

# 3228



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Independent Regulatory  
Review Commission

November 30, 2020

Jackie Weist Lutz, Board Counsel  
State Board of Dentistry  
P.O. Box 69523  
Harrisburg, PA 17108-9523

Re: PA State Board of Dentistry proposed regulation #16A-4633: Public Health Dental Hygiene Practitioner Site

Dear Ms. Lutz:

I am writing on behalf of the Pennsylvania Academy of Pediatric Dentistry (PAPD) to offer comments on proposed regulation #16A-4633: Public Health Dental Hygiene Practitioner (PHDHP) sites. Thank you for the opportunity to weigh in on this important regulatory change.

The PAPD applauds the valuable contribution of dental hygienists as part of the dental team throughout the Commonwealth. PAPD especially recognizes the important role of the PHDHP could serve as a frontline resource for education and dental hygiene services, and as a facilitator for dental homes, especially in underserved areas.

PAPD commends the requirement that limits PHDHP practices in physician's offices to identified Dental Health Professional Shortage Areas (DHPSAs), which underscores the public health aspect of the PHDHP's mission.

However, we continue to be concerned about several issues.

Pediatric dental patients are especially vulnerable, particularly those who are economically disadvantaged. Early establishment of a dental home is essential to the future dental and medical wellbeing of these children. While screenings and prophylaxes by PHDHPs are useful, it is crucial that pediatric patients receive a comprehensive dental examination every year that could reveal the existence of oral disease. Finding dental disease comes with the reasonable expectation of a treatment plan. For that, a dental home is vital.

The false sense of security that parents and guardians of pediatric patients may experience believing that what they have received from the PHDHP is a comprehensive oral examination and treatment plan could overshadow the seriousness of the dentist referral. Although there is no method to ensure that even after a referral any patient will seek a dentist, there is less likelihood of that happening if parents/guardians believe they already have received comprehensive dental care for their children. Additionally, other sites may not offer the diagnostic tools for a screening, such as radiographs, ability to have a dry field and light source, or a dental assistant.



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While we understand that it is the hope of the Board that the expansion of sites will increase the likelihood of pediatric patients finding a dental home, there is no measurable basis to expect that outcome. If the intent of the PHDHP program is **access to care**, we need to change the distribution of their practice to those areas where there is most need. The attached map illustrates where the 1100 PHDHPs are located, showing most of them in large, metropolitan areas where there are hundreds of dentists available to provide a dental home for patients. If the premise of this regulation is **access to care** and **helping the underserved**, it is vital that we ensure that the remote areas of our state are covered where the need is greatest.

PAPD is also concerned about the potential for the creation of a dual standard of care for pediatric patients who have the financial means for commercial insurance and those disadvantaged patients who rely on Medical Assistance/CHIP. All pediatric patients throughout the Commonwealth should have access to the identical comprehensive dental care and treatment that is best provided by the full dental team. PAPD is not convinced that the referral requirement will achieve that goal.

It is essential that policy makers recognize that evaluations which demonstrate comparable levels of technical quality merely indicate that individuals know how to provide certain limited services, not that those providers have the knowledge and experience necessary to determine whether and when various procedures should be performed or to manage individuals' comprehensive oral health care, especially with concurrent conditions that may complicate treatment or have implications for overall health. Technical competence cannot be equated with long-term outcomes.

American Academy of Pediatric Dentistry (AAPD) encourages the greater use of expanded function dental assistants/auxiliaries and dental hygienists under direct supervision by a dentist to help increase volume of services provided within a dental home, based upon their proven effectiveness and efficiency in a wide range of settings. The AAPD also supports provision of preventive oral health services by a dental hygienist under general supervision (i.e., without the presence of the supervising dentist in the treatment facility) following the examination, diagnosis, and treatment plan by the licensed, supervising dentist. Similarly, partnering with other health providers, especially those who most often see children during the first years of life (e.g., pediatricians, family physicians, pediatric nurses), will expand efforts for improving children's oral health. The AAPD strongly believes there should not be a two-tiered standard of care, with our nation's most vulnerable children receiving services by providers with less education and experience.

Although it is not part of this rulemaking process, PAPD respectfully requests that the Board consider the following suggestions in the future:

1. Development of a uniform referral form with the name of the referred dentist, which will be required for all PHDHP referrals.
2. Development of a measurable tracking system by which it can be determined how many referrals result in the establishment of a true dental home.
3. Development of a metrics system by which the various Commonwealth agencies can show measurable statistics that prove that the expansion of practice sites indeed increases access to dental hygiene services and oral health education, especially for pediatric patients.



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The PAPD appreciates the careful consideration of the Pennsylvania State Board of Dentistry, and the thoughtful amendments in the final regulation. Thank you for the opportunity to be part of this process.

Sincerely,

*Peter J. Ross, D.M.D.*

Peter J. Ross, D.M.D.  
Diplomate, American Board of Pediatric Dentistry  
President, Pennsylvania Academy of Pediatric Dentistry  
1875 Lititz Pike, Suite #9  
Lancaster, PA 17601  
(717) 560-9002 (O)  
(717) 560-5102 (FAX)

*Angela M. Stout, DMD, MPH*

Angela M. Stout, DMD, MPH  
*Diplomate, American Board of Pediatric Dentistry*  
Chesheim Dental Associates  
716 Bethlehem Pike  
Erdenheim, PA 19038  
(O) 215.233.0206  
(F) 215.233.4752  
(C) 610.246.0846

Attachment: PHDHPs/DDS distribution 2019

Cc: IRRC

Cynthia K. Montgomery,  
Deputy Chief Counsel  
PA Department of State

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