



Public Health Dental Hygiene Practitioner (PHDHP) Statement

Published August 2017, adapted for April 2019

Summary

The Pennsylvania Coalition for Oral Health calls for oral health stakeholders to provide recommendations to the State Board of Dentistry related to proposed changes for the Public Health Dental Hygiene Practitioner (PHDHP) role. On August 1, 2017, the Pennsylvania Department of Human Services released a bulletin recognizing PHDHPs as providers able to be credentialed and contracted through MCOs. The State Board of Dentistry adopted an exposure draft on September 15, 2017 that would allow PHDHPs to practice in additional practice settings. The Coalition supports the addition of practice settings, while recognizing it may be an opportunity for the State Dental Board to assess the PHDHP licensure requirements at a future date. The purpose of the assessment would be to determine if licensing requirements accurately reflect the skills and experience needed for PHDHPs to practice as intended.

The role of expanded practice dental hygienists across the nation evolved due to the lack of cost-effective access to preventive oral health care and the need to increase oral health literacy across the nation. There is research basis for the statement that at least 75% of oral disease can be prevented through education around and practice of preventive oral health practices.

Historically, many PHDHPs in PA have been employed by Federally Qualified Health Centers and Rural Health Centers, since these facilities were the only types able to bill Medicaid for their services. Despite the limitations related to billing, the number of PHDHPs has grown to reach more than 850 across 63 of the 67 counties of Pennsylvania. These practitioners work in a variety of capacities, some in the public health setting as PHDHPs and others providing traditional dental hygiene services, utilizing only their RDH licensure. For those working truly independently, some PHDHPs have chosen to open mobile preventive practices to serve patients in need at facilities like nursing homes and assisted living centers. The services are provided fee-for-service, and the PHDHP is responsible for serving as clinician and business owner.

Summary of 2010 Adopted Regulations on the PHDHP

The Public Health Dental Hygiene Practitioner role was developed and proposed by Senator Pat Vance, in collaboration with the PA Dental Hygienists' Association, in 2010. The purpose was to strengthen oral health services and education in the public health sector. In PA, a registered dental hygienist can apply for the PHDHP licensure after obtaining liability/malpractice insurance and working under dental supervision for 3600 hours. Thereafter, the license is renewable upon completion of at least 5 continuing education credits in public health topics and maintaining current liability coverage. The PHDHP licensure allows the practitioner to provide all services of an RDH under general supervision. This does not include subgingival agent placement or local anesthesia, as these are services only able to be completed under direct supervision of a dentist.

Under their licensure, PHDHPs must make a referral to a dentist once per year regardless of their practice setting. This requirement encourages patients to establish a dental home for comprehensive care. If the patient chooses to not have a comprehensive exam completed by a dentist, this would not preclude the patient from continuing to receive preventive services with a PHDHP. The rapport and trust that a PHDHP establishes with the patient has the potential to guide reluctant dental patients into dental offices, and increases the likelihood that they will utilize the referral to a dentist.

Additional Practice Settings

The State Board of Dentistry is considering adopting an exposure draft which would add the following practice settings to those currently delineated in the regulations:



1. Medical Offices
2. Child Care Centers
3. Home settings under the direction of hospice facilities/organizations

This exposure draft does not expand the scope of practice, nor does it change the required annual dentist referral.

Stakeholder Concerns

As various stakeholder groups reviewed the proposed changes to the PHDHP role, concerns were raised. The three primary concerns include:

- ***Safety of the patient in additional practice settings.*** Specifically, will PHDHPs be equipped to manage a medical emergency if they are working outside of the general supervision of a dentist? It is important to recognize that all registered dental hygienists complete college-level courses on medical emergencies and must be trained biannually on CPR/AED protocols. With some current PHDHPs working in long term care facilities, the additional practice settings being considered by the State Board of Dentistry does not increase the exposure of risk to the role beyond what it is today.
- ***Patient referrals for a dental examination by a dentist are not always completed.*** The referral requirement for PHDHPs working in the new practice settings would not change from existing requirements. The required, documented referral would still be needed once a year, regardless of the setting in which the patients are seen. Compliance with the referral is controlled by the patient. Inability to access a dentist may cause lower utilization. However, the preventive care that is provided on an ongoing basis will improve the overall health of the patient, while allowing the PHDHP to reinforce the importance of seeing a dentist on an annual basis. This touch point with dental services could potentially identify more serious issues than if the patient was not seen at all.
- ***Ability of other healthcare professionals, like physicians, to supervise PHDHPs.*** PHDHPs do not currently require any level of supervision. The additional practice settings would add no burden of supervision for dentists or other healthcare providers as long as PHDHPs work within the scope of their licensure.

Recommendations

The Pennsylvania Coalition for Oral Health supports the expansion of practice settings to include those cited in the exposure draft. PCOH encourages the State Board of Dentistry to re-assess the requirements for the initial licensure of PHDHPs in light of the recent changes that broaden the initial design. For example, it may be prudent to require additional education requirements for new licensees or offer levels of licensure within this position which could help support the case for the responsibilities they already have been afforded.

The Pennsylvania Coalition for Oral Health encourages all oral health stakeholders to voice their support and/or concern regarding the changes to the PHDHP licensure changes. Your letter can be sent to Regulatory Counsel, Department of State, P.O. Box 69523, Harrisburg, PA 17106-9523 or email to RA-STRegulatoryCounsel@pa.gov. Be sure to identify your statement for: 16A-4633 (Public Health Dental Hygiene Practitioner Practice Sites). All correspondence should be sent by April 21, 2019.

Who We Are

The PA Coalition for Oral Health is a diverse group of leaders from across the state from schools of public health, philanthropic organizations, businesses, dental and medical organizations, federally qualified health centers, health insurance firms, advocacy organizations and other community champions. Our mission is to improve oral health for all Pennsylvanians by uniting stakeholders to advance advocacy, policy, education and innovative approaches. We accomplish this through the advance of policies and practices that increase access to oral health services and prevention education, especially for our most vulnerable Pennsylvanians.