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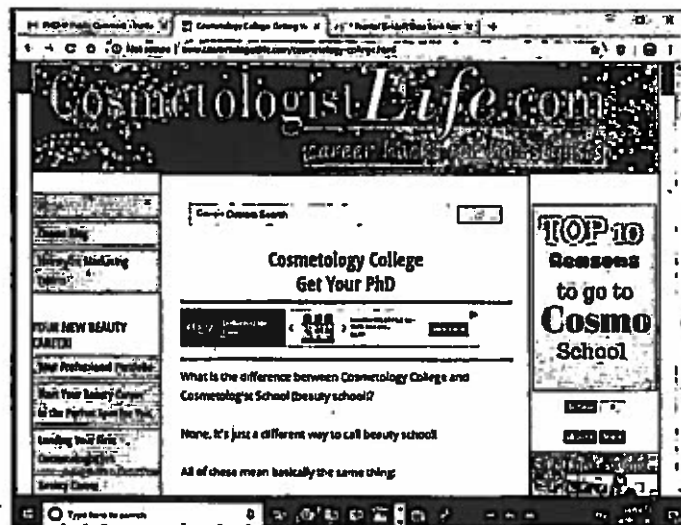
Dear Pennsylvania State Board of Dentistry:

This letter is in response to the proposed draft Regulation 49 Pa.Code @ 33.205b that expands the sites of independent practice for Public Health Dental Hygiene Practitioners (PHDHPs). It is my understanding that this draft seeks to expand the settings of Independent PHDHP practice to homes of those receiving nursing care, childcare settings, and physicians' offices.

As a member of Pennsylvania Academy of General Dentistry and active on the board for many years, I am aware of the efforts and concerns that organized dentistry has raised on this issue. The vast majority of PHDHP's that I know of hold only an Associate's Degree for their hygiene license and yet they are lobbying their way into a position of independent practice. Our medical colleagues had the good sense to require at least a Masters level degree equivalent for the Physician's Assistant and Nurse Practitioner. This should be the minimum in this situation as well.

This hygiene program has been flawed from its inception in a couple of ways. I believe the original intent was noble but the execution was poor. Historically an individual practicing hygiene independently as a school hygienist has been required to demonstrate their strength, commitment, discipline, and character toward this privilege by being recognized by an officiating body or organization. To serve in an independent capacity and serve the public this individual should have a minimum of a Bachelor's Degree – not an Associate's Degree – and preferably a Master's Degree. That is not what happened here. Someone made up this PHDHP moniker and made the requirements to attain this moniker so low that anyone that has an RDH Degree, a job working in the dental work force for 3 three years, and is breathing could attain this coveted designation. It seems to me that the role of the school hygienist more effectively covered the tasks and duties for which the PHDHP is vying. The school hygienist has been around for decades, and can be more effective and efficient, as they will reach children within a school environment. In addition, a school hygienist will have a minimum of a Bachelors Degree to be considered for the position.

We have nurses that practice in public health settings they are not PHRN. (Public Health Registered Nurse). However, those that do practice in this capacity must have at least a Bachelors and preferably a Master's degree. There is no such thing as autonomy for a nurse with an Associate's Degree. The PHDHP moniker is terribly misleading to the public. In addition, just to put this in another context...there is a Cosmetology information site out there that offers a PhD.....Professional Hair Dresser. This is done as a joke but this is an image of their web presence. It is entirely plausible that the average person that is likely to be treated under this program will not understand there is a drastic difference in education and training.



Do not allow Pennsylvania's State Dental Board to be complicit in such an egregious oversight.

The one positive element that evolved out of this program is allowing dental hygienists to work on ASA I and ASA II patients in dental offices when the dentist is absent.

There does not appear to be any language that limits PHDHP's location of practice to economically depressed, dentally underserved areas. Expanding practice to physicians' offices does not necessarily provide additional access in shortage areas. Physicians can locate their practice where they see fit. Including high-access or affluent areas of the state.

In-home treatment, especially for those with health complications can be inherently risky. Licensed dental personnel are required by state law to maintain Basic Life Support certification in order to apply for re-licensure. Many of those that would likely receive in-home care fall into more complex medical history categories. This population is more at risk to experience a medical emergency. A PHDHP should be trained to a greater level to deal with such an event and carry portable life-saving equipment.

Which leads me to my third issue on the PHDHP topic- There is no consideration or statement of who will be held civilly liable for malpractice should an unfortunate event occur while being treated by a PHDHP in a physicians' office or childcare setting.

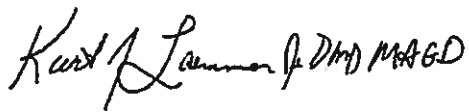
One of my past dental hygienists is a PHDHP and while she will say the words "...You need to follow-up with a dentist" ...to these patients and has provided a list of dentists she has become disheartened when the patient continues to return to her having not followed through with seeing a dentist. It is my belief that these patients feel they have seen a "dentist" person and that follow-up by a licensed dentist is not really a necessity.

Lastly, the patient's safety should be the primary focus. Performing dental hygiene services without a dental examination or radiographs can be dangerous and /or result in performing unnecessary treatment.

My recommendation would be to terminate the PHDHP bogus credentialing, and resume support and encourage the school dental hygiene positions and programs and modify this designation accordingly. This means no credentialing letters following their name that can be confusing.

Continue to allow hygienists to work in dentist offices under general supervision when dentists may not be present. The provision that permitted dental hygienists to work in a school setting and institutions addressed all the same elements that the PHDHP is seeking with the exception of physicians' office and childcare setting. I believe that the school hygienist will be vastly more effective as children must attend school, where appropriate facilities are already present. This precedent has been in existence for decades. You essentially addressed and fixed this problem a long time ago with a school hygienist. The PHDHP designation is setting a dangerous precedent. Should you feel fit not to change the PHDHP classification, I would at least require that PHDHP's need to have a minimum of a Bachelor's Degree.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Kurt Laemmer Jr. DMD MAGD". The signature is written in dark ink and is positioned above the printed name.

Kurt Laemmer Jr. DMD