



# Oregon

John A. Kitzhaber, MD, Governor

**Board of Dentistry**

1600 SW 4th Avenue

Suite 770

Portland, OR 97201-5519

(971) 673-3200

Fax: (971) 673-3202

[www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

## MEETING NOTICE

### **RULES OVERSIGHT COMMITTEE**

Oregon Board of Dentistry  
1600 SW 4<sup>th</sup> Ave., Suite #770  
Portland, Oregon 97201

**January 22, 2013  
7:00 p.m.**

#### Committee Members:

Brandon Schwindt, D.M.D., Chair

Jill Mason, M.P.H., R.D.H.

Alton Harvey, Sr.

Jill Price, D.M.D. - ODA Representative

Lynn Ironside, R.D.H. – ODHA Representative

Bonnie Marshall, CDA, EFDA, EFODA, MADAA - ODAA Representative

## AGENDA

Call to Order                      Brandon Schwindt, D.M.D., Chair

Review Minutes of July 25, 2012

July 25, 2012 Minutes **Attachment #1**

Review, discuss and make recommendations to the Board regarding proposed rule changes to 818-001-0002 Definitions.

Draft changes to 818-001-0002 Definitions. **Attachment #2**

Review, discuss and make recommendations to the Board regarding proposed rule changes to 818-012-0005 Scope of Practice.

Draft changes to 818-012-0005 Scope of Practice. **Attachment #3**

Review, discuss and make recommendations to the Board regarding proposed rule changes to 818-026-0000 Purpose.

Draft changes to 818-026-0000 Purpose. **Attachment #4**

Review, discuss and make recommendations to the Board regarding proposed rule changes to 818-026-0020 Presumption of Degree of Central Nervous System Depression.

Draft changes to 818-026-0020 Presumption of Degree of Central Nervous System Depression.  
**Attachment #5**

Review, discuss and make recommendations to the Board regarding proposed rule changes to 818-026-0060 Moderate Sedation Permit.

Draft changes to 818-026-0060 Moderate Sedation Permit. **Attachment #6**

Review, discuss and make recommendations to the Board regarding proposed rule changes to 818-026-0065 Deep Sedation.

Draft changes to 818-026-0065 Deep Sedation. **Attachment #7**

Review, discuss and make recommendations to the Board regarding proposed rule changes to 818-026-0070 General Anesthesia Permit.

Draft changes to 818-026-0070 General Anesthesia Permit. **Attachment #8**

Review, discuss and make recommendations to the Board regarding proposed rule changes to 818-035-0030 Additional Functions of Dental Hygienists.

Draft changes to 818-035-0030 Additional Functions of Dental Hygienists. **Attachment #9**

Review, discuss and make recommendations to the Board regarding proposed rule changes to 818-042-0040 Prohibited Acts.

Draft changes to 818-042-0040 Prohibited Acts. **Attachment #10**

Review, discuss and make recommendations to the Board regarding proposed rule changes to 818-042-0110 Certification – Expanded Function Orthodontic Assistant.

Draft changes to 818-042-0110 Certification – Expanded Function Orthodontic Assistant.  
**Attachment #11**

Review, discuss and make recommendations to the Board regarding proposed rule changes to 818-001-0087 Fees.

Draft changes to 818-001-0087 Fees. **Attachment #12**

Review, discuss and make recommendations to the Board regarding directive from the Board regarding definition of HPSA.

Dr. Smith moved and Ms. Davidson seconded that the Rules Committee consider adding the definition of HPSA to 818-035-0066 in an upcoming meeting. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

HPSA information. **Attachment #13**

Review 818-035-0072 Restorative Functions of Dental Hygienists in accordance with ORS 183.405.

818-035-0072 Restorative Functions of Dental Hygienists. **Attachment #14**

Rule Review Form. **Attachment #15**

Review 818-042-0095 Restorative Functions of Dental Assistants in accordance with ORS 183.405.

818-042-0095 Restorative Functions of Dental Assistants. **Attachment #16**

Rule Review Form. **Attachment #17**

Review and discuss Correspondence from John L. Krump, D.D.S.

Correspondence John L. Krump, D.D.S. **Attachment #18**

Any Other Business

Adjourn

This Page

Left Blank



# Oregon

Theodore R. Kulongoski, Governor

**Board of Dentistry**

1600 SW 4th Avenue

Suite 770

Portland, OR 97201-5519

(971) 673-3200

Fax: (971) 673-3202

[www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

## Memorandum

**To:** Attendees of OBD Meetings  
**From:** Patrick D. Braatz, Executive Director  
**Re:** Market Center After Hours Building Access

---

The Market Center Building closes to the general public at 6:00 p.m. Monday through Friday.

If you plan to attend a meeting of the OBD that is scheduled after that hour, you are encouraged to contact the OBD office prior to the meeting to inform the OBD Staff that you will be attending the meeting.

You should plan to enter the building from the 4<sup>th</sup> Ave. Main Entrance.

OBD staff will be available approximately 15 minutes in advance of the meeting to open the doors and provide elevator access to the 7<sup>th</sup> floor, where the OBD office is located.

If for some reason you are not able to enter the building, please call 503-789-2696 and let them know that you are at the main entrance and unable to enter the building.

If you have any questions, please feel free to contact me.

This Page

Left Blank

**Rules Oversight Committee Meeting  
Minutes  
July 25, 2012**

MEMBERS PRESENT: Brandon Schwindt, D.M.D., Chair  
Jill Mason, M.P.H., R.D.H.  
Alton Harvey, Sr.  
Jill M. Price, D.M.D., O.D.A.  
Lynn Ironside, R.D.H., O.D.H.A.  
Ninette Lyon, R.D.A, E.F.D.A., O.D.A.A.

STAFF PRESENT: Patrick D. Braatz, Executive Director  
Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator  
Lisa Warwick, Office Specialist

OTHERS PRESENT: Mary Davidson, R.D.H., Board Member; Jonna Hongo, D.M.D.,  
Board Member; Beryl Fletcher, ODA; Lisa Rowley, R.D.H., Pacific  
University; April Love, D.D.S., Sophia Tan-Dumitrescu, D.D.S.;  
Aaron Tinkle, D.M.D., OAGD.

**Call to Order:** The meeting was called to order by the President at 7:09 p.m. at the Board office; 1600 SW 4<sup>th</sup> Ave., Suite 770, Portland, Oregon.

**MINUTES**

Ms. Ironside moved and Ms. Lyon seconded that the minutes of the April 3, 2012 Rules Oversight Committee Meeting be approved as amended. The motion passed with Dr. Schwindt, Ms. Mason, Mr. Harvey, Dr. Price, Ms. Ironside and Ms. Lyon voting aye.

**OAR 818-042-0090 – Additional Functions of EFDAs**

Dr. Schwindt stated that this change would allow a hygienist to authorize EFDA assistants to apply sealants and soft relines.

Ms. Mason moved and Ms. Lyon seconded that the Rules Oversight Committee recommend OAR 818-042-0090 to the Board as presented below. The motion passed with Dr. Schwindt, Ms. Mason, Mr. Harvey, Dr. Price, Ms. Ironside and Ms. Lyon voting aye.

***OAR 818-042-0090***

***Additional Functions of EFDAs***

*Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant may perform the following functions under the indirect supervision of a dentist or dental hygienist providing that the procedure is checked by the dentist or dental hygienist prior to the patient being dismissed.*

- (1) Apply pit and fissure sealants providing the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a dentist or dental hygienist.
- (2) Apply temporary soft relines to full dentures.

### **OAR 818-035-0020 – Authorization to Practice**

There was some discussion on the need to remove the old sub (6) from the rules but after some background discussion as well as review of statute and prohibited acts it was agreed that allowable duties for hygienists were covered in statute as well as in prohibited acts so the old (6) was not required and just a redundancy, justifying its removal.

Ms. Ironside moved and Ms. Mason seconded that the Rules Oversight Committee recommend OAR 818-053-0020 to the Board as presented. The motion passed with Dr. Schwindt, Ms. Mason, Mr. Harvey, Dr. Price, Ms. Ironside and Ms. Lyon voting aye.

### **OAR 818-035-0020**

#### **Authorization to Practice**

- (1) A dental hygienist may practice dental hygiene in the places specified by ORS 680.150 under general supervision upon authorization of a supervising dentist.
- (2) A dentist who authorizes a dental hygienist to practice dental hygiene on a limited access patient must review the hygienist's findings.
- (3) A supervising dentist, without first examining a new patient, may authorize a dental hygienist:
  - (a) To take a health history from a patient;
  - (b) To take dental radiographs;
  - (c) To perform periodontal probings and record findings;
  - (d) To gather data regarding the patient; and
  - ~~(e) To perform a prophylaxis.~~
  - (f e)** To diagnose, ~~and~~ treatment plan **and provide for** dental hygiene services.
- (4) When hygiene services are provided pursuant to subsection (3), the supervising dentist need not be on the premises when the services are provided.
- (5) When hygiene services are provided pursuant to subsection (3), the patient must be scheduled to be examined by the supervising dentist within fifteen business days following the day the hygiene services are provided.
- ~~(6) A supervising dentist may not authorize a dental hygienist and a dental hygienist may not perform periodontal procedures unless the supervising dentist has examined the patient and diagnosed the condition to be treated.~~
- ~~(7)~~ **6** If a new patient has not been examined by the supervising dentist subsequent to receiving dental hygiene services pursuant to subsection (3), no further dental hygiene services may be provided until an examination is done by the supervising dentist.

### **OAR 818-035-0072 – Restorative Functions of Dental Hygienists**

Dr. Schwindt stated that the change to OAR 818-035-0072 would remove the word anterior and allow for placement of posterior composite restorations by dental hygienists who held the

July 25, 2012

Rules Oversight Committee Meeting

Page 2 of 4

Restorative Function endorsement.

Ms. Ironside moved and Ms. Mason seconded that the Rules Oversight Committee recommend OAR 818-035-0072 to the Board as presented. The motion passed with Ms. Mason, Mr. Harvey, Ms. Ironside and Ms. Lyon voting aye. Dr. Schwindt and Dr. Price were opposed.

**OAR 818-035-0072**

**Restorative Functions of Dental Hygienists**

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

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

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

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

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

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

**OAR 818-042-0095 – Restorative Functions of Dental Assistants**

Dr. Schwindt stated that this change is mirroring OAR 818-035-0072, removing the word anterior and allowing restorative function dental assistants to place posterior composite restorations.

Ms. Lyon moved and Ms. Mason seconded the Rules Oversight Committee recommend OAR 818-042-0095 to the Board as presented. The motion passed with Ms. Mason, Mr. Harvey, Ms. Ironside and Ms. Lyon voting aye. Dr. Schwindt and Dr. Price were opposed.

**OAR 818-042-0095**

**Restorative Functions of Dental Assistants**

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

(a) *A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of*

*instruction approved by the Board, and successfully passed the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board within the last five years, or*

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

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

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

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

Meeting was adjourned at 8:30 p.m.

## 818-001-0002 Definitions

As used in OAR Chapter 818:

(13) For purposes of ORS 679.020(4)(h) the term “dentist of record” means a dentist that is either currently authorizing treatment for, supervising treatment of or providing treatment for the patient in clinical settings of the institution described in ORS 679.020(3).

DRAFT

This Page

Left Blank

**818-012-0005**  
**Scope of Practice**

~~(1) The Board determines that the practice of dentistry includes the following procedures which the Board finds are included in the curricula of dental schools accredited by the American Dental Association, Commission on Dental Accreditation, post-graduate training programs or continuing education courses:~~

- ~~(a) Rhinoplasty;~~
- ~~(b) Blepharoplasty;~~
- ~~(c) Rhytidectomy;~~
- ~~(e) Submental liposuction;~~
- ~~(f) Laser resurfacing;~~
- ~~(g) Browlift, either open or endoscopic technique;~~
- ~~(h) Platysmal muscle plication;~~
- ~~(i) Dermabrasion;~~
- ~~(j) Otoplasty;~~
- ~~(k) Lip augmentation;~~
- ~~(l) Hair transplantation, not as an isolated procedure for male pattern baldness; and~~
- ~~(m) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.~~

(21) No ~~licensee~~ dentist may perform any of the procedures listed below

- (a) Rhinoplasty;
- (b) Blepharoplasty;
- (c) Rhytidectomy;
- (e) Submental liposuction;
- (f) Laser resurfacing;
- (g) Browlift, either open or endoscopic technique;
- (h) Platysmal muscle plication;
- (i) Dermabrasion;
- (j) Otoplasty;
- (k) Lip augmentation;
- (l) Hair transplantation, not as an isolated procedure for male pattern baldness; and
- (m) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.

(aA) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA); and

(bB) Has successfully completed a clinical fellowship, of at least one continuous year in duration, in esthetic (cosmetic) surgery recognized by the American Association of Oral and Maxillofacial Surgeons or by the American Dental Association Commission on Dental Accreditation; or

(cC) Holds privileges either:

(A1) 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

(B2) Issued by a credentialing committee for an ambulatory surgical center licensed by the State of Oregon and accredited by either the JCAHO or the American Association for Ambulatory Health Care (AAAHC).

(2) A dentist may utilize Botulinum Toxin Type A to treat a condition that can be treated within the scope of the practice of dentistry.

DRAFT

818-026-0000

## Purpose

(1) These rules apply to the administration of substances that produce general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation in patients being treated by licensees in facilities not accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO/TJC), the Accreditation Association for Ambulatory Health Care (AAAHC), the American Association for Accreditation of Ambulatory Surgical Facilities (AAAASF), the American Osteopathic Association (AOA) or their successor organizations. These regulations are not intended to prohibit training programs for licensees or to prevent persons from taking necessary action in case of an emergency.

(2) Nothing in this Division relieves a licensee from the standards imposed by ORS 679.140(1)(e) and 679.140(4).

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

This Page

Left Blank

**818-026-0020**

**Presumption of Degree of Central Nervous System Depression**

(1) In any hearing where a question exists as to the degree of central nervous system depression a licensee has induced (i.e., general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation), the Board may base its findings on, among other things, the types, dosages and routes of administration of drugs administered to the patient and what result can reasonably be expected from those drugs in those dosages and routes administered in a patient of that physical and psychological status.

(2) The following drugs are conclusively presumed to produce general anesthesia and may only be used by a licensee holding a General Anesthesia Permit:

(a) Ultra short acting barbiturates including, but not limited to, sodium methohexital, thiopental, thiamylal;

(b) Alkylphenols -- propofol (Diprivan) including precursors or derivatives;

(c) Neuroleptic agents;

(d) Dissociative agents -- ketamine;

(e) Etomidate;

(f) Rapidly acting steroid preparations; and

(g) Volatile inhalational agents.

(3) No permit holder shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.

**(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 and narcotics in children under 6 years of age.**

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

This Page

Left Blank

**818-026-0060**

**Moderate Sedation Permit**

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

(7) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry and End-tidal CO<sub>2</sub>. The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored;

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 1-1999, f. 2-26-99, cert. ef. 3-1-99; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11

This Page

Left Blank

818-026-0065

### Deep Sedation

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

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

DRAFT

This Page

Left Blank

**818-026-0070**

**General Anesthesia Permit**

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

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

(7) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitor (ECG) and End-tidal CO2 Monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; Administrative correction 6-21-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11

This Page

Left Blank

## 818-035-0030

### Additional Functions of Dental Hygienists

(1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:

- (a) Make preliminary intra-oral and extra-oral examinations and record findings;
- (b) Place periodontal dressings;
- (c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;
- (d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;
- (e) Administer and dispense [silver nitrate solution](#), antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.
- (f) Prescribe fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.
- (g) Use high-speed handpieces to polish restorations.
- (h) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.
- (i) Perform all aspects of teeth whitening procedures.

(2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:

- (a) Determine the need for and appropriateness of sealants or fluoride; and
- (b) Apply sealants or fluoride.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.025(2)(j)

Hist.: DE 5-1984, f. & ef. 5-17-84; DE 3-1986, f. & ef. 3-31-86; DE 2-1992, f. & cert. ef. 6-24-92; OBD 7-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 1-2001, f. & cert. ef. 1-8-01; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09

This Page

Left Blank

## 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 (818-042-0070 and 818-042-0090) or Expanded Orthodontic Function duty (818-042-0100) 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 or dispense any drug except [silver nitrate solution](#), fluoride, topical anesthetic, desensitizing agents or drugs administered pursuant to OAR 818-026-0060(11), 818-026-0065(11), 818-026-0070(11) and as provided in 818-042-0070 and 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.
- (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 prosthetic or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in 818-042-0100.

This Page

Left Blank

(17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.

(18) Place any type of cord subgingivally.

(19) Take jaw registrations or oral impressions for supplying artificial teeth as substitutes for natural teeth, except diagnostic or opposing models or for the fabrication of temporary or provisional restorations or appliances.

(20) Apply denture relines except as provided in OAR 818-042-0090(2).

(21) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (818-042-0050 and 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.

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

(23) Perform periodontal probing.

(24) Place or remove healing caps or healing abutments, except under direct supervision.

(25) Place implant impression copings, except under direct supervision.

(26) Any act in violation of Board statute or rules.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.020, 679.025 & 679.250

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 1-2001, f. & cert. ef. 1-8-01; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 3-2001, f. & cert. ef. 1-1-02; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 10-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12

This Page

Left Blank

818-042-0110

**Certification — Expanded Function Orthodontic Assistant**

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

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

(2) Completion of an application, payment of fee and satisfactory evidence of;

(a) Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; **or**

(b) Passage of the Basic, CDA or COA examination, and Expanded Function Orthodontic Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by a licensed dentist that the applicant has successfully removed cement from bands using an ultrasonic or hand scaler, or a slow speed hand piece, on six (6) patients and recemented loose orthodontic bands for four (4) patients.

DRAFT

This Page

Left Blank

818-001-0087

## Fees

(1) The Board adopts the following fees:

(B) Dental Specialty:

~~(i) \$750 at the time of application; and~~

~~(ii) If only one candidate applies for the exam, an additional \$1,250 due ten days prior to the scheduled exam date;~~

~~(iii) If two candidates apply for the exam, an additional \$250 (per candidate) due ten days prior to the scheduled exam date;~~

~~(iv) If three or more candidates apply for the exam, no additional fee will be required.~~

(i) If only one candidate applies for the exam, a fee of \$2,000.00 will be required at the time of application; and

(iii) If two candidates apply for the exam, a fee of \$1,000.00 will be required at the time of application; and

(iv) If three or more candidates apply for the exam, a fee of \$750.00 will be required at the time of application.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 293.445, 679.060, 679.120, 680.050, 680.200, 680.205

Hist.: DE 6-1985(Temp), f. & ef. 9-20-85; DE 3-1986, f. & ef. 3-31-86; DE 1-1987, f. & ef. 10-7-87; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89, corrected by DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-001-0085; DE 2-1989(Temp), f. & cert. ef. 11-30-89; DE 1-1990, f. 3-19-90, cert. ef. 4-2-90; DE 1-1991(Temp), f. 8-5-91, cert. ef. 8-15-91; DE 2-1991, f. & cert. ef. 12-31-91; DE 1-1992(Temp), f. & cert. ef. 6-24-92; DE 2-1993, f. & cert. ef. 7-13-93; OBD 1-1998, f. & cert. ef. 6-8-98; OBD 3-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction, 8-2-99; OBD 5-2000, f. 6-22-00, cert. ef. 7-1-00; OBD 8-2001, f. & cert. ef. 1-8-01; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 2-2007, f. 4-26-07, cert. ef. 5-1-07; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2009(Temp), f. 6-11-09, cert. e. 7-1-09 thru 11-1-09; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 3-2011(Temp), f. 6-30-11, cert. ef. 7-1-11 thru 12-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2012, f. & cert. ef. 1-27-12

This Page

Left Blank

[HP Home](#) > [Shortage Designation](#)

## HPSA Designations

### [HPSA Overall Designation Criteria](#)

Primary Medical Care HPSAs:  
[Overview](#)  
[Criteria](#)  
[Guidelines](#)

Dental HPSAs:  
[Overview](#)  
[Criteria](#)  
[Guidelines](#)

Mental Health HPSAs:  
[Overview](#)  
[Criteria](#)  
[Guidelines](#)

# Dental HPSA Designation Overview

Share |     0

There are three different types of HPSA designations, each with its own designation requirements:

- Geographic Area
- Population Groups
- Facilities

Geographic Areas must:

- Be rational areas for the delivery of dental services
- Meet one of the following conditions
  - Have a population to full-time-equivalent dentist ratio of at least 5,000:1
  - Have a population to full-time equivalent dentist ratio of less than 5,000:1 but greater than 4,000:1 and unusually high needs for dental services
- Dental professionals in contiguous areas are overutilized, excessively distant or inaccessible to the population

Population Groups must:

- Reside in a rational service area for the delivery of dental care services
- Have access barriers that prevent the population group from use of the area's dental providers
- Have a ratio of the number of persons in the population group to the number of dentists practicing in the area and serving the population group of at least 4,000:
- Members of Federally recognized Native American tribes are automatically designated. Other groups may be designated if they meet the basic criteria described above.

Facilities must:

- Be either Federal and/or State correctional institutions or public and/or non-profit medical facilities
- Federal or State Correctional facilities must:
  - Have at least 250 inmates and
  - Have a ratio of the number of internees per year to the number of FTE dentists serving the institution of at least 1,500:1
- Public and/or non-profit private dental facilities must:
  - provide general dental care services to an area or population group designated as having a dental HPSA and
  - have insufficient capacity to meet the dental care needs of that area or population group

This Page

Left Blank

[HP Home](#) > [Shortage Designation](#)

## HPSA Designations

[HPSA Overall Designation Criteria](#)

Primary Medical Care HPSAs:  
[Overview](#)  
[Criteria](#)  
[Guidelines](#)

Dental HPSAs:  
[Overview](#)  
[Criteria](#)  
[Guidelines](#)

Mental Health HPSAs:  
[Overview](#)  
[Criteria](#)  
[Guidelines](#)

# Dental HPSA Designation Criteria

 Share |     0

## Part I -- Geographic Areas

### A. Criteria.

A geographic area will be designated as having a dental professional shortage if the following three criteria are met:

1. The area is a rational area for the delivery of dental services.
2. One of the following conditions prevails in the area:
  - (a) The area has a population to full-time-equivalent dentist ratio of at least 5,000:1, or
  - (b) The area has a population to full-time-equivalent dentist ratio of less than 5,000:1 but greater than 4,000:1 and has unusually high needs for dental services or insufficient capacity of existing dental providers.
3. Dental professionals in contiguous areas are overutilized, excessively distant, or inaccessible to the population of the area under consideration.

### B. Methodology.

In determining whether an area meets the criteria established by paragraph A of this part, the following methodology will be used:

1. Rational Area for the Delivery of Dental Services.
  - (a) The following areas will be considered rational areas for the delivery of dental health services:
    - (i) A county, or a group of several contiguous counties whose population centers are within 40 minutes travel time of each other.
    - (ii) A portion of a county (or an area made up of portions of more than one county) whose population, because of topography, market or transportation patterns, distinctive population characteristics, or other factors, has limited access to contiguous area resources, as measured generally by a travel time of greater than 40 minutes to such resources.
    - (iii) Established neighborhoods and communities within metropolitan areas which display a strong self-identity (as indicated by a homogenous socioeconomic or demographic structure and/or a traditional of interaction or intradependency), have limited interaction with contiguous areas, and which, in general, have a minimum population of 20,000.
  - (b) The following distances will be used as guidelines in determining distances corresponding to 40 minutes travel time:
    - (i) Under normal conditions with primary roads available: 25 miles.
    - (ii) In mountainous terrain or in areas with only secondary roads available: 20 miles.
    - (iii) In flat terrain or in areas connected by interstate highways: 30 miles.

Within inner portions of metropolitan areas, information on the public transportation system will be used to determine the distance corresponding to 40 minutes travel time.

### 2. Population Count.

The population count use will be the total permanent resident civilian population of the area, excluding inmates of

institutions, with the following adjustments:

(a) Seasonal residents, i.e., those who maintain a residence in the area but inhabit it for only 2 to 8 months per year, may be included but must be weighted in proportion to the fraction of the year they are present in the area.

(b) Migratory workers and their families may be included in an area's population using the following formula: Effective migrant contribution to population = (fraction of year migrants are present in area) x (average daily number of migrants during portion of year that migrants are present).

3. Counting of Dental Practitioners.

(a) All non-Federal dentists providing patient care will be counted, except in those areas where it is shown that specialists (those dentists not in general practice or pedodontics) are serving a larger area and are not addressing the general dental care needs of the area under consideration.

(b) Full-time equivalent (FTE) figures will be used to reflect productivity differences among dental practices based on the age of the dentists, the number of auxiliaries employed, and the number of hours worked per week. In general, the number of FTE dentists will be computed using weights obtained from the matrix in Table 1, which is based on the productivity of dentists at various ages, with different numbers of auxiliaries, as compared with the average productivity of all dentists. For the purposes of these determinations, an auxiliary is defined as any non-dentist staff employed by the dentist to assist in operation of the practice.

TABLE 1 - EQUIVALENCY WEIGHTS, BY AGE AND NUMBER OF AUXILIARIES

	<55	55-59	60-64	65+
No auxiliaries	0.8	0.7	0.6	0.5
One auxiliary	1.0	0.9	0.8	0.7
Two auxiliaries	1.2	1.0	1.0	0.8
Three auxiliaries	1.4	1.2	1.0	1.0
Four auxiliaries	1.5	1.5	1.3	1.2

If information on the number of auxiliaries employed by the dentist is not available, Table 2 will be used to compute the number of full-time equivalent dentists.

TABLE 2 - EQUIVALENCY WEIGHTS, BY AGE

	<55	55-59	60-64	65+
Equivalency Weights	1.2	0.9	0.8	0.6

The number of FTE dentists within a particular age group (or age/auxiliary group) will be obtained by multiplying the number of dentists within that group by its corresponding equivalency weight. The total supply of FTE dentists within an area is then computed as the sum of those dentists within each age (or age/auxiliary) group.

(c) The equivalency weights specified in tables 1 and 2 assume that dentists within a particular group are working full-time (40 hours per week). Where appropriate data are available, adjusted equivalency figures for dentists who are semi-retired, who operate a reduced practice due to infirmity or other limiting conditions, or who are available to the population of an area only on a part-time basis will be used to reflect the reduced availability of these dentists. In computing these equivalency figures, every 4 hours (or 1/2 day) spent in the dental practice will be counted as 0.1 FTE except that each dentist working more than 40 hours a week will be counted as 1.0. The count obtained for a particular age group of dentists will then be multiplied by the appropriate equivalency weight from table 1 or 2 to obtain a full-time equivalent figure for dentists within that particular age or age/auxiliary category.

4. Determination of Unusually High Needs for Dental Services.

An area will be considered as having unusually high needs for dental services if at least one of the following criteria is met:

(a) More than 20% of the population (or of all households) has incomes below the poverty level.

(b) The majority of the area's population does not have a fluoridated water supply.

#### 5. Determination of Insufficient Capacity of Existing Dental Care Providers.

An area's existing dental care providers will be considered to have insufficient capacity if at least two of the following criteria are met:

- (a) More than 5,000 visits per year per FTE dentist serving the area.
- (b) Unusually long waits for appointments for routine dental services (i.e., more than 6 weeks).
- (c) A substantial proportion (2/3 or more) of the area's dentists do not accept new patients.

#### 6. Contiguous Area Considerations.

Dental professional(s) in areas contiguous to an area being considered for designation will be considered excessively distant, overutilized or inaccessible to the population of the area under consideration if one of the following conditions prevails in each contiguous area:

- (a) Dental professional(s) in the contiguous area are more than 40 minutes travel time from the center of the area being considered for designation (measured in accordance with Paragraph B.1.(b) of this part).
- (b) Contiguous area population-to-(FTE) dentist ratios are in excess of 3,000:1, indicating that resources in contiguous areas cannot be expected to help alleviate the shortage situation in the area being considered for designation.
- (c) Dental professional(s) in the contiguous area are inaccessible to the population of the area under consideration because of specified access barriers, such as:
  - (i) Significant differences between the demographic (or socioeconomic) characteristics of the area under consideration and those of the contiguous area, indicating that the population of the area under consideration may be effectively isolated from nearby resources. Such isolation could be indicated, for example, by an unusually high proportion of non-English-speaking persons.
  - (ii) A lack of economic access to contiguous area resources, particularly where a very high proportion of the population of the area under consideration is poor (i.e., where more than 20 percent of the population or of the households have incomes below the poverty level) and Medicaid-covered or public dental services are not available in the contiguous area.

## Part II -- Population Groups

---

### A. Criteria.

1. In general, specified population groups within particular geographic areas will be designated as having a shortage of dental care professional(s) if the following three criteria are met:

- a. The area in which they reside is rational for the delivery of dental care services, as defined in paragraph B.1 of part I of this appendix.
- b. Access barriers prevent the population group from use of the area's dental providers.
- c. The ratio (R) of the number of persons in the population group to the number of dentists practicing in the area and serving the population group is at least 4,000:1.

2. Indians and Alaska Natives will be considered for designation as having shortages of dental professional(s) as follows:

- (a) Groups of members of Indian tribes (as defined in section 4(d) of Pub. L. 94 - 437, the Indian Health Care Improvement Act of 1976) are automatically designated.
- (b) Other groups of Indians or Alaska Natives (as defined in section 4(c) of Pub. L. 94 - 437) will be designated if the general criteria in paragraph 1 are met.

## Part III -- Facilities

---

### A. Federal and State Correctional Institutions.

#### 1. Criteria.

Medium to maximum security Federal and State correctional institutions and youth detention facilities will be designated as having a shortage of dental professional(s) if both the following criteria are met:

(a) The institution has at least 250 inmates.

(b) The ratio of the number of internees per year to the number of FTE dentists serving the institution is at least 1,500:1.

Here the number of internees is defined as follows:

(i) If the number of new inmates per year and the average length-of-stay (ALOS) are not specified, or if the information provided does not indicate that intake dental examinations are routinely performed by dentists upon entry, then -- Number of internees = average number of inmates.

(ii) If the ALOS is specified as one year or more, and intake dental examinations are routinely performed upon entry, then -- Number of internees = average number of inmates + number of new inmates per year.

(iii) If the ALOS is specified as less than one year, and intake dental examinations are routinely performed upon entry, then -- Number of internees = average number of inmates +  $1/3 \times (1 + 2 \times \text{ALOS}) \times$  number of new inmates per year where ALOS = average length-of-stay (in fraction of year). (The number of FTE dentists is computed as in part I, section B, paragraph 3 above.)

## B. Public or Non-Profit Private Dental Facilities.

### 1. Criteria.

Public or nonprofit private facilities providing general dental care services will be designated as having a shortage of dental professional(s) if both of the following criteria are met:

(a) The facility is providing general dental care services to an area or population group designated as having a dental professional(s) shortage; and

(b) The facility has insufficient capacity to meet the dental care needs of that area or population group.

### 2. Methodology.

In determining whether public or nonprofit private facilities meet the criteria established by paragraph B.1. of this part, the following methodology will be used:

(a) Provision of Services to a Designated Area or Population Group.

A facility will be considered to be providing services to an area or population group if either:

(i) A majority of the facility's dental care services are being provided to residents of designated dental professional(s) shortage areas or to population groups designated as having a shortage of dental professional(s); or

(ii) The population within a designated dental shortage area or population group has reasonable access to dental services provided at the facility. Reasonable access will be assumed if the population lies within 40 minutes travel time of the facility and non-physical barriers (relating to demographic and socioeconomic characteristics of the population) do not prevent the population from receiving care at the facility.

Migrant health centers (as defined in section 319(a)(1) of the Act) which are located in areas with designated migrant population groups and Indian Health Service facilities are assumed to be meeting this requirement.

(b) Insufficient Capacity To Meet Dental Care Needs.

A facility will be considered to have insufficient capacity to meet the dental care needs of a designated area or population group if either of the following conditions exists at the facility.

(i) There are more than 5,000 outpatient visits per year per FTE dentist on the staff of the facility. (Here the number of FTE dentists is computed as in part I, section B, paragraph 3 above.)

(ii) Waiting time for appointments is more than 6 weeks for routine dental services.

RELEVANT EXCERPTS FROM 42 CODE OF FEDERAL REGULATIONS (CFR), CHAPTER 1, PART 5, Appendix B (October 1, 1993, pp. 34-48)

Criteria for Designation of Areas Having Shortages of Dental Professionals [45 FR 76000, Nov. 17, 1980, as amended at 54 FR 8738, Mar. 2, 1989; 57 FR 2480, Jan. 22, 1992]

[HP Home](#) > [Shortage Designation](#)

## HPSA Designations

[HPSA Overall Designation Criteria](#)

### Primary Medical Care

HPSAs:

[Overview](#)
[Criteria](#)
[Guidelines](#)

### Dental HPSAs:

[Overview](#)
[Criteria](#)
[Guidelines](#)

### Mental Health HPSAs:

[Overview](#)
[Criteria](#)
[Guidelines](#)

# Guidelines for Primary Medical Care/Dental HPSA Designation

 Share |     0

## Background/Summary

Section 332 of the Public Health Service Act provides that the Secretary of Health and Human Services shall designate health professional shortage areas, or HPSAs, based on criteria established by regulation. The authority for designation of HPSAs is delegated to the Bureau of Primary Health Care's Office of Shortage Designation (OSD). Criteria and the process used for designation of HPSAs were developed in accordance with the requirements of Section 332.

HPSA designation is a prerequisite for participation in a number of Federal programs, including National Health Service Corps approved sites.

The HPSA criteria require three basic determinations for a geographic area request:

- the geographic area involved must be rational for the delivery of health services,
- a specified population-to-practitioner ratio representing shortage must be exceeded within the area, and
- resources in contiguous areas must be shown to be overutilized, excessively distant, or otherwise inaccessible.

These criteria have been defined for shortage of primary medical care physicians, dentists, and mental health professionals. The particular level used to indicate primary medical care, dental, and mental health shortage is referenced in the Criteria for Designation of HPSAs, codified at [42 CFR Chapter 1, PART 5 - DESIGNATION OF HEALTH PROFESSIONAL\(S\) SHORTAGE AREAS, 10-1-93 edition](#).

Where a geographic area does not meet the shortage criteria, but a population group within the area has access barriers, a population group designation may be possible. In such cases the population group and the access barriers must be defined/described, and the ratio of the number of persons in the population group to the number of practitioners serving it must be determined. These ratios are also referenced in the Criteria for Designation of HPSAs.

In some cases, facilities may be designated as HPSAs. This applies to correctional facilities and to State mental hospitals. In addition, public and non-profit private facilities located outside designated HPSAs may receive facility HPSA designation if they are shown to be accessible to and serving a designated geographic area or population group HPSA.

A current list of designated HPSAs is published periodically; the most recent was published in the Federal Register on February 2, 2002. Designations more than 3 years old are subject to updating as part of the OSD's annual review of HPSAs. At that time, new data relevant to the designation should be submitted to the OSD in support of its continued status as a HPSA.

## Required Information for HPSA Requests

1. Rational Service Area - A map showing the boundaries of the area for which designation is being requested should be provided. The rationale for the selection of a particular service area definition (in terms of travel times, composition of the population, etc.) should be described, particularly for non-whole-county service areas and population groups. The area should be defined in terms of counties or whole census tracts (CTs), census county divisions (CCDs), block numbering areas (BNAs), or minor civil divisions (MCDs).
2. Population Count - the number of persons in the requested area (or population group), based on the latest available Census Bureau or State population estimates (population projections will not be accepted). Any adjustments to the population count for the service area and contiguous areas should be explained.
3. Practitioner Count - the number of full-time-equivalent (FTE) non-Federal practitioners available to provide

Attachment # 13

patient care to the area or population group. "Non-Federal" means practitioners who are not Federal employees and are not obligated-service members of the National Health Service Corps. It would include non-obligated-service hires of Federal grantees.

"Practitioner" means allopathic (M.D.) or osteopathic (D.O.) primary medical care physicians for primary medical care HPSA requests; dentists, for dental HPSA requests; and psychiatrists or core mental health providers for psychiatric/mental health HPSA requests. Core mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family specialists.

"Patient care" for primary care physicians includes seeing patients in the office, on hospital rounds and in other settings, and activities such as interpreting laboratory tests and X-rays and consulting with other physicians.

To develop a comprehensive list of practitioners in an area, the applicant should check State licensure lists, State and local medical or dental society directories, local hospital admitting physician listings, Medicaid and Medicare practitioner lists, and the local yellow pages listings. For practitioners who serve in the requested area less than full-time (40 hours a week in patient care activities), an explanation is needed concerning a practitioner's part-time status (i.e. semi-retired, other practice location outside service area, teaching, etc.).

**Calculating Primary Care FTE When Only Office Hours are Known**

To determine primary medical care FTE in cases where only a physician's office hours are known, and information is not available on a physician's hours spent in other patient care activities, an upward adjustment must normally be made from the number of office hours per week to obtain the total estimated number of hours spent in direct patient care per week. The adjustment factors provided in the table below are designed to take into consideration the hours of direct patient care provided in both office and inpatient settings.

The first column of the table below lists the average number of hours per week that each type of primary care physician spends providing patient care in the office setting. The second column lists the average number of hours each spends in all direct patient care. The ratio of office hours to total direct patient care hours is shown in the third column. The last column presents the reciprocal of that ratio - the factor by which each type of physician's office hours should be multiplied to obtain his/her total hours in direct patient care.

Primary Care Specialty	Average Office Hours per Week <sup>1/</sup>	Average Hours All Direct Patient Care per Week <sup>2/</sup>	Ratio of Office Hours to All Direct Patient Care Hours	Office Hours to All Direct Patient Care Hours Adjustment Factor
General/Family	35.1	49.9	.703	1.4
Practice Pediatrics	31.9	46.0	.693	1.4
Internal	27.1	49.5	.547	1.8
Medicine Obstetrics / Gynecology	29.2	55.5	.526	1.9
All Primary Care <sup>3/</sup>	30.8	50.1	.618	1.6

To obtain a full-time-equivalency for a given physician, his/her total office hours per week should be multiplied by the appropriate factor for his/her specialty. In the event that the primary care specialty is unspecified, the factor shown for "all primary care" should be used. If this calculation yields a number greater than 40, the physician should be considered as 1.0 FTE; otherwise, this number of hours should be divided by 40 to obtain the physician's FTE.

<sup>1/</sup> American Medical Association, Socioeconomic Characteristics of Medical Practice, 1990-1991, Table 14, p. 58. <sup>2/</sup> Ibid, Table 11, p. 52.

<sup>3/</sup> This is a weighted average, weighted by the percentage that each specialty represents of all primary care physicians, using data from American Medical Association, Physician Characteristics and Distribution in the U.S., 1993 Edition, Table B-11a, p.59.

The criteria provides for counting primary medical care interns and residents as 0.1 FTE. This FTE should be counted at the location the intern or resident provides primary care, such as a hospital outpatient clinic or local health department clinic. If the clinic or other service site has "slots" which interns or residents rotate through during the year, then that slot will be counted at 0.1 FTE.

There is no provision in the HPSA criteria for counting dental interns or residents.

Psychiatric residents are counted at 0.5 FTE at their service site; the slot approach outlined above for primary care may be used in determining FTE.

4. Contiguous Resources - the availability and accessibility of health providers in contiguous areas. When showing that contiguous resources are excessively distant (greater than 30 minutes travel time for primary medical care, greater than 40 minutes for dental and mental health), the driving distance and travel time between the population center of the requested area and the population centers of the contiguous areas should be provided.

In inner portions of metropolitan areas travel time by public transportation will be used. By this is meant those inner city neighborhoods with significant poverty levels (20 percent or higher) indicative of a dependence on public transportation. In those city neighborhoods with relatively low poverty levels (where residents may elect to use public transportation), driving times will be used.

5. High Needs/Insufficient Capacity - the presence of indicators of unusually high needs of the population or insufficient capacity of health care resources in the area. The high needs factors for primary care, dental and mental health, and the insufficient capacity factors for existing primary care and dental providers, are detailed in the criteria.

#### Population Group HPSA Requests

The following is an update and clarification to the "Guidelines on Designation of Population Groups with Health Manpower Shortages" published in the Federal Register on November 5, 1982.

The geographic area within which the population group resides should be defined in terms of counties, civil divisions or census tracts, in accordance with the same rational service area criteria for designation of geographic areas.

The request should contain a description of the barriers to access, in the area of residence and contiguous areas, experienced by the population group. This description should contain appropriate supporting data and should address the following points:

- 1. Whether the barriers to access for the population group are primarily economic in nature, or primarily due to non-economic factors such as minority status, language differences, or cultural differences. If significant numbers of practitioners (public and/or private) refuse to accept patients on the basis of non-economic factors, this problem and its extent should be discussed. If an access barrier appears to exist because of demographic or other differences between the population group and available practitioner(s) (public and/or private), this should also be discussed and evidence of it should be presented.
- With respect to economic barriers, whether the major difficulty is lack of access for the low-income population or lack of access for the Medicaid-eligible population, the applicant should provide information on the number of persons in the category for which designation is requested. A minimum of 30 percent of the service area's population must be at or below 200 percent of poverty for consideration as a low-income or Medicaid-eligible population group HPSA.
- Whether practitioners, health centers, or hospital outpatient clinics (public and/or private) in the area accept Medicaid reimbursement and/or provide patient care on an ability-to-pay or sliding-fee-scale basis. The applicant should list the practitioners, their practice locations and the approximate percentage of the practice devoted to the Medicaid-eligible population and the percentage of the practice devoted to other low-income persons in each such setting. FTE practitioners (D) is the number of practitioners involved, adjusted by the percentage of their time in patient care in the area, further adjusted by the estimated percentage of the time devoted to serving the population group in question.

In order to calculate the appropriate population-to-practitioner ratio (R) for consideration as a primary medical care, dental or mental health HPSA, the request should include the total number of persons in the population group for which designation is requested and the total number of FTE practitioners (D) in the defined area that are serving that population. The appropriate ratio (R) will then be computed as follows for these specific population groups:

Low-income populations

Low-income population, defined as those persons with incomes at or below 200 percent of the poverty level. A minimum of 30 percent of the requested area of residence's population must be at or below 200 percent of poverty for consideration under this population group category. This is also the population eligible to receive services on a sliding-fee scale at Federally-funded projects. This includes and replaces the previously separate category of medically indigent population.

N = Population with incomes at or below 200 percent of the poverty level  
 D = FTE non-Federal practitioners serving the Medicaid population  
 + FTE non-Federal practitioners offering care on a sliding-fee- scale, ability-to-pay basis, or free-of-charge basis  
 R = N/D

Medicaid-eligible populations

A minimum of 30 percent of the requested area of residence's population must have incomes at or below 200 percent of the poverty level for consideration under this population group category.

N = population eligible for Medicaid under applicable State's medical assistance program  
 D = FTE non-Federal practitioners accepting Medicaid  
 R = N/D

Migrant (or Migrant and Seasonal) Farmworkers and their families (Revised to explicitly include Seasonals where appropriate)

N = (average daily number of migrant workers, or migrant and seasonal workers, and dependents present in the area during portion of year that migrants, or migrant and seasonal workers, are present) X (fraction of year migrants, or migrant and seasonal workers, are present)  
 D = FTE non-Federal practitioners serving migrants, or migrants and seasonal workers  
 R = N/D

American Indians or Alaskan Natives

N = number of American Indians or Alaskan Natives  
 D = FTE non-Federal practitioners serving Indians or Alaskan natives  
 R = N/D

Other populations isolated by linguistic or cultural barriers or by handicaps

N = number of people in language or cultural or handicapped group involved  
 D = FTE non-Federal practitioners speaking language involved (or using interpreter), or familiar with culture involved, or serving handicapped group  
 R = N/D

Homeless Populations

Public Law 100-77 included a provision amending Section 332 of the PHS Act to specifically state that the homeless are one of the population groups eligible for health professional shortage area (HPSA) designation. In fact, designation of homeless populations as HPSAs was already possible under existing legislation, regulations and criteria, and such designations already exist. The area where the homeless congregate should be defined in terms of census tracts, and information on the location of any homeless shelters, clinics, or other facilities serving the homeless should be provided.

N = The estimated number of homeless persons in the area, as recognized by local officials for planning of shelters/services to the homeless. Please include a brief description (or enclose an existing report) on how the count was obtained.  
 D = The number of full-time-equivalent (FTE) non-Federal practitioners, if any, currently serving the population. This would include time devoted to the homeless by practitioners at any local health care facilities which provide some ambulatory care services to the homeless, or by private practitioners who volunteer some of their time to serve the homeless at shelters or other locations accessible to homeless persons.  
 R = N/D

Federal Programs Using HPSA Designations Include:

National Health Service Corps (Section 333 of the Public Health Service Act) - provides for assignment of federally-employed and/or service- obligated physicians, dentists, and other health professionals to designated HPSAs

National Health Service Corps Scholarship Programs (Section 338A) - provides scholarships for training of health professionals who agree to serve in designated HPSAs through the NHSC or the private practice option

National Health Service Corps Loan Repayment Program (Section 338B) - provides loan repayment to health professionals who agree to serve in the NHSC in HPSAs selected by the Secretary

Rural Health Clinics Act (Public Law 95-210) - provides Medicare and Medicaid reimbursement for services provided by physician assistants and nurse-practitioners in clinics in rural HPSAs

Medicare Incentive Payments for Physician's Services Furnished in HPSAs (Public Law 100-203, Section 4043, as amended) - CMS (formerly HCFA) gives 10 percent bonus payment for Medicare-reimbursable physician services provided within geographic HPSAs. This payment does not apply to population group HPSAs.

Higher "Customary Charges" for New Physicians in HPSAs (Public Law 100-203, Section 4047) - CMS (formerly HCFA) exempts new physicians opening practices in non-metropolitan geographic HPSAs from new Medicare limitations on "customary charges"

Area Health Education Center Program (Section 781(a)(1)) - gives special consideration to centers that would serve HPSAs with higher percentages of underserved minorities; gives funding priority to centers providing substantial training experience in HPSAs

Federal Employees Health Benefits Programs - provides reimbursement for non-physician services in States with high percentages of their population residing in HPSAs





## Federal and State Designations of Health Care Shortage/Underservice by ORH Service Area

**HPSA = Health Professional Shortage Area (Federal Designation)**  
**MUA/P = Medically Underserved Area/Population (Federal Designation)**  
**Unmet Need = Office of Rural Health Area of Unmet Health Care Need (Oregon Only)**

County	Service Area	HPSA?	MUA/P?	Unmet Need?	Zip Codes
Baker	Baker City	Low income only	Yes	No	97814, 97819, 97833, 97837, 97877, 97884, 97905
Baker	Halfway	Yes	Yes	Yes	97834, 97840, 97870
Benton	Alsea	Yes	No	Yes	97324
Benton	Monroe	No	MUP	Yes	97456
Clackamas	Canby	MSFW only	No	No	97013, 97017, 97038, 97042
Clackamas	Estacada	MSFW only	No	Yes	97023
Clackamas	Lake Oswego		No	No	97034, 97035, 97036, 97068, 97070
Clackamas	Oregon City		No	No	97004, 97015, 97045, 97086
Clackamas	Sandy	MSFW only	No	No	97009, 97022, 97055, 97089
Clackamas	Wemme	MSFW only	No	Yes	97011, 97028, 97049, 97067
Clatsop	Astoria	Yes	No	No	97103, 97121, 97146
Clatsop	Seaside	Yes	Yes	No	97102, 97110, 97138, 97145
Columbia	Clatskanie	Yes	No	Yes	97016
Columbia	St. Helens	Yes	No	Yes	97018, 97048, 97051, 97053, 97054, 97056
Columbia	Vernonia	Yes	Yes	No	97064
Coos	Bandon	Low income only	No	Yes	97411, 97450
Coos	Coos Bay	Low income only	Yes	No	97407, 97420, 97459
Coos	Coquille/Myrtle Point	Low income only	No	Yes	97414, 97423, 97458
Coos	Powers	Low income only	Yes	Yes	97466
Crook	Prineville	Low income only	Yes	No	97751, 97752, 97754
Curry	Brookings	Low income only	Yes	No	97415
Curry	Gold Beach	No	Yes	No	97406, 97444, 97464, 97491
Curry	Port Orford	Low income only	Yes	Yes	97465, 97476
Deschutes	La Pine	Yes	MUP	Yes	97425, 97733, 97737, 97739
Deschutes	Redmond	No	No	No	97753, 97756, 97760
Deschutes	Sisters	No	No	No	97730, 97759
Douglas	Canyonville	Low income/MFW	MUP	Yes	97417, 97429, 97484

<b>County</b>	<b>Service Area</b>	<b>HPSA?</b>	<b>MUA/P?</b>	<b>Unmet Need?</b>	<b>Zip Codes</b>
Douglas	Drain/Yoncalla	Low income/MFW	MUP	Yes	97428, 97435, 97436, 97499
Douglas	Glendale	Low income/MFW	MUP	Yes	97410, 97442, 97497
Douglas	Glide	Low income/MFW	MUP	Yes	97443, 97447
Douglas	Myrtle Creek	Low income/MFW	MUP	Yes	97457, 97469
Douglas	Reedsport	Low income/MFW	MUP	Yes	97441, 97449, 97467, 97473
Douglas	Roseburg	Low income/MFW	MUP	No	97470, 97471, 97494, 97495
Douglas	Sutherlin	Low income/MFW	MUP	Yes	97462, 97479, 97486
Douglas	Winston	Low income/MFW	MUP	Yes	97416, 97432, 97481, 97496
Gilliam	Arlington	Yes	Yes	Yes	97812
Gilliam	Condon	Yes	Yes	No	97823, 97861
Grant	John Day	Yes	No	No	97817, 97820, 97825, 97845, 97865, 97869, 97873
Grant	Long Creek	Yes	Yes	Yes	97831, 97848, 97856, 97864, 97872, 97880
Harney	Burns	Low income only	No	No	97710, 97720, 97721, 97732, 97738, 97740, 97758, 97904, 97917
Hood River	Cascade Locks	MSFW only	GOV-MFW	Yes	97014
Hood River	Hood River	MSFW only	GOV-MFW	No	97031, 97041, 97044
Jackson	Applegate/Williams	Low income/MFW/homeless	GOV-MFW	No	97530, 97544
Jackson	Ashland	Low income/MFW/homeless	GOV-MFW	No	97520
Jackson	Eagle Point	Low income/MFW/homeless	Yes	Yes	97522, 97524
Jackson	Medford	Low income/MFW/homeless	GOV-MFW	No	97501, 97502, 97503, 97504
Jackson	Phoenix/Talent	Low income/MFW/homeless	GOV-MFW	No	97535, 97540
Jackson	Rogue River	Low income/MFW/homeless	GOV-MFW	Yes	97525, 97537
Jackson	Shady Cove	Low income/MFW/homeless	Yes	Yes	97536, 97539, 97541
Jefferson	Madras	Low income/MFW	GOV-MFW	No	97711, 97734, 97741
Jefferson	Warm Springs	No	GOV-MFW	Yes	97761
Josephine	Cave Junction	Yes	Yes	Yes	97523, 97531, 97534, 97538
Josephine	Grants Pass	Low income only	Yes	No	97526, 97527, 97528, 97532, 97533, 97543
Klamath	Chiloquin	Yes	Yes	Yes	97624, 97604, 97626, 97731

<b>County</b>	<b>Service Area</b>	<b>HPSA?</b>	<b>MUA/P?</b>	<b>Unmet Need?</b>	<b>Zip Codes</b>
Klamath	East Klamath	Yes	Yes	Yes	97621, 97622, 97623, 97639
Klamath	Klamath Falls	Low income/MFW/homeless	GOV-MFW	No	97601, 97602, 97603, 97625, 97627, 97634
Klamath	Merrill	MSFW only	GOV-MFW	Yes	97632, 97633
Lake	Lakeview	No	No	No	97620, 97630, 97635, 97636, 97637
Lake	North Lake	Yes	No	Yes	97638, 97640, 97735, 97641
Lane	Cottage Grove	No	No	No	97424, 97427, 97434, 97451, 97472
Lane	Eugene South		No	No	97405, 97426, 97455
Lane	Eugene West		No	No	97402, 97404, 97409
Lane	Eugene/University		No	No	97401, 97403, 97408
Lane	Florence	Low income only	No	No	97439, 97453, 97493
Lane	Junction City	No	No	Yes	97419, 97448
Lane	Lowell/Dexter	Yes	No	Yes	97431, 97438, 97452
Lane	McKenzie/Blue River	Yes	No	Yes	97413, 97488
Lane	Oakridge	Low income only	No	Yes	97463, 97492
Lane	Springfield		No	No	97454, 97477, 97478, 97482, 97489
Lane	Swishhome/Triangle Lake	Low income only	No	Yes	97412, 97430, 97480
Lane	Veneta	No	No	Yes	97437, 97461, 97487, 97490
Lincoln	Blodgett-Eddyville	No	MUP	Yes	97326, 97343
Lincoln	Lincoln City	Low income only	MUP	No	97364, 97367, 97368, 97372, 97388
Lincoln	Newport	No	No	No	97365, 97366, 97369, 97341
Lincoln	Siletz	No	No	Yes	97357, 97380
Lincoln	Toledo	No	MUP	No	97391
Lincoln	Waldport	No	No	Yes	97376, 97390, 97394
Lincoln	Yachats	No	Yes	No	97498
Linn	Albany	MSFW only	No	No	97321, 97322, 97352, 97359, 97377, 97389
Linn	Brownsville	MSFW only	No	No	97327, 97348
Linn	Harrisburg	MSFW only	No	No	97446
Linn	Lebanon	MSFW only	No	No	97355
Linn	Scio	MSFW only	No	Yes	97335, 97374
Linn	Sweet Home	MSFW only	No	Yes	97329, 97336, 97345, 97386
Malheur	Jordan Valley	Low income/MFW	Yes	No	97902, 97910
Malheur	Nyssa	Low income/MFW	No	No	97901, 97913
Malheur	Ontario	Low income/MFW	No	No	97907, 97914

<b>County</b>	<b>Service Area</b>	<b>HPSA?</b>	<b>MUA/P?</b>	<b>Unmet Need?</b>	<b>Zip Codes</b>
Malheur	Vale	Low income/MFW	No	No	97903, 97906, 97908, 97909, 97911, 97918, 97920
Marion	Detroit	MSFW only	No	Yes	97342, 97350
Marion	Mill City/Gates	MSFW only	No	Yes	97346, 97360, 97384
Marion	Salem North	MSFW only	No	No	97303, 97304, 97305
Marion	Salem South	MSFW only	No	No	97301, 97302, 97306, 97317, 97325, 97392
Marion	Silverton/Mt. Angel	MSFW only	No	No	97362, 97375, 97381
Marion	Stayton	MSFW only	No	No	97358, 97383, 97385
Marion	Woodburn	MSFW only	Yes	No	97002, 97020, 97026, 97032, 97071, 97137
Morrow	Boardman	Yes	Yes	No	97818
Morrow	Heppner	Yes	No	No	97836, 97839, 97843
Morrow	Irrigon	Yes	Yes	No	97844
Polk	Dallas	MSFW only	MUP-MFW	No	97344, 97351, 97338, 97361, 97371
Sherman	Moro/Grass Valley	Yes	Yes	Yes	97029, 97033, 97039
Tillamook	Cloverdale	Low income only	Yes	No	97108, 97112, 97122, 97135, 97149
Tillamook	Nehalem	Low income only	Yes	Yes	97130, 97131, 97147
Tillamook	Tillamook	Low income only	Yes	No	97107, 97118, 97134, 97136, 97141, 97143
Umatilla	Hermiston	MSFW only	Yes	No	97826, 97838, 97875, 97882
Umatilla	Milton-Freewater	MSFW only	No	Yes	97862, 97886
Umatilla	Pendleton	MSFW only	Yes	No	97801, 97810, 97813, 97821, 97835, 97859, 97868
Union	Elgin	Yes	Yes	Yes	97827
Union	La Grande	No	No	No	97841, 97850, 97876
Union	Union	No	Yes	No	97824, 97867, 97883
Wallowa	Wallowa/Enterprise	No	No	No	97828, 97842, 97846, 97857, 97885
Wasco	Maupin	MSFW only	MUP-MFW	Yes	97037, 97063, 97001, 97057
Wasco	The Dalles	MSFW only	MUP-MFW	No	97021, 97040, 97050, 97058, 97065
Washington	Hillsboro/Forest Grove	No	MUP-MFW	No	97106, 97109, 97113, 97116, 97117, 97119, 97123, 97125, 97133, 97144, 97124
Wheeler	Fossil	Yes	Yes	Yes	97750, 97830, 97874
Yamhill	McMinnville	Low income/MFW/homeless	No	No	97101, 97111, 97114, 97127, 97128, 97148

<b>County</b>	<b>Service Area</b>	<b>HPSA?</b>	<b>MUA/P?</b>	<b>Unmet Need?</b>	<b>Zip Codes</b>
Yamhill	Newberg	Low income/MFW/homeless	No	No	97115, 97132
Yamhill	Willamina	Low income/MFW/homeless	Yes	No	97347, 97378, 97396

**M(S)FW = Migrant (seasonal) farm worker**

**GOV = Designated at the request of the state governor due to local barriers and/or health conditions**

**ORH Service Area boundaries may not exactly match HPSA and MUA designated area boundaries due to different geographic units. For clarification, please check the HPSA and MUA maps at [www.ohsu.edu/ohsuedu/outreach/oregonruralhealth/data/hcare\\_shortage.cfm](http://www.ohsu.edu/ohsuedu/outreach/oregonruralhealth/data/hcare_shortage.cfm)**

**There is also an Unmet Need map at [www.ohsu.edu/ohsuedu/outreach/oregonruralhealth/data/hcare\\_shortage.cfm](http://www.ohsu.edu/ohsuedu/outreach/oregonruralhealth/data/hcare_shortage.cfm)**

**Please check <http://bhpr.hrsa.gov/shortage> for the latest HPSA and MUA designations.**

**Does not include Mental or Dental Health, Facility HPSAs**

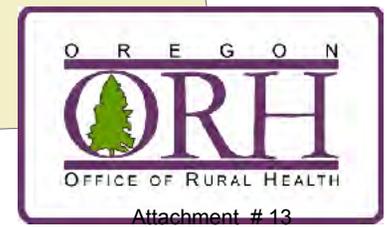
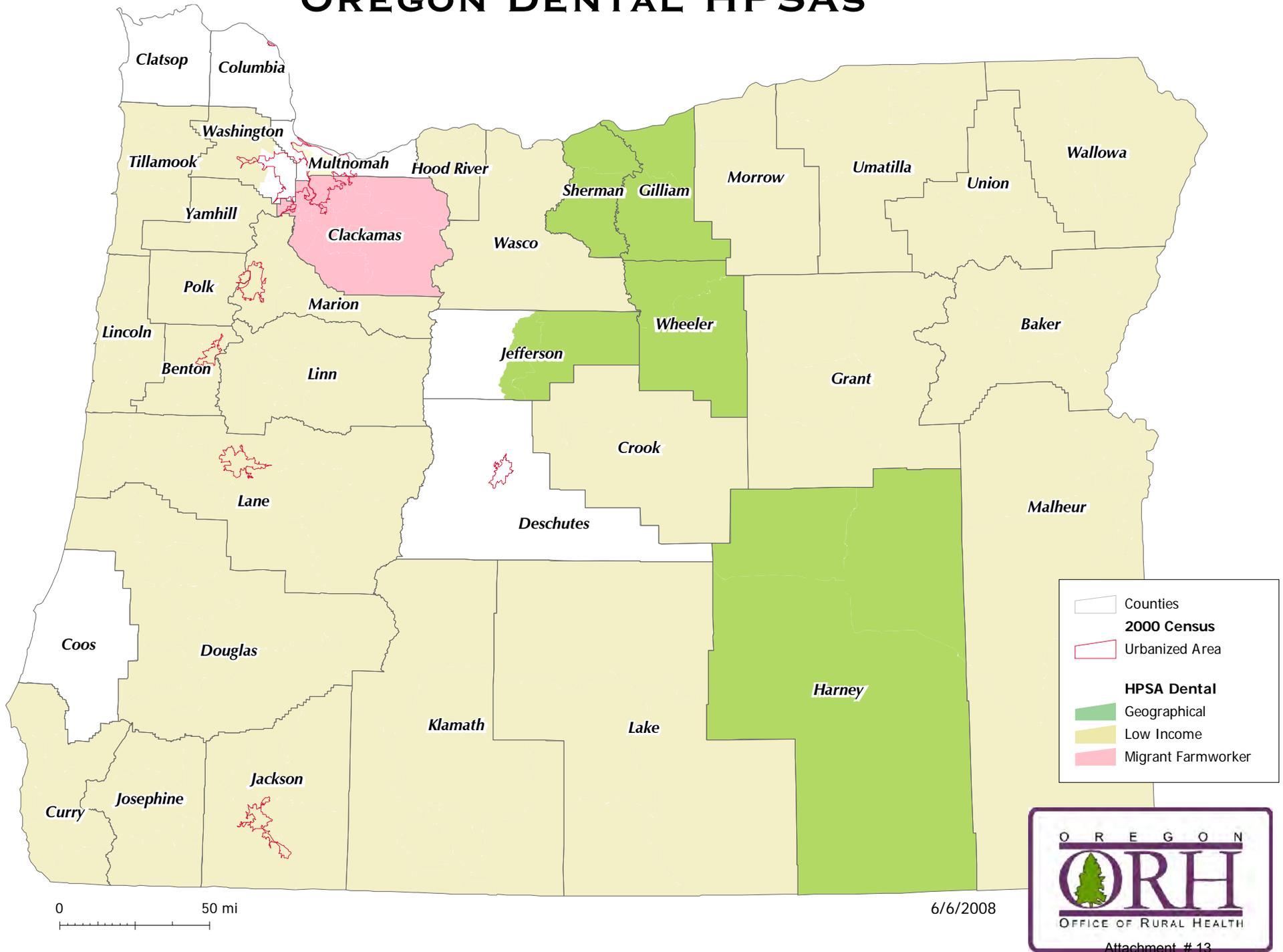
**For inquiries contact Emerson Ong at: [ong@ohsu.edu](mailto:ong@ohsu.edu)**

**Oregon Office of Rural Health**

**This Page**

**Left Blank**

# OREGON DENTAL HPSAS



This Page

Left Blank

## Designation Definitions

Type of Designation	Criteria Used to Determine Designation	Makes You Eligible to Apply for	Notes
Health Professional Shortage Area (HPSA)	Population to Physician Ratio	<ul style="list-style-type: none"> <li>• National Health Service Corps (NHSC) providers</li> <li>• Rural Health Clinic status (may be for-profit private practices)</li> </ul>	These designations may be for: <ol style="list-style-type: none"> <li>1) geographic areas,</li> <li>2) special populations (low income, homeless, migrant seasonal farmworkers)</li> <li>3) dental health,</li> <li>4) mental health, or</li> <li>5) facilities like prisons</li> </ol>
Medically Underserved Area (MUA)	A weighed index of four criteria that produce a numeric score called the Index of Medical Underservice (IMU) score. A score of less than 62.0 qualifies an area for designation. The four criteria are: <ol style="list-style-type: none"> <li>1) population to physician ratio,</li> <li>2) percentage of people age 65+,</li> <li>3) percentage of people below the poverty line, and</li> <li>4) the infant mortality rate.</li> </ol>	<ul style="list-style-type: none"> <li>• Rural Health Clinic status (may be for-profit private practices)</li> <li>• Section 330 of the Public Health Service Act funds for operating support of public and community based non-profit health organizations)</li> </ul>	Rural Health Clinic status allows for reasonable cost based reimbursement for Medicare and Medicaid clients
Oregon Office of Rural Health Areas of Unmet Health Care Need (AUCHN)	A weighted index of five criteria that produce a numeric score. A score of 53 and below qualifies an area for designation. The five criteria are: <ol style="list-style-type: none"> <li>1) primary care capacity,</li> <li>2) ambulatory care sensitive conditions ratio,</li> <li>3) travel time to nearest hospital,</li> <li>4) comparative mortality ratio, and</li> <li>5) low birth weight rate.</li> </ol>	<ul style="list-style-type: none"> <li>• Oregon Rural Health Service Loan Repayment Program</li> </ul>	This is an Oregon specific designation

7/14/03

This Page

Left Blank

**818-035-0072**

**Restorative Functions of Dental Hygienists**

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

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

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

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

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

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

Stat. Auth.: ORS 679, 680

Stats. Implemented: ORS 679.010(3), 679.250(7)

Hist.: OBD 2-2007, f. 4-26-07, cert. ef. 5-1-07

This Page

Left Blank

**Rules number(s):** OAR 818-035-0072 Restorative Functions of Dental Hygienists

**Date Adopted:** April 6, 2007

**Date Review Due:** April 6, 2012

**Advisory committee used?**  Yes  No

If yes, identify members \*

---

---

---

---

*\*Members must be provided a copy of this complete form*

**1. Did the rules achieve its intended effect?**  Yes  No

a. What was the intended effect?

---

---

b. How did the rule succeed or fail in achieving this effect?

---

---

**2. Was the fiscal impact statement:**

Underestimated,  overestimated,  just about right or  unknown? (Check only one)

a. What was the estimate fiscal impact?

---

---

b. What was the actual fiscal impact?

---

---

c. If the answer to question 2 is unknown, briefly explain why.

---

---

**3. Have subsequent changes in the law required the rule be repealed or amended?**  Yes  No

**4. Is the rules still needed?**  Yes  No

Explain:

---

---

---

---

This Page

Left Blank

**818-042-0095**

**Restorative Functions of Dental Assistants**

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

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

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

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

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

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

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.010 & 679.250(7)

Hist.: OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08

This Page

Left Blank

**Rules number(s):** OAR 818-042-0095 Restorative Functions of Dental Assistants

**Date Adopted:** November 9, 2007

**Date Review Due:** November 9, 2012

**Advisory committee used?**  Yes  No

If yes, identify members \*

---

---

---

---

*\*Members must be provided a copy of this complete form*

**1. Did the rules achieve its intended effect?**  Yes  No

a. What was the intended effect?

---

---

b. How did the rule succeed or fail in achieving this effect?

---

---

**2. Was the fiscal impact statement:**

Underestimated,  overestimated,  just about right or  unknown? (Check only one)

a. What was the estimate fiscal impact?

---

---

b. What was the actual fiscal impact?

---

---

c. If the answer to question 2 is unknown, briefly explain why.

---

---

**3. Have subsequent changes in the law required the rule be repealed or amended?**  Yes  No

**4. Is the rules still needed?**  Yes  No

Explain:

---

---

---

---

This Page

Left Blank



# Oregon

John A. Kitzhaber, MD, Governor

Patrick D. Braatz  
Executive Director

## Board of Dentistry

1600 SW 4th Avenue  
Suite 770  
Portland, OR 97201-5519  
(971) 673-3200  
Fax: (971) 673-3202  
[www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

October 9, 2012

John L. Krump, D.D.S.  
9775 SE Sunnyside Road  
Clackamas, OR 97015

COPY

Dear Dr. Krump:

The Oregon Board of Dentistry (OBD) reviewed your e-mail of August 27, 2012 and has directed me to respond to you.

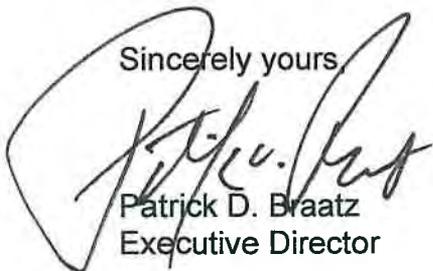
The OBD has referred your suggestion about longer records retention requirements for dental implants and has referred the matter to the OBD Rules Oversight Committee.

The OBD Rules Oversight Committee will meet sometime before January 1, 2013 to take up this potential rule changes as well as others.

Please watch our Web site for information about the OBD Rules Oversight Committee Meeting.

If you have any questions, please feel free to contact me.

Sincerely yours



Patrick D. Braatz  
Executive Director



**From:** [Patrick Braatz](#)  
**To:** [Lisa Warwick](#)  
**Subject:** FW: dental implants  
**Date:** Tuesday, August 28, 2012 9:01:09 AM

---

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

From: Dr Krump, Clackamas Jaw Surgery PC [<mailto:drkrump@drkrump.com>]  
Sent: Monday, August 27, 2012 1:09 PM  
To: Patrick Braatz  
Subject: RE: dental implants

Mr Braatz:

I am sending you this e-mail about a rule change I think ought to be instituted by the Oregon Board of Dentistry with regard to a certain group of our patients. Let me explain.

Recently I inherited a patient with 2 dental implants. This patient is a 31 years old white female. She was congenitally missing her upper lateral incisor teeth numbers 7 and 10. She had orthodontics to align her teeth and then at age 16 had 2 dental implants placed. Both of these implants are now in need of attention due to significant bone loss especially around number 10.

Both of the dentists who treated her—the oral surgeon who placed the implants and the dentist who restored them, are now retired. Their practices were sold to subsequent dentists. Amazingly, the records of the surgery as well as their restorations are no longer available.

I recognize the Oregon Board of Dentistry mandates that we keep all records for 7 years. However, this was a 16-year-old who had dental implants placed. There must be some mechanism of finding out the manufacturer of the implants and how they were restored at a later date. Can anyone possibly imagine that dental implants placed in a 16-year-old will actually need no further care for the lifetime of this individual which could be another 70 years or so? Clearly this issue must be addressed.

I suggest the Oregon Board of Dentistry look into making a rule change mandating that all dental implant patients have some sort of tracking record indefinitely or until the patient dies. This system is certainly in place for all other implantable devices used in medicine; why not dentistry?

I have been placing dental implants since 1984. I have all the records of all the patients I placed implants since that time unless they have died. When I eventually sell my practice I can assure you those records will stay with this practice. And I have had queries from subsequent practitioners about my former implant patients from the 1980s. Fortunately, I'm able to give them the information they need for subsequent dental care.

Please let me know your thinking in this regard. I do believe this is an important issue to address.

John L Krump DDS PC  
9775 SE Sunnyside Road  
Clackamas, Oregon 97015  
Phone: 503 652-8080  
Fax: 503 652-8992  
[jawsurgery@drkrump.com](mailto:jawsurgery@drkrump.com)