

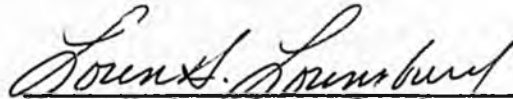
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SB 437: "An Act relating to the practice of dentistry."

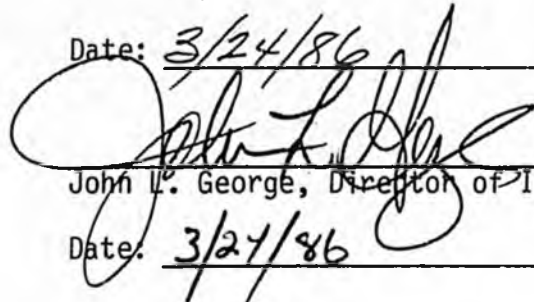
This legislation provides for the licensing of denturists.

Sections 7, 8, and 9 of this bill amend the Insurance Code to reflect the licensing of denturists. The sections impacted are primarily designed to prevent unfair discrimination against specified health care providers which, with this bill, would include denturists. We have no objection to this legislation.



Loren H. Louisbury, Commissioner
Department of Commerce & Economic
Development

Date: 3/24/86



John L. George, Director of Insurance

Date: 3/27/86

SB 437: An Act relating to the practice of dentistry.

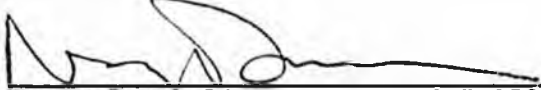
The bill specifies criteria for licensure and charges the department with the responsibility to administer the licensing function.

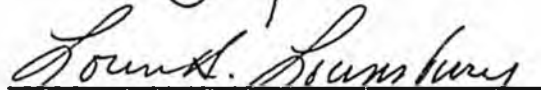
The Department of Commerce and Economic Development, Division of Occupational Licensing is opposed to this bill. The department feels the bill is premature and the department is opposed to accepting responsibility for licensing a health profession without a board. If the bill were to be enacted, we would recommend that the licensing of denturists and dentistry interns be the responsibility of the Board of Dental Examiners, with the staff support of the Division of Occupational Licensing. Attached are technical amendments which would make the language of the bill conform to that of current licensing statutes.

Discussions with dentists, one of who is a member of the Board of Dental Examiners, indicate that licensing of denturists might not be the best interest of the public as the bill is written. Information received indicates that the practice of dentistry requires minimal education in many aspects of the provision of dental care. For example, dentistry programs do not provide training in biological and physiological aspects of patient care, including life saving devices and techniques. Therefore, according to the dentists, a denturist may be proficient in the making of dentures; however, if dentures are prepared without taking into consideration the results of a dental examination patient care could be at a sub-standard level and could result in oral cancer, jaw problems and other complications.

The services of dentistry may appeal to the general public as a cost-savings measure. However, the public is unlikely to be aware of the differing standard of dental care being provided by denturists as opposed to dentists. One means for overcoming these objections and potential public protection problems would be to require a complete dental examination by a dentist prior to providing dentistry services. This has been suggested to the Division by members of the dental community.

Information received from an out-of-state denturist in support of licensing legislation stated that at the present time there are no practicing denturists in the State of Alaska. However, passage of licensing legislation would attract interest of at least two out-of-state practitioners. Because of the small number of practitioners involved, costs to administer the licensing are low, although a dentistry examination would need to be developed or procured. However, the absence of public demand for licensing of this occupation indicates that government regulation is not required at this time.


Nancy Dunn, Director 465-2534
Division of Occupational Licensing
Date: 4/29/86


Loren H. Lounsbury, Commissioner
Department of Commerce and
Economic Development
Date: 7/27/86

PROPOSED AMENDMENTS TO SB 437
An Act relating to the practice of denturistry.

Throughout the bill, the terms certificate, license and registration are used interchangeably. To be consistent with the intent of the legislation in establishing licensure, and given that each individual term is a separate method of regulation, the terms licensing or licensure should be used.

Page 3, line 27: Delete "certificate of registration" and insert "License"

Page 4, lines 5 and 6: Delete "or will have graduated by the date of the examination". Arrangements for examinations must be made in advance to order the exams, arrange for exam sites and public notice the examinations. It is administratively difficult to verify graduation credentials at the last minute and particularly on the day of the examination.

Page 5, line 17: Delete "and a certificate of registration"

Page 5, line 18: Add "...applicant who meets the requirements of 08.87.020(a)(3) and pays..."

Page 5, line 19: Delete "and certificate"

Page 5, lines 27 and 28: Delete "certificate of registration" and insert "license".

Page 5 line 29: Delete "licensee's registration certificate" and insert "license".

Page 6, lines 1 - 7: Amend to read:

"occupational licensing shall mail a form for renewal [OF THE CERTIFICATE] to each licensed denturist. Failure to receive the renewal [REGISTRATION] form does not exempt a licensee from renewing the license [CERTIFICATE].

(b) A licensee who practices in an established office with an address other than the address shown on the license [FOR WHICH THE LICENSEE'S REGISTRATION CERTIFICATE IS ISSUED] shall obtain a branch office registration [CERTIFICATE] for each office.

Page 6, lines 8 - 11: Amend to read:

(c) The department may not renew a branch office registration [CERTIFICATE] and shall revoke the license of a denturist who fails to renew the registration and license prior to the expiration date [APPLY FOR RENEWAL OF CERTIFICATION WITHIN ONE YEAR OF EXPIRATION].

**STATE OF ALASKA 1986 LEGISLATIVE SESSION
FISCAL NOTE**

Revision Date: _____

REQUEST

Bill/Resolution No.: SB 437
 Title: Relating to the practice of dentistry

Sponsor: Kerttula
 Requester: _____
 Date of Request: _____

FISCAL DETAIL

Agency Affected: Commerce & Economic Development
 BRU: Insurance

Components: Public Protection

EXPENDITURES / REVENUES : (Thousands of Dollars)

OPERATING	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
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REVENUE	-0-	-0-	-0-	-0-	-0-	-0-
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FUNDING: (Thousands of dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULLTIME	-0-	-0-	-0-	-0-	-0-	-0-
PARTTIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary.

Prepared by: John L. George, Director
 Division: Division of Insurance

Phone: 465-2515
 Date: March 19, 1986

Approved by Commissioner: [Signature]
 Agency: Commerce and Economic Development

Date: March 19, 1986

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

APR 3 1986

ARTHUR R. RORAFF, D.D.S., M.S.
DIPLOMATE, AMERICAN BOARD OF PROSTHODONTICS
FELLOW, AMERICAN COLLEGE OF PROSTHODONTISTS

March 25, 1986

Senator Fred Zharoff:
Senate Labor and Commerce Committee
Room 121 Capitol
Juneau, Alaska 99811

RE: Senate Bill #437, "An Act relating to the practice of dentistry"

Dear Senator Zharoff:

I believe this bill will cause irreversible harm to the health of many Alaskans. Some of this harm will occur over a period of years, caused by people with insufficient knowledge and skill to evaluate, plan, and provide an adequate health care service.

As the only Diplomate of the American Board of Prosthodontics in private practice in Alaska, a specialist in denture services for over 25 years, and a dentist for over 30 years, I am strongly opposed to this bill for the following reasons:

1. Excellent denture service is already being provided by an abundance of available, fully qualified, well-trained, licensed dentists practicing in Alaska.
2. Senior citizens requiring denture services almost always present complicating geriatric problems which necessitate special care and treatment.

In conjunction with my position as an Associate Director, Dental Programs, at Anchorage Community College, it is my privilege to examine patients who request care through Mabel T. Caverly Senior Citizen Center. I estimate about 80% of these patients require prosthodontic care; most of this prosthodontic care is so difficult and complicated it would challenge advanced graduate students in leading dental colleges. Much of this required care that I observe needs to be accomplished in a team with other specialists, including physicians, and all other dental specialists. Many require corrective surgery for problems caused by old dentures. These patients have special problems which cannot be treated by laboratory technicians, or anyone with minimal training. Incidentally, my time for these services at Anchorage Community College is being provided free.

3. The courses to provide denture service taken by dentists during dental school are the minimum considered necessary.

The long dental school curriculum is designed to provide sufficient education so a doctor can safely and reliably treat routine patients. This curriculum not only includes many intense pre-dental school basic science requirements, but also two years of preclinical physiologic sciences in dental school, many times in the same classes with medical students. And only then, with this understanding and knowledge, do dental students begin treating patients under supervision.

4. The clinical care of prosthodontic patients is far different and exceedingly more complex than the laboratory procedures; the relatively routine laboratory phase of denture construction must not be confused with the far more complex clinical phases.

Each prosthodontic patient has a great variation in individual problems, and there are many scientific methods and concepts from which the dentist selects to address them. Not only must this evaluation and treatment plan be accomplished, but each step of treatment must be precisely executed with skill, care, and judgment. Even dental specialists, with ten or more years of college education, realize this on a daily basis. People who believe that complete dentures are constructed by making a simple impression, then forwarding it to a laboratory for the remaining procedures of construction, have not been told the truth. Anyone attempting to convey the concept that a laboratory technician, or "denturist," is adequately trained to provide clinical prosthodontic care is guilty of a cruel hoax.

5. My experience in clinical prosthodontics strongly indicates that we do not need more providers with even less experience than dentists, but more dentists with more advanced training and experience.

The passage of this bill would be a big step backwards in this age of rapid scientific and high-tech progress. It would not update anything, but rather eliminate the requirement to utilize basic medical knowledge.

6. Certified Dental Technicians, and other dental laboratory technicians, have for years provided an excellent service to all Alaskans through and under the authorizations of licensed dentists.

Nearly all dental laboratory technicians serve dental health very conscientiously, but recognize they are not qualified to safely and competently treat patients. The laboratory technician works with a knowledge of dental materials, laboratory instruments, and artistic concepts in support of a prescription and authorization of a dentist.

The American Dental Association approves of the program of education, experience, and testing necessary to become a Certified Dental Technician. However, these technicians are not qualified to evaluate, diagnose, treat, or directly provide care for patients. In general, this group opposes "denturism." Actually, anyone can become a non-certified dental laboratory technician without any course, training, or license at all. Not even a high school diploma is required!

7. "Denturist," "denturism," and "denturity" are words fabricated by a small group of dental laboratory technicians without a dental degree or license, who desire to independently and directly treat patients without the supervision of established laws, or proven professional dental standards.

Some "denturists" have gained trial-and-error, on-the-job training somewhere, sometimes by illegally practicing dentistry. This is an obsolete professional education system similar to the preceptorships utilized a hundred or more years ago to train dentists. Courses that some "denturists" profess to have taken are short, elementary, and academically inferior to nursing school programs.

ARTHUR R. RORAFF, D.D.S., M.S.
DIPLOMATE, AMERICAN BOARD OF PROSTHOJONICS
FELLOW, AMERICAN COLLEGE OF PROSTHODONTISTS

8. Neither the American Dental Association, nor any of it's affiliated societies, recognize, approve, examine, or accredit any "denturist" organization, group, school, or individual.

No one is "board certified by the American Dental Association" because the Association does not issue any such certificates.

The American Academy of Denturity is of questionable credentials because I have yet to find anyone who has heard of it.

Any schools of "denturity," if any exist, are of questionable nature because there is no one to examine their credentials, or certify their programs.

9. "Denturity" and "denturism" are being promoted purely under the innuendo and mirage of economic advantage for the people of Alaska.

Consumer and access-advocacy groups sometimes comment "We can't afford dentists because they charge so much." Most likely this attitude occurs because many patients are not aware of the complexities of modern dental care, not aware of what happens "behind the scenes," and not aware of the great overhead expense. The fact is that anyone providing prosthodontic services will have the same overhead --- utilities, rent, salaries, supplies, etc.--- which consume the major portion of a gross income. Therefore, it is not likely that consumer cost can be any different under "denturism," unless the proponents of this bill advocate either providing substandard care, or donating services with minimal net income.

Despite denture service fees that are considered high by many lay people, there are numerous general dentists, even with all their excellent education, who prefer not to treat edentulous patients in their practices. This is solely because the challenges and complexities of complete denture care and treatment frequently make it financially unrewarding, or at least unpredictable. With that as a fact, it makes no sense whatsoever to delegate denture treatment problems to a person with pathetically little education in patient health care.

10. A removable partial denture can rarely be properly designed and constructed without altering the shape of soft tissue or tooth structure.

"Denturists" must not and cannot alter or cut teeth or soft tissue. Therefore, it can only be concluded "denturists" intend to routinely provide removable partial dentures which are inadequately designed and prepared.

The above views are my own opinions, gained from experience in the practice of prosthodontics. I believe they are essentially correct information, and serve as a guide to help retain good dental and general health for Alaskans.

Thank you.

Sincerely,


Arthur R. Roraff, D.D.S., M.S.

MAR 10 1986

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* ORIGINAL
* SENT:          03/07/86  TIME: 14:30
* FROM:          JEAN MILLER
* SUBJECT:       POM
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TO: SENATORS KERTTULA, ZHAROFF AND FAHRENKAMP

FROM: DR. BELTON S. STEPHENS
 1020 WEST FIREWEED
 ANCHORAGE, AK 99503 PHONE: 279-5481

SUBJECT: SB 437 - DENTURISM

I WISH TO EMPHATICALLY PROTEST THE PASSAGE OF SB 437 WHICH DEALS WITH DENTURIST LICENSING. EVEN THOUGH I, AS A MEMBER OF THE DENTAL COMMUNITY, AM AN ORAL SURGEON AND DO NOT MAKE DENTURES, I FEEL THAT TO PERMIT POORLY TRAINED LABORATORY TECHNICIANS WOULD BE VERY HARMFUL TO THE POPULATION AS A WHOLE.

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