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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 meeting on July 19th. 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 live and practice in Warren County. The population is roughly 40,000 with a median household income of \$45,700. This is far below the national average for income. Every year our population shrinks by a small percentage and gets a little bit older. We have a population to dentist ratio of 1481:1, according to datausa. Warren County has over 27% of its population on Medicaid or Medicare. This is a large percentage, but only one doctor in town participates with the Medicaid plan. It is not an access to care issue. It is an access to funds issue.

I employ 12 people, including 1 PHDHP hygienist. I consulted her on this issue of increasing the proposed site locations. She is well trained and very bright. She did not feel comfortable treating patients in a situation where she may be solely responsible for their health if an emergency were to arise. I feel this is extremely important. We should not be expanding into sites that potentially cause more harm than good. We should not be expanding into sites that increase the likelihood of a patient not finding a dental home, i.e. physicians' offices. This does nothing for the patient other than to further separate a patient's desire to go to the dentist. We should not be diluting dentistry, our knowledge, or specialties down to simply a commodity. Patient's are best treated in a setting where a dentist is present.

There are questionable portions to these regulations including:

- Expanding practice to physicians' offices does not necessarily provide additional access to care. This simply adds another barrier to finding a dentist by providing care at a location that is not under the supervision of a dentist. Physicians can also locate their practice where they see fit, including high-access or affluent areas of the state.
- 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. Should the Board find a desire to actually provide better and safer access to care, I recommend that increased funding for state programs be

looked at. As mentioned previously, even in a high Medicare/Medicaid county such as mine, there is plenty of access.

Thank you,

Raymond Johnson, DMD, MAGD
Vice President PAGD