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Dr. Jack Erhard, Chair
Pennsylvania State Board of Dentistry
P.O. Box 2649
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Dr. Erhard,

I write to you with serious concerns about Draft Proposed Regulation 49 Pa. Code @ 33.205b. It is my understanding that the SBOD will discuss this at its upcoming July meeting. I feel that the expansion of PHDHP independent practice to the sites addressed in the draft proposed regulation jeopardizes patient safety while perpetuating a tiered system of care that provides limited additional access to address unmet dental needs.

I am a dentist working at a federally qualified health center (FQHC) in a Dental Health Professional Shortage Area in the second poorest zip code in Philadelphia. Along with a team of 2 dentists, a PHDHP, 3 Expanded Function Dental Assistants, and 3 dental assistants, I treat patients of all ages from our local neighborhood who are low-income. Many are unsheltered and lack housing. Many lack insurance to pay for necessary treatment. While utilizing a PHDHP to help treat our patients, we have discovered many limitations within their scope of practice to meeting the unmet needs of our population. The proposed regulations as they stand do not meet this need.

A PHDHP can educate the public on the importance of oral health and connect them to a dental home. Many of our low-income patients need services that the PHDHP cannot provide. The PHDHP scope is mostly preventive, but our low-income patients have high rates of dental disease. They require definitive treatment, including scaling and root planing, restorations for caries, and extractions. Our PHDHP works in collaboration with our dentists in order to establish a dental home so that we can provide this definitive treatment. These dentists can also help to oversee treatment and be utilized as a resource should any issues arise during the practice of the PHDHP.

Independent practice of PHDHPs is not the solution to access to care in Pennsylvania. Many of the patients I treat were previously unable to find a dentist who accepts Medicaid. Private practices cannot justify the cost of treating patients with Medicaid if reimbursement continues at current rates. Additionally, surrounding states provide full dental coverage for adults; whereas Pennsylvania does not. The solution to access to care does not lie solely within PHDHPs. Other steps can be taken to encourage more dentists to accept low-income patients in a way that does not jeopardize the financial sustainability of their practices and allows the patients to access the care that they need.

Additionally, should the proposed regulations for PHDHPs be accepted, the SBOD should strongly consider additional requirements for obtaining a PHDHP permit. At this time, there is no additional training required. Dental hygienists may obtain the permit after working in a practice where the patient population is very different than that in the public health field.

I recommend the State Board of Dentistry take the opportunity to amend these regulations with the goal of ensuring patient safety while fulfilling the original goal of PHDHP treatment, which is getting more people into a dental home.

Thank you,


Jacine Burkhardt, DMD