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

**FROM: Katherine M. Pelullo, RDH, MEd**

**DATE: March 15, 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 appreciate this opportunity to submit written testimony for your consideration relative to the proposed regulatory changes to 234 CMR. I have practiced as a registered dental hygienist for nearly 49years; 39 of those years I practiced primarily in public health settings, although NOT as a Public Health Dental Hygienist as defined by Chapter 530 of the 2008 Sessions Laws. I appreciate the Board’s decision to improve the language of existing regulations; however, I am **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

As a dental hygienist practicing in public health for 39 years primarily with children and adults with intellectual and developmental disabilities, although NOT as a Public Health Dental Hygienist as defined by law, I witnessed firsthand daily the extreme need among the Commonwealth’s neediest residents. Because of my employment restrictions, I was unable to treat children and adults, who were not diagnosed with a disability. Countless times, I was asked by a school principal or nurse if I could just “look at without touching” a child or adult because he/she had a toothache. To me, these experiences underscored the necessity of creating legislatively a dental hygienist designation to fill this void and provide care to the most vulnerable citizens in the Commonwealth. Stand alone legislation was filed to create Public Health Dental Hygiene. After two years of incredibly difficult work, a compromise was reached, and the Omnibus Oral Health Act was signed into law in January 2009.

Following passage of the Omnibus Oral Health Act, the Board of Registration in Dentistry was charged with promulgating rules and regulations relative to Public Health Dental Hygiene and Dental Assisting. I was honored to be appointed to both the original BORID Public Health Dental Hygienists Workgroup that drafted the PHDH regulations and the Dental Assistant Workgroup. The PHDH Workgroup met for months prior to submitting its recommendations to the Board. Conversations, including PHDH licensure versus permit, ensued relative to promulgating the best regulations to protect the health and safety of the public. At the time, the Permit M was created to identify PHDHs and the locations of equipment for inspection purposes to protect the health and safety of the public. Not envisioned at that time were PHDH entities that employ PHDHs who don’t own their own equipment because they work in a very limited capacity.

Currently, PHDH practitioners 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. In addition, many PHDHs provide approximately 50% of their services without reimbursement, making it extremely difficult for them to incur the financial burden of paying for a Permit M for employees that may work one day per month.

Respectfully, I would like to suggest that options be explored to resolve the PDO Permit M mandate in a fashion that expands access to care for the Commonwealth’s most vulnerable populations while, at the same time, protecting the health and safety of the public. Perhaps, a PHDH entity that operates as an LLC or LLP could be issued a modified PDO Permit M that is similar to a DPH Facility Permit with the LLC or LLP assuming the responsibility and liability for its employees just as a community health center or academic institution does. Perhaps, additional options could be explored for hygienists who wish to work as PHDHs on an occasional day, a temporary basis or solely at community health fairs. Perhaps, PHDHs could be rerouted on the biennial license renewal survey to provide necessary data to BORID. Perhaps, the PDO Permit M process can be streamlined. These are but a few of possible options that I believe should be considered prior to promulgating the final regulations.

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 the make a world of difference in the lives of those they 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 to expand access to care

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