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Signature Dental of Bucks County

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Independent Regulatory
Review Commission

Dr. Jack Erhard, Chair
Pennsylvania State Board of Dentistry
P.O. Box 2649
Harrisburg, PA 17105-2649

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 have been in private practice in Warminster, Pennsylvania for 35 years. I employ 15 staff members in a community that is a really good cross section of all social economic groups but not extremely affluent. I have watched through the years and especially lately, as norms and standards of care continue to be eroded in the name of access to care and decreased cost for that care. I taught at the University of Pennsylvania for 10 years, so I have experience with what it takes to properly train a dentist, and the qualities that need to be present in that individual to achieve competence in our profession. Poorly and quickly trained individuals will cause harm and increase costs, as they will necessitate numerous visits to accomplish what could have been accomplished in one visit. We won't even go into the legal ramifications of inadequate and faulty dentistry. Who would be held culpable and financially responsible under such a proposal? My assistants, EFDAs, and hygienists although well trained, really don't have the capability to adequately diagnose, let alone treat, what comes through our practice without our supervision. Having a general physician oversee dental conditions and pathology is just wishful thinking, and does not guarantee increased access for the underserved. Having these inadequately trained individuals visit nursing homes and provide in-home care is even more fraught with the potential for lower standards of care. In conclusion, I believe this legislation although well intended, will cause the underserved individuals who it was supposedly designed to help, to seek out multiple visits to correct what could have been handled more efficiently, lead to poor quality dentistry that will require many redoes and remakes, and be a potential source of litigation due to possible malpractice.

- Expanding practice to physicians' offices does not necessarily provide additional access to care. Physicians can locate their practice where they see fit, including high-access or affluent areas of the state.

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- In-home treatment, especially for the medically compromised with health complications, is inherently risky. It should not be attempted by someone without emergency care training, Basic Life Support certification, and portable life-saving equipment.
- There is no consideration or statement of who will be held civilly liable for malpractice or if the standard of care is not met for services provided by a PHDHP in a physician's office or child-care setting. Additionally, there is no statement regarding the supervisory responsibilities for physicians.

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,



David M Valen DMD, FAGD