STATE HEALTH COORDINATING COUNCIL

STAFF ANALYSIS OF BILL TO CERTIFY DENTURISTS

December 29, 1986

NOTE: This document does not represent SHCC policy
and should not be quoted or implied to do so.
This is the product of one SHCC staff person.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
0B-38• Olympia, Washington 98504 • (206) 753-9659

PRESENT SITUATION

The only profession in Washington State licensed to dispense dentures directly to the patient is dentistry. The dentist (or auxiliary) makes the impressions of the patient's gums and sends these with a work order to the dental laboratory. The laboratory technician forms the denture from the impression and sends it back to the dentist. The dentist then calls in the patient and presents him/her with the new "plates" which are immediately placed into use. Further adjustments may be needed and these may require sending the dentures back to the lab. The patient can detect sore spots within a few days.

In Maine, Arizona, and Colorado, the laboratory technician may be a denturist providing services directly to the public under the supervision of a dentist. (Table 1) The legislation was amendments to existing statutes and the regulatory entity in each state is the State Board of Dental Examiners. The Arizona denturist has a little more autonomy than the other two since the supervising dentist may be actually located in a different town. In Idaho, Oregon, and Montana, the denturist is allowed to practice independent of the dentist. The voter initiative process was used to obtain legislation in these three states.

In all of these states except Colorado, additional training is required to make the transition from the dental laboratory to direct patient care. (Table 1)

In all the Canadian provinces except Prince Edward Island a denturist is able to dispense dentures directly to the patient. Denturism is also practiced in England, France, Germany, Australia, Denmark, Switzerland, Austria, Finland, Argentina, Ireland, Holland, Italy, South Africa, and Venezuela.

Public financing for dental services is scanty. In 1982, 97.7% of all persona l health care spending for dental services in Washington state came from private sources, the highest of the major service categories. The federal Medicare program does not cover dentures and, in this era of decreasing Medicare benefits, is unlikely to cover them in the future. The state Medicaid program (welfare) provides no adult dentistry except for removable partials and complete dentures. Medicaid pays dentists $311 per complete denture or $622 per set. Reimbursement for partials varies. In Fiscal Year 1985 the state purchased 5,694 complete dentures at a cost of $1,752,320. The state paid $513,926 for partials, $14,267 for adjustments, $73,227 for repairs, and $204,798 for duplicates.

According to testimony presented by Charles Paxton at the SHCC hearing of July 16, 1985, about 55% of the state's population is covered by some type of dental insurance. Most of the remaining 45% are rural people east of the mountains.

CONFORMITY WITH CRITERIA

The proposed legislation will be analyzed against criteria contained in RCW

18.120.030. The criteria are abbreviated here; for better understanding of the legislative intent, complete wording of the criteria can be found in the SHCC's "Guidelines for Credentialing Health Professions in the State of Washington."

This analysis had the benefit of a report prepared by the Denturist Association of Washington entitled "Application for Regulation" (green packet) referred to as the Denturist Report and a letter/report prepared by the Washington State Dental Association (buff packet) referred to as the Dentist Report.

Table 1

Summary of Dental Technology Legislation in North America, 1986

State/Province/ Territ. Year Enacted/Revised	Denture Services	Regulatory Entity	Independent Practice	Qualifications for Licensing Exam
Proposed Washington	Complete Partial	State Department of Licensing with Denturist Advisory Committee	Yes	-Complete certain coursework -5 years experience in dental tech.
Maine 1977	Complete	State Board of Dental Examiners	No	-2 years formal training.
Arizona 1978/82	Complete Partial	State Board of Dental Examiners	No 1	-2 years formal training.
Oregon 1980/81	Complete	State Health Division with Denturist Advisory Council	Yes 2	-2 years formal training AND -2 years experience
Colorado 1979	Complete	State Board of Dental Examiners	No	-Not credentialed. No training requirements.
Idaho 1983	Complete Partial repair	State Board of Denturity	Yes	-2 years formal training AND -2 years internship or equivalent experience established by Board
Montana 1984	Complete Partial	State Board of Denturity	Yes	-2 years formal training AND -2 years internship OR 3 years experience as licensed denturist.
Alberta 1933/61/65	Complete Partial repair Immediate	Board of Examiners	Yes	-5 years apprenticeship OR -2 year program from N. Alberta Inst. Of Tech. AND 2 year apprenticeship.
British Columbia 1958/61	Complete Partial repair	Dental Technicians' Board	Yes 4	-4 years experience as a

	Immediate			Reg. Tech. OR -5 years experience as a denturist OR -apprenticeship with lic. Denturist.
Manitoba 1972/84	Complete Partial Immediate	Independent Board of Denturity	Yes	-Complete training & apprenticeship program or other qualifications acceptable to the Board.
Ontario 1972/74	Complete Partial Immediate	Denturist Therapist Governing Board	Yes/no 5	-Formal training.
Nova Scotia 1973	Complete	Denturist Licensing Board	Yes	-Formal training AND -1 year experience.
Quebec 1973	Complete Partial Immediate	Ordre Des Denturologistes Du Quebec	Yes 4	-Formal training which involves clinical experience.
New Brunswick 1976	Complete	Denturist Licensing Board	Yes	-Formal training program.
Saskatchewan 1977	Complete Partial	Governing Council of the Denturists' Society	Yes	-Formal training program.
Newfoundland 1984	Complete	Dental Board with a Denturist Advisory Council	Yes	-3 years formal training which includes 1 year of clinical training or internship.
Yukon Territory 1985	Complete Partial	Territory Commissioner in Executive Council	Yes	-Complete course of studies and training approved by Commissioner.
Prince Edward Island	"Legislation is in the works. Denturists are practicing openly."			
Northwest Territory	"No laws requiring dental technicians to be registered or licensed."			

"Complete" means upper and/or lower dentures. In some cases the denturist may not make partial dentures but is allowed to repair them. "Immediate" means a denture constructed prior to and inserted immediately after extraction of teeth.

1 The supervising dentist may be located in another city.

2 an oral health certificate from a dentist is required for each patient unless the denturist takes intensive training

3 Prior to making a fitting of partial dentures, if needed, the patient is referred to a dentist to have teeth cleaned.

4 Certificates of oral health from a dentist is required for each patient (but has been ignored for many years).

5 An independent denturist may make only complete dentures; one practicing under the supervision of a dentist may make complete and partial dentures.

6 Denturist must receive a written referral from a dentist to fabricate and supply partial dentures directly to patient. Allowed to proceed if no cooperation from dentists.

SOURCE: Denturism and the Elderly: An Analysis of the Controversy, Office of Program Research, MA House of Representatives, David E. Knutson, November 1982, Appendix A.

Status Report on the Delivery of Prosthetic Care by Nondentists in the U.S. and Canada, ADA, January 1984, Betty Benedetto, Executive Director of the National Denturist Association, (312) 376-0666.

Brian Monk, Secretary Registrar, Denturist Association of Canada, (416) 239-9004.

Washington SHCC

Revised December 1986

1. WHAT IS THE PROBLEM? NATURE AND EXTENT OF THREAT TO PUBLIC HEALTH AND SAFETY IF LEGISLATION NOT ENACTED. WHETHER CONSUMERS CAN IDENTIFY COMPETENT PRACTITIONERS. PRACTITIONER'S AUTONOMY AND SKILL REQUIREMENTS.

2. EFFORTS MADE TO ADDRESS THE PROBLEM VOLUNTARILY THROUGH THE PROFESSION'S ORGANIZATION OR THROUGH STRENGTHENING EXISTING LAWS.

Denturist Viewpoint

The Denturist Report identifies the problem as lack of consumer alternatives regarding the type of practitioners to provide denture services. Such lack of competition drives up the price of dentures, decreasing access to the service. The Dental Association's Dental Access for Senior Citizens Program is not available to households with incomes over $12,000 or to denture wearers under age 65, unless developmentally disabled. Denturists cite the Oregon experience as an example of denturism holding down the price of dentures. (More on cost impact in Criterion 8).

Dentist Viewpoint

The Dentist Report points out the lack of public support for previous denturist legislation as indicative of lack of a problem. Since 1953 the legislature has rejected this type of legislation no fewer than ten times and in at least three attempts for a statewide initiative, the proponents were unable to gather enough signatures to qualify for the ballot.

The dentists believe there is no problem of public access to low cost dentures because the public has the alternatives of Medicaid, the Dental Association's Access Program, and purchasing in a marketplace where competition is strong because of the large number of dentists in proportion to the population. Financial eligibility for the Access Program was set so that 90% of the state's elderly residents would qualify.

The Dentist Report cites national statistics which show the demand for dentures has declined. Since it is safe to assume demand will continue to decline, there is no need to create a new profession to serve this declining population. For example, the proportion of persons age 60+ with at least one full denture declined from 62.5% in 1960 to 40.8% in 1975. (Dentists' viewpoint on harm to the public discussed in Criterion 5).

Staff Analysis

Based on citizens' testimonies at the July 16, 1985 SHCC hearing, the Health Professions Review Committee concluded there is a problem of accessibility to low cost denture services in Washington state. The nature of the threat to the public's health and safety if this legislation is not enacted lies in postponing or not obtaining denture services because of their prohibitive costs. The extent of this threat is unknown because a certain percentage of the population will not seek denture services regardless

of whether they are free and who is providing them. However, the prevalence of denture wearers can be computed.

The Dentist Report provides data on page 5 to show a nationwide decline in percentage of adults with at least one full denture. However, this does not translate into a significant drop in number of persons - because the overall population is increasing and aging. Assuming the same age-specific decline in proportion of denture wearers between 1975-1990 as occurred between 1960-1975, the age 30+ population of denture wearers in Washington state would change from about 418,000 in 1975 to 396,000 in 1990 and half of these would be under age 65.

(Table 2, next page) These are conservative numbers because they assume 26.6% of the 1990 population age 60+ will require at least one denture. A 1981 survey of rural Iowans aged 65 and over showed 39% were edentulous (toothless) in both dental arches and 12% were edentulous in only one arch, a total of 51% of the elderly population with at least one full denture, just nine years away from 1990.

This phenomenon of smaller percent but larger numbers has also been calculated for the United States in the Journal of Dental Education:

> However, despite the decline in denturism by the Year 2000, dental schools must still provide sufficient dentists to treat the demands of edentulous patients at that time. The total U.S. population is projected to grow from 227.7 million in 1980 to 267.2 million by the Year 2000. During that period, the percentage of edentulous patients in the United States will decrease from 10 to 7.5 percent, assuming the same rate of decline experienced between 1957 and 1971. Estimating a 10 percent increase in utilization by the Year 2000 (from 40 to 50 percent), the number of edentulous patients seeking initial treatment and/or periodic maintenance care treatment in 2000 will be 10.4 million, compared with 9.0 million in 1980. Thus, unless the mode of providing treatment is changed (e.g., use of prosthodontic expanded auxiliaries), dentists must be prepared to treat at least as many edentulous patents at least as well as they have in the past. In addition, the demand for specialty care will not decrease because more elderly persons will be living longer, and comprehensive treatment for this group is the most difficult of all to provide. (Underlining added).

The "expanded auxiliaries" referred to in this quotation are denturists. If 7.5% of the population are toothless in the Year 2000, this amounts to 393,704 in Washington state. (The previously calculated number for WA state were of people with at least one full denture, not necessarily totally toothless).

Experts state while tooth loss of all kinds will decrease in all ages, need for

complete dentures will diminish slowly because there will be replacement needs for existing edentulous persons; need for partials will increase.

The fact that some dental schools have problems finding edentulous patients to meet the educational needs of their students is no indication of a decreasing demand for dentures. Among ideas suggested by one educator to solve this problem was "efficiency in treatment to reduce patient visits and make treatment procedures more acceptable."

The Dental Association's Access Program is better than nothing and, one hopes, will continue regardless of whether denturism is legalized in Washington state.

TABLE 2
PERCENTAGE OF U.S. ADULTS WITH AT LEAST ONE FULL DENTURE, 1960-75

POSSIBLE DECREASE BETWEEN 1975-90 ASSUMING SAME LINEAR DECLINE
1990 PERCENTAGE OF U.S. ADULTS WITH AT LEAST ONE FULL DENTURE

Age Cohort	1960a	1975a	1960-75 % decline	1990
30-39	14.8%	9.3%	37.2%	5.8%
40-49	25.6	18.3	28.5	13.1
50-59	41.4	25.8	37.7	16.1
60+	62.5	40.8	34.7	26.1

a From the Washington State Dental Association's Report to the SHCC, page 5, quoting the National Center for Health Statistics.

NUMBER OF WASHINGTON ADULTS WITH AT LEAST ONE FULL DENTURE,
Assuming the National Average, 1975 and 1990

Age Cohort	a1975 Population	1975 # with Dentures	b1990 Population	1990 # with Dentures
30-39	433,316	40,298	815,576	47,303
40-49	373,566	68,368	650,432	85,207
50-59	385,538	99,469	402,669	64,830
60+	514,305	209,836	746,474	198,562
TOTAL	1,706,725	417,966	2,615,151	395,902

a State Office of Financial Management, Washington State County

Population Forecast by Age and Sex, 1970-2005, December 1977

b State Office of Financial Management, Population Trends for Washington State, August 1986.

NOTE: If the 1990 percentages in the upper table are applied to the state's population in 1995 and the Year 2000, the number of Washington adults with at least one full denture would be 439,000 and 486,700 respectively.

SHCC December 1986

However, their reduced-cost dentures still cost $311 each or $622 per set. These are the same prices paid by the State Medicaid program and some dentists in the Access Program are complaining that the fee schedule, which was established in 1984, is too low.

In the fiscal year ending June 30, 1986, the Dental Access Program provided to the elderly of King County 20 upper complete dentures, 12 lower completes, 24 relines, and 7 partials. Considering the fact of 149,000 King County residents aged 65+ (30% of the state's elderly), this utilization of the Dental Access Program is not impressive.

The largest number of reduced-cost dentures under this program went to the eight county Yakima area (Yakima, Benton, Franklin, Kittitas, Walla Walla, Garfield, Columbia, & Asotin Counties) whose 1985 elderly population was just 48,850. They received 17 upper~ complete dentures, 23 lower completes, 23 relines, and 17 partials. It is obvious that participation by dentists is sketchy. For example, in the same one year period, only two full dentures and two partials were obtained by the elderly in Pierce County (elderly population 53,754). Only three full uppers, three full lowers, and three partials were obtained by the elderly in the five county Spokane areas (Spokane, Stevens, Ferry, Pend Oreille, & Whitman Counties).

Effective July l, 1986, the Dental Access Program began providing free dentures in King County to those with exceptionally low incomes. Dentists and dental laboratories pledged to provide 43 free sets (86 complete dentures) in the first year and, by the end of the first six months of operation, 28 patients had been referred.

Regarding purchasing dentures in a marketplace where competition is strong, only five of the advertisements of low cost dentures in the Dentist Report turned out to be from private dentists' offices. The July testimony by Rick Miller showed four were from dental labs which hired dentists and four were from off ices

owned by non-licensed professionals (denturists).

3. CONSIDERATION OF ALTERNATIVES - REGULATING PRACTITIONERS' EMPLOYERS, REGULATING THE PROGRAM, REGISTRATION, CERTIFICATION, LICENSING.

Both dentists and denturists reject the alternative of creating a new dental auxiliary to be employed by dentists, and for different reasons. Dentists claim the volume of their prosthetic workload is too small to justify the usefulness of hiring another auxiliary. Denturists claim that being an auxiliary to a dentist would negate the cost savings to patients.

The denturists propose state certification as a means for the public to identify autonomous practitioners who have met certain standards of training and experience in making and fitting dentures. This is reasonable.

4. PUBLIC BENEFIT OF REGULATION. EXTENT OF PROBLEM REDUCTION; PUBLIC IDENTIFICATION OF QUALIFIED PRACTITIONERS; COMPETENCY GUARANTEE: REGULATORY ENTITY, GRANDFATHER CLAUSE, COMPARISON OF STANDARDS AMONG STATES, ALTERNATIVE ROUTES, BASIS OF RENEWAL

Denturist Viewpoint

The Denturist Report claims regulation would benefit the public by providing an option among credentialed practitioners - dentists and denturists - and by identifying denturists who have met the standards for certification. It points to the Denturist Advisory Committee as instilling public confidence because of the consumer majority among its membership.

The denturists claim there is no “grandfather clause” since dental lab technicians presently working in the state would need to meet the same certification requirements as future students who aspire to be denturists. The denturists propose reciprocity with other states which have equivalent standards of licensure or examination.

The denturists claim courses required for certification are offered through the American Academy of Denturity. Other states have developed examinations which may be relied upon, thereby reducing development costs.

Dentist Viewpoint

The December 18, 1986 letter from Dr. James L. Lord (first part of the Dentist Report) correctly points to errors in which the Denturist Report did not accurately interpret the certification requirements as written in the bill. Dr. Lord concludes: "The basic theme here is to permit immediate certification, without examination, for a small handful of applicants, and then erect substantial roadblocks

to the certification of future applicants."

Dr. Lord questions the authenticity of the "American Academy of Denturity" since it has no business license, its address shown in the Seattle phone book is a single family residence in the Interbay Area of Seattle, and repeated phone calls are met by a telephone answering machine.

Dr. Lord points out the lack of any denturist training programs and updates information previously presented on Idaho State University. On March 4, 1986 the University officially informed the Idaho State Board of Education that no further effort would be made to seek approval for a 4-year course in denturity.

Staff Analysis

The benefit of the low income public having a choice among the type of denture providers has already been discussed. This will be expanded in Criterion 8 to include third party payers and the general public regardless of income. Subtopics in Criterion 4 which need further analysis deal with the Advisory Committee, powers of the Director, certification requirements for out-of-state applicants, and Washington certification requirements compared to those of other states.

Qualifications of the Two Denturists on the Advisory Committee (Section 5 (1) (a))

The three consumer representatives who are the majority on the State Denturist Advisory Committee will contribute valuable insights for the Committee and Director of the Department of Licensing. Because they are a minority, it is crucial that the two denturists appointed to the Committee be the best in the state, especially during the initial development phase of the profession. For this reason, staff recommends they meet the same requirements as proposed for any other dental lab technician turned denturist. Thus, Section 5 (l) (a) would read:

Two members of the committee shall have at least five years' experience preceding their appointment in the manufacture, fitting, installation and repair of dentures in this state or in another state, or both, and must be certified under this chapter, except initial denturist appointees, Who shall have five years' experience, have completed certain courses approved by the director, and have passed the certification examination be ore the r appointment to the committee.

It is assumed the Governor would appoint only Washington residents. Since neighboring states have been offering the coursework outlined in Section 8 (3) (b) and their credentialing examinations have been taken by Washington dental lab technicians, a pool of Washington denturists already exists.

Staff also recommends that a prosthodontist be appointed to the advisory committee to add the insights of one with another track of dental prosthetic training.

Powers and Duties of the Department of Licensing Direction (Section 7)

While the certification requirements in Section 8 mention that applicants from other states would be evaluated on whether their state maintains standards of denturity practice equivalent to those of this state, the power to establish reciprocity agreements with other states is not spelled out. Staff also observes that Section 1 contains nothing about the director evaluating the quality of coursework offered by various schools although her approval is mentioned in Section 8. Perhaps mentioning these is not necessary, since the Director of the Licensing Department carries all the power in this bill while the Denturist Committee is strictly advisory. However, as a point of clarification, staff recommends two new numbers to Section 1 stating:

( ) To establish reciprocity agreements with states which maintain standards of practice equivalent to this state.

( ) To evaluate and designate those schools from which graduation will be accepted as proof of an applicant's completion of coursework requirements for certification.

Certification Requirements for out-of-state Applicants (Section 8)

Reciprocity with states of equivalent standards (Section 8 (1)), in which the applicant must prove having passed that state's written and clinical examination, poses no problem to maintaining Washington standards. However, allowing a person credentialed by a state whose standards are not equivalent to obtain Washington certification by simply passing the examination (Section 8 (2)) is unfair

to applicants not previously credentialed by any state. The latter must prove five years' experience in dental technology and complete certain coursework as well as pass the examination (Section 8 (3)). Staff recommends that Section 8 (2) be deleted so that less qualified out-of-state applicants must meet the same requirements as Washington applicants.

Comparison of Washington Certification Requirements with those of other States

Table 1 shows that qualifications for denturist credentialing in the three states which allow independent practice (Oregon, Idaho, and Montana) include two years of formal training and two years of internship or equivalent experience. Many of the Canadian provinces also require a formal training program. The Washington state proposal does not.

Until recently, denturists have had to obtain the type of courses prescribed

in Section 8 (3)(b) from ad hoc classes assembled at Idaho State University, Portland Community College, and perhaps others of which staff is unaware. There was no state-approved, accredited denturity program and this hindered growth of the profession because only those "grandfathered" in or coming from schools in the Canadian provinces were credentialed to practice.

The problem was solved with the initiation of the Oregon Denturist College on September 22, 1986, an accredited college leading to an Associate in Applied Science degree. Located in Milwaukee, it was founded by a retired dentist who taught lab technicians seeking certification under the "grandfather clause" at Portland Community College.

Staff is not familiar with the American Academy of Denturity mentioned in the Denturist Report. It would have no reason to be operative until denturism is legalized in the state - otherwise, its graduates would be practicing illegally. Staff does not share Dr. lord's concern about its authenticity. The public will be protected because the decision about whether courses taught by the Academy or anyone else are acceptable for certification requirements are made by the Director of the Department of licensing.

In response to Committee questioning at the January 14, 1986 hearing, Chris Rose, an administrator at the Department of licensing, stated the denturist situation parallels that of accrediting acupuncturist schools. The educators in his department are pulling together with the acupuncturist advisory committee and figuring out what is necessary. The schools are not necessarily located in Washington state.

Staff recommends that a third track for credentialing denturists be added to the bill to bring it into conformance with other states for purposes of reciprocity. With the previously recommended deletion of wording in Section 8 a new section 8 (2) should read:

<u>Persons graduating from a formal denturity program shall:
(a) Document successful completion of formal training with the major course of study in denturity of not less than two years at an educational institution accredited by an agency recognized by the director; AND</u>

<u>(b) Document that the applicant has (i) completed two years of an internship program approved by the director; OR (ii) has three years of experience as a credentialed denturist in another state or Canada.</u>

With the availability of formal training at the Oregon Denturist College, this track can be implemented. The other two tracks are in Section 8 (1) and (3).

The following is recommended as a new section to address concerns expressed by the Health Professions Review Committee in previous reviews regarding interns:

Section--- Interns are persons who have successfully completed an accredited denturist college curriculum and have passed the written portion of the state examination. Interns shall work for a period of not less than two tears under the direct supervision of a certified denturist, licensed prosthodontist, or in a denturity college in a program of training consisting of both laboratory and clinical procedures or an average of not less than twenty hours per week. An intern may complete portions of this requirement with more than one practitioner and is not required to complete the total training at the same facility. No practitioner shall direct more than two interns at any time.

5. THE EXTENT TO WHICH REGULATION MIGHT HARM THE PUBLIC

Denturist Viewpoint
Denturists claim their legislation would not harm the public. Part of their credentialing requirements would be demonstrating competence in the ability to recognize and refer to the proper health professional the pathological condition discovered during the patient examination and screening. They point to the high malpractice insurance premiums paid by dentists and low premiums paid by Montana denturists.

Dentist Viewpoint
On page 1 and 2 of Dr. Lord's letter, he lists tasks prohibited to denturists that were contained in previous bills and dropped in this one. Page 3 of Dr. Lord's letter explains that malpractice claims on the category of “prosthodontics” include more than dentures and there were only 3 denture malpractice claims filed in 1982, 2 claims in 1983, and one claim in 1984. The decrease in malpractice premiums for denturists could only have been accomplished by changing the type of policy.

The dentists believe regulation will harm the public because it would allow non-dentists to care for oral health conditions for which they have no training, education, or expertise. Prosthetic care involves more than making and fitting the device to patients' oral tissue.

Partial denture treatment is even more complex. The dentist must evaluate the condition of the patient's existing dentition and determine which natural teeth can be preserved by periodontal and/or restorative treatment. Dentists must assess the stability of the natural teeth and their ability to withstand the stress involved in anchoring a partial denture. An error in judgment can

result in irreversible damage to remaining teeth, causing the loss of teeth and the possible need for complete dentures. “The provision of partial dentures always requires the cutting of a 'rest' in adjacent teeth, in order to properly support the partial.”

Staff Analysis

Quality of General Dentists’ Training in Removable Prostheses

In response to the dentists' concern about inadequately trained non-dentists harming the public, it might be worthwhile to summarize previous discussions on whether general dentists are adequately trained to provide prostheses to the public. At the January l4, 1986 hearing, Dr. Lord informed the Health Professions Review Committee that dental schools have done away with requiring students to know all the technical aspects of making dentures, that students are taught to interact with dental labs. This frees up time to put educational emphasis on clinical skills. Some educators interpret this nationwide trend as "losing ground in the task of providing adequate preparation for dental graduates in the field of removable prosthodontics."

Fifty-two examples of dentists' interaction with labs were sent by Washington laboratories to the SHCC prior to the July 1985 review, examples of dentists' sketchy, inadequate instructions on their prescriptions for denture fabrication.

In a nationwide survey of dental laboratories conducted by the University of Iowa College of Dentistry, 77.9% of dental technicians who responded stated they designed most or all of the removable partial dentures fabricated in their labs although, legally, the dentist should do this. 76.1% indicated that most master casts on which they fabricate partial denture frameworks do not exhibit adequate tooth preparation.

In analyzing the results of their survey, the educators speculated:

--Are dentists who use abbreviated techniques to save time and money providing optimum care for removable prosthodontic patients?

--Should certain phases of prosthodontic treatment be removed from the dental school curriculum and reserved for the specialist?

--Does the dependence of the dentist on the technician and the minimization of dentist responsibility for removable prosthodontic care support the contention of denturists that they can provide acceptable prosthodontic care?

Requirement of Oral Certificate from a Dentist

The safety issue is addressed in Oregon and some Canadian provinces by requiring the patient to obtain a certificate of oral health from a dentist before using a denturist (Table 1). The Washington Dental Association would object to this, at least as it pertains to partials, because the diagnosis, treatment and follow-up care are not under the dentists' jurisdiction (page 6 of Dentist Report). The Denturist Association would object to this because the requirement could create a barrier when dentists refuse to participate, are concerned about potential liability, or persuade the patient to remain with them. Additionally, the examination by the dentist adds to the cost and waiting time.

Wording on Tasks Prohibited to Denturists

As pointed out by Dr. Lord, the drafters of this bill omitted the list of tasks which denturists are prohibited from performing, items important to the public's protection. This must have been an oversight because all denturism legislation contains these. The wording taken from Section 5 of the previous bill reviewed by the SHCC is as follows. Staff recommends it be incorporated in this bill.

Section ---- A denturist certified under this chapter shall not:
(1) Extract or attempt to extract natural teeth;
(2) Initially insert immediate dentures in the mouth of the intended wearer;
(3) Diagnose or treat abnormalities;
(4) Recommend any prescription drugs for any oral or medical diseases;
(5) Construct or fit orthodontic appliances' or
(6) Surgically modify or attempt to surgically modify any natural tissue or teeth.
The practice of denturity under this chapter requires that all work except cast partial framework be performed at the address shown on the denturist's certificate. Violation of this section is a misdemeanor.

Making of Partials in the Denturists' Scope of Practice

The Health Professions Review Committee expressed grave doubts about the denturists' scope of practice including the making of partial dentures. Since denturists are prohibited from altering dentition, the Committee could see no way for their partials to be satisfactory. The denturists explained that they have arrangements with dentists to cut any required rests or make other modification and that some partials require no modification; they use clasps.

Dentists claim all partials require modification of dentition and denturists claim a small portion do. Staff has inquired from dental laboratories located in this and other states and may have some information by the hearing date. If the Committee cannot resolve their concerns, staff recommends that "partials"

be removed from the definition of “dentures” and therefore, removed from the proposed scope of practice.

6. MAINTENANCE OF STANDARDS THROUGH A CODE OF ETHICS, THREATS OF REVOCATION

The Appendix of the Denturist Report contains their adopted code of ethics.
The proposed Denturist Advisory Committee will contain a consumer majority.
The Department of Licensing will determine the certification standards and discipline under the Uniform Disciplinary Code.

7. DESCRIPTION OF APPLICANT GROUP. PROFESSIONAL ORGANIZATION. NUMBER. LEVEL OF PRACTICE.

The applicant group is the Denturist Association of Washington, composed of

twenty members who hold valid licenses to practice denturity in other states. Associate members are dental technicians who aspire to become denturists. The applicant group is supported by approximately 100 members of the American Academy of Denturity from those states which recognize the practice of denturity.
The Department of licensing estimated 200 denturists would seek certification.

B. EXPECTED COST OF REGULATION; IMPACT ON COST OF OBTAINING SERVICES, STATE ADMINISTRATIVE COSTS.

Impact on Cost of Obtaining Services

Denturist Viewpoint
Denturists claim the legislation will significantly reduce denture costs. In .the appendix of their report is a study showing that between 1975-78 the cost of upper and lower dentures in Oregon increased 29% and 34% respectively. After enactment of denturist legislation in 1978, the cost of upper and lower dentures between 1978-82 increased only 6% and 3% respectively while the cost of. partial dentures (which Oregon denturists are not allowed to make) increased 31% and the cost of extractions increased by 71%. 11

Staff Analysis
The 1985 Oregon study provided by the denturists is supported by a 1985 study originating in Michigan. A researcher compared charges of dentists and denturists in the neighboring province of Ontario, Canada over a twelve year period after denturism was legalized. He noted both increased with inflation but the denturists' charges remained at about half of the dentists’ charges. 12 References in the Oregon study are of other studies showing the lower costs resulting from

legalizing denturists.

The surplus of dentists in this state has not resulted in competition driving down prices for services. Personal health care spending per person increased for dental services between 1983 and 1984, from $113.49 to $119.81. 13 Per capita spending for physicians and other health care professionals decreased. In 1983 the per capita spending for dental services in the U.S. was $89. We have no reason to believe their fees for denture services will not continue to increase.

To address this problem, we should not only be concerned about access for the low income elderly but ask a germane question: Why should individuals of any income, or insurance companies, or the State Medicaid program pay dentists more for dentures if legalizing denturists will make the same quality available at half the costs? Dental insurance plans usually do not cover the entire cost of dentures. They pay a front end amount or a percentage of the fee, so the individual would still realize an out-of-pocket savings from using denturists. The state Medicaid office is always looking for ways to obtain a better product in quality or quantity for their budget. Medicaid expenditures for denture services quoted on page 2 are slightly over $2 million. Dealing directly with denturists and their laboratories could save the state close to a million dollars per year. That would be quite an impact!

State Administrative Costs

Denturist Viewpoint
The denturists claim administering the program will not cost the state a great amount because it will be collecting certification fees from applicants and these will increase as more are admitted to practice and renew their certification.

Dentist Viewpoint
The dentists report on the high cost of establishing an education program (pages 11-14). Their Report notes the low enrollment in some of the Canadian schools and how costs of the educational program are subsidized by the government. Oregon recorded costs of more than $198,000 related to education and certification activities but two-thirds of the expenditures since 1981 have been offset by fees and the program became self-supporting by late 1983.

Montana's bill drafters used a ploy with language to require the program to be self-supporting, as a means of gaining votes. The Legislature removed this section to make it conform with all state licensing activities and “the taxpayer will be asked to support the administration of the Montana law.” (Page 16)

Costs to regulate non-dentists in Canada vary widely by province. Regulatory expenses in Ontario are exceeding revenues collected by fees. The Dentist Report

concludes: “the costs associated with education and regulation, plus the danger to the public's health, outweigh any savings purported by SB 3100 and HB 795.”

Staff Analysis

There is nothing in this bill requiring the state to establish an educational program in denturity. An accredited program exists in Oregon, established with no governmental subsidies by a private entrepreneur. If denturism is legalized in Washington state, other privately financed educational programs may be established but the expense of attending will be borne by the student. The feasibility of a community college initiating a denturist curriculum to complement its dental hygiene, dental assistant, or dental lab technology program is beyond the scope of this analysis.

Staff received an unsolicited letter from Mary Lou Garrett, Administrative Officer of the Montana Bureau of Professional Licensing, correcting statements made in the Dentist Report, including the fact that denturists have not nor will they receive any taxpayer dollars. (Page 18)

The July 16, 1985 testimony of Chris Rose, Administrator in the Department of Licensing, states the cost of administering a regulatory program for denturists is estimated to be $157,000 in the first year and $137,000 the second year. This is based on 200 applications per year and an estimate of 30 complaints in the first year and 60 in the second year. Start-up monies will come from the state general fund which will then be reimbursed by licensing fees. These figures were derived by looking at the start-up costs of other boards and committees where there is a practical exam, a written exam, and a disciplinary authority.

CONCLUSIONS AND RECOMMENDATIONS

1. There exists a sufficient demand for full and partial dentures in Washington state to justify the establishment of a denturist profession. Although the percentage of denture wearers is decreasing their numbers are not. (Page 5)

2. While laudable, the state’s Medicaid and the Dental Association's Access programs are not reaching all of those in need. (Page 7) Some of this may be a matter of pride, as evidenced in a letter from an elderly person to the SHCC stating that paying the market price to denturists preserves their dignity more than subjecting themselves to a means test and negotiating for a discount price from a dentist.

3. The changes in wording recommended by staff on pages 9, 10, 11, and 13 will clarify some details and strengthen consumer protection. Further discussion may show some of the details should appear in administrative rules rather

than in code. The Dental Association should not hold the denturist bill to a higher level of detail than contained in their own code.

4. The educational requirements in this bill can be met because there is an ongoing, accredited denturity educational program in Milwaukie, Oregon. Others, such as the Academy in Seattle, will respond to demand once the occupation is legal for their students. (Page 10)

5. With the inclusion of wording on tasks prohibited to denturists (page 13), there is no threat to the public's health if denturists are allowed to serve the public with replacement dentures. The practice is legal in most of the civilized world.

6. Before a conclusion can be made on the safety of allowing denturists to provide partials, further information is needed on the degree of cooperation to be expected when denturists request dentists to modify teeth for partials. The Health Professions Review Committee also needs to learn more about the technology which allows partials without modifying existing teeth.

7. Testimony was impressive on the fragility of the elderly with bone loss and medical problems co-existing with dental problems. General dentists refer such cases to a prosthodontist and we would expect denturists to do likewise. Other mid-level practitioners in the health professions are taught to recognize their limitations and refer so there is no reason to believe denturists would not do so.

8. Many studies show that denturists charge less than dentists and the figure quoted most often is 50% as much. Having concluded the safety of their service, at least as applied to replacement dentures, the general public (regardless of income), insurance carriers, and the state Medicaid program should be able to benefit from this option. (Page 14)

Staff recommends the legislation be enacted with revisions contained in this analysis.

END NOTES

1. Questions and Answers About the Denturism Movement in California, Denturist Association of California, undated, page 4.

2. Personal Health Expenditures in Washington State, 1976 to 1982, DSHS, Division of Health, Health Data Section, October 1984.

3. Ronald J. Hunt, DDS, James D. Becks, Ph.D, Jon H. Lemke, Ph.D, Frank J. Kohout, Ph.D., and Robert B. Wallace, MD, "Endentulism and Oral Health Problems among Elderly Rural Iowans: the Iowa 65+ Rural Health Study," American Journal of Public Health, October 1985, page 1179.

4. Judson C. Hickey, DDS, "Oral Health Status in the United States: Tooth Loss and Endentulism: In Response," Journal of Dental Education, Volume 49, No 6, 1985, page 377.

5. Jane A. Weintraub, DDS & Brian A. Burt, Ph.D., "Oral Health Status in the United States: Tooth Loss and Endentulism," Journal of Dental Education, Volume 49, No 6, 1985, page 374-5.

6. Judson C. Hickey

7. Staff conversation with Adrienne Karpov, Area Agency on Aging.

8. Thomas D. Taylor, et al. "Prosthodontic Survey. Part II: Removable Prosthodontic Curriculum Survey," The Journal of Prosthetic Dentistry, Volume 52, No. 5, November 1984, page 749.

9. Thomas D. Taylor, et al. "Prosthodontic Survey. Part I: Removable Prosthodontic Laboratory Survey," The Journal of Prosthetic Dentistry, Volume 52, No. 4, October 1984.

10. Thomas D. Taylor, et al. "Prosthodontic Survey. Part II," page 749.

11. David I. Rosenstein, DMD, Gordon Empey DMD, Gary T. Chiodo, DMD, and Dave Phillips, PhD, "The Effects of Denturism on Denture Prices," American Journal of Public Health, June 1985, page 672.

12. Larry Chambers. Independent Practice for Denturists: A Way to Provide Safe Dentures at a Lower Cost to Consumers. Office of Health and Medical Affairs, Department Management and Budgets, State of Michigan.

13. Person Health Expenditures in Washington State, 1976 to 1983, Unpublished update of 1976-82 book. DSHS, Division of Health, Health Data Section.

    Joe Campo, 1984 Washington State Health Data Book, State Health Coordinating Council, DSHS, July 1986.