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Independent Regulatory  
Review Commission

From: DONNA  
To: ST\_RegulatoryCounsel  
Subject: [External] Regulation #16A-4633: Public Health Dental Hygiene Practitioner Practice Sites  
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Ariel O'Malley, Board Counsel  
Pennsylvania State Dental Board  
[RA-STRegulatoryCounsel@pa.gov](mailto:RA-STRegulatoryCounsel@pa.gov)

Dear Board Counsel O'Malley,

I am writing with regards to the proposed Pennsylvania State Board Regulation to allow Public Health Dental Hygienists to work in primary care physician offices and other non-traditional settings (Regulation #16A-4633: Public Health Dental Hygiene Practitioners Practice Sites.) The passage of this regulation would be both a detriment to practicing dentists and to patients.

The reasons for my opposition to Regulation #16A-4633 are as follows:

By placing the practitioner in primary care medical practice offices, the patient assumes that someone knowledgeable and licensed to diagnose a dental condition is doing such. Neither physicians nor hygienists is licensed to diagnose caries or provide treatment for such conditions and parents assume that this is a comprehensive exam.

As a pediatric dentist licensed in Pennsylvania for over 20 years and as owner of a practice in Beaver County since 2013, I strive to provide comprehensive care to my patients. Beaver County is considered to be an underserved area. As a provider and advocate for children I have chosen to practice in an area of need throughout my professional life and am also a provider for many insurance plans and PA CHIPS plans. My practice maintains good working relationships with local pediatricians in an effort to provide a proper dental home by age 1. This is a key to prevention of dental disease and cornerstone in comprehensive care. Many parents do not understand the difference between a screening exam and a comprehensive exam. Often times parents present their children to our office for recall exams to find that they don't have insurance coverage for the exam because the school dental bus already provided the services. By providing this type of piece mill dentistry, comprehensive care is compromised. Pathology, caries and malocclusion may be overlooked or misdiagnosed and patient care will suffer.

Dentistry is not a one size fits all modality. That is why there are a variety of dental specialties recognized by the ADA. Why does the PA State Board feel that a primary care physician with no dental expertise or a registered dental hygienist can provide expert diagnosis or adequately screen a patient to a standard of care? This is not to impugn the knowledge of the physician or hygienist, but the level of training is not there.

Also as a pediatric dentist and member of the American Academy of Pediatric Dentistry and in accordance with their standard of care, I am in agreement that the parent establish a dental home for the child by age 1, as mentioned above. This is generally done by a Primary Care Physician referring to a Pediatric Dentist or General Dentist. A question I have is whether these practitioners will be providing a Dental Home, offering anticipatory guidance.

While I acknowledge the problem of access to care, I cannot see where this addresses the true nature of the problem. Providing screening is like placing a bandage where surgery is indicated. The true solution to the problem is to incentivize dentists to provide care to the underserved populations and areas.

I appreciate your time in allowing me to air my grievance of the potential passage of regulation #16A-4633.

Sincerely,

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