

LEGISLATIVE UPDATE





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(866) 348-3800



JOE CONSANI
Vice President
Oregon, Washington
Joe@mydentalbroker.com



ADAM BRATLAND
Broker
Oregon
Adam@mydentalbroker.com



DR. MIKE SHIRTCLIFF
Broker
Oregon
Rmshirt@mydentalbroker.com



PAUL CONSANI
President, Broker
Alaska, Hawaii
Paul@mydentalbroker.com



DR. DAN BYRNE
Broker
Washington
Dan@mydentalbroker.com



DR. JARED FRANSON
Broker
Idaho, Montana
Jared@mydentalbroker.com

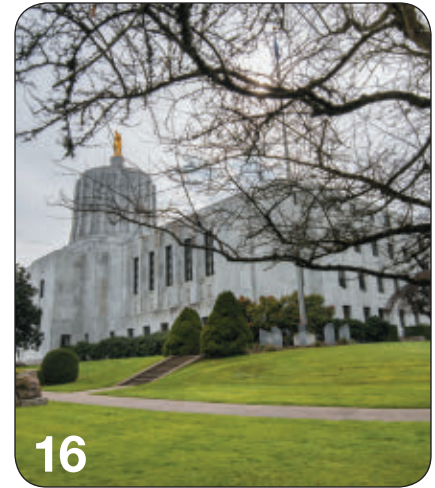
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Bringing the Outdoors Inside



By Alayna Schoblaske

THINK BACK TO MAY 2020. THE PANDEMIC was raging, we were all stuck at home, and our social media feeds were full of three things: pets, plants, and sourdough bread. As a coping mechanism for all of the COVID-related stress, people were adopting pets at higher rates (up to a 9% increase over 2019¹), they were planting gardens and bringing the outdoors inside with a deluge of indoor plants, and they were learning more than they ever thought possible about *Lactobacillus* and *Saccharomyces*. Now, as the delta variant has us revisiting some of that COVID-related stress, it may also be helpful to revisit the coping mechanisms we used. I would argue that these tools—particularly pets and plants—have something in common. It is a phenomenon called biophilia, which is defined as the “human tendency to interact or be closely associated with other forms of life in nature” or as “a desire or tendency to commune with nature.”² The term was first used by a philosopher named Erich Fromm in 1964, and Edward O. Wilson, a conservationist, made it popular in the mid-1980s.³ Biophilia

can take on many forms, including hiking or birdwatching, stargazing or rock collecting. I believe that our two COVID go-to’s—pets and indoor plants—are also two of the most accessible ways that we can incorporate biophilia into our dental practices to improve our lives and the lives of our patients.

The first way that we can bring biophilia into our practices is through the use of biophilic design. Biophilic design is the practice of incorporating elements of nature into interior design. One example, of course, is all of the indoor plants that people brought into their homes last spring. In a 2015 study, researchers found that interaction with indoor plants can reduce physiological and psychological stress through suppression of the sympathetic nervous system.⁴ Furthermore, having a view of the outdoors can speed up healing time.⁵ So, how can we incorporate biophilic design into our practices? The first step is to open up all those curtains and maximize the amount of natural light in your clinic. You can also take a cue from all of your plant-loving friends and place indoor plants around your office. Plants have more of a positive impact if they are clustered in groups to mimic a small forest.³ If you don’t have much of a green thumb, you can start with some of the lowest-maintenance plants: pothos, peperomia, and snake plants. (Trust me...I once forgot to water my own snake plant for 3 months

and it’s doing fine.) If you don’t have windows and plants aren’t your thing, you can incorporate other natural materials such as marble, wool, live-edge tables or shelves, and bamboo flooring or furniture. Another shortcut to nature is photography. In many cases, a photo of a beautiful nature landscape can have similar benefits as the real thing, so you could also consider hanging photos in your waiting area, consult rooms, operatories, and offices.⁶

The second COVID trend of pet adoption can be incorporated into your office in the form of a therapy dog. A dog, of course, takes much more work than a plant, so this is not a decision to be made lightly, but the impact can be significant. Therapy dogs have been shown to reduce catecholamines, increase endorphins, and decrease pain when used in health care settings. Additional studies have shown a reduction in stress related to an increase in oxytocin when therapy dogs are present.⁷ Anecdotally speaking, my mom is currently acting as a puppy raiser for a 1-year-old golden retriever named Willow that is in training to be a service dog. My mom’s job is to reinforce Willow’s obedience training and socialize her in every setting from airports to schools to grocery stores. Accompanying my mom on some of these outings and seeing the way total strangers react to Willow with such curiosity, ease, and love certainly leads me to believe that dogs can help

Continued on page 34

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Events & Education Component CE Calendar

Calendar provided by Mehdi Salari, DMD

This calendar is current as of August 13, 2021.

Due to the COVID-19 pandemic, events may be altered or postponed.
Please visit the host dental society website for the most up-to-date information.

Date	Host Dental Society	Course Title	Speaker	Hours CE	Location	More Information
9/15/21	Multnomah	Prosthodontic Course	Dr. Larry Over	2	Portland (OHSU School of Dentistry)	Register: www.multnomahdental.org
9/16/21	Central Oregon	Role of the Tongue and Myofunctional Therapy for Swallow Disorders	Deb Hainisch (Speech Pathologist)	1.5	Bend (Riverhouse Convention Center)	www.centraloregondentalsociety.org
10/20/21	Multnomah	3D Printing Techniques—Biomaterials & Tissue Engineering	Luiz Bertasonni, DDS, PhD	2	Portland (OHSU School of Dentistry)	Register: www.multnomahdental.org
1/19/22	Multnomah	Teen Invisible Alignment	Judah Garfinkle, DMD	2	TBD	Register: www.multnomahdental.org
3/16/22	Multnomah	Cyber Crimes Safety, Social Media/Website Accessibility & Professional Insurance—What do I need?	Cory Roletto, Chris Verbiest & a Cyber Security Attorney	2	TBD	Register: www.multnomahdental.org
5/08/22	Multnomah	Table Clinics	-	1	TBD	Register: www.multnomahdental.org

Find this calendar online at www.oregondental.org. Click “Meetings & Events” > “Calendar of Events”.

Due to the COVID-19 pandemic, many component meetings were canceled or postponed. Looking for additional ways to get CE? The American Dental Association has a large collection of webinars and on-demand video learning opportunities available, many of which are free to members. Visit adaceonline.org to catch up on the latest offerings on your own schedule. 🎧



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UCLA vs. Titanium Base for Screw Retained Crowns



Alex Rugh, CDT
Implant Specialist, O'Brien Dental Lab

Screw retained crowns can either be made with UCLA castable abutments or with titanium bases. In this article, I will go over the difference between the two and why we would choose to use one over the other.

Castable UCLA abutments are made of a gold/palladium alloy and are used by waxing the crown directly to the abutment and casting it into a compatible metal.



Titanium Base



UCLA Castable Abutment

A titanium base is a stock abutment that can also be used to make screw-retained crowns.

However, unlike UCLA abutments, it's not possible to cast metal directly to a titanium base. So to use one to make a screw-retained restoration, the crown must be fabricated separately and then later cemented to the base.

A major limitation to UCLA abutments is they can only be used for full cast and porcelain to metal crowns, whereas titanium bases can be used for all crown types. This means that if you want an e.max or zirconia crown, a titanium base is your only option.

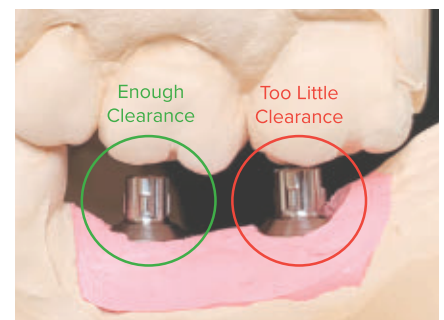
	Full Cast Gold	PFM	Zirconia or e.max
UCLA Abutment	✓	✓	✗
Titanium Base	✓	✓	✓

Using UCLA abutments tends to be much more expensive than titanium bases as well. This is especially true right now with the current high cost of alloys.

UCLA abutments are more technique sensitive than titanium bases, and even with our best efforts, the interface can be damaged by metal flashing during the casting process. It's also subjected to errant glass microbeads in the porcelain oven.

This can result in an increase in micro-motion between the abutment and implant due to a less precise connection.

Titanium bases aren't without their limitations either. Most bases are about 4 mm tall, which works for many situations, but in cases with limited vertical space, these abutments can be too tall to use.



With a UCLA abutment, our only height limitation is the top of the screw, but with titanium bases, we have to be

concerned with the amount of retention between the crown and the base. If the base is less than 3 to 4 mm tall, there's a much higher chance that delamination will occur.

This makes UCLA abutments the best and sometimes only option for cases with extremely limited space.

Another current limitation to titanium bases is that non-engaging variants aren't available for many implant systems. Non-engaging abutments are necessary for making splinted restorations, so there are situations where UCLA non-engaging abutments are the only option.

We hope you found this article to be helpful. If you have any questions or comments, please email us at customerservice@obrientalab.com. To subscribe to our educational videos and articles, please visit obrientalab.com/subscribe.



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Oregon Dental Association

2021 End of Legislative Session Report

OREGON'S 81ST LEGISLATIVE SESSION ADJOURNED on Saturday, June 26th, finishing what will be characterized as one of the most challenging sessions in Oregon's history. The state Capitol, closed to the public because of the coronavirus pandemic, was limited to just legislators and staff. All committee hearings were conducted virtually, House and Senate floor sessions were limited to smaller groups of people at one time, and lobbying occurred by text, email, and phone calls. Legislators had more money to spend (\$2.6 billion) than in over a decade, with the federal government providing significant COVID-19 relief dollars and Oregon's economy growing at a quicker pace than before the pandemic. All of this occurred in a heightened political time, as one House legislator resigned under pressure following an accusation of sexual harassment and another House member was expelled for allegedly participating in a state Capitol incursion.

Despite working away from the Capitol and having limited contact with legislators, the Oregon Dental Association was able to achieve many successes and victories this year. Much of this was the result of ODA's ongoing work with legislators in the interim, strategic contributions from the Dentists of Oregon PAC, and hours and hours of commitment from volunteer dentists on our Board and task forces. ●



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ODA Priority Bills

The following are bills on which ODA provided testimony, worked with partners, negotiated, and talked about with legislators because they have direct impact on ODA members and the practice of dentistry. These bills were prioritized by ODA's Legislative Task Force and represent the areas of most work during the 2021 Legislative Session.

HB 2528—Dental Therapy

ODA had significant concerns with HB 2528 as introduced, and spent the entire session working with legislators and negotiating the bill to add critical constraints that will increase patient safety, increase education, and limit scope. You can learn more about HB 2528 and ODA's work on the bill on our website (<https://www.oregondental.org/government-affairs/advocacy/2021-legislative-session/hb-2528-dental-therapy>).

STATUS: Passed House 38-17, passed Senate 20-9 with additional amendments, House concurred 45-11 on amendments. Signed by the Governor

HB 2627—Interim Therapeutic Restorations

The bill allows expanded practice dental hygienists to perform interim therapeutic restorations (or “scoop and fill”) and contains crucial sideboards around training, scope, and supervision. ODA supported the bill after its efficacy was proven through Pilot Project #200, a pilot project sponsored by OHSU and Capitol Dental Care. This bill expands access to dental care, particularly for children, by expanding the scope for dental hygienists in ways that are practical and safe.

STATUS: Signed by the Governor

HB 2969—Oral Health Education

The Legislature passed HB 2969 this session, which requires school districts to provide age-appropriate instruction in oral health as part of the overall health curriculum beginning July 1, 2025. ODA was pleased to join

our oral health partners in advancing this bill.

STATUS: Signed by the Governor

HB 2970—Dental Practice Ownership

Section 11 of HB 2970 adds an exemption to the dental practice ownership requirements for: “Nonprofit charitable corporations as described in section 501(c)(3) of the Internal Revenue Code and determined by the board as providing dental services to individuals who are 65 years of age or older and individuals who are unable to stand or walk unassisted.” The exemption was

drafted for the Geriatric Dental Group in Northeast Portland, which had been found to be out of compliance with the Dental Practice Act, as it is not owned by a dentist. The exemption will sunset (expire) as of January 1, 2023, with the legislative directive that stakeholders discuss a permanent solution moving beyond that date.

STATUS: Signed by the Governor

HB 2977—Dental Director Funding

HB 2977 would have funded a dental director position, housed within the Oregon Health Authority. A



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top priority, ODA continues to believe that a dental director is a necessity for a health agency that believes in the tripartite philosophy of physical, mental, and oral health. The bill passed out of the House Health Care Committee unanimously. After OHA agreed to fill the previously vacant position, now and through the next biennium, legislators decided a bill was unnecessary. ODA is pleased the position was filled, and we look forward to working with the new dental director.

STATUS: DEAD—agency filled the position

HB 2979—DMD Act

ODA introduced the Dental Management and Delivery (DMD) Act this session to address access to dental care in a comprehensive way—including a review of reimbursement rates by OHA, expansion of COFA benefits, and student loan forgiveness. While this legislation was aspirational,

and ODA understood it was unlikely to pass in its entirety, we were disappointed that OHA placed an insurmountable fiscal analysis on the bill, and it did not receive a hearing.

STATUS: DEAD

HB 5006—Dental Rate Cut Funding

At the beginning of the year, OHA cut reimbursement rates for dental care to 2014 levels, significantly impacting the Medicaid population. ODA successfully joined our Dental Care Organization partners in lobbying legislators to restore these cuts. In the last bill of session—commonly called the “Christmas tree bill,” so groups can add/hang their last requests—Section 265 included a \$19 million appropriation to the emergency board to be allocated to the Oregon Health Authority to fund dental rates for medical assistance programs.

STATUS: Signed by the Governor

SB 640—Tribal Scholarship

This bill would have established an Indian Health Scholarship Program to provide free tuition and fees for qualifying indigenous health profession students in exchange for their commitment to work at a tribal service site after graduation. ODA testified in support and introduced a similar bill in the House. We continue to advocate for additional pathways for more tribal members to attend dental school.

STATUS: DEAD

SB 5511—Board of Dentistry Budget

The Oregon Board of Dentistry budget passed both chambers with minimal fanfare, as expected. The budget totals \$3,791,758 and includes eight positions. The budget includes an increase of \$85,416 to implement a new database and pay for other increased IT expenses.

STATUS: Signed by the Governor 🗳️



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Other Key Bills of Interest

These bills would have direct or secondary impact on Oregon dentists. ODA weighed in on these bills throughout the session, joining with partners and ensuring dentists were included in relevant conversations and negotiations.

HB 2074—PDMP \$10 Fee Increase

The Legislature approved the Prescription Drug Monitoring Program fee increase. The bill increases PDMP fees from \$25 to \$35 annually.

STATUS: Signed by the Governor

HB 2359—Health Care Interpreters

HB 2359 requires use of health care interpreters from the OHA's registry and sets requirements for providers who use an interpreter not on the registry. Licensing boards will be doing additional rulemaking on the requirements and enforcement, which is of concern to many provider groups. In the House Health Care Committee, Representative Hayden (a dentist) was the sole no vote, explaining he was concerned with the requirements falling on providers, including dentists.

STATUS: Signed by the Governor

HB 2362—Mergers and Acquisitions

HB 2362 directs the Oregon Health Authority to examine and monitor the competitiveness of the health care market and approve or deny mergers, acquisitions, and affiliations among hospitals, insurers, and provider organizations. Review by OHA is triggered when at least one party had an average revenue of \$25 million or more in the preceding three fiscal years, and another party has an average revenue of at least \$10 million in the preceding three fiscal years. The goal of this legislation is to allow OHA to approve large transactions so as to try to avoid negative outcomes for patients.

STATUS: Signed by the Governor

HB 2508—Telemedicine Reimbursement

HB 2508 sets requirements for Medicaid and private payers to reimburse for certain telehealth visits, including dental visits.

STATUS: Signed by the Governor

HB 2622—Surgical Smoke

As amended, the bill requires hospitals and ambulatory surgical centers to adopt policies and procedures around the use of surgical smoke evacuation tools but offers flexibility that prioritizes patient safety and unties the requirements from licensure at OHA. ODA participated throughout the session on workgroups to make sure the bill was acceptable to members.

STATUS: Signed by the Governor

HB 2891—PPE Stockpile Bill

HB 2891 would have required EMS, physicians, health care facilities (of all sizes), dentists, and others to stockpile enough PPE and supplies to operate for 120 days during a pandemic or emergency with a 25% mortality rate. ODA spent significant time with the sponsor of the bill, as well as with the chair of the Veterans Affairs and Emergency Management Committee, to explain the impacts of the bill to the practice of dentistry. The chair of the committee agreed to table the bill to a future legislative session.

STATUS: DEAD

HB 3159B—REAL D/SOGI

As introduced, the bill would have required all providers to survey patients on race, ethnicity, language, disability, sexual orientation and gender identity (43 questions total) and report this data to OHA or face

Thank you to the 2021 ODA Legislative Task Force!

- Dr. Scott Hansen, Chair
- Dr. Norm Auzins
- Dr. Melissa Beadnell
- Dr. Natasha Bramley
- Dr. Jennifer Frankel
- Dr. Andrea Laidlaw
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- Dr. Caroline Zeller

a steep \$1,000-per-day penalty. This applied to all providers, including dentists.

ODA participated in drafting an amendment that creates an infrastructure for the data collection and defers any penalty for collecting the data until this system is in place. The amendment also allows for flexibility to remove certain classes of providers from the requirements through rule. While ODA pushed to remove all provider penalties, we were pleased to see that the \$1,000-per-day fine was removed and replaced with much lighter penalties based on first offense, second offense, and so on. Additionally, OHA testified on the record that they intend to work with providers toward compliance rather than impose harsh penalties.

STATUS: Signed by the Governor

HB 3352—Cover All People

The Legislature passed HB 3352, which extends Medicaid benefits to those who are eligible regardless of their immigration status.

STATUS: Signed by the Governor

SB 143 and HB 2433—Rural Medical Provider Tax Credit

SB 143 extends the Rural Medical Provider Tax Credit, which is set to sunset at the end of the year to 2028. Ultimately, the committee amended the bill language into an omnibus bill, HB 2433.

STATUS: The Governor signed HB 2433

SB 780—Medical Limited Liability Protection

SB 780, the result of more than a year of negotiations, would have provided limited liability protections

to health care providers and facilities who had to alter their standard of care to comply with the governor’s executive orders or rules around COVID-19. ODA participated in many of these negotiations to provide perspectives from our members that were different from the medical side.

STATUS: Passed Senate 21-1, DIED in House

SJR 12—Hope Amendment

SJR 12 proposes an amendment to the Oregon Constitution to establish an obligation of the state to ensure every resident has access to cost-effective, clinically appropriate and affordable health care. It will now go before Oregon’s voters next year.

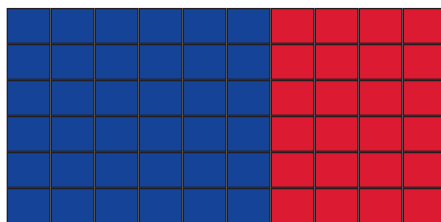
STATUS: Passed Senate 17-13, passed House 34-23

2021 LEGISLATIVE SESSION PROFILE

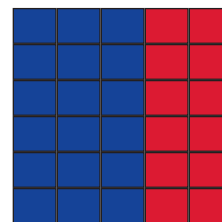
Governor:
Kate Brown-Democrat

Legislative Majorities:

HOUSE
37 Democrat - 23 Republican
**Supermajority = 36



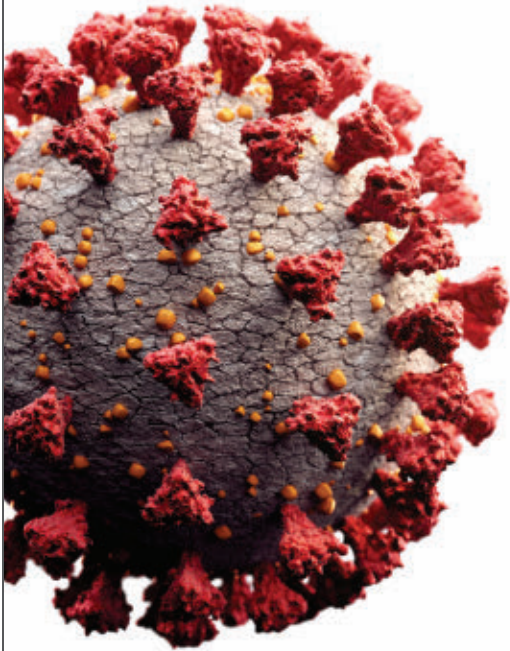
SENATE
18 Democrat - 12 Republican
**Supermajority = 18



Leadership:
Senate President Peter Courtney (D-Salem)
Senate Majority Rob Wagner (D-Lake Oswego)
Senate Minority Leader Fred Girod (R-Stayton)

Speaker of the House Tina Kotek (D-Portland)
House Majority Leader Barbara Smith Warner (D-Portland)
House Minority Leader Christine Drazan (R-Canby)

Science forward



Science has led us through

challenging moments to incredible breakthroughs that have the ability to change our lives. Powered by our members, we're advancing oral health with:

Cutting-edge research

on the oral health effects of COVID-19.

Upcoming clinical practice guidelines

on opioids, X-rays and restorative caries treatments.

New technologies & emerging science

brought to you in ADA's new open access journal, *JADA Foundational Science*.



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ADA[®]

Oregon's Long, Legislative Fight Around Dental Therapy

A Narrative about ODA's work on Dental Therapy

By ODA's Lobby Team

DENTAL THERAPY PASSED INTO LAW IN OREGON this year. The Oregon Dental Association spent hundreds of hours negotiating the bill, successfully narrowing scope of practice, and increasing education and supervision requirements. ODA has spent considerable resources on dental therapy over the last decade. The final bill reflects years of organization-wide efforts, strategic lobbying, careful negotiations, and, yes, while there may not have been much blood, there was certainly sweat and tears.

It was over a decade ago that Oregon saw the first legislative attempt to create a midlevel provider called a "dental therapist." When legislators ultimately approved dental therapy in the 2021 Legislative Session, the bill looked nothing like it had at the outset—or like it did at the beginning of the session, for that matter. That is thanks to years of advocacy from the ODA and many of its members, who went above and beyond their everyday dental practice to advocate for their profession and for equitable dental care for all Oregonians.

"The major changes to the bill that eventually allowed us to get to a neutral stance would not have been possible without our lobbyists and the many dentists who spoke with legislators, contributed their time and expertise on state committees and workgroups, and testified at public hearings and work sessions," said Dr. Scott Hansen, chair of the ODA's legislative task force.

Although the ODA eventually decided to be neutral on the final bill, the journey there was arduous.

A Decade-Long Fight

Oregon's first dental therapy bill was rejected in 2009, but proponents continued to push for this new midlevel provider role, obtaining significant financial resources from large national funding groups who continue to

support dental therapy campaigns in states across the country.

The ODA instead supported legislation to create dental pilot projects in Oregon, with the hope that any proposed workforce changes could be studied and vetted as health policy decisions, rather than political issues. Legislators approved the dental pilot project program in 2011. Five years later, the Oregon Health Authority approved the first of these pilot projects: "Oregon Tribes Dental Health Aide Therapist (DHAT) Pilot Project." Modelled after the Alaska DHAT program, students graduate from Alaska's dental therapy education program and return to Oregon to serve patients on tribal lands and in tribal clinics.

At every step of the way, the ODA remained involved: through the initial rulemaking and project review, through five years of advisory board meetings, site visits, evaluations, and monitoring.

"It's truly amazing the care and expertise dentists provided on behalf of all Oregonians under such challenging circumstances," said ODA President Dr. Brad Hester. "Throughout this time, dentists were also critically busy with other advocacy, including expanding access to dental care for more Oregon children, empowering dentists to administer vaccines and more—not to mention dealing with the havoc caused by the COVID pandemic, during which dentists came together to gather and donate PPE for front-line workers, helped to administer vaccines, and advised the state on regulatory matters."

In the Oregon Legislature's short session in 2020, dental therapy proponents pushed forward with legislation that called for licensing a patchwork of concepts pulling different pieces from other state dental therapy models, without attention to important details like education and training.

“The major changes to the bill that eventually allowed us to get to a neutral stance would not have been possible without our lobbyists and the many dentists who spoke with legislators, contributed their time and expertise on state committees and workgroups, and testified at public hearings and work sessions,” said Dr. Scott Hansen, chair of the ODA’s legislative task force.

This legislation, Senate Bill 1549, would have authorized full licensure for dental therapists and expanded scope and privileges well beyond what had been authorized in the original dental therapy pilot. Worse yet, it was void of input from the ODA, and dentists’ suggestions for safety and patient-centered improvements were ignored.

Again, the ODA rallied dentists and amplified their voices to fight back, successfully defeating the bill in the 2020 session. Legislators agreed that a 35-day legislative session was too short of a time to create a new dental provider. But the Senate Committee on Health Care created a legislative workgroup to continue working on the proposal in spring and summer of 2020, building toward legislation that would be proposed in the 2021 session.

Not surprisingly, the dental therapy legislative workgroup consisted mostly of proponents and supportive legislators, with ODA originally given a single seat. After several conversations with the Senate Chair and committee staff, ODA successfully added representation from the Oregon Society of Oral and Maxillofacial Surgeons, as well as the OHSU School of Dentistry. A special thanks goes to Dr. Caroline Zeller, Dr. Phillip Marucha, and Dr. Norm Auzins, who participated in the workgroup.

“We sat at the table in good faith offering workable solutions,” said Dr. Zeller. “The problem was that not a single one of our suggestions around oversight, patient safety, or any other factor was considered, let alone adopted in the final version of

the introduced bill. When it comes to dental therapy, scope of practice, supervision, training, and education are critical considerations to ensure safe, high-quality, equitable dental care for Oregonians.”

Dental Therapy Proponents Introduce HB 2528

At the beginning of 2021, ODA saw the introduction of House Bill 2528, a dental therapy concept introduced by Rep. Tawna Sanchez, the only tribal member in the Legislature. HB 2528 resembled the bill from the 2020 session and lacked almost every single suggestion offered by the ODA during the interim workgroup.

At the outset, it was made clear that neither the proponents of the bill, nor the chief sponsors, were interested in any of ODA’s recommendations for changes or amendments. The proponents included Oregon tribes, dental care organizations, federally qualified health centers, advocacy groups, and culturally specific organizations. With Democrats maintaining a super majority in both the Senate and the House, many of whom signed onto the bill as sponsors, it was clear ODA faced a significant challenge. Additionally, ODA learned that at the request of Oregon’s tribes, Governor Kate Brown was also calling key health care committee members and letting them know dental therapy was a priority for her.

Despite this enormous pressure to pass the original bill, ODA, working with Rep. Cedric Hayden (Republican—Roseburg), a dentist and the House Health Care Committee’s Vice Chair, as well as

few other key legislative friends, gained agreement to add important sidebars to HB 2528. At this point, the goal was not to outright kill the bill—proponents were likely able to move it regardless of any objections—but instead to offer a workable path with clear guidelines around scope and educational requirements. ODA, in conjunction with Rep. Hayden, started drafting dozens of amendments to the bill with concepts proposed by ODA’s Legislative Task Force. These ideas were similar to the roughly 15 distinct and important changes suggested earlier to the interim legislative dental therapy workgroup.

With the deadline to move legislation out of the House chamber quickly approaching, ODA worked furiously to draft the necessary amendments. Unfortunately, at the deadline we were only up to the -9 amendment (each amendment takes days of work by attorneys on specific language). With an agreement between the House Health Care Chair and Vice-Chair that the bill needed additional changes, HB 2528 was amended with the -9 on the last day the committee met to hear House bills. The bill came out of committee and passed the House floor 38-17. The “no” votes were bipartisan, and legislators indicated that additional education and scope limitations should be added to the bill on the Senate side.

On the Senate side, ODA was surprised to learn that advocates for dental therapy proposed a -10 amendment to expand the scope, grandfather in all existing dental therapy education programs and reduce supervision standards—moving the bill backwards. At the

House Bill 2528: Original Vs. Final Version Comparison

Topic	Original HB 2528	Final Version HB 2528
<i>Whereas Statements</i>	Whereas statements present: intent of dental therapy, dental therapists expand access to care and address racial, ethnic and economic disparities in overall health	Removes Whereas statements
<i>Applicant Requirements</i>	18 years of age, CODA accredited program, pilot project, or determined by board to be equivalent to dental therapy education program. Grandfathers in Pacific University program	18 years of age, CODA accredited program. Grandfathers in pilot program participants, not any education programs
<i>Out of State Requirements</i>	Any graduate of a dental therapy education program	Only a graduate of a CODA accredited program
<i>Dental Therapy Licensure Test</i>	Examination section generally the same, setting out no fraud, fees for dental therapy	Exams may not be affiliated with dental therapy educational institution or pilot project
<i>Supervision Requirements</i>	A DT enters into practice agreement, maintains a physical copy of agreement, no more than 5 dental therapists, DT submits to Board	A DT enters into collaborative agreement, no more than 3 dental therapists to a supervising dentist, DT must consult with supervising dentist before irreversible procedures on a patient with severe systemic disease, supervising dentist to review charts of patients seen under indirect supervision, DT submits to the Board
<i>Scope for General Supervision</i>	Full list of scope, any additional scope if approved by the board, can supervise 4 dental assistants	Scope consistent with CODA, simple extractions of anterior teeth and coronal remnants of any primary teeth, can supervise 2 dental assistants
<i>Scope for Indirect Supervision</i>	No indirect supervision	Placement of temporary restoration, fabrication of soft occlusal guards, tissue recondition and soft relines, tooth reimplantation and stabilization, recementing of permanent crowns, pulpotomies on primary teeth, simple extractions of erupted posterior primary teeth; and permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50% periodontal bone loss, brush biopsies
<i>Removed from Scope</i>		Administration of nitrous oxide, placing space maintainers
<i>Drug Administration</i>	Under practice agreement	Under collaborative agreement
<i>Liability Insurance</i>	No liability insurance	Must purchase liability insurance
<i>Population Criteria</i>	No population criteria	Dedicate at least 51% of service to underserved populations or patients in Dental Health Professional Shortage Areas (HPSA)
<i>Board of Dentistry Seat</i>	One seat on the Board of Dentistry by an active dental therapist, or an instructor in a dental therapy education program. Professional organization representing dental therapists should be consulted for filling seat	No dental therapist or faculty member on Board

Source: ODA Staff. Both versions of the bill can be found at <https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/HB2528>

public hearing on the Senate side, ODA testified and stressed that important bookends are needed to protect not only dentists and their patients, but also for a dental therapist practicing under general supervision. The Chair of the Senate Health Committee agreed with us but wanted to see some suggested language for the bill.

ODA's Legislative Task Force quickly met again to identify what additional changes needed to be made to the bill. The Task Force developed key concepts, including: requiring a dental therapist to consult with a dentist prior to conducting any surgical procedure on a patient with a chronic systemic health condition, making a dentist review any procedure under indirect supervision first before a dental therapist can go forward, and valuing the importance of dental education being accredited by the Commission on Dental Accreditation (CODA). Specifically, the latter requires any dental therapist from out of state to graduate from a CODA-accredited dental therapist education program and requires in-state programs to become accredited by a certain date.

Subsequently, the Oregon Society of the Oral and Maxillofacial Surgeons also convened an immediate meeting to consider various additions to the bill. OSOMS submitted a -12 amendment that would limit allowable extractions for dental therapists to simple anterior extractions of primary teeth and under indirect supervision allow simple extractions of permanent teeth if they have a certain level of mobility. These were important scope additions to limit unnecessary pain or discomfort for patients, given the potential complications of these procedures.

Similar to the House, legislative deadlines again loomed. At this point, ODA drafted, in conjunction with Sen. Knopp (Republican—Bend), the Senate Health Care Committee Vice Chair, several more amendments landing on a -17. On the very last day

of the committee meeting, it was moved procedurally to the Senate Rules Committee (commonly known as the leadership committee, consisting of majority and minority leaders and various deputy members).

At this point in session, dental therapy moved into the bigger conversation about what bills needed to pass before the legislature could adjourn. Still a priority bill for many legislators and dozens of organizations, it became clear the bill was going to ultimately pass this session. Despite strong opposition and comments from the Senate Rules Vice-Chair, Sen. Girod (a retired dentist), the votes were there in Committee to move the bill to the Senate floor for a full vote.

ODA's Board of Trustees quickly met and discussed the final version of the bill, with the proposed additional amendments. It was agreed that if legislators could adopt the remaining ODA and OSOMS amendments, giving us ultimately the majority of what ODA asked for initially during the workgroup last year, ODA would be reluctantly neutral. This decision was conveyed to the Senate Rules Chair, who agreed to include our amendments and move the bill to the Senate floor. The full Senate passed the bill on a 20-9 vote. The Governor signed the bill into law.

The Takeaway

Despite strong opposition and concern from ODA about dental therapy, there is a real belief among many in Oregon that dental therapy provides both economic development and opportunity for tribes in Oregon, as well as providing access to dental care in rural communities lacking dental providers. The coalition of supporters are well funded by national charitable groups, and represent culturally specific organizations, tribal communities, universities, advocacy groups, the Black Indigenous People of Color (BIPOC) caucus, dental care organizations, and many others. ODA's

Board of Trustees recognized that the bill dying would not make dental therapy go away, but instead would continue the conversation and work into the 2022 Legislative Session and beyond.

ODA continues to argue that inadequate reimbursement levels for dental providers, high amounts of student debt, a general fear of dentistry, and oral health being seen as a lesser priority compared to physical or mental health in state policy-making all contribute to lack of access to proper oral health. However, the time spent to defeat dental therapy every year requires significant resources. The ODA worked tirelessly over the last 6 months to protect patients by ensuring safeguards are built into this new license, through education, supervision, collaborative agreements, and limitations on scope.

If the ODA had stopped negotiating in good faith at any point, legislators likely would have passed a dental therapy bill without the input and experience of our members. Instead, with the passage of the amended and vastly improved HB 2528, dentists helped to protect some of the most vulnerable patients in Oregon.

It should also be noted that the 2021 legislative session was unlike any in Oregon history. Virtual committee meetings, technical and communication challenges, and a closed (to the public) Capitol building created significant challenges for legislative advocacy and lobbying efforts. Legislative leadership also placed a heavy, but important, emphasis on diversity, equity, and inclusion legislation, which included passing a dental therapy bill.

With this long, hard road behind us, ODA looks ahead to continued advocacy efforts to protect our patients while taking real, substantial steps toward advancing equitable oral health for all Oregonians. ●

The Dental Foundation of Oregon

Dear Friends!

We are excited to share with you several updates related to activities at the DFO and with the Tooth Taxi!

Grant Funding

The DFO received a \$20K grant from the Ronald W. Naito MD Foundation! Here is a snippet from the email: *“We are writing to inform you The Dental Foundation of Oregon’s application to the Ronald W. Naito MD Foundation for The Tooth Taxi: Delivering Dental Care to Oregon’s Vulnerable Children has been successful. We are pleased to offer you a grant of \$20,000.00. Thank you for allowing us to partner with you in your work!”*

Tooth Taxi Updates

Faced with slight production delays, we currently anticipate the new **Tooth Taxi 2.0** to be completed at the end of July 2022. More information will be shared with all of you in the coming months.

Our Tooth Taxi dentist, **Dr. Davis, and his wife recently welcomed a new son** into the world, and we are pleased to share everyone the family is doing great!

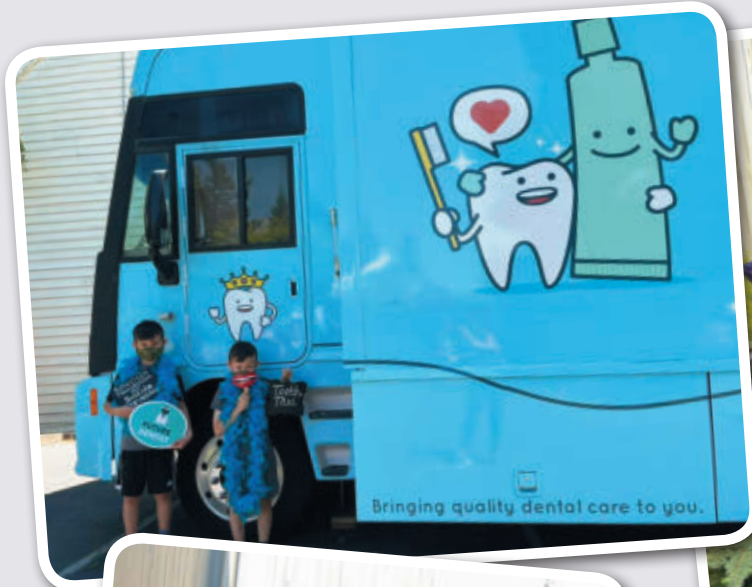
The Tooth Taxi team finished up the **end of the 2021 school year** with visits to Sutherlin and Parkdale Elementary in Hood River. Right after their Parkdale visit, Vienna and Steven went to work cleaning and organizing the stock room, preparing old charts for scanning, making kits, and taking care of maintenance and small repairs on the Tooth Taxi van.

On Friday, June 25th the entire Tooth Taxi team participated in **Dr. David Dowsett’s Complete Health Dentistry of Portland’s annual Give a Grin Day** at his office in Portland, where the team raised \$1,100 for the Tooth Taxi!



THE TOOTH TAXI TEAM





THE TOOTH TAXI TEAM





The team kicked off their **official summer schedule** with visits to the Oregon Child Development Coalition in Gresham, Witch Hazel Elementary in Hillsboro, Gervais Elementary, Molalla River Elementary, Friends of The Children, and the Salem Boys and Girls Club.

Our long-standing community partner, **OEA Choice Trust**, recently gave **\$75K to the Tooth Taxi**. We also extend our very best to Holly Spruance and Lisa Mahoney, who recently announced their retirements from the organization and are looking forward to meeting the new members joining their team!



The DFO recently received the **GuideStar Platinum Seal of Transparency**—the highest level a nonprofit may achieve. This is especially helpful as we continue to seek a variety of funding from corporate, family, and other foundations and grant entities.



If you have not already, please follow the **DFO/Tooth Taxi on Instagram!** We are working diligently to raise our social media profiles and are pleased to share that we have increased our Instagram following from 239 in late June to nearly 1,000 as of this issue of *Membership Matters*!

The DFO was accepted as a participant in the **2021 Willamette Week Give! Guide** end-of-year giving event, and all the participation materials have been submitted and received by Willamette Week. Last year, the DFO had its best year yet, receiving over \$14K in end-of-year funding! Let's all work together to raise that amount to \$25K! Together, we can do this!

COVID-19 really took a toll on auto dealers this past year, and just as we began having conversations with our local Jeep dealership about the **2022 Motor Mouth Raffle**, the global chip shortage has made vehicles scarce and prices have increased; thus, securing a vehicle commitment this year seems unlikely. However, we will continue to work more on this fundraising effort, and hopefully things will improve by the end of the year so that we can hold the raffle in conjunction with the **Oregon Dental Conference** in April 2022! 🍀

ODA Wellness Initiative

With increasing professional and personal demands, the overall well-being of dentists in the Oregon community is more important than ever. The ODA's Wellness Program offers a robust network of compassionate Wellness Ambassadors armed with resources to help support colleagues dealing with wellness issues, including, but not limited to: stress management, practice issues, debt, fraud, family obligations, illness, injury, depression, loss, grief, and addiction. Wellness Ambassadors are available to assist dentists at all levels of their career, including dental students. Learn more about serving as a Wellness Ambassador or request support at <http://bit.ly/ODAWellnessInitiative>.



2021 Legislative Recap

By Rachel Meek, DMD Candidate, OHSU Class of 2022

UNPRECEDENTED. THIS YEAR'S LEGISLATIVE SESSION WAS NOT

unlike many other aspects of our lives and careers in the past year and a half.

The Oregon State Capitol was closed to the public. Testimony on more than 2,500 introduced bills was given over Zoom. Lobbying with more than 200 members and staff of the Oregon Legislature was done via email and text. The tense, divisive political environment and unrivaled budgetary clamor following 2020 was to be tackled by small group sessions and with limited physical interactions, among multiple individual and controversial scandals. Facing this unique landscape, the Oregon Dental Association was able—not unlike every year before—to negotiate and testify on legislation important for the oral health of Oregonians and the state of the dental profession. The association was able to adapt, holding the ODA's first-ever "Virtual Lobby Day," hosting dentist-legislators, members, and students over video conference to express our concerns and priorities. Professional lobbyists, staff, and ODA

members rose above and beyond, showing up for the profession with tenacity and relentlessness.

Among the many priority bills focused on by the ODA's legislative team was HB 2528—The Dental Therapy Bill. This bill aimed to establish a licensed mid-level dental provider in Oregon, as have many states like Minnesota, Alaska, and ten other states. Throughout the legislative session, the ODA expressed significant concerns with the initial wording of the legislation—encouraging the addition of crucial limitations on the establishment of dental therapy practice in the state of Oregon to ensure that these new mid-level providers are to be held to a standard of training that would best protect our most vulnerable populations. After extensive conversation and negotiation, HB 2528 passed the House on June 23rd and the Senate on June 22nd with the accepted amendments proposed by the ODA.

Other successfully passed priority bills included HB 2627, the Interim Therapeutic Restorations Bill, which expanded the practice of dental

hygienists to include "scoop and fill" restorations with appropriate supervision, following the success of the Pilot Project #200; HB 2969, which requires Oregon schools to include oral health instruction as part of the health curriculum; HB 5006, which added a \$19 million appropriation to the OHA for dental-related medical assistance programs; SB 5511, which approved a new budget increase for the Oregon Board of Dentistry; and HB 2970, a bill that adds a January 1, 2023, exemption expiration date to the dental practice ownership requirements for 501c3 non-profit corporations—specifically addressing the Geriatric Dental Group in Portland, which is not owned by a dentist.

Many other priority bills were not successfully passed in this hectic session but will continue to be a priority for the ODA in the years to come. These include the Dental Management and Delivery (DMD) Act—proposed by the ODA—which aims to comprehensively address the access to care issue in Oregon with improvement in reimbursement rates and student loan forgiveness programs and SB 640, the Tribal Scholarship Bill, which would provide tuition assistance for indigenous health profession students.

Amid an unprecedented year of challenges, the ODA continued to provide a voice and unequalled value to members. Thank you to all of those who worked so hard this session to stand up for the dental profession and the oral health of Oregonians.

The Oregon Dental Association 2021 End of Legislative Session Report can be found on oregondental.org.



BRAD THOMSON, OHSU CLASS OF 2021

Embrace New e-Prescribing Technology to Make Your Whole Workflow FASTER.

By Robert McDermott,
President and CEO/
iCoreConnect

SURE, THERE ARE SOME THINGS FROM OUR past we hang on to because they have nostalgic value. They remind us of simpler times and might even “still work!” But answer this question: Is that how you feel about your paper prescription pad?

Would switching from a typewriter to a computer not only speed up your workflow, but also reduce errors and extra steps? Imagine the comparable scenario of ditching your paper prescription pad (or fax machine) for cloud-based electronic prescribing software that streamlines the entire prescription process. Electronic prescriptions are rapidly gaining traction across the country. In 2017, nearly 1.5 billion

e-Prescriptions were filled. In 2020, that number increased to nearly two billion. As e-Prescribing momentum increases, so do the reasons for abandoning traditional script-writing methods to improve your clinical workflow.

1) Security. Prescription pads can be stolen or compromised. Secure e-Prescribing software can only be accessed by the doctor who has his or her own unique ID. Select staff who stage prescriptions will also have their own unique ID in order to log in. When prescribing controlled substances, the security increases with two-factor authentication requirements for the doctor. Every prescription for any kind



ISTOCK.COM/TOLGART

Electronic prescriptions are rapidly gaining traction across the country. In 2017, nearly 1.5 billion e-Prescriptions were filled. In 2020, that number increased to nearly two billion.

of medication is logged, providing an audit trail if needed.

2) Accuracy. Your e-Prescribing software should include a built-in directory for drug and dosage information. Look for integration capability with your practice management software so data is auto-filled, reducing errors and duplicate work. Also, further improve clinical workflow with software that includes direct access to the Mississippi Prescription Monitoring Program (MS PMP) for quick prescription history checks.

3) Accessibility. With cloud-based e-Prescribing software, you can provide prescription care anywhere, at any time, using any internet-connected device. And when your prescriptions are automatically and quickly sent to

the pharmacy, patients are more likely to actually pick up meds and adhere to their treatment protocols.

Electronically prescribing everything from antifungals, antibiotics and pain meds to controlled substances reduces steps and saves time in your day, better protecting your practice and patients. Bring together every part of your prescription writing process to speed up your workflow.

iCoreConnect, an ODA Endorsed Partner, develops cloud-based technologies to improve and protect your practice, including iCoreRx e-Prescribing software. ODA members receive a 43% special discount on iCoreRx. e-Prescribe all meds faster from any device with iCoreRx. Book a demo at land.icoreconnect.com/OR1 or call 888.810.7706. 📞

TRANSITION POINTER

WHAT ARE THE ADVANTAGES OF AN ACCURATE PRACTICE APPRAISAL?

- Enhances **seller confidence in total retirement assets**
- Greatly diminishes the chance of a **practice transition failure**
- Obtaining **100% financing** is much easier
- It may **decrease the time it takes to sell** since both the buyer and seller can be confident in the sale price

Dental practices are increasing in value. However, every practice is unique and needs to be valued in that manner.

I have appraised over 2,100 practices and sold over 475 in the past 30 years. My average sell price is 97% of my appraised value.

If a practice transition is in your future, give the expert a call.



GARY SCHAUB
HELP Appraisals & Sales, Inc.
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**PRACTICE TRANSITIONS
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COVID-19 Resources

IN AN EFFORT TO KEEP MEMBERS INFORMED during these uncertain times, the ODA has compiled a list of COVID-19 resources on our website. We have information on a wide variety of COVID-19 topics including:

- Guidance from the Oregon Health Authority and the Centers for Disease Control and Prevention
- Access to ODA's COVID-19 Hot Topics webinar series
- Wellness tools and resources

The ODA continues to update these resources as the COVID-19 situation develops. Visit oregondental.org/government-affairs/regulatory-information/coronavirus for a full list of updates and resources. 📱

Apply or Nominate a Colleague to Be Part of the

ODA Leadership Academy!



Let the Oregon Dental Association guide you on your journey in continued excellence and leadership growth. Apply today to be part of the 2022 Leadership Academy. This program provides you with a unique backstage pass to ODA offerings and experiences, while developing and enhancing your leadership and interpersonal skills. Customized to each participant, depending upon the indicated area of interest, the Academy guarantees a deeper understanding and growth where it matters most to you!

For additional information on the Academy and how you can be part of the **2022 program visit bit.ly/ODALeadership**

DENTAL CLASSIFIEDS

PRACTICES FOR SALE

Used dental equipment collecting dust? We purchase dental equipment! Contact us to arrange a purchase 253-248-3974 or email ask@dentalquicksale.com We purchase it all, from non working Cavitrons, to implant equipment. Little or large quantities accommodated. Call us or visit tacomaquicksale.com for a quick quote!

Dental Practice for Sale in the Gorge—Enjoy the lifestyle of the Gorge with Cascades, Columbia River, and wineries. Well-established practice with collections over \$800,000, low rent, clean AR, CBCT, new computers. Contact Megan@omni-pg.com, 503-830-5765. (OD139)

Great location with 7 ops plumbed, 2 equipped. 600 patients, great team and patients. Dentist relocating. Contact Megan Urban at megan@omni-pg.com or 503-830-5765. (ORD148)

Profitable established dental practice and building for sale in Grants Pass. Current dentist collecting over \$1.3M annually based on 3-4 days per week. This is your opportunity to live and work near the beautiful Rogue River in a desirable Mediterranean climate. The area is famous for outdoor recreation and a short drive to the Ashland Shakespeare Festival, regional airport, and I-5. For more information, contact Megan Urban at megan@omni-pg.com or 503-830-5765. (ORD150)

Profitable Oregon Coast Practice and Building For Sale. New filtration system, CBCT, 4 ops in updated free-standing beautiful office with ocean views. Collections nearly \$1.0M. For more information, please contact Megan Urban at megan@omni-pg.com or 503-830-5765. (ORD151)

Large practice on busy popular street with great visibility and signage. 7 ops. Soredex pano. On-site parking. Contact megan@omni-pg.com, 503-830-5765. (ORD154)

We have practices available throughout the state of Oregon. If you're looking for a practice in Oregon go to www.omni-pg.com to view our listings and get more details.

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SPACE AVAILABLE/WANTED

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Dental building for sale in southern Oregon. 1200 sq. ft., 3 op building available in beautiful rural area near CA. Very few other dentists in this area. Contact Megan Urban for information: 503-830-5765; megan@omni-pg.com. (OR104)

Dental building for sale on main street, 2784 sq. ft., 4+ ops. On-site parking. Dental lab currently renting basement. Upstairs could potentially be rented out as office space or ADU. Contact Megan@omni-pg.com, 503-830-5765. (ORR105)

LIST OF MEDICAL/DENTAL BUILDINGS FOR SALE OR SPACE TO LEASE We have an updated list of medical/dental buildings for sale in Clackamas, Multnomah, Washington, Yamhill, Marion and Polk Counties. Building range from 2,000 sq. ft. to 20,000 sq. ft. Some have existing dental space already plumbed. Contact Megan at megan@omni-pg.com.

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BRINGING THE OUTDOORS...

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with anxiety and help many people feel more comfortable in any setting, including the dental office.

There are two types of animal interventions used in health care settings. The first, animal-assisted therapy (AAT), is a “goal-oriented, therapeutic intervention [...] facilitated by health, education or service professionals with formal training in the field.”⁷ The second is animal-assisted activities (AAA), which are much more informal, are not goal-oriented, and do not require formal training.⁷ Essentially, AAT would involve bringing in a trained and certified therapy dog (or training your own), and AAA would involve bringing in a dog with proficient obedience training but no formal training as a therapy dog.⁷ Both of these methods can be effective in reducing anxiety for your staff and patients. If you are considering bringing a dog into your office, it is important to consider allergies and look for a hypoallergenic dog if possible. It is also important to obtain informed consent from your patients to have a dog present, as some patients may actually be more anxious with a dog around than without. If you would like to have a therapy dog come into your office on occasion, there are organizations that can arrange visits: Alliance of Therapy Dogs, Bright and Beautiful Therapy Dogs, Love on a Leash, and Therapy Dogs Inc.⁷ And if you would like to train your own dog to be a therapy dog, the AKC has a list of recognized certification programs that could lead you in the right direction.

By following our natural instincts of getting close to nature, we were able to reduce our stress and anxiety during the peak of COVID uncertainty last year. We can use the same tools to reduce stress for ourselves, our teammates, and our patients while we deliver dental care. 🐾

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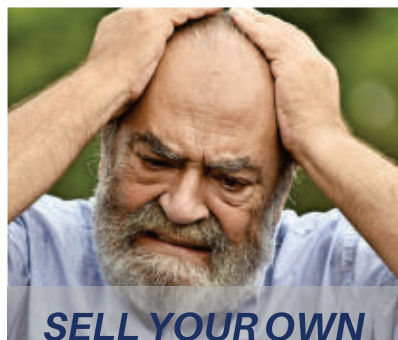
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Cindy Pauley, DDS
cindy@omni-pg.com
425-620-3716
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Rod Johnston, MBA, CMA
rod@omni-pg.com
206-561-9547
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