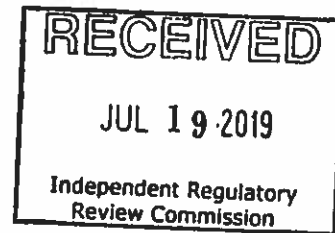


3228



From: Charles Hertz
To: ST. Regulatory Counsel
Subject: [External] Proposed Regulation 49 Pa. Code @ 33.205b
Date: Tuesday, July 9, 2019 7:11:38 PM

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Dr. Jack 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 part of a group practice in York, Pennsylvania, where I am a partner with two other dentists, employing 10 additional staff members. I have been practicing dentistry in this location since finishing my one-year GPR at York Hospital in June of 2017. I love being part of the dental profession where we are able to help people better care for their oral health and keep their teeth for a lifetime. Even in my short career, so many advances in dentistry have occurred that allow for more efficient and effective care of our patients. Our practice is very involved in helping the underserved; this started many years before I even entered the practice. We see patients through Donated Dental Services and are able to do anything from routine restorations to full mouth extractions and fabrication of dental prostheses at no charge to the patient. The other two doctors have also participated in several Doctors with a Heart Days that the York County Dental Society has sponsored over the years. This is a day(s) where you open your office to seeing patients at no charge. I, personally, also participate with the LHI program, which allows me to see military reservists free of charge to the participant. If more offices would commit to helping those in need at a grassroots level, many of the underserved would receive needed care.

Please take the following considerations in your discussions:

- [if !supportLists]-->• 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.
- [if !supportLists]-->• <!--[endif]-->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.
- [if !supportLists]-->• <!--[endif]-->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,

Charles D Hertz, DDS