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Independent Practice for Denturists:
A Way to Provide Safe Dentures
At A Lower Cost to Consumers

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Independent Practice for Denturists:

A Way to Provide Safe Dentures At a Lower Cost to Consumers

Somewhere between a quarter and a half of the population will at some time during their lives be faced with the need to have their natural teeth removed and replaced with dentures. At best, this is an unpleasant experience. It can also be an expensive one. The dentures alone can cost $700 or more.

While it may not be possible to relieve people of the pain of undergoing this experience, it may be possible to reduce the cost. There is reason to believe that a significant reduction in the cost of dentures, and thus the cost of dental care, could be realized by having dentures provided by independently practicing denturists as well as by dentists. Currently in Michigan, dentists are the only dental professionals allowed to provide dentures directly to consumers. Denturists are dental professionals trained in the process of fabricating and fitting dentures but who currently are not allowed to provide services directly to the public.

The purpose of this paper is to examine the issues surrounding independent practice for denturists and to suggest changes in the state laws and regulations which govern the provision of dentures.

The Need for Denture Services

Although one would hope that the future need for dentures would be eliminated by improved oral hygiene and technological advancements, such a possibility appears remote at this time. The loss of natural teeth is most often the result of periodontal disease. Recent studies seem to indicate that there are different bacteria that cause different types of periodontal disease.[1] These diseases lead to the destruction of bone and tissue surrounding the teeth, thereby promoting caries and, eventually, loss of support for the natural teeth. Inflammation of the gums is sometimes a precursor of periodontal disease and makes it difficult to remove the plaque and bacteria surrounding the teeth. This creates a favorable environment for the development of periodontal disease. Some studies have shown a continuous decrease in bone support around teeth as people age, independent of tooth brushing and oral hygiene habits, and it has been suggested that it may not be possible to prevent or control the disease successfully.[2]

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1 American Dental Association, “Strategic Plan: Report of the American Dental Association Special Committee on the Future of Dentistry.” July 1983. p. 17.

Much research is being done to develop chemical agents to destroy the bacteria that may cause periodontal disease. While various agents have been identified as decreasing plaque, elimination of the bacteria remains a distant goal. Personal and professional plaque removal will continue to comprise the major therapy for the treatment of gingivitis (inflammation of the gum tissue).[3] The most promising avenue for attacking periodontal disease bacteria appears to be the use of chemical agents in mouth rinses which can be used by individuals as part of their home oral hygiene.

A substantial number of people do not practice proper oral hygiene nor obtain needed dental care. Only 50 percent of the population visits a dental office in any given year. People who do not receive proper prophylaxis (preventive treatment) from a dentist or dental hygienist are more susceptible to gingivitis and are more prone to periodontal disease. Even among people who do receive regular dental care, most will develop some form of gingivitis and periodontal disease that may lead to the loss of teeth.

About 24 percent of the population 45 to 64 years of age and 46 percent of the population 65 to 74 years of age are edentulous (without natural teeth). A conservative estimate is that 50 percent of the population 75 years of age or older are edentulous. [4] The percentage of the Michigan population aged 65 and older is projected to increase from 9.8 percent in 1980 to 12.5 percent in the year 2000. The burgeoning number of middle age and older adults in the state's population suggests that, to significantly reduce the future demand for denture services, a remarkable change in oral health habits, increased utilization of dental care services, and a major advance in methods to attack the bacteria that cause periodontal disease would be necessary.

When the loss of natural teeth occurs, dentures compensate for this loss. The ability to eat certain foods contributes to sound nutrition and health. Dentures also help to alleviate psychological and emotional problems that a person without teeth may encounter.

How People Obtain Dentures Now

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2 Meskin. Lawrence H., Martens. Leslie V., and Katz, Barbara J. “Effectiveness of Community Preventive Programs on Improving Oral Health,” Journal of Public Health Dentistry.
Vol. 38. No 4 Fall 1978. p. 307.

3 ADA "Strategic Plan,” p. 17.

4 Statewide Health Coordinating Council. State of Michigan, Michigan State Health Plan, 1983-1987. Volume 1 (Health Services). September 1983. P. 196.

At the present time, only licensed dentists are permitted to provide dentures to the public in Michigan. The process of providing dentures, as described by the American Dental Association, involves the following procedures:

1. a visual and radiographic diagnostic examination, including a search for specific oral pathology (such as cysts, tumors, inflammation, bone deterioration, impacted teeth, retained roots):

2. corrective treatment to enable the oral cavity to receive dentures:

3. taking detailed initial impressions of upper and lower jaws and recording their relationship in the patient:

4. writing a detailed description for the fabrication of the denture by the laboratory technician, taking into account the peculiar characteristics of the patient's mouth

(such as the type of ridge. the condition of the tissue covering the ridge, the level of muscle attachments on the ridge, the abundance of saliva. and the position of the tongue):

5. adjusting and fitting an initial plastic tray fabricated by the technician to the anatomy of the patient's mouth, and using this tray to make a master impression of the denture bearing areas of the patient's mouth:

6. taking bite registrations to assure that the patient's upper jaw will be positioned the same distance from the lower jaw with the denture in place as when the natural teeth were present:

7. selecting teeth for form and shade to compliment the patient's facial features:

8. trying a set of denture teeth on wax bases in the patient's mouth and adjusting them for comfort, appearance, and function;

9. making of the dentures (this step is generally completed by a dental laboratory):

10. fitting the fabricated denture in the patient's mouth: and

11. providing the patient with necessary after-care. [5]

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5 American Dental Association. "Interim Report of the Special Study Commission on the Care of Fully and/or Partially Edentulous Patients." March 1976. Pp. 734-35.

The Public Health Code (P.A. 368 of 1978) requires that a dental laboratory have a written authorization from a dentist for each denture that it fabricates. Persons in need of dentures deal with the dentist for all aspects. Modifications and adjustments are made either by the dentist or by the dental laboratory according to information supplied by the dentist. The dentist may be in general practice or specialize in the making of dentures (prosthodontist).

Denturists and Denturism

Although dentists have a monopoly on the denture business in Michigan, there is another avenue by which dentures can be provided to the public. In other countries, and recently in other states, trained nondentists, known as denturists, provide denture services to the public.

The terms *denturist or denturism* refer to the practice of providing dentures directly to the public. Denturism means the fabrication, fitting, altering, reproducing, and repairing of a denture for a person or advising a person concerning the use of a denture and the taking or making of an impression, bite, cast or

design for making, constructing, fitting, supplying, altering, repairing or reproducing a denture. A denturist is someone who is authorized by a regulatory body to engage in the practice of denturity. A denturist, in effect, performs steps 3 to 11 listed above. Steps 1 and 2 remain within the purview of dentists.

In areas which permit independent practice for denturists, a person completes the course of treatment related to the extraction of teeth under the supervision of a dentist but may consult a denturist to obtain the denture to replace the natural teeth.

The Practice of Denturism in Other States and Countries

In Denmark, denturists were never prohibited from providing services directly and were licensed beginning in 1976. Finland has allowed denturists to provide dentures directly to the public since 1966.

In 1958, the Canadian province of British Columbia enacted legislation to permit the independent practice of denturists. Six other Canadian provinces have since authorized independent practice for denturists: Alberta in 1961, Manitoba in 1970, Ontario, Quebec and Nova Scotia in 1973, and New Brunswick in 1978. It is useful to look more closely at the Ontario experience with denturism.

The Province of Ontario's Denture Therapy Act was enacted in 1973. A Governing Board of Denture Therapists was created and the process of licensing denturists began. At first, licensing was done on the basis of successful completion

of an examination. The examinations were held in order to "grandfather'" in people who were trained and/or practiced denturity prior to enactment of the law. The regulation and licensure of denture therapists is financed by the fees charged by the Governing Board.

In 1974-75, a five-semester program was established at George Brown College of Applied Arts and Technology (a community college in Toronto) and given approval by the Governing Board of Denture Therapists. At this time, George Brown College is the only educational program in denture therapy in Ontario. The program includes a comprehensive academic component with pre-clinical and clinical segments. [6]

The Denture Therapy curriculum at George Brown College requires students to have a secondary school diploma with credits in chemistry, physics, and biology. Applicants are tested in English, basic sciences, and manual dexterity. The curriculum outline is as follows: [7]

Semester 1 (15 weeks)
Dental Anatomy
Dental Materials
Pre-Clinical Denture Therapy

Human Biology
Microbiology
Language and Communications
Human Relations

Semester 2 (19 weeks)
Dental Anatomy
Dental Materials
Pre-Clinical Denture Therapy
Human Biology

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6 Correspondence dated February 25, 1985 from Dr. T. Horl, Chairman, Allied Health Department, George Brown College, Toronto, Ontario, Canada.

7 Denture Therapy Curriculum, George Brown College, Toronto, Ontario, Canada.

Pharmacology and Emergency Care
Language and Communications II
Human Relations

Semester 3 (15 weeks)
Denture Therapy-Clinical
Denture Therapy- Laboratory
Dental Histology and Embryology
Pathophysiology (Introductory Pathology)
Pathophysiology (Oral Medicine and Assessment)
Prosthodontics
Anatomy-Head and Neck
Human Relations
Small Business Management

Semester 4 (19 weeks)
Denture Therapy-Clinical
General Histology
Anatomy-Head and Neck
Language and Communications
Small Business Management
Pathophysiology (Oral Pathology)

Semester 5 (20 weeks)
Community Dentistry
Denture Therapy-Clinical
Nutrition and Diet
Technical Essay
Psychology

The Governing Board of Denture Therapists discontinued the licensing examination in 1981. Applicants must now submit academic credentials and proof of graduation from George Brown College to receive a license.

There are currently 409 licensed denture therapists in Ontario. The Governing Board sponsors two continuing education seminars each year and licensed denture therapists are advised to attend. [8]

8 Patricia A. Clark. Registrar, Governing Board of Denture Therapists, Province of Ontario, Canada (telephone conversation March 1985).

In the United States, consumer access to denturists in independent practice is relatively new. Six states (Oregon, Arizona, Maine, Idaho, Colorado, and Montana) recognize denturism. However, only Oregon, Idaho, and Montana allow denturists to practice independently. The remaining states allow denturists to practice under the supervision of a dentist.

Oregon began licensing independent practice denturists in July 1980. The referendum measure authorizing licensure was passed in November 1978 with 78 percent of the vote. The measure passed in all Oregon counties and received support from all age, income, and occupational groups.[9] A similar ballot issue appeared in Idaho and was passed by almost a two to one majority in November 1982. Montana became the third state to allow independent practice for denturists as Montana voters approved an initiative by 53 percent to 47 percent at the November 1984 general election.[10]

Currently, there are 113 licensed denturists in Oregon. Candidates must successfully complete written and clinical examinations. Future candidates must complete a two year educational program and a two year apprenticeship. Idaho now has 28 licensed independent practice denturists. New candidates in Idaho must also have two years of formal education and two years of experience in addition to passing an examination.[11] Montana's new statute has not been implemented at this time. The statutes enacted in both Idaho and Oregon require insurance companies to reimburse denturists for services performed within their lawful scope of practice.

The Justification for State Regulation

The state regulates dental services (and other health professions) because such regulation is deemed necessary in order to protect the public interest by enforcing minimum quality standards. The form of regulation which is relevant to this discussion of denturists is regulation which allows only licensed dentists to provide dentures directly to consumers. While the granting of such "franchise" rights to a limited group of professionals may be justified if it is necessary to assure quality, there is an offsetting cost: by limiting the number of suppliers, the state is limiting competition and helping to keep prices higher than they would otherwise be.

9 Bureau of Economic and Behavioral Research, "The Oregon Lesson: Results of Post Election Research." Journal of the American Dental Association. Vol. 98. May 1979, p. 749.

10 Journal of the American Dental Association. Vol. 110. January 1985, p. 139.

11 Information provided by staff of regulatory agencies in Idaho and Oregon (telephone conversations April 1985).

In assessing what Michigan's position should be with respect to the limits on who can supply dentures, it is important to try to look at the possible trade-off between cost and quality. In other words, it is necessary to ask what savings might be realized by allowing denturists to practice independently and to ask whether such a change in policy would be likely to have an unacceptable negative effect on quality. What follows is an effort to respond to these questions.

Cost Implications

Data indicates that independent practice denturists provide dentures at a substantially lower cost than dentists.

Table 1 compares the 1985 suggested fees for Ontario denturists and dentists for complete upper and lower dentures:

TABLE 1

Ontario Denturist Suggested Fee	Ontario Dentist Suggested Fee
$367	$535

Amounts are U.S. Dollars
($1 Canadian = $0.7334 U.S.)

An idea of the cost of dentures to Michigan residents can be obtained by estimating the number of people in Michigan without natural teeth (edentulous) and multiplying these numbers by different denture prices. U.S. Census Bureau estimates for Michigan show 1,680,000 people aged 45 to 64 and 983,000 people aged 65 and older. [12] In this example, it is estimated that 24 percent of the people in the 45 to 64 age group (403,200) and 50 percent of the age 65 and over group (491,500) are without natural teeth. The result presented below shows the aggregate cost if all of these people could afford, and wanted, dentures.

12 United States Census Bureau, Department of Commerce, Population Estimate. July 1, 1983.

The total costs of dentures for edentulous people in Michigan are calculated based on the fees suggested by Ontario denturists, Ontario dentists, and the mean fee charged by U.S. dentists. The Ontario dentists suggested fee adds $151 million to the cost, while the mean fee charged by U.S. dentists adds $378 million to the cost of dentures by denturists. The Ontario denturist aggregate cost is less than half the cost of dentures based on the mean fee of U.S. dentists.

TABLE 2

Age	Ontario Denturist Suggested Fee ($367)	Ontario Dentist Suggested Fee ($535)	Mean Fee Charged by U.S. Dentists ($789)
45 to 64	$148,000,000	$216,000,000	$318,000,000
65 and over	180,000,000	263,000,000	388,000,000
Total	$328,000,000	$479,000,000	$706,000,000

A telephone survey by the Office of Health and Medical Affairs of dental offices in nine different communities throughout Michigan found that prices for full upper and lower dentures ranged from $700 to $1,475 with an average cost of $886. The results of this survey are comparable to the results of a survey conducted by the Denturist Society of Michigan.

An examination of the cost data from Oregon, Idaho, and Canada suggests that the major reason for the lower cost of dentures from a denturist is the professional fees charged by dentists.

Cost data indicates that denturists provide dentures at about half the cost of dentures provided by a dentist. The argument that denturist prices may start out low but would increase over time to approximately the same price as charged by a dentist has been proven incorrect.

Consumer expenditures for dentures are a significant concern for older adults. The loss of natural teeth and the need for dentures often occurs when an individual may not be covered by dental insurance and at a time when income is reduced and fixed. In the absence of dental insurance, an older adult with

limited income must either pay the cost for dentures and defer other expenses because of a limited income or go without dentures. Lowering the consumer cost of dentures would enable older adults to afford dentures and purchase other items (heat, clothing, rent, food, etc.) on what may be a very limited income. Even if the older adult has dental insurance coverage, the lower cost of dentures would help to contain costs.

The cost of dentures also has an impact on the state budget since dentures are an allowable expense under the Medicaid program. In Fiscal Year 1983-84, Michigan Medicaid paid $4.1 million for upper and lower dentures. It is projected that $3.4 million will be spent on upper and lower dentures in Fiscal Year 1984-85 because of the reduced number of Medicaid eligible people. The availability of dentures at half the present cost could yield a Medicaid savings of $1 million.

The dental profession acknowledges that dentures are a financial hardship for some people. As a result, the Michigan Dental Association (MDA) created the Professionally Acceptable Economy Denture Services (PAEDS) program in 1979. Economy dentures constructed by dentists who participate in the PAEDS program are provided at a fee which is generally one-half of the dentist's fee for a customized denture. The saving is the result of eliminating some of the esthetic procedures and time-consuming steps in constructing a customized denture. The PAEDS program is for full dentures only. The MDA operates a toll-free telephone number which a prospective PAEDS patient calls to receive the names of three dentists nearest to the caller who participate in the PAEDS program. The caller must contact the dentists for price information. Currently, MDA has approximately 800 dentists participating in the PAEDS program.

MDA has claimed that independent practice for denturists is not needed in Michigan because the PAEDS program provides low cost dentures. However, PAEDS does not adequately address the issue of consumer access to low cost dentures. It is difficult to discover the telephone number (it is not included in the telephone book, for example). Less than 1.5 percent of the licensed dentists in Michigan participate, so the list provided by MDA may not include a nearby dentist. The caller must contact each of the dentists whose names are provided in order to determine exactly what price will be charged. Lastly,

the dentures provided are economy dentures and are not the same as provided to the dentist's other patients (paying his normal fee).

Quality Implications

"Hard" data on the quality of dentures provided by denturists in independent practice does not exist. However, indirect methods can be used to arrive at a conclusion on quality of dentures.

It is estimated that denturists provide half of the dentures in Ontario, which is consistent with the experience of other states and provinces that allow independent practice denturists. A 1980 survey found that Ontario denturists serve an average of 25 patients per week. It is interesting to note that 63 percent of the new denture patients were referred to the denture therapist by former patients. [13]

While dentists in Canada initially opposed denturists, now 13 percent of Canadian denturists' patients are referred to them by dentists. [14] The Chairman of the Allied Health Department at George Brown College in Toronto (a dentist) has indicated that there was some opposition from dentists in Ontario, but now dentists are impressed with the quality of denture therapist graduates in terms of knowledge and ability and increasingly view them as competent dental care personnel.

Another indirect measure of quality is the extent of malpractice litigation and the cost of purchasing malpractice insurance. The Denturist Society of Ontario is now working to amend the statute to require denture therapists to carry malpractice insurance: such insurance is now optional. Malpractice suits have not, however, been a problem as only one has been frilled in Canada. The Denturist Society believes nevertheless that such insurance is appropriate to protect the profession and patients. The cost for optional malpractice insurance in Ontario is $18.50 (Canadian) for $300,000 (Canadian) coverage. Among

13 Pierce. M . H., "The Ontario Experience: Profile of Denturists and Their Practices," Dental Abstracts. July 1980.

14 Hazelkom. Herbert M . and Christoffel, Tom. "Denturism's Challenge to the Licensure System," Journal of Public Health Policy, Vol. 5, No. 1. 1984, p. 108.

the provinces, $34 (Canadian) is the highest premium charged for malpractice insurance.

Malpractice insurance premiums, to a large extent, reflect the insurance carriers' experience with the insured group and the perceived risk in providing malpractice protection. The minimal cost of malpractice insurance in Ontario and the other provinces is some indication that carriers assess denturism as a low risk for malpractice awards. The extremely low incidence of malpractice suits may indicate a high degree of satisfaction with the services and product, as well as the ability to resolve problems and disagreements by nonlegal means.

Education and training are also an indication of quality. As noted earlier, potential denturists in Ontario must satisfactorily complete a comprehensive

program of coursework and clinical experience at George Brown College. The extensive curriculum reflects the acquisition of both the knowledge and the manual skills necessary for the provision of dentures to the public.

The U.S. experience is much more limited: nevertheless, one aspect of this experience is remarkable. The enactment of laws to permit independent practice for denturists by ballot referendum speaks to consumer confidence in the ability of denturists to provide dentures directly to the public, as well as the desire for access to lower cost denture services. Voters in Oregon, Idaho, and Montana did not believe the claims that their oral health would be jeopardized by denturists.

The marketplace presents the real test of quality and cost. And independent practice denturists have passed this test. In Canada and the western U.S ., consumers have decided to obtain their dentures from an independent practice denturist.

The evidence that denturists provide dentures at a lower cost is important when the "side-effects" of state regulation of dental personnel and dental care are considered. Dr. John E. Kushman, an associate professor at the University of California at Davis and a consultant on dental care economics to the Federal Trade Commission, has examined the implications of denturist competition. Dr. Kushman's research found that denturists offer lower prices and concludes that "the economic advantages of introducing competition are great, and significant impairments in quality would be required to offset them." Dr. Kushman notes that such impairments in quality have not been documented. He dismisses denturists working under the supervision of a dentist as not providing the greatest consumer benefit, since the denturist can be considered another office dental auxiliary.[15]

In a review of the literature dealing with the regulation of health professionals, Gary L. Gaumer notes that consumer access to services is limited and that incomes and fees are distorted. Scope of practice limitations preclude some options for utilizing personnel in the most cost effective manner and causes certain inefficiencies not related to the quality of care. In some cases, these inefficiencies lead to higher fees and practitioner incomes. Such protection of professional groups is not protection of the public health.[16]

Conclusion

This paper has examined the issue of independent practice for denturists in Michigan. The evidence regarding the independent practice of denturists shows that denturists can safely provide dentures to the public at a lower cost, and consumers have shown their support for such a dental care option. A review of research pertaining to dental care regulation indicates that constraints on

15 Kushman. John E., "Consumers and Competition in Health Care: The Case of Denturism," Journal of Consumer Affairs, Vol. 18, No. 1, 1984.

16 Gaumer, Gary R., "Regulating Health Professionals: A Review of the Empirical Literature." Milbank Memorial Fund Quarterly/Health and Society, Vol. 62, No. 3, 1984.

providing dentures to the public lead to higher prices and are appropriate only to the extent they protect the public health. Since a threat to the public health does not exist with respect to denturists, such constraints should be removed.

It may be suggested that the surplus of dentists is an argument against independent practice for denturists because denturists would attract patients who would otherwise obtain dentures from a dentist. The public and private investment in dental education is considerable, and efforts are underway to reduce the number of dental students. Yet Michigan will have an excessive supply of dentists for many more years. However, the knowledge and skills required to fit and fabricate dentures are only a small portion of a dental student's education. Increasingly, dental students and dentists are concentrating on the prevention of caries, the prevention and treatment of periodontal disease, and other oral health problems. Increased attention by dental students and dentists in these areas will contribute to an improvement in oral health status. In the meantime, consumers should not arbitrarily have to absorb the higher costs of dentures so that dentists have an acceptable volume of business. Allowing independent practice for denturists creates another option for consumers, and some consumers will decide to patronize a dentist while some consumers will patronize a denturist. Some dentists may decide to concentrate on other areas of their practice, areas which only they can do because of education and training.

Recommendation

This investigation of independent practice for denturists concludes that *the existing legal constraints regarding the provision of dentures directly to the public are not warranted for reasons of public health protection nor cost*. Indeed, allowing the independent practice of denturists would result in a reduction in the public and private cost of dentures without threatening the public health.

SUMMARY

Between a quarter and a half of the people over 45 will face the need for dentures at some future time. Preventive measures have improved oral health, but eliminating all loss of teeth remains a goal to be achieved.

People who have lost their natural teeth require dentures for their physical and psychological well-being.

Michigan law currently permits only dentists to provide dentures directly to the public. However, other countries and some states allow trained dental professionals, known as denturists, to construct and fit dentures for consumers. State regulation of dental services is intended to protect the public health. Yet limiting the number of suppliers (of dentures) also limits competition and helps to keep prices higher than they would be otherwise. In considering whether states should allow independent practice for denturists, it is necessary to determine what savings may be realized and whether such a change in policy would likely have unacceptable effects on oral health.

Information from those countries and states that permit the independent practice of denturists is useful in assessing the cost and quality questions. Denturists are allowed to practice independently in eight Canadian provinces.* The experience of the Province of Ontario, which authorized denturists in 1972, is examined to ascertain the effects on cost and quality. The U.S. efforts to permit independent practice for denturists is much more recent, with passage of popular referendums in Oregon in 1978, Idaho in 1982, and Montana in 1984. Although denturists have been in the marketplace in these states for only a comparatively short time, the cost and quality implications can be determined.
The cost data from Canada and the U.S. show that <u>denturists in independent practice provide dentures at about half the cost of dentists.</u> The cost of dentures also is a concern for the states' budgets, since many Medicaid programs pay for dentures for eligible clients. The availability of dentures at half the present cost could yield a Medicaid annual savings of approximately $1 million (*1994 figures would be much greater*).

In both Canada and the U.S., independent practice denturists have found a market for their services. **Evidence suggests a high degree of consumer satisfaction**. ***The advantages to the consumer of the same person seeing the patient and fashioning the dentures is obvious in such areas as proper fitting and adjustment, aesthetics, economics and waiting time involved***. Rigorous education and training programs have been established so that denturists in independent practice acquire both the knowledge and manual skills necessary for the provision of high quality dentures directly to the public.

This investigation of the legal constraints regarding the provision of dentures directly to the public concluded that

allowing the independent practice of denturists would result in a reduction of both public and private expenditures for dentures without jeopardizing the public's health.

*More recent laws now permit the independent practice of denturists in every province of Canada.

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Recommendation:

This investigation of independent practice for denturists concludes that the existing legal constraints regarding the provision of dentures directly to the public (by denturists) are not warranted for reasons of public health protection nor cost. Indeed, allowing the independent practice of denturists would result in a reduction in the public and private cost of dentures without threatening the public health.