**TO: Executive Office of Health and Human Services,   
Department of Public Health; Board of Registration in Dentistry**

**FROM: Andrea L Read, RDH, BS, MSDH**

**503 Hatchville Road East Falmouth, MA 02536**

**DATE: March 6, 2019**

**RE: Comments on Adoption of Proposed Regulations** 234 CMR 2.00, 4.00, 5.00, 8.00 and 9.00: Public Health Dental Hygienists

I respectfully submit this written testimony for consideration regarding the proposed regulatory changes to 234 CMR. As a registered dental hygienist and public health dental hygienist with 13 years of experience working in a general dentistry setting and 2 years working as a public health dental hygienist, I am appreciative of the Board’s decision to improve the language of existing regulations. I am, however, **concerned about the implications of a PDO Permit M mandate** for PHDHs who practice on a limited, part-time basis.

Mission of Public Health Dental Hygiene

Currently, PHDH practitioners can obtain a PDO Permit M for the purpose of operating such equipment in qualified, public health settings. Through the adoption of this proposed regulation change, PHDHs who serve in critical locations such as public schools, Head Start programs and nursing homes would be required to carry this additional permit *even if practicing as little as one day per month.* I believe this would require these PHDHs to purchase their own equipment – making it financially prohibitive for many hygienists, and thus denying many patients, including children and the most vulnerable, access to care.

My business partner and I have operated a public health dental hygiene practice together for the past 2 years. We both obtained and keep current our PDO Permit M. During the past 2 years, we have had the pleasure of serving a multitude of populations who would otherwise face substantial barriers to accessing dental services. These populations include Head Start programs, nursing homes, assisted living facilities, residential psychiatric facilities, homeless shelters, and homebound individuals who suffer with different diagnoses (ALS, MS, brain injury, dementia, etc). Individuals we serve typically have not seen a dental provider in many years because of the barriers they face. Coming from a stable and loving family, it is hard to imagine not having someone to care for me if I was in need, but most of those we serve, do not have anyone to bring them to appointments or help coordinate care.

Our experiences have proven the need for public health dental hygienists is great and we receive calls weekly from organizations or individuals looking for our services. Unfortunately, my business partner and I are currently seeing patients over 40 hours per week, while also trying to run a business. We simply cannot keep up with the need on our own and the time has come to hire an employee. Finding an employee who is the “right fit” is difficult for any company, but when the pool of potential candidates is so small the task seems impossible. Most of the candidates we have interviewed only want to work on a limited basis. While the desire to work in public health and help individuals in need is great among potential employees, they are faced with substantial expense and time commitment to obtain the requirements to work as a PHDH within our practice. The process of obtaining a PDO Permit M is also quite lengthy. It took over 4 months to obtain mine. This means that any potential employee would have to take the PHDH course, complete the required observation hours, become a MassHealth provider, obtain a PDO Permit M, and wait a few months to receive the permit before they are able to work for us. This does not make the process desirable to anyone wishing to pursue it and nearly impossible for our company to expand. For any potential employee of ours, the cost before employment is too great, especially since most of our potential employees only want to work a few hours per month. Meanwhile, our company can not take on any additional patients and the access to care need is going unmet.

What is the goal of requiring all PHDHs to obtain a PDO Permit M? If the goal is to be able to track PHDHs and where they practice, let us brainstorm a better way. For instance, all PHDHs are required to report quarterly to the DPH. Within this report is very detailed information about where services were rendered and which populations were seen. Could we use this information or a modified version? Our company has already gone through the process of obtaining the PDO Permit M. Any employee we hire would conform to our policies and protocols, which have already been approved by the Board. An RDH who works for a dentist is not required to develop their own protocols or procedures. They follow the procedures in place by the organization they work for. How would an employee of a PHDH practice be any different? Any employee of our practice would submit for codes already approved, use equipment we have purchased (and the Board has photos of), follow the same emergency protocol, and use our equipment for sterilization. Requiring the PDO Permit M would cause redundancy, unnecessary cost, and a significant delay in an operational practice being able to hire.

During this process we can not lose sight of the most important aspect. The PHDH was developed to increase access to care for the most vulnerable among us. From my experience, the need is great. If it is required for PHDHs employed by a PHDH practice to obtain a PDO Permit M, then we will be limiting the expansion of the profession. By imposing regulations that would limit the expansion of PHDH practices, we are taking needed care away from those who need it most.

Public Health Dental Hygienists Make a Difference

PHDHs are an invaluable resource within the dental community and are committed to helping all achieve better total health through necessary and appropriate services in public health settings. PHDHs exist to address unequal access and availability to oral healthcare, and I truly believe we make a world of difference in the lives of those we serve.

Therefore, I respectfully **oppose the inclusion of item *(1)(c) under 234 CMR 5.08: Written Collaborative Agreement (WCA) with a Public Health Dental Hygienist.*** I firmly believe that there are better ways to track existing public health dental hygienists who are working in the public health field, and that the inclusion of this provision in the regulations sets up an artificial barrier for access to care.

Thank you for your consideration,

Andrea L. Read RDH, BS, MSDH March 14, 2019