

3228



From: David Spokane  
To: ST\_RegulatoryCounsel  
Subject: [External] Regulation #16A-4633: Public Health Dental Hygiene Practitioner Practice Sites.  
Date: Tuesday, May 14, 2019 2:06:10 PM

---

*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](mailto:CWOPA_SPAM@pa.gov).*

Ariel O'Malley, Board Counsel  
Pennsylvania State Board of Dentistry  
[RA-STRegulatoryCounsel@pa.gov](mailto:RA-STRegulatoryCounsel@pa.gov)  
Dear Board Counsel O'Malley:

Pursuant to PA SBOD Regulation 33.205b, the Public Health Dental Hygienists were granted the right to practice in multiple settings including: educational institutions, correctional facilities, personal care facilities, older adult living centers, continuing care facilities, and federally qualified health centers. They are now petitioning the board to expand those sites to include: physician offices, pediatrician offices, child care facilities and even schools. The target of the public health dental hygienist is obviously children that are in need of dental care.

To recommend that dental patients be seen in these additional sites is certainly not in the best interests of patients throughout Pennsylvania. Neither Physicians nor dental hygienists are capable or legally able to diagnose dental caries or periodontal disease. Who is going to determine if caries is present prior to the placement of sealants? Who is going to take and read radiographs or x-rays? Sealants should not be placed prior to a thorough examination and diagnosis. This recommendation is in opposition to what every dental student has been taught as the well established standard of care that a thorough diagnosis is needed prior to treatment. If the state board allows this below standard of care treatment, what else will they allow in the future?

Who is going to review the radiographs for pathology? Who has the education and ability to refer to dental specialists such as orthodontists, periodontists, oral surgeons, endodontists, etc. The dental hygienist and/or the physician do not have this ability or knowledge to make appropriate referrals as needed. Who is going to determine if the patient requires premedication prior to cleanings? A dental hygienist cannot prescribe medications.

In essence, the Public Health Dental Hygienists will bill a lot of insurance companies or

the State of Pennsylvania for cleanings and sealants without ever diagnosing anything. It seems to me that their petition to practice in these additional areas serves as more of a good business decision to them and/or the facilities that they are working and monetarily motivated all being presented under the altruistic "access to care" umbrella.

This is absurd. This is clearly not in the best interests of any patients. Most patients will incorrectly assume that they saw the "dentist" and were adequately diagnosed and treatment planned by a dentist.

In addition, expanding "dental practice" to child care centers and physician's offices does nothing to provide additional access in "areas of need". Physician or pediatrician's offices or child care centers are not necessarily located in "areas of need". A well designed "physician to dentist" referral program would better serve the needs of Pennsylvania residents.

The goal of the state board should be to get these patients into a dental practice for ALL care, not be referred to dental practices after a cleaning and sealant placement is done and billed to the appropriate agency.

I understand that access to care is of critical importance and should be addressed, but this is a huge mistake. Pediatric Dentists do more for access to care than any other specialty in dentistry. "Access to care" needs to be more clearly addressed and defined. My Pediatric colleagues have not received any increase in the fees paid by the state or associated organizations in years because they are told they have too many providers in the area. How can our geographic area be considered underserved and have too many providers at the same time? What is the definition of an "area in need of care"? Perhaps, PHDHP should only be able to "treat" in areas that do not have a dentist who participates with state insurances within a given square mile radius or some percentage of patients per dentist per square mile number may be more appropriate. This needs to be defined. Perhaps, Pennsylvania should adopt a CDHC program that has been recommended by the ADA and implemented with success in other states? Perhaps, dental student loan forgiveness and an agreement to treat patients on state insurance should be investigated. Perhaps, dental practices that treat a certain number of patients on state insurance should be awarded a tax credit. Perhaps public service announcements stressing that children need to establish a dental home by age 1 should be initiated.

In the areas serving Beaver and Lawrence Counties, we have at least five Pediatric Dentists and multiple practices that accept state insurances but our area is still listed as

**"undeserved" The petition to practice in additional areas is more or less supporting and possibly encouraging third party organizations, large corporate providers and other business entities from opening PHDHP clinics across our state without restriction and providing substandard care without dental supervision. How could this be in the best interests of dentists or the patients in Pennsylvania?**

**Sincerely,**

**David C. Spokane, DMD, MS  
President, Beaver Valley Dental Society**

**Richard J. Gradisek, DMD  
Vice President, Beaver Valley Dental Society**

**Richard M. Ribarevski, DMD, MDS  
President, Lawrence County Dental Society**

**George S. Tunder, DMD  
Vice President, Lawrence County Dental Society**

**Members on committee:**

**Dr. Frank Makozy**

**Dr. Tom Patton**

**Dr. Nicole Chenet**

**Dr. Richard Smith**

**Dr. Mike Dragonjac**

**Dr. Joe Dragonjac**

**Dr. Chris Wichmann**

**Dr. Linda Hamerski**

**Matthew J. Conquest**

**Phil Mason, DMD**

**Ralph Kuhn, DMD**

**John Beall, DMD**

**Pam Crumrine, DDS**

**Bob Fornalczyk, DDS**

**Kevin Showvaker, DMD**