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

**FROM: Jacklyn Ventura, RDH, PHDH**

**DATE: March 15, 2019**

**RE: Comments on Adoption of Proposed Regulations** 234 CMR 5.00: Public Health Dental Hygienists

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I respectfully submit this written testimony for consideration regarding the proposed regulatory changes to 234 CMR. As a registered dental hygienist with 30 years of experience, and currently practicing within the public health setting, 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** on my colleagues who practice on a limited, part-time basis.

Mission of Public Health Dental Hygiene

Historically, dental hygiene has been concerned with enhancing public health by not only promoting oral health, but by making it more accessible for every person. In my own professional experience, I’ve seen the impact poor oral health can have on children and families. Similarly, I’ve witnessed how access to healthcare can lead to better outcomes.  
  
I worked directly with the Massachusetts Chapter of the American Dental Hygienists’ Association to lobby for the passage of the public health dental hygiene legislation. Upon its passage, I became one of the first independently practicing PHDHs in Massachusetts. And in 2010, I cofounded MASS Healthy Smiles, LLC, to help children across the Commonwealth who are otherwise not receiving the dental care that they need.

Through the adoption of this proposed regulation change, PHDHs who serve in critical locations such as public schools and after-school programs, would be required to carry this additional permit *even if practicing as little as one day per month.* We believe this would require these PHDHs to purchase their own equipment – making it financially prohibitive for many hygienists, and thus denying many patients, including many children, critical care to access.

Practically speaking, in my own business, if I want to bring another PHDH on board, I already have many expenses that I incur by doing so – including adding them onto workplace liability insurance. If that hygienist also needed to go through the process of acquiring his or her own Permit M and therefore his or her own equipment – that is a cost that would most likely be incurred by my business. This makes it impractical for me to bring on another PHDH, unless he or she were coming on as a partner moving forward. Or alternatively – under the proposed new regulations, is the PHDH that I have come on part-time expected to take pictures of my or the organization’s equipment for her Permit M?

While I agree that we must track PHDHs practicing in the Commonwealth, I firmly believe that the Permit M is not the way to do this. I believe that the Permit M should not be used for this purpose, and I believe that equipment should be **completely separate** from the Permit M. It does not make any sense for a public health dental hygienist, particularly one who is practicing part-time, to purchase his or her own equipment. Additionally, even if a hygienist I hired *was* to purchase her own equipment – she would still be working under MASS Health Smiles, and following our protocols and procedures. And if she was working in a different office on other days of the week – she would be following that offices protocols and procedures on those does. \

**I firmly believe that the issuance of the Permit M should be completely separate and distinct from equipment, which should be inspected and investigated thoroughly through the entity which is using that equipment.**

Public Health Dental Hygienists Make a Difference

PHDHs are an invaluable resource within the dental community, and we are committed to helping all achieve better total health through necessary and appropriate services in the public health setting. PHDHs exist to address unequal access and availability to oral healthcare, and we 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 field, and that the inclusion of this provision in the regulations sets up an artificial barrier for access to care.