an examination whose conduct interferes with the examination and fail the applicant on the examination.~~
~~(2) Prohibited conduct includes but is not limited to:~~
~~(a) Giving or receiving aid, either directly or indirectly, during the examination process;~~
~~(b) Failing to follow directions relative to the conduct of the examination, including termination of procedures;~~
~~(c) Endangering the life or health of a patient;~~
~~(d) Exhibiting behavior which impedes the normal progress of the examination; or~~
~~(e) Consuming alcohol or controlled substances during the examination.~~
~~Statutory/Other Authority: ORS 679 & 680~~

~~Statutes/Other Implemented: ORS 679.070 & 680.060~~
~~History:~~
~~DE 1-1989, f. 1-27-89, cert. ef. 2-1-89, Renumbered from 818-020-0075~~
~~DE 1-1988, f. 12-28-88, cert. ef. 2-1-89~~
~~DE 10-1984, f. & ef. 5-17-84~~

~~818-021-0040~~
~~Examination Review Procedures~~
~~(1) An applicant may review the applicant's scores on each section of the examination.~~
~~(2) Examination material including test questions, scoring keys, and examiner's personal notes shall not be disclosed to any person.~~
~~(3) Any applicant who fails the examination may request the Chief Examiner to review the examination. The request must be in writing and must be postmarked within 45 days of the postmark on the notification of the examination results. The request must state the reason or reasons why the applicant feels the results of the examination should be changed.~~
~~(4) If the Chief Examiner finds an error in the examination results, the Chief Examiner may recommend to the Board that it modify the results.~~
~~Statutory/Other Authority: ORS 183 & 192~~
~~Statutes/Other Implemented: ORS 183.310(2)(b) & 192.501(4)~~
~~History:~~
~~DE 1-1989, f. 1-27-89, cert. ef. 2-1-89, Renumbered from 818-020-0080~~
~~DE 1-1988, f. 12-28-88, cert. ef. 2-1-89~~
~~DE 10-1984, f. & ef. 5-17-84~~

818-021-0060
Continuing Education — Dentists
(1) Each dentist must complete 40 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.
(2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.
(3) Continuing education includes:
(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.
(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than 12 hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)
(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course ~~includes an examination and the dentist passes the examination.~~ **provides a certificate of completion to the dentist. The certificate of completion should list the dentist's name, course title, course completion date, course provider name, and continuing education hours completed.**
(d) Continuing education credit can be given for volunteer pro bono dental services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Examinations taken after initial licensure; a recognized specialty examination taken after initial licensure; or test development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours

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of credit may be in these areas.
(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than four hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.
(5) At each renewal, all dentists licensed by the Oregon Board of Dentistry will 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).
(6) At least two (2) hours of continuing education must be related to infection control.
(7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).
(8) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement of dental implants every licensure renewal period (Effective ~~July 1, 2022~~**January 1, 2024**).

818-021-0070
Continuing Education — Dental Hygienists
(1) Each dental hygienist must complete 24 hours of continuing education every two years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.
(2) Dental hygienists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental hygienists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.
(3) Continuing education includes:
(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.
(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)
(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course ~~includes an examination and the dentist passes the examination.~~ **provides a certificate of completion to the dental hygienist. The certificate of completion should list the dental hygienist's name, course title, course completion date, course provider name, and continuing education hours completed.**
(d) Continuing education credit can be given for volunteer pro bono dental hygiene services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Hygiene Examination, taken after initial licensure; or test development for clinical dental hygiene examinations. No more than 6 hours of credit may be in these areas.
(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.
(5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in OAR 818-026-0040(11) for renewal of the Nitrous Oxide Permit.
(6) At least two (2) hours of continuing education must be related to infection control.
(7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).

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818-021-0076
Continuing Education - Dental Therapists
(1) Each dental therapist must complete 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.
(2) Dental therapists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental therapists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.
(3) Continuing education includes:
(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.
(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)
(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course ~~includes an examination and the dentist passes the examination.~~ **provides a certificate of completion to the dental therapist. The certificate of completion should list the dental therapist's name, course title, course completion date, course provider name, and continuing education hours completed.**
(d) Continuing education credit can be given for volunteer pro bono dental therapy services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Therapy Examination, taken after initial licensure; or test development for clinical dental therapy examinations. No more than 6 hours of credit may be in these areas.
(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.
(5) At least two (2) hours of continuing education must be related to infection control.
(6) At least two (2) hours of continuing education must be related to cultural competency.
(7) At least one (1) hour of continuing education must be related to pain management.

OAR 818-021-0084
Temporary Voluntary Practice Approval
1) A dentist, dental therapist or dental hygienist may practice, without compensation and in connection with a coordinating organization or other entity, the health care profession that the health care practitioner is authorized to practice for a maximum of 30 days each calendar year without licensure requirement. Compensation is defined as something given or received as payment including but not limited to bartering, tips, monies, donations, or services.
2) A dentist, dental therapist or dental hygienist is not required to apply for licensure or other authorization from the Board in order to practice under this rule.
3) To practice under this rule, a dentist, dental therapist or dental hygienist shall submit, at least 10 days prior to commencing practice in this state, to the Board:
(a) Out-of State volunteer application;
(b) Proof that the practitioner is in good standing and is not the subject of an active disciplinary action;
(c) An acknowledgement that the practitioner may provide services only within the scope of practice of the health care profession that the practitioner is authorized to practice and will provide services pursuant to the scope of practice of Oregon or the health care practitioner's licensing agency, whichever is more restrictive;

(d) An attestation from dentist, dental therapist or dental hygienist that the practitioner will not receive compensation for practice in this state;
(e) The name and contact information of the dental director of the coordinating organization or other entity through which the practitioner will practice; and
(f) The dates on which the practitioner will practice in this state. Failure to submit (a)-(e) above will result in non-approval.
4) Misrepresentation as to information provided in the application for the temporary practice approval may be grounds to open a disciplinary investigation that may result in discipline under OAR 818-012-0060.
5) Practitioner acknowledges they are subject to the laws and rules governing the health care profession in Oregon and that the practitioner is authorized to practice and are subject to disciplinary action by the Board.
6) A practitioner who is authorized to practice in more than one other jurisdiction shall provide to the Board proof from the National Practitioner Data Bank and their other state licensing Board that the practitioner is in good standing and not subject to any active disciplinary actions in any jurisdiction in which the practitioner is authorized to practice.

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)~~(a)~~, OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.
(7) Prescribe any drug.
(8) Place periodontal packs.
(9) Start nitrous oxide.
(10) Remove stains or deposits except as provided in OAR 818-042-0070.
(11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
(12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
(13) Use lasers, except laser-curing lights.
(14) Use air abrasion or air polishing.
(15) Remove teeth or parts of tooth structure.
(16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.
(17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
(18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
(19) Apply denture relines except as provided in OAR 818-042-0090(2).
(20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the

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Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
(21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(22) Perform periodontal assessment.
(23) Place or remove healing caps or healing abutments, except under direct supervision.
(24) Place implant impression copings, except under direct supervision.
(25) Any act in violation of Board statute or rules.

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OFFICE OF THE SECRETARY OF STATE
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SECRETARY OF STATE

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DEPUTY SECRETARY OF STATE

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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 818
OREGON BOARD OF DENTISTRY

FILED
03/29/2023 10:20 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: The OBD is proposing 17 changes to the Dental Practice Act. [Corrected]

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 06/02/2023 12:00 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
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1500 SW 1st Ave.
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Portland,OR 97201

Filed By:
Haley Robinson
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 05/10/2023
TIME: 12:00 PM - 12:30 PM
OFFICER: Hearings Officer

HEARING LOCATION
ADDRESS: OBD - Zoom Meeting, 1500 SW 1st Ave., Ste #770, Portland, OR 97201
SPECIAL INSTRUCTIONS:
It will be held via Zoom and the information will be available on the notice coversheet and available as requested. All OBD meetings are public meetings. The Hearing will end early if no one or few testify to fill the 30 minutes.

NEED FOR THE RULE(S)

The OBD periodically revises the Dental Practice Act, based on committee and board recommendations, along with HB 4096 (2022) is directed to update rules.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

HB 4096 (2022), current Dental Practice Act and direction and work from the OBD's Committees and Board Meeting discussions and minutes of all these meetings.

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The OBD and its committees are made up of diverse individuals who represent various communities and populations of the state. Their feedback and input directly influenced the promulgation of these rule changes. The impact of these rules is uncertain but squarely falls on the licensees of the Board.

FISCAL AND ECONOMIC IMPACT:

There is no or limited financial impact identified.

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 OBD's Committees are comprised of small business owners and professional association representatives. There is no objective way the OBD can measure the impact on small businesses with these rule changes, except for additional CE for those that place dental implants. Some individuals will have increased costs to comply with the changes for dental implant training and education.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

The OBD's Committees are comprised of small business owners and professional association representatives.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

818-001-0002, 818-012-0005, 818-012-0007, 818-012-0030, 818-012-0032, 818-015-0005, 818-015-0007, 818-021-0012, 818-021-0015, 818-021-0017, 818-021-0030, 818-021-0040, 818-021-0060, 818-021-0070, 818-021-0076, 818-021-0084, 818-042-0040

AMEND: 818-001-0002

RULE SUMMARY: Removes reference to CPR to clarify BLS as the requirement.

CHANGES TO RULE:

818-001-0002
Definitions ¶

As used in OAR chapter 818:¶
(1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.¶
(2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.¶
(3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.¶
(4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.210 to practice dental hygiene.¶
(5) "Dental Therapist" means a person licensed to practice dental therapy under ORS 679.603.¶
(6) "Dental Therapy" means the provision of preventative dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under ORS 679.621.¶
(7) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.¶
(8) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.¶
(9)-"Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.¶
(10)-"Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.¶
(11) "Licensee" means a dentist, hygienist or dental therapist.¶

(12) "Volunteer Licensee" is a dentist, hygienist or dental therapist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.¶
(13) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.¶
(14)-"Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.¶
(a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.¶
(b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.¶
(c) "Endodontics" is the specialty of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.¶
(d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.¶
(e) "Oral and Maxillofacial Radiology" is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.¶
(f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.¶
(g) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.¶
(h) "Orofacial Pain" Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care.-¶
(i) "Orthodontics and Dentofacial Orthopedics" is the specialty of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and itssupporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.¶
(j) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.¶
(k) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.¶
(l) "Prosthodontics" is the specialty of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.¶
(15) "Full-time" as used in ORS 679.025 and 680.020 is defined by the Board as any student who is enrolled in an institution accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency in a course of study for dentistry, dental hygiene or dental therapy.¶
(16)-For purposes of ORS 679.020(4)(h) the term "dentist of record" means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in 679.020(3).¶
(17) "Dental Study Group" as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-0070 is defined as a

group of licensees who come together for clinical and non-clinical educational study for the purpose of maintaining or increasing their competence. This is not meant to be a replacement for residency requirements.¶
(18) "Physical Harm" as used in OAR 818-001-0083(2) is defined as any physical injury that caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical harm include mental pain, anguish, or suffering, or fear of injury.¶
(19) "Teledentistry" is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.¶
(20) "BLS for Healthcare Providers or its Equivalent" the BLS~~/CPR~~ certification standard is the American Heart Association's BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial BLS~~/CPR~~ course must be a hands-on course; online BLS~~/CPR~~ courses¶
will not be approved by the Board for initial BLS~~/CPR~~ certification: After the initial BLS~~/CPR~~ certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A BLS~~/CPR~~ certification card with an expiration date must be received from the BLS~~/CPR~~ provider as documentation of BLS~~/CPR~~ certification. The Board considers the BLS~~/CPR~~ expiration date to be the last day of the month that the BLS~~/CPR~~ instructor indicates that the certification expires.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.010, 680.010

AMEND: 818-012-0005

RULE SUMMARY: Changes effective date of implant rule and splits Botulinum Type A (botox) /dermal filler requirement into 10 hours each.

CHANGES TO RULE:

818-012-0005
Scope of Practice ¶

(1) No dentist may perform any of the procedures listed below:¶
(a) Rhinoplasty;¶
(b) Blepharoplasty;¶
(c) Rhytidectomy;¶
(d) Submental liposuction;¶
(e) Laser resurfacing;¶
(f) Browlift, either open or endoscopic technique;¶
(g) Platysmal muscle plication;¶
(h) Otoplasty;¶
(i) Dermabrasion;¶
(j) Hair transplantation, not as an isolated procedure for male pattern baldness; and¶
(k) Harvesting bone extra orally for dental procedures, including oral and maxillofacial ¶
procedures.¶
(2) Unless the dentist:¶
(a) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by ¶
the American Dental Association, Commission on Dental Accreditation (CODA), or¶
(b) Holds privileges either:¶
(A) Issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures in a hospital setting; or¶
(B) Issued by a credentialing committee for an ambulatory surgical center licensed by the State of Oregon and accredited by either the JCAHO or the Accreditation Association for Ambulatory Health Care (AAAHC).¶
(3) A dentist may utilize Botulinum Toxin Type A ~~and dermal fillers~~ to treat ~~a~~ condition~~s~~ that ~~is~~are within the ~~scope of the practice of dentistry~~oral and maxillofacial region after completing a minimum of ~~2~~10 hours in a hands on clinical course(s), ~~which includes both Botulinum Toxin Type A and~~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 dentist may meet the requirements of subsection (3) by successfully completing training in Botulinum Toxin Type A as part of a CODA accredited program. ¶
(4) A dentist may utilize dermal fillers 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 dermal fillers, 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 dentist may meet the requirements of subsection (4) by successfully completing training in dermal fillers as part of a CODA accredited program. ¶
(4~~5~~) A dentist may place endosseous implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical course(s), which includes treatment planning, appropriate case selection, potential complications and the surgical placement of the implants under direct supervision, and the provider is a Commission on Dental Accreditation (CODA) accredited graduate dental education program, or a provider that has been approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE)~~,~~ or by the American Dental Association Continuing Education Recognition Program (ADA CERP) ~~or by a Commission on Dental Accreditation (CODA) approved graduate dental education program~~.¶
(~~5~~6) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement and or restoration of dental implants every licensure renewal period. (Effective J~~ul~~anuary 1, 202~~2~~4).
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.010(2), 679.140(1)(c), 679.140(2), 679.170(6), 680.100

AMEND: 818-012-0007

RULE SUMMARY: Amending title of rule to add "of Vaccines" for clarification.

CHANGES TO RULE:

818-012-0007
Procedures, Record Keeping and Reporting of Vaccines
(1) Prior to administering a vaccine to a patient of record, the dentist must follow the "Model Standing Orders" approved by the Oregon Health Authority (OHA) for administration of vaccines and the treatment of severe adverse events following administration of a vaccine.¶
(2) The dentist must maintain written policies and procedures for handling and disposal of used or contaminated equipment and supplies.¶
(3) The dentist or designated staff must give the appropriate Vaccine Information Statement (VIS) to the patient or legal representative with each dose of vaccine covered by these forms. The dentist or designated staff must ensure that the patient or legal representative is available and has read, or has had read to them, the information provided and has had their questions answered prior to the dentist administering the vaccine. The VIS given to the patient must be the most current statement.¶
(4) The dentist or designated staff must document in the patient record:¶
(a) The date and site of the administration of the vaccine;¶
(b) The brand name, or NDC number, or other acceptable standardized vaccine code set, dose, manufacturer, lot number, and expiration date of the vaccine;¶
(c) The name or identifiable initials of the administering dentist;¶
(d) The address of the office where the vaccine(s) was administered unless automatically embedded in the electronic report provided to the OHA ALERT Immunization System;¶
(e) The date of publication of the VIS; and¶
(f) The date the VIS was provided and the date when the VIS was published.¶
(5) If providing state or federal vaccines, the vaccine eligibility code as specified by the OHA must be reported to the ALERT system.¶
(6) A dentist who administers any vaccine must report, the elements of Section (3), and Section (4) of this rule if applicable, to the OHA ALERT Immunization System within 14 days of administration.¶
(7) The dentist must report adverse events as required by the Vaccine Adverse Events Reporting System (VAERS), to the Oregon Board of Dentistry within 10 business days and to the primary care provider as identified by the patient.¶
(8) A dentist who administers any vaccine will follow storage and handling guidance from the vaccine manufacturer and the Centers for Disease Control and Prevention (CDC).¶
(9) Dentists who do not follow this rule can be subject to discipline for failure to adhere to these requirements.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679

AMEND: 818-012-0030

RULE SUMMARY: Adds in requirement to comply with health care interpreter law and clarifies patient records rule.

CHANGES TO RULE:

818-012-0030
Unprofessional Conduct ¶

The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:¶
(1) Attempt to obtain a fee by fraud, or misrepresentation.¶
(2) Obtain a fee by fraud, or misrepresentation.¶
(a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.¶
(b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.¶
(c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.¶
(3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.¶
(4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.¶
(5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.¶
(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.¶
(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.¶
(8) Misrepresent any facts to a patient concerning treatment or fees.¶
(9)~~(a)~~ Fail to ~~provide a patient or patient's guardian within 14 days of written request:¶~~
~~(A) Legible copies of records; and¶~~
~~(B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.¶~~
~~(b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed $30 for copying 10 or fewer pages of written material and no more than $0.50 per page for pages 11 through 50 and no more than $0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.~~release patient records pursuant to OAR 818-012-0032. ¶
(10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.¶
(11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.¶
(12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.¶
(13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.¶
(14) Violate any Federal or State law regarding controlled substances.¶
(15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry, dental hygiene or dental therapy.-¶
(16) Practice dentistry, dental hygiene or dental therapy in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).¶

(17) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.¶
(18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent.¶
(19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to the recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or the public.¶
(20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or¶
destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.¶
(21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable to safely conduct the practice of dentistry, dental hygiene or dental therapy.¶
(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.¶
(23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have access to the Program's electronic system if the Licensee holds a Federal Drug Enforcement Administration (DEA) registration.¶
(24) Fail to comply with ORS 413.550-413.558, regarding health care interpreters.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.140(1)(c), 679.140(2), 679.170(6), 680.100

AMEND: 818-012-0032

RULE SUMMARY: Clarifies what information should be included in patient records.

CHANGES TO RULE:

818-012-0032
Diagnostic Records ¶

(1) Licensees shall provide duplicates of physical diagnostic records ~~that have been paid for~~ to patient or patient's guardian within 14 calendar days of receipt of written request.¶
(~~A~~a) Physical records include ~~silver emulsion radiographs, physical study models, paper charting and chart notes;~~¶
(A) Legible copies of paper charting and chart notes, and;¶
(B) Duplicates of silver emulsion radiographs of the same quality as the originals, duplicates of physical study models, and photographs if they have been paid for.¶
(~~B~~b) Licensees may require the patient or patient's guardian to pay in advance the fee reasonably calculated to cover costs of making the copies or duplicates.¶
(~~1~~2) Licensee may charge a fee not to exceed $30 for copying 10 or fewer pages of written material and no more than $0.50 per page for 11-50 and no more than $0.25 for each additional page, including cost of microfilm plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual costs of duplicating radiographs may also be charged to the patient.¶
(~~2~~3) Licensees shall provide duplicates of digital patient records within 14 calendar days of receipt of written request by the patient or patient's guardian.¶
(~~A~~a) Digital records include any patient diagnostic image, study model, test result or chart record in digital form.¶
(~~B~~b) Licensees may require the patient or patient's guardian to pay for the typical retail cost of the digital storage device, such as a CD, thumb drive, or DVD as well as associated postage.¶
(~~C~~c) Licensees shall not charge any patient or patient's guardian to transmit requested digital records over email if total records do not exceed 25 Mb.¶
~~(D) A clinical day is defined as a day during which the dental clinic treated scheduled patients.¶~~
(~~E~~d) Licensees may charge up to $5 for duplication of digital records up to 25Mb and up to $30 for more than 25Mb.¶
(~~F~~e) Any transmission of patient records shall be in compliance with the Health Insurance Portability and Accountability Act (HIPAA Act) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act).¶
(~~G~~f) Duplicated digital records shall be of the same quality as the original digital file.¶
(~~3~~4) If a records summary is requested by patient or patient's guardian, the actual cost of creating this summary and its transmittal may be billed to the patient or patient's guardian.¶
(5) Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (1)(a)(B) of this rule.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679

AMEND: 818-015-0005

RULE SUMMARY: Clarifies acceptable advertising for licensees.

CHANGES TO RULE:

818-015-0005
General Provisions ¶

(1) "To advertise" means to publicly communicate information about a licensee's-¶
professional services or qualifications for the purpose of soliciting business.¶
(2) Advertising shall not be false, deceptive, misleading or not readily subject to-¶
verification and shall not make claims of professional superiority which cannot be-¶
substantiated by the licensee, who shall have the burden of proof.¶
(3) Advertising shall not make a representation that is misleading as to the¶
credentials, education, or the licensing status of a licensee. Licensee may¶
not claim a degree, credential, or distinction granted by a professional organization or¶
institution of higher learning that has not been earned.¶
(4) A licensee who authorizes another to disseminate information about the-¶
licensee's professional services to the public is responsible for the content of that-¶
information unless the licensee can prove by clear and convincing evidence that-¶
the content of the advertisement is contrary to the licensee's specific directions.¶
(5) A dentist shall adhere to the Doctors' Title Act, ORS 676.110 (Use of title "doctor").
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.140(2)(e)

REPEAL: 818-015-0007

RULE SUMMARY: REPEAL; Clarifies acceptable advertising for licensees.

CHANGES TO RULE:

~~818-015-0007~~
~~Specialty Advertising ¶~~

~~(1) A dentist may only advertise as a specialist in an area of dentistry which is recognized by the Board and in which the dentist is licensed or certified by the Board.¶~~
~~(2) The Board recognizes the following specialties:¶~~
~~(a) Endodontics;¶~~
~~(b) Oral and Maxillofacial Surgery;¶~~
~~(c) Oral and Maxillofacial Radiology;¶~~
~~(d) Oral and Maxillofacial Pathology;¶~~
~~(e) Orthodontics and Dentofacial Orthopedics;¶~~
~~(f) Pediatric Dentistry;¶~~
~~(g) Periodontics;¶~~
~~(h) Prosthodontics;¶~~
~~(i) Dental Public Health;¶~~
~~(j) Dental Anesthesiology;¶~~
~~(k) Oral Medicine;¶~~
~~(l) Orofacial Pain.¶~~
~~(3) A dentist whose license is not limited to the practice of a specialty under OAR 818-021-0017 may advertise that the dentist performs or limits practice to specialty services even if the dentist is not a specialist in the advertised area of practice so long as the dentist clearly discloses that the dentist is a general dentist or a specialist in a different specialty. For example, the following disclosures would be in compliance with this rule for dentists except those licensed pursuant to 818-021-0017: "Jane Doe, DDS, General Dentist, practice limited to pediatric dentistry." "John Doe, DMD, Endodontist, practice includes prosthodontics."~~
~~Statutory/Other Authority: ORS 679~~
~~Statutes/Other Implemented: ORS 679.140(2)(e)~~

AMEND: 818-021-0012

RULE SUMMARY: Clarifies specialties recognized by the Board in rule.

CHANGES TO RULE:

818-021-0012
Specialties Recognized ¶

~~(1) A dentist may advertise that the dentist is a dentist anesthesiologist, endodontist, oral and maxillofacial pathologist, oral and maxillofacial surgeon, oral and maxillofacial radiologist, oral medicine dentist, orofacial pain dentist, orthodontist and dentofacial orthopedics, pediatric dentist, periodontist, prosthodontist or dental public health dentist, only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.¶~~
~~(2) A dentist may advertise that the dentist specializes in or is a specialist in dental anesthesiology, e~~The Board recognizes the following specialties:¶
(1) Dental Anesthesiology;¶
(2) Dental Public Health;¶
(3) Endodontics~~, e~~;¶
(4) Oral and ~~m~~Maxillofacial ~~p~~Pathology~~, e~~;¶
(5) Oral and ~~m~~Maxillofacial ~~surgery, e~~Radiology;¶
(6) Oral and ~~m~~Maxillofacial ~~radiology, e~~Surgery;¶
(7) Oral ~~m~~Medicine~~, e~~;¶
(8) Orofacial ~~p~~Pain~~, e~~;¶
(9) Orthodontics and ~~d~~Dentofacial ~~e~~Orthopedics~~, p~~;¶
(10) Pediatric ~~d~~Dentistry~~, p~~;¶
(11) Periodontics~~, p~~;¶
(12) Prosthodontics ~~or dental public health only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules~~.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.140

AMEND: 818-021-0015

RULE SUMMARY: Removes reference to repealed rule.

CHANGES TO RULE:

818-021-0015
Certification as a Specialist ¶

The Board may certify a dentist as a specialist if the dentist:¶
(1) Holds a current Oregon dental license;¶
(2) Is a diplomate of or a fellow in a specialty board accredited or recognized by the American Dental Association; or¶
(3) Has completed a post-graduate program approved by the Commission on Dental Accreditation of the American Dental Association~~; or¶~~
~~(4) Was qualified to advertise as a specialist under former OAR 818-010-0061~~.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.140(2)(d)

AMEND: 818-021-0017

RULE SUMMARY: Adding one hour pain management requirement to be consistent with other rules.

CHANGES TO RULE:

818-021-0017
Application to Practice as a Specialist ¶

(1) A dentist who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting 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 and active licensure as a general dentist in another state. Licensure as a general dentist must have been obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency;¶
(b) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; and¶
(c) Proof of satisfactory completion of a post-graduate specialty program accredited by the Commission on Dental Accreditation of the American Dental Association.-¶
(d) Passing the Board's jurisprudence examination.¶
(e) Completion of a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).¶
(2) A dentist who graduated from a dental school located outside the United States or Canada who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:¶
(a) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language, and evidence of active licensure as a general dentist in another state obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency; or¶
(b) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language and certification of having successfully passed the clinical examination administered by any state or regional testing agency within the five years immediately preceding application; 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; and¶
(d) Passing the Board's jurisprudence examination; and¶
(e) Completion of a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).¶
(3) An applicant who meets the above requirements shall be issued a specialty license upon:¶
(a) Passing a specialty examination approved by the Board within the five years immediately preceding application; or¶
(b) Passing a specialty examination approved by the Board greater than five years prior to application; and¶
(A) Having conducted licensed clinical practice in the applicant's postdoctoral dental specialty in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching the applicant's dental specialty by dentists employed by a dental education program in a CODA-accredited dental school, with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dentistry in the specialty applicant is applying for, and any adverse actions or restrictions; and;¶
(B) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.¶
(4) Any applicant who does not pass the first examination for a specialty license may apply for a second and third regularly scheduled specialty examination. If the applicant fails to pass the third examination for the practice of a recognized specialty, the applicant will not be permitted to retake the particular specialty examination until he/she has attended and successfully passed a remedial program prescribed by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the Board.¶
(5) Licenses issued under this rule shall be limited to the practice of the specialty only.
Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.140, 679.060, 679.065, 679.070, 679.080 679.090

REPEAL: 818-021-0030

RULE SUMMARY: REPEAL; outdated licensing rule

CHANGES TO RULE:

~~818-021-0030~~
~~Dismissal from Examination~~
~~[Reserved]~~
~~Statutory/Other Authority: ORS 679, 680~~
~~Statutes/Other Implemented: ORS 679.070, 680.060~~

REPEAL: 818-021-0040

RULE SUMMARY: REPEAL; outdated exam rule

CHANGES TO RULE:

~~818-021-0040~~
~~Examination Review Procedures~~
~~[Reserved]~~
~~Statutory/Other Authority: ORS 183, 192~~
~~Statutes/Other Implemented: ORS 183.310(2)(b), 192.501(4)~~

AMEND: 818-021-0060

RULE SUMMARY: Removes examination requirement, clarifies certificate of completion details and also changes effective date of dental implant rule.

CHANGES TO RULE:

818-021-0060
Continuing Education - Dentists ¶

(1) Each dentist must complete 40 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.¶
(2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.¶
(3) Continuing education includes:¶
(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.¶
(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than 12 hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)¶
(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course ~~includes an examination and the dentist passes the examination~~provides a certificate of completion to the dentist. The certificate of completion should list the dentist's name, course title, course completion date, course provider name, and continuing education hours completed.¶
(d) Continuing education credit can be given for volunteer pro bono dental services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Examinations taken after initial licensure; a recognized specialty examination taken after initial licensure; or test development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours of credit may be in these areas.¶
(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than four hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.¶
(5) At each renewal, all dentists licensed by the Oregon Board of Dentistry will 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).¶
(6) At least two (2) hours of continuing education must be related to infection control.¶
(7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).¶
(8) A dentist placing endosseous implants must complete at least seven (7) hours of continuing ¶
education related to the placement of dental implants every licensure renewal period (Effective J~~ul~~anuary 1, 202~~2~~4).
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.250(9)

AMEND: 818-021-0070

RULE SUMMARY: Removes examination requirement and clarifies certificate of completion details.

CHANGES TO RULE:

818-021-0070
Continuing Education - Dental Hygienists ¶

(1) Each dental hygienist must complete 24 hours of continuing education every two years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.¶
(2) Dental hygienists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental hygienists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.¶
(3) Continuing education includes:¶
(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.¶
(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)¶
(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course ~~includes an examination and the dental hygienist passes the examination~~provides a certificate of completion to the dental hygienist. The certificate of completion should list the dental hygienist's name, course title, course completion date, course provider name, and continuing education hours completed.¶
(d) Continuing education credit can be given for volunteer pro bono dental hygiene services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Hygiene Examination, taken after initial licensure; or test development for clinical dental hygiene examinations. No more than 6 hours of credit may be in these areas.¶
(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.¶
(5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in OAR 818-026-0040(11) for renewal of the Nitrous Oxide Permit.¶
(6) At least two (2) hours of continuing education must be related to infection control.¶
(7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).
Statutory/Other Authority: ORS 679 680
Statutes/Other Implemented: ORS 679.250(9)

AMEND: 818-021-0076

RULE SUMMARY: Removes examination requirement and clarifies certificate of completion details.

CHANGES TO RULE:

818-021-0076
Continuing Education - Dental Therapists
(1) Each dental therapist must complete 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.¶
(2) Dental therapists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental therapists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.¶
(3) Continuing education includes:¶
(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.¶
(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)¶
(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course ~~includes an examination and the dental therapist passes the examination~~provides a certificate of completion to the dental therapist. The certificate of completion should list the dental therapist's name, course title, course completion date, course provider name, and continuing education hours completed.¶
(d) Continuing education credit can be given for volunteer pro bono dental therapy services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Therapy Examination, taken after initial licensure; or test development for clinical dental therapy examinations. No more than 6 hours of credit may be in these areas.¶
(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.¶
(5) At least two (2) hours of continuing education must be related to infection control.¶
(6) At least two (2) hours of continuing education must be related to cultural competency.¶
(7) At least one (1) hour of continuing education must be related to pain management.
Statutory/Other Authority: ORS 679, ORS 679.603, ORS 679.609
Statutes/Other Implemented: ORS 679.603, ORS 679.609

ADOPT: 818-021-0084

RULE SUMMARY: Adding rule to be in compliance with HB 4096 (2022), for temporary volunteer practice limited to 30 days or less per year..

CHANGES TO RULE:

818-021-0084
Temporary Voluntary Practice Approval
(1) A dentist, dental therapist or dental hygienist may practice, without compensation¶
and in connection with a coordinating organization or other entity, the health care¶
profession that the health care practitioner is authorized to practice for a¶
maximum of 30 days each calendar year without licensure requirement.¶
Compensation is defined as something given or received as payment including¶
but not limited to bartering, tips, monies, donations, or services.¶
(2) A dentist, dental therapist or dental hygienist is not required to apply for licensure¶
or other authorization from the Board in order to practice under this rule.¶
(3) To practice under this rule, a dentist, dental therapist or dental hygienist shall¶
submit, at least 10 days prior to commencing practice in this state, to the Board:¶
(a) Out-of State volunteer application;¶
(b) Proof that the practitioner is in good standing and is not the subject of an¶
active disciplinary action;¶
(c) An acknowledgement that the practitioner may provide services only within¶
the scope of practice of the health care profession that the practitioner is¶
authorized to practice and will provide services pursuant to the scope of practice¶
of Oregon or the health care practitioner's licensing agency, whichever is more¶
restrictive;¶
(d) An attestation from dentist, dental therapist or dental hygienist that the practitioner will not receive compensation for practice in this state;¶
(e) The name and contact information of the dental director of the coordinating¶
organization or other entity through which the practitioner will practice; and¶
(f) The dates on which the practitioner will practice in this state.¶
Failure to submit (a)-(e) above will result in non-approval.¶
(4) Misrepresentation as to information provided in the application for the temporary¶
practice approval may be grounds to open a disciplinary investigation that may¶
result in discipline under OAR 818-012-0060.¶
(5) Practitioner acknowledges they are subject to the laws and rules governing the¶
health care profession in Oregon and that the practitioner is authorized to¶
practice and are subject to disciplinary action by the Board.¶
(6) A practitioner who is authorized to practice in more than one other jurisdiction¶
shall provide to the Board proof from the National Practitioner Data Bank and¶
their other state licensing Board that the practitioner is in good standing and not¶
subject to any active disciplinary actions in any jurisdiction in which the¶
practitioner is authorized to practice.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented:

AMEND: 818-042-0040

RULE SUMMARY: Clarifies that dental assistants can perform teeth whitening.

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)~~(a)~~, OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.¶
(7) Prescribe any drug.¶
(8) Place periodontal packs.¶
(9) Start nitrous oxide.¶
(10) Remove stains or deposits except as provided in OAR 818-042-0070.¶
(11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.¶
(12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.¶
(13) Use lasers, except laser-curing lights.¶
(14) Use air abrasion or air polishing.¶
(15) Remove teeth or parts of tooth structure.¶
(16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.¶
(17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.¶
(18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.¶
(19) Apply denture relines except as provided in OAR 818-042-0090(2).¶
(20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.¶
(21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.¶
(22) Perform periodontal assessment.¶
(23) Place or remove healing caps or healing abutments, except under direct supervision.¶
(24) Place implant impression copings, except under direct supervision.¶
(25) Any act in violation of Board statute or rules.
Statutory/Other Authority: ORS 680, ORS 679
Statutes/Other Implemented: ORS 679.020, 679.025, 679.250

Oregon Board of Dentistry Committee and Liaison Assignments

May 2022 - April 2023

STANDING COMMITTEES

Dental Therapy Rules Oversight

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

Committee:

Sheena Kansal, D.D.S., Chair
Alicia Riedman, R.D.H., E.P.P. Jennifer Brixey
Sarah Kowalski, R.D.H., OHA Rep.
Brandon Schwindt, D.M.D., ODA Rep.
Amy Coplen, R.D.H., ODHA Rep.
Ginny Jorgensen, CDA, EFDA, ODAA Rep.
Jason Mecum, DT Rep.
Kari Kuntzelman, DT Rep.
Miranda Davis, D.D.S., DT Rep.

Communications

Purpose: To enhance communications to all constituencies

Committee:

Jose Javier, D.D.S., Chair
Michelle Aldrich, D.M.D.
Jennifer Brixey
Alayna Schoblaske, D.M.D., ODA Rep.
Lesley Harbison, R.D.H., ODHA Rep.
Linda Kihs, CDA, EFDA, OMSA, MADAA, ODAA Rep.
Kari Kuntzelman, DT Rep.

Subcommittees:

- Newsletter – Alicia Riedman, R.D.H., E.P.P., Editor

Dental Hygiene

Purpose: To review issues related to Dental Hygiene

Committee:

Alicia Riedman, R.D.H., E.P.P., Chair
Terrence Clark, D.M.D.
Sheena Kansal, D.D.S.
Jennifer Brixey
David J. Dowsett, D.M.D., ODA Rep.
Lisa Rowley, R.D.H., ODHA Rep.
Bonnie Marshall, CDA, EFDA, EFODA, MADAA, ODAA Rep.
Mark Kobylinsky, R.D.H., E.P.P., DT, DT Rep.

Enforcement and Discipline

Purpose: To improve the discipline process

Committee:

Reza Sharifi, D.M.D., Chair
Alicia Riedman, R.D.H., E.P.P.,
Terrence Clark, D.M.D.
Chip Dunn
Jason Bajuscak, D.M.D., ODA Rep.
Jill Mason, R.D.H., ODHA Rep.
Mary Harrison, CDA, EFDA, EFODA, FADAA, ODAA Rep.
Kristen Thomas, R.D.H., E.P.P., DT Rep.

Subcommittees:

Evaluators

- Reza Sharifi, D.M.D., Senior Evaluator
- Aarati Kalluri, D.D.S., Evaluator

Licensing, Standards and Competency

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

Committee:

Jose Javier, D.D.S., Chair
Sheena Kansal, D.D.S.
Sharity Ludwig, R.D.H., E.P.P.
Jennifer Brixey
Olesya Salathe, D.M.D., ODA Rep.
Susan Kramer, R.D.H., ODHA Rep.
Ginny Jorgensen, CDA, EFDA, EFODA, AAS, ODAA Rep.
Yadira Martinez, R.D.H., E.P.P., DT, DT Rep.

Rules Oversight

Purpose: To review and refine OBD rules

Committee:

Chip Dunn, Chair
Michelle Aldrich, D.M.D.
Alicia Riedman, R.D.H., E.P.P.
Sheena Kansal, D.D.S.
Philip Marucha, D.D.S., ODA Rep.
Laura Vanderwerf, R.D.H., ODHA Rep.
Mary Harrison, CDA, EFDA, EFODA, FADAA, ODAA Rep.
Sandra Galloway, D.M.D., 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., M.C.R.
Brandon Schwindt, D.M.D.
Mark Mutschler, D.D.S.
Normund Auzins, D.M.D.
Ryan Allred, D.M.D.
Jay Wylam, D.M.D.
Michael Doherty, D.D.S.
Eric Downey, D.D.S.

LIAISONS

American Assoc. of Dental Administrators (AADA) — Stephen Prisby, Executive Director
American Assoc. of Dental Boards (AADB)

- Administrator Liaison – Stephen Prisby, Executive Director
- Board Attorneys' Roundtable – Lori Lindley, SAAG - Board Counsel
- Dental Liaison – Jose Javier, D.D.S.
- Hygiene Liaison – Alicia Riedman, R.D.H., E.P.P.

American Board of Dental Examiners (ADEX)

- House of Representatives – Aarati Kalluri, D.D.S.
- Dental Exam Committee – Aarati Kalluri, D.D.S.

Oregon Dental Association – Jose Javier, D.D.S.
Oregon Dental Hygienists' Association – Alicia Riedman, R.D.H., E.P.P.
Oregon Dental Assistants Association – Sharity Ludwig, R.D.H., E.P.P.
Western Regional Exam Board (WREB)

- Dental Exam Review Committee - Aarati Kalluri, D.D.S.
- Dental Hygiene Exam Review Committee - Alicia Riedman, R.D.H., E.P.P.

Administrative Workgroup
Purpose: To update Board and agency policies and guidelines. Consult with Executive Director on administrative issues. Conduct evaluation of Executive Director. Also to work on and make strategic planning recommendations to the Board.

Committee:

- Jose Javier, D.D.S., Chair
- Alicia Riedman, R.D.H., E.P.P.
- Chip Dunn

Subcommittee:
Budget/Legislative – *(President, Vice President, Immediate Past President)*

- Jose Javier, D.D.S. – President
- Chip Dunn – Vice President
- Alicia Riedman, R.D.H., E.P.P. – Past President

EXECUTIVE DIRECTOR'S REPORT

EXECUTIVE DIRECTOR'S REPORT
April 28, 2023

Board Member & Staff Updates

Dr. Reza Sharifi's name was submitted by the Governor to serve a second term of service on the Board. The Senate Committee on Rules met April 18th to consider his and a number of new and reappointments on many boards and commissions. At the time of this report (4/19) the full Senate had not yet acted on the committee's recommendations. I will have an update on his reappointment at this meeting.

OBD Staff should be commended for their outstanding work. As you review this report, you can get a sense of the work and challenges, along with the fact that new investigations opened by the OBD are up 63% in the current FY, from one year ago as well.

OBD Budget Status Report & Update on 2023-2025 Budget

Attached is the budget report for the 2021 - 2023 Biennium. This report, which is from July 1, 2021 through February 28, 2023, shows revenue of $2,968,932.98 and expenditures of $2,986,295.79. The OBD's Budget Bill – HB 5011, is tentatively due to be scheduled for a work session in early May, and I will update the board on it at this meeting. As always, I welcome any questions from the Board Members. **Attachment #1**

Customer Service Survey

Attached are the most recent customer service survey results for the period, from July 1, 2021 through March 31, 2023. The results of the survey show that the OBD continues to receive positive feedback from those that choose to submit a survey. **Attachment #2**

2023 Dental License Renewal

The 2023 Dental License renewal period ended on March 31, 2023.The database and renewals were challenging at times and we have been resolving issues with our vendor. A majority of the dentists renewing their licenses had no issues, and were generally pleasant when interacting with staff.

2023 Dental license renewal: 1666 renewed, 173 expired, 31 retired and 1 deceased.

Eight years of dental license renewal data:

- 1666 Dentists renewed their license in 2023
- 1709 Dentists renewed their license in 2022
- 1622 Dentists renewed their license in 2021
- 1803 Dentists renewed their license in 2020
- 1668 Dentists renewed their license in 2019
- 1782 Dentists renewed their license in 2018
- 1709 Dentists renewed their license in 2017
- 1966 Dentists renewed their license in 2016

Board and Staff Speaking Engagements
The Oregon Dental Conference was held at the Oregon Convention Center in Portland, April 13 - 15, 2023. The OBD had a table outside the Exhibit Hall with staff available to answer questions and OBD staff gave two presentations at the conference. I want to thank Kathleen McNeal, Samantha Plumlee, Haley Robinson and Shane Rubio who staffed the table at various times. Other staff participated by giving presentations.

Haley Robinson and I gave a 2 hour presentation on Thursday, April 13th covering an overview of the Board, operations, budget, rulemaking, enforcement, CE and FAQs. A PDF is shared to provide an overview of our typical Board Updates presentation. It is usually modified slightly for the audience, whether dental students, dental hygiene students, study club or for time constraints. **Attachment #3**

Dr. Bernie Carter and Ingrid Nye gave a 2 hour presentation on Friday, April 14th covering an overview of the Board's investigation process, common complaints, CE, DH EPP and FAQs. We thank the Oregon Dental Association for inviting us to present again at their well-attended conference.

Dr. Reza Sharifi gave a Board Updates presentation to his colleagues at the Oregon Society of Oral and Maxillofacial Surgeons on Saturday, March 4, 2023.

OBD - Affirmative Action Plan
Attached is the OBD's 2023-2025 Affirmative Action Plan which was approved by DAS at the end of February. All OBD Staff were sent the plan on March 1, 2023 and asked if they had any questions or feedback on it. At today's meeting the Board is also asked if they have feedback or any questions regarding it. **Attachment #4**

Statewide Affirmative Action Activities
A number of documents are provided regarding statewide initiatives on diversity and affirmative action activities. **Attachment #5**

Agency Expectations Guide and Timetable
Information regarding Governor Kotek's expectations of agency leaders was documented with timelines. **Attachment #6**

OBD 2022-2025 Strategic Plan
A memo and update on work addressing priorities in the Board's strategic plan. **Attachment #7**

Executive Order 23-03 & OBD Response
All state agencies were directed to respond to Executive Order 23-03 no later than March 31st. The OBD stands ready to assist the Governor as directed on this executive order. The initial response was submitted before the deadline in March, but by no means limits the OBD to assist further as directed in the future. **Attachment #8**

2023 Legislative Session

I attached a report of legislation I am tracking on behalf of the OBD (report created on 4/18). The 2023 Legislative Session continues on under challenging conditions with the capitol partly closed for construction, many new legislators and disagreement on bills. Some proposed legislation could impact the work of the OBD and necessitate updates to the Dental Practice Act. **Attachment #9**

Fiscal Impact Statements

The OBD has responded to approximately 40 fiscal impact statement requests so far during the current legislative session. General Information on this is provided for greater context and understanding of possible impact on the OBD and other state agencies. The LFO's FY 2022 Annual Performance Progress Report is also attached. **Attachment #10**

Secretary of State – Retention Policies and News

Agency leaders are directed to share information and news about the Secretary of State's new and updated efforts on record retention policies and work. Links to the SOS resources were shared with OBD staff in March. The new efforts are to expand retention policies to Microsoft Teams platforms, update other policies and rules statewide. A presentation and an Oregon Administrative Rule are attached to help understand and describe the work. **Attachment #11**

Workday Implementation and Update

The rollout and implementation of the state's human resource & payroll system has had some challenges directly impacting OBD staff. DAS has been working on the issues which includes overpayment and underpayment to employees. Enterprise wide, approximately 1700 employees were overpaid and 390 underpaid in March. This has been in the news and has been impacting the morale of some state employees. This has been another challenge and another new process for state employees to manage. DAS has been sending out updates and revamping its support to alleviate the problems.

State CC Forum Meeting 5.4.2023

Haley Robinson and I plan to attend the upcoming state credit card purchasing forum to stay up to date on issues and training requirements This attached policy outlines the minimum standards for processing purchasing transactions using the State P Card of Oregon Transaction System (SPOTS) card. The SPOTS card is a state-sponsored credit card that agencies may use to procure and pay for goods and services. The SPOTS card program saves the state time and money because the bank and merchants process most of the paperwork. This reduces the need for agencies to issue purchase orders in some circumstances or to rely on petty cash funds. The OBD adheres to training and all requirements regarding the authorization and use of our state issued SPOTS card. **Attachment #12**

AADA & AADB Mid-Year Meetings

The American Association of Dental Boards (AADB) 2023 Mid-Year Meeting was scheduled for April 21-22, 2023 as a virtual presentation. The American Association of

Dental Administrators (AADA) 2023 Mid-Year Meeting was scheduled for April 25, 2023 also as a virtual presentation. **Attachment #13**

Prescription Drug Monitoring Program

Brief compliance update.

4/14/2023				
Mandatory registrants	**Total**	**Registered**	**% registered**	**unregistered**
Dental	2621	2396	91%	225
Nursing	4473	3619	81%	854
Optometry	317	259	82%	58
Medicine	16613	14490	87%	2122
Naturopathic	Med.	645	532	81%
Total	24669	21296	86%	3372

2024 Proposed Board Meeting Dates

Attached is a draft of the proposed board meeting dates for 2024. These dates follow the Board's regular annual schedule of holding them every other month. Besides a meeting every year in April, to elect a President as prescribed by ORS 679.250(1), the Board does not have to conduct six meeting or any specific number per year. The Board may consider adopting these dates for next year's meetings so that all can plan accordingly.
Attachment #14 ACTION REQUESTED

Newsletter

The next OBD Newsletter will be available this summer.

Agency 834

Appn Year			2023		
			Monthly Activity	Biennium to Date	Budget
Fund	Budget Obj	Budget Obj Title			
3400	1000	REVENUES	233,532.20	2,968,932.98	3,452,000.00
	2500	TRANSFER OUT	0.00	101,830.00	226,800.00
	3000	PERSONAL SERVICES	120,927.48	1,907,523.93	2,187,917.00
	4000	SERVICES AND SUPPLIES	62,585.69	1,078,771.86	1,671,337.00
3400 Total			**417,045.37**	**6,057,058.77**	**7,538,054.00**
Grand Total			**417,045.37**	**6,057,058.77**	**7,538,054.00**

Agency	834
Agency Title	BOARD OF DENTISTRY
Appn Year	2023
Rpt Fiscal Mm	08
Rpt Fiscal Mm Name	FEBRUARY 2023
Load Date GI	3/17/2023

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl	Monthly Activity	Biennium to Date	Budget
3400	BOARD OF DENTISTRY	1000	REVENUES	0205	OTHER BUSINESS LICENSES	224,895.00	2,608,360.50	3,100,001.00
				0210	OTHER NONBUSINESS LICENSES AND FEES	0.00	18,120.00	10,000.00
				0410	CHARGES FOR SERVICES	1,753.50	22,293.50	18,000.00
				0505	FINES AND FORFEITS	3,000.00	282,628.22	250,000.00
				0605	INTEREST AND INVESTMENTS	3,707.06	31,078.65	60,000.00
				0975	OTHER REVENUE	176.64	6,452.11	13,999.00
			REVENUES Total			**233,532.20**	**2,968,932.98**	**3,452,000.00**
		2500	TRANSFER OUT	2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	0.00	101,830.00	226,800.00
			TRANSFER OUT Total			**0.00**	**101,830.00**	**226,800.00**
		3000	PERSONAL SERVICES	3110	CLASS/UNCLASS SALARY & PER DIEM	72,349.49	1,280,060.99	1,397,859.00
				3160	TEMPORARY APPOINTMENTS	0.00	0.00	4,400.00
				3170	OVERTIME PAYMENTS	0.00	429.78	6,400.00
				3190	ALL OTHER DIFFERENTIAL	563.35	13,789.85	39,836.00
				3210	ERB ASSESSMENT	19.20	355.20	464.00
				3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	25,323.40	224,719.76	236,896.00
				3221	PENSION BOND CONTRIBUTION	3,863.35	66,328.48	75,620.00
				3230	SOCIAL SECURITY TAX	5,535.52	97,871.89	111,384.00

Agency	834
Agency Title	BOARD OF DENTISTRY
Appn Year	2023
Rpt Fiscal Mm	08
Rpt Fiscal Mm Name	FEBRUARY 2023
Load Date GI	3/17/2023

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl	Monthly Activity	Biennium to Date	Budget
3400	BOARD OF DENTISTRY	3000	PERSONAL SERVICES	3241	PAID FAMILY MEDICAL LEAVE INSURANCE	289.43	832.38	0.00
				3250	WORKERS' COMPENSATION ASSESSMENT	14.28	287.12	368.00
				3260	MASS TRANSIT	413.91	7,490.10	8,834.00
				3270	FLEXIBLE BENEFITS	12,555.55	215,358.38	305,856.00
			PERSONAL SERVICES Total			**120,927.48**	**1,907,523.93**	**2,187,917.00**
		4000	SERVICES AND SUPPLIES	4100	INSTATE TRAVEL	0.00	15,671.18	52,968.00
				4125	OUT-OF-STATE TRAVEL	0.00	0.00	7,888.00
				4150	EMPLOYEE TRAINING	0.00	18,286.20	56,553.00
				4175	OFFICE EXPENSES	665.48	39,204.15	95,153.00
				4200	TELECOMM/TECH SVC AND SUPPLIES	1,553.61	24,383.05	25,997.00
				4225	STATE GOVERNMENT SERVICE CHARGES	548.10	72,888.71	73,273.00
				4250	DATA PROCESSING	5,337.76	94,986.47	186,234.00
				4275	PUBLICITY & PUBLICATIONS	479.11	3,104.72	15,494.00
				4300	PROFESSIONAL SERVICES	8,177.00	244,547.28	270,498.00
				4315	IT PROFESSIONAL SERVICES	0.00	0.00	148,013.00
				4325	ATTORNEY GENERAL LEGAL FEES	6,426.20	228,562.99	306,725.00
				4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	0.00	0.00	735.00
				4400	DUES AND SUBSCRIPTIONS	0.00	9,467.78	10,874.00
				4425	LEASE PAYMENTS & TAXES	7,952.81	136,086.19	186,798.00
				4475	FACILITIES MAINTENANCE	0.00	0.00	608.00
				4575	AGENCY PROGRAM RELATED SVCS & SUPP	975.56	36,460.74	107,494.00
				4650	OTHER	8,271.06	92,383.96	95,453.00

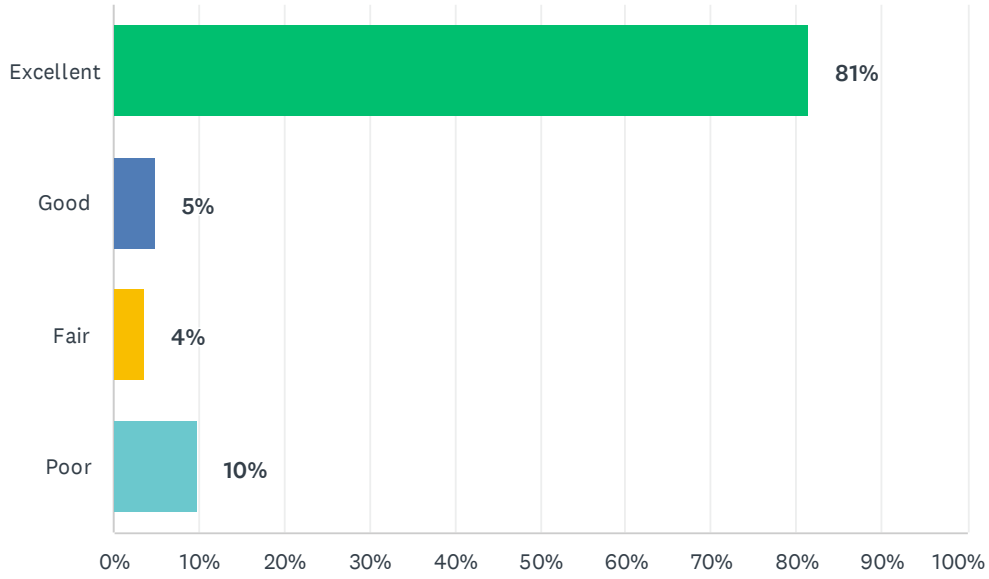
Agency	834
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Load Date GI	3/17/2023

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl	Monthly Activity	Biennium to Date	Budget
3400	BOARD OF DENTISTRY	4000	SERVICES AND SUPPLIES		SERVICES AND SUPPLIES			
				4700	EXPENDABLE PROPERTY $250-$5000	0.00	0.00	6,087.00
				4715	IT EXPENDABLE PROPERTY	22,199.00	62,738.44	24,492.00
			SERVICES AND SUPPLIES Total			**62,585.69**	**1,078,771.86**	**1,671,337.00**

DAFR9210 Agency 834 - month end

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

Answered: 81 Skipped: 0

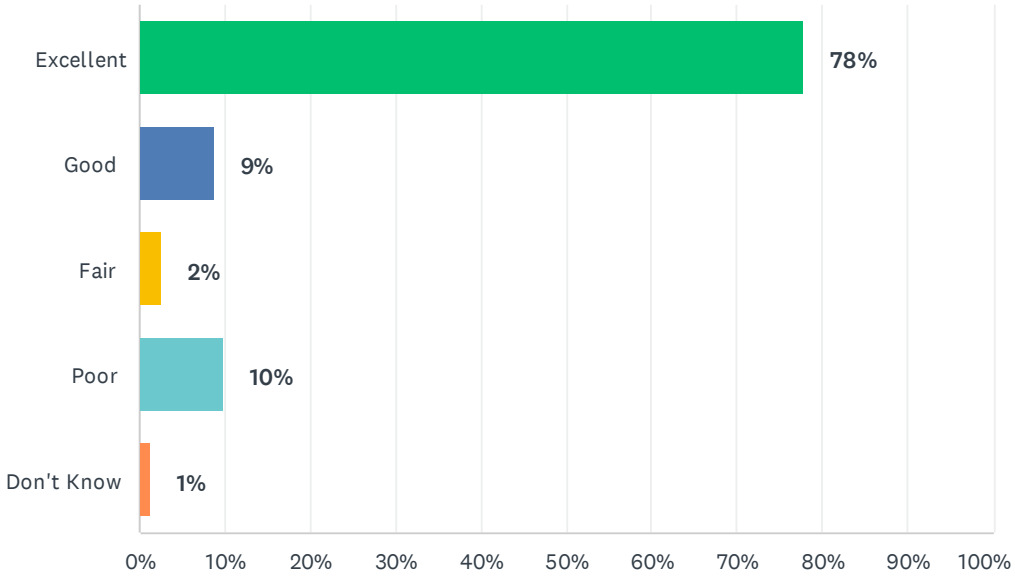


ANSWER CHOICES	RESPONSES	
Excellent	81%	66
Good	5%	4
Fair	4%	3
Poor	10%	8
TOTAL		81

Attachment #2

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

Answered: 81 Skipped: 0

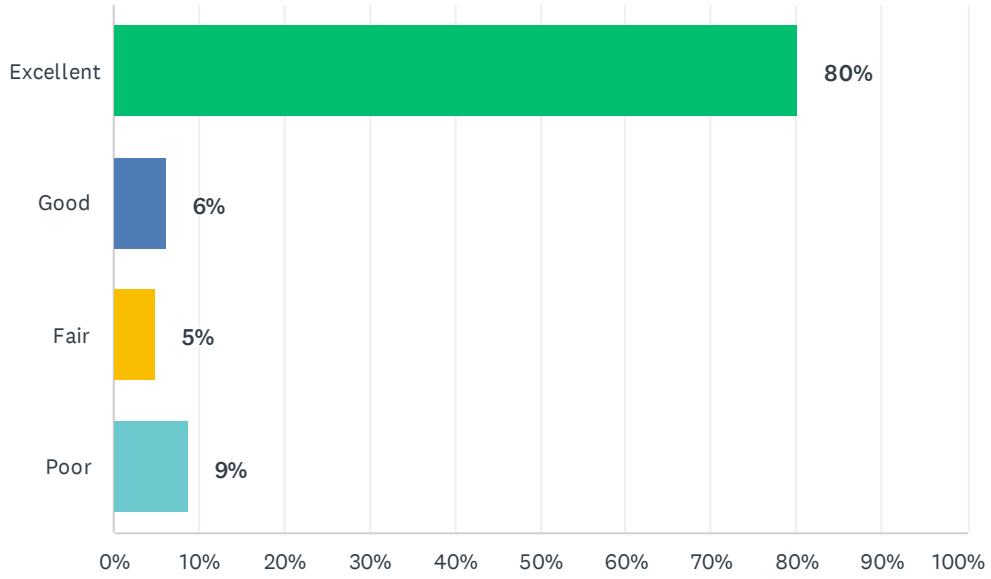


ANSWER CHOICES	RESPONSES	
Excellent	78%	63
Good	9%	7
Fair	2%	2
Poor	10%	8
Don't Know	1%	1
TOTAL		81

Attachment #2

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

Answered: 81 Skipped: 0

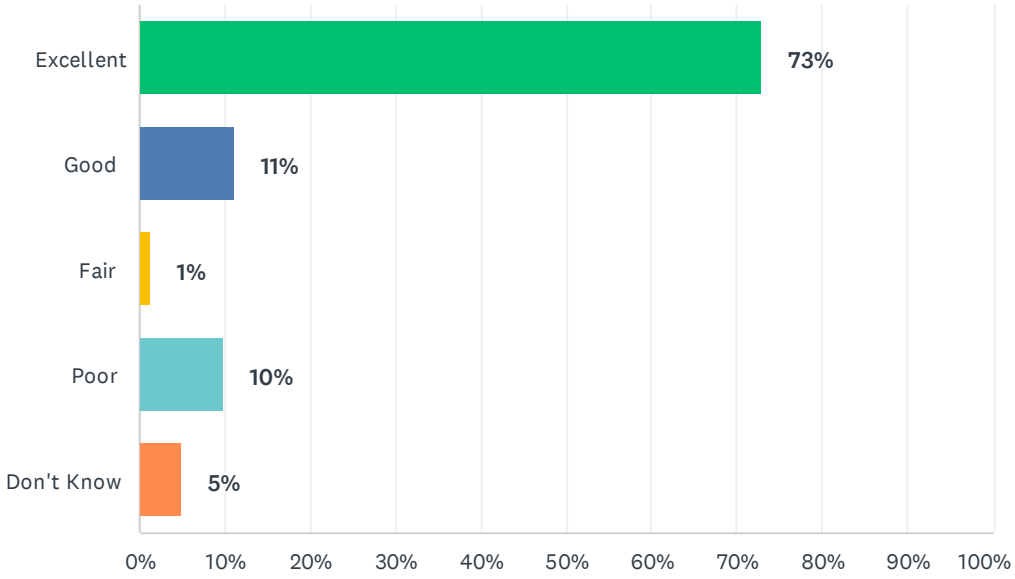


ANSWER CHOICES	RESPONSES	
Excellent	80%	65
Good	6%	5
Fair	5%	4
Poor	9%	7
TOTAL		81

Attachment #2

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

Answered: 81 Skipped: 0

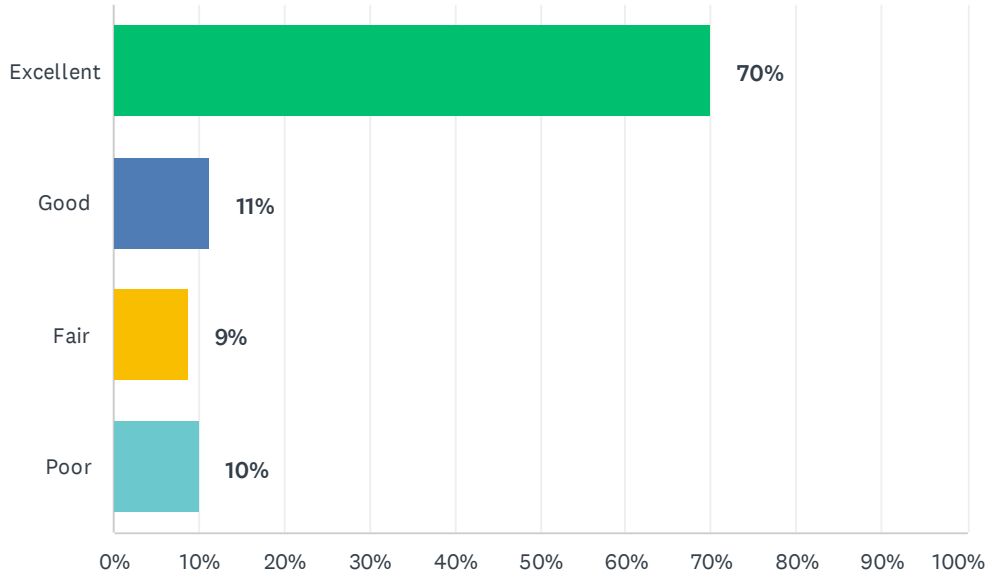


ANSWER CHOICES	RESPONSES	
Excellent	73%	59
Good	11%	9
Fair	1%	1
Poor	10%	8
Don't Know	5%	4
TOTAL		81

Attachment #2

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

Answered: 80 Skipped: 1

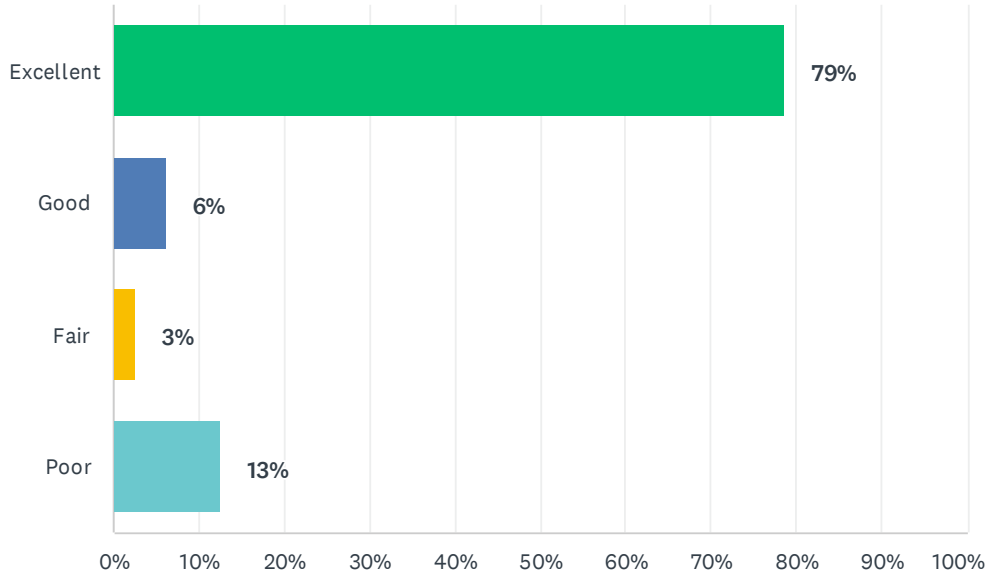


ANSWER CHOICES	RESPONSES	
Excellent	70%	56
Good	11%	9
Fair	9%	7
Poor	10%	8
TOTAL		80

Attachment #2

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

Answered: 80 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	79%	63
Good	6%	5
Fair	3%	2
Poor	13%	10
TOTAL		80

Attachment #2

OREGON BOARD OF DENTISTRY

Today's Presentation

- Stephen Prisby, Executive Director
- Haley Robinson, Office Manager

- Board Updates - Resources
- Dental Therapists – New Licensee
- Dental Implant Rule changes effective January 2024
- FYI – License Renewal & Reminders
- Statistics
- Complaints & Investigation Process
- CE Reminders
- FAQs & Open Forum – Your Questions

OREGON BOARD OF DENTISTRY

History & Mission Statement:

The Board of Dentistry was created by an act of the Legislature in 1887.

The oldest health licensing board in Oregon.

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

OREGON BOARD OF DENTISTRY

FUNDING

The activities of the Board are funded from license application, renewal, and permit fees paid by licensees, as well as dental assistants for certifications.

The 2023-2025 proposed OBD Budget is approximately $4.2 million.

Less than 4% of our funding is derived from civil penalties paid by licensees who were disciplined.

OREGON BOARD OF DENTISTRY

Ten Members serve on the Board:

- Six Dentists
- Two Dental Hygienists
- Two Public Members



All are appointed by the Governor and confirmed by the Senate. A term is four years in length. They can serve two terms.

OREGON BOARD OF DENTISTRY

Board Members

Board Members

Name	Location	Term ends
Jose Javier, DDS - President	Bend	3/31/2024
Charles "Chip" Dunn - Vice-President	Happy Valley	4/1/2025
Reza J. Sharifi, DMD	Portland	5/14/2023
Alicia Riedman, RDH	Eugene	4/1/2024
Jennifer Brixey	Portland	4/6/2024
Aarati Kalluri, DDS	Hillsboro	4/1/2025
Sheena Kansal, DDS	Portland	4/1/2025
Terrence Clark, DMD	West Linn	4/3/2026
Michelle Aldrich, DMD	Salem	4/3/2026
Sharity Ludwig, RDH	Bend	4/3/2026

OREGON BOARD OF DENTISTRY

BOARD MEMBERS


Jose Javier, DDS


Charles 'Chip' Dunn


Reza Sharifi, DMD


Amy Riedman, RDH


Jennifer Brixey


Aarati Kalluri, DDS


Sheena Kansal, DDS


Terrence Clark, DMD


Michelle Aldrich, DMD


Sharity Ludwig, RDH

OREGON BOARD OF DENTISTRY

Board Staff



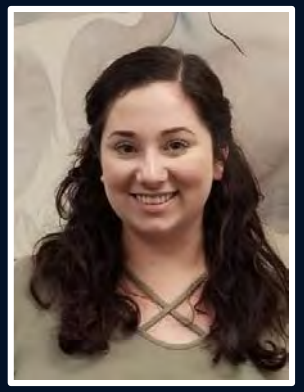
Stephen Prisby
Executive Director



Haley Robinson
Office Manager



Kathleen McNeal
Office Specialist



Samantha Plumlee
Licensing Manager

OREGON BOARD OF DENTISTRY

Board Staff



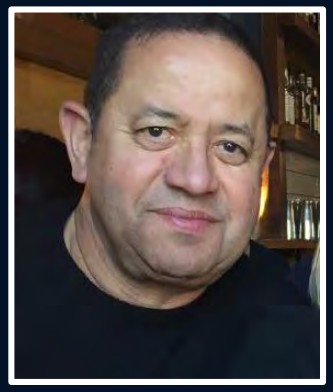
Angela Smorra, D.M.D.
Dental Director/Chief Investigator



Ingrid Nye
Investigator



Shane Rubio
Diversion Coordinator/
Investigator



Bernie Carter, D.D.S.
Dental Investigator

OREGON BOARD OF DENTISTRY

Board accomplishes its mission by:

- Reviewing & setting education standards
- Requiring continuing education of all licensees
- Investigating complaints and enforcing the provisions of the Dental Practice Act
- Communicating Board policies and other pertinent information to all licensees on a regular basis
- Providing clear interpretation of Board statutes and rules to licensees and members of the public
- Acting as a resource to dental consumers in determining the adequacy of their dental treatment
- Working with other health care licensing boards, professional associations and the educational system to develop partnerships for forging a viable health care delivery system

OREGON BOARD OF DENTISTRY

Upcoming Board Meetings

The meetings are always open to the public. Information should be submitted 12 days before a Board meeting, to be considered for that meeting's agenda. All Board meetings are public, also available through a zoom or teleconference option.

Upcoming scheduled Board Meetings:

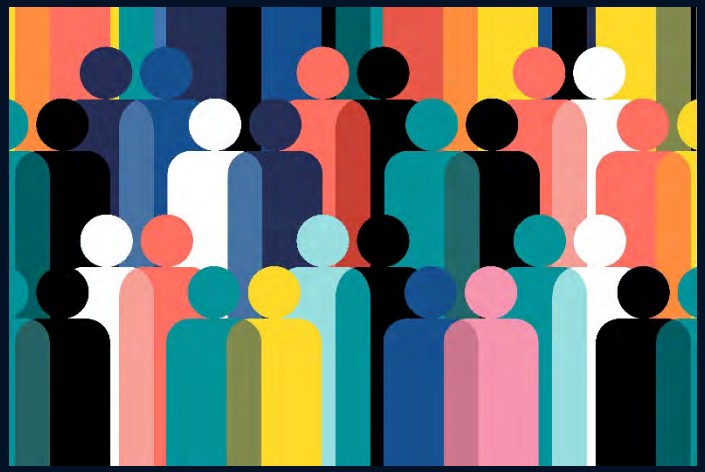
April 28, 2023
June 16, 2023
August 25, 2023
October 27, 2023
December 15, 2023





OREGON BOARD OF DENTISTRY

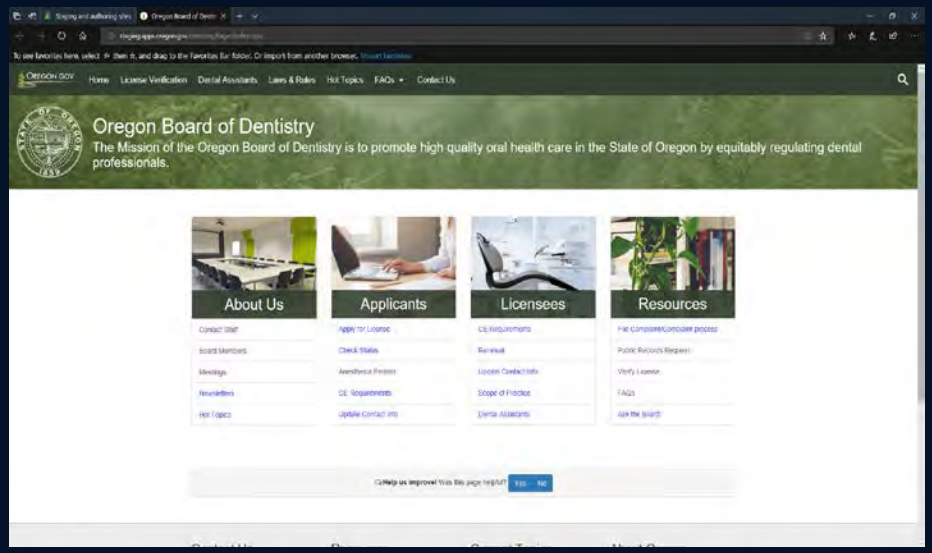
The Board has standing Committees and may create new ones



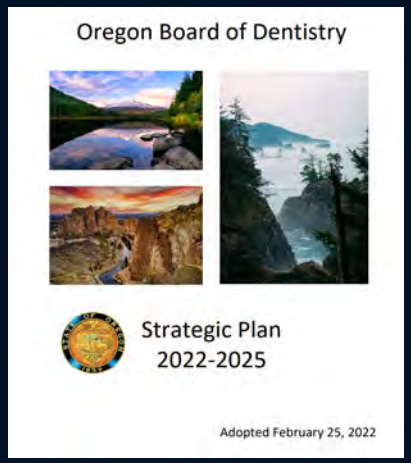
- Administrative Workgroup
- Anesthesia
- Communications
- Dental Hygiene
- Enforcement & Discipline
- Licensing, Standards & Competency
- Dental Therapy Rules Oversight
- Rules Oversight

OREGON BOARD OF DENTISTRY

Visit our Website



- Answers to frequently asked questions
- Downloadable forms
- Board meeting agendas
- Board meeting minutes
- Dental Practice Act
- Newsletters & Strategic Plan



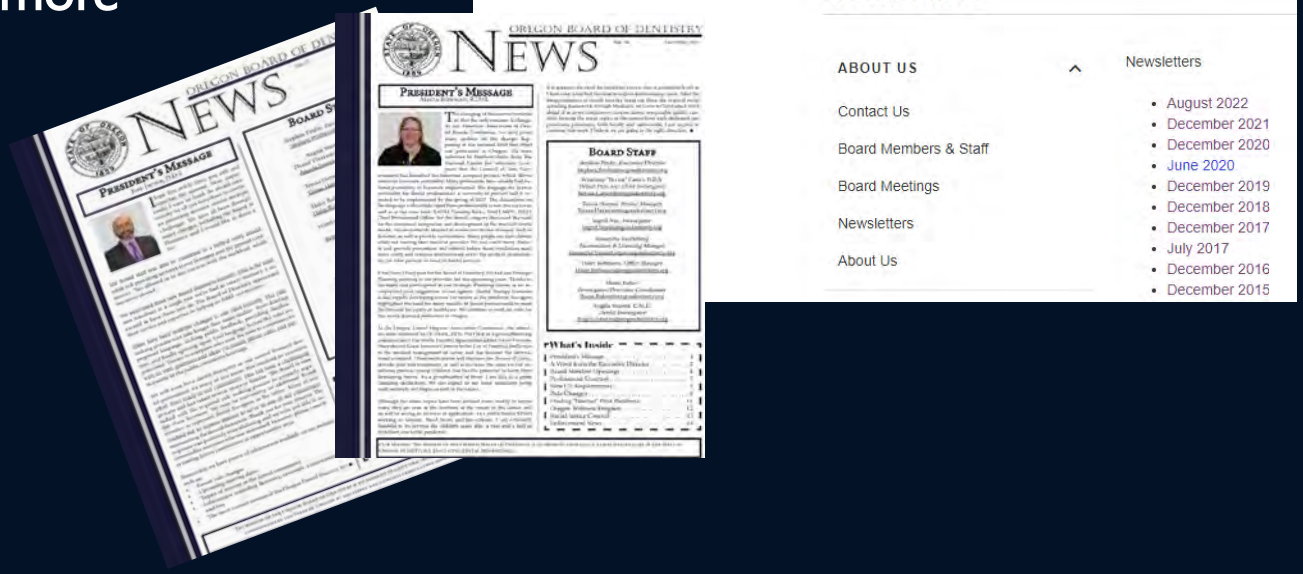
www.oregon.gov/Dentistry

OREGON BOARD OF DENTISTRY

Newsletters

The Newsletters have important and useful information

- Overview of rule changes
- Board Member Bios
- Investigators' Concerns
- Meeting Dates
- FAQs & more



OREGON BOARD OF DENTISTRY

OBD 2022 – 2025 Strategic Plan & Goals

AGENCY GOALS for 2023 - 2025 include:

- Implement 2022 - 2025 Strategic Plan Initiatives
  - **Licensure Evolution**
    - Develop and implement rules based on legislative changes
    - Successfully implement Dental Therapy Rules
  - **Dental Practice Accountability**
    - Ensure Licensee dictates clinical care provided to patients
    - Assert OBD jurisdiction over dental practices regardless of ownership model
  - **Community Interaction and Equity**
    - Increase ease of access to OBD services and information
    - Ensure equity exists in investigation outcomes
  - **Workplace Environment**
    - Increase workplace flexibility through hybrid work models
    - Increase workplace satisfaction
  - **Technology & Processes**
    - Improve investigation management and archived files
    - Improve resource efficiencies
- Advance the Governor's priorities for state agencies
  - Increased accountability and prioritize customer service
  - Improving access to the OBD's services and information
  - Removing barriers that prevent people from getting assistance

OREGON BOARD OF DENTISTRY

OREGON BOARD OF DENTISTRY
ANNUAL PERFORMANCE PROGRESS REPORT 2022

Performance Measure Definition	2022 Goal	2022 Performance
#1 Percent of licensees in compliance with continuing education requirements	100%	100%
#2 Average time from receipt of a new complaint to completed investigation (ready to be submitted to the Board)	7.5 months	7 months
#3 Average Number of working days for the receipt of completed paperwork to issuance of license (new or renewal)	7 Days	7 Days
#4 Agency Overall Satisfaction – Percent of customers rating their overall satisfaction with the agency above average or excellent.	85% Positive Response	85% Positive Response
#5 Board Best Practices – Percent of total of best practices met by Board.	100%	100%

OREGON BOARD OF DENTISTRY

OBD 2023 – 2025 Proposed Budget

82nd OREGON LEGISLATIVE ASSEMBLY--2023 Regular Session

House Bill 5011

Introduced and printed pursuant to House Concurrent Resolution 23 (2023) (at the request of Oregon Department of Administrative Services)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.**

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

Declares emergency, effective July 1, 2023.

A BILL FOR AN ACT

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

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

SECTION 1. Notwithstanding any other law limiting expenditures, the amount of $4,172,739 is established for the biennium beginning July 1, 2023, as the maximum limit for payment of expenses from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by the Oregon Board of Dentistry.

SECTION 2. This 2023 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2023 Act takes effect July 1, 2023.

OREGON BOARD OF DENTISTRY

OBD 2023 – 2025 Proposed Budget

The OBD presents two Policy Option Packages (POP)

Package 100 – Dental Therapy Fees Implementation
The purpose of this Revenue Only package is to memorialize the new dental therapy fees that were initiated and effective July 1, 2022, after extensive meetings and communication on this matter between 2021 – 2022.

Package 200 – Oregon Wellness Program
The purpose of the Oregon Wellness Program (OWP) is to ensure health care professionals within the state of Oregon have access to mental health support that is non-reported, urgently available, and complimentary. OWP contracts with licensed and credentialed mental health providers, who each have a minimum of five years professional experience providing services to health care professionals. OWP is led by volunteers who are veterans of health care within Oregon and many are clinicians themselves. The program was founded in 2018 to support the well-being of Oregon healthcare professionals through education, research of the issue of burnout, as well as by delivering counseling and related services via in-person and telemedicine appointments. Initial beneficiaries of OWP's efforts were physicians, physician assistants, advanced practice providers, nurse practitioners, and dentists.
OWP affiliated providers offer:

- Up to eight complimentary sessions per calendar year
- Appointments within three business days

OREGON BOARD OF DENTISTRY

OBD 2023 – 2025 Proposed Budget

A healthy revenue balance at the start of the 2021 - 2023 biennium and carried over into the 2023 - 2025 biennium will be used up through the next 12 - 24 months as expected. An agency that is funded by its licensees should end closer to a minimum of 3 months ending balance to ensure adequate funds for its operation as the funding of the OBD is uneven and varies with new applications received and the renewal cycles of the licensees. The OBD has reviewed some expense reduction options to reduce costs, and that includes reducing 1.0 FTE to .5 FTE effective January 2024.

It would be challenging and impractical for the OBD to increase fees annually to keep up with inflation (especially the last two years). I doubt anyone would support the OBD undertake annual rulemaking, update forms, website instructions and impact applicants who might submit application materials on cut off dates before a new fee increase, etc… The proposed fee increases appear to be high and percentage wise, quite an increase. But this example shows that a standard inflation rate applied annually would yield a large nominal increase.

YEAR	2015	2016	2017	2018	2019	2020	2021	2022	2023
FEE	$400.00	$412.00	$424.00	$437.00	$450.00	$463.00	$477.00	$491.00	$506.00

Hypothetical Fee Increase 3% year, numbers rounded for example

The OBD rarely proposes fee increases, but believes the options to be reasonable and necessary. The State's health regulatory boards are set up to be funded without any additional tax payer support.

OREGON BOARD OF DENTISTRY

OBD 2023 – 2025 Proposed Budget

Proposed Fees Increase Effective July 1, 2023 - $365,150 increase in revenue
Increase Dental License Application fee by $100 - 490 expected applicants = $49,000 additional revenue
Increase Dental 2-year license fee by $50 - 3800 licensees = $190,000 additional revenue
Increase Dental Hygiene Application fee by $30 - 510 expected applicants = $15,300 additional revenue
Increase Dental Hygiene 2-year license fee by $25 - 4300 licensees = $107,500 additional revenue
Increase Dental Therapist Application fee by $30 on 70 applicants = $2,100 additional revenue
Increase Dental Therapist 2-year license fee by $25 on 50 licensees = $1,250 additional revenue

Current fee schedule:

Licensure Type	Application Fee	2 year Biennial Licensure Fee
Dental (General & Specialty) by Exam	$340.00	$336.00
Dental (General & Specialty) Without Further Exam	$790.00	$336.00
Faculty - License	$305.00	$281.00
Dental Hygiene by Exam	$180.00	$226.00
Dental Hygiene without Further Exam	$790.00	$226.00
Dental Therapist by Exam	$180.00	$226.00
Dental Therapist without Further Exam	$790.00	$226.00
Recent graduates usually apply by exam (the lower cost)		

OREGON BOARD OF DENTISTRY

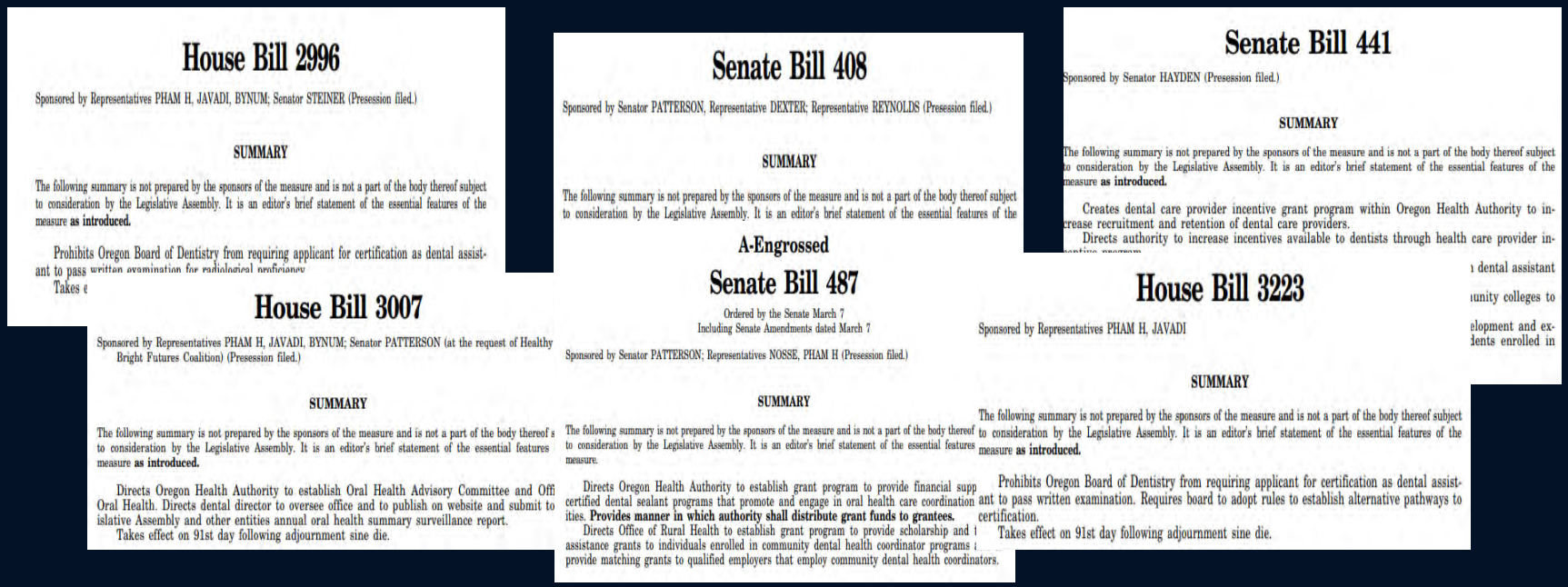
Agency accomplishments during 2021 - 2023 include:

- Satisfactory results on Key Performance Measures.
- Welcomed and on-boarded 5 new Board Members, out of a 10 member Board.
- Two new staffers hired. Agency has 8 FTE.
- Hybrid Work model in place with all state CIO-IT security measures in place, for those that choose to work from home up to two days a week. Consumers and Licensees have regular access to OBD resources for information and assistance via in person, phone or email options.
- New database project implemented, replacing legacy database for licensee info and OBD data.
- Applications and license renewals are all able to be completed online.
- Promulgated new rules and policies and began licensing Dental Therapists.
- Continued to cultivate and strengthen positive working relationships with ODA, ODHA, ODAA, OHA and OHSU School of Dentistry and all dental therapy, dental hygiene and dental assisting programs with a continuation of the outreach programs to those who request programs regarding updates on the Oregon Board of Dentistry (OBD).
- Strategic Planning Session held October – December 2021. The OBD's 2022-2025 strategic plan ratified in February 2022. This plan replaced the 2017-2020 one.
- Utilize the Board Website, OBD Newsletter, professional associations, email blasts and other appropriate communication tools to continue to inform Licensees of relevant OBD news, rules and updates from the Board.

OREGON BOARD OF DENTISTRY

2023 Legislative Session

- The Board has introduced no bills this session and usually does not.
- The Board has no formal position and is neutral on all bills.
- The Board is following a number of oral health and dental assistant related bills, along with other bills that will impact our work as a state agency.



House Bill 2996

Sponsored by Representatives PHAM H, JAVADI, BYNUM; Senator STEINER (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.**

Prohibits Oregon Board of Dentistry from requiring applicant for certification as dental assistant to pass written examination for radiological proficiency.

Takes e

House Bill 3007

Sponsored by Representatives PHAM H, JAVADI, BYNUM; Senator PATTERSON (at the request of Healthy Bright Futures Coalition) (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof s to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features measure **as introduced.**

Directs Oregon Health Authority to establish Oral Health Advisory Committee and Offi Oral Health. Directs dental director to oversee office and to publish on website and submit to islative Assembly and other entities annual oral health summary surveillance report.

Takes effect on 91st day following adjournment sine die.

Senate Bill 408

Sponsored by Senator PATTERSON, Representative DEXTER; Representative REYNOLDS (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the

A-Engrossed

Senate Bill 487

Ordered by the Senate March 7
Including Senate Amendments dated March 7

Sponsored by Senator PATTERSON; Representatives NOSSE, PHAM H (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features measure.

Directs Oregon Health Authority to establish grant program to provide financial supp certified dental sealant programs that promote and engage in oral health care coordination ities. **Provides manner in which authority shall distribute grant funds to grantees.**

Directs Office of Rural Health to establish grant program to provide scholarship and assistance grants to individuals enrolled in community dental health coordinator programs provide matching grants to qualified employers that employ community dental health coordinators.

Senate Bill 441

Sponsored by Senator HAYDEN (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.**

Creates dental care provider incentive grant program within Oregon Health Authority to increase recruitment and retention of dental care providers.

Directs authority to increase incentives available to dentists through health care provider in-

dental assistant

unity colleges to

elopment and ex-
dents enrolled in

House Bill 3223

Sponsored by Representatives PHAM H, JAVADI

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.**

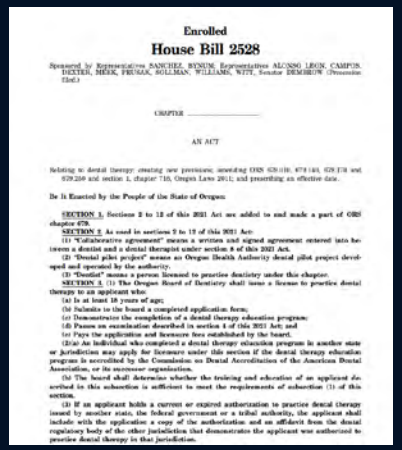
Prohibits Oregon Board of Dentistry from requiring applicant for certification as dental assistant to pass written examination. Requires board to adopt rules to establish alternative pathways to certification.

Takes effect on 91st day following adjournment sine die.

OREGON BOARD OF DENTISTRY

DENTAL THERAPY

- HB 2528(2021) was signed by Governor Kate Brown in July 2021. It authorizes the OBD to regulate and license Dental Therapists.



Enrolled

House Bill 2528

Sponsored by Representatives SANCHEZ, BYNUM; Representatives ALONSO LEON, CAMPOS, DEXTER, MEEK, PRUSAK, SOLLMAN, WILLIAMS, WITT; Senator DEMBROW (Presession filed.)

CHAPTER .....

AN ACT

Relating to dental therapy; creating new provisions; amending ORS 676.110, 679.140, 679.170 and 679.240 and section 1, chapter 710, Oregon Laws 2013; and prescribing an effective date.

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

SECTION 1. Sections 2 to 12 of this 2021 Act are added to and made a part of ORS chapter 679.

SECTION 2. As used in sections 2 to 12 of this 2021 Act:

(1) "Collaborative agreement" means a written and signed agreement entered into between a dentist and a dental therapist under section 8 of this 2021 Act.

(2) "Dental pilot project" means an Oregon Health Authority dental pilot project developed and operated by the authority.

(3) "Dentist" means a person licensed to practice dentistry under this chapter.

SECTION 3. (1) The Oregon Board of Dentistry shall issue a license to practice dental therapy to an applicant who:

(a) Is at least 18 years of age;

(b) Submits to the board a completed application form;

(c) Demonstrates the completion of a dental therapy education program;

(d) Passes an examination described in section 4 of this 2021 Act; and

(e) Pays the application and licensure fees established by the board.

(2)(a) An individual who completed a dental therapy education program in another state or jurisdiction may apply for licensure under this section if the dental therapy education program is accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization.

(b) The board shall determine whether the training and education of an applicant described in this subsection is sufficient to meet the requirements of subsection (1) of this section.

(3) If an applicant holds a current or expired authorization to practice dental therapy issued by another state, the federal government or a tribal authority, the applicant shall include with the application a copy of the authorization and an affidavit from the dental regulatory body of the other jurisdiction that demonstrates the applicant was authorized to practice dental therapy in that jurisdiction.

- The bill is 13 pages long.
- The scope of practice is very defined in the bill.
- The OBD went through extensive meetings and rules were put in place effective July 1, 2022.

OREGON BOARD OF DENTISTRY

DENTAL THERAPY

- A dental therapist MUST have a collaborative agreement with a licensed Oregon Dentist to practice in Oregon. This 7 page document must be on file with the Board and updated when any parameters change.

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.

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				

OREGON BOARD OF DENTISTRY

DENTAL IMPLANT RULE CHANGES

OAR 818-012-0005 Scope of Practice

(4) A dentist may place endosseous implants to replace natural teeth after completing a minimum of **56 hours of hands on clinical course(s), which includes treatment planning, appropriate case selection, potential complications and the surgical placement of the implants** under direct supervision, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE), by the American Dental Association Continuing Education Recognition Program (ADA CERP) or by a Commission on Dental Accreditation (CODA) approved graduate dental education program.

(5) A dentist placing endosseous implants must complete at least seven **(7) hours of continuing education related to the placement and or restoration of dental implants every licensure renewal period (Effective January 1, 2024).**

OREGON BOARD OF DENTISTRY

DENTAL IMPLANT RULE CHANGES

I obtained my Oregon dental license on, or after, January 1, 2024. Am I required to take 56 hours of hands on clinical implant course(s) prior to placing dental implants?

Yes. Once you have completed the 56 hours of hands on clinical course(s), or if you have already completed the required training hours, the OBD recommends that you obtain a letter of verification, signed by your training director, certifying that you have completed the required training as stated in the rule. The OBD recommends that you maintain easily accessible copies of that documentation throughout your career in Oregon.

I have placed a great number of implants over the years with a high success rate. Can I be "Grandmothered" into placing implants without taking 56 hours of hands on clinical courses?

No, there is not currently a portion of the rules that allows this. In order to place implants after January 1, 2024, you will need to meet the 56 hour requirement in 818-012-0005(4)

OREGON BOARD OF DENTISTRY

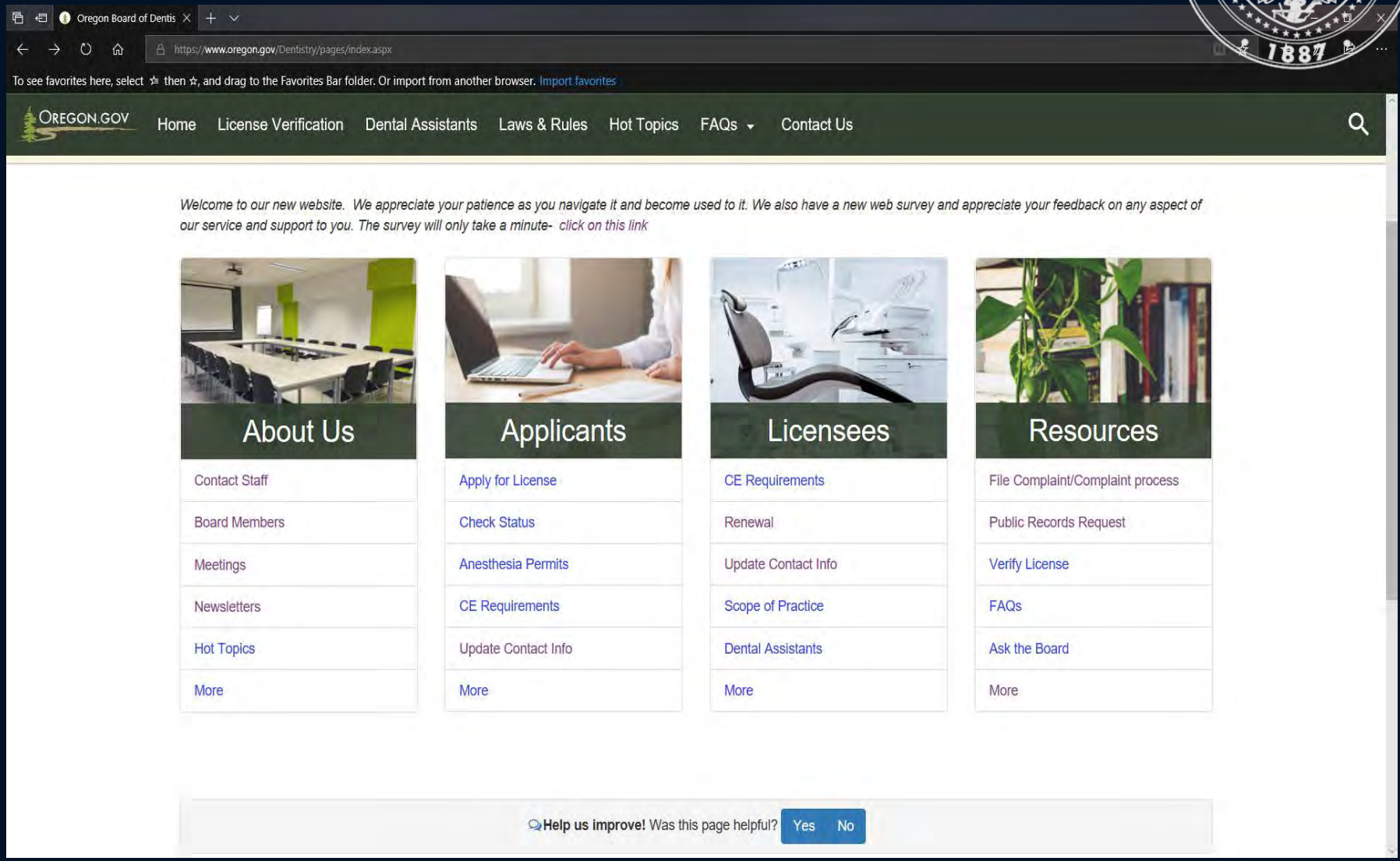
One License Renewal reminder postcard is sent and all Investigations are initiated via the US mail.



Failure to respond to the Board within 10 days. ORS 679.170

Every Licensee shall advise the board within 30 days of any change of address. ORS 679.120

OREGON BOARD OF DENTISTRY



OREGON BOARD OF DENTISTRY

Rule Changes Effective Jan 1, 2020

<u>HB 2011 (2019) requires Cultural Competency CE</u>
The Board will require 2 hours of this CE, beginning in 2021
You still only need your 40, 36 or 24 hours for a 2 – year licensure period. The 2 hours of cultural competency CE will be calculated within your total hour requirement

"Cultural competency continuing education is a life-long process of examining values and beliefs while developing and applying an inclusive approach to healthcare practice in a manner that recognizes the context and complexities of provider-patient interactions and preserves the dignity of individuals, families and communities.

Continuing education in cultural competency should teach attitudes, knowledge and skills to care effectively for patients form diverse cultures, groups and communities."

OREGON BOARD OF DENTISTRY

Anesthesia Rule Reminders

818-026-0020 **A licensee must ensure a written emergency response protocol is in place for all patients undergoing nitrous oxide, minimal sedation, moderate sedation, deep sedation or general anesthesia.**

818-026-0020(4) **A licensee that does not hold a Moderate, Deep Sedation or General Anesthesia Permit may not administer, for purpose of anxiolysis or sedation, Benzodiazepines or narcotics in children under 6 years of age.**

818-026-0030 **A dentist with no anesthesia permit, may utilize a single oral agent to achieve anxiolysis.**

There have been over 100 rule changes made in the Dental Practice Act since 2018

OREGON BOARD OF DENTISTRY

Public Rulemaking

The Board will seek to update rules in the Dental Practice Act this year. Possibly a few times depending on new legislation.

An email blast sent in April and a document detailing all rule changes will be in the April 28 Board Meeting packet.

A public Rulemaking Hearing will be held on May 10th.

Public comment on the 17 proposed rule changes will be accepted through June 2, 2023 through email or mail.

The Board most likely will vote on these changes at its June 16, 2023 Board Meeting.

OREGON BOARD OF DENTISTRY

Oregon
Secretary of State

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Oregon Board of Dentistry

Chapter 818

- Division 1 - PROCEDURES
- Division 5 - CRIMINAL RECORDS CHECK AND FITNESS DETERMINATION RULES
- Division 12 - STANDARDS OF PRACTICE
- Division 13 - HEALTH PROFESSIONALS' SERVICES PROGRAM
- Division 15 - ADVERTISING
- Division 21 - EXAMINATION AND LICENSING
- Division 26 - ANESTHESIA
- Division 35 - DENTAL HYGIENE
- Division 38 - DENTAL THERAPY
- Division 42 - DENTAL ASSISTING

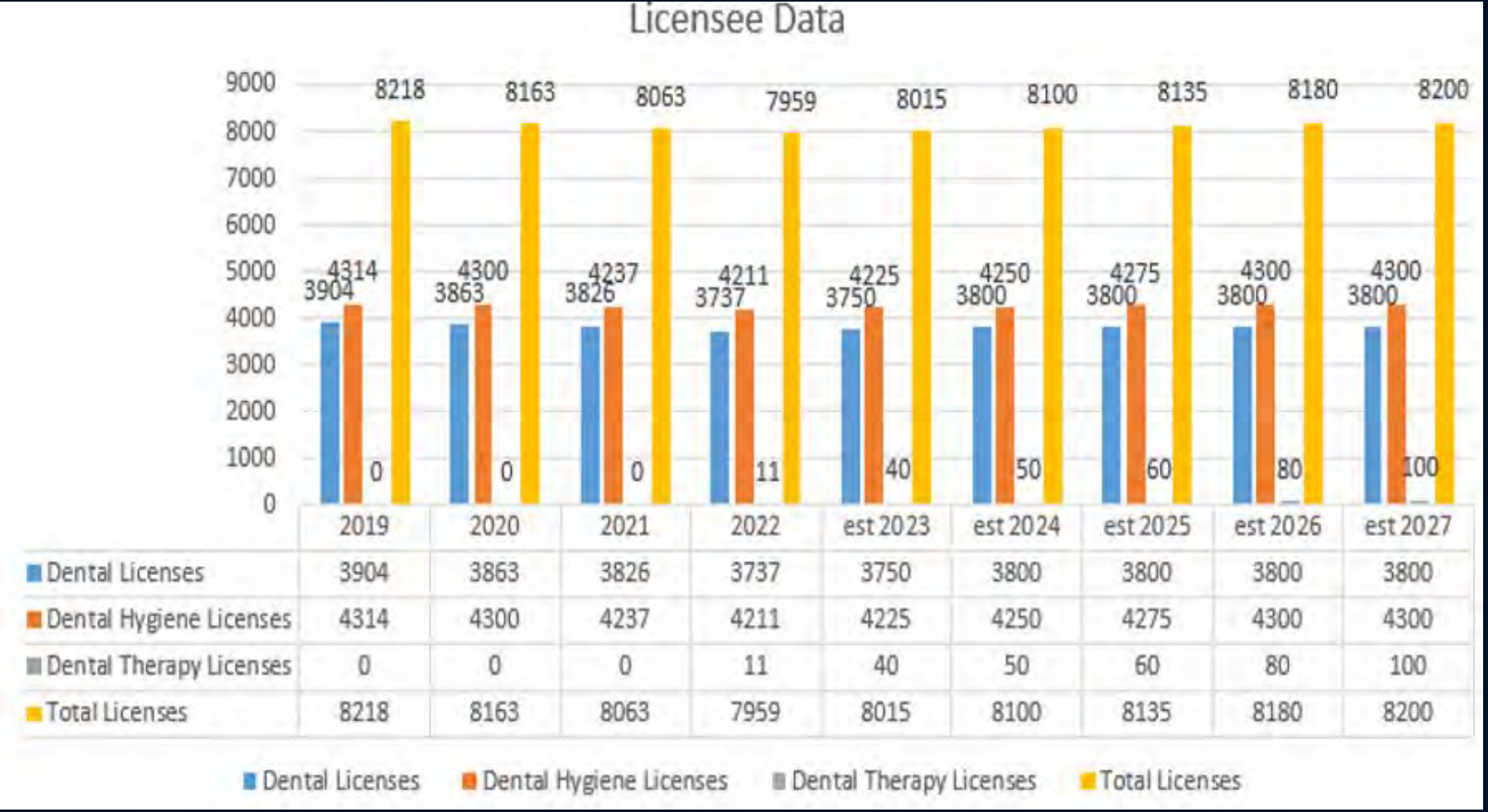
OREGON BOARD OF DENTISTRY
LICENSE STATISTICS

As of January 1, 2023. There were 3737 licensed dentists, 4208 licensed dental hygienists and 11 dental therapists. We anticipate issuing about 825 new licenses in 2023 - 2025 biennium.

Total Licenses

Calendar Year	**2019**	**2020**	**2021**	**2022**	*est 2023*	*est 2024*	*est 2025*	*est 2026*	*est 2027*
Dental Licenses	3904	3863	3826	3737	3750	3800	3800	3800	3800
Dental Hygiene Licenses	4314	4300	4237	4211	4225	4250	4275	4300	4300
Dental Therapy Licenses	0	0	0	11	40	50	60	80	100
Total Licenses	**8218**	**8163**	**8063**	**7959**	**8015**	**8100**	**8135**	**8180**	**8200**

OREGON BOARD OF DENTISTRY



	2019	2020	2021	2022	est 2023	est 2024	est 2025	est 2026	est 2027
Dental Licenses	3904	3863	3826	3737	3750	3800	3800	3800	3800
Dental Hygiene Licenses	4314	4300	4237	4211	4225	4250	4275	4300	4300
Dental Therapy Licenses	0	0	0	11	40	50	60	80	100
Total Licenses	8218	8163	8063	7959	8015	8100	8135	8180	8200

OREGON BOARD OF DENTISTRY

Important Reminders

- Dental License Renewal
- Register with the PDMP
- Dental Hygiene License Renewal
- Dental Therapy License Renewal
- Continuing Education
- Current BLS for Healthcare Provider
- Sterilizer Monitoring Records
- **Update your email and mailing addresses as we are reducing our use and reliance on US postal Service, but US mail is still utilized.**

OREGON BOARD OF DENTISTRY

Now let's shift gears and discuss enforcement and investigations.



OREGON BOARD OF DENTISTRY

PRIMARY ACTIVITIES

Enforcement

The Board investigates complaints submitted alleging misconduct or unacceptable patient care by licensees of the Board. Details of complaints are confidential and not available as public information.

If a licensee has been disciplined by the Board, the details of the disciplinary action (but not of the investigation) become public. Approximately 200 - 240 complaints are filed with the Board every year. In an average year about 12 - 18% result in disciplinary action being taken.

OREGON BOARD OF DENTISTRY

PRIMARY ACTIVITIES

Enforcement

Reporting Obligations

Per ORS 676.150(3), a licensee who is convicted of a misdemeanor or felony or who is arrested for a felony crime shall report the conviction or arrest to the Board within 10 days after the conviction or arrest.

OREGON BOARD OF DENTISTRY

PRIMARY ACTIVITIES

HPSP

The Board has a legislatively mandated non-disciplinary, confidential diversion program to help licensees with substance abuse disorders and mental health issues

Confidential, even Board members are unaware of who enters into program

Typically up of 5 years of monitoring, must be in compliance & meet requirements of the program

Board gets updates from staff diversion coordinator on progress, and informed if action needed

OREGON BOARD OF DENTISTRY

Complaints - Some Common Issues

- Communication break down
- Implant Complications
- Anesthesia Complications
- Sterilizer Monitoring deficiencies
- Continuing Education deficiencies
- Dentists complaining about each other
- Documentation Errors/None
- Radiographs/Records not being released to patient/other providers
- Failure to respond to the Board within 10 days (ORS 679.170)



OREGON BOARD OF DENTISTRY

The Processing of Complaints

Receipt of complaint. Screening/Determination to investigate.

Letter from the OBD requesting:

- Original chart (including patient ledger)
- Narrative describing care provided
- Digital copy of films if appropriate
- Continuing Education records
- Amalgam separator records
- Sterilizer monitoring records
- Proof of current BLS Healthcare certificate
- Verification and date that you have signed up with the PDMP if you have a DEA Registration

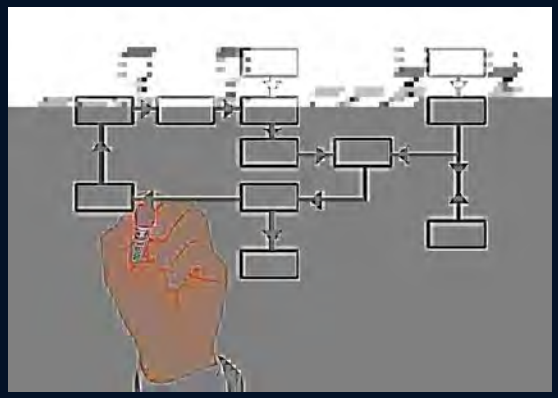


If you receive a letter from us regarding an investigation, please respond to us and we advise you contact your malpractice carrier ASAP.

OREGON BOARD OF DENTISTRY

The Investigation Process

- ✓ Case assignment
- ✓ Investigation and review of materials
- ✓ Draft report
- ✓ Request for interview
- ✓ Interview
- ✓ Supplement to report
- ✓ Recommendation from Protocols
- ✓ Evaluators review and recommendation
- ✓ Reviewed by the Board at regular meeting
- ✓ Board votes in public session on each case



OREGON BOARD OF DENTISTRY

The Board has developed disciplinary protocols to address a number of reoccurring violations and to be fair and equitable when disciplining Licensees.

- Completion of CE
- Maintaining Health Care BLS/CPR
- Maintaining ACLS/PALS
- Sterilizer Monitoring
- Working without a license
- Failure to respond to the Board within 10 days



- Specific penalties
- Uniform discipline
- Prescribed timeframes to complete remediation efforts, pay fines or complete CE

OREGON BOARD OF DENTISTRY

ORS 679.140 gives us broad discretion to:

- Suspend judgement
- Place a licensee on probation
- Suspend a licensee to practice
- Revoke a license
- Place limitations on licensee
- Refuse to renew a licensee
- Accept the resignation of a licensee
- Assess a civil penalty
- Reprimand a licensee
- Impose any other disciplinary action the board in its discretion finds proper, including assessment of the costs of the disciplinary proceedings as a civil penalty

Annually about 18% of cases end up with discipline, almost 82% do not.

The Board may impose a civil penalty of up to $5,000 for each violation. The board may continue with any investigation for a period not to exceed four years from the date of the expiration, suspension, revocation, retirement or surrender of the license.

OREGON BOARD OF DENTISTRY

At any given time, the staff compliance officer is monitoring approximately 40 - 60 licensees for compliance with remediation or orders of the Board.

Board Action - FY	2021	2022
Cases Opened	195	150
Cases Closed	205	154
No Violation	46	60
No Further Action	75	41
Letter of Concern	60	38
Discipline	24	22
Total	205	161

OREGON BOARD OF DENTISTRY



- DOCUMENTATION

&

- COMMUNICATION



OREGON BOARD OF DENTISTRY

CONTINUING EDUCATION - REQUIREMENTS

The Basic Requirements:

- Must be *directly related to clinical dentistry/dental hygiene or dental public health*.
- Two hours must be specific to *infection control*.
- Three hours must be specific to *medical emergencies*.
- Two hours must be specific to *cultural competence* – ***effective Jan. 1, 2021***.
- One hour of pain management required at every renewal for dentists and dental therapists.

OREGON BOARD OF DENTISTRY

CONTINUING EDUCATION - REQUIREMENTS

The Basic Requirements (Continued):

- For dentists, volunteer pro bono dental services completed in Oregon may be counted as CE (up to six hours).
- Research, graduate study, teaching, or preparation and presentation of scientific sessions may be counted as CE (up to six hours for hygienists; up to twelve hours for dentists).
- Must maintain proof of completion of CE hours for four years.



OREGON BOARD OF DENTISTRY

Continuing Education – Requirements
Dentists OAR 818-021-0060

(1) Each dentist must complete 40 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.

(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than 12 hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)

OREGON BOARD OF DENTISTRY

CONTINUING EDUCATION – REQUIREMENTS DENTISTS

(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dentist passes the examination.

(d) Continuing education credit can be given for volunteer pro bono dental services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Examinations taken after initial licensure; a recognized specialty examination taken after initial licensure; or test development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours of credit may be in these areas.

OREGON BOARD OF DENTISTRY

CONTINUING EDUCATION – REQUIREMENTS DENTISTS

(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than four hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.

(5) At each renewal, all dentists licensed by the Oregon Board of Dentistry will 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).

(6) At least two (2) hours of continuing education must be related to infection control.

(7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).

(8) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement of dental implants every licensure renewal period (Effective July 1, 2022).

OREGON BOARD OF DENTISTRY

Continuing Education – Requirements
Dental hygienists OAR 818-021-0070

(1) Each dental hygienist must complete 24 hours of continuing education every two years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dental hygienists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental hygienists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.

(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)

OREGON BOARD OF DENTISTRY

Continuing Education – Requirements
Dental hygienists

(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dental hygienist passes the examination.

(d) Continuing education credit can be given for volunteer pro bono dental hygiene services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Hygiene Examination, taken after initial licensure; or test development for clinical dental hygiene examinations. No more than 6 hours of credit may be in these areas.

OREGON BOARD OF DENTISTRY

Continuing Education – Requirements
Dental hygienists

(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.

(5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in OAR 818-026-0040(11) for renewal of the Nitrous Oxide Permit.

(6) At least two (2) hours of continuing education must be related to infection control.

(7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).

OREGON BOARD OF DENTISTRY

Continuing Education – Requirements
Dental Therapists OAR 818-021-0076

(1) Each dental therapist must complete 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dental therapists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental therapists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.

(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)

OREGON BOARD OF DENTISTRY

CONTINUING EDUCATION – REQUIREMENTS DENTAL THERAPISTS

(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dental therapist passes the examination.

(d) Continuing education credit can be given for volunteer pro bono dental therapy services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Therapy Examination, taken after initial licensure; or test development for clinical dental therapy examinations. No more than 6 hours of credit may be in these areas.

OREGON BOARD OF DENTISTRY

CONTINUING EDUCATION – REQUIREMENTS
DENTAL THERAPISTS

(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.

(5) At least two (2) hours of continuing education must be related to infection control.

(6) At least two (2) hours of continuing education must be related to cultural competency.

(7) At least one (1) hour of continuing education must be related to pain management.

OREGON BOARD OF DENTISTRY

CONTINUING EDUCATION - AUDIT

- The OBD audits a number of our licensees in any given renewal cycle. This has been Board Policy since 1999.

- Waiting until the last two weeks prior to the expiration date to contact the Board that you won't have your CE completed is not a good idea. Failure to complete your CE on time could result in the Board taking disciplinary action.

- CE Logs can be download from our website.



OREGON BOARD OF DENTISTRY

FREQUENTLY ASKED QUESTIONS

- Can a licensee use Nitrous on a patient that has taken a Zanax, Valium, other sedative, or benzodiazepine?

That is a clinical decision that the supervising dentist must make by determining their level of sedation permit and what level of sedation the patient would be under.

- Can a Registered Dental Hygienist administer Botox or dermal fillers?

No, only Oregon licensed dentists who have completed a Board-approved course in accordance with OAR 818-012-0005(3) can administer Botox and dermal fillers.

- Do I have to inform the Board when I change my information?

Yes, you are required to update your information with the Board within 30 days of a change of address (either home or primary business location).

OREGON BOARD OF DENTISTRY

FREQUENTLY ASKED QUESTIONS

- Can a Registered Dental Hygienist or dental assistant perform teeth whitening without a dentist supervising?

Teeth whitening can be performed under general supervision

- Can I perform teledentistry?

OAR 818-001-0002:"Teledentistry" is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.

- Do I have to have to expose radiographs for every patient?

The decision when to take or not to take radiographs is the responsibility of an Oregon licensee and is based on factors including the patient's oral health, patient's age, the risk for disease and any sign or symptoms of oral disease that a patient may be experiencing.

The Board does not have a time requirement for how often radiographs or X-rays are to be taken.

OREGON BOARD OF DENTISTRY

FREQUENTLY ASKED QUESTIONS

- Do I have to report a serious complication or injury to the Board?

Yes, in accordance with OAR 818-026-0120, If a death, any serious complication or any injury occurs which may have resulted from the administration of any central nervous system anesthesia or sedation, the licensee performing the dental procedure must submit a written detailed report to the Board within **five days of the incident**

- Can I administer Nitrous Oxide if the doctor is not in the office?

No, an RDH with an active Nitrous Oxide permit can only administer Nitrous under indirect supervision. "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

OREGON BOARD OF DENTISTRY



- The Board is a resource.
- The Board is accessible.
- The Board appreciates feedback from our Licensees, consumers and other interested parties.
- The best way to contact the Board is by email:

information@obd.oregon.gov

OREGON BOARD OF DENTISTRY

We are here to serve you
and all Oregonians.

information@obd.oregon.gov



OREGON BOARD OF DENTISTRY
1500 SW 1st Ave., Suite 770
Portland, OR 97201
Telephone: 971-673-3200

Affirmative Action Plan
2023 – 2025 Biennium

Approved February 27, 2023
Stephen Prisby
OBD Executive Director

AGENCY MISSION

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.

AGENCY FUNCTION

The Oregon Board of Dentistry (OBD) is comprised of a ten member board and eight staff members. The Board Members are selected by the Governor and confirmed by the Senate. The staff members are state employees who were hired through the state of Oregon's HR employment system. The OBD utilizes outside HR support for all recruitment efforts. The authority and responsibilities of the Oregon Board of Dentistry (OBD) are contained in Oregon Revised Statutes Chapter 679 (Dentists & Dental Therapists), Chapter 680.010 to 680.205 (Dental Hygienists), and Oregon Administrative Rules, Chapter 818. These statutes charge the OBD with the responsibility to regulate the practice of dentistry, dental therapy and dental hygiene by enforcing the standards of practice established in statute and rule. The primary program activities are Licensing, Enforcement and Monitoring, and Administration.

AGENCY REPRESENTATIVES

Agency Director
Stephen Prisby, Executive Director
1500 SW 1st Ave., Suite #770
Portland, OR 97201
971-673-3200

Governor's Policy Advisor
Rachel Currans-Henry
Office of Governor Tina Kotek
503-378-6727

Affirmative Action Representative
Stephen Prisby, Executive Director
1500 SW 1st Ave., Suite #770
Portland, OR 97201
971-673-3200

AFFIRMATIVE ACTION POLICY

This policy applies to all employees and Board members of the OBD. This policy applies to all matters relating to hiring, termination, promotion, benefits, compensation, and other terms and conditions of employment, as well as delivery of OBD services.

The OBD ensures that it creates and maintains a diverse and inclusive environment and organizational culture throughout the agency in keeping with the Office of Cultural Change (OCC) and The Governor's Office's (GO) policies. The BOLI and appropriate policies are posted in the office kitchen/break room. All staff are regularly updated on HR policies and information when distribute to the executive director.

The OBD's Executive Director ensures that ORS 659A.012 is adhered to. It states that agencies are required to include in the evaluation of all management personnel the manager's or supervisor's effectiveness in achieving affirmative action objectives as a key consideration of the manager's or supervisor's performance. The OBD's Policy Statement on affirmative action is:

> ***"The Oregon Board of Dentistry affirms and supports the Governor's Affirmative Action Plan and is dedicated to creating a work environment which will attract and retain employees who represent the broadest possible spectrum of society including women, minorities and people with disabilities."***

The OBD also ensures that all Oregonians, regardless of gender, age, race, national origin, color, ethnicity, religion, people with disabilities, sexual orientation, veterans etc., have a fair and equal chance for available job opportunities within the agency.

The OBD will also ensure that it provides an environment for all applicants and employees that is free from sexual harassment and intimidation, creating a professional workplace environment regardless of an individual's race, color, religion, gender, sexual orientation, national origin, age, or disability.

The OBD supports the spirit and letter of equal employment opportunity laws, rules and regulations, affirmative action concepts, and the right of all persons to work and advance based on merit, ability, and potential. OBD will not discriminate, nor tolerate discrimination, against any applicant or employee because of physical or mental disability in regard to any position for which the applicant for employment is qualified.

The OBD will continue to maintain zero tolerance for any action that discriminates against an individual for employment, advancement and/or training due to physical or mental disabilities, race, color, religion, gender, sexual orientation, national origin or age.

The OBD is an autonomous agency, created by an act of the legislature in 1887, but it receives Human Resource services through an interagency agreement with the Oregon Medical Board's HR staff and overall support as a client agency of the Department of Administrative Services (DAS).

The purpose of this statement is to update and maintain the previously initiated affirmative action program for the OBD in keeping with the directive of the GO, State and Federal laws and regulations, and executive orders of the President of the United States of America concerning diversity and inclusion/affirmative action discrimination/non-discrimination guidelines appropriate under the Civil Rights Acts, equal employment opportunity (EEO) policies, and the Americans with Disabilities Act by which our good faith efforts must be directed. We support the work of the OCC and GO, both inside and outside of state government.

The OBD's 2022 -2025 Strategic plan aligns with our agency's goals based on the State of Oregon's 2023-2025 Affirmative Action Plan.

While the OBD was created by state laws, we seek to ensure that the OBD builds an organization that uses the concepts of diversity, equity, and inclusion (DEI), such as problem-solving, innovation, and organizational development, to create a workplace that is stronger, better functioning, and more dynamic, and that can deliver the best possible service to the people of Oregon (see Appendix B).

2021-2023 PROGRESS REPORT

During the 2021-23 biennium, the OBD has continued to work toward meeting its affirmative action, diversity, equity, inclusion, and altruistic goals.

The worldwide Covid pandemic took center stage, and we were fortunate enough to keep up with no OBD Staff severe medical issues, deaths, quits or terminations.

The Board members turned over due to the term limits on Board members. We welcomed five new Board members during the 2021-2023 Biennium. These five were chosen by Governor Kate Brown and confirmed by the Senate.

All the basic tasks and mission of the Board to license regulate and protect the public were accomplished. The OBD fulfilled its goal of initiating and completing strategic planning.

The OBD's 2022 – 2025 Strategic Plan defines priorities in alignment with its statutory obligations and its mission - to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals. The OBD is challenged to address a rapid and accelerating rate of change. Significant shifts are occurring in oral healthcare, dentistry practice, dental therapy services, organizational structures, business models and markets. The Strategic Plan is referenced in this document for its direct alignment with this affirmative action plan for 2023 – 2025.

The OBD sees its mission as elevating the standard of oral health care in Oregon, not solely though regulation but through information, outreach, and education. Additionally, new mandates from the Legislature and the GO challenge all state agencies to address

racial disparities and social determinants of health in the healthcare environment. The OBD seeks to be an active partner with those that seek a better Oregon for everyone in ways that our small agency can make an impact.

The OBD Board Members and staff ratios have historically remained consistent in terms of the protected classes. At the time of this report, the Board is comprised of 10 Board members, of whom are: one Caucasian man, one Hispanic man, one African American man, one Middle Eastern man, two Asian women, three Caucasian women, and one Native American woman. There are currently eight OBD staff comprised of one Caucasian man, one Hispanic man, one African American man, and five Caucasian women. In the past biennium, there has been a noted shift in the classification of worker generation. In previous years, a significant portion of the staff was classified as Baby Boomers. As of June 2022, OBD staff include three Millennials, three Generation X, and two Baby Boomers, a much a wider range in the generations (See Organization Charts Appendix C).

Affirmative Action Report

Agency Affirmative Action Policy: The Board of Dentistry affirms and supports the Governor's Affirmative Action Plan and is dedicated to creating a work environment, which will attract and retain employees who represent the broadest possible spectrum of society including women, minorities and the disabled. The Board of Dentistry will not tolerate discrimination or harassment on the basis of race, color, sex, marital status, religion, national origin, age, mental or physical disability, or any reason prohibited by state or federal statute. The Board and its management further adopts and affirms the Governor's beliefs that the State has a commitment to the right of all persons to work and advance on the basis of merit, ability and potential.

The Board of Dentistry has seven positions budgeted at 8.0 FTE.

Status of 8 staff positions at July 1, 2022:

Official/Administrator	1.0 White/Male/over 40
Professional/Technical	1.0 Hispanic/Male/over 40
Administrative/Support	1.0 Multiple Ethnicities/Male/over 40
	2.0 White/Female/over 40
	3.0 White/Female/under 40

The ten members of the Board are appointed by the Governor and confirmed by the Senate to four-year terms. By statute, six members are licensed dentists, two are licensed hygienists and two are public members.
Status of 10 Board Members positions at July 1, 2022:

Board President	1.0 Hispanic/Male/over 40
Board Vice President	1.0 African American/Male/over 40
	3.0 White/Female/over 40
	2.0 Asian/Female over 40
	1.0 Native American/Female/under 40
	1.0 Middle Eastern/Male/over 40
	1.0 White/Male/over 40

In 2021, The OBD experienced one opening and added one new staffer. Two staff members transitioned to new positions which was a win- win for both the employees and the OBD. Recruitment for the new staffer was through the state's systems and processes. At the OBD we follow the state's recruitment process and do not deviate from it.

Employees are urged to cross- train whenever possible so that they may take advantage of those opportunities when they occur. The OBD's Executive Director

promotes and encourages professional development training. OBD Staff have annually attended the DEI Conference and found great value in it.

2023-2025 OBJECTIVES

We have finite resources and bandwidth to address and work meaningfully on all 10 strategies identified in the state's most recent Diversity, Equity and Inclusion Action Plan.



In the 2023-25 biennium, OBD will pursue the following strategies as the bedrock of its Affirmative Action Plan:

Strategy 1 – Engage the Racial Justice Commission and OCC:
Actions:

Attend Meetings.
Ensure all Executive Orders are being followed and implemented. Share employment opportunities with the Office of Cultural Change, Partners in Diversity, and other DEI minded organizations.

Strategy 2 – Strengthen Community Engagement

Actions:

Review current outreach processes.
Connect with professional associations, dental school, dental hygiene schools and dental therapy programs.

Educate staff and Board Members on affirmative action processes during staff and Board meetings.

The OBD's 2022 – 2025 Strategic Plan defines priorities in alignment with its statutory obligations and its mission - to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

A top priority in the strategic plan is: **Community Interaction and Equity**

- Increase ease of access to OBD services and information
- Ensure equity exists in investigation outcomes

Assign a dedicated staff member to this initiative to work with the executive director and advise Board on its efforts.

Strategy 3 - Increase Awareness of Diversity, Equity, and Inclusion among OBD Board Members and staff.

Actions:

Share and encourage participation by OBD staff in all DEI events and educational opportunities, such as the Annual DEI Conference.

Our strategies to revise and update our current processes, while encouraging the awareness of the importance of diversity, equity, and inclusion within our Board and staff, will be implemented over the next biennium with the hopes of creating an inclusive working environment so that all OBD employees and Board members can thrive.

Strategy 4 – No Tolerance for Racism, Hate and Discrimination

Actions:

Revisit and Reinforce State HR Policies.
Provide additional training for staff and Board Members.
Encourage attendance at DEI Conference.

Investigations of Licensees that are unacceptable though may not violate the DPA will be reviewed closely to work with appropriate sister agencies for referral.

Appendix A: [State of Oregon Diversity, Equity and Inclusion Action Plan, A Roadmap to Racial Equity and Belonging]



Appendix B: OBD Diversity, Equity & Inclusion Statement

OBD is committed to establishing, monitoring, and maintaining a diverse workforce, reflective of the population in the State of Oregon, where all employees are valued, treated fairly, and given opportunities to develop, thrive and feel that they truly belong. This is a commitment to an active program that provides equal opportunities for all persons regardless of race, color, religion, sex, sexual orientation, national origin, marital status, age, or disability. Every employee plays a part in our diverse workforce and inclusive work environment by being respectful and supportive, and by acting with integrity and respect to one another. Each person's skills, talents, knowledge, experiences, and personalities broaden the range of perspectives and approaches to conducting the work we do at OBD.

OBD can best promote excellence by recruiting, retaining, and accommodating a diverse group of staff in an environment of respect that is supportive of their workplace success. This climate of diversity, inclusion and excellence is critical to successfully attaining our mission of contributing leadership and resources to increase the skills, knowledge and career opportunities of Oregonians.

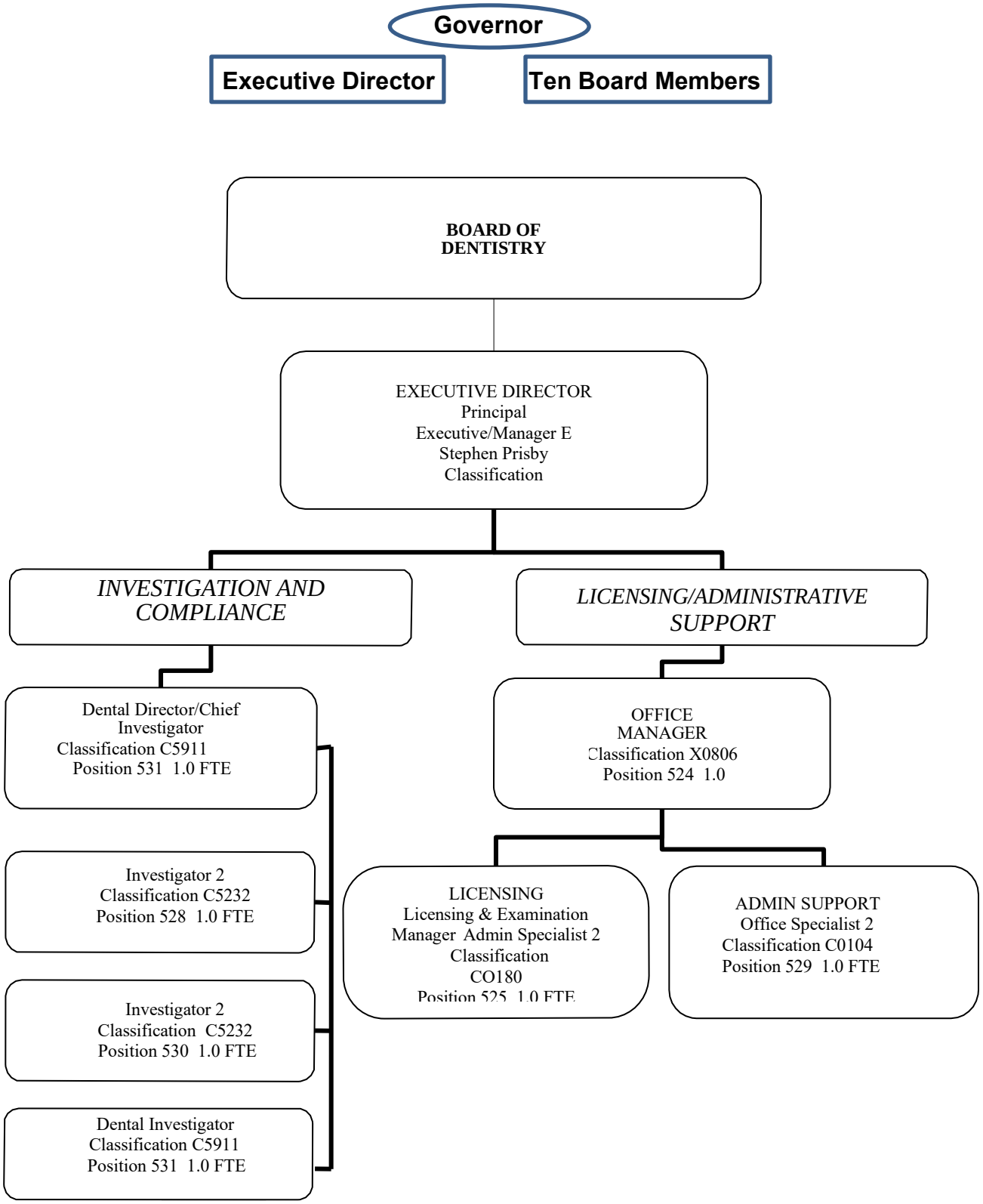
The OBD is an equal-opportunity employer that is committed to a proactive role in the recruitment and selection process. The OBD will use diverse recruitment strategies to identify and attract candidates and establish interview panels that represent protected-class groups.

The OBD is committed to providing broad and culturally enriched training, career growth and developmental opportunities to all employees on an equal basis, enabling them to further advance and promote their knowledge, skills, and abilities and their value of diversity

The Affirmative Action Policy and Diversity & Inclusion Statement will appear on OBD's webpage. Additionally, OBD's plan will be provided to all new employees, posted in the employees' common area, and linked in OBD's quarterly newsletter. All OBD employees, with a higher emphasis of responsibility placed on management employees, are responsible for the implementation of the Affirmative Action Policy and Diversity & Inclusion in the workplace. Employees and Board members are expected to ensure that they are aware of the Affirmative Action Policy and Diversity & Inclusion statement and follow the policy and statement guidelines as it pertains to their work, especially during the hiring process.

An individual who has interviewed for employment, who believes they were denied employment based on any of the aforementioned discriminatory factors, may file a complaint with the Executive Director on behalf of the Board. All reported incidents will be investigated promptly, thoroughly, impartially, and discreetly. The investigator will notify the complainant in writing of the results of the investigation. Formal appeals/complaints may also be filed with the state's Affirmative Action Office; the Bureau of Labor and Industries; the Equal Employment Opportunity Commission (909 First Avenue, Ste. 400, Seattle, WA 98104-1061); or the United States Department of Labor, Office of Civil Rights.

Appendix C: 2023 - 2025 OBD Organizational Chart



Appendix D: State Policy Documents

ADA and Reasonable Accommodation Policy *(Statewide policy 50.020.10)*
Discrimination and Harassment Free Workplace *(Statewide policy 50.010.01)*
Statewide Workforce Learning and Development *(Statewide policy 10-040-01)*
References:
Duties of Administrator (*ORS 240.145*)
Rules Applicable to Management Services (*ORS 240.250*)
Recruitment and Selection (*Statewide policy 40.010.02*)
Veterans Preference in Public Employment *(ORS 408.230)*
Equal Opportunity and Affirmative Action Rule *(105.040.0001)*
Executive Order 22-11

From: VALDEZ Juliet O * DAS <Juliet.O.VALDEZ@das.oregon.gov>
Sent: Friday, March 17, 2023 7:35 AM

Subject: RE: DEI Agency Expectations Guidance

Good morning, all!

Thank you for attending the meeting on Tuesday. Please find attached the slide deck.

I'm sorry that we couldn't get the recording function to work. Here are few key takeaways from the meeting:

By June 1, 2023 – submit one of the following:
- A completed DEI/EDI/JEDI Plan or;
- A project plan to complete development of DEI/EDI/JEDI Plan.
- More details will be emailed to you on who to send your plan/project plan to; I will not be tracking or reviewing DEI plans/project plans

- DAS and the Equity and Racial Justice Office (Governor's Office) are closely partnering to offer support to DEI leaders:
  - More details to be shared, stay tuned!

- Include in your DEI/EDI/JEDI Plan, how your agency is putting racial equity at the forefront

- DAS is actively recruiting for the Director of Cultural Change position. To review the job announcement, visit https://oregon.wd5.myworkdayjobs.com/en-US/SOR_External_Career_Site/job/Director-of-Cultural-Change_REQ-121978. If you know someone interested in a position like this, share the announcement. If you have questions about the job announcement, or how to apply, please contact the Talent Acquisition Consultant Phillip Peterkin at: Phillip.c.peterkin@das.oregon.gov or by phone at 971-701-1142.

Again, thank you all for showing up, sharing your thoughts, and committing to this imperative work.
-Juliet

Juliet O. Valdez (*she, her, hers)*
Statewide Affirmative Action Manager
Department of Administrative Services | Office of Cultural Change
Cell: 971.374.3859
juliet.o.valdez@das.oregon.gov
Click here to schedule a 1:1 meeting with me

INFORMATION SESSION

DIVERSITY, EQUITY, AND INCLUSION (DEI)

DEI Leaders & Affirmative Action Representatives

March 2023

Attachment #5

MEET THE TEAM

- Strategic Initiatives and Enterprise Accountability Division | DAS
- Equity and Racial Justice Office | Office of Governor Kotek
- Office of Cultural Change| DAS

OUR APPROACH

- Lead with intention and adjust as we go
- Meet you where you are in agency DEI/EDI/JEDI journey
- Establish culture of accountability, knowledge sharing, practice and partnership

BY JUNE 1, 2023

Submit 1 (one) of the following:

A. DEI/EDI/JEDI Plan or;

B. A project plan to complete development of DEI/EDI/JEDI Plan

DEI Project Plan will address:

- Who are the key partners involved in developing your plan?
- What are the steps required to complete development of your plan?
- What are the barriers/challenges impacting the development of your plan?
- What key strategies and focus areas will your plan address?
- When will your DEI Strategic Plan be completed?

DEI/EDI/JEDI PLAN

DIVERSITY, EQUITY, INCLUSION
EQUITY, DIVERSITY, INCLUSION
JUSTICE, EQUITY, DIVERSITY, INCLUSION

Must be:

A. Meaningful, Actionable, Measurable

B. Connected, Aligned and/or Integrated with Agency Strategic Plan and Affirmative Action Plan

Key Strategy and Focus Areas:

- **Community Engagement**
- **Communications**
- **Data**
- **Decision Making and Budgets**
- Contracting and Procurement
- **Diversifying workforce and Internal Culture**
- Service Delivery

DEI PLAN – SAMPLE

Strategy/Focus Area	Challenge	Action	Timeline
Community Engagement	Communities are overburdened by engagement process	Develop a better system to track engagement with community partners	By January 2024
Communications	Communities aren't aware of programs and services available to them	Identify and invest in translation, interpretation, promotion and other access strategies	By September 2023
Data	There is inconsistent data on the communities we serve	Develop a data strategy that gathers quantitative and qualitative data and allows for aggregate and disaggregated reporting	By December 2023
Budget	Resource allocation decisions, including discretionary budget allocation, investments, contracts, grants, and sponsorships aren't informed using an equity lens	Fully incorporate Racial Equity Impact Statement process to ARB	By July 2023

Attachment #5

DEI - AFFIRMATIVE ACTION

They are complementary in function, but different in their origins and goals. While affirmative action focuses on taking positive steps to get individuals into the organization, diversity in the workplace works to change the culture within.

DEI - Internal	Affirmation Action
Diversity: Who does the work	Recruitment
Inclusion: Work culture	Retention
Equity: Employees get their needs met	Retention

DEI – External
Diversity: How are we ensuring that we're serving the diverse community?
Inclusion: How are we effectively engaging the diverse community in decision making?
Equity: How are we prioritizing investments and strategies to eliminate barriers to access and reimagining systems to address past and eliminate future harm?

THANK YOU







State of Oregon

Diversity, Equity, and Inclusion Action Plan

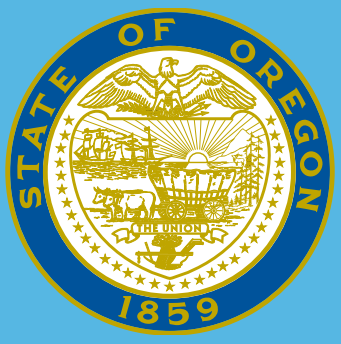
A Roadmap to Racial Equity and Belonging











LAND RECOGNITION

We would like to acknowledge the many tribes and bands who call Oregon their ancestral territory, including: Burns Paiute, Confederated Tribes of Coos, Lower Umpqua and Siuslaw, Confederated Tribes of Cow Creek Lower Band of Umpqua, Confederated Tribes of Grand Ronde, Confederated Tribes of Siletz Indians, Confederated Tribes of Warm Springs, Confederated Tribes of Umatilla Indian Reservation, Coquille Tribe, and Klamath Tribes; and honor the ongoing relationship between the land, plants, animals, and people indigenous to this place we now call Oregon. We recognize the continued sovereignty of the nine federally recognized tribes who have ties to this place and thank them for continuing to teach us how we might all be here together.

Reflect on the intention and purpose of the use of land recognition or acknowledgements within your agency.

Legislative Commission on Indian Services, Oregon Department of Transportation, and partners are working to provide further guidance on land acknowledgement. For additional information, visit OSU Land Acknowledgement *and* OSU DEI Land Acknowledgement.

A Message From Governor Kate Brown



To all state employees,

Thank you for your tireless commitment and dedicated service. I am proud of how we are responding to these challenging times when Oregonians are relying on us.

Every state employee has a higher calling to public service, and now is the exact time to reevaluate and reexamine how to serve everyone in the state to the very best of our abilities.

Over the past year, our most vital needs – health, safety, education, housing, and economic security – have been challenged to the core. Because of systemic racism, racial disparities impact every part of our culture and economy, and the effects of our current struggles are more severe for communities of color and Tribal communities. As Oregon continues to recover from the historic year of a global pandemic, worst-in-a-century wildfires, unprecedented ice storms, and racial reckoning across our nation, we must put racial equity at the forefront of all of our recovery efforts and strategies. Racism is insidious, and racist policies and practices have undergirded the nature of our economy. Getting at these deep roots requires specific attention to ensure we are being proactive to embed anti-racism in all that we do and to minimize the negative, disproportionate outcomes experienced by communities of color.

There is a wide spectrum of understanding about what anti-racism really is. We, as state employees, must do the work of unlearning our internal bias and actively changing the way institutions work. That means acknowledging the history, the root cause, learning, growing, and making a concerted effort to upset and uproot racism wherever it exists.

As state employees, counteracting racial injustice is our job. The fight for racial justice is a collective effort that will take more work than what we say or put on display. So, let's continue to focus on concrete actions.

Oregon is evolving, out of necessity and out of hope. Our policies and practices are changing as we do more listening and decision-making with communities who have been most harmed.

There is much more that has happened, and much more coming up. We will continue to take meaningful steps to incorporate anti-racism into state government structures, policies, budget processes, and workforce recruitment and development.

You are a critical part of how anti-racism work will come to life in state government. Your skills and expertise are needed in the conversation in order to effectively change the status quo. This is your invitation to consider new approaches to the decisions and tasks for which you are responsible. This plan seeks to provide you with the racial equity roadmap and diversity, equity, and inclusion strategies to incorporate across all aspects of state government. Take a breath and reflect on what actions you can take to advance equity and racial justice to benefit the whole state. You are not alone in this effort — we are doing this together.

I value your perspectives very much and I know we can all do more to create the circumstances for racial justice as part of a safer, stronger, and more equitable Oregon.

Sincerely,



Governor Kate Brown

ACKNOWLEDGEMENTS

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And a special thank you to many state agency partners and community leaders who have made this action plan possible to advance diversity, equity and inclusion in Oregon.

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Introduction

Changing Demographics in Oregon

Over the past decade, Oregon has become increasingly diverse. In fact, one in three children under the age of 18 is a person of color.[1] The 2019 Census estimates found that people of color make up just 10% of Oregonians 65 or older. But they are 37% of those under the age of 15. Oregon's largest population of color is the 13.3% of people who describe themselves as Latino/a/x or Hispanic. When compared to the state's total population, Oregon's Native American population is ranked as 10th in the U.S. and tops the national average.[2] Oregon's Asian and Pacific Islander population is the fastest growing population and has grown significantly from 2.4% in 1990 to 7% in the 2019 Census estimates. The Black population rose from 1.6% in 1990 to 3% in the 2019 Census estimates. Oregon is also diverse in terms of gender, sexual orientation, and disability status.[3]

Population Growth by race and ethnicty, Oregon

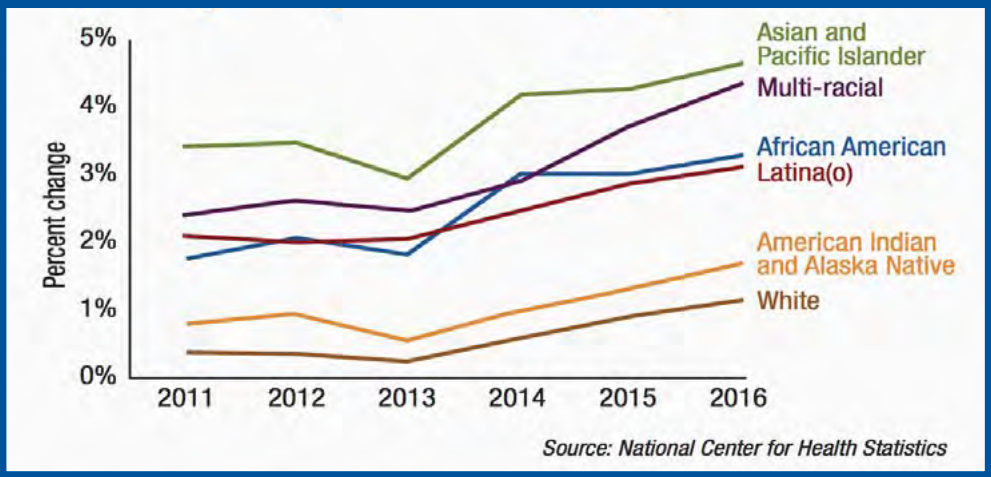


Figure 1: Oregon's State Health Assessment | Oregon's Population, OHA, 2020

1 https://www.oregon.gov/oha/PH/ABOUT/Documents/sha/sha-oregons-population.pdf
2 https://worldpopulationreview.com/states/oregon-population
3 https://www.oregon.gov/oha/PH/ABOUT/Documents/sha/sha-oregons-population.pdf

Attachment #5



Population Percentages by Race/Ethnicity 2000-2019

HISPANIC OR LATINO AND RACE[4]	2000 Census	2010 Census	2019 ACS* Estimate
Hispanic or Latino (of any race)	8.0%	11.7%	13.4%
Not Hispanic or Latino	92.0%	88.3%	86.6%
White alone	83.5%	78.5%	74.9%
Black or African American alone	1.6%	1.7%	1.8%
American Indian and Alaska Native alone	1.2%	1.1%	1.0%
Asian alone	2.9%	3.6%	4.5%
Native Hawaiian and Other Pacific Islander alone	0.2%	0.3%	0.3%
Some other race alone	0.1%	0.1%	0.1%
Two or more races	2.4%	2.9%	3.9%

*American Community Survey[5]

4 The Governor's Office acknowledges that the lack of identification for Arab/Middle Eastern/North African people in the Census requires conversation.

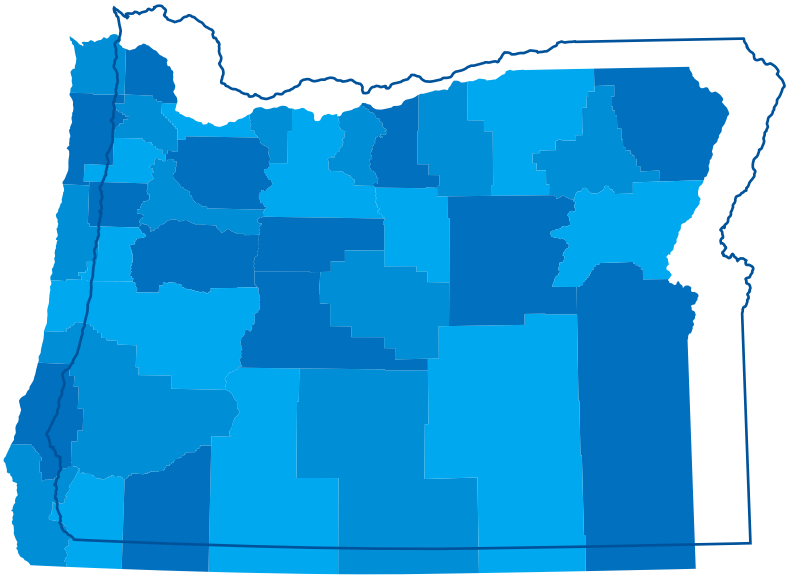
5 Data Analysis by Portland State University Population Research Center. Source: *U.S. Census Bureau, 2000 and 2010 Censuses, 2019 American Community Survey one-year estimates, Table DP05.*

For far too long, the longstanding systemic barriers built into government systems have left communities of color behind in accessing the programs and services that would offset the effects of history. Disparities in health, economics, education, and the criminal justice system are stark amongst communities of color compared to their white counterparts. Racial inequities exist across all community indicators of success. These inequities have been generated by bias and discrimination embedded in policies and practices, which have, and continue to unfairly criminalize people of color and block them from accessing opportunities.

Across the U.S., there is an uneven focus between rural communities versus more urban areas. Narratives vary and the reality is of course more complex than any single narrative. Some believe that major city centers drain resources from other parts of the state, or that rural parts of the country represent the "real" or "true" identity of the U.S. Some say that urban areas are thriving and rural areas are not, and that people in each place have completely opposing views of the world. Each of these narratives not only furthers a rural-urban divide, but also has real and immediate consequences by obscuring possibilities that exist in policy and solutions that we can address in state government.[6]

Crucially, there is a racial subtext to these narratives, one that perpetuates stereotypes and misunderstandings about race, class, education, culture, and more. For example, as part of this narrative, there is a notion that rural only means white, when in fact, there are rural counties with highly diverse populations such as Malheur, Morrow, Umatilla, and others. While there are very real differences when it comes to demographics, economics, access to services, and other parts of life throughout Oregon, we are one state. Our shared prosperity is determined by how well every community and every resident does. Dividing our state in a stark binary of rural versus urban precludes us from recognizing policy solutions that could benefit all of us, including rural Oregonians of color. It leaves affected people out of the conversation and lessens the depths of their experiences being acknowledged or accounted for. This can further racial tensions by perpetuating myths and stereotypes.

As Oregon's demographics shift over time, governmental policies and practices have both a historic and current role in alleviating racial and other inequities. Examples of racist policies can be obvious (explicit) or less obvious (implicit) yet just as intentional and harmful, and we need to be aware and vigilant in order to adjust for both:



6 https://www.brookings.edu/blog/the-avenue/2020/12/08/the-rural-urban-divide-furthers-myths-about-race-and-poverty-concealing-effective-policy-solutions/

Explicit Example: Internment of Japanese Americans during World War II

The U.S. government issued executive order 9066 which established Japanese internment camps and incarcerated people of Japanese descent in isolated camps from 1942 to 1945. The policy came about as a reaction to the bombing of Pearl Harbor and continued during World War II. Japanese Americans from Oregon were forced to give up everything and relocate to three internment camps in bordering states including Minidoka Camp in Idaho, Tule Lake Relocation Center in California, and Heart Mountain Facility in Wyoming.[7] Since then, the Japanese internment camps have been recognized as a morally reprehensible and violent abuse of American civil rights. During this period, Oregon played an active role in rounding up Japanese descendants, forcibly relocating them to detention camps, and creating a curfew law imposed on Japanese Americans. The law was found to be unconstitutional under Minori Yasui VS. United States 320 U.S. 115 (1943.)



Implicit Example: Measure 11 Mandatory Sentencing

Here in Oregon, voters passed Measure 11 in 1994 and reaffirmed it in 2000. Measure 11 is a suite of voter-approved mandatory-minimum sentences for crimes like robbery, rape, murder, and assault without possibilities of reduction for good behavior. It is responsible for more than half of the people who are in prison in Oregon. According to a 2011 report by the Campaign for Youth Justice (CFYJ), "Measure 11 has had significant costs for all Oregonians, but it has different impacts on communities of color."[8] For example, Black youth are three times as likely as white youth to face a Measure 11 indictment, with Latino and Native American youth also disproportionately affected. More broadly, disproportionate policing of communities of color causes disproportionate rates of people of color to be convicted under Measure 11.

Sometimes well-intended policies, when put into practice, result in severe impacts against people who are thought of as different because of their race, sex, gender identity, nationality, disability, or other parts of their identity. It is well known that in our schools, youth of color are disciplined more often and with more extreme "zero tolerance" consequences than white students. However, disability is also a major factor in discipline rates. While suspension and expulsion rates for students with disabilities have dropped over the years, students with disabilities are still two times more likely to be suspended or expelled than their classmates.[9]

Government and policymakers have played a key role in perpetuating racial disparities, and so government and policy must be part of the solution — immediately. Advancing racial equity is a high priority that needs to be fully embedded into Oregon's very governing structures so that the institutions cannot operate without it. It is the responsibility of the whole state government to examine innovative measures to create a more equitable Oregon for all.

7 https://sos.oregon.gov/archives/exhibits/ww2/Pages/threats-paradise.aspx
8 https://www.njjn.org/uploads/digital-library/Misguided_Measures_July_2011.pdf
9 https://www.disabilityscoop.com/2018/02/28/report-disciplined-twice/24783

Racial Equity at the Forefront

The United States has a long legacy of racial prejudice and animus; Oregon shares that reality. Oregon was granted statehood, making it the nation's 33rd state, on February 14, 1859. And while an opposition to slavery was written in our state's constitution, it was also written that:

> *"No free negro or mulatto, not residing in this State at the time of the adoption of this constitution, shall ever come, reside, or be within this State, or hold any real estate, or make any contract, or maintain any suit therein; and the Legislative Assembly shall provide by penal laws for the removal by public officers of all such free negroes and mulattoes, and for their effectual exclusion from the State, and for the punishment of persons who shall bring them into the State, or employ or harbor them therein."*

Oregon Constitution Section 35 of Article I, 1857

Oregon was the only "free" state admitted to the Union with a Black exclusion law within its constitution. That means Oregon was never a "free state" based on a rejection of slavery. Oregon was a "free state" that wanted to prevent Black people from living in the state at all. There's a big difference. While the clause was repealed in 1926, it set the tone for how non-white Oregonians were and are treated, under the law, in policy making, and within social constraints. This is what systemic racism looks like. The past cannot be rewritten, but we can and must do the work to create systemic changes for the future.

In addition to race, other areas of identity-based inequities, such as class and gender, are inextricably linked. While intrinsically interrelated, both research and lived experiences show that racial inequity persists beyond socio-economic factors.[10] This plan focuses on race, not to deemphasize these connections, but as a starting point that needs urgent care and attention. Silence and inaction create the circumstances for bigotry and hatred to gain ground. Our state cannot thrive without addressing past harm and this pressing issue.

As Oregon changes demographically, state agencies must formulate new approaches to ensure all residents can live and thrive in our state, across their identities. We intentionally place racial equity at the forefront in this plan to counterbalance racist policies and practices that should be dismantled. That's why this plan:

- Urgently addresses the most persistent disparities while shifting to a more permanent framework to benefit all Oregonians.
- Recognizes that there are other types of marginalization by gender, sexuality, age, disability status, immigration status, among other identities.
- Emphasizes that targeted strategies are necessary to eliminate racial disparities and other identity-based disparities.
- Centers racial equity that distinguishes between individual, interpersonal, institutional, and structural racism.
- Focuses on the institutional level where racism occurs. It is critical to address all areas of marginalization, while creating an institutional approach across the board.
- Acknowledges the history and current realities of inequities and how a DEI action plan can be applied to address other types of disparities that exist.

10 https://www.opportunityagenda.org/explore/resources-publications/lessons-talking-about-race-racism-and-racial-justice

Attachment #5

This DEI Action Plan defines our historically and currently underserved and under-resourced communities, including Oregonians who identify as:

- Native American, members of Oregon's nine federally recognized tribes, American Indian, Alaska Natives
- Black, African, African American
- Latina, Latino, Latinx, Hispanic
- Asian
- Pacific Islander (including Compact of Free Association Citizens)
- Immigrants, Refugees, Asylum-Seekers, Deferred Status Holders, Temporary Protected Status
- Undocumented, Deferred Action for Childhood Arrivals (DACA), "Dreamers," Non-Immigrant Visa Holders
- Linguistically diverse, English language learners (ELL)
- Economically Disadvantaged
- People with disabilities
- LGBTQIA2S+
- Farmworkers, Migrant Seasonal Workers

We recognize that individuals often identify with multiple communities and are impacted by compounding systems of oppression, also known as intersectionality.[11] Identity and experience impacts racial, health, and economic equity and should be considered in applying Oregon's DEI Action Plan to help us center racial equity.

Targeted Universalism

Scholars and practitioners have been employing the phrase, "targeted universalism," to successfully break through the binary of universal responses versus targeted solutions in these attempts to remedy the effects of inequity. Universal responses and statements are a way of signaling the desire for a diverse and equitable society, but can strike people, especially people who have been oppressed for generations, as being too grand and ambitious without any direct way of helping those who are still being harmed. Targeted policies are more direct and localized, but they often seek to meet the needs of a particular group, so can be viewed from a zero-sum perspective, causing hostility and resentment. This plan, however, recommends applying the concept of "targeted universalism," by "setting *universal goals* pursued by *targeted processes* to achieve those goals." Specific solutions of all scales are built into a goal-oriented framework to equitably benefit all groups concerned.[12]



11 Crenshaw, K. Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics, University of Chicago Legal Forum, Volume 1989, Issue I.

12 https://belonging.berkeley.edu/targeteduniversalism

Four Levels of Racism

To understand and operationalize the DEI Action Plan in state government, it is critical to develop a shared understanding and language of the different levels of racism rooted in our society. Many of us have been socialized to believe that we should not talk about race or acknowledge it, favoring a "color-blind" society instead. However, that is not the reality we live in and ignoring race and its effects inherently erases or invisibilizes people's experiences and identities. As noted throughout this plan, our society is unfortunately structured by race. Our path towards healing and reconciliation requires that we talk about it. The added discomfort and anxiety individuals experience around discussing issues of race lies in the assumption that we are referring to individual or interpersonal racism, which can make people feel like they are being personally blamed. That is not the intention of this work. This is a systems-level issue which requires systems-level redress, and we all have a role in advancing this work.

To usher in change, we must acknowledge the deeper levels of institutional and structural racism that exist within the government system and move beyond the distress and anxiety of talking about race and progress toward productive discourse which will lead us to a racially just and equitable Oregon.

As public servants of Oregon state government, we have the moral obligation to dismantle institutional and structural racism. Though incredibly important to each of us and to the society we live in, the individual and interpersonal components of racism are not the focus of this plan. Instead, this plan focuses on institutional and structural racism that we can work on together.

What these terms mean:[13]

Individual Racism: This type of racism, often unknowingly, rests within individuals and comprises our private beliefs and biases about race and racism. Such ideas are influenced and shaped by the larger culture that surrounds us all and can take many different forms including: prejudice towards others of a different race; internalized racism — the negative beliefs about oneself by people of color; or internalized privilege — beliefs about superiority or entitlement, often by white people, but can occur in any community.

Interpersonal Racism: This is the form of racism that people most often think of – a set of intentionally harmful, extremist actions, and behaviors executed by specific persons against other individual people. This is the bias that occurs when individuals interact with others and their personal racial beliefs, myths, stereotypes, and assumptions affect their public interactions.

Institutional Racism: As the name suggests, this form of racism occurs within institutions and reinforces systems of power. It is often more difficult to name or witness because it is more deeply embedded in practices and policies, often presenting as a norm. Institutional racism refers to the discriminatory policies and practices of particular institutions (government, schools, workplaces, etc.) that routinely cause racially inequitable outcomes for people of color and advantages for white people. Individuals within institutions take on the power of the institution when they reinforce racial inequities. Further, institutional racism causes severe racial trauma with mental and emotional impacts that often escape those who are not experiencing this trauma.

Structural Racism: Distinct but related to institutional racism, structural racism refers to how racial biases among institutions work together — intentionally or not — to disenfranchise people of color and create unequal outcomes. This involves the cumulative and compounding effects of an array of societal factors, including the history, culture, ideology, and interactions of institutions and policies that systematically privilege white people and disadvantage people of color. The effects of structural racism are hard to pinpoint because they are cumulative, subtle, and pervasive.

13 Adopted from Race Forward Model: https://www.raceforward.org/sites/default/files/Race%20Reporting%20Guide%20by%20Race%20Forward_V1.1.pdf

State of Oregon's Definitions for Racial Equity, Diversity, Equity, and Inclusion

Racial Equity means closing the gaps so that race can no longer predict any person's success, which simultaneously improves outcomes for all. To achieve racial equity, we must transform our institutions and structures to create systems that provide the infrastructure for communities to thrive equally. This commitment requires a paradigm shift on our path to recovery through the intentional integration of racial equity in every decision.[14]

Diversity means honoring and including people of different backgrounds, identities, and experiences collectively and as individuals. It emphasizes the need for sharing power and increasing representation of communities that are systemically underrepresented and under-resourced. These differences are strengths that maximize the state's competitive advantage through innovation, effectiveness, and adaptability.

Equity acknowledges that not all people, or all communities, are starting from the same place due to historic and current systems of oppression. Equity is the effort to provide different levels of support based on an individual's or group's needs in order to achieve fairness in outcomes. Equity actionably empowers communities most impacted by systemic oppression and requires the redistribution of resources, power, and opportunity to those communities.

Inclusion is a state of belonging when persons of different backgrounds, experiences, and identities are valued, integrated, and welcomed equitably as decision-makers, collaborators, and colleagues. Ultimately, inclusion is the environment that organizations create to allow these differences to thrive.



14 https://www.raceforward.org/about/what-is-racial-equity

Racial Equity Vision

Within this context of historical harms, changing demographics, intersectional identities, and more; our vision for the next five years and beyond is to:

- **Dismantle** institutional and structural racism in Oregon state government, and by doing so, have resounding impacts on the communities of our great state.
- **Build** a more equitable Oregon where everyone has the opportunity to thrive and everyone's voice is heard.
- **Ensure** an inclusive and welcoming Oregon for all by celebrating our collective diversity of race, ethnicity, culture, color, disability, gender, gender identity, marital status, national origin, age, religion, sex, sexual orientation, socio-economic status, veteran status, and immigration status.



Racial Equity Values

- **Putting racial equity at the forefront while understanding intersectionality.** We must be bold and put racial equity at the forefront as a primary and pervasive location of oppression that connects with and worsens other identity-based inequities.
- **Prioritize equity, anti-racism, and racial justice actions.** Commitment to prioritizing equity and eliminating racial disparities involves taking action in our policies, budgets, decision-making, and daily work.
- **Foster internal and external partnerships.** Across the state enterprise and other institutions, community-based organizations are crucial to achieving racial equity. True partnership means shared power, listening, resolving tensions by creating solutions together, and scaling up what already works well.
- **Ensure collective responsibility and accountability.** As public servants, we have a collective responsibility at every level of government to proactively reduce racial disparities and barriers. We must establish measurements of success so that we can ensure improvements are real and ongoing.

Racial Equity Goals

1. **Establish** strong leadership to eradicate racial and other forms of disparities in all aspects of state government.
2. **Center** equity in budgeting, planning, procurement, and policymaking.
3. **Strengthen** public involvement through transformational community engagement, access to information, and decision-making opportunities.
4. **Improve** equitable access to services, programs, and resources including education, health, housing, human services, environmental justice, criminal justice, and economic opportunities.
5. **Foster** an inclusive workplace culture and promote equitable hiring, retention, and promotion practices.





DEI Action Plan Objectives

Oregon is one of the first states in the United States to create a statewide DEI Action Plan to explicitly work on dismantling institutional and structural racism in state government.

The Governor and agency leadership across state government have pledged their commitment to prioritize equity in their work. In 2020, the Governor's Office of Diversity, Equity, and Inclusion (DEI) along with the Office of Cultural Change were charged to build a bold but executable DEI Action Plan with state agency partners. The plan is designed to guide the still early efforts of the state enterprise to dismantle racism and establish a shared understanding.

The objectives of the DEI Action Plan are as follows:[15]

- **Normalize** the concepts of racial justice in the state government enterprise – acknowledge history, prioritize and make urgent efforts to put racial equity at the forefront.
- **Organize** efforts and build organizational capacity across departments for connected, cohesive, and amplified impacts. Foster both internal and external partnerships.
- **Operationalize** and embed racial equity into every part of state government putting DEI strategies into practice.
- **Guide** and direct enterprise-level operationalizing of racial equity and DEI work.
- **Inspire** expansion of equity by sharing and collaborating to build on what is already happening.

Agency leaders across the state are already advancing diversity, equity, and inclusion initiatives. However, currently there is no cohesive strategy to bring together the fragmented efforts across state government. The DEI Action plan does not prescribe racial equity outcomes of each agency as it will vary between programs, services, infrastructure, planning. Rather, the DEI Action Plan is intended to complement agencies' existing equity initiatives and provide guidance to agencies just embarking on the journey, threading the collective equity initiatives across the state.

15 Modified from Government Alliance on Race & Equity (GARE) Theory of Change for the Jurisdiction: https://www.racialequityalliance.org/wp-content/uploads/2016/11/GARE-Racial-Equity-Action-Plans.pdf

Attachment #5

Roadmap: The Path to Implementing the Diversity, Equity, and Inclusion Action Plan

Racial Equity Goals

Establish
Establish strong leadership to eradicate racial and other forms of disparities in all aspects of state government.

Center
Center equity in budgeting, planning, procurement, and policymaking.

Strengthen
Strengthen public involvement through transformational community engagement, access to information, and decision-making opportunities.

Improve
Improve equitable access to services, programs, and resources including education, health, housing, human services, environmental justice, criminal justice, and economic opportunities.

Foster
Foster an inclusive workplace culture and promote equitable hiring, retention, and promotion practices.

DEI Action Plan Objectives

Normalize
Normalize the concepts of racial justice in the state government enterprise – acknowledge history, utilize a racial equity roadmap, familiarize by using concepts and tools that will support efforts to put racial equity at the forefront.

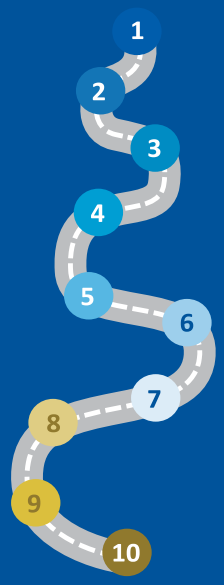
Organize
Organize efforts and build organizational capacity across departments for connected, cohesive, and amplified impacts. Foster both internal and external partnerships.

Operationalize
Operationalize and embed racial equity into every part of state government.

Guide
Guide and direct enterprise-level operationalizing of racial equity and DEI work.

Inspire
Inspire expansion of equity by sharing and collaborating to build on what is already happening.

Ten Strategies



1. Develop Agency-specific Racial Equity Plans
2. Build State Diversity, Equity, and Inclusion Infrastructure
3. Foster Inclusive Communications
4. Strengthen Community Engagement
5. Utilize Disaggregated Data as a Lever for Change
6. Create Equitable Budget & Inclusive Budget Process; Invest in Target Communities
7. Advance Contract Equity and Improve State Procurement Processes
8. Build a More Diverse Workforce and Create an Inclusive Workplace
9. No Tolerance for Racism, Hate, and Discrimination
10. Operate with Urgency, Transparency, and Accountability



Process and Approach:

State agencies will work collectively in ways that regularly include these process steps:[16]

1. **Know:** Identify systemic and institutional barriers that hinder progress toward a more diverse and inclusive workforce.
2. **Engage:** Work within the agency, across the enterprise when applicable, and with communities to create meaningful, intentional, and inclusive processes for change to result.
3. **Act:** Develop and implement solutions to address barriers to improve policy, performance, and service delivery to all Oregonians.
4. **Reflect:** Share, connect, and collaborate to expand and scale up efforts.

Putting equity values into practice requires changing the way state government operates. In 2020, Governor Brown established the Office of Cultural Change within the Department of Administrative Services to guide state agencies and lead enterprise-wide efforts to achieve racial equity and put the DEI Action Plan into practice. The Office of Cultural Change is designed to centralize and standardize equity practices enterprise-wide. This will help break down barriers to understanding each other's work and create an inclusive working environment so all state employees can thrive and feel they truly belong.

Also in 2020, Governor Brown established the Racial Justice Council, with a charge to change how we as state government listen to, engage with, respond to, and support Black, Indigenous, Asian, Pacific Islander, Latino/a/x, Native American, and Tribal members in Oregon. The Racial Justice Council aims to use policy and budget to dismantle the structures of racism that have created grave disparities in virtually all of our social systems and structures, including: criminal justice, police accountability, housing and homelessness, human services, economic opportunity, health equity, environmental equity and education recovery.

With a commitment to racial justice, Governor Brown in early 2021 renamed the Office of Diversity, Equity, and Inclusion to the Office of Equity and Racial Justice.

16 Modified from: https://www.nationalequityproject.org/framework/leading-for-equity-framework

Attachment #5



Diversity, Equity, and Inclusion Action Plan

There is no one-size fits all approach across our state agencies, nor can we anticipate a linear process. The 10 strategy DEI Action Plan is provided to guide agencies through a journey for operationalizing their DEI initiatives. Some agencies have already implemented new strategies that are showing positive results, while others are just beginning to consider how they might initiate diversity, equity, and inclusion in their work. It makes sense that given different resources, histories, and compositions, each agency will be in a different phase. We will learn from those who have already explored initiatives, so inspiration and examples are offered later in this document. Keep in mind, some agencies may make hires before a plan is developed, and others may take on strategies concurrently. No matter where an agency is on the path, the goals below are designed to ground, jumpstart, and connect our work collectively.

Operationalizing the DEI Action Plan is a collaborative effort. Champions exist at both the enterprise and agency level and are required to work collectively toward advancing the strategies outlined below.

- **Enterprise Champions** - Provide the framework, context, and environment, and help to centralize the collective effort while holding agencies and agency champions accountable.
- **Agency Champions** - Agency directors and their executive leadership teams move agency racial equity plans, set goals and timelines, appoint necessary staff (given the reality that different agencies have different levels of resourcing to do this work), and are accountable to the enterprise level.

Strategy 1 – Agency-Specific Racial Equity Plans

Each agency is responsible for developing an agency-specific racial equity plan incorporating all the strategies of the DEI Action Plan in order to set goals and initial timelines. The process used to develop the plan often informs how successful its implementation will be, based on staff and community input and buy-in.

Actions:

- Affirm organizational commitment to racial equity, diversity, equity, and inclusion.
- Identify champions and early advocates within the agency who can help lead the planning.
- Assemble a team to lead the process, write, and distill, while we plan to engage with staff and communities served (also refer to Strategy 4, Community Engagement).
- Set a realistic timeline for completing the plan, creating milestones for meeting set outcome goals.
- Examine and apply the State of Oregon DEI Action Plan 10 strategies to the planning process.
- Create organizational-wide and data-informed 3- to 5-year racial equity plans and share with the Office of Cultural Change.

Strategy 2 – State Diversity, Equity, and Inclusion Infrastructure

State diversity, equity, and inclusion infrastructure is critical to the success of the implementation of DEI initiatives within the agency. The actions below can happen before, during, or after creating the racial equity plans in Strategy 1 depending on the agency's needs.

Actions:

- Dedicate staff capacity and resources to operationalize DEI initiatives to support the agency and manage these necessary tasks including but not limited to:
  - ☐ Create agency-wide racial equity plans.
  - ☐ Conduct baseline data analysis on existing data and agency assessment.
  - ☐ Create equity outcomes and goals.
  - ☐ Innovate service and program delivery to reduce disparities.
  - ☐ Evaluate and measure success.
  - ☐ Provide internal support, technical assistance, and training.
  - ☐ Provide strategic advice.
- Include and empower racial equity and DEI staff as part of the agency executive/leadership team to advise and influence budget, policies, and decisions.
- Build DEI organizational capacity (e.g. data, community engagement staff, agency DEI committees, affinity groups, employee resource groups).

Strategy 3 – Inclusive Communications

For maximum transparency and accountability, communicating our work needs to happen during major shifts and occurrences, and on a day-to-day basis. As we work towards equity, we will need to share the progress of our work in compelling, clear, accessible, and transparent ways.

Collaborative and coordinated messaging efforts are needed to create public narrative shifts around race, diversity, and equity. To bring people into the bigger vision, it can be helpful to paint a picture of the future that people can perceive themselves in. It is also worth thinking about how to diverge from what has been the dominant narrative, and how communications can reach people who have not been provided information sufficiently in the past.

Actions:

- Language access and literacy: Ensure multilingual Oregonians with limited English proficiency (LEP) and English language learners have access to translated material in appropriate languages. Translate important information and guidance in a timely way. Information should be communicated clearly, in ways that are culturally and linguistically responsive to the intended community.
- Shift focus from written to spoken word and other ways of sharing information: Language access also means not always relying on the written word to convey meaning, so consider video and audio recordings for communities who cannot read or write.
- Accessibility: Ensure people with disabilities have access to information in appropriate formats (e.g. closed captioning, sign language interpretation, and/or other accommodations) that at a minimum comply with the Americans with Disabilities Act (ADA).
- Message in appropriate medium: Deliver information via culturally specific media outlets and culturally and linguistically responsive formats to reach all communities, including social media, video, and radio.
- Trusted messengers: Communicate with communities through trusted local stakeholders, community-based organizations, and leaders.
- Trauma-informed communications: Recognize traumas people experience due to marginalization, inequity, violence, PTSD, and other structural factors. Avoid language and messages that exacerbate these inequities.
- Involve communities in the development of communications: Collaborate with community members to develop messages and communications products that resonate with and are accessible to intended communities.
- Align messaging with other agencies for mutually reinforcing vision and language about successes to set up the kind of repetition that is needed for people to feel the change happening and spread the word.
- Connect the dots: Most people think of racism as interpersonal rather than structural or institutional; we need to proactively illustrate how structural inequities, including structural racism, create inequitable contexts and outcomes.
- Language matters: We must be intentional in the words we use to identify, assist, and move the work.

Strategy 4 – Community Engagement

Oregonians are engaged when they are meaningfully included in discussions, decision-making, and implementation of the parts of government that affect their lives. In essence, community engagement means sharing power by proactively working with community stakeholders and building meaningful partnerships to inform decision-making. To some, community engagement feels like too slow of a process to be able to meet expectations in agency-level work. However, with this plan agency directors can set their own timeline to ensure that community engagement is a high priority. Community engagement ensures that their plans are relevant, needed, and build on existing solutions, ideas, and strengths that Oregon's diverse communities have to offer. Time and again, government agencies have learned that no plans or strategies can fully succeed without engaging impacted communities. There are many resources available on this topic, and here is just one comprehensive guide to which agencies can refer.

Actions:

- Strengthen proactive community engagement efforts and initiatives to foster trust and partnerships.
- Engage and center diverse community stakeholders and local leaders across the state to be an essential part of the data-informed decision-making process.
- Build on and collaborate with the trusted network of community-based organizational partners to lead in policymaking and ensure that we proactively address policy gaps.
- Ensure policymaking bodies such as boards and commissions represent the voices of communities of color, Tribal communities, and communities representing people with disabilities.
- Engage and empower community partners and communities of color to inform policy, resource allocation and budget decisions.
- Take down procurement and contracting barriers that prevent community-based organizations from collaborating with the state.
- Participate in enterprise-wide efforts to build infrastructure for statewide community engagement work.
- Collaborate across agencies internally and/or with other agencies to make state government community engagement processes more efficient and less of a burden on underserved communities.



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Strategy 5 – Disaggregated Data as a Lever for Change

As we leverage qualitative and quantitative data, both drive questions and strengthen our efforts to take action. The role of data is to help identify needs and optimal conditions for access to services and opportunities for improvement.

Data is an entry point into a larger picture and set of actions. Trust building often must precede our efforts to collect, communicate, and use data. That's why it is so important to be in conversation with communities to interpret data, and not use data to interpret and define *people*, because data tells us about the systems we are working with. The system is the lever for change to create better opportunities by getting to the right interventions to create the optimal conditions for racial equity to occur.

The State of Oregon's Enterprise Information Services has created Oregon's Data Strategy, a comprehensive strategy establishing "a central vision to enable Oregon to better use, manage, and share its data to create information, knowledge, and insight."

For the actions below, we also recommend reviewing "How States Use Data to Inform Decisions."

Actions:

- Collect, analyze, and report granular data, with respect for the privacy and self-determination of Oregonians.
- Proactively engage community members in data collection and provide opportunities for feedback on new data initiatives.
- Recognize that administrative data are currently lacking in representation and visibility for all Oregonians and work to identify these limitations.
- Influence policy change to solve complex problems and improve service delivery.
- Apply policy to data use so that data collection and interpretation are done in trustworthy, effective, and inclusive ways.
- Use data to invite communities who may have different needs and priorities yet may be experiencing similar issues and/or strengths.
- Efficiently apply resources based on where data shows they are most needed and effective.
- Use administrative data to prepare annual reports to transparently show how funds are spent and their impact.[17]
- Use data to show compliance with performance measures set by the federal government, state Legislature, Governor, or an agency.[18]
- Use data for culturally and linguistically responsive communications, and to target resources for the most impacted communities across the state.
- Tap into different sources of data, including community narratives (meaning qualitative data), to provide context to quantitative data.

17 https://www.pewtrusts.org/en/research-and-analysis/reports/2018/02/how-states-use-data-to-inform-decisions

18 https://www.pewtrusts.org/en/research-and-analysis/reports/2018/02/how-states-use-data-to-inform-decisions

Strategy 6 – Equitable Budget, Inclusive Budget Process, and Investing in Target Communities

As a state government, we must change our budget process based on the racial impact of our services and investments. It is important to acknowledge and address the racial roots of inequity that currently exist whenever making revenue, procurement, and contract decisions. Racial equity in budgeting can also be highly cost-effective if done thoughtfully and with community input.

Actions:

- Target investments to historically and currently under-resourced populations and/or organizations deeply rooted and reflective of the communities they serve to improve economic welfare in under-resourced communities. Consider representation of organizations across the state.
- Avoid creating zero-sum competitions – for example, not only is it possible to support students who are excelling and students who are not, at the same time, it is an ethical imperative to do so.[19]
- Ensure data-informed decisions and resources are dedicated to mitigating the disproportionate impacts experienced in communities.
- Engage with communities to gain public agreement about values and community priorities, not specific budget allocations.
- Tie budget allocations to implementation of the agency's DEI Action Plan.
- If spending cuts are required, structure decisions around equity so as not to reduce quality and access of services for communities who need the service, using a harm reduction approach when needed.
- Conduct regular racial equity assessments of budget decisions.
- Create and incorporate racial impact statements for agency budget processes utilizing the Racial Equity Toolkit available in appendix I.



19 https://www.gfoa.org/materials/gfr-equity-in-budgeting-2-21

Strategy 7 – Contract Equity and Improving State Procurement Processes

Our work around equity must entail the provision of economic opportunities for all Oregon businesses. State government strategies can be leveraged to address structural barriers of small business development in both the utilization and availability firms[20]. Strategy 7 encourages agencies to apply equitable contracting and purchasing practices to promote recovery and community economic development for minority-owned, women-owned, service-disabled veteran-owned, and emerging small businesses.

Actions:

- Embed equity lens in the entirety of a project life cycle: from concept, planning, project development, procurement, administering, to closeout of the project.
- Increase proactive outreach to minority-owned, women-owned, service-disabled veteran-owned, and emerging small business to build better business relationships and engagement.
- Forecast and communicate upcoming contracting opportunities including expiring contracts which will be re-purchased to anticipated new projects.
- Provide easily accessible information to current and forecasted contract opportunities.
- Support MWESBs to become better equipped to contract and do business with the state through trainings and technical assistance.
- Host pre-bid events.
- Initiate mentor-protégé programs to support business owners and build capacity of sub-contractors and MWESBs.
- Implement prompt payment – including state to primes, primes to subcontracts, and primes to suppliers.
- Create contract compliance monitoring systems and accountability measures.
- Conduct regular disparity studies to understand utilization and availability of firms and to remedy any inequities.
- Advance contract equity through piloting other innovative and inclusive contract equity practices.



20 https://racialequityalliance.org/wp-content/uploads/2015/12/GARE-Contract_For_Equity.pdf

Strategy 8 – Diversifying the Workforce and Creating an Inclusive Workplace

People of color play a significant role in Oregon's history and culture. Unfortunately, people of color in our state's workforce face higher unemployment rates and lower wages than non-Hispanic white workers.[21] Overall, people of color have had higher unemployment rates than white workers, with Native Americans experiencing the highest unemployment rates.[22] Because these inequities in pay and employment have been so consistent over decades, it is time to do things differently. Together, we can promote public service through intentional and purposeful recruitment, hiring, and retention of culturally and ethnically diverse staff. We must create leadership pipeline opportunities and ensure every level of the state government workforce reflects the changing population of Oregon. Simultaneously, it is critical that we ensure a safe, inclusive, accessible, and belonging working environment for all.

Actions:

- Use disaggregated data by race to track and monitor hiring processes, including recruitment, interview procedures, and hiring outcomes.
- Review and update position descriptions to include state equity vision, values, and goals and utilize gender neutral language.
- Review and update recruitment, hiring, retention, and succession planning processes and policies.
- Create an inclusive and belonging workplace culture and environment.
- Provide trainings and professional development opportunities to diversify leadership pipeline and for agency succession planning.
- Provide opportunities for mentorship and coaching.
- Develop and provide DEI trainings to align agencies to standardized and inclusive processes.
- Establish accountability measures and benchmarks.
- Promote equal employment opportunities and pay equity in the workplace.



21 https://www.qualityinfo.org/-/race-and-ethnic-diversity-in-oregon-s-workforce

22 https://www.qualityinfo.org/-/race-and-ethnic-diversity-in-oregon-s-workforce

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Strategy 9 – No Tolerance for Racism, Hate, and Discrimination

In a healthy and safe society, all people and their diverse backgrounds are celebrated. Our state agencies can ensure the safety of all Oregonians by protecting civil rights and taking active measures against harassment, discrimination, racism, xenophobia, stigmatization, violence, and hate crimes. More than tolerance, we need to move in the direction of honoring, celebrating, and learning. Until that is the norm, the role of state agencies must be to set up an institutional power to protect, care for, and serve those who have been subjected to intolerance and harmed by discrimination, racism, and hatred. This means identifying and talking about discrimination when it happens — smoothing things over or ignoring incidents when they occur will only cause more harm.

Actions:

- Establish clear, restorative, and remedial policies and practices to respond to incidents involving racism, hate, and discrimination.
- Ensure that all employees feel safe in their work environment by being accountable and addressing racism, hate, harassment, bias, and discrimination complaints.
- Create open door policies for people to feel safe to share their racism, hate, harassment, and discrimination complaints.
- Establish clear processes for sharing and reporting discrimination complaints both as an employer and a service provider, using a trauma-centered lens.
- Establish restorative approaches that build understanding and tolerance rather than setting up further division, while still prioritizing the impact on people who are being harassed and/or harmed. A restorative approach allows for:[23]
    - Inclusion of all parties
    - Encountering the other side
    - Making amends for the harm
    - Reintegration of the parties into their communities
    - Celebration of our differences



23 http://restorativejustice.org/restorative-justice/about-restorative-justice/tutorial-intro-to-restorative-justice/lesson-1-what-is-restorative-justice/#sthash.srZPQNYl.dpbs

Strategy 10 – Urgency, Transparency, and Accountability in All Operations

For state employees, there is urgency around hiring practices, budgetary processes, contracting, and procurement, just as there is an urgency in making sure employees feel safe at work. There is an urgency to center Black, Indigenous, Asian, Pacific Islander, Arab/Middle Eastern/North African, Latino/a/x, Native American, and Tribal communities at the forefront. We must approach these issues with compassion and as one state to begin lessening divides.

Simultaneously, we must put in place real accountability and transparency in our equity-driven work. Without these two things, it is all too possible to deprioritize the urgent needs based on budget cycles and limited resources. Conditions will never be perfect. And while conditions may improve in the budget and through enterprise-level efforts, we must act on what we can do right now to reduce harm and help the people we serve. Oregonians cannot wait any longer, so it is time to make hard decisions with urgency, and operate with a sense of responsibility, intentionality, and accountability to Oregonians who are experiencing inequity. Strategy 10 means raising the bar for equity to exist as real action.

Actions:

- Address immediate needs and operationalize the strategies provided in the DEI Action Plan with urgency and compassion.
- Develop, track, measure, and analyze performance and progress towards equity goals.
- Establish agency equity outcomes.
- Report to the Governor and the Office of Cultural Change.



Attachment #5

Four Examples of Current Work Happening in Oregon State Agencies

These examples are not a comprehensive list, and the Governor's Office invites agencies to communicate their work and accomplishments to be highlighted now and in the future.

1 Oregon Department of Education's Every Student Belongs Policy and Senate Bill 13 (2017): Shared History/Tribal History

At the instruction of Governor Brown, the Oregon Board of Education has enacted the Every Student Belongs rule, which prohibits hate symbols, including three of the most recognizable symbols of hate — the noose, symbols of neo-Nazi ideology, and the battle flag of the Confederacy. The temporary OAR took effect on September 18, 2020, and was made permanent on February 18, 2021. It required districts by January 1, 2021, to adopt and implement policies and procedures that prohibit the use or display of these three types of hate symbols including the noose, swastika, or confederate flag in any program or school-sponsored activity except where used in teaching curriculum that is aligned with the Oregon State Standards. This applies to both in-person and distance learning environments.

Also of note, in 2017, the Oregon Legislature enacted Senate Bill (SB) 13, now known as Tribal History/Shared History. This law directs the Oregon Department of Education (ODE) to create K-12 Native American curriculum for inclusion in all Oregon public schools and provide professional development to educators. The law also directs ODE to provide resources to each of the nine federally recognized tribes in Oregon to create individual place-based curriculum. New professional development resources have also been developed and released. This work provides a critical opportunity to fully leverage the strengths, assets, and contributions our Native American students bring to their communities. Accurate and complete curricula can now contribute to closing the persistent achievement and opportunity gaps between Native American and other students.

ODE recently completed a distributed Equity Plan that will guide internal systems change efforts in the coming months and years.

> *"Schools are places of discovery and development where young people can have positive experiences to take them into adulthood. That shouldn't be compromised or diminished out of experiencing hatred or fear for their personal safety that can rob them of their access to education. At ODE, we trust students to lead the way into an anti-racist future for us all. We are charged by our students to start the real work of repairing the damage of racial injustice, brutality, and hatred — in part, this means removing hate symbols from our schools. That means getting to the underlying roots that drive students to use hate speech and symbols. Statewide restrictions on use of hate symbols in schools are a necessary first step, but we also need positive, educational, and restorative measures to increase understanding, create spaces for dialogue, and promote intercultural and racial understanding. This is not easy or short-term work, and we look forward to providing guidance, updates, and opportunities for collaboration along the way."*
>
> Colt Gill, ODE Director

2 Oregon Public Utility Commission Advances 'Impacted Communities Work Plan'

Over the last several months the Oregon Public Utility Commission (PUC) has taken on various activities outlined in the Impacted Communities Work Plan to engage, protect, and advance benefits to vulnerable communities. These activities have focused on advancing broader societal interests in climate change mitigation, social equity, and inclusion of underrepresented communities. Key items that have been undertaken include, but are not limited to:

- Recruitment and hiring of a new position to serve as the Diversity, Equity, and Inclusion Program Director to lead collaborative efforts with both the Environmental Justice Task Force and the Legislative Committee on Indian Services.
- Ongoing investigations and deliberative actions to assist Oregonians struggling with the economic impacts of the COVID-19 pandemic. The PUC and the Commission have worked with utilities (electric, gas, water, telecommunications) and stakeholders, particularly those representing vulnerable and unrepresented communities, to take actions needed to protect customers.
- Working with stakeholders on expanding the Low-Income Roundtable's authority to consider differential energy burden and other inequities of affordability in rates. A related bill, House Bill 2475 (2021) authorizes the PUC to consider differential energy burden and other inequities of affordability in rates.
- Engaging Oregon Housing and Community Services to initiate collaborative efforts to establish a plan for a public process to address and mitigate energy burdens and other inequities of affordability and environmental justice.

Ezell Watson III, Director of Diversity, Equity, and Inclusion, PUC



Attachment #5

3 Oregon Youth Authority Takes a Systematic Approach to DEI

The Oregon Youth Authority (OYA) launched a DEI initiative to identify and eliminate racial and ethnic disparities in its system. To accomplish this, they have three high-level focus areas: (1) improving outcomes for marginalized youth, (2) diversifying the workforce, and (3) incorporating an equity lens into its infrastructure to eliminate inequities. They are addressing foundational questions like, "What in our infrastructure is creating systemic inequities?" and "What is the demographic diversity of staffing at our agency compared to the youth we serve?"

OYA is taking a systematic approach for their DEI change effort. They developed an organizational development process cycle that guides the phases of the initiative. They have done initial structural and cultural assessments, including staff and youth listening tours, which revealed both positive thoughts and experiences as well as disparities and agency culture improvement areas. As part of enhancing OYA's agency capacity they are committed to systemic change that is transformational and sustainable by developing an infrastructure that places equity at the forefront of decisions. More goals, approaches, and details are available on their website.

Dr. Andre Lockett, DEI Strategic Manager, OYA



4 Oregon Department of Transportation Builds Relationships through Engagement and Resources

The Oregon Department of Transportation (ODOT) is working to socialize equity and help people understand how racial equity is part of a larger system that includes everything from resource flows, policies, procedures, relationships, and other power dynamics. Last year, ODOT hired an Assistant Director for Social Equity and has since initiated a group of 53 social equity partners from different roles and parts of the state to talk together and receive information. They are building towards changing practices and procedures and building greater understanding of the problems to solve and how to fix them, as well as who has a say along the way.

Leadership level conversations are also happening once a month where administrators can share and ask for advice about how to keep moving. ODOT is also providing rollout tools and resources each month, as well as a social equity series in the form of an hour-long webinar about a range of topics. Topics have included guilt, shame, resilience, unconscious bias, micro-aggression, and the power of language.

> *"This work can be hard in state government because there are so many layers. It requires holding contradictions and being able to make large shifts and changes by being patient in places we might not have otherwise. It's important to recognize that it's possible to do things completely differently. We can flip the script wherever possible. Different people have different abilities to make different kinds of change happen, and all of those small changes are part of the larger picture."*

Nikotris Perkins, ODOT Assistant Director for Social Equity



Attachment #5

Racial Equity Actions in 2020 - 2021

The following list includes examples of racial equity actions (though it is not all inclusive).

- Created the *State of Oregon Equity Framework for COVID-19 Response and Recovery* to ensure that Oregon's under-resourced communities and communities of color are at the forefront of our recovery plan.
- Established the Office of Cultural Change within the Department of Administrative Services to guide state agencies and lead the enterprise-level effort to address Oregon's structural and institutional racism.
- Passed legislation in 2021 to permanently recognize Juneteenth as an official Oregon holiday.
- Diversified and strengthened the Enterprise Leadership Team, an advisory board to the Governor and Chief Operating Officer, through development of enterprise strategies that encompass all diversity, equity, and inclusion efforts in state government.
- Built state government's enterprise equity infrastructure through creation of new equity-focused positions in state agencies and resources to support and operationalize equity work.
- Instituted a Racial Justice Council (RJC) which recommended over $280 million in investments to begin the process of recognizing and undoing systemic racism in Oregon.
- Created the first RJC-led, anti-racist legislative agenda including a legislative bill to permanently institutionalize the Racial Justice Council.
- Committed to support immigration legal services and ensure that every Oregonian has access to legal representation.
- Created a Public Safety Training and Standards Task Force to recommend improvements to the training and certification of Oregon law enforcement officers.
- Requested that the Oregon Department of Education create the Every Student Belongs policy prohibiting the display of hate symbols in schools.
- Invested more than $20 million to undo redlining to help provide a pathway to homeownership for communities of color, as well as adding co-op and land trust models.



Oregon's History

Just as agencies are expected to learn and know the harms and inequities in Oregon's policies and practice, this plan acknowledges and makes visible many historic instances of oppression and violence in our state, specifically based on race and ethnicity.

The below timeline of Oregon's history illustrates some, but not all, statewide and federal policies and actions perpetuating racial inequities.

Year	Policies and Actions Perpetuating Racial Inequities
1790	**Naturalization Act:** This act prohibited non-whites from accessing U.S. citizenship by limiting it to white immigrants (primarily from Western Europe) who had resided in the U.S. at least two years and with children under 21 years of age. The act also granted citizenship to children born to U.S. citizens while abroad.
1844	**Exclusion:** The first Black exclusion law in Oregon, adopted in 1844 by the Provisional Government, mandated that Blacks attempting to settle in Oregon would be publicly whipped — thirty-nine lashes, repeated every six months — until they departed.
1855	**Statehood:** After the gold strikes in southern Oregon, pro-slavery forces advocated forming a new state in southern Oregon and northern California. It failed when Californians rejected the idea of reducing the size of their state.
1856	Rogue River Indian Wars ended with the surviving Native Americans sent to two newly created reservations: the Siletz and the Grand Ronde.
1857	**State Constitution:** The Oregon constitution, adopted in 1857, banned slavery but also excluded Blacks from legal residence, owning property, making contracts, voting, or using the legal system.
1859	Like earlier exclusion laws, the constitutional slavery ban adopted in 1857 took effect when Oregon became a state in 1859. It was not retroactive, which meant that it did not apply to Black people who were legally in Oregon before the ban was adopted.

Year	Policies and Actions Perpetuating Racial Inequities
1862	**Color Tax:** Oregon adopted a law requiring all residents who were Black, Chinese, Hawaiian (Kanakas), and Mulatto (an archaic term referring to people of mixed ethnic heritage) to pay an annual tax of $5. If they could not pay this tax, the law empowered the state to press them into service maintaining state roads for 50 cents a day. Also, interracial marriages were banned in Oregon. It was against the law for whites to marry anyone who was one-fourth or more Black.
1866	**Miscegenation:** Oregon banned all interracial marriages, extending the 1862 law to prevent whites from marrying anyone who was one-fourth or more Chinese, or Hawaiian, and one-half or more Native American. It was previously illegal for white and Black people to marry.
1867	**School Segregation:** Even though the total Black population in Oregon in the 1860s numbered 128, Portland assigned Black and Mulatto children to a segregated school.
1868	**No Citizenship:** The Oregon Legislature rescinded the state's ratification of the Fourteenth Amendment, endowing African Americans with citizenship — this despite the fact that the amendment had just become federal law.
1875	**Page Act:** This law prohibited the importation of unfree laborers and women brought for "immoral purposes." It was enforced primarily against Chinese due to anti-Chinese xenophobia around the U.S. as an early effort to restrict Asian immigration via select categories of persons whose labor was perceived as immoral or coerced.
1877	**Military Action:** The Nez Perce Tribe clashed with the U.S. Army in their Wallowa homeland in northeast Oregon. Chief Joseph and his people refused to go to a reservation. Instead, Chief Joseph tried to lead 800 of his people to Canada and freedom.
1879	Chemawa Indian Boarding School opened in Salem, Oregon as the third such boarding school in the nation. These schools were designed to assimilate Indian children into white culture and teach them vocational skills. Students were prohibited from speaking their Tribal languages or practicing any of their traditional customs or culture.

Year	Policies and Actions Perpetuating Racial Inequities
1880	By this date, the U.S. government had forced most Indigenous and Native people of the Northwest onto reservations.
1882	**Chinese Exclusion Acts:** Due to anti-Chinese xenophobia and bigotry, the federal government passed a 10-year moratorium on Chinese labor immigration, which was renewed in 1892 for another 10 years as part of the Geary Act. Chinese Americans already in the country challenged the constitutionality of the discriminatory acts, but the federal government did not listen. The exclusion law was made permanent in 1902 with added restrictions requiring Chinese residents to register and obtain a certificate of residence, or else face deportation. In China, merchants organized an anti-American boycott in 1905, which the American government pressured the Chinese government to suppress. The Chinese Exclusion Acts were not repealed until 1943.
1887	**Violence and Intimidation:** Of the many acts of intimidation and violence committed against early Chinese immigrants in the American West, one of the most brutal occurred at Deep Creek on the Oregon side of the Snake River in Hells Canyon. In May 1887 as many as 34 Chinese gold miners were ambushed and murdered for their gold by a gang of horse thieves and schoolboys in Wallowa County. Of the six men indicted: Three men fled and were never caught, and three others were declared innocent by a jury on September 1, 1888. No one was found guilty of the crime.
1919	**Redlining:** Portland Board of Realty approved a "Code of Ethics" prohibiting realtors and bankers from selling property in white neighborhoods to people of color or providing mortgages for such purchases.
1923	**Alien Land Laws:** There was growing hostility towards Asian farmers, most notably Japanese farmers in the Hood River Valley. The Oregon Legislature, dominated by members of the Klan, passed a number of restrictive laws. The Alien Land Law prevented first generation Japanese Americans from owning or leasing land. The Oregon Business Restriction Law allowed cities to refuse business licenses to first generation Japanese Americans. Alien land laws grew in popularity in the West, even in states with very small, isolated Asian populations.

Year	Policies and Actions Perpetuating Racial Inequities
1934	**Non-unanimous Jury Verdicts:** Oregon voters amended their constitution to allow for non-unanimous jury verdicts in criminal cases. Its intent was to weaken the influence of non-white jurors.
1935	**Segregation:** Oregon law officially segregated Mexican students on the basis of being of "Indian" descent. It made clear to exempt "White Mexicans" those fair-skinned descendants of the Spaniards who do not have "Indian blood."
1937-1945	Oregon passed a number of laws restricting Indians, mostly concerning the possession of alcohol.
1942	**WWII:** Japanese Americans started to lose their homes, livelihoods and freedom, and were forced to report to a facility to be relocated to inland internment camps for the duration of WWII. **The Oregon Plan:** In May 1942, Malheur County became the site of the first seasonal farm labor camp where internees went on leave from internment camps to work in the sugar beet fields. Numerous Japanese Americans remained in Malheur County after an order excluding them from the West Coast was lifted in January 1945, and remained in Malheur to build a sizeable Japanese American community in Ontario and Nyssa to this day.
1945	The Oregon House of Representatives passed a Joint Memorial calling on President Roosevelt to prevent the return of Japanese Americans "for the duration of the present war with Japan."
1948	**Redlining:** Oregon realtors followed the "National Realtors Code" (based on an earlier state law) that proclaimed that a realtor shall never introduce into a neighborhood members of any race or nationality whose presence will be detrimental to property values." This practice continued until the 1960s, when the civil rights movement led to the Fair Housing Act and later, in 1977, to the Community Reinvestment Act, when the federal government began to address these racist wrongs. "But even then, communities of color – particularly African Americans – continued to be displaced as investments in urban renewal and community plans resulted in gentrification, which still occurs today."

Year	Policies and Actions Perpetuating Racial Inequities
1954	**Treaty Termination:** Congress terminated federal aid granted by treaties with 109 tribes, dissolving the Klamath, Grand Ronde, and Siletz reservations and sanctioning the selling of their Tribal lands. Tribes lost control of their land and water rights, oil, and other natural resources. The Secretary of the Interior was a former Oregon governor.
1981	Two police officers dumped dead opossums at an African American-owned restaurant in Portland. The incident evoked ugly KKK imagery and touched off one of the most contentious disputes between police, city government, and the public. As a result, a citizen's committee to review police actions in Portland was created.
1994	Measure 11 was passed by Oregon voters to establish mandatory minimum sentencing for several crimes; it was reaffirmed in 2000.
2008	**Oregon Driver's License Bill:** SB 1080 was passed requiring all applicants for Oregon driver licenses, instruction permits, or identification cards to provide acceptable proof of U.S. citizenship or lawful presence in the country. This bill created significant hurdles for Oregonians, including citizens, to obtain driver license or identification cards.
2014	**Measure 88 Defeated:** The Oregon Alternative Driver Licenses Referendum subjected Senate Bill 833 to a popular vote through Measure 88. If it had been upheld, SB 833/ M88 would have made 4-year driver licenses available to those who cannot prove legal presence in the United States. The campaign opposed to the referendum was managed by Oregonians for Immigration Reform, an anti-immigrants' group in the state, as well as Protect Oregon Driver Licenses.

See footnote for Oregon's History Timeline sources.[24]

24 Sources:
https://www.osba.org/~/media/Files/Event%20Materials/AC/2009/101_History%20 of%20Race%20in%20Oregon.pdf
https://www.oregonencyclopedia.org/media/ uploads/Oregon_History_101_Timeline_12-1-14.pdf
https://sos.oregon.gov/archives/exhibits/black-history/Pages/default.aspx
https://oregonencyclopedia.org/articles/blacks_in_oregon/
https://immigrationhistory.org/item/page-act/
https://history.state.gov/milestones/1866-1898/chinese-immigration
https://www.oregonlive.com/portland/2014/08/roots_of_gentrification_how_19.html

Attachment #5

Appendix I: Racial Equity Toolkit

Section 1. Racial Equity Budget Impact Statement Worksheet

Advancing racial equity in Oregon will take foundational reform. Racial disparities persist across key indicators of success including health, education, housing, and economic opportunity amongst others. A budget is a moral document, a statement of our state's priorities and a critical opportunity to advance racial equity. The Racial Equity Assessment Worksheet serves as a tool to apply a racial equity lens to the budget development process and assess how programs benefit and/or burden Tribal/Native American, Black/African American, Latino/a/x, Asian, Pacific Islander, Arab/Middle Eastern/North African, Immigrant, and Refugee communities. The worksheet questions serve as a tool to deepen agencies' racial equity impact assessment for the programs (budgets) in consideration.

Step 1. Set Equity Outcomes and Define Impact

1. Does your agency have an Equity Strategic Plan? *(Please circle response)* Yes / No

   If so, what does your agency define as the most important equitable community outcomes related to the investment or program?

2. What is the program under consideration?

3. Which racial equity opportunity areas will the program primarily impact? *(Check all that apply)*

   - ☐ Criminal Justice Reform and Police Accountability
   - ☐ Economic Opportunity
   - ☐ Education
   - ☐ Environmental Justice/Natural Resources
     - ☐ Health Equity
     - ☐ Housing and Homelessness
     - ☐ Jobs/Employment
     - ☐ Other

   Are there impacts on:

   - ☐ Contract/Procurement Equity
   - ☐ Culturally Specific Programs and Services
   - ☐ Immigrant and Refugee Access to Services
   - ☐ Inclusive Communications and Outreach
   - ☐ Workforce Equity
     - ☐ Other:_____

   Please explain your selection:

4. What are the desired results and outcomes with this program?

Step 2. Analyze Data

5. Does the program have different impacts within different geographic areas?
   (Please circle response) Yes / No

6. What are the racial demographics of those living in the area or impacted by the program?

7. How are you collecting, reviewing, and analyzing demographic data to inform program decisions?

8. How are you notifying and educating constituents in the collection of this data and how it will be used?

9. How is demographic data being woven into program decision-making? Will this data, or a version of this data, be incorporated into the agency's open data efforts, so that constituents may view and understand this dataset?

Step 3. Determine Benefit and/or Burden

10. Who benefits from the program, both directly and indirectly?

11. Who will be burdened from the proposal?

12. How does the program increase or decrease racial equity? Does the program have potential unintended racial equity consequences? What benefits may result?

Section 2. Guiding Questions to Operationalize Racial Equity

Below are some guiding questions to apply the DEI Action Plan strategies in all development and implementation State of Oregon's policy, practice, budget, program and service decisions.

Inclusive Communications

1. How do we ensure our communications and messaging are getting to all Oregonians?

2. Who are the communities being left behind and how do we connect with those communities? What processes are in place for:
   - ☐ Translating and interpreting agency communications?
   - ☐ Ensuring that ADA requirements are met or exceeded?
   - ☐ Communicating with people who may be unable to read, lack access to the internet, and/or need information through alternate media?
   - ☐ Working with trusted messengers and local leaders to communicate with communities?
   - ☐ Seeking early input to inform the development of communications materials?

Data Collection and Data-informed Decision-Making

1. Are we collecting, reviewing, and analyzing demographic data to inform mitigation measures, communication strategies, and targeted investments?

2. How are these data being woven into decision making?

3. Who is interpreting the data?

4. Is the data being used to impact systems rather than define people?

5. Was there a community engagement or other outreach process in the creation of this data system, collection methodology, or standard?

6. Will this data be made publicly available as open data to support the state's vision for transparency?

Community-Informed Policy and Partnerships

1. How are we ensuring we have representation of voices across race, ethnicity, culture, color, Tribal membership, disability, gender, gender identity, marital status, national origin, age, religion, sexual orientation, socio-economic status, veteran status, and immigration status? And geographically?

2. What are the ways we engage agency equity leaders and communities in decision-making currently?

3. Whose voices and perspectives are not at the table? Why?

4. What can we do to ensure they are part of our decision-making process?

5. What are the barriers that keep communities from participating in decision-making?

6. How are we ensuring that we provide access to and address the needs of:
   - Language?
   - Technology?
   - Physical accessibility?
   - Adequate support and preparation?
   - Financial support?

Resource Allocation and Accessibility

1. How are we ensuring that forms of response/relief/benefit/resource/budget allocation are:
    - Going directly to the communities who need it?
    - Accessible regardless of disability or status?
    - Accessible regardless of language?
    - Compliant with the ADA requirements?
    - Accessible regardless of access to technology?
    - Supporting, consulting, and/or partnering with tribes?
    - Accessible regardless of geographic location including rural Oregonians?
    - Being prioritized for communities already living on the margins (e.g., older adults, gender, ethnic, and racial minorities, immigration status, socio-economic status)?

2. Are we using strategies that are culturally specific and responsive to address the distinct needs of Oregonians? If not, what resources or community partners can we consult with to develop culturally specific and responsive strategies?

3. Are our programs and services providing reasonable accommodations in compliance with the ADA to Oregonians? If not, what resources or partners can we consult with to develop strategies to better support people with disabilities?

Evaluation

1. What measurable outcomes are most important to our historically and currently underserved communities?

2. How will impacts be documented and evaluated?

3. How will our communities participate in the evaluation process?

4. Are we achieving the anticipated outcomes?

5. Are we having measurable impact in the communities?

6. How are we consistently communicating our efforts with our communities and demonstrating our results?

7. How do we collect and respond to feedback?

8. How do we use these results to continually reevaluate and improve our efforts?

9. How are we ensuring these partnerships do not exploit the communities we seek to engage?

10. How will we operationalize equity and create accountability systems?

11. How will we ensure adequate capacity to implement strategies as outlined?

Appendix II: Diversity, Equity, and Inclusion Glossary of Concepts

Accessibility: The extent to which a space is readily approachable and usable by people with disabilities. A space can be described as:

- Physical or literal space, such as a facility, website, conference room, office, or bathroom
- Figurative space, such as a conversation or activity
- Digital space, such as a website

Anti-Black Racism: Any attitude, behavior, practice, or policy that explicitly or implicitly reflects the belief that Black people are inferior to another racial group. Anti-Black racism is reflected in interpersonal, institutional, and structural levels of racism.

Anti-Racism: Active process of identifying and challenging racism, by changing systems, organizational structures, policies and practices, and attitudes, to redistribute power in an equitable manner.

Colonialism: Colonialism is a practice of subjugation and economic exploitation of one people over another, through political and economic control, often involving extraction of resources and/or removal of people from an existing place.[25]

Color-Blind Racial Ideology: The belief that people should be regarded and treated as equally as possible, without regard to race or ethnicity. While a color-blind racial ideology may seem to be a pathway to achieve equity, in reality it ignores the manifestations of racist and discriminatory laws and policies which preserve the ongoing processes that maintain racial and ethnic stratification in social institutions.

Cultural Humility: When one maintains an interpersonal stance that is open to individuals and communities of varying cultures, in relation to aspects of the cultural identity most important to the person. Cultural humility can include a life-long commitment to self-critique about differences in culture and a commitment to be aware of and actively mitigate power imbalances between cultures.

Discrimination: The unequal treatment of members of various groups based on race, ethnicity, gender, gender expression, socioeconomic class, sexual orientation, physical or mental ability, religion, citizenship status, a combination of those identified, and/or other categories. *Also refer to Racism.*

Diversity: Honoring and including people of different backgrounds, identities, and experiences collectively and as individuals. It emphasizes the need for sharing power and increasing representation of communities that are systemically underrepresented and under-resourced. These differences are strengths that maximize the state's competitive advantage through innovation, effectiveness, and adaptability.

Equality: The effort to treat everyone the same or to ensure that everyone has access to the same opportunities. However, only working to achieve equality ignores historical and structural factors that benefit some social groups and disadvantages other social groups in ways that create differential starting points. *Also refer to Racial Equity; Justice.*

25 https://plato.stanford.edu/entries/colonialism/

Equity: Equity acknowledges that not all people, or all communities, are starting from the same place due to historic and current systems of oppression. Equity is the effort to provide different levels of support based on an individual's or group's needs in order to achieve fairness in outcomes. Equity actionably empowers communities most impacted by systemic oppression and requires the redistribution of resources, power, and opportunity to those communities.

Gender Pronoun: The term one uses to identify themselves in place of their name (i.e. ze/hir/hirs, ey/em/eirs, they/them/theirs, she/her/hers, he/him/his, etc.).The use of the specific gender pronoun identified by each individual should be respected and should not be regarded as optional.

Implicit Bias: A belief or attitude that affects our understanding, decision, and actions, and that exists without our conscious awareness.

Inclusion: A state of belonging when persons of different backgrounds, experiences, and identities are valued, integrated, and welcomed equitably as decision-makers, collaborators, and colleagues. Ultimately, inclusion is the environment that organizations create to allow these differences to thrive.

Individual Racism: This type of racism, often unknowingly, rests within individuals and comprises our private beliefs and biases about race and racism. Such ideas are influenced and shaped by the larger culture that surrounds us and can take many different forms including: prejudice towards others of a different race; internalized oppression — the negative beliefs about oneself by people of color; or internalized privilege —beliefs about superiority or entitlement by white people.

Interpersonal Racism: This is the form of racism that people most often think of – a set of intentionally harmful, extremist actions and behaviors executed by specific persons against other individual people. This is the bias that occurs when individuals interact with others and their personal racial beliefs affect their public interactions.

Institutional Racism: As the name suggests, this form of racism occurs within institutions and reinforces systems of power. It is often more difficult to name or witness because it is more deeply embedded in practices and policies, often presenting as a norm. Institutional racism refers to the discriminatory policies and practices of particular institutions (schools, workplaces, etc.) that routinely cause racially inequitable outcomes for people of color and advantages for white people. Individuals within institutions take on the power of the institution when they reinforce racial inequities.

Intersectionality: Coined by Professor Kimberlé Crenshaw in 1989, this term describes the ways in which race, class, gender, and other aspects of our identity, "intersect" with one of another, overlap, intersect, and interact, informing the way in which individuals simultaneously experience oppression and privilege in their daily lives interpersonally and systemically. Intersectionality promotes the idea that aspects of our identity do not work in a silo. Intersectionality, then, provides a basis for understanding how these individual identity markers work with one another.

Justice: The process required to move us from an unfair, unequal, or inequitable state to one which is fair, equal, or equitable, depending on the specific content. Justice is a transformative practice that relies on the entire community to respond to past and current harm when it occurs in society. Through justice, we seek a proactive enforcement of policies, practices, and attitudes that produce equitable access, opportunities, treatment, and outcomes for all regardless of the various identities that one holds.

Oppression: A system of supremacy and discrimination for the benefit of a limited dominant class that perpetuates itself through differential treatment, ideological domination, and institutional control. Oppression reflects the inequitable distribution of current and historical structural and institutional power, where a socially constructed binary of a "dominant group" horde power, wealth, and resources at the detriment of the many. This creates a lack of access, opportunity, safety, security, and resources for non-dominant populations.

Prejudice: A preconceived opinion or assumption about something or someone rooted in stereotypes, rather than reason or fact, leading to unfavorable bias or hostility toward another person or group of people. Literally a "pre-judgment."

Racial Disparity: An unequal outcome one racial group experiences as compared to the outcome for another racial group.

Racial Disproportionality: The underrepresentation or overrepresentation of a racial or ethnic group at a particular decision point, event, or circumstance, in comparison to the group's percentage in the total population.

Racial Equity: Closing the gaps so that race can no longer predict any person's success, which simultaneously improves outcomes for all. To achieve racial equity, we must transform our institutions and structures to create systems that provide the infrastructure for communities to thrive. This commitment requires a paradigm shift on our path to recovery through the intentional integration of racial equity in every decision.

Racial Justice: The proactive process of reinforcing and establishing cement of policies, practices, attitudes, and actions that produce equitable power, access, opportunities, treatment, impacts, and outcomes for all individuals and groups impacted by racism. The goal, however, is not only the eradication of racism, but also the presence of deliberate social systems and structures that sustain racial equity through proactive and preventative measures. *Also refer to Social Justice; Anti-Racism.*

Racial Microaggression: Commonplace verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate or imply hostile or derogatory racial slights and insults toward people of color (e.g. asking a person of color "How did you get your job?" to imply they are not qualified).

Racism: The systematic subjugation of members of targeted racial groups, who hold less socio-political power and/or are racialized as non-white, as means to uphold white supremacy. Racism differs from prejudice, hatred, or discrimination because it requires one racial group to have systematic power and superiority over other groups in society. Often, racism is supported and maintained, both implicitly and explicitly, by institutional structures and policies, cultural norms and values, and individual behaviors.

Restorative Justice: A theory of justice that emphasizes repairing harm by having the parties decide together in order to cause fundamental changes in people, relationships, and communities.[26]

Social Justice: A process, not an outcome, which (1) seeks fair (re)distribution of resources, opportunities, and responsibilities; (2) challenges the roots of oppression and injustice; (3) empowers all people to exercise self-determination and realize their full potential; (4) and builds social solidarity and community capacity for collaborative action.

Structural Racism: Distinct but related to institutional racism, structural racism refers to how racial bias among institutions work together — intentionally or not — to disenfranchise people of color and create disparate outcomes. This involves the cumulative and compounding effects of an array of societal factors, including the history, culture, ideology, and interactions of institutions and policies that systematically privilege white people and disadvantage people of color. The effects of structural racism are hard to pinpoint because they are cumulative and pervasive.

Systems of Oppression: The ways in which history, culture, ideology, public policies, institutional practices, and personal behaviors and beliefs interact to maintain a hierarchy — based on race, class, gender, sexuality, and/or other group identities — that allows the privileges associated with the dominant group and the disadvantages associated with the targeted group to endure and adapt over time.

26 http://restorativejustice.org/restorative-justice/about-restorative-justice/tutorial-intro-to-restorative-justice/lesson-1-what-is-restorative-justice/#sthash.srZPQNYI.dpbs

Systems Reform or Systems Change: A process designed to address the root causes of social problems and fundamentally alter the components and structures that perpetuate them in public systems (i.e. education system, child welfare system, etc.).

Targeted Universalism: Setting universal goals pursued by targeted processes to achieve those goals. Within a targeted universalism framework, universal goals are established for all groups concerned. The strategies developed to achieve those goals are targeted, based upon how different groups are situated within structures, culture, and across geographies to obtain the universal goal. Targeted universalism is goal oriented, and the processes are directed in service of the explicit, universal goal.

White Privilege: The unearned power and advantages that benefit people just by virtue of being white or being perceived as white.

Xenophobia: Any attitude, behavior, practice, or policy that explicitly or implicitly reflects the belief that immigrants are inferior to the dominant group of people. Xenophobia is reflected in interpersonal, institutional, and systemic levels of oppression and is a function of white supremacy.

Note: The foundation of this glossary is from the Center for the Study of Social Policy (CSSP) with some relevant additions. This glossary may be adapted over time to create shared language for concepts related to diversity, equity, inclusion and racial equity. View the CSSP glossary here: https://cssp.org/wp-content/uploads/2019/09/Key-Equity-Terms-and-Concepts-vol1.pdf



Appendix III: Inclusive Language for Oregon's Diverse Communities

Specific and careful use of language respects and honors our diverse communities in Oregon. The following are examples of supportive and affirming language in reference to diverse communities in Oregon. When possible try to name the specific community you are addressing.

A recent definition of Oregon's historically and currently underserved communities include Oregonians who are:

Native Americans, members of Oregon's nine federally recognized tribes, American Indians, Alaska Natives; Black, Africans, African Americans; Latino/a/x, Hispanic; Asian, Pacific Islanders; Arab/Middle Eastern/North Africans; immigrants, refugees, asylum seekers; undocumented persons, DACA, "Dreamers"; linguistically diverse; people with disabilities; LGBTQ+; aging/older adults; economically disadvantaged; farmworkers, migrant workers.

Recommended language:

- Native American, American Indian, Tribal member, Black, African American, Latino/a/x, Asian, Arab/Middle Eastern/North African, Pacific Islander
- Linguistically diverse populations, English Language Learner (ELL), people with limited English proficiency (LEP)
- People/individuals with disabilities
- Historically and currently underserved and under-resourced populations
- Diverse community stakeholders; communities of color
- Taking active measures against discrimination, racism, xenophobia, stigmatization, violence, and hate crimes and protecting civil rights for all Oregonians

Avoid using:

Note that policies, statistical data, and categories may still use these words, which may require that state agencies often have to use them. However, when the opportunity presents itself, especially in writing that offers flexibility, please update applicable documents. More guidance is available from the Opportunity Agenda on these and other current recommendations: https://www.opportunityagenda.org/explore/resources-publications/social-justice-phrase-guide.

- "Minority" - The term "minority" is not accurate when describing non-white communities. Accurate phrases depend on the context or the group. Appropriate terminology could include: communities of color, underserved communities, under-resourced, oppressed, underprivileged, or even emerging majority when referencing statistics and data. https://nahj.org/2020/08/04/nahj-asks-newsrooms-to-drop-the-use-of-minority/
- "Illegal" - Using "illegal" to describe a person is offensive and inaccurate. According to Race Forward, "the terms 'illegal immigrant' and 'illegal alien' are inaccurate by legal and journalistic standards." Instead, utilize the term undocumented person or immigrant. https://www.raceforward.org/sites/default/files/DTIW_Stylebook.pdf
- "Turn a deaf ear," "turning a blind eye," or "the blind leading the blind." Avoid idioms that cast a negative connotation on people's physical abilities. Instead, use terms that go straight to your point, like "ignoring," "insensitive," "misguided."[27]
- "Pow-wow." A pow-wow is an inter-Tribal social gathering with ceremonial elements. Many tribes and Native organizations hold them on a regular basis. It is not appropriate to use this term out of context to refer to a meeting or a quick chat or conversation because it trivializes the significance of these gatherings. Instead, try "chat," "brief conversation," "quick talk."[28]

27 https://www.opportunityagenda.org/explore/resources-publications/social-justice-phrase-guide

28 https://www.opportunityagenda.org/explore/resources-publications/social-justice-phrase-guide

Appendix IV: Resources

Additional resources compiled by the Governor's Office of Diversity, Equity, and Inclusion and the DAS Office of Cultural Change.

Racial Justice

https://www.oregon.gov/gov/policy/Documents/racial-justice-resources.pdf

Equity toolkits

Racial Equity Toolkit: An Opportunity to Operationalize Equity, Government Alliance on Race and Equity (GARE): https://www.racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf

Racial Equity Impact Assessment Toolkit, Race Forward: https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf

Results-Based Accountability Implementation Guide: http://raguide.org/

Putting Equity at the Forefront: State of Oregon Agency Strategic Plan

Oregon Housing and Community Services Statewide Housing Plan 2019-2021: https://www.oregon.gov/ohcs/Documents/swhp/swhp-executive-Summary.pdf

National and local organizations:

Haywood Burns Institute: https://burnsinstitute.org/

Migration Policy Institute: https://www.migrationpolicy.org/

National Equity Atlas: https://nationalequityatlas.org/

Oregon ADA toolkit: https://www.oregon.gov/das/HR/Pages/ADA.aspx

Oregon State University DEI Land Acknowledgement: https://outdoorschool.oregonstate.edu/equity-diversity-and-inclusion/land-acknowledgements

Oregon State University Land Acknowledgement: https://diversity.oregonstate.edu/feature-story/land-acknowledgement

Othering and Belonging Institute: https://belonging.berkeley.edu/

PolicyLink: https://www.policylink.org/

Race Forward: https://www.raceforward.org/

U.S. Department of Justice: *A guide to Disability Rights Laws.* https://www.ada.gov/cguide.htm

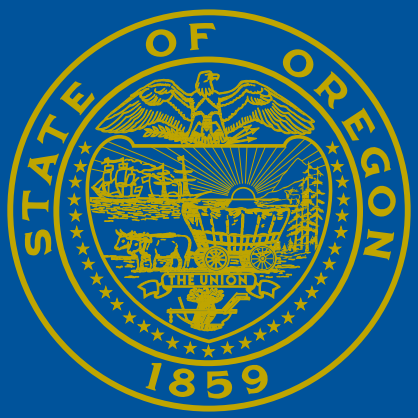
U.S. Department of Justice: *ADA Update: A Primer for State and Local Governments.* https://www.ada.gov/regs2010/titleII_2010/title_ii_primer.html

Attachment #5



The *State of Oregon Diversity, Equity, and Inclusion Action Plan* is the culmination of the expertise and insight of many individuals, including staff in the Office of Governor Kate Brown, state agency directors, state equity leaders, community partners and the Diversity, Equity, and Inclusion subcommittee of the Enterprise Leadership Team to advance equity in state government. *The Diversity, Equity, and Inclusion Action Plan* would not have been made possible without the support of so many committed leaders and champions.

Thank you.



Office of Governor Kate Brown

900 Court St NE, Suite 254
Salem, Oregon 97301

August 2021

Attachment #5

AFFIRMATIVE ACTION REPORT

2021-2023

Attachment #5

OFFICE OF CULTURAL CHANGE |
DEPARTMENT OF ADMINISTRATIVE SERVICES
155 Cottage Street NE
Salem, OR 97301

2021-2023 Biennium

Completed February 2023

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A MESSAGE FROM FORMER GOVERNOR KATE BROWN

The health and success of our democracy, our government, and our state's critical services are deeply dependent on our ability to be representative, responsive and inclusive of all Oregonians.

That means we must ensure Oregon is a welcoming and safe place where Oregonians of all national origins, races, ethnicities, genders and abilities can thrive, live and love freely.

As we saw from the most recent census, Oregon's demographics are changing, and the state is becoming more racially, ethnically and linguistically diverse. Knowing this, it is my continued priority to double down on our statewide equal employment, diversity, equity, inclusion and affirmative action work.

Oregon has made tremendous strides forward. As you read through this report, you will see that we have much to celebrate. We are getting closer to achieving a state workforce that reflects the diversity of our communities with every advancement in equal employment, diversity, equity, inclusion and affirmative action.

And of course, you will see in this report that there is much more work for us to do. Equity must be built into the very framework of how we operate—from contracting and community engagement, to hiring practices, leadership development, promotions and succession planning.

I am ready to keep doing that work, and I know we all are. I thank all of our incredible state employees who are dedicated to this vision. Your service in communities throughout our state is what makes Oregon such a special place to call home.

Kate Brown



INTRODUCTION

The biennial Affirmative Action Report is a narrative that combines the history, experiences and efforts of Oregon state government as it relates to affirmative action. This report brings together external and internal factors that have influenced and impacted the state of affirmative action. The data was collected over a six month time period, from January 1, 2018 to June 30, 2022.

In 2020, the world was impacted by the COVID pandemic and organizations, private and public, big and small, were forced to face new changes that resulted in several paradigm shifts. Across the state, Oregon experienced catastrophic wildfires that impacted communities and natural resources. These events resulted in changes; changes that evoked unfamiliar feelings in individuals.

The majority of the paradigm shifts were job and career related. In an article from the *National Library of Medicine*, titled, "Paradigm shifts caused by the COVID-19 pandemic," the areas that experienced paradigm shifts are: job security, financial consequences, remote work, employee well-being and career attitudes.

Some welcomed these shifts, some did not. Some adapted, some did not. If there is one common thread that we share among us all, it's that we all experienced a form of "struggle". Throughout the struggles, as a state, we persevered, showed that we are resilient and demonstrated grit in multiple areas of our lives.

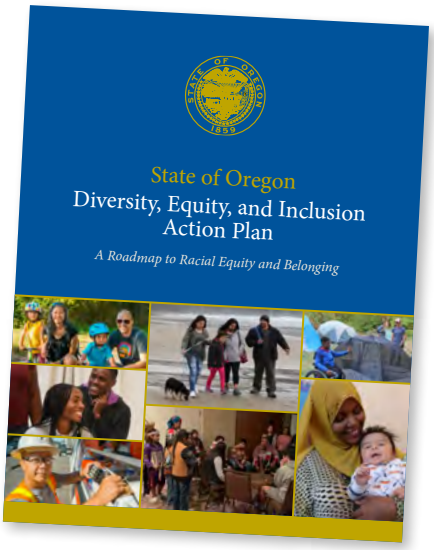
We must acknowledge the inequities presented from paradigm shifts that Oregon's historically and currently underserved communities experienced, especially during the pandemic. It is apparent now, more than ever, that affirmative action programs address and improve methods of equal access in areas of recruitment, hiring, retention, community outreach and more. Overall, the findings from this report prove that our efforts to create pathways of opportunity to Oregon's historically and currently underserved communities are working. A recent definition of these communities include:

- Native Americans, members of Oregon's 9 federally recognized tribes, American Indians, Alaska Natives;
- Black, Africans, African Americans;
- Latino/a/x, Hispanic;
- Asian, Pacific islanders;
- Arab/Middle Eastern/North Africans;
- Immigrants, refugees, asylum seekers;
- Undocumented persons, DACA, "Dreamers";
- Linguistically diverse;
- People with disabilities;
- LGBTQ+;
- Aging/older adults;
- Economically disadvantaged;
- Farmworkers, migrant workers

Oregon state government acknowledges racial equity must be at the forefront, while all other forms of diversity will benefit from these efforts:

1. In 2020, Governor Kate Brown formed the *Racial Justice Council* to empower voices of those most impacted by historical and institutional racism in Oregon to create a system that supports us all.

2. In 2021, Governor Kate Brown and agency leaders created and published the *Statewide Diversity, Equity and Inclusion (DEI) Action Plan.* It is a framework for how we approach DEI and affirmative action throughout all levels of state government.



3. In 2022, former Governor Brown issued *Executive Order 22-11*, reaffirming Oregon's commitment to prioritize affirmative action through equity work and specifically racial equity.

Office of the Governor
State of Oregon

EXECUTIVE ORDER NO. 22-11

RELATING TO AFFIRMATIVE ACTION, EQUAL EMPLOYMENT OPPORTUNITY, DIVERSITY, EQUITY, AND INCLUSION

On January 26, 2005, Governor Kulongoski issued Executive Order 05-01, relating to affirmative action. That Executive Order directed Agency Directors and Administrators to review and discuss their affirmative action plans, to initiate training on affirmative action issues, including affirmative action responsibilities in key job descriptions, and to conduct Cultural Competency Assessment and training.

Since the issuance of Executive Order 05-01, Amendment 08-18, Amendment 16-09 and Amendment 17-11, state agencies have met with the Office of Cultural Change (OCC) and the Governor's Office (GO) to review and discuss their affirmative action plans. The Department of Administrative Services (DAS) has completed an audit of position descriptions for the inclusion of affirmative action duties and DAS has shared audit results with the OCC and GO. The Governor and agency leadership have pledged their commitment to prioritize equity in their work. As a result, a bold and executable Diversity, Equity, and Inclusion (DEI) Action Plan was created. The DEI Action Plan was designed to guide efforts of the state enterprise to dismantle racism and establish a shared understanding. It is intended to complement agencies' existing equity initiatives and provide guidance to agencies early in their journey and thread the collective equity initiatives across the state.

Significant gains have been made, and there is more work to be done. The State of Oregon remains committed to every person's right to work and advance on the basis of knowledge, skills, ability and professional experience. In order to continue implementation of the goals and policies set forth in Executive Order 05-01, 08-18, 16-09, and 17-11, I extend these orders as follows:

NOW THEREFORE, IT IS HEREBY DIRECTED AND ORDERED:

1. The OCC, GO, each Agency Director and Administrator shall review and discuss each agency's affirmative action plan and affirmative action goals to improve hiring and developmental opportunities.

2. To continue the State of Oregon's progress in promotion of Diversity, Equity, and Inclusion in the workplace, and the elimination of effects of past and present discrimination, intended or unintended, Agency Directors and Administrators shall:

a. Provide ongoing leadership in implementing each agency's affirmative action plan;

b. Ensure incorporation of affirmative action, diversity, equity, and inclusion responsibilities in executive and/or management job descriptions;

c. Ensure agencies fulfill their affirmative action responsibilities by requiring directors, administrators, managers, and coordinators of DEI, affirmative action, and equal employment opportunity, attend all OCC and GO meetings to assist Affirmative Action Representatives. Agencies will annually submit the name of agency Affirmative Action Representative and immediately inform the OCC if the representative is changed;

d. Post each agency's affirmative action plan policy statement and diversity and inclusion statement in a clearly visible area on agency's internal and external websites. The policy statement shall include the name and contact information for the agency's Affirmative Action Representative;

e. Communicate to all employees about the Affirmative Action resources available with each agency and the important role of Affirmative Action Representatives in responding to employees' concerns of discrimination in the areas of hiring, retention, promotion, and career development;

f. Track, evaluate, and measure trends in agency discrimination and/or harassment claims, reporting data and findings in the subsequent biennial Affirmative Action Plan/Statement Affirmative Action Statements are prescribed for agencies with ten or fewer FTE;

g. Work to improve implementation of the agency's affirmative action plan using professional development, performance assessments, and/or performance evaluations; and

h. Ensure agency-adopted systems address accessibility and ease of interaction through monitoring and continuous improvement to support a diverse, equitable, and inclusive workforce.

3. Under ORS 659A.012, state agencies are "required to include in the evaluation of all management personnel the manager's or supervisor's effectiveness in achieving affirmative action objectives as a key consideration of the manager's or supervisor's performance." Periodically, DAS shall conduct audits of agencies to determine whether management personnel are being evaluated based on effectiveness in achieving affirmative action objectives. Results of this audit shall be provided to the OCC and GO.

4. OCC will continue to coordinate with GO regarding the progression and presentation of statewide professional development designed to improve employees' skills and competency in managing affirmative action equity, and diversity issues.

5. OCC will annually monitor agencies' training and implementation of Diversity, Equity, Inclusion, Affirmative Action, and Equal Employment Opportunity and the internal and external impact of these professional development strategies. OCC, GO, Agency Directors and Administrators are expected to implement ongoing and current professional development by operationalizing equity and inclusion, which will promote a diverse workplace.

6. DAS, in conjunction with GO and the Oregon Department of Justice, has developed a web-based exit interview survey tool. Agency Directors and Administrators shall allow employees to use state equipment to access the Exit Interview Survey and shall encourage all employees to complete the survey prior to their transfer or departure.

7. OCC will use all data collected from DAS, Bureau of Labor and Industries (BOLI), Oregon Employment Department (OED), and other state agencies to produce and distribute a biennial report to the Governor, the Legislature, and key stakeholders.

EXECUTIVE ORDER NO. 22-11
PAGE FOUR

8. This Executive Order will expire on December 31, 2028.

Done at Salem Oregon, this 16th day of June, 2022.

Kate Brown
GOVERNOR

ATTEST:

Shemia Fagan
SECRETARY OF STATE

EXECUTIVE SUMMARY

BACKGROUND

The Office of Cultural Change (OCC) was established in 2020 to partner with the Governor's Office (GO) in leading efforts to dismantle racism in Oregon. Former Governor Brown and agency leadership pledged their commitment to prioritize racial equity in their work. In August 2021, the Statewide Diversity, Equity and Inclusion (DEI) Action Plan was created and is one of the first states in the United States to create a statewide DEI Action Plan with three key visions:

- **By dismantling** institutional and structural racism in state government, we will see huge impacts historically and currently underserved and under-resourced communities
- **By building** a more equitable state, everyone has the opportunity to thrive and everyone's voice is heard
- **By ensuring** an inclusive and welcoming state, we can celebrate our collective diversity of race, ethnicity, culture, color, disability, gender, gender identity, marital status, national origin, age, religion, sex, sexual orientation, socio-economic status, veteran status, and immigration status

In Oregon state government, affirmative action directives have been a top priority for 17 years, beginning with the first executive order (EO) issued in 2005 by Governor Kulongoski. EO 05-11 initiated training on affirmative action. Since then, there have been four amendments to EO 05-11, the most recent being EO 22-11.

DEI, affirmative action, and equal employment opportunity (EEO) are intentional efforts and require long-term work involving continuous, stable and sustainable guidance from all levels of state government. As leadership in state government changes, our drive and passion for equity must remain constant to see meaningful results.

EO 22-11 serves as an accountability mechanism that integrates Governor Brown's racial equity priority with the statewide DEI Action Plan to:

- Compliment agencies' existing equity initiatives
- Provide guidance to agencies early in their equity journey
- Bring agencies together to talk about their equity work

FINDINGS

The data gathered for this report was collected over a six month time period, from January 1, 2018 to June 30, 2022 and collected by Department of Administrative Services (DAS) reporting analysts, then analyzed by a DAS workforce people analytic strategist. In partnership with the Affirmative Action Manager, they concluded that veterans and people with disabilities (PWD) represent a smaller number in the workforce. Overall, the key findings show that diversity is increasing, we are seeing communities of color represented in higher numbers in the workforce; and retention rates are increasing.

- The data shows Oregon state government's commitment to hiring and promoting women over the past several biennia, including a noticeable increase in women appointed to leadership roles between 2015 and 2021.
- Following a noticeable trend, in 2021 there are more people of color (22.24%) and women of color (20.85%) working in state government than any prior year in the history of this report.
- Promotions to employees of color more than doubled between 2018 and 2021 (0.81% to 1.75%).
- Over 300 veterans have been hired each year since 2019.
- While the overall percentage of people with disabilities working in state government has decreased in recent years, employees with disabilities have consistently seen career advancement between 2018-2021 (2.52% to 2.65% over 4 years; 2.8% average).

STATE OF AFFIRMATIVE ACTION

Historically, the statewide affirmative action manager was appointed and housed in the Governor's Office. Efforts to fully transform this position began in March 2022, when the position moved to the Office of Cultural Change, located at the Department of Administrative Services.

In May 2022, the Affirmative Action Manager began to meet virtually and in-person with Affirmative Action Representatives (AAR) to understand the state of affirmative action. By the end of summer 2022, the Affirmative Action Manager met with 75+ AARs. As DEI, affirmative action and EEO programs and policies have evolved at the federal and state levels, the need for operationalizing and organizing efforts became more apparent. Themes from the meetings included:

- AARs are motivated, and this presents an opportunity to educate, train and empower them. There is new and renewed energy to learn affirmative action work and how to implement it at the agency level.
- AARs, regardless of level of experience, are eager to make forward progress in equity work.
- Agencies share similar concerns and addressing these concerns will require a customized approach. In order to evolve and maintain momentum, the Affirmative Action Program must transform to a partnership and education-first structure.

OBJECTIVES AND GOALS

The Governor's Office and Office of Cultural Change collaborates in all areas of state government to:

- Normalize the concepts of racial justice in the enterprise of state government by acknowledging history, utilizing a racial equity roadmap, and familiarizing concepts and tools that will support efforts to put racial equity at the forefront.
- Organize efforts and build organizational capacity across departments for connected, cohesive and amplified impacts. Foster both internal and external partnerships.
- Operationalize and embed racial equity into every part of state government.
- Inspire expansion of equity by sharing and collaborating to build on what is already happening.

RECOMMENDATIONS FOR 2023-2025

The recommendations that are informed by this report support the stated objectives and goals following the themes of education, transformation and partnership. These recommendations align with the Affirmative Action Plan and the Statewide DEI Action Plan to progress the important equity work ahead:

1. Revitalize the energy around affirmative action work by conducting an affirmative action educational campaign through virtual and in-person workshops that center on racial equity. An education-first approach creates shared understanding and a foundation to learn, and implement the work.

2. Strengthen community relationships with Oregon's diverse and currently underserved communities by proactively working with community partners.

3. Transform the Affirmative Action Program by adopting a partnership approach with agencies when developing and implementing agency-specific affirmative action plans.

4. Promote collaboration and sharing of leading practices by revamping the structure of the Affirmative Action Representative Bi-Monthly Meetings to incorporate peer group sessions.

5. Raise awareness in careers in state government by partnering with educational organizations including public and private K-12 school districts, community colleges, universities and trade schools.

COMMUNITY RELATIONSHIPS

Community relationships are a critical element in strengthening partnerships with Oregon's diverse and currently underserved communities. It means sharing power by proactively working with community partners and building meaningful partnerships to inform decision-making. Agencies can align their affirmative action plans with the Statewide DEI Action Plan by integrating a community engagement plan in their strategies and goals that explain their approach to maintaining community relationships.

Oregonians are engaged when they are meaningfully included in discussions, decision-making, and implementation of the parts of government that affect their lives. Engaging in community relationships ensures that plans are relevant, needed, and build on existing solutions, ideas and strengths that Oregon's diverse communities have to offer.

Although the COVID pandemic presented limitations in community outreach efforts, some agencies created opportunity when possible. Here are examples of how agencies have incorporated community engagement in their Affirmative Action Plans:

- Oregon Department of Transportation (ODOT) conducted extensive public outreach on dozens of major projects all over the state in both the design and construction phases of the projects. In the Portland metro area, one project in a diverse community, outreach occurred in 5 languages (English, Spanish, Vietnamese, Russian and Chinese). The outreach included written materials, in-person meetings for Right of Way, access management and open houses with language interpretation.
- Oregon Film and Video Office (OFVO) partnered with Oregon Made Creative Foundation (OMCF) to create several opportunities that would not have otherwise existed for a diverse community of filmmakers and content creators. The effort brought over $230,000 for projects and filmmakers working in Oregon; 75% of that funding has gone to artists and creators from historically under-represented and marginalized communities.
- Higher Education Coordinating Commission (HECC) staff are involved in numerous collaborative campus efforts to streamline the community college to university transfer pathway by working to ensure students do not lose credits. This impacts affordability and time-to-degree for low-income, first generation, and other underserved students. HECC also leads policy efforts on Credit for Prior Learning, improving pathways for returning and adult students to earn credits.
- Department of Revenue (DOR) received approval from the legislature to fund and operate a Taxpayer Advocate Office. The office operates independently from the rest of the agency to enhance the department's services to taxpayers. It provides opportunities to proactively connect with taxpayers and form collaborative partnerships with community-based organizations. These efforts will provide taxpayers with the ability to have a voice within the agency, increase system equity and voluntary compliance.

- Oregon State Lottery (OSL) sponsored Portland Veterans Stand Down, hosted by Transition Projects, by providing 400 first-aid kits to be distributed to veterans in Portland on Veterans Day.
- Oregon State Treasury (OST) partners with Historically Black Colleges and Universities (HBCU) and other recruitment organizations that focus on reaching historically underrepresented communities. Through these partnerships, 35.5% were people of color and 54.8% were women out of 31 total hires.
- State Library of Oregon (SLO) initiated a Native Plants Project, in conjunction with State Parks and the Legislative Administration Committee, to reach out to Oregon tribes for input, guidance, and participation from interested Tribal Nations on a new project to elevate Tribal voices at State Capitol Park.

TRIAL SERVICE RETENTION AND DEMOGRAPHIC DATA

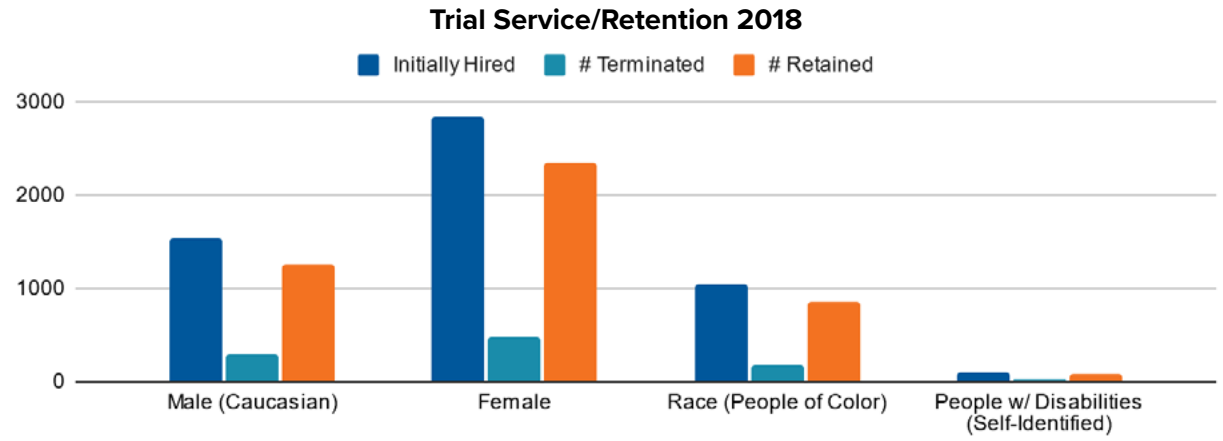
TRIAL SERVICE RETENTION 2018 - 2022 BY CALENDAR YEAR

Trial service is the final phase of the hiring process which offers employees the opportunity to demonstrate their ability to perform the work, while providing state agencies the opportunity to confirm qualifications and fitness for the position.[1]

The tables and charts below show that between 2018 and 2022, retention rates increased due to an increase in female and people of color hires. Hiring people with disabilities decreased in 2020; however, there was a slight increase in 2021 with a higher retention rate. This continues the trend established from 2015 - 2016.

Trial Service/Retention 2018

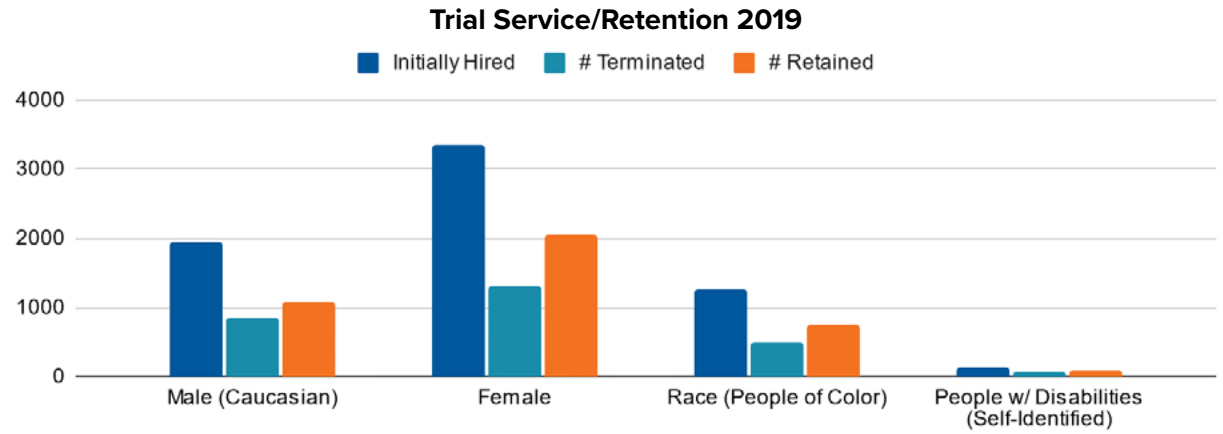
Trial Service/Retention	Initially Hired	# Terminated[2]	# Retained	% Retained
Male (Caucasian)	1,545	294	1,251	81.0%
Female	2,836	476	2,360	83.2%
Race (People of Color)	1,042	179	863	82.8%
People w/ Disabilities (Self-Identified)	100	24	76	76.0%



1 *Oregon State Human Resources Policy 40.065.01*
2 *Terminations include voluntary resignations and involuntary dismissals.*

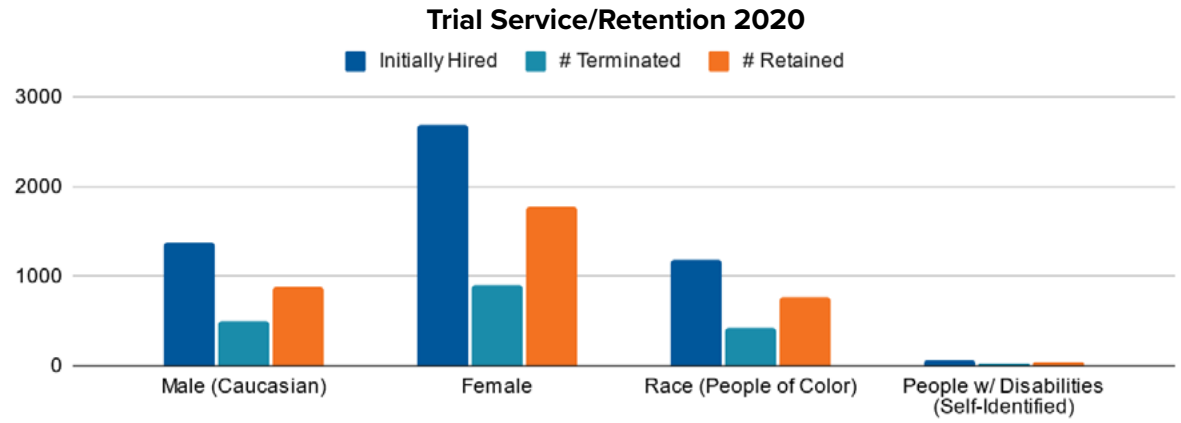
Trial Service/Retention 2019

Trial Service/Retention	Initially Hired	# Terminated	# Retained	% Retained
Male (Caucasian)	1,951	862	1,089	55.8%
Female	3,352	1,310	2,042	60.9%
Race (People of Color)	1,263	499	764	60.5%
People w/ Disabilities (Self-Identified)	138	52	86	62.3%



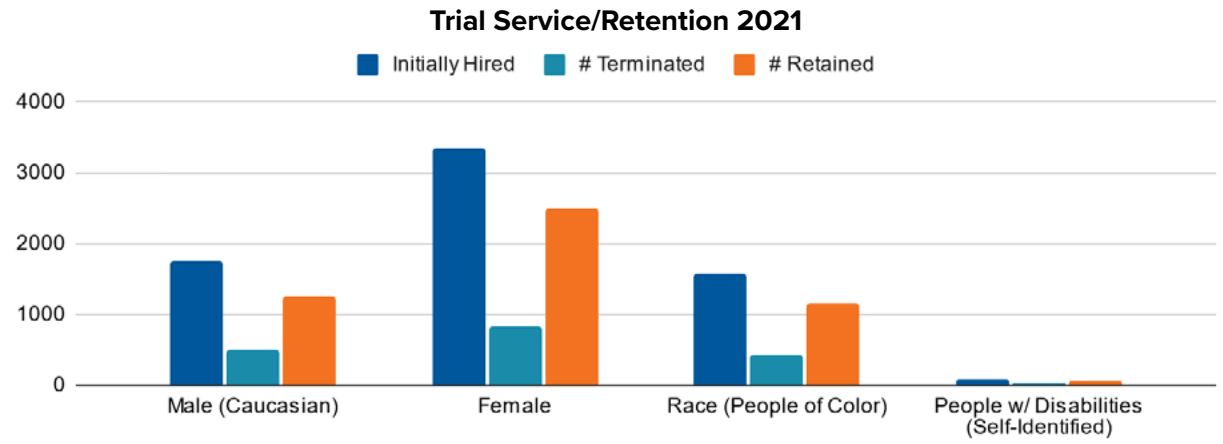
Trial Service/Retention 2020

Trial Service/Retention	Initially Hired	# Terminated	# Retained	% Retained
Male (Caucasian)	1,373	496	877	63.9%
Female	2,688	904	1,784	66.4%
Race (People of Color)	1,191	428	763	64.1%
People w/ Disabilities (Self-Identified)	62	22	40	64.5%



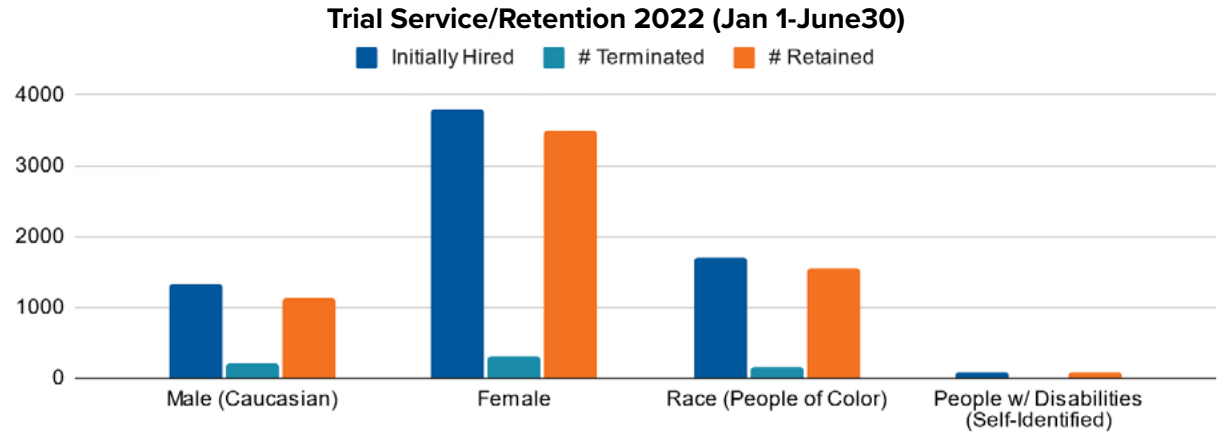
Trial Service/Retention 2021

Trial Service/Retention	Initially Hired	# Terminated	# Retained	% Retained
Male (Caucasian)	1,761	498	1,263	71.7%
Female	3,351	843	2,508	74.8%
Race (People of Color)	1,590	432	1,158	72.8%
People w/ Disabilities (Self-Identified)	76	22	54	71.1%

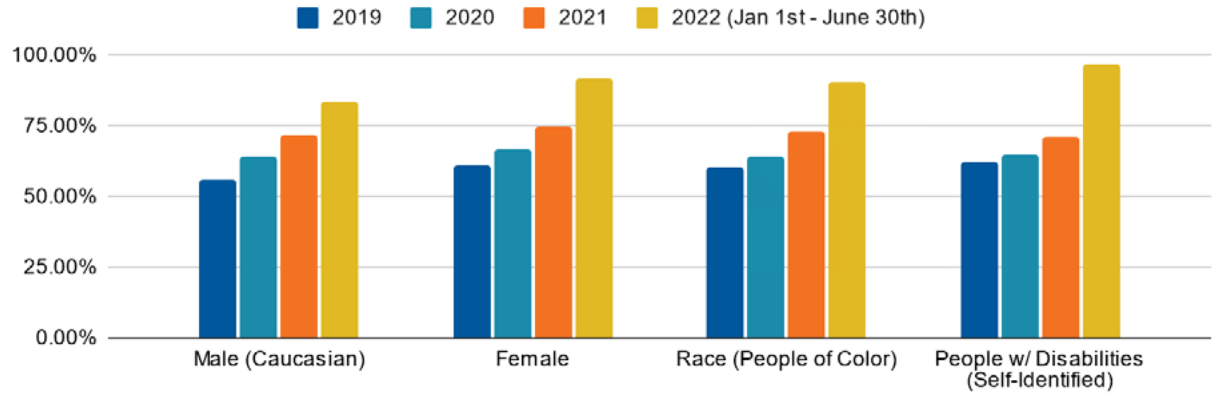


Trial Service/Retention January 1, 2022 - June 30, 2022

Trial Service/Retention	Initially Hired	# Terminated	# Retained	% Retained
Male (Caucasian)	1,342	217	1,125	83.8%
Female	3,796	304	3,492	92.0%
Race (People of Color)	1,714	167	1,547	90.3%
People w/ Disabilities (Self-Identified)	88	3	85	96.6%

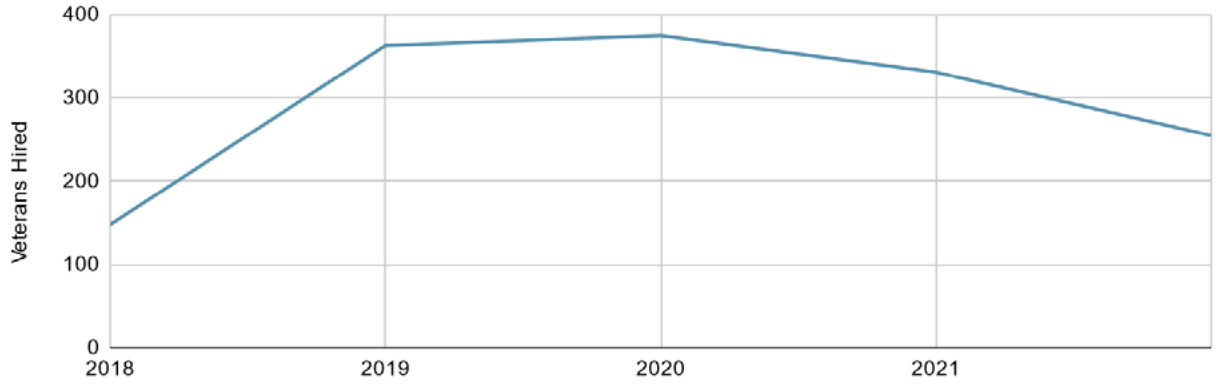


Percent Retained

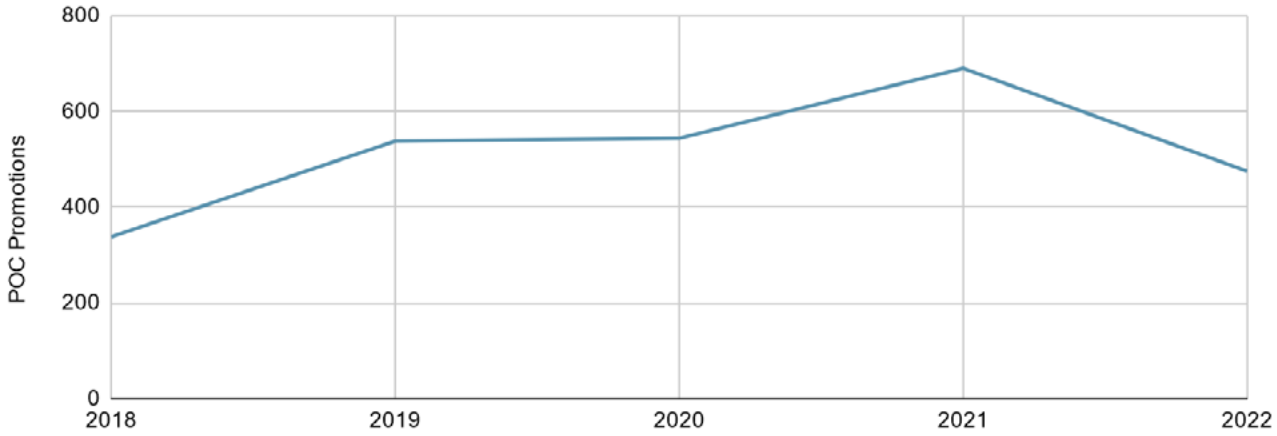


DEMOGRAPHIC DATA 2018 - 2022 BY CALENDAR YEAR

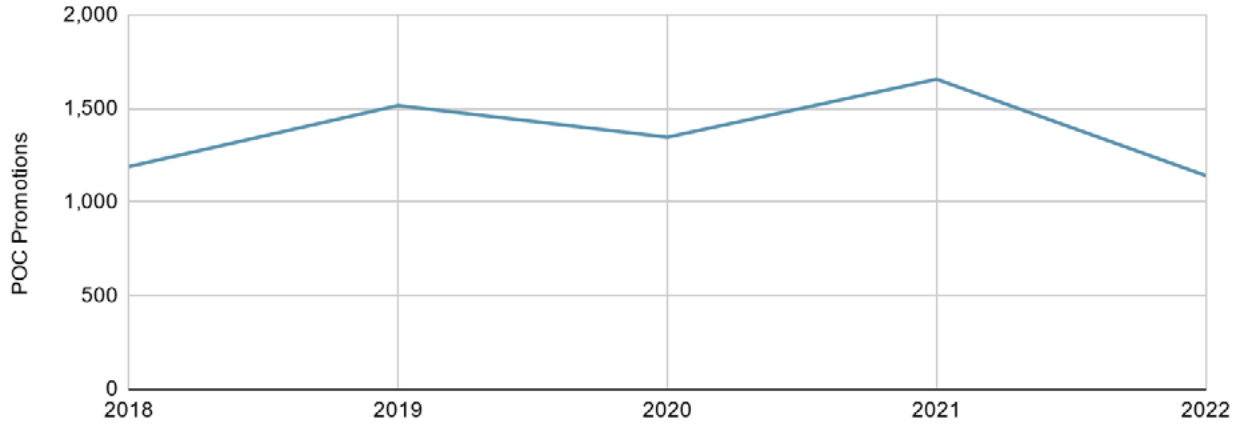
Veterans Hired 2018-2022



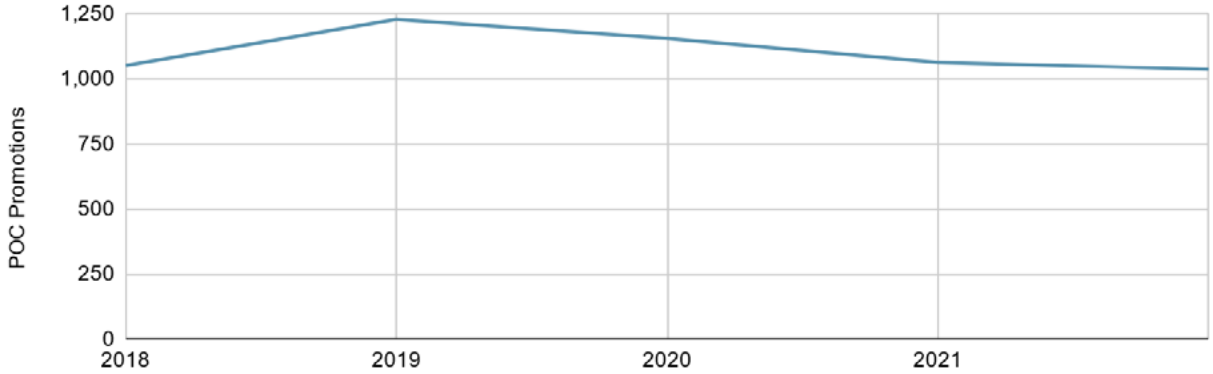
POC Promotions 2018-2022



Female Promotions 2018-2022



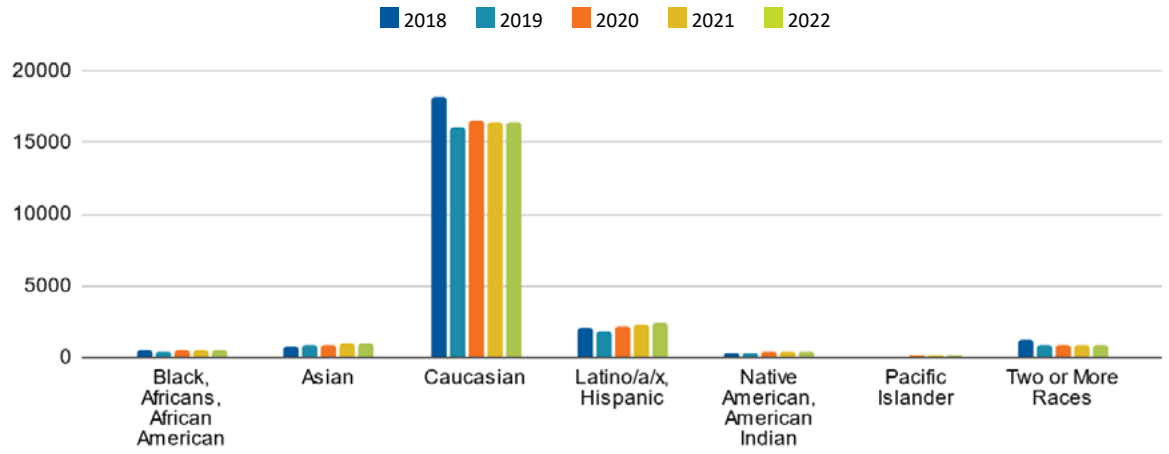
Number of Employees with Disabilities 2018-2022



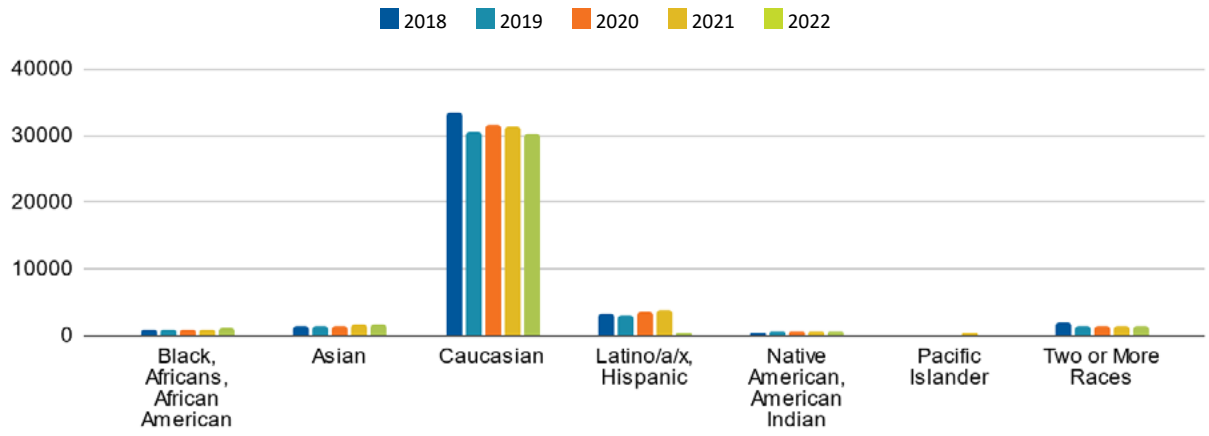
KEY TAKEAWAYS

- People of color and females are getting promoted. There is an increase of females of color and people of color in the workforce.
- The top three communities of color represented in the workforce:
  - Latino/a/x, Hispanic
  - Asian
  - Black, Africans, African American
- There is an increase of people of color represented in management with the top three being:
  - Latino/a/x, Hispanic
  - Black, Africans, African American
  - Asian
- Direct appointments have slightly decreased across the board
- From 2018-2020, hiring Person with Disability (PWD) and veterans was at an upward trend, with a slight decrease in 2021
- Hiring PWD started to decrease in 2020; however, in 2021, PWD retention rate was high
- Top three job categories for PWD are professional, administrative support and paraprofessional

Female Employees 2018-2022 by Calendar Year



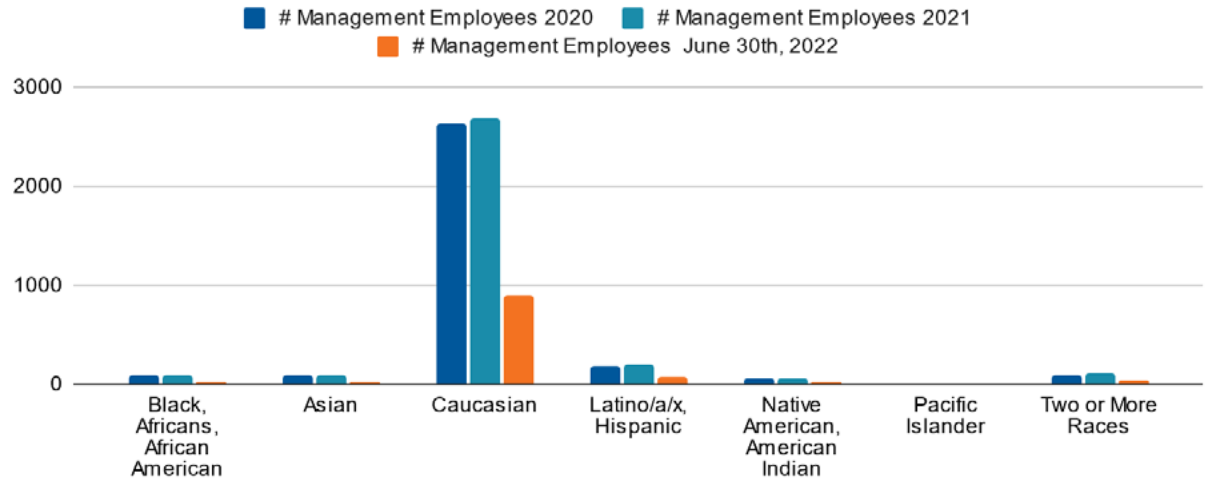
All Employees 2018-2022 by Calendar Year



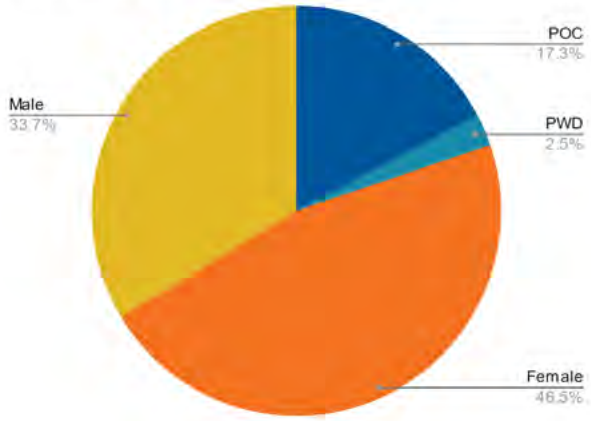
MANAGEMENT, DIRECT, AND EXECUTIVE APPOINTMENTS

The number of people of color in management positions is increasing, with the top three demographics being Latino/a/x, Hispanic; Black, Africans, African American; and Asian. Direct appointments are slightly decreasing across the board.

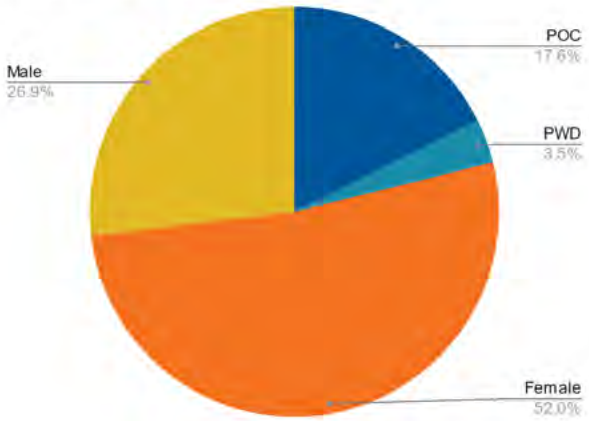
Number Management Employees 2020-2022 by Calendar Year



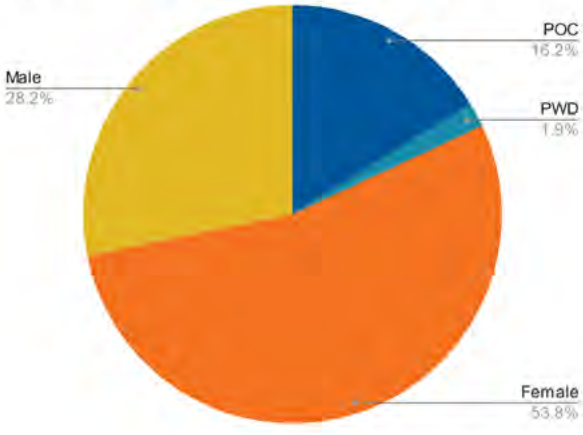
Appointments 2020



Appointments 2021



Appointments 2022 (Jan 1 - June 30)

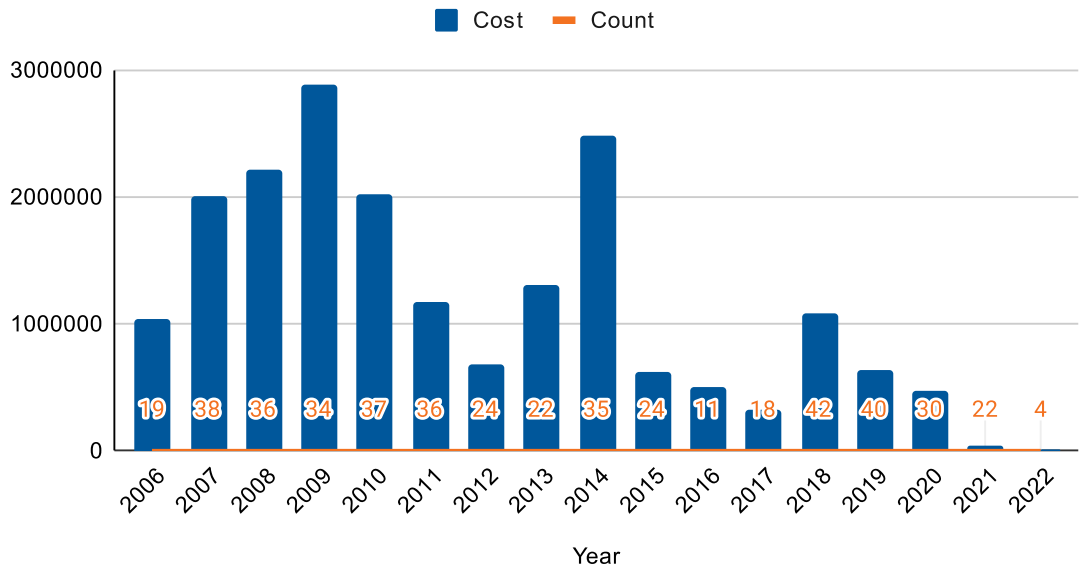


CLAIMS

COST AND COUNT

The following table displays the total dollars Oregon state agencies paid for civil rights/ discrimination claims.

Oregon State Agencies for Civil Rights/ Discrimination Claims - Cost and Count



OREGON STATE GOVERNMENT EMPLOYMENT & LABOR FORCE

In 2021, Oregon state government employed 40,227 workers. By race or ethnicity, there were 8,946 workers (or 22.2%) who identified as people of color. Meanwhile, nearly four out of five (77.8%) state government employees identified as white. These percentages are similar to the demographics of all Oregon workers ages 16 and older. Across all jobs, Oregon had 27.8% of employed workers who identified as people of color in 2021, while 72.2% identified as white alone (not also of Hispanic or Latino origin).

Women were slightly more likely to be working in state government than in Oregon's economy overall. In 2021, slightly more than half (53.7%) of all state government employees identified as female. [3] Women made up 47.2% of all employed workers ages 16 and older in Oregon.

The Governor's Office also showed a similar demographic makeup to the overall workforce in terms of race and ethnicity, with 28.8% of employees identifying as people of color. Those identifying as female made up a larger share of the Governor's Office staff – 47 (or 71.2%) of 66 employed in the administration.

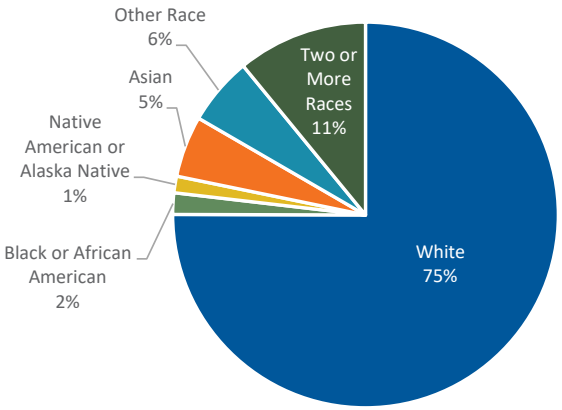
Employment Status and Labor Force Participation Rates in Oregon by Race and Ethnicity, 2021

Population ages 16 and over							
		In Labor Force					
Race	**Total**	**Employed**	**Unemployed**	**Not in Labor Force**	**Percent of Employed**	**Unemployment Rate**	**Labor Force Participation Rate**
All	**3,487,919**	**2,007,468**	**136,281**	**1,339,921**	**100%**	**6.4%**	**61.6%**
White	2,681,652	1,500,072	100,414	1,078,332	74.7%	6.3%	59.8%
Black or African American	63,611	36,114	4,075	23,224	1.8%	10.1%	63.5%
Native American or Alaska Native	44,396	27,757	2,203	14,105	1.4%	7.4%	68.2%
Asian	162,048	102,492	4,931	54,490	5.1%	4.6%	66.4%
Other Race	170,342	114,040	8,362	47,714	5.7%	6.8%	72.0%
Two or More Races	353,031	218,681	15,589	118,236	10.9%	6.7%	66.5%
Ethnicity							
Hispanic or Latino Origin	419,930	281,742	19,822	117,658	14.0%	6.6%	72.0%
All Not Hispanic or Latino Origin	3,067,989	1,725,726	116,459	1,222,263	86.0%	6.3%	59.3%
White Alone by Race, and Not Hispanic or Latino Origin	2,605,372	1,448,920	97,139	1,056,722	72.2%	6.3%	59.4%
People of Color	882,547	558,548	39,142	283,199	27.8%	6.5%	67.7%
Gender							
Male	1,729,973	1,060,576	73,692	592,182	52.8%	6.5%	65.8%
Female	1,757,946	946,892	62,589	747,739	47.2%	6.2%	57.5%

Source: Census Bureau, American Community Survey, 1-year estimates

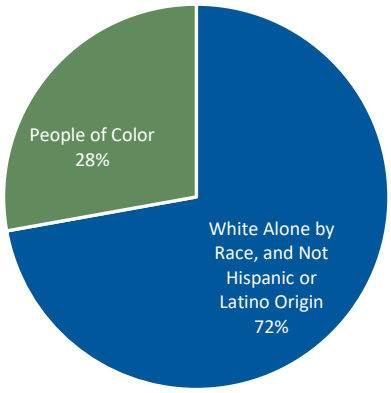
3 Sexual orientation and gender identity data were collected from employment records.

All Employment by Race in Oregon, 2021



Source: U.S. Census Bureau, American Community Survey

All Employment by Race and Ethnicity in Oregon, 2021



Source: U.S. Census Bureau, American Community Survey

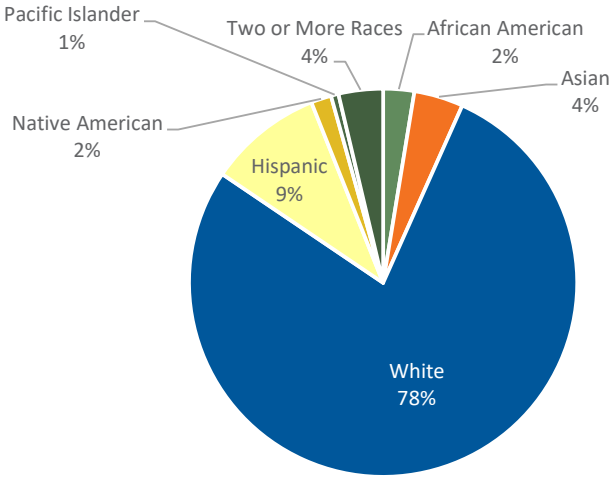
State of Oregon Employees by Race and Ethnicity, 2021

Race and Ethnicity	Total	% of Total
All	**40,227**	**100%**
White	31,281	77.8%
Black or African American	1,040	2.6%
Native American	682	1.7%
Asian	1,654	4.1%
Pacific Islander	253	0.6%
Two or More Races	1,488	3.7%
Ethnicity		
Hispanic or Latino	3,829	9.5%
Gender		
Male	18,623	46.3%
Female	21,604	53.7%

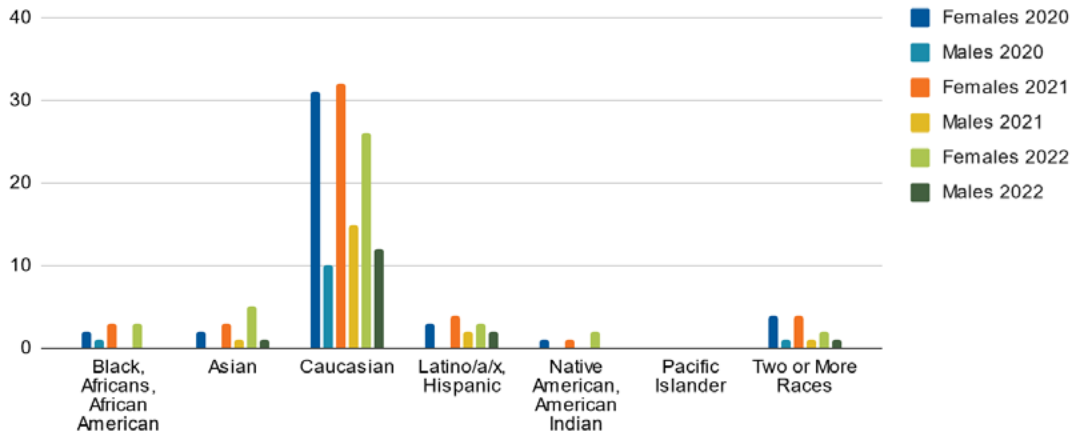
Source: Oregon Department of Administrative Services

State Government Employment by Race and Ethnicity, 2021

Source: Oregon Department of Administrative Services



Governor's Office Demographics 2020-2022



Attachment #5

OREGON STATE GOVERNMENT PROCUREMENT AND CONTRACTING

In the *Statewide Diversity, Equity and Inclusion (DEI) Action Plan*, strategy 6 and 7 call to action improvements in the statewide budget, contracting and procurement processes:

- **Strategy 6:** Equitable budget, inclusive budget process, and investing in target communities
- **Strategy 7:** Contract equity and improving state procurement processes

Several efforts and programs have been initiated while existing programs and processes are being assessed for improvements. Notable achievements of this work include the formation of the Racial Justice Council (RJC), passing of HB 5006 which funds the Oregon Statewide Disparity Study, and the requirement to submit a Racial Equity Impact Statement (REIS) as part of an agency's agency request budget (ARB).

RACIAL JUSTICE COUNCIL (RJC)

In 2020, Governor Kate Brown formed the RJC to allow the voices of those most impacted by historical and institutional racism in Oregon to be heard and to create a system that fully supports all Oregonians. During the 2021 legislative session, the RJC secured over $3.2 billion to begin the process of recognizing and undoing systemic racism in Oregon. Efforts to support this can be found in who the state does business with; how the state does business; and the process in which procurements, contracts and vendor selection occurs.

OREGON STATEWIDE DISPARITY STUDY

At the 2021 legislative session, HB 5006, Oregon Statewide Disparity Study, received $3.7 million in funds to identify inequalities in public procurement and contracting by looking at state contracting data. The study serves as an actionable, data-driven foundation that can help advance the state enterprise toward more equitable procurement processes to support minority-, women-, and service-disabled-veteran owned businesses. Findings from this study are not yet available.

RACIAL EQUITY IMPACT STATEMENT (REIS)

The 2023-25 biennium is the first time Oregon state government has required that agencies submit an REIS as part of their ARB. The REIS is a racial equity tool that helps agencies intentionally develop strategies and actions that reduce racial inequities in the process of requesting budget needs for their agency programs. As modified by the RJC Codification HB 2167 (ORS 291.206), each agency ARB was developed in consultation with the Racial Justice Council. An update on this requirement and the impact of the REIS is anticipated in the next affirmative action report.

CERTIFICATION OFFICE OF BUSINESS INCLUSION AND DIVERSITY (COBID)

The Certification Office for Business Inclusion and Diversity (COBID) is the sole certification authority for Oregon state government and is managed by Business Oregon. Certification is designed to give government agencies increased opportunities to locate and contract with minority-owned, women-owned, emerging small, and service-disabled-veteran owned businesses, (referred to collectively as COBID certified firms). While the certification program exists to provide access to public contracting opportunities, it also increases awareness of resources available to assist new and growing businesses, encourages prompt payment by a prime contractor or public agency, and strengthens Oregon's small business economy.

Title VI Of The 1964 Civil Rights Act

> Simple justice requires that public funds, to which all taxpayers of all races [colors, and national origins] contribute, not be spent in any fashion which encourages, entrenches, subsidizes or results in racial [color or national origin] discrimination.
>
> **- President John F. Kennedy**

STATE AGENCY CONTRACTING SUMMARY

As Oregon state government adopts new technology to modernize legacy systems, education, training and practice is required to fully transform into a data-driven decision-making enterprise. COBID and statewide contracting and procurement data are collected through separate systems and by multiple agencies, and as a result, contract and spend data are not easily and readily available for analysis. The primary goal of the Oregon Statewide Disparity Study is to aggregate and analyze past contracting data in terms of the demographic of the state's supplier base.

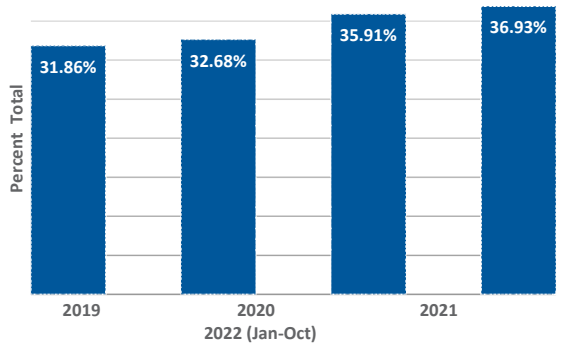
Concurrently, implementation of a new eProcurement system called OregonBuys will contain contracting and purchasing records. Although this solution does not currently capture race and gender information for suppliers, DAS is working to have these fields added to the system. With OregonBuys not yet fully implemented, DAS Procurement Services in conjunction with the OregonBuys project team are partnering with agencies on using consistent methodology.

PROCUREMENT AND CONTRACTING DATA ANALYSIS

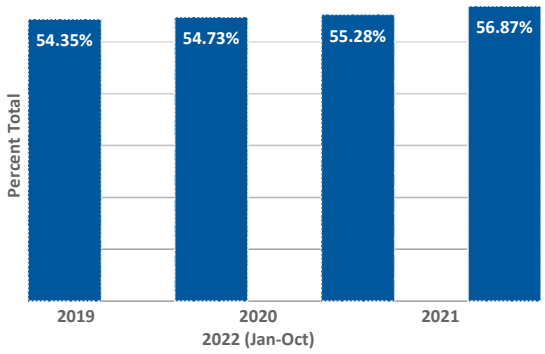
Overall, the findings show that diversity is increasing among those with whom Oregon state government does business. For purposes of this report, the Affirmative Action Manager partnered with Business Oregon (the agency that manages the ethnicity data of certified firms) and DAS Procurement Services to collect contract awards to COBID-certified firms.

- Since 2019, we have seen an increase in the number of COBID-certified firms by 5% with the top three ethnicities being Black/African American, Hispanic and Asian Pacific
- Women-owned firms have increased by 2.5% since 2019
- Contracts awarded to COBID-certified firms increased by 3.35% since 2021

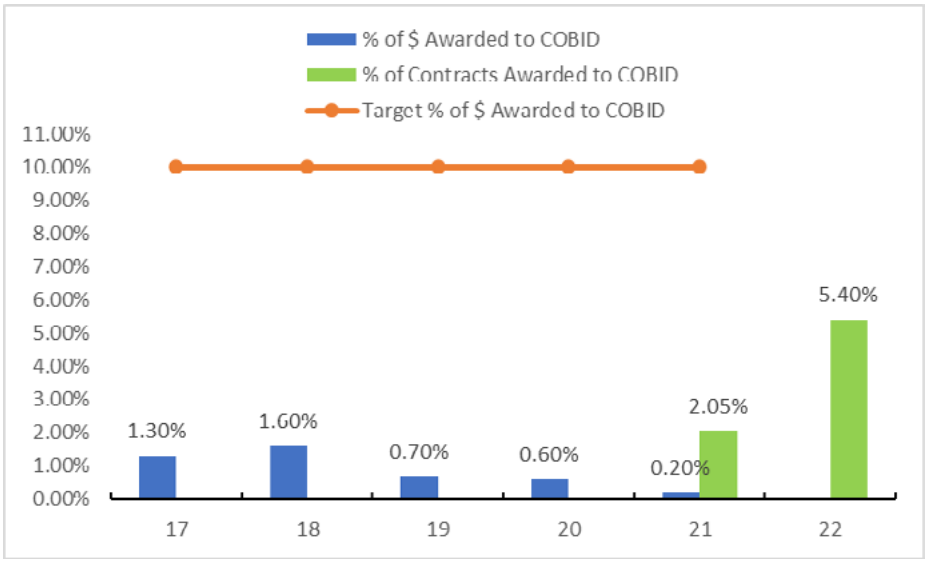
Diverse Firms by Ethnicity (Not White)



Women-owned Firms



Contracts awarded to COBID



ACKNOWLEDGEMENTS

The 2021-2023 Affirmative Action Summary Report was made possible by:

Carrie Baxandall, COBID Program Manager | Business Oregon

Kayla Brookshire, Workforce People Analytics Strategist | Dept. of Administrative Services

Luke Coury, Employment Economist | Oregon Employment Department

Bryanna Duke, Public Records Manager | Dept. of Administrative Services

Shelly Hoffman, Risk Manager | Dept. of Administrative Services

Carlee Justis, Graphic Designer | Dept. of Administrative Services

Natalie King, Communications Director | Office of Governor Brown

Jennifer Kotting, Consultant | Jennifer Kotting LLC

Gail Krumenauer, State Employment Economist | Oregon Employment Department

Kelly Mix, State Chief Procurement Officer | Dept. of Administrative Services

Cameron Stuckart, Workday Security & Reporting Analyst | Dept. of Administrative Services

Juliet Valdez, Statewide Affirmative Action Manager | Dept. of Administrative Services

Serena Stoudamire Wesley, Deputy Director & Chief of Programs | Early Learning Division

CITATIONS/APPENDICES

National Library of Medicine; *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7648497/*

Census Bureau, American Community Survey;
https://www.census.gov/programs-surveys/acs/data.html

Oregon Revised Statute; *https://www.oregonlegislature.gov/bills_laws/Pages/ORS.aspx*

Oregon Executive Orders; *https://www.oregon.gov/gov/Pages/executive-orders.aspx*

State of Oregon DEI Action Plan, *https://www.oregon.gov/das/Docs/DEI_Action_Plan_2021.pdf*

DIVERSITY, EQUITY AND INCLUSION

The Office of Cultural Change and the Governor's Office recognizes diversity as the collective mixtures of our differences and similarities. These differences are viewed as a strength that maximizes the state's competitive advantage through innovation, effectiveness and adaptability.

Equity is a value and goal, not a process. It allows all individuals to thrive and reach their full potential.

Inclusion is leveraging diversity which builds and sustains a culture in which people are engaged and motivated. Ultimately, inclusion is the environment that people create to allow these differences to thrive.



OFFICE OF CULTURAL CHANGE
DEPARTMENT OF ADMINISTRATIVE SERVICES
155 Cottage Street NE | Salem, OR 97301

Oregon Agency Expectations

Accountability Measure	Tools/Resources	Agency Actions Due	Agency Expectation Frequency
Director 360 Reviews	DAS will provide price agreement/template due by June 1, 2023.	TBD	Every 2 years
Performance Feedback for Employees	Link coming soon on Strategic Initiatives site	Maintain 90% compliance by June 1, 2023.	Quarterly
Measuring Employee Satisfaction	DAS will identify vendor and standard questions by June 1, 2023.	Complete first survey by December 31, 2023, and submit scores to DAS by February 1, 2024.	Annually
Strategic Planning	DAS will develop vendor price agreements and templates by June 1, 2023.	Complete plan by December 31, 2023 (existing strategic plans within 36 months), June 1, 2024 (older strategic plans).	Every 3 years
Managing IT Processes	EIS will provide assistance through vendors and Assistant State CIOs and templates. Agencies can access resources here: https://www.oregon.gov/das/OSCIO/Documents/EIS-Agency-IT-Strategic-Plan-Template-and-Guide.pdf	Complete plan (agencies with 50 or more FTE) by December 31, 2023 .	Annually – or as defined within the agency's IT Governance Policy
Succession Planning for the Workforce	DAS has developed a succession planning toolkit available at: https://www.oregon.gov/das/HR/Pages/success-plan.aspx	Complete plan by December 31, 2023.	Ongoing
Diversity, Equity and Inclusion Plans (including affirmative action plan)	Oregon DEI Action Plan: DEI_Action_Plan_2021.pdf (oregon.gov)	Initial DEI plan (including affirmative action plan) complete by June 1, 2023.	Every 2 years (affirmative action plans updated annually)

Accountability Measure	Tools/Resources	Agency Actions Due	Agency Expectation Frequency
Agency Emergency Preparedness	Oregon Emergency Management has developed a Continuity of Operations Plan Toolkit available at: https://www.oregon.gov/oem/emresources/Pages/Toolkits-for-Emergency-Managers.aspx	Initial plan complete by September 30, 2023.	Update annually
Agency Hiring Practices	Link coming soon on Strategic Initiatives site	Meet target of 50 days to fill positions by June 1, 2023	DAS CHRO will pull reports quarterly & send to agencies
Audit Accountability	DAS will provide process and template for reporting audit findings' status by June 1, 2023.	TBD	Quarterly
New Employee Orientation	Link coming soon on Strategic Initiatives site	Agencies must be able to demonstrate all employees are participating within 60 days of hire by December 31, 2023.	Ongoing
Introductory Manager Training	DAS has developed training for managers new to state government available in Workday Learning. https://wd5.myworkday.com/oregon/learning/course/d1b3cb4577c801878996359dea019cdd?type=9882927d138b100019b6a2df1a46018b	Agencies must ensure managers new to managing in state government complete training within 3 months and comply by June 1, 2023.	Ongoing
Customer Service Training	DAS must develop and implement training for all new state employees by June 1, 2023	Achieve compliance by December 31, 2023	Ongoing

Uplift Oregon benefits workshop	Uplift Oregon has provided training available in Workday Learning. Resources for Agencies - Uplift Oregon	Agencies must incorporate into onboarding and ensure all new employees complete the workshop within 30 days of hire by June 1, 2023	Ongoing

Oregon
Tina Kotek, Governor

OBD Executive Director
Stephen Prisby

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TO: OBD Board Members

FROM: Stephen Prisby, OBD Executive Director

DATE: April 12, 2023

SUBJECT: Strategic Plan Priorities & Work

I will update the Board on work that is fulfilling our strategic objectives and hope to discuss the priorities and direction for OBD Staff on our strategic plan initiatives. At this board meeting you will continue taking positive and meaningful steps toward Strategic Priorities A, C & E.

- STRATEGIC PRIORITY A Licensure Evolution
- STRATEGIC PRIORITY C Community Interaction and Equity
- STRATEGIC PRIORITY E Technology & Processes

OBD 2022-2025 Strategic Plan Attached

Oregon Board of Dentistry







Strategic Plan 2022-2025

Adopted February 25, 2022



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Oregon Board of Dentistry

2022-2025 Strategic Plan

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

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

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

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

Oregon Board of Dentistry
Strategic Plan Overview

The Oregon Board of Dentistry's (OBD) responsibilities and oversight authority is bestowed from the Oregon Revised Statutes Chapter 679 (Dentists), Chapter 680.10 to 680.205 (Dental Hygienists), Oregon Administrative Rules Chapter 818. In addition, direction for Dental Therapists is guided by HB 2528 (2021) and the addition of Interim Therapeutic Restorations, HB 2627 (2021) for Expanded Practice Dental Hygienists. These new statutes task the OBD with regulation and oversight of the practice of dentistry and dental hygiene by enforcing standards of practice established in the Oregon Legislature statutes and rule.

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

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

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

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

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

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

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

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

Oregon Board of Dentistry
Mission Statement & Core Values

Mission of the Oregon Board of Dentistry:

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

Oregon Board of Dentistry Core Values:

- Integrity
- Fairness
- Responsibility
- Community

Oregon Board of Dentistry

Organizational & External Influences Analysis

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

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

STRENGTHS	WEAKNESSES
• Foundation of known, common values: Integrity, Fairness, Responsibility, Community and commitment to the mission • Skilled, experienced, and dedicated staff • Successful migration and knowledge transfer as new Board and Staff onboarded during previous strategic period • Foresight and proactive succession and onboarding planning • Board composition provides a breadth of perspectives • Member survey shows support in OBD remains high at 78% after problematic pandemic year	• Lack of clear understanding for OBD scope and jurisdiction by public, patients and Licensees • Limited control over budget/funding impact ability to adjust staffing plans to meet overall strategic plan needs • Legislature changes can create significant increases in staff work that are not in alignment with staffing capacity • Low levels of Licensee participation in inputs/surveys. 2020 strategic priorities member survey had 265 responses • Board member turnover creates loss of continuity and historical knowledge
OPPORTUNITIES	**THREATS**
• Ability to implement Dental Therapy licensure process • Migration of technology to improve licensee experience, overall processes & efficiency, and provide workplace flexibility • Collaboration with Oregon Health Authority (OHA) to manage public engagement and expectations for language, cultural diversity, equity, and inclusion across OHA partners. (With guidance from the State Racial Justice Council.)	• Continued lagging technology infrastructure • Shifts in business operations and managed care pose challenges to dentistry practices and regulation • Insurance maximums dating to the 1960's influence patient care recommendations

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

STRATEGIC PRIORITY A

Licensure Evolution

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

Goals

⟹ Develop and implement rules based on legislation changes

⟹ Successfully implement Dental Therapy license

Action Items

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

STRATEGIC PRIORITY B

Dental Practice Accountability

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

Goals

⟹ Ensure Licensees dictate clinical care provided to patients (in contrast to corporate non-Licensees driving care decisions)

⟹ Increase OBD visibility into practice ownership models

⟹ OBD jurisdiction over Dental practices in Oregon, regardless of ownership and business operating model

⟹ Correlate patient care to level of competency required by practitioners (DT, DMD, DDS, DH); hold entities accountable to the level of licenses within their practice

Action Items

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

STRATEGIC PRIORITY C

Community Interaction and Equity

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

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

Goals

⟹ Communicate and market to reach the diverse communities within Oregon

⟹ Increase ease of access to OBD services

⟹ Ensure equity exists in Investigation outcomes

⟹ Increase OBD Licensee, patient, and community understanding of OBD roles, responsibilities, and services

Action Items

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

STRATEGIC PRIORITY D

Workplace Environment

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

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

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

Goals

⟹ Establish succession plan for Board members, continuing to represent many viewpoints and experiences in Board composition

⟹ Increase workplace flexibility through a hybrid workplace guideline

⟹ Increase workplace satisfaction and career development conversations

Action Items

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

STRATEGIC PRIORITY E

Technology & Processes

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

Goals

⟹ Improve efficiency and resource utilization through online record keeping

⟹ Increase ability to complete analytics related to licensees and investigations

⟹ Improve investigation case management with archived files

Action Items

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

Oregon Board of Dentistry Strategic Plan 2022-2025

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

MISSION-CRITICAL PRIORITIES				
A. Licensure Evolution	B. Dental Practice Accountability	C. Community Interaction & Equity	D. Workplace Environment	E. Technology and Processes
GOALS				
• Develop and implement rules based on legislation changes	• Ensure licensees dictate clinical care provided to patients (in contrast to corporate non-licensees driving care decisions)	• Communicate and market to reach the all communities within Oregon	• Establish succession plan for Board members, continuing to represent many viewpoints and experiences in Board composition	• Improve efficiency and resource utilization through on-line records keeping
• Successfully implement Dental Therapy license	• Increase OBD visibility into practice ownership models	• Increase ease of access to OBD services	• Increase workplace flexibility through a hybrid workplace guideline	• Increase ability to complete analytics related to licensees and investigations
	• OBD jurisdiction over Dental practices in Oregon, regardless of ownership and business operating model	• Ensure equity exists in investigation outcomes	• Increase workplace satisfaction and career development conversations	• Improve investigation case management with archived files
	• Correlate patient care to level of competency required by practitioners (DT, DMD, DDS, DH); hold entities accountable to the level of licenses within their practice	• Increase OBD licensee, patient, and community understanding of OBD roles, responsibilities, and services		
ACTION ITEMS				
• Develop and implement rules in support of HB 2528 (2021) for newly created Dental Therapist license	• Implement changes to Licensee Renewal form to capture multiple office/group affiliation	• Align Diversity, Equity, and Inclusion plans to guidance provided by the State of Oregon Racial Justice Council	• Develop succession plans for Board positions coming open and establish effective process for ongoing timely replacement	• Complete digitization and modernization process for Board Books
• Develop and implement communication strategies with communities impacted by Dental Therapy license implementation	• Gather dental practice ownership and training information	• Enable OBD to take complaints in complaintant's first language	• Define and implement hybrid workplace guidelines	• Complete implementation of InLumon system
• Engage interested parties to learn more and gather feedback about implementing Dental Therapy Practice in Oregon	• Receive OHSU updated curriculum and include in Board Book	• Include diversity analysis when developing Marketing or Communications materials; consider diversity in visual representations	• Evaluate overall workload and staff workload balance, consider adjustment for upcoming fiscal cycles	• Build working digital database of Licensee records
	• Analyze complaints by ownership types	• Create analysis of prior investigations, findings, and actions across licensee demographics to frame equity-related data		• Pilot data analysis capabilities
	• Evaluate options for strengthening statute related to accountability, ownership, and standards of care	• Additional prioritized actions taken from recomendations and resources proivided by State Racial Justice Council		• Create digital archive of investigation files
	• Potential for proposed legislative changes			

Oregon
Tina Kotek, Governor

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DATE: March 8, 2023

TO: Governor Tina Kotek & Taylor Smiley Wolfe

FROM: OBD Executive Director Stephen Prisby

SUBJECT: Dentistry Report on EO 23-03

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1. Agency Name: **Oregon Board of Dentistry (OBD)**
2. What are the primary functions of your agency**? License and regulate oral health providers in Oregon and protect the public.**
3. Broadly, how do the primary functions of your agency support the housing stability of Oregonians (e.g., program that helps improve economic stability)? **Not directly, indirectly our Licensees are owners, employers, and employees in Oregon that contribute significantly to Oregon's economy.**
4. Broadly, how do the primary functions of your agency create housing barriers for Oregonians (e.g., program that results in conviction/criminal record)? **Unknown.**
5. What equity tool or practice do you use to inform/guide your programs, services, funding and/or decision making? **Our diverse Board Members, Committees, Licensees and interested parties inform the Board's mission & work. The Board adheres to all required Governor, DAS and Legislative statutes, requirements and mandates on this work.**
6. If so, what is your tool or practice (e.g Racial Equity Tool kit from State's DEI action plan, Racial Equity Impact Budgeting Worksheet, etc.)? **The OBD's Affirmative Action Plan, Strategic Plan along with adherence as referenced above.**
7. What data do you receive and/or collect about the people you serve? **Our Licensees voluntarily report some information to us and more to the OHA or REALD/SOGI data sets.**
a. Does your agency have REALD/SOGI data as part of this data? **See above.**
b. Does that data include disaggregated demographic, geographic and socio-economic information? **OHA has the most detailed information.**
c. Does that data include housing status of the people you serve or who are impacted by your programs? **Unknown.**
d. Does it include whether people are experiencing homelessness, are at risk of homelessness, are homeless but living in short-term settings, or have stable and affordable housing? **Unknown.**
e. How do you use that information to inform program or service delivery? **Not currently, but ready to do as directed on this issue.**
f. Do you share this information with other program areas or agencies? **No.**
8. What programs does your agency have that expands emergency shelter? **Not Applicable**.

We are ready to assist as directed and understand the importance of this work.

EXECUTIVE ORDER NO. 23-03

DIRECTING STATE AGENCIES TO PRIORITIZE REDUCING HOMELESSNESS

On January 10, 2023, the Governor issued Executive Order No. 23-02, which declared a state of emergency in the following federally designated continuum of care regions across the state: Eugene, Springfield/Lane County; Portland, Gresham/Multnomah County; Medford, Ashland/Jackson County; Central Oregon; Salem/Marion, Polk Counties; Hillsboro, Beaverton/Washington County, and Clackamas County, hereafter the "emergency areas" due to a significant increase in unsheltered homelessness in these areas since 2017 and directed certain state agencies to take specific actions to immediately reduce unsheltered homelessness and its impacts. Executive Order No. 23-02 calls for a reduction in the total number of people experiencing unsheltered homelessness in emergency areas.

Working in tandem with Executive Order No. 23-02, this Executive Order No. 23-03 instructs state agencies to prioritize reducing both sheltered and unsheltered homelessness in all areas of the state—not solely those in which a state of emergency has been declared—using their existing statutory authorities. Although the significant increase in unsheltered homelessness constitutes an emergency in specific geographic areas, homelessness is a significant issue across the State of Oregon. The number of individuals experiencing homelessness has increased by almost forty percent across the State since 2017. According to the 2022 Point in Time Count, an estimated 18,000 individuals were experiencing homelessness and the Point in Time Count is an underestimate of total need. In terms of the total number of people experiencing homelessness, approximately 4,000 of those 18,000 individuals reside in the Balance of State continuum of care, which was not designated an emergency area, and spans across Eastern Oregon, parts of the Columbia River Gorge, portions of Southern Oregon, and the Southern Coast.

NOW THEREFORE, IT IS HEREBY DIRECTED AND ORDERED THAT:

1. From the date of this Executive Order, all executive state agencies not headed by an elected official as directed by the Governor or her delegate:

    a. Expansion of services. Exercise any and all authority and discretion vested in the state agency by law to expand low-barrier shelter, rehouse people experiencing homelessness, and prevent homelessness.

b. Expedite agency processes. Prioritize and expedite any processes and procedures, including but not limited to rule making processes, that may be used, consistent with each state agency's authority and other pertinent laws to reduce or prevent homelessness. Each agency shall provide an initial report to the Governor no later than March 31, 2023, describing the processes and procedures that it has available to expand low-barrier shelter, and reduce or prevent homelessness, including a description of how it has and will expedite implementation of such processes and procedures.

c. Agency decisions. As consistent with each agency's authorities, prioritize reduction and prevention of homelessness in their planning, budgets, investments, and policy making decisions.

d. Procurement and legal sufficiency exemptions. For purposes of an emergency exemption from competitive procurement requirements an emergency exists as that term is defined in ORS 279A.010(1)(f). For the purposes of an emergency exemption from legal sufficiency review requirements under ORS 291.047(5)(b) and OAR 137-045-0070, an emergency exists. Reliance on such exemptions to address the emergency shall be at the direction of the Governor or her delegee.

e. Participation in interagency council on homelessness. The Governor's Office will continue the interagency council on homelessness to develop strategies to guide the state response to homelessness.

2. Discretion; No Right of Action. Any decision made by the Governor pursuant to this Executive Order is made at her sole discretion. This Executive Order is not intended to create, and does not create, any individual right, privilege, or benefit, whether substantive or procedural, enforcement at law or in equity by any party against the State of Oregon, its agencies, departments, or any officers, employees, or agents thereof.

3. Severability. If any portion of this Executive Order is held by a court of competent jurisdiction to be invalid, all remaining portions of this Executive Order shall remain in effect.

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4. Duration. This Executive Order is effective immediately and shall remain in effect until January 10, 2024, unless extended or terminated earlier by the Governor. The Governor shall reassess the necessity of this Executive Order every two months and shall retain, modify, or supplement it as circumstances warrant.

Done at Salem, Oregon, this 10th day of January, 2023.

Tina Kotek
GOVERNOR

ATTEST:

Shemia Fagan
SECRETARY OF STATE

BillTracker

Custom Report

Report Date: April 18, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 2112	HB 2112 A		https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2112/A-Engrossed		10:30AM 04/18/2023 Third Reading Senate Floor	4/18/2023 10:3

Updates definitions and terminology used in public records law pertaining to records retention.

Relating to public records; amending ORS 7.010, 8.125, 192.001, 192.005, 192.050, 192.060, 192.105, 192.130, 260.255 and 357.825.

Relating to public records.

Updates definitions and terminology used in public records law pertaining to records retention. Removes references to obsolete technology.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 2240	HB 2240 INTRO	Rep Neron; Rep Ruiz	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2240/Introduced	Education (S)	3:00PM 04/25/2023 Senate Committee Education Public Hearing HR B	4/25/2023 3:0

Exempts from health care interpreter requirements individuals providing services as employees or contractors of school districts, public charter schools and education service districts.

Relating to requirements to use health care interpreters; amending ORS 413.550; and declaring an emergency.

Relating to requirements to use health care interpreters; declaring an emergency.

Exempts from health care interpreter requirements individuals providing services as employees or contractors of school districts, public charter schools and education service districts.

Declares emergency, effective on passage.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 2441	HB 2441 INTRO	Rep Scharf	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2441/Introduced	Emergency Management, General Government, and Veterans (H)		

Requires Oregon Department of Administrative Services to develop and maintain information system to provide and make available information regarding proposed administrative rules to public.

Relating to the provision of information by state agencies.

Relating to the provision of information by state agencies.

Requires Oregon Department of Administrative Services to develop and maintain information system to provide and make available information regarding proposed administrative rules to public. Identifies information to be provided.

Requires state agencies to furnish information regarding proposed administrative rules to information system.

BillTracker

Custom Report

Report Date: April 18, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 2642	HB 2642 INTRO	Rep Bynum; Rep Levy B; Rep Morgan; Rep Nathanson; Rep Owens; Sen Hansell; Sen Weber	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2642/Introduced	Behavioral Health and Health Care (H)		

Requires practitioner to query electronic prescription monitoring system with respect to patient prior to issuing to, or renewing for, patient prescription for certain prescription drugs.

Relating to prescription drug monitoring; and prescribing an effective date.

Relating to prescription drug monitoring; prescribing an effective date.

Requires practitioner to query electronic prescription monitoring system with respect to patient prior to issuing to, or renewing for, patient prescription for certain prescription drugs.

Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 2652	HB 2652 INTRO	Rep Bynum; Rep Hudson; Rep Pham H; Rep Pham K; Rep Reynolds	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2652/Introduced	Behavioral Health and Health Care (H)		

Authorizes county to declare shortage of health care and human services personnel and apply to Oregon Health Authority for moneys to make grants to employers to alleviate shortage by offering certain benefits to potential workers and educators.

Relating to funding county health measures; and declaring an emergency.

Relating to funding county health measures; declaring an emergency.

Authorizes county to declare shortage of health care and human services personnel and apply to Oregon Health Authority for moneys to make grants to employers to alleviate shortage by offering certain benefits to potential workers and educators.

Appropriates moneys to Oregon Health Authority to distribute to counties for purposes related to encouraging healthy eating, physical activity and mental health.

Declares emergency, effective on passage.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 2736	HB 2736 INTRO	Rep Hudson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2736/Introduced	Behavioral Health and Health Care (H)		

Enacts interstate Occupational Therapy Licensure Compact.

Relating to an occupational therapy licensure compact; creating new provisions; amending ORS 675.220, 675.222, 675.330 and 676.177; and prescribing an effective date.

Relating to an occupational therapy licensure compact; prescribing an effective date.

Enacts interstate Occupational Therapy Licensure Compact. Permits Occupational Therapy Licensing Board to disclose specified information to Occupational Therapy Compact Commission. Exempts individuals authorized to work as occupational therapists or occupational therapy assistants under compact privilege from requirement to obtain license from board and from restrictions on use of titles. Allows board to use moneys to meet financial obligations imposed on State of Oregon as result of participation in compact.

Takes effect on 91st day following adjournment sine die.

BillTracker

Custom Report

Report Date: April 18, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 2773	HB 2773 A	Rep Reynolds; Rep Ruiz; Sen Campos; Sen Dembrow; Sen Gelser Blouin; Sen Patterson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2773/A-Engrossed	Ways and Means (J)		

Requires Oregon Health Authority to provide incentives to increase recruitment and retention of local public health professionals.

Relating to opportunities for local public health professionals; and prescribing an effective date.

Relating to opportunities for local public health professionals; prescribing an effective date.

Requires Oregon Health Authority to provide incentives to increase recruitment and retention of local public health professionals.
Directs authority to provide grants to local public health agencies that provide interns and fellows with training in, and clinical supervision of, nursing duties performed in local public health agencies.]
Directs authority to provide grants to employees of local public health agencies to provide preceptorships to students seeking nursing degrees, internships to students seeking a master's degree in public health and other educational opportunities to college students seeking training in public health.
Requires authority to study administration and effectiveness of incentives and grants and submit two reports to Legislative Assembly.
Appropriates moneys to authority for purposes of funding incentives and grants.
Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 2805	HB 2805 INTRO	Rep Morgan; Rep Neron; Rep Sosa	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2805/Introduced	Ways and Means (J)		

Provides that use of serial electronic written communication or use of intermediaries to communicate may constitute meeting of governing body subject to public meetings law if other specified conditions are satisfied.

Relating to public meetings; creating new provisions; amending ORS 192.610, 192.680, 192.685, 192.690, 244.255, 244.260, 244.270, 244.290 and 244.350; and prescribing an effective date.

Relating to public meetings; prescribing an effective date.

Provides that use of serial electronic written communication or use of intermediaries to communicate may constitute meeting of governing body subject to public meetings law if other specified conditions are satisfied. Provides that public meetings law does not apply to communications that are purely factual or educational, that are unrelated to any matter that governing body could foreseeably deliberate on or decide or that are nonsubstantive in nature.

Requires Oregon Government Ethics Commission to provide, or arrange for other organization to provide, annual training on requirements of public meetings law and best practices to enhance compliance with public meetings law. Requires members of governing bodies with total fiscal year expenditures above threshold amount to attend training at least once per term of public office. Excludes state government governing bodies from training requirements.

Expands duties of commission to conduct investigations, make findings and impose penalties for violations of public meetings law. Authorizes any person to file complaint with commission alleging that meetings were not in compliance with public meetings law. Requires complainant to have first made written grievance with public body whose governing body is alleged to have violated public meetings law so as to provide governing body opportunity to cure decisions made in violation of public meetings law.

Takes effect on 91st day following adjournment sine die.

BillTracker

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Report Date: April 18, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 2806	HB 2806 A	Rep Dexter; Rep Evans; Rep Morgan; Rep Neron; Rep Sosa; Sen Gelser Blouin	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2806/A-Engrossed	Veterans, Emergency Management, Federal and World Affairs (S)		

Authorizes governing body of public body to meet in executive session to consider matters relating to safety of governing body, public body staff and public body volunteers and to security of public body facilities and meeting spaces, and relating to cyber security infrastructure and responses to cyber security threats.

Relating to public meetings; amending ORS 192.660; and declaring an emergency.

Relating to public meetings; declaring an emergency.

Authorizes governing body of public body to meet in executive session to consider matters relating to safety of governing body, public body staff and public body volunteers and to security of public body facilities and meeting spaces, and relating to cyber security infrastructure and responses to cyber security threats.

Declares emergency, effective on passage.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 2825	HB 2825 INTRO	Rep Evans	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2825/Introduced	Emergency Management, General Government, and Veterans (H)		

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

Relating to professional licensing during emergencies.

Relating to professional licensing during emergencies.

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

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 2886	HB 2886 INTRO	Rep Dexter; Rep Reynolds; Sen Campos; Sen Dembrow; Sen Patterson; Sen Steiner	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2886/Introduced	Behavioral Health and Health Care (H)		

Directs Oregon Health Authority to establish process to receive and review health care profession scope of practice requests and impact statements.

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

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

Directs Oregon Health Authority to establish process to receive and review health care profession scope of practice requests and impact statements. Defines "scope of practice request" and "impact statement." Directs authority to convene temporary scope of practice request review committee. Directs committee to review scope of practice requests and impact statements and report to authority and interim committees of Legislative Assembly related to health care.

Takes effect on 91st day following adjournment sine die.

BillTracker

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Report Date: April 18, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 2928	HB 2928 INTRO	Rep Goodwin; Rep Nelson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2928/Introduced	Behavioral Health and Health Care (H)		

Extends health care provider incentive program to health care providers who are students enrolled in health professional training programs leading to licensure as licensed practical nurse or registered nurse.

Relating to nurse incentives; creating new provisions; amending ORS 676.454; and prescribing an effective date.

Relating to nurse incentives; prescribing an effective date.

Extends health care provider incentive program to health care providers who are students enrolled in health professional training programs leading to licensure as licensed practical nurse or registered nurse.

Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 2947	HB 2947 INTRO	Rep Morgan; Rep Smith DB; Rep Sosa; Rep Wright	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2947/Introduced	Emergency Management, General Government, and Veterans (H)		

Requires governing body of public body, when meeting in executive session at which news media is allowed to attend, to provide means for media to attend through telephone or other electronic or virtual means.

Relating to media access to executive sessions; amending ORS 192.660.

Relating to media access to executive sessions.

Requires governing body of public body, when meeting in executive session at which news media is allowed to attend, to provide means for media to attend through telephone or other electronic or virtual means.

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Report Date: April 18, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 2979	HB 2979 A	Rep Bynum; Rep Javadi; Rep Nosse; Rep Pham H; Sen Campos; Sen Patterson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2979/A-Engrossed	Ways and Means (J)		

Directs Higher Education Coordinating Commission to establish program to issue grants to community colleges to promote and increase dental assistant and dental hygienist training programs in Oregon.

Relating to dental professions.

Relating to dental professions.

Directs Higher Education Coordinating Commission to establish program to issue grants to community colleges to promote and increase dental assistant and dental hygienist training programs in Oregon.

Directs Department of Education to establish program to issue grants to school districts or education service districts to promote and increase career and technical education related to dental health professions.

Directs Oregon Health Authority to issue grants through health care provider incentive program to support and increase recruitment and retention of dental professionals.

Directs authority to develop and implement education and mentoring program to promote entry into dental professions by members of federally recognized Indian tribes in Oregon.

Directs State Workforce and Talent Development Board to develop educational module relating to dental assisting.]

Directs commission to develop and maintain website to provide information about dental assistant training and certification.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 2992	HB 2992 INTRO	Rep Tran	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2992/Introduced	Behavioral Health and Health Care (H)		

Restricts insurers' ability to refuse to credential health care provider or to refuse to contract with health care provider to provide covered health care items and services.

Relating to in-network health care providers; and declaring an emergency.

Relating to in-network health care providers; declaring an emergency.

Restricts insurers' ability to refuse to credential health care provider or to refuse to contract with health care provider to provide covered health care items and services.

Declares emergency, effective on passage.

BillTracker

Custom Report

Report Date: April 18, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 2995	HB 2995 INTRO	Rep Scharf	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2995/Introduced	Rules (H)		

Expands duties of Legislative Policy and Research Director to include investigating, reviewing activities of and conducting oversight of executive branch agencies, taking in and investigating complaints by members of public concerning executive branch agency programs and reporting to relevant legislative committees on oversight work undertaken by director.

Relating to legislative oversight of executive branch actions; creating new provisions; amending ORS 173.635, 183.720 and 183.722; and prescribing an effective date.

Relating to legislative oversight of executive branch actions; prescribing an effective date.

Expands duties of Legislative Policy and Research Director to include investigating, reviewing activities of and conducting oversight of executive branch agencies, taking in and investigating complaints by members of public concerning executive branch agency programs and reporting to relevant legislative committees on oversight work undertaken by director.

Provides that duties director must perform become operative January 1, 2024.

Modifies existing administrative rule review process to expand scope of review of newly adopted or amended rules by Legislative Counsel to include review of whether rule promotes, implements or carries out legislative direction or policy of subject of rule. Expands scope of review by interim committee having oversight of agency adopting rule to include determination of whether rule carries out legislative direction or policy or fails to do so. Directs Legislative Counsel to post committee's determination of legal flaw in rule on Legislative Counsel website.

Provides that expanded scope of review of administrative rules becomes operative January 1, 2024.

Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 2996	HB 2996 A	Rep Bynum; Rep Javadi; Rep Levy E; Rep Pham H; Sen Steiner	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2996/A-Engrossed	Health Care (S)	1:00AM 04/19/2023 Senate Committee Health Care Public Hearing HR B	4/19/2023 1:0

Prohibits Oregon Board of Dentistry from requiring applicant for certification as dental assistant to pass written examination for radiological proficiency.

Relating to dental assistants; and prescribing an effective date.

Relating to dental assistants; prescribing an effective date.

Prohibits Oregon Board of Dentistry from requiring applicant for certification as dental assistant to pass written examination for radiological proficiency. Prohibits Oregon Health Authority from requiring dental assistant to pass written examination in order to operate X-ray machine.

Takes effect on 91st day following adjournment sine die.

BillTracker

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Report Date: April 18, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 3007	HB 3007 INTRO	Rep Bynum; Rep Javadi; Rep Pham H; Sen Patterson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3007/Introduced	Ways and Means (J)		

Directs Oregon Health Authority to establish Oral Health Advisory Committee and Office of Oral Health.

Relating to oral health; creating new provisions; amending ORS 413.083; and prescribing an effective date.

Relating to oral health; prescribing an effective date.

Directs Oregon Health Authority to establish Oral Health Advisory Committee and Office of Oral Health. Directs dental director to oversee office and to publish on website and submit to Legislative Assembly and other entities annual oral health summary surveillance report.

Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 3028	HB 3028 A	Rep Chaichi; Rep Gamba; Rep Grayber; Rep Hudson; Rep Nelson; Rep Neron; Rep Nosse; Rep Sosa; Sen Campos; Sen Gorsek; Sen Patterson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3028/A-Engrossed	Labor and Business (S)		

Prohibits employer from requiring employee to use vacation, sick or annual leave for time spent by employee as appointed member of state board or commission.

Relating to employment protections; and prescribing an effective date.

Relating to employment protections; prescribing an effective date.

Prohibits employer from requiring employee to use vacation, sick or annual leave for time spent by employee as appointed member of board, commission, council or committee created by statute] state board or commission. Provides that protections apply to employee who has provided employer with at least 21 days' advance notice of time employee needs to spend in service of state board or commission.

Authorizes employee alleging violation to file complaint with Commissioner of Bureau of Labor and Industries.

Takes effect on 91st day following adjournment sine die.

BillTracker

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Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 3044	HB 3044 INTRO	Rep Diehl; Rep Goodwin; Rep Hieb; Rep Levy B; Rep McIntire; Rep Morgan; Rep Scharf; Rep Wright	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3044/Introduced	Education (H)		

Directs district school boards to adopt procedures for notifying parents of specified information.

Relating to parental rights; creating new provisions; amending ORS 109.650, 109.675, 109.680 and 192.556; and prescribing an effective date.

Relating to parental rights; prescribing an effective date.

Directs district school boards to adopt procedures for notifying parents of specified information. Prohibits classroom instruction on sexual orientation and gender identity, absent parental consent, before fourth grade. Requires parental consent before administering specified questionnaire or health screening form. Directs State Board of Education to adopt procedure for parents to report concerns regarding school district's implementation of requirements.

Requires health care providers to notify parents of minors when minors consent to specified medical treatments without parental consent. Directs health care provider who declines to disclose information to minor's parents due to provider's concerns regarding abuse of minor to immediately report suspected child abuse.

Modifies definition of "personal representative" for purposes of access to minor's protected health information to include minor's parent or legal guardian.

Takes effect on 91st day following adjournment sine die.

HB 3105	HB 3105 INTRO	Rules (H)	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3105/Introduced	Rules (H)		

Establishes Task Force on Lobby Ethics.

Relating to lobbying; and prescribing an effective date.

Relating to lobbying; prescribing an effective date.

Establishes Task Force on Lobby Ethics. Directs task force to study and make recommendations to improve and standardize lobby ethics and to improve transparency on how money and lobbying impact decision making within legislative process.

Sunsets task force on December 31, 2024.

Takes effect on 91st day following adjournment sine die.

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Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 3223	HB 3223 A	Rep Javadi; Rep Levy E; Rep Pham H	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3223/A-Engrossed	Health Care (S)	1:00AM 04/19/2023 Senate Committee Health Care Public Hearing HR B	4/19/2023 1:0

Prohibits Oregon Board of Dentistry from requiring applicant for certification as dental assistant to pass written examination.

Relating to dental assistants; and prescribing an effective date.

Relating to dental assistants; prescribing an effective date.

Prohibits Oregon Board of Dentistry from requiring applicant for certification as dental assistant to pass written examination. Requires board to adopt rules to establish alternative pathways to certification.

Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee
HB 3401	HB 3401 INTRO	Rep Morgan	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3401/Introduced	Behavioral Health and Health Care (H)

Requires health professional regulatory board to issue authorization by endorsement to qualified applicant within 30 days of date health professional regulatory board receives application.

Relating to authorizations to practice regulated health professions; creating new provisions; amending ORS 30.868, 31.260, 31.740, 58.015, 67.005, 109.346, 109.680, 109.685, 192.556, 339.329, 343.146, 413.574, 430.010, 433.443, 441.098, 609.656, 659A.150, 675.050, 675.270, 675.510, 675.523, 675.540, 675.560, 675.585, 675.595, 675.597, 675.655, 675.658, 675.661, 675.735, 675.990, 676.565, 676.625, 676.992, 677.120, 677.133, 677.512, 677.759, 677.830, 678.040, 678.111, 678.117, 678.150, 678.170, 678.410, 678.448, 678.770, 679.060, 679.603, 680.050, 681.205, 681.230, 681.250, 681.340, 681.350, 681.360, 681.370, 681.420, 681.480, 681.490, 681.495, 681.505, 682.216, 682.218, 683.220, 684.060, 685.085, 687.057, 687.430, 688.080, 688.415, 688.425, 688.495, 688.525, 688.557, 688.585, 688.600, 688.603, 688.605, 688.800, 688.802, 688.819, 688.836, 688.840, 688.915, 689.265, 691.445, 694.025, 694.065, 743A.024 and 746.600; and prescribing an effective date.

Relating to authorizations to practice regulated health professions; prescribing an effective date.

Requires health professional regulatory board to issue authorization by endorsement to qualified applicant within 30 days of date health professional regulatory board receives application. Defines "health professional regulatory board."

Takes effect on 91st day following adjournment sine die.

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Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
HB 5011	HB 5011 INTRO	Presession filed (at the request of Oregon Department of Administrative Services)	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB5011/Introduced	Ways and Means (J)		

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

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

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

Limits biennial expenditures from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by Oregon Board of Dentistry.
Declares emergency, effective July 1, 2023.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 11	SB 11 INTRO	Sen Gorsek; Sen Hayden; Sen Manning Jr; Sen Thatcher	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB11/Introduced	Emergency Management, General Government, and Veterans (H)		

Requires state boards or commissions that conduct public meetings through electronic means to record and promptly publish recording on website or hosting service so that public may observe or listen to meetings free of charge.

Relating to public meetings of state government entities; amending ORS 192.672.

Relating to public meetings of state government entities.

Requires state boards or commissions that conduct public meetings through electronic means to record and promptly publish recording on website or hosting service so that public may observe or listen to meetings free of charge. Excepts meetings lawfully conducted in executive session from requirement that meetings be published.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 39	SB 39 INTRO	Sen Findley	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB39/Introduced	Rules (S)		

Requires agency to report to appropriate committee or interim committee of Legislative Assembly before permanently amending rule that was adopted or last amended less than five years earlier.

Relating to administrative rules.

Relating to administrative rules.

Requires agency to report to appropriate committee or interim committee of Legislative Assembly before permanently amending rule that was adopted or last amended less than five years earlier.

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Report Date: April 18, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 40	SB 40 INTRO	Sen Findley	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB40/Introduced	Rules (S)		

Requires agency to provide technical and legal documentation supporting statement of need required in notice of rulemaking.

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

Relating to administrative law.

Requires agency to provide technical and legal documentation supporting statement of need required in notice of rulemaking.
Directs court reviewing agency order to set aside or remand order if court finds that agency action, findings or conclusions were arbitrary or capricious.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 43	SB 43 INTRO	Rep Owens; Sen Findley	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB43/Introduced	Rules (S)		

Requires agencies to post certain information about rulemaking on agency websites.

Relating to administrative law; creating new provisions; and amending ORS 183.330, 183.335, 183.745, 469.085, 757.991, 757.994 and 757.995.

Relating to administrative law.

Requires agencies to post certain information about rulemaking on agency websites.
Requires agencies to include certain information in rules.
Requires Attorney General to allow public to attend rulemaking training, for reasonable fee.
Prohibits agency rules coordinator from drafting rules.
Provides that agency may adopt rule no sooner than seven days after agency stops accepting public comment.
Provides that temporary rule adopted during and because of state of emergency may remain in effect until termination of state of emergency.
Provides that agency may not impose civil penalty under rule earlier than 30 days after the adoption of rule.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 44	SB 44 INTRO	Sen Findley	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB44/Introduced	Labor and Business (S)		

Establishes office of business ombudsman in Oregon Department of Administrative Services.

Relating to an ombudsman office for business; and prescribing an effective date.

Relating to an ombudsman office for business; prescribing an effective date.

Establishes office of business ombudsman in Oregon Department of Administrative Services. Specifies functions, powers and duties of office. Authorizes business ombudsman to issue order directing action by state agency if business experiences significant hardship because of administration of laws that affect business. Requires business ombudsman to report biennially on operation of office to committee of Legislative Assembly related to state agency operations.

Takes effect on 91st day following adjournment sine die.

BillTracker

Custom Report

Report Date: April 18, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 304	SB 304 A	Sen Dembrow; Sen Jama	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB304/A-Engrossed	Ways and Means (J)		

Establishes Task Force on Occupational Licensing.

Relating to a task force on occupational licensing; and prescribing an effective date.

Relating to a task force on occupational licensing; prescribing an effective date.

Establishes Task Force on Occupational Licensing. Directs task force to study value of occupational licensing regulatory agency. Permits task force to presession file legislation. Requires task force to report to Legislative Assembly.

Sunsets December 31, 2024.

Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 408	SB 408 INTRO	Rep Dexter; Rep Reynolds; Sen Patterson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB408/Introduced	Health Care (S)		

Directs Oregon Health Authority to establish process to receive and review health care profession scope of practice requests and impact statements.

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

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

Directs Oregon Health Authority to establish process to receive and review health care profession scope of practice requests and impact statements. Defines "scope of practice request" and "impact statement." Directs authority to convene temporary scope of practice request review committee. Directs committee to review scope of practice requests and impact statements and report to authority and interim committees of Legislative Assembly related to health care.

Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 412	SB 412 A	Sen Patterson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB412/A-Engrossed	Ways and Means (J)		

Requires dental laboratory to register with Health Licensing Office.

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

Relating to dental laboratories; prescribing an effective date.

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

Takes effect on 91st day following adjournment sine die.

BillTracker

Custom Report

Report Date: April 18, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 441	SB 441 INTRO	Sen Hayden	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB441/Introduced	Health Care (S)		

Creates dental care provider incentive grant program within Oregon Health Authority to increase recruitment and retention of dental care providers.

Relating to dental care providers; and prescribing an effective date.

Relating to dental care providers; prescribing an effective date.

Creates dental care provider incentive grant program within Oregon Health Authority to increase recruitment and retention of dental care providers.
Directs authority to increase incentives available to dentists through health care provider incentive program.
Directs State Workforce and Talent Development Board to create and maintain dental assistant training module available to public free of cost.
Directs Higher Education Coordinating Commission to award grants to community colleges to develop and support training programs for dental assistants and dental hygienists.
Directs Department of Education to provide funding to public schools for development and expansion of educational programming on dental care provider professions for students enrolled in kindergarten through grade 12.
Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 469	SB 469 INTRO	Sen Hansell; Sen Jama	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB469/Introduced	Ways and Means (J)		

Establishes Indian Health Scholarship Program to provide free tuition and fees for qualifying Indian health profession students in exchange for student commitment to work at tribal service site after graduation.

Relating to tribal health; creating new provisions; amending ORS 676.454 and 676.467; and declaring an emergency.

Relating to tribal health; declaring an emergency.

Establishes Indian Health Scholarship Program to provide free tuition and fees for qualifying Indian health profession students in exchange for student commitment to work at tribal service site after graduation.
Appropriates moneys for 2023-2025 biennium to Oregon Health and Science University for purpose of administering Indian Health Scholarship Program.
Declares emergency, effective July 1, 2023.

BillTracker

Custom Report

Report Date: April 18, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 485	SB 485 INTRO	Sen Lieber; Sen Patterson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB485/Introduced	Health Care (S)		

Extends health care provider incentive program to health care providers who are students enrolled in health professional training programs leading to licensure as licensed practical nurse or registered nurse.

Relating to nurse incentives; creating new provisions; amending ORS 676.454; and prescribing an effective date.

Relating to nurse incentives; prescribing an effective date.

Extends health care provider incentive program to health care providers who are students enrolled in health professional training programs leading to licensure as licensed practical nurse or registered nurse.

Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 487	SB 487 A	Rep Nosse; Rep Pham H; Sen Patterson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB487/A-Engrossed	Ways and Means (J)		

Directs Oregon Health Authority to establish grant program to provide financial support to certified dental sealant programs that promote and engage in oral health care coordination activities.

Relating to oral health care coordination.

Relating to oral health care coordination.

Directs Oregon Health Authority to establish grant program to provide financial support to certified dental sealant programs that promote and engage in oral health care coordination activities. Provides manner in which authority shall distribute grant funds to grantees.

Directs Office of Rural Health to establish grant program to provide scholarship and tuition assistance grants to individuals enrolled in community dental health coordinator programs and to provide matching grants to qualified employers that employ community dental health coordinators.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 511	SB 511 INTRO	Rep Morgan; Sen Thatcher	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB511/Introduced	Health Care (S)		

Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine.

Relating to ingredients in vaccines; and prescribing an effective date.

Relating to ingredients in vaccines; prescribing an effective date.

Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine. Requires Oregon Health Authority to maintain website that provides specific vaccine information.

Takes effect on 91st day following adjournment sine die.

BillTracker

Custom Report

Report Date: April 18, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 517	SB 517 INTRO	Sen Dembrow; Sen Manning Jr	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB517/Introduced	Education (S)		

Prohibits licensing board, commission or agency from denying, suspending or revoking occupational or professional license solely for reason that applicant or licensee was convicted of crime or subject to qualifying juvenile adjudication that does not substantially relate to specific duties and responsibilities for which license is required.

Relating to the effects on adjudicated persons of adjudications for criminal acts; creating new provisions; and amending ORS 670.280.

Relating to the effects on adjudicated persons of adjudications for criminal acts.

Prohibits licensing board, commission or agency from denying, suspending or revoking occupational or professional license solely for reason that applicant or licensee was convicted of crime or subject to qualifying juvenile adjudication that does not substantially relate to specific duties and responsibilities for which license is required. Specifies criteria for determining whether crime substantially relates to specific duties and responsibilities for which license is required. Specifies additional restrictions on licensing board's, commission's or agency's power to deny occupational or professional license.

Permits person convicted of crime to petition licensing board, commission or agency at any time for determination as to whether conviction will prevent person from receiving occupational or professional license. Permits licensing board, commission or agency to charge reasonable fee for determination. Provides that final determination is binding upon licensing board, commission or agency unless, at time of petition, person has charges pending, failed to disclose previous crime or was convicted of crime after submitting petition. Requires notice to person before final determination that conviction will result in denial of occupational or professional license. Specifies additional rights of person and additional notice requirements.

SB 559	SB 559 INTRO	Rep Gomberg; Sen Gelser Blouin; Sen Steiner	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB559/Introduced	Health Care (S)		

Requires veterinarians to participate in prescription drug monitoring program.

Relating to the prescription drug monitoring program; amending ORS 431A.880 and 431A.890.

Relating to the prescription drug monitoring program.

Requires veterinarians to participate in prescription drug monitoring program. Directs Oregon State Veterinary Medical Examining Board to provide Oregon Health Authority with information of individuals licensed by board authorized to prescribe or dispense controlled substances for purposes of qualifying individuals to report information to and receive information from program.

Adds practicing veterinarian as member of Prescription Monitoring Program Advisory Commission. Reduces number of public members on commission from two members to one member.

BillTracker

Custom Report

Report Date: April 18, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 607	SB 607 INTRO	Sen Campos	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB607/Introduced	Behavioral Health and Health Care (H)		

Requires Oregon Health Authority to study membership of Pain Management Commission.

Relating to the Pain Management Commission.

Relating to the Pain Management Commission.

Requires Oregon Health Authority to study membership of Pain Management Commission. Directs authority to submit findings to interim committees of Legislative Assembly related to health not later than September 15, 2024.

Sunsets January 2, 2025.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 666	SB 666 INTRO	Sen Knopp	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB666/Introduced	Health Care (S)		

Requires person to review medical history and obtain written consent of parent or guardian before administering vaccine or immune product to child under 18 years of age.

Relating to administration of vaccines to children.

Relating to administration of vaccines to children.

Requires person to review medical history and obtain written consent of parent or guardian before administering vaccine or immune product to child under 18 years of age.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 703	SB 703 INTRO	Sen Manning Jr	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB703/Introduced	Behavioral Health and Health Care (H)		

Requires passage of specified examination for certification as nursing assistant.

Relating to nursing assistants; creating new provisions; amending ORS 678.442; and prescribing an effective date.

Relating to nursing assistants; prescribing an effective date.

Requires passage of specified examination for certification as nursing assistant. Requires Oregon State Board of Nursing to offer examination in English and Spanish.

Takes effect on 91st day following adjournment sine die.

BillTracker

Custom Report

Report Date: April 18, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 716	SB 716 INTRO	Sen Linthicum	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB716/Introduced	Health Care (S)		

Allows health care practitioner to prescribe or dispense drug for off-label indication.

Relating to off-label indications for prescription drugs; and prescribing an effective date.

Relating to off-label indications for prescription drugs; prescribing an effective date.

Allows health care practitioner to prescribe or dispense drug for off-label indication. Defines "off-label indication." Prohibits health professional regulatory board from disciplining health care practitioner for prescribing or dispensing drug for off-label indication. Allows pharmacist to dispense drug prescribed for off-label indication. Prohibits State Board of Pharmacy from disciplining pharmacist for dispensing drug prescribed for off-label indication.

Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 732	SB 732 INTRO	Sen Girod	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB732/Introduced	Rules (S)		

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

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

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

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

Takes effect only upon approval of constitutional amendment proposed by ___ Joint Resolution ___ (2023) (LC 3437), and applies to rules adopted by state agencies on or after January 1, 2025.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 746	SB 746 INTRO	Sen Knopp	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB746/Introduced	Health Care (S)		

Specifies that health professional licensee may not be required to have physical address in this state for eligibility for authorization to practice health profession.

Relating to electronic health care services delivery methods.

Relating to electronic health care services delivery methods.

Specifies that health professional licensee may not be required to have physical address in this state for eligibility for authorization to practice health profession.

BillTracker

Custom Report

Report Date: April 18, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 763	SB 763 INTRO	Judiciary (S)	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB763/Introduced	Judiciary (S)		

Prohibits employer, state agency or licensing board from taking certain actions on basis of record created or maintained under jurisdiction of juvenile court.

Relating to the effects on adjudicated persons of adjudications for criminal acts; creating new provisions; and amending ORS 419A.255, 419C.400 and 670.290.

Relating to the effects on adjudicated persons of adjudications for criminal acts.

Prohibits employer, state agency or licensing board from taking certain actions on basis of record created or maintained under jurisdiction of juvenile court. Specifies exemptions.

Provides that adjudication that youth is within jurisdiction of juvenile court does not forfeit any right or privilege or operate as disqualification from holding public office or pursuing or engaging in lawful activity, occupation, profession or calling.

Provides that information about act committed by youth or adjudicated youth may be disclosed to victim of act and to and among law enforcement unit, district attorney, county juvenile authority and certain other entities.

SB 793	SB 793 INTRO	Human Services (S)	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB793/Introduced	Judiciary (S)		

Creates rebuttable presumption that protected person consents to ordinary and preventive health care.

Relating to medical decision-making by guardian for protected person; creating new provisions; and amending ORS 125.225, 125.315, 125.320 and 125.330.

Relating to medical decision-making by guardian for protected person.

Creates rebuttable presumption that protected person consents to ordinary and preventive health care. Provides that presumption may be overcome by clear and convincing evidence that protected person would withhold consent to specific treatment, if able. Directs guardian to petition court for instructions in specified circumstances.

BillTracker

Custom Report

Report Date: April 18, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 849	SB 849 A	Rep Chaichi; Rep Nguyen H; Rep Valderrama; Sen Campos; Sen Dembrow; Sen Frederick; Sen Hansell; Sen Jama; Sen Manning Jr; Sen Woods	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB849/A-Engrossed	Ways and Means (J)		

Requires professional licensing boards to provide culturally responsive training to specified staff members, publish guidance on pathways to professional authorization for internationally educated individuals and waive requirement for English proficiency examination for specified internationally educated individuals.

Relating to professional workforce; creating new provisions; amending ORS 677.132; and declaring an emergency.

Relating to professional workforce; declaring an emergency.

Requires professional licensing boards to provide culturally responsive training to specified staff members, publish guidance on pathways to professional authorization for internationally educated individuals and waive requirement for English proficiency examination for specified internationally educated individuals.

Prohibits Oregon Medical Board from imposing time limitation on completion of United States Medical Licensing Examination. Allows board to issue limited license to practice medicine to specified individuals for practice under supervision of other licensed physician.

Establishes Internationally Educated Workforce Reentry Grant Program within Higher Education Coordinating Commission to award grants to local workforce development boards that contract with specified entities that provide eligible career guidance and support services to internationally educated residents of Oregon who are seeking to enter Oregon workforce in certain professions.

Declares emergency, effective July 1, 2023.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Current Committee	Next Hearing	Next Hearing Da
SB 974	SB 974 A	Sen Hansell; Sen Knopp; Sen Manning Jr; Sen Meek; Sen President Wagner; Sen Prozanski; Sen Taylor	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB974/A-Engrossed		10:30AM 04/18/2023 Third Reading Senate Floor	4/18/2023 10:3

Creates crime of sexual abuse by fraudulent representation.

Relating to sexual assault; creating new provisions; amending ORS 131.125, 161.005, 163.412, 163A.005 and 163A.115; and declaring an emergency.

Relating to sexual assault; declaring an emergency.

Creates crime of sexual assault] abuse by fraudulent representation. Punishes by maximum of 10 years' imprisonment, $250,000 fine, or both. Specifies statute of limitations for crime. Defines crime as sex crime, requiring persons convicted of crime to report as sex offender.

Requires, for provision excluding certain conduct from crimes of unlawful sexual penetration and custodial sexual misconduct, that conduct be for legitimate medical purpose.

Declares emergency, effective on passage.

FISCAL IMPACT STATEMENT PROCESS OVERVIEW

DECEMBER 2023

HAYLEE MORSE-MILLER, SENIOR LEGISLATIVE ANALYST

LEGISLATIVE FISCAL OFFICE

Training Content

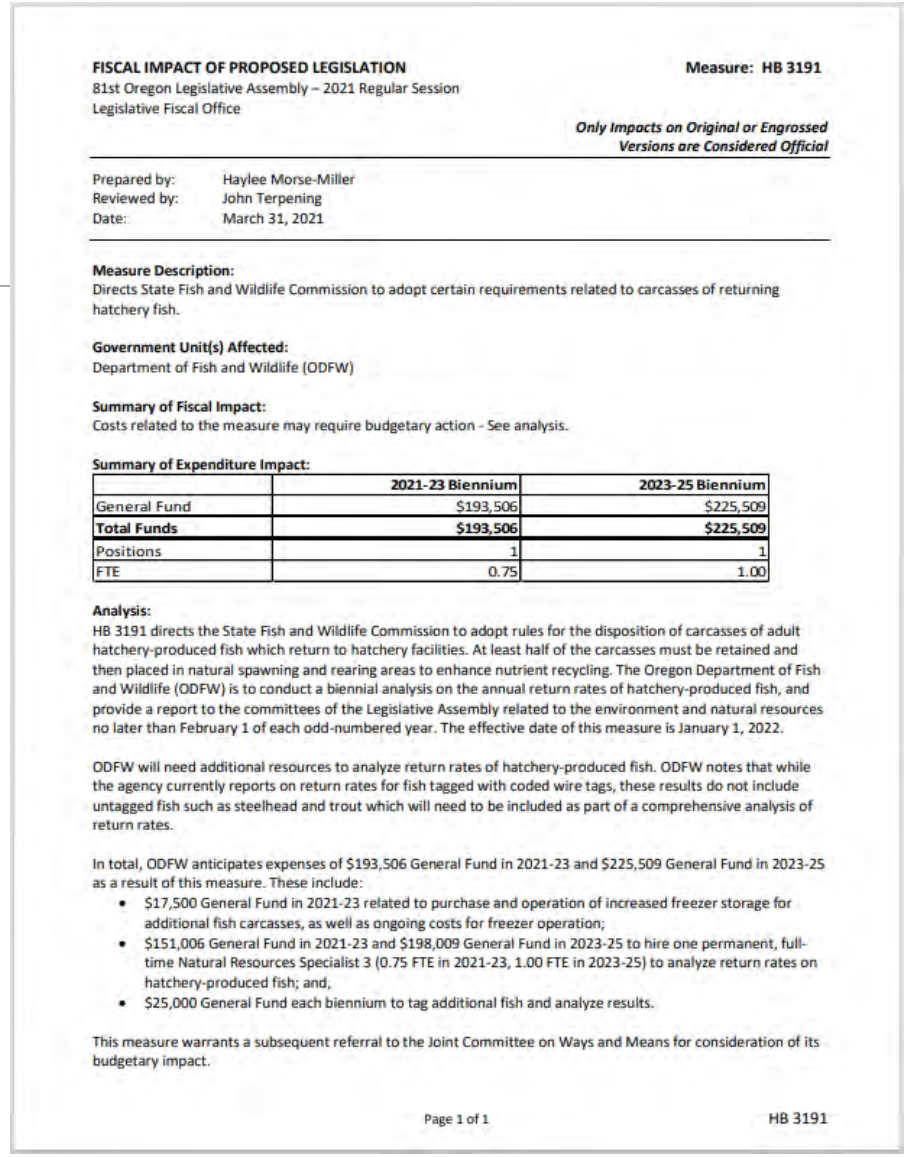
- Purpose of a Fiscal Impact Statement (FIS)
- FIS Process
  - Process partners
  - FIS process steps
  - Types of FIS
  - How to determine, quantify, and justify the fiscal impact of a measure
- FIS Tools and Resources

Purpose of a Fiscal Impact Statement

- What is a Fiscal Impact Statement?
- Why do we need one?

What is an LFO Fiscal Impact Statement?

- An analysis of the budgetary impact of proposed legislation
  - Expenditures (costs and savings)
  - Revenues (gain or loss)
  - Staffing (Positions/FTE)
- A tool to inform legislators
- A document that is required, by statute and House/Senate rules, for bills reported out of committee
- An early warning to help ensure a balanced budget



FISCAL IMPACT OF PROPOSED LEGISLATION **Measure: HB 3191**
81st Oregon Legislative Assembly – 2021 Regular Session
Legislative Fiscal Office

Only Impacts on Original or Engrossed Versions are Considered Official

Prepared by: Haylee Morse-Miller
Reviewed by: John Terpening
Date: March 31, 2021

Measure Description:
Directs State Fish and Wildlife Commission to adopt certain requirements related to carcasses of returning hatchery fish.

Government Unit(s) Affected:
Department of Fish and Wildlife (ODFW)

Summary of Fiscal Impact:
Costs related to the measure may require budgetary action - See analysis.

Summary of Expenditure Impact:

	2021-23 Biennium	2023-25 Biennium
General Fund	$193,506	$225,509
Total Funds	**$193,506**	**$225,509**
Positions	1	1
FTE	0.75	1.00

Analysis:
HB 3191 directs the State Fish and Wildlife Commission to adopt rules for the disposition of carcasses of adult hatchery-produced fish which return to hatchery facilities. At least half of the carcasses must be retained and then placed in natural spawning and rearing areas to enhance nutrient recycling. The Oregon Department of Fish and Wildlife (ODFW) is to conduct a biennial analysis on the annual return rates of hatchery-produced fish, and provide a report to the committees of the Legislative Assembly related to the environment and natural resources no later than February 1 of each odd-numbered year. The effective date of this measure is January 1, 2022.

ODFW will need additional resources to analyze return rates of hatchery-produced fish. ODFW notes that while the agency currently reports on return rates for fish tagged with coded wire tags, these results do not include untagged fish such as steelhead and trout which will need to be included as part of a comprehensive analysis of return rates.

In total, ODFW anticipates expenses of $193,506 General Fund in 2021-23 and $225,509 General Fund in 2023-25 as a result of this measure. These include:

- $17,500 General Fund in 2021-23 related to purchase and operation of increased freezer storage for additional fish carcasses, as well as ongoing costs for freezer operation;
- $151,006 General Fund in 2021-23 and $198,009 General Fund in 2023-25 to hire one permanent, full-time Natural Resources Specialist 3 (0.75 FTE in 2021-23, 1.00 FTE in 2023-25) to analyze return rates on hatchery-produced fish; and,
- $25,000 General Fund each biennium to tag additional fish and analyze results.

This measure warrants a subsequent referral to the Joint Committee on Ways and Means for consideration of its budgetary impact.

Page 1 of 1 HB 3191



What is an LFO Fiscal Impact Statement? (part 2)

Yes

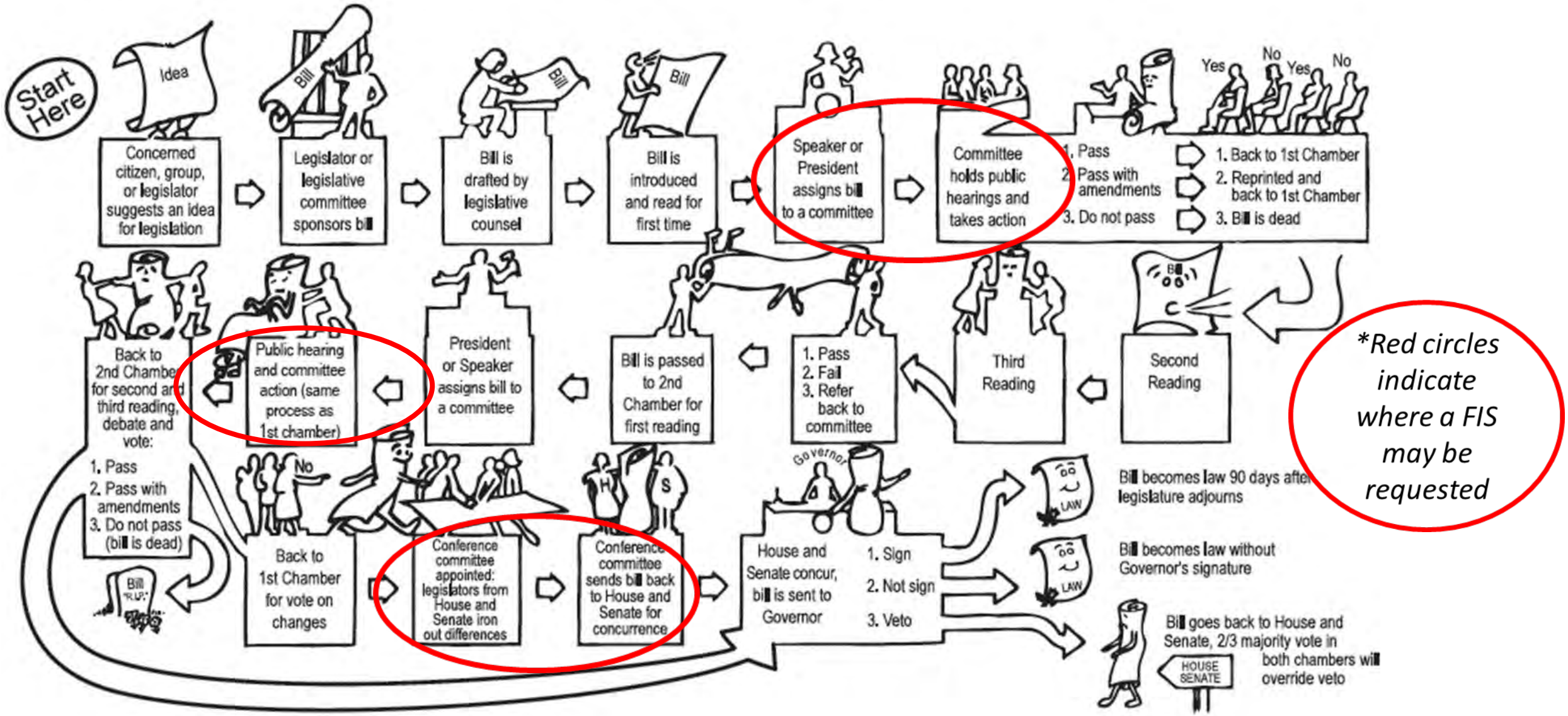
- Independent
- Objective
- Data-driven analysis
- Covers direct financial effects on state and local governments

No

- Does not evaluate legislation
- Does not measure societal impact
- Is not intended to influence passage of a bill

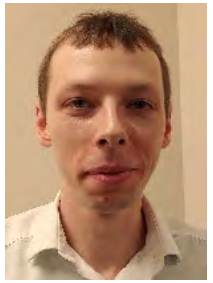
Fiscal Impact Statements and the Legislative Process

- How do fiscal impact statements fit into the overall Legislative process?
- Who is in involved in the FIS process?
- Why this process?


Start Here
Idea
Concerned citizen, group, or legislator suggests an idea for legislation
Bill
Legislator or legislative committee sponsors bill
Bill
Bill is drafted by legislative counsel
Bill
Bill is introduced and read for first time
Speaker or President assigns bill to a committee
Committee holds public hearings and takes action
1. Pass
2. Pass with amendments
3. Do not pass
Yes
No
Yes
No
1. Back to 1st Chamber
2. Reprinted and back to 1st Chamber
3. Bill is dead
Second Reading
Third Reading
1. Pass
2. Fail
3. Refer back to committee
Bill is passed to 2nd Chamber for first reading
President or Speaker assigns bill to a committee
Public hearing and committee action (same process as 1st chamber)
Back to 2nd Chamber for second and third reading, debate and vote:
1. Pass
2. Pass with amendments
3. Do not pass (bill is dead)
Bill R.I.P.
No
Back to 1st Chamber for vote on changes
Conference committee appointed: legislators from House and Senate iron out differences
H
S
Conference committee sends bill back to House and Senate for concurrence
Governor
House and Senate concur, bill is sent to Governor
1. Sign
2. Not sign
3. Veto
LAW
LAW
Bill becomes law 90 days after legislature adjourns
Bill becomes law without Governor's signature
Bill goes back to House and Senate, 2/3 majority vote in both chambers will override veto
HOUSE
SENATE
*Red circles indicate where a FIS may be requested

Legislative Fiscal Office

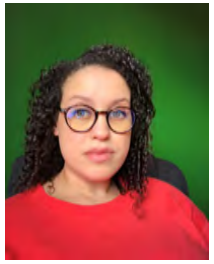




Fiscal Analyst	Assigned FIS Program Areas
Emily Coates	Public Safety Judicial Branch
Michael Graham	Administration/General Government Education







Fiscal Analyst	Assigned FIS Program Areas
Haylee Morse-Miller *Fiscal Process Coordinator*	Legislative Branch Natural Resources Statewide Task Forces
Tim Walker	Transportation Consumer and Business Services Economic Development Local Government
MaryMichelle Sosne	Human Services

Other Legislative Offices and the FIS Process

Legislative Counsel (LC)

- Drafts all measures and amendments
- Renders legal opinions



Legislative Policy and Research Office (LPRO)

- Administer committees
- Request amendments, FIS and Revenue Impact Statements (RIS)

Legislative Revenue Office (LRO)

- Prepare RIS, which generally includes:
  - General Fund impacts
  - Taxes
  - Common School Fund
  - Court Fees and Fines
- FIS includes fees, civil penalties, grants, etc.

State Agencies and Local Government

FIS Coordinators

- Communicate effectively and work collaboratively with LFO staff.
- Track measures that will impact your agency.
- Ensure there's good communication between agency fiscal, program and legislative staff.

FIS Preparers

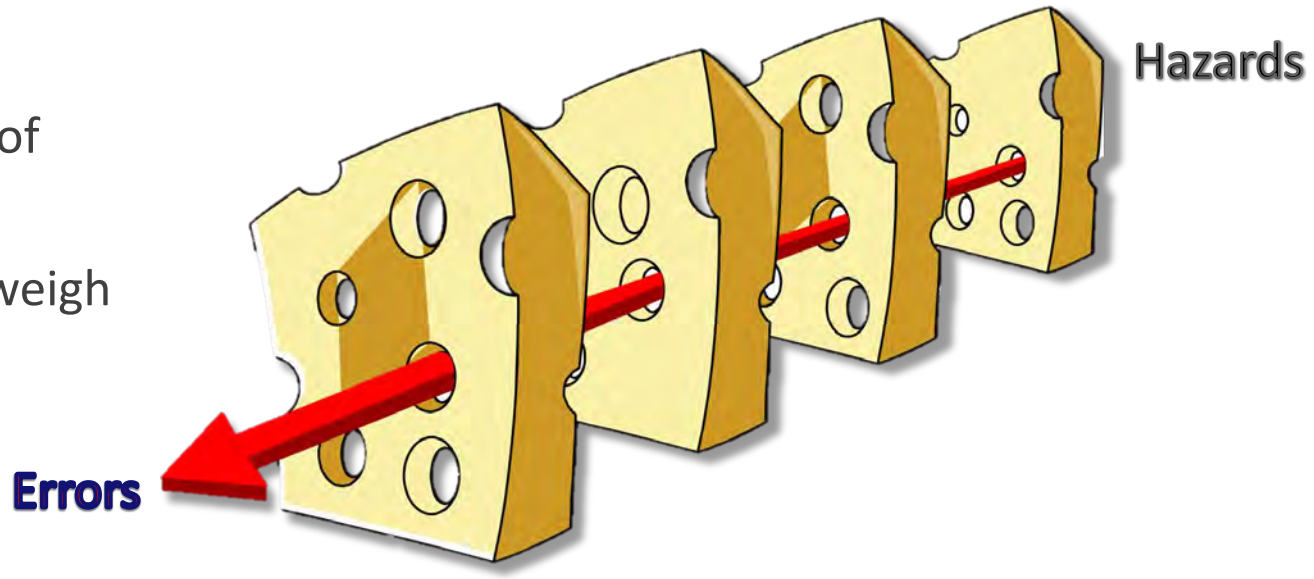
- Develop internal processes to ensure timeliness and accuracy.
- Develop and fully document agency FIS assumptions and conclusions.
- Be proactive.



Swiss Cheese Theory

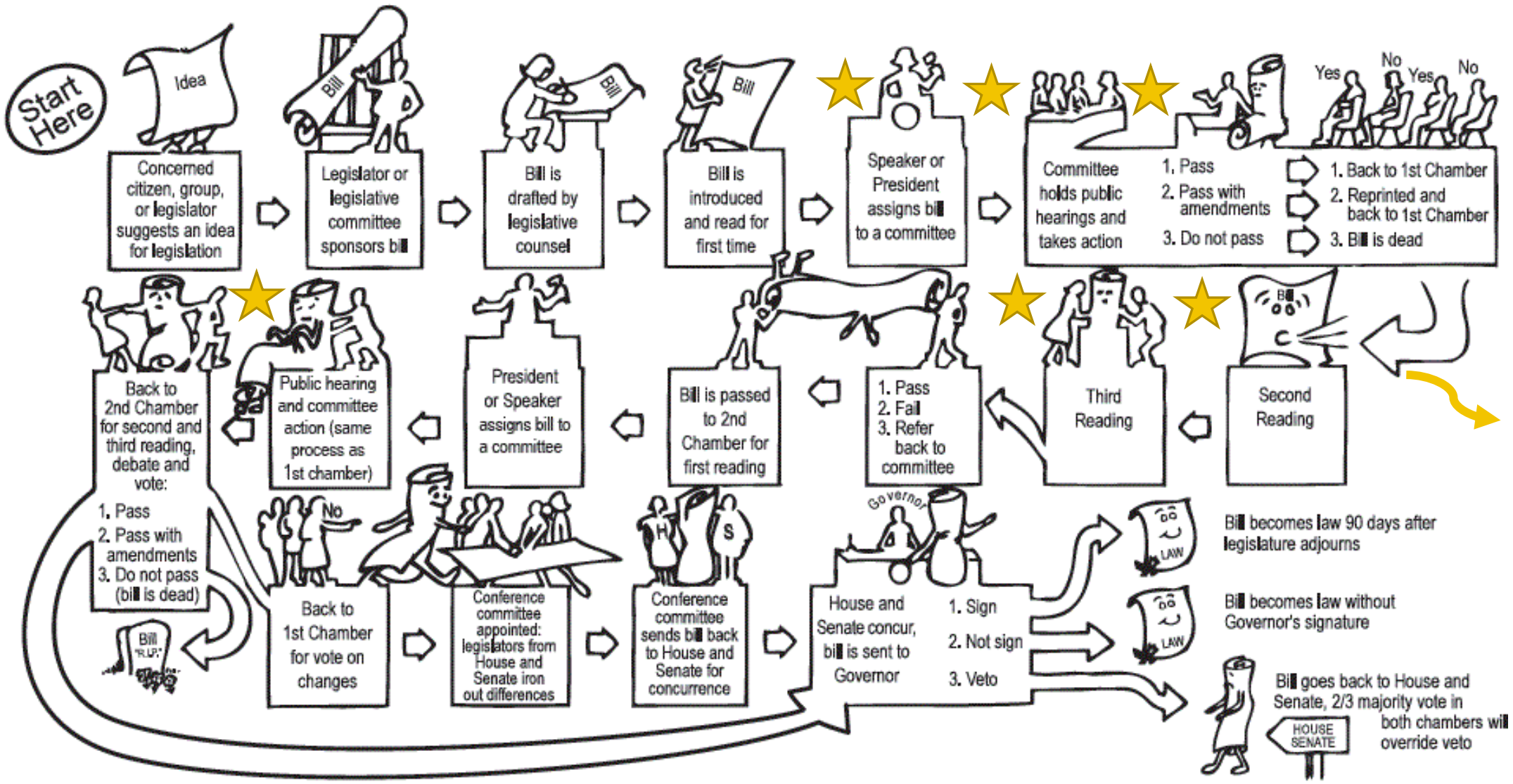
Why all of this?

- We are all bombarded with imperfect information.
- We are required to balance the needs of multiple competing interests.
- We have limited time and capacity to weigh all the relevant benefits and costs of a decision.



FIS Process Steps (a how-to)

- When is a request for a fiscal impact statement made to an agency?
- What information should be provided to LFO when submitting a fiscal impact statement?



Fiscal impact statements and the legislative process (continued)

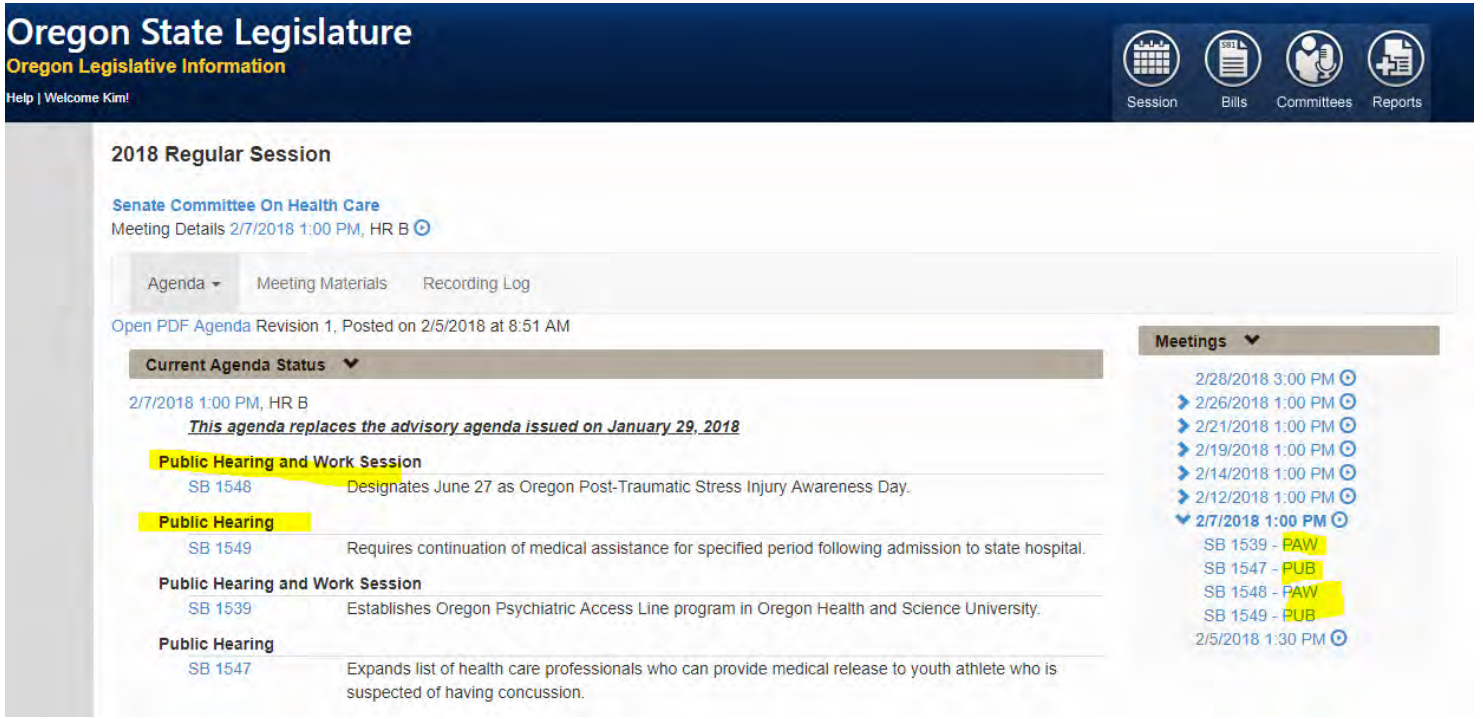
Referral of a measure to Joint Ways and Means

- Bill adds new positions, or add months to positions (increase FTE), or funding for position/FTE.
- Bill requires appropriation of General Fund.
- Bill requires allocation of Lottery Fund.
- Bill establishes a task force.
- Bill contains new bonding authorizations.
- Bill causes a significant increase in agency expenditures from an Other Funds or Federal Funds revenue source.
- Bill includes primary funding mechanism which uses ambiguous funding language (e.g. “subject to available funds”).
- Bill changes budgetary process, with regard to either monitoring expenditures or development of budget.

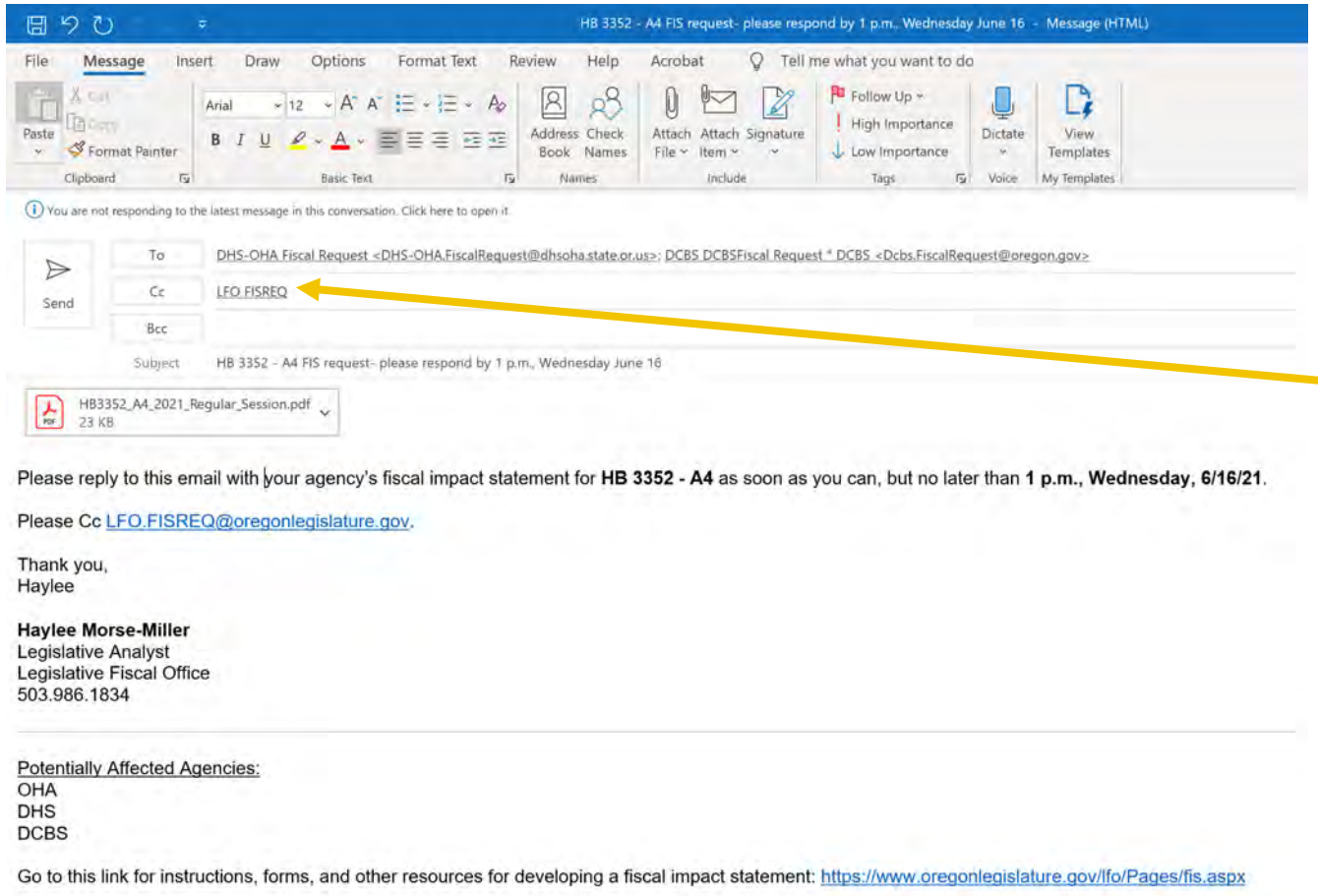
Legislative Leadership Decides Subsequent Referrals

Step 1: LPRO makes FIS request to LFO

- **PUB** Public Hearing
- **PPW** Public Hearing and Possible Work Session
- **PWK** Possible Work Session
- **PAW** Public Hearing and Work Session
- **PRW** Possible Reconsideration and Work Session
- **WRK** Work Session



Step 2: LFO emails request to agencies



Please Cc LFO.FISREQ@oregonlegislature.gov on your response!

A note on designated email addresses…

S/S	Program Area	Agency	Agency Designated FIS Email	Agency Primary Contact Email	Agency Secondary Contact Email
S	Administration	Department of Administrative Services	das.fiscal.requests@oregon.gov	sherry.kudna@oregon.gov	adam.p.crawford@oregon.gov
S	Natural Resources	Department of Agriculture	fiscal-impact@oda.state.or.us	Adam.A.Sendelbaugh@state.or.us	Andrea.J.Boyer@state.or.us amanda.k.buenz@state.or.us
S	Transportation	Department of Aviation	ODA.fiscal.request@aviation.state.or.us	Kristen.R.FOREST@aviation.state.or.us	
S	Consumer and Business Se	Department of Consumer and Business Services	DCBS.FiscalRequest@oregon.gov	Carolina.V.Marquette@oregon.gov	anita.mendiola@oregon.gov
S	Public Safety	Department of Corrections	DOC_fiscal.request@doc.state.or.us	Shawn.E.Range@doc.state.or.us	Ken.Mayfield@doc.state.or.us
S	Education: K-12	Department of Education	FiscalRequests@ode.state.or.us	maile.reed@state.or.us	Valerie.Schaberg@ode.state.or.us
S	Natural Resources	Department of Energy	odoe.fiscal.request@oregon.gov	Cathy.Connolly@state.or.us	miriha.aglietti@oregon.gov
S	Natural Resources	Department of Environmental Quality	DEQFiscalRequest@deq.state.or.us	premo.michael@deq.state.or.us	Nicholas.CIMMIYOTTI@state.or.us Jon.Losey@deq.state.or.us
S	Natural Resources	Department of Fish and Wildlife	ODFW.Fiscal.Request@odfw.oregon.gov	Brandy.M.Nichols@state.or.us	Allen.C.Molina@state.or.us
S	Natural Resources	Department of Forestry	ODFFiscalImpactStatements@oregon.gov	Jessica.C.Langley@oregon.gov	Tara.L.Sell@oregon.gov

Step 3: Provide all the basic info

2022 Legislative Session
AGENCY FISCAL IMPACT STATEMENT FORM

Please complete this form and return the completed form and any supporting documents via email to the requesting Legislative Fiscal Office (LFO) Analyst and to LFO.FISREQ@oregonlegislature.gov. Instructions for completing this form can be found at https://www.oregonlegislature.gov/lfo/Pages/fis.aspx.

Agency Name: _____

Preparer Name/Title: _____

Preparer Phone #: _____

Date Submitted: _____

Measure #: _____

Version: _____

The budgetary impact of this bill was reviewed and approved by the Interim Joint Committee on Ways and Means to be recommended to be included in the omnibus budget bill.

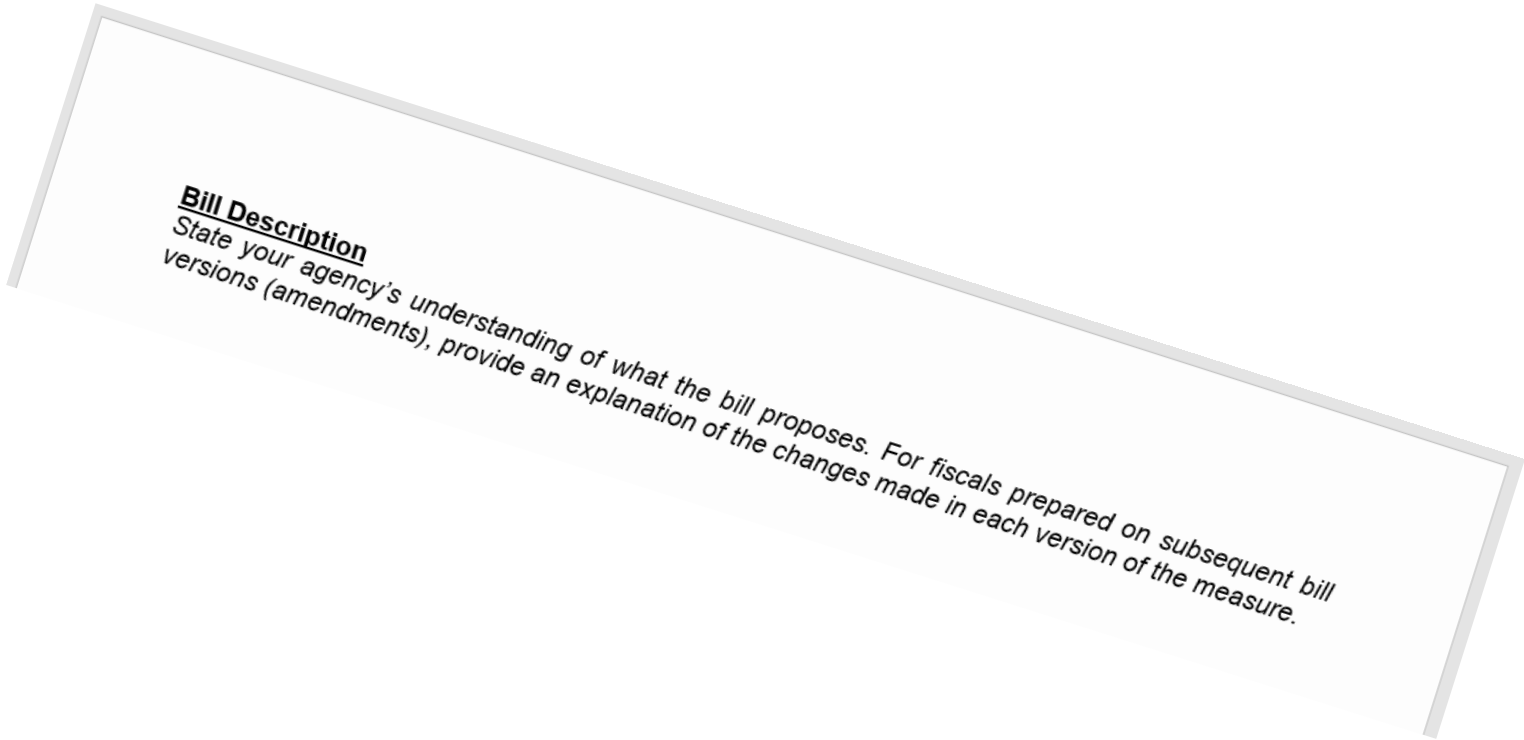
Yes _____ No _____

Is the bill anticipated by the Governor's Recommended Budget as a Policy Option Package? If yes, please identify the Policy Option Package name and number in your written analysis.

Yes _____ No _____

Step 4: Describe the bill

- Summary of the measure
- Focus on the literal, plain reading of the bill
- Remember:
  - The intent of the bill and actual bill text may differ
  - Implementation dates are important!



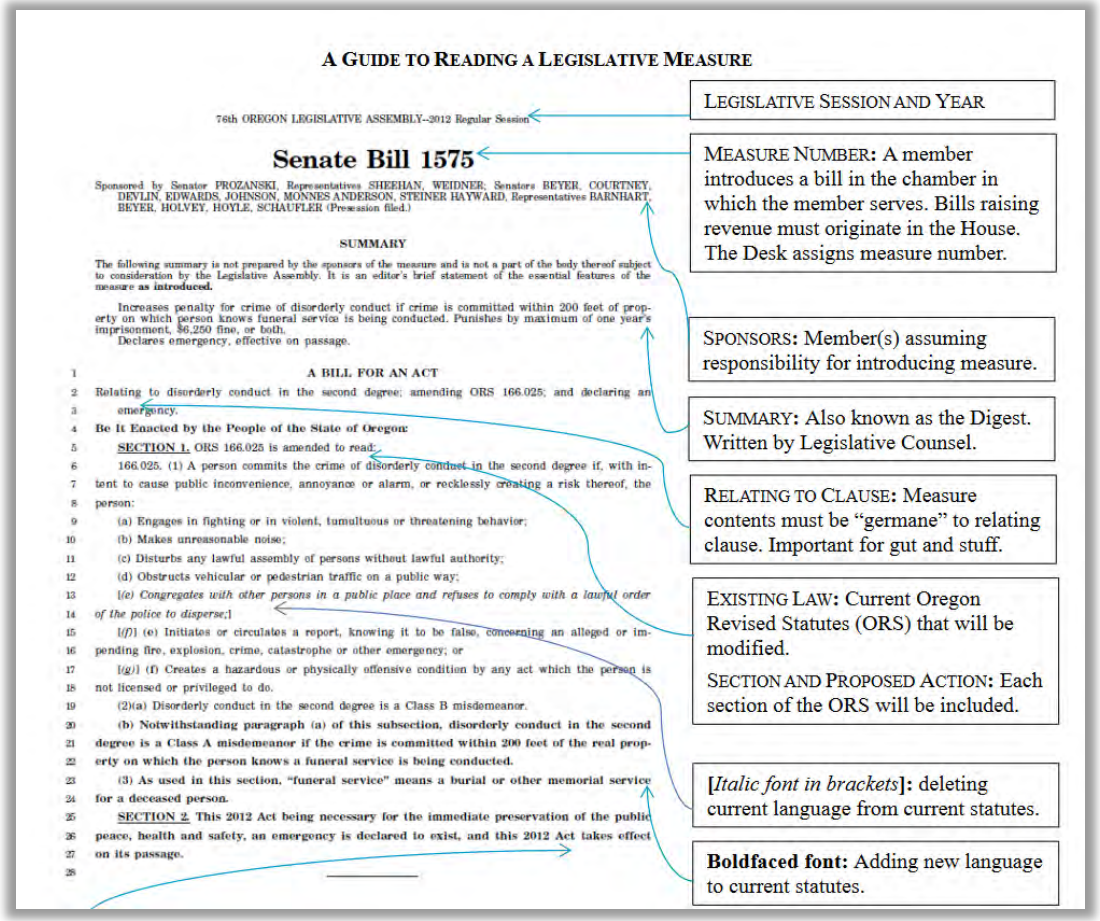
Example: Bill description

-11 Amendment/Revision

The -11 amendments changes six elements of the bill:

- It modifies the provision allowing single-use checkout bags to be provided for items marked with protected health or confidential information to be provided "at no cost." (i.e., exempts these from the requirement that retailers charge not less than five cents for these bags)
- It adds another situation in which single-use checkout bags can be provided at no cost, specifically for fresh meat or seafood packed in ice.
- It eliminates the paragraph authorizing the Environmental Quality Commission to adopt rules necessary to implement Sections 1 through 4.
- It clarifies what constitutes a violation for which penalties may be imposed, specifically that DEQ may fine a retail establishment $250 per day for each day on which requirements of Section 2 are violated.
- It changes the operative date of sections 1 to 4 (and the revisions to existing statute) from November 1, 2011 to January 1, 2012.
- It changes the definition of "recycled paper checkout bag".

Resource: Bill description



A GUIDE TO READING A LEGISLATIVE MEASURE

76th OREGON LEGISLATIVE ASSEMBLY--2012 Regular Session

Senate Bill 1575

Sponsored by Senator PROZANSKI, Representatives SHEEHAN, WEIDNER; Senators BEYER, COURTNEY, DEVLIN, EDWARDS, JOHNSON, MONNES ANDERSON, STEINER HAYWARD, Representatives BARNHART, BEYER, HOLVEY, HOYLE, SCHAUFLER (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.**

Increases penalty for crime of disorderly conduct if crime is committed within 200 feet of property on which person knows funeral service is being conducted. Punishes by maximum of one year's imprisonment, $6,250 fine, or both.
Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to disorderly conduct in the second degree; amending ORS 166.025; and declaring an emergency.

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

SECTION 1. ORS 166.025 is amended to read:

166.025. (1) A person commits the crime of disorderly conduct in the second degree if, with intent to cause public inconvenience, annoyance or alarm, or recklessly creating a risk thereof, the person:

(a) Engages in fighting or in violent, tumultuous or threatening behavior;

(b) Makes unreasonable noise;

(c) Disturbs any lawful assembly of persons without lawful authority;

(d) Obstructs vehicular or pedestrian traffic on a public way;

[(e) Congregates with other persons in a public place and refuses to comply with a lawful order of the police to disperse;]

[(f)] (e) Initiates or circulates a report, knowing it to be false, concerning an alleged or impending fire, explosion, crime, catastrophe or other emergency; or

[(g)] (f) Creates a hazardous or physically offensive condition by any act which the person is not licensed or privileged to do.

(2)(a) Disorderly conduct in the second degree is a Class B misdemeanor.

(b) Notwithstanding paragraph (a) of this subsection, disorderly conduct in the second degree is a Class A misdemeanor if the crime is committed within 200 feet of the real property on which the person knows a funeral service is being conducted.

(3) As used in this section, "funeral service" means a burial or other memorial service for a deceased person.

SECTION 2. **This 2012 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2012 Act takes effect on its passage.**

LEGISLATIVE SESSION AND YEAR

MEASURE NUMBER: A member introduces a bill in the chamber in which the member serves. Bills raising revenue must originate in the House. The Desk assigns measure number.

SPONSORS: Member(s) assuming responsibility for introducing measure.

SUMMARY: Also known as the Digest. Written by Legislative Counsel.

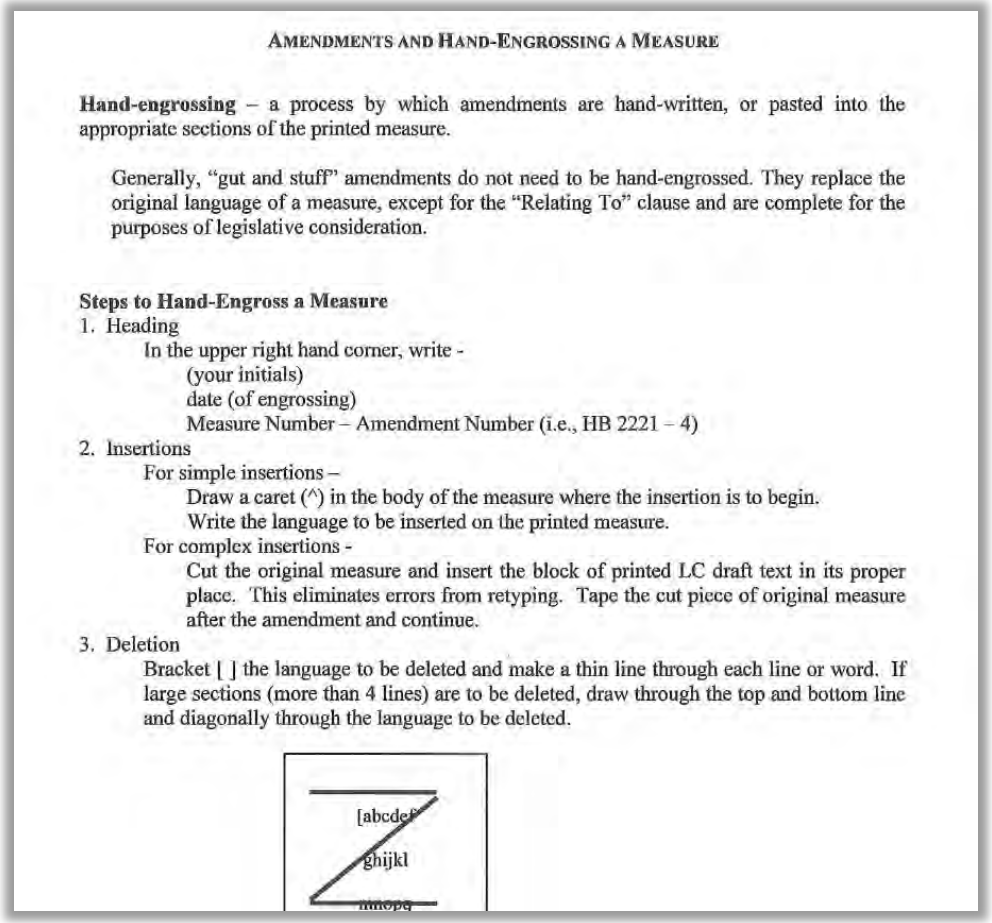
RELATING TO CLAUSE: Measure contents must be "germane" to relating clause. Important for gut and stuff.

EXISTING LAW: Current Oregon Revised Statutes (ORS) that will be modified.

SECTION AND PROPOSED ACTION: Each section of the ORS will be included.

[Italic font in brackets]: deleting current language from current statutes.

Boldfaced font: Adding new language to current statutes.



AMENDMENTS AND HAND-ENGROSSING A MEASURE

Hand-engrossing – a process by which amendments are hand-written, or pasted into the appropriate sections of the printed measure.

Generally, "gut and stuff" amendments do not need to be hand-engrossed. They replace the original language of a measure, except for the "Relating To" clause and are complete for the purposes of legislative consideration.

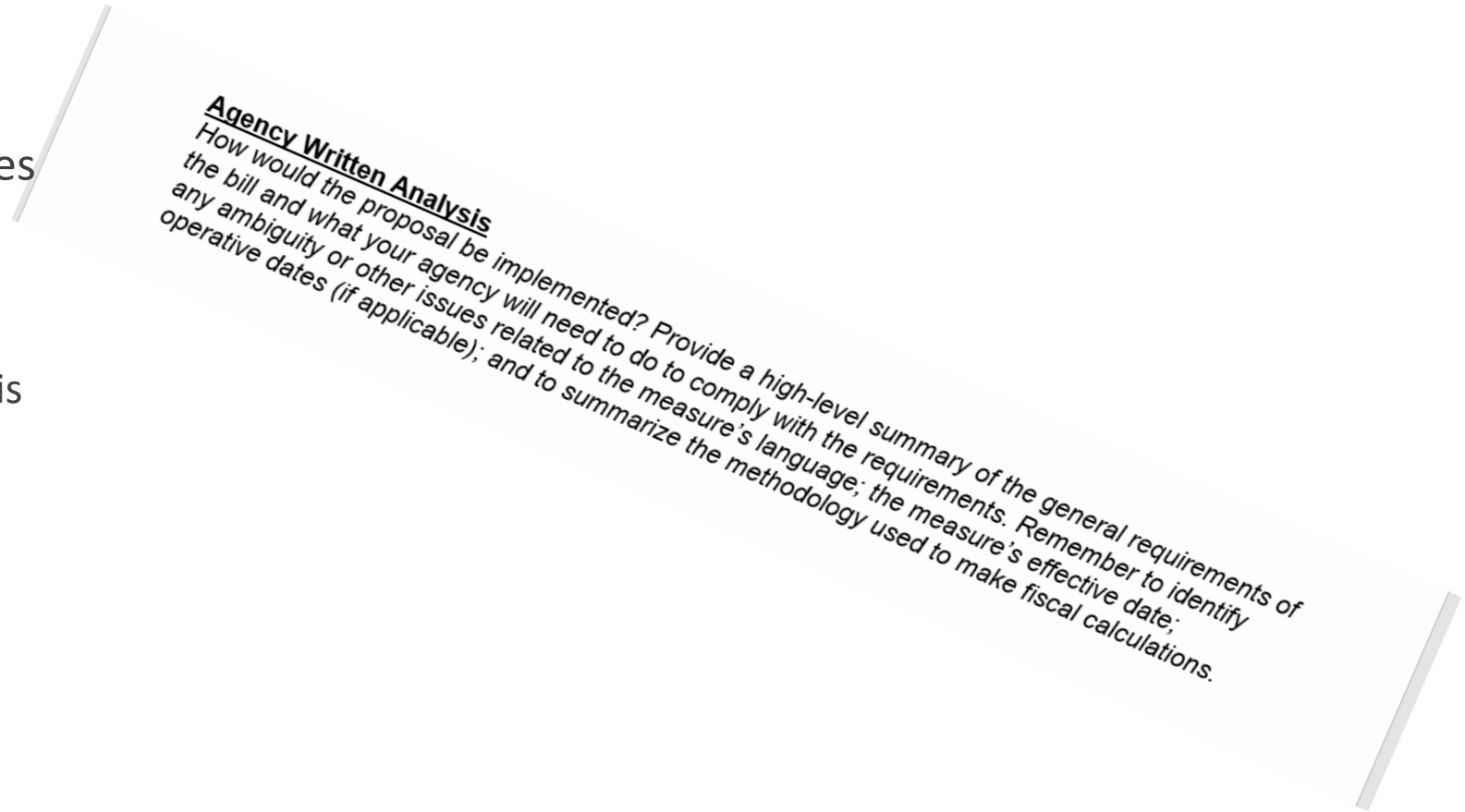
Steps to Hand-Engross a Measure

1. Heading
   In the upper right hand corner, write -
   (your initials)
   date (of engrossing)
   Measure Number – Amendment Number (i.e., HB 2221 – 4)
2. Insertions
   For simple insertions –
   Draw a caret (^) in the body of the measure where the insertion is to begin.
   Write the language to be inserted on the printed measure.
   For complex insertions -
   Cut the original measure and insert the block of printed LC draft text in its proper place. This eliminates errors from retyping. Tape the cut piece of original measure after the amendment and continue.
3. Deletion
   Bracket [ ] the language to be deleted and make a thin line through each line or word. If large sections (more than 4 lines) are to be deleted, draw through the top and bottom line and diagonally through the language to be deleted.

Step 5: Written analysis (1/2)

Impact Narrative

- What will be required of your agency if this measure becomes law?
  - What's required to implement this bill?
  - What is already funded, what is not?
  - What cannot be quantified?

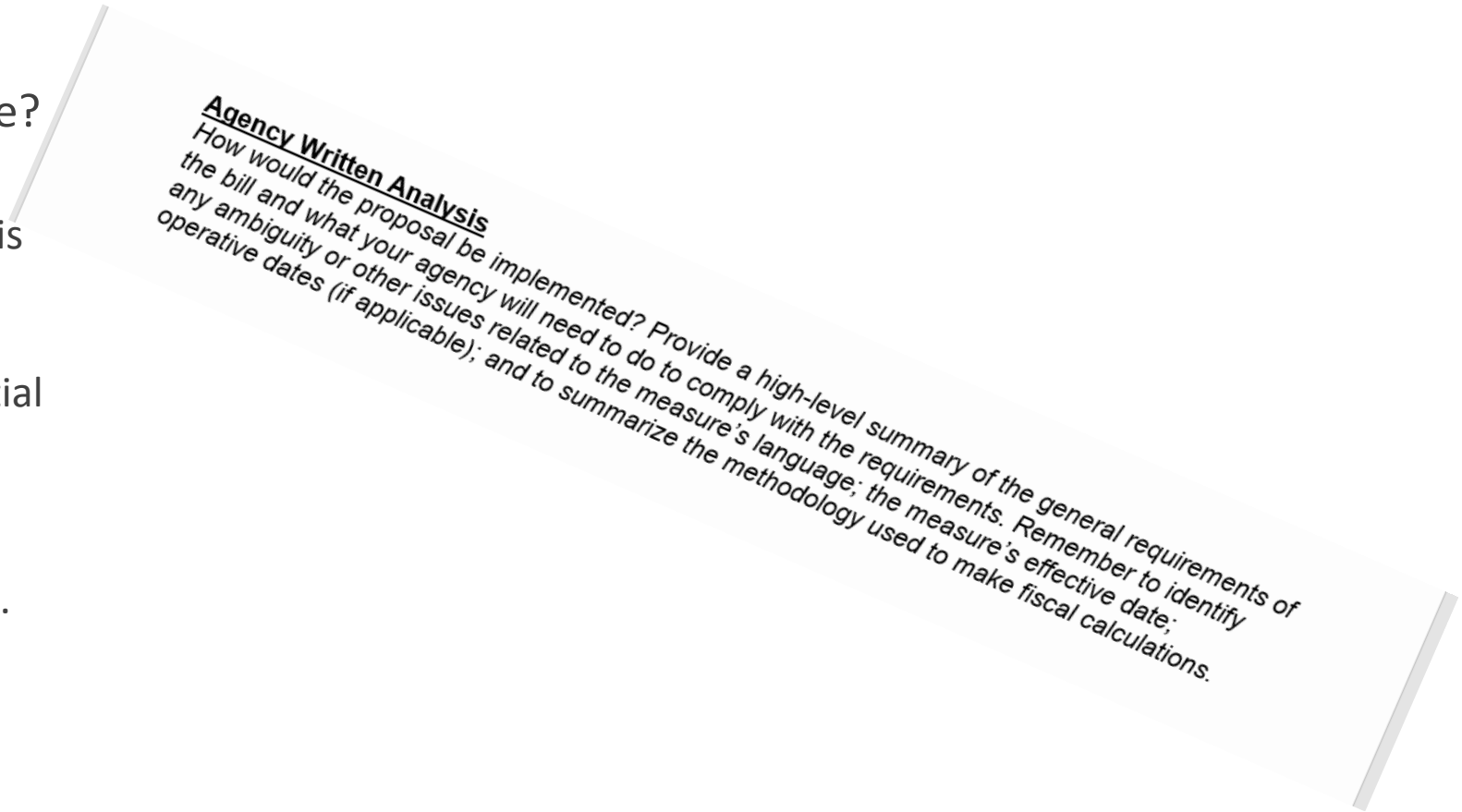


Agency Written Analysis
How would the proposal be implemented? Provide a high-level summary of the general requirements of the bill and what your agency will need to do to comply with the requirements. Remember to identify any ambiguity or other issues related to the measure's language; the measure's effective date; operative dates (if applicable); and to summarize the methodology used to make fiscal calculations.

Step 5: Written analysis (2/2)

Context

- What is the agency perspective?
  - Has this bill come up before?
  - Is there other legislation on this topic this session, or a related Executive Order?
  - Are there any red flags, potential issues, or unintended consequences?
  - Discuss ambiguity, mechanical defects, false assumptions, etc.



Example: Written analysis

HB 4005 provides authority for the department to establish rules, including the adoption of fees to carry out the requirements of the bill. The time to finalize and implement the rules in order to collect adequate fees to begin operationalizing the program, including hiring staff, in order to meet the deadlines provided in the bill will be challenging if the bill is to go into effect January 1, 2019.

In order for DCBS to accept and evaluate such a large number of annual reports, we anticipate the need for an electronic reporting system. Collecting the reported information electronically will provide a more streamlined process and allow DCBS to compile and track data more efficiently. Based on current assumptions, DCBS plans to customize an existing IT system (iReg) so it could be utilized to electronically receive the required data from drug manufacturers as required in the bill. Additionally, modifications to an existing licensing and enforcement database (FIRE) would be modified to track consumer inquiries of drug price increases. Preliminary estimates to modify existing systems include 1,200 hours of IT staff time to develop system requirements, modify the existing application, perform program coding, conduct testing, and provide training. Given the assumptions that the new processes will be incorporated into existing systems and business processes, we anticipate this work can be absorbed by existing DCBS system support staff. DCBS IT systems support staff provide services to all divisions within DCBS. Shifting additional IT resources to perform this work for DFR will result in chargeback fees paid by DFR to increase. DFR anticipates 1,200 hours at an estimate of $70/hour resulting in $84,000. This is the estimated cost to develop the IT system, DCBS will need the revenue capacity to complete the body of work.

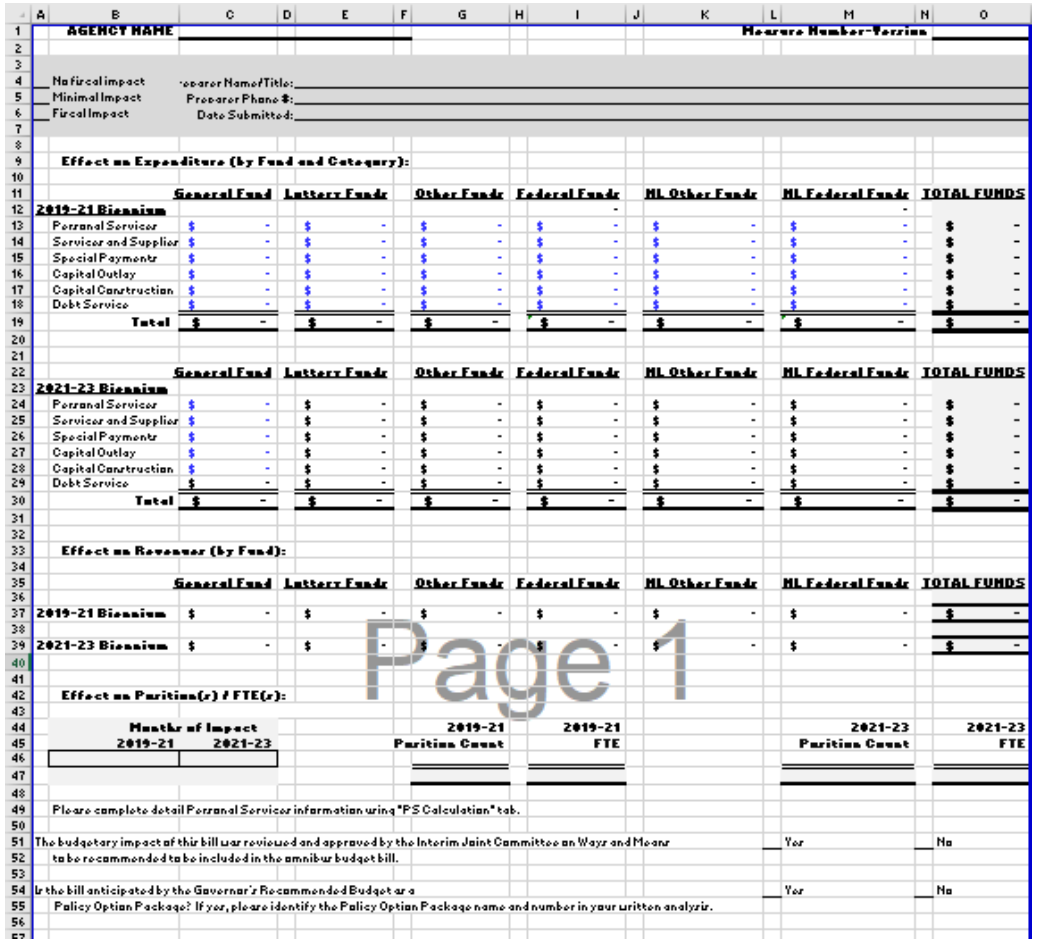
Additionally, DCBS assumptions include the addition of the following permanent (on-going) positions to perform the work required by HB 4005:

- 1 FTE - Operation and Policy Analyst 3 – X0872 – SR 30 – *Phase-in July 1, 2018*
- 1 FTE – Research Analyst 3 – C1117 – SR 26 – *Phase-in July 1, 2018*
- 1 FTE – Administrative Specialist 1 – SR 17 – C0107 – SR 17 – *Phase in July 1, 2018*

As currently envisioned, the Operation and Policy Analyst 3 position would assist with required rulemaking, compile the required legislative reports, work with the initial project team on data collection and the posting of information to our website for public viewing. Additionally, this position would be responsible for the ongoing management of the electronic reporting system

Step 6: Quantitative analysis

- How will the measure affect process, staffing, and resources?
- What resources (staff, equipment, regional offices, IT systems, etc.) are required to implement and manage the provisions of the measure?
- Quantify compared to the **2023-25 Current Service Level.**



AGENCY NAME — Measure Number-Version

No fiscal impact — Preparer Name/Title:
Minimal Impact — Preparer Phone #:
Fiscal Impact — Date Submitted:

Effect on Expenditure (by Fund and Category):

	General Fund	Lottery Funds	Other Funds	Federal Funds	ML Other Funds	ML Federal Funds	TOTAL FUNDS
2019-21 Biennium							
Personal Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Services and Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Special Payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Capital Outlay	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Capital Construction	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Debt Service	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	$ -	$ -	$ -	$ -	$ -	$ -	$ -

	General Fund	Lottery Funds	Other Funds	Federal Funds	ML Other Funds	ML Federal Funds	TOTAL FUNDS
2021-23 Biennium							
Personal Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Services and Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Special Payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Capital Outlay	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Capital Construction	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Debt Service	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Effect on Revenues (by Fund):

	General Fund	Lottery Funds	Other Funds	Federal Funds	ML Other Funds	ML Federal Funds	TOTAL FUNDS
2019-21 Biennium	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2021-23 Biennium	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Page 1

Effect on Position(s) / FTE(s):

Months of Impact 2019-21	Months of Impact 2021-23	2019-21 Position Count	2019-21 FTE	2021-23 Position Count	2021-23 FTE

Please complete detail Personal Services information using "PS Calculation" tab.

The budgetary impact of this bill was reviewed and approved by the Interim Joint Committee on Ways and Means ___ Yes ___ No
to be recommended to be included in the omnibus budget bill.

Is the bill anticipated by the Governor's Recommended Budget or a ___ Yes ___ No
Policy Option Package? If yes, please identify the Policy Option Package name and number in your written analysis.

Step 7: Submit agency FIS

FISCAL IMPACT OF PROPOSED LEGISLATION **Measure: HB 2005 - A**

80th Oregon Legislative Assembly – 2019 Regular Session
Legislative Fiscal Office

Only Impacts on Original or Engrossed Versions are Considered Official

Prepared by: Kim To
Reviewed by: Michelle Deister, Paul Siebert, Theresa McHugh, Ken Rocco, John Borden, Matt Stayner, Tom MacDonald, Laurie Byerly, Amanda Beitel,
Date: June 14, 2019

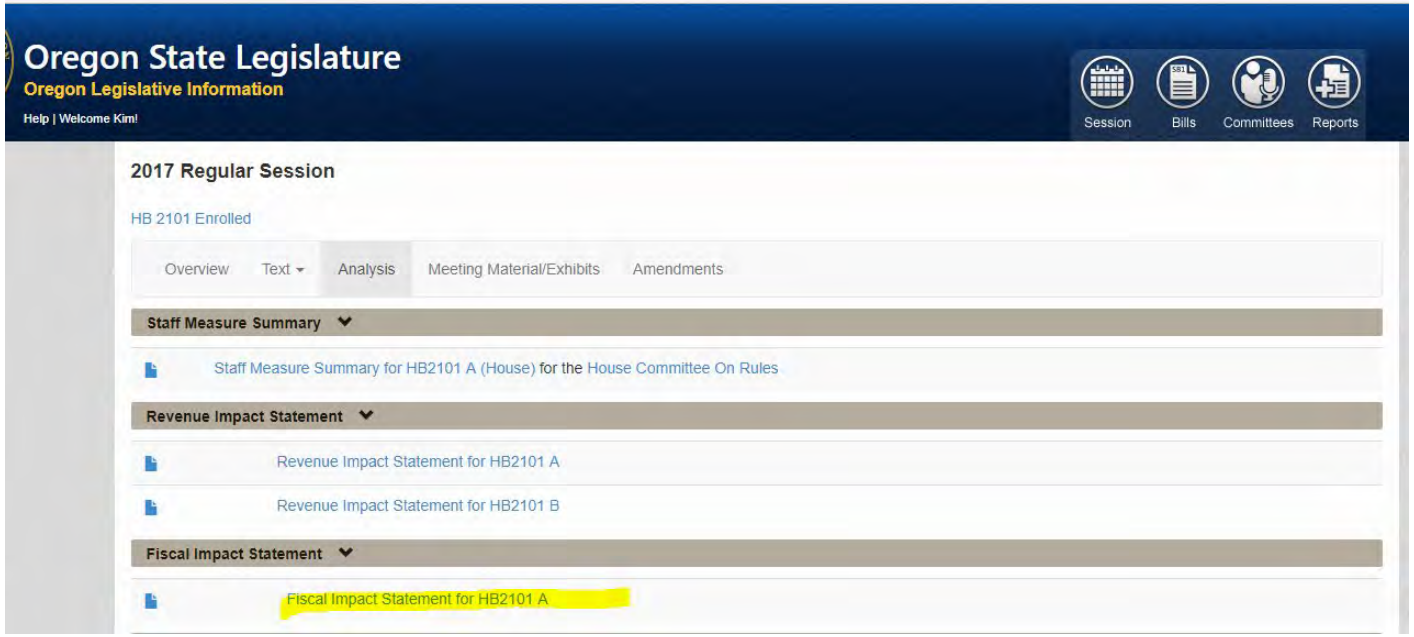
Measure Description:
Creates family and medical leave insurance program to provide employee who is eligible for coverage with portion of wages while employee is on family leave or medical leave.

Government Unit(s) Affected:
Employment Department (OED), Department of Revenue (DOR), Bureau of Labor and Industries (BOLI), Department of Consumer and Business Services (DCBS), Department of Administrative Services (DAS), Oregon Judicial Department (OJD), Department of Justice (DOJ), Oregon Health Authority (OHA), Department of Human Services (DHS), Statewide, Community Colleges, Public Universities, Cities, Counties, School Districts, Special Districts

Summary of Fiscal Impact:
Quantifiable costs related to the measure will require budgetary action. In addition, certain elements of the fiscal impact are indeterminate, at this time - See analysis.

A note on FIS access…

- LFO does not share fiscal information submitted by agencies
  - Information from agency fiscal impact statements may be included in the official LFO FIS
- LFO-produced FIS are posted on OLIS



Step 8: LFO follow up



Fiscal Impact Statement Types

- What are the different types of FIS?
- How do we describe how passage of a measure affects your agency's staffing, processes and resources?

Types of fiscal impact statements

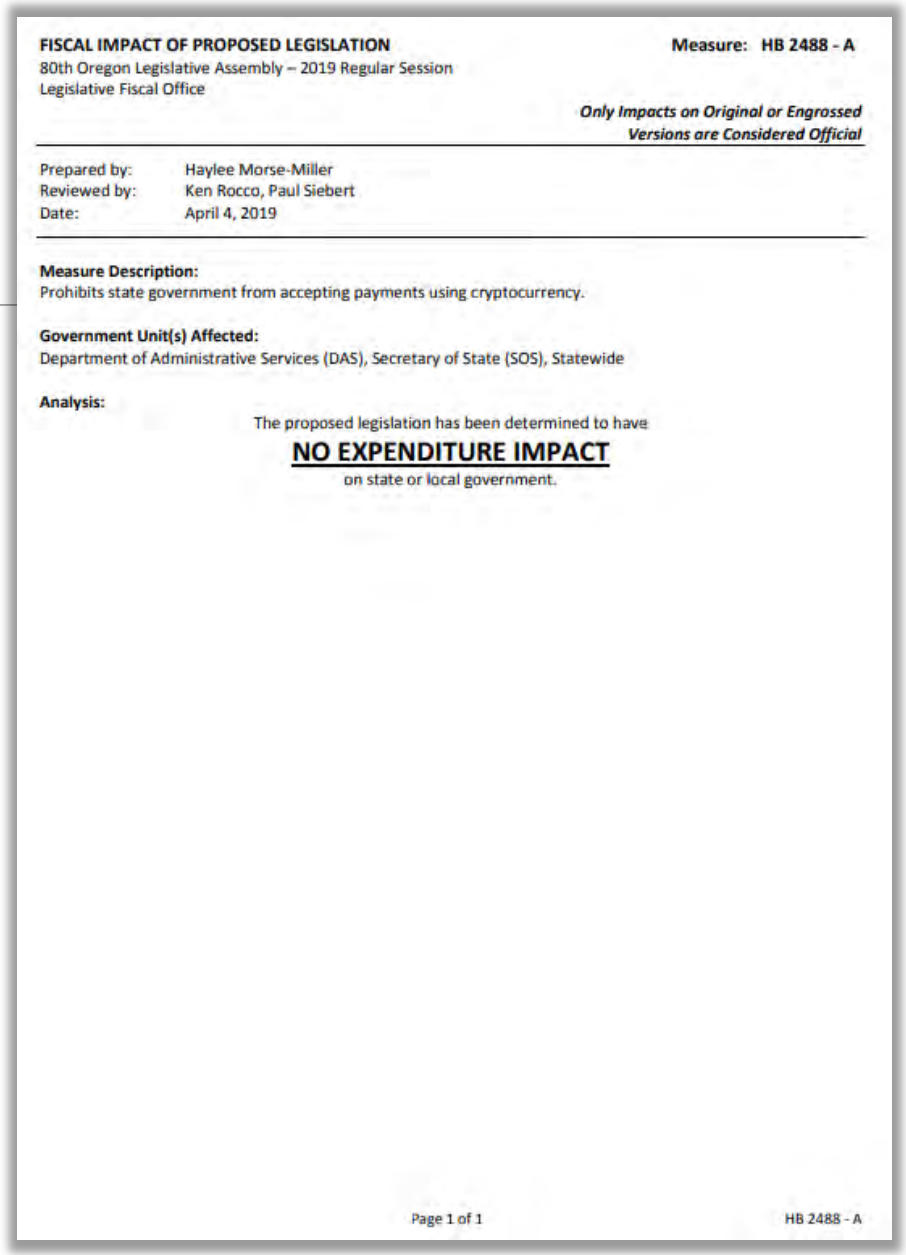
1. No Fiscal
2. Minimal Fiscal
3. (Written) Fiscal
   - Quantified Fiscal
   - Explanatory Fiscal*
   - Indeterminate Fiscal
   - Fiscal Lite *(moves bill from one committee to another)*
4. Re-issued Fiscals
   - Revised Fiscal (*Agency adjustment)*
   - Corrected Fiscal (*LFO adjustment)*

** Minimal fiscals may be issued as written explanatory fiscals.*

FIS type: No Fiscal Impact

- **The measure can be implemented without incurring costs.**

- Must include a brief narrative explaining why there is no impact:
  - Your agency has no involvement with these statutes.
  - Codifies what is already in practice.
  - Changes in process or protocol do not require additional resources.



FISCAL IMPACT OF PROPOSED LEGISLATION **Measure: HB 2488 - A**
80th Oregon Legislative Assembly – 2019 Regular Session
Legislative Fiscal Office

Only Impacts on Original or Engrossed Versions are Considered Official

Prepared by: Haylee Morse-Miller
Reviewed by: Ken Rocco, Paul Siebert
Date: April 4, 2019

Measure Description:
Prohibits state government from accepting payments using cryptocurrency.

Government Unit(s) Affected:
Department of Administrative Services (DAS), Secretary of State (SOS), Statewide

Analysis:

The proposed legislation has been determined to have
NO EXPENDITURE IMPACT
on state or local government.

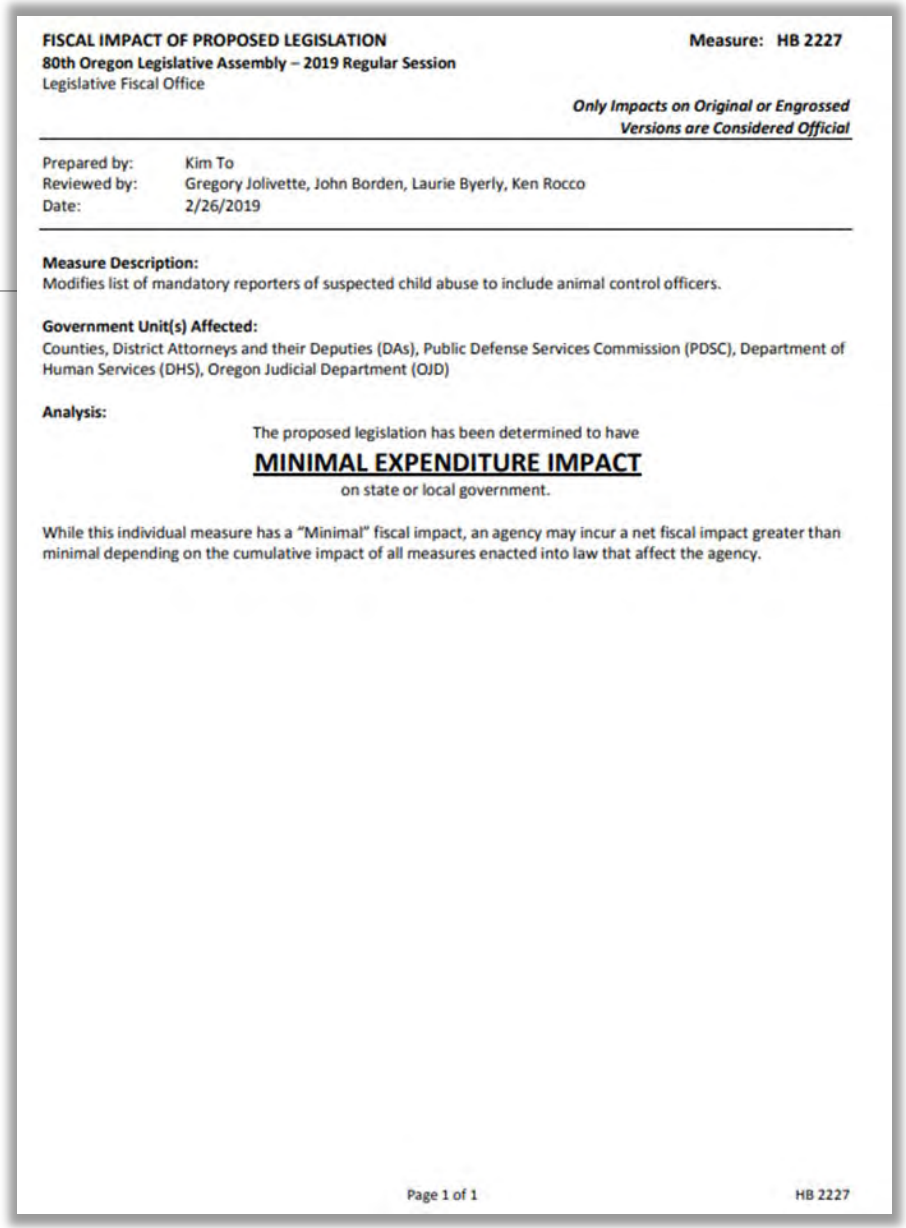
Page 1 of 1 HB 2488 - A

FIS type: Minimal Fiscal Impact (1/2)

- **Implementation of the measure can be absorbed within existing resources.**

- Must include a brief narrative explaining why the impact is minimal:
  - Minor changes in process or protocol.
  - Absorbable costs.
  - Impact can be accommodated within the agency's existing budget without an additional appropriation or expenditure limitation, or new position authority.

- Be aware of cumulative impact.



FISCAL IMPACT OF PROPOSED LEGISLATION **Measure: HB 2227**
80th Oregon Legislative Assembly – 2019 Regular Session
Legislative Fiscal Office

Only Impacts on Original or Engrossed Versions are Considered Official

Prepared by: Kim To
Reviewed by: Gregory Jolivette, John Borden, Laurie Byerly, Ken Rocco
Date: 2/26/2019

Measure Description:
Modifies list of mandatory reporters of suspected child abuse to include animal control officers.

Government Unit(s) Affected:
Counties, District Attorneys and their Deputies (DAs), Public Defense Services Commission (PDSC), Department of Human Services (DHS), Oregon Judicial Department (OJD)

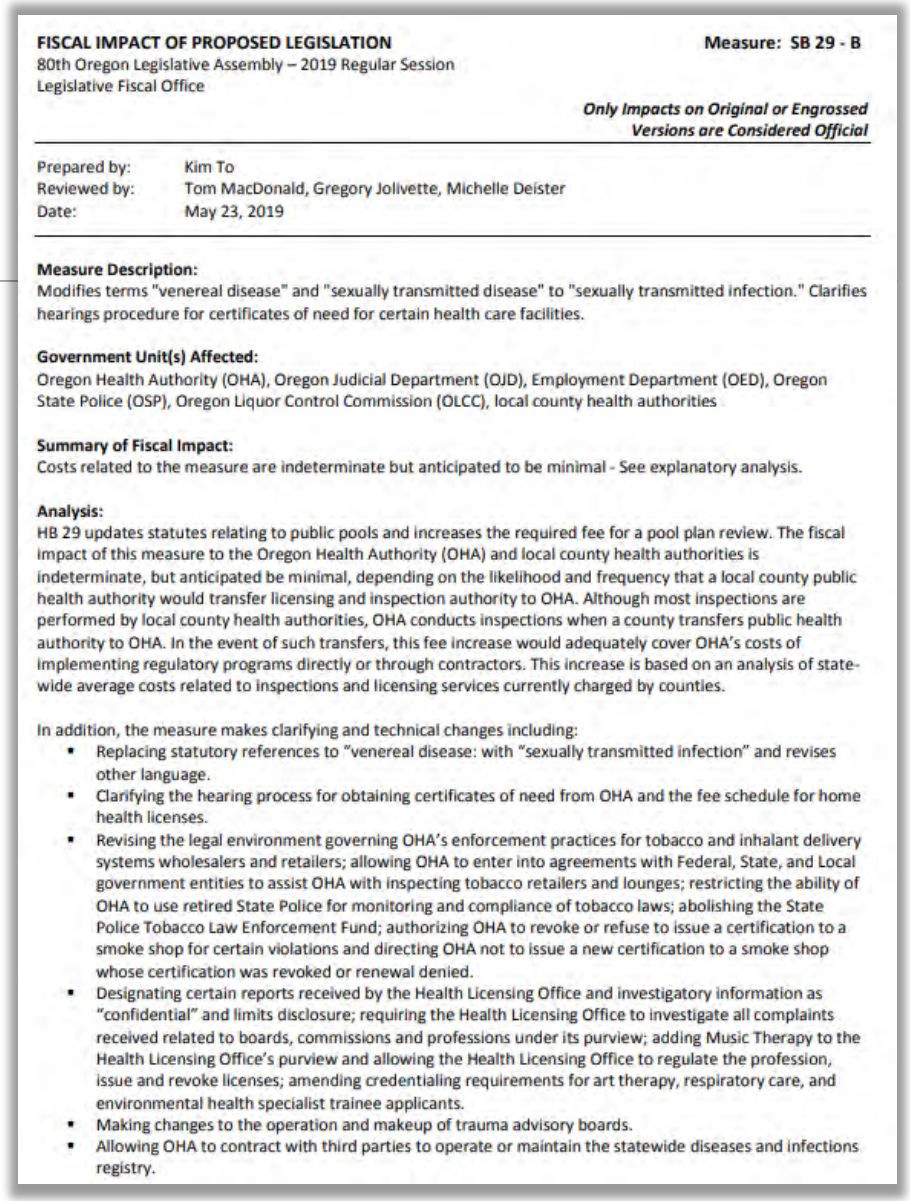
Analysis:
The proposed legislation has been determined to have
MINIMAL EXPENDITURE IMPACT
on state or local government.

While this individual measure has a "Minimal" fiscal impact, an agency may incur a net fiscal impact greater than minimal depending on the cumulative impact of all measures enacted into law that affect the agency.

Page 1 of 1 HB 2227

FIS type: Minimal Fiscal Impact (2/2)

- LFO may issue a written explanatory minimal fiscal impact statement, instead of a straight minimal impact if a FIS requires additional information or context.
- Generally, this describes a specific need for data, or risk or uncertainty surrounding the bill.



FISCAL IMPACT OF PROPOSED LEGISLATION **Measure: SB 29 - B**
80th Oregon Legislative Assembly – 2019 Regular Session
Legislative Fiscal Office

Only Impacts on Original or Engrossed Versions are Considered Official

Prepared by: Kim To
Reviewed by: Tom MacDonald, Gregory Jolivette, Michelle Deister
Date: May 23, 2019

Measure Description:
Modifies terms "venereal disease" and "sexually transmitted disease" to "sexually transmitted infection." Clarifies hearings procedure for certificates of need for certain health care facilities.

Government Unit(s) Affected:
Oregon Health Authority (OHA), Oregon Judicial Department (OJD), Employment Department (OED), Oregon State Police (OSP), Oregon Liquor Control Commission (OLCC), local county health authorities

Summary of Fiscal Impact:
Costs related to the measure are indeterminate but anticipated to be minimal - See explanatory analysis.

Analysis:
HB 29 updates statutes relating to public pools and increases the required fee for a pool plan review. The fiscal impact of this measure to the Oregon Health Authority (OHA) and local county health authorities is indeterminate, but anticipated be minimal, depending on the likelihood and frequency that a local county public health authority would transfer licensing and inspection authority to OHA. Although most inspections are performed by local county health authorities, OHA conducts inspections when a county transfers public health authority to OHA. In the event of such transfers, this fee increase would adequately cover OHA's costs of implementing regulatory programs directly or through contractors. This increase is based on an analysis of state-wide average costs related to inspections and licensing services currently charged by counties.

In addition, the measure makes clarifying and technical changes including:

- Replacing statutory references to "venereal disease: with "sexually transmitted infection" and revises other language.
- Clarifying the hearing process for obtaining certificates of need from OHA and the fee schedule for home health licenses.
- Revising the legal environment governing OHA's enforcement practices for tobacco and inhalant delivery systems wholesalers and retailers; allowing OHA to enter into agreements with Federal, State, and Local government entities to assist OHA with inspecting tobacco retailers and lounges; restricting the ability of OHA to use retired State Police for monitoring and compliance of tobacco laws; abolishing the State Police Tobacco Law Enforcement Fund; authorizing OHA to revoke or refuse to issue a certification to a smoke shop for certain violations and directing OHA not to issue a new certification to a smoke shop whose certification was revoked or renewal denied.
- Designating certain reports received by the Health Licensing Office and investigatory information as "confidential" and limits disclosure; requiring the Health Licensing Office to investigate all complaints received related to boards, commissions and professions under its purview; adding Music Therapy to the Health Licensing Office's purview and allowing the Health Licensing Office to regulate the profession, issue and revoke licenses; amending credentialing requirements for art therapy, respiratory care, and environmental health specialist trainee applicants.
- Making changes to the operation and makeup of trauma advisory boards.
- Allowing OHA to contract with third parties to operate or maintain the statewide diseases and infections registry.

FIS type: Fiscal Impact (1/2)

- **Implementation of the measure requires additional resources:**
  - Significant changes in process or protocol
  - Non-absorbable costs
- Must include a comprehensive narrative explaining the fiscal impact.
- Must include worksheet with detailed cost calculations.
- Not a commitment to provide funding.

Example: Fiscal Impact (2/2)

FISCAL IMPACT OF PROPOSED LEGISLATION **Measure: HB 3273 - A**
80th Oregon Legislative Assembly – 2019 Regular Session
Legislative Fiscal Office

Only Impacts on Original or Engrossed Versions are Considered Official

Prepared by: Kim To
Reviewed by: John Terpening, Gregory Jolivette
Date: May 1, 2019

Measure Description:
Directs each manufacturer of prescription drugs that are sold within this state to develop and implement drug take-back program for purpose of collecting from individuals and nonbusiness entities prescription drugs for disposal.

Government Unit(s) Affected:
Department of Environmental Quality (DEQ), Oregon Board of Pharmacy (OBOP), Oregon Judicial Department (OJD)

Summary of Fiscal Impact:
Costs related to the measure may require budgetary action - See analysis.

Summary of Expenditure Impact:

	2019-21 Biennium	2021-23 Biennium
Other Funds - DEQ		
Personal Services	183,811	101,875
Services and Supplies	74,391	42,711
Total Other Funds	**$258,202**	**$144,586**
Positions	2	1
FTE	0.94	0.50

Summary of Revenue Impact:

	2019-21 Biennium	2021-23 Biennium
Other Funds - DEQ		
Fees	350,000	175,000
Total Other Funds	**$350,000**	**$175,000**

Analysis:
HB 3273 requires certain specified manufacturers to use program operators to participate in a drug take-back program. Covered manufacturers must pay all costs associated with participating in a drug take-back program. A program operator of a drug take-back program must be organized as an entity that is exempt from income taxes under section 501(c)(3) of the Internal Revenue Code. The measure exempts program operators from antitrust laws. With passage of the measure, the Department of Environmental Quality (DEQ) and the Oregon Board of Pharmacy (OBOP) will be is responsible for ensuring compliance with the drug take-back program.

Department of Environmental Quality (DEQ)
DEQ estimates the fiscal impact of this bill to be $258,202 Other Funds and 2 positions (0.94 FTE) for the 2019-21 biennium; and $144,586 Other Funds and 1 position (0.50 FTE) for the 2021-23 biennium. These amounts reflect one limited duration, half-time Operations and Policy Analyst 1 position to help create the program and one permanent half-time Operations and Policy Analyst 2 position to oversee the operation of the drug take-back program, including working with program operators to evaluate and update plans. The measure specifies

required elements of the plan that a program operator of a drug take-back program must submit to DEQ in order to participate in a drug take-back program. Within four years after DEQ approves a plan, the operator must submit to DEQ an updated plan for continued operation of the program. In addition, an operator must request preapproval from DEQ for any change to a drug take-back program that substantively alters the drug take-back program. A program operator must submit an annual report to DEQ for review and approval. If DEQ does not approve the report, the department must provide the operator with written notice of necessary revisions and a timeline for resubmittal. DEQ must publish approve reports on its website. DEQ must send notices to manufacturers that fail to participate in a drug take-back program. The notices must explain possible penalties. Program operators must conduct a survey once every two years of covered entities and pharmacists, health care providers and veterinarians who interact with covered entities. DEQ must prescribe the form and manner of the survey. Program operators must submit proposed survey questions to DEQ for preapproval. Program operator must submit to DEQ an annual report on the development, implementation and operation of the drug take-back program. DEQ must report to the Legislature by July 1, 2021 describing the administration of the drug take-back program.

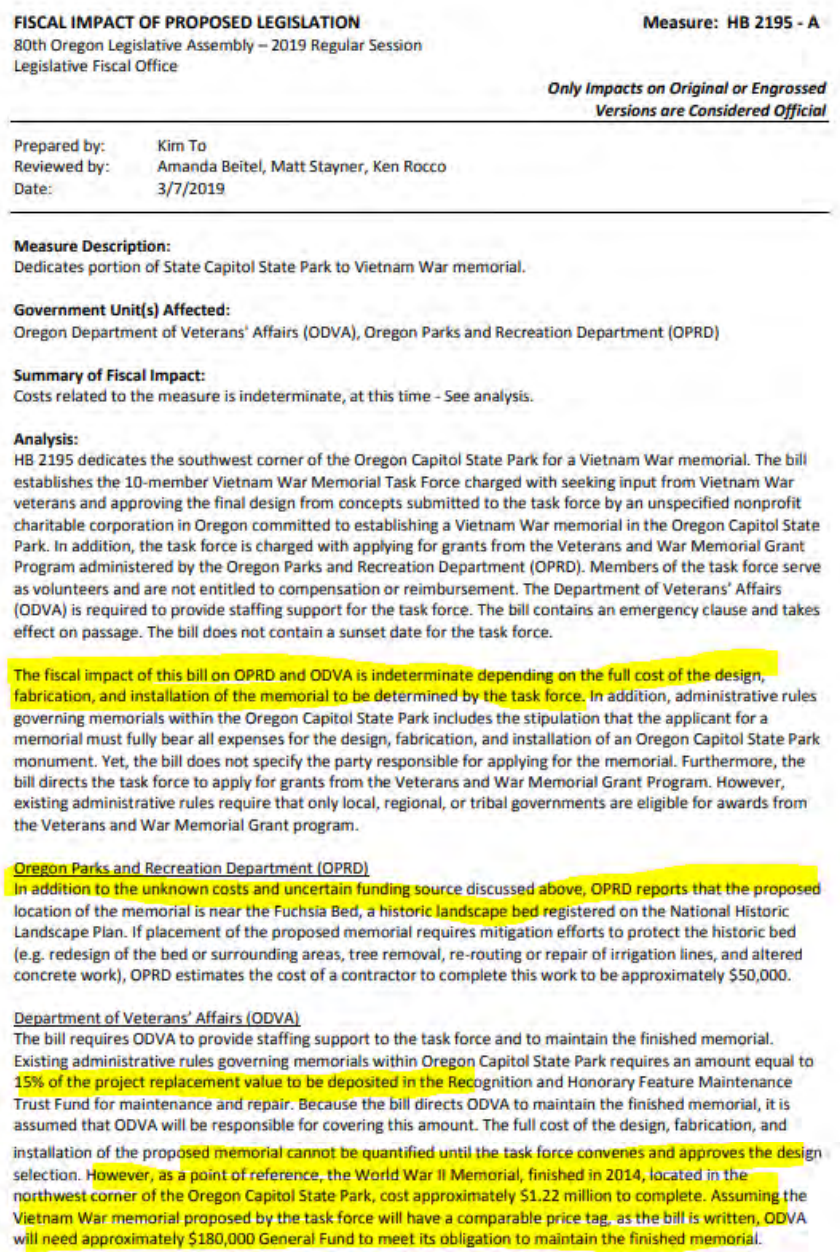
The measure authorizes DEQ to assess fees to pay the costs of administering the program. The measure specifies fines and penalties that DEQ may impose an manufacturers and operators not in compliance. The measure establishes the Secure Drug Take-Back Account and moneys in the account are continually appropriated to DEQ. DEQ is required to deposit moneys collected through the imposition of civil penalties and fees into the Secure Drug Take-Back Account. Although fees charged will be based on actual costs, and the amount of the specific fees will need to be established through the rule making process, DEQ projects the need for revenues from fees to be about $350,000 for the first biennium and $175,000 for subsequent biennia.

Oregon Board of Pharmacy (OBOP)
Passage of this bill is anticipated to have a minimal fiscal impact on OBOP. The measure directs DEQ to enter into an agreement with OBOP for routine inspections of retail drug outlets drop-off sites and audits of program operators records. OBOP is to inform DEQ of sites not in compliance. OBOP anticipates incorporating drop-off site inspections and audits into its existing inspection process. The bill also authorizes OBOP to assess a fine against manufacturers not participating in a drug take-back program.

Oregon Judicial Department (OJD)
Passage of this bill is anticipated to have a minimal fiscal impact on OJD. In the event that covered manufacturers subject to civil penalties request judicial review in the Court of Appeals, OJD anticipates using existing staff and resources to handle the number of additional case filings.

FIS type: Indeterminate Fiscal Impact

- "Indeterminate" impacts are determined by LFO.
- Submit a narratives that discusses known costs as well as what elements of a bill cannot be quantified and why.



FISCAL IMPACT OF PROPOSED LEGISLATION **Measure: HB 2195 - A**
80th Oregon Legislative Assembly – 2019 Regular Session
Legislative Fiscal Office

Only Impacts on Original or Engrossed Versions are Considered Official

Prepared by: Kim To
Reviewed by: Amanda Beitel, Matt Stayner, Ken Rocco
Date: 3/7/2019

Measure Description:
Dedicates portion of State Capitol State Park to Vietnam War memorial.

Government Unit(s) Affected:
Oregon Department of Veterans' Affairs (ODVA), Oregon Parks and Recreation Department (OPRD)

Summary of Fiscal Impact:
Costs related to the measure is indeterminate, at this time - See analysis.

Analysis:
HB 2195 dedicates the southwest corner of the Oregon Capitol State Park for a Vietnam War memorial. The bill establishes the 10-member Vietnam War Memorial Task Force charged with seeking input from Vietnam War veterans and approving the final design from concepts submitted to the task force by an unspecified nonprofit charitable corporation in Oregon committed to establishing a Vietnam War memorial in the Oregon Capitol State Park. In addition, the task force is charged with applying for grants from the Veterans and War Memorial Grant Program administered by the Oregon Parks and Recreation Department (OPRD). Members of the task force serve as volunteers and are not entitled to compensation or reimbursement. The Department of Veterans' Affairs (ODVA) is required to provide staffing support for the task force. The bill contains an emergency clause and takes effect on passage. The bill does not contain a sunset date for the task force.

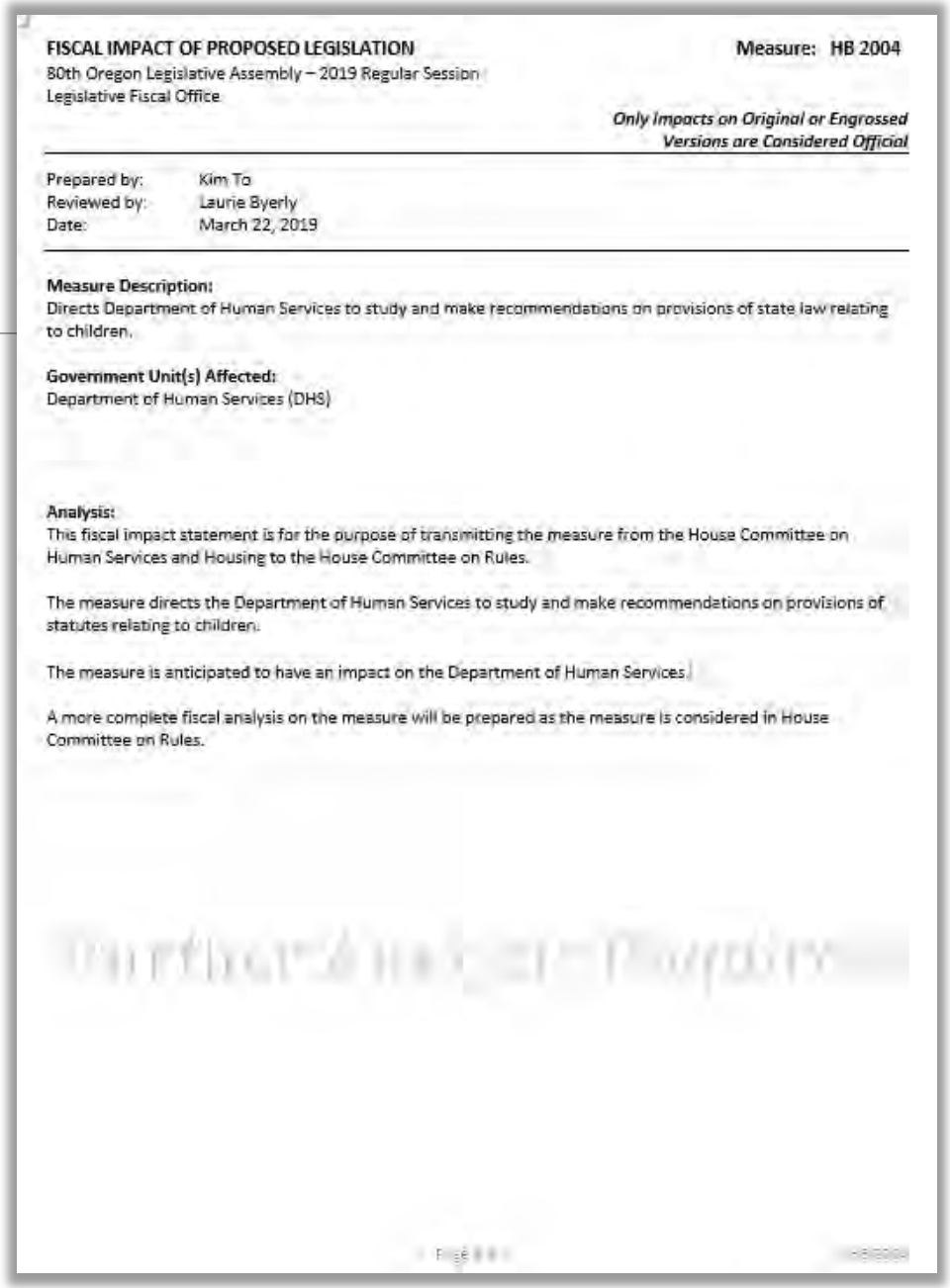
The fiscal impact of this bill on OPRD and ODVA is indeterminate depending on the full cost of the design, fabrication, and installation of the memorial to be determined by the task force. In addition, administrative rules governing memorials within the Oregon Capitol State Park includes the stipulation that the applicant for a memorial must fully bear all expenses for the design, fabrication, and installation of an Oregon Capitol State Park monument. Yet, the bill does not specify the party responsible for applying for the memorial. Furthermore, the bill directs the task force to apply for grants from the Veterans and War Memorial Grant Program. However, existing administrative rules require that only local, regional, or tribal governments are eligible for awards from the Veterans and War Memorial Grant program.

Oregon Parks and Recreation Department (OPRD)
In addition to the unknown costs and uncertain funding source discussed above, OPRD reports that the proposed location of the memorial is near the Fuchsia Bed, a historic landscape bed registered on the National Historic Landscape Plan. If placement of the proposed memorial requires mitigation efforts to protect the historic bed (e.g. redesign of the bed or surrounding areas, tree removal, re-routing or repair of irrigation lines, and altered concrete work), OPRD estimates the cost of a contractor to complete this work to be approximately $50,000.

Department of Veterans' Affairs (ODVA)
The bill requires ODVA to provide staffing support to the task force and to maintain the finished memorial. Existing administrative rules governing memorials within Oregon Capitol State Park requires an amount equal to 15% of the project replacement value to be deposited in the Recognition and Honorary Feature Maintenance Trust Fund for maintenance and repair. Because the bill directs ODVA to maintain the finished memorial, it is assumed that ODVA will be responsible for covering this amount. The full cost of the design, fabrication, and installation of the proposed memorial cannot be quantified until the task force convenes and approves the design selection. However, as a point of reference, the World War II Memorial, finished in 2014, located in the northwest corner of the Oregon Capitol State Park, cost approximately $1.22 million to complete. Assuming the Vietnam War memorial proposed by the task force will have a comparable price tag, as the bill is written, ODVA will need approximately $180,000 General Fund to meet its obligation to maintain the finished memorial.

FIS type: Fiscal Lite

- Moves bill between committees



FISCAL IMPACT OF PROPOSED LEGISLATION **Measure: HB 2004**

80th Oregon Legislative Assembly – 2019 Regular Session
Legislative Fiscal Office

Only Impacts on Original or Engrossed Versions are Considered Official

Prepared by: Kim To
Reviewed by: Laurie Byerly
Date: March 22, 2019

Measure Description:
Directs Department of Human Services to study and make recommendations on provisions of state law relating to children.

Government Unit(s) Affected:
Department of Human Services (DHS)

Analysis:
This fiscal impact statement is for the purpose of transmitting the measure from the House Committee on Human Services and Housing to the House Committee on Rules.

The measure directs the Department of Human Services to study and make recommendations on provisions of statutes relating to children.

The measure is anticipated to have an impact on the Department of Human Services.

A more complete fiscal analysis on the measure will be prepared as the measure is considered in House Committee on Rules.

How to Determine, Quantify, and Justify the Fiscal Impact of a Measure

- What items should you look for in a bill?
- How do you communicate a measure's impact on your agency?

Elements of a quality FIS

A compelling FIS:

- Is a business plan, not a price tag.
- Justifies the costs or savings estimate.
- Clearly and credibly documents facts.
- Leverages existing resources.
- Includes stakeholder involvement.
- Guides subsequent work.

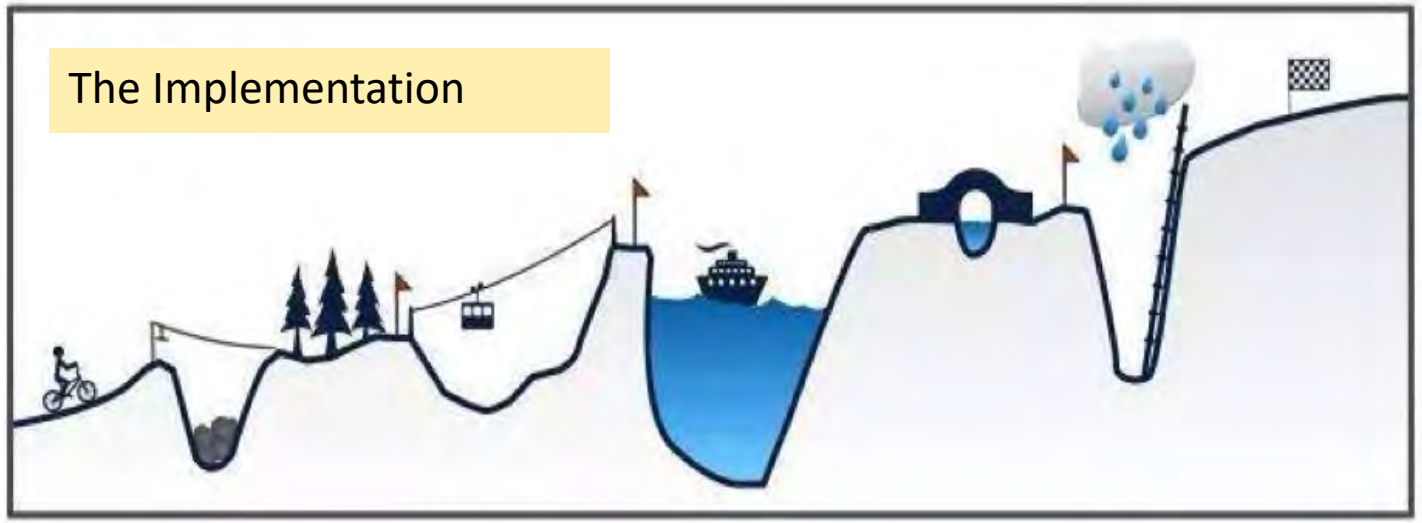


Elements of a quality FIS (part 2)

Do

- Remember audience
- Be thorough
- Provide data-driven analysis
  - Cite your sources
- Follow the established process
- Consider risks, urgency, and uncertainty





Attachment #10

Starting point for discussing fiscal impact

- **Short session** = Legislatively Approved Budget
- **Long session** = …
  - 2023-25 Legislatively Adopted Budget if available, or…
  - 2023-25 Governor's Budget, or…
  - 2023-25 Current Service Level
- Depends on timing of budget process
- Discuss impact of budget decisions in FIS

2021-23 LEGISLATIVELY ADOPTED BUDGET	
+ Plus	**Legislative & E-Board Actions** through April of the even numbered year
= 2021-23 LEGISLATIVELY APPROVED BUDGET (LAB)	
+ Plus or - Less	**Statewide Administrative Adjustments** • Net Cost of Position Actions • Base Debt Service Adj. • Nonlimited Adj. • Capital Construction
= 2023-25 BASE BUDGET	
+ Plus or - Less	**Essential Packages** • *Package 010* - Vacancy Factor - Non-ORPICS Personal Service Adj. • *Package 021 Phased-In Programs* • *Package 022 Phased-Out Programs* • *Package 030 Inflation* - Cost of Goods & Services Adj. - State Gov't Service Charges Adj. • *Package 040 Mandated Caseload* • *Package 050 Fund Shifts* • *Package 060 Technical Adjustments*
= CURRENT SERVICE LEVEL (CSL)	
- Less	**Revenue Reductions** • *Package 070 Revenue Shortfall*
= MODIFIED CURRENT SERVICE LEVEL	
+ Plus	**Emergency Board Actions** • *Package 081 May 2022* • *Package 082 September 2022* **Policy Packages** – *Package Nos. 100+*
= 2023-25 AGENCY REQUEST BUDGET (ARB)	
+ Plus or - Less	CFO Analyst Adjustments
= ANALYST RECOMMENDED BUDGET (AnRec)	
+ Plus	Agency Appeal Adjustments
= 2023-25 GOVERNOR'S BUDGET (GB)	
+ Plus or - Less	Legislative Session Adjustments
= 2023-25 LEGISLATIVELY ADOPTED BUDGET (LAB)	

Common questions to consider in your FIS

- Are new positions needed?
  - Why are they needed?
  - Are they permanent or limited-duration?
  - What are the position-related services and supplies costs? (*rent should not be included unless justified*)
  - All positions should be priced **at Step 3**
- Fund type
  - What are the sources for Other Funds or Federal Funds?
- Are costs one-time or ongoing?
- What are the timelines for this work?

Consider bill timelines– effective date

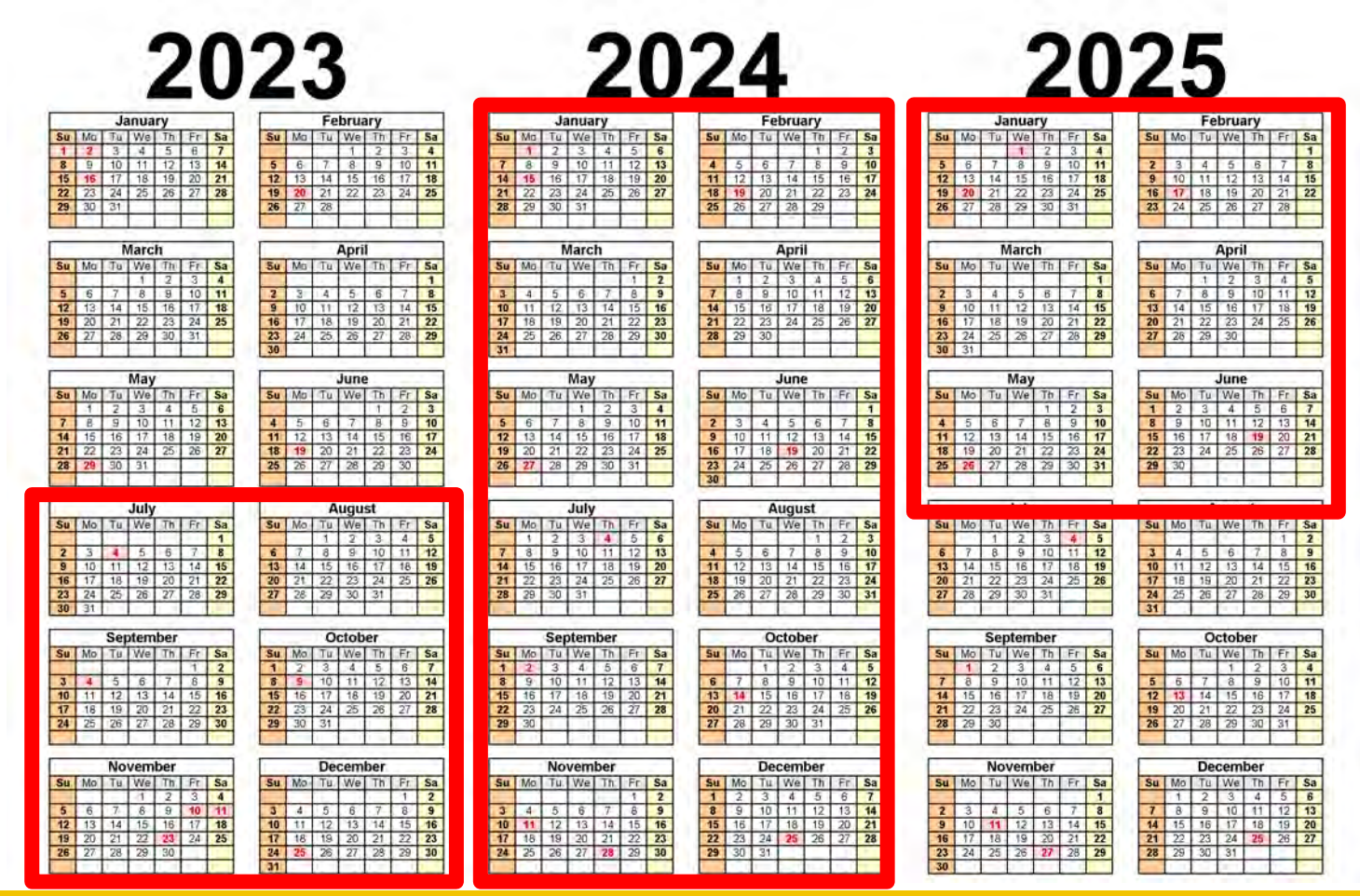
Impact for 2023-2025

Normally 18 months of impact *(if there is no Emergency Clause or other designated date for the bill to take effect)*

Emergency clause is up to **24 months** of impact

Impact for 2025-2027

24 months unless there is a sunset date before June 30, 2025.



Consider bill timeline - operative dates

- How do operative dates impact the timing of your plan, and any fiscal impacts?

TRANSITIONAL PROVISIONS

SECTION 62. The Director of the Employment Department shall establish the family and medical leave insurance program under section 33 of this 2019 Act such that eligible employees as defined in section 2 of this 2019 Act and employers may begin making contributions to the program no later than January 1, 2022.

SECTION 62a. Notwithstanding the operative date specified in section 63 (1)(a) of this 2019 Act, an employer may apply to the Director of the Employment Department, in accordance with the application process established by the director under section 33 of this 2019 Act, for approval of an employer-offered benefit plan described under section 43 of this 2019 Act on or after the effective date of this 2019 Act.

SECTION 63. Operative dates. (1)(a) Sections 8, 11, 14, 16 to 31, 37, 41, 43 to 48, 49a and 61 of this 2019 Act become operative on January 1, 2022.

(b) Sections 3 to 7, 9, 10, 12, 13, 15, 42 and 50 of this 2019 Act become operative on January 1, 2023.

(c) The amendments to ORS 410.619 by sections 52 and 53 of this 2019 Act become operative on January 1, 2022.

(d) The amendments to ORS 657.100, 657.471 and 659A.162 by sections 54, 55 and 56 of this 2019 Act become operative on January 1, 2023.

(e) The amendments to ORS 659A.885 by sections 57 and 58 of this 2019 Act become operative January 1, 2025.

(2) The Employment Department and the Department of Revenue may take any action before the operative dates specified in subsection (1) of this section that is necessary to enable the departments to exercise, on and after the operative dates specified in subsection (1) of this section, the duties, functions and powers conferred on the departments by sections 1 to 51 of this 2019 Act.

CAPTIONS

EFFECTIVE DATE

SECTION 65. This 2019 Act takes effect on the 91st day after the date on which the 2019 regular session of the Eightieth Legislative Assembly adjourns sine die.

Consider permissive language used

- Bills can use permissive language such as *may,* or more pointed language such as *shall.*
- For the purposes of pricing the fiscal, **provide LFO with the cost of carrying out the work *permitted*** by the bill.



79th OREGON LEGISLATIVE ASSEMBLY–2017 Regular Session

House Bill 2400

Sponsored by Representatives NATHANSON, MCKEOWN; Representatives BARNHART, NOSSE, POWER (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.**

Authorizes any state agency or department to enter into agreements with any political subdivision for collection, enforcement, administration and distribution of local transient lodging taxes of such political subdivision.

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT

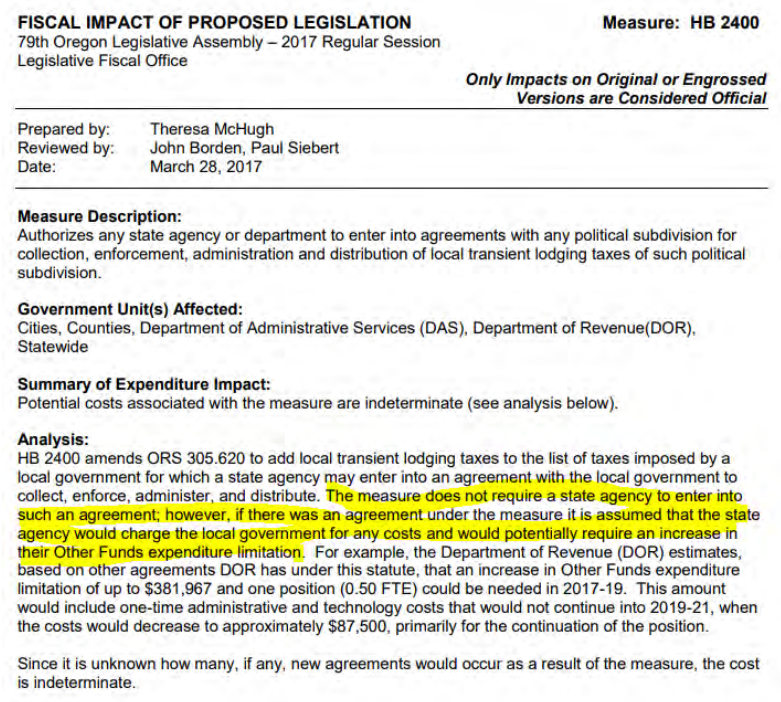
Relating to the administration of local transient lodging taxes; amending ORS 305.620; and prescribing an effective date.

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

SECTION 1. ORS 305.620, as amended by section 32, chapter 24, Oregon Laws 2016, is amended to read:

305.620. (1) Any state agency or department may enter into agreements with any political subdivision of this state for the collection, enforcement, administration and distribution of local taxes of the political subdivision imposed upon or measured by gross or net income, wages or net earnings from self-employment, local general sales and use taxes**, local transient lodging taxes** or taxes imposed under ORS 475B.345.

(2) The department or agency shall prescribe the rules by which the agreements entered into under subsection (1) of this section are administered.



FISCAL IMPACT OF PROPOSED LEGISLATION **Measure: HB 2400**

79th Oregon Legislative Assembly – 2017 Regular Session
Legislative Fiscal Office

Only Impacts on Original or Engrossed Versions are Considered Official

Prepared by: Theresa McHugh
Reviewed by: John Borden, Paul Siebert
Date: March 28, 2017

Measure Description:
Authorizes any state agency or department to enter into agreements with any political subdivision for collection, enforcement, administration and distribution of local transient lodging taxes of such political subdivision.

Government Unit(s) Affected:
Cities, Counties, Department of Administrative Services (DAS), Department of Revenue(DOR), Statewide

Summary of Expenditure Impact:
Potential costs associated with the measure are indeterminate (see analysis below).

Analysis:
HB 2400 amends ORS 305.620 to add local transient lodging taxes to the list of taxes imposed by a local government for which a state agency may enter into an agreement with the local government to collect, enforce, administer, and distribute. The measure does not require a state agency to enter into such an agreement; however, if there was an agreement under the measure it is assumed that the state agency would charge the local government for any costs and would potentially require an increase in their Other Funds expenditure limitation. For example, the Department of Revenue (DOR) estimates, based on other agreements DOR has under this statute, that an increase in Other Funds expenditure limitation of up to $381,967 and one position (0.50 FTE) could be needed in 2017-19. This amount would include one-time administrative and technology costs that would not continue into 2019-21, when the costs would decrease to approximately $87,500, primarily for the continuation of the position.

Since it is unknown how many, if any, new agreements would occur as a result of the measure, the cost is indeterminate.

Consider funding language – from available funding

- Bills can direct agencies to conduct work using already available funds:
  - "…from funds available to the agency…"
  - "…from funds available for the purpose…"
  - "…the bill is to be implemented without any additional agency expenditures…"

- How will this cost be absorbed and how will other programs change as a result of funds being used for this purpose?

Consider funding language – establishing funds

- Bills can establish funds for which revenue sources have yet to be identified:
  - "…creates the [xxxx] Fund separate and distinct from the General Fund… Authorizes [agency] to accept gifts, grants or contributions into these funds…"
- Please detail the actual costs of carrying out provisions of the bill.

SECTION 2. (1) Section 1 of this 2017 Act and the amendments to ORS 377.841 by section 5 of this 2017 Act become operative on the date the last agency adopts rules described in subsections (2) and (3) of this section.

(2) When the Department of Transportation determines that it has received a sufficient legislative appropriation or other funding to cover the costs of carrying out the provisions of section 1 of this 2017 Act and the amendments to ORS 377.841 by section 5 of this 2017 Act, the department shall adopt rules so indicating.

(3) When the State Parks and Recreation Department determines that it has received a sufficient legislative appropriation or other funding to cover the costs of carrying out the provisions of section 1 of this 2017 Act, the department shall adopt rules so indicating.

(4) The agencies described in this section shall notify the Legislative Counsel upon adoption of rules under this section.

SECTION 3. (1) The Department of Transportation Human Trafficking Awareness Fund is established in the State Treasury, separate and distinct from the General Fund. Interest earned by the Department of Transportation Human Trafficking Awareness Fund shall be credited to the fund. Moneys in the fund are continuously appropriated to the Department of Transportation to pay for the expenses incurred in carrying out the provisions of section 1 of this 2017 Act. The fund consists of moneys appropriated or transferred to the fund and moneys received under subsection (2) of this section.

(2) The department may receive gifts, grants or contributions from any source, whether public or private, to carry out the provisions of section 1 of this 2017 Act. Moneys received under this subsection shall be deposited in the Department of Transportation Human Trafficking Awareness Fund.

SECTION 4. (1) The State Parks and Recreation Department Human Trafficking Awareness Fund is established in the State Treasury, separate and distinct from the General Fund. Interest earned by the State Parks and Recreation Department Human Trafficking Awareness Fund shall be credited to the fund. Moneys in the fund are continuously appropriated to the State Parks and Recreation Department to pay for the expenses incurred in carrying out the provisions of section 1 of this 2017 Act. The fund consists of moneys appropriated or transferred to the fund and moneys received under subsection (2) of this section.

(2) The department may receive gifts, grants or contributions from any source, whether public or private, to carry out the provisions of section 1 of this 2017 Act. Moneys received under this subsection shall be deposited in the State Parks and Recreation Department Human Trafficking Awareness Fund.

(2) Subject to subsection (4) of this section, in carrying out the provisions of subsection (1) of this section, the council may enter into contracts necessary to accomplish the purposes of subsection (1) of this section.

(3) The Department of Transportation shall:

(a) Maintain ownership of any roadside rest area located along an interstate highway that the council manages, maintains, improves and develops pursuant to subsection (1) of this section; and

(b) Enter into an intergovernmental agreement with the council under which the council has the authority to manage, maintain, improve and develop those rest areas owned by the department that are listed in subsection (1) of this section.

(4) Under the intergovernmental agreement entered into under subsection (3) of this section, the council shall conduct public contracting activities in accordance with the provisions of ORS 377.836.

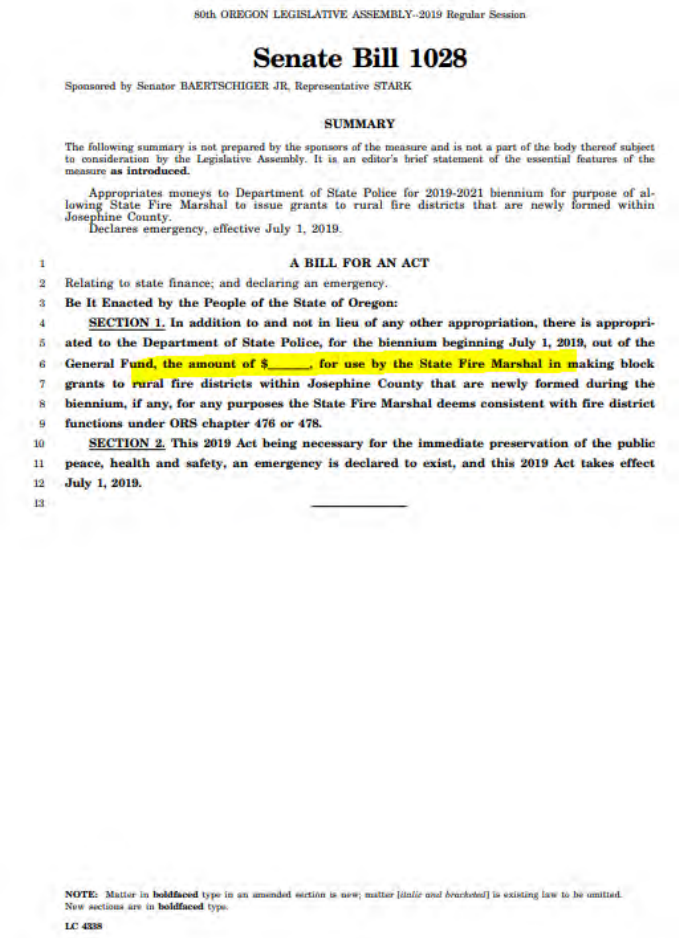
(5) For the purpose of funding the management, maintenance, improvement and development of roadside rest areas under this section, the department shall allocate to the council, no later than January 2 of each year, $6.55 million from the State Highway Fund.

(6) For the purpose of funding the activities described in section 1 of this 2017 Act, the department shall allocate to the council, no later than January 2 of each year, an amount necessary to carry out the provisions of section 1 of this 2017 Act from the Department of Transportation Human Trafficking Awareness Fund established under section 3 of this 2017 Act.

[*(6)*] **(7)** The council may not use any moneys originating from a local transient lodging tax or a state transient lodging tax, as those terms are defined in ORS 320.300, for the purpose of funding the management, maintenance, improvement and development of roadside rest areas under this section.

Consider funding language – bills with appropriations

- "There is appropriated…"
- **Question:** If a measure appropriates $100,000 to carryout the provisions of the bill, but the expected cost is $300,000, how should we price the FIS?
- **Answer:** Always provide the true cost of carrying out the provisions of the measure.



80th OREGON LEGISLATIVE ASSEMBLY--2019 Regular Session

Senate Bill 1028

Sponsored by Senator BAERTSCHIGER JR, Representative STARK

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.**

Appropriates moneys to Department of State Police for 2019-2021 biennium for purpose of allowing State Fire Marshal to issue grants to rural fire districts that are newly formed within Josephine County.

Declares emergency, effective July 1, 2019.

A BILL FOR AN ACT

Relating to state finance; and declaring an emergency.

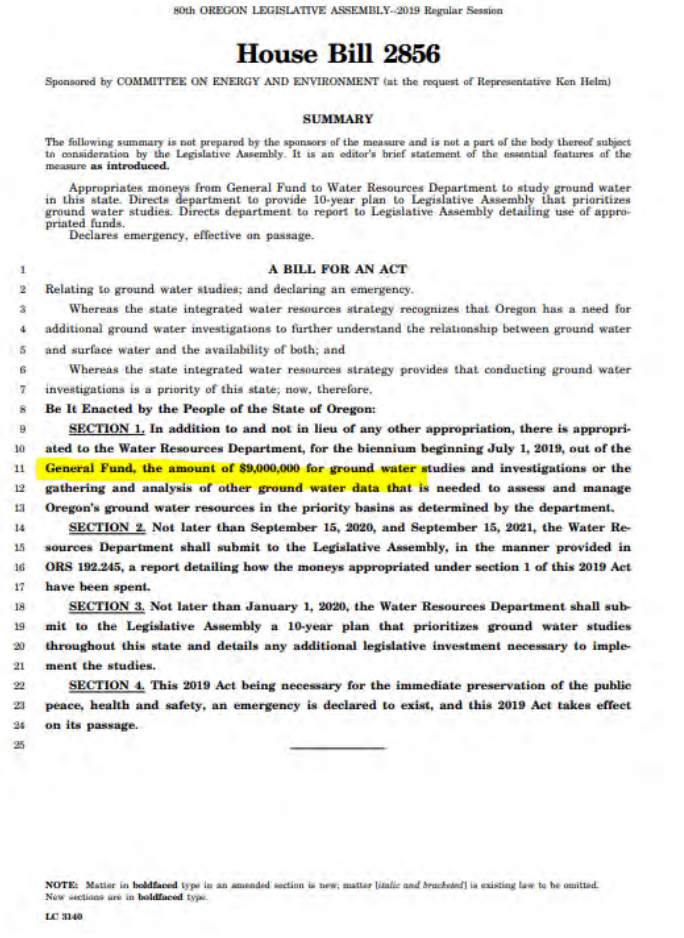
Be It Enacted by the People of the State of Oregon:

SECTION 1. In addition to and not in lieu of any other appropriation, there is appropriated to the Department of State Police, for the biennium beginning July 1, 2019, out of the General Fund, the amount of $_____, for use by the State Fire Marshal in making block grants to rural fire districts within Josephine County that are newly formed during the biennium, if any, for any purposes the State Fire Marshal deems consistent with fire district functions under ORS chapter 476 or 478.

SECTION 2. This 2019 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2019 Act takes effect July 1, 2019.

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

LC 4338



80th OREGON LEGISLATIVE ASSEMBLY--2019 Regular Session

House Bill 2856

Sponsored by COMMITTEE ON ENERGY AND ENVIRONMENT (at the request of Representative Ken Helm)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.**

Appropriates moneys from General Fund to Water Resources Department to study ground water in this state. Directs department to provide 10-year plan to Legislative Assembly that prioritizes ground water studies. Directs department to report to Legislative Assembly detailing use of appropriated funds.

Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to ground water studies; and declaring an emergency.

Whereas the state integrated water resources strategy recognizes that Oregon has a need for additional ground water investigations to further understand the relationship between ground water and surface water and the availability of both; and

Whereas the state integrated water resources strategy provides that conducting ground water investigations is a priority of this state; now, therefore,

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

SECTION 1. In addition to and not in lieu of any other appropriation, there is appropriated to the Water Resources Department, for the biennium beginning July 1, 2019, out of the General Fund, the amount of $9,000,000 for ground water studies and investigations or the gathering and analysis of other ground water data that is needed to assess and manage Oregon's ground water resources in the priority basins as determined by the department.

SECTION 2. Not later than September 15, 2020, and September 15, 2021, the Water Resources Department shall submit to the Legislative Assembly, in the manner provided in ORS 192.245, a report detailing how the moneys appropriated under section 1 of this 2019 Act have been spent.

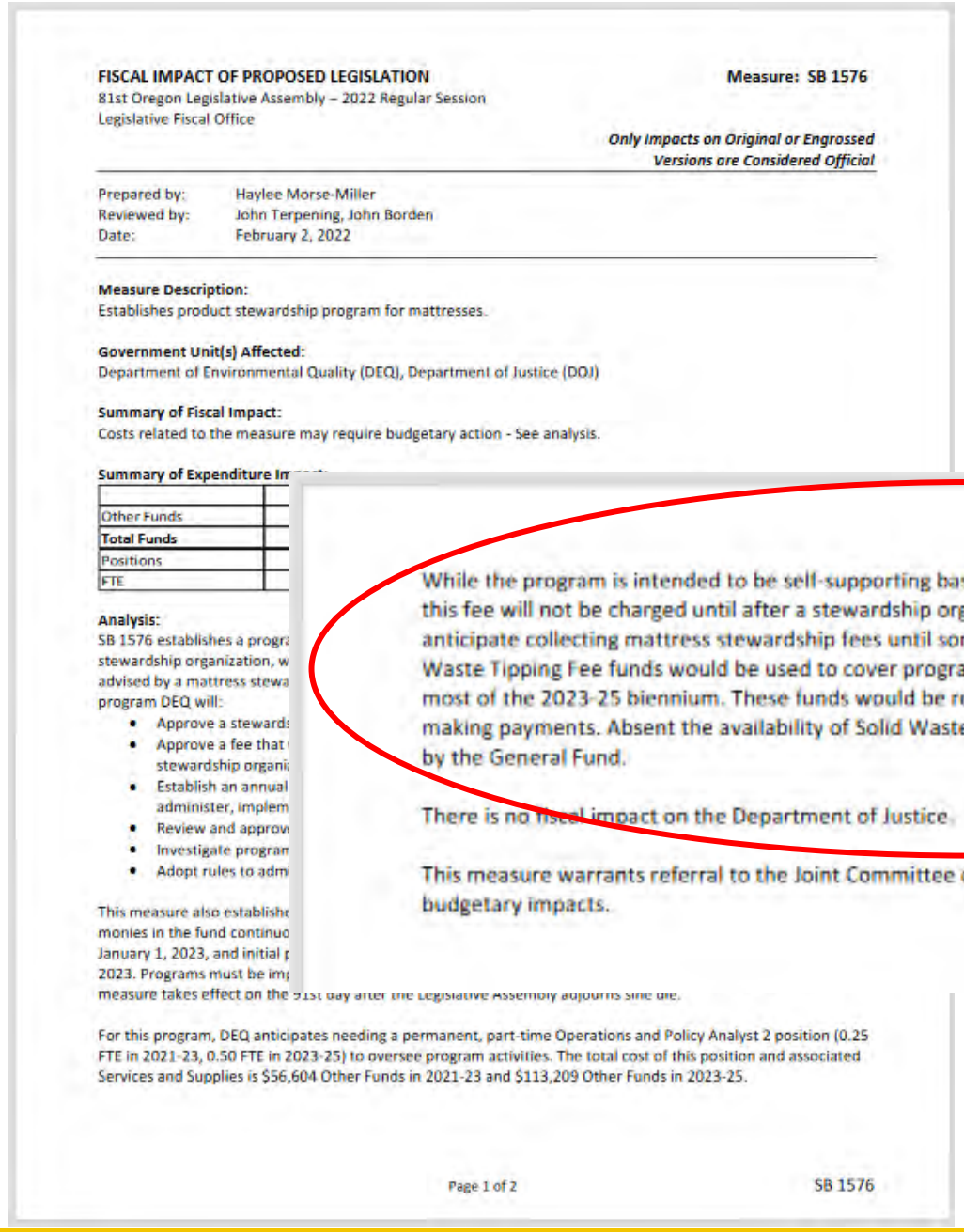
SECTION 3. Not later than January 1, 2020, the Water Resources Department shall submit to the Legislative Assembly a 10-year plan that prioritizes ground water studies throughout this state and details any additional legislative investment necessary to implement the studies.

SECTION 4. This 2019 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2019 Act takes effect on its passage.

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

LC 3140

Consider timing for funding



FISCAL IMPACT OF PROPOSED LEGISLATION **Measure: SB 1576**
81st Oregon Legislative Assembly – 2022 Regular Session
Legislative Fiscal Office

Only Impacts on Original or Engrossed Versions are Considered Official

Prepared by: Haylee Morse-Miller
Reviewed by: John Terpening, John Borden
Date: February 2, 2022

Measure Description:
Establishes product stewardship program for mattresses.

Government Unit(s) Affected:
Department of Environmental Quality (DEQ), Department of Justice (DOJ)

Summary of Fiscal Impact:
Costs related to the measure may require budgetary action - See analysis.

Summary of Expenditure Im

Other Funds	
Total Funds	
Positions	
FTE	

Analysis:
SB 1576 establishes a progra
stewardship organization, w
advised by a mattress stewa
program DEQ will:

- Approve a stewards
- Approve a fee that
stewardship organi
- Establish an annual
administer, implem
- Review and approv
- Investigate progran
- Adopt rules to adm

This measure also establishe
monies in the fund continuo
January 1, 2023, and initial p
2023. Programs must be imp
measure takes effect on the 91st day after the Legislative Assembly adjourns sine die.

For this program, DEQ anticipates needing a permanent, part-time Operations and Policy Analyst 2 position (0.25 FTE in 2021-23, 0.50 FTE in 2023-25) to oversee program activities. The total cost of this position and associated Services and Supplies is $56,604 Other Funds in 2021-23 and $113,209 Other Funds in 2023-25.

Page 1 of 2 SB 1576

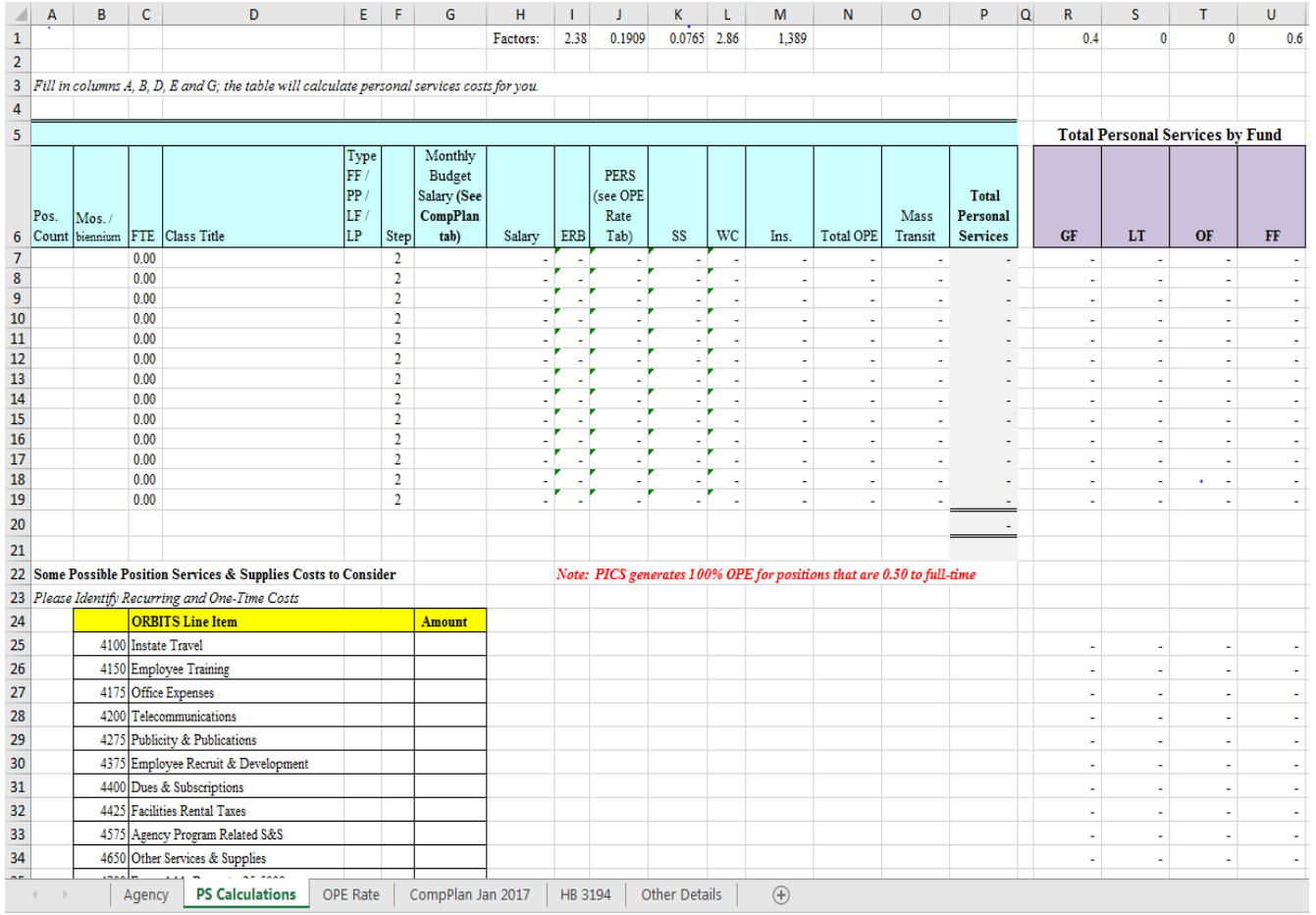
While the program is intended to be self-supporting based on an annual fee paid by stewardship organizations, this fee will not be charged until after a stewardship organization plan is approved in 2023, and DEQ does not anticipate collecting mattress stewardship fees until sometime around January 2025. It is assumed existing Solid Waste Tipping Fee funds would be used to cover program costs for the remainder of the 2021-23 biennium and most of the 2023-25 biennium. These funds would be reimbursed once the stewardship organization begins making payments. Absent the availability of Solid Waste Tipping Fee funds, the costs would need to be covered by the General Fund.

There is no fiscal impact on the Department of Justice.

This measure warrants referral to the Joint Committee on Ways and Means for further consideration of any budgetary impacts.

Remember to show your work!

- Provide support for how you arrived at a fiscal determination
- If you do not provide a breakdown of your numbers, especially S&S costs, we will not include this information in the FIS
- Do not include inflation



								Factors:	2.38	0.1909	0.0765	2.86	1.389				0.4	0	0	0.6
Fill in columns A, B, D, E and G; the table will calculate personal services costs for you.																						
																	Total Personal Services by Fund					
Pos. Count	Mos. / biennium	FTE	Class Title	Type FF / PP / LF / LP	Step	Monthly Budget Salary (See CompPlan tab)	Salary	ERB	PERS (see OPE Rate Tab)	SS	WC	Ins.	Total OPE	Mass Transit	Total Personal Services		GF	LT	OF	FF		
		0.00			2		-	-	-	-	-	-	-	-	-		-	-	-	-		
		0.00			2		-	-	-	-	-	-	-	-	-		-	-	-	-		
		0.00			2		-	-	-	-	-	-	-	-	-		-	-	-	-		
		0.00			2		-	-	-	-	-	-	-	-	-		-	-	-	-		
		0.00			2		-	-	-	-	-	-	-	-	-		-	-	-	-		
		0.00			2		-	-	-	-	-	-	-	-	-		-	-	-	-		
		0.00			2		-	-	-	-	-	-	-	-	-		-	-	-	-		
		0.00			2		-	-	-	-	-	-	-	-	-		-	-	-	-		
		0.00			2		-	-	-	-	-	-	-	-	-		-	-	-	-		
		0.00			2		-	-	-	-	-	-	-	-	-		-	-	-	-		
		0.00			2		-	-	-	-	-	-	-	-	-		-	-	-	-		
															-							
Some Possible Position Services & Supplies Costs to Consider																						
Please Identify Recurring and One-Time Costs																						
		ORBITS Line Item				**Amount**																
	4100	Instate Travel															-	-	-	-		
	4150	Employee Training															-	-	-	-		
	4175	Office Expenses															-	-	-	-		
	4200	Telecommunications															-	-	-	-		
	4275	Publicity & Publications															-	-	-	-		
	4375	Employee Recruit & Development															-	-	-	-		
	4400	Dues & Subscriptions															-	-	-	-		
	4425	Facilities Rental Taxes															-	-	-	-		
	4575	Agency Program Related S&S															-	-	-	-		
	4650	Other Services & Supplies															-	-	-	-		

Note: PICS generates 100% OPE for positions that are 0.50 to full-time

Agency | PS Calculations | OPE Rate | CompPlan Jan 2017 | HB 3194 | Other Details

FIS Tools and Resources

- The home stretch…

How to prepare

- Prepare staff for after hours and weekend work schedules.
- Be proactive.
  - Start FIS on agency introduced bills.
  - If you have information that the measure will be scheduled, prepare FIS on measures even before LFO request.

_____Odd-Numbered Year Legislative Session Calendar



JANUARY

S	M	T	W	T	F	S
1	2 New Years Day Obs.	3	4	5	6	7
8	9 Org. Days - Swearing in	10 Trainings	11 Trainings	12 Trainings	13 LC Draft Request Deadline	14
15	16 MLK Day	17 Session Begins	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17 LC returns drafts	18
19	20 President's Day	21 Measure intro Deadline	22 Revenue Forecast	23	24	25
26	27	28				

MARCH

S	M	T	W	T	F	S
			1	2	3	4
5	6 Begin Daily Floor	7	8	9	10	11
12	13	14	15	16	17 Post Work Session	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL

S	M	T	W	T	F	S
						1
2	3	4 1st Chamber WS Deadline	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24	25	26	27	28	29

MAY

S	M	T	W	T	F	S
	1	2	3	4	5 Post work session	6
7	8	9	10	11	12	13
14	15	16	17 Revenue Forecast	18	19 2nd Chamber WS	20
21	22	23	24	25	26	27
28	29 Mem. Day	30	31			

JUNE

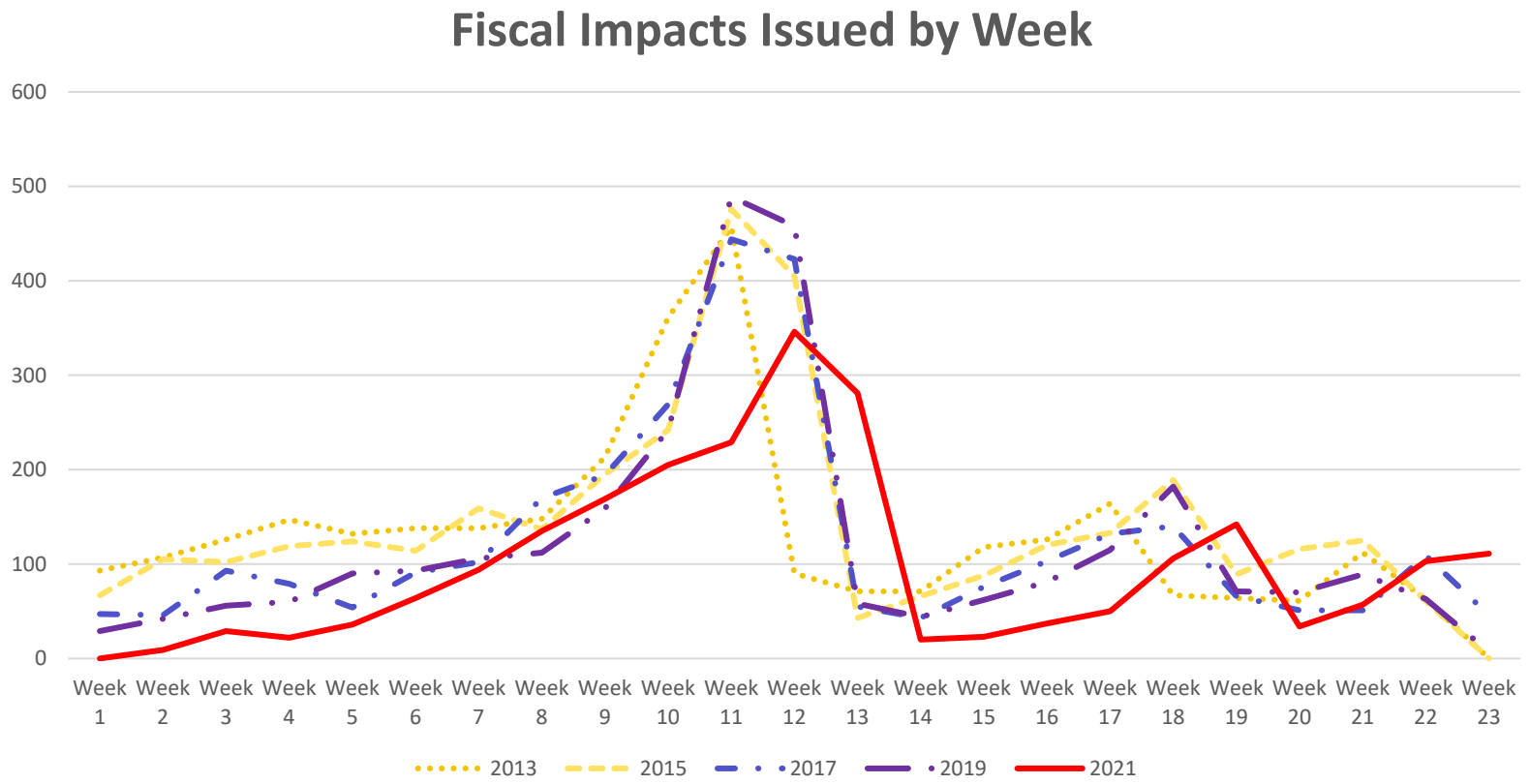
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15 Target Sine Die	16	17
18	19 Juneteenth Holiday	20	21	22	23	24
25 Constitutional Sine Die	26	27	28	29	30	

Dates subject to the adoption of CR (2023 Regular Session)

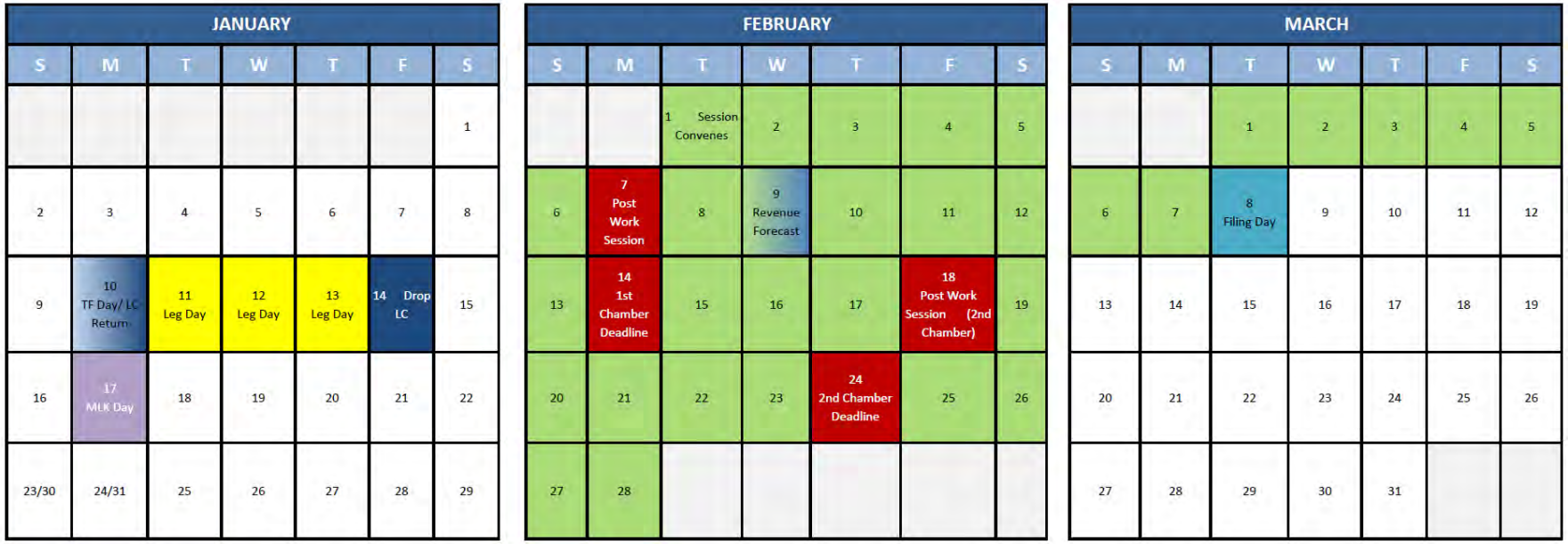
Organizational Day	Member swearing in; organization; and first reading of pre-session filed bills
Training Days	Member and staff trainings
Leg. Counsel Deadlines	Deadlines for bills to be requested, returned by LC, and introduced (after these deadlines, subsequent drafts and intros count against per legislator limits. See SR 13.15(2); HR 12.35
State Holiday	Holiday
Important Session Dates	Deadlines do not apply to Rules, Revenue, or Joint Committees. Joint Transporation and Joint Gambling Regulation adhere to the second chamber deadline only.
Floor Sessions	Senate and House floor sessions will be annouced by the Senate President or House Speaker. Daily floor sessions begin on Monday, March 6th, 2023.

Attachment #10

Managing FIS Workload - Long Session



Typical Even-Numbered Year Legislative Session Calendar



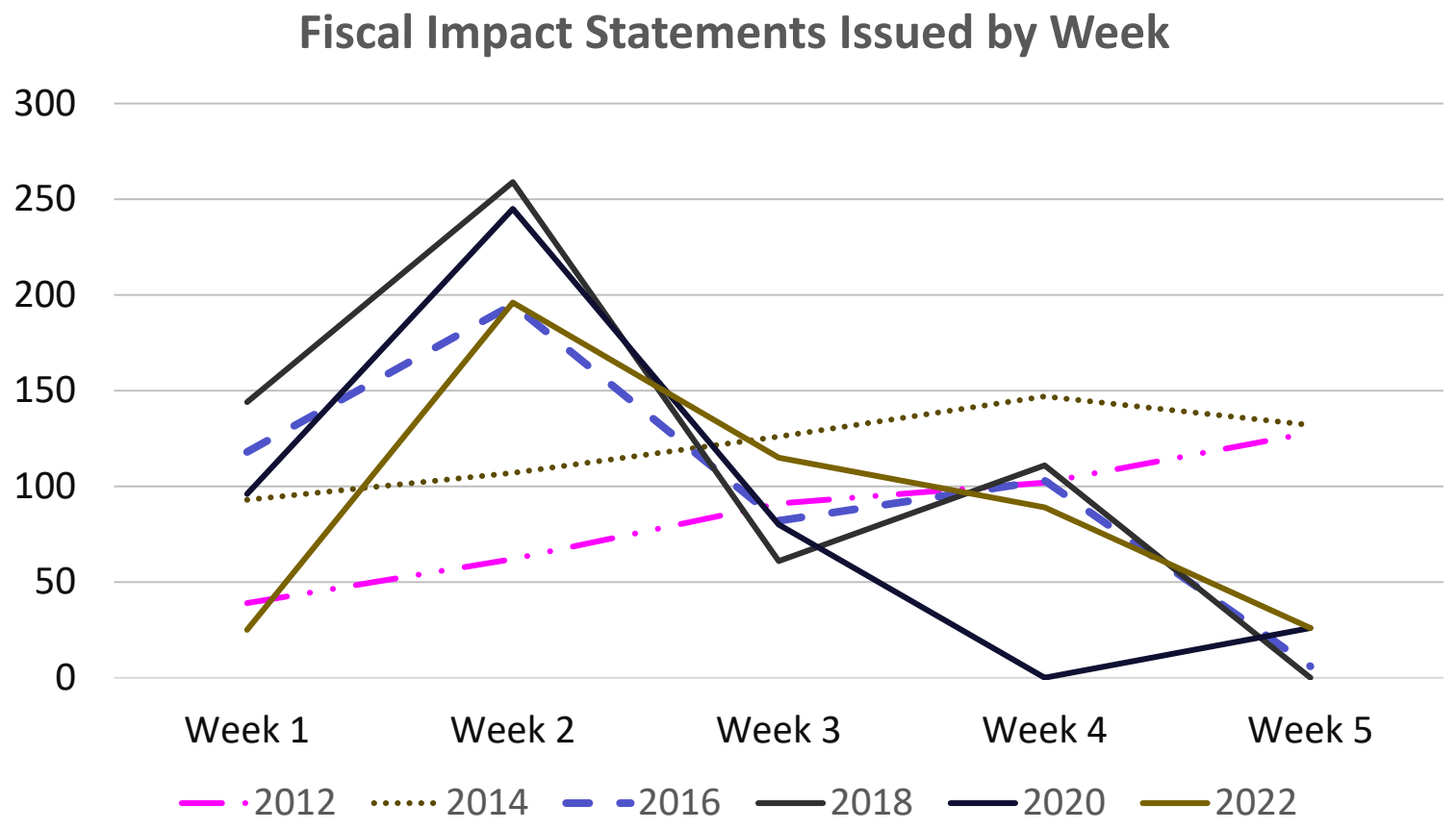
JANUARY						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10 TF Day/ LC Return	11 Leg Day	12 Leg Day	13 Leg Day	14 Drop LC	15
16	17 MLK Day	18	19	20	21	22
23/30	24/31	25	26	27	28	29

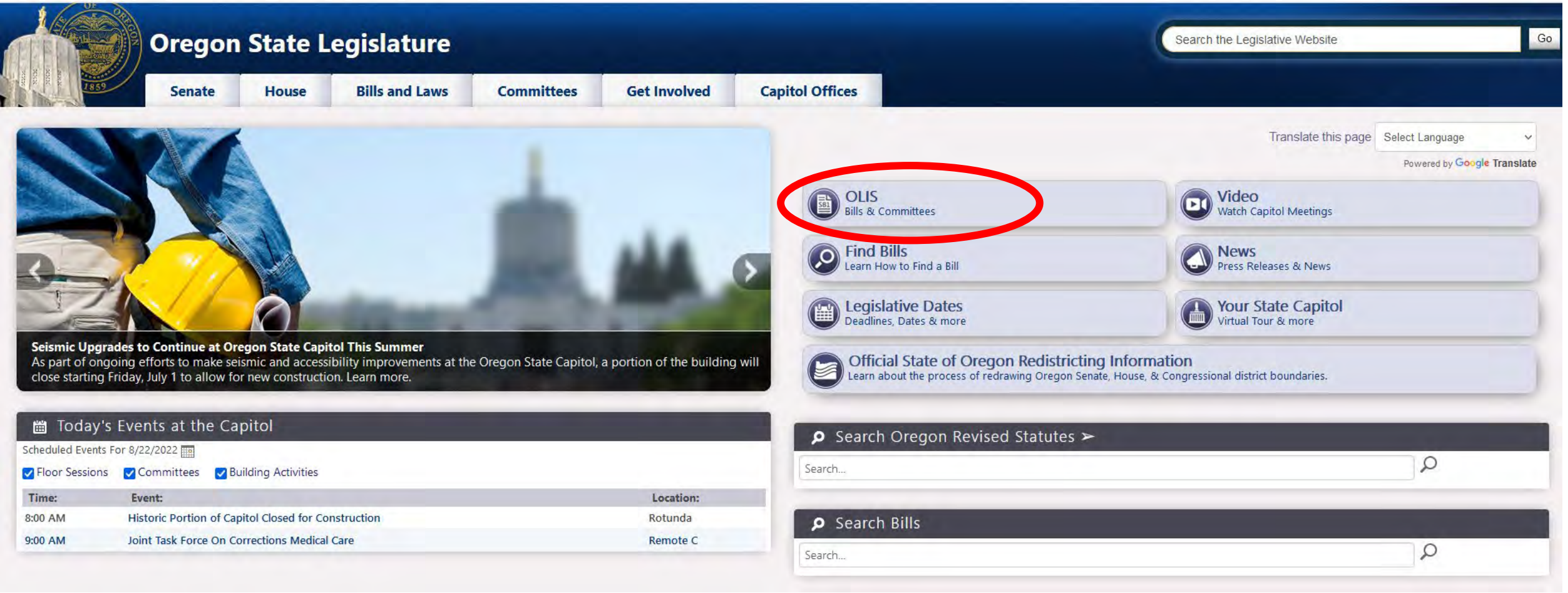
FEBRUARY						
S	M	T	W	T	F	S
		1 Session Convenes	2	3	4	5
6	7 Post Work Session	8	9 Revenue Forecast	10	11	12
13	14 1st Chamber Deadline	15	16	17	18 Post Work Session (2nd Chamber)	19
20	21	22	23	24 2nd Chamber Deadline	25	26
27	28					

MARCH						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8 Filing Day	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Leg. Days	
State Holiday	
Leg. Counsel Deadlines	Deadlines for bills to be returned by LC and introduced (after these deadlines only measures from the Sen. President, House Rules, and JWM Committee may be introduced).
Session Deadlines	Deadlines for bills to be posted for work sessions, then voted out of policy committees in the first and second chambers. Does not apply to House Rules, Senate Rules, House Revenue, Senate Finance and Revenue, or Joint Committees including Ways and Means.
House & Senate Floor Sessions	Senate and House floor sessions on all weekdays. Additional floor sessions will be announced by the Senate President or House Speaker as necessary.

Managing FIS Workload - Short Session




Oregon State Legislature
Search the Legislative Website
Go
Senate
House
Bills and Laws
Committees
Get Involved
Capitol Offices
Translate this page
Select Language
Powered by Google Translate
Seismic Upgrades to Continue at Oregon State Capitol This Summer
As part of ongoing efforts to make seismic and accessibility improvements at the Oregon State Capitol, a portion of the building will close starting Friday, July 1 to allow for new construction. Learn more.
OLIS
Bills & Committees
Video
Watch Capitol Meetings
Find Bills
Learn How to Find a Bill
News
Press Releases & News
Legislative Dates
Deadlines, Dates & more
Your State Capitol
Virtual Tour & more
Official State of Oregon Redistricting Information
Learn about the process of redrawing Oregon Senate, House, & Congressional district boundaries.
Today's Events at the Capitol
Scheduled Events For 8/22/2022
Floor Sessions
Committees
Building Activities
Time:
Event:
Location:
8:00 AM
Historic Portion of Capitol Closed for Construction
Rotunda
9:00 AM
Joint Task Force On Corrections Medical Care
Remote C
Search Oregon Revised Statutes
Search...
Search Bills
Search...

LFO checklist

- One very helpful tool to make sure you have "checked all the boxes" when developing a FIS

2023 Legislative Session
Agency Fiscal Impact Statement (FIS) Checklist

Written Analysis

- ☐ Agency contact information.
- ☐ Measure number and version.
- ☐ Impact determination
  - No Fiscal, Minimal Fiscal, or Fiscal.
- ☐ Statement of what the measure does
  - Just the facts please.
- ☐ Statement of how the measure impacts the agency
  - Changes in structures, processes, priorities, etc., as well resource requirements.
- ☐ Explanation of the strategy and funding for implementing measure requirements
  - With assumptions, constraints, potential risks, etc., clearly identified.
- ☐ Make appropriate reference to budget links
  - Policy option packages, reviewed by the interim Joint Ways and Means Committee, etc.
- ☐ Statement of which requirements may already be funded and which are not.
- ☐ Identify any "structural" error or ambiguity in the measure's language.
- ☐ Acknowledge similar bills (in current and previous sessions), and/or links to Executive Orders.

Quantitative Analysis

- ☐ Quantify fiscal implications (same, more, less $$) by fund type (General, Other, Lottery, Federal Funds), and budget category (Personal Services, Services and Supplies, Capital Outlay, Special Payments, and Debt Service).
- ☐ Calculations cover at least two biennia (based on effective/operative dates), but can be longer.
- ☐ Use 2023-25 current service level budget; discuss any relevant changes to the 2023-25 current service level budget as a result other budgetary actions; do NOT include inflation.
- ☐ Clearly delineate one-time expenditures from ongoing expenditures.
- ☐ If the proposed legislation impact agency cash flow, detail any actual or potential impact to agency cash flows.
- ☐ List by job classification the total number of new positions, and FTE necessary to implement the proposal. All new positions should be set at Step 3.
- ☐ Indicate if positions are limited duration, permanent, full-time, part-time.
- ☐ Budget new positions at the second step of the salary range; do not include merit increase.
- ☐ Align position timeframe with the measure's effective and operative dates and phase-in/phase-out plans.
- ☐ Describe any changes in organizational structure required by, or resulting from, the measure.
- ☐ If the measure reduces staff, or avoids/delays the addition of staff, include this information.
- ☐ Identify whether the revenue source is a new fee, a fee increase, a new federal grant, Lottery Fund or General Fund.
- ☐ Identify any negative revenue impacts to fees, grants, or Lottery Funds.
- ☐ Clearly note any General Fund impact, positive or negative, affecting the receipt of General Fund by the state.
- ☐ For fee increases or new fees, indicate whether the agency has authority to administratively create or increase the fee or whether legislative approval is required.
- ☐ For federal grants, federal funding agency, cooperative or competitive grant, indicate the probability of grant approval and continued federal funding (i.e., is this a sustainable program).
- ☐ **Show your work with backup spreadsheets**.

If you have questions about FIS preparation approach, discuss with LFO ahead of time

Attachment #10

LFO FIS website

- FIS Process Overview PowerPoint
- FIS Process Overview Training Videos
- Agency FIS Instructions
- Agency FIS Form - Excel format
- Agency FIS Form - Word format
- How to Read a Measure
- How to Hand-Engross an Amended Measure
- FIS Example Packets (4)
  - Example 1: Measure History
  - Example 2: Formulating a FIS
  - Example 3: Sample Agency FIS
  - Example 4: Sample Agency FIS with Amendments
- FIS Checklist
- FIS Frequently Asked Questions
- Interim Committees, Task Force, and Work Groups Reference
- DAS contacts

Information and resources can be found at:
https://www.oregonlegislature.gov/lfo/Pages/fis.aspx

Questions?

Call or email:

Haylee Morse-Miller
503.986.1834
Haylee.MorseMiller@oregonlegislature.gov

2023 Legislative Session

INSTRUCTIONS FOR AGENCY FISCAL IMPACT STATEMENT FORMS

✱Agency Name: _____

✱Preparer Name/Title: _____

✱Preparer Phone #: _____

✱Date Submitted: _____

✱Measure #: _____

✱Version: _____

✱The budgetary impact of this bill was reviewed and approved by the Interim Joint Committee on Ways and Means to be recommended to be included in the omnibus budget bill.

Yes _____ No _____

✱Is the bill anticipated by the Governor's Recommended Budget as a Policy Option Package? If yes, please identify the Policy Option Package name and number in your written analysis.

Yes _____ No _____

____	**No fiscal impact**	The absence of an expenditure or revenue (non-tax) impact.
____	**Minimal Impact**	A fiscal impact that can be absorbed with existing agency resources.
____	**Fiscal Impact**	A fiscal impact determined to be greater than a minimal fiscal impact.

❶ Bill Description

State your agency's understanding of what the bill proposes. For fiscals prepared on subsequent bill versions (amendments), provide an explanation of the changes made in each version of the measure.

❷ Agency Written Analysis

How would the proposal be implemented? Provide a high-level summary of the general requirements of the bill and what your agency will need to do to comply with the requirements. Remember to identify any ambiguity or other issues related to the measure's language; the measure's effective date; operative dates (if applicable); and to summarize the methodology used to make fiscal calculations.

❸ Agency Quantitative Analysis

Provide a detailed description of the proposed legislation's effect on expenditures, revenues, and full time equivalent (FTE) positions. The table below is an embedded Excel worksheet. To fill out the form, place your mouse on the table; right click; select "Worksheet Object" and "Open".

	General Fund	Lottery Funds	Other Funds	Federal Funds	NL Other Funds	NL Federal Funds	TOTAL FUNDS
2021-23 Biennium							
Personal Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Services and Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Special Payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Capital Outlay	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Capital Construction	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Debt Service	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	$ -	$ -	$ -	$ -	$ -	$ -	$ -

	General Fund	Lottery Funds	Other Funds	Federal Funds	NL Other Funds	NL Federal Funds	TOTAL FUNDS
2023-25 Biennium							
Personal Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Services and Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Special Payments	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Capital Outlay	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Capital Construction	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Debt Service	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Effect on Revenues (by Fund):

	General Fund	Lottery Funds	Other Funds	Federal Funds	NL Other Funds	NL Federal Funds	TOTAL FUNDS
2021-23 Biennium	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2023-25 Biennium	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Effect on Position(s) / FTE(s):

Months of Impact 2021-23	Months of Impact 2023-25	2021-23 Position Count	2021-23 FTE	2023-25 Position Count	2023-25 FTE

Please complete detail Personal Services information using "PS Calculation" tab.

DEFINITION: A fiscal impact is defined as an independent, objective analysis of increases or decreases in state agency or local government expenditures, revenues, full time equivalent (FTE) positions, or organizational effects for the 2023-25 biennium, and beyond, resulting directly from a legislative measure. A fiscal impact means an increase or decrease in state agency expenditures, and/or revenues, and/or full time equivalent positions (FTE) compared to the amounts in the 2023-25 current service level budget.

GENERAL: Complete an Agency Fiscal Impact Statement (FIS) Form, based upon a plain reading of the legislative measure (or legislative concept), for any substantive measure that has an actual or potential fiscal impact to your agency.

✱ Please fill out all information in these fields.

✱ **MEASURE # AND VERSION - AMENDMENTS**: For amendments, please provide a concise description of how the amendment modifies the measure, and related fiscal impact. Please provide a fiscal impact analysis on the engrossed version of the measure.

Complete sections ❶ and ❷ for all fiscal determinations (No Fiscal Impacts, Minimal Fiscal Impacts, Fiscal Impact, and Indeterminate).

❶ **BILL DESCRIPTION:** Provide a summary of your agency's understanding of what the bill proposes.

❷ **AGENCY WRITTEN ANALYSIS:** The purpose of this section is to provide details to support the fiscal conclusion and summary information. The written analysis must include:

- ☐ Concise statement of what the measure requires agency to do.
- ☐ Detailed description of strategy for implementing requirements, and related fiscal impact.
- ☐ Clear explanation of which requirements may already be funded, and which are not.
- ☐ If indeterminate FIS, list factors that are not quantifiable.

The analysis process should begin with a thorough reading of the bill. Some things to keep in mind when reading a bill are:

CONTENT

- Read the bill with a focus on the literal, plain reading.
- Be aware that the bill summary or "catch line" can be misleading.
- What does the bill do? Does it:
  - 1] create a new law;
  - 2] amend existing law;
  - 3] create a new provision (adds a new section) to existing law;
  - 4] repeal an existing law?

- Read other statutes referred to in the measure. Look up repealed sections in statute. Review relevant laws and budgets.
- Remember to include any effective and operative dates in your analysis.

CONTEXT

- If the bill passes, who will be responsible for facilitating, implementing, enforcing and/or monitoring? What do they do now? How will this bill change their current process?
- Has the issue or bill come up before? Is there other legislation in this session on this topic?
- Is the bill a subject of an Executive Order?
- Is the bill targeted at an Oregon Administrative Rule (OAR) issue? Note if other areas of law are affected.
- Note groups that may have a stake in this bill.
- Note any ambiguity, mechanical defects, false assumptions, etc. contained in bill.
- Note any red flags, potential issues and unintended consequences.
- If the bill contains permissive language (e.g. "may" vs. "shall"), the fiscal impact should detail costs with the assumption that the agency **will** do the work.
- Note language that directs a fiscal strategy such as "the bill is to be implemented without any additional agency expenditures"; the fiscal impact should detail work that will be delayed or not completed to accommodate the new work required by the bill.

AGENCY USE OF EXISTING BUDGETED RESOURCES: Identify clearly the cost/consequences of using existing budgeted resources to fulfill the requirements of the measure including documenting what the agency might not undertake as a result of any reprioritization of existing resources.

FISCAL IMPACTS OF AN INDETERMINATE NATURE: Agencies must articulate clearly the reasons why they are unable to estimate the fiscal implications of a measure and detail what questions must be answered for the fiscal implications to be known.

❸ AGENCY QUANTITATIVE ANALYSIS:

Include as many pages, tables or spreadsheets as necessary to describe thoroughly the expenditure and revenue assumptions. Describe increases or decreases in state agency expenditures, revenues, positions, and full time equivalent (FTE) positions compared to the amounts in the 2023-25 current service level budget. Discuss any relevant changes to the 2023-25 CSL as a result of other budgetary actions. A quality analysis will include:

EFFECT ON EXPENDITURES: Estimates are to be made for both the 2023-25 and 2025-27 biennia.

- Include information by budget category (Personal Services, Services and Supplies, Capital Outlay, Special Payments, and Debt Services).
- Estimates must identify the expenditures by fund type (General, Other, Lottery, Federal Funds).
- Clearly detail one-time expenditures from ongoing expenditures.
- For all budget categories, use 2023-25 dollar estimates; do not increase any amount for inflation.

- Budget Personal Services costs at the third step of the Salary Range. Do not calculate merit increases for either biennium.
- Use the most current cost basis information (e.g., forecasted caseloads, pricings, etc.)
- Include the expected number of units and costs per unit served (i.e., numbers of cases, clients, or workload units and the estimated cost for each).
- Provide a potential range of cases if the number cannot be accurately projected, and the basis for the estimate, such as historical, similar activity, or implementation of identical legislation in another state.
- Calculations should be supported by details provided in the Agency Written Analysis section of the FIS. Background spreadsheets that provide detail on calculations should also be included with the submitted FIS.

EFFECT ON REVENUES: Revenue estimates reflect revenue created by the measure and must identify the source (General, Other, Lottery, Federal). Revenue estimates are to be made for both the 2023-25 and 2025-27 biennia. For cities, counties, or other units of local government, show only the total statewide amount since the type of revenue may vary.

- Identify whether the revenue source is a new fee, a fee increase, a new federal grant, Lottery Funds or General Fund.
- Identify any negative revenue impacts to fees, grants, or Lottery Funds.
- Clearly note any General Fund impact, positive or negative, affecting the receipt of General Fund by the state.
- For fee increases or new fees, indicate whether the agency has authority to administratively create or increase the fee or whether legislative approval is required.
- For federal grants, federal funding agency, cooperative or competitive grants, indicate the probability of grant approval and continued federal funding (i.e., is this a sustainable program).

EFFECT ON POSITIONS/FTE: If the proposed legislation changes organizational structure, describe the change in this section. List by job classification the total number of new positions and FTE necessary to implement the proposal. New positions are budgeted at step 3 of the relevant classification. Indicate which positions may be limited duration. Information must be shown for both the 2023-25 and 2025-27 biennia. Time frames need to be aligned to the bill's effective and operative dates and phase-in/phase-out plans. If the proposal reduces staff, or avoids or delays the addition of staff, include this information. State agencies do not report position information for cities, counties, or other units of local government.

LEGISLATION IMPACTING SENTENCING OR CREATING A NEW CRIME: HB 3194 (2013), section 46, modified ORS 173.029 to require that a 10-year fiscal impact statement must be produced for any measure that impacts sentencing or creates a new crime. If this requirement pertains to the measure you are analyzing, please use the ORS 173.029 tab on the Excel version of FIS Agency Form, and provide us with all additional relevant supporting information.

OTHER ISSUES TO CONSIDER

EFFECTIVE DATES: Agency fiscal impact preparers are reminded to make note of measure effective and operative date(s). Based on the effective date, please use one of the following standardized timeframes (months of impact) listed in bold when preparing fiscal impact estimates, unless the measure specifies an operative date(s) or special circumstances that would affect implementation (e.g., delay due to position hiring). Note any such special circumstances affecting implementation on the agency fiscal impact form.

	Effective Date	**Description**	**2023-25 Fiscal Impact [months of impact]**
1	Normal	ORS 171.022 Effective date for Act of Legislative Assembly. Except as otherwise provided in the Act, an Act of the Legislative Assembly takes effect on January 1 of the year after passage of the Act. [January 1, 2024]	January 1, 2024 to June 30, 2025 **[18 months of impact]**
2	Emergency Clause	On passage or otherwise prior to the 91st day after the end of the session. The measure becomes effective when the Governor signs the legislation.	July 1, 2023 to June 30, 2025 **[dependent on date specified; up to 24 months of impact]**
3	Early (non-emergency)	Prescribing an early, non-emergency effective date on or after the 91st day after the end of a legislative session and prior to January 1, 2024.	Date specified to June 30, 2025 **[dependent on date specified]**
4	Delayed	Prescribes a delayed effective date if the measure takes effect after the normal effective date of January 1, 2024.	Date specified to June 30, 2025 **[dependent on date specified]**

The impact for the 2025-27 biennium is generally 24 months of fiscal impact, unless there is a sunset date before June 30, 2027.

INTERIM JOINT COMMITTEE ON WAYS AND MEANS: Indicate whether the proposal was reviewed and approved by the Interim Joint Committee on Ways and Means (IJCWM) and is included in the omnibus budget bill to be introduced by the committee. Identify the date and item number of IJCWM, where appropriate.

OTHER FINANCIAL/NON-BUDGETARY ISSUES

- If the proposed legislation impacts agency cash flow, detail any actual or potential impact to agency cash flows.

CURRENT AND/OR PRIOR LEGISLATION:

- Whenever possible, identify current legislation that is similar or identical to the proposed measure; whose passage is dependent upon another piece of legislation; or identify similar legislation from a prior legislative session.

OTHER DESCRIPTIVE OR QUALIFYING INFORMATION COMMENTS:

- Provide any type of comment or information that assists in full understanding of the measure and its fiscal effects.

SOME QUESTIONS TO CONSIDER FOR TASK FORCES AND COMMITTEES

1. What is the start date/end date of the Task Force/Committee?
2. Who provides staffing?
   - What duties are expected?
   - What's the FTE requirement and position classification?
3. How many meetings are required? Where will the meetings be held?
4. How many members are required? Are they agency staff, legislative, or non-government? What are the geographical locations of the members? Will they be reimbursed for travel expenses?
5. What other expenditures might be incurred?
   - Meeting (facilities, meals, etc.)
   - Office costs (phones, copies, etc.)
   - Research/reporting requirements (Will report require data collection and database development? Will data collection and analysis require consultants?)
   - Publications costs
   - Reimbursements to members (meals, mileage, per diem, etc.)
6. Are there revenue sources or existing resources to cover expenditures?
   - Agency budgets
   - In-kind contributions
   - Private funding including, gifts, grants and donations
   - Reserves of funds for committee expenses
   - Permanent staff for similar work the agency is committed to doing

Some task force/committee related statutes to consider:

ORS 171.072 - Salary of members and presiding officers; per diem allowance; expenses; tax status. This statute allows legislators to receive compensation for mileage and costs for interim committees and task forces. Generally, mileage and costs are approved by Presiding officers for members attending interim committee meetings or task forces. Generally, mileage and costs are not allowed for work groups. Presiding officers have the discretion to determine when mileage and costs are allowed.

ORS 292.495 - Compensation and expenses of non-elected state officials. This statute states that members of state boards or commissions may receive a per diem and be reimbursed for actual expenses.

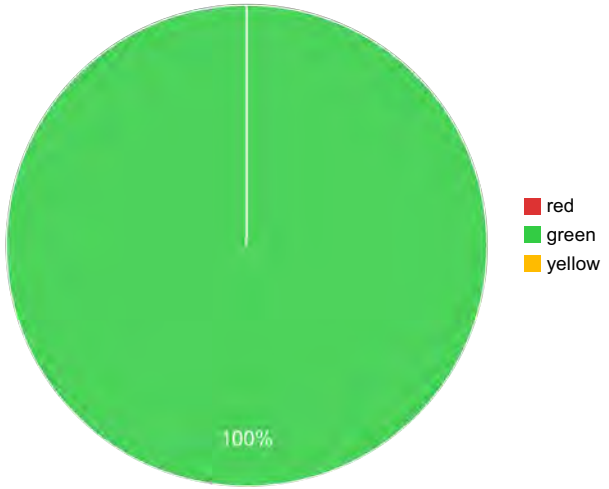
Legislative Fiscal Office

Annual Performance Progress Report

Reporting Year 2022

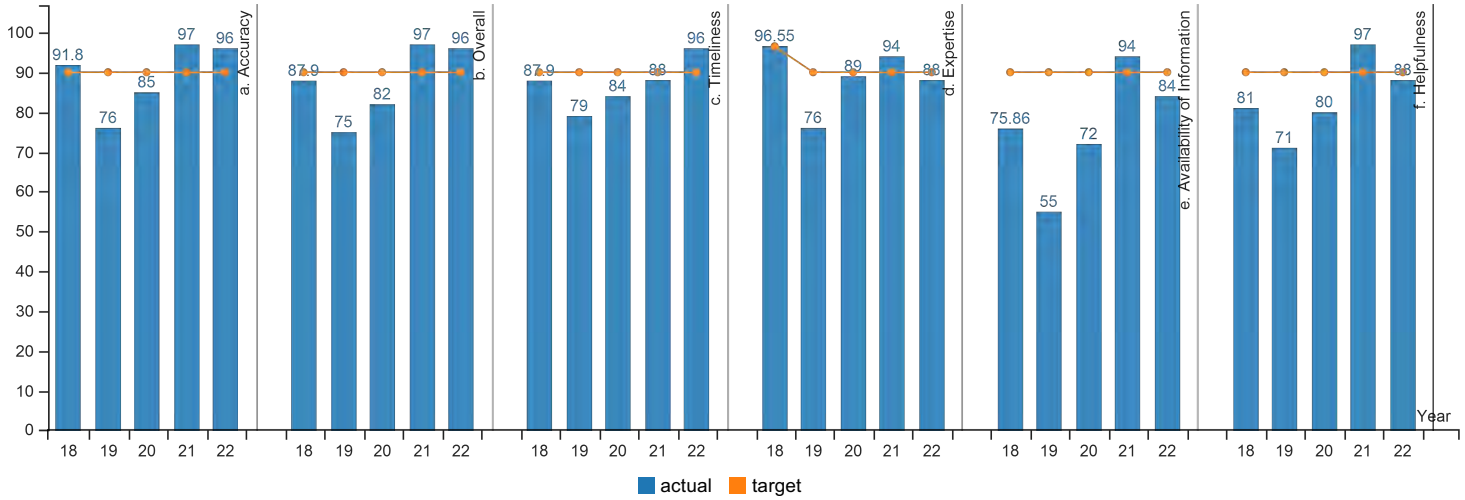
Published: 10/5/2022 12:17:48 PM

KPM #	Approved Key Performance Measures (KPMs)
1	CUSTOMER SERVICE - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information



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

KPM #1	CUSTOMER SERVICE - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information
	Data Collection Period: Jan 01 - Jan 01



Report Year	2018	2019	2020	2021	2022
a. Accuracy					
Actual	91.80%	76%	85%	97%	96%
Target	90%	90%	90%	90%	90%
b. Overall					
Actual	87.90%	75%	82%	97%	96%
Target	90%	90%	90%	90%	90%
c. Timeliness					
Actual	87.90%	79%	84%	88%	96%
Target	90%	90%	90%	90%	90%
d. Expertise					
Actual	96.55%	76%	89%	94%	88%
Target	96.50%	90%	90%	90%	90%
e. Availability of Information					
Actual	75.86%	55%	72%	94%	84%
Target	90%	90%	90%	90%	90%
f. Helpfulness					
Actual	81%	71%	80%	97%	88%
Target	90%	90%	90%	90%	90%

Records Retention in M365

ARCHIVES SOS

Attachment #11

ENTERPRISE information services

Overview

- Systematic retention rules for email & peer-to-peer Teams messages
- 3-year state-wide default retention
- Alternate retentions applied via policy
- No direct action by end users

Current Status

- Joint EIS M365/SOS team planning deployment
- Retention policies identified
- Technical process identified
- Resource library in development
- Communications underway

ARCHIVES SOS

ENTERPRISE information services

Retention Work

SOS Archives Team

1. Group agencies by readiness
2. Work on special schedules to update
3. Document procedures to identify roles and retentions
4. Train and advise agency records teams

Agency Records Team*

1. Review agency schedules vs business roles
2. Group positions with similar retentions
3. Associate a retention with each employee group (3, 5, 7, 10, 20, perm)

ARCHIVES SOS

ENTERPRISE information services

Role-based Retention



Work Products

X



Schedule =



Compare unit functions with retention schedule

Longest likely retention = base retention for that work unit

ARCHIVES SOS

ENTERPRISE information services

Examples

Agency Accounting Unit

- Schedule: 4 to 6 years retention.
- M365 retention group: 7 years

Agency Training Specialists

Schedule: 2 or 5 years

M365 retention group: 5 years

Senior leadership roles may differ from their units depending on responsibilities

Technical Work

Enterprise level (EIS and SOS Archives)

1. Apply default 3-year policy
2. Create 5, 7, 10, 20, Permanent policies

Agency level

1. Agency IT applies metadata tag to field in user profiles
2. Add step to position change workflow

ARCHIVES SOS

ENTERPRISE information services

Communication plan

- Presentations to targeted groups
  - CIOC, ABSD, Records Officers, etc.
- Open-invite “roadshows” to lay out broad plan
  - 2/7, 2/15, 2/23, 2/28
- Technical meetings for IT staff
  - Beginning late Feb/ early March
- Direct consultations with agencies
  - Beginning in March

ARCHIVES SOS

ENTERPRISE information services

Timelines and Adjustments

- Target for majority completion: 7/1/24
- Agencies remaining beyond this date will be held until process completed
  - Archives team will work with agencies to identify alternative targets
- Future efforts will target file retention in Teams/Sharepoint/Onedrive

Open Discussion

Questions? Email:

Records.management@sos.oregon.gov

Resource site:

https://sos.oregon.gov/archives/Pages/M365Retention.aspx

Division 30
RECORDS MANAGEMENT PROCEDURES PROGRAMS

166-030-0026
Public Records Retention and Disposition Authorization (State Agencies)

Authorization for destruction of public records by a state agency shall be obtained as follows:

(1) No authorization is required to destroy materials which are excluded or exempt by statute from the definition of public records. (ORS 192. 005(5), 192.170)

(2) A Special Schedule approved by the State Archivist, or an applicable State Agency General Records Retention Schedule found in OAR chapter 166, division 300, establishes the appropriate retention and disposition for state agency records. A state agency shall destroy public records that have met the terms and conditions of their scheduled retention period, subject to the prior audit requirements of 166-030-0041 and any suspension ordered under the provisions of 166-030-0045. Special Schedules shall be created from inventories (166-030-0021). Unless otherwise stated, a retention period shall be calculated from the date the public record was created. Retention periods for state agency records are both a minimum retention and a maximum retention period.

(3) State agencies shall submit a record of all public records (paper only) destroyed on the authority of the approved records retention schedules. This record shall list schedule number, record series title, cubic feet destroyed, and date destroyed. For electronic records, only agencies using an electronic records management system, need to report the records destroyed. The destruction report generated by the system shall suffice and should include retention schedule number, record series title, and date destroyed. Both the destruction report for paper records and for electronic records (when applicable) shall be forwarded to the State Archivist on an annual basis.

(4) Notwithstanding any existing records retention schedule, any State Agency electronic records with a scheduled retention period of Permanent, and which are also scheduled to be transferred to the State Archives, shall be kept by the agency in both electronic form and hard copy or microfilm form until State Archives electronic records accession review is completed. The State Archives will notify the agency in writing which electronic records, if any, will be accessioned and will specify transfer procedures, required format, required metadata and a required timetable for the electronic records transfer.

Statutory/Other Authority: ORS 192 & 357
Statutes/Other Implemented: ORS 192, 357.855 & 357.895
History:
OSA 9-2009, f. & cert. ef. 10-15-09
OSA 3-1996, f. 4-9-96, cert. ef. 4-15-96
OSA 1-1995, f. & cert. ef. 5-31-95
OSA 3-1992, f. 4-3-92, cert. ef. 4-6-92
OSA 3-1988, f. & cert. ef. 10-20-88
OSA 2-1987, f. & ef. 2-6-87
OSA 5, f. 12-30-77, ef. 1-1-78

From: SPOTS_Coordinators_and_Approving_Officers <spots_coordinators_and_approving_officers-bounces@omls.oregon.gov> on behalf of CHEN Ru-Hwa * DAS via SPOTS_Coordinators_and_Approving_Officers <spots_coordinators_and_approving_officers@omls.oregon.gov>
Sent: Tuesday, March 21, 2023 1:44 PM
To: State SPOTS Program Contacts <spots_coordinators_and_approving_officers@omls.oregon.gov>
Subject: [SPOTS_Coordinators_and_Approving_Officers] 2023 Online SPOTS Forum - May 4, 2023

Greetings Approving Officers and SPOTS Coordinators,

The 2023 SPOTS Card Forum is scheduled for May 4, 2023 (Thursday) from 10:00 a.m. to 3:00 p.m. with a one-hour lunch break around noon - 1:00 p.m. This forum will be held online. The agenda is attached as a pdf.

Please register for this SPOTS forum on Workday Learning at the following link to register. Certification for attending this forum will be given after attendance verification.

Information about the presentation material will be sent later. I look forward to seeing you there.

Ru-hwa Chen - SPOTS Statewide Program Administrator
Financial Business Systems
Enterprise Goods & Services
Department of Administrate Services
State of Oregon
Telephone: 971-719-3275

Agenda

10:00 – 10:10 am	•Introduction (Ru Chen)
10:10 – 10:30 am	•OAM 35.30.90 Coord. Of Vendor Pmt. (Gerold Floyd – SARS - SWARM)
10:30 – 11:00 am	•Fraud Monitoring, Control and Overview (Nate Johnson - US Bank)
11:00 – 11:40 am	•How to Successfully Prepare for an Internal Audit (Tony Grayson - US Bank)
11:40 – 12:00 pm	•Visa Industry Trends (Orson Morgan – Visa)
12:00 – 01:00 pm	•Lunch/Break
01:00 – 01:20 pm	•Refresher on Procurement Rules (Kaliska King – DAS Procurement)
01:20 – 02:20 pm	•Card Prog. Mgmt. Tips and Tricks (Heather, Shannon, Monica – US Bank)
02:20 – 02:40 pm	•SPOTS Updates (Ru Chen)
02:40 – 02:55 pm	•Frequently Asked Questions (FAQ)
02:55 – 03:00 pm	•Q&A

OREGON ACCOUNTING MANUAL

DAS DEPARTMENT OF ADMINISTRATIVE SERVICES STATEWIDE POLICY	**NUMBER** 55.30.00	**SUPERSEDES** 55.30.00 dated 04/02/2019
	EFFECTIVE DATE 05/02/2019	**PAGE NUMBER** Pages 1 of 14
Division **Chief Financial Office**	**REFERENCE/AUTHORITY** ORS Chapter 291 ORS Chapter 293	
Policy Owner Statewide Accounting and Reporting Services		
SUBJECT Other Programs – SPOTS Purchase Card Program	**APPROVED SIGNATURE** ***George Naughton, Chief Financial Officer*** ***Signature on file***	

PURPOSE

This policy outlines the minimum standards for processing purchasing transactions using the State P-Card of Oregon Transaction System (SPOTS) card. The SPOTS card is a state-sponsored credit card that agencies may use to procure and pay for goods and services. The SPOTS card program saves the state time and money because the bank and merchants process most of the paperwork. This reduces the need for agencies to issue purchase orders in some circumstances or to rely on petty cash funds.

APPLICABILITY

This policy applies to all Executive Branch agencies that participate in the SPOTS card program. Agencies in other branches of government and separate constitutional agencies may participate in the SPOTS card program if they adopt rules and policies substantially similar to the guidelines in this policy. This policy does not apply to state government's corporate travel card, fleet card and Central Travel System (CTS) accounts.

FORMS/EXHIBITS/INSTRUCTIONS

SPOTS Agency Operating Agreement – **75.55.01.FO**

SPOTS Card Application and Agreement – **75.55.02.FO**

DEFINITIONS:

Access Online is US Bank's proprietary system used for SPOTS card management.

A **card custodian** is the employee responsible for safeguarding the assigned department card.

A **cardholder** is an employee with an individually assigned card in their name.

A **department card** is a card issued to an agency program, division, department or other segment and assigned to a card custodian.

A **designated card user** is an individual authorized to use a department card of an agency rather than a cardholder of an individually assigned account.

Fragmenting is purposely splitting purchases at the point of sale to avoid procurement requirements or established transaction limits.

The **SPOTS Approving Officer** (Approving Officer) is responsible for the agency's SPOTS card program.

The **SPOTS Coordinator** maintains the purchase card accounts, assists with development of agency-based policies and procedures, provides training, and compliance monitoring.

Click here for other **definitions**.

EXCLUSIONS AND SPECIAL SITUATIONS

None.

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121 Credit Limits and Card Controls
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138 Fraud
139 Misuse
140 Transaction Documentation
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149 Incentive Share Rebates

General Provisions

101. **Participation.** State agencies may participate in the SPOTS program by submitting the Agency Operating Agreement form **75.55.01.FO** to the DAS EGS Financial Business Systems (FBS) Manager. FBS forwards the request to US Bank (the bank) and notifies the agency when a managing account is established. FBS will remove an agency from the SPOTS card program if the agency does not comply with this policy. An agency may request reinstatement, but must complete a new Agency Operating Agreement. The agency must include documentation of the actions taken to correct the deficiencies that led to the removal from the program.

102. **Expenditure Authority.** Payments made through the purchase card program must comply with the following requirements:

ORS 293.295 When claim against moneys in State Treasury may be paid. A claim for payment from any moneys in the State Treasury may not be paid unless:

a. The claim is supported by the approval of the state agency that incurred the obligation or made the expenditure on which the claim is based;

b. Provision for payment of the claim is made by law and appropriation;

c. The obligation or expenditure on which the claim is based is authorized as provided by law; and

d. The claim otherwise satisfies requirements as provided by law. [1967 c.454 §9]

Purchasing Requirements

103. Agencies that use the SPOTS card to pay for goods and services must follow the Public Contracting Code found in ORS 279. The code includes the following topics:

a. A procurement of goods or services not exceeding $10,000 are awarded in any manner the contracting agency deems practical or convenient, including by direct selection or award.

For a procurement with a value of $10,000 or more, ORS 200.035 requires a state agency to provide timely notice and information to the Governor's Advocate for Minority, Women and Emerging Small Business, (also known as the Director of Economic & Business Equity) regarding:

(1) Bid or proposal solicitations; and

(2) Contract awards.

If a state agency requests bids or proposals with a value of $10,000 or more, the agency must provide timely notice and information to the Governor's Advocate. If an agency makes an award of $10,000 or more, the agency must provide timely notice and information of the award to the Governor's Advocate, whether it was by direct small procurement award, or by another method.

The Minority, Women, and Emerging Small Businesses (MWESB) Policy (DAS Statewide Policy #107-009-0030-PO) and the Oregon Procurement Information Network (ORPIN) Policy (DAS Statewide Policy #107-009-0020-PO) provide for use of ORPIN to comply with the notice requirements of ORS 200.035.

b. According to ORS 279B.065 (2), an agency must not fragment or separate purchases to get around solicitation requirements. Fragmenting a purchase using a SPOTS card is unauthorized.

c. Agencies may use the SPOTS card to make purchases on state price agreements. The state may require a purchase order to purchase some items whether or not a price agreement exists. The terms and conditions of the price agreement take priority. Use of the SPOTS card must not replace a purchase order where one is required. Products purchased with the SPOTS card must reflect the same price, terms, and conditions as those listed in the price agreement, unless contract language grants additional consideration to a vendor. In cases where a vendor receives additional consideration for accepting SPOTS cards, the modified contract terms will prevail. An agency must not use a SPOTS card to avoid the requirement to use a state price agreement.

Access Online

104. Agencies use Access Online on the US Bank website for management and oversight of SPOTS cards. System training is available online in various formats.

a. Users can view real time pending transactions, credit limits, available credit, account status, payment history, billing cycle statements and other account profile information.

b. Functions include account setup and maintenance, reporting, transaction management, financial extracts, and data exchange.

c. Management reporting provides historical transaction data. Basic reports include transaction detail, account list, declined transaction authorizations, and system user list.

Roles and Responsibilities

105. Statewide Program Administrator

Two divisions of the Department of Administrative Services (DAS) have responsibility for the SPOTS card program: the Chief Financial Office (CFO) and Enterprise Goods and Services (EGS). Within EGS, two units have responsibility: Procurement Services (PS) and Financial Business Systems (FBS). The CFO will issue overall policy guidance. EGS/FBS will coordinate with participating agencies and the card provider, and assist agencies in establishing their SPOTS card programs. EGS/PS will negotiate, prepare, and sign the Master Agreement with the bank.

106. Agency Head

a. Each agency head, or persons with delegated authority, must appoint an Approving Officer and, if appropriate, an alternate.

b. To change an agency's Approving Officer, the agency head or delegate must send a memo or email to FBS Management. Include the name of the outgoing person; the name, telephone number, and email address of the new Approving Officer; and the effective date.

107. Approving Officer

a. The Approving Officer authorizes and may select employees to use the SPOTS card for purchases of services and supplies. If an agency uses a department card, the Approving Officer authorizes the designated card custodian and, if appropriate, an alternate. The Approving Officer should keep in mind the relationship between the SPOTS card user's employment classification and the spending limit of the card. The agency should consider performing background checks on all staff participating in the SPOTS card program. The Approving Officer is not authorized to be a cardholder, card custodian, or designated card user.

b. The Approving Officer will appoint a SPOTS Coordinator and, if appropriate, an alternate.

c. To change an agency's SPOTS Coordinator, the Approving Officer must send a memo or email to FBS Management. Include the name of the outgoing person; the name, telephone number, and email address of the new SPOTS Coordinator; and the effective date.

d. The Approving Officer grants restricted system access to Access Online. Only the SPOTS Coordinator can open accounts and change credit limits. Agencies may grant users "view only" access or "transaction management" access. Users must not allow other individuals to use their password.

108. SPOTS Coordinator

a. SPOTS Coordinators use Access Online to open and close accounts, change account spending limits, update account information, and monitor card activities delegated to them by the Approving Officer. SPOTS Coordinators need position descriptions that include specific job responsibilities related to the agency's SPOTS card program, including development of agency-based policies and procedures, training, and compliance monitoring.

b. The agency must take action on a SPOTS card when a cardholder leaves the agency, no longer needs the card or is on extended leave. This includes collecting the physical card and cancelling or securing it immediately. The SPOTS Coordinator maintains the accounts in Access Online using the following actions:

(1) Close an account using "T9 Terminated" (permanent) when the cardholder is no longer authorized to use the card.

(2) Temporarily close an account using "V9 Voluntarily Closed" when the cardholder is out on extended leave for a job rotation, medical leave, seasonal employment, etc.

A department card must be permanently closed when the card custodian separates from their role as custodian.

c. The SPOTS Coordinator should not be a card custodian, a designated card user, or a cardholder unless the agency can demonstrate a substantial business need (e.g., the agency is too small to effectively separate the duties) and the Approving Officer agrees to monitor the SPOTS Coordinator's card use. To request an exception, send a memo or email to FBS Management describing the business need and the additional controls the Approving Officer will use.

109. Card Custodian

For agencies using department cards, the card custodian administers and controls the use of the card. The card custodian must:

a. Manage physical custody and security of the SPOTS card and account number

b. Maintain records of card check out and check in by designated card users

c. Maintain purchase documentation

d. Ensure card use complies with agency policies and procedures

e. Reconcile bank transactions with receipts monthly

f. Sign monthly reconciliation

110. Designated Card User

A designated card user of a department card must:

a. Check the card in and out from the card custodian

b. Use the card in compliance with agency policies and procedures

c. Obtain and submit purchase documentation for each purchase made

111. Cardholder

An individual cardholder must:

a. Use the card in compliance with agency policies and procedures

b. Obtain purchase documentation

c. Reconcile bank transactions with receipts monthly

d. Sign monthly reconciliation

Agency Policies and Procedures

112. Agencies must develop policies and procedures to implement the SPOTS program. Agencies may adopt the language of this OAM policy as long as they clearly identify the procedures they will follow when alternatives exist. The policies and procedures must conform to statewide policies and procedures and must accomplish the following:

a. **Program Options**. Identify the SPOTS program options selected by the agency's Approving Officer and any specific guidelines for implementing those options.

b. **Separation of Duties**. Specify the individuals involved in the agency's SPOTS card program. If possible, allocate key duties and responsibilities among different personnel to reduce the risk of misuse or fraud. This includes separating the responsibilities for authorizing transactions; processing and recording transactions; reviewing transactions; and custody of any related assets. The state requires separating the duties of the individual who makes the purchase from the individual who approves the purchase. Consistent with **OAM 10.40.00**, *Expenditures* (paragraph 107), consideration of risk, materiality, and required effort are key elements in management's evaluation of necessary controls.

c. **Card Distribution**. Establish a system for responsibility, control, and distribution of SPOTS cards within the agency.

d. **Authorize Card Use**. Specify which employees can use the SPOTS card or authorize its use. Only specified employees can use the card or authorize its use.

e. **Errors, Negligence, and Fraud**. Establish procedures for SPOTS card misuse and fraud.

f. **Monitoring**. Establish and maintain a formal monitoring process.

g. **Late Payments**. Specify procedures to avoid finance charges for late payments.

h. **Duplicate Payments**. Establish appropriate policies and controls to prevent or monitor for duplicate expenditures and employee reimbursements.

SPOTS Card Training

113. Training is an essential element of a successful SPOTS card program. FBS will provide agencies with an approved SPOTS training program. If an agency wants to follow a different program, it must request approval from FBS for agency-specific training.

114. Agencies must:

a. Train cardholders, card custodians, and designated card users prior to issuance of a SPOTS card.

b. Train the managers and supervisors that approve SPOTS card purchases.

c. Document that each of the above has received initial training and training within a year of this OAM revisions or every other year.

d. An agency must suspend the SPOTS card use of any employee who has not taken required training.

115. FBS will conduct annual training for all agency SPOTS Approving Officers and Coordinators. If requested, FBS will train SPOTS Coordinators on the use of Access Online. FBS will provide statewide training when a rewrite of this OAM requires updates to the approved SPOTS training program.

Issuing Cards

116. SPOTS cards may be issued to individuals and/or departments. The individual SPOTS card is issued to a specific person. The department SPOTS card is issued to a department and assigned to a custodian.

117. The agency's SPOTS Coordinator will process new card requests, up to a credit limit of $50,000, in Access Online based on the approved SPOTS Card Application and Agreement Form **75.55.02.FO**.

118. The bank will automatically replace active cards prior to the card's expiration date. When a card is activated and not used, it will remain on the bank's system until it is due to expire.

a. If the card has an open status at the time of renewal, but no activity for 22(+) months, it will purge from the bank's system.

b. If the card has a T9 or V9 status and 12 months of inactivity, it will purge from the bank's system.

119. To request a credit limit of more than $50,000, see paragraph 122, **Credit Limits and Card Controls.**

Emergency Response Cards

120. An Emergency Response Card (ERC) is a SPOTS card intended for emergency purposes. An ERC is under a separate managing account that does not automatically purge from the bank's system due to inactivity. The agency requests the credit limit as part of the emergency preparedness planning and consultation with the Bank Relationship Manager if needed. All other features of an ERC are the same as a regular SPOTS card.

Agencies must contact FBS Management to request an ERC managing account. FBS forwards the request to the bank and notifies the agency when the managing account is established. The SPOTS Coordinator uses Access Online to issue and maintain the accounts. FBS must approve requests to increase the credit limit above $50,000 as described in paragraph 122 below.

Each agency must determine if a need exists to designate emergency cardholder(s). Not all agencies will have a need for an emergency card, while some agencies will have a need for more than one card. ERC issuance and transactions must comply with the same requirements as regular SPOTS cards provided in this policy.

In an emergency, cards requested under an existing ERC managing account ship out the same day for next day delivery if requested by 3 p.m. Central Standard Time (CST) on business days.

The bank will do everything possible to assist agencies in an emergency. Approving Officers and SPOTS Coordinators are authorized contacts with the bank and may contact their Bank Account Coordinator during business hours or Customer Service, 1-800-344-5696, after hours.

Credit Limits and Card Controls

121. SPOTS cards are subject to monthly credit limits established when issued. The agency's Approving Officer may authorize an increase up to a maximum of $50,000 or decrease the credit limit based on anticipated need or actual use. The monthly credit limit equals the maximum dollar limit of the total amount spent on purchases during a single billing cycle. The bank restores the monthly credit limit at the beginning of each billing cycle. SPOTS Coordinators adjust credit limits using Access Online.

122. FBS Management must approve requests to increase the credit limit of a SPOTS card above $50,000. Agencies must submit a new SPOTS Card Application and Agreement from the Approving Officer. Include the reason for the increase, explain internal controls, receipting and storage methods for the items purchased and explain how the agency will use and store the card. The additional information can be provided in a memo. FBS forwards the request to the bank and notifies the agency when the increase is complete.

123. The agency should consider setting single transaction limits as a spending control. A single transaction limit of no more than $10,000 is best because of the specific procurement rules that apply to purchases over this amount.

124. Cardholders and designated card users must not make purchases for more than the credit limit established for their SPOTS cards.

125. Intentionally fragmenting purchases to avoid single transaction or monthly credit limits is unauthorized.

126. Vendors accepting purchase cards have a four-digit Merchant Category Code (MCC) used to classify the business by the type of goods or services provided. The SPOTS card has certain MCCs blocked to prevent purchases from inappropriate or high-risk vendors (e.g., casinos, money orders). An Approving Officer may request an exception from FBS. See **Appendix A** for the list of blocked MCCs.

127. The bank may decline transactions for various reasons including but not limited to fraud, blocked MCCs or a purchase that exceeds the established credit limits of a card. Agencies should use the declined transaction report available through Access Online to help monitor and train employees on SPOTS card use.

SPOTS Card Security

128. A SPOTS card must be secured at all times. The card, card number, and Personal Identification Number (PIN) must be safeguarded against use by anyone other than the cardholder/custodian or designated card user.

a. Agencies must establish procedures to secure cards.

b. Only fax a SPOTS account number, expiration date and three-digit security code if other purchase methods are not available. If a vendor's fax security is unknown, consider redacting the account information from the form and contacting the vendor by phone to complete the purchase. Secure fax receipts that contain account information.

c. Do not email a SPOTS card account number, PIN, or three-digit security code.

d. Before entering a SPOTS card account number on a Web page, ensure that the site uses encryption. Signs of encryption include a Web address with https ("s" stands for secure) and a closed padlock.

SPOTS Card Use

129. The SPOTS card is a credit card that agencies may use to procure and pay for goods and services for authorized state business. See **OAM 10.40.00**, *Expenditures*, for more information on authority related to expenditures.

130. **Authorized Purchases**

a. Examples include supplies, services, equipment rentals, software, training registrations, utility bills, non-travel business meals per **OAM 10.40.10**, *Non-travel Meals and Refreshments*, client services, and other agency-prescribed items.

b. Agencies may use a SPOTS card for recurring charges. The agency must monitor the resulting charges. Account number information stored with a merchant is the responsibility of the agency.

c. Agencies may use a SPOTS card for prepayment when necessary.

d. Agencies may use a SPOTS card to purchase a stored value card. A stored value card refers to a monetary value on a card that allows the purchase of goods or services from a vendor. It is the responsibility of the agency to ensure and document the purchases made using a stored value card are for authorized state business.

e. SPOTS cards may be used to pay travel expenses for official state business except for unauthorized purchases listed in paragraph 131. The expenses must comply with **OAM 40.10.00**, *Statewide Travel Policy*. All expenses must have the following documented with receipts: date, time, place, amount and business purpose. A reconciliation is required similar to the process for substantiating a travel advance. The IRS rules state that an Accountable Plan's Timeliness Safe Harbor for Substantiating Expenses is 60 days after the travel expense is paid or incurred to avoid having the costs added to the W-2 as taxable wages.

f. Fuel for state-owned vehicles or fuel powered equipment that do not have a Voyager or fleet card.

g. Agencies may use a SPOTS card to purchase airline tickets from the travel management contractor except for the unauthorized purchases listed in paragraph 131.c. Agencies may use a SPOTS card to purchase airline tickets from another contractor if the TMC issues a written waiver prior to the purchase or if the airfare is for authorized non-state business.

131. **Unauthorized Purchases**

a. Do not use the SPOTS card for personal purchases. Government Ethics for state employees (ORS 244.040) provides that no employee can gain personally from his/her employment.

b. Do not use the SPOTS card for cash withdrawals, money orders, traveler's checks or other monetary instruments.

c. Do not use the SPOTS card to purchase City Pair Airfares for official state business. City Pair tickets must be purchased through the TMC using the agency's CTS account.

d. Due to potential taxability requirements, do not use the SPOTS card for employee travel meals.

e. Due to potential taxability requirements, do not use the SPOTS card for employee moving expenses.

f. Do not make fuel purchases for state owned vehicles with a SPOTS card unless the vendor will not accept the Voyager or fleet card. A SPOTS card does not provide fuel tax exemptions. If the SPOTS card is used, agencies must contact DAS Fleet for DAS owned vehicles and provide a copy of the detailed receipt. See DAS Fleet Policy: DAS Fleet and Parking Services Internal Operating Policies for DAS Owned, Rented or Assigned Vehicles.

g. Do not use the SPOTS card for personal vehicle fuel related to employee travel.

132. **Surcharge.** A payment card surcharge, also known as a checkout fee, is a fee that a merchant adds to the cost of a purchase when a customer uses a payment card. Beginning January 27, 2013, merchants may impose a surcharge on credit card purchases. SPOTS card users must be aware of the surcharge when making a purchase.

a. The surcharge fee is at the discretion of the merchant.

b. If merchants intend to impose a surcharge on credit card purchases, they are required to notify customers at the store entrance and at the point of sale before customers make an actual purchase. In an online environment, notice must appear on the first page that references credit card brands.

c. Merchants must disclose surcharge fees on every receipt; both in store and online.

d. A surcharge cannot exceed 4%.

133. Use caution when making online purchases. Research potential merchants to ensure they are reputable and that any terms and conditions are appropriate. Online purchases must be over a secure connection.

Agencies may use a SPOTS card with secured online payment services, such as PayPal. All SPOTS card policies apply. It is not permissible for employees to share the login and password of the secured online payment site. Procurement Services or the Department of Justice has not reviewed the terms and conditions for online payment services. Therefore, it is the agency's responsibility to assure the terms and conditions are acceptable.

134. The vendor should not charge the SPOTS card for back orders until the goods have shipped.

135. Disputes regarding charges, products or services must be resolved with the merchant or bank as appropriate.

136. Do not accept a cash refund for a returned purchase initially charged to a SPOTS card. After multiple unsuccessful attempts to credit the SPOTS card, a vendor may provide a cash, store credit or check refund.

Lost or Stolen

137. If a SPOTS card is lost or stolen, the cardholder, card custodian or designated card user must immediately call the bank at 1-800-344-5696. The bank will issue a new card with a new account number.

Fraud

138. If external fraud occurs on a SPOTS card, the cardholder or card custodian must immediately contact the bank at 1-800-344-5696. Follow the instructions provided by the bank to ensure credit for the fraudulent transaction(s). The bank will close the compromised account and issue a new card with a new account number. Report any fraudulent charges to the SPOTS Coordinator. Sometimes the bank suggests filing a police report. FBS does not recommend that agencies follow this suggestion.

Misuse

139. Misuse in the SPOTS program may be any action that is not in accordance with state and agency policy. It can differ in nature and degree of risk and seriousness. Each agency must develop and implement policy and procedures related to misuse. Clarify for program participants what actions they may be subject to if they violate program policy.

Examples of misuse include but are not limited to unauthorized use, personal expenses, prohibited purchases, failure to use existing state price agreements, split transactions, insufficient documentation, incomplete/inaccurate records, and consistently unmet reconciliation deadlines.

To help agencies distinguish between different levels of misuse, review the following inappropriate actions provided in **OAM 10.40.00**, *Expenditures* (paragraph 109):

a. A simple error is an unintentional action that was thought at the time to be proper but discovered later to be inappropriate. There is no penalty for a simple error as long as it is not part of a pattern of simple errors. Such a pattern may move the action to the negligence category.

b. Negligence is failure to act reasonably under existing circumstances. An employee may incur disciplinary action for expenditures that are negligent or contrary to state or agency policy.

c. Gross negligence is wanton or reckless disregard of one's duty of due care. The penalty for gross negligence may include personal financial responsibility and disciplinary action up to and including dismissal.

d. Fraud is intentional material misrepresentation or omission when there is a duty to disclose a loss or unlawful diversion of public funds. Theft is intentional diversion of state property to personal use. The penalties for fraud and theft may include personal liability; disciplinary action up to and including dismissal; and criminal sanctions.

The Approving Officer or delegate, in consultation with the agency's human resources office, if applicable, is responsible for taking appropriate action in response to SPOTS program misuse. Actions may include:

- Providing an explanation or clarification of the policy
- Repeating the SPOTS program training
- Suspending or terminating the SPOTS card. **The agency will immediately terminate SPOTS cards for gross negligence or fraud.**
- Notifying DAS Risk Management, the Secretary of State's Audits Division and the Department of Justice

If employee fraud occurs on a SPOTS card and discipline is not in accordance with the contract requirements, liability coverage by the bank is limited.

Transaction Documentation

140. All authorized purchases and credits require an itemized receipt to support the transaction and enable the proper recording of the transaction into the accounting records. Collection of original receipts is preferred and helps to reduce the likelihood of duplicate payments. Agencies may use a purchase card log as a method for organizing and reconciling SPOTS card transactions. (See Appendix B for an example of a purchase card log.) Follow the standard requirements set forth in this procedure and **OAM 10.15.00**, *Transaction Documentation Requirements*.

    a. Minimum information on the receipt includes the date of the purchase, the vendor's name, item description, and the amount. When the business purpose is not obvious from the item description, provide an explanation on the receipt or purchase card log.

    b. Receipt examples include but are not limited to a sales slip, cash register receipt, invoice, order form, email acknowledgment/invoice, detailed packing slip, online receipt, order confirmation, billing statement. In some circumstances, more than one item from the above list may be required to provide all the elements of a receipt.

    c. Receipts that do not itemize are inadequate documentation. If the receipt includes the total purchase amount only, attach a detailed packing slip, detailed invoice or alternative documentation.

    d. Develop an exception process for the infrequent case when a receipt is not available from the vendor. Alternate documentation must include the minimum information listed above.

Processing Monthly Statements

141. The bank issues account statements after the close of a billing cycle. The standard billing cycle ends on the 25th of each month. When the 25th falls on a weekend or holiday, the billing cycle will end on the following business day.

    a. Managing accounts receive a statement that serves as the invoice for all the associated cardholder/department card accounts. It lists the previous outstanding balance, payments, charges and credits.

b. Cardholder/department card accounts receive a memo statement that lists the charges and credits. The cardholder/card custodian reconciles the activity, attaches the transaction documentation and signs the statement or purchase card log.

c. The agency maintains the statement documentation according to the state's record retention requirements.

142. Agencies must pay their monthly SPOTS card managing account statement in full, timely and consistent with **OAM 10.40.00**, *Expenditures*. Pay the entire statement amount in full even if disputed charges or credits are pending in order to optimize rebate earnings and avoid late fees. Follow up if the next statement does not reflect the proper credit.

143. Twice a month or weekly payments are encouraged to provide additional rebate earnings for high volume card use.

a. Agencies may use default coding to post all charges if detail coding is not available at the time of payment. Agencies that use default coding must record adjusting entries each month to the appropriate coding as needed. Use transaction codes 415 and 416 for R*STARS adjusting entries.

b. A SPOTS interface application is available for agencies to automate monthly R*STARS adjusting entries. The interface accepts a data file from Access Online that contains cost allocation coding for each purchase. Contact FBS Management for more information.

144. Agencies that use R*STARS are encouraged to request and use a SPOTS Automated Clearing House (ACH) mail code for electronic payments. The ACH payment provides the bank with the managing account number and may increase rebate earnings. Agencies that process payments by warrant must include the full 16-digit managing account number on the description line so the bank can properly apply the payment.

145. Record SPOTS card purchases in the fiscal year in which the agency received the goods or services. Agencies must ensure that SPOTS card expenditures do not cause the agency to exceed available spending authority or cash.

Monitoring

146. Management within each agency will develop a method for monitoring the SPOTS card program throughout the year. The bank provides various electronic management reports in Access Online to monitor account activity. The Approving Officer may delegate the following tasks to appropriate staff:

a. Verify that all authorized users have signed the appropriate agreement and all agreements are on file.

b. Verify that authorized users and managers received appropriate training.

c. Monitor all transactions at least monthly. Review the vendor names and dollar amounts for reasonableness. Review documentation for questioned transactions and follow up if appropriate.

d. Review the accuracy and completeness of transaction documentation.

e. Verify timely payment of all SPOTS card invoices.

f. Investigate, document and perform appropriate follow-up on SPOTS card misuse.

g. Review card activity levels and adjust spending limits if needed.

h. Review usage for inactive or infrequently used accounts and close if appropriate.

i. Analyze the agency's overall SPOTS card transaction volume and the number of cards in use to determine if increased use would generate more savings. Notify the bank of major spending increases.

147. FBS will periodically review agencies' SPOTS card programs to ensure compliance with statewide guidelines. FBS will:

a. Monitor transactions for reasonableness.

b. Review and update Approving Officers and SPOTS Coordinators as authorized contacts with the bank.

c. Periodically review Access Online system user authorizations.

d. Twice per year, FBS will distribute a list of open and temporarily closed SPOTS cards for Approving Officer review.

1099 Reporting

148. Beginning January 1, 2011, the state is not required to provide a 1099-MISC to any vendor for SPOTS payments.

Incentive Share Rebates

149. The Master Agreement with the bank provides four incentive share components for SPOTS rebates. Volume sales and prompt payment incentives are the primary components. The rebate period runs from January 1 through December 31 with quarterly payments. Payments are net of any accumulated agency charge-offs. The bank transmits payment by the 60th day following the end of each quarter as long as the calculated rebate equals or exceeds $75.00. Refer to the Master Agreement for the formulas and contract definitions used for calculating each component.

150. Agencies can increase volume sales by analyzing the payments made with warrants or checks to determine if SPOTS cards could be used instead. Agencies with high dollar monthly purchases may significantly increase prompt pay rebates by scheduling weekly payments.

151. Agencies may treat the SPOTS rebate as a reduction of expense per **OAM 20.40.00**, *Reduction of Expense* (paragraph 107a), or as revenue. If federal funds are involved, agencies need to consider applicable requirements of the grant and Uniform Guidance. Depending on these requirements, an agency may need to reduce its federal draws by the prorated rebate amount, or may need to return an equal amount to the federal agency.

2023 AADB
Mid-Year Meeting

Preliminary Program

April 21st – 22nd, 2023

American Association of Dental Boards



President James A. Sparks, DDS

AADB Thanks Our Program Committee Chair:

James A. Sparks, DDS (OK)

Vice Chair:

Dale Chamberlain, DDS (MT)

Yvonne Bach (KY)

Brian Barnett (MO)

Sherry Campbell, RDH, CDHC (AL)

Bobby Carmen, DDS (OK)

Cliff Feingold, DDS (NC)

Martin Gillis, DDS (Liverpool)

Kristna Gomez, (AZ)

Arthur Chen-Shu Jee, DMD (MD)

Frank Maggio, DDS (IL)

Michael O'Hara, JD, PhD (NE)

Laura Richoux, RDH (MS)

Tonia Socha-Mower, MBA, EdD (AADB)

Robert Zena, DMD (KY)

American Association of Dental Boards

1701 Pennsylvania Ave NW, Suite 200
Washington, DC 20006

200 East Randolph Street, Suite 5100
Chicago, IL 60601



About AADB

The American Association of Dental Boards is a national organization that encourages the highest standards of dental education. The AADB promotes higher and uniform standards of qualification for dental practitioners. Membership is composed of boards of dentistry, advanced education boards, present and past members of those boards, board administrators, board attorneys, educators, and oral health stakeholders.

Our Mission

To serve as a resource by providing a national forum for exchange, development, and dissemination of information to assist dental regulatory boards with their responsibility to protect the public.

About AADB's Mid-Year Meeting

The AADB Meeting provides an excellent forum for keeping up-to-date with state board concerns. Programs are designed to allow opportunities for interaction among all participants, including board members, dentists, dental therapists, dental hygienists, dental assistants, educators, board attorneys, and dental specialty associations. Panels and small discussion groups exchange ideas and information. Participants take away valuable information on current issues and all aspects of dental and dental hygiene regulation.

Meeting Agenda

Friday, April 21

Please note the times listed below are in Eastern Time

11:00 a.m. - 12:00 p.m.	**New Member Orientation – *ZOOM Breakout Session*** Robert B. Zena, DMD AADB Immediate Past-President
12:00 p.m. - 12:10 p.m.	**AADB President's Opening Remarks** James A. Sparks, DDS AADB President Manuel A. Cordero, DDS, CPH, MAGD Executive Director & Chief Executive Officer Hispanic Dental Association Chris Fox, DMD, DMSc Chief Executive Officer International Association for Dental Research American Association for Dental Research *Tentative*
12:10 p.m. - 12:25 p.m.	**Chief Executive Officer's Welcome & Report** Tonia Socha-Mower, MBA, EdD AADB Chief Executive Officer
12:25 p.m. - 1:25 p.m.	**Potential Violence in the Dental Community** David James Deputy Mayor of Emergency Services Louisville, Kentucky
1:25 p.m. - 1:45 p.m.	**Break**
1:45 p.m. - 2:45 p.m.	**Impact of the Legalization of Marijuana on Dental Regulation** Christopher K. Finch, Pharm.D., FCCM, FCCP Chair and Professor The University of Tennessee Health Science Center Department of Clinical Pharmacy and Translational Science
2:45 p.m. - 3:15 p.m.	**AADB Forum: State/Territory Board Issues - *ZOOM Breakout Session*** Frank Maggio, DDS AADB Member and Moderator *This closed session is for individual voting members who have seats (or had seats) on their Board of Dentistry.*

3:15 p.m. - 3:45 p.m.

ADEA Update
Gülsün Gül, DDS, MBA, MPH, MS
Chief Policy Officer, Office of Policy & Education Research
American Dental Education Association (ADEA)

3:45 p.m. - 4:00 p.m.

AADB Representative Reports

CDEL: Donald P. Bennett, DDS (SOUTH)
Catherine Watkins, DDS (SOUTH)
Maurice Miles, DDS (WEST)

CODA: Frank Recker, DDS (NORTH)
Carolyn Brown, DMD (SOUTH)
Maxine Feinberg, DDS (EAST)
Burrell Tucker, DDS (WEST)

JCNDE: Mary A. Starsiak, RN, DDS (NORTH)
Julie W. McKee, DMD (SOUTH)
Jeetendra Patel, DDS (SOUTH)
Mark Zajkowski, DDS, MD (EAST)

DANB: Frank A. Maggio, DDS (NORTH)

4:00 p.m. - 4:45 p.m.

Impaired Practitioner Programs
William T. Kane, DDS, MDA, PC
Chairman of the Dentist Well-Being Committee
Missouri Dental Association

4:45 p.m. - 5:15 p.m.

Business Meeting - Voting & Bylaws Changes
James A. Sparks, DDS
AADB President

Frank A. Maggio, DDS
Chair of AADB

5:00 p.m. - 6:00 p.m.

Hygienist Caucus Meeting – *ZOOM Breakout Session*
Laura Richoux, RDH
AADB Caucus Chair

This is a closed session for hygienists who serve or have served on a board of dentistry.

Saturday, April 22

*****Please note the times listed below are in Eastern Time*****

11:00 a.m. - 12:00 p.m.

President/Vice-President/Chairs Caucus Meeting – *ZOOM Breakout*
Dale Chamberlain, DDS
AADB President-Elect

This is a closed session for Dental Board Leadership.

11:00 a.m. - 12:00 p.m.

Investigator Caucus Meeting – *ZOOM Breakout Session*
W. Blake Strickland
Executive Director
Board of Dental Examiners of Alabama

This is a closed session for Dental Board Investigators.

12:00 p.m. - 1:00 p.m.

Regional Caucus Meetings
North – Breakout Session 1
South – Breakout Session 2
East – Breakout Session 3
West – Breakout Session 4

1:00 p.m. - 1:15 p.m.

Break

1:15 p.m. - 1:30 p.m.

Caucus Reports
North: Frank Maggio, DDS, AADB Caucus Chair
South: Melodie Jones, DMD, AADB Caucus Chair
East: Jim Goldsmith, DMD, AADB Caucus Chair
West: Ryan Edmonson, AADB Caucus Chair

1:30 p.m. - 2:30 p.m.

Dental Compacts
Tammie L. Perreault
Northwest Regional Liaison (AK, ID, MT, OR, WA, WY)
Department of Defense

Matthew Shafer
Deputy Policy Director
National Center for Interstate Compacts

2:30 p.m. - 3:00 p.m.

Sponsorship Recognition

3:00 p.m. - 4:00 p.m.

Insights from Medical Healthcare Regulators
Lisa Robin
Chief Advocacy Officer
Federation of State Medical Boards (FSMB)

4:00 p.m. - 5:00 p.m.

Biofilm & Waterline Updates for Dental Practices
Amanda Hill, BSDH, RDH
Industry Educator, Speaker, Author

5:00 p.m.

Adjournment

Biographies as received on 3/21/2023



Donald P. Bennett, DDS, AADB Representative (CDEL)

Dr. Bennett is a 1985 graduate of the Louisiana State University School of Dentistry and has been in private practice for 37 years. He is a continuous tri-partite member of the ADA, LDA, and NODA, as well as Past President of the New Orleans Dental Association. Dr. Bennett was the 2020 recipient of the New Orleans Dental Association Honor Dentist award, Past General Chairman of the New Orleans Dental Conference, Member of the Louisiana State Board of Dentistry since 2016 and current President. He is the current examiner for CITA and CDCA and member of the CITA Board of Directors and Quality Assurance committee and a Fellow in the ACD and ICD.



Carolyn Brown, DDS, AADB Representative (CODA)

Dr. Carolyn Brown was appointed by the American Association of Dental Boards to serve as a Commissioner on the Commission on Dental Accreditation for the term 2021-2025. Dr. Brown received her undergraduate degree from Columbia College, Columbia, SC. She is a 1994 graduate of the Medical University of SC (MUSC) James B. Edwards College of Dental Medicine and was recognized with the 2021 Distinguished Alumna Award. Following 22 years of private practice, Dr. Brown is currently a staff dentist in the Dental Service at the Columbia Veterans Affairs Health Care System, Columbia, SC. She is a fellow of the American College of Dentists. Dr. Brown is an alumnus of the ADA Institute for Diversity in Leadership (2016-2017 Class). In 2015, SC Governor Nikki Haley appointed Dr. Brown to the SC Board of Dentistry. As past president and current board member serving under Governor Henry McMaster, Dr. Brown is the recipient of the Exemplary Service Award of the SC State Board of Dentistry. She is a member of the Admissions Committee of the MUSC James B. Edwards College of Dental Medicine. Dr. Brown is a Federal Dental Services member of the American Dental Association and continues to serve in various capacities of organized dentistry.



Dale Chamberlain, DDS, President Elect

AADB President-Elect, Dr. Dale Chamberlain, DDS, is an oral & maxillofacial surgery specialist in Helena. Dr. Chamberlain has been in private practice in Helena since 2012. He received his DDS degree from Creighton University in 1988. From 1989-2011, Chamberlain had a private practice in Lewistown. While in Lewistown he also set up the dental program and worked two days a month at NEXUS, a methamphetamine treatment center, for five years.

Dr. Chamberlain was awarded the Shampaine-Low Award by the CDCA-WREB-CITA in January.



Manuel A. Cordero, DDS, CPH, MAGD, Executive Director & Chief Executive Officer (Hispanic Dental Association)

Dr. Manuel A. Cordero is the Executive Director and CEO of the Hispanic Dental Association since the third quarter of 2018. He had been the first Hispanic dental leader to become President of a National dental organization in the USA. As a dentist he had always been an independent and early adopter of technology, science and safety measures that improve outcomes for the patients and provide more safety and efficiencies for the dental team. In his third year at Temple School of Dentistry, he started wearing latex gloves while treating his patients in the clinic and when he graduated in 1983, he was the first dentist in the Sewell area in NJ who used gloves and also practiced sterilization protocols which were adopted 6 years later with the onset of the AIDS epidemic. A year later he opened a second office in Vineland NJ, where he chose to serve a rural community with less economic means but greater oral healthcare needs. Early in his career he felt the need to expand his clinical areas of expertise. That was when he was exposed to organized dentistry and its impact on the improvement and growth of the field of dentistry we know today. After training in all facets of dentistry, he pursued Public Health at the request of Dr. Rufus Caine, Director Of Public Health at UMDNJ. He planted the seeds of intellectual morsels from which he still benefits today. His perspective changed to what could be possible when confronting unlimited public needs, with scarce funding but empower with efficient and effective tools as our secret weapon on this proven approach.

Dr. Cordero was one of 180 health professionals selected for the Surgeon General report workshop, which would highlight for the second time in 20 years, the importance Oral Health on Systemic health. Two years later he was honored as the David Satcher Keynote Speaker in 2020. He has been part of the AGD, ADA, AOD, ARVTSC, ADI, ACD, ICD and they have nurtured and educated him to have the impact in dentistry that he has had in the health and wellbeing of those he has served. His hypothesis worked; a private dental practice focused on patient outcomes in two very distinct socioeconomic neighborhoods with almost identical outcomes. He encouages the patients to match the providers commitment in order to get the best outcomes since they should be one and the same. Color, ethnicity gender, and economic capacity are only demographics, actions are the ones that make the difference. He feels that It takes all involved to participate equally in order to achieve mutually desired outcomes.



Ryan P. Edonson, AADB Caucus Chair (West)
Ryan Edmonson is currently the Arizona State Board of Dental Examiners' executive director. Ryan is an executive leader who collaborates with other professional peers to provide a clear mission, vision, creativity and business acumen. Ryan is a public sector leader with Arizona-based experience at a number of state agencies and independent boards.

From public policy analysis and legislative advocacy on behalf of client agencies and public boards, to senior liaison support for administrative law proceedings and licensee compliance, Ryan has been a familiar representative of Arizona government at public proceedings at the State Capitol for more than 25 years. He has orchestrated and directed legislative submissions, budget appropriation requests, allocation recommendations, statutory and rule amendments and uniform compliance measures.



Maxine Feinberg, DDS, AADB Representative (CODA)
Dr. Feinberg graduated from New York University College of Arts and Sciences in 1977 and NYU's College of Dentistry in 1980. She returned to NYU after her residency in anesthesiology and working as a general dentist and treating patients confined in nursing homes to complete her certificate in Periodontics in 1984.

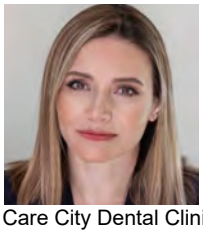
Dr. Feinberg is a past president of the New Jersey Dental Association and the New Jersey State Board of Dentistry., where she served for 9 years. She has been a delegate in both the ADA and New Jersey Dental Associations House of Delegates. She initiated the New Jersey Give Kids A Smile campaign for 2002 and 2003. She remains active in both her component dental society and the NJDA.



Christopher K. Finch, Pharm.D., FCCM, FCCP, Chair and Professor (University of Tennessee Health Science Center, College of Pharmacy) was born in Memphis, TN. He received a Bachelors degree in Chemistry from Lambuth University in Jackson, Tennessee and the Doctor of Pharmacy degree from the University of Tennessee College of Pharmacy, Memphis. He completed a specialized residency in internal medicine at the University of Tennessee. Dr. Finch taught for two years at Auburn University, School of Pharmacy and the University of Alabama, School of Medicine before moving back to his hometown of Memphis in the summer of 2003. While in Memphis, Dr. Finch served in several roles during his 16 years at Methodist Healthcare, University Hospital, including the Director of Pharmacy for the last 5 years before leaving for UTHSC. As Chair, he continues to coordinate and teach in the Pharmacy Professional Development course and several other courses at the University of Tennessee Health Science Center, College of Pharmacy. His clinical interests include pulmonary disease, drug interactions, adverse drug events, and drug-induced disease. Dr. Finch has published over 70 manuscripts in several well-recognized pharmacy and medical journals and has been an invited speaker at several national medical and pharmacy conferences. He is a Fellow in both the American College of Critical Care Medicine and the American College of Clinical Pharmacy. He was selected Pharmacist of the Year in 2019 by the Tennessee Pharmacist Association.



James P. Goldsmith, DMD, AADB Caucus Chair (East)
Dr. Goldsmith received his DMD from the University of Louisville School of Dentistry in 1976. Following graduation, he pursued and completed a two residency in Pediatric Dentistry at Children's Hospital Medical Center, Washington, DC in 1978. Dr. Goldsmith became Board Certified by the American Board of Pediatric Dentistry in 1986. He actively practiced Pediatric Dentistry from 1978 to 2020. He has served 15 years as a member of the Maryland State Board of Dental Examiners and served as President twice. He has also served as a member of the Board of Directors of CDCA/WREB and a member of the ADEX House of Representatives representing the state of Maryland. He has also served as an examiner for NERB, CDCA and CDCA/WREB since 2004.He is a life member of the ADA, AAPD and College of Diplomates of the American Board of Pediatric Dentistry. He is also a fellow of the American College of Dentists, and the International College of Dentists.



Gülsün Gül, DDS, MBA, MPH, MS, Chief Policy Officer, Office of Policy & Education Research (ADEA)
Dr. Gülsün Gül is the Chief Policy Officer, The Office of Policy & Education Research at ADEA. Dr. Gül served as Interim Division Head of Medically Complex Patient Management (MCP), and Division Head of Public Health at Tufts University School of Dental Medicine. She held preclinic, clinic, undergrad, and post-graduate faculty positions in the Departments of Public Health, Pediatric Dentistry, and Comprehensive Care; she served as a faculty mentor in school-based public health programs. Dr. Gul also held responsibilities as Corporate Director for Hospital Operations and Project consultant to many private and non-profit institutions, including Bayindir Health Care Systems, Mother Children Education Foundation (ACEV), Istanbul, Turkey, and Health Care City Dental Clinic Project Dubai, Harvard Medical International. She also worked as a pediatric dentist and an assistant clinical investigator Department of Oral Sciences at Forsyth Faculty Associates, The Forsyth Institute. She is a recipient of the Richard Allard Award (2009) by the Massachusetts Dental Society for aiding families who suffered from abuse and neglect. She also received the Jonathan M. Tisch College Citizenship and Public Affairs Fellowship award (2006). Dr. Gül is a graduate of the ADEA Emerging Leaders Program (2018) and the ADEA Leadership Institute (2022). She is a member of the American Academy of Pediatric Dentistry, District of Colombia Dental Society, American Dental Association, American Academy of Developmental Medicine and Dentistry, Special Care Dentistry Association, and American Dental Education Association.

Dr. Gül received her dental degree from Hacettepe University, School of Dentistry, Ankara, Turkey. In addition, she received her MBA from Suffolk Sawyer School of Management, an MPH degree from Tufts Medical School, a Certificate of Advanced Graduate Study in Pediatric Dentistry, and an MS from Tufts Dental School, Boston, MA.



Amanda Hill, BSDH, RDH, Clinical Education Manager (Young Innovations)

Amanda likes to describe her career in dental hygiene as an adventure. Growing up in and then marrying into the military, she has had the opportunity to experience life and dentistry all over the world. Amanda had the good fortune to begin her dental career in an office where excellence was the norm. She had the chance to be stretched and challenged while traveling for courses and learning the latest in clinical care and patient communication. Thus developing a love for learning. Through her adventures around the world, she became obsessed with finding ways to continue her education and stay current and in connection with the dental industry. She is an enthusiastic speaker, innovative consultant, and award-winning author. Recipient of OSAP's Emerging Infection Control Leader award, a member of the Cellerant executive consulting team, an active participant with the advisory board for RDH magazine, Dentistry IQ, and OSAP's Infection Control In Practice Editorial Review Board and membership committee, Amanda strives to make topics in dentistry accurate, accessible, and fun! She can be reached at www.amandahillrdh.com and AmandaHillRDH@gmail.com.



David James. Deputy Mayor of Emergency Service in Louisville, Kentucky

David James is a native of Louisville who is dedicated to community service, public safety, and public service.

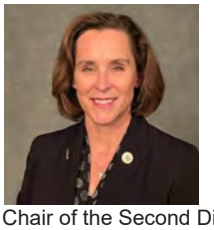
In 1984, Mr. James joined the Louisville Police Department to begin his career in law enforcement and was the first African American to be awarded Rookie of the Year. Mr. James was also part of the United States Army Reserves between 1983 and 1989. As a Military Intelligence Specialist with a "Top Secret" clearance level, his responsibilities included gathering intelligence and evaluating military units for their combat readiness.

From 2004 to 2007, he was Commissioner of the Kentucky Bureau of Investigation, the investigative arm of the Kentucky Attorney General's Office. He was elected on November 2, 2010 to serve as Councilman of the Metro Council's Sixth District. In 2022, he was elected to serve a fifth term as President of the Metro Council. He has served two terms as Majority Leader, a position that elevated him to President Pro Tem of the Metro Council and the Chair of the 17-member Democratic Caucus.

In 2023, David was appointed to the Office of Metro Louisville Deputy Mayor, Emergency Services.

Mr. James was the first African American admitted into his Masonic Lodge and the Kosair Shriners.

David married his sweetheart, Michelle on July 9th, 2011 at the Old Louisville Women's Club. Together, they have two beautiful daughters, two sons-in-law and three grandchildren. David and Michelle reside in historic Old Louisville where they enjoy long walks with their dog, Cooper.



Melodie Jones, DMD, AADB Caucus Chair (South)

Dr. Melodie Anderson Jones serves as a Board Member on the Board of Dental Examiners of Alabama. She is also Member of the State Committee on Public Health for the Alabama Department of Public Health and serves as Chair of the Council on Dental Health for the Alabama Department of Public Health.

Dr. Jones is a life member of the American Dental Association, the Alabama Dental Association, and the Second District Dental Society serving as an active member since 1992. She has served as President, President-elect, Secretary Treasurer, and Program Chair of the Second District Dental Society. She has served as a delegate to the house of delegates of the Alabama Dental Association and a member of the Board of Trustees of the Alabama Dental Association.

Dr. Jones has served on the Oral Health Coalition of Alabama and the Council on Dental Health of the Alabama Department of Public Health.
Dr. Jones has practiced general dentistry for over 30 years providing comprehensive dental care to patients of all ages. Dr. Jones holds a Bachelor of Science Degree in Chemistry from Auburn University and a Doctor of Dental Medicine Degree from the University of Alabama School of Dentistry, class of 1992. Dr. Jones is on the Executive Alumni Council of the University of Alabama School of Dentistry Alumni Association and is currently the Secretary Treasurer of the Alumni Association.



Frank Maggio, DDS, AADB Member and Moderator

The AADB Board Member Forum will be facilitated by Frank A. Maggio, DDS. This lively, interactive session will provide the General Assembly an opportunity to discuss regulatory concerns and other important topics encountered by state boards in a spontaneous, free-flowing setting. Participate in the AADB Board Member Forum by asking questions, discussing challenges, and sharing your successful practices and innovations.



Julie McKee, DMD, AADB Representative (JCNDE)
Dr. McKee received a degree in Biology from the University of Kentucky and received a Dental Degree from the University of Louisville in 1983. She practiced General Dentistry for 10 years in Mount Sterling, Kentucky and worked in state government, focusing on health care policy and regulation. Dr. McKee has managed a four county district health department for 12 years and held the position of State Dental Director since 2007. She was awarded the Presidential Award of the Kentucky Dental Association in the fall of 2020 and the President's Award for Outstanding Merit in Public Health Dentistry, Association of State and Territorial Dental Directors, April 2022.



Jeetendra Patel, DDS, AADB Representative (JCNDE)
Dr. Jeetendra Patel received his BS in 1995 from the Louisiana State University-Shreveport (LSU-S) in Biology and his DDS from the LSU School of Dentistry in 2001. He also completed a 1-year hospital-based residency (GPR) at the Veterans Affairs Hospital in Biloxi, MS. In 2019, Dr. Patel, was appointed by the Governor of Louisiana, John Bel Edwards, to serve on the Louisiana State Board of Dentistry. In December of 2021, Dr. Patel was appointed as a Commissioner to the Joint Commission on National Dental Examinations (JCNDE). Besides being on the State Board and JCNDE, Dr. Patel has been in private practice since 2003 and currently owns a dental practice in Monroe, Louisiana. Dr. Patel was born in Birmingham, England and lived there for 10 years before moving to the United States in 1982. He has lived in Louisiana for 39 years.



Tammy L. Perreault, Northwest Regional Liaison (AK, ID, MT, OR, WA, WY) (Department of Defense)
Tammie has served as the Regional Liaison for the Defense-State Liaison Office working with the State Legislatures of Alaska, Idaho, Montana, Oregon, Washington and Wyoming. Tammie currently leads the coordination between the Department of Defense and the Council of State Governments to develop occupational licensure compacts through a congressionally authorized cooperative agreement.

As a Regional Liaison she provides reliable information and research, knowledge of policies and processes, and assistance with legislation — all to support service members and their families.

She is an Operation Iraqi Freedom Combat Veteran where she earned a Bronze Star and Combat Action Badge. Prior to joining the Defense-State Liaison Office, Tammie focused on natural resource and forest policy at the international, national, state and local level. Tammie is a graduate of the Gonzaga University ROTC program and holds a Master in Public Administration from The Evergreen State College. She is a graduate of AgForestry Class 38 and is an Excellence in Government Fellow for 2022-23.



Frank Recker, DDS, JD, AADB Representative (CODA)
Frank was born in Cincinnati, OH and attended Xavier University and The Ohio State University, College of Dentistry. He is a licensed dentist in Ohio, Kentucky and Florida. Dr. Recker also attended the Salmon P. Chase College of Law and is a member of the Ohio, Kentucky and Florida Bar Associations.



Laura Richoux, RDH, Dental Hygiene Member
Laura Richoux is a dental hygienist on the Mississippi Gulf Coast. After graduating from the University of Mississippi Medical Center's Dental Hygiene program, she practiced her first four years in South Louisiana and has spent the last fifteen years practicing in Mississippi. Laura served as the Dental Hygienist at Large on the Mississippi State Board of Dental Examiners for six years and is currently serving as the Dental Hygienist member of the American Association of Dental Boards.

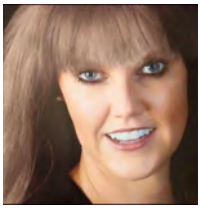


Lisa Robin, Chief Advocacy Officer, Federation of State Medical Boards (FSMB)
Ms. Robin currently leads the FSMB Washington, DC office. Ms. Robin earned her bachelors and masters degrees from Texas Christian University. During her tenure with the FSMB, Ms. Robin has been active in policy development and promulgation on issues including telehealth and license portability, pain management and addiction treatment, medical marijuana, stem cell and regenerative medicine, regulatory structure and function, and issues related to ethics and professionalism. In addition to policy development, Ms. Robin, as an executive member of the C-Suite, is involved with the overall administration of the FSMB and is directly responsible for FSMB's state and federal government affairs and policy, communications/public affairs and the FSMB Research and Education Foundation.



Matt Shafer, Deputy Policy Director (National Center for Interstate Compatcs

Matt Shafer currently serves as the Deputy Director at the National Center for Interstate Compacts at The Council of State Governments. Matt manages interstate compact development projects for teaching, cosmetology. massage therapy, social work and dentistry. Matt also works with state legislators and stakeholder groups to support the enactment of compacts for counseling, occupational therapy, and speech language pathology Matt has vast experience developing and building consensus on policy options for state legislators. Matt has a master's degree in public administration from the University of Kentucky.



Tonia Socha-Mower, MBA, EdD, AADB Chief Executive Officer

A pioneer in the public health arena, Dr. Socha-Mower is the CEO of the American Association of Dental Boards (AADB). She first gained national attention when she started the first dental clinic in the United States that was embedded in a medical and mental health clinic in a student health center on a college campus in eastern Kentucky. She ultimately was promoted to be the Director of Counseling, Medical and Dental Services at Morehead State University.



W. Blake Strickland, Executive Director, Board of Dental Examiners of Alabama

Director Strickland began his public safety career in 1987 working as an EMT with an ambulance company to put himself through college. Graduating with a Bachelor's in Criminal Justice and a minor in Forensic Sciences, Director Strickland continued his public safety career by working as an EMT and a Police Officer. Over the course of a 30+ year career, he has served as a trainer, tactical medic and tactical supervisor, public information officer, internal affairs supervisor, robbery/homicide detective and, ultimately, rose to the rank of Deputy Chief of Police. Director Strickland has taught regionally and nationally on investigations, use-of-force, weapons, and internal affairs. In 2015, he accepted the position of investigator with the Board of Dental Examiners of Alabama and was named the executive director for the agency in 2022.



James A. Sparks, DDS, AADB President

Dr. James A. Sparks is a dentist in private practice in Oklahoma City, Oklahoma. A graduate of Oklahoma University College of Dentistry, class of 1986, where he is and has been part time faculty in Oral Diagnosis and Radiology ever since, and is currently a Clinical Associate Professor. He was elected to six terms (18 years) on the Oklahoma Board of Dentistry and served as President for 8 years. Currently, Dr. Sparks is serving as President of the American Association of Dental Boards.



Mary A. Starsiak, RN, DDS, AADB Representative (JCNDE)

Dr. Mary A. Starsiak is a graduate of Loyola University Dental School in 1984. Her undergraduate degree is a BSN, RN from the College of St. Teresa associated with the Mayo Clinic in Rochester Minnesota. She worked as an ICU nurse during dental school plus a few years after and maintains her RN license today. She is the daughter of a general dentist and a sister of an oral surgeon. She has her own private practice of general dentistry since 1984.

She serves on the Joint Commission on National Dental Exams as an AADB representative at this time being a member of AADB. She is a Past President of the Central Regional Testing Agency (CRDTS) and has served on the CRDTS Steering Committee and Officer track leading up to President. She has served as member of the State of Illinois Board of Dentistry from 2009 and served as its chair from 2012-2014 and 2016-2017. She has serves as a Board Examiner for the CDCA-WREB-CITA; and Central Regional Testing Agency (CRDTS)

She is the Regent of the International College of Dentistry District VIII and served as the Program Chair for the Chicago Dental Society Midwinter Meeting 2022. She has served on numerous Boards and Committees including the Illinois State Dental Society; Chicago Dental Society; was a Founding member of the Chicago Dental Society Foundation; The American Dental Association Council of Communication; Odontographic Society of Chicago and President of the Dental Arts Club of Chicago. She has also served on the Resurrection Healthcare Foundation Board along with Saints Mary and Elizabeth Medical Center Advisory Board.

She is a fellow of the American College of Dentists, the International College of Dentists, the Academy of Dentistry International, the Pierre Fauchard Academy, the Academy of General Dentistry and the Odontographic Society. She has been awarded the Raffaele Suriano Award in 2014 from the University of Illinois/Loyola Alumni Society for her work with geriatric patients. She was a past dentist/ consultant at Chicagoland Methodist Senior Services since 1994.



Catherins Watkins, DDS, AADB Representative (CDEL)

Dr. Watkins attended the University of North Carolina at Chapel Hill where she earned a Masters Degree in Geriatric Dentistry and PH.D. in Oral Epidemiology.

Dr. Watkins serves as the dentist for the special management patients at dental care. From June 2003 until September 2004, she established the Special Needs Dental Pogram at Wake Forest University Baptist Hospital Medical Center in Winston-Salem, North Carolina. Dr. Watkins was an assistant professor in the Department of Preventive and Community Centistry at the College of Dentistry at the University of Iowa from August 1995 to June 2003. For over 20 years her dental practice and training have focused on Geriatric Dentistry. Dr. Watkins has authored numerous research articles related to oral health among older adults. She was recently recognized as a diplomate of the American Board of Special Care Dentistry. She is committed to improving the quality of oral health care for seniors and currently works as an oral health consultant for the Ssjogren's Support Group of the Triad.



Mark Zajkowski , DDS, AADB Representative (JCNDE)

Dr Mark Zajkowski is an oral & maxillofacial surgeon practicing in South Portland, Maine. He is a graduate of the UCLA School of Dentistry, Harvard Medical School and the Isenberg School of Business at the University of Massachusetts, Amherst. He completed his surgical residency at the Massachusetts General Hospital in 1999.

Mark currently serves as the Chair of the Maine Board of Dental Practice and serves on the board of OMSNIC, the leading malpractice carrier for oral surgeons. He has also served as an examiner, director and President of the American Board of Oral and Maxillofacial Surgery and President of the Maine Dental Association. He has also remained active in many committees with AAOMS and the Joint Commission.

His clinical interests include dentoalveolar surgery, cleft lip and palate reconstruction, head and neck pathology, outpatient anesthesia, and patient safety.



Robert B. Zena, DMD, AADB Immediate Past-President

Dr. Robert Zena has a very diversified background from his four decades of devotion to the dental profession. He has assumed the roles of clinician, educator, consultant, researcher, author, lecturer, editor, inventor, and most of all leader. As a graduate of the University of Kentucky's College of Dentistry, he practiced for seven years as a general dentist. He then gained more education through a residency in the Postgraduate Prosthodontics Program at the University of Louisville's School of Dentistry.

Registration:

Registration rates are $795 for members and $995 for non-members.

Register **today**!

Refund Policy:

Notification of cancellation must be submitted in writing to srojas@dentalboards.org. Cancellations are subject to a $75 cancellation charge. No refunds will be given after March 15, 2023. Substitutions are allowed at any time but must be submitted in writing and must be of the same membership status.

Continuing Education:

The ACE Program is a service of the AADB to assist dental boards in identifying quality continuing education courses to help protect the public. ACE accreditation may not be accepted by particular boards of dentistry. Questions or comments can be directed to the AADB at info@dentalboards.org.

The American Association of Dental Boards is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. The American Association of Dental Boards designates this activity for 8.25 continuing education credits. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp.

Unauthorized recording policy

The American Association of Dental Boards is committed to providing a professional environment that is open to the free expression of views and ideas and cultivating a learning community. Recording conversations, phone calls, images, or organizational meetings with any recording device (including but not limited to a cellular telephone, PDA, digital recording device, digital camera, etc.) unless all parties to the conversation give their consent in advance is hereby prohibited. A violation of this policy will result in corrective action which can include being removed from the conference.

Caucuses by State

North	South	East	West
Illinois	Alabama	Connecticut	Alaska
Indiana	Arkansas	Delaware	Arizona
Iowa	Florida	District of Columbia	California
Kansas	Georgia	Maine	Colorado
Michigan	Kentucky	Maryland	Hawaii
Minnesota	Louisiana	Massachusetts	Idaho
Missouri	Mississippi	New Hampshire	Montana
Nebraska	North Carolina	New Jersey	Nevada
North Dakota	Puerto Rico	New York	New Mexico
Ohio	South Carolina	Pennsylvania	Oregon
Oklahoma	Tennessee	Rhode Island	Utah
South Dakota	Texas	Vermont	Washington
Wisconsin	Virginia	West Virginia	Wyoming
	Virgin Island		

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Please note the American Association of Dental Boards does not endorse or advocate any of the positions discussed in this meeting.

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AADA
American Association of Dental Administrators

March 15th, 2023

Greetings,

Here is the information for our mid-year meeting:

Tuesday April 25th 10am-2pm CST
Online TEAMS meeting

AGENDA

- **Welcome and Introductions**
- **Committee Updates**
  - Membership Committee
  - Program Committee
  - Nominating Committee
  - Awards Committee
  - AADA Bylaws Committee
  - Strategic Planning Advisory Committee
    - Survey
    - Mission Statement
- **Hot Topics**

BREAK

- **State Roundtable Discussion**

We look forward to having you participate in the discussion! There is no cost to attend.

In the Service of Health,

Bridgett Anderson

As a reminder, our annual meeting will be held in person October 17th and 18th at the Loews in Hollywood, CA. Registration information and dues statements will be sent to members and prospective members in a few months.

OREGON BOARD OF DENTISTRY
2023-2024
MEETING DATES

EVALUATORS	BOARD
February 10, 2023	February 24, 2023
April 12, 2023	April 28, 2023
June 2, 2023	June 16, 2023
August 11, 2023	August 25, 2023
October 13, 2023	October 27, 2023
December 1, 2023	December 15, 2023
February 9, 2024	February 23, 2024
April 12, 2024	April 26, 2024
May 31, 2024	June 14, 2024
August 9, 2024	August 23, 2024
October 11, 2024	October 25, 2024
November 27, 2024	December 13, 2024

DRAFT

UNFINISHED BUSINESS & RULES

Oregon
Tina Kotek, Governor

OBD Executive Director
Stephen Prisby

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: April 10, 2023

TO: OBD Board Members

FROM: OBD Executive Director Stephen Prisby

SUBJECT: Proposed Fee Increase and updates to OAR 818-001-0087

The fee rule is mocked up showing the proposed fee increases. This is in the OBD's proposed 2023 -2025 budget and if approved would be effective July 1, 2023. We can anticipate and prepare but still have to wait and see if the OBD Budget Bill HB 5011 is approved by the Legislature before the Board can vote on a rule change.

We would need to orchestrate a lot of moving parts to make it happen of course. This includes updating the OBD website, forms, instructions, database vendor, bank info, forms with Tyler Technologies/NIC Payments, etc...

Also a Temporary Rule filing with Secretary of State so Board can vote on the rule change at the June Board meeting.

OBD license application presentations to Dental and Dental Hygiene students will also have information about this. Our regular Board Updates presentations do as well.

The fee increases are shown on the attached OAR 818-001-0087.

- Board Meeting Dates
  - June 16
  - August 25
  - October 27
  - December 15

818-001-0087
Fees

(1) The Board adopts the following fees:

(a) Biennial License Fees:

(A) Dental —$~~390~~**440**;

(B) Dental — retired — $0;

(C) Dental Faculty — $~~335~~**385**;

(D) Volunteer Dentist — $0;

(E) Dental Hygiene —$~~230~~**255**;

(F) Dental Hygiene — retired — $0;

(G) Volunteer Dental Hygienist — $0;

(H) Dental Therapy - $~~230~~**255**;

(I) Dental Therapy - retired - $0;

(b) Biennial Permits, Endorsements or Certificates:

(A) Nitrous Oxide Permit — $40;

(B) Minimal Sedation Permit — $75;

(C) Moderate Sedation Permit — $75;

(D) Deep Sedation Permit — $75;

(E) General Anesthesia Permit — $140;

(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 — $~~345~~**445**;

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(B) Dental Faculty — $~~305~~**405**;

(C) Dental Hygiene — $~~180~~**210**;

(D) Dental Therapy - $~~180~~**210**;

(E) Licensure Without Further Examination — Dental~~, Dental Hygiene and Dental Therapy~~ — $~~790~~**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.

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Proposed New Rule:

OAR 818-021-XXXX
Dental, Dental Therapy and Dental Hygiene Licensure for Active-Duty Members of the Uniformed Services and their Spouses Stationed in Oregon

The OBD has been made aware of new federal legislation that went into effect on January 1, 2023, mandating portability of professional licenses for uniformed servicemembers and their spouses.

> **SEC. 19. PORTABILITY OF PROFESSIONAL LICENSES OF MEMBERS OF THE UNIFORMED SERVICES AND THEIR SPOUSES.**
>
> (a) IN GENERAL.— Title VII of the Servicemembers Civil Relief Act (50 U.S.C. 4021 et seq.) is amended by inserting after section 705 (50 U.S.C. 4025) the following new section:
>
> **''SEC. 705A. PORTABILITY OF PROFESSIONAL LICENSES OF SERVICEMEMBERS AND THEIR SPOUSES.**
>
> ''(a) IN GENERAL.— In any case in which a servicemember or the spouse of a servicemember has a covered license and such servicemember or spouse relocates his or her residency because of military orders for military service to a location that is not in the jurisdiction of the licensing authority that issued the covered license, such covered license shall be considered valid at a similar scope of practice and in the discipline applied for in the jurisdiction of such new residency for the duration of such military orders if such servicemember or spouse—
> ''(1) provides a copy of such military orders to the licensing authority in the jurisdiction in which the new residency is located;
> ''(2) remains in good standing with—
> ''(A) the licensing authority that issued the covered license; and
> ''(B) every other licensing authority that has issued to the servicemember or the spouse of a servicemember a license valid at a similar scope of practice and in the discipline applied in the jurisdiction of such licensing authority;
> ''(3) submits to the authority of the licensing authority in the new jurisdiction for the purposes of standards of practice, discipline, and fulfillment of any continuing education requirements.
> ''(b) INTERSTATE LICENSURE COMPACTS.— If a servicemember or spouse of a servicemember is licensed and able to operate in multiple jurisdictions through an interstate licensure compact, with respect to services provided in the jurisdiction of the interstate licensure compact by a licensee covered by such compact, the servicemember or spouse of a servicemember shall be subject to the requirements of the compact or the applicable provisions of law of the applicable State and not this section.
> ''(c) COVERED LICENSE DEFINED.— In this section, the term 'covered license' means a professional license or certificate—
> ''(1) that is in good standing with the licensing authority that issued such professional license or certificate;
> ''(2) that the servicemember or spouse of a servicemember has actively used during the two years immediately preceding the relocation described in subsection (a); and
> ''(3) that is not a license to practice law.''.

Uniformed Servicemembers of the United States include army, marine corps, navy, air force, space force, coast guard, public health service commissioned corps, and national oceanic and atmospheric administration commissioned officer corps.

The OBD must create a new rule and a new licensure pathway to accommodate this change, as none of our existing pathways are compliant with the new federal laws. Noteworthy differences between our existing pathways and this new pathway will include:

1) Applicants licensed under this pathway will not be subject to license renewal every two years. The license will remain active for the duration of the military orders.

2) In lieu of a renewal application, licensees who were licensed under this pathway will be asked to provide a Biennial Uniformed Servicemember Status Confirmation Form. Details of this form can be found in the proposed rule below.

3) Applicants who took a clinical exam greater than five years ago will not have to provide verification of 3,500 hours of licensed clinical practice in the last five years.

818-021-XXXX
Dental, Dental Therapy and Dental Hygiene Licensure for Active-Duty Members of the Uniformed Services and their Spouses Stationed in Oregon

(1) A license to practice dentistry, dental hygiene or dental therapy shall be issued to Active-Duty Members of the Uniformed Services or their spouse when the following requirements are met:

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

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

(c) Satisfactory evidence of 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; or

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

(e) Satisfactory evidence of having successfully completed or graduated from a Board-approved dental therapy education program that includes the procedures outlined in OAR 818-038-0020, and includes at least 500 hours of didactic and hands-on clinical dental therapy practice.

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

(g) The servicemember or spouse holds a current license in another state to practice dentistry at the level of application; and

(h) The license is unencumbered and verified as active and current through processes defined by the Board; and

(i) Satisfactory evidence of successfully passing a clinical examination administered by any state, national testing agency or other Board-recognized testing agency; and

(j) Verification of completion of the Board's Continuing Education (CE) requirements in accordance with OAR 818-021-0060, OAR 818-021-0070 & OAR 818-021-0076.

(2) The temporary license shall remain active for the duration of the above-mentioned military orders.

(3) Each biennium, the licensee shall submit to the Board a Biennial Uniformed Servicemember Status Confirmation Form. The confirmation form shall include the following:

(a) Licensee's full name;

(b) Licensee's mailing address;

(c) Licensees business address including street and number or if the licensee has no business address, licensee's home address including street and number;

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

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

(f) Licensee's assumed business name;

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

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

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

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

(k) Confirmation of current active-duty status of servicemember.

(l) The form will be provided, depending on licensure type, pursuant to ORS 679.120(6), 680.075(6) and 679.615(4)(b).

(4) If military orders are reassigned, notification to the Board is required within 30 days of receipt.

(5) Any Board permits held by Licensees are required to be renewed per rule requirements on permit types.

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 license. 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:**	☐	☐	☐	☐	☐

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.

CORRESPONDENCE

REPRESENTATIVE HAI PHAM, DMD
HOUSE DISTRICT 36

HOUSE OF REPRESENTATIVES

Tuesday, Feb. 21st, 2023

Dear Executive Director Prisby,

Thank you for taking my call last week about HB 2996 and HB 3223 to help give me insight into any potential fiscal implications from these two bills.

During our conversation you mentioned that the Dental Assisting National Board (DANB) gives the Oregon Board of Dentistry money for processing the dental assisting certificates required by the board.

Could you please answer the following questions?

1. What year did OBD outsource all the dental assisting certificates to DANB?
2. How many different types of certificates does DANB issue to Oregon Dental Assistants?
3. Can you please provide the number of certificates that exists here in Oregon broken down into the following categories i.e. Dental Assistant, EFDA, EFODA, Radiography, EFPDA, Anesthesia Monitor, Anesthesia Dental Assistant with IV Therapy certificate, and Anesthesia Dental Assistant.
4. Could you please provide demographic data of the certificate holders? This includes REALD and SOGI data, i.e. age, race, ethnicity, language, disability, geographic region, sexual orientation and gender identity, etc.
5. During our conversation you mentioned that DANB gives the OBD money for sending DANB assistants to certify. Can you please share when this process started and describe how it works?
6. Is this practice considered fee-splitting or a kick-back?
7. Does OBD get money per certificate that DANB issues, if so, how much does OBD get per certificate?
8. How much money did OBD receive in calendar years 2021 and 2022 from DANB?
9. Can you provide how much money OBD has received from DANB since this practice began?
10. Has this practice been disclosed to the general public and most importantly to the OBD Board Members?
11. Do other State Licensing Agencies get money back from 3rd party testing agencies for sending them applicants to certify?
12. Does OBD do any work to process these dental assistant certificates?
13. Can DANB still issue dental assistant certificates after the applicants have met all the requirements in HB 2996 and 3223?
14. What will the fiscal be if OBD chooses to process dental assistant certificates in-house as outlined in HB 2996 and HB 3223?

Thank you for taking the time to answer my questions.

Hai Pham

Representative Hai Pham, DMD

Date: February 23, 2023

To: Representative Hai Pham

From: Stephen Prisby, OBD Executive Director

You emailed me a list of 14 questions and an additional question after that email, all on February 21, 2023.

I am responding to your questions. The snowstorm, network connectivity and office closure has impacted my access to information so I can follow up at a later date with more information if needed. The Board of Dentistry is scheduled to convene a regularly scheduled Board meeting on February 24, 2023 so I will have limited ability to respond on that day as well. I tried to add as much information and context as possible to assure you had the correct information that you requested. The Dental Assisting National Board (DANB) also assisted and there is an attached document with information too.

1.What year did OBD outsource all the dental assisting certificates to DANB?

The Board has had a long, productive and collaborative relationship with the DANB going back into the 1990s. It is an entity like the others in the practice and regulation of dentistry that Oregon interacts with like the American Dental Association, Commission on Dental Accreditation and our Oregon professional associations.

- **From December 18, 2015 Oregon Board of Dentistry Meeting Minutes:**

DANB Proposal

Dr. Beck moved and Dr. Fine seconded, that the board accept DANB's proposal to take over issuing all of Oregon's Dental Assisting Certifications, as of July 1, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Dr. Hongo, Dr. Schwindt, Mr. Morris, Ms. Riedman, Ms. Martinez and Dr. Underhill voting aye.

Please note that between the mid-1990s and July 1, 2016, DANB issued radiologic proficiency, EFDA and EFODA OBD certificates to those dental assistants who practiced in Oregon. From July 1, 2016, DANB added issuing the additional certifications listed in Question 2, in Oregon, as well as issuing certification by credentials to out-of-state dental assistants.

2. How many different types of certificates does DANB issue to Oregon Dental Assistants**?** **Seven**

- **Radiologic Proficiency Certification**
- **Expanded Functions Dental Assistant Certification**
- **Expanded Functions Dental Assistant – Restorative Functions Certification**

- **Expanded Functions Preventive Dental Assistant Certification**
- **Expanded Functions Orthodontic Assistant Certification**
- **Anesthesia Dental Assistant Certification**
- **Anesthesia Dental Assistant with IV Therapy Certification**

3. Can you please provide the number of certificates that exists here in Oregon broken down into the following categories i.e., Dental Assistant, EFDA, EFODA, Radiography, EFPDA, Anesthesia Monitor, Anesthesia Dental Assistant with IV Therapy certificate, and Anesthesia Dental Assistant.

Certifications issued prior to DANB issuing certifications for OBD.

X-ray certifications
- **11612**

EFDA
- **2863**

EFODA
- **548**

Oral Surgery/Anesthesia Certificate (Certificate Name from Oral Surgery Dental Assistant to Anesthesia Dental Assistant Certificate)
- **237 of those 27 add IV therapy to their certificate.**

Certifications issued by DANB for the OBD:

Oregon Certificate	Number Issued on OBD's Behalf by DANB
Anesthesia	165
Anesthesia with IV Therapy	40
EFDA	9,881
EFDA with Restorative Functions	65
EFODA	3,914
EFPDA	71
Radiologic Proficiency	15,727
Total	29,863

4. Could you please provide demographic data of the certificate holders? This includes REALD and SOGI data, i.e. age, race, ethnicity, language, disability, geographic region, sexual orientation and gender identity, etc.

Since Dental Assistants are not Licensees of the OBD we do not collect or have that information. The OBD does not have that Information, and I asked DANB if they have it. See DANB attachment.

5. During our conversation you mentioned that DANB gives the OBD money for sending DANB assistants to certify. Can you please share when this process started and describe how it works?

This process started in the mid-1990s. DANB collects the certification fees and submits a portion of those fees back to the Board. The small fee the OBD receives ($15 per certificate) is to offset the revenue previously received when the OBD processed all the certifications with OBD Staff. See DANB attachment.

6. Is this practice considered fee-splitting or a kick-back?

The OBD has authority to charge fees per ORS 679.060(2)(a) and to regulate auxiliary personnel per ORS 679.250(7). See DANB Attachment.

7. Does OBD get money per certificate that DANB issues, if so, how much does OBD get per certificate?

Yes $15 per Certificate. A certificate is issued for life, there are no renewals or additional fees once it is issued.

8. How much money did OBD receive in calendar years 2021 and 2022 from DANB?

2021 = $13,575 & 2022 = $16,532 Total = $30,107. This represents Less Than 1% of the total revenue collected by the OBD for those two years. See DANB attachment.

9. Can you provide how much money OBD has received from DANB since this practice began?

Estimate since July 1, 2016 to be $ 67,860. See DANB Attachment.

10. Has this practice been disclosed to the general public and most importantly to the OBD Board Members?

Yes, to the extent it is in our meeting minutes and previously discussed with the Board. Board members go through on boarding at the beginning of their service, and that includes a comprehensive review of all Board operations including dental assistants and certification with DANB. The information and materials are quite detailed and it is difficult to quantify how much Board members retain or remember from that initial orientation. At every Board meeting, the OBD Budget report is presented and the Board always has opportunity to get any information that is requested regarding its operations. It is unknown how many people outside of the dentistry profession have ever inquired in any detail about dental assistant certification and how the Board processes those credentials.

The Board voted on it and originally authorized it back in the mid-1990s, and again in 2015. Back in 2014, and into 2015 OBD Staff discussed the workload issue of certifying out-of-state dental assistants and the excess work of certifying those dental assistants. At that point in time, the OBD was issuing out-of-state dental assistants their certification by credentials certifications, and DANB was issuing Oregon dental assistants their certifications for the OBD. This was confusing for the dental assistants and the dental community on which organization to work with. In addition, the volume of paperwork, cashiering and questions regarding certifications became extremely burdensome.

Since dental assistants were not Licensees of the Board, it seemed it was a better alternative with our limited resources to utilize DANB as the Board felt that DANB had the expertise and capability to issue all the certifications on behalf of the OBD. DANB is recognized by the American Dental Association as the national certification board for dental assistants.

A solution supported by the Board was to utilize DANB for issuing all certifications.

- **From December 18, 2015 Oregon Board of Dentistry Meeting Minutes:**

<u>DANB Proposal</u>

Dr. Beck moved and Dr. Fine seconded, that the board accept DANB's proposal to take over issuing all of Oregon's Dental Assisting Certifications, as of July 1, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Dr. Hongo, Dr. Schwindt, Mr. Morris, Ms. Riedman, Ms. Martinez and Dr. Underhill voting aye.

As a former Oregon Board of Dentistry Board Member (2017 – 2021), Dr. Hai Pham was part of our important work and served on various Committees. This is an excerpt from the OBD's Licensing, Standards and Competency Committee Meeting minutes – May 24, 2019.

Dr. Pham moved and Dr. Beck seconded that the Committee recommend that the Board move OAR 818-042-0050 as proposed to the Rules Oversight Committee. The motion passed unanimously.

818-042-0050
Taking of X-Rays — Exposing of Radiographs
(1) A dentist may authorize the following persons to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under general supervision:
(a) A dental assistant certified by the Board in radiologic proficiency; or
(b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and certified by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a Board approved dental radiology course.
(2) A dentist or dental hygienist may authorize a dental assistant who has completed a course of
instruction approved by the Oregon Board of Dentistry, and who has passed the written Dental
Radiation Health and Safety Examination administered by the Dental Assisting National Board, or comparable exam administered by any other testing entity authorized by the Board, or other
comparable requirements approved by the Oregon Board of Dentistry to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under the indirect supervision of a dentist, dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency Certificate. The dental assistant must submit within six months, certification by an Oregon licensed dentist or dental hygienist that the assistant is proficient to take radiographics images.

A brief/quick scan of Oregon Board of Dentistry Board Meeting materials over the last four years, not counting Oregon Board of Dentistry Committee Meeting materials:

DANB Info from past Board meeting packets (4 years):

- **April 2019: DANB launches Dale Foundation infection control course**
- **June 2020: DANB Update regarding covid 19 and testing**
- **August 2021: DANB Salary Survey report**
- **October 2021: Laura Skarnulis new DANB & Dale Foundation CEO**
- **April 2022: DANB and OSAP launch CDIPC certification**
- **June 2022: DANB Stakeholder Forum**
- **February 2023: DANB addressing DA legislation**

11. Do other State Licensing Agencies get money back from 3rd party testing agencies for sending them applicants to certify?

Unknown

12. Does OBD do any work to process these dental assistant certificates?

As far as the actual processing: DANB reaches out to the OBD ensure that dental assistant certificate holders meet Oregon requirements set and required by the Board. Any OBD rule changes are communicated with DANB as well, regarding relevant certifications. Most dental assistants or other health care practitioners call the OBD first as their front line for information. A steady volume of calls/emails and inquiries from dental assistants are handled by OBD staff on a daily basis. The OBD still processes Instructor applications to both licensees and dental assistants to teach Board approved courses in radiologic proficiency, pit and fissure sealants, soft relines and placing material subgingivally. The OBD supplies the certification paper to DANB to issue the Oregon dental assistants certifications. See DANB attachment.

13. Can DANB still issue dental assistant certificates after the applicants have met all the requirements in HB 2996 and 3223?

Yes, DANB can. The Board will review recent communications including this and discuss this at public meetings. Since the topic has been elevated recently, it will be important for the Board to decide the best course of action on this matter pending new legislation.

OBD Staff do not see it being a viable option for the OBD Staff to process, administer and issue Dental Assisting Certifications with our current staff and resources. This was removed from OBD staff's workload in 2016 due to the volume and challenge of it. OBD Staff do not want it back on our plates without sufficient resources.

The OBD, like other states, could consider licensing dental assistants. Then the OBD could charge application and license renewal fees, require BLS, CE, clarify scope of practice and collect REALD data. That would likely require another staff person for that work.

14. What will the fiscal be if OBD chooses to process dental assistant certificates in-house as outlined in HB 2996 and HB 3223?

It is difficult to quantify based on the bills as introduced. From past experience (prior 2016) we could probably assume we would need a .75 Full Time Equivalent person, and also take in account the impact on our new database and cashiering methods. This position may be of limited duration to implement the changes and then be phased out if systems and processes were streamlined and automated. The number of certifications issued annually is about 1000. Our vendor for our new database was not contracted to certify dental assistants or handle any fees and cashiering (paying by credit/debit card) for these transactions. That would have to be added at a cost to the contract. Any new position for the OBD would have to be approved by the Legislature, and so would the additional funding source & expense limitation (new fees or increase fees). The OBD would have to promulgate rule changes if legislation passes. Rulemaking is a public process and requires several steps and meetings, which would require time and money. All things taken into account: this could mean substantial OBD resources are expended on any changes to certifications, depending on the final changes required of the OBD.

15. One last question (other than the ones outlined in my letter): Can you please provide me with information on how the funds/fees from DANB that OBD receives for each certificate is used? Where are those funds sent/how are they allocated?

We collect OHA fee for the Prescription Drug Monitoring Program (PDMP). Dentists are accountable for $70 of their 2-year license fee for the PDMP. The OBD has to transfer 90% of the fees collected for that to the OHA for the PDMP. The OBD is allowed to keep the other 10% to fund the agency.

All other fees including DANB, application fees, license renewal fees, permit fees, civil penalties, late fees, etc… are used to fund our operations in general. None of these revenue sources are specifically allocated for any particular expense at the OBD.

Sincerely,
Stephen Prisby
OBD Executive Director

Attachment - DANB information

Dear Stephen,
It is our pleasure to assist you in answering the questions posed by Representative Pham related to the administrative services DANB provides to the Oregon Board of Dentistry. In particular, you asked for assistance in answering questions 3, 4 and 9, and so we are using the text of those questions as headings in our response below.

3. Can you please provide the number of certificates that exists here in Oregon broken down into the following categories i.e. Dental Assistant, EFDA, EFODA, Radiography, EFPDA, Anesthesia Monitor, Anesthesia Dental Assistant with IV Therapy certificate, and Anesthesia Dental Assistant.

Oregon Certificate	**Number Issued on OBD's Behalf by DANB**
Anesthesia	165
Anesthesia with IV Therapy	40
EFDA	9,881
EFDA with Restorative Functions	65
EFODA	3,914
EFPDA	71
Radiologic Proficiency	15,727
Total Oregon certificates issued by DANB since January 1995	**29,863**

Notes:

- Oregon certificates have no expiration dates and there is no renewal. The number shown is the total number of certificates issued by DANB on behalf of the Oregon Board of Dentistry since OBD began outsourcing administrative services to DANB in January 1995.
- The OBD provided DANB with a list of certificates that were issued by the OBD prior to the Board's outsourcing the administration of Oregon dental assisting certificates to DANB. That list contains 14,433 individuals, each of whom holds one or more Oregon certificates.
- When an Oregon certificate holder contacts DANB for a duplicate copy of a certificate earned in the past, DANB adds that person to the DANB database in order to process that request. Therefore, those older certificates are included in the above table. Currently, we have identified 2,667 certificates held by 1,387 individuals that were likely issued prior to the initiation of DANB's administration of Oregon certificates but whose records were subsequently added to our database and are included in the above counts. So, the total number of certificates that DANB issued is actually 29,863 minus 2,667, or 27,196. However, if you would like us to provide further segmentation of the 2,667 certificates by type in order to subtract them from the individual certificate counts, please let us know and we can follow up with additional information at a later date.

4. Could you please provide demographic data of the certificate holders? This includes REALD and SOGI data, i.e. age, race, ethnicity, language, disability, geographic region, sexual orientation and gender identity, etc.

Race, Ethnicity, Language, Sexual Orientation and Gender Identity: To date, DANB has not collected information about exam or certificate candidates' race, ethnicity, language, sexual orientation or gender identity. The reason DANB has not collected information allowing it to identify a candidate's race, ethnicity, language, sexual orientation, or gender is that many private testing organizations, including

DANB, have historically followed the principle, based on advice from legal counsel, that it is improper to collect such information without a specific purpose and collecting and storing such information could expose the organization to accusations of bias. DANB does not receive Federal funding and is not subject to any Federal requirements related to reporting of demographic information. No state with which DANB has an agreement to provide testing or administrative services has requested that DANB collect this information.

However, DANB has recognized that collecting certain demographic data will allow DANB to measure and evaluate progress toward a more diverse, equitable, and inclusive dental assisting workforce; therefore, DANB is in the process of making modifications to its technological systems to allow for the collection of candidate information that will support its commitment to diversity, equity, and inclusion. If the Oregon Board of Dentistry has specific data collection requests or requirements, we will be happy to discuss these with you whenever you are ready.

Disability: In accordance with the Americans with Disabilities Act, DANB offers reasonable accommodations to exam candidates with documented disabilities. However, we do not routinely collect information about disabilities from those applying for an exam or certificate when no accommodation is being requested. We will be happy to discuss the addition of this information to our data collection efforts as part of any future conversation about Oregon's data collection needs.

Age: DANB has limited information about the ages of certificate holders, because DANB collects date of birth on a voluntary basis only. We can provide the following data about Oregon certificates issued to those who voluntarily provided their date of birth at the time of application between June 2018 and the present.

June 1, 2018 - present	
Age Range (Age at time of application)	**Certificates Issued to Individuals in the Age Range**
18-21	903
22-25	1,120
26-29	590
30-35	416
36-40	197
41-45	130
46-50	80
51-65	40
Total	**3,476**

Geographic Region: We are happy to provide whatever data we can to the OBD about geographic region in which certificate holders are located, but before we do so, it would be helpful to have some insight into the following questions:

- What is meant by "geographic region?" What type of segmentation would you be looking for – e.g., Numbers of certificate holders by county? Are there other regional divisions relevant to this question?
- We have more than 29,000 Oregon certificates in our database, going back to 1995. Oregon's dental assisting certificates do not expire; therefore, we do not know how many of these

individual certificate holders are currently working as dental assistants. The U.S. Bureau of Labor Statistics estimates the number of dental assistants in Oregon as of May 2021 at 5,480 (https://www.bls.gov/oes/current/oes_or.htm#31-0000).

Additionally, since there is no renewal of Oregon dental assisting certificates, there is no opportunity for certificate holders to update their address after earning the certificate unless they also hold a DANB national certification or subsequently take additional DANB exams. Therefore, older records may not have reliable address information.

How can we best structure and limit the data we would provide to make it most useful to the OBD and other Oregon stakeholders?

9. Can you provide how much money OBD has received from DANB since this practice began?

DANB has computerized accounting records dating back to January 2000. From the period from January 1, 2000 to February 16, 2023 (more than 22 years), DANB submitted payments to the Oregon Board of Dentistry in the total amount of $279,276. The average payment per year (excluding payments made in the current year, 2023) has been $12,048.

Based on certificate volume and the contracted rate of reimbursement to the Oregon Board of Dentistry, we estimate the amounts paid during the five-year period from 1995 through 1999 at approximately $60,000.

Although you have only requested a response to questions 3, 4 and 9, I would like to make the observation that it is incorrect to characterize the amount remitted by DANB to the Oregon Board of Dentistry for each certificate DANB issues as DANB "giving the OBD money for sending DANB assistants to certify." The OBD has outsourced certain administrative services to DANB, including issuing certificates on behalf of the OBD to Oregon dental assistants who meet Oregon certification requirements. DANB is not certifying these assistants; rather, the Oregon Board of Dentistry is certifying them. DANB provides program management services to OBD, including answering applicants' questions, distributing certificate application forms, processing certificate applications, collecting and processing the certificate fee, and mailing certificates to applicant's who have completed the Oregon Board of Dentistry's requirements. It is to be expected that DANB would charge the OBD a fee for these services. DANB could remit the entire certificate fee it collects from candidates to the OBD and then wait for the OBD to issue a payment to DANB for services rendered. However, it was deemed more expeditious and economical for DANB to keep the portion of the certificate fee that would be owed to it under the agreement and to remit only the remainder to the OBD. This is not fee-splitting or a kick-back; it is simply the most straightforward method of handling the program's accounting, creating the least administrative burden for both parties.

Additional Information

In reviewing the history of this arrangement, we came across correspondence that addressed the reasons why the OBD asked DANB to provide program management services related to the issuance of Oregon dental assisting certificates. Here are some of the issues raised in that 1994 correspondence:

- Because the Oregon certification process involved exams administered by DANB and other steps/requirements administered by the OBD, applicants experienced confusing and lengthy processes.

- Dental assisting matters consumed substantial Board resources, including 50-60% of the time of Licensing Specialists; 70% of incoming calls were related to dental assisting, which resulted in .5 FTE of other staff time being spent on dental assisting matters.
- Fees charged by the OBD for certification were insufficient to meet the Board's administrative costs, considering the breadth of the program.
- The Board's archive schedule and systems didn't provide for original certificates to be retained; therefore, problems with duplicate certificates or those lost by dental assistants were often difficult to resolve.

If there is anything further that DANB can provide to assist you, please do not hesitate to ask. If you have any questions about the foregoing information, please let me know.

Best regards,
Katherine

Katherine Landsberg
Director, Government Relations
klandsberg@danb.org
312-280-3431

DANB The DALE Foundation

Via Email

March 1, 2023

LFO – Emily Coates:

You emailed me a list of questions and requested I respond today. I look forward to more questions and helping you and anyone else as requested on this matter.

Sincerely,
Stephen Prisby

1. Section 1 (d)(1) states that the state will provide final approval, is OBD approving the exam and certification or each individual applicant?

   Section 1(d)(1) refers to the exam application forms/packets and certificate application forms/packets. As part of the service DANB provides to OBD, DANB develops and produces the application packets containing application forms. The OBD reviews and provides final approval of these packets and forms. DANB and OBD periodically meet to go over examination material and discuss scoring and potential content issues and/or updates. Section 1(b) of the Agreement outlines OBD's approval of the Oregon-specific exams that the OBD partners with DANB to develop. DANB issues Oregon's certifications based on Oregon's requirements that are in OAR 818-042, if an applicant does not meet the requirements based on the rules DANB contacts OBD Staff for their review and for the OBD to make the final determination if the applicant qualifies or not.

2. The agreement is dated from 2019 but OBD started receiving $15 per applicant as of July 1, 2016?

   The Agreement prior to 2019, i.e., 2016 shows that the OBD received $12.00 per applicant and would only start to receive the $15.00 per applicant as of January 1, 2019.

3. Are the updates to the agreement modifying the amount OBD will receive from DANB?

   Yes, DANB & OBD determine the amount.

4. To confirm, OBD has receives approximately $30k per biennium, to off-site loss revenue? Previously OBD received $50-75 per certification depending on the level of certification?

   The revenue that OBD receives is intended to cover our expenses. The average over the life of the agreement has been $12,000 per year or $24,000 per biennium. For calendar years 2021 and 2022, total payments were $33,383. When OBD managed the program without partnering with DANB and received $50-75 per certification, the OBD had significantly greater expenses associated with operation of the dental assistant certification program.

   1. If I am understanding correctly, it costs OBD approx. $50-75 per certification (granted the cost has likely risen) but DANB charges approx. $275-350 depending on the level of certification, not including the per-application certificate fee, it seems that OBD could potentially be receiving a sufficient amount more revenue than $15 if, fee amounts were the same as DANB and OBD issued the certifications? I understand OBD would need additional FTE if that were the case; what would the position classification be?

      Please refer to section 2(a) of the Agreement. The fees listed there are examination fees for the Oregon examinations that the OBD and DANB partner to develop and DANB administers under the Agreement.

The expenses associated with the development and administration of professional objective competence exams is significantly higher than the cost associated with reviewing an application for a certificate/certification.

The development of professional objective competence exams requires experienced exam development staff, including Ph.D.-level psychometricians. If the OBD developed its own examinations independently, without outsourcing/partnering with a third party, then OBD would receive the full amount of examination fees; however, due to DANB's infrastructure and resultant economies of scale, DANB is able to charge a lower examination fee than what OBD would be able to charge for a comparably developed and administered exam if developed in-house.

Section 2(b) itemizes fees for certificates/certifications.

An additional FTE could be an Office Specialist, for the OBD to take back all the work from DANB. Salary range variable, depending on pay equity and many other factors. Perhaps the total cost would be $100,000 -$120,000 per biennium with salary, PERS, insurance and benefits.

3005.00	3095.00	3218.00	3335.00	3483.00	3629.00	3790.00	3964.00	4155.00	4356.00

5. Section 1 (c) lists 10 certifications that DANB issues, but the attachment lists seven certifications? Why is there a difference?

   There are seven different certificates the Oregon Board of Dentistry issues. However, there are different pathways to obtain three of those certifications. In the 2016 DANB Agreement (section 1(c)), we itemized the "by credential" pathways separately, because those pathways were newly added and we sought to document the additional work in the Agreement. There are only seven certifications currently that dental assistants can obtain in Oregon. When DANB creates reports, the certificates earned from multiple pathways are counted together unless otherwise requested.

6. How was the $15 fee to OBD determined? Why is it $15?
   The amount was determined based on OBD's budgetary requirements in consultation with DANB.

7. Is it in statue that OBD can outsource the certification process for assistants?

   The OBD has authority to charge fees per ORS 679.060(2)(a) and to regulate auxiliary personnel per ORS 679.250(7).

DANB Proposal

Dr. Beck moved and Dr. Fine seconded, that the board accept DANB's proposal to take over issuing all of Oregon's Dental Assisting Certifications, as of July 1, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Dr. Hongo, Dr. Schwindt, Mr. Morris, Ms. Riedman, Ms. Martinez and Dr. Underhill voting aye.

From:	Rep Pham H
To:	PRISBY Stephen * OBD; Jose Javier DDS; ROBINSON Haley * OBD
Cc:	Pulla Medha
Subject:	OBD Meeting 2/24 - Information Submission (Discussion on HB 2996)
Date:	Thursday, February 23, 2023 3:51:00 PM
Attachments:	image001.png HB 2996 One Pager - Dental Assistant Radiology Certification (Rep. Hai Pham).pdf HB 2996 Written Testimony - Dr. Jared Thompson (Support).pdf HB 2996 Testimony - Dr. Brandon Schwindt (Support).pdf HB 2996 and HB 3223 Testimony - Dr. Gary Underhill (Support).pdf HB 3223 Testimony - Dr. Todd Beck (Support).pdf HB 3223 One Pager - Dental Assistant Certification (Rep. Hai Pham).pdf HB 3223 Testimony - Dr. Amy Fine (Support).pdf HB 2996 Testimony - Dr. Andrew Kee (Support).pdf HB 2996 Testimony - Dr. Ashish Patel (Support).pdf HB 2996 Testimony - Dr. Allen Cheng (Support).pdf

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Good Afternoon Director Prisby and President Javier,

My name is Hai Pham, I am a pediatric dentist and former board member for the Oregon Board of Dentistry. I am reaching out in my new capacity as the State Representative for Oregon House District 36, which covers south Hillsboro, west Beaverton and parts of unincorporated Washington County.

I understand that on the agenda for tomorrow's board meeting there will be an opportunity to discuss HB 2996, a bill I introduced this legislative session to remove the DANB written requirement for dental assistants seeking radiological certification. **In advance of that meeting I wanted to provide some additional information, which I hope you can share with the full board, as well as testimony in support of the bill and the link to the public hearing which occurred in the House Behavioral Health & Health Care Committee on 2/13. You can find the clip here, the public hearing for HB 2996 begins around 00:47:50.**

As many of you have experienced personally, Oregon and many other states across the country are facing a dental assisting shortage crisis. In 2021, the Oregon Department of Employment stated that dental assisting positions are one of the most difficult healthcare roles to fill. Dental assisting programs in colleges are also not at full capacity, and have been unable to adequately fill the workforce needs of our dental clinics and hospitals. Our status quo, the way in which we certify and train dental assistants, is one aspect that spurred us into this workforce crisis, and I believe strongly that we must do something differently to improve the quantity and quality of our dental assistant pool by investing in both long-term and short-term solutions.

The intent of HB 2996 is to remove one barrier for dental assisting applicants - a costly third-party administered written radiologic proficiency test. In our current law, applicants can complete a radiology course, and dentists or dental hygienists can train assistants in the dental office and then provide an attestation stating that the dental assistant is proficient at taking dental radiographs. Yet, a test administered by an out of state organization is still required for certification. The DANB exam does not provide any additional safety or value to Oregonians intent on joining the field of dental assisting, and there are already 13 other states in the country that don't require a DANB administered radiological proficiency certificate for their dental assistants. You don't have to look far to find these other states, Idaho and Washington do not require this test, and we are not seeing an

increase in safety concerns after removal of this requirement.

The attached testimony shared during the public hearing from oral surgeons and radiation experts and from former OBD board members further explain the importance of removing barriers for dental assistant certification and how removing the written exam will not negatively impact patient outcomes.

I did also want to mention, although it is not on the agenda for tomorrow, a tandem bill I introduced that would remove the written DANB requirement for all types of dental assistants/expanded function assistants in the state. HB 3223 would replace the written exams with more relevant hands-on procedural experience to better ensure patient safety, standardize the quality of dental assistants prior to certification, and provide a means for dentists to mentor and train dental assistants. The one-pager for HB 3223 explaining the bill is also attached to this email for your review.

I urge the board to review the evidence carefully during the discussion tomorrow, and my office is here to answer any questions about HB 2996 or HB 3223 that you may have. I also hope to join part of the public board meeting tomorrow, though will likely be in the operating room during the HB 2996 discussion.

Best regards,

Hai Pham

Hai Pham, DMD (he/him)

STATE REPRESENTATIVE
Oregon House District 36
(O): 503-986-1436
oregonlegislature.gov/phamh

Please note that all emails sent to and from this email address are shared with my staff and may be subject to disclosure under Oregon's public records laws.

From: PRISBY Stephen * OBD
To: Rep Pham H; Jose Javier DDS
Cc: Pulla Medha; ROBINSON Haley * OBD
Subject: RE: OBD Meeting 2/24 - Information Submission (Discussion on HB 2996)
Date: Thursday, February 23, 2023 3:54:58 PM
Attachments: image001.png

Thank you, Representative Pham,

I just replied to a former Board Member 4 minutes ago with this similar message.

As a former board member you might remember, a board meeting packet and materials are compiled about 10 days before a board meeting. It would be challenging to bring this to the meeting in a way that is transparent and allows our Board and interested parties adequate time to review. Plus, if we allow someone to bring in info after the meeting packet finalized and distributed, others would expect the same courtesy.
Also, because our meeting is now being held virtually instead of in person, it further complicates printing copies and distributing at the meeting, etc… We do have set open public comment period on the meeting agenda at Tab 7 to allow OBD President Dr. Javier to acknowledge those that would like to address the Board on some matter. I will forward your email to the Board members and include it in the next meeting packet.

Sincerely,
Stephen

From: Rep Pham H <Rep.HaiPham@oregonlegislature.gov>
Sent: Thursday, February 23, 2023 3:49 PM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>; Jose Javier DDS <josejavier70@gmail.com>; ROBINSON Haley * OBD <Haley.ROBINSON@obd.oregon.gov>
Cc: Pulla Medha <PullaM@oregonlegislature.gov>
Subject: OBD Meeting 2/24 - Information Submission (Discussion on HB 2996)

Good Afternoon Director Prisby and President Javier,

To: House Committee on Behavioral Health & Health Care
Measure: HB 2996 & HB 3223
Position: Support

Monday, Feb. 13th, 2023

Dear Chair Nosse, Vice-Chairs Nelson and Goodwin, and Members of the House Behavioral Health & Health Care Committee,

My name is Gary Underhill, I am a retired general practice dentist that has served patients in Eastern Oregon for over four decades. I am writing today to share my strong support of HB 2996 and HB 3223.

To share a bit about my background, I received my dental degree from Oregon Health & Science University and served in the US Army Dental Corps for two years following graduation before moving to Enterprise, Oregon. I served as President of the Eastern Oregon Dental Society, chairman of our peer review committee and chaired the Quality Assurance Committee for Advantage Dental. Formerly, I also served on the Oregon Board of Dentistry (OBD) for 8 years from 2018-2022 and was the first dentist from Eastern Oregon on the board in 23 years. I later became the President of the Oregon Board of Dentistry and served in that position from April of 2018 to April of 2019.

In the past decade, as a provider and with my time on OBD, our workforce crisis has been top of mind. One of the issues I have paid particular attention to is the decline in dental support staff, such as dental assistants and dental hygienists.

As a rural dentist, I have seen first-hand the challenges clinics face to find staff that meets current OBD requirements - often dentists have to retrain dental assistants regardless of their past education. We cannot do our work as dentists without dental assistants and dental hygienists. Although there are several dental assistant training programs across the state (mostly clustered in the metro area and along the I-5 corridor) there is nothing east of Bend. Enterprise is over 300 miles east of Bend.

Additionally, these dental programs do not always provide the hands-on education that many assistants need, again, meaning dentists often have to re-train them once they join a clinic.

Our current dental assistant certification process requires applicants to complete a third-party written exam prior to certification. This alone is inadequate, and a costly barrier to individuals seeking to join the field, particularly those in rural areas without access to testing sites or even consistent internet.

HB 2996 removes this written requirement for dental assistants applying for radiological certification and opens up an avenue for certification that is more appropriate and relevant, such as direct training and attestation by a licensed dentist.

HB 3223 would go further than HB 2996 by removing the need to complete a written exam for all types of dental assistants. For reference, Oregon recognizes five types of dental assistants: "general" dental assistants, expanded function dental assistants (EFDA), expanded function dental assistants with restorative functions certificate, expanded function orthodontic dental assistants (EFODA), and expanded function preventative dental assistants (EFPDA).

The bill also outlines some safeguards by explicitly providing an alternative pathway to the written exam - the requirement to complete a certain set of procedures before certification. For EFDA this includes polishing amalgam or composite surfaces, removing supragingival excess cement from crowns or fixed partial dentures using hand instruments, etc. In addition to these pathways already outlined in the bill, the OBD retains their rule-making authority to create different certification requirements should there be a need in the future due to medical advancement. I believe that is an important safeguard to this bill, and will prevent the legislature from directly dictating what dental assistants need to do to get certified.

While these two bills will not fix all our workforce issues, they will definitely point us in the right direction and get more dental assistants working in their full scope. I urge the committee to support and pass HB 2996 and HB 3223 this session.

Thank you,

Dr. Gary Underhill, DMD

Representative Hai Pham, DMD
House District 36

HB 2996: DENTAL ASSISTANT RADIOLOGICAL PROFICIENCY

Background: In the past decade, Oregon has experienced workforce shortages across industries. The pandemic has only exacerbated this issue, particularly in the healthcare sector. With longer hours, inadequate staffing, and higher rates of burnout, many healthcare workers are leaving the field altogether, resulting in a statewide staffing crisis. This bill attempts to address a particular staffing issue within dentistry by streamlining the process by which dental assistants receive radiological certification.

Dental assistants fulfill a much-needed role within dental offices by assisting with various procedures including fillings, extractions, and x-rays. Currently, in order for dental assistants to be hired, they are required to be certified for radiologic proficiency under OARD 818-042-0060, which includes the following requirements:

a) Completes a course of instruction approved by the Oregon Board of Dentistry, in accordance with OAR 333-106-0055 or submits evidence that the Oregon Health Authority, Center for Health Protection, Radiation Protection Services recognizes that the equivalent training has been successfully completed;
b) Passes the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, Inc. (DANB), or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry; and
c) Certification by an Oregon licensee that the assistant is proficient to take radiographs.

The Problem: The written DANB radiology exam has been a barrier for prospective dental assistants due to its high cost (around $200) and testing site access (testing sites are mostly only available along the I-5 corridor in the state). Dental assistants already have to complete an approved radiology course to receive radiological certification, and a licensed dentist is required to sign off on all x-rays provided by a dental assistant, making the third-party written exam unnecessary in addition to being a costly and inaccessible barrier for applicants.

The Solution: HB 2996 aims to address this issue by eliminating the requirement for prospective dental assistants seeking radiological proficiency to complete the written DANB exam as outlined in subsection (b) of OARD 818-042-0060. This would provide a more accessible and appropriate avenue of certification for dental assistants by still requiring a course of instruction and attestation by a licensed dentist. The DANB written exam has not been proven to provide any additional benefits in regards to patient safety and provider proficiency, so removing the written test requirement would still ensure patient and provider safety.

Thirteen other states, including Idaho and Washington, have already made this change to remove the written DANB exam to certify their dental assistants in radiology without much issue. This is a small but important step to help reduce barriers to dental assistant radiology certification and allow more individuals, particularly those from low-income, rural and underrepresented groups to enter the workforce and help address part of our dental staffing crisis.

For more information please email Representative Hai Pham at rep.haipham@oregonlegislature.gov.

To: House Behavioral Health & Health Care Committee
Measure: HB 2996
Position: Support

Feb. 13th, 2023

Honorable Members of the House Behavioral Health and Health Care Committee,

Thank you for allowing me to give my testimony today. My name is Allen Cheng. I am an oral and maxillofacial surgeon, head and neck cancer surgeon, and microvascular facial reconstructive surgeon. I am the medical director of Head and Neck Oncology at Legacy Good Samaritan Cancer Center and practice in Portland, Oregon but treat patients from across the state, northern California, southern Washington, Idaho, Hawaii, and occasionally Alaska.

Healthcare is in a crisis. Across the country we are facing workforce shortages at all levels from assistants to physicians. This work force shortage has hit dentistry extremely hard, particularly dental assisting and dental hygiene. This has translating in severe barriers in access to care. I see this in my capacity as an oral and maxillofacial surgeon responsible for treating all head and neck trauma and infections at Legacy Emanuel, one of our state's two Level I trauma centers. Our hospitals are completely full and not a day goes by where I am draining an infection that could've been treated earlier in a dental office, but now adding another body in the hospital.

HB 2996 is aimed directly at addressing one of the major barriers to credentialing *trained* dental assistants, the dental assistant radiology written examination.

One of the criticisms of HB 2996 is that taking radiographs poses a risk to patients for developing thyroid cancers and this *written test* safeguards patients from this unacceptable risk.

I would like to address these concerns now in my capacity as a head and neck cancer surgeon, one who treats thyroid cancers.

Thyroid cancer, although not uncommon, is still relatively rare.

There are two *known* risk factors for thyroid cancer, radiation exposure and inherited mutations. The vast majority of thyroid cancers, like most cancers, occur without known risk factors. The risk of thyroid cancer is often stratified into very low, low, and high risk. Notice that I did not say low, medium, high. That is because most exposures remain very low risk.

High risk refers to therapeutic radiation, that is radiation given to treat other cancers. In terms of absorbed dose, that is in the realm of 60,000-70,000 microSV. Low risk is

exposure to nuclear fallout. That's right, living near Chernobyl is still considered in the "low" risk category. Very low risk exposure is where diagnostic radiology falls into.

The lowest known absorbed dose that has been shown to be connected with a thyroid cancer in someone younger than 18 years old was 40,000 microSV.

To put that number in perspective, dental x-rays operate in the range of 1-100 microSV.

To simplify things, you would be getting more radiation from a cross Atlantic Flight than you would when you get a full set of x-rays on your initial dental visit. New cone beam computed tomograph units produce even less, 40-50 microSV.

Compared to the 40,000 microSV that I mentioned before as the lowest described exposure to be connected to a thyroid cancer, the radiographic study with the highest effective dose, the CBCT is about 40 microSV. It would require 1,000 CBCT to reach the *lowest* known dose of radiation exposure to cause a thyroid cancer in a child.

Radiology is clearly safe. Dental radiology is extremely safe. What is also clear is that with dental radiography, the primary determinant of radiation exposure isn't the skill with which a dental assistant obtains the radiograph, but the decision-making behind what image to obtain and how frequently to obtain it. That responsibility has always rested with the doctor.

However, to argue that a non-validated written test for aspiring dental assistants is what protects patients from high risk of exposures and malignancy is hyperbole of the highest order.

Thank you, and I hope you will support HB 2996 this session.

Dr. Allen Cheng, MD, DDS, FACS

To: House Behavioral Health & Health Care Committee
Measure: HB 2996
Position: Support

Feb. 13th, 2023

Good Afternoon Chair Nosse, Vice-Chairs Nelson and Goodwin, and Members of the House Behavioral Health & Health Care Committee.

For the record, my name is Andrew Kee. I am a radiation oncologist and I am here today to speak in support of HB 2996.

To share my background, I have a medical degree from University of Colorado and completed my residency in radiation oncology at the Mayo Clinic in Rochester MN. My training requires comprehensive understanding of radiation biology as part of my board certification in radiation oncology.

I currently serve as the Section Chair of Radiation Oncology Legacy Good Samaritan and Emmanuel Hospital, I will also be the future Medical Director of the Legacy Health Radiation Oncology departments

My subspecialty primarily encompasses various types cancers involving the brain, thorax, and pediatric malignancies.

My clinical background in pediatric oncology and brain tumors gives me insight in x-ray exposure and secondary malignancies.

Bottom line, I am not aware of any data suggesting that removal dental x-ray certification correlates with higher secondary malignancies in those states that do not require certification. All of us should practice the principle of ALARA (as low as reasonability possible) for radiation exposure. Also, supervision with the treating dentist is important. Adding a series of multiple choice test does not constitute competence and respect for x-ray radiation.

In my field, we deal with therapeutic radiation which is often multiple million times higher doses of ionizing radiation to eradicate tumors. We simply do not place blind trust on any certification process and we use observed competencies for every new radiation therapist we hire.

Thank you.

Dr. Andrew Kee, MD

To: House Behavioral Health & Health Care Committee
Measure: HB 2996
Position: Support

Feb. 13th, 2023

Good Afternoon Chair Nosse, Vice-Chairs Nelson and Goodwin, and Members of the House Behavioral Health & Health Care Committee.

For the record, my name is Ashish Patel. I am a board certified oral and maxillofacial surgeon, head and neck surgical oncologist practicing primarily in the Portland metro area, and am here today to speak in strong support of HB 2996.

I am a dentist and physician and received my MD and DDS from NYU. I am the Director for the Fellowship in Head and Neck Oncology at Providence Cancer Institute, and Director of craniomaxillofacial and neck trauma at Legacy Emanuel Medical Center.

My clinic work centers primarily on oral surgery and surgical oncology. I am an expert in head and neck cancers and I employ the use of dental and medical radiography daily in my practice.

Patient safety is of utmost importance to me, and my colleagues in this field, so first, I would like to address the safety component of dental radiographs and its impact on head and neck cancers.

Much has changed in the past decade of dental radiography, making it now one of the safest procedures we can do in the clinic. Dental clinics switched to the use of digital radiographs which provide significantly lower doses of radiation. The average dental intraoral x-ray has a radiation dose of about 0.005 mSv, which is significantly less than the average amount of natural background radiation received in a day. In addition, modern safety equipment reduces radiation dose outside of the x-ray field.

Removing the written DANB requirement for radiology certification will improve access to a career in dental assisting for Oregonians. This is extremely important as Oregon has a major problem with access to dental care as it is. I personally see 15-20 patients per week in hospital emergency departments and wards for dental problems as they don't have access to general dental care. Patients are life flighted to Portland from other major Oregon cities for me to treat simple dental abscesses. A dental assisting workforce shortage seriously compounds this issue and stresses an already heavily leveraged and fragile health care system.

We should remove the unnecessary time and financial barriers for Oregonians to pursue careers in dental assisting. A multiple choice test is not a valid tool in determining whether or not a dental assistant will put a patient at risk of adverse radiographic outcomes.

The truth is, the majority of practical training for assistants, including taking radiographs, occurs at the dental office by the practicing dentist. Dentistry as a practice is extremely diverse. Radiographic armamentarium, doctor preferences, patient population, and subspecialities differ from practice to practice. A multiple choice test has little value in the above. Passing this test only confirms one can register, pay for, arrange child care, and pass a multiple choice test. Unfortunately, this can be prohibitive to many skilled and motivated people looking at a career in dental assisting.

I thank the committee members for their time and once again urge your support of HB 2996 this session.

Dr. Ashish Patel, MD, DDS, FACS

To: House Committee on Behavioral Health & Health Care
Measure: HB 2996
Position: Support

Monday, Feb. 13th, 2023

Dear Chair Nosse, Vice-Chairs Nelson and Goodwin, and Members of the House Behavioral Health & Health Care Committee.

My name is Dr. Brandon Schwindt, I am a pediatric dentist practicing in Tigard, OR treating children from around the state for the last 19 years. I am writing today in strong support of HB 2996.

To share a bit about my background, I have a dental degree from Oregon Health & Science University and completed my residency and fellowship in pediatric dentistry at the Medical University of South Carolina. In addition to running my own clinic, I am also the past president of the College of Diplomates of the American Board of Pediatric Dentistry, and former a member of the Oregon Board of Dentistry on which I served for 8 years – serving as president in 2014.

During my time with the Oregon Board of Dentistry, the discussion around dental assistant licensure and updating procedures came up frequently. One of the biggest challenges the board continues to face is the enormous workload of investigating cases. With the average case lasting 400+ days, there is just not the manpower bandwidth to tackle updating assistant licensure.

Over the last several years, I had the unique opportunity to personally help individual assistants study for and to obtain licensure. In short, I had a front-row seat to what these people go through to become certified. One of these individuals, Ms. Megan Davis, was a recently-divorced mother of two young children who decided to make a change to the dental field. She studied the books and the DANB-sponsored study guides for radiology. To my amazement, the study questions were confusing to the point of nonsensical. Mind you, I'm double board certified in Pediatric Dentistry and Pediatric Laser Surgery. I know dentistry and radiation safety. Questions like 'what is this structure' of a blurry unrecognizable object, or 'what element is inside the x-ray machine', to questions about CT scans. Less than 2% of dentists in Oregon have a CT in their office.

Most importantly, it became crystal clear that an assistant is NO more knowledgeable or safe after they take this exam than before. A vast majority of assistant applicants are young women and the failure rate is over 40%, this exam acts as an expensive barrier for vulnerable Oregonians looking to improve their employment opportunities and ultimately decreases access to care and in no way adds to quality of care for Oregonians.

These written exams do nothing but to enrich DANB, the testing organization based in Chicago, that thirteen other states have already chosen to omit. It is time for Oregon to join the other thirteen states to do the same per HB 2996.

I urge the committee's support of HB 2996.

Thank you,

Dr. Brandon Schwindt, DMD
Tigard, OR

Submitter: Jared Thompson

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2996

To whom this may concern:
My name is Dr. Jared Thompson, DMD, 2005 graduate of OHSU Dental School, past president of the Washington County Dental Society, former board member and Master of the Academy of General Dentistry, Fellow of the International Congress of Oral Implantology, Associate Fellow of the American Academy of Implant Dentistry and volunteer coach for an 8th grade boys basketball team. I am writing this testimony in support of HB 2996 because as an owner of a small business, it has become increasingly more difficult to obtain and keep employees. Owning a business that cannot operate by working remotely is creating a big challenge for employers like myself who occasionally need to hire new help. Working in the health care industry, especially in the last few years has been a challenge. As oral healthcare practitioners we are forced to work closely with our patients and the perceptions of the pandemic and barriers created by them along with physical barriers encouraged and enforced by the governor and the OHA, it should be no surprise that employees seeking new employment would easily look passed the dental profession and search for a job with fewer restrictions.
Removing the requirement that dental assistants pass a written exam before taking x-rays would help take away one of those restrictions and provide better access for employers to a larger pool of applicants so we can be able to treat more patients. When we are short staffed because we can't hire a person with the right qualifications, we are forced to limit how many patients we can treat which becomes an issue for access to care. When I volunteer with the Medical Teams mobile dental van, a service that provides free dental care to underserved areas, we often turn people away because we don't have enough volunteers that carry the required certification.
The Dental Assisting National Board is arguing that requiring the written exam is ensuring the safety of our patients. I would argue that having an understanding of radiation dosages, KVP and milliamperes is important but simply knowing those values does not eliminate the need to retake an x-ray, which is the main reason I believe a patient may get more exposure than they need to. Radiation dosages are preset values regulated by our radiology software and the observing dentist, and they are also routinely monitored by the Radiation Protection Service which is a division of Public Health in the OHA. Our machines and their respective dosages are frequently checked by this service to help protect the safety of the public. Beyond that, the dentist has the obligation to make sure that the assistant is taking the x-rays correctly in order to reduce the number of retakes. Taking x-rays is a skill learned over time and not something a person gets skilled at by simply passing a test. As a basketball coach, my players don't get good at shooting free throws by taking a test. They

improve by shooting free throws over and over again. Similarly, look no further than my own daughter who recently passed her written driving test to earn her driving permit. Passing that test does not mean she or anyone on the road is safe. She needs someone to 'right shoulder' her until she becomes proficient on her own.
I urge you to consider passing this bill. We need to continue to evolve with the changing landscape of today's workforce and allow employers more opportunities to attract and keep applicants wanting an opportunity to get their foot in the door in the oral healthcare industry. I've had several assistants over the years that have moved on to further their careers by going into teaching, dental hygiene or even becoming doctors themselves. Removing the written test requirement will absolutely widen the pool of applicants for employers, reduce the shortage of employees imposed by the pandemic and ultimately provide more access to care for the public.
-Dr. Jared M. Thompson, DMD MAGD

Representative Hai Pham, DMD
House District 36

HB 3223: DENTAL ASSISTANT CERTIFICATION (WRITTEN EXAM REMOVAL)

Background: Over the past decade, Oregon has dealt with workforce staffing shortages across various industries. The COVID-19 pandemic has only exacerbated this issue, particularly among healthcare workers. Long hours with little reprieve have led to increased burnout, and healthcare workers are leaving their jobs at staggering rates. Critical dental professional roles remain unfilled in hospitals and clinics, leading to delays in patient care and negative impacts on health outcomes. Dental assisting, in particular, has been a difficult role to fill, and was identified as one of the hardest roles to fill among vacant healthcare jobs in 2021 by the Oregon Employment Department. Last year, assessments showed that hundreds of dental assistant positions remained vacant across the state.

Oregon recognizes several different types of dental assistants: "general" dental assistants, expanded function dental assistants (EFDA), expanded function dental assistants with restorative functions certificate, expanded function orthodontic dental assistants (EFODA), expanded function preventative dental assistants (EFPDA), dental assistants with radiological proficiency, anesthesia dental assistants, anesthesia monitor assistants, and anesthesia dental assistant with IV therapy certification.

Dental assistants fulfill a much-needed role within dental offices by assisting with various procedures including fillings, extractions, and x-rays. Improving our dental assistant workforce requires both long-term solutions to encourage and incentivize more individuals to enter and stay in the field by building educational pipelines, and short-term plans to remove barriers for dental assistants currently in the field and ensure they are able to practice within the full scope of their abilities.

The Problem: Currently, in order for dental assistants to fulfill expanded function roles and achieve certification, they must complete a written exam administered by the Dental Assisting National Board (DANB). This requirement to complete a DANB-administered test has often been a barrier to prospective applicants due to the cost of the third-party test (ranging from $200-$500 each) and accessibility of testing sites (the tests are only available in English and physical testing locations are centered along the I-5 corridor). Additionally, dentists often have to re-train dental assistants in the necessary expanded functions as the written exam does not ensure proficiency in their respective tasks.

The Solution: HB 3223 aims to address staffing issues within the dental assisting field by streamlining the process through which dental assistants receive certification and removing the costly third-party written certification requirement. The bill would remove the DANB written requirement for all types of dental assistants seeking certification in Oregon to allow more individuals to fill this much-needed role within dental offices. This change would help get more auxiliary dental staff working within the full scope of their abilities by aligning statute with current practices where a licensed dentist will train and mentor their dental assistants, and attest that they have completed a set of hands-on procedures (or other appropriate set of skills) prior to certification.

This would provide an alternative pathway for dental assistants seeking expanded functions, without the costly written exam, and continue to ensure patient safety. HB 3223 also provides safeguards by ensuring the Oregon Board of Dentistry retains their rule-making authority to create alternative pathways to certification in the future.

Thirteen other states have instituted changes to their dental assistant radiological certification requirements by removing the written DANB requirement without much issue. Expanding this option for all types of dental assistants and replacing the written exam with hands-on procedural experience is a small but important step that can help reduce barriers to dental assistant certification. HB 3223 will allow more individuals, particularly those from low-income, rural communities and people of color to get into higher paying healthcare jobs and help fill the gaps in our healthcare workforce.

For more information please email Representative Hai Pham at rep.haipham@oregonlegislature.gov.

To: Oregon Board of Dentistry Board Members

Thursday, Feb. 23, 2023

Dear President Javier, and Members of the Oregon Board of Dentistry,

My name is Amy Fine, I am a general dentist in Medford, Oregon and a previous Oregon Board of Dentistry member. I am writing today as a private citizen and practicing general dentist. While I serve in the role of Chief Dental Officer for La Clinica, a community health clinic, as a board member of the Oregon Primary Care Association, and an examiner for a national dental competency testing agency, my comments are not necessarily the official view for any of these organizations.

I am writing to express my strong support of removing the requirement of dental assistants to have to pass written examinations (HB 3223).

To share a bit about my background first, I earned a dental degree from Oregon Health & Science University (OHSU), was formerly a partner of Dental Quality Consulting, an affiliate faculty instructor in OHSU's School of Dentistry, and past president of the Oregon Board of Dentistry.

The area of dental assistants certification in Oregon, MUST change, to meet the current workforce needs while still promoting quality oral health and protecting all communities. In my eight years on the OBD, I do not remember us ever disciplining a dental assistant; however, I do recall us disciplining a dentist for a dental assistants actions (exposing a radiograph without passing the radiology exam). In that case, there was no harm to the patient. Most of you work with and train dental assistants regularly. You understand the workforce and clinical needs and you understand that the safety of the patient care ultimately lands with you, the licensed dentist. The current dental assistant multiple choice exams that are required do not make them a safer provider nor adequately prepare an assistant to work with us chairside. Having expensive tests with a high failure rate doesn't provide an extra layer of value or safety to the profession. In addition, they are also only provided in one language which creates a workforce entry barrier. This, in turn, can lead to access to care issues for the most vulnerable populations, especially BIPOC communities.

Removing these exams does not create any public safety concerns.

With HB 3223, there will still be certification requirements through OBD (this could look like the current EFDA skills & radiology attestation that the OBD allows). Dentists training chair side is already an alternative pathway. We currently attest assistants are competent at radiologic proficiency and the many other tasks they do in the clinic.

I strongly urge the board members to evaluate the antiquated nature of the multiple choice exams and chose a different direction that is more supportive of our profession and your mission of: promoting quality oral health care and protect all communities in the state of Oregon by equitably and ethically regulating dental professionals, thank you.

Dr. Amy Fine, DMD

To: House Committee on Behavioral Health & Health Care
Measure: HB 3223
Position: Support

Good Afternoon Chair Nosse, Vice-Chairs Nelson and Goodwin, and Members of the House Behavioral Health & Health Care Committee.

For the record, my name is Todd Beck. I am a general restorative dentist practicing in the Portland-metro area and am writing today to speak in strong support of HB 3223.

I received my dental degree from Oregon Health & Science University and completed my residency in general practice at St. Anthony's Hospital in Oklahoma City, where I received advanced training in general restorative dentistry, oral surgery, trauma, anesthesia and urgent care.

My clinic work primarily encompasses preventative dental care, cosmetic dentistry, and restorative dental care (such as root canal therapy, dental crowns, and dentures).

I currently serve as an Associate Professor at the OHSU School of Dentistry in the Department of Restorative Dentistry where I have taught dental students since 1999.

I am a past president and two term member of the Oregon Board of Dentistry serving from 2013 to 2020.

My time practicing as a restorative dentist coupled with my experience on the Oregon Board of Dentistry and teaching at OHSU has led me to support HB 3223, a bill which would remove third-part administered written test for dental assistant certification and replace it with hands-on clinic experience.

During my time on the OBD, we saw very few issues with DA's with regard to patient safety. In Oregon, DA's are not licensed to practice. It is the direct responsibility of the dentist to supervise, train and assign duties withing the scope of their training. Competency is demonstrated by doing; by working under supervision in the operatory. The dentist has been and should continue to be responsible for determining competency of DA's. These written exams by third parties are archaic and serve as a barrier to entrance into the dental profession. We need to do everything we can to increase access to dental care while maintaining above the standard of care services to all Oregonians we serve.

I strongly urge your support of HB 3223 this session and want to thank the Committee for allowing me to share my testimony.

Dr. Todd Beck, DMD

From:	Ginny Jorgensen
To:	PRISBY Stephen * OBD
Cc:	ROBINSON Haley * OBD
Subject:	Dental Assistant Profession
Date:	Tuesday, February 28, 2023 7:51:53 AM
Attachments:	Letter to Director Stephen Prisby - Rep. Hai Pham (2.21.23).pdf Via Email Response to Rep Pham 2.23.2023.pdf Dental Practice Act Division 42.pdf DANB Workforce Summary.pdf

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Oregon Board of Dentistry Members,

Oregon House Bills 2996 and 3223, supported by Oregon Dental Association (ODA) will eliminate the written exam requirement that has been part of the Oregon Board of Dentistry (OBD) approved education pathway for Oregon dental assistants without any regard to those of us who are professional dental assistants.

The question is *why*?

Without asking for input from the Oregon Dental Assistants Association, the Oregon Dental Assisting Education Consortium, the Dental Assisting National Board (DANB) or using available research data, Dr. Pham has come to the following conclusions. HB 2996 and 3223 will:

Claim: Removing national/state exams will encourage more people to be interested in the career of dental assisting which will solve the dental assistant shortage.

Fact: Seeking to expand the dental assistant applicant pool by eliminating fundamental entry-level requirements will likely contribute to higher turnover, as these candidates may be frustrated by their inability to meet employer expectations and concern for their own safety if they feel unprepared to perform their jobs safely. Taking away a *perceived* barrier will most likely discourage rather than encourage a large pool of potential dental assistants. Collaborative work needs to be conducted to improve the marketing, pay, culture and retention of the dental assistants.

Claim: Pathways to obtaining certificates are too complicated and exams are too hard and expensive.

Fact: The Oregon Board of Dentistry, Division 42 Dental Assisting Pathways are clearly defined in the Oregon Dental Practice Act. DANB has clear instructions on exam application packets that are available online and can be submitted online. Watch this DANB video that explains the processes and exam preparation. https://www.youtube.com/watch?v=E4L7l0bE2do Depending on the certificates desired, DANB exams and certificates can range from $320 (RHS) to $620 (EFDA). These are “one-time” fees as there is no continuing education required to maintain the RHS and the EFDA certificates. These fees are established through national testing standard fees for comparable professions.

Claim: Education and exams that are not available in rural areas.

Fact: Online education and exams **are** available to all areas of Oregon where the internet is available. The state of Oregon has a total of 75 internet providers available. It is the 13th most connected state, with 96% of the population having access to broadband speeds of 25 Mbps or more. https://www.highspeedinternet.com/or

Claim: DANB who is a 3rd party is not needed.

Fact: To better understand the relationship between OBD and DANB please read the attached letter to OBD Director Stephen Prisby and his answers to Dr. Pham’s questions.

Claim: Dentists should be allowed to train and assess their own dental assistants.

Fact: Dentists **can** train and assess dental assistants according to OBD Division 42 Rules.

Claim: Multiple choice question exams do not measure knowledge and are not required to assess the dental assisting duties and skills.

Fact: Addressing testing development and assessment can be better addressed by a professional psychometrician. Educators use multiple choice questions to routinely test factual recall, levels of understanding, and ability to apply learning (analyzing and evaluating).

To better understand the career of dental assisting and the Oregon Board of Dentistry/DANB education and exam pathways, please read the following information. The promotional video provides the views of PCC dental assistant graduates which is comparable to most dental assistant program graduates in Oregon.

- Oregon Board of Dentistry, Dental Practice Act, Division 42 Rules (See attached)
  - Basic Duties (duties that do not require a national or state exam or certificate)
  - Expanded Functions (General Dentistry/Orthodontics)
  - Additional Certificates
  - Restorative Certificate
- PCC Dental Assistant Career Promotional video https://youtu.be/a7zESaCSHyk

Comparison: Medical assistants are not required to obtain a license from their state or certification from another organization in order to work. However, there are career advantages to gaining medical assistant certification just as there are for dental assistants to obtain certification. The pathways to become a Certified Medical Assistant (CMA) are similar to those of an OR-EFDA. Some duties do not require a certification yet expanded functions do. The employers decide who they want to hire and what duties the assistant will perform. Oregon Dental Practice Act, Division 42 provides these options for dentists. Dental assistants are not required to have certification unless they expose radiographs and perform expanded duties.

In conclusion, I would like to add that I was an OJT in 1972. I thought working in the orthodontic office where I was hired was "just a job" until one of the other assistants told me about a dental assisting program she graduated from. She shared with me all that she learned and it sparked my interest but was unable to afford college at the time. My employers paid for the RHS course that I took at Mt. Hood Community College and the DANB RHS Exam fee. It was difficult but with support and encouragement I felt a sense of pride when I received my passing score. I was then a true dental professional that could proudly say I was an important part of a dental healthcare team.

I realize there is a shortage of dental assistants not only in Oregon but across the country removing exams is not going to increase the desire of people to become dental assistants. We asked the ODA to work with us several months ago to create new and exciting recruitment tools (such as the PCC video above) that we could share with high schools and other community members. The ODA did not engage in this request to establish a plan. The workforce summary document that I have attached reports what the research found that will help encourage people to become dental assistants and to retain them in the profession. We CAN address the dental assistant workforce shortage if we work together. It is the responsibility of the dental community including the ODA, ODAA and OBD to keep dental patients safe and to keep dental assisting a viable career that offers living wages, benefits, respectable working environments and career growth and opportunities.

I welcome your questions and I am available to discuss any of this information further.

Thank you.

Respectfully,

Ginny Jorgensen, CDA, EFDA, EFODA

Dental Workforce Shortages: Data to Navigate Today's Labor Market

HPI Health Policy Institute
ADA American Dental Association

American Dental Assistants Association

adha American Dental Hygienists' Association

DANB Dental Assisting National Board

igniteDA

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EXECUTIVE SUMMARY

BACKGROUND

The dental sector is facing a serious workforce shortage. Vacant positions in dental assisting and dental hygiene have reduced dental practice capacity by an estimated 10% nationally. One in three dentists who do not have full appointment schedules indicate that trouble filling staffing positions is a contributing factor. Workforce shortages were initially attributed to the COVID-19 pandemic. We now know that is just part of the story. Enrollment in dental assisting programs has been trending downward since 2015, and the pandemic had a negative impact on dental hygiene program enrollment. While there has been some recovery of enrollment in dental hygiene programs, data suggest that dental assisting program enrollment will not rebound in the near future. As a result, workforce shortages are likely to remain an issue for years to come.

To identify strategies for shoring up the workforce, a deeper understanding of the various factors contributing to workplace satisfaction and retention is needed. Stakeholders must ask the following: Among dental assistants and dental hygienists satisfied in their positions, what keeps them coming to work each day? What workplace conditions are to blame for dental assistants and dental hygienists leaving their positions? The ADA Health Policy Institute (HPI) engaged with partners at the American Dental Assistants Association (ADAA), American Dental Hygienists' Association (ADHA), the Dental Assisting National Board (DANB), and IgniteDA to conduct primary research on these issues. Using data collected from thousands of dental assistants, dental hygienists, and dentists in 2022, this report offers a comprehensive outlook on the levers available to sustain and improve workplace satisfaction among dental practice personnel. These levers can enhance the recruitment and development of a high-quality workforce within the dental sector.

WHAT THE RESEARCH TELLS US

- → Approximately one-third of the dental assistant (33.7%) and dental hygienist (31.4%) workforce indicate they expect to retire in five years or less.
- → The majority of dental assistants and dental hygienists are satisfied in their current job.
- → Roughly half of dental assistants and dental hygienists indicate they have received a raise within the past year. The majority of wage increases are in the 1-3% range.
- → The majority of dental assistants and dental hygienists indicated that they receive dental benefits, paid holidays, paid vacation, and retirement savings from their employers. Health insurance, paid sick time, paid leave, and continuing education or professional development funds are rare overall. These benefits matter for recruitment and retention.
- → Factors associated with retention include work-life balance, positive workplace culture, and ability to help patients.
- → Factors associated with attrition include negative workplace culture, insufficient pay, lack of growth opportunity, inadequate benefits, and feeling overworked.

EXECUTIVE SUMMARY

CONSIDERATIONS FOR DENTAL EMPLOYERS AS WE LOOK TO THE FUTURE



Dental practices need to remain competitive as employers when it comes to employee benefits. Paid vacation and paid holidays are now the norm in dentistry. The majority of dental practice employees are also offered retirement savings options and paid sick time. However, in order to recruit and retain a robust workforce, dental employers need to offer health insurance and paid leave. Within dentistry, these benefits are much more common in public health and dental service organization (DSO) work settings.



Responsive compensation is a must. Wages need to be assessed annually. Ideally, raises should incorporate performance measurement, which may help dental team members feel more connected to practice goals and offer a sense of professional fulfillment.



Workplace culture cannot be overlooked. Among employees who are satisfied in their roles, positive workplace culture, work-life balance, and ability to patients are the most commonly cited contributing factors. Poor communication in dental practices is one of the top risks to retention. Traditional dental practices are small businesses that typically lack a dedicated human resources team to evaluate and improve upon these aspects of the work environment.



Consolidated dental practices have an edge when it comes to employee benefits. Dental service organizations and group practices are better positioned to offer employee benefits. However, there are lower levels of overall workplace satisfaction among dental assistants and dental hygienists working in these practices, likely driven by differences in other aspects of the workplace. This merits further research.



Shoring up the workforce pipeline will require long-term changes. The numbers of new dental hygienists and dental assistants graduating from allied education programs may not be enough to compensate the losses of team members who permanently left the profession during the pandemic. There may be another wave of retirements in the next few years that will put additional pressure on the workforce pipeline. Innovations are necessary to shore up the pipeline for long-term sustainability of the dental workforce.

WHY THIS MATTERS

ABOUT THIS STUDY

The ADA Health Policy Institute (HPI) engaged with multiple partners to better understand dental assistant and dental hygienist employment patterns and identify factors associated with both the attrition and retention of dental team members. Partners included the American Dental Assistants Association (ADAA), American Dental Hygienists' Association (ADHA), Dental Assisting National Board (DANB), and IgniteDA. Other organizations have contributed informative key insights on the impact of pay rates and workplace benefits on job satisfaction, such as the Dental Salary Survey administered by DentalPost, Dental Assistants Salary and Satisfaction Survey, and the National Network for Oral Health Access Community Health Center Workforce Survey.[1,2,3] For instance, the DentalPost report revealed that pay rates and benefits offerings are more substantial in corporate settings than in private practices and that the most common dissatisfying feature of jobs among dental hygienists is inadequate pay. **Using data collected from thousands of dental assistants, dental hygienists, and dentists in 2022, this report offers a comprehensive outlook on the levers available to sustain and improve workplace satisfaction among dental practice personnel. These levers can enhance the recruitment and development of a high-quality workforce within the dental sector.**

PUTTING THE CHALLENGE IN CONTEXT

U.S. Surgeon General Vivek Murthy released the *Addressing Health Worker Burnout* report in May 2022, sounding the alarm for more supportive workplaces for all who are "engaged in protecting and improving the health of individuals" in order to sustain a robust workforce.[4] Health workers such as nurses, long-term care facility staff, and many others have left their jobs in droves over the past few years, some rejecting their field entirely. If not addressed, the health worker burnout crisis could impede patient access to care, cause health care costs to rise, hinder the nation's ability to prepare for the next public health emergency, and worsen health disparities.

Dentistry is not exempt from these workforce challenges. The dental sector is subject to the same labor market forces faced in other sectors of health care and in other industries, such as The Great Resignation and The Great Retirement. The disruptions and pressures caused by the pandemic have also taken their toll on workers' mental health. In late 2020, more than one-quarter (28%) of dental hygienists experienced symptoms of anxiety, and 17% reported symptoms of depression.[5] Meanwhile, the dental sector is experiencing a phase of accelerated practice consolidation and shifts in practice patterns, dentist demographics, and workplace culture.[6,7,8]

WHY THIS MATTERS

IMPACT OF WORKFORCE SHORTAGES ON DENTAL PRACTICE

Staffing issues were cited as the most significant concern among dentists in January 2022[9] and remained the top concern in July 2022.[10] This is consistent with other industries predominantly structured as small businesses, where – despite recent record-breaking inflation – workforce shortages remain the most significant problem.[11] The shortages have caused an estimated 11% reduction in dental practice capacity.[12]

In July 2022, 4 in 10 dental practices indicated they were recruiting or had recently recruited dental assistants (DA), and nearly the same share indicated they were recruiting dental hygienists (DH). Among dentists recruiting for these positions, the vast majority – 9 in 10 – indicated it was “extremely” or “very” challenging. Additionally in July 2022, about 1 in 3 dentists who did not have full schedules indicated that vacant staff positions were at least part of the problem.[10]

Recruitment activity in dental offices and its associated level of difficulty have gradually increased over the two years that HPI has polled dentists on these topics.[10]

Looking forward to the next six months, what are the top 3 challenges facing your dental practice?

January 2022

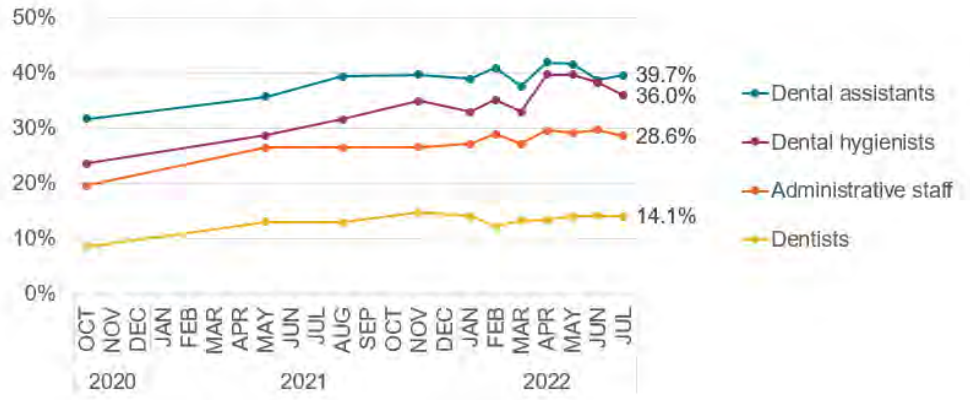


July 2022



WHY THIS MATTERS

Have you recently or are you currently recruiting any of the following positions in your dental practice? (Percentages indicating "Yes.")

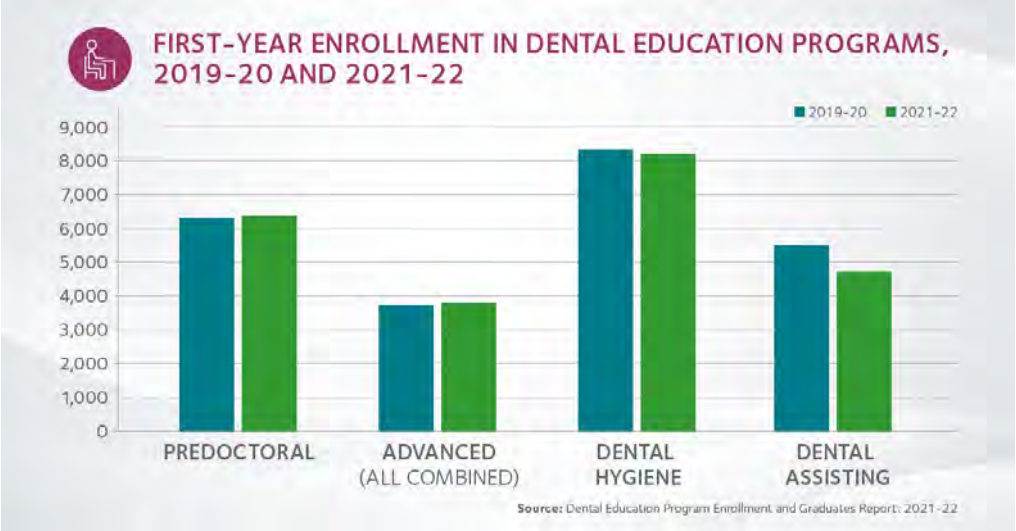


WHAT'S BEHIND THE SHORTAGE? GREATER OUTFLOWS, SLOWER INFLOWS

Greater outflows: Due to a multi-year partnership between the ADA and ADHA, we know that fewer than half of dental hygienists who left employment early in the COVID-19 pandemic returned to the workforce in 2021.[13] Further, an estimated 3.75% of dental hygienists voluntarily left the workforce in 2021, including 1.6% who permanently left due to retirement or a career change. The most common reasons cited for not returning to work – aside from "waiting until the COVID-19 pandemic is under control" – included concerns about workplace safety and insufficient childcare.

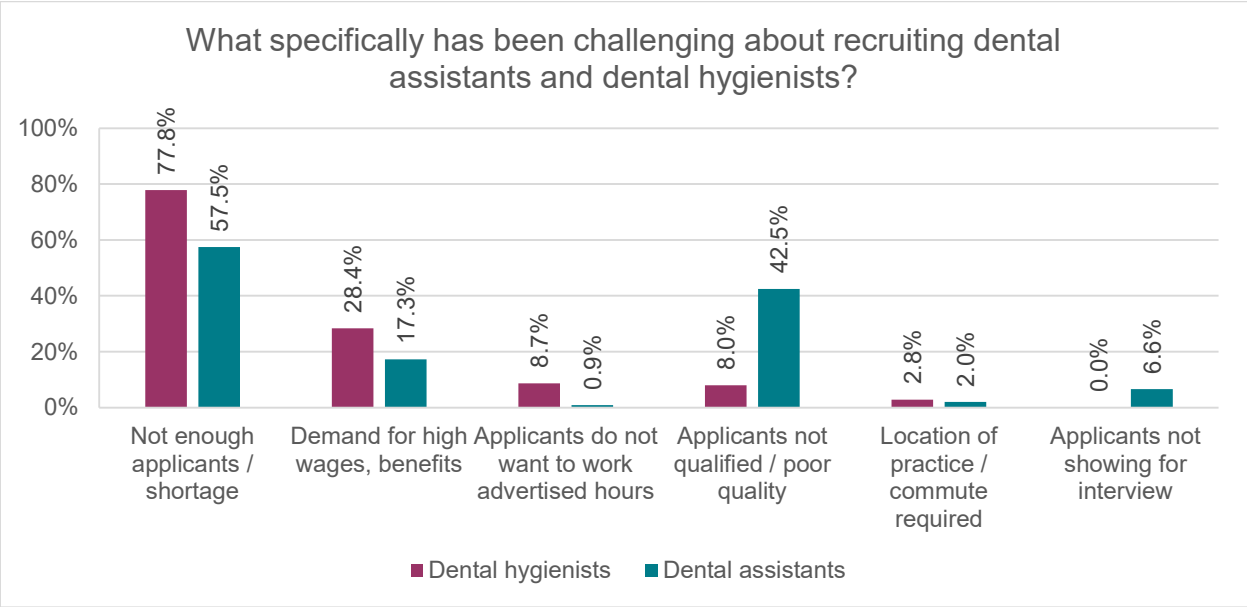
Slower inflows: Enrollment in dental hygiene and dental assisting programs declined from pre-pandemic levels in 2021-22, with a downward trend in accredited dental assisting programs that started prior to the pandemic.[14] There was about a 7% drop in first-year enrollment in dental hygiene programs nationwide in the 2020-21 academic year, which was the first cohort to enroll since the start of the pandemic. That drop is due in part to more programs not enrolling first year classes that year because of the pandemic. There was about a 4% drop in the number of graduates in 2020 compared to 2019. The most recent data indicate that both first-year enrollment and graduates are rebounding in dental hygiene. However, enrollment declines in dental assisting seem to be part of a long-term downward trend, as is the number of accredited dental assisting programs in operation.

WHY THIS MATTERS



PREPARING FOR THE LONG ROAD AHEAD

When dentists were asked about the specific challenges they were experiencing with respect to recruitment, a lack of applicants for dental assisting and dental hygiene positions was the most common reason for the struggle. For open hygienist positions, the wage and benefit requirements of the applicants has also been a challenge for dentists. Dentists also indicated a lack of qualified assistant applicants. Increasing the supply and/or qualifications of dental team members could take years to address.[12]



WHY THIS MATTERS

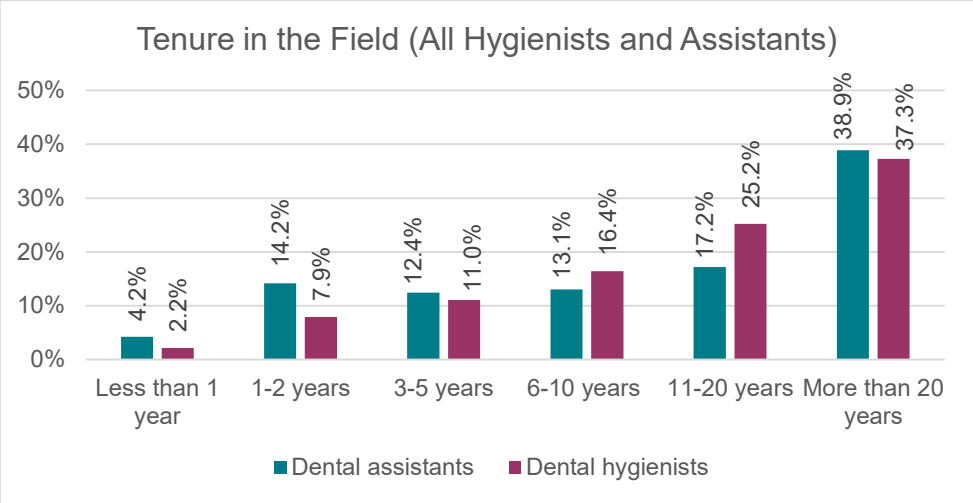
Dentists have been relying heavily on online recruitment and word of mouth to bring new employees into their offices. Fewer are turning to local hygiene and assisting programs, and about 1 in 4 are using staffing agencies or recruiters. To ease recruitment woes, more than 8 out of 10 dentists who are recruiting dental hygienists or assistants have raised their starting pay rates. About 45% of recruiting dentists have also changed hours to meet applicant needs. Dentists facing “extreme” challenges in hiring are being even more proactive on their recruitment approach, relying on a wider range of recruitment outlets and being more willing to offer recruitment perks.[15] Despite these measures, recruitment challenges persist.

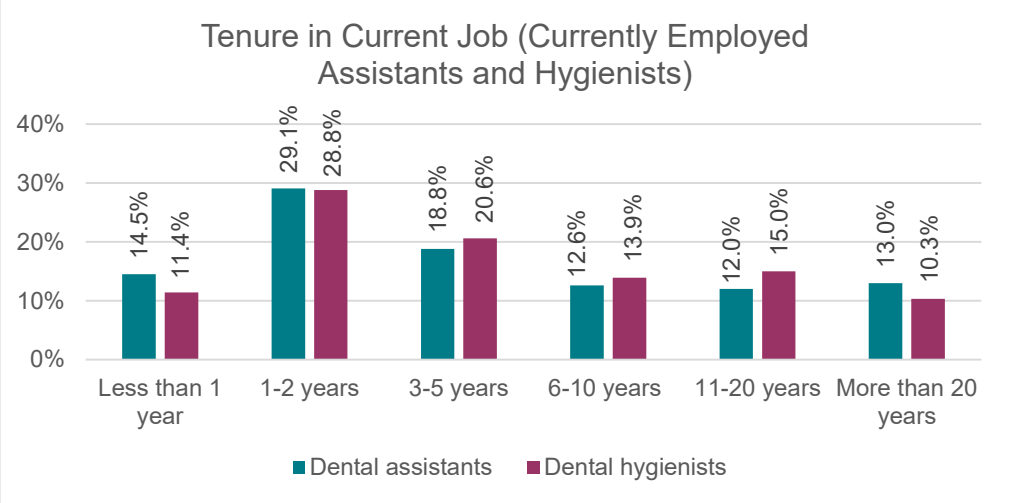
The 2020-2030 job growth outlook for both dental assistants and dental hygienists (11% for both occupations) exceeds that of the national average across all occupations (8%), according to the U.S. Bureau of Labor Statistics (BLS).[16,17] BLS data also indicate that as of July 2022, employment in dental offices was 105.3% of what it was in January 2020.[18] While the number of jobs (not necessarily employees) in dental offices is greater than it was pre-pandemic, the data are clear that plenty of room remains within dental teams. Given the projected increase in demand over the coming years and stagnant or declining supply of these dental team members, it is safe to assume that these workforce challenges will be a longer-term challenge.

RESULTS

TENURE

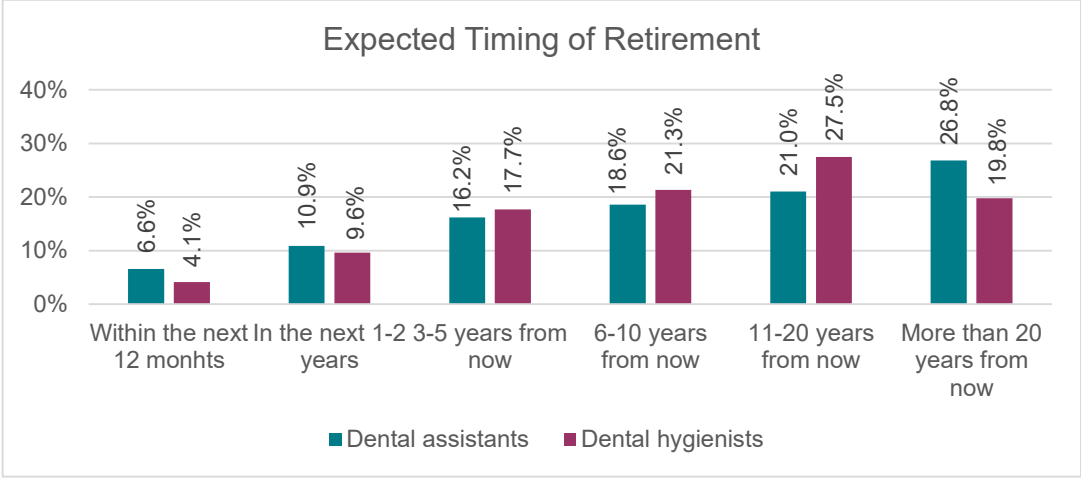
More than half of the dental assistant and dental hygienist workforce has been or was in the field for at least 11 years.





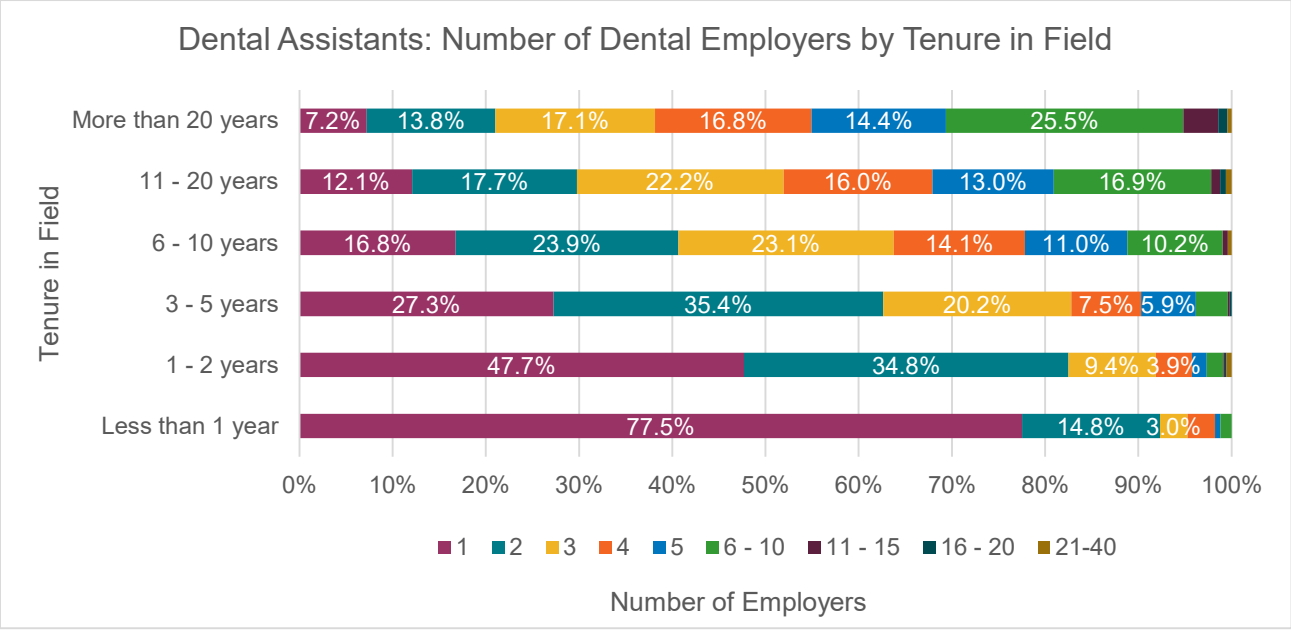
The majority of currently employed dental assistants and dental hygienists indicate they have been in their current position for 5 years or less.

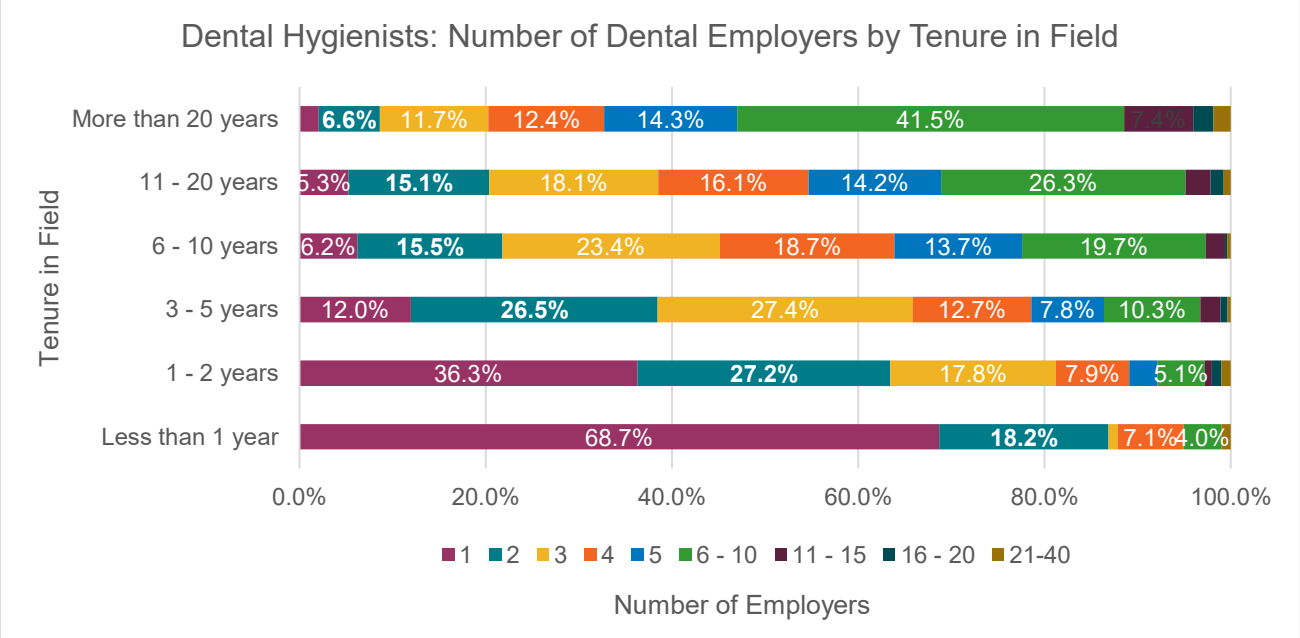
Approximately one-third of both the dental assistant and dental hygienist workforce indicate they expect to retire in 5 years or less.



RESULTS

The number of employers a dental assistant or dental hygienist have naturally increases with their tenure in the field. For instance, among dental hygienists who have been in the field for 1-2 years, 36% have been with the same single employer for that duration whereas only 2% of dental hygienists who have been in the field for more than 20 years are still with the same single employer.

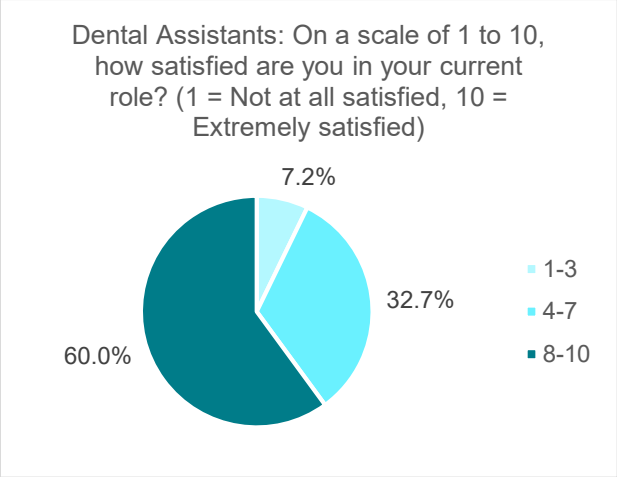


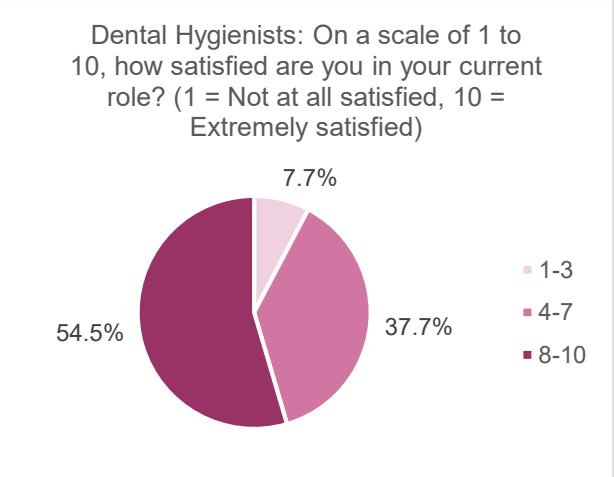


RESULTS

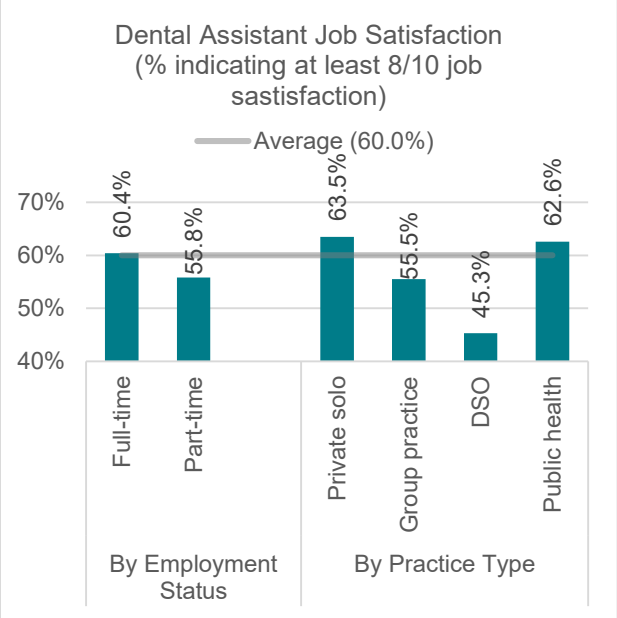
JOB SATISFACTION

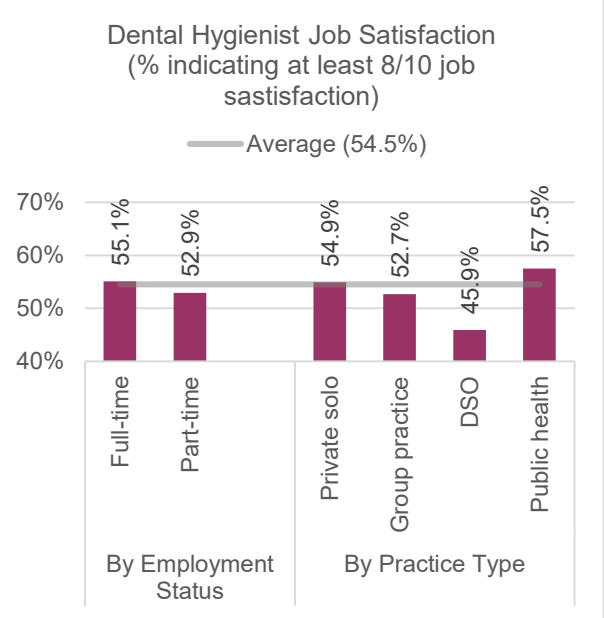
The majority of currently employed dental assistants (60.0%) and dental hygienists (54.5%) indicate they are satisfied in their role (rating satisfaction in the 8 to 10 range on a 10-point scale). Less than 1 in 10 (DA: 7.2%, DH: 7.7%) indicate a low level of satisfaction (rating satisfaction in the 1 to 3 range on a scale of 10) in their roles.





Among both dental assistants and dental hygienists, a lesser share of dental service organization (DSO) employees and part-time employees indicate high job satisfaction. Dental hygienists working in public health indicate higher levels of satisfaction than their private sector peers.

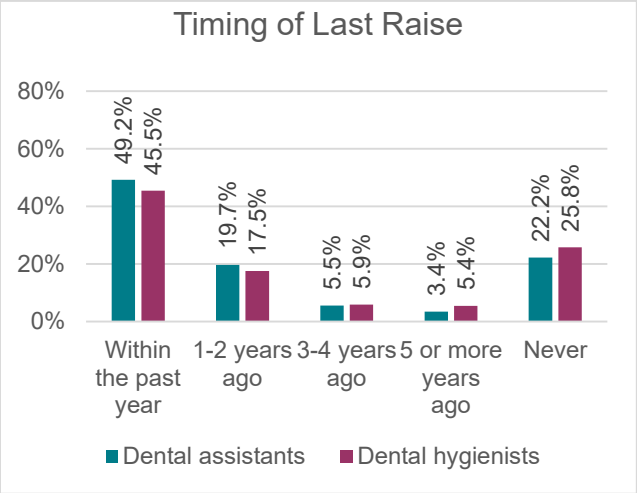


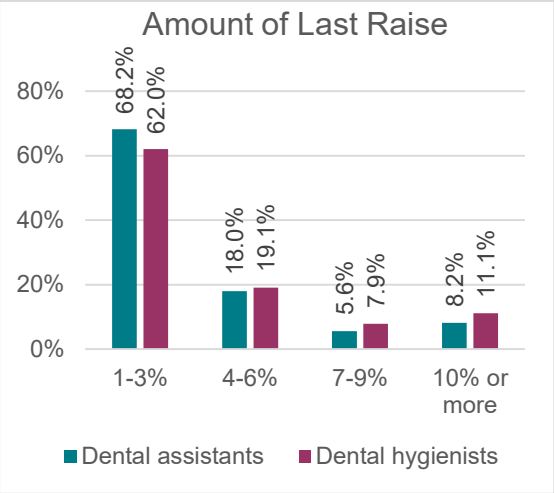


RESULTS

PAY RAISES

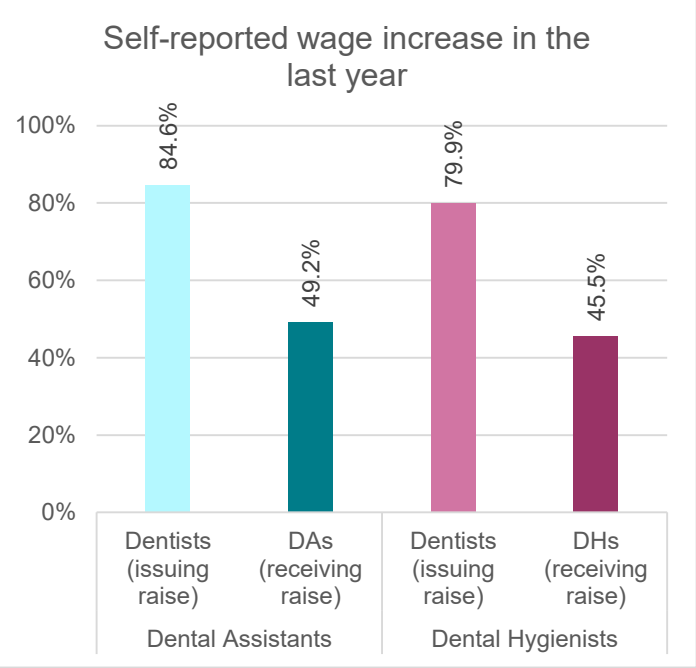
Most dental assistants and dental hygienists indicate that they received wage increases within the past year (DA: 49.2%, DH: 45.5%) or 1-2 years ago (DA: 19.7%, DH: 17.5%). Among those who indicated they have never received a raise at their current place of employment, the majority (DA: 78.0%, DH: 89.2%) indicate they have been working with their employer for less than three years. Among those who indicated they have received a raise, it was most commonly an increase in the 1-3% range.





Employer Dentists' vs. Employee Dental Assistants' and Dental Hygienists' Perceptions on Pay Raises

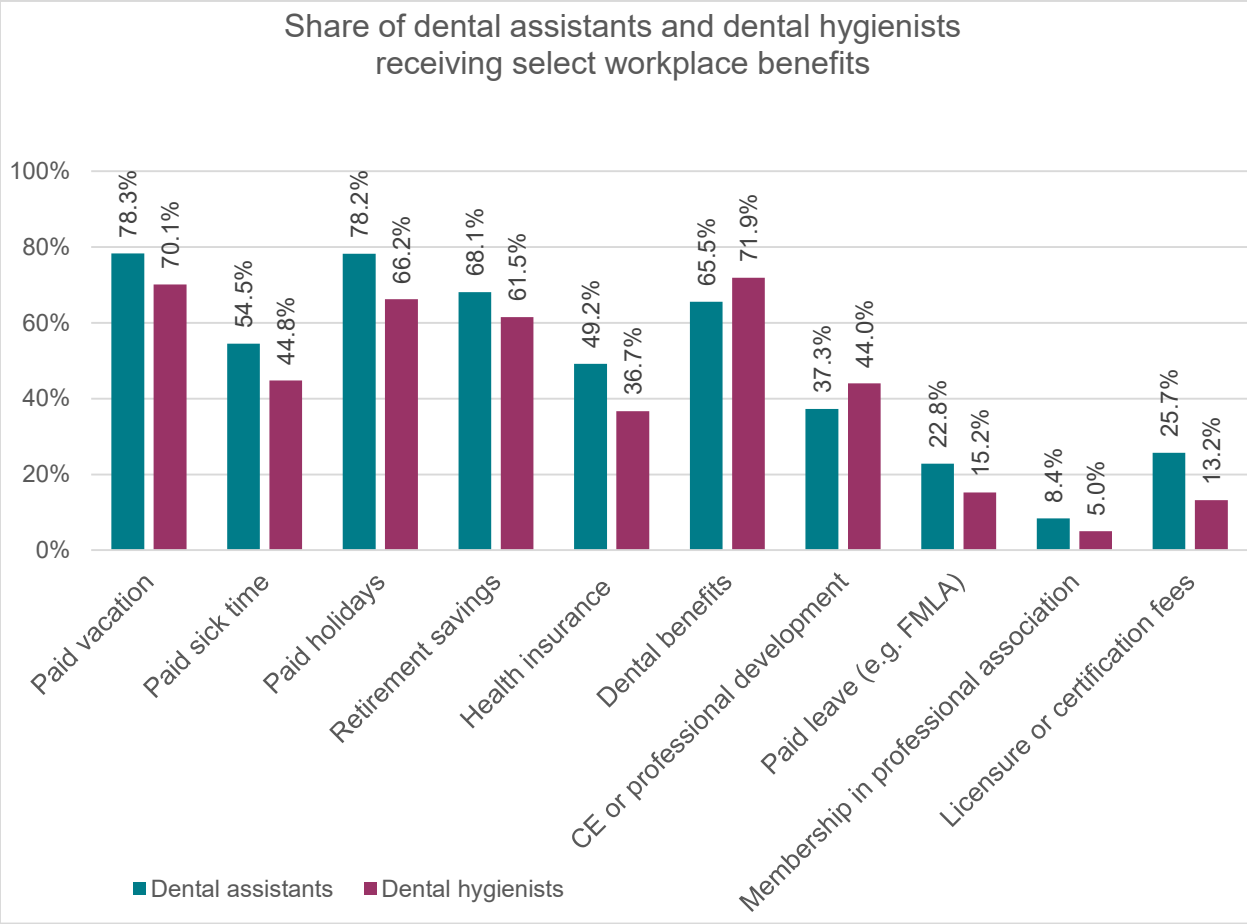
The pay raise results from dental assistants and dental hygienists were not consistent with results from employer dentists. In June 2022, the majority of dentists indicated they had issued pay raises to dental assistants (84.6%) and dental hygienists (79.9%) within the past year.[19] It is worth noting that the dentist, dental assistant, and dental hygienist participating in the study are all from separate cohorts; they do not represent the same places of employment. It is possible that there is an inflated sense of generosity with respect to benefits offered from the employer dentist's perspective and/or a deflated sense of generosity from the employee's (dental assistant or dental hygienist) perspective.



RESULTS

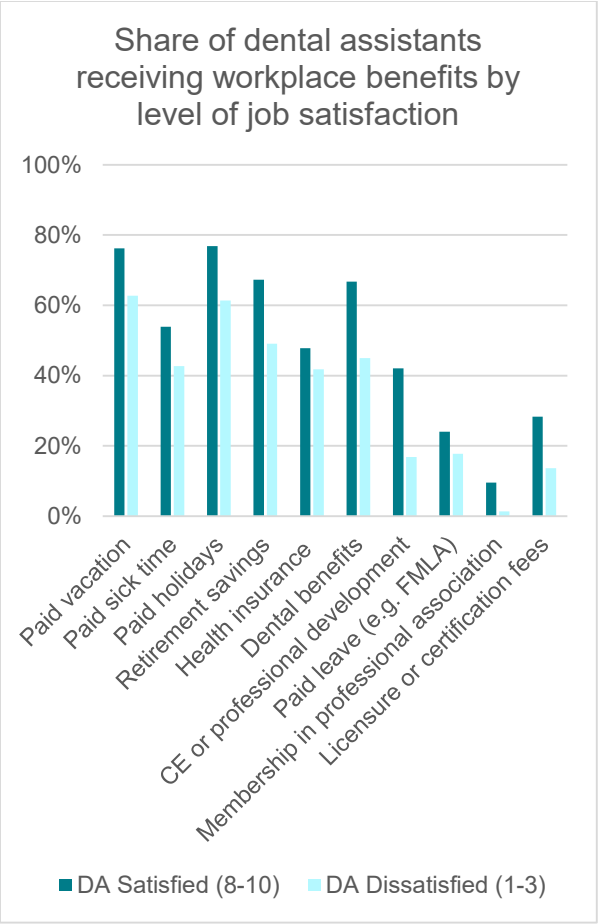
BENEFITS

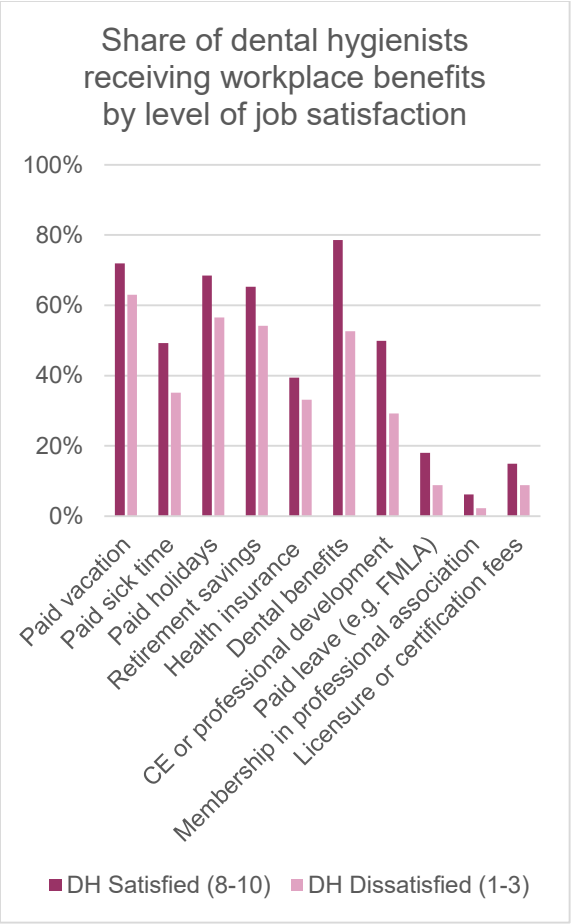
Dental assistants and dental hygienists were asked which workplace benefits they receive. The majority indicated that they receive dental benefits, paid holidays, paid vacation, and retirement savings. Most benefits were slightly more common to be offered to dental assistants, though continuing education funding was more prominent among dental hygienists.



RESULTS

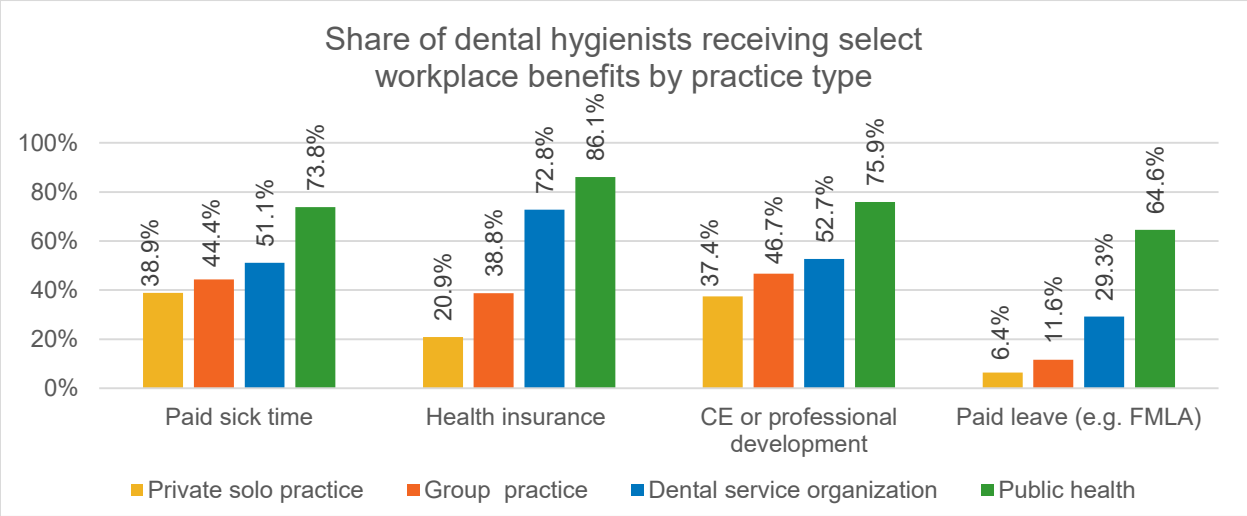
Dental assistants and dental hygienists who indicated a high level of workplace satisfaction (8 to 10 on a 10-point scale) receive more workplace benefits than their colleagues who indicated low levels of satisfaction in their roles (1 to 3 on a 10-point scale).



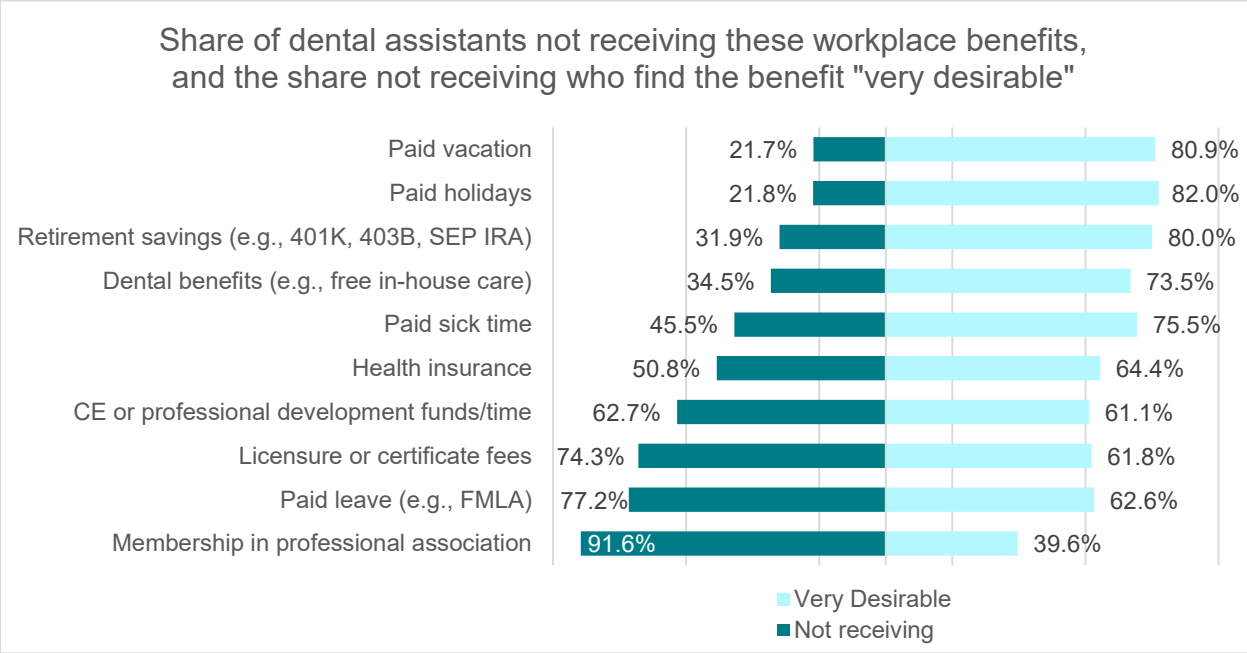


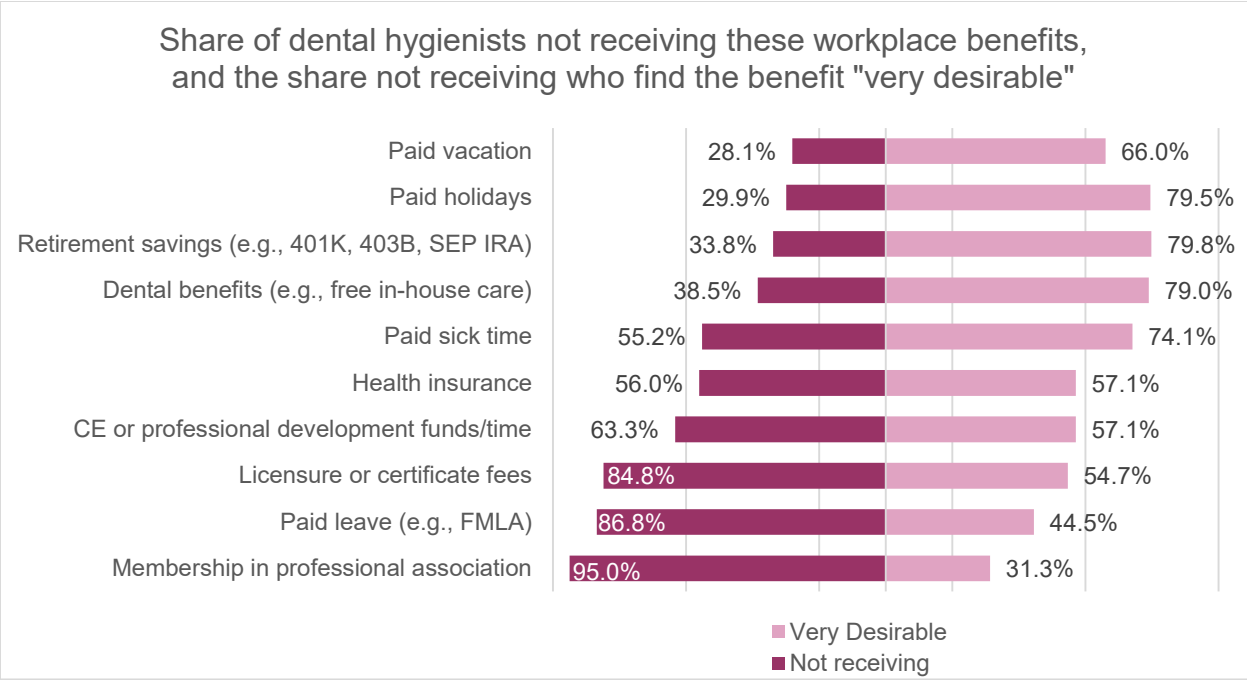
RESULTS

Health insurance, paid sick time, paid leave, and continuing education or professional development funds – while rare overall – are available to the majority of dental hygienists working in public health settings. These benefits are also more common in DSOs and group practices than in private solo practices. Similar trends are true for dental assistants.



Among the dental assistants and dental hygienists *not* receiving these workplace benefits, the majority indicate that almost all of these benefits are "very desirable." Less than half of dental assistants and dental hygienists not receiving membership association dues indicated this as a "very desirable" benefit, and less than half of dental assistants find licensure or certificate fees to be "very desirable."

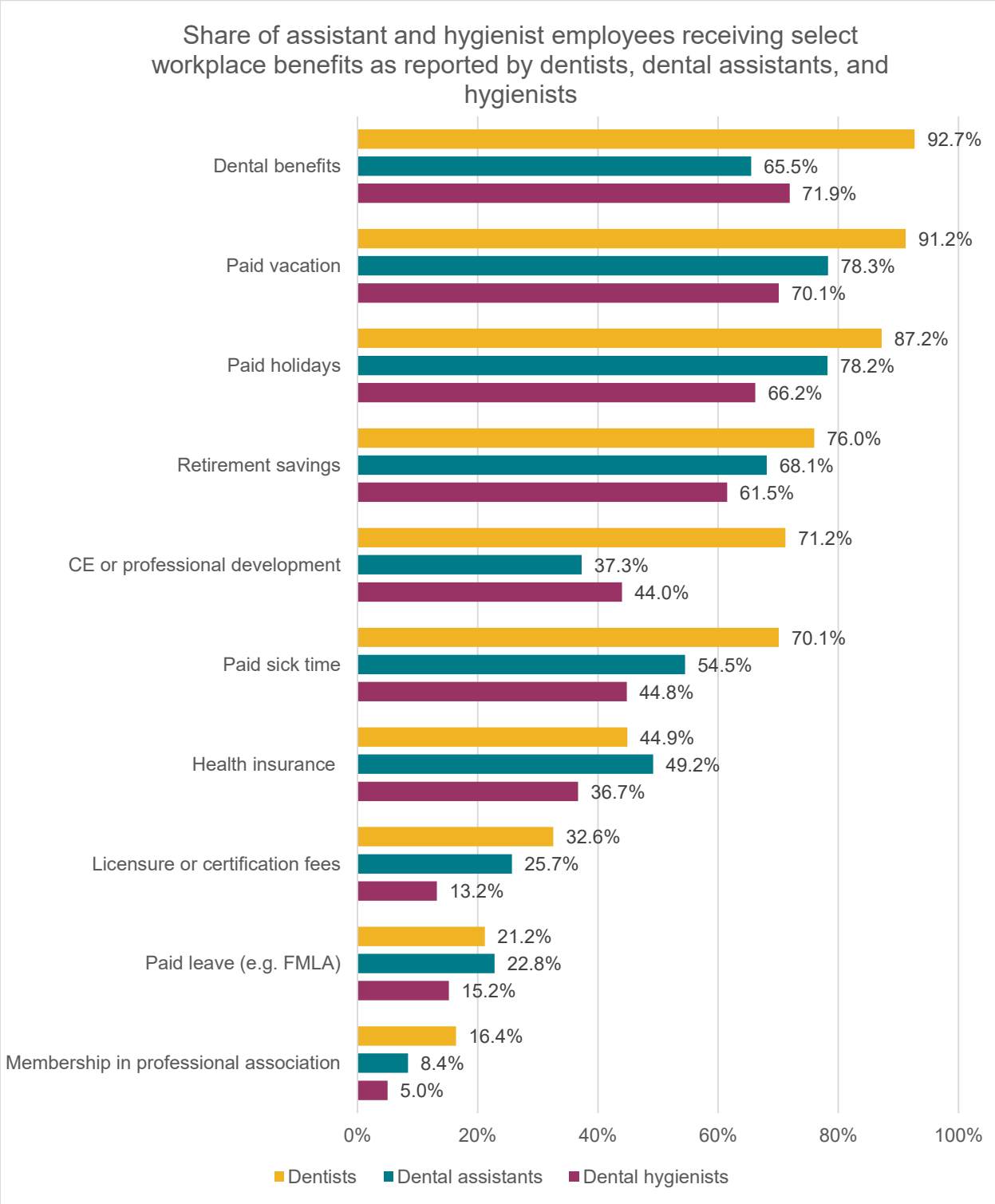




EMPLOYER DENTISTS' VS. EMPLOYEE DENTAL ASSISTANTS' AND DENTAL HYGIENISTS' TAKE ON BENEFITS OFFERED

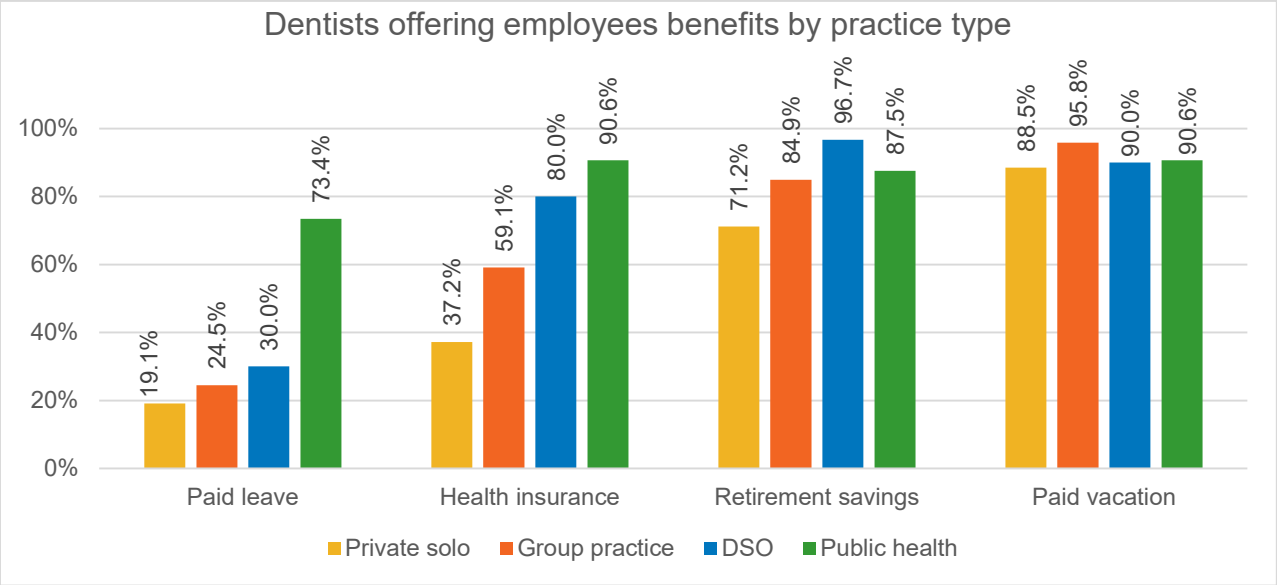
We also polled dentists on the benefits they offer their employees.[19] The results were not consistent with the findings from the dental assistant and dental hygienist surveys. While more dentists indicated they were offering these benefits to their employees than was reported by dental assistants and dental hygienists, the relative availability of these benefits was consistent. In other words, dentists, dental assistants, and dental hygienists all indicated that dental benefits, paid vacation, paid holidays, and retirement savings were the most common benefits being offered, while benefits like health insurance and paid leave were less common. It is difficult to interpret the variations in data collected from dentists and that from dental assistants and dental hygienists, as these were not matched samples (i.e., not employer-employee pairs). However, as with pay raises, it could indicate different perceptions about the generosity of the benefits. Further, self-selection bias could be a factor in these discrepancies. Dentist employers who are proud of their practices and who offer benefits may be more likely to participate regularly in HPI polling. Conversely, dental assistant and dental hygienist employees who do not have such workplace benefits may have more readily chosen to participate in this study to voice these shortcomings.

RESULTS

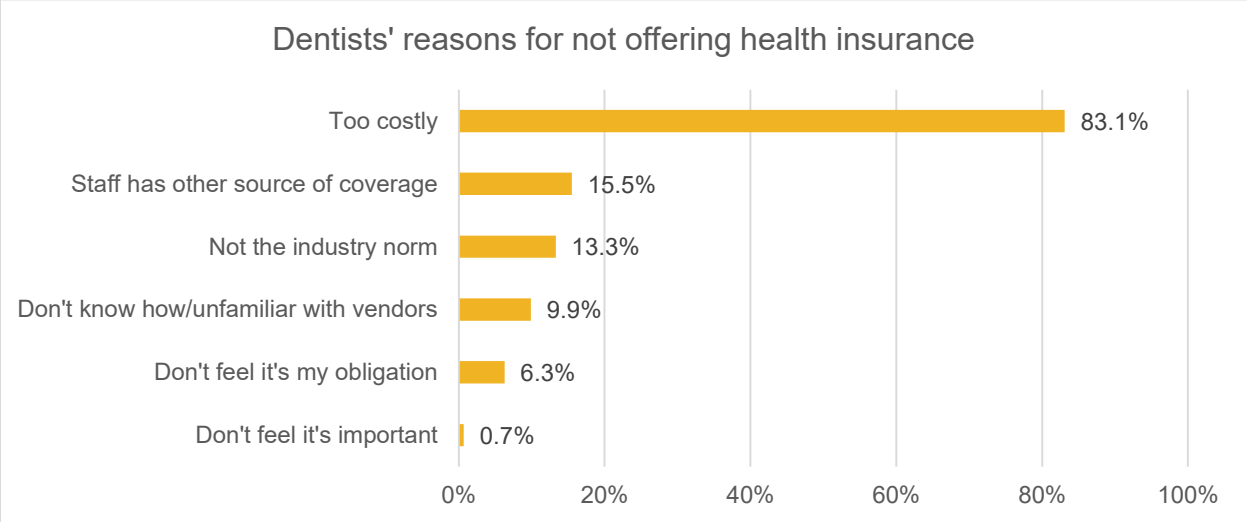

Share of assistant and hygienist employees receiving select workplace benefits as reported by dentists, dental assistants, and hygienists
Dental benefits
92.7%
65.5%
71.9%
Paid vacation
91.2%
78.3%
70.1%
Paid holidays
87.2%
78.2%
66.2%
Retirement savings
76.0%
68.1%
61.5%
CE or professional development
71.2%
37.3%
44.0%
Paid sick time
70.1%
54.5%
44.8%
Health insurance
44.9%
49.2%
36.7%
Licensure or certification fees
32.6%
25.7%
13.2%
Paid leave (e.g. FMLA)
21.2%
22.8%
15.2%
Membership in professional association
16.4%
8.4%
5.0%
0%
20%
40%
60%
80%
100%
Dentists
Dental assistants
Dental hygienists

RESULTS

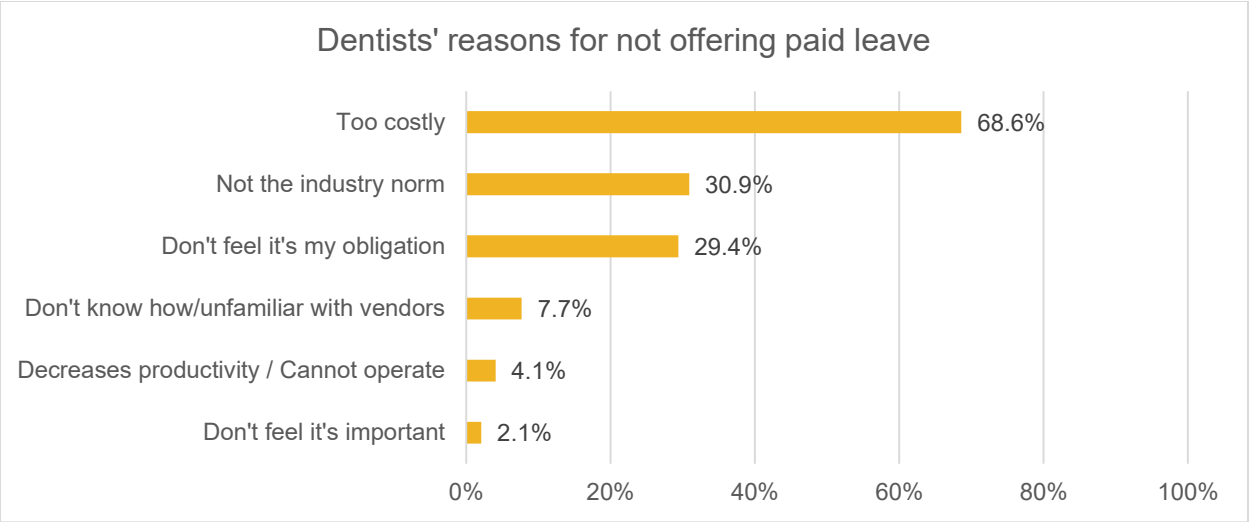
Similar to reports by dental assistants and dental hygienists, a greater share of dentists in public health settings and DSOs offer health insurance than their colleagues in private solo practice.



Dentists who do not offer their employed dental assistants and dental hygienists health insurance were asked why, and the overwhelming majority indicated cost as a reason. While cost was also the predominant reason among dentists not offering paid leave, nearly 1 in 3 also indicated that they do not offer the benefit because it is not the industry norm and/or not their obligation.



RESULTS



ATTRITION FACTORS

Dental assistants and dental hygienists who indicated low levels of job satisfaction were asked what contributed to their dissatisfaction. The top three reasons (in order) among dental assistants were insufficient pay, feeling overworked, and negative workplace culture. The top three factors contributing to dissatisfaction among dental hygienists were negative workplace culture, insufficient pay, and feeling overworked. These factors held true regardless of employment status or practice type.

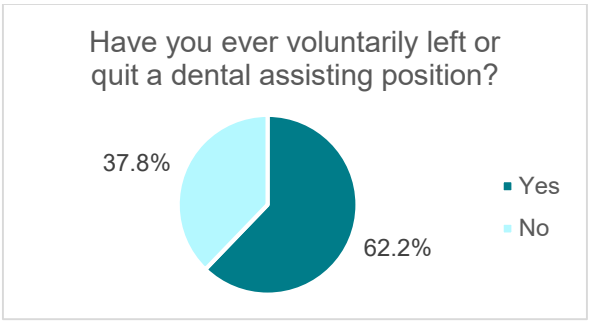
RESULTS

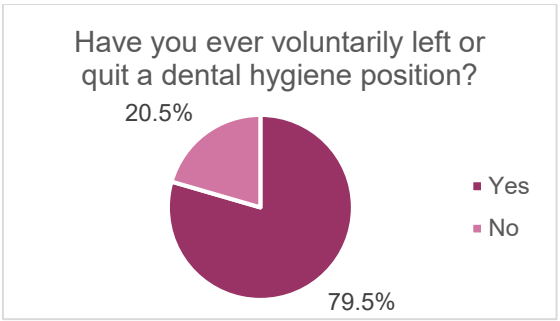
TOP 3 REASONS FOR DISSATISFACTION AT WORK

DENTAL ASSISTANTS	DENTAL HYGIENISTS
1. Insufficient pay	1. Workplace culture
2. Overworked	2. Insufficient pay
3. Workplace culture	3. Overworked

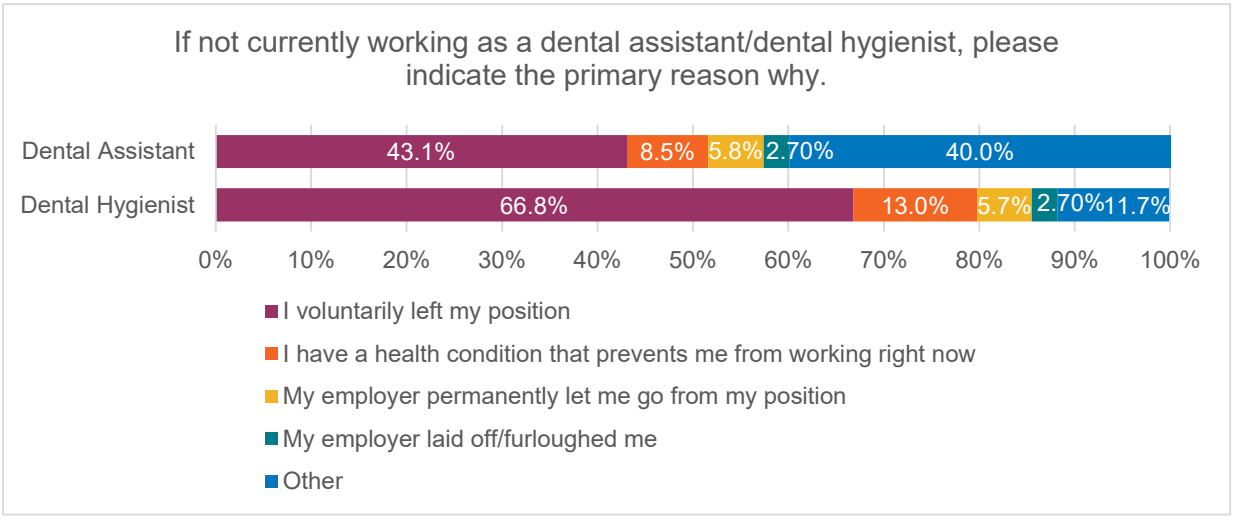


About 62% of dental assistants and 80% of dental hygienists indicated they have voluntarily left a dental assisting or dental hygiene position, respectively, in the past.



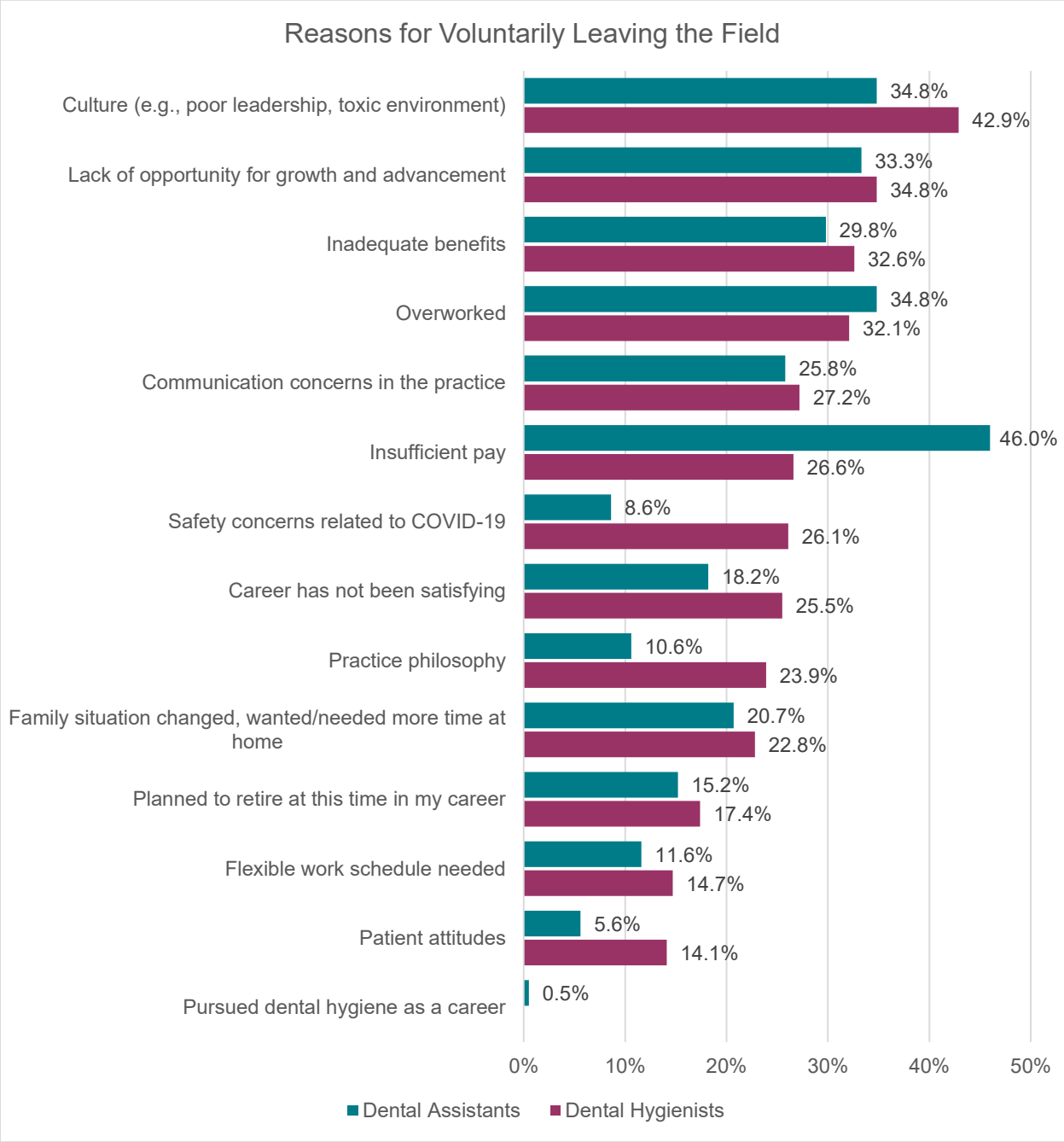


Among dental assistants and dental hygienists who are no longer working in the field, voluntary departures were most common.



RESULTS

Dental assistants and dental hygienists who are no longer working in the field and opted to leave voluntarily were asked why they stopped working in assisting or hygiene, respectively. The most common reasons among dental hygienists were negative workplace culture, lack of growth opportunity, and inadequate benefits. The most common reasons among dental assistants were insufficient pay, negative workplace culture, and feeling overworked.



RESULTS

Dental assistants and dental hygienists who voluntarily left positions were asked if there was anything that could have prevented their departure. “Better pay” emerged as the clear top factor. Management and communication were also frequently cited.

Was there anything that could have prevented your departure from the most recent dental assisting/hygiene position you left voluntarily?

Dental Assistants



Dental Hygienists



Dental assistants and dental hygienists who have left the field were asked a similar question: “What, if anything, would have made you stay working as a dental assistant?” Aside from “better pay,” respondents also indicated benefits, flexibility, respect, and “nothing.”

Please briefly describe what, if anything, would have made you stay working as a dental assistant/dental hygienist?

Dental Assistants



Dental Hygienists



RESULTS

RETENTION FACTORS

Dental assistants and dental hygienists who indicated high levels of satisfaction in their current role were asked what contributes to this satisfaction. Overall, both dental assistants and dental hygienists attributed their satisfaction to positive workplace culture, ability to help patients, and work-life balance. There is some variation in the order of these benefits by employment status and practice type. For instance, part-time and DSO-employed dental assistants rate flexible scheduling highly. Among both dental assistants and dental hygienists working in DSO and public health settings, “helping patients” is the top reason for workplace satisfaction. Fair pay and adequate benefits ranked highly among dental hygienists in DSOs and public health as well as dental assistants in public health.

TOP THREE RETENTION FACTORS



1. **Work-life balance**



2. **Positive workplace culture**



3. **Ability to help patients**

RETENTION STRATEGIES

RISKS TO RETENTION

From this research, we have identified **six significant risks to retention for dental practices**. The top six reasons for voluntarily leaving the field correspond to the top six reasons for being dissatisfied in one's role. Further, the top six reasons for dissatisfaction or leaving the field align between dental assistants and dental hygienists.

DENTAL ASSISTANTS



1. **Insufficient pay**



2. **Negative workplace culture**



3. **Overworked**



4. **Lack of growth opportunity**



5. **Inadequate benefits**



6. **Communication concerns**

DENTAL HYGIENISTS



1. **Negative workplace culture**



2. **Lack of growth opportunity**



3. **Inadequate benefits**



4. **Overworked**



5. **Communication concerns**



6. **Insufficient pay**

RETENTION STRATEGIES

RETENTION STRATEGIES



Benefits offerings need to get up to speed with other industries. Dental offices are generally offering a basic set of benefits to employees, including paid vacation, paid holidays, and retirement savings. The next challenge to remain a competitive employer and recruiter is to offer health insurance and paid leave. These are widely available in other industries (71% of U.S. workers have health insurance available to them),[20] and dentistry risks losing existing and prospective incoming dental team members if the sector fails to make this adjustment. One dental assistant respondent commented, “I loved the work. I worked hard for 19 years [but] was often left with no health insurance or retirement. I have joined a labor union with incredible benefits, and I encourage other dental assistants to leave and find better workplaces.” The U.S. Chamber of Commerce issued a report in August 2022, conducted by Avalere Health, indicating a significant return on investment of employer-sponsored insurance driven by improved productivity, a reduction in direct medical costs, tax benefits, and retention of employees.[21]



Wages should make sense in current economic environment. Wages should be assessed on at least an annual basis, as is done in most other industries. In the current economic environment, inflation is outpacing growing wages.[22] Dentists and other dental employers need to look outside their own practices to ensure their wages are fair. The Bureau of Labor Statistics produces state-level employment and wage statistics to guide these decisions.[23,24]



Practice personnel crave growth opportunities. Just as dentists often seek to learn new clinical skills and keep up with the latest technology, other members of the dental team have a similar inclination to keep growing professionally. However, to some, the career pathway in a dental practice can seem like less of an exciting ladder and more like a flat, narrow road. One respondent commented, “Dental hygiene is a dead-end job with no room for growth.” Others cited “monotony in the job” and “not working at the highest skill level” as their reasons for leaving the field. Most members of the team are seeking challenge. When they reach new goals, they feel further connected to their work and workplace. Dentists can engage employees by setting performance goals and identifying skillsets outside of their traditional roles that they could contribute to the practice.

RETENTION STRATEGIES



Employers must encourage a positive workplace culture and work-life balance. Fostering a positive environment with healthy team relationships and good communication is paramount. When asked why they were not currently working in dental assisting or dental hygiene, some respondents stated they felt unappreciated, disrespected, overworked, and/or underpaid by their employers. Conversely, those who have high levels of satisfaction commented, “The dentist verbally appreciates our hard work,” and “The dentist does great work and the atmosphere is very pleasant.” Creating this type of atmosphere takes time and energy, and it is not as clear-cut as adding a benefit to the employee package. The payout to the employer and the employees is invaluable.[25] Workers are also demanding that their professional lives complement rather than detract from their personal lives. They need workplace conditions that align with their lifestyle and offer flexibility.

As stated in Milbank’s *Getting Health Care Workers Back to Work and Other Workforce Shortage Challenges* report, “Responses to the health care worker shortages can most usefully be viewed in two categories: those that can be implemented in the short term versus those that will require more time before they can be implemented.”[26] There are a few levers available to dental employers that will have impact in the short term; many of these challenges will require long-term innovations and investments working with seasoned and new partners. As leaders of the dental team, dentists need to embrace these opportunities to support and grow their teams.

METHODS

METHODS

This research had two primary study populations: dental assistants and dental hygienists. Any individual at least 18 years old who is or had ever been a dental assistant or clinical dental hygienist was eligible to participate. Study participants were recruited via email invitation to participate in the survey research.

The American Dental Assistants Association (ADAA), Dental Assisting National Board (DANB), and IgniteDA distributed the survey invitation to their contact lists. Approximately 133,000 emails were sent to current or past dental assistants in the initial recruitment effort: 15,000 from ADAA; 100,000 from DANB; and 18,000 from IgniteDA. The American Dental Hygienists' Association (ADHA) distributed the survey invitation to its contact list of roughly 124,000 current or past dental hygienists.

The Dental Team Workforce Shortages survey included questions on workplace satisfaction, factors contributing to satisfaction or dissatisfaction, timing and amount of most recent wage increase, benefits received and the importance of these benefits, and reasons for leaving past jobs.

The contact lists for these organizations were comprised of members, past members, examination applicants, and educational event attendees. The contact lists for the dental assisting organizations involved in participant recruitment were not necessarily mutually exclusive; there are individuals who are on multiples of these email lists. To maintain anonymity of the sample, the contact lists were not compared, and therefore the unique number of current or past dental assistants who received the invitation is not known. Each organization also had the option of posting the survey opportunity to their social media accounts and conference attendee apps.

The survey was administered anonymously and exclusively online in June 2022 using the Qualtrics (Provo, UT) platform. Qualtrics functionality was used to identify and manage suspected duplicate responses on a case-by-case basis, generally by disposal of the less complete observation. There was no incentive for participating in the survey. The project was deemed exempt from ongoing review by the American Dental Association Institutional Review Board.

The dental assistant and dental hygienist survey research was supplemented by polling research of dentists. Questions that complemented the dental assistant and dental hygiene surveys were fielded as modular components of the Economic Outlook and Emerging Issues in Dentistry monthly poll administered by HPI. The dentist polling research had been deemed exempt from review by the American Dental Association Institutional Review Board in the past.

METHODS

SAMPLE

A total of 4,255 dental assistants (DA) and 5,122 dental hygienists (DH) participated in the Dental Team Workforce Shortages surveys. Respondents were predominantly female (DA: 96.3%, DH: 97.5%), White (DA: 79.0%, DH: 86.8%), and non-Hispanic (DA: 87.0%, DH: 90.5%). The majority were employed full time in the field (DA: 63.6%, DH: 53.7%) and working in private solo (DA: 39.4%, DH: 50.4%) or group (DA: 22.0%, DH: 24.0%) dental practices. Additional sample characteristics are included in Table 1.

Table 1: Sample Characteristics

		Dental Assistants n=4225	Dental Hygienists n=5122
Gender	Female	96.3%	97.5%
	Male	2.5%	1.6%
	Non-binary/Other description	1.2%	0.9%
Age	Under 35	31.4%	23.7%
	35-44	20.0%	25.6%
	45-54	19.3%	22.4%
	55-64	22.2%	20.2%
	65 and over	7.1%	8.1%
Race	White	79.0%	86.8%
	Black or African American	6.5%	2.9%
	Asian	3.6%	3.5%
	American Indian or Alaska Native	2.0%	0.5%
	Native Hawaiian or Pacific Islander	0.2%	0.3%
	Other or missing	8.8%	6.0%
Ethnicity	Latino or Hispanic	13.0%	9.5%
	Not Latino or Hispanic	87.0%	90.5%
Employment Status	Full-time (as a DA or DH, 32 hours or more per week)	63.6%	53.7%
	Part-time (as a DA or DH, fewer than 32 hours per week)	10.4%	28.8%
	Employed in a different occupation in dentistry	11.1%	4.5%
	Employed in a different occupation outside dentistry	4.3%	2.3%
	Semi-retired/limited work	2.4%	4.7%
	Fully retired	3.9%	3.0%
	Not employed	4.1%	3.0%
Primary Practice Setting (among those currently employed)	Private solo practice	39.4%	50.4%
	Group dental practice	22.0%	24.0%
	Specialty practice or multi-specialty clinic	14.3%	4.6%
	Dental service organization	7.1%	9.0%
	Public health	8.0%	5.8%
	Academic	2.7%	1.8%
	Military	1.2%	0.4%
	Other	4.4%	3.1%
	Independent hygiene practice	*n/a*	0.4%

CONTRIBUTORS

This report was written in partnership between the ADA Health Policy Institute, American Dental Assistants Association, American Dental Hygienists' Association, the Dental Assisting National Board, and IgniteDA. Contributing authors from each organization are listed below.

HPI Health Policy Institute ADA American Dental Association® ADA.org/HPI	The Health Policy Institute is a thought leader and trusted source for policy knowledge on critical issues affecting the U.S. dental care system. HPI strives to generate, synthesize, and disseminate innovative research for policymakers, oral health advocates, and dental care providers.	Chelsea Fosse Rachel Morrissey Adriana Menezes Marko Vujicic
American Dental Assistants Association ADAAusa.org	The American Dental Assistants Association mission is to advance the careers of dental assistants through education, credentialing, legislative advocacy, and professional activities that improve the delivery of quality dental health care.	Jay Casper
adha American Dental Hygienists' Association ADHA.org	The American Dental Hygienists' Association works to support dental hygienists throughout their career lifecycle and advance the dental hygiene profession by developing new career paths, expanding opportunities for care, and providing the latest training and information.	JoAnn Gurenlian Ann Lynch
DANB Dental Assisting National Board DANB.org	The Dental Assisting National Board mission is to promote the public good by providing credentialing services to the dental community. DANB accomplishes this mission through the creation of valid dental assisting exams; recertification requirement integrity; and exams, certificates and certifications.	Hanna Aronovich Laura Skarnulis
igniteDA IgniteDDS.com/IgniteDA	IgniteDA is dedicated to engaging, educating, and empower dental assistants.	Kevin Henry

APPENDICES

1. Dental Assistant Workforce Shortage Survey
2. Dental Hygienist Workforce Shortage Survey
3. Dentist Polling from Economic Outlook and Emerging Issues in Dentistry
4. Innovations in Shoring Up the Pipeline, Recruitment, and Retention

APPENDICES

Dental Assistant Workforce Shortage Survey

Screener

1. Have you ever worked as a dental assistant?
   - Yes
   - No

Background/Employment Status

2. In what year did you first start working as a dental assistant?
   Please enter year in the format YYYY:
_____

3. Since then, have you taken time away from being a dental assistant at any point?
   - Yes
   - No

If *Since then, have you taken time away from being a dental assistant at any point? = Yes,* display this question:

4. How long were you away?
   Years _____
   Months _____

5. How many different dental employers have you worked for or did you work for as a dental assistant throughout your career?
   Number of employers: _____

6. Which of the following best describes your current employment status?
   - Full-time as a dental assistant (32 hours or more per week)
   - Part-time as a dental assistant (fewer than 32 hours per week)
   - Semi-retired/limited work as a dental assistant
   - Fully retired from dental assisting
   - Employed in a different occupation in dentistry
   - Employed in a different occupation outside dentistry
   - Not employed

If *Which of the following best describes your current employment status? = Fully retired from dental assisting, Employed in a different occupation in dentistry, Employed in a different occupation outside dentistry, or Not employed,* display this question:

7. In what year did you stop working as a dental assistant?
   Please enter year in the format YYYY: _____

If *Which of the following best describes your current employment status? = Fully retired from dental assisting, Employed in a different occupation outside dentistry, Not employed,* display this question:

8. If not currently working as a dental assistant, please indicate the primary reason why:
   - I voluntarily left my position
   - My employer laid off/furloughed me
   - My employer permanently let me go from my position
   - I have a health condition that prevents me from working right now
   - Other reason, please specify: _____

If *If not currently working as a dental assistant, please indicate the primary reason why: = My employer laid off/furloughed me, My employer permanently let me go from my position,* display this question:

9. If your dental practice let you go from your position, please indicate the primary reason why are you not currently practicing:

I have not yet found a new position
I am waiting to be rehired by my dental practice
I do not want to work as a dental assistant while COVID-19 pandemic disruptions continue
I do not want to work as a dental assistant any longer
I prefer not to say
Other, please specify: _____

If *If not currently working as a dental assistant, please indicate the primary reason why: = I voluntarily left my position,* display this question:

10. Please indicate the reason(s) why you stopped working as a dental assistant (select all that apply):

Planned to retire at this time in my career
Insufficient pay
Inadequate benefits
Family situation changed, wanted/needed more time at home
Lack of opportunity for growth and advancement
Overworked
Culture (e.g., poor leadership, toxic environment)
Communication concerns in the practice
Flexible work schedule needed
Practice philosophy
Patient attitudes
Safety concerns related to COVID-19
Career has not been satisfying
Pursued dental hygiene as a career
Other, please specify: _____

If *If not currently working as a dental assistant, please indicate the primary reason why: = I voluntarily left my position,* display this question:

11. Please briefly describe what, if anything, would have made you stay working as a dental assistant?

_____
_____

Currently Employed Questions

For the following questions, please respond based on your current or most recent PRIMARY place of employment as a dental assistant. Your primary place of employment is where you work the most hours.

12. On a scale of 1 to 10, how satisfied are you in your current role?
(1=Not at all satisfied, 10=Extremely satisfied)

If *On a scale of 1 to 10, how satisfied are you in your current role? = 1, 2, 3, 4, 5,* display this question:

13. You indicated that you are at least somewhat dissatisfied in your current role. What are the top 3 reasons why?

- Insufficient pay
- Inadequate benefits
- Work-life balance
- Lack of opportunity for growth and advancement
- Overworked
- Workplace culture (e.g., leadership style, values, coworkers)
- Communication in the practice
- Rigid work schedule
- Practice philosophy
- Unpleasant patients
- Safety is not a priority (e.g., COVID-19 protocols)
- Other _____

If *On a scale of 1 to 10, how satisfied are you in your current role? = 6, 7, 8, 9, 10,* display this question:

14. You indicated that you are at least somewhat satisfied in your current role. What are the top 3 reasons why?

- Fair pay
- Adequate benefits
- Work-life balance
- Opportunity for growth and advancement
- Reasonable workload
- Workplace culture (e.g., leadership style, values, coworkers)
- Communication in the practice
- Flexible schedule
- Practice philosophy
- Pleasant patients
- Safety is a priority (e.g., COVID-19 protocols)
- Helping patients improve oral health
- Other _____

15. Which of the following best describes the location of your primary place of employment?

- Private solo dental practice
- Group dental practice (multiple dentists in one location)
- Specialty practice (i.e., periodontology)
- DSO (Dental Service Organization, i.e., a corporate dental office such as Aspen Dental or Smile Brands)
- Multi-specialty clinic
- Public health clinic/agency
- Federally Qualified Health Center (FQHC)
- Community health center (CHC)
- Academic/university/college
- School-based setting
- Military
- Other, please specify: _____

16. Please indicate when you began working at your current primary place of employment:

- Please enter year in the format YYYY: _____

17. When did you last receive a raise (wage increase) at your current primary place of employment?
- Within the past year
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Never

If *When did you last receive a raise (wage increase) at your current primary place of employment? = Within the past year, 1-2 years ago, 3-4 years ago, 5 or more years ago,* display this question:

18. How much was your last raise (wage increase)?
- 1-3%
- 4-6%
- 7-9%
- 10% or more

19. Which of the following benefits do you have through your primary employer? Please select all that apply:
- Paid vacation
- Paid sick time
- Paid holidays
- Retirement savings (e.g., 401K, 403B, SEP IRA)
- Health insurance
- Dental benefits (e.g., free in-house care)
- CE or professional development funds/time
- Paid leave (e.g., FMLA, other forms of maternity or family leave)
- Membership in professional association (e.g., ADHA, ADAA, ADA)
- Licensure or certificate fees
- Other, please specify _____

Carry Forward Selected Choices - Entered Text from "Which of the following benefits do you have through your primary employer? Please select all that apply:"

20. Below are the benefits you currently receive. Please indicate how important these benefits are to you:

	Very important	Somewhat important	Not at all important
Paid vacation			
Paid sick time			
Paid holidays			
Retirement savings (e.g., 401K, 403B, SEP IRA)			
Health insurance			
Dental benefits (e.g., free in-house care)			
CE or professional development funds/time			
Paid leave (e.g., FMLA, other forms of maternity or family leave)			
Membership in professional association (e.g., ADHA, ADAA, ADA)			
Licensure or certificate fees			
Other, please specify			

Carry Forward Unselected Choices from "Which of the following benefits do you have through your primary employer? Please select all that apply:"

20. Below are the benefits you do NOT currently receive. Please indicate how desirable these benefits are to you:

	Very desirable	Somewhat desirable	Not at all desirable
Paid vacation			
Paid sick time			
Paid holidays			
Retirement savings (e.g., 401K, 403B, SEP IRA)			
Health insurance			
Dental benefits (e.g., free in-house care)			
CE or professional development funds/time			
Paid leave (e.g., FMLA, other forms of maternity or family leave)			
Membership in professional association (e.g., ADHA, ADAA, ADA)			
Licensure or certificate fees			
Other, please specify			

21. Have you ever voluntarily left or quit a dental assistant position?
- Yes
- No

If *Have you ever voluntarily left or quit a dental assistant position?* = *Yes,* display this question:

22. Thinking about the most recent position you left or quit voluntarily, please briefly describe the reason(s) for your departure:

_____
_____

If *Have you ever voluntarily left or quit a dental assistant position?* = *Yes,* display this question:

23. Was there anything that could have prevented your departure from the most recent dental assisting position you left voluntarily? Please describe.

_____
_____

24. Given your current work situation, what is your best estimate as to when you will retire from dental assisting?
- Within the next 12 months
- In the next 1-2 years
- 3-5 years from now
- 6-10 years from now
- 11-20 years from now
- More than 20 years from now

25. Are you currently a member of any of the following professional associations? Select all that apply.
- American Dental Assistants Association
- American Dental Hygienists' Association
- American Dental Association
- Other professional dental association(s):

_____

26. What initially influenced your decision to start working as a dental assistant? Select all that apply.
    - A personal dental experience
    - Your dentist or dental office
    - Family member or friend who is/was a dental assistant
    - Job openings in dental assisting
    - Outreach information from a local dental assisting training program
    - Other: _____

27. What best describes your dental assisting educational background? Select all that apply:
    - Primarily trained on the job
    - High school dental assisting program
    - Community college, technical school, or similar training program that was less than 3 months
    - Community college, technical school, or similar training program that was between 3 and 12 months
    - Community college, technical school, or similar training program that was more than 12 months
    - Other, please specify: _____

28. Are you personally registered or licensed as a dental assistant in your state?
    - Yes
    - No
    - I don't know
    - My state does not offer registration or licensure for dental assistants

29. Do you have a license or permit to perform expanded functions (i.e., are you an expanded function dental assistant or "EFDA"?)
    - Yes
    - No
    - I don't know
    - My state does not license EFDAs

If *Do you have a license or permit to perform expanded functions (i.e., are you an expanded function... = Yes,* display this question:

30. Does your employer delegate expanded functions to you?
    - Yes
    - No

Demographics

31. Please indicate your gender:
    - Male
    - Female
    - Non-binary
    - Prefer not to say
    - Prefer to self-describe: _____

32. What best describes your ethnicity?
    - Latino or Hispanic
    - Not Latino and not Hispanic

33. What best describes your race?
    White (includes individuals with origins in Europe, the Middle East, and North Africa)
    Black or African-American
    American Indian or Alaska Native
    Asian (includes individuals with origins in the Far East, Southeast Asia, and the Indian subcontinent)
    Native Hawaiian or Pacific Islander
    Prefer not to say
    Prefer to self-describe: _____

34. In what year were you born?
    Please enter in the format YYYY: _____

35. What is the zip code where you primarily work or most recently worked as a dental assistant?
    Zip code: _____

36. (OPTIONAL) If you are interested in participating in other research by the ADA Health Policy Institute in the future, you are welcome to provide your email address. Please note that your email address will NOT be attached or connected to your survey responses to ensure anonymity.
    Email address: _____

APPENDICES

Dental Hygienist Workforce Shortage Survey

Screener

1. Have you ever worked as a clinical dental hygienist?
    Yes
    No

Background/Employment Status

2. In what year did you first start working as a clinical dental hygienist?
    Please enter year in the format YYYY: _____

3. Since then, have you taken time away from being a clinical dental hygienist at any point?
    Yes
    No

If *Since then, have you taken time away from being a clinical dental hygienist at any point?* = *Yes*, display this question:

4. How long were you away?
    Years _____
    Months _____

5. How many different dental employers have you worked for or did you work for as a clinical dental hygienist throughout your career?
    Number of employers: _____

6. Which of the following best describes your current employment status?
    Full-time as a dental hygienist (32 hours or more per week)
    Part-time as a dental hygienist (fewer than 32 hours per week)
    Semi-retired/limited work as a dental hygienist
    Fully retired from dental hygiene
    Employed in a different occupation in dentistry
    Employed in a different occupation outside dentistry
    Not employed

If *Which of the following best describes your current employment status? = Fully retired from dental hygiene, Employed in a different occupation in dentistry, Employed in a different occupation outside dentistry, Not employed,* display this question:

7. In what year did you stop working as a dental hygienist?
    Please enter year in the format YYYY: _____

If *Which of the following best describes your current employment status? = Fully retired from dental hygiene, Employed in a different occupation outside dentistry, Not employed,* display this question:

8. If not currently working as a dental hygienist, please indicate the primary reason why:

    I voluntarily left my position
    My employer laid off/furloughed me
    My employer permanently let me go from my position
    I have a health condition that prevents me from working right now
    Other reason, please specify: _____

If *If not currently working as a dental hygienist, please indicate the primary reason why: = My employer laid off/furloughed me, My employer permanently let me go from my position*, display this question:

9. If your dental practice let you go from your position, please indicate the primary reason why are you not currently practicing:

I have not yet found a new position
I am waiting to be rehired by my dental practice
I do not want to work as a dental hygienist while COVID-19 pandemic disruptions continue
I do not want to work as a dental hygienist any longer
I prefer not to say
Other, please specify: _____

If *If not currently working as a dental hygienist, please indicate the primary reason why: = I voluntarily left my position*, display this question:

10. Please indicate the reason(s) why you stopped working as a dental hygienist (select all that apply):

Planned to retire at this time in my career
Insufficient pay
Inadequate benefits
Family situation changed, wanted/needed more time at home
Lack of opportunity for growth and advancement
Overworked
Culture (e.g., poor leadership, toxic environment)
Communication concerns in the practice
Flexible work schedule needed
Practice philosophy
Patient attitudes
Safety concerns related to COVID-19
Career has not been satisfying
Other, please specify: _____

If *If not currently working as a dental hygienist, please indicate the primary reason why: = I voluntarily left my position,* display this question:

11. Please briefly describe what, if anything, would have made you stay working as a dental hygienist?

_____
_____

Currently Employed Questions

12. For the following questions, please respond based on your current or most recent PRIMARY place of employment as a clinical dental hygienist. Your primary place of employment is where you work the most hours.

13. On a scale of 1 to 10, how satisfied are you in your current role?
(1=Not at all satisfied, 10=Extremely satisfied)

If *On a scale of 1 to 10, how satisfied are you in your current role? = 1, 2, 3, 4, 5,* display this question:

14. You indicated that you are at least somewhat dissatisfied in your current role. What are the top 3 reasons why?

- Insufficient pay
- Inadequate benefits
- Work-life balance
- Lack of opportunity for growth and advancement
- Overworked
- Workplace culture (e.g., leadership style, values, coworkers)
- Communication in the practice
- Rigid work schedule
- Practice philosophy
- Unpleasant patients
- Safety is not a priority (e.g., COVID-19 protocols)
- Other _____

If *On a scale of 1 to 10, how satisfied are you in your current role? (1=Not at all satisfied, 10=Ex... = 6, 7, 8, 9, 10*, display this question:

15. You indicated that you are at least somewhat satisfied in your current role. What are the top 3 reasons why?

- Fair pay
- Adequate benefits
- Work-life balance
- Opportunity for growth and advancement
- Reasonable workload
- Workplace culture (e.g., leadership style, values, coworkers)
- Communication in the practice
- Flexible schedule
- Practice philosophy
- Pleasant patients
- Safety is a priority (e.g., COVID-19 protocols)
- Helping patients improve oral health
- Other _____

16. Which of the following best describes the location of your current primary place of employment?

- Private solo dental practice
- Group dental practice (multiple dentists in one location)
- Specialty practice (i.e., periodontology)
- DSO (Dental Service Organization, i.e., a corporate dental office such as Aspen Dental or Smile Brands)
- Multi-specialty clinic
- Public health clinic/agency
- Federally Qualified Health Center (FQHC)
- Community health center (CHC)
- Academic/university/college
- School-based setting
- Military
- Independent dental hygiene practice (owned by an RDH)
- Other, please specify: _____

17. Please indicate when you began working at your current primary place of employment:

- Please enter year in the format YYYY: _____

18. When did you last receive a raise (wage increase) at your current primary place of employment?
- Within the past year
- 1-2 years ago
- 3-4 years ago
- 5 or more years ago
- Never

If *When did you last receive a raise (wage increase) at your current primary place of employment? = Within the past year, 1-2 years ago, 3-4 years ago, 5 or more years ago*, display this question:

19. How much was your last raise (wage increase)?
- 1-3%
- 4-6%
- 7-9%
- 10% or more

20. Which of the following benefits do you have through your primary employer? Please select all that apply:
- Paid vacation
- Paid sick time
- Paid holidays
- Retirement savings (e.g., 401K, 403B, SEP IRA)
- Health insurance
- Dental benefits (e.g., free in-house care)
- CE or professional development funds/time
- Paid leave (e.g., FMLA, other forms of maternity or family leave)
- Membership in professional association (e.g., ADHA, ADAA, ADA)
- Licensure or certificate fees
- Other, please specify _____

Carry Forward Selected Choices - Entered Text from "Which of the following benefits do you have through your primary employer? Please select all that apply:"

21. Below are the benefits you currently receive. Please indicate how important these benefits are to you:

	Very important	Somewhat important	Not at all important
Paid vacation			
Paid sick time			
Paid holidays			
Retirement savings (e.g., 401K, 403B, SEP IRA)			
Health insurance			
Dental benefits (e.g., free in-house care)			
CE or professional development funds/time			
Paid leave (e.g., FMLA, other forms of maternity or family leave)			
Membership in professional association (e.g., ADHA, ADAA, ADA)			
Licensure or certificate fees			
Other, please specify			

Carry Forward Unselected Choices from "Which of the following benefits do you have through your primary employer? Please select all that apply:"

22. Below are the benefits you do NOT currently receive. Please indicate how desirable these benefits are to you:

	Very desirable	Somewhat desirable	Not at all desirable
Paid vacation			
Paid sick time			
Paid holidays			
Retirement savings (e.g., 401K, 403B, SEP IRA)			
Health insurance			
Dental benefits (e.g., free in-house care)			
CE or professional development funds/time			
Paid leave (e.g., FMLA, other forms of maternity or family leave)			
Membership in professional association (e.g., ADHA, ADAA, ADA)			
Licensure or certificate fees			
Other, please specify			

23. Have you ever voluntarily left or quit a dental hygiene position?
- Yes
- No

If *Have you ever voluntarily left or quit a dental hygiene position?* = *Yes*, display this question:

24. Thinking about the most recent dental hygienist position you left or quit voluntarily, please briefly the reason(s) for your departure:

_____
_____

If *Have you ever voluntarily left or quit a dental hygiene position?* = *Yes*, display this question:

25. Was there anything that could have prevented your departure from the most recent dental hygienist position you left voluntarily? Please describe.

_____
_____

26. Given your current work situation, what is your best estimate as to when you will retire from practicing dental hygiene?
- Within the next 12 months
- In the next 1-2 years
- 3-5 years from now
- 6-10 years from now
- 11-20 years from now
- More than 20 years from now

27. Are you currently a member of any of the following professional associations? Select all that apply.
- American Dental Hygienists' Association
- American Dental Assistants Association
- American Dental Association
- Other professional dental association(s):

_____

28. What initially influenced your decision to start working as a dental hygienist? Select all that apply.
    - A personal dental experience
    - Your dentist or dental office
    - Family member or friend who is/was a dental hygienist
    - Job openings in dental hygiene
    - Outreach information from a local dental hygiene training program
    - Other: _____

Demographics

29. Please indicate your gender:
    - Male
    - Female
    - Non-binary
    - Prefer not to say
    - Prefer to self-describe: _____

30. What best describes your ethnicity?
    - Latino or Hispanic
    - Not Latino and not Hispanic

31. What best describes your race?
    - White (includes individuals with origins in Europe, the Middle East, and North Africa)
    - Black or African-American
    - American Indian or Alaska Native
    - Asian (includes individuals with origins in the Far East, Southeast Asia, and the Indian subcontinent)
    - Native Hawaiian or Pacific Islander
    - Prefer not to say
    - Prefer to self-describe: _____

32. In what year were you born?
    - Please enter in the format YYYY: _____

33. What is the zip code where you primarily work or most recently worked as a dental hygienist?
    - Zip code: _____

34. Thank you for your participation in this survey. Data collection for this project is complete and you may click "Submit" below if you do not wish to provide your email address for future research.

35. (OPTIONAL) If you are interested in participating in other research by the ADA Health Policy Institute in the future, you are welcome to provide your email address. Please note that your email address will NOT be attached or connected to your survey responses to ensure anonymity.
    - Email address: _____

APPENDICES

Dentist Polling from Economic Outlook and Emerging Issues in Dentistry

Theme	Question	Polling Wave
Core questions	Which of the following factors prevented your dental practice's appointment schedule from reaching 100% last week? (Select all that apply.) - Patient no shows or cancellations <24 hours in advance - Patient cancellations at least 24 hours in advance - Not enough patients making appointments - Trouble filling vacant staff positions - COVID safety protocols - Other, please specify: _____	All
	Have you recently or are you currently recruiting any of the following positions in your dental practice? - Dental hygienists - Dental assistants - Dentists - Administrative staff	All
	How challenging has it been to recruit the(se) position(s)? - Extremely challenging - Very challenging - Moderately challenging - Slightly challenging - Not challenging at all - Not sure/Not applicable	All
Recruitment	What specifically has been challenging about recruiting dental hygienists and dental assistants? (free response)	February 2022
	What tools have you used to find applicants for your dental hygienist and/or dental assistant positions? - Dental society classifieds or ads - Online recruitment websites - Posted to dental-specific job boards - Social media - Local hygiene or assisting programs - Used a staffing agency or recruiter - Word of mouth - Other, please specify: _____	April 2022

	Have you offered any of these new benefits to dental hygienist or dental assistant applicants that you did not prior to the COVID-19 pandemic? - Raised starting pay rate - Offered new retirement plan - Offered health insurance - Offered a sign-on bonus - Offered paid time off - Changed hours for applicant needs - Other, please specify: _____ - None of the above	April 2022
Reduced capacity	When your practice is FULLY STAFFED, what is the maximum number of patients it could see in a typical week? (numerical response)	February 2022
	Considering your practice's CURRENT STAFFING situation, what is the maximum number of patients it could see in a week? (numerical response)	February 2022
	How many patients did your practice ACTUALLY SEE last week? (numerical response)	February 2022
	How many of each of the following positions in your practice are *currently filled*? (numerical response in full time equivalents)	May 2022
	How many *open positions* does your practice have in each of the following? (numerical response in full time equivalents)	May 2022
Pay raises	When did you last give dental hygienists and dental assistants on your staff a wage increase? - Within the past year - 1-2 years ago - 3-4 years ago - 5 or more years ago - Never	June 2022
	How much was the wage increase, on average? - 1-3% - 4-6% - 7-9% - 10% or more	June 2022

Benefits	Which of the following benefits do you offer to your employees? (Select all that apply.) - Paid vacation - Paid sick time - Paid holidays - Retirement savings - Health insurance - Dental benefits - CE or professional development - Paid leave - Membership in professional association(s) - Licensure or certificate fees - Other, please specify: _____	June 2022
	Why do you not offer health insurance? (Select all that apply.) - Too costly - Don't know how/Unfamiliar with vendors - Not the industry norm - Don't feel it's my obligation - Don't feel it's important - Other, please specify: _____	July 2022
	Why do you not offer paid leave? (Select all that apply.) - Too costly - Don't know how/Unfamiliar with vendors - Not the industry norm - Don't feel it's my obligation - Don't feel it's important - Other, please specify: _____	July 2022

Note: Complete results are available in the data reports posted at ADA.org/HPIpoll.

APPENDICES

Innovations in Shoring up the Pipeline, Recruitment, and Retention

Below are some of the innovations championed by state agencies, health centers, dental associations, dental schools, and employers to shore up the dental workforce pipeline, fill vacant positions, and support the retention of the dental team.

Professional Advancement

- Peak Dental Services offers equity in practice to dental hygienists.
- Tend DSO: Supporting dental assistant employees as they head off to dental school

Pipeline & Training

- Maine Health Care Provider Loan Repayment Pilot Program. "The program will attract and retain health care professionals in Maine by repaying outstanding student loans of selected participants who commit to living and working in Maine for at least three years. [The Finance Authority of Maine] will pay up to $25,000 per year." Dental hygiene is one of the prioritized occupations.
- Maine Department of Education has provided funding to St Apollonia Dental Clinic to develop a hybrid-format dental assistant training program.
- Partnership Community Health Center in Wisconsin initiated dental assistant training program for refugees with dental experience.
- Virginia Commonwealth University School of Dentistry is on a "tour" of community college campuses across the Appalachia region, educating students on the opportunities provided by a career in dental hygiene or dental assisting – or dentistry.
- California Dental Association advocated successfully for additional funding for High Road Training Partnerships to expand dental assisting training programs to new regions of the state.

Staffing

- Harbor Dental Society partners with DirectDental to fill vacant job postings.
- onDiem staffing platform connects dental practices with dental staff in real time.
- Stynt technology (endorsed by the ADA) "allows dentists to connect with dental professionals for temporary or permanent employment, lets potential workers bid on office openings and eases the onboarding process by providing credential and reference checks."

REFERENCES

[1] DentalPost. 2022 Dental Salary Survey: The Annual Report. Available from: https://www.dentalpost.net/salary-survey/. Accessed September 26, 2022.

[2] Dental Assisting National Board. 2020-2021 Dental Assistants Salary and Satisfaction Survey. Available from: https://danbsfprodassets.azureedge.net/assets/docs/default-source/marketing-and-surveys/danb-salary-survey.pdf. Accessed September 26, 2022.

[3] National Network for Oral Health Access. Community Health Center Workforce Survey: Analysis of 2021 Results. February 2022. Available from: https://drive.google.com/file/d/1TCoHh6chKFN2HujdJYAWuo_lJVyQSE5H/view. Accessed September 26, 2022.

[4] Office of the U.S. Surgeon General. Addressing health worker burnout: The U.S. Surgeon General's advisory on building a thriving health workforce. 2022. Available from: https://www.hhs.gov/surgeongeneral/priorities/health-worker-burnout/index.html. Accessed September 26, 2022.

[5] Eldridge LA, Estrich CG, Gurenlian JR, et al. US dental health care workers' mental health during the COVID-19 pandemic. *JADA*. 2022; 153(8):740-749.

[6] American Dental Association. Practice ownership among dentists continues to decline. Infographic. Health Policy Institute. March 2022. Available from: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic_practice_ownership_among_dentists_decline.pdf. Accessed September 26, 2022.

[7] American Dental Association. How big are dental service organizations? Infographic. Health Policy Institute. July 2020. Available from: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic_0720_1.pdf. Accessed September 26, 2022.

[8] American Dental Association. Racial and ethnic mix of the dentist workforce in the U.S. Infographic. Health Policy Institute. April 2021. Available from: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic_0421_1.pdf. Accessed September 26, 2022.

[9] American Dental Association. Economic outlook and emerging issues in dentistry. Results from the week of January 17, 2022. Health Policy Institute. Available from: https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues. Accessed September 26, 2022.

[10] American Dental Association. Economic outlook and emerging issues in dentistry. Results from the week of July 11, 2022. Health Policy Institute. Available from: https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues. Accessed September 26, 2022.

[11] Goldman Sachs. Survey: small business challenges worsen amid record inflation and workforce shortages. July 13, 2022. Available from: https://www.goldmansachs.com/citizenship/10000-small-businesses/US/infographics/small-businesses-fear-looming-recession/index.html. Accessed September 26, 2022.

[12] American Dental Association. Economic outlook and emerging issues in dentistry. Results from the week of February 14, 2022. Health Policy Institute. Available from: https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues. Accessed September 26, 2022.

[13] Morrissey RW, Gurenlian JR, Estrich CG, et al. Employment patterns of dental hygienists in the United States during the COVID-19 pandemic: an update. *J Dent Hyg*. 2022; 96(1):27-33.

REFERENCES

[14] American Dental Association. 2021-22 Dental Education Program Enrollment and Graduates Report. Available from: https://www.ada.org/resources/research/health-policy-institute/dental-education. Accessed September 26, 2022.

[15] American Dental Association. Economic outlook and emerging issues in dentistry. Results from the week of April 18, 2022. Health Policy Institute. Available from: https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues. Accessed September 26, 2022.

[16] Bureau of Labor Statistics. Dental Assistants. Occupational Outlook Handbook. U.S. Department of Labor. Available from: https://www.bls.gov/ooh/healthcare/dental-assistants.htm. Accessed September 26, 2022.

[17] Bureau of Labor Statistics. Dental Hygienists. Occupational Outlook Handbook. U.S. Department of Labor. Available from: https://www.bls.gov/ooh/healthcare/dental-hygienists.htm. Accessed September 26, 2022.

[18] Bureau of Labor Statistics. Current Employment Statistics. U.S. Department of Labor. Available from: https://www.bls.gov/ces/. Accessed September 26, 2022.

[19] American Dental Association. Economic outlook and emerging issues in dentistry. Results from the week of June 13, 2022. Health Policy Institute. Available from: https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues. Accessed September 26, 2022.

[20] Bureau of Labor Statistics. Employee benefits in the United States. March 2021. U.S. Department of Labor. Available from: https://www.bls.gov/news.release/pdf/ebs2.pdf. Accessed September 26, 2022.

[21] . Avalere Health. Return on investment for offering employer-sponsored insurance. Funded by U.S. Chamber of Commerce. June 28, 2022. Available from: https://www.uschamber.com/assets/documents/20220622_Chamber-of-Commerce_ESI-White-Paper_Final.pdf. Accessed September 26, 2022.

[22] Dubay C. How fixing our worker shortage can fight inflation. U.S. Chamber of Commerce. July 7, 2022. Available from: https://www.uschamber.com/workforce/how-fixing-our-worker-shortage-can-fight-inflation. Accessed September 26, 2022.

[23] Bureau of Labor Statistics. Dental Assistants (31-9091). Occupational Employment and Wages. May 2021. U.S. Department of Labor. Available from: https://www.bls.gov/oes/current/oes319091.htm. Accessed September 26, 2022.

[24] Bureau of Labor Statistics. Dental Hygienists (29-1292). Occupational Employment and Wages. May 2021. U.S. Department of Labor. Available from: https://www.bls.gov/oes/current/oes291292.htm. Accessed September 26, 2022.

[25] Murphy MB. The green thumb advantage: Cultivating and keeping a happy dental team. Dental Economics. July 12, 2022. Available from: https://www.dentaleconomics.com/money/article/14277408/the-green-thumb-advantage-cultivating-a-happy-team. Accessed September 26, 2022.

[26] Wilensky GR. Getting health care workers back to work and other workforce shortage challenges. *The Milbank Quarterly*. April 13, 2022. Available from: https://www.milbank.org/quarterly/opinions/getting-health-care-workers-back-to-work-and-other-workforce-shortage-challenges/. Accessed September 26, 2022.

REFERENCES

SUGGESTED CITATION

ADA Health Policy Institute in collaboration with American Dental Assistants Association, American Dental Hygienists' Association, Dental Assisting National Board, and IgniteDA. Dental workforce shortages: Data to navigate today's labor market. October 2022. Available from: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf

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

April 15, 2023

Dear Mr. Prisby and Oregon Board of Dentistry Members,

As an Oregon career dental assistant and educator, I find the need to express my concerns and thoughts to the board members regarding the recent bills introduced to the legislature by Oregon elected representatives that are also licensed dentists and Oregon Dental Association (ODA) members.

Throughout my dental assisting career, I have had the opportunity and pleasure to be employed by and work with dentists who treated me as a valued team member. They promoted education, testing and certification so I could better participate in the treatment of our dental patients. This also provided me a boost in confidence and ultimately the desire to become a "life-long" learner and teacher.

Fortunately, I live in a state that allowed me to be trained on-the-job (OJT) by following the Oregon Dental Practice Act Division 42 Rules and the Dental Assisting National Board (DANB) pathways to become an Oregon Expanded Functions Dental Assistant (EFDA) and an Oregon Expanded Functions Orthodontic Dental Assistant (EFODA). Although Oregon does not require a national credential, I followed the pathway to becoming a Certified Dental Assistant (CDA) as well.

Throughout my career that has now expanded over 50 years, the Oregon Board of Dentistry, Dental Practice Act Division 42 has been the guide to achieving my goals as well as the many dental assisting students I have had the privilege to teach. Whether it was while I was teaching in the Portland Community College CODA Program, weekend EFDA courses, pit and fissure certificate courses, or infection prevention and control courses I have always reached for Division 42 to confirm that what I was teaching was in line with the rules.

When rule changes were proposed and new guidelines written and approved, I must admit I did not always agree with the outcomes. However, it was a fair and equitable process that allowed all dental community members to weigh in through meetings, committee work and public hearings.

Oregon House Bill 2996 and 3223 are directed at eliminating dental assisting exams and bypassed the normal rule changing process without any input from the dental community, the Oregon Board of Dentistry (OBD), the Oregon Dental Assistants Association (ODAA) or the Oregon Dental Assisting Educators Consortium. These organizations are the backbone of professional dental assistants in the state of Oregon. The bills appear to degrade the dental assistant profession by removing the education and certification pathways which will ultimately reduce the quality of dental patient care.

This is not the way to improve the dental assistant shortage in our state. It will not open a pipeline of people who want to become dental assistants. Reducing education and certification requirements will reduce interest in becoming a dental assistant. Other states where exams and certification are not required are facing the same dental assisting shortages we are here in Oregon and across the country.

Currently the Division 42 rules allow dentists to train dental assistants OTJ within their dental practice. Dentists can apply to teach a Radiation Health and Safety (RHS) course that will allow a dental assistant

to take a written exam and become RHS certified. Dentists can also train a dental assistant in their office to become an EFDA. The pathways are clearly defined in the Division 42 rules.

What I have discovered throughout the past couple months is that most dentists are not aware that House Bill 3223 and 2996 will require drastic changes to Division 42 rules and what it will mean to their current and future dental assistants.

The dental community needs to "come together" to encourage dentists, dental assistants, and educators to work toward a solution through the OBD *Rule Making Process* that is already in place and has worked for many years to improve dental access and care in Oregon.

We all want to fill the shortage of dental assistants but to do so we need to actively work together to recruit and retain high quality dental assistants who will thrive in a career that provides living wages, a safe environment and where education and growth are encouraged.

If these bills pass and become law it will prohibit the OBD from managing dental assistant education and certification by dismantling the current pathways including written exams and expanded function certificates.

ODA Advocacy Program encourages "Stronger Together." I believe the dental community can become stronger by working together. We can find a solution that will not encourage bill proposals that have the potential to weaken the quality of dental care in Oregon by reducing and eliminating dental professional education and examinations.

Thank you.

Respectfully,

Ginny Jorgensen, CDA, EFDA, EFODA

To: Oregon Board of Dentistry Board Members

Thursday, Feb. 23, 2023

Dear President Javier, and Members of the Oregon Board of Dentistry,

My name is Amy Fine, I am a general dentist in Medford, Oregon and a previous Oregon Board of Dentistry member. I am writing today as a private citizen and practicing general dentist. While I serve in the role of Chief Dental Officer for La Clinica, a community health clinic, as a board member of the Oregon Primary Care Association, and an examiner for a national dental competency testing agency, my comments are not necessarily the official view for any of these organizations.

I am writing to express my strong support of removing the requirement of dental assistants to have to pass written examinations (HB 3223).

To share a bit about my background first, I earned a dental degree from Oregon Health & Science University (OHSU), was formerly a partner of Dental Quality Consulting, an affiliate faculty instructor in OHSU's School of Dentistry, and past president of the Oregon Board of Dentistry.

The area of dental assistants certification in Oregon, MUST change, to meet the current workforce needs while still promoting quality oral health and protecting all communities. In my eight years on the OBD, I do not remember us ever disciplining a dental assistant; however, I do recall us disciplining a dentist for a dental assistants actions (exposing a radiograph without passing the radiology exam). In that case, there was no harm to the patient. Most of you work with and train dental assistants regularly. You understand the workforce and clinical needs and you understand that the safety of the patient care ultimately lands with you, the licensed dentist. The current dental assistant multiple choice exams that are required do not make them a safer provider nor adequately prepare an assistant to work with us chairside. Having expensive tests with a high failure rate doesn't provide an extra layer of value or safety to the profession. In addition, they are also only provided in one language which creates a workforce entry barrier. This, in turn, can lead to access to care issues for the most vulnerable populations, especially BIPOC communities.

Removing these exams does not create any public safety concerns.
With HB 3223, there will still be certification requirements through OBD (this could look like the current EFDA skills & radiology attestation that the OBD allows). Dentists training chair side is already an alternative pathway. We currently attest assistants are competent at radiologic proficiency and the many other tasks they do in the clinic.

I strongly urge the board members to evaluate the antiquated nature of the multiple choice exams and chose a different direction that is more supportive of our profession and your mission of: promoting quality oral health care and protect all communities in the state of Oregon by equitably and ethically regulating dental professionals, thank you.

Dr. Amy Fine, DMD

From: Molina, Bernadette <molinab@ada.org>
Sent: Wednesday, March 22, 2023 8:38 AM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Cc: Molina, Bernadette <molinab@ada.org>
Subject: State Board Participation on 2023 Accreditation Site Visit - OR

Good morning Mr. Prisby:

The Commission on Dental Accreditation would like to extend an invitation to your State Board for participation in the upcoming 2023 site evaluation. To aid the Commission in preparing for the site visit evaluation, please complete the attached "***Confirmation of State Board Participation***" form and return it by **April 7, 2023**. **If additional time is needed, please let me know**.

This is to notify you that the institutions listed below have indicated a willingness to have a representative of your state board participate in the Commission on Dental Accreditation's 2023 on-site evaluations of the following dental education programs:

Dental Hygiene Education (Initial) Accreditation Site Visit:

Concorde Career College Portland, OR, 8/8/2023–8/9/2023

Appointment Process: In accordance with the attached policy statement for state board participation on site visit teams, the state board of dentistry is requested to submit the names of ***two*** representatives who are ***current members*** of the board for each site visit listed. The Commission will then ask the institution to select ***one*** individual to participate on the visit. You will be notified when the institution has selected a representative. Prior to the visit, the representative will receive an informational packet from the Commission and the self-study document from the institution.

Confirmation of State Board Participation Form (to be returned): The board of dentistry is requested to complete this form for each program identified above. It must be returned by the due date, regardless of whether the response from the State Board is yes or no.

Once the completed form is received, we will notify the institution of your availability to participate**. Please note, the state board reimburses its members for ALL expenses incurred during the site visit**.

Conflicts of Interest: When selecting its representatives, the state board should consider possible conflicts of interest. These conflicts may arise when the representative has a family member employed by or affiliated with the institution; or has served as a current or former faculty member, consultant, or in some other official capacity at the institution. Please refer to the enclosed policy statements for additional information on conflicts of interest.

Time Commitment: **It is important that the selected representative be fully informed regarding the time commitment required**. In addition to time spent reviewing program documentation in advance of the visit, the representative should ideally be available the evening before the visit to meet with the Commission's site visit team. Only one state board

representative may attend each site visit to ensure that continuity is maintained; the representative is expected to be present for the entire visit.

Confidentiality and Distribution of Site Visit Reports: Please note that, as described in the enclosed documents, state board representatives attending CODA site visits must consider the program's self-study, site visit report, and all related accreditation materials confidential. Release of the self-study, report, or other accreditation materials to the public, including the state board, is the prerogative of the institution sponsoring the program. **State Board representatives who attend a site visit will be requested to sign a confidentiality agreement. If the confidentiality agreement is not signed, the individual will not be allowed to attend the site visit.**

If the Commission can provide further information regarding its site visit evaluation process, please feel free to contact me. Thank you in advance for your efforts to facilitate the board's participation in the accreditation process.

Attachment: *(to be returned by April 7, 2023)*

- *Confirmation of State Board Participation Form*

Additional Informational Documents:

- *Policy on State Board Participation and Role During a Site Visit*
- *Policy on Conflict of Interest*
- *Policy on Public Disclosure and Confidentiality*
- *Name or Contact Information Change Form*

Thank you,

Bernadette

Bernadette Molina molinab@ada.org

Site Visit Coordinator
Commission on Dental Accreditation (CODA)
312-440-2668 Office

Commission on Dental Accreditation
Confirmation of State Board Participation
on Dental Education Site Visits

Name of Institution: **Concorde Career College Portland, Oregon**

Program(s) to be Evaluated: **Dental Hygiene**

Dates of Site Evaluation: **8/8/2023–8/9/2023**

To aid the Commission in preparing for the site evaluation noted above, please promptly check the appropriate statements and complete the information requested **or call if additional time is needed.**

_____ The State Board is unable to participate in the site evaluation.

_____ The State Board wishes to participate in the site evaluation and submits the following names of current Board members for the institution's consideration.

Name:		Name:	
Home Address:		Home Address:	
City:		City:	
State/Zip:		State/Zip:	
Cell /Phone:		Cell/Phone:	
Fax:		Fax:	
E-Mail:		E-Mail:	

Authorized Signature _____ Date: _____

Name: _____

Title: _____

Phone: _____ E-Mail: _____

Return by email to molinab@ada.org

Attn: Ms. Bernadette Molina
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611

L. POLICY ON STATE BOARD PARTICIPATION DURING SITE VISITS

It is the policy of the Commission on Dental Accreditation that the state board of dentistry is notified when an accreditation visit will be conducted in its jurisdiction. The Commission believes that state boards of dentistry have a legitimate interest in the accreditation process and, therefore, strongly urges institutions to invite a current member of the state board of dentistry to participate in Commission site visits. The Commission also encourages state boards of dentistry to accept invitations to participate in the site visit process.

If a state has a separate dental hygiene examining board, that board will be contacted when a dental hygiene program located in that state is site visited. In addition, the dental examining board for that state will be notified.

The following procedures are used in implementing this policy:

1. Correspondence will be directed to an institution notifying it of a pending accreditation visit and will include a copy of Commission policy on state board participation. The institution is urged to invite the state board to send a current member. The Commission copies the state board on this correspondence.
2. The institution notifies the Commission of its decision to invite/not invite a current member of the state board. If a current member of the state board is to be present, s/he will receive the same background information as other team members.
3. If it is the decision of the institution to invite a member of the state board, Commission staff will contact the state board and request the names of at least two of its current members to be representatives to the Commission.
4. The Commission provides the names of the two state board members, to the institution. The institution will be able to choose one of the state board members. If any board member is unacceptable to the institution, the Commission must be informed in writing.
5. The state board member, if authorized to participate in the site visit by the institution, receives the self-study document from the institution and background information from the Commission prior to the site visit.
6. The state board member must participate in all days of the site visit, including all site visit conferences and executive sessions.
7. In the event the chair of the site visit committee determines that a vote is necessary to make a recommendation to the Commission, only team members representing the Commission will be allowed to vote.
8. The state board reimburses its member for expenses incurred during the site visit.

The following statement was developed to assist state board members by clearly indicating their role while on-site with an accreditation team and what they may and may not report following a site visit. The statement is used on dental education, advanced dental education and allied dental education site visits. The state board member participates in an accreditation site visit in order to develop a better understanding of the accreditation site visit process and its role in ensuring the competence of graduates for the protection of the public. The dental, advanced dental and allied dental education programs are evaluated utilizing the Commission's approved accreditation standards for each respective discipline.

The state board member is expected to be in attendance for the entire site visit, including all scheduled conferences and during executive sessions of the visiting committee. While on site the state board member:

- provides assistance in interpreting the state's dental practice act and/or provides background on other issues related to dental practice and licensure within the state.

- on allied dental education visits: assists the team in assessing the practice needs of employer-dentists in the community and in reviewing those aspects of the program which may involve the delegation of expanded functions.
- on dental school visits: functions primarily as a clinical site visitor working closely with the clinical specialist member(s) who evaluate the adequacy of the preclinical and clinical program(s) and the clinical competency of students.

Following the site visit, state board members may be asked to provide either a written or oral report to their boards. Questions frequently arise regarding what information can be included in those reports while honoring the Agreement of Confidentiality that was signed before the site visit. The following are some general guidelines:

- What You May Share:
  - Information about the Commission's accreditation standards, process and policies.
- What You May Not Share:
  - The school's self-study;
  - Previous site visit reports and correspondence provided to you as background information;
  - Information revealed by faculty or students/residents during interviews and conferences;
  - The verbal or written findings and recommendations of the visiting committee; and
  - Any other information provided in confidence during the conduct of an accreditation visit.

The Commission staff is available to answer any questions you may have before, during or after a site visit.

Revised: 7/09, 1/00; Reaffirmed: 8/19; 8/10, 7/07, 7/04, 7/01, 12/82, 5/81, 12/78, 12/75; Adopted: 8/86

CONFLICT OF INTEREST POLICY

Evaluation policies and procedures used in the accreditation process provide a system of checks and balances regarding the fairness and impartiality in all aspects of the accreditation process. Central to the fairness of the procedural aspects of the Commission's operations and the impartiality of its decision making process is an organizational and personal duty to avoid real or perceived conflicts of interest. The potential for a conflict of interest arises when one's duty to make decisions in the public's interest is compromised by competing interests of a personal or private nature, including but not limited to pecuniary interests.

Conflict of interest is considered to be: 1) any relationship with an institution or program, or 2) a partiality or bias, either of which might interfere with objectivity in the accreditation review process. Procedures for selection of representatives of the Commission who participate in the evaluation process reinforce impartiality. These representatives include: Commissioners, Review Committee members, site visitors, and Commission staff.

In addition, procedures for institutional due process, as well as strict guidelines for all written documents and accreditation decisions, further reinforce adherence to fair accreditation practices. Every effort is made to avoid conflict of interest, either from the point of view of an institution/program being reviewed or from the point of view of any person representing the Commission.

On occasion, current and former volunteers involved in the Commission's accreditation process (site visitors, review committee members, commissioners) are requested to make presentations related to the Commission and its accreditation process at various meetings. In these cases, the volunteer must make it clear that the services are neither supported nor endorsed by the Commission on Dental Accreditation. Further, it must be made clear that the information provided is based only on experiences of the individual and not being provided on behalf of the Commission.

Revised: 8/15; 8/14; Reaffirmed: 8/18; 2/18; 8/12, 8/10

1. Visiting Committee Members: Conflicts of interest may be identified by either an institution/program, Commissioner, site visitor or Commission staff. An institution/program has the right to reject the assignment of any Commissioner, site visitor or Commission staff because of a possible or perceived conflict of interest. The Commission expects all programs, Commissioners and/or site visitors to notify the Commission office immediately if, for any reason, there may be a conflict of interest or the appearance of such a conflict.

All active site visitors who independently consult with educational programs accredited by CODA or applying for accreditation must identify all consulting roles to the Commission and must file with the Commission a letter of conflict acknowledgement signed by themselves and the institution/program with whom they consulted. All conflict of interest policies as noted elsewhere in this document apply. Contact the CODA office for the appropriate conflict of interest declaration form.
Conflicts of interest include, but are not limited to, a site visitor who:

- is a graduate of a program at the institution;
- has served on the program's visiting committee within the last seven (7) years;
- has served as an independent consultant, employee or appointee of the institution;
- has a family member who is employed or affiliated with the institution;
- has a close professional or personal relationship with the institution/program or key personnel in the institution/program which would, from the standpoint of a reasonable person, create the appearance of

a conflict;

- manifests a partiality that prevents objective consideration of a program for accreditation;
- is a former employee of the institution or program;
- previously applied for a position at the institution within the last five (5) years;
- is affiliated with an institution/program in the same state as the program's primary location;
- is a resident of the state; and/or
- is in the process of considering, interviewing and/or hiring key personnel at the institution.

Note: Because of the nature of their positions, a state board representative will be a resident of the state in which a program is located and may be a graduate of the institution/program being visited. These components of the policy do not apply for state board representatives, although the program retains the right to reject an individual's assignment for other reasons.

If an institutional administrator, faculty member or site visitor has doubt as to whether or not a conflict of interest could exist, Commission staff should be consulted prior to the site visit. The Chair, Vice-Chair and a public member of the Commission, in consultation with Commission staff and legal counsel, may make a final determination about such conflicts.

Revised: 2/21; 8/18; 2/18; 2/16; 8/14; 1/14; 2/13; 8/10; Reaffirmed: 8/12

F. POLICY ON PUBLIC DISCLOSURE

Following each meeting, final accreditation actions taken with respect to all programs, are disclosed to all appropriate agencies, including the general public. The public includes other programs or institutions, faculty, students and future students, governing boards, state licensing boards, USDE, related organizations, federal and state legislators and agencies, members of the dental community, members of the accreditation community and the general public. In general, it includes everyone not directly involved in the accreditation review process at a given institution**.**

If the Commission, subsequent to and following the Commission's due process procedures, withdraws or denies accreditation from a program, the action will be so noted in the Commission's lists of accredited programs. Any inquiry related to application for accreditation would be viewed as a request for public information and such information would be provided to the public. The scheduled dates of the last and next comprehensive site visits are also published as public information.

The Commission has procedures in place to provide a brief statement summarizing the reasons for which it takes an adverse accreditation action. If initial accreditation were denied to a developing program or accreditation were withdrawn from a currently accredited program, the reasons for that denial would be provided to the Secretary of the U.S. Department of Education, the appropriate accrediting agencies, any appropriate state licensing or authorizing agencies, and to the public. In addition, the official comments that the affected institution or program may wish to make with regard to that decision, or evidence that the affected institution has been offered the opportunity to provide official comment will also be made available to the Secretary of the U.S. Department of Education, the appropriate accrediting agencies, any appropriate state licensing or authorizing agencies, and to the public

All documents relating to the structure, policies, procedures, and accreditation standards of the Commission are available to the public upon written request. Other official documents require varying degrees of confidentiality.

Revised: 1/05, 2/01, 7/00; Reaffirmed: 8/18; 8/12, 8/10; Adopted: 7/94, 5/93

E. CONFIDENTIALITY POLICY

All materials generated and received in the accreditation process are confidential. In all instances Protected Health Information (PHI), Personally Identifiable Information (PII) and student/resident/fellow identifying information must not be improperly disclosed. The Commission's confidentiality policies apply to Commissioners, Review Committee members, members of the Appeal Board, and site visitors. Confidential materials are maintained to ensure the integrity of the institution/program and of the accreditation process, and may be shared by the Commission in instances related to USDE re-recognition or responding to state or federal legal requirements, as appropriate. Because of the confidential nature of the accreditation process, the Commission identifies three (3) points of contact with whom Commission staff is authorized to communicate, either in writing or verbally. These individuals are designated by the sponsoring institution and include the chief executive officer (university president/chancellor/provost or medical center director), the chief academic officer (dean/academic dean/chair/chief of dental service, etc.), and the program director. Commission staff is not authorized to discuss program-specific situations or share confidential material with any other individual(s).

Confidentiality applies without limitation, to the following:

SELF-STUDY DOCUMENT: At the discretion of the institution, the administration may either release information from this document to the public or keep it confidential. The Commission will not release the self-study document.

SITE VISIT REPORT**:** The preliminary draft of a site visit report is an unofficial document and remains confidential between the Commission and the institution's executive officers and may not, under any circumstances, be released. Members of a visiting committee who review preliminary drafts of the report must consider the report as privileged information and must not discuss it or make its contents known to anyone, under any circumstances. Oral comments made by site visit team members during the course of the site visit are not to be construed as official site visit findings unless documented within the site visit report and may not be publicized. Further, publication of site visit team members' names and/or contact information is prohibited. Reasons for assigning any non-adverse status other than full approval remain confidential between the institution and the Commission unless the institution wishes to release them. Public release of the final draft of the site visit report that is approved by the Commission is at the sole discretion of the institution. If there is a point of contention about a specific section of the final site visit report and the institution elects to release the pertinent section to the public, the Commission reserves the right to make the entire site visit report public.

INSTITUTION'S RESPONSE TO A SITE VISIT REPORT: Release of this information is at the sole discretion of the institution. An institution's response must not improperly disclose any Protected Health Information; however, if any such information is included in the response, such information will not be made public.

TRANSMITTAL LETTER OF ACCREDITATION NOTIFICATION: Information such as accreditation status granted and scheduled dates for submission of additional information is public information. However, release of other information or details is at the sole discretion of the institution and will not be disclosed by the Commission.

PROGRESS REPORT: The scheduled date for submission of progress reports is public information. Release of the content of a progress report is at the sole discretion of the institution. If there is a point of contention about a particular portion of the progress report and the institution elects to release the pertinent portion to the public, the Commission reserves the right to make public the entire progress report. Progress reports must not disclose Protected Health Information (PHI) or Personally Identifiable Information (PII).

SURVEYS: Routinely gathered data are used in the accreditation process and also provide a national data base of information about the accredited dental and dental-related educational programs. The Commission may release to the public any portion of survey data that is collected annually unless the terms of confidentiality for a specific section are clearly indicated on the survey instrument. Subsections of each survey instrument containing data elements which are confidential are clearly marked. Any data which may be reported from confidential subsections are published in a manner which does not allow identification of an individual institution/program.

EXIT INTERVIEWS: The final conference or exit interview between the site visit committee and the chief executive officer, dental dean, chief of dental service or the program director(s) is also confidential. Additional people may be included at the discretion of the institutional administration. The interview is a confidential summation of the preliminary findings, conclusions, recommendations and suggestions which will appear in the site visit report to the institution. This is a preliminary oral report and the preliminary written report is often only in draft stage at this point; therefore, this session may not be recorded in either audio or video format. Note taking is permitted and encouraged.

ON-SITE INTERVIEWS AND ORAL COMMUNICATIONS: In order to carry out their duties as on-site evaluators, visiting committee members must communicate freely with administrators, faculty, staff and students and any other appropriate individuals affiliated with an education program. As part of their on-site accreditation duties, committee members are expected to share with other team members pertinent and relevant information obtained during interviews. All oral communications occurring on-site, however, are confidential. Interviews may not be recorded in either audio or video format. Note taking is permitted and encouraged. When the site visit ends, team members may communicate orally, or in writing, only with Commission staff or other team members about any on-site interview or conversation. All questions related to any aspect of the site visit including oral communications must be referred to the Commission office.

MEETING MATERIALS/DISCUSSIONS: Background reports and informational materials related to accreditation matters are regularly prepared for review by the Commission and its Review Committees. These materials and all discussions related to accreditation matters routinely remain confidential. The Commission determines when, and the manner in which, newly adopted policy and informational reports will receive public distribution.

PROTECTED HEALTH INFORMATION: Patients' protected health information, which includes any information that could identify an individual as a patient of the facility being site visited, may not be used by the site visitors, Review Committee members, or Commissioners for any purpose other than for evaluation of the program being reviewed on behalf of the Commission. Protected Health Information may not be disclosed to anyone other than Commissioners, Commission staff, Review Committee members or site visitors reviewing the program from which the Protected Health Information was received. Individual Protected Health Information should be redacted from Commission records whenever that information is not essential to the evaluation process. If a site visitor, Review Committee member, or Commissioner believes any Protected Health Information has been inappropriately used or disclosed, he/she should contact the Commission office.

MEETINGS: Policy portions of the Review Committee and Commission-meetings are open to observers, while accreditation actions are confidential and conducted in closed session. All deliberations of the Appeal Board are confidential and conducted in closed session.

NOTICE OF REASONS FOR ADVERSE ACTION: Notice of the reasons for which an adverse accreditation action (i.e. deny or withdraw) is taken is routinely provided to the Secretary of the U.S. Department of Education, any appropriate state agencies, and, upon request, to the public.

Revised: 8/20; 8/18; 2/18; 2/16; 8/14; 1/05, 2/01, 7/00; Reaffirmed: 8/12, 8/10; Adopted: 7/94, 5/93

EXECUTIVE DIRECTOR CHANGES

If the Executive Director of your State Board has changed, or if the contact information for your current Executive Director has changed, please indicate as such below:

Contact Information for **New** Executive Directors (add new contact information below):

Name of State Board: _____

Name of New Exec Director: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Contact Information Updates for **Current** Executive Directors (update as appropriate):

Name of State Board: _____

Name of Current Exec Director: _____

Updated Address: _____

Updated City, State, Zip: _____

Updated Phone: _____

Updated Email: _____

_____

Return by email to molinab@ada.org

Attn: Ms. Bernadette Molina
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611

CODA
Commission on Dental Accreditation

From: Stephen Bush <Stephen.C.Bush@kp.org>
Sent: Friday, February 17, 2023 4:09 PM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Cc: CARTER Bernie * OBD <Bernie.Carter@obd.oregon.gov>
Subject: Question regarding maintaining 3D images from digital scanners

Dear Mr. Prisby,

I presented this question to Dr. Carter and he recommended that I email you.

Permanente Dental Associates is hoping the Board of Dentistry can provide some guidance around storage/retention of 3D digital models taken with an intraoral scanner.

We are evaluating several digital scanner products, each of which comes with its own vendor-maintained proprietary software. The vendor provides cloud-based storage of the images for the dentist as part of the contract. So far, we are finding the longest period that any vendor will retain the images is 3 years. This, of course, does not meet the 7-year retention requirement for all patient records at OAR 818-012-0070(3), subject to the enumerated exceptions. Additionally, as we read OAR 818-012-0032(2)(A), these scanned 3D images would be considered "digital records" and therefore a dentist must provide them to patients within 14 days of a request under the rule. A dentist would not be able to produce the digital files to a patient or to the Board after the vendor's storage period expires unless the dentist personally stores the images.

If a dentist enters into a contract with a digital scanning vendor, the dentist will not be in actual possession of the images; the vendor is in possession and control of the images. The dentist merely has a license to use the software and therefore access the cloud-stored images. In theory, the dentists could download and store the images to their own computer systems or store them in the cloud, but we would be talking about many terabytes worth of storage for a typical-size dentist panel. So, to comply the dentist would have to arrange for their own cloud storage of these images after the vendor's contracted storage period expires.

Additionally, if the dentist switches from scanner vendor A to scanner vendor B, the stored images may not necessarily be compatible with the new vendor's software. Patients also won't have the correct vendor software to view the images, and their new dentist may not have the correct software. I understand there is a STL "universal" image standard for these dental scanners, but I'm told by our IT staff that it's not always easily manipulable or useful for downstream dentists or patients without the proprietary software.

What is the Board's guidance for dentists regarding digital 3D images stored by the digital scanner

companies that dentists contract with? Just going with the vendor's storage plan would not be compliant with the 7-year retention requirement. But the software vendors have all the bargaining power in these transactions and they have no desire to store the images any longer than they have to. Does the dentist need to arrange for their own long-term cloud storage? Could an exception be added to the Dental Practice Act regarding 3D images that are stored by the digital scanner vendors?

I hope this inquiry makes sense. I would be happy to speak by phone.

Thank you,

Steve Bush, JD ("he/him")
Vice-President, Legal Services & Government Relations
Compliance, Privacy & Security Official

Permanente Dentistry
Permanente Dental Associates

971-221-6615 (mobile)
~~503-813-2724 (office)~~
~~49-2724 (tie-line)~~
stephen.c.bush@kp.org

Office Hours: M-F 8-2
Upcoming PTO:

pda-dental.com

Facebook | Twitter

Kaiser Permanente
kp.org

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OTHER ISSUES

From: EBAS <skjeldgaard+ebas.org@ccsend.com>
Sent: Tuesday, March 21, 2023 12:54 PM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Subject: Allegations of Unethical Conduct

EBAS
ETHICS FOR PUBLIC PROTECTION



Licensee Responding to Allegations of Unethical Conduct?

Ethics and Boundaries Assessment Services (EBAS) *partners with the regulatory community, offering a profession specific, computerized exam that assesses a licensee's understanding of ethical issues relevant to the professional workplace environment.*

Assessing licensed professionals in the areas of:

The EBAS exam gets a snapshot of the participant's critical thinking. Critical thinking plays a significant role in ethics because it is the process by which one determines whether something is right or wrong.

Ethical and critical thinking are both important, and it helps to understand how we need to use them together to make decisions. Critical thinking helps us narrow our choices. Ethical thinking includes values as a filter to guide us to an ethical choice.





Adaptable

Optional Add On Live Webinars

Live Webinars

EBAS 60-minute interactive live courses led by a former Assistant Attorney General as assigned counsel and prosecuting attorney to numerous health professions licensure boards and frequent participant in continuing education.

Courses

These webinars are an informative and detailed trip into the world of misconduct ir the medical profession. Learn the most common, strict laws that apply to protec the patient, the staff of the dentists, and sometimes even the dentist. Examine case law from the courts where state licensure boards have sanctioned the licensee.

- *Fraud in Medicine – Strict Laws and the Ways Dentists Violate Them.*
- *Unprofessional Conduct in Medicine – Strict Laws and the Ways Dentists Violate Them.*
- *Sexual Misconduct in Medicine – Strict Laws and the Ways Dentists Violate Them.*
- *Professional Standards in Medicine – Strict Laws and the Ways Dentists Violate Them.*
- *Case Study – A Step-by-Step Analysis of a Misconduct Case Between Dentist and Patient.*

After each course, EBAS will provide a certificate of participation and a summary of the licensee's level of understanding and participation.

If the applicant seeks CE credits for the above courses, EBAS will provide the licensee with the necessary documentation.



Registration to Results

From registration to results, EBAS offers a seamless process for licensees and regulatory boards.

Application	*Apply at www.EBAS.org*
Fees	*$400 per essay, $500 per webinar course*
Test Administration	*Proctored exams administered at Prometric test centers.*
Experienced Graders	*All graders have regulatory experience; board members, board attorneys, and administrative law judges.*
Score Report	*After grading, a Score Report is produced and sent to the designated state board and licensee.*

From: dtssurveys <dtssurveys@ada.org>
Sent: Wednesday, March 1, 2023 10:21 AM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Cc: Hooper, Marjorie G. <hooperm@ada.org>; Waldschmidt, David <waldschmidtd@ada.org>
Subject: RE: Confirmation of Request from the Joint Commission on National Dental Examinations

JCNDE JOINT COMMISSION ON NATIONAL DENTAL EXAMINATIONS

The following communication is being sent on behalf of Dr. John D. Da Silva, Chair of the Joint Commission on National Dental Examinations.

To: US Dental and Dental Hygiene Boards
Subject: Possible Development of a National Board Dental Therapy Examination (NBDTE)

The Joint Commission on National Dental Examination (JCNDE) requests your board or licensing agency's input on the potential development of a National Board Dental Therapy Examination (NBDTE). As such, your board or licensing agency is invited to indicate its position concerning development of this new examination program. **The JCNDE asks that responses be provided by May 1, 2023.**

The information you provide will be used to understand jurisdictional needs for an NBDTE and the feasibility of making such an examination available. Additionally, the information will help us to understand the unique needs and perspectives of your board or licensing agency, with the goal of better serving your board or licensing agency as it works to protect the public health. A summary of findings will be published in the JCNDE Unofficial Report of Major Actions, which will be available on the JCNDE's website (jcnde.ada.org) in early July 2023.

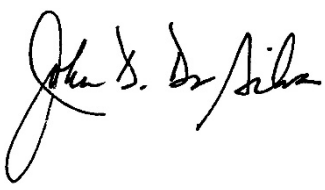
To assist your board or licensing agency in preparing its response, the JCNDE has provided a list of questions via the following link: JCNDE Dental Therapy Questions.pdf. Subsequent to review and consideration of these questions, your board or licensing agency may submit its responses via the following link, to signify your board or licensing agency's official position:

Click here to provide your responses

If you have any questions about submitting your board or licensing agency's responses, please contact the Department of Testing Services at dtssurveys@ada.org. If you have any questions about the JCNDE, please feel free to contact the JCNDE at jcnde@ada.org. If your board or licensing agency is not authorized to make decisions with respect to the licensing of new professions, we ask that you please forward this request to the appropriate agency.

The JCNDE appreciates your board or licensing agency's consideration of this important request, as the JCNDE seeks to provide assistance in service to the protection of the public health.

Sincerely,



John D. Da Silva, DMD, MPH, ScM
Chair, JCNDE

Recipient Data:

Response ID	R_DH7e7rttlGzOT6h
End Date	2023-03-01T19:16:19Z
IP Address	159.121.206.72

Response Summary:

Thank you for providing your important feedback. This request focuses on the status of Dental Therapy in the United States. Your response on behalf of your jurisdiction will be reported to the Joint Commission on National Dental Examinations (JCNDE). Results will be used to understand jurisdictions' needs for a National Board Dental Therapy Examination (NBDTE), and the feasibility of making such an examination available.

Dental Therapist: For purposes of this request, a dental therapist is defined as a mid-level provider – analogous to a nurse practitioner or physician assistant in medical settings – who provides preventive and restorative dental care for children and adults in accordance with a prescribed scope of practice and supervision that is determined by each jurisdiction.

Click the arrow below to begin.

Q2. Please indicate the jurisdiction of your board or licensing agency.
- Oregon

Q4. Thank you for responding on behalf of your jurisdiction. Please provide your name.
Stephen Prisby

Q5. Please provide information about your role.
- Staff (Executive Director or Support Staff)

Q6. If your jurisdiction would like to receive a copy of its responses, please provide an email address below.
stephen.prisby@state.or.us

Q7. As a reminder, for purposes of this request a dental therapist is defined as a mid-level provider – analogous to a nurse practitioner or physician assistant in medical settings – who provides preventive and restorative dental care for children and adults in accordance with a prescribed scope of practice and supervision that is determined by each jurisdiction.

Within your jurisdiction, which entity has the authority to establish dental therapy as a licensed profession?
The Oregon Legislature

Q8. Which of the following best describes the status of dental therapy as a licensed profession within your jurisdiction?
- The decision to license dental therapists was considered within our jurisdiction. Dental therapists are currently being licensed within our jurisdiction

Q9. Please provide any additional comments that may help the JCNDE better understand the status of dental therapy within your jurisdiction.
N/A

Q10. If available, please provide hyperlink(s) to your jurisdiction's dental therapy rules, practice act, or any proposed draft language or resolution(s) under consideration.
https://www.oregonlegislature.gov/bills_laws/ors/ors679.html

Q11. Please indicate the first date when dental therapists became eligible for licensure within your jurisdiction.

Legislation passed in 2021 but rules were not finalized and effective until July 1, 2022

Q13. What is your best estimate of the number of dental therapists that will be licensed to practice within your jurisdiction within the next five years?

50 -80

The Joint Commission on National Dental Examinations is considering development of a National Board Dental Therapy Examination (NBDTE). This examination could be designed to fulfill board and licensing agency cognitive and/or clinical skills requirements. This includes candidate qualifications such as the following:

> Cognitive skills: Candidate's knowledge of the properties of various restorative materials.
>
> Clinical skills: Candidate's clinical judgment concerning the adequacy of a restoration, as represented in a 3D model.

Q15. Would your board or licensing agency consider utilizing an NBDTE that measures candidate cognitive skills, in fulfillment of your board or licensing agency's cognitive skills requirements?

- Not sure

Q16. Would your board or licensing agency consider utilizing a comprehensive NBDTE that measures candidate cognitive skills and candidate clinical judgment, in fulfillment of your board or licensing agency's cognitive and clinical skills requirements?

- Not sure

Q17. Note: With regard to the following block of questions, the JCNDE seeks general (unofficial) feedback, with the understanding that the board's position may change over time.

With respect to the evaluation of candidate clinical skills, please indicate whether any of the following measurement methods would likely be acceptable or required by your board or licensing agency.

Evaluation using a computer-based examination involving 3D models	Not Sure
Evaluation using a manikin	Not Sure
Evaluation using a dental simulator	Not Sure
Evaluation using professionally developed psychomotor tests involving arm-hand steadiness, eye-hand coordination, etc.	Not Sure

Q21. Please explain your response.

The Board would have to discuss this, I cannot answer for them at this time.

Q18. Please provide any additional comments your board or licensing agency may have.

N/A

Q19. Would your board or licensing agency be interested in receiving a presentation on an examination of the Joint Commission on National Dental Examinations? If so, select all that apply below.

- Dental Hygiene Licensure Objective Structured Clinical Examination (DHLOSCE™)
- Dental Licensure Objective Structured Clinical Examination (DLOSCE™)
- Integrated National Board Dental Examination (INBDE™)

Q20. Please provide a name and contact information so that presentation arrangements can be made.
Stephen Prisby 971-673-3200 stephen.prisby@state.or.us

Embedded Data:

Job Title	Executive Director
State	OR

NEW TIME: Registration for the JCNDE State Dental Board Forum (June 26, 2023, 12:00 PM CENTRAL)

American Dental Association <ada@messaging.ada.org>

Thu 3/30/2023 7:37 AM

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

NEW TIME: Registration for the JCNDE State Dental Board Forum (June 26, 2023, 12:00 PM CENTRAL)

JCNDE
JOINT COMMISSION ON NATIONAL DENTAL EXAMINATIONS

UPDATE TO TIME OF FORUM: To facilitate participation by boards across the U.S., the JCNDE has revised the time of its annual State Dental Board Forum. Please note that this forum will now be held from **12:00 to 1:00 PM (CENTRAL) on Monday, June 26, 2023**. An updated notification appears below.

If you have already registered and downloaded the appointment to your calendar, we ask that you please manually update your appointment to reflect the new time, or delete your prior registration and enter a new one. We apologize for any inconvenience and look forward to your attendance.

JUNE
26
12:00 PM CENTRAL

Register

Registration for the JCNDE State Dental Board Forum

On an annual basis, the Joint Commission on National Dental Examinations (JCNDE) convenes a forum for boards of dentistry and dental hygiene, to facilitate open communication and share information about the JCNDE's National Board Examinations.

The State Dental Board Forum (SDBF) will be held on Monday, June 26, 2023 from 12:00 to 1:00 PM (CENTRAL). The SDBF will be conducted remotely via web conferencing software. All dental and dental hygiene board members are encouraged to attend this important event.

Those interested in attending must register to do so. Please click the "Register" button and complete the short webinar registration form by Friday, June 9. If there are specific questions you would like addressed during the forum, please also make sure to include them in the "Questions and Comments" portion of the registration form.

The JCNDE welcomes your participation. If you have any questions, please contact Alexis Curtis at curtisa@ada.org.

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Job Opportunity as Oregon Health Authority's Dental Director

The Oregon Health Authority (OHA) has a fantastic opportunity for a Dental Director with management experience. This is a critical position that will partner with the oral health community to provide robust integrated physical, behavioral, and oral health care for Oregon Health Plan (OHP-Medicaid) members. The Dental Director will provide oral health consultation across OHA, including programmatic oversight, administration, policy, planning and execution of oral and health prevention-based activities. This position will act as a liaison between OHA and Oregon's dental community, identify oral health trends nationally and statewide to determine and implement oral health care policies, and provide the best benefits and access to populations facing the greatest health disparities. Please see the recruitment announcement for more details regarding job qualifications, duties and application instructions.

Recruitment Announcement to apply:
https://oregon.wd5.myworkdayjobs.com/SOR_External_Career_Site/job/Portland--OHA--Oak-Street/Health-Policy-and-Program-Administrator-2--PEMH-_REQ-123574

All job openings for the OHA Health Systems Division:
https://www.oregon.gov/oha/HSD/Pages/Jobs.aspx

PUBLIC HEALTH DIVISION
Center for Health Protection, Radiation Protection Services
Tina Kotek, Governor

Oregon Health Authority

800 NE Oregon Street, Suite 640
Portland, OR 97232
(971) 673-0490

Informational Bulletin 2023-01

January 9, 2023

To: Dental Facility Registrants

From: David M. Howe, Program Director
Radiation Protection Services

Subject: Clarification of Shielding Requirements and Hand-Held Intraoral X-Ray Use in Dental Facilities

The Center for Health Protection, Radiation Protection Services (RPS) is releasing this informational bulletin to clarify the Oregon Administrative Rules (OARs) regarding x-ray shielding requirements in a dental setting and the utilization of hand-held intraoral x-ray units for routine use.

Machines Requiring a Shielding Study Prior to Use

Prior to use in a dental setting, the following x-ray machine types must have a shielding plan performed by a qualified expert:

1. Panoramic X-Ray
2. Cephalometric X-Ray
3. Cone Beam CT X-Ray

General requirements for the information that must be submitted in a shielding plan is outlined in OAR 333-106-120. RPS inspectors will review shielding plans during routine inspections.

[Note: Intraoral and hand-held x-ray machines are exempt from this requirement].

Clarification of "Protected Area" for Permanently Installed X-Ray Machines: Physical Barriers vs. Distance

During x-ray operations, the exposure switch for the x-ray unit shall be placed in a "protected area" as defined in OAR 333-106-0005(78) and the operator shall remain in that area during the entire exposure.

In most cases a fixed barrier, such as a wall or shielded viewing window, is the most convenient and effective means to shield the primary x-ray beam and associated scatter radiation, although in some cases a fixed barrier is not practical due to facility design constraints.

According to the National Council on Radiation Protection and Measurements (NCRP) Report No. 177, in absence of a physical barrier, the operator ***shall*** remain at least 2 meters from the machine. Additionally, the operator should be positioned as to not be in line with the primary radiation beam as it exits the patient.

During a routine site visit, the inspector may evaluate the effectiveness of the physical distancing by calculating the average dose received by the operator in the protected area by multiplying the average measured scatter radiation received per exposure by the average number of exposures performed in an hour.

Regardless of the method of protected area utilized, the operator must maintain visual contact with the patient throughout the exposure.

Use of Hand-Held Intraoral X-Ray Devices as a Primary X-Ray Device for General Dentistry

Based on evaluation by RPS staff on the average radiation output of an approved hand-held x-ray unit and their safe and effective use in the dental setting, the agency will now be permitting the use of hand-held x-ray devices as an approved primary x-ray machine that may be used in lieu of a stationary intraoral unit. Informational Bulletin 2010-08 will now be rescinded.

Additionally, the x-ray operator need not wear 0.25 mm lead equivalent apron and thyroid collar during use since an approved hand-held unit is installed with a permanent backscatter shield.

Facilities must ensure that the hand-held devices utilized are Authority-approved and meet the requirements of 333-106-0325(8).

If you need further clarification, please feel free to contact, Radiation Protection Services, Tom Pfahler at (971) 712-6942 or by email thomas.w.pfahleriv@oha.oregon.gov .

ADA American Dental Association®

CONTROLLED SUBSTANCE EDUCATION REQUIREMENT FOR DEA REGISTRATION

FREQUENTLY ASKED QUESTIONS
(Rev. 3/14/23)

Sec. 1263 of the spending bill Congress passed in December 2022 requires controlled substance prescribers to complete 8 hours of one-time training on safe controlled substance prescribing as a condition of receiving or renewing a DEA registration. The statutory language was taken from a separate bill, called the Medication Access and Training Expansion Act (or MATE Act).

Does this new federal training requirement affect me?

The federal training requirement applies to any licensed Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD) who requires a DEA registration to prescribe controlled substances (Schedules II, III, IV, and V). Those who do not need a DEA registration are not affected.

What am I required to do?

Controlled substance prescribers are required to complete 8 hours of one-time training on safe controlled substance prescribing as a condition of receiving or renewing a DEA registration.

DEA is required to send a "written, electronic" communication about the requirement no later than March 31, 2023.

How will I know my CE hours will satisfy the requirement?

DEA has yet to announce about what specific courses it will recognize and how it will make those determinations. The agency is required to send a "written, electronic" communication about the required training no later than March 31, 2023. Until then, we only know what is outlined in the statute.

Recognized Content. Sec. 1263 stipulates the coursework should focus on "the safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid and other substance use disorders."

Recognized CE Provider. Sec. 1263 also states that the training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) must be provided or offered by any of the following:

- American Dental Association
- American Association of Oral and Maxillofacial Surgeons
- ADA CERP-recognized providers (i.e., any organization [recognized] by the Commission for Continuing Education Provider Recognition, or CCEPR)

or

- American Society of Addiction Medicine
- American Academy of Addiction Psychiatry
- American Medical Association
- American Osteopathic Association
- American Psychiatric Association
- Any organization accredited by the Accreditation Council for Continuing Medical Education (ACCME)
- Any organization accredited by a state medical society accreditor that is recognized by the ACCME or the CCEPR
- Any organization accredited by the American Osteopathic Association to provide continuing education
- Any organization approved by the Assistant Secretary for Mental Health and Substance Use, the ACCME, or the CCEPR

Will CE hours completed prior to the law's passage count toward the new requirement?

DEA has yet to announce whether and how relevant CE hours completed prior to the law's passage would satisfy the new requirement. Sec. 1263 does not preclude DEA from doing so.

DEA is required to send a "written, electronic" communication about the required training no later than March 31, 2023.

Will I have to complete the 8 hours of federally required CE on a cyclical basis?

No. Additional training is not required after the one-time, 8-hour requirement has been satisfied. Sec. 1263 specifically states, "The Attorney General shall not require any qualified practitioner to complete the training…more than once."

How much time do I have to satisfy the new federal CE requirement?

The exact date by which registrants must satisfy the CE requirement is relative to when the prescriber obtains or renews their DEA registration—beginning on or after July 1, 2023.

According to the statute:

- ***First-time registrants.*** Beginning on or after July 1, 2023, first-time registrants will need to have satisfied the CE requirement by the time of application. (Note that Sec. 1263 specifies that relevant dental school coursework would count toward the federally required training for those who are less than five years out of dental school.)

- ***Current registrants.*** Beginning on or after July 1, 2023, current registrants will need to have satisfied the CE requirement by the time of their next renewal.

DEA may have to resolve some practical concerns through rulemaking.

Questions about whether DEA will recognize CE that was completed prior to the law's passage are addressed elsewhere in this FAQ document.

Will CE credits that are accepted for state licensure count toward the new federal requirement?

Yes. Continuing education credits accepted for state licensure can also be used to satisfy the federally required training.

Sec. 1263 specifically states, "Nothing…shall…preclude the use…of training…to satisfy registration requirements of a State or for some other lawful purpose."

Am I required to complete training on controlled substance topics that are outside of my scope of practice?

No. Dental prescribers are not required to complete coursework on controlled substance prescribing topics that are outside their scope of practice (e.g., medication-assisted treatment).

Can my state impose additional CE requirements?

Yes. The federal requirement is a floor, not ceiling. Your state may impose additional CE requirements.

Sec. 1263 specifically states, "Nothing…shall…preempt any additional requirements by a State related to the dispensing of controlled substances."

Do I have to use a specific CE provider? Will ADA CERP credits count?

Sec. 1263 stipulates that the training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) must be provided or offered by the following:

- American Dental Association
- American Association of Oral and Maxillofacial Surgeons
- ADA CERP-recognized providers (i.e., any organization [recognized] by the Commission for Continuing Education Provider Recognition, or CCEPR)

or

- American Society of Addiction Medicine
- American Academy of Addiction Psychiatry
- American Medical Association
- American Osteopathic Association
- American Psychiatric Association
- Any organization accredited by the Accreditation Council for Continuing Medical Education (ACCME)
- Any organization accredited by a state medical society accreditor that is recognized by the ACCME or the CCEPR
- Any organization accredited by the American Osteopathic Association to provide continuing education
- Any organization approved by the Assistant Secretary for Mental Health and Substance Use, the ACCME, or the CCEPR

Does the ADA offer CE on safe controlled substance prescribing?

Yes. The ADA offers continuing education for safe pharmacological management of dental pain, and the new federal law specifies that relevant ADA CERP courses will be eligible. However, DEA has yet to announce about what specific courses it will recognize and how it will make those determinations. Until then, we only know what is outlined in the statute.

The agency is required to send a "written, electronic" communication about the required training no later than March 31, 2023.

What is the ADA's position on this new requirement?

In 2018, the ADA became the only major health professional organization to support mandatory continuing education on the safe prescribing of controlled substances. Lawmakers viewed the ADA as an honest broker on the subject and made several accommodations to address some early concerns.

Unlike the original version, lawmakers:

- Removed requirements for dentists to complete coursework on topics outside their scope of practice (e.g., prescribing buprenorphine).
- Allowed state-required training to count toward the new federal training requirement.
- Allowed dental school courses to count toward the federally required training for those less than five years out of dental school.
- Permitted ADA CERP credits to count toward the federal training requirement.

Where can I find additional information?

Dentists and dental professionals may email the Member Service Center at msc@ada.org. Staff are available 8:00 AM – 5:00 PM Central Time. Additional information is available on ADA.org.

SEC. 1263. REQUIRING PRESCRIBERS OF CONTROLLED SUBSTANCES TO COMPLETE TRAINING.

(a) IN GENERAL.—Section 303 of the Controlled Substances Act (21 U.S.C. 823) is amended by adding at the end the following:

"(l) REQUIRED TRAINING FOR PRESCRIBERS.—

"(1) TRAINING REQUIRED.—As a condition on registration under this section to dispense controlled substances in schedule II, III, IV, or V, the Attorney General shall require any qualified practitioner, beginning with the first applicable registration for the practitioner, to meet the following:

"(A) If the practitioner is a physician (as defined under section 1861(r) of the Social Security Act) and the practitioner meets one or more of the following conditions:

"(i) The physician holds a board certification in addiction psychiatry or addiction medicine from the American Board of Medical Specialties.

"(ii) The physician holds a board certification from the American Board of Addiction Medicine.

"(iii) The physician holds a board certification in addiction medicine from the American Osteopathic Association.

"(iv) The physician has, with respect to the treatment and management of patients with opioid or other substance use disorders, or the safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid or other substance use disorders, completed not less than 8 hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) that is provided by—

"(I) the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Dental Association, the American Association of Oral and Maxillofacial Surgeons, the American Psychiatric Association, or any other organization accredited by the Accreditation Council for Continuing Medical Education (ACCME) or the Commission for Continuing Education Provider Recognition (CCEPR);

"(II) any organization accredited by a State medical society accreditor that is recognized by the ACCME or the CCEPR;

"(III) any organization accredited by the American Osteopathic Association to provide continuing medical education; or

"(IV) any organization approved by the Assistant Secretary for Mental Health and Substance Use, the ACCME, or the CCEPR.

"(v) The physician graduated in good standing from an accredited school of allopathic medicine, osteopathic medicine, dental surgery, or dental medicine in the United States during the 5-year period immediately preceding the date on which the physician first registers or renews under this section and has successfully

completed a comprehensive allopathic or osteopathic medicine curriculum or accredited medical residency or dental surgery or dental medicine curriculum that included not less than 8 hours of training on—

"(I) treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder; or

"(II) the safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid and other substance use disorders.

"(B) If the practitioner is not a physician (as defined under section 1861(r) of the Social Security Act), the practitioner is legally authorized by the State to dispense controlled substances under schedule II, III, IV, or V and is dispensing such substances within such State in accordance with all applicable State laws, and the practitioner meets one or more of the following conditions:

"(i) The practitioner has completed not fewer than 8 hours of training with respect to the treatment and management of patients with opioid or other substance use disorders (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Nurses Credentialing Center, the American Psychiatric Association, the American Association of Nurse Practitioners, the American Academy of Physician Associates, or any other organization approved or accredited by the Assistant Secretary for Mental Health and Substance Use or the Accreditation Council for Continuing Medical Education.

"(ii) The practitioner has graduated in good standing from an accredited physician assistant school or accredited school of advanced practice nursing in the United States during the 5-year period immediately preceding the date on which the practitioner first registers or renews under this section and has successfully completed a comprehensive physician assistant or advanced practice nursing curriculum that included not fewer than 8 hours of training on treating and managing patients with opioid and other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder.

"(2) ONE-TIME TRAINING.—

"(A) IN GENERAL.—The Attorney General shall not require any qualified practitioner to complete the training described in clause (iv) or (v) of paragraph (1)(A) or clause (i) or (ii) of paragraph (1)(B) more than once.

"(B) NOTIFICATION.—Not later than 90 days after the date of the enactment of the Restoring Hope for Mental

Health and Well-Being Act of 2022, the Attorney General shall provide to qualified practitioners a single written, electronic notification of the training described in clauses (iv) and (v) of paragraph (1)(A) or clauses (i) and (ii) of paragraph (1)(B).

"(3) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed—

"(A) to preclude the use, by a qualified practitioner, of training received pursuant to this subsection to satisfy registration requirements of a State or for some other lawful purpose; or

"(B) to preempt any additional requirements by a State related to the dispensing of controlled substances under schedule II, III, IV, or V.

"(4) DEFINITIONS.—In this section:

"(A) FIRST APPLICABLE REGISTRATION.—The term 'first applicable registration' means the first registration or renewal of registration by a qualified practitioner under this section that occurs on or after the date that is 180 days after the date of enactment of the Restoring Hope for Mental Health and Well-Being Act of 2022.

"(B) QUALIFIED PRACTITIONER.—In this subsection, the term 'qualified practitioner' means a practitioner who—

"(i) is licensed under State law to prescribe controlled substances; and

"(ii) is not solely a veterinarian.".

(b) REPORT.—Not later than 5 years after the date of enactment of this Act, the Secretary, in consultation with the Attorney General, shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report assessing the impact of the elimination of the waiver program established under section 303(g)(2) of the Controlled Substances Act (21 U.S.C. 823(g)(2)), as amended by the Drug Addiction Treatment Act of 2000.

SEC. 1264. INCREASE IN NUMBER OF DAYS BEFORE WHICH CERTAIN CONTROLLED SUBSTANCES MUST BE ADMINISTERED.

Section 309A(a)(5) of the Controlled Substances Act (21 U.S.C. 829a(a)(5)) is amended by striking "14 days" and inserting "45 days".

Administrator of the Drug Enforcement Administration, Commissioner of Food and Drugs, Director of the Centers for Disease Control and Prevention, and Assistant Secretary for Mental Health and Substance Use, shall develop and disseminate not later than 1 year after the date of enactment of the Restoring Hope for Mental Health and Well-Being Act of 2022, and update periodically thereafter".

(2) MATERIALS INCLUDED.—Section 3212(b) of the SUPPORT for Patients and Communities Act (21 U.S.C. 829 note) is amended—

(A) by redesignating paragraphs (1) and (2) as paragraphs (2) and (3), respectively; and

(B) by inserting before paragraph (2), as so redesignated, the following new paragraph:

"(1) pharmacists on how to verify the identity of the patient;".

(3) MATERIALS FOR TRAINING ON PATIENT VERIFICATION .—Section 3212 of the SUPPORT for Patients and Communities Act (21 U.S.C. 829 note) is amended by adding at the end the following new subsection:

"(d) MATERIALS FOR TRAINING ON VERIFICATION OF IDENTITY.—Not later than 1 year after the date of enactment of this subsection, the Secretary of Health and Human Services, after seeking stakeholder input in accordance with subsection (c), shall—

"(1) update the materials developed under subsection (a) to include information for pharmacists on how to verify the identity of the patient; and

"(2) disseminate, as appropriate, the updated materials.".

(b) INCENTIVIZING STATES TO BUILD OR MAINTAIN PRESCRIPTION DRUG MONITORING PROGRAMS.—

(1) IN GENERAL.—Section 392A of the Public Health Service Act (42 U.S.C. 280b–1) is amended—

(A) by redesignating subsections (c) and (d) as subsections (d) and (e), respectively; and

(B) by inserting after subsection (b) the following new subsection:

"(c) PRIORITY.—In awarding grants to States under subsections (a) and (b), the Director of the Centers for Disease Control and Prevention may give priority to jurisdictions with a disproportionately high rate of drug overdoses or drug overdose deaths, as applicable.".

(2) CONFORMING CHANGE.—Section 392A of the Public Health Service Act (42 U.S.C. 280b–1) is amended by striking "Indian tribes" each place it appears and inserting "Indian Tribes".

SEC. 1272. SYNTHETIC OPIOID AND EMERGING DRUG MISUSE DANGER AWARENESS.

(a) IN GENERAL.—Not later than one year after the date of enactment of this Act, the Secretary shall provide for the planning and implementation of a public education campaign to raise public awareness of synthetic opioids (including fentanyl and its analogues) and emerging drug use and misuse issues, as appropriate. Such campaign related to synthetic opioids shall include the dissemination of information that—

(1) promotes awareness about the potency and dangers of fentanyl and its analogues and other synthetic opioids;

ADA C·E·R·P® | Continuing Education Recognition Program

RECOGNITION STANDARDS

AND PROCEDURES

September 2022

COMMISSION FOR CONTINUING EDUCATION PROVIDER RECOGNITION
211 East Chicago Avenue
Chicago, Illinois 60611

The ADA CERP Recognition Standards and Procedures are subject to modification from time to time by the Commission at its discretion. The most current edition of this document can be accessed at CCEPR.ADA.org

ADA CERP RECOGNITION STANDARDS AND PROCEDURES

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Approved: February 1993
Revised: March 1994, March 1995, March 1996, April 1997, October 1997, April 1998, April 1999, November 2000, October 2001, November 2001, April 2002, November 2002, April 2003, January 2006, January 2007, November 2007, April 2008, April 2009, November 2009, April 2010, November 2010, May 2012, December 2013, May 2014, March 2015; September 2015, April 2016, October 2017, April 2019, October 2020, January 2022; September 2022

How to Apply for ADA CERP Recognition

Initial recognition

For new, or initial, applicants, the recognition process may take seven to twelve months. There are two steps to the initial application process: (1) a pre-application to determine eligibility to apply, and (2) an application for initial recognition.

Providers of continuing dental education wishing to apply for the American Dental Association's Continuing Education Recognition Program (ADA CERP) recognition should:

1. Obtain complete information about ADA CERP and the application process at CCEPR.ADA.org or contact the Commission for Continuing Education Provider Recognition at 312-440-2869.

2. Review the ADA CERP Eligibility Criteria, Standards and Procedures in this document to determine whether recognition should be pursued, or whether program adjustments should be made prior to applying for recognition.

3. Review information for new applicants at CCEPR.ADA.org, including application materials and instructions, time lines, and fee schedules. It is important that a provider is familiar with these to know whether it is able to supply all information and supporting documents required in the application process.

4. Complete pre-application requirements.

   CE providers based in the United States or Canada are required to submit a Pre-Application Determination of Eligibility.

   CE providers that are based outside the United States or Canada must meet specific eligibility criteria and complete the Pre-Application Process for International Providers (PPIP, outlined in this document) before submitting an application for initial recognition.

   Providers that have submitted a Pre-Application or a PPIP and that the Commission determines to be eligible will be invited to apply for CERP recognition. The Commission for Continuing Education Provider Recognition reserves the right to determine a provider's eligibility based on the CERP Eligibility Criteria.

5. Contact the Commission for Continuing Education Provider Recognition at cerp@ada.org or 312-440-2689 when ready to initiate the pre-application process.

New applicants will be eligible for an initial recognition period of two years. If approved, providers will be eligible to apply for continued recognition at the end of the Initial Recognition term.

Continued recognition

To be considered for another recognition term, a provider must submit an application for continued recognition. Twelve months before an ADA CERP provider's recognition term ends, the provider will receive instructions and application materials from the Commission. Providers will be given approximately six months to prepare the application for continued recognition.

After the Initial Recognition period, providers will be eligible for continued recognition. Recognition terms of two, three or four years will be awarded based on the provider's level of compliance with the Recognition Standards and the complaint history of the provider. For more information, review the Regulations Governing the Recognition Process in this document.

ELIGIBILITY

The Commission for Continuing Education Provider Recognition (CCEPR) approves providers as defined in the ADA CERP Glossary and *Recognition Standards and Procedures.* CCEPR recognizes providers of continuing dental education (CE), not individual courses. Institutions, organizations or major units or departments within an institution/organization (e.g., an oral and maxillofacial surgery department of a medical center) in the United States and Canada are eligible to apply for recognition. Any provider of CE meeting the ADA CERP standards and criteria and the following requirements will be eligible for recognition. CE providers submitting an application must meet the following eligibility criteria:

1. The CE provider offers a planned program of continuing dental education activities consistent with the definition of continuing dental education provided in the ADA CERP Glossary. The CE provider must demonstrate oversight by an independent advisory committee. The provider must have planned, implemented and evaluated at least one CE activity within the last 12 months prior to initiating the CERP pre-application process.

2. A CE provider must ensure that all courses offered for continuing education credit have a sound scientific basis in order to adequately protect the public. CCEPR reserves the right to require that the applicant provide documentation that courses offered by the provider have a sound scientific basis and proven efficacy in order to ensure public safety.

3. The CE provider must demonstrate that it assumes the financial and administrative responsibility of planning, publicizing and offering the continuing education program consistent with the definition of provider in the CERP Glossary.

4. Commercial interests are not eligible for recognition.* The CERP Glossary defines “commercial interest” as follows:

   Commercial Interest: (1) An individual or entity that produces, markets, resells or distributes health care goods or services consumed by, or used on, patients, or (2) an individual or entity that is owned or controlled by an individual or entity that produces, markets, resells, or distributes health care goods or services consumed by, or used on, patients. Providing clinical services directly to or for patients (e.g., a dental practice, dental lab, or diagnostic lab) does not, by itself, make an individual or entity a commercial interest.

5. CE providers that are not based in the United States or Canada must meet the additional eligibility criteria and requirements outlined in the Pre-application Process for International Providers *before* they will be considered eligible to apply for recognition.

The Commission for Continuing Education Provider Recognition reserves the right to determine a provider’s eligibility.

* *Effective July 1, 2023.*

ADA CERP STANDARDS AND CRITERIA FOR RECOGNITION

To obtain recognition, applicant continuing dental education providers must demonstrate compliance with the following standards and criteria for recognition. These published standards and criteria address 14 different areas and are accompanied in most areas by recommendations. Recommendations offer suggestions to improve the provider's continuing dental education program; they are not requirements for recognition. The ADA CERP standards and criteria are subject to review and modification from time to time by the Commission for Continuing Education Provider Recognition at its discretion. To retain recognition, continuing dental education providers must comply with ADA CERP standards and criteria as modified.

STANDARDS AND CRITERIA

STANDARD I. MISSION/GOALS

CRITERIA

1. The provider must develop and operate in accordance with a written statement of its broad, long-range goals related to the continuing dental education program.

2. The continuing education goals must relate to the health care needs of the public and/or interests and needs of the profession.

3. The individual or authority responsible for administration of the continuing education program must have input into development of the overall program goals.

4. There must be a clear formulation of the overall mission and goals of the providing institution or organization.

5. A mechanism must be provided for periodic reappraisal and revision of the provider's continuing education goals. The periodic review must be conducted by the advisory committee.

RECOMMENDATIONS

A. The goals of the continuing education program should be consistent with the goals and mission of the organization or institution.

B. The goals of the continuing education program should be relevant to the educational needs and interests of the intended audience.

STANDARD II. NEEDS ASSESSMENT

CRITERIA

1. Providers must use identifiable mechanisms to determine objectively the current professional needs and interests of the intended audience, and the content of the program must be based upon these needs.

2. The administrative authority must be responsible for carrying out or coordinating needs assessment procedures.

3. Identified needs/interests must be developed from data sources that go beyond the provider's own perceptions of needs/interests and must include input from the provider’s advisory committee.

4. The provider must document the process used to identify needs/interests.

5. The provider must state the needs/interests identified and indicate how the assessment is used in planning educational activities.

6. The provider must involve members of the intended audience in the assessment of their own educational needs/interests.

RECOMMENDATIONS

A. The needs assessment method used is not critical, provided it serves the purpose of consulting (or otherwise gaining insight into) the needs and interests of the potential audience. Advisory committees representing a cross section of the intended audience or constituency can be effective. Surveys may be conducted by mail, phone, or electronic media, or during specific CDE activities.

B. Cooperative efforts to gather and/or use needs assessment data are recommended, if appropriate. Where intended audiences are the same, use of another organization's needs assessment data may provide better information than the provider's resources would otherwise allow.

C. Consistent use of needs assessment data from multiple sources is recommended for use in planning continuing education activities.

STANDARD III. OBJECTIVES_____

CRITERIA

1. Explicit written educational objectives identifying the expected learner outcomes must be developed for each activity.

2. The administrative authority must be ultimately responsible for ensuring that appropriate objectives are developed for each activity. The educational objectives may, however, be prepared by the instructor, course director or administrative authority.

3. Educational objectives that provide direction in selecting specific course content and choosing appropriate educational methodologies to achieve the expected learner outcomes must be developed for each activity.

4. The written educational objectives must be published and distributed to the intended audience as a mechanism for potential attendees to select courses on a sound basis. For conventions and major dental meetings that involve multiple course topics and speakers presented during a multi-day period, it is sufficient to publish detailed course descriptions that enable participants to select appropriate course offerings.

5. Educational objectives must not conflict with or appear to violate the ADA Principles of Ethics and Code of Professional Conduct.

RECOMMENDATIONS

A. Educational objectives should form the basis for evaluating the effectiveness of the learning activity.

B. Specific educational objectives may include, but are not limited to, the following categories:

    1. Changes in the attitude and approach of the learner to the solution of dental problems; corrections of outdated knowledge;
    2. Provision of new knowledge in specific areas;
    3. Introduction to and/or mastery of specific skills and techniques;
    4. Alteration in the habits of the learner; accurate educational objectives succinctly describe the education that will result from attending the course.

STANDARD IV. EVALUATION

CRITERIA

1. The provider must develop and use activity evaluation mechanisms that:

    a. Are appropriate to the objectives and educational methods;
    b. Measure the extent to which course objectives have been accomplished;
    c. Assess course content, instructor effectiveness, and overall administration.

2. The provider must use an evaluation mechanism that will allow participants to assess their achievement of personal objectives. Such mechanisms must be content-oriented and must provide feedback to participants so that they can assess their mastery of the material. This is especially important if the activity is self-instructional, including electronically mediated activities.

3. The provider must use an evaluation mechanism that will help the provider assess the effectiveness of the continuing education activity and the level at which stated objectives were fulfilled, with the goal being continual improvement of the provider's activities.

4. The provider must periodically conduct an internal review to determine the effectiveness of its continuing education program. The review must evaluate:

    a. The extent to which the overall goals of the continuing dental education program are being achieved
    b. The extent to which activity evaluation effectively and appropriately assesses:
        i. Educational objectives
        ii. Quality of the instructional process
        iii. Participants' perception of enhanced professional effectiveness
    c. Whether evaluation methods are appropriate to and consistent with the scope of the activity
    d. How effectively activity evaluation data are used in planning future continuing education activities

5. The advisory committee must be involved in the provider’s periodic assessment of the effectiveness of its continuing dental education program.

RECOMMENDATIONS

A. The evaluation mechanisms should allow participants to assess course content with regard to whether it was practically useful, comprehensive, appropriate, and adequately in-depth.

B. The provider should give feedback to the instructor concerning the information produced by evaluation of the continuing education activity.

STANDARD V. COMMERCIAL OR PROMOTIONAL CONFLICT OF INTEREST_____

In 1997 the U.S. Food and Drug Administration (FDA) issued a policy statement entitled “Guidance for Industry: Industry Supported Scientific and Educational Activities.” This policy states that activities designed to market or promote the products of a commercial company (staffed exhibits, live presentations, advertisements, sales activities) are subject to FDA regulation under the labeling and advertising provisions of the Federal Food, Drug and Cosmetic Act.

Activities that are independent of commercial influence and non-promotional are not subject to FDA regulation. In this context, the ADA CERP standards and criteria are designed to ensure separation of promotional activities from continuing dental education (CDE) activities in the following ways: 1) CDE providers must demonstrate that all educational activities offered are independent of commercial influence, either direct or indirect, and 2) CDE providers must ensure that all financial relationships between the provider and commercial entities, as well as all financial relationships between course planners and faculty and commercial entities are fully disclosed to participants.

CRITERIA

1. CDE providers must assume responsibility for ensuring the content quality and scientific integrity of all continuing dental education activities. Educational objectives, content development, and selection of educational methods and instructors must be conducted independent of commercial interest.

2. CDE providers must ensure that continuing dental education activities promote improvements in oral healthcare and not a specific drug, device, service or technique of a commercial interest.*

3. Product-promotion material or product-specific advertisement of any type is prohibited in or during continuing dental education activities. Live promotional activities (staffed exhibits, presentations) or enduring promotional activities (print or electronic advertisements) must be kept separate from CDE. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided during CDE activities.*

    a. For live, face-to-face CDE, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CDE activity. Providers cannot allow representatives of commercial interests to engage in sales or promotional activities while in the space or place of the CDE activity.
    b. For print CDE activities, advertisements and promotional materials will not be interleafed within the pages of the CDE content. Advertisements and promotional materials may face the first or last pages of printed CDE content as long as these materials are not related to the CDE content they face and are not paid for by the commercial supporters of the CDE activity.
    c. For electronically mediated/computer based CDE activities, advertisements and promotional materials will not be visible on the screen at the same time as the CDE content and not interleafed between computer ‘windows’ or screens of the CDE content
    d. For audio and video-based CDE activities, advertisements and promotional materials will not be included within the CDE. There will be no ‘commercial breaks.’
    e. Educational materials that are part of a CDE activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.
    f. Print or electronic information distributed about the non- CDE elements of a CDE activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.

4. CDE providers that also offer activities designed to promote drugs, devices, services or techniques must clearly disclose the promotional nature of the activity in publicity materials and in the activity itself. Promotional activities must not be designated for CDE credit. The CDE hours awarded must not include the promotional hours.

** Adapted from the Accreditation Council for Continuing Medical Education Standards for Commercial Support.*

5. CDE providers must operate in accordance with written guidelines and policies that clearly place the responsibility for program content and instructor/author selection on the provider. These guidelines must not conflict with ADA CERP standards and criteria for recognition. Each CDE learning experience offered must conform to this policy.

6. The ultimate decision regarding funding arrangements for continuing dental education activities must be the responsibility of the CDE provider. Continuing dental education activities may be supported by funds received from external sources if such funds are unrestricted. External funding must be disclosed to participants in announcements, brochures or other educational materials, and in the presentation itself.

7. CDE providers receiving commercial support must develop and apply a written statement or letter of agreement outlining the terms and conditions of the arrangement and/or relationship between the provider and the commercial supporter.

8. Arrangements for commercial exhibits or advertisements must not influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CDE activities.*

9. CDE providers must disclose to participants any monetary or other special interest the provider may have with any company whose products are discussed in its CDE activities. Disclosure must be made in publicity materials and at the beginning of the educational activity.

10. CDE providers must ensure that a balanced view of all therapeutic options is presented in CDE activities. Whenever possible, generic names must be used to contribute to the impartiality of the program presented.

11. CDE providers must assume responsibility for the specific content and use of instructional materials that are prepared with outside financial support.

12. CDE providers must assume responsibility for taking steps to protect against and/or disclose any conflict of interest of the advisory committee, CDE activity planners, course directors and instructors/authors involved in planning or presenting courses. Signed conflict of interest statements must be obtained from all advisory committee members, CDE activity planners, course directors and instructors/authors.

13. The advisory committee must be involved in evaluating and taking steps to protect against conflicts of interest that CDE activity planners, course directors and instructors/authors may have.

14. Providers must disclose to participants in CDE activities any relevant financial relationships that the planners and instructors/authors of a continuing education activity may have that may create conflicts of interest. Disclosure must include the name of the individual, the name of the commercial interest, and the nature of the relationship the individual has with each commercial interest. Disclosure must not include the use of a trade name or product message. For individuals that have no relevant financial relationships, the provider must disclose to participants that no relevant relationships exist. Disclosure must be made before the start of the continuing education activity and must be made in writing, either in publicity materials, course materials, or audiovisual materials.

RECOMMENDATIONS

A. The following are examples of outside or commercial support that is customary and proper:
   - Payment of reasonable honoraria
   - Reimbursement of out-of-pocket expenses for instructors/authors
   - Modest meals or social events held as part of the educational activity

B. The CDE provider and the commercial supporter or other relevant parties should each report to the other on the expenditure of funds each has provided, following each subsidized continuing dental education activity.

** Adapted from the Accreditation Council for Continuing Medical Education Standards for Commercial Support.*

STANDARD VI. EDUCATIONAL METHODS

CRITERIA

1. Educational methods must be appropriate to the stated objectives for the activity.

2. The continuing education administrative authority must be responsible for choosing the educational methods to be used in consultation with advisory committees, instructors, educational advisors, or potential attendees.

3. Educational methods must be appropriate to the characteristics or composition (especially skill level) of the intended audience.

4. Educational methods must be appropriate to the facilities and instructional medium used for the activity.

5. The continuing education administrative authority must have a written description of the methods to be used, which will assist in effective planning as well as evaluation of the activity.

6. Participants must be cautioned about the potential risks of using limited knowledge when incorporating techniques and procedures into their practices, especially when the course has not provided them with supervised clinical experience in the technique or procedure to ensure that participants have attained competence.

7. For participation activities (activities in which at least 30% of course time involves practice of skills) group size must be limited in coordination with the nature of available facilities and the number of instructors/evaluators. Very careful attention to group size is mandatory when planning an activity that requires participants to perform complex tasks requiring supervision and evaluation.

8. For self-instructional activities:

    a. Provision must be made for participant feedback and interchange with individuals having expertise in the subject area. Interaction with instructors and subject matter experts may be facilitated through a variety of methods such as voicemail, e-mail, chat rooms, etc. A mechanism by which the learner can assess his/her mastery of the material must be supplied.
    b. Self-instructional activities that are primarily audio or audiovisual in nature must be augmented by additional written materials that serve the purpose of summarizing, further explaining, or clarifying the audio or audiovisual material. All self-instructional activities, including electronically mediated, must include references that can be pursued for further study in the subject.
    c. Providers who plan self-instructional activities, including electronically-mediated, must ensure the input of individuals having technical expertise in both media and self-directed learning techniques, and the application of these techniques to adult learning.
    d. Providers that offer self-instructional activities must review the activities at least once every three years, or more frequently if indicated by new scientific developments, to ensure that content is current and accurate.
    e. Providers that offer self-instructional activities must publish the following information on publicity materials for the activity and in the activity itself:
        i. Original release date;
        ii. Review date (if activity is reviewed and rereleased);
        iii. Expiration date (a maximum of 3 years from the original release date or the last review date, whichever is most recent).

9. For electronically mediated learning, whether live or self-instructional:

    a. A documented technology plan that includes electronic security measures must be in place and operational to ensure both quality standards and the integrity and validity of information (e.g., password protection, encryption, back-up systems, firewalls).
    b. Participants must have access to technical assistance throughout the duration of the course. The

technical design of the course should support easy navigation, and all program features should be functional.

c. Participant interaction with lecturer/author and other participants is an essential characteristic and must be facilitated through a variety of methods such as voice mail, e-mail or chat rooms.

d. Embedded advertising and direct commercial links are inappropriate within the educational content and must be avoided.

10. For on-site/in-office participation courses (long-term CDE participation courses involving in-office practice of techniques without direct supervision):

    a. Formal course sessions must include both lecture and demonstration of procedures to be learned.
    b. A bibliography of current literature on the subject being taught must be provided to course participants.
    c. Written instructions must be given to participants for individual in-office requirements.
    d. Instructor/author consultation and feedback must be available to participants when they perform required techniques in their offices.
    e. For patient procedures performed as part of the in-office portions of on-site/in-office participation courses, providers must require participants to maintain the following records:
        i. Patient informed consent and release form;
        ii. Preoperative medical/dental history;
        iii. Preoperative radiographs, if indicated;
        iv. Preoperative mounted diagnostic casts, if applicable;
        v. Preoperative photographs;
        vi. Preoperative dental charting;
        vii. Records of treatment rendered, materials, methods, etc;
        viii. Mounted treatment casts, if applicable;
        ix. Photographs of treatment progress;
        x. Radiographs taken during treatment, if indicated;
        xi. Photographs of completed treatment;
        xii. Postoperative radiographs, if indicated.
    f. The provider must be responsible for ensuring that the on-site teaching facilities are appropriate for the activities and comply with state and local regulations.
    g. Following completion of the in-office portion of on-site/in-office participation courses, providers must convene participants for complete case presentation and critique.

RECOMMENDATIONS

A. For self-instructional activities, audiovisual materials may offer valuable learning experiences when their usefulness as a means, rather than an end, is appreciated.

B. The size of the potential audience for any continuing education activity is important in determining appropriate methods. A potentially active method can become purely passive if the group is too large. Methods requiring learner involvement (seminars, discussion groups, case reviews/preparations, laboratory work and patient treatment) have been shown to provide more effective learning experiences. The appropriate use of films, slides, television, and other teaching aids can support and enhance other teaching methods if they are integrated into a planned educational program, rather than used as the sole method of instruction.

C. Providers are encouraged to give attendees resource materials and references to facilitate post-course practical application of course content, as well as continued learning.

D. For electronically mediated courses:

    1. Courses should include resources, references and information to aid participants in securing relevant material through online sources (e.g. electronic databases, interlibrary loans, government archives, news services).
    2. Questions directed to course personnel should be answered quickly and accurately. A structured system to address participant complaints should be in place.

3. Feedback to participants about assignments and questions should be constructive and provided in a timely manner.
4. Courses should provide participants with flexibility to access and review course materials on demand during the period of announced availability.
5. Providers should use current best practices to aid participants in locating courses via multiple search engines.
6. When appropriate, providers should use the unique characteristics of the electronic media to engage the participants in analysis, synthesis, and evaluation as part of their course and program requirements.
7. Whenever possible, educational software should be designed in accordance with ADA Technical Report No. 1090 Adoption and Augmentation of the Quality Matters Design Standards, DL - ADA1090-2016D.

STANDARD VII. INSTRUCTORS

CRITERIA

1. CDE providers must ensure that instructors chosen to teach courses are qualified by education and experience to provide instruction in the relevant subject matter.

2. The number of instructors employed for a continuing education activity must be adequate to ensure effective educational results.

3. Providers must ensure that instructors support clinical recommendations with references from the scientific literature whenever possible. References must have a sound scientific basis, as defined in the CERP Glossary. References should be provided to participants in the language in which the CDE activity is presented.

4. The number of instructors assigned to any activity must be predicated upon the course objectives and the educational methods used.

5. The instructor-participant ratio is most critical in participation courses. CDE providers must ensure that close supervision and adequate direct interchange between participants and instructors will take place. The instructor-to-attendee ratio should not exceed 1:15 during any hands-on activities.

6. Providers must assume responsibility for communicating specific course objectives and design to instructors.

7. CDE providers that utilize one instructor to present 50% or more of the provider's CDE activities must submit a Curriculum Vitae containing complete information on the instructor's education, professional training, positions held, and publication and presentation history when applying for ADA CERP recognition.

8. CDE program providers must assume responsibility for taking steps to ensure that images presented in courses have not been falsified or misrepresent the outcome of treatment. Signed affidavits of image authenticity must be obtained from all faculty members.

9. Providers must develop clearly-defined policies on honoraria and expense reimbursement for instructors/authors.

RECOMMENDATIONS

A. Providers should be responsible for working closely with instructors during course planning to ensure that the stated objectives will be addressed by the presentation.

B. A wide variety of sources should be explored and used to select qualified instructors.

C. The teaching staff for any continuing education program should consist of dentists and other

professionals in related disciplines who have demonstrated ability, training and experience in the relevant fields.

D. Instructors should possess the demonstrated ability to communicate effectively with professional colleagues, as well as an understanding of the principles and methods of adult education.

E. Expertise and assistance in development and use of instructional materials and aids, when needed, should be available to support the teaching staff.

STANDARD VIII. FACILITIES/INSTRUCTIONAL MEDIA_____

CRITERIA

1. Facilities and instructional media selected for each activity must be appropriate to accomplish:

    a. The intended educational method(s)
    b. The stated educational objectives

2. The CDE provider must be responsible for ensuring that facilities/instructional media and equipment (including those borrowed or rented) are adequate and in good working condition, so that instruction can proceed smoothly and effectively.

3. Adequate space and equipment must be provided to accommodate the size of the intended audience.

4. For participation courses, sufficient space and equipment (and patients, if used) must be available to allow active participation by each learner without any learner experiencing undue idle time.

5. If participants are required to provide materials and equipment, the provider must make this requirement clear to potential enrollees, and the provider must provide enrollees with specific descriptions of all equipment and materials required.

STANDARD IX. ADMINISTRATION

CRITERIA

1. Administration of the program must be consistent with:

    a. The goals of the program;
    b. The objectives of the planned activities.

2. The CDE program must be under the continuous guidance of an administrative authority and/or individual responsible for its current and future content and its quality.

3. The CDE provider must obtain input from an advisory committee regarding the goals, objectives and content of the CDE program. A majority of the advisory committee must be dentists who are independent from other responsibilities for the provider. The advisory committee must be broadly representative of the intended audience or constituency, including the members of the dental team for which the courses are offered. The committee is required to maintain minutes from its meetings.

4. To maintain continuity, the provider must develop specific procedures for personnel changes, particularly with regard to the administrative authority.

5. The administrative authority must commit sufficient time to planning and conducting the continuing education program relative to its planned size and scope of activity.

6. Where the size or extent of the continuing education program warrants, there must be provision for adequate support personnel to assist with program planning and implementation.

7. The responsibilities and scope of authority of the individual or administrative authority must be clearly defined.

8. The CDE provider must develop and operate in accordance with written policies, procedures or guidelines designed to ensure that all clinical and/or technical CDE activities offered include the scientific basis for the program content and an assessment of the benefits and risks associated with that content in order to promote public safety.

    Where the scientific basis for a clinical and/or technical CDE activity is evolving or uncertain, the presentation will describe the level of scientific evidence that is currently available and what is known of the risks and benefits associated with the clinical and/or technical CDE activity.

9. For CDE activities that are repeated, the provider must be able to demonstrate that it has a process in place to ensure that the activities continue to meet all ADA CERP standards and criteria, including requirements to include the scientific basis for the program content and an assessment of the benefits and risks associated with that content in order to promote public safety.

10. The administrative authority must be responsible for maintaining accurate records of participants' participation and for retaining information on the formal planned activities offered, including needs assessment, methods, objectives, course outlines, and evaluation procedures.

11. CDE providers must assume responsibility for the compliance by participants with applicable laws and regulations. The provider must ensure that participation in its program by dentists not licensed in the jurisdiction where the program is presented does not violate the state practice act. Unless malpractice coverage for attendees participating in clinics is arranged by the CDE provider, notice must be given to participants to obtain written commitments of coverage from their carriers.

12. The CDE provider must be responsible for:

    a. Establishing clear lines of authority and responsibility
    b. Conducting a planning process
    c. Ensuring that an adequate number of qualified personnel are assigned to manage the program

d. Ensuring continuity of administration

13. The ADA CERP recognized provider assumes responsibility for the planning, organizing, administering, publicizing, presenting, and keeping records for the planned continuing dental education activity. Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest solely with the ADA CERP recognized provider. Whenever the provider acts in cooperation with providers that are not ADA CERP recognized, letters of agreement between the parties must be developed to outline the responsibilities of each party for joint providership of the program and must be signed by all parties.

14. When two or more ADA CERP recognized providers act in cooperation to develop, distribute and/or present an activity, each must be equally and fully responsible for ensuring compliance with these standards. Letters of agreement between the parties must be developed to outline the responsibilities of each party for the program and must be signed by all parties.

15. The CDE provider is responsible for ensuring that the curriculum developed, including goals, objectives, and content, is based on best practices as defined in the ADA CERP Glossary and does not conflict with or appear to violate the ADA Principles of Ethics and Code of Professional Conduct.

16. Continuity of administration and planning is necessary for the stability and growth of the program. It is required that members of the advisory committee be selected for a term of longer than one year and serve staggered terms of office.

RECOMMENDATIONS

A. The administrative authority should have background and experience appropriate to the task.

STANDARD X. FISCAL RESPONSIBILITY_____

CRITERIA

1. Fiscal resources must be sufficient to meet the goals of the program and the objectives of the planned activities.

2. Adequate resources must be available to fund the administrative and support services necessary to manage the continuing education program.

3. In instances where continuing education is only one element of a provider's activities, resources for continuing education must be a clearly identifiable component of the provider's total budget and resources.

4. The provider must maintain a budget for the overall continuing education program, to include all costs and income, both direct (e.g., honoraria, publicity costs, tuition fees, refunds, or foundation grants) and indirect (e.g., use of classroom facilities or equipment, unpaid instructor time, etc.).

5. Resources must be adequate for the continual improvement of the program.

RECOMMENDATIONS

A. Separate budgets for each activity should be prepared, but institutional or organizational policies requiring that each individual activity to be presented be self-supporting tend to restrict the quality of the continuing education program unduly, and are discouraged.

STANDARD XI. PUBLICITY

CRITERIA

1. Publicity must be informative and not misleading. It must include:

    a. The name of the provider prominently identified
    b. The names of any joint providers
    c. The course title
    d. A description of the course content
    e. The educational objectives
    f. A description of teaching methods to be used
    g. The names of any entities providing commercial support
    h. The costs and contact person
    i. The course instructor(s) and their qualifications and any conflicts of interest
    j. Refund and cancellation policies
    k. Location, date, and time for live activities; original release date, review date (if applicable), and expiration date for self-instructional activities.
    l. The recognition status of the provider, through the use of the authorized recognition statement, and, whenever feasible (given space considerations) the use of the ADA CERP logo in conjunction with the authorized statement
    m. The number of credits available using the authorized credit designation statement

2. For effective presentation and assimilation of course content, the prior level of skill, knowledge, or experience required (or suggested) of participants must be clearly specified in publicity materials.

3. Publicity on continuing education activities must provide complete and accurate information to the potential audience.

4. Providers must avoid misleading statements regarding the nature of the activity or the benefits to be derived from participation.

5. Accurate statements concerning credits for the activity and the provider's recognition status must be included. CE providers must ensure that such statements follow the wording prescribed by the agency granting the credits or recognition so that participants do not misinterpret them.

6. The terms “accredited,” “accreditation,” “certification” or “endorsed by” must not be used in reference to ADA CERP recognition. Providers must not make statements implying ADA CERP approval or endorsement of individual courses.

7. Publicity for CDE activities must not conflict with or appear to violate the ADA Principles of Ethics and Code of Professional Conduct.

RECOMMENDATIONS

A. The attendees' expectations concerning course content and anticipated learning are based on course publicity. Complete and detailed publicity materials will help ensure that those who want and need the course will attend, and that they will be motivated to learn. Materials containing less than complete and accurate information will almost always result in disappointment and dissatisfaction on the part of all or some attendees.

STANDARD XII. ADMISSIONS

CRITERIA

1. In general, continuing education activities must be available to all dentists.

2. If activities require previous training or preparation, the necessary level of knowledge, skill or experience must be specified in course announcements.

3. If previous training or preparation is necessary for learners to participate effectively in the activity, the provider must (1) provide a precise definition of knowledge, skill or experience required for admission; (2) demonstrate the necessity for any admission restriction, based on course content and educational objectives; and (3) specify in advance, and make available a method whereby applicants for admission may demonstrate that they have met the requirement. Such methods must be objective, specific and clearly related to the course content and stated requirements.

RECOMMENDATIONS

A. Where activities are offered at an advanced level, providers are encouraged to provide sequentially planned instruction at basic and intermediate levels, to allow participants to prepare for the advanced activity.

B. Though providers are not obligated to provide continuing education activities for all dental occupational groups, admission policies that discriminate arbitrarily among individuals within an occupational group, without sound educational rationale, are not acceptable. Where restrictive registration requirements have been determined to be necessary on the basis of the foregoing standards and criteria, course applicants might demonstrate compliance with the requirements through documentation of attendance at CDE activities, submission of patient treatment records, or actual demonstration of required skills or knowledge.

STANDARD XIII. PATIENT PROTECTION

CRITERIA

1. Where patient treatment is involved, either by course participants or instructors, patient protection must be ensured as follows:

    a. The provider must seek assurance prior to the course that participants and/or instructors possess the basic skill, knowledge, and expertise necessary to assimilate instruction and perform the treatment techniques being taught in the course
    b. Informed consent from the patient must be obtained in writing prior to treatment
    c. Appropriate equipment and instruments must be available and in good working order
    d. Adequate and appropriate arrangements and/or facilities for emergency and postoperative care must exist

2. Participants must be cautioned about the potential risks of using limited knowledge when integrating new techniques into their practices.

3. The provider must assume responsibility for ensuring that participants and/or instructors treating patients (especially those from outside the jurisdiction where the course is held) are in compliance with any applicable dental licensure laws and/or equivalent laws.

4. The provider must ultimately be responsible for ensuring that informed consent of all patients is obtained.

5. Patients must be informed in plain language of:

    a. The training situation
    b. The nature and extent of the treatment to be rendered
    c. Any benefits or potential harm that may result from the procedure
    d. Available alternative procedures
    e. Their right to discontinue treatment
    f. The name and contact information for the clinician(s) responsible for answering questions, addressing concerns, and providing any necessary completion of treatment and post-treatment care.

6. There can be no compromise in adequate and appropriate provisions for care of patients treated during continuing education activities. Aseptic conditions, sterile equipment and instruments, as well as emergency care facilities, must be provided.

7. Sufficient clinical supervision must be provided during patient treatment to ensure that the procedures are performed competently.

8. The provider must assume responsibility for competent completion of treatment, any necessary post-course treatment, and management of complications, by a qualified clinician.

9. Providers, instructors and participants must have liability protection where required.

RECOMMENDATIONS

A. In order to meet course objectives, patients should be screened prior to the course to ensure the presence of an adequate number of individuals with conditions requiring the type of treatment relevant to the course content.

B. Providers should consult with legal counsel regarding informed consent requirements in their locale and appropriate procedures for obtaining patient consent.

STANDARD XIV. RECORD KEEPING

CRITERIA

1. Providers must issue accurate records of individual participation to attendees.

2. Documentation must not resemble a diploma or certificate. Documentation must not attest, or appear to attest to specific skill, or specialty or advanced educational status. Providers must design such documentation to avoid misinterpretation by the public or professional colleagues.

3. Credit awarded to participants of a recognized provider's educational activity must be calculated as follows:

    a. For all CE activities, 0.25 credit hours will be awarded for each 15 minutes of activity time, not including breaks, meals, registration periods or general business. No credit shall be awarded if the activity is less than 15 minutes in duration.
    b. For CDE activities that involve both on-site lecture and demonstration portions and in-office, independent participation components, credit for the in-office, independent study portion may not exceed credit awarded for the lecture and demonstration portions.
    c. For participation in audio or audiovisual self-instructional programs, credit must be awarded based on the actual length of the audiovisual instructional time plus a good faith estimate of the time it takes an average participant to complete all required elements of the activity, including the self-assessment mechanism. Audio visual self-instructional activities include, but are not limited to:
        i. Audio- or audio-visual activities delivered via tape, CD, DVD, pod cast, on-line, etc.
        ii. Multi-media activities comprised of audiovisual elements in combination with written materials.
    d. For participation in self-paced self-instructional programs, the provider must award credit based on a good faith estimate of the time it takes an average participant to complete the program. Self-paced self-instructional activities include, but are not limited to, written self-study activities such as journals or monographs, either print-based or electronically mediated.

4. Verification of participation documentation must clearly indicate at least:

    a. The name of the CDE provider
    b. The name of the participant
    c. The date(s), location and duration of the activity
    d. The title of the activity and/or specific subjects
    e. The title of each individual CDE course the participant has attended or successfully completed as part of a large dental meeting or other similar activity (and number of credits awarded for each)
    f. The educational methods used (e.g., lecture, videotape, clinical participation, electronically mediated)
    g. The number of credit hours awarded (excluding breaks and meals)
    h. The recognition status of the provider, through the use of the authorized recognition statement, and, whenever feasible (given space considerations) the use of the ADA CERP logo in conjunction with the authorized statement.
    i. Notice of opportunity to file complaints.

5. Providers must maintain records of the individual participants at each educational activity, including their names, addresses and telephone numbers, for a period of at least six years.

RECOMMENDATIONS

A. Providers should be aware of the professional and legal requirements for continuing dental education that may affect their participants.

B. Providers should cooperate with course participants and with regulatory or other requiring agencies in providing documentation of course participation, as necessary.

C. Each attendee is responsible for maintaining his/her own records and for reporting his/her CDE activities to all appropriate bodies in accord with any jurisdictional and/or membership requirements.

D. The provider should provide a course completion code at the end of each educational activity or educational session.

ADA CERP APPLICATION, EVALUATION AND RECOGNITION POLICIES AND PROCEDURES

VOLUNTARY NATURE OF THE PROGRAM

Participation in the ADA Continuing Education Recognition Program (ADA CERP) is voluntary. Continuing education (CE) providers are not required to obtain ADA CERP recognition. Any decision not to participate in the program will be respected.

An official list of ADA CERP recognized providers is posted online at CCEPR.ADA.org. State dental boards, dental societies, allied dental organizations and other dental professional organizations may use the results of the ADA CERP program and recognize the ADA CERP recognized providers in various manners to fulfill their CE interests or obligations.

CONFIDENTIALITY

The Commission for Continuing Education Provider Recognition (CCEPR) will keep confidential to the extent permitted by law the name of any provider that has:

1. Initiated contact with the Commission concerning application for recognition;
2. Applied for recognition but has not yet been apprised of a decision;
3. Applied for and been denied recognition.

Further, in response to general inquiries, the Commission will not confirm that a provider has not applied for recognition, nor provide details regarding any weaknesses of a recognized provider. All inquiries as to the recognition status of a specific provider will be answered by referral to the published, official list of ADA CERP recognized providers.

RECOGNITION

ADA CERP recognition is based on a provider's demonstration of compliance with ADA CERP standards and criteria. Providers wishing to apply for ADA CERP recognition must first complete a pre-application related to the ADA CERP eligibility criteria. If the Commission determines that a provider meets the eligibility criteria, the provider will be invited to apply for recognition. To apply for recognition, the provider must complete the ADA CERP Application for Recognition, a form that relates to each of the ADA CERP standards and criteria. The application, together with any required documentation or pertinent data, is submitted to the Commission for evaluation.

Providers approved by the Commission shall be designated "ADA CERP recognized providers" for the length of their period of recognition which shall be two, three or four years. New applicants (providers that are not currently ADA CERP recognized) may be eligible for an Initial Recognition period of two years. For all other providers, the Commission will determine the appropriate term of recognition based on the level of compliance and complaint history of the provider.

If the Commission determines that more information is required to make a decision regarding recognition status, or that the provider only minimally meets the standards and criteria, the Commission may (1) postpone for a specified period of time, action to determine recognition status pending submission of additional information or a new application, or (2) grant recognition contingent upon the provider's submission of a progress report within six months to one year. The Commission will identify and transmit to the provider recommendations for improvement or concerns noted during the review.

Recognition of a provider does not imply recognition or approval of that provider's satellite or parent organizations, parent company, subsidiaries, cooperating agencies or divisions.

The ADA CERP Standards and Criteria are subject to review and modification from time to time by the Commission at its discretion. To retain recognition, providers must comply with ADA CERP standards and criteria as modified.

CCEPR does not approve lecturers, individual courses or credit hours.

Providers must inform participants on how comments or complaints about an ADA CERP recognized provider may be filed with the Commission.

REGULATIONS GOVERNING THE RECOGNITION PROCESS

1. All providers interested in obtaining ADA CERP recognition must first complete a pre-application form. Providers in the United States and Canada must complete the ADA CERP Pre-application: Determination of Eligibility form. International providers, defined by ADA CERP as providers based outside the United States or Canada, must complete the Pre-application Process for International Providers (PPIP). The pre-application forms include questions related to the ADA CERP eligibility criteria. Pre-applications may be submitted at any time. The Commission will notify providers in writing, usually within eight weeks, of receipt of the pre-application and fee, regarding the provider's eligibility to continue with the application process. Providers that are deemed eligible to continue will be invited to apply and will be sent application materials and instructions.

2. Eligible providers will be requested to complete an ADA CERP Application for Recognition within a specified time frame, usually within 18 months of notification of eligibility, and in accordance with published application deadlines. The Commission will inform eligible providers of the date(s) by which an initial application may be submitted. Eligible providers that do not submit an application for the Commission's consideration by the final date specified by the Commission will be required to submit a new pre-application form and pay the applicable fee. Published application deadlines shall fall approximately two months prior to meetings of the Commission.

3. After receipt of the ADA CERP Application for Recognition, the application will be reviewed to determine completeness of information submitted. If problems are identified, Commission staff will notify the provider of any issues related to the application, including any required information or documents, which must be addressed before the application may be submitted to the Commission for consideration.

4. The application will be considered at the next regularly scheduled meeting of the Commission. If the Commission determines that the application does not provide adequate information on which to base a recommendation for recognition, the Commission may seek additional information from the provider or from alternative sources.

   The CCEPR reserves the right to seek additional information from the provider, including but not limited to course evaluation forms completed by participants and the names, addresses and telephone numbers of all course participants. The Commission also has the right to seek information from alternative sources including, but not limited to, surveys of program participants, on-site visits, observation of the provider's CE activities, review of the providers' web site, or other means considered necessary to determine whether the provider is in compliance with the standards and criteria.

5. New applicants (providers that are not currently ADA CERP recognized) may be eligible for an Initial Recognition period of two years. After the Initial Recognition period, providers may be eligible for continued recognition. Recognition terms of two, three or four years will be awarded based on the provider's level of compliance with the Recognition Standards and the complaint history of the provider.

   Recognition is effective the first day of the month of May or November after action is taken by the CCEPR. In no case will recognition be granted retroactively or prior to action taken by the Commission. The length of recognition, i.e., two (2), three (3) or four (4) years, will be clearly stated in the letter that transmits the Commission's action to the provider.

   If recognition is granted, the provider will be supplied with the following information:
   a. The effective dates and length of the recognition term
   b. A statement that must be used to announce or publicize ADA CERP recognition

c. Responsibilities and procedures for documenting participation in CE activities
d. Procedures regarding expiration of recognition and reapplication
e. Requirements and recommendations for improvements in the provider's CE program

Recognition may be contingent on the submission of one or more progress reports at specified intervals. The Commission reserves the right to reevaluate a provider at any time; for example, by surveying participants in the provider's CE activities, by reviewing activities in person, or by requiring additional information concerning the provider and/or its activities.

Recognized providers have an obligation to ensure that major changes or additions to the program—such as a change of ownership, implementing courses in which treatment is provided to human subjects or adding a new educational method—must conform with ADA CERP standards and criteria. Major changes must be reported in keeping with the ADA CERP Policy on Substantive Changes.

6. Recognized providers must use the following statements regarding recognition status, credit designation and notice of opportunity to file complaints on materials related to their continuing education activities.

   a. Publicity materials
      The following authorized recognition and credit designation statements must be used on publicity materials related to the provider's continuing education courses:

      <<Name of provider>> is an ADA CERP Recognized Provider.

      ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

      <<Name of provider>> designates this activity for <<number of credit hours>> continuing education credits.

   b. Course materials and verification of participation forms
      The following authorized recognition statement and notice of opportunity to file complaints must be published by recognized providers in course materials available to participants during the activity, such as program guides, evaluation forms, instructions for self-study activities, etc., and on all verification of participation documents issued by the provider for continuing dental education activities:

      <<Name of provider>> is an ADA CERP Recognized Provider.

      ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

      Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at CCEPR.ADA.org.

7. All recognized providers must submit an annual report to CCEPR containing current contact information and information about the providers' CE activities in the preceding year. Contact information must include the provider's name, address, phone, fax, Web address, and the names and contact information for the chief administrative authority and the person with primary day-to-day responsibility for administration of the provider's continuing dental education program.

8. Use of the ADA CERP logo (or name) in connection with advertisements and written course materials associated with continuing education activities by a recognized provider must conform to the following criteria:
   a. It shall not be used to imply that any CE activities or CE credit hours have been approved or endorsed by ADA CERP, the Commission for Continuing Education Provider Recognition, or the American Dental Association

b. It shall not be used on letterheads or in any fashion that would imply that the organization is affiliated with ADA CERP, the Commission for Continuing Education Provider Recognition, or the American Dental Association, other than as a recognized provider
c. It may not be displayed in a type size larger than the provider organization's name, or given greater prominence than the provider organization's name
d. It shall not be published in conjunction with any statement or material that, in the Commission's or the ADA's judgment, may be harmful to the ADA's or the Commission's good will or may tend to undermine the Commission's or the ADA's credibility
e. It shall only be used in conjunction with the authorized statement that the organization is a recognized provider

9. **Recognition will be denied or withdrawn** if there is non-compliance with the ADA CERP standards and criteria for recognition. If recognition is denied or withdrawn, the provider will be provided with the following:

    a. Identification of the specific standards and criteria with which the Commission found noncompliance
    b. Requirements and recommendations for alterations and/or improvements in the provider's continuing dental education program
    c. Rules and mechanisms governing resubmission of an application
    d. Procedures for reconsideration

10. **Recognition may be withdrawn** by the Commission for any of the following reasons:

    1. A voluntary request is received from the recognized provider.
    2. A finding of noncompliance with the ADA CERP standards and criteria for recognition. Specific reasons for the action will be identified.
    3. The provider submits false and/or misleading information.
    4. The provider fails to submit documentation requested in writing in a timely manner.
    5. CE activities have not been offered to dentists for a period of two years or more.
    6. Required fees have not been paid.
    7. The provider fails to sign and comply with terms of the ADA CERP License Agreement.
    8. The provider fails to submit an annual report.

The ADA CERP standards and criteria are subject to review and modification from time to time by the CCEPR at its discretion. To retain recognition, continuing dental education providers must comply with ADA CERP standards and criteria as modified. CCEPR will notify recognized providers of any program updates and changes to the ADA CERP standards and criteria. Notifications will be sent via email and announcements posted online at CCEPR.ADA.org. The most current version of the ADA CERP Recognition Standards and Procedures is available at CCEPR.ADA.org. If, as a result of any modification, a recognized provider is no longer in compliance with the ADA CERP standards and criteria, then by the date of the provider's next regularly scheduled review, or the date specified by the Commission, whichever is earlier, the provider must either bring its continuing dental education program into compliance with the new ADA CERP standards and criteria or it must voluntarily request to withdraw from the ADA CERP program.

CONTINUED RECOGNITION OF PREVIOUSLY RECOGNIZED PROVIDERS

The re-recognition process begins about twelve months prior to the designated recognition expiration date. The Commission for Continuing Education Provider Recognition (CCEPR) notifies recognized providers and sends them information about the re-recognition procedures, including a specific schedule. Application deadlines shall be regularized and published, and shall fall approximately two months prior to meetings of the Commission.

Recognized providers must complete and submit an ADA CERP Application for Recognition by the specified deadline prior to the date when the provider's recognition will expire. In addition to the Application form, the provider must submit any other specifically identified materials documenting its continued compliance with the CERP standards and criteria for recognition, as well as improvements in any previously-identified areas of deficiency or weakness. Recommendations for improvements shall be evaluated under the ADA CERP standards and criteria in effect at the time of the evaluation.

POLICY ON PRE-APPLICATION PROCESS FOR INTERNATIONAL PROVIDERS (PPIP) __

ADA CERP recognition is based on a provider's demonstration of compliance with ADA CERP standards and criteria. Participation in the ADA Continuing Education Recognition Program is voluntary. ADA CERP was created to assist the dental profession in identifying and participating in quality continuing dental education and to assist dental regulatory agencies to establish a sound basis for increasing their uniform acceptance of continuing dental education (CDE) credits earned by dentists to meet the CDE requirements for re-licensure currently mandated by the majority of licensing jurisdictions in the United States.

International continuing dental education providers may seek ADA CERP recognition for the purpose of obtaining an independent, external review, for benchmarking, or to serve the needs of dental professionals for quality continuing dental education.

An international continuing dental education provider is defined as a provider whose primary location is outside the United States and Canada.

An international continuing dental education provider seeking ADA CERP recognition must meet the same CERP Recognition Standards as providers in the United States and Canada.

Accordingly, for those international providers interested in obtaining ADA CERP recognition, the Commission for Continuing Education Provider Recognition has a Pre-application Process for International Providers to enhance these providers' understanding of the purpose and function of the program, and to support the Commission's ability to assess continuing education providers in diverse cultural, professional and regulatory contexts.

Eligibility Criteria for International Providers

1. The survey responses and required documentation are in English and appropriate and understandable.

2. The provider applying is a dental school or a continuing education program within a dental school, a national governmental health authority, a professional membership association, or a dental or medical education or communications company.

3. The provider operates under health care standards and standards of care for dentistry which support the ethical practice of dentistry and the profession.

4. The provider has direct oversight of all CE activities offered, and is directly responsible for planning, developing and administering the CE activities.

5. The provider must have planned, implemented and evaluated at least one CE activity within the last 12 months prior to initiating the CERP pre-application process.

6. The provider must ensure that all courses offered for continuing education credit have a sound scientific basis in order to adequately protect the public.

7. The provider must demonstrate that it assumes the financial and administrative responsibility of planning, publicizing and offering the continuing education program, and has adequate resources to support the program.

8. Commercial interests are not eligible for recognition.* The CERP Glossary defines "commercial interest" as follows:

   Commercial Interest: (1) An individual or entity that produces, markets, resells or distributes health care goods or services consumed by, or used on, patients, or (2) an individual or entity that is owned or controlled by an individual or entity that produces, markets, resells, or distributes health care goods or services consumed by, or used on, patients. Providing clinical services directly to or for patients (e.g., a dental practice, dental lab, or diagnostic lab) does not, by itself, make an individual or entity a commercial interest.

** Effective July 1, 2023.*

Pre-application Process for International Providers

An international provider wishing to apply for CERP recognition must submit a pre-application survey to the Commission for Continuing Education Provider Recognition (CCEPR) demonstrating that it meets the Eligibility Criteria and complete an ADA CERP training session. International providers that meet these requirements will be invited to submit an ADA CERP application for recognition.

Step 1. Submission of PPIP Survey
The PPIP survey and required fee is submitted by the applicant organization to begin the application process. The survey is reviewed by the Commission using the eligibility criteria listed above. If the Commission consensus is that the continuing education provider meets the requirements, the provider will be invited to submit an application for ADA CERP recognition. If the Commission consensus is that the provider has the potential to meet the Eligibility Criteria for International Providers but the Pre-application Survey does not demonstrate that the provider meets all requirements, the provider will be asked to submit additional information. If the Commission consensus is that the international provider is not eligible to pursue CERP recognition, the provider will be informed regarding the specific areas that, in the opinion of the Commission, limit the ability of the provider to meet CERP recognition requirements for international providers.

Step 2. Participation in an ADA CERP educational session for CE providers
An international provider must complete an ADA CERP educational workshop prior to receiving ADA CERP recognition. The provider must complete the educational session within 18 months of being notified of its eligibility to apply to become an ADA CERP recognized provider.

Step 3. Submission of ADA CERP application
The CERP application for recognition is the same as the process and procedures for CE providers in the United States and Canada. An international provider wishing to become an ADA CERP recognized provider must submit an application for recognition, an application fee and evidence of completing the CERP educational session within 18 months of notification of eligibility.

International providers that receive ADA CERP recognition must comply with all program requirements. It is the provider's responsibility to keep informed of changes in CERP Recognition Standards and Procedures, and abide by all current policies and procedures.

ADA CERP *Policy on Pre-application Process for International Providers*
Adopted: December 2013; Revised: March 2015; September 2015; April 2019; October 2020; September 2022

FEES

Continuing education providers that are not currently ADA CERP recognized must pay a non-refundable fee when submitting pre-applications to determine eligibility and an application fee when submitting an application for initial recognition. Once approved, CERP recognized providers must also pay an annual fee. No annual fee will be required in the year the provider receives initial CERP recognition.

ADA CERP fees are based on the operating expenses of the program. A schedule of current fees is published at ADA.org/CERP.

Non-payment of all required fees within the established deadline(s) will be viewed as a decision by the provider to voluntarily withdraw from the Continuing Education Recognition Program. The name of the previously recognized provider will be removed from the current list of ADA CERP recognized providers when it is next published. Any provider wishing to reinstate its recognition following discontinuation for non-payment of fees will be required to submit an ADA CERP Application and follow the established procedures for recognition.

COMPLAINTS POLICY

COMPLAINTS

Formal written complaints about recognized CE providers will be considered by the Commission for Continuing Education Provider Recognition (CCEPR) if the complaint documents substantial noncompliance with the ADA CERP Recognition Standards and Procedures or established recognition policies. Complaints can be forwarded to the Commission by course participants, course faculty, other ADA CERP recognized CE providers, state dental societies, state boards of dentistry and other interested parties. Upon receipt of such a formal complaint, the Commission will initiate a formal review of the provider's recognition status. Any such reviews will be conducted in accord with the ADA CERP policy on complaints, in a manner that ensures due process.

A recognized provider may also be reevaluated at any time if information is received from the provider or other sources that indicates the provider has undergone changes in program administration or scope, or may no longer be in compliance with the CERP standards and criteria for recognition.

COMPLAINTS POLICY

The Commission for Continuing Education Provider Recognition (CCEPR) is interested in the continued improvement and sustained quality of continuing dental education programs, but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters not related to the ADA's Continuing Education Recognition Program (ADA CERP) standards and criteria or established recognition policies. If a complaint includes matters that are currently the subject of, or directly related to, litigation, the Commission will not proceed with consideration of the complaint until the litigation is concluded.

Potential complaints will be evaluated to ascertain that they pertain to ADA CERP standards and criteria and/or recognition policies. A potential complainant will be asked to provide complete information and documentation about the alleged lack of compliance with the standards and criteria or recognition policies.

The Commission will consider appropriate complaints against ADA CERP recognized providers from course participants, faculty, other ADA CERP recognized providers, dental societies, state boards of dentistry and other interested parties. The Commission may initiate a complaint or inquiry about an ADA CERP recognized provider. In this regard, an appropriate complaint is defined as one alleging that there exists a practice, condition or situation within the program of an ADA CERP recognized provider which indicates potential non-compliance with ADA CERP standards and criteria or established recognition policies. The Commission will review documentation and determine the disposition of such complaints.

Attempts at resolution between the complainant and the provider should be documented prior to initiating a formal complaint. Only written, signed complaints will be considered by the Commission. The complaint will be considered at the earliest possible opportunity, usually at the next scheduled semi-annual meeting of the Commission. When setting this date, the due process rights of both the provider and the complainant will be protected to the degree possible.

The following procedures have been established to review appropriate complaints:

1. The complaint will become a formally lodged complaint only when the complainant has submitted a written, signed statement of the program's non-compliance with a specific standard and/or recognition policy; the statement should be accompanied by documentation of the non-compliance whenever possible. The confidentiality of the complainant shall be protected, except as may be required by legal process.

2. The continuing dental education provider will be informed that the CCEPR has received information indicating that compliance with a specific standard or recognition policy has been questioned.

3. The provider will be required to provide documentation supporting its compliance with the standard or policy in question by a specific date (usually within 30 days). The CCEPR reserves the right to seek additional information from the provider, including but not limited to course evaluation forms completed by participants and the names, addresses and telephone numbers of all course participants. The CCEPR also has the right to seek information from alternate sources including, but not limited to, surveys of program participants, on-site visits, observation of the provider's CE activities, or other means considered necessary to determine whether the CE provider is in compliance with the standards and criteria. Refusal or failure to provide all requested information, or to cooperate with the Commission's information-gathering efforts, will be considered cause for withdrawal of the provider's ADA CERP recognition status.

4. The provider's report and documentation, as well as any additional information obtained from other sources, will be considered by the CCEPR at or before the Commission's next regularly scheduled meeting.

5. Following consideration, the Commission will take action, as follows:

    a. If the complaint is determined to be unsubstantiated and the provider is found to be in compliance with ADA CERP standards and criteria or established recognition policies, the complainant and the provider will be notified accordingly and no further action will be taken.
    b. If the complaint is substantiated and it is determined that the CE provider is not in compliance with the standards and criteria or established recognition policies, the Commission may either request additional information or initiate action to withdraw recognition. The Commission may:
        - postpone action until the next meeting pending the receipt of additional information through a comprehensive re-evaluation of the provider; a written report by the provider documenting progress in meeting the relevant standards or policies prior to the next regularly-scheduled meeting of the Commission, a personal appearance by the complainant and/or the provider or their representatives before the Commission to present oral testimony in support of the written documentation provided. The complainant and the provider may be represented by legal counsel. The costs to the complainant and the provider of such personal appearances and/or legal representation shall be borne by the complainant and the provider, respectively; or
        - withdraw the provider's recognition status per ADA CERP Procedures.

6. The complainant and the provider will receive written notice of the Commission's action on the complaint within thirty (30) days following the Commission meeting.

7. The records/files related to such complaints shall remain the property of the Commission for five years and shall be kept confidential. After five years, these records will be destroyed.

ADA CERP *Complaints Policy*
Adopted: October 1996; Revised: April 2006, November 2007, April 2010, March 2015

POLICY STATEMENT ON REPORTING SUBSTANTIVE CHANGES

Substantive Changes: A **substantive** change to a provider's continuing education (CE) program is one that may impact the degree to which the recognized provider complies with the ADA CERP *Recognition Standards and Procedures.* Substantive changes may include, but are not limited to:

- Changes in ownership, legal status or form of control.
- Introducing a new educational method beyond the scope described in the application, e.g., adding patient treatment courses or self-study activities.
- Changes in the CE program's source(s) of financial support, especially if funding is from an external commercial source.

When substantive changes occur, the primary concern of the Commission for Continuing Education Provider Recognition is that the provider continues to meet the ADA CERP standards and criteria. Recognized providers must be able to demonstrate that any substantive change(s) to their CE program will not adversely affect the ability of the organization to comply with established standards. If the program changes are judged to represent a sufficient departure from practices in place at the time of application, the Commission may elect to re-evaluate the provider before the next formal reapplication is due.

Reporting Substantive Changes: All recognized providers are expected to report substantive changes **in writing** to the CCEPR in a timely manner. If a provider is uncertain whether a change is substantive, the provider should contact Commission staff for clarification and guidance. The following procedures shall apply to substantive changes:

1. ADA CERP recognized providers must report any substantive change(s) to their CE program.
2. The provider must submit to the Commission a description and/or documentation describing the change(s) and explaining how the CE program will continue to comply with ADA CERP standards and criteria.
3. Providers will receive written notification from the Commission that:
    a. The information is acceptable and will be kept on file for review at the time of the provider's next scheduled reapplication, or
    b. Additional documentation is required for re-evaluation prior to the next scheduled reapplication.
4. The CCEPR may exercise its right to re-evaluate a recognized provider at any time during the approval period.
5. When a provider has received written notification to provide additional documentation, **failure to submit the requested documentation shall be considered grounds for withdrawal of ADA CERP recognition status** at the next regularly scheduled meetings of the Commission for Continuing Education Provider Recognition.
6. Submission of false or misleading information shall be grounds for withdrawal of ADA CERP recognition status.

ADA CERP *Policy on Reporting Substantive Changes*
Adopted: September 1994
Revised: May 2000, September 2000, January 2006, March 2015

JOINT PROVIDERSHIP POLICY

This policy delineates recommended procedures for initiating, developing and managing joint providerships in compliance with the current ADA CERP standards, procedures, definitions and policies.

1. A recognized provider may elect to share responsibility with one or more recognized or non-recognized providers for planning, implementing, evaluating, and keeping records for a continuing dental education activity. A non-recognized provider may initiate joint providership with a recognized provider.

2. Non-recognized joint providers must be compliant with eligibility requirements as they reflect specific ADA CERP standards, criteria, procedures and definitions. A commercial interest as defined by ADA CERP may not be a joint provider.*

3. Responsibility for quality assurance rests with the recognized provider. Administrative responsibility for development and implementation of continuing education activities must rest with the recognized provider whenever the recognized provider acts in cooperation with providers that are not recognized. When two or more recognized providers act in cooperation to develop, distribute and/or present an activity, one must take responsibility for ensuring compliance with CERP Standards.

   These responsibilities include but are not limited to:

   a. A letter of agreement must be drawn up between the providers forming the joint providership. The letter of agreement must be signed by all parties.
   b. Responsibility for initiating and coordinating management of the letter of agreement must rest with the recognized provider(s).
   c. The recognized provider(s) must ensure that specific planning and administrative procedures have been established to ensure compliance with ADA CERP standards, criteria, procedures and policies.
   d. The recognized provider(s) and any joint providers that are not recognized must ensure that CE activities offered have a sound scientific basis in order to adequately protect the public.
   e. The parties named in the letter of agreement must review the letter of agreement periodically in order to make any required updates or revisions.

4. The recognized provider must inform the participant of the joint providership relationship through the use of the appropriate recognition statements. All printed materials for jointly provided activities must carry the appropriate recognition statements.

   > *<<Name of provider>> is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.*
   >
   > *Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at CCEPR.ADA.org.*
   >
   > *<<Name of provider>> designates this activity for <<number of credit hours>> continuing education credits.*
   >
   > *This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between <<Name of CERP recognized provider>> and <<Name of joint provider.>>*

** Effective July 1, 2023, a commercial interest may not be a joint provider.*

ADA CERP *Joint Providership Policy*
Approved: November 2001; Revised: November 2009, December 2013, March 2015, April 2019, September 2022

POLICY ON COMPLIANCE WITH PRIVACY LAWS

Every provider submitting materials to the Commission for Continuing Education Provider Recognition (CCEPR) as part of the recognition process must attest to the following:

> *"The materials we submit to CCEPR as part of an application, activity file, progress report, report of substantive change, or other reports will not include protected health information, as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, unless we have obtained any necessary authorization, consent or release, or any other personally identifiable information that may be protected by federal, state or local laws."*

ADA CERP *Policy on Compliance with Privacy Laws*
Adopted: May 2014; Revised: March 2015

PROCEDURES FOR AN ADVERSE ACTION AGAINST A CONTINUING EDUCATION PROVIDER

An adverse action is defined as withdrawal or denial of recognition.

Reconsideration of an Adverse Action

If a recommendation to withdraw recognition from an ADA CERP recognized provider of continuing education is to be considered, the Commission for Continuing Education Provider Recognition will notify the provider of its intent to withdraw recognition and the date on which official action will be taken. This notification will advise the provider of its option to request reconsideration and provide additional information for the Commission to consider prior to taking the proposed action.

Similarly, if a new provider applicant is denied recognition, the Commission will notify the applicant and provide the reasons for denial. This notification will advise the provider of its option to request reconsideration and provide additional information for the Commission's consideration.

Requests for reconsideration of intent to withdraw or denial of recognition must be submitted in writing to the Commission within thirty (30) days of the provider's receipt of the Commission's notification of intent to withdraw or deny recognition. The recognition status of the provider shall remain unchanged during the reconsideration process.

The provider must submit any additional information in writing and include any reasons why the provider believes the withdrawal or denial is unjustified. The provider also has the option to address the Commission.

The Commission will notify the provider of its decision in writing. If, following reconsideration, the Commission determines that approval should be withdrawn as scheduled, or the decision to deny recognition upheld, the provider will be notified of its right to appeal this decision.

Appeal of an Adverse Action

If an adverse (withdraw or deny) action is taken, an appeal can be made to the Commission. The purpose of an appeal is to determine if, based on the information and documentation previously submitted to the Commission, the decision to deny or withdraw recognition was in accordance with ADA CERP recognition Standards, procedures and policies. An appellant may not present to the Hearing Panel any information that had not previously been presented to the Commission, such as information regarding corrections to deficiencies cited by the Commission. It is not proper for the Hearing Panel to either receive or consider facts not previously presented to the Commission since it does not sit as an initial reviewing body. Similarly, it is not the function of the Hearing Panel to determine whether the facts, singularly or cumulatively, justify the decision of the Commission unless it can be shown that the Commission's decision was clearly against the manifest weight of the evidence. Further, the Hearing Panel will not hear testimony relative to the reasonableness of previously determined requirements for recognition since this is outside the scope of authority of this reviewing body. An appeal may not be based on

the length of the recognition period or disagreement with the recognition standards and criteria. Appeals are conducted in accord with the following procedures.

Appeal Board

The appellate body of the ADA's Continuing Education Recognition Program (CERP) shall be the Commission for Continuing Education Provider Recognition Appeal Board which shall have the authority to hear and decide appeals filed by continuing dental education providers from decisions rendered by the Commission denying or withdrawing recognition.

The Appeal Board consists of one representative selected by each of the organizations represented on the Board of Commissioners, and shall include one member each from: the national organizations of the recognized dental specialties, the American Association of Dental Boards, the American Dental Education Association, the American Society of Constituent Dental Executives, and the American Dental Association. Members of the Appeal Board must have previously served on the Board of Commissioners or its predecessor, the ADA CERP Committee. The term of office of members on the Appeal Board shall be one four (4) year term. When an appeal of an adverse action is initiated by a provider, the Appeal Board shall meet telephonically at the call of the director of the Commission for the purpose of discussing the appeal and the composition of the Hearing Panel. The director shall select a Hearing Panel consisting of three (3) members of the Appeal Board to hear and decide the appeal. Members of the Hearing Panel may not have previously reviewed an application or progress report submitted by the provider as part of the recognition process.

The Hearing Panel shall meet at the call of the director of the Commission provided at least ten (10) days' notice is given to each member of the Hearing Panel in advance of the meeting. Such meetings shall be called by the director only when an appeal to the appellate body has been duly filed by a continuing education provider following the procedures for filing an appeal.

The Hearing Panel shall elect one member of the panel to chair the hearing. A majority of the voting members of the Hearing Panel shall constitute a quorum.

Procedures for an Appeal

1. If the Commission denies or withdraws recognition, the CE provider shall be informed of this decision within fourteen (14) days following the Commission meeting. Such provider must file a written request for an appeal with the director of the Commission within twenty-one (21) days after notification of the Commission's decision. In the absence of receipt of a request for an appeal as prescribed above, the decision of the Commission will automatically be final.
2. If a request for an appeal is received, the Commission shall acknowledge notification of such intent and indicate the deadline for submission of documentation.
3. The provider must submit a non-refundable Appeal Administrative Fee with its request for the appeal, in accordance with the fee schedule published at ADA.org/CERP.
4. The director of the Commission shall provide the names of the three members of the Hearing Panel to the appellant within 30 days of receipt of the appeal. In the event that the appellant believes that a member of the Hearing Panel has a conflict of interest that may preclude a balanced hearing, the appellant may request that panelist be replaced. The appellant may request replacement of up to two members of the Hearing Panel. A request for appointment of a new panelist must be submitted to the Appeal Board within 10 days of receipt of the original slate of Hearing Panel members. New members of the Hearing Panel will be selected by the director of the Commission.
5. The provider must submit four copies of evidence or argument in writing to refute the decision of the Commission. The appellant's written evidence or argument must be submitted at least 14 days prior to the hearing date.
6. A hearing date will be scheduled by the director of the Commission within 60 days of receipt of the appeal. The Hearing Panel shall meet by teleconference unless the appellant requests to meet with the Hearing Panel in person. In the event that the appellant requests an in person meeting, such meeting shall take place in Chicago, at a location determined by the Commission. The appellant shall be responsible for its representatives' travel expenses and its legal expenses. In addition, the appellant will be responsible for the travel expenses of the three members of the Hearing Panel, in accordance with the published fee schedule. The appellant must submit payment of travel expenses at least 30 days prior to the hearing date.

7. Representatives of the provider may make an appearance before the Hearing Panel via teleconference or in person. If desired, the provider's legal counsel may accompany the provider and observe the appearance. Legal counsel for the Appeal Board may be present for the appearance(s) and the executive session(s) thereafter. No recording of the appearance(s) is permitted. The provider will be given the opportunity to offer evidence and argument to refute the adverse action. The Hearing Panel will only review information and documentation that was previously available to the Commission at the time the Commission made its decision take the adverse action.
8. No change in the recognition status of the provider will occur pending disposition of the appeal.

Mechanism for the Conduct of an Appearance before the Hearing Panel

1. A brief opening statement may be made by a representative of the Commission for the purpose of establishing the Commission's findings and reasons therefore. The Commission's representative's presentation shall not exceed 30 minutes.
2. The provider will then present its argument to the Hearing Panel. The appellant's presentation shall not exceed 30 minutes.
3. Hearing Panel members may ask questions of the Commissioner's and the provider's representatives to clarify information presented.
4. After hearing the evidence, the Hearing Panel shall meet in closed session to discuss the appeal and make its decision, which shall be final. The Hearing Panel's decision may be to uphold or overturn the adverse action. The decision shall be based on a majority vote of the Hearing Panel members present and voting.
5. The decision will be sent to the provider within ten (10) days following the hearing. If the decision is to uphold the Commission's action to withdraw or deny recognition, the decision will be effective upon notification of the decision.
6. The Commission reserves the right to modify or change these procedures.

Procedures for an Adverse Action Against a CE Provider
Revised: November 1999, January 2004, November 2005, April 2006, April 2007, March 2015

INFORMATION ON ADA CERP OBJECTIVES AND CCEPR GOVERNANCE

REASONS FOR PROGRAM

The ADA CERP was created to assist members of the American Dental Association, the recognized specialty organizations, the American Dental Education Association, the American Association of Dental Boards, and the broad-based dental profession in identifying and participating in quality continuing dental education. It is also a goal of the ADA CERP to promote continuous quality improvement of continuing dental education and to assist dental regulatory agencies to establish a sound basis for increasing their uniform acceptance of CE credits earned by dentists to meet the CE relicensure requirements currently mandated by the majority of licensing jurisdictions.

ADA CERP represents a mechanism for reviewing CE providers and recognizing those that demonstrate that they routinely meet certain basic standards of educational quality. The clearly defined ADA CERP Recognition Standards and Procedures are the basis for evaluating the educational processes used by CE providers in designing, planning and implementing continuing education. This review and recognition helps individual dentists select courses presented by recognized CE providers.

Recognition of a provider by the Commission for Continuing Education Provider Recognition does not imply endorsement of course content, products or therapies presented.

Specific objectives of the recognition program are:

1. To improve the educational quality of continuing dental education programs through self-evaluation conducted by the CE program provider in relation to the ADA CERP standards and criteria for recognition, and/or through counsel and recommendations to CE providers from the Commission.

2. To assure participants that recognized continuing education program providers have the organizational structure and resources necessary to provide CE activities of acceptable educational quality, i.e., activities that should assist the participant in providing an enhanced level of care to patients.

3. To promote uniform standards for continuing dental education that can be accepted nationally by the dental profession.

4. To assist regulatory agencies and/or other organizations responsible for granting credit in identifying those continuing dental education providers whose activities are acceptable for credit toward licensure or membership requirements or voluntary recognition programs.

CCEPR GOVERNANCE STRUCTURE

The Continuing Education Recognition Program is governed by the Commission for Continuing Education Provider Recognition (CCEPR), an agency of the ADA with authority to formulate and adopt requirements, guidelines and procedures for the recognition of continuing dental education providers, and to approve providers of continuing dental education programs and activities. The Commission is structured to include broad input from those dental groups with an interest in continuing dental education at the policy-setting level.

Members of the Board of Commissioners are appointed by the following organizations:

Sponsoring organizations of dental specialties recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) (one member each)
American Dental Education Association (one member)
American Society of Constituent Dental Executives (one member)
American Dental Association (four members)

Because the focus of the ADA CERP is on continuing education for dentists, the CCEPR is primarily composed of dentists. Each represented organization selects individuals with knowledge, experience and interest in continuing education.

To help ensure representation of the public interest, the Commission also appoints one public member to the Board of Commissioners. The Commission also appoints a public member who is also a member of a state board of dentistry or jurisdictional licensing agency.

Terms of Commission Members: Members of the CCEPR are appointed to a four year term. A rotational schedule ensures that a core of experienced members serve on the Commission at all times.

The Commission schedules two regular meetings each year.

Responsibilities: ADA *Bylaws* define the duties of the Commission as follows.

The duties of the Commission for Continuing Education Provider Recognition shall be to:

a. Formulate and adopt requirements, guidelines and procedures for the recognition of continuing dental education providers.
b. Approve providers of continuing dental education programs and activities.
c. Provide a means for continuing dental education providers to appeal adverse recognition decisions.
d. Submit an annual report to the House of Delegates of this Association and interim reports, on request.
e. Submit an annual budget to the Board of Trustees of the Association.

ADA CERP GLOSSARY

The following terms are defined as they are used by the Commission for Continuing Education Provider Recognition in relation to continuing dental education and ADA CERP. CE providers should familiarize themselves with these definitions to ensure complete understanding of information provided in this document.

ACTIVITY: An individual educational experience such as a lecture, clinic or home-study package. (See COURSE, LIVE COURSES/ACTIVITIES, ELECTRONICALLY MEDIATED LEARNING, SELF-INSTRUCTIONAL COURSES/ACTIVITIES)

ADMINISTRATIVE AUTHORITY (previously noted as administrator or program planner): The person responsible for the coordination, organization and dissemination of planned CDE offerings. Typically, it is an employee of the provider; the provider is responsible for the overall quality.

ADVISORY COMMITTEE: An objective entity that provides peer review and direction for the program and the provider. A majority of the advisory committee must be dentists who are independent from other responsibilities for the provider. The advisory committee should include objective representatives of the intended audience, including the members of the dental team for which the courses are offered.

BEST PRACTICES: Those strategies, methods, activities or approaches which have been shown through research and evaluation to effectively promote continuous quality improvement of continuing dental education in accordance with the ADA CERP *Recognition Standards and Procedures*.

COMMERCIAL BIAS/COMMERCIAL INFLUENCE: In the context of continuing dental education, any activity or material designed to promote a specific proprietary business interest.

COMMERCIAL INTEREST: (1) An individual or entity that produces, markets, resells or distributes health care goods or services consumed by, or used on, patients, or (2) an individual or entity that is owned or controlled by an individual or entity that produces, markets, resells, or distributes health care goods or services consumed by, or used on, patients. Providing clinical services directly to or for patients (e.g., a dental practice, dental lab, or diagnostic lab) does not, by itself, make an individual or entity a commercial interest.

COMMERCIAL SUPPORT: Financial support, products and other resources contributed to support or offset expenses or needs associated with a provider's continuing dental education activity.

COMMERCIAL SUPPORTER: Commercial interests which contribute unrestricted financial support, products, and other resources to support or offset expenses and/or needs associated with a provider's continuing dental education activity.

CONFLICT OF INTEREST: When an individual has an opportunity to affect the content of continuing dental education activities regarding products or services of a commercial interest with which he/she has a financial relationship.

CONTINUING DENTAL EDUCATION: Continuing dental education consists of educational activities designed to review existing concepts and techniques, to convey information beyond the basic dental education and to update knowledge on advances in scientific, clinical, and non-clinical practice related subject matter, including evidence-based dentistry. The objective is to improve the knowledge, skills and ability of the individual to provide the highest quality of service to the public and the profession. All continuing dental education should strengthen the habits of critical inquiry and balanced judgment that denote the truly professional and scientific person and should make it possible for new knowledge to be incorporated into the practice of dentistry as it becomes available.

Continuing education programs are designed for part-time enrollment and are usually of short duration, although longer programs with structured, sequential curricula may also be included within this definition. In contrast to accredited advanced dental education programs, continuing dental education programs do not lead to eligibility for ethical announcements or certification in a specialty recognized by the American Dental Association. Continuing dental education should be a part of a lifelong continuum of learning.

In order for specific course subject material to be acceptable for credit, the stated course objectives, overall curriculum design or topical outlines should be clearly stated. The information presented should enable the dental professional to enhance the dental health of the public, either directly or through improved effectiveness of operations in dental practice, or through expansion of present knowledge through research. The dental professional should be able to apply the knowledge gained within his or her professional capacity. *****

COURSE: A type of continuing education activity; usually implies a planned and formally conducted learning experience. (See ACTIVITY, LIVE COURSE/ACTIVITY, ELECTRONICALLY MEDIATED LEARNING, SELF-INSTRUCTIONAL COURSE/ACTIVITY)

COURSE COMPLETION CODE: Also referred to as verification code. Random code, a portion of which is announced by program provider toward the end of each course to help verify that each participant has taken part in the entire course.

DENTAL/MEDICAL EDUCATION OR COMMUNICATIONS COMPANY: Company whose sole purpose is to produce educational programs or communications for healthcare professionals.

EDUCATIONAL METHODS, METHODOLOGIES: The systematic plan or procedure by which information or educational material is made available to the learner. Some examples include lecture, discussion, practice under supervision, audiovisual self-instructional units, case presentations and internet-based or other electronically mediated formats.

ELECTRONICALLY MEDIATED LEARNING: Continuing education activities that use one or more of the following technologies to deliver instruction to participants who are separated from the instructor and to support interaction between the participants and the instructor: (1) the internet; (2) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; (3) audio conferencing; or (4) DVDs, CD–ROMs, and videocassettes if these are used in a course in conjunction with any of the other technologies listed. Electronically mediated learning may be delivered through live courses or self-instructional activities.

EVIDENCE-BASED DENTISTRY: Evidence-based dentistry (EBD) is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences. ** (See Center for Evidence-Based Dentistry at http://ebd.ada.org)

FINANCIAL RELATIONSHIPS: Any relationship in which an individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest, contracted research or other financial benefit. CCEPR considers relationships of the person involved in the CDE activity to include financial relationships of a family member. Relevant financial relationships must be disclosed to participants in CDE activities. (See RELEVANT FINANCIAL RELATIONSHIPS.)

GOAL: A statement of long-range expectations of a continuing dental education program.

GOVERNMENTAL HEALTH AUTHORITY: A government or its designated entity responsible for health matters.

INSTRUCTOR/AUTHOR (also lecturer, faculty, faculty member): The person or persons responsible for the development and presentation of specific CDE course material for the intended audience.

INTERNATIONAL PROVIDER: A continuing dental education provider whose primary location is outside the United States and Canada. International providers interested in participating in ADA CERP must meet the Eligibility Criteria and complete the process outlined in the Pre-application Process for International Providers (PPIP) before submitting an application for CERP recognition. (See POLICY ON PRE-APPLICATION PROCESS FOR INTERNATIONAL PROVIDERS.)

** ADA Policy Statement on Continuing Dental Education, excerpt (Trans.2006:331; 2011:465)*
*** Definition of Evidence-Based Dentistry (Trans.2001:462), in ADA Policy Statement on Evidence-Based Dentistry*

JOINT PROVIDER: A continuing education provider that shares responsibility with an ADA CERP recognized provider for planning, implementing, evaluating, and keeping records for a continuing dental education activity. Responsibility for continuing education activities must rest with the ADA CERP recognized provider whenever the provider acts in cooperation with providers that are not recognized. A commercial interest may not be a joint provider.* (See ADA CERP Recognition Standards and Procedures, Standard IX. Administration, Criteria 13-14, and Joint Providership Policy).

JOINT PROVIDERSHIP: Any continuing education activity in which an ADA CERP recognized provider agrees to provide a program jointly with another CE provider. When an ADA CERP recognized provider enters into joint providership with a non-CERP recognized provider, the CERP recognized provider must assume responsibility for the activity. When two or more ADA CERP recognized providers act in cooperation to plan and implement an activity, one must take responsibility for ensuring compliance with CERP Standards. Letters of agreement between the joint providers must be developed to outline each party's responsibilities for the CE activity. Letters of agreement must be signed by all parties. A commercial interest may not be a joint provider.* (See ADA CERP Recognition Standards and Procedures, Standard IX. Administration, Criteria 13-14, and Joint Providership Policy).

LIVE COURSE / ACTIVITY: Continuing education courses that participants must attend (whether in person or virtually) in order to claim credit. Live courses can be offered in a variety of formats including national and local conferences, workshops, seminars, and live Internet-based conferences and teleconferences.

NEEDS ASSESSMENT: The process of identifying the specific information or skills needed by program participants and/or interests of the program participants, based on input from participants themselves or from other relevant data sources. The specific needs thus identified provide the rationale and focus for the educational program.

OBJECTIVE: Anticipated learner outcomes of a specific continuing dental education learning experience or instructional unit, stated in behavioral or action-oriented terms for the participant.

ON-SITE/IN-OFFICE PARTICIPATION COURSES: Long-term CDE participation courses involving both formal course sessions and in-office practice of techniques without direct supervision.

PLANNED PROGRAM: The total efforts of a CDE provider as they relate to continuing dental educational activities offered to professional audiences. A sequence or series of continuing education activities, courses or events that in total constitutes the provider's activities as they relate to continuing dental educational activities offered to professional audiences.

PROFESSIONAL MEMBERSHIP ASSOCIATION: An organization of dental professionals formed for the purpose of advancing the dental profession and the oral health of the public through education and training, development and support of standards, and advocacy for the profession and the public interest.

PROGRAM PLANNING: The total process of designing and developing continuing education activities. This process includes assessing learning needs, selecting topics, defining educational objectives, selecting instructors/authors, facilities and other educational resources, and developing evaluation mechanisms. All steps in the program planning process should be aimed at promotion of a favorable climate for adult learning.

PROVIDER: An agency (institution, organization, or individual) responsible for organizing, administering, publicizing, presenting, and keeping records for the continuing dental education program. The CDE provider assumes both the professional and fiscal liability for the conduct and quality of the program. If the CDE provider contracts or agrees with another organization or institution to provide facilities, instructor/author or other support for the continuing education activity, the recognized provider must ensure that the facilities, instructor/author or support provided meet the standards and criteria for recognition. The CDE provider remains responsible for the overall educational quality of the continuing education activity.

** Effective July 1, 2023, a commercial interest may not be a joint provider.*

RECOGNITION: Recognition is conferred upon CDE providers which are judged to be conducting a continuing dental education program in compliance with the standards and criteria for recognition.

RECOMMENDATIONS: Detailed suggestions and/or assistance in interpreting and implementing the standards and criteria for recognition. (See STANDARDS AND CRITERIA FOR RECOGNITION)

RELEVANT FINANCIAL RELATIONSHIPS: For a person involved in the planning, administering or presentation of a continuing dental education activity, relevant financial relationships are financial relationships in any amount, occurring in the last 12 months, that are relevant to the content of the CDE activity and that may create a conflict of interest. ADA CERP considers relevant financial relationships of the person involved in the CDE activity to include financial relationships of a family member. Relevant financial relationships must be disclosed to participants in CDE activities. (See CONFLICT OF INTEREST and FINANCIAL RELATIONSHIPS.)

SELF-INSTRUCTIONAL COURSE / ACTIVITY: Continuing education courses in printed or recorded format, including audio, video, or online recordings that may be used over time at various locations.

SOUND SCIENTIFIC BASIS: CDE material should have peer-reviewed content supported by generally accepted scientific principles or methods that can be substantiated or supported with peer-reviewed scientific literature that is relevant and current; or the CDE subject material is currently part of the curriculum of an accredited U.S. or Canadian dental education program and, whenever possible, employ components of evidence-based dentistry.

STANDARDS AND CRITERIA FOR RECOGNITION: The criteria which applicant continuing dental education providers will be expected to meet in order to attain and then retain recognition status. (See RECOMMENDATIONS). The verbs used in the standards and criteria for recognition (i.e., must, should, could, may) were selected carefully and indicate the relative weight attached to each statement. Definitions of the words which were utilized in preparing the standards are:

1. **Must** expresses an imperative need, duty or requirement; an essential or indispensable item; mandatory.
2. **Should** expresses the recommended manner to meet the standard; highly recommended, but not mandatory.
3. **May** or **could** expresses freedom or liberty to follow an idea or suggestion.

VERIFICATION CODE: Also referred to as course completion code. Random code, a portion of which is announced by program provider toward the end of each course to help verify that each participant has taken part in the entire course.

Evaluation of Safety Concerns with Certain Dental Devices Used on Adults – FDA Safety Communication

Date Issued: March 30, 2023

The U.S. Food and Drug Administration (FDA) is evaluating safety concerns with the use of certain dental devices that are **fixed** (non-removable) palatal expanders used on adults to remodel the jaw or to treat conditions.

The devices of concern include:

- Anterior Growth Guidance Appliance (AGGA) and Fixed Anterior Growth Guidance Appliance (FAGGA),
- Anterior Remodeling Appliance (ARA) and Fixed Anterior Remodeling Appliance (FARA),
- Osseo-Restoration Appliance (ORA) and Fixed Osseo-Restoration Appliance (FORA), and
- Any other similar device types.

The FDA is aware of these devices being used to treat conditions such as obstructive sleep apnea (OSA) and temporomandibular joint disorder (TMD) of the jaw, and to remodel the jaw in adults. However, the safety and effectiveness of these devices intended for these uses have not been established, and these devices are not cleared or approved by the FDA.

The FDA is also aware of reports of serious complications with use of these devices. The FDA is asking patients, caregivers, and health care providers to report any complications with these devices to the FDA. Prompt reporting of adverse events can help the FDA identify and better understand the risks associated with medical devices. The FDA is working to evaluate information from all available sources to provide additional information on this issue.

Recommendations for Patients, Caregivers and Health Care Providers

- Be aware the FDA is evaluating safety concerns with the use of certain dental devices, such as the AGGA, FAGGA, ARA, FARA, ORA, and FORA.
- Be aware the safety and effectiveness of these devices to treat conditions such as OSA and TMD, or to remodel the jaw in adults have not been established. These devices intended for these uses have not been cleared or approved by the FDA.
- Consult with a dental professional for problems or concerns with a dental device. Use of the AGGA, FAGGA, ARA, FARA, ORA, or FORA dental devices on adults may result in serious complications which may require intervention, such as:
    - Chronic pain
    - Tooth dislocation
    - Flared teeth
    - Uneven bite
    - Difficulty eating
    - Damaged gums
    - Exposed roots
    - Bone erosion
    - Tooth loss
- Report any problems with these devices to the FDA.

Device Description

Palatal expanders are dental devices typically used to widen the roof of the mouth (palate) to make room for crowded teeth. Palatal expanders are generally used during orthodontic treatment for children and adolescents whose upper jaw bones are not yet fused. At this time, the FDA is not aware of safety concerns related to orthodontic use of palatal expanders in children and adolescentsExternal Link Disclaimer.

In contrast, an adult's upper jaw bones are fused, and when a fixed palatal expansion device applies force, the palate is resistant to expansion. If forces are applied incorrectly to the teeth, serious complications can occur including chronic pain, tooth dislocation, flared teeth, uneven bite, difficulty eating, damaged gums, exposed roots, bone erosion, and tooth loss. These complications typically require intervention by a health care professional.

The safety and effectiveness of fixed (non-removable) palatal expanders being used to treat conditions such as OSA and TMD, or to remodel the jaw in adults have not been established and these devices have not been cleared or approved by the FDA.

FDA Actions

The FDA is informing patients, caregivers, and health care providers about safety concerns with the use of certain dental devices on adults, such as the AGGA, FAGGA, ARA, FARA, ORA, FORA, and any similar device types. The FDA is identifying and contacting responsible entities to communicate our concerns. The FDA plans to investigate potential violations and take action if appropriate. The FDA is working to further evaluate all available information about the issue. We will continue to monitor complaints and reports of adverse events associated with this issue.

The FDA will keep patients, caregivers, and health care providers informed as significant information becomes available.

Reporting Problems with A Device

If you experience any issues with any medical device, the FDA encourages you to file a voluntary report through MedWatch or call 1-800-332-1088 for more information on how to mail or fax the form.

Health care personnel employed by facilities that are subject to the FDA's user facility reporting requirements should follow the reporting procedures established by their facilities.

Please include the following information in your reports:

- Device information, including name, brand, origin, or any other identification provided (if known)
- Details of adverse event and medical and/or surgical interventions (if applicable)

If you believe a medical device is being marketed in a manner that violates the law, you can file a report through FDA's Allegations of Regulatory Misconduct process. You can also contact your local FDA Consumer Complaint Coordinator to report concerns.

Questions?

- If you have questions, email the Division of Industry and Consumer Education (DICE) at DICE@fda.hhs.gov or call 800-638-2041 or 301-796-7100.



Who can volunteer?

Any healthcare professional with a state issued license or certification in good standing, including, but not limited to:

- Nursing professions
- Physician and other medical providers
- Advanced practice nursing
- Physician assistant
- Emergency medical services providers
- Pharmacy professions
- Behavioral health professions
- Rehabilitation professions
- Alternative and complementary care providers
- Dentists
- Health care technicians and assistants

Oregon Health Authority

PUBLIC HEALTH DIVISION
Center for Public Health Practice

For more information about SERV-OR and Medical Reserve Corps and to register visit:

http://www.serv-or.org

Email: SERV.OR@state.or.us

You can get this document in other languages, large print, braille or a format you prefer. Contact SERV-OR at 1-877-343-5767. We accept all relay calls or you can dial 711.

U.S. Air National Guard photos by Tech. Sgt. John Hughel, 142nd Fighter Wing Public Affairs

OHA 9131 (02/2017)

Be ready to respond when disaster strikes

SERV-OR

State Emergency Registry of Volunteers in Oregon

medical reserve corps



Lend your skills in an emergency

What is SERV-OR?

SERV-OR is a statewide registry of pre-credentialed health care professionals who want to volunteer their services during emergencies with significant health impacts. The registry is sponsored by the Oregon Public Health Division in partnership with the Medical Reserve Corps (MRC). SERV-OR uses a secure database to register, credential and alert volunteers.

Who should register?

Licensed health care professionals who wish to volunteer in a health care emergency or mass casualty disaster event.

What will my role be?

Health care volunteer roles may include:

- Medical casualty triage
- Hospital, clinic or field hospital staffing during a disaster
- Behavioral health team
- Medical transportation
- Dispensing medication or administering vaccines
- Participating in state or county emergency preparedness exercises
- Team leadership positions
- Other medical or health care services as needed



What is expected?

- You will be asked to participate in disaster-related training to prepare you for your role in a response.
- You agree to be contacted in an emergency or future training opportunity.
- You are free to decide whether to participate.

How do I sign up?

Visit http://www.serv-or.org to register online and watch a short presentation about SERV-OR.

For more information, email SERV.OR@state.or.us or call 1-877-343-5767 and visit http://www.serv-or.org.

> Register now!

Oregon
Tina Kotek, Governor

OBD Executive Director
Stephen Prisby

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: April 14, 2023

TO: OBD Board Members

FROM: OBD Executive Director Stephen Prisby

SUBJECT: Election of Officers

Annually at every April Board Meeting you are directed to elect a new President, and historically also have elected a Vice-President. Point of reference, in recent modern times you have chosen the officers based on seniority, which has always made sense in my humble opinion.

ORS 679.250 Powers and duties of board; rules. The powers and duties of the Oregon Board of Dentistry are as follows: (1) To, during the month of April of each year, organize and elect from its membership a president who shall hold office for one year, or until the election and qualification of a successor.

One of the President's duties is to select the Chairs of the OBD's Committees. I will email you a survey so you can share your preferences for what Committees you have an interest in chairing or being a member on. I have also reached out to the three professional associations and representatives of the Dental Therapy Community for names as well. The new committee assignments will be shared after they are finalized with our new President.

Attached is the board roster

Executive Appointments Board Roster

Dentistry, Oregon Board of

Agency: None
Authorization: ORS 679.230
Members: Min: 10 Max: 10
Term Length: 4 years Limit: 2
Senate confirmation required? Yes

Policy Area: Health

Board Contact:
Stephen Prisby
1500 SW 1st Avenue, Suite 770
Portland, OR 97201
971-673-3200

stephen.prisby@state.or.us

Current Appointments:

Member Name and Address (Alphabetical)

Michelle Aldrich
Dentist — Position Number: 2
Term(s): 06-10-2022 - 04-03-2026

Jennifer M Brixey
Public Member — Position Number: 10
Term(s): 04-07-2020 - 04-06-2024
09-28-2018 - 04-06-2020

Terrence Clark
Dentist — Position Number: 7
Term(s): 06-10-2022 - 04-03-2026

Chip Dunn
Public Member — Position Number: 6
Term(s): 04-01-2021 - 03-31-2025
05-03-2017 - 04-02-2021

Jose L Javier, DDS
Dentist — Position Number: 5
Term(s): 04-02-2020 - 04-01-2024
06-01-2016 - 04-01-2020

Aarati Kalluri
General Dentistry — Position Number: 4
Term(s): 04-01-2021 - 03-31-2025
03-01-2021 - 03-31-2021

Sheena K Kansal
Specialist; Pediatric Dentistry — Position Number: 9
Term(s): 04-19-2021 - 04-18-2025

Sharity Ludwig
Hygienist — Position Number: 1
Term(s): 06-10-2022 - 04-03-2026

Executive Appointments Board Roster

Dentistry, Oregon Board of

Member Name and Address (Alphabetical) **Policy Area:** Health

Alicia R Riedman
Hygienist
Position Number: 8
Term(s): 04-01-2021 - 03-31-2024
05-01-2017 - 04-30-2021
04-01-2015 - 04-30-2017

Reza J Sharifi
Oral and Maxillofacial Surgeon-Dentist
Position Number: 3
Term(s): 05-15-2019 - 05-14-2023

NEWSLETTERS & ARTICLES OF INTEREST

From: DANB and the DALE Foundation <communications@danb.org>
Sent: Thursday, March 9, 2023 8:06 AM
To: Stephen Prisby <stephen.prisby@state.or.us>
Subject: New strategic plan focuses on dental assistant workforce solutions



New strategic plan focuses on dental assistant workforce solutions

DANB and the DALE Foundation launch new strategic plan that prioritizes supporting dental assistants in their career paths

The Dental Assisting National Board (DANB) and the DALE Foundation have released their 2023-2028 Strategic Plan. The plan is rooted in the importance of dental assistants, the critical role they play in delivering patient care, and enhancing the ways DANB and the DALE Foundation can support and prepare dental assistants for career entry and progression.

"This dynamic and bold plan centers on evolving our programs, reducing barriers for current and aspiring dental assistants, and increasing access for the new generations," said DANB and DALE Foundation CEO Laura Skarnulis. "Through our current and future work, we aim to expand the pipeline of qualified dental assistants; promote diversity, equity and inclusion; and provide dental assistants with pathways for career progression through achievable, incremental milestones."

Strategic plan overview

The plan identifies five imperatives, which serve as a framework to address the dental assistant shortage and other critical workforce challenges.

- **Lead with diversity, equity and inclusion** to remove barriers, increase access to exams and education, and seek out collaborators with diverse perspectives and experiences.
- **Create and promote a dental assisting professional model** to support recruitment and retention over the long term by providing career pathways and a road map for advancement.

- **Increase awareness of and access to education and credentialing for the profession** by raising the profile of the profession and promoting the critical role of dental assistants.
- **Champion the role of the dental assistant** by conducting research, forming a workforce coalition, building community, and positioning dental assisting as a meaningful career.
- **Enhance the user experience** by improving our policies, procedures, technologies, and services to remove unintended barriers and meet the current and future needs of the profession.

The plan in action

To jump-start the ambitious plan, DANB and the DALE Foundation have already begun several initiatives, including establishing a DEI council, increasing investments in scholarships, adjusting exam and certification policies, and launching a **Dental Assisting Curriculum Framework** to support entry-level dental assistant training.

"The challenges and opportunities facing the dental assisting profession won't be solved by one organization or through isolated solutions," Skarnulis added. "We have a bold, comprehensive vision that incorporates partnerships and collaborations with many organizations and voices. As we embark on this plan, we look forward to working with members of the dental community to support and grow the dental assisting profession."

The collaborative process

The five-year plan was developed through a comprehensive strategic planning model that drew on input from numerous members of the dental community. Through a series of meetings with internal and external stakeholders, consensus emerged around current conditions and issues of key importance — with the dental assistant workforce and diversity, equity, inclusion and access being central themes.

DANB's Board of Directors and the DALE Foundation's Board of Trustees were actively involved in the plan's development. DANB Chair Lois Bell and DALE Foundation President Guinevere Juckett played an instrumental role in shepherding the organizations through the process.

While the strategic plan is future-focused, it remains grounded in the organizations' core values of promoting education and credentials to elevate the dental assisting profession and enhance public protection.

To learn more or get involved, contact us at communications@danb.org

2023-2028 Strategic Plan

The overarching aims of the strategic plan are to:

- Expand the pool of educated, qualified, and committed dental assistants
- Position our organizations to contribute and lead effectively, while closely collaborating with partner organizations
- Assure that dental assisting is viewed as a respected, professional career where dental assistants receive the education, encouragement, and support they require

Experience

Enhance the user experience through refining our policies, technologies, and customer service

DEI

Lead with diversity, equity, and inclusion (DEI) by incorporating these values into our daily work and creating a culture that values DEI internally and externally

Access and Awareness

Increase awareness of and access to education and credentialing for the profession through product offerings and outreach campaigns



Professional Model

Create and promote a dental assisting professional model through input from our stakeholders and communities

Champion the Profession

Champion the role of the dental assistant through research, building a coalition, and fostering community

Solutions for the Dental Assistant Workforce

The Dental Assisting National Board (DANB) and the DALE Foundation are committed to developing solutions to address the shortage of qualified dental assistants. Our 2023-2028 Strategic Plan centers on addressing this issue through multiple imperatives. Already, we have several resources to support educators and employers in preparing their dental assistants for the dental practice.

Available Now

Online education



Review foundational dental assisting topics, such as dental radiography, infection control, chairside assisting, and more through the DALE Foundation's interactive, online courses. Practice tests help reinforce key concepts and serve as preparation for DANB exams and other dental assisting exams. Groups discounts available.

View the catalog.
Contact us to learn more.

Curriculum support



The DALE Foundation's Dental Assisting Curriculum Framework is designed to support educators and employers in preparing entry-level dental assistants for the dental practice. The framework includes educational outlines for 10 weeks, 6 months, and 2 years, plus recommended online courses, textbooks, links and activity resources, and competency checklists.

Learn more.

Exam outlines



DANB's exam outlines and lists of reference materials are valuable resources to help dental assistants create their study plans and identify gaps in knowledge. The exam outlines list the topics that will be covered on the exams and their percentages. The exam references list is a handy way to identify textbooks or other materials to support study plans.

Download the outlines.

In Development

DANB and the DALE Foundation have several initiatives underway to increase access to dental assisting education and exams and to support the needs of the profession, including:

- Offering Spanish-language resources, including DANB's RHS exam
- Developing a uniform professional dental assisting model
- Conducting a robust dental assisting job task analysis to ensure our exams, certifications and education meet the needs of the profession now and in the future
- Evaluating policies and processes to identify and remove biases and barriers
- Forming a coalition to address value, culture, respect, compensation and other workplace issues for dental assistants

Get involved: Learn more or get involved. Contact us at communications@danb.org.

UAB dental school houses 1st U.S. dental implant registry

By DrBicuspid.com staff writers

March 8, 2023 -- The first U.S. dental implant registry is located at the National Dental Practice-Based Research Network with the University of Alabama at Birmingham (UAB) School of Dentistry.

Funded by the U.S. National Institute of Dental and Craniofacial Research, the registry will drive a three-year $2.3 million study of dental implant outcomes.

The study will explore factors associated with the success of implant therapy and the rate of complications with prosthetic and biologic implants. The results will also be used to improve the success rate of dental implants, crowns, and dentures while restoring dental function and aesthetics.

In July, researchers began recruiting patients throughout the U.S., with the goal of enrolling 2,000 individuals. Individuals who are interested in enrolling in the study should contact their oral healthcare providers, UAB said.

Related Reading

Carestream donates imaging system to UAB dental school

Carestream Dental has donated a CS 9300C imaging system to the University of Alabama at Birmingham (UAB) School of Dentistry.

New UAB assistant dean seeks to improve community oral health

Allen Conan Davis, DMD, was recently appointed assistant dean for community collaborations and public health at the University of Alabama at Birmingham...

UAB opens renovated faculty practice facility

The University of Alabama at Birmingham (UAB) School of Dentistry has opened its newly renovated faculty practice facility.

STATE OF OREGON
Office of the Governor
TINA KOTEK

NEWS RELEASE
March 21, 2023

Media Contact:
Elisabeth Shepard, Press Secretary to Governor Tina Kotek
Elisabeth.Shepard@oregon.gov

Governor Tina Kotek Submits Appointments for Senate Confirmation

Salem, OR — Today, Governor Tina Kotek submitted a list of state board and commission appointments to the Oregon Senate for confirmation. The Senate Committee on Rules is scheduled to consider the nominations on April 18, 2023.

“I am grateful to each nominee for their willingness to lead and serve the public with accountability and transparency. Since my first day on the job as your governor, I have been guided by one simple idea: make life better for Oregonians,” Governor Kotek said. “That means doing the big things well – housing, education, behavioral health – and meaningful attention to detail, including the boards and commissions intended to advance the progress of our state on a wide range of issues. The individuals I am nominating today have diverse backgrounds, viewpoints and visions, and are united in their commitment to serve.”

The full list of nominees is available here.

More information about state boards and commissions is available here.

##

FirstName	LastName	City	State	Board	Term	Term Beg Date	Term End Date	oldfnam	oldlnam	Reappt	County
Aparna	Rajagopal-Durbin	Eugene	OR	Asian and Pacific Islanders Affairs, Commission on	unexpired 4 year	4/26/2023	5/24/2025	Toc	Soneoulay-Gillespie	No	Lane
Joselito	Tanega	Happy Valley	OR	Asian and Pacific Islanders Affairs, Commission on	unexpired 4 year	4/26/2023	9/24/2024	Susan	Cox	No	Clackamas
Joselito	Tanega	Happy Valley	OR	Asian and Pacific Islanders Affairs, Commission on	4 year	9/25/2024	9/24/2028			No	Clackamas
Lorne	Bulling	Beaverton	OR	Asian and Pacific Islanders Affairs, Commission on	unexpired 4 year	4/26/2023	3/14/2025	Neha	Subramanyam	No	Washington
Padma	Akkaraju	Corvallis	OR	Asian and Pacific Islanders Affairs, Commission on	4 year	4/26/2023	4/25/2027	Mohamed	Alyajouri	No	Benton
Meghan	Johns	Hood River	OR	Behavior Analysis Regulatory Board	4 year	12/17/2022	12/16/2026			Yes	Hood River
Lakayana	Drury	Portland	OR	Black Affairs, Oregon Commission on	unexpired 4 year	4/26/2023	2/28/2026	Torrey	Sims	No	Multnomah
LaNicia	Duke	Warrenton	OR	Black Affairs, Oregon Commission on	4 year	4/26/2023	4/25/2027	Angela	Addae	No	Clatsop
Mitchell	Asemota	Portland	OR	Black Affairs, Oregon Commission on	unexpired 4 year	4/26/2023	2/28/2026	Kenny	Farley, Jr.	No	Multnomah
Reza	Sharfi	Portland	OR	Dentistry, Oregon Board of	4 year	5/15/2023	5/14/2027			Yes	Multnomah
Ronald	Farris	Gresham	OR	Denture Technology, State Board of	4 year	3/1/2023	2/28/2027			Yes	Multnomah
Brianna	Peters	Coos Bay	OR	Direct Entry Midwifery, State Board of	3 year	4/26/2023	4/25/2026	Beth	Eiva	No	Coos
Christine	Morales	Salem	OR	Direct Entry Midwifery, State Board of	3 year	3/1/2023	2/28/2026			Yes	Marion
Lynette	Pettibone	Tigard	OR	Direct Entry Midwifery, State Board of	3 year	2/14/2023	2/13/2026			Yes	Washington
Kerry	Thompson	Hermiston	OR	Eastern Oregon University, Board of Trustees of	unexpired 2 year	4/26/2023	6/30/2024	Danny	Bailey	No	Umatilla
Kerry	Thompson	Hermiston	OR	Eastern Oregon University, Board of Trustees of	2 year	7/1/2024	6/30/2026			Yes	Umatilla
Frank	Sonnabend	Eugene	OR	Electrical and Elevator Board	partial 4 year	4/26/2023	6/30/2026	Randy	Smith	No	Lane
Benjamin	O'Glasser	Salem	OR	Employment Relations Board	unexpired 4 year	4/26/2023	6/30/2025	Lisa	Umscheid	No	Marion
Amy	Nelson	Banks	OR	Growth Board, Oregon	4 year	4/26/2023	4/25/2027	Chad	Olney	No	Washington
Sabrina	Parsons	Eugene	OR	Growth Board, Oregon	4 year	1/1/2023	12/31/2026			Yes	Lane
Devan	Kansagara	Portland	OR	Health Evidence Review Commission	4 year	1/1/2023	12/31/2026			Yes	Multnomah
Danielle	Nichols	Springfield	OR	Health Insurance Exchange Advisory Committee	2 year	4/26/2023	4/25/2025	Linzay	Shirahama	No	Lane
Shannon	Lee	Silverton	OR	Health Insurance Exchange Advisory Committee	2 year	4/26/2023	4/25/2025	Kathleen	Jonathan	No	Marion
Christina	Wood	Salem	OR	Hispanic Affairs, Commission on	unexpired 4 year	4/26/2023	3/14/2024	Joseph	Gallegos	No	Marion
Christina	Wood	Salem	OR	Hispanic Affairs, Commission on	4 year	3/15/2024	3/14/2028			Yes	Marion
Humberto	Marquez Mendez	Portland	OR	Hispanic Affairs, Commission on	4 year	4/26/2023	4/25/2027	Marisa	Salinas	No	Multnomah
Katya	Butler	Portland	OR	Hispanic Affairs, Commission on	4 year	4/26/2023	4/25/2027	Ashley	Espinoza-Valdez	No	Multnomah
Michelle	Rudd	Portland	OR	Land Use Board of Appeals	4 year	3/1/2023	2/28/2027			Yes	Washington
Carrie	Outhier Banks	Lake Oswego	OR	Maritime Pilots, Oregon Board of	unexpired 4 year	4/26/2023	2/13/2024	Adam	Baker	No	Clackamas
Carrie	Outhier Banks	Lake Oswego	OR	Maritime Pilots, Oregon Board of	4 year	2/14/2024	2/13/2028			Yes	Clackamas
Mitchell	Allgower	Portland	OR	Maritime Pilots, Oregon Board of	4 year	4/26/2023	4/25/2027	Elroy	Olson	No	Washignton
Rami	Layous	Portland	OR	Massage Therapists, State Board of	4 year	4/26/2023	4/25/2027			No	Multnomah
Ellen	Stauder	Beaverton	OR	Occupational Therapy Licensing Board	unexpired 4 year	4/26/2023	3/31/2025	Ernest	Jenkins	No	Washington
Laurie	Goolsby	Klamath Falls	OR	Optometry, Oregon Board of	3 year	10/1/2023	9/30/2026			Yes	Washington
Rebecca	Reisch	Portland	OR	Oregon Board of Physical Therapy	4 year	10/1/2022	9/30/2026			Yes	Multnomah
Alexandria	Mageehon	Coos Bay	OR	Oregon Medical Board	3 year	3/1/2023	2/28/2026			Yes	Coos
David	Cook	Portland	OR	Oregon Medical Board	partial 3 year	4/26/2023	2/28/2026	Robert	Cahn	No	Multnomah
Jill	Shaw-Braem	Portland	OR	Oregon Medical Board	3 year	3/1/2023	2/28/2026			Yes	Multnomah

Katja	Daoud	Portland	OR	Oregon Medical Board	unexpired 3 year	4/26/2023	2/28/2024	Charlotte	Linn	No	Multnomah
Katja	Daoud	Portland	OR	Oregon Medical Board	3 year	3/1/2024	2/28/2027			Yes	Multnomah
Robby	Azar	Oregon City	OR	Oregon Medical Board	partial 3 year	4/26/2023	2/28/2026	Kathleen	Harder	No	Clackamas
Sheronne	Blasi	Salem	OR	Oregon Medical Board	partial 3 year	4/26/2023	2/28/2026	Cheryl	Pereira	No	Marion
June	Bass	Portland	OR	OregonServes	3 year	4/26/2023	4/25/2026			No	Multnomah
Sierra	Barnes	Portland	OR	OregonServes	3 year	11/25/2022	11/24/2025			Yes	Multnomah
Erin	Sprando	West Linn	OR	Patient Safety Commission Board of Directors, Oregon	partial 4 year	4/26/2023	7/1/2026			No	Clackamas
Hollie	Caldwell	Portland	OR	Patient Safety Commission Board of Directors, Oregon	partial 4 year	4/26/2023	7/1/2026			No	Multnomah
Lisa	Bui	Oregon City	OR	Patient Safety Commission Board of Directors, Oregon	4 year	10/1/2022	46295			Yes	Clackamas
Suzanne	Linneen	Portland	OR	Public Employees Retirement Board	3 year	4/26/2023	4/25/2026	Lawrence	Furnstahl	No	Washington
John	Rexford	Bend	OR	Quality Education Commission	4 year	8/1/2021	7/31/2025			Yes	Deschutes
Quinn	Berry	Wallowa	OR	Racing Commission, Oregon	4 year	4/26/2023	4/25/2027			No	Wallowa
Melanie	St. John	Portland	OR	Residential Ombudsman and Public Guardian Advisory Board	partial 4 year	4/26/2023	6/30/2025	Susan	Schreiber	No	Multnomah
Dragosh	Negrea	Astoria	OR	Social Workers, State Board of Licensed	partial 4 year	4/26/2023	6/30/2025			No	Clatsop
Tyler	Frisbee	Portland	OR	TriMet Board	4 year	6/1/2023	5/31/2027	Lori	Bauman	No	Multnomah
Alicia	Chapman	Portland	OR	Women, Oregon Commission for	unexpired 4 year	4/26/2023	2/28/2025	Ugonna	Enyinnaya	No	Multnomah
Ashley	Lancaster	Portland	OR	Women, Oregon Commission for	4 year	4/26/2023	4/25/2027	Robin	Collin	No	Multnomah
Irene	Konev	Canby	OR	Women, Oregon Commission for	4 year	4/26/2023	4/25/2027	Maura	Kelly	No	Clackamas
Libra	Forde	Damascus	OR	Women, Oregon Commission for	4 year	4/26/2023	4/25/2027	Helen	Richardson	No	Clackamas
Camilla	Thurmond	Portland	OR	Workers' Compensation Management-Labor Advisory Committee	3 year	4/26/2023	4/25/2026	Tammy	Bowers	No	Multnomah
Ryan	Hearn	Eugene	OR	Workers' Compensation Management-Labor Advisory Committee	3 year	4/26/2023	4/25/2026	Lynn	McNamara	No	Lane
Scott	Strickland	Portland	OR	Workers' Compensation Management-Labor Advisory Committee	3 year	9/19/2021	9/18/2024			Yes	Multnomah

ARTICLE

AUGUST 2022

Occupational licensing and interstate migration in the United States

The empirical evidence regarding the effects of state occupational licensing practices on interstate migration in the United States is mixed. This article uses a standardized and established methodology—founded in the tradition of gravity models and common across the social sciences—to evaluate the relationship between occupational licensing and migration flows between states. The analysis focuses on the most general of relationships: the volume of migration from each state to another state as a function of the percentage of workers in licensed occupations. Overall, state licensing rates appear to have no effect on interstate migration flows; as a result, the evidence suggests that federal policy interventions, such as standardizing occupational licensing across the states, are not indicated.

State and local governments both explicitly and implicitly regulate migration in many ways, such as through child custody laws,[1] zoning regulations,[2] and residency requirements for employment.[3] The role of internal borders in restricting migration has been established in both India[4] and the United States.[5] Although these border effects are unlikely to be the result of any single policy, the effect of variations in state occupational licensing regimes on interstate migration in the United States has received the most attention. Over 25 percent of workers in the United States are employed in occupations regulated by state laws. These regulations, however, frequently differ from one state to another and in some cases vary dramatically: Michigan requires 3 years of education and training to become a licensed security guard, while other states require only 11 days; the average length of training among low-income licensed occupations varies from a high of 724 days in Hawaii to a low of 113 days in Pennsylvania; and Louisiana is the only state that requires a license to work as a florist. Such variations are presumed to raise the cost of migrating from one state to another enough to reduce interstate migration. Of consequence is whether any associated reduction in interstate migration reduces the efficiency of regional labor and housing markets and, if so, whether policy interventions are necessary.

The empirical evidence on the effects of licensure on migration is mixed.[6] For example, Johnson and Kleiner estimated cross-sectional models of out-migration among a large sample of licensed occupations (controlling for sources of unobserved heterogeneity) and concluded that interstate variations in licensing requirements reduce migration rates within these occupations by 36 percent relative to members of other occupations.[7] In contrast, Arbury et al. found that a state's adoption of reciprocation and endorsement policies for teachers increases out-migration by just 0.02 percent.[8] DePasquale and Stange examined the effects of participating in the Nurse Licensure Compact (NLC), which allows nurses to practice in other NLC states without obtaining a separate license, and found no effect of adopting the NLC on out-migration or commuting to another state.[9]

Several factors may account for these inconsistencies. First, although many interstate variations in licensing are certainly burdensome, the actual costs of many licensing policies—in terms of direct and indirect costs of time and money—may not be high enough to actually reduce migration.[10] Second, many states have developed reciprocation agreements with neighboring states for specific occupations, thereby reducing the cost of moving between those states (or commuting from one state to a neighboring state for work). Third, occupational licensing may not be the only source of border effects. Even if licensing has a negative effect on migration, other policies may have positive effects that offset any licensing effect. Finally, much of the previous research on licensing uses inconsistent and even idiosyncratic methods that ignore accepted practices for modeling migration flows. Taking these concerns into account, we are agnostic as to the actual relationship between licensing and migration.

Our research has two goals. First, we approach the question of state licensure and interstate migration flows using tried and tested methods. We estimate a modern form of what has traditionally been called a gravity model. The advantage of this approach is that it integrates several salient characteristics of migration flows between states—namely, their spatial dimensions and the simultaneous determination of both in- and out-migration between pairs of states. Second, we discuss the meaning of our results for the narrative that occupational licensing inhibits interstate migration and thereby the efficient operation of regional labor and housing markets. This narrative has gained considerable traction, causing states and the federal government to push for either harmonizing or liberalizing state occupational licensing regimes.[11] Because the empirical evidence supporting these policies is at best unclear—a finding underscored by our models—the pursuit of new policies may have both unintended and undesired consequences. For example, reducing the role of occupational licensing might lead to reduced consumer health and safety protections and, perhaps indirectly, protections against the erosions in income and job security,[12] especially in times of economic crisis.[13]

Background

The early research on licensing and migration emerged as the state regulation of occupations started to increase in the 1950s.[14] These studies were similar in that they all focused on aggregate occupationally specific U.S. interstate migration rates (i.e., Do workers in one type of occupation move more often than those in another type?). Compared with later research, the earlier studies offered more concrete conclusions. To summarize, these investigations made the following points: First, occupations more likely to be licensed have lower rates of interstate migration. Although these studies generally focus on professional occupations, there is some evidence that the effects also apply to nonprofessional occupations. Second, licensed occupations that have reciprocity agreements with other states have higher interstate migration rates compared with similar licensed occupations that do not have such agreements. This effect, however, may be contingent upon having a critical mass of participating states. Third, occupational differences in interstate migration rates and licensing practices may be endogenous with other occupationally specific spatial labor market processes and practices, such as the role of professional associations in developing spatial information networks. Finally, occupations requiring an investment in either developing a local clientele (e.g., dentists) or investing in localized knowledge necessary for successful practice (e.g., lawyers) have lower interstate migration rates. In turn, such highly localized professions may develop more restrictive licensing regulations to protect their considerable investment in those practices.

A limitation of the earlier studies is that they focused on aggregate occupationally specific interstate migration rates. Such an approach ignores how state-specific characteristics, including state-specific licensing practices, affect both in- and out-migration for a particular state. In two similar papers, Kleiner, Gay, and Greene addressed this issue and estimated the effects of state-specific occupational licensing practices on state-specific in- and out-migration rates.[15] They found that licensing barriers reduce both in-migration and out-migration among a large set of widely licensed occupations. They also compared surveyors, which is an occupation characterized by wide variations in licensing practices, with other professional and technical occupations and found that more restrictive licensing practices in surveying reduces in-migration but has no effect on out-migration. Calculated marginal effects of licensing, for specific occupations, are about 5 percent. More recently, Johnson and Kleiner estimated the effect of bar exam difficulty on interstate migration and found large effects.[16]

Recent studies have made important methodological improvements. Three studies use causal methods to estimate how a change in licensing and reciprocation practices affect state-specific out-migration rates among attorneys, nurses, and teachers.[17] The results are either insignificant or uncover only a very small effect for a change in licensing practices on interstate migration. For example, Arbury et al. estimated a difference-in-difference model revealing that a state's adoption of reciprocation and endorsement policies for teachers increases out-of-state migration by only 0.02 percent.[18] Another advance in the research has been to selectively apply some gravity model concepts. Loucks, for example, found that, after controlling for some of the spatial processes indicated by a gravity model, the in-migration of pharmacists is affected by destination-specific licensing practices.[19] Loucks's specification, however, did not consider the effects of origin-specific licensing practices or fully account for the spatial structure of each origin–destination pair.

A study by Mulholland and Young is notable in that it addresses the role of occupational licensing in interstate migration flows within what the authors call a "modified gravity" framework that accounts for spatial structure as well as differences in origin and destination conditions.[20] Similar to our study, the Mulholland–Young analysis finds weak effects on interstate migration of occupational licensing in low- to moderate-income professions, among both the full population and those without a college education. However, their log-odds model specification for each origin–destination pair is unconventional and not directly comparable to the traditional Poisson gravity model log-linear flow-count specification or its conditional logit counterpart that can be derived from discrete choice theory.[21] The Mulholland–Young model also includes intrastate flows that are assigned distances of zero, biasing the estimation of spatial structure effects on migration. One of our goals is to assess the effects of licensing on migration flows between states, excluding intrastate flows and using a conventional specification. As we shall explain, one of the advantages of the specification we used is that it constrains the estimation to reproduce the total flows out of and into each state.

Previous research, then, provides mixed evidence that licensing hinders interstate migration and certainly not enough to raise concerns about licensing's effect on regional labor and housing markets. That said, a weakness of the earlier research is that it uses idiosyncratic methods, which makes it difficult not only to compare results but also to identify which results are more robust than others. Our response is to introduce a standardized and established methodology founded in the tradition of gravity models but also derived from discrete choice theory and commonly used across the social sciences to model flows between regions. Our intuition is that migration from one region to another is determined by the characteristics of the origin, the characteristics of the destination, the distance between the origin and the destination, and the relative spatial arrangement of alternative origins and destinations surrounding both the origin and destination of a migration flow. As a first step toward establishing a more robust body of evidence, our analysis focuses on the most general of relationships—the volume of migration from each state to every other state as a function of the percentage of workers in a licensed occupation.

Empirical strategy

The interstate flow data for our models come from the 2014, 2015, and 2016 IPUMS (originally, the Integrated Public Use Microdata Series) versions of the 1-year American Community Survey (ACS).[22] We pool these data because interstate migration is relatively rare—only about 1.5 percent of the U.S. population migrates between state lines each year. By pooling the data, we seek a balance between (1) an increase in sample size (to 3 percent of the U.S. population); (2) a reduction in yearly oscillations in annual data resulting from the small annual number of migrants between small states located far apart; and (3) improved precision in the estimates versus using the 5-year, 5-percent ACS, which would create a large gap between the last few years of observations in the ACS—specifically, 2018 and 2019—and when the focal independent variable is measured (2013).

From these data we generate seven sets of flows to test whether licensing effects matter for subgroups of the population defined by age, labor force participation, and educational attainment level: (1) all movers, (2) people in the labor force ages 25 to 64, (3) people in the labor force ages 25 to 64 with at least a 4-year college degree, (4) people in the labor force ages 25 to 64 without a 4-year college degree, (5) people in the labor force ages 25 to 39, (6) people in the labor force ages 25 to 39 with at least a 4-year college degree, and (7) people in the labor force ages 25 to 39 without a 4-year college degree. We focus on educational attainment and age rather than on other labor force variables such as income and occupation because the data are cross sectional; both income and occupation are only observed after the move and therefore may change as a result of the move. Education level is more stable before and after a move and is highly correlated with income and occupation.[23]

We expect that people without a 4-year college degree may be more sensitive to licensing costs than others because their wages are generally lower. We speculate that these effects may be weaker for younger workers because, following human capital logic, they have a longer time horizon to recoup these costs. Our expectations are not especially strong for these group differences, however, and there are reasonable arguments in favor of alternative hypotheses. Many workers with a college degree are also in licensed occupations, and although the wages of these workers are relatively high, the costs associated with satisfying state licensing requirements may influence their destination choice. Younger workers may be more deterred from selecting a destination by licensing restrictions than older workers are because younger workers are less likely to have the resources to cover the costs of new licensing requirements.

We use the following equation to measure the effects of licensing on these flows:

$$M_{ij}^{k} = \exp(O_i + D_j + \gamma \ln(d_{ij}) + \delta c_{ij} + \lambda(X_j/X_j) + \beta(L_i/L_j))$$

Where M_{ij}^{k} is the number of people in group *k* moving between state *i* and *j*, $(i \neq j)$, O_i is an origin-state fixed effect, D_j is a destination-state fixed effect, d_{ij} is the great circle distance between state population centroids, c_{ij} is a dummy variable equal to 1 if state *i* and *j* are contiguous, X_j/X_i are the ratios of destination-to-origin variables that may guide the direction of flows between pairs of states not captured by the fixed effects, and L_j/L_i is the ratio of licensing penetration in the destination state relative to the origin state.[24] L_j/L_i implies that licensing in the origin state affects the volume of migration from that state, which is a point not considered in previous research. Higher levels of licensing in the origin state may inhibit out-migration because of the protections associated with licensing and the sunk costs of attaining a license there. We opt for ratio measures of the independent variables because previous research finds they are better suited to capture the likely influence of differences between destination-state and origin-state characteristics on migration choice.[25] We restrict the model to include only the lower 48 states and the District of Columbia because of the remote locations of

Alaska and Hawaii in relation to the remaining conterminous states. Including these outlying states would bias any estimate of spatial interstate distance because of the extreme distances between them and the other 48 states, which would result in a poorer fit for the latter.[26]

We estimate this model as a Poisson regression, which is equivalent to a doubly constrained gravity model in which the origin-state and destination-state fixed effects constrain the predicted outflows and inflows to and from each state to equal the observed outflows and inflows. The model thus has the attractive quality of reproducing the observed net flows between all pairs of states. Additionally, Poisson regression with origin-state fixed effects yields coefficient estimates equivalent to those obtained from a conditional logit model, which links Poisson estimates to the theoretical foundation for the conditional logit in the random utility model and individual utility maximization.[27]

Overdispersion is frequently an issue with Poisson models because the variance of the dependent variable is greater than its mean, producing underestimated standard errors. Quasi-Poisson estimation, which yields the same coefficient estimates with increased standard errors, corrects this problem. An alternative, a negative binomial estimation, has a less restrictive variance assumption than Poisson but does not have the doubly constrained property. Moreover, a negative binomial model gives greater weight to small counts in the estimation of the coefficients.[28] In our case, this would mean that flows between smaller states would be given greater weight than those between larger states, which is an unattractive feature because the larger states account for the majority of interstate migration.

We include a measure of distance to account for the costs of moving, including spatial job search, the actual costs of moving, and the increased cost of moving to locations far from family, friends, and community. Logging distance in the Poisson specification transforms its effect on spatial interaction to a power function, which is typical for a gravity model. We add a contiguity dummy variable to account for the different processes governing short-distance flows across state lines.[29] People who live in counties next to a state line can move to another state and still be within the same labor market and the same metropolitan areas.

The fixed effects capture the influence of factors generating flows from, and attracting flows to, different states. Flows between pairs of states, however, may respond to the relative difference in the values of key variables. For instance, migrants are more likely to leave states with high unemployment rates for states with lower unemployment rates, and these effects will be captured by the origin-state and destination-state dummy variables. The size of a particular flow between two states, however, may also depend on their relative difference in unemployment rates—states with low unemployment rates, for example, may be especially attractive for migrants leaving states with high unemployment rates. Because other researchers have found such variables to successfully predict U.S. interstate migration,[30] we use origin–destination ratios, X_j/X_i, to assess this and other possibilities.

We deploy three such variables. (See table 1 for descriptive statistics.) Two of these capture origin–destination differences in labor market conditions: the 2013 unemployment rate from the U.S. Bureau of Labor Statistics,[31] and 2013 real family income, defined here as the median state family income divided by median state housing costs, with both measures calculated from the American Community Survey microdata downloaded from IPUMS.[32] We use this adjusted measure of family income to account for real income returns to moving. Housing prices have risen much faster than wages in the United States, especially in high-income areas, and this has reduced the returns to migration, especially for low-skilled workers.[33] The third ratio measures state amenities calculated by the U.S. Department of Agriculture in 1999 for counties; we convert the state amenities to state scores by using population-weighted averages of standardized county amenity scores.[34] Higher scores mean high amenity ratings. The components of the amenity score include measures of climate and physical geography characteristics, including topography and water features that most people find desirable. We include amenities because some migration research shows they are drivers of U.S. destination choice, although their importance relative to economic considerations for those in the labor force is a matter of considerable debate.[35] To ensure exogeneity, we use unemployment rates and real family income for 2013.

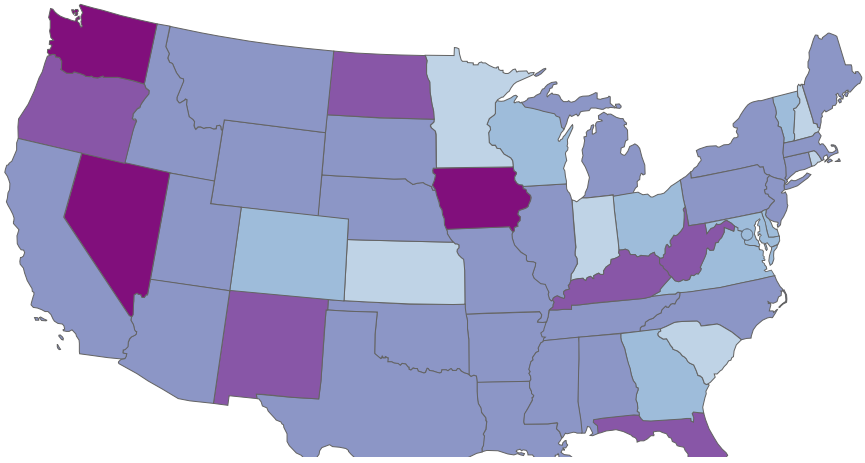
Table 1. Descriptive statistics

Item	Mean	Standard deviation	Minimum	Maximum
Natural logarithm of distance between state *i* and state *j* (in miles)	6.724	0.723	2.982	7.887
Contiguity between state and *i* and state *j* (yes = 1; no = 0)	0.093	0.290	0.000	1.000
Unemployment ratio (unemployment rate in state *i* / unemployment rate in state *j*)	1.070	0.410	0.302	3.310
Real income ratio (real income in state *i* / real income in state *j*)	1.023	0.221	0.524	1.909
Amenity ratio (amenity index in state *i* / amenity index in state *j*)	1.312	1.105	0.084	11.876
Licensing ratio (percentage licensed in state *i* / percentage licensed in state *j*)	1.050	0.333	0.372	2.686

Source: U.S. Census Bureau, American Community Survey; U.S. Bureau of Labor Statistics (unemployment rate); 2013 Harris poll of 9,850 individuals.

The focal explanatory variable is based on a measure of the percentage of all workers employed in a licensed occupation, by state. These percentages are calculated from a 2013 Harris poll of 9,850 individuals that yielded samples representative of state populations and included questions about whether workers required licenses to work in their occupation.[36] Chart 1 maps these licensing rates, and the map shows no obvious pattern.

Chart 1. Percentage of jobs that require licensing, by state, 2014–16

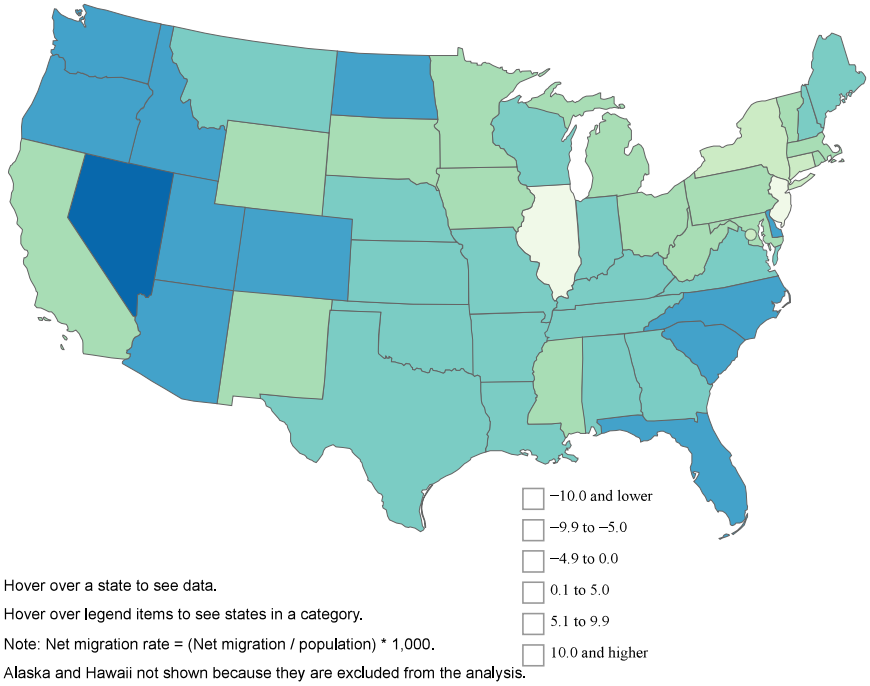




View Chart Data

In addition, some states that have above-average regulation of their labor markets actually have very low rates of licensing, such as Minnesota, while states that are generally thought to have less regulated labor markets have relatively high rates of licensing, such as Kentucky and Florida.[37] These state-to-state variations in licensing do not appear to correlate with the most basic measure of interstate migration—net migration. (See chart 2.) Nevada is one of the most highly licensed states and yet has high rates of net in-migration. Kansas and South Carolina have relatively low licensing rates but very different net-migration rates: 1.3 and 8.5, respectively. Migration between states, of course, is shaped by a variety of forces, but it is nonetheless telling that there is frequently a disconnect between licensing and overall migration patterns.

Chart 2. Net migration rate, by state, 2014–16 (all migrants per 1,000 population)



View Chart Data

Results

Table 2 shows the results of the Poisson regression models using the licensing ratio, excluding the origin-state and destination-state fixed-effects parameters. The coefficients are exponentiated to yield marginal multiplicative effects with appropriately adjusted standard errors and confidence limits. In this form, coefficients are assessed as significantly different from 1, a null multiplicative effect. For the estimation, all ratio variables were normalized to a mean of 0 and a standard deviation of 1 to ease interpretation. Thus, a one-standard-deviation increase in the unemployment ratio—that is, an increase of 0.410 in the absolute value of that ratio (see table 1)—reduces the flow of all migrants between *i* and *j* by a factor of 0.399 (see table 2), a decline of almost 60 percent.

Table 2. Effect of licensing on pooled 2014–16 interstate migration flows (exponentiated coefficients)

Item	Statistical measure	Population	Labor force	Labor force with at least a 4-year college degree	Labor force without a 4-year college degree	Labor force ages 25 to 39	Labor force ages 25 to 39 with at least a 4-year college degree	Labor force ages 25 to 39 without a 4-year college degree
Natural logarithm of distance between state *i* and state *j* (in miles)	**Coefficient (exponentiated)**	**0.45220**[1]	**0.47438**[1]	**0.53637**[1]	**0.40145**[1]	**0.49988**[1]	**0.55240**[1]	**0.42014**[1]
	Standard error	0.02034	0.02258	0.02349	0.02907	0.02450	0.02621	0.03384
	Lower value of 95-percent confidence interval	0.43451	0.45383	0.51222	0.37919	0.47643	0.52473	0.39314
	Upper value of 95-percent confidence interval	0.47058	0.49583	0.56163	0.42496	0.52446	0.58151	0.44891
Contiguous	**Coefficient (exponentiated)**	**1.85111**[1]	**1.93891**[1]	**1.87195**[1]	**1.91787**[1]	**2.08578**[1]	**1.99918**[1]	**2.07569**[1]
	Standard error	0.03237	0.03670	0.04034	0.04427	0.04027	0.04534	0.05161
	Lower value of 95-percent confidence interval	1.73736	1.80439	1.72966	1.75855	1.92756	1.82926	1.87618
	Upper value of 95-percent confidence interval	1.97238	2.08358	2.02603	2.09185	2.25716	2.18504	2.29683
Unemployment ratio	**Coefficient (exponentiated)**	**0.39889**[1]	**0.37530**[1]	**0.36115**[1]	**0.41813**[1]	**0.36264**[1]	**0.33665**[1]	**0.42544**[1]
	Standard error	0.09261	0.10665	0.12072	0.12570	0.11594	0.13353	0.14564
	Lower value of 95-percent confidence interval	0.33253	0.30435	0.28491	0.32656	0.28871	0.25889	0.31941
	Upper value of 95-percent confidence interval	0.47811	0.46236	0.45739	0.53460	0.45489	0.43704	0.56546
Real income ratio	**Coefficient (exponentiated)**	**1.11560**	**0.86312**	**0.67835**[2]	**1.51259**[2]	**0.65101**[2]	**0.53657**[1]	**1.19523**
	Standard error	0.10611	0.11877	0.12590	0.15061	0.13275	0.14597	0.17747
	Lower value of 95-percent confidence interval	0.90577	0.68349	0.52967	1.12517	0.50146	0.40267	0.84309
	Upper value of 95-percent confidence interval	1.37302	1.08877	0.86767	2.03073	0.84383	0.71364	1.69067
Amenities ratio	**Coefficient (exponentiated)**	**1.15040**[1]	**1.19935**[1]	**1.13214**[1]	**1.26728**[1]	**1.16685**[1]	**1.10218**[2]	**1.23655**[1]
	Standard error	0.02687	0.02952	0.03099	0.03761	0.03207	0.03420	0.04457
	Lower value of 95-percent confidence interval	1.09109	1.13160	1.06505	1.17671	1.09534	1.03023	1.13233
	Upper value of 95-percent confidence interval	1.21228	1.27045	1.20266	1.36369	1.24211	1.17810	1.34861
Licensing ratio	**Coefficient (exponentiated)**	**1.05816**	**0.99518**	**1.02622**	**0.98472**	**0.97740**	**1.03095**	**0.95225**
	Standard error	0.06917	0.07894	0.08964	0.09240	0.08862	0.10413	0.10832
	Lower value of 95-percent confidence interval	0.92399	0.85248	0.86079	0.82159	0.82146	0.84047	0.77000
	Upper value of 95-percent confidence interval	1.21180	1.16167	1.22324	1.18026	1.16273	1.26423	1.77420
Number of observations: 2,351								
Degrees of freedom: 2,249								

[1] $p < 0.001$.

[2] $p < 0.01$.

Note: Origin-state and destination-state fixed effects not shown. Exponentiated coefficients in bold. Labor force consists of people ages 25 to 64 unless otherwise indicated.
Source: U.S. Census Bureau, American Community Survey.

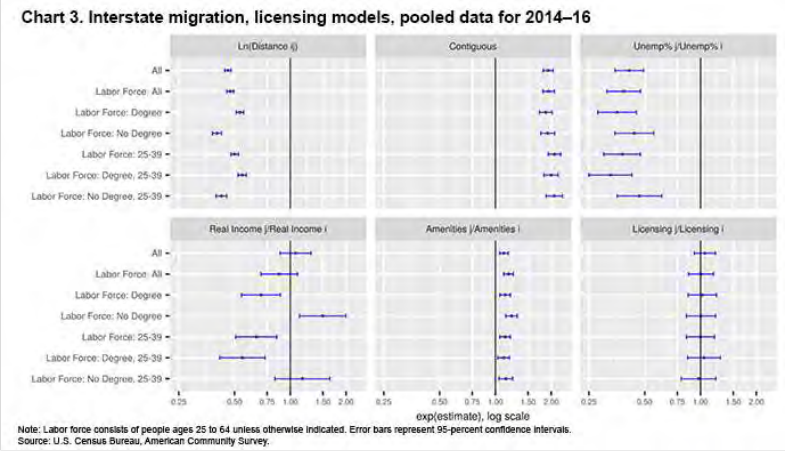
Item	Statistical measure	Population	Labor force	Labor force with at least a 4-year college degree	Labor force without a 4-year college degree	Labor force ages 25 to 39	Labor force ages 25 to 39 with at least a 4-year college degree	Labor force ages 25 to 39 without a 4-year college degree
Null deviance		14,156,051.1	5,113,054.8	2,657,120.9	2,797,241.6	3,182,559.7	1,870,095.9	1,586,568.8
Deviance		1,208,968.8	523,527.1	301,578.4	387,847.3	384,368.0	250,994.5	278,612.2

[1] $p < 0.001$.

[2] $p < 0.01$.

Note: Origin-state and destination-state fixed effects not shown. Exponentiated coefficients in bold. Labor force consists of people ages 25 to 64 unless otherwise indicated.
Source: U.S. Census Bureau, American Community Survey.

Chart 3 shows the coefficients and their confidence intervals to make it easier to compare the different effects across samples. As expected, migration declines with increasing distance and increases with contiguity. Distance is less of a barrier to migration for people with higher levels of human capital and for younger workers. The ratio control variables we used generally produced the expected results: High values of the unemployment rate ratio reduce migration flows between states, while high values of the amenity ratio boost flows. Th unemployment ratio effect is generally similar in magnitude across groups: about a 60-percent decline in the flow for a one-standard-deviation increase in the ratio. Amenity ratios boost migration flows by 10 to 22 percent for a one-standard-deviation increase in the ratio, having the strongest effect for workers without a college degree. The real-income effects align with recent research showing a divergence in the United States between high-skilled workers and low-skilled workers, both in economic terms and in migration patterns.[38] Workers without a college degree favor states where the real-income return to migration is positive. An increase in this ratio of one standard deviation increases their migration between *i* and *j* by almost 50 percent. Workers with a college degree often move to states where that return is lower than in their origin state, possibly because these states are more likely to offer jobs in growth industries or with better prospects for career mobility and income growth.



View Chart Data

The primary variable of interest, the ratio of licensing in the destination state to licensing in the origin state, has no effect on the flows of migrants from origins to destinations. Chart 3 shows that the parameter estimates for licensing across all seven models are close to a value of 1 (the baseline) with very large standard errors. The results are clear: We find that aggregate licensing rates do not affect the flow of people from one state to another. It is important to emphasize that these estimates are net of origin-state and destination-state fixed effects, which arguably address sources of unobserved heterogeneity, such as the occupational makeup of the labor force.

Discussion

Using robust standardized migration modeling procedures, this analysis finds no effect on interstate migration rates resulting from interstate variations in occupational licensing regimes. How do we explain this? First, we note that the early literature shows a link between licensing and migration, but the relationship becomes more tenuous in later studies. Although some of the change in estimates over time may be due to methodological improvements, it is also plausible that occupational licensing practices have become more uniform (or at least less burdensome). Indeed, many large professional occupations, such as nurses, teachers, and lawyers, have moved in this direction in recent years.[39] Second, attaining a license in a potential destination may not be difficult, especially compared with other, more important, factors shaping migration, such as the direct costs of moving a household, job opportunities, cost of living, family ties, and amenities. We conclude that licensing has essentially no effect because it is not that important of a factor compared with other spatial and locational determinants of migration flows accounted for in our gravity model.

These results contrast with a common and influential view that licensing hinders interstate migration, which negatively affects the efficiency of labor and housing markets, and that governments should therefore adjust these policies. We caution against such interventions being made on the basis of the presumed link between licensing and migration. Specifically, we are concerned about the likely unintended consequences, especially because many occupations are already engaged in rationalizing licensing regimes across states. We are also concerned that the present study may contribute to what we perceive as an overemphasis on licensing as the primary regulatory barrier to interstate migration. As stated in the introduction, state and local governments both explicitly and implicitly regulate migration in many ways, such as through child custody laws, zoning regulations, and residency requirements for employment.[40] The role of internal borders in restricting migration has been established in both India and the United States.[41] We are hopeful that by presenting evidence against any link between licensing and migration that interest can shift beyond this one policy impact to look at the broader role of states in regulating migration.

SUGGESTED CITATION:

Thomas J. Cooke, Mark Ellis, and Richard Wright, "Occupational licensing and interstate migration in the United States," *Monthly Labor Review,* U.S. Bureau of Labor Statistics, August 2022, https://doi.org/10.21916/mlr.2022.22

Notes

[1] See Thomas J. Cooke, Clara H. Mulder, and Michael Thomas, "Union dissolution and migration," *Demographic Research*, vol. 34, no. 26 (April 2016), pp. 741–60, especially p. 746, https://www.demographic-research.org/volumes/vol34/26/34-26.pdf.

[2] See David Schleicher, "Stuck! The law and economics of residential stagnation," *Yale Law Journal*, vol. 127, no. 1 (October 2017), pp. 78–154, https://www.yalelawjournal.org/article/stuck-the-law-and-economics-of-residential-stagnation.

[3] See Mark Ellis, Richard Wright, and Matthew Townley, "State-scale immigration enforcement and Latino interstate migration in the United States," *Annals of the American Association of Geographers*, vol. 106, no. 4 (March 2016), pp. 891–908, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7526940/pdf/nihms-1590893.pdf.

[4] See Zovanga L. Kone, Maggie Liu, Aaditya Mattoo, Caglar Ozden and Siddharth Sharma, "Internal borders and migration in India," *Journal of Economic Geography*, vol. 18, no. 4 (July 2018), pp. 729–59, https://doi.org/10.1093/jeg/lbx045.

[5] See Youngjin Song, "Internal migration in the United States 1960–2000: the role of the state border" (working paper, University of California at Los Angeles, Los Angeles, CA, May 2018), https://www.dropbox.com/s/a9xnt6anvoil6yd/jmp_yjsong.pdf.

[6] See, for example, Kone et al., "Internal borders and migration in India" and Song, "Internal Migration in the United States 1960–2000."

[7] Janna E. Johnson and Morris M. Kleiner, "Is occupational licensing a barrier to interstate migration?," *American Economic Journal: Economic Policy*, vol. 12, no. 3 (August 2020), pp. 347–73, https://pubs.aeaweb.org/doi/pdfplus/10.1257/pol.20170704. For an earlier version of this article, see Johnson and Kleiner, "Is occupational licensing a barrier to interstate migration?," Working Paper 24107 (Washington, DC: National Bureau of Economic Research, December 2017), https://doi.org/10.3386/w24107.

[8] Chelsea Arbury, Gerardo Bonilla, Thomas Durfee, Megan Johnson, and Robin Lehninger, "The ABCs of regulation: the effects of occupational licensing and migration among teachers," Public Policy: Professional Papers (Hubert H. Humphrey School of Public Affairs, University of Minnesota Twin Cities, Minneapolis and Saint Paul, MN, January 2015), https://hdl.handle.net/11299/170743.

[9] Christina DePasquale and Kevin Stange, "Labor supply effects of occupational regulation: evidence from the Nurse Licensure Compact," Working Paper 22344 (Cambridge, MA: National Bureau of Economic Research, June 2016), http://www.nber.org/papers/w22344.

[10] See Dick M. Carpenter II, Lisa Knepper, Angela C. Erickson and John K. Ross, *License to Work: A National Study of Burdens from Occupational Licensing* (Arlington, VA: Institute for Justice, May 2012), https://ij.org/wp-content/uploads/2015/04/licensetowork1.pdf.

[11] See U.S. Department of the Treasury Office of Economic Policy, Council of Economic Advisers, and U.S. Department of Labor, *Occupational Licensing: A Framework for Policymakers* (Washington, DC: The White House, July 2015), https://obamawhitehouse.archives.gov/sites/default/files/docs/licensing_report_final_nonembargo.pdf; and Morris M. Kleiner, "Reforming occupational licensing policies," Discussion Paper 2015-01 (Washington, DC: The Hamilton Project, Brookings Institution, January 2015), https://www.hamiltonproject.org/papers/reforming_occupational_licensing_policies.

[12] See Jack Ladinsky, "The geographic mobility of professional and technical manpower," *The Journal of Human Resources*, vol. 2, no. 4 (Autumn 1967), pp. 475–94, https://doi.org/10.2307/144767; and Ladinsky, "Occupational determinants of geographic mobility among professional workers," *American Sociological Review*, vol. 32, no. 2 (April 1967), pp. 253–64, https://doi.org/10.2307/2091815.

[13] See Allan D. Vestal, "Freedom of movement," *Iowa Law Review*, vol. 41, no. 1 (Fall 1955), pp. 6–49.

[14] See, for example, Ladinsky, "The geographic mobility of professional and technical manpower"; Ladinsky, "Occupational determinants of geographic mobility among professional workers"; Arlene S. Holen, "Effects of professional licensing arrangements on interstate labor mobility and resource allocation," *Journal of Political Economy*, vol. 73, no. 5 (October 1965), pp. 492–98, https://doi.org/10.1086/259073; Morris M. Kleiner, "Interstate occupational migration: an analysis of data from 1965–70, *Monthly Labor Review*, vol. 100, no. 4 (April 1977), pp. 64–67, https://www.jstor.org/stable/41840476; B. Peter Pashigian, "Occupational licensing and the interstate mobility of professionals," *Journal of Law and Economics*, vol. 22, no. 1 (April 1979), pp. 1–25, http://dx.doi.org/10.1086/466931; Leila J. Pratt, "Occupational licensing and interstate mobility," *Business Economics*, vol. 15, no. 3 (May 1980), pp. 78–80, https://www.jstor.org/stable/23482545; and Steven Tenn, "The relative importance of the husband's and wife's characteristics in family migration, 1960–2000," *Journal of Population Economics*, vol. 23, no. 4 (October 2010), pp. 1319–37, https://www.jstor.org/stable/40925862.

[15] See Morris M. Kleiner, Robert S. Gay, and Karen Greene, "Barriers to labor migration: the case of occupational licensing," *Industrial Relations: A Journal of Economy and Society*, vol. 21, no. 3 (September 1982), pp. 383–91, https://doi.org/10.1111/j.1468-232X.1982.tb00245.x; and Kleiner, Gay, and Greene, "Licensing, migration, and earnings: some empirical insights," *Review of Policy Research*, vol. 1, no. 3 (February 1982), pp. 510–22, https://doi.org/10.1111/j.1541-1338.1982.tb00456.x.

[16] See Johnson and Kleiner, "Is occupational licensing a barrier to interstate migration?"

[17] See Johnson and Kleiner, "Is occupational licensing a barrier to interstate migration?"; Arbury et al., "The ABCs of regulation"; and DePasquale and Stange, "Labor supply effects of occupational regulation."

[18] Arbury et al., "The ABCs of regulation."

[19] See Christine Loucks, "The effects of occupational licensing on interstate labor migration: a case study of pharmacists" (Ph.D. diss., Washington State University, 1983).

[20] See Sean E. Mulholland and Andrew T. Young, "Occupational licensing and interstate migration," *Cato Journal*, vol. 36, no. 1 (Winter 2016), pp. 17–31, https://www.cato.org/sites/cato.org/files/serials/files/cato-journal/2016/2/cato-journal-v36n1-2.pdf.

[21] For more information on discrete choice theory and related topics, see Alex Anas, "Discrete choice theory, information theory and the multinomial logit and gravity models," *Transportation Research Part B: Methodological*, vol. 17, no. 1 (February 1983), pp. 13–23, https://doi.org/10.1016/0191-2615(83)90023-1; Mike Baxter, "Similarities in methods of estimating spatial interaction models," *Geographical Analysis*, vol. 14, no. 3 (July 1982), pp. 267–72, https://doi.org/10.1111/j.1538-4632.1982.tb00076.x; Daniel McFadden, "Conditional logit analysis of qualitative choice behavior," in Paul Zarembka, ed., *Frontiers in Econometrics*, (New York: Academic Press, 1974), pp. 105–42, https://eml.berkeley.edu/reprints/mcfadden/zarembka.pdf.

[22] For more information on IPUMS (originally, the Integrated Public Use Microdata Series) and the American Community Survey data, see Steven Ruggles, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas, and Matthew Sobek, IPUMS USA: Version 10.0 [dataset] (Minneapolis, MN: IPUMS, 2020), https://doi.org/10.18128/D010.V10.0.

[23] See Mulholland and Young, "Occupational licensing and interstate migration."

[24] Mulholland and Young, "Occupational licensing and interstate migration."

[25] See, for example, Paul S. Davies, Michael J. Greenwood, and Haizheng Li, "A conditional logit approach to U.S. state-to-state migration," *Journal of Regional Science*, vol. 41, no. 2 (May 2001), pp. 337–60, https://doi.org/10.1111/0022-4146.00220.

[26] See Jerald R. Herting, David B. Grusky and Stephen E. Van Rompaey, "The social geography of interstate mobility and persistence," *American Sociological Review*, vol. 62, no. 2 (April 1997), pp. 267–87, https://doi.org/10.2307/2657304; Brian J. Cushing, "Accounting for spatial relationships in models of interstate population migration," *The Annals of Regional Science* , vol. 20, no. 2 (July 1986), pp. 66–73, https://doi.org/10.1007/BF01287242; Peter Mueser, "The spatial structure of migration: an analysis of flows between states in the U.S.A. over three decades," *Regional Studies*, vol. 23, no. 3 (1989), pp. 185–200, https://doi.org/10.1080/00343408912331345412; and Michael Tiefelsdorf, "Misspecifications in interaction model distance decay relations: a spatial structure effect," *Journal of Geographical Systems*, vol. 5, no. 1, (May 2003), pp. 25–50, http://dx.doi.org/10.1007/s101090300102.

[27] See Mike Baxter, "A note on the estimation of a nonlinear migration model using GLIM," *Geographical Analysis*, vol. 16, no. 3 (July 1984), pp. 282–86, https://doi.org/10.1111/j.1538-4632.1984.tb00816.x.

[28] See Jay M. Ver Hoef and Peter L. Boveng, "Quasi-Poisson vs. negative binomial regression: how should we model overdispersed count data?," *Ecology*, vol. 88, no. 11 (November 2007), pp. 2766–72, https://doi.org/10.1890/07-0043.1.

[29] For more on this approach, see Pasquale A. Pellegrini and A. Stewart Fotheringham, "Intermetropolitan migration and hierarchical destination choice: a disaggregate analysis from the U.S. public use microdata samples," *Environment and Planning A: Economy and Space*, vol. 31, no. 6 (June 1999), pp. 1093–1118, https://doi.org/10.1068/a311093.

[30] See, for example, Paul S. Davies, Michael J. Greenwood, and Haizheng Li, "A conditional logit approach to U.S. state-to-state migration," *Journal of Regional Science*, vol. 41, no. 2 (May 2001), pp. 337–60, https://doi.org/10.1111/0022-4146.00220.

[31] See "States and selected areas: employment status of the civilian noninstitutional population, 1976 to 2021 annual averages" (U.S. Bureau of Labor Statistics, last modified March 14, 2022), https://www.bls.gov/lau/staadata.txt.

[32] See Ruggles, et al., IPUMS USA: Version 10.0.

[33] See Peter Ganong and Daniel Shoag, "Why has regional income convergence in the U.S. declined?," *Journal of Urban Economics*, vol. 102 (November 2017), pp. 76–90, https://doi.org/10.1016/j.jue.2017.07.002.

[34] See "Natural amenities scale (including the 6 components) for U.S. counties," dataset (U.S. Department of Agriculture, Economic Research Service, last updated September 30, 1999), https://www.ers.usda.gov/data-products/natural-amenities-scale/.

[35] See, for example, Michael J. Greenwood and Gary L. Hunt, "Jobs versus amenities in the analysis of metropolitan migration," *Journal of Urban Economics*, vol. 25, no. 1 (January 1989), pp. 1–16, https://doi.org/10.1016/0094-1190(89)90040-5; Paul D. Gottlieb and George Joseph, "College-to-work migration of technology graduates and holders of doctorates within the United States," *Journal of Regional Science*, vol. 46, no. 4 (October 2006), pp. 627–59, https://doi.org/10.1111/j.1467-9787.2006.00471.x; Jordan Rappaport, "Moving to nice weather," *Regional Science and Urban Economics*, vol. 37, no. 3 (May 2007), pp. 375–98, https://doi.org/10.1016/j.regsciurbeco.2006.11.004; Allen J. Scott, "Jobs or amenities? Destination choices of migrant engineers in the U.S.A.," *Papers in Regional Science*, vol. 89, no. 1 (March 2010), pp. 43–63, http://dx.doi.org/10.1111/j.1435-5957.2009.00263.x; Richard Wright and Mark Ellis, "Where science, technology, engineering, and mathematics (STEM) graduates move: human capital, employment patterns, and interstate migration in the United States," *Population, Space and Place*, vol. 25, no. 4 (May 2019), e2224, https://doi.org/10.1002/psp.2224; and Philip E. Graves and Peter D. Linneman, "Household migration: theoretical and empirical results," *Journal of Urban Economics*, vol. 6, no. 3 (July 1979), pp. 383–406, https://doi.org/10.1016/0094-1190(79)90038-X.

[36] See Kleiner, "Reforming occupational licensing policies"; and Kleiner and Evgeny Vorotnikov, "Analyzing occupational licensing among the states," *Journal of Regulatory Economics*, vol. 52, no. 2 (October 2017), pp. 132–58, https://doi.org/10.1007/s11149-017-9333-y.

[37] See Oxfam, *Best and Worst States to Work in America: 2019 Best States to Work Index* (Boston, MA: Oxfam America, 2019), https://webassets.oxfamamerica.org/media/documents/BSWI_2019_Report_Final.pdf.

[38] See Ganong and Shoag, "Why has regional income convergence in the U.S. declined?"; and Enrico Moretti, *The New Geography of Jobs* (Boston, MA: Houghton Mifflin Harcourt, 2012).

[39] For more information on this trend, see Iris Hentze and Zach Herman, "State efforts to improve occupational licensing mobility," *LegisBrief*, vol. 28 (National Conference of State Legislatures, March 2021), https://www.ncsl.org/research/labor-and-employment/state-efforts-to-improve-occupational-licensing-mobility.aspx; Jennifer S. Lewis, Anne M. Klingen, and Kenneth M. Heard, III, "Realigning professional licensure within the 21st century" (presentation handout from the annual conference of the National Association of State Administrators and Supervisors of Private Schools, April 24–27, 2022), https://nasasps.org/wp-content/uploads/NASASPS2022-HeardLewisKlingen-Realigning-Professional-Licensure.pdf; and Council of State Governments, *Occupational Licensure: Interstate Compacts in Action* (National Center for Interstate Compacts, the Council of State Governments, June 2019), https://licensing.csg.org/wp-content/uploads/2020/04/OL_Compacts_InAction_Update_APR_2020-3.pdf.

[40] See Cooke, Mulder, and Thomas, "Union dissolution and migration"; Schleicher, "Stuck! The law and economics of residential stagnation"; and Ellis, Wright, and Townley, "State-scale immigration enforcement and Latino interstate migration in the United States."

[41] See Kone et al., "Internal borders and migration in India" and Song, "Internal migration in the United States 1960–2000."



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