

HOUSE AMENDMENTS TO HOUSE BILL 4011

By COMMITTEE ON BEHAVIORAL HEALTH AND HEALTH CARE

February 22

1 On page 1 of the printed bill, after line 15, insert:

2 “(C) ‘Cervical cancer examination’ does not include services that occur primarily for the treat-
3 ment of suspected or confirmed cervical cancer.”.

4 On page 7, delete lines 9 through 41 and insert:

5 “(5) Sections 8 to 12 of this 2024 Act do not apply to services authorized under:

6 “(a) ORS 680.010 to 680.205 when performed by a dental hygienist licensed under ORS 680.010
7 to 680.205; or

8 “(b) ORS 680.500 to 680.565 when performed by a denturist licensed under ORS 680.500 to
9 680.565.

10 “**SECTION 10. (1) The Health Licensing Office may issue a dental laboratory registration**
11 **to an applicant that submits a completed application and pays the fee established under ORS**
12 **676.576. The application must include:**

13 “(a) **The name, mailing address, phone number and electronic mail address of the dental**
14 **laboratory;**

15 “(b) **The physical address of the dental laboratory if different than the mailing address;**

16 “(c) **The name, mailing address, phone number and electronic mail address of the re-**
17 **sponsible person or the name and license number of the dentist who supervises the dental**
18 **laboratory;**

19 “(d) **An attestation by the responsible person or the dentist supervising the dental labo-**
20 **ratory that the dental laboratory meets the infectious disease control requirements of the**
21 **federal Occupational Safety and Health Administration and the Centers for Disease Control**
22 **and Prevention; and**

23 “(e) **An attestation by the responsible person or the dentist supervising the dental labo-**
24 **ratory that the dental laboratory will comply with the requirements of section 11 of this 2024**
25 **Act.**

26 “(2) **To be eligible for registration under this section, the applicant must include with the**
27 **application documentation that the applicant, or an employee of the applicant who works at**
28 **least 30 hours per week in the dental laboratory;**

29 “(a) **Has successfully completed, during the 12 months immediately preceding the appli-**
30 **cation for registration, at least 12 hours of continuing education in dental laboratory tech-**
31 **nology approved or accepted by the National Board for Certification in Dental Laboratory**
32 **Technology, or its successor organization, and by the Health Licensing Office;**

33 “(b) **Is a certified dental laboratory technician in good standing; or**

34 “(c) **Is a dentist.**

35 “(3) **The office shall assign a registration number to each registered dental laboratory.**

1 **The dental laboratory shall include the dental laboratory registration number on all invoices**
2 **and other correspondence of the dental laboratory.**

3 **“(4) A dental laboratory registered under this section shall maintain a qualified employee**
4 **as described in subsection (2) of this section.**

5 **“(5) A dental laboratory registration is valid for one year.**

6 **“(6) The office may adopt rules to carry out this section.”.**

7 On page 8, delete lines 9 through 13 and insert:

8 **“SECTION 12. In the manner prescribed in ORS chapter 183 for contested cases, the**
9 **Health Licensing Office may impose a form of discipline listed in ORS 676.612 against a dental**
10 **laboratory registered under section 10 of this 2024 Act for any violation of sections 8 to 12**
11 **of this 2024 Act or rules adopted under sections 8 to 12 of this 2024 Act or for the commission**
12 **of a prohibited act described in ORS 676.612.”.**

13 Delete lines 17 through 45 and delete page 9.

14 On page 10, delete lines 1 through 31 and insert:

15 **“SECTION 15. Section 10 of this 2024 Act is amended to read:**

16 **“Sec. 10. (1) The Health Licensing Office may issue a dental laboratory registration to an ap-**
17 **plicant that submits a completed application and pays the fee established under ORS 676.576. The**
18 **application must include:**

19 **“(a) The name, mailing address, phone number and electronic mail address of the dental labo-**
20 **ratory;**

21 **“(b) The physical address of the dental laboratory if different than the mailing address;**

22 **“(c) The name, mailing address, phone number and electronic mail address of the responsible**
23 **person or the name and license number of the dentist who supervises the dental laboratory;**

24 **“(d) An attestation by the responsible person or the dentist supervising the dental laboratory**
25 **that the dental laboratory meets the infectious disease control requirements of the federal Occupa-**
26 **tional Safety and Health Administration and the Centers for Disease Control and Prevention; and**

27 **“(e) An attestation by the responsible person or the dentist supervising the dental laboratory**
28 **that the dental laboratory will comply with the requirements of section 11 of this 2024 Act.**

29 **“[(2) To be eligible for registration under this section, the applicant must include with the appli-**
30 **cation documentation that the applicant, or an employee of the applicant who works at least 30 hours**
31 **per week in the dental laboratory:]**

32 **“[(a) Has successfully completed, during the 12 months immediately preceding the application for**
33 **registration, at least 12 hours of continuing education in dental laboratory technology approved or ac-**
34 **cepted by the National Board for Certification in Dental Laboratory Technology, or its successor or-**
35 **ganization, and by the Health Licensing Office;]**

36 **“[(b) Is a certified dental laboratory technician in good standing; or]**

37 **“[(c) Is a dentist.]**

38 **“(2)(a) To be eligible for registration under this section, the applicant must include with**
39 **the application documentation that the dental laboratory:**

40 **“(A) Employs a certified dental laboratory technician who is in good standing with the**
41 **National Board for Certification in Dental Laboratory Technology, or its successor organ-**
42 **ization, and approved by the Health Licensing Office by rule, and who works at least 30 hours**
43 **per week in the dental laboratory; or**

44 **“(B) Is operated under the supervision of a dentist who works at least 30 hours per week**
45 **in the dental laboratory.**

1 **TO: (Name of subcontracted dental laboratory with address) (Subcontracted dental labora-**
2 **tory registration number, if applicable)**

3 **RE: (Name or number of patient)**

4 **(Description of the work to be done, including diagrams if necessary, together with**
5 **specifications of the type of materials to be used.)**

6 **(Name of ordering dental laboratory)**

7 **(Address) _____**

8 **(Current dental laboratory registration number) _____**

9 **“ _____**

10
11 **“(2) (4)(a) [A duplicate copy of each such work order issued by the dentist shall be retained by**
12 **each dentist for not less than two years. The Oregon Board of Dentistry or its agents shall be permitted**
13 **to inspect, upon demand, the duplicate copies of all such work orders retained by each dentist.] A**
14 **dentist shall retain for at least two years from the date of prescription a duplicate copy of**
15 **each work order prescribed by the dentist.**

16 **“(b) A person described in subsection (3) of this section shall attach a duplicate copy of**
17 **each sub-work order issued by the person to a duplicate copy of the associated work order**
18 **and shall retain the duplicate copies for at least two years from the date of issuance.**

19 **“(c) The Oregon Board of Dentistry, or an agent of the board, may inspect, upon demand,**
20 **the duplicate copies of all work orders and sub-work orders retained the dentist pursuant to**
21 **this subsection.**

22 **“(d) The Health Licensing Office, or an agent of the office, may inspect, upon demand,**
23 **the duplicate copies of all work orders and sub-work orders retained by a person other than**
24 **the dentist pursuant to this subsection.**

25 **“(5) A work order or sub-work order may be transmitted or retained in an electronic**
26 **format.**

27 **“(3) (6) [No] A work order [shall] may not permit or require the taking of impressions of any**
28 **part of the human oral cavity by any person [not a dentist licensed by the board] who is not a**
29 **dentist licensed under ORS chapter 679 or a denturist licensed under ORS 680.500 to**
30 **680.565.”.**

31 On page 11, line 41, delete “and” and insert “or”.

32 On page 16, line 42, delete “January” and insert “July”.