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**From:** Kathy Schlotthauer [kmschlot@hacc.edu]  
**Sent:** Wednesday, September 24, 2008 5:41 PM  
**To:** IRRC  
**Subject:** Dental Hygiene Regulations 16A-4617  
**Attachments:** Christopher Grovich.doc; Kathy Schlotthauer.vcf

Here are my comments regarding the dental hygiene proposed regulation changes. I have mailed a copy to him.

Kathleen M. Schlotthauer, RDH M Ed  
Dental Hygiene Faculty  
Radiology Coordinator  
Harrisburg Area Community College  
One HACC Drive SM 104E  
Harrisburg, PA 17110-2999  
717-780-2419 office

(717) 780-2419  
[kmschlot@hacc.edu](mailto:kmschlot@hacc.edu)

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Christopher Grovich, Esq.  
State Board of Dentistry  
P.O. Box 2649  
Harrisburg, PA 17105-2649

INDEPENDENT REGULATORY  
REVIEW COMMISSION

Dear Attorney Grovich:

I want to first express my sincere appreciation for the bold step that the State Board of Dentistry has taken to improve the access to care in the Commonwealth. The proposed changes in the dental hygiene regulations are certainly more reflective of the educational base of the dental hygiene profession.

We were capable of local anesthesia and practice under general supervision in the 1970's when I first moved to this state. I moved here after having graduated from the University of Kentucky because Pennsylvania was so progressive. I was taught to administer local anesthesia and to perform restorative work as an integral part of my education. At the time my parents lived in Maryland which was not progressive at all in that time period, so I chose to move to Pennsylvania. It is exciting that after 10 years of educating the legislature and the Board we were able to perform expanded functions again and that I could teach it again. And now after almost 30 years, we will once again administer local anesthesia and work under general supervision. I am very pleased that both block and infiltration have been included. Much of what a hygienist does is quadrant scaling and root planing which often requires block anesthesia. This is good plan. I also am pleased that it allows some mobility between states without undo hardship to a hygienist already licensed to perform local anesthesia.

I was opposed to the ASA Classifications when they were added to the regulations and am quite pleased that they will be deleted since it really is most applicable to general anesthesia cases, not to the practice of dentistry of routine dentistry.

I am in favor of revising the wording for supervision to read that "the level of supervision will be determined by the dentist and the dental hygienist after review of the patient's medical and dental history." I think on an individual basis is most appropriate because the dentist will have the confidence in the hygienists that work for him/her to know what to delegate. The educational program definitely prepares the dental hygienist for decision making.

The regulations governing the certification of public health dental hygienists are also much needed and I think very doable. It will open the door for hygienists who want to reach out to their communities to give back in some way. I have in the distant past donated my services to senior living facilities and to Head Start Programs. It will be nice to once again be able to do some of that. I would urge that free health clinics along with not-for-profit dental centers be included as additional practice settings for the public health dental hygienists.

Teaching radiology and knowing what the students are taught in both of the hygiene and assisting programs, the changes in the radiology regulations as proposed are also deemed fitting acceptable to meet the needs of the practice settings.

Thank you for the opportunity to respond.

Regards,

Kathleen M. Schlotthauer, R.D.H., M. Ed.