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Kathy Cooper

From: DAVID A SCHWARTZ DDS PC <daschwartzdds@comcast.net>
Sent: Monday, April 22, 2019 12:25 PM
To: IRRC
Subject: PHDHP Rulemaking

RE: PHDHP Rulemaking

16A-4633 (Public Health Dental Hygienist Practitioner Sites)

State Board of Dentistry

Regulatory Counsel Department of State

P. O. Box 69523

Harrisburg, PA 17106-9523

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April 22, 2019

Dear IRRC:

I write in opposition of the proposed PHDHP Rulemaking 16A-4633 (Public Health Dental Hygienist Practitioner Sites), as written.

While I am not opposed to include the additional sites, I am opposed to the treatments they will be offering in sites not properly equipped to perform them properly. Most notably is the placement of sealants. Even when the proper equipment is in place, sealants are not easily placed properly.

I was asked by our local Dental Hygienist Association to be the on-site doctor for a sealant event taking place in Reading a few years ago. They were using the dental facilities at a local hospital, so they had all the proper equipment they needed. They were to assess and clean the teeth that were to be sealed and then I was to give the OK or not. I brought some caries indicating dye along with me. It allows me to see either plaque or decay that is present. Most every tooth I checked had either plaque or decay still present. I showed them how to use the dye and remove the plaque. Areas that still stained were either decay or plaque that could not be cleaned away without a dentist's skills. Had I not been thorough, those teeth would have been sealed improperly and decay would either form or continue to grow under the sealant. In some cases the plaque was enough that the sealants would have come off within a few months or so. Either way, it becomes a waste of time and money to do anything improperly.

None of the places mentioned in this rule change have the proper equipment. Most specifically, air, water and vacuum. The conditioning gel tastes bad and it is not suppose to be contacting anything but where the sealant is to go. It is to be rinsed away with targeted water into a suction tube. Sealant require a dry field to be placed. Properly dried air that is free from oils is to be used. Saliva getting on the tooth at the wrong time or not being removed completely will result in a poor seal that will fail down the road. Sometimes by coming off partially or completely. Coming off partially sometimes leads to new areas that are difficult to clean. Just the opposite of what a sealant is designed to do. The worst are those that leak, but do not come off, for they quickly turn into decay in a cavity prone person.

My concern has always been that dentistry is not a manpower dependent problem for the under served population, but rather a dental chair dependent issue. To treat correctly, you need the proper equipment. One person can only help one person at a time if they have only one dental chair. The more chairs, the more can be helped, and then manpower and levels of providers can be of use.

Allowing work to be done without the proper equipment will not give the desired outcome that the proponents of this rule change desire. In stead, it will give false hope and waste funds.

Sincerely,

David A Schwartz, DDS