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From: Heidi Fornalczyk
To: ST_RegulatoryCounsel
Subject: [External] PA SBOD Regulation 33.205b
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Ariel O'Malley, Board Counsel
Pennsylvania State Board of Dentistry
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 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 include: physician offices, pediatrician offices, child care facilities, and even schools. The target of the public health dental hygienist is obvious 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 interest of patients throughout Pennsylvania. Both physicians and dental hygienists are not capable, trained, or legally qualified to diagnose dental caries or periodontal disease. No dental radiographs can be taken in these settings and no intra oral photos can be taken or read them. These are crucial to the development of all dental treatment plans. Who is going to take the liability of sealants being placed after thorough examination and diagnosis if caries was present prior to placement? Who is going to read said radiographs for pathology? Who is going to take the legal liability of undiagnosed caries turning into cellulites? These patients will receive inadequate and incomplete information. Who is going to discuss the development orthodontically for these patients? This is ludicrous. Most patients will incorrectly assume that they saw their "dentist" and/or hygienist who works under the supervision of a "dentist" were properly diagnosed and properly treatment planned by a dentist. Physicians and hygienists are not trained for the role of the legal gatekeeper. Hygienists are able to get a hygiene license in two years! Are they going to be the producer now for the insurance companies?

Expanding "dental practice" to child care centers and physician's offices does nothing to provide additional access in "areas of need". Physician's or pediatrician's office or child care centers are not necessarily located in "areas of need". An intelligent and carefully designed "**Physician to Dentist Referral Program**" would better serve the needs of Pennsylvania residents. How could this be in the best interest of patients and dentists in Pennsylvania?

This recommendation is in direct opposition to what every dental student has been taught as the well established standard of dental care that a thorough diagnosis and treatment, what else will they allow them to do in the future? Is the dental hygienist going to make the medical diagnosis for who requires premedication prior to cleanings? Is the dental hygienist going to prescribe and administer medications now?

Please refer to these two documents:

http://www.aapd.org/media/Policies_Guidelines/P_WorkforceIssues1.pdf and

<http://pediatrics.aappublications.org/content/134/6/1224>. Both articles strongly oppose the proposed regulation regarding practice in primary care physician offices and non dental settings.

Perhaps, the "access to care" needs to be more clearly defined as areas where there are no participating dentists with state insurances within a radius of ten miles or more? Perhaps, the "area in need" needs to be given this mile radius of ten miles who don't have state participating dentists? Perhaps, a dental student loan forgiveness plan should be initiated and allow these dentists to provide said number of hours a month doing dental exams and x-rays for these targeted patients?

Sincerely,

Robert W. Fornalczyk, D.D.S.