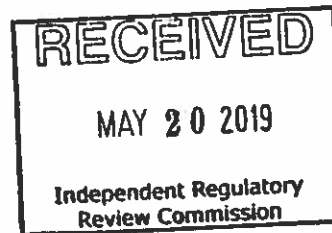


3228



From: Perkins Dental
To: ST. Regulatory Counsel
Subject: [External] 49a.Code@33.205b
Date: Tuesday, May 14, 2019 2:53:31 PM

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To Whom it May Concern,

I am asking you to reconsider the proposed draft 49Pa.Code@33.205b that expands the settings of independent PHDHP practice to homes of those receiving nursing care, child care settings, and Physicians.

In home treatment, which I have done for a few of my patients, can be inherently risky. They are needing in home attention because of extreme physical and medical complications. That should not be put in the hands of someone without emergency care training, basic life support and the availability of an AED or medical kit which would have restricted drugs. Whose malpractice covers this person in the event something is mishandled? How do you know the standard of care is met? Access to the patients mouth is difficult, visibility is difficult, invasive hygiene services without a dental exam or radiographs can be dangerous. The patient's safety should be the primary focus. As far as the Physician's office, how do you determine what offices should provide dental care? Physicians can locate their practice where ever they chose, high access or affluent areas of the state. Isn't the idea to improve access of dental care to the under privilege and underserved? How do you enforce the care going to the intended recipients? Who is held civilly liable for malpractice in the event the standard of care is not met for services provided by a PHDHP in the physician's office.

I understand the intent of this proposal but I don't believe the draft is well thought out and I am not sure how any regulations will be monitored or enforced. I believe this is opening a can of worms in which the intent is good but the misuse will be great.

Thomas Perkins DMD
Perkins Dental Associates