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VALLEY ORAL & MAXILLOFACIAL SURGERY P.C.
DRS. GIALLORENZI, KOTCHICK & GIALLORENZI
Practice Limited to Oral and Maxillofacial Surgery

2009 OCT 26 AM 10:55

INDEPENDENT REGULATORY
REVIEW COMMISSION
 SUITE 300
 401 ADAMS AVENUE
 SCRANTON, PA 18510
 PH: (717) 346-7301
 FAX: (717) 346-7373

October 26, 2009

 21 MAIN STREET
 CARLISLE, PA 18407
 PH: (717) 282-6087
 FAX: (717) 281-9692

 TO: **Arthur Coccodrilli, Chairperson**
Independent Regulatory Review Board
333 Market Street, 14th Floor
Harrisburg, PA 17101

 THE COURTYARD,
 SUITE C-1
 309 COMMUNITY DRIVE
 TOWNSHIP, PA 18466
 PH: (717) 839-2214
 FAX: (717) 839-7649

 RE: **Dental Hygiene Scope of Practice Final-Form Regulation, IRRC #2720**

Dear Mr. Coccodrilli,

I am writing to voice my opposition to the above named Regulation - IRRC #2720, particularly in respect to the centralization of Dental Hygienists to administer local anesthesia. I feel the training, both clinically and didactically, is inadequate.

I am a board certified Oral and Maxillofacial Surgeon and have been in practice for over 8 years. I have seen some of the possible complications that can arise from the administration of local anesthesia. It may be true that the act of administering local anesthesia is a relatively simple procedure which can be taught to anyone. It is the ability and knowledge to treat the patient while administering the drug if any adverse reactions occur. This requires extensive clinical and didactic training.

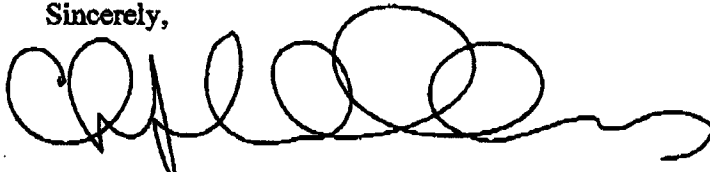
Many believe that dentists do not want this passed because it may hurt their "bottom line" or lead to further legislation giving the Dental Hygienists more autonomy and possibly broadening their scope of practice even further.. This is not true. As the past president of the Scranton Dental Society, it is the feeling of the majority of member dentists active in the society that this regulation puts patients at risk. Interestingly enough, when the dentists bring the issue to the hygienists they employ, most are not interested in giving local anesthesia. It has no bearing on my personal practice since I do not employ dental hygienists as an oral and maxillofacial surgeon. Personally, I feel it is a patient safety issue and that is why I feel compelled to write this letter.

Being involved in a large practice with multiple doctors, I have seen several untoward events occur secondary to the administration of local

anesthesia. It is interesting that in my office, where at least 50% of the patients we see receive general anesthesia for their treatment, the few events requiring an emergency room transfer from the office were those patients who had receiving LOCAL ANESTHESIA, not general anesthesia. The point is that local anesthesia is not a benign drug. Patients today are on more medications and are more medically compromised than ever before. It is imperative that individuals administering care, prescribing medications, and administering medication (i.e. local anesthesia) be well trained and educated. I do not feel that an individual with a high school diploma and a hygiene course is adequate.

I ask that you reconsider this portion of the regulation, not for me, not for the hygienists, but for the patients.

Sincerely,

A handwritten signature in black ink, consisting of several large, overlapping loops and a long horizontal stroke at the end.

Christopher Kotchick, DMD