3228

PENNSYLVANIA ACADEMY of GENERAL DENTISTRY

RECEIVED
APR 23 2019
Independent Regulatory Review Commission

April 19, 2019

Ariel O'Malley, Esq., Regulatory Counsel
Pennsylvania Department of State
PO Box 69523
Harrisburg, PA 17106-9523

Ms. O'Malley:

On behalf of the members of the Pennsylvania Academy of General Dentistry (PAGD), I thank you for the opportunity to comment on the State Board of Dentistry regulation 16A-4633. It is my hope that the systemic changes in PHDHP service delivery recommended below will ensure patient safety while increasing the likelihood that patients will establish and maintain a dental home.

Sealants

Prior experience in other states has demonstrated that the inexpensive nature of dental sealants has led to them placed ineffectively and improperly, resulting in untreated pathosis and inefficient Medical Assistance spending patterns. To ensure proper use and placement of sealants, PAGD recommends that the State Board of Dentistry codify sealant procedures and practices. Based on current literature from the American Dental Association, Center for Disease Control, and Seal America, PAGD recommends the following procedures and practices be established for the use and placement of sealants:

Practice recommendations for the proper use of sealants:

- Sealants should be placed in pits and fissures of molars with clinically sound occlusal surfaces or non-cavitated carious lesions.
- Visual assessment of a clean, dry tooth should be utilized. An explorer may gently be used to confirm cavitations, but forceful use of an explorer in pits and fissures should be avoided.
- Radiographs taken as part of a screening may be used in the assessment, but they should not be taken solely for the purpose of placing sealants.
- If radiographic caries into dentin is noted or a clinical cavitated lesion is present, the tooth should not be sealed and the patient should be referred for restorative treatment.
- If the patient is unlikely to receive care in a timely manner, a sealant may be placed on a small cavitated lesion after appropriate charting of the pathology has been performed to help slow the lesion progression until final treatment can be rendered.

Practice recommendations for the proper placement of sealants:

- Prior to sealant placement, teeth are to be cleaned with a toothbrush or handpiece prophylaxis.

- A dry, isolated field must be maintained during resin-based sealant placement and curing. An isolated field must include, at a minimum, use of a saliva ejector.
- When ideal isolation is not possible, glass ionomer sealants should be utilized rather than resin-based sealants.
- Resin-based sealants should only be placed on fully erupted teeth.

Uniform Referral Form

As it currently stands, there is no guidance or consistency regarding the dental home referral process following PHDHP examination, creating the possibility for patient confusion of the treatment received. PAGD recommends the language below be included on a referral form following care from a PHDHP independent of dentist supervision:

- A statement that the care received was from a PHDHP, not a licensed dentist.
- A statement that the care received does not replace the need for a comprehensive dental examination with a licensed dentist.
- A recommendation that the patient schedule dental services.
- Contact information for local dental offices or community resources that can provide dental examinations.

Liability

There is no stated consideration of the liability of the independent practice site in which a PHDHP practices. PAGD recommends that the SBOD address in the regulations the liability responsibilities for child care facilities and physicians' offices if the standard of care is not met by the PHDHP, and the supervisory responsibility of the licensed physician for physicians' offices.

Physicians' Offices

It is PAGD's contention that expansion of independent PHDHP practice to physicians' offices potentially provides no additional utility to meet unmet dental needs. The public health capacity of a PHDHP intimates that the PHDHP should serve in a high poverty or underserved area. Physicians can locate their office wherever it is most beneficial to their patients and their practice, including high-income areas of the state with adequate health professional networks.

PAGD requests that the board consider limiting PHDHP independent practice in physicians' offices that are located in a Dental Health Professional Shortage Areas, as it is in California, or that PHDHP independent practice in a physician's office be considered by the board on a case-by-case basis, as it is in Maine.

Collaborative Agreements

One method used in other states to ensure that patients are safe to receive hygiene services outside the supervision of a dentist is a collaborative or affiliated practice agreement with a dental home. These agreements typically require the hygienist to consult with a dental home before initiating treatment on patients who have not recently received a dental exam. These agreements present the additional benefit of offering a logical referral source for a PHDHP.

According to a summary of direct access dental hygiene states by the American Dental Hygienists Association, 26 states require some type of collaborative agreement with a dental home before independent hygiene treatment is provided. PAGD recommend Pennsylvania consider a similar collaborative agreement requirement.

Patient Safety

The provision of services in the private homes of patients opens additional risk if the practitioner is not adequately prepared. PAGD recommends that the following be required for PHDHPs that provide services in a patient's home:

- Requirements for curricular hygiene education that addressing emergency medical care.
- Current Basic Life Support (BLS) certification.
- An additional ten hours of continuing education in emergency medical care required for PHDHP licensure.
- Emergency life support equipment such as an Automatic External Defibrillators be present.

Similar equipment requirements are in place for hygienists practicing independently in long-term care facilities in Maryland. Other states such as California, require a demonstration of competency for Registered Dental Hygienists in Alternative Practices (RDHAPs). Other states such as Minnesota and South Dakota require additional educational hours on medical emergencies.

ASA Classification

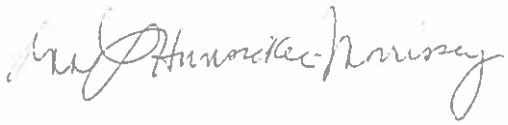
Section 33.205(d)(ii) states that a dental hygienist may provide the professional services identified in subsection (a)(2) under the general supervision of a dentist when the patient is free of systemic disease or suffers from mild systemic disease, which are defined as American Society of Anesthesiologists (ASA) Class I and II. Direct supervision of a dentist is required for hygiene services when the patient is suffering from systemic disease which is severe, incapacitating, or life threatening, defined as ASA Class III and IV. These professional services are later cited in the scope of practice settings for a PHDHP.

The regulations specifically cite hospitals, home health care agencies, hospices, long-term care nursing facilities, cancer treatment centers, ambulatory surgical facilities, or birth centers, and places of residence or other independent living environments as independent practice sites for

PHDHPs. It is highly likely that anyone treated in any of these environments would be classified as ASA III or higher, which would require direct supervision of a dentist. Other additional independent practice sites, such as physicians' offices, also typically provide care to patients with various states of systemic disease. The ASA classification of these patients could not be determined without an examination of medical history by a dentist or physician. In addition, If proper ASA classification is not resolved, liability issues need to be clarified as this could result in treatment outside of the scope of practice for the PHDHP. PAGD recommends that this potential inconsistency in the regulations be addressed.

Again, PAGD appreciates the opportunity to comment on these regulations. We request that the State Board of Dentistry take this opportunity to review the PHDHP service delivery system, consider our recommendations, and implement these and other systemic improvements as a part of these regulations.

Sincerely,



Ann Hunsicker Morrissey, DMD, MAGD, LLSR
President

CC: The Honorable David Hickernell, Chair, House Professional Licensure Committee
The Honorable Harry Readshaw, Chair, House Professional Licensure Committee
The Honorable Robert Tomlinson, Chair, Senate Consumer Protection and Professional Licensure Committee
The Honorable Lisa Boscola, Chair, Senate Consumer Protection and Professional Licensure Committee
Laura Campbell, Regulatory Analyst, Independent Regulatory Review Commission