

3228

RECEIVED

APR 26 2019

Independent Regulatory
Review Commission

From: Dr. Rachel Lewin
 To: ST_RegulatoryCounsel
 Subject: [External] Public Comment on Draft PHDHP Regulations
 Date: Friday, April 19, 2019 10:13:17 AM

ATTENTION: This email message is from an external sender. Do not open links or attachments from unknown sources. To report suspicious email, forward the message as an attachment to CWOPA_SPAM@pa.gov.

To Whom It May Concern:

I am writing to comment on the proposed Rulemaking for Public Health Dental Hygiene Practitioner Practice Sites. I have several thoughts and concerns which I would greatly appreciate being considered as you decide how to proceed with this complex decision in front of you.

- Expanding practice to physicians' offices does not necessarily provide additional access to dental care. Physicians can locate their practice(s) where they see fit, including high-access or affluent areas of the state. In addition, would these physicians have the ultimate decision in whether or not to allow a PHDHP to come and treat patients in their offices? Would they take responsibility for the physical well-being of the patients being treated there? Would this be determined on a case-by-case basis? If so, how? Patient safety must always be considered.
- This ties in with my second concern about these proposed regulations: In-home treatment, especially for those individuals with health complications, is inherently risky. It should not be attempted by someone without emergency care training, Basic Life Support certification, and portable life-saving equipment. Are these PHDHPs going to be required to carry BLS certification, AEDs, and medical emergency kits with them? Will they be required to furnish their own Professional Liability Insurance that covers them in all locations where they might practice? There needs to be a minimum standard of higher-level emergency training and the understanding that these PHDHP are assuming additional liability if they will be treating patients without the direct supervision and oversight of a licensed dentist or physician.
- In a similar vein, there seems to be no consideration or statement of who will be held civilly liable for malpractice in the event that the standard of care is not met for services provided by a PHDHP in a physicians' office or child care setting. The patient's safety should be the primary focus.
- Invasive hygiene services without a dental examination or radiographs can be ineffectual or, worse, dangerous. Allowing PHDHPs to diagnose and prescribe radiographs is one thing, but will they now be held accountable for their interpretation as well? How will they be trained to do so and will this spill over into non Public-Health Dental Hygiene Practitioners? In what ways might this affect the practice and profession of dentistry? Performing dental treatment on a patient without current radiographs opens up dentists to liability in their own practices. How can we justify a lower standard of care for those patients receiving treatment from a PHDHP? Is the answer simply that some care (and/or care at a lower standard) is still better than *no* dental health care? How do we protect our patients and our profession, and still expand care to those individuals for whom routine dental care with a licensed dentist is inaccessible? Maybe the answer is in expanding Public Service Loan Forgiveness or expanding a cooperative program between dentists and dental hygienists to extend care to our under-served populations.

I urge you to consider the various implications of a decision like this as you proceed.
Thank you for your time.

Sincerely,

Rachel Lewin, DDS

DrRachelLewin@gmail.com

www.RachelLewinDDS.com

Draft Proposed Regulation 49 Pa. Code @ 33.205b