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INDEPENDENT REGULATORY REVIEW COMMISSION

October 29, 2009

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

Subject: Dental Hygiene Scope of Practice

Mr. Coccodrilli,

I am and have been a licensed dental hygienist in Pennsylvania for 36 years. I am also a dental hygiene educator. Currently, I hold the position of Second Year Clinic Coordinator in the Dental Hygiene Program at Montgomery County Community College.

I am writing in support of the Dental Hygiene Scope of Practice, Final Form, Regulation IRRC #2720.

In the past, I held an academic position in the Dental Hyglene Department at Thomas Jefferson University. One of my responsibilities was the coordinator for the Local Anesthesia course. This was a 2-credit semester course with 1 hour of lecture and 2 hours of laboratory, for a total of 42 hours. The textbook used in this course was the Handbook of Local Anesthesia, by Stanley Malamed. Students were required, in addition to successfully demonstrating a command of the didactic material, to achieve clinic competency administering both infiltration and block anesthesia. Following the demonstration of competency in the laboratory, students administered local anesthesia to their patients, as indicated, in the clinical setting throughout the remainder of their dental hygiene education at Thomas Jefferson University. During my tenure, we did not experience any medical emergencies or uncommon effects, which support the ability of dental hygienists to safely and effectively administer both infiltration and block anesthesia.

In addition to the formal Local Anesthesia course, students were required to successfully complete numerous courses that contributed to the knowledge required to safely administer local anesthesia. These included Anatomy and Physiology, Pharmacology, Head and Neck Anatomy, Oral Anatomy, Dental Radiology and Preventive Oral Health Services which included special needs, medical emergency care, patient assessment including medical considerations. With the exception of Head and Neck Anatomy, these topics are required to be included dental hygiene program accredited by the Commission on Dental Accreditation.

As you can see, the 30-hour course requirement for educating dental hygienist to administer local anesthesia is not reflective of the extent of the dental hygienists' knowledge and education regarding this subject. The required content in dental hygiene programs provides dental hygienists significantly more educational hours than is reflected in a 30-hour course.

The proposed local anesthesia course requirements are similar to the hours required by many other state licensing agencies across the United States for the administration of local anesthesia by dental hygienists. The literature supports that dental hygienists have been able to safely administer infiltration and block local anesthesia to the public. Therefore, the proposed 30-hour requirement is an appropriate length as demonstrated in other jurisdictions.

-Muli- RDH, MS-

I urge you to support the final draft of the Dental Hygiene Scope of Practice.

Sincerely,

Brenda Sue Martin, RDH, MS