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April 18, 2019

Ariel O'Malley  
Board Counsel  
State Board of Dentistry  
Department of State  
PO Box 69523  
Harrisburg PA 17106-9523

RA-STRegulatoryCounsel@pa.gov

Dear Ms. O'Malley:

I am writing to express my support of rulemaking 16A-4633 Public Health Dental Hygiene Practitioner Practice Sites.

As a Registered Dental Hygienist of nearly 30 years, a Public Health Dental Hygiene Practitioner (PHDHP), Clinical Faculty Preceptor at LECOM Dental School, President-Elect of the Pennsylvania Dental Hygienists' Association, Practice Manager of a multi-doctor private practice that participates with all state-funded dental plans and frequent volunteer, I am acutely aware of the access to dental care issues that so many Pennsylvanians face.

A Public Health Dental Hygienist (PHDHP) can provide increased access to care in the community through being able to provide services in these locations. They will provide preventive services, anticipatory guidance, education on oral health and disease and a referral to a dental home. PHDHPs are not permitted to diagnose, but they can assess a patient, encourage patients to follow through with dental treatment and provide a warm hand off to a dentist.

Pennsylvanians that are homebound and in hospice have some of the greatest barriers to accessing care. Patients in rehabilitation facilities that receive assistance with daily oral care from a PHDHP can benefit from continuity of these services once they are discharged to their homes. To have a PHDHP provide these services is a clear strategy to improve the oral health, and therefore overall health, of this population that has been receiving very little care, if any at all. The report "Access to Oral Health Care for Pennsylvanians with Disabilities: A Rising Public-Health Issue" identifies how this demographic is growing ( <http://fisafoundation.org/wp-content/uploads/2011/09/OralHealthCareforPWD.pdf> ).

The American Academy of Pediatric Dentistry guidelines recommend that children have their first dental evaluation at the time of the first tooth erupting or by age one, whichever comes first. However, the

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Centers for Disease Control reports that in 2016, a staggering 80.2% of children aged 1 year had never seen a dentist<sup>1</sup>. The PHDHP can work outside of the traditional dental practice and in community settings, such as child care settings, to educate parents and caregivers on the importance of this recommendation, provide assessments and education and make the referrals to direct these children to dentists to establish a dental home.

Currently, physicians, physician assistants, registered nurses and nurse practitioners in Pennsylvania are applying fluoride varnish and performing oral assessments in primary care sites, upon completion of the "EPIC Oral Health in Your Office" or "Smiles for Life – Module 6" trainings. To have a PHDHP in these settings will allow a seasoned dental professional to provide these services along with the referral to a dentist, something that a PHDHP is required to complete.

In summary, I support rulemaking 16A-4633 Public Health Dental Hygiene Practitioner Practice Sites and respectfully request acceptance of the rulemaking as proposed. It is in alignment with the Pennsylvania Department of Health "Pennsylvania's Oral Health Plan 2017-2020" and can help to achieve the goals set forth in this plan for the constituents of Pennsylvania.

Thank you for your consideration and support.

Sincerely,

A handwritten signature in cursive script that reads "Linda Straub-Bruce".

Linda Straub-Bruce, RDH, BSEd, PHDHP  
President-Elect, Pennsylvania Dental Hygienists' Association

**References:**

<sup>1</sup>QuickStats: Percentage of Children Aged 1–5 Years Who Had Never Been to a Dentist, by Age and Year — National Health Interview Survey, United States, 2006–2016. MMWR Morb Mortal Wkly Rep 2018;67:261. DOI: <http://dx.doi.org/10.15585/mmwr.mm6708a8>