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

**FROM: Elizabeth Jane Crocker RDH**

**DATE: March 13, 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 submitted oral testimony on March 6 and as stated I am submitting written testimony for consideration regarding the proposed regulatory changes to 234 CMR. As a registered dental hygienist with 13 years of experience working in private practice and 7 years of experience working part time for a PHDH Company 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.* It is my understanding that this would require said RDH’s that practice as employees of a PHDH to obtain their own Permit M which may make it financially prohibitive for many hygienists, and thus denying many patients, including children and the most vulnerable, access to care.

When 234 CMR was passed for Public Health Dental Hygienists I was ecstatic that I would be able to perhaps own a business and use my skills to help people in need addressing the access to care issue. When I started to research obtaining an Permit M I quickly realized that I didn’t have the means due to the initial expense of purchasing the equipment. My passion was fulfilled when I became employed on a part time basis by a PHDH, this opportunity continues to remind me that what I do for the patients I see in public health settings does make a difference. The owner of the business has the proper Permit M and owns all of the equipment that is issued to the RDH’s that work for the company.

I know that 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.

First I would like to share a simple example and then make a comment. As an employee of a PHDH often times I work with a group of 4 or 5 RDH’s at a given location, simple math would tell us that we can see 4 to 5 times as many patients at said location, allowing the group to offer service in a timely fashion at that location. I would like to point out that this practice model mirrors “Caring for Kids” a Community Health Center on-site school program. The most obvious difference is that a CHC works under standing orders while a PHDH has a collaborative agreement. Both groups offer the same quality of care by the trained RDH’s that work for them.

My comment would ask you why a PHDH with a collaborative agreement, who employs RDH’s and the RDH working under standing orders from a Community Health Center are being treated so differently? This change would require the employee of the PHDH to obtain an Permit M in order to treat patients and the later would not. The services they provide are the same and truly help all of the people they serve. This change would create yet another barrier for the sustainability of the PHDH by making it cost prohibitive for the people who truly want to help the underserved population of The Commonwealth.

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 time and consideration.

Sincerely,



Elizabeth Jane Crocker RDH