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

**FROM: Teresa Simison RDH, MSDH**

**DATE: March 14, 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 6 years of experience working in a private practice, and 2 years working in various public health settings. 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.

Our portable dental hygiene practice comprised of two public health dental hygienists both having a PDO Permit M is reaching some of the most vulnerable people in the Commonwealth. Our practice regularly visits long term care facilities, Head Start programs, low income housing complexes, homeless shelters, and an increasing number of people who are homebound. Currently, our business is in a position of growth because our services are being sought after as there are a finite number of dental hygienists willing to take on the many challenges of operating a portable dental hygiene practice, to include obtaining a PDO Permit M. I am afraid requiring all PHDHs to obtain a PDO Permit M will further limit the amount of PHDHs in the state therefore, directly impacting access to care and ultimately contradicting the very reason the PHDH designation was created.

My partner and I are clinicians with years of experience, and graduate degrees in dental hygiene. We started our practice with the dream of helping people who would otherwise not be able to access preventative dental care, especially the older adult population as we both conducted research surrounding oral health and access to care in Long Term Care Facilities. In order for our dream to come to fruition, we have found ourselves small business owners. Neither of us had any experience with all that goes into operating a small business, specifically a portable dental hygiene practice, such as: purchasing sterilization equipment, portable equipment, instruments, becoming Masshealth providers, obtaining a space to conduct daily operations, incorporating an LLP, maintaining the proper general and professional liability insurance, designing marketing materials, learning the billing process, using QuickBooks, navigating all of the regulations surrounding a portable practice, obtaining a PDO Permit M, and more. My point is these are challenges we have met over time however, required patience, time, and most of all the ability to go a long period of time without any financial reimbursement after personally contributing roughly 20k per family. As you can see, we are extremely dedicated to helping vulnerable populations access preventative care, and we were only able to get as far as we have today with the support of our families, especially financially as there was a long period of time where both of our families were operating on one income. Although I believe there are hygienists who have our same passion, they may not be in the position to financially commit to becoming a PHDH if that would mean he/she would have to meet all of the requirements to become a PHDH, and to obtain a PDO Permit M, especially if their PHDH commitment was part time. It is my opinion that any PHDH who did not own and operate a practice would have to subsidize their income with another job as there is not enough revenue to sustain a livable wage full time. As owners of the practice we have both taken on part time work from time to time as financial sustainability is always a concern.

Our practice is currently in need of a part time PHDH, and it is already difficult finding a PHDH with the option to take the class only offered twice a year. In my experience, the process of obtaining a PDO Permit M was lengthy, and with the limited PHDH classes offered, it could be upwards of 6-10 months before we could hire someone to help us with our increasing patient base if the PDO Permit M was required for all. In my opinion, requiring all PHDHs to obtain a PDO Permit M would hinder the number of hygienists willing to become a PHDH, ultimately reducing access to care.

I understand the Board needs to be aware of who is operating as a PHDH. Perhaps a better way of obtaining accountability would be for PHDHs who currently hold a PDO Permit M and employ a PHDH to work for them, to submit a form letting the board know that a new PHDH will be working for the practice. This form could include proof of current license, proof of meeting PHDH requirements, CORI/SORI, and a signed statement understanding that they intend to follow all protocols and regulations indicated in the already approved PDO Permit M. These would be requirements of any potential employee of ours regardless, as we would want an employee of good standing representing our practice who would follow our protocols.

Thank you for taking my point of view into consideration, and please consider the already compromised people we are helping when no one else is. Making the process more difficult to practice as a PHDH would ultimately trickle down to affect the oral health and overall health of at risk children, families who are barely getting by, older adults residing in facilities with no ability to advocate for themselves, individuals who are unable to leave their homes as they suffer from MS, ALS, and other disabilities, and people suffering from mental illnesses who are currently not able to access traditional care.

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.

 //Signed//

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