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From: etm4kids@aol.com
To: ST_RegulatoryCounsel
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Ariel O'Malley, Board Counsel
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Dear Counsel O'Malley,

The national medical association that represents about 145,000 pediatricians has adopted a policy statement in its House of Delegates in support of a Dental Home by Age 1. The American Academy of Pediatrics (AAP) believes that it is in the best interest of the oral and general health of children to establish a Dental Home in the office of a dentist by Age 1. The AAP adopted its policy because only dentists can examine, diagnose, prescribe, order and interpret radiographs, and develop and implement comprehensive dental treatment plans.

The American Dental Association, the American Academy of Pediatric Dentistry (AAPD), and the Pennsylvania Academy of Pediatric Dentistry (PAPD) have also adopted this policy because they believe that all children deserve quality dental care. A two-tiered system of oral healthcare whereby public health hygiene practitioners become the gatekeeper to the profession of dentistry is unfair to children if diagnoses are missed and more emergent care is later needed to rectify a lack of knowledge and ability to diagnose. This will result in more expensive and complicated treatment often requiring the use of sedation and general anesthesia.

The AAP representing pediatricians recognizes that pediatricians are allowed to provide dental preventive treatment to children in their offices. The American Academy of Pediatric Dentistry is very concerned that parents will believe that if their children have seen a public health hygiene practitioner in the offices of pediatricians that they will believe that their children have had adequate quality comprehensive dental care and will not take their children to see a dentist. Because the hygienists are using the term practitioners, the public will equate that term to be similar to nurse practitioners that have 6-8 years instead of 2 years of formal education.

If it is the desire of the PA State Board of Dentistry to create a mid-level hygienist to provide quality care in many sites in the state then it is incumbent on the Board to require proper and adequate formal training of the persons rendering such treatment. Two years of formal training with many years of practice is not the equivalent of a bachelor of science (BS) degree with four years of rigorous study which would include pathology, physiology, and microbiology and not as entry level courses. Dental schools of which we have three can develop a four year bachelor of science curriculum that will accomplish this goal and which will safeguard our most precious gift which is our children.

The PA State Board of Dentistry and the Profession of Dentistry have the same goal which is a one tiered system of ideal comprehensive dental care for all the children in the Commonwealth. Together we can make this happen.

Respectfully submitted,
Eugene J. McGuire D.D.S

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