



# **ODHA Policy Manual**

**Amended January 20, 2025**

## **Introduction**

The Oregon Dental Hygienists' Association has developed policies that indicate ODHA's standpoint on issues related to education, licensure and regulation, dental hygiene practice, and public health. Prior to 2016 policies were adopted by the ODHA House of Delegates. Policies after 2016 have been adopted by the ODHA Board of Directors. Each policy is followed by the year it was adopted in parentheses.

ODHA policies are used to guide advocacy activities, shape professional practice, and inform the public about dental hygiene issues. Policies are also used to help determine if ODHA will support or oppose proposed legislation and regulations

## **ODHA Policies**

### **Dental Hygiene Education**

That Oregon Dental Hygienists' Association supports the implementation of a baccalaureate entry-level dental hygiene program at Pacific University in Forest Grove, Oregon. (2003)

The Oregon Dental Hygienists' Association pledges to Pacific University \$10,000 for the start-up costs of the dental hygiene program, the amount to come from reserves. (2003)

The Oregon Dental Hygienists' Association supports maintaining the baccalaureate entry-level dental hygiene program at Oregon Health & Sciences University with sustained mandated biennial funding by the Oregon Legislature. (2001)

The Oregon Dental Hygienists' Association supports the innovative and most cost-effective expansion of existing dental hygiene education programs to meet the dental hygiene manpower needs of all geographic areas of the state. New dental hygiene education programs would be supported only if such expansion meets documented ongoing dental hygiene manpower needs and adequate resources are available for establishment of ongoing accredited dental hygiene educational programs. (2000)

The Oregon Dental Hygienists' Association shall annually recognize the accredited dental hygiene education programs in Oregon having 100% dental hygienist faculty membership in the dental hygienists' association, and that ODHA ensure recognition of the award recipients by listing the school name(s) in appropriate publications. (1995)

The Oregon Dental Hygienists' Association promotes recruitment of non-traditional populations into the dental hygiene profession through education programs which meet standards endorsed by the American Dental Hygienists' Association. (1991)

The Oregon Dental Hygienists' Association supports the education of all dental hygienists within accredited dental hygiene programs. (1986)

The Oregon Dental Hygienists' Association supports the implementation, at the earliest possible date, of a Baccalaureate Degree completion program in dental hygiene in the state of Oregon for certificate and associate degree dental hygienists. (1985)

The Oregon Dental Hygienists' Association opposes preceptorship training for dental hygienists. (1972)

The Oregon Dental Hygienists' Association supports experimentation designed to determine which additional functions should be delegated to dental hygienists. The experimentation to be conducted by dental and dental hygiene schools in cooperation with the American Dental Hygienists' Association is encouraged by the ODHA. (1972)

### **Licensure & Regulation**

The Oregon Dental Hygienists' Association (ODHA) supports the Dentist and Dental Hygienist (DDH) Compact legislation developed by the Council of State Governments (CSG) that will facilitate license portability for dentists and dental hygienists in Oregon. (2024)

The Oregon Dental Hygienists' Association supports development of a dental hygiene based dental therapist model for Oregon. (2019)

The Oregon Dental Hygienists' Association supports licensure by credentials of dental hygienists who are licensed in another jurisdiction and have completed a dental hygiene program of at least two years of college level study which is offered by an institution of higher education, accredited by a regional agency recognized by the Council on Post-Secondary Education and the US Department of Education and which is accredited by a specialized accrediting agency recognized by the Council on Post-Secondary Education and the US Department of Education. (1991)

The Oregon Dental Hygienists' Association supports implementation of strategy to achieve self-regulation of dental hygiene licensure, practice and education. (1991)

The Oregon Dental Hygienists' Association supports mandatory CPR for maintenance of licensure for all dental health licensees, and that this requirement be stated in the statutes. (1990)

The Oregon Dental Hygienists' Association supports the concept of a separate Oregon Board of Dental Hygienists. (1989)

The Oregon Dental Hygienists' Association opposes any reduction of educational standards and/or requirements for initial licensure of dental hygienists. (1989)

The Oregon Dental Hygienists' Association endorses continued demonstration of clinical competency through standardized testing by the Oregon Board of Dentistry for Expanded Function Dental Assistants (EFDA) and Expanded Function Orthodontic Dental Assistants. (EFODA). (1987)

The Oregon Dental Hygienists' Association supports mandatory continuing education as a requirement for re-licensure. (1986)

The Oregon Dental Hygienists' Association supports proposed rule 818-042-0096 that would allow dental assistants who have completed a Board approved course and obtained a local anesthesia certificate to administer local anesthetics and local anesthetic reversal agents under the indirect supervision of a dentist. (2024)

The Oregon Dental Hygienists' Association (ODHA) supports the Dentist and Dental Hygienist (DDH) Compact legislation developed by the Council of State Governments (CSG) that will facilitate license portability for dentists and dental hygienists in Oregon. (2024)

The Oregon Dental Hygienists' Association supports state laws and regulations which require that scaling above and below the gumline be performed only by licensed dental hygienists, dental therapists and dentists who have completed a Commission on Dental Accreditation (CODA) accredited education program for performing this procedure. The Oregon Dental Hygienists' Association is strongly opposed to the training and use of scaling assistants in Oregon. (2025)

## **Dental Hygiene Practice**

The Oregon Dental Hygienists' Association advocates the application of antimicrobials by dental hygienists to prevent and arrest the progression of caries. (2014)

The Oregon Dental Hygienists' Association supports fluoride varnish application by dental and medical healthcare providers as an early childhood caries prevention protocol for Oregon children from birth to five years of age. (2006)

The Oregon Dental Hygienists' Association supports the ADHA creation of an Advanced Dental Hygiene Practitioner who provides diagnostic, preventive, restorative, and therapeutic services to the public. The Advanced Dental Hygiene Practitioner is a dental hygienist who has graduated from an accredited dental hygiene program and has completed an advanced educational curriculum developed by ADHA. (2004)

The Oregon Dental Hygienists' Association supports changing OAR 818-042-0090 to add "dental hygienist" as an additional licensee to check sealants placed by a dental assistant prior to the patient's dismissal. (2002)

The Oregon Dental Hygienists' Association advocates that dental hygienists provide the findings from oral health assessments and screenings. (2001)

The Oregon Dental Hygienists' Association recognizes that dental hygienists are ethically and legally obligated to follow the Centers for Disease Control and Prevention (CDCP) guidelines for infection control when providing oral health services to all patients. (1993)

The Oregon Dental Hygienists' Association supports registered dental hygienists' use of lasers at which time research indicates that lasers are an appropriate modality for dental hygiene procedures and after successful completion of appropriate training and certification. (1992)

The Oregon Dental Hygienists' Association believes that registered dental hygienists are qualified to provide oral health screenings without supervision. (1992)

The Oregon Dental Hygienists' Association believes mandatory HIV testing of health care providers should be contingent upon quantifiable evidence that testing is effective in controlling HIV transmission. (1991)

The Oregon Dental Hygienists' Association affirms that the dental hygienist is responsible for the patient's oral health care, as it relates to dental hygiene practice, and is qualified to provide dental hygiene services without the supervision of a dentist. (1990)

The Oregon Dental Hygienists' Association believes that coronal polishing alone does not constitute an oral prophylaxis and that only licensed dental hygienists and dentists shall be permitted to remove any stain and/or accretions by instrumentation and/or coronal polishing. The ODHA believes that only licensed graduates from accredited dental hygiene and dental programs will perform an oral prophylaxis. (1990)

The Oregon Dental Hygienists' Association supports the inclusion of language in ORS 680 which states, "The dental hygienist may provide dental hygiene services as defined in ORS 679.010" and in the April 1990 edition of the Administrative Rules 818-35-030 and 818-35-040 subsection 1, under General Supervision and includes the language consistent with Independent Contract Statutes. (1990)

The Oregon Dental Hygienists' Association supports general supervision for all dental hygiene functions and is opposed to any changes that restrict how general supervision is defined, including the following ADA criteria:

1. Any patient to be treated by a dental hygienist must first become a patient of record of a dentist. A patient of record is defined as one who: a) has been examined by a dentist, b) has had a medical and dental history completed and evaluated by a dentist, and c) has had his/her oral condition diagnosed and a treatment plan developed by a dentist.
2. The dentist must provide to the dental hygienist prior written authorization to perform clinical dental hygiene services for the patient of record. Such authorization shall be void after 45 days.

3. The dentist shall examine the patient following performance of clinical services by the dental hygienist. Such examination shall be performed within a reasonable time as determined by the nature of the services performed, the needs of the patient, and the professional judgment of the dentist (1988)

The Oregon Dental Hygienists' Association is aware of substance misuse and addiction and encourages education, information and referral regarding chemical abuse. (1987)

The Oregon Dental Hygienists' Association supports independent contracting as an optional business arrangement for dental hygienists. (1986)

The Oregon Dental Hygienists' Association utilizes the following terms to provide a common vocabulary in discussing the business arrangements of dental hygiene practice:

- Employee Practitioner: A dental hygienist who provides dental hygiene services as an employee in accordance with the state dental hygiene/ dental practice act.
- Independent Contractor: A dental hygienist who has a business arrangement, consistent with Internal Revenue Service and state requirements, whereby the dental hygienist contracts to provide dental hygiene services in accordance with the state dental hygiene/dental practice act.
- Independent Practitioner: A dental hygienist who provides dental hygiene services to the public through direct agreement with each dental consumer in accordance with the state dental hygiene/dental practice act. (1986)

The Oregon Dental Hygienists' Association supports third-party provider reimbursement directly to dental hygienists for dental hygiene services rendered. (1985)

The Oregon Dental Hygienists' Association adopts the Quality Assurance/Peer Review process. (1983)

The Oregon Dental Hygienists' Association recommends the utilization of dental hygienists for performance of restorative, preventive and therapeutic expanded functions. (1972)

The Oregon Dental Hygienists' Association supports extensive utilization of the dental hygienist to provide competent and efficient delivery of dental hygiene services. The dental hygienist should be included in all present and future dental care delivery systems, including, but not limited to private practice, clinics and community centers. (1972)

## **Public Health**

The Oregon Dental Hygienists' Association encourages members to develop, implement, evaluate and /or participate in volunteer activities designed to improve oral health and reduce oral health disparities within the community. (2001)

The Oregon Dental Hygienists' Association endorses and supports the Health Care Freedoms Initiative of 1996, amending the Oregon Bill of Rights, to allow a patient to choose their category of health care provider for the purpose of assisting in childbirth or preventing, alleviating, curing, or healing human illness, a physical disability or injury as long as the health care provider is working within their legal scope of practice. (1995)

The Oregon Dental Hygienists' Association affirms its commitment to better health for all Oregonians through willingness to cooperate closely and actively with all agencies and individuals who share this commitment. (1993)

The Oregon Dental Hygienists' Association supports access to health care services for all people. (1991)

The Oregon Dental Hygienists' Association supports the Oregon Health Objective 2000 for Oregon and will appoint a committee to work towards their attainment. (1990)

The Oregon Dental Hygienists' Association supports legislation requiring safety belt use by motor vehicle drivers and passengers. (1990)

The Oregon Dental Hygienists' Association supports the need for ongoing statewide dental activities directed by the Oregon Dental Health Section. (1982)

### **Fluoride & Fluoridation**

The Oregon Dental Hygienists' Association endorses public health fluoride mouthrinse and tablet programs. (1987)

The Oregon Dental Hygienists' Association shall issue press releases whenever meeting in a non-fluoridated community, reiterating the association's endorsement of fluoridation and stating the need for that community to fluoridate. (1982)

The Oregon Dental Hygienists' Association recommends fluoridation of central water supplies as a statewide stand public health measure. Until statewide fluoridation is a reality, the ODHA recommends the prescription of fluoride where indicated. (1972)

### **Tobacco Cessation**

The Oregon Dental Hygienists' Association supports the active participation of the dental hygienist in smoking cessation programs in the dental practice and public health activities. (1990)

The Oregon Dental Hygienists' Association endorses the goals of the Smoke-Free Class of 2000. (1988)

The Oregon Dental Hygienists' Association endorses public education regarding the harmful aspects of all tobacco products to oral health and health in general and endorses legislation prohibiting related advertising and promotion as well as sales to minors. (1987)

The Oregon Dental Hygienists' Association supports activities, which reduce the availability of tobacco products to minors. (1986)

The Oregon Dental Hygienists' Association supports mandatory warning labels on all smokeless tobacco products. (1985)