

October 10, 2025

Oregon Board of Dentistry  
1500 SW 1st Avenue, Suite 770  
Portland, OR 97201

**RE: Oppose Proposed Rule Change 818-035-0030**

Dear Oregon Board of Dentistry:

On behalf of the undersigned physician organizations, we are writing to share our concerns regarding the proposed change to rule 818-035-0030 that would allow dental hygienists to administer botulinum toxins to treat conditions that are within the oral and maxillofacial region. These are medical procedures that should require medical education, training, specific knowledge of facial anatomy (especially around the eyes) and the ability to manage the specific complications that may arise.

Procedures by any means, methods, devices or instruments that can alter or cause biologic change or damage the skin and subcutaneous tissue constitute the practice of medicine and surgery. This includes the use of foreign or natural substances by injection or insertion.<sup>i,ii</sup> The medical procedures dental hygienists are seeking to perform use FDA-regulated devices, such as those that can alter or cause biologic change or damage and should only be performed by a physician or appropriately trained non-physician personnel under the direct, on-site supervision of an appropriately trained physician.<sup>iii</sup> This proposal jeopardizes patient safety and disregards what is considered adequate and appropriate medical education and training. Quality patient care includes evaluating a patient's needs and condition(s), selecting an appropriate course of treatment and providing adequate follow-up care.

With the growing public demand for neuromodulators, providing patients with properly trained, educated, and supervised medical personnel is a safeguard Oregon should have for its citizenry. Neuromodulators can also be used to treat scars from injury and surgery, as well as from medical conditions; other applications include correcting facial asymmetries resulting from congenital, accidental, or medical conditions. Our utmost concern is to ensure that these products are safely administered by licensed and qualified physicians or under the direct, on-site supervision of a licensed and qualified physician. As with other cutaneous procedures, it is necessary to receive adequate training before using soft-tissue augmentation agents. Physician injectors should first be made to demonstrate a detailed knowledge of anatomy and possible adverse events (such as sensitivity, infection, and necrosis) through passing an American Board of Medical Specialties (or an ABMS-equivalent Board) examination in one of the CORE aesthetic specialties after residency training in one of these disciplines.<sup>iv</sup>

According to the American Dental Association, dental hygienists receive anywhere from two to four years of education, resulting in an associate's degree, baccalaureate, or master's degrees, in some cases.<sup>v</sup> The focus of their education is on oral health, rather than the skin and facial tissue. Dental hygienists are not required to demonstrate competency in procedures involving skin and soft tissue augmentation involving products that can alter or damage such living tissue. It is of utmost importance that the health care provider performing procedures with botulinum toxin or dermal fillers have specific, long-term training (such as a medical residency in dermatologic surgery, plastic surgery, facial plastic surgery or oculo-facial plastic surgery). The education for dental hygienists does not include this type of intense training; additionally, any short-term training program offered by manufacturers of these products does not adequately protect patient safety.

Physicians complete medical school, residency and in many cases specialized fellowship and then board certification in their specialty. Some medical specialties like dermatology, plastic surgery, facial plastic surgery and oculo-facial plastic surgery have focused training in using neuromodulators involving the skin and adjacent structures, which prepares physicians to perform medical procedures using fillers and neuromodulators safely and

effectively. Included in this training is proper technique, and the management of any adverse events. Furthermore, the American Medical Association (AMA) states that, “Cosmetic medical procedures, such as botulinum toxin injections, dermal filler injections, and laser and intense pulsed light procedures, be considered the practice of medicine.”<sup>vi</sup>

During a 2021 meeting of the FDA’s General and Plastic Surgery Committee on Soft-Tissue Fillers, the American Society for Dermatologic Surgery’s Task Force on Soft-Tissue Fillers found that knowledge of vascular anatomy is *crucial* for all filler injections. **Intravascular injection is possible at any location on the face, but certain locations carry a higher risk, such as filler embolization; necrosis; visual abnormalities; blindness; and stroke.**<sup>vii</sup> Thus, we are in firm agreement with the FDA’s further updated consumer guidance in 2023 that anyone considering a neurotoxin or dermal filler consult with a licensed provider who is experienced in injecting dermal fillers, knowledgeable about fillers, anatomy, managing complications and knows the risks and benefits of treatment.<sup>viii</sup>

In 2024, the AMA adopted policy on Dentist Scope of Practice Expansion, recognizing “the threat posed to patient safety when dentists and dental hygienists are authorized to practice medicine and administer procedures outside their level of education and training.”<sup>ix</sup> Simply put, dental hygienists do not have the same extensive training physicians have, especially when it comes to adverse event management beyond the dental cavity.

To best protect the citizens of Oregon from adverse events and ensure quality patient care, we urge you to oppose policy that would allow dental hygienists to administer botulinum toxins. Should you have any questions regarding this critical patient safety issue, please do not hesitate to contact Kristin Hellquist, Senior Chief Advocacy Officer at the American Society for Dermatologic Surgery Association, at [khellquist@asds.net](mailto:khellquist@asds.net).

Sincerely,

American Academy of Dermatology Association  
American Society for Dermatologic Surgery Association  
American Society of Plastic Surgeons  
The Aesthetic Foundation  
The Aesthetic Society

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<sup>i</sup> ASDSA Position Statement on the Practice of Medicine. <https://www.asds.net/Portals/0/PDF/asdsa/asdsa-position-statement-definition-of-the-practice-of-medicine.pdf>

<sup>ii</sup> AADA Position Statement on Medical Spa Standards of Practice. <https://www.aad.org/Forms/Policies/Uploads/PS/PS-Medical%20Spa%20Standards%20of%20Practice.pdf>

<sup>iii</sup> ASDSA Position Statement on Delegation. <https://www.asds.net/Portals/0/PDF/asdsa/asdsa-position-statement-delegation.pdf>

<sup>iv</sup> Gladstone H, Cohen J. Adverse Effects When Injecting Facial Fillers. *Semin Cutan Med Surg*. 2007 Mar;26(1):34-9.

<sup>v</sup> Dental Hygienist Education and Training Requirements. Retrieved from <http://www.ada.org/en/education-careers/careers-in-dentistry/dental-team-careers/dental-hygienist/education-training-requirements-dental-hygienist>

<sup>vi</sup> Addressing Safety and Regulation in Medical Spas. Retrieved Aug. 6, 2024. <https://policysearch.ama-assn.org/policyfinder/detail/dermal%20fillers?uri=%2FAMADoc%2Fdirectives.xml-0-1174.xml>

<sup>vii</sup> Jones D, Fitzgerald R, Cox S, Butterwick K, et al. Preventing and Treating Adverse Events of Injectable Fillers: Evidence-Based Recommendations From the American Society for Dermatologic Surgery Multidisciplinary Task Force. *Dermatol Surg* 2021;47:214-26.

<sup>viii</sup> Filling in Wrinkles Safely. Accessed Aug. 6, 2024. Retrieved from <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm049349.htm>

<sup>ix</sup> Protecting Patients from Inappropriate Dentist and Dental Hygienist Scope of Practice Expansion. Retrieved Aug. 6, 2024. <https://policysearch.ama-assn.org/policyfinder/detail/scope%20of%20practice%20dentist?uri=%2FAMADoc%2Fdirectives.xml-D-35.974.xml>