

**2010 Update to
Research Memorandum No. 292**
(2010 House Bill 179)

Research Memorandum No. 505

Legislative Research Commission
Frankfort, Kentucky

December 2010

Kentucky Legislative Research Commission

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The Commission functions as Kentucky's Commission on Interstate Cooperation in carrying out the program of the Council of State Governments as it relates to Kentucky.

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Foreword

During the 2010 Regular Session, the General Assembly passed House Bill 179 that directed staff of the Legislative Research Commission to update Research Report No. 292, *A Study of Dentistry*, printed in 2000. That study presented information to help legislators determine if denturists should be legally recognized and be allowed to practice independently. This is the product of that update.

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December 3, 2010

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2010 Update to 2000 Research Report No. 292

Background

A denturist is “a dental technician who makes and fits dentures that are sold directly to the public rather than through a dentist” (“Denturist”). Recognition of the practice of dentistry has been an issue in Kentucky for the past three decades. Attempts to have the practice recognized professionally have included by licensure or by simply defining “dentistry” and exempting it from the traditional statutory definition of “dentistry” found in KRS 313.010. In Kentucky, the practice of dentistry is not regulated by licensure or certification.

In 1998, the General Assembly passed Senate Bill 65 to study the issue of dentistry. The result was Research Report No. 292, *A Study of Dentistry*, prepared by the staff of the Legislative Research Commission. That study presented information to help legislators determine if denturists should be legally recognized and be allowed to practice independently. During the 2010 Regular Session, the General Assembly passed House Bill 179 that directed staff to update that report’s findings. This is the product of that update.

In preparing this update, staff reviewed the original report and updated relevant data and findings. The text of the original report is not repeated. References to the original report are made where necessary to provide context for this update. Additionally, staff sent letters to the deans of the University of Kentucky College of Dentistry and the University of Louisville School of Dentistry, and to the program coordinator of the Dental Laboratory Technology Program at the Bluegrass Community and Technical College encouraging those institutions to study the feasibility of adding an accredited dentistry program or similar program to their available courses of study. Responding in a joint letter, deans of both the University of Kentucky and the University of Louisville dental programs indicated that the addition of a dentistry program was not currently practical, mostly due to budgetary constraints and consequential issues resulting from the lack of accreditation for dentistry programs by the Commission on Dental Accreditation. The entire text of that response is attached in the Appendix.

Summary

The practice of dentistry throughout the United States is somewhat standardized. Generally, auxiliary personnel practice dentistry either under the supervision of a dentist or, in the case of those working in a dental laboratory, by employing a dentist or fabricating denture appliances pursuant to a written work order supplied by a dentist. In some circumstances, a denturist learns the practice by apprenticing with another denturist.

To provide a more comprehensive understanding of factors that influence the issues surrounding the debate of to what extent, if any, denturists should be regulated in the Commonwealth, the authors of the original report compiled comprehensive historical information and statistical evidence pertaining to the evolution of the practice of dentistry and the emergence of dentistry

from that practice, public health issues, economic issues, and dentistry laws in other states and Canada.

Updated Findings

Emergence of Dentistry

Advances in technology have provided dentists the capability to focus more on preserving or restoring natural teeth instead of pulling them. When dentists began to utilize these advancements, the responsibility of fabricating dentures was delegated to trained technicians or auxiliary personnel. Eventually, these technicians and auxiliary personnel attained a level of experience and expertise within the profession and began to seek autonomy from the supervision of dentists.

As found during the original study, there remains no formal training program for dentistry in Kentucky. Some schools do offer training in dental hygiene, dental assisting, and dental laboratory technology. The absence of formal programs is a reflection that Kentucky does not recognize dentistry (Commonwealth 26)

Public Health

Fabricating a full or partial upper or lower denture appliance involves four basic functions: 1) examining the patient's oral cavity to diagnosis oral health and to determine suitability for dentures, 2) making impressions from which dentures will be fabricated, 3) fabricating the denture appliance, and 4) fitting and adjusting the finished appliance. Of these steps, evaluating the oral cavity and diagnosing oral health has always been a primary concern when determining whether denturists should be licensed and allowed to practice independently in Kentucky. Those who opposed the independent regulation of denturists at that time maintained and continue to assert that denturists have neither the educational background nor the pathological training to adequately diagnosis the health and fitness of the oral cavity. Conversely, denturists contend that their years of experience have equipped them to diagnose abnormalities in the oral cavity and that when warranted, they refer patients to a dentist for proper treatment.

Protecting the public from harm has always been of paramount importance when formulating regulatory procedures for a profession, especially those directly or indirectly related to the field of medicine. The original study reported that there had been no increased spread of infectious diseases due to improper procedures or unsanitary working conditions and no scientific correlation between wearing dentures and an increased risk of oral cancer (Commonwealth 30). Those findings hold true today. Proponents of licensing denturists maintain that independent regulation of the profession would result in the application of a higher standard of sanitary working conditions brought about by stricter regulation. Opponents would contend that the best method to ensure sanitary working conditions is to keep the construction and fitting of dentures a part of the practice of dentistry and ensure that this work is performed by dentists.

Economic Issues

Research Report No. 292 cited cavities and periodontal disease as primary causes of edentulism, or the loss of one's natural teeth. Additionally, many socio-economic factors contribute to untreated oral disease including age, education level, income, geographic location, accessibility of dental care, and availability of insurance. At the time of the study, 23 percent of the population aged 65 to 74 did not have their natural teeth. Of the 75 or older group, that rate rose to nearly 27 percent (Commonwealth 19). The report went on to cite studies by the Centers for Disease Control and Prevention that concluded that Kentucky had the second-highest rate of people 65 or older without their natural teeth, 44 percent, ranking only behind West Virginia with 46 percent. Today, these figures remain virtually unchanged.

The report also indicated that the price of dentures served as one of the primary barriers for those seeking denture appliances. Data were offered to compare the costs of dentures in states that had enacted laws to regulate the practice of denturistry in relation to those that had not. Overwhelmingly, the study concluded that the price of dentures when provided by a denturist was significantly less than when provided through the services of a dentist. In Canada, the cost savings was approximately 50 percent (Commonwealth 20).

Denturistry Laws in Other States

At the time of the original study, six states recognized denturistry as a legal practice: Arizona, Idaho, Maine, Montana, Oregon, and Washington. As a model of comparison, the study compiled a regulatory analysis of denturistry laws in those states. Except for Arizona where denturists are certified and required to practice under the general supervision of a dentist, these states had, by 2000, adopted a licensure model for regulating denturists that recognized the profession and allowed them to operate independently. Despite attempts in other states to follow suit, those six states remain the only ones to both recognize the profession and continue to regulate denturists either through certification or licensure. Table 1 of the original study presented aspects of the regulatory models specific to each of those states: year of authorization, required supervision, oral health certificate required, range of services, type of regulation, regulating authority and its composition, required training, required continuing education, grandfather clause, and number of denturists licensed. The denturistry laws have experienced few changes during the past 10 years, other than changes to the composition of the regulating boards of Arizona, Maine, and Montana; the range of service changes in Maine; and the addition of continuing education hours in Arizona and Washington. Nonetheless, data current to 2010 are reflected in the following updated Table 1 from the original study.

Table 1
State Dentistry Laws

	Arizona	Idaho	Maine	Montana	Oregon	Washington
Date Authorized	1978 By legislation	1982 By initiative 1983 By legislation	1977 By legislation 1994 Amended	1984 By initiative 1985 By legislation	1978 By initiative	1994 By initiative 1995 By legislation
Required Supervision	In dentist's office: general supervision; initial & final OK by dentist	None	None	None	None	None
Oral Health Certificate Required	No	No	Yes By DDS < 30 days	No	Yes** If licensed prior to 2004 & holds no oral pathology endorsement	No
Range of Services	Make/repair full & Partial	Make/repair full; repair partial only	Make /repair full & partial	Make/repair full	Make/repair full & partial	Make/repair full & partial
Type of Regulation	Certification	Licensure	Licensure	Licensure	Licensure	Licensure
Regulating Authority	Board of Dental Examiners	Board of Dentistry	Board of Dental Examiners	Board of Dentistry	State Board of Denture Technology (State Advisory Council on Denture Tech)	State Board of Denturists (Board of Denture Tech)
Composition of Authority	6 dentists 2 hygienists 2 public members 1 business member	3 denturists 2 lay members	5 dentists 2 (1) hygienists 1 lay member 1 denturist	5(6) dentists 1 denturist 2(1) hygienists 2 lay members	1 dentist 4 denturists 2 lay members	1 dentist 4 denturists 2 lay members
Required Training	2-year degree Exam	2-year degree Exam 2-year internship	2-year degree Exam	2-year degree Exam 1-year internship or 3 years' licensure in another state or Canada	2-year degree Exam 2-year internship	2-year degree Exam Oral Pathology Training
Required Continuing Education	24 hours/ 3 years (none)	12 hours/year	20 hours/years	36 hours/ 3 years	20 hours/ 2 years (30 hrs/ 3 yrs)	30 hours/ 2 years (none)
Grandfather Clause	None	5 years' experience	10 years' experience Completion of upgraded curriculum	5 years' practical experience	4,000 hours' practical experience	Graduate of denturism program; exam
Number of Denturists Licensed	10 (12)	24 current 24 noncurrent 7 renewable (29)	48 active (15)	13	106 (130)	102 (103)

Source: Staff compilation.

Notes: Text in bold reflects updated changes to information since original study in 2000; () denotes data inherent to 2000 study;

** means no oral health certificate required if the denturist has completed additional training in oral pathology; DDS is a doctor of dental surgery.

Additionally, the original report offered a brief overview of denturistry in Canada, where the profession was first recognized by legislation in the province of Alberta in 1961. At the time of the original study, every Canadian province except Prince Edward Island had subsequently enacted legislation to legalize denturistry, and there were five colleges that offered curriculum specific to denturistry. In 2010, every province in Canada recognizes the practice of denturistry and regulates it as a separate profession from dentistry. Prince Edward Island authorized denturistry by legislation in 2003. In addition, there are currently five schools that offer complete courses of study in denturistry. Three are accredited by the Denturist Association of Canada, one is not accredited, and one is eligible for accreditation (Denturist Association of Canada).

Kentucky Law

Kentucky law does not specifically recognize the practice of denturistry. However, recent changes enacted by the 2010 General Assembly have created the possibility for denturists, or individuals operating similar laboratories, to legitimately practice. The statutory definition of dentistry still includes the traditional practice of denturistry by stating:

Any person shall be regarded as “practicing dentistry” who, for a fee, salary, or other reward paid, or to be paid either to himself or herself, or to another person, performs or advertises to perform, dental operations of any kind, including ... tak[ing] impressions of the human teeth or jaws to be used directly in the fabrication of any intraoral appliance, or shall construct, supply, reproduce or repair any prosthetic denture, bridge, artificial restoration, appliance or other structure to be used or worn as a substitute for natural teeth, except upon the written laboratory procedure work order of a licensed dentist and constructed upon or by the use of casts or models made from an impression taken by a licensed dentist, or who shall advertise, offer, sell, or deliver any such substitute or the services rendered in the construction, reproduction, supply, or repair thereof to any person other than a licensed dentist, or who places or adjusts such substitute in the oral cavity of another (KRS 313.010(11)).

The definition of “dentistry” is now further clarified by KRS 313.550 that provides further regulation for dental laboratories. That statute, added by the 2010 General Assembly, requires dental laboratories to employ either a certified dental technician or a licensed dentist. Dental laboratories employing only a certified dental technician must receive a written work order from a dentist before the laboratory may “construct, alter, repair, or duplicate any denture, plate, bridge, splint, orthodontic, or prosthetic appliance.” Dental laboratories that employ or contract with a licensed dentist may proceed without a work order if the patient is seen or evaluated or the patient’s care is supervised by the referring dentist. The new statute makes a denturist now practicing only with a certified dental technician equivalent to a denturist working with a dentist under the former law. Under the previous law, denturists practicing without a licensed dentist did so in potential violation of statute. In addition, denturists that employed a dentist were considered auxiliary staff of the dentist. The new law also adds another option for denturists to further expand their practice. Denturists may now elect to contract with a dentist and retain the ability to proceed without a work order for those patients whose care is supervised by a referring dentist.

Under the previous dentistry statutes, denturists needed a written work order from a dentist to complete any denture work. This need for a new work order for every procedure caused some difficulty in completing repairs quickly, even on an emergency basis. The 2010 legislative change may encourage currently practicing denturists to become certified dental technicians or to employ them. By employing or becoming a certified dental technician, denturists would need only a written work order to be able to practice legitimately. These changes will allow more Kentucky denturists the opportunity to practice legally, and the Kentucky Board of Dentistry will have a greater degree of control in ensuring the quality of all dentures prescribed and manufactured in the Commonwealth.

Government Savings

In Kentucky, dentures are an allowable Medicaid expenditure under KRS 205.560(1). Other states that make dentures an allowable expense have completed studies indicating that a savings of 20 percent to nearly 50 percent could be possible if denturists were used. In Kentucky, however, savings would be modest because of the way Kentucky Medicaid denture expenditures are implemented. This is because under 907 KAR 1:626, Kentucky does not include dentures or denture repair as a reimbursable Medicaid expense for patients 21 years old and older. Age being a primary factor in edentulism, Kentucky's population will have greater need for dentures as it ages. The U.S. Census Bureau estimated that in 2009, roughly 72 percent of Kentucky's population was 21 or older, the population for which dentures and denture repair are not covered by Medicaid.

The Kentucky Works program assists recipients of benefits under the Kentucky Transitional Assistance Program in obtaining education, training, experience, and employment necessary to leave public assistance. Work-eligible individuals in the Kentucky Transitional Assistance Program are required to participate. Through 921 KAR 2:017(7), dentures are an allowable medical service or item for participants in the Kentucky Works program and are not limited to individuals under a certain age. Because individuals in the Kentucky Works program are eligible for dentures, the use of denturists to make dentures for individuals under the Kentucky Works program could be an area where some savings might be achieved.

The original report suggested a pilot program that would license qualified denturists for a certain period of time. Under a pilot program denturists would be allowed to practice in a structured environment to assess their competence while protecting the public. The report pointed out the need for an oversight committee, a complaint process, and practice standards—especially sanitation standards—for the duration of any denturist pilot program. Subsequently, 2000 HB 238 and 2002 HB 70 were introduced. Neither measure passed.

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Appendix

Letter From the Deans of the University of Kentucky College of Dentistry and the University of Louisville School of Dentistry

November 22, 2010



College of Dentistry

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Mr. Michel Sanderson
Mr. Jonathan Scott
Legislative Analysts
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Dear Mr. Sanderson and Mr. Scott,

We are writing to report that we have studied the feasibility of adding an accredited dentistry program at both the University of Kentucky and the University of Louisville and find that it is not feasible to add such a program to our courses of study for the following reasons:

- 1) There is no avenue for accreditation for dentistry programs in the United States. The Commission on Dental Accreditation which is the only Department of Education certified accrediting body of all dental educational programs does not accredit dentistry programs. This is the most significant reason by far to avoid beginning a program of this type as there would be no method of peer review or quality assurance.
- 2) There is no licensing body for this type of provider at the present time which also raises concerns about public safety.
- 3) Research extensive universities do not house programs leading to an associate's degree or a certification below the level of a bachelor's degree because the cost associated with programming at research universities is significantly higher. In fact, there is only one dentistry school in the entire United States which we were able to locate, and it is at community and technical college in Washington.
- 4) Neither of our schools has the space to add any additional programming. Despite varying levels of renovations at both schools, we are still significantly strapped for space for even our existing programs.
- 5) There is no clear indication where faculty for such a program would come from as there is no duly recognized certification process for those who hold themselves out to be denturists.
- 6) There is no indication that the Commonwealth of Kentucky will have a funding stream to support new programmatic initiative and neither of our current budgets would permit us to absorb the costs associated with new programming.

Sincerely,

A blue ink signature of John J. Sauk, written in a cursive style.

John J. Sauk, DDS, MS
Dean, School of Dentistry
University of Louisville

A red ink signature of Sharon P. Turner, written in a cursive style.

Sharon P. Turner, DDS, JD
Dean, College of Dentistry
University of Kentucky

see
blue.