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INDEPENDENT REGULATORY  
REVIEW COMMISSION

Arthur Coccodrilli, Chairperson  
Independent Regulatory Review Board  
333 Market Street 1st floor  
Harrisburg, PA 17101

October 27, 2009

Re: Letter of Support for the Dental Hygiene Scope of Practice Final Form  
Regulation, IRRC #2720

Dear Mr. Coccodrilli,

I am a Registered Dental Hygienist licensed in Pennsylvania and Delaware. I passed my National Board Examination and North East Regional Board Examination in 1975 after graduating from the University of Pennsylvania School of Dental Medicine - Division of Oral Hygiene. I am writing to you in support of the Final Form Regulation IRRC #2720 (Expansion of Scope of Practice for Dental Hygienist - Local Anesthesia Injection Administration).

I am also a former board member of the Pennsylvania State Board of Dentistry having been nominated and sworn in under the Ridge Administration. I have worked in private practice for the last 34 years while also having held faculty positions at Widener University, Thomas Jefferson University and the University of Pennsylvania. My thesis topic was in Biomedical Ethics and I authored this topic's section of the first textbook published on the topic of Dental Ethics. Additionally, I have taught semester courses in Ethics, Logic and Critical Thinking.

My dental hygiene curriculum at the University of Pennsylvania School of Dental Medicine included complete training in both didactic and clinical competency in the administration of local anesthesia for dental hygienists. The periodontal services I am trained and licensed to perform often require the use of local anesthesia in order to provide comfort to my patients so that I can complete work accurately and effectively. Simply put, without local anesthesia, the patient experiences pain.

I am also credited with being on teams that have successfully achieved FDA approval of new drug delivery systems in the adjunctive treatment of periodontal disease. I have conducted and completed Phase II, III and IV level FDA research projects in addition to PK (Pharmacokinetic) studies for pharmaceutical companies at the university as well as commercial levels as a Clinical Research Co-coordinator. Regarding the FDA approval of the periodontal drug delivery systems, I acted in the

**role of FDA Blinded Clinical Research Examiner. I also had the pleasure of having the experience to conduct an EPA study on a sanitizer product for Zeneca Pharmaceuticals.**

**Upon graduating from dental hygiene school and after receiving my professional license to practice dental hygiene in the Commonwealth, I was expected to administer local anesthesia upon entering the workforce. My initial job interviews to secure employment had this as a requisite part of my job description. Shortly thereafter, Dental Hygiene Scope of Practice regarding administration of local anesthesia by the dental hygienist was prohibited by moratorium.**

**The citizens of the Commonwealth, have been denied this critical unit of care. Dentist employers in Pennsylvania have been denied a certain level of efficient workflow in their private practices since over 50% of the local anesthesia administered by dental hygienists in the United States over the last 30 years have been injections given by hygienists for procedures performed by dentists.**

**Since that time, whenever my patients need local anesthesia I must interrupt my dentist - employers from their work to come into my operatory to administer the local anesthesia themselves. Meanwhile if the dentist is behind in his or her schedule or if they are trying to accommodate emergency patients or if the office is short-staffed for whatever reason, I cannot fully help them with their workflow or mine.**

**As you can well imagine, when I received the news that the reinstatement of local anesthesia administration by dental hygienists was being considered in the Commonwealth I was relieved that I would no longer have to compromise pain management for my patients or be forced to interrupt my employer's efficiency of work.**

**I am fully aware of the level of knowledge necessary in pharmacology, anatomy, physiology, emergency medicine as well as clinical competencies necessary to provide safe effective use of local anesthesia to patients. Current curricula in dental hygiene programs throughout the Commonwealth have met the accreditation standards to ensure competency in the area of Dental Hygiene Scope of Practice. The additional 30 hour requisite training is commensurate with 41 states requirements currently allowing dental hygienists to administer local anesthesia.**


**Since the time I was trained, manufacturers of local anesthesia have, through research and development, and countless clinical trials, developed much improved delivery instruments and improved local anesthetics to further the efficiency and safety in dental practice. It should also be noted that one of the leading manufacturers of local anesthetics is located right here in the Commonwealth.**

**Finally, and most importantly, the Surgeon General's Report on the oral - systemic link between periodontal disease and heart disease, diabetes, low birth weight,**

premature birth, rheumatoid arthritis and perhaps even pancreatic cancer, just to name a few, is a compelling reason for addressing access to periodontal care. Patient confidence in the dental profession and confidence that dental care is not painful is so very important to dental hygienists and their contribution to total health and wellness.

Thus, the safe and effective use of local anesthesia by dental hygienists in the Commonwealth is also an access to care issue. Dental hygienists together with periodontists and general dentists are trying to be part of the solution to access to care issues as well as part of the solution to the whole health care crisis. Please do not overlook what the grassroots clinicians who are saving teeth and lives on a daily basis are asking for in this much needed regulation, which benefits citizens of the other 41 states in the United States of America.

Respectfully Submitted,



Beverly B. Hawkins R.D.H., M.A.