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From: Stephens, Michael J.
Sent: Monday, September 22, 2008 3:28 PM
To: IRRC
Cc: Schalles, Scott R.; Gelnett, Wanda B.
Subject: FW: PDHA Letter to SBOD Regulation 16A-4617 (#2701)

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INDEPENDENT REGULATORY
REVIEW COMMISSION

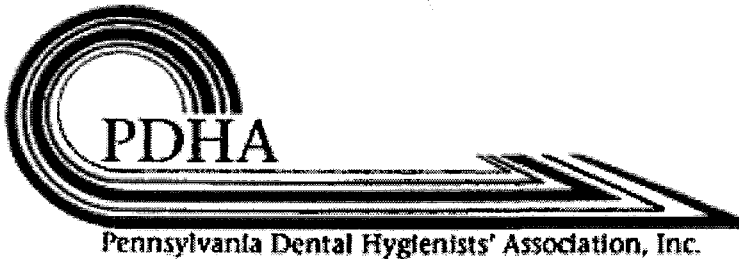
Comment on #2720.

-----Original Message-----

From: PDHA [mailto:pdha@verizon.net]
Sent: Monday, September 22, 2008 2:47 PM
To: Stephens, Michael J.; Schalles, Scott R.
Subject: PDHA Letter to SBOD Regulation 16A-4617 (#2701)

Comments from the Pennsylvania Dental Hygienists' Association attached.

Jaclyn Gleber, RDH, EdD, President
Pennsylvania Dental Hygienists' Association



September 22, 2008

Christopher Grovich, Counsel
State Board of Dentistry
PO Box 2649
Harrisburg, PA 17105-2649

Dear Mr. Grovich:

Re: Regulation ID# 16A-4617 (#2701)

The Pennsylvania Dental Hygienists' Association welcomes the opportunity to present comments on the recently published proposed regulations 16A-4617, Scope of Dental Hygiene Practice. Setting and enforcing a high professional standard for dental hygienists is important in protecting the citizens of Pennsylvania. As an organization that represents the professional interests of almost 8,000 licensed dental hygienists in the Commonwealth, the PDHA urges consideration of the following areas:

1. Section 33.116 Certification of public health dental hygiene practitioners.

The PDHA agrees with the proposed regulation except the last sentence, which starts with "a dental hygienist who desires to renew a local anesthesia permit shall submit the following: (1) a renewal application on a form provided by the Board. (2) The permit renewal fee set forth in 33.3 (relating to fee)." PDHA suggests this wording may have been included inadvertently, as local anesthesia can only be provided under direct supervision. This wording is presently in the proposed 33.115 section.

2. Section 33.205(d) Supervision.

PDHA recommends inserting the words "and the dental hygienist" after "as determined by the dentist" in 33.205 (d) (ii) and (iii). PDHA believes the dentist and the dental hygienist should decide together which level of supervision is appropriate for the safety of the patient, each contributing their level of expertise and knowledge of the patient's health status.

3. Section 33.205 (d)(v)

This section has the professional services in subsection (a) (7) (local anesthesia administration) only under the direct supervision of a dentist. PDHA requests clarification of the definition of direct supervision. Direct supervision is not defined in this section so for clarification one goes to Section 33.1. In Section 33.1, direct supervision is defined as "supervision by a dentist who examines the patient, authorizes the procedure to be performed, is physically present in the dental facility and available during the performance of the procedure, and examines and takes full professional responsibility for the completed procedure." Requiring the dentist to examine the patient after the completed injection procedure is not necessary and is a waste of valuable time for the patient, the dental hygienist, and the dentist. During previous discussions with the State Board of Dentistry, PDHA believed the definition of direct supervision for the administration of local anesthesia was "the dentist examines the patient, authorizes the procedure to be performed, is physically present in the dental facility and available during the performance of the procedure." PDHA recommends placing this definition in section 33.205(d)(v). There is a precedent in the current regulations to have a separate definition of direct supervision as it relates to a particular function. The Section 33.302 - Auxiliary personnel performing radiologic procedures is one such area. In this area direct supervision is clarified.

4. Section 33.205b(c)

PDHA recommends amending section 33.205b (c) (8). "Federally qualified health centers" by adding "and federally qualified health center look-alikes." The designation of "look-alike" is a federally defined term which requires the same standards for the look-alike, but does not confer the same level of federal reimbursement that the full FQHCs enjoy.

We also suggest adding section 33.205b (c) (10) Free and nonprofit clinics. The importance of adding these sites is they do not receive state and federal funding or come under their jurisdiction. These public interest medical and dental centers provide direct access to basic dental services for Medical Assistance, CHIP and un- or underinsured individuals. These facilities exist on grants, community resources, donations and other funding sources; they do not receive state and federal funding. The cost to hire a "supervising dentist" for every hour of preventive dental hygiene care is an unnecessary major expense that will seriously curtail the availability of basic dental care to our poor and needy citizens. Act 51 clearly confers the ability to add additional sites to the State Board of Dentistry.

5. Subchapter D. Performance of Radiologic Procedures by Auxiliary Personnel

PDHA requests a change in the heading for Subchapter D by striking “by auxiliary personnel” for clarification purposes. Our justification is “public health dental hygiene practitioners” do not fit the definition of auxiliary personnel as defined in 33.1 Definitions.

6. Section 33.302 Auxiliary personnel performing radiologic procedures.

PDHA recommends deletion of the word “auxiliary” from the title based on the previous justification for Subchapter D.

7. Section 33.402(c)

PDHA recommends the insertion of the words “and the dentist” after “a dental hygienist...” Patient safety, risk management and improved communication are important in the treatment of patients. The passage of the Medical Care Availability and Reduction of Error Act (MCARE ACT) amended the regulations for physicians and osteopaths encouraging courses in several areas, one of them being “communication”. As a result of the advances in medicine and pharmaceuticals, an increased number of patients are presenting to the dental office on chemotherapeutics, organ anti-rejection drugs, and multiple medications for systemic diseases. PDHA believes the patient and the dentist would benefit if the dentist was also encouraged to take courses in “communications”.

The Pennsylvania Dental Hygienists’ Association urges the adoption of these comprehensive proposed regulations with the aforementioned changes.

Respectfully yours,

Jaclyn Gleber, RDH, Ed.D.
President

Copies: Independent Regulatory Review Commission
Rep. P. Michael Sturla, Chairman, House Professional Licensure
Sen. Tommy Tomlinson, Chairman, Senate Consumer Protection
and Professional Licensure Committee