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From: Ross Wezmar
To: ST, RegulatoryCounsel
Subject: [External] Opposition to Regulation #16A-4633 Expansion of Public Health Dental Hygiene Practitioner Practice Sites
Date: Wednesday, May 22, 2019 2:07:10 AM

Dear Ms.O'Malley:

We are contacting you in opposition to the changes proposed to Regulation #16A-4633.

I have been in Pediatric Dental Practice in Northeastern Pennsylvania for over 40 years. Dr. Poepperling has been in practice for over 10 years. Our geographic area, as many other areas of the Commonwealth, has an extremely high pediatric dental disease rate. We serve a large number of disadvantaged children.

Over our years in practice we have employed scores of Registered Dental Hygienists(RDH) in our practice. They are an integral and highly valued part of the dental team caring for a high risk population. Being part of a team makes their services extremely valuable to the clients we serve. They work side by side with the dentist to provide exceptional care.

RDH's are not educated to diagnosis and treatment plan a patient without direct input from the dentist. A RDH does not have the training to provide this level of care without the advice of a dentist. Some of our RDH's have been with the practice for over a decade and even with this vast experience they do not have the expertise to decide what treatment is appropriate for the child.

There are many times they are conflicted if a tooth should be sealed or needs a restoration. There are other times when they cannot determine if decay is present or what they see should be treated or observed over time.

My concern is that parents will assume that the dental visit with a RDH at the doctors office is a definitive dental visit and their child has good oral health. There is no way for this to be certain. It places a great liability on the physician and also puts at risk a disadvantaged group of children who suffer the most from dental disease.

It is a mistake to establish a lower level of care for these children who are already at high risk. An alternative, second tier system will also drain resources from an already underfunded healthcare system while providing substandard care. Lack of adequate funding is the reason many children are in high dental risk categories and cannot obtain care.

Despite an excellent educational background, a RDH is not trained to independently evaluate and pass judgement on what treatment a child may need and thus places these children at a higher risk. There needs to be oversight such as occurs under the direct supervision of a dentist in a dental office.

We oppose these regulation from the stand point of lack of training for RDH's to handle this

task. We regret to see children at high risk being subjected to higher risk and receiving second class dental care.

Sincerely yours,

Ross M. Wezmar, DDS Pediatric Dentist
Katherine W. Poepperling, DMD Pediatric Dentist