

Information Summary and Recommendations

Denturist Scope of Practice Sunrise Review

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THE SUNRISE REVIEW PROCESS

A sunrise review is an evaluation of a proposal to change the laws regulating health professions in Washington. The legislature's intent, as stated in Chapter 18.120 RCW, is to permit all qualified people to provide health services unless there is an overwhelming need for the state to protect the interests of the public by restricting entry into the profession. Changes to the scope of practice should benefit the public.

The Sunrise Act, RCW 18.120.010, says a health care profession should be regulated or scope of practice expanded only when:

- Unregulated practice can clearly harm or endanger the health, safety or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument;
- The public needs and can reasonably be expected to benefit from an assurance of initial and continuing professional ability; and
- The public cannot be effectively protected by other means in a more cost-beneficial manner.

If the legislature identifies a need and finds it necessary to regulate a health profession not previously regulated, it should select the least restrictive alternative method of regulation, consistent with the public interest. Five types of regulation may be considered as set forth in RCW 18.120.010(3):

1. *Stricter civil actions and criminal prosecutions.* To be used when existing common law, statutory civil actions and criminal prohibitions are not sufficient to eradicate existing harm.
2. *Inspection requirements.* A process enabling an appropriate state agency to enforce violations by injunctive relief in court, including, but not limited to, regulation of the business activity providing the service rather than the employees of the business, when a service being performed for people involves a hazard to the public health, safety or welfare.
3. *Registration.* A process by which the state maintains an official roster of names and addresses of the practitioners in a given profession. The roster contains the location, nature and operation of the health care activity practices and, if required, a description of the service provided. A registered person is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.
4. *Certification.* A voluntary process by which the state grants recognition to a person who has met certain qualifications. Non-certified people may perform the same tasks, but may not use "certified" in the title.¹ A certified person is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.
5. *Licensure.* A method of regulation by which the state grants permission to engage in a health care profession only to people who meet predetermined qualifications. Licensure protects the scope of practice and the title. A licensed person is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

¹ Although the law defines certification as voluntary, many health care professions have a mandatory certification requirement such as nursing assistants – certified, home care aides, and pharmacy technicians.

EXECUTIVE SUMMARY

Background and Proposal

Since 1995, denturists have been licensed to provide dentures directly to the public. Dentures are defined in law as “a removable full or partial upper or lower dental appliance to be worn in the mouth to replace missing natural teeth.”² Denturists’ current scope of practice is “making, placing, constructing, altering, reproducing, or repairing a denture; and taking impressions and furnishing or supplying a denture directly to a person or advising the use of a denture, and maintaining a facility for the same.”

The House Health Care and Wellness Committee requested a sunrise review of House Bill 2815, which would expand the practice of denturism to add “making, placing, constructing, altering, reproducing, or repairing all other non-orthodontic removable oral devices; and teeth whitening using bleaching solutions of twenty percent or less.” The Washington Denturist Association (WDA) (applicant) cites the following justifications for this increase in scope of practice:

- Lack of affordable access for the public;
- Many non-orthodontic removable oral devices and teeth whitening treatments are available over the counter with no oversight; and
- Oregon added similar language regarding removable non-orthodontic appliances to their denturist law last session³, and maintaining a similar scope of practice with Oregon will encourage denturists to serve patients in both states.

Recommendations

The proposal does not meet the sunrise criteria as written. The proponents did not show that the public is currently experiencing difficulties accessing these services from other licensed practitioners or over-the-counter products. In addition, there was no compelling evidence of any danger to the public related to the use of over-the-counter-products.

If the legislature is inclined to consider granting an expansion of scope, the following services could be added to the denturist scope of practice with low risk to the public if additional assurances are added:

- **Allow denturists to fabricate and fit bruxism (grinding or clenching of the teeth) devices and sports mouth guards only if:**
 - The definition of “non-orthodontic removable oral devices” is narrowed to only bruxism devices and sports mouth guards;
 - Training requirements are set in law or required in rule to ensure currently licensed denturists have the necessary skill to create and fit these devices;
 - Language is added for bruxism devices to require the patient to be examined by a dentist for diagnosis and selection of the appropriate device and to ensure there is no temporomandibular disorder (TMD) or other issues present before a denturist proceeds with fabrication of the device;

² RCW 18.30.010(2)

³ ORS 680.500. The Oregon statute does not allow denturists to provide teeth whitening services, prescribe sleep apnea treatment, or encroach on the practice of dentistry or respiratory therapy.

- Language is added for bruxism devices to require the denturist to refer the patient to a dentist for follow up examinations; and
- Written instructions are provided to the patient encouraging regular dental checkups to identify any adverse effects of bruxism or from the device.
- **Allow denturists to provide teeth whitening trays and over-the-counter solutions for the patient’s use at home if they also provide written instructions encouraging regular dental checkups.**
- **Allow denturists to take impressions and order removable cosmetic appliances, such as the Snap-on-Smile™, regardless of whether the patient is missing teeth.**

The department is opposed to the other changes proposed in House Bill 2815 because the broad use of “non-orthodontic removable oral devices” opens up the scope for denturists to treat obstructive sleep apnea (OSA). OSA requires specialized training for diagnosis, fitting, and follow-up. Without such oversight, OSA devices can lead to adverse effects such as unintentional movement of teeth, jaw damage, skeletal damage, and TMD.

SUMMARY OF INFORMATION

Background

There are currently 137 licensed denturists in Washington. Denturists in Washington who make, fit, and repair dentures directly for the public. Their two to three-year training programs focus on fabrication of dental prosthetics and include anatomy, physiology, microbiology, ethics, and clinical/laboratory techniques as they apply to dentures.⁴ A denture is defined in Washington statute as “a removable full or partial upper or lower dental appliance to be worn in the mouth to replace missing natural teeth.”⁵

Denturists have been licensed in Washington since 1995. Before then, only dentists were authorized to provide dentures to the public. The Washington State Board of Denturists (board) shares dual authority with the secretary of the Department of Health. The board has authority over licensing, examination, and approval of schools, while the secretary has disciplining authority over the profession.

Washington state law, RCW 18.30.010, defines the practice of denturism as:

- (a) Making, placing, constructing, altering, reproducing, or repairing a denture;
- (b) Taking impressions and furnishing or supplying a denture directly to a person or advising the use of a denture, and maintaining a facility for the same.

The legislative intent in RCW 18.30.005 is “to help assure the public’s health, provide a mechanism for consumer protection, and offer cost-effective alternatives for denture care services and products to individual consumers and the state.”

Proposal for Sunrise Review

The Department of Health received a request for sunrise review from the House Health Care and Wellness Committee on March 23, 2012. House Bill 2815 would expand the practice of denturism to add:

- (c) Making, placing, constructing, altering, reproducing, or repairing all other non-orthodontic removable oral devices;
- (d) Teeth whitening using bleaching solutions of twenty percent or less.

HB 2815 does not define “non-orthodontic removable oral device.”⁶ However, the Washington Denturist Association (applicant) has referred to the Health Care Authority’s definition of “orthodontics,” which is defined as treatment involving the use of any appliance, in or out of the mouth, removable or fixed, or any surgical procedure designed to redirect teeth and surrounding tissues.⁷ The applicants testified at the public hearing that “non-orthodontic” can be assumed to mean any appliance which is not intended to redirect the teeth or surrounding tissues.

In addition, after requesting clarification from the applicant, they indicate their intent is to include occlusal/night guards, mouth guards and snoring/sleep apnea devices. The applicant also

⁴ Bates Technical College denturist program, <http://www.bates.ctc.edu/denturist>, accessed May 30, 2012.

⁵ RCW 18.30.010(2).

⁶ The Oregon statute does not define “non-orthodontic dental appliance” that is used in the recently passed law.

⁷ WAC 182-535A-0010.

provides an example of the Snap-On-Smile™, a high-tech dental resin cosmetic device that fits over a patient's own teeth to improve his or her appearance, which the applicant states they can currently provide to partially edentulous (missing teeth) patients, but not to patients who are not missing any teeth.

Public Participation and Hearing

The department received the request from the legislature to conduct this sunrise review on March 28, 2012, and received the applicant report in May 2012. Interested parties were notified of the sunrise review May 22, 2012, and given the opportunity to provide written comments on the proposal through August 6, 2012.

We received letters from denturists in support of the proposal, stating this gives patients another choice in their dental care. They stated denturists are already trained to do the necessary tasks to make non-orthodontic devices and perform teeth whitening. Some stated the increased scope of practice will encourage new providers to come to our state.

The Washington State Dental Quality Assurance Commission (commission) wrote in opposition to the proposal, expressing concerns about the vagueness of the term “non-orthodontic removable device.” The commission states that any device that attaches to the teeth has the ability to orthodontically move teeth; and that there are several significant dental conditions managed or treated with removable devices, with the potential for harm to the patient.

The Washington State Dental Association (association) also wrote to oppose the proposal, agreeing with the dental commission. They expressed an additional concern that using dental appliances to address medical conditions is much more complex than taking impressions and creating the devices. These devices can potentially alter or damage the oral cavity, and require close monitoring by a dentist. They also strongly disagreed with the statement by the applicant that “the risks of trained and licensed denturists providing these appliances are the same as a trained and licensed dentist providing them.” The commission states there is no comparison between the two to three-year training of denturists and the postgraduate education of dentists.

We received comments from a number of dentists echoing the concerns listed above, adding that many tooth-borne oral appliances require the preparation and removal of enamel to provide secure resting sites for the metal frameworks that support the appliances. In addition, we heard from a dentist who stated he has personally observed that “non-orthodontic appliances” can become unintentionally orthodontic and can permanently alter people's bites and cause TMD. Even many well-trained dentists are not comfortable treating these complex conditions. We heard from another dentist warning of the risks of teeth whitening causing tooth sensitivity, root canals, and gum recessions due to unsupervised treatments.

The Oregon Health Licensing Agency submitted comments sharing their testimony on Oregon House Bill 2145, which passed last session. They testified that a removable non-orthodontic appliance would be similar to a teeth whitening tray and sleep apnea mouthpiece, which sometimes fit on a positive airway pressure machine. They stated HB 2145 does not allow denturists to provide teeth whitening services, prescribe sleep apnea treatment, or encroach on the practice of dentistry or respiratory therapy.

The Northern Alberta Institute of Technology's dental sciences program sent a letter stating they are fully accredited by the Denturist Association of Canada. Their students receive instruction on the theory behind bruxism devices and sports guards, and learn to use a vacuum former to construct these appliances. They stated they do not provide specific instruction on bleach trays, but that the steps in the process are skills their students use on a regular basis in the laboratory or in the NAIT dental clinic. They further stated they have extensive continuing education courses and could provide training in either Alberta or Washington if denturists in this state are required to complete specific training on any of the proposed additions to the scope of practice.

A public hearing was held August 7, 2012 (See Appendix D). At the hearing, the applicant presented the proposal and one denturist testified in support of the proposal. The denturist stated the teeth whitening solution of 20 percent or less hydrogen peroxide they want to provide to patients is already available over-the-counter. The applicant stated denturists would provide follow up with patients and provide home care instructions (for whitening as well as appliances). The applicant stated that all of the services they want to provide are already available to the public over-the-counter, so this would provide regulation for a safer alternative.

The applicant added that devices such as Snap-on-Smile™ are patented so the only thing denturists would be doing in many cases would be taking impressions and ordering the device. They stated they would work with other appropriate health care providers to determine the best device and treatment. They said they can provide devices such as night guards for a better price because they have the lab and materials readily available in their denturist office, while many dentists do not.

One of the applicant denturists also stated if a patient came to him asking for a sleep apnea device, but had not been diagnosed, he would refer the patient to a specialist. He said most denturists have working relationships with other health professionals and would work with them to get the patient the appropriate device for their condition.

Regarding training, the applicant stated the practitioner is ultimately responsible for ensuring he or she is qualified. The applicant does not feel the department needs to put educational requirements in the regulations. He also stated all Canadian-trained denturists already have the training, and those trained at Bates Technical College have many continuing education options to acquire the training. The applicant stated denturists are self-policing because there are so few of them and they do not want disciplinary cases to drive up their licensing fees. He is on a peer-review board and has made many calls to association members and non-members asking denturists to stop doing things they shouldn't do.

The Washington State Dental Association testified against the proposal. The association representative stated that making these devices is simple, but the diagnosis and administration are not. He disagreed with a statement the applicant had made that the denturist's ability to recognize deviations from normal in a patient's mouth is simple, stating it takes specialized training to recognize some conditions. He stated the two denturists speaking at the hearing are obviously well-qualified but questioned whether they are the exception, rather than the rule.

Three others signed in as supporting the proposal but did not testify.

During the 10-day public comment period following the hearing, we received additional comments from dentists opposed to the proposal reiterating the risks and lack of appropriate training to diagnose the conditions being treated by these devices. Some dentists stated there is much more to these devices than fabricating and fitting them, and that more education is required to diagnose and manage the conditions.

We received additional comments in support of the proposal, reiterating that denturists are qualified to provide these comparatively simple procedures for non-orthodontic devices. We received supporting comments from a consumer who would like to have more choice and does not feel comfortable buying over-the-counter products.

We received comments in support of the proposal from one denturist in Oregon, and from the Oregon State Denturist Association, who have recently received a similar increase in their scope of practice. They stated it would be safer to buy these products from a professional such as a denturist than to buy them over-the-counter.

In addition, we received supporting comments from a licensed denturist in Canada, who has practiced with this increased scope of practice for many years. He is an educator for the Ontario Denturist Program, has taught for the International Denturist Education Center, and has substantial experience with denturist licensing examinations. He stated that opposing professions are creating fear mongering to protect their turf, and that a professional's educational background and scope of practice should be key factors in determining the need for an increased scope. Canadian denturists have been providing these services for many years without incidence. He further states that he has reviewed the curriculum of many denturist schools and found them to be similar to Canada's.

Denturist Education and Training

There is only one denturist program in Washington, Bates Technical College in Tacoma. Bates offers an Associate of Technology degree that is 120 credits, approximately six quarters long.⁸ It includes instruction in anatomy, physiology, microbiology, ethics, medical emergencies, office management, and clinical/laboratory techniques as they apply to denture practices. Students receive clinical experience in an on-campus denturist clinic which provides services to the public. A Bates representative said that the school does not currently train students in providing removable non-orthodontic devices or teeth whitening since these services are not within the Washington scope of practice for denturists.

In addition, there are three approved Canadian programs, the International Denturist Education Centre in Toronto, Ontario, the Northern Alberta Institute of Technology Denturist Technology Program (institute) in Edmonton, Alberta, and the Vancouver Community College School of Health Sciences in Vancouver, British Columbia. The North Alberta program indicates Canadian schools provide instruction on the theory behind bruxing devices and sports guards and how to construct them. The Denturist Association of Canada requires these competencies for accreditation. The institute states it does not provide specific instruction on the construction of bleaching trays, but that the steps in the process are skills students use on a regular basis in the laboratory or in the institute's dental clinic. (See Written Comments - Appendix E).

⁸ <http://www.bates.ctc.edu/denturist>, accessed August 2, 2012.

Current Regulation and Practice

Washington denturist licensing requirements include:

- Graduation from a formal, board-approved program of not less than two years in duration;
- Successful completion of a written and clinical examination approved by the board;
- Completion of seven clock hours of AIDS education.

Applicants can also qualify if they are licensed in another state or territory of the United States with substantially equivalent licensing standards, including a written and clinical examination. There is an option for military trained applicants as well.

Denturists in Washington are authorized to make, place, construct, alter, reproduce, and repair dentures for the public. This includes taking impressions. They are required to examine the patient's oral cavity prior to making and fitting a denture. The denturist must refer the patient to a dentist or physician if he or she sees anything during the examination that gives him or her reasonable cause to believe an abnormality or disease process exists.

Regulation in Other States and Canada

Oregon recently enacted an increase in scope for denturists with similar language to HB 2815 in 2011. Oregon's denture law added "non-orthodontic dental appliances intended to be worn in the human mouth" to the practice of denture technology.⁹ This was added at the request of the Oregon Health Licensing Agency because it stated it needed to clarify that denturists in Oregon are trained and qualified to perform these additional services. Oregon denturists are required to obtain and be tested on 1,000 additional hours of supervised clinical practice in denture technology that is not required in Washington. The Oregon law does not specifically reference denturists performing teeth whitening or constructing teeth whitening trays.

The Oregon agency submitted testimony to the legislature when the bill was under consideration last year that the bill would allow "fitting patients for teeth-whitening trays and other removable non-orthodontic dental appliances such as mouthpieces for sleep apnea positive airway pressure machines." They further stated the bill would not allow licensed denturists to "provide actual teeth-whitening services, prescribe sleep apnea treatment, or otherwise encroach on the practice of dentistry or respiratory therapy." This bill passed the 2011 legislative session and the Oregon Health Licensing Agency is beginning the rulemaking process.

Canadian schools include training on these types of devices, and according to the Northern Alberta Institute of Technology there is no restriction on who can legally provide such appliances in Alberta. The institute is an approved school for Washington denturist licensure; however, there's no way to know how many denturists currently licensed in Washington have received training in providing non-orthodontic devices or teeth whitening trays.

Other than Washington and Oregon, Montana¹⁰, Maine¹¹, Arizona¹², and Idaho¹³ are the only other states that license denturists. None of these states include teeth whitening or non-

⁹ <http://www.leg.state.or.us/ors/680.html>, accessed August 2, 2012.

¹⁰ <http://statutes.laws.com/michigan>, accessed August 2, 2012.

¹¹ <http://www.mainelegislature.org/legis/statutes/>, accessed August 2, 2012.

orthodontic oral devices in their scope of practice. In Arizona, denturists may practice only in the office of a licensed dentist and must work under a licensed dentist's general supervision.

Definition of the Problem and Why Regulation is Necessary

The applicant states the problem is that citizens in need of removable oral appliances have two choices: go to a dentist (which they allege is an extremely expensive option) or purchase a do-it-yourself, over-the-counter product. However, there is no evidence of a lack of access to these products, nor is there any evidence dentists' services for these appliances are more or less expensive than those provided by denturists.

The applicant states the risks of denturists providing these appliances are the same as the risks of dentists providing them. However, a denturist's training is not equivalent to a dentist's training. In order to be accepted into the University of Washington School of Dentistry, students must complete at least three years of academic study or have a baccalaureate degree. A Doctor of Dental Surgery [D.D.S.] degree requires four years of additional schooling (There is also a Doctor of Dental Medicine [D.D.M.] degree available at some dental schools). Not all dentists work with sleep apnea devices. The American Academy of Sleep Medicine recommends dentists be board-certified as Diplomates of the American Board of Dental Sleep Medicine or have extensive training in sleep medicine and/or sleep-related breathing disorders before working with sleep apnea devices.¹⁴

The applicant states the public can already use over-the-counter teeth whitening products, so this would provide an affordable means to have someone with training perform the task. They state there are risks that overuse or misuse of bleaching agents may cause sensitivity or harm to the natural dentition and surrounding tissues, and that this proposal provides safer option for the public.

The applicant also states their intent is to maintain a similar scope of practice to Oregon to assist with cross-border practice.

Background on Non-orthodontic Removable Oral Devices

The term "non-orthodontic removable oral devices" is not defined and is very broad. It could include a large number of devices that are either intended to move the teeth or jaw or have the ability to move the teeth or jaw if not monitored closely. The applicant lists occlusal guards (night guards to prevent grinding or clenching), mouth guards, and snoring/sleep apnea devices in the list of those they consider non-orthodontic, removable oral devices. Many of these devices manage and treat medical and dental conditions. Some of these conditions require a medical diagnosis, like sleep apnea, that needs to be monitored by a doctor or dentist trained in sleep medicine to prevent harm.

The applicant also cites the Snap-On-Smile™, a high-tech dental resin device that fits over a patient's own teeth to improve his or her smile, as a device they would like included. They state

¹²In Arizona, denturists must practice in the office of a licensed dentist and must work under a licensed dentist's general supervision, <http://www.azdentalboard.us/statutes.html>, accessed August 2, 2012.

¹³ <http://legislature.idaho.gov/idstat/TOC/IDStatutesTOC.htm>, accessed August 2, 2012.

¹⁴ "Oral Appliances for Snoring and Obstructive Sleep Apnea: A Review," SLEEP, Vol. 29, No. 2, p. 258, 2006.

denturists are currently able to provide the Snap-On-Smile™ to partially edentulous (missing teeth) patients, but not to patients who are not missing any teeth. These appear to be purely cosmetic devices that do not move the teeth or jaw.

Sleep Apnea, Snoring, and Oral Devices

Sleep apnea is a potentially serious sleep disorder in which breathing stops and starts during sleep. Snoring is often, but not always, a sign of sleep apnea. There are two types of sleep apnea, obstructive sleep apnea and central sleep apnea. Obstructive sleep apnea is more common, and occurs because of the repetitive collapse of the upper airway.¹⁵ Central sleep apnea, occurs when the brain doesn't send proper signals to the muscles that control breathing. Some people have a combination of both types of sleep apnea.

Sleep apnea is diagnosed by a physician or often by a sleep medicine specialist. Some patients must be referred to other specialists, such as ear, nose, and throat doctors, cardiologists, or neurologists to determine the cause of their sleep apnea. There are secondary conditions that may occur as a result of sleep apnea, including hypertension and stroke.¹⁶

There are practice guidelines and recommended protocols for management of snoring or obstructive sleep apnea with oral appliances. The American Academy of Sleep Medicine and the Academy of Dental Sleep Medicine recommend an assessment by a sleep clinician before beginning any type of oral appliance therapy. They also recommend that a dentist assess the patient's dental suitability for this type of therapy. This evaluation should include a complete intra-oral examination to determine whether the patient has an adequate number of healthy teeth to use the devices, as well as history of periodontal disease or TMD. Assessment of TMD problems or severe bruxism is necessary to determine whether a patient is a good candidate for a device.¹⁷

The American Academy of Sleep Medicine also recommends regular dental assessment to evaluate the patient for potential complications such as tooth movement, skeletal change or occlusal (bite) alterations. The dentist who conducts these evaluations should have adequate knowledge of sleep-induced changes in the physiology of various organ systems including neurological, musculoskeletal, cardiac, and respiratory systems. The dentist must also understand and recognize the side effects and complications associated with these devices. They recommend dentists be board-certified as Diplomates of the American Board of Dental Sleep Medicine or have extensive training in sleep medicine and/or sleep-related breathing disorders.¹⁸

There are two main types of dental appliances used to treat snoring and obstructive sleep apnea: mandibular advancement devices, which force the jaw forward and down to keep the airway open, and tongue retaining devices, which hold the tongue in place to keep the airway open. These devices are typically prescribed for those with mild to moderate sleep apnea or those who do not respond to other types of treatment. The devices can be custom-made, purchased over-the-

¹⁵ "Clinical Guideline for the Evaluation, Management and Long-Term Care of Obstructive Sleep Apnea in Adults," Epstein, Lawrence J., et. Al., Journal of Clinical Sleep Medicine, Vol. 5, No. 3, 2009.

¹⁶ <http://www.mayoclinic.com/health/sleep-apnea/DS00148/DSECTION=tests-and-diagnosis>, accessed August 10, 2012.

¹⁷ "Oral Appliances for Snoring and Obstructive Sleep Apnea: A Review," Ferguson, Kathleen, et al., SLEEP, Vol. 29, No. 2, p. 257, 2006.

¹⁸ Ibid, p. 258.

counter, or pre-fabricated with the capacity to be adapted to the patient's dimensions. The use of mandibular advancement devices can lead to adverse effects such as dental crown damage, tooth, mouth, and jaw damage, and skeletal changes¹⁹, as well as TMD or jaw pain.²⁰

Many intraoral devices for snoring and/or sleep apnea are regulated by the federal Food and Drug Administration (FDA) as Class II devices that require a prescription.²¹ The FDA warns of possible adverse reactions to these devices, such as tooth movement, changes in dental occlusion (how a person's upper and lower teeth come together when the mouth is closed), or TMD."²²

Occlusal or Night Guards

Bruxism is the grinding or clenching of teeth. Typical causes are stress, missing or crooked teeth, or an abnormal bite. If not properly treated, bruxism can cause cracks or fractures in teeth, loosening, or loss of teeth. It can also cause temporomandibular disorders (TMD), which create pain and an inability to properly open and move the jaw.

Depending on the cause and severity of symptoms, a night guard or splint is often a treatment option. These appliances are also called occlusal guards. There are a large number of these appliances, which can be bought over-the-counter inexpensively, custom-made in a dentist's office, or ordered from a laboratory. Occlusal guards can have negative effects, such as impacting a patient's bite, tooth decay, or degenerative joint disease.²³

Snap-On Smile

Snap-on-Smile™ is a patented, cosmetic, removable dental appliance that fits over existing teeth. According to online ordering materials, they require that a health care provider send an impression of the teeth to the company to order the appliance, and then ensure the appliance fits the patient. The patient picks the style and shade of the snap-on smile. This appears to be a low-risk appliance.

Teeth Whitening

Many teeth whitening products are sold over-the-counter. Patients can also have custom whitening done at a dentist's office. While it can be a fairly low-risk treatment, the American Dental Association (ADA) warns that tooth discoloration may be masking an underlying condition. The ADA also recommends an examination before teeth bleaching because bleaching may aggravate certain conditions and may cause sensitivity. Denturists are trained to examine a

¹⁹ "Oral Appliances for Snoring and Obstructive Sleep Apnea: A Review," Ferguson, Kathleen, et al., *SLEEP*, Vol. 29, No. 2, 2006.

²⁰ Agency for Healthcare Research and Quality (AHRQ), "Comparative Effectiveness of Diagnosis and Treatment of Obstructive Sleep Apnea in Adults," *AHRQ Effective Health Care Program*.

²¹ Code of Federal Regulations Title 21, Chapter I, Subchapter H, Part 872, Sec. 872.5570 Intraoral devices for snoring and intraoral devices for snoring and obstructive sleep apnea.

²² "Class II Special Controls Guidance Document: Intraoral Devices for Snoring and/or Obstructive Sleep Apnea; Guidance for Industry and FDA,"

<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm072728.htm>, accessed August 15, 2012.

²³ "When the Splint Fails: Non-Traditional Approaches to the Treatment of Bruxism," *The Orthodontic CYBERjournal*, <http://orthocj.com/2000/06/when-the-splint-fails-bruxism-treatment/>, accessed August 2, 2012.

patient's oral cavity and recognize abnormalities or disease processes and refer the patient to a dentist if necessary.

REVIEW OF PROPOSAL USING SUNRISE CRITERIA

The Sunrise Act, chapter 18.120 RCW, does not specifically address a proposal to modify or expand a profession's scope of practice. But RCW 18.120.010(2) states that when considering regulating health professions for the first time, the profession should be regulated only when:

- Unregulated practice can clearly harm or endanger the health, safety, or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument;
- The public needs and can reasonably be expected to benefit from an assurance of initial and continuing professional ability; and
- The public cannot be effectively protected by other means in a more cost-beneficial manner.

The department has applied the criteria in RCW 18.120.010(2) to HB 2815.

First Criterion: Unregulated practice can harm or endanger health or safety

Denturists are currently a thoroughly regulated profession. The applicant's proposal would expand the practice into areas now primarily reserved for other regulated practitioners, such as dentists and sleep medicine specialists. If a consumer buys a device or teeth whitening treatment through an unregulated over-the-counter source, rather than going to a health care professional, they know it is at their own risk. The public knows they can obtain the devices through a health care professional if they choose to.

Second Criterion: Public needs and will benefit from assurance of professional ability

There are adequate laws and rules in place to assure the public of denturists' initial and continued professional ability for their current scope of practice. The procedures within a denturist's scope of practice are clearly stated in RCW 18.30.010. Denturists are clearly authorized to provide denture care services directly to consumers. RCW 18.30.020 requires denturists to refer patients for medical or dental treatment if they see any abnormality or disease process, or if they see a need for tissue or teeth modification to assure proper fit of dentures. All licensed denturists have received the training to provide these services.

The proposed legislation does not contain similar assurances. There is no mechanism for ensuring the competency of currently licensed denturists performing the added services in the proposal. Their training is dependent on where and when it was received. The proposed bill language does not include any training requirements or a method of verifying appropriate training has been completed by currently licensed denturists. In addition, the proposal allows the denturist to identify the need for a device, which is essentially diagnosing and treating a medical or dental condition. This is not the same as the skills required in RCW 18.30.020 in order to refer a patient for medical or dental treatment because of an abnormality or disease process.

The definition of the devices denturists wish to add to their scope of practice is very broad and could include many devices with the potential for adverse effects. "Non-orthodontic removable oral device" is not defined and may include a wide variety of devices that may not be intended to move the teeth, but may inadvertently do so if used or provided improperly. Obstructive sleep

apnea is a medical condition, which should be diagnosed by a physician specializing in sleep medicine. Many of the devices require a prescription. According to the American Academy of Sleep Medicine, all sleep apnea devices should have follow up by qualified dental personnel who are trained and experienced in the overall care of oral health, the temporomandibular joint, dental occlusion and associated oral structures. Denturists are not trained in these areas.²⁴

Although the proposal does not specifically meet this criterion as written, the department has identified portions of the proposal that could be low risk if assurances of professional ability are added to the draft bill language. Fabrication of teeth whitening trays, sports mouth guards, and bruxism devices have much lower risk than sleep apnea and snoring devices, are included in many training programs, and do not require specialized training in sleep medicine. In order to meet this criterion, changes to the proposal would be necessary. These are identified in the detailed recommendations section.

Third Criterion: Public protection cannot be met by other means in a more cost beneficial manner

The proposed bill does not satisfy this criterion.

Public protection is already in place with the current scope of denturist practice. Additionally, the services included in the proposed expansion are already authorized to be provided by other practitioners and are available over-the-counter. The public is not being denied regulated services if the proposal is not granted and the applicant has not provided evidence a problem exists with the current regulation (RCW 18.120.030(1)). Nor has the applicant suggested that over-the-counter devices and teeth whiteners should be prohibited as unduly dangerous to the public.

²⁴ “Practice parameters for the Treatment of Snoring and Obstructive Sleep Apnea with Oral Appliances: An Update for 2005,” American Academy of Sleep Medicine, SLEEP, Vol. 29, No. 2, 2006.

DETAILED RECOMMENDATIONS TO LEGISLATURE

The sunrise criteria have not been met with the proposal as written. Therefore, the department recommends that the language in the bill not be adopted.

The department finds substantial risk of patient harm if the broad definition of “non-orthodontic removable devices” proposed in House Bill 2815 is adopted:

Rationale: Allowing the broad use of “non-orthodontic removable oral devices” opens up the scope of practice for denturists to work with obstructive sleep apnea, which requires specialized training, even for fitting and follow up for the devices. If not properly diagnosed and treated, obstructive sleep apnea can lead to cardiac disease, hypertension, and stroke. In addition, the devices can lead to adverse effects such as dental crown damage, tooth, mouth, and jaw damage, skeletal changes²⁵, and Temporomandibular Disorder (TMD).²⁶

However, the following services could possibly be added to the denturist scope of practice if additional safeguards and assurances are included:

1. Allow denturists to fabricate and fit bruxism (grinding and clenching of teeth) devices and sports mouth guards only if:
 - The definition of “non-orthodontic removable oral devices” is narrowed to only bruxism devices and sports mouth guards.
 - Training requirements are set in law or required in rule to ensure currently licensed denturists have the necessary skill to create and fit these devices.
 - Language is added for bruxism devices to require the patient to be examined by a dentist for diagnosis and selection of the appropriate device and to ensure there is no TMD or other issues present before a denturist proceeds with fabrication of the device.
 - Language is added for bruxism devices to require the denturist to refer the patient to a dentist for follow up examinations.
 - Written instructions are provided to the patient encouraging regular dental checkups to identify any adverse effects of bruxism or from the device.

Rationale: These devices are not a high risk to the public as long as denturists have received appropriate training, a dentist diagnoses the condition and orders the appropriate appliance, the denturist refers the patient to a dentist for follow up when fabricating bruxism devices, and encourages regular dental checkups.

2. Allow denturists to provide teeth whitening trays and over-the-counter solutions for the patient’s use at home if they also provide written instructions encouraging regular dental checkups.

Rationale: Opponents did not provide evidence that allowing denturists to provide this service would be a high risk to the public. Fabrication of the trays includes similar

²⁵ “Oral Appliances for Snoring and Obstructive Sleep Apnea: A Review,” Ferguson, Kathleen, et al., SLEEP, Vol. 29, No. 2, 2006.

²⁶ Agency for Healthcare Research and Quality (AHRQ), “Comparative Effectiveness of Diagnosis and Treatment of Obstructive Sleep Apnea in Adults,” *AHRQ Effective Health Care Program*.

processes used in making dentures, such as taking impressions casts and vacuum forming the trays. Teeth whitening trays do not move the teeth or jaw and the whitening gel is the same strength currently available over-the-counter.

3. Allow denturists to take impressions and order removable cosmetic appliances, such as the Snap-on-Smile™, regardless of whether the patient is missing teeth.

Rationale: This is a patented cosmetic appliance that covers the teeth and is removable. It simply requires an impression of the teeth be sent to the manufacturer for fabrication, followed by a fitting. The patient selects the style and shade of the arch. There does not appear to be a risk to the public, and this fits in with the work denturists already do.

SUMMARY OF REBUTTALS TO DRAFT REPORT

Overly broad language:

Ken Kais, DDS, Denturist Program Instructor at Bates Technical College wrote confirming that the very broad, non-specific wording regarding appliances has not helped in implementing the changes to the denturist scope of practice in Oregon.

Department Response

The department did not make any changes to the recommendations based on this comment because it confirmed the need to narrow the language, as we proposed in our recommendations.

Opposition to expanded scope and suggestions for alternate language:

We received comments from dentists who reiterated their concerns with expanding the denturist scope of practice. We received the following comments and suggestions:

- Expand the scope to include fabrication of intraoral devices “that are currently available over-the-counter and are not used for treating any medical or dental conditions.” This would include athletic mouth guards to be worn only during sports activities and tooth whitening trays without dispensing whitening gel or solutions. It would exclude sleep apnea appliances, bruxism appliances, and orthodontic appliances.
- One cannot know the impact of making night guards on the existing dentition unless he or she works with real teeth each day, which a denturist by nature does not. This is true for bleaching, but to a lesser extent.
- Those individuals providing services should be knowledgeable about the process and its components. They should receive required continuing education about changes in the process and new developments in biology or chemistry issues, and should be subject to guidance and regulation by the Dental Quality Assurance Commission, the same entity that performs that function for all oral health issues in dentistry.
- The Washington State Dental Association submitted concerns with any expansion that requires diagnosis and treatment. They stated all non-orthodontic appliances can alter occlusion and jaw relationships and that a thorough dental exam is needed to diagnose potential periodontal disease. They stated that at a minimum, patients should be required to consult with a dentist before a denturist constructs an appliance.
- A dentist that treats jaw dysfunction disorders agreed that every dental appliance mentioned by the applicant has the potential to cause permanent changes to dental structures and to create Temporomandibular disorders. Denturists’ training does not qualify them to provide a broad range of dental services, and the college offering to add training on the devices is self-serving.
- A periodontist wrote in support of limiting the devices to sports guards, since they are worn on a limited basis. She stated there is a significant difference between sports guards and night guards, which are intended to be worn nightly for years, and in which the design entails a good concept of occlusion and the periodontal condition of existing teeth. She stated this crosses over to diagnosis of a patient’s oral condition and making decisions about design of the device.

Department Response

The department did not make any changes to the recommendations regarding sports mouth guards or teeth whitening trays. The recommendations already require the dentist to provide written instructions encouraging regular dental checkups, which would identify underlying conditions or adverse effects of devices. The department added additional, more specific requirements for bruxism devices regarding diagnosis and selection of the device by a dentist, and follow up examinations.

Snap-On-Smile™:

The WSDA stated the Snap-On-Smile™ corporate website clearly states a dentist must determine whether a patient is a candidate before an appliance can be ordered. In addition, Dr. Kais from Bates Technical College had concerns about the Snap-On-Smile™ covering up other issues and stated patients should be cleared of any pathology before impressions are taken for the appliance, just like other procedures.

Department Response

The department did not make any changes to the recommendations in response to these comments. Our recommendation assumes the Snap-On-Smile™ will have the same requirements as those for providing dentures, which includes an oral examination to identify abnormalities or disease processes that require medical or dental treatment, and referral if appropriate.

According to the applicant, the providers of the Snap-On-Smile™ already authorize denturists to provide this service (submission of impressions to order the appliance) because the denturists provide it for patients who are missing teeth.

Washington State Dental Association representation at hearing:

We received a comment from a dentist who attended the public hearing with objections to testimony from a representative of the association who was not a dentist. The dentist commenting stated the association representative could not address concerns or explain dental terms brought up at the hearing, and he had concerns that the association representative was not qualified to pass judgment on dentist qualifications.

Department Response

The department did not make any changes to the recommendations in response to this comment because the recommendations were not based on the referenced testimony.

Other issues:

We also received concerns from a dentist that the initiative creating licensing for denturists, Initiative 607, was passed using illegal means and that there is no empirical evidence proving denturists represent any known potential for harm.

Department Response

The department did not make any changes in the report because this comment does not pertain to the proposal currently being reviewed.

Applicant Rebuttals

Narrowing definition to include only bruxism devices and sports mouth guards:

The applicant stated they do not agree with narrowing the definition to only include bruxism devices and sports mouth guards. The applicant stated it is their recommendation that we use the original definition they proposed and create an exception for obstructive sleep apnea devices. The applicant is also concerned there may be interference due to the overlap of this language with the definition of dentures and Snap-On-Smile™.

Department Response

The department clarified the recommendation for allowing denturists to take impressions for removable cosmetic appliances, such as the Snap-On-Smile™. We did not make any other changes to the recommendations because:

- We feel the devices should be specifically identified, rather than creating a broad category of “non-orthodontic devices” with exceptions.
- The department does not understand what the applicant means about interference due to the overlap of the language with the definition of dentures and Snap-On-Smile™.

TMD implications of bruxism devices:

The applicant stated we should maintain the treatment model that is already in place for providing dentures. If the patient is asymptomatic, no additional consultation is required with a dentist, but the patient must be referred if abnormal conditions are observed.

Department Response

The department did not make any changes in response to this comment. Determining the need for, and appropriate type of bruxism device requires diagnosis of the condition and assessment of the patient to determine the most effective device.

Sleep apnea devices:

The applicant stated concern that the department’s position on snoring devices focused on obstructive sleep types of sleep apnea.apnea and made no distinction between devices to treat snoring or the different

Department Response

The department did not make any changes in response to this comment. The distinction was made in the report. We did not make a distinction between these devices in our recommendations because devices to treat snoring should still be prescribed by a specialist who is qualified to rule out sleep apnea as the cause of the snoring and to recognize the different types of sleep apnea.

Appendix A

Applicant Report

Washington State Department of Health Sunrise Review
Applicant Report

COVER SHEET

- **Legislative proposal being reviewed under the sunrise process (include bill number if available):**

HB 2815 (2012) -- Increased scope of practice request for licensed Denturists in the State of Washington, whom are currently regulated under RCW 18.30 – allowing licensed Denturists to make and fit removable non-orthodontic devices and do teeth whitening.

- **Name and title of profession the applicant seeks to credential/institute change in scope of practice:**

Denturists

- **Applicant's organization:**

Washington Denturist Association

Contact person: Joseph C. Vize, DPD, LD (President)

Address: 3330 W Court St Suite M Pasco WA 99301

Telephone number: 509-547-8661

Email address: wdanews@hotmail.com

- **Number of members in the organization:** 46

Approximate number of individuals practicing in Washington: 151 active licenses in 2010

- **Name(s) and address(es) of national organization(s) with which the state organization is affiliated:**

National Denturist Association

PO Box 2344 Poulsbo WA 98370 Telephone: 360-252-4353

- **Name(s) of other state organizations representing the profession:**

Oregon State Denturist Association

1241 Oak Street Eugene, Oregon 97401 Telephone: 503-705-2466

OUTLINE OF FACTORS TO BE ADDRESSED

Please explain the following:

(1) Define the problem and why regulation is necessary:

Currently, the only choices for citizens in need of removable oral appliances other than dentures (such as occlusal/ nightguards, mouthguards or snoring/sleep apnea devices) are to see a licensed dentist which can be extremely expensive, or to purchase incomparable over-the-counter products which are generally minimally effective, if at all. Washington-licensed denturists' scope already includes the steps required in creating these products, namely taking impressions, seating oral appliances and making adjustments to appliances (dentures). There has been and will continue to be offered additional CE classes relating to the broadened scope through both the state and national associations. This is a logical inclusion in the scope because denturists are well-qualified and well-equipped to perform all of the procedures required in constructing additional removable oral appliances.

A great example of how the current scope hinders both the patient and the provider involves a type of appliance called a Snap-On-Smile, which denturists already provide to partially edentulous patients. However, if a patient is not missing at least one tooth and requests the appliance for cosmetic reasons only, denturists must refer the fully dentate patient to a dentist for the exact same appliance, because of the current stipulation that the device must "replace a missing natural tooth".

When it comes to teeth whitening, licensed denturists already match tooth color for patients. If a patient wants to have their teeth whitened in the process of getting a denture, it is logical to ensure this whitening can be done safely in the denturist's office. Since the general public can use whitening products over the counter, allowing denturists to include teeth whitening in their scope also provides the public with an affordable means to have someone with training perform the task rather than try to do it themselves.

Oregon has most recently broadened their scope to include all non-orthodontic removable oral appliances and teeth whitening; we are asking for equivalency. If our professional scopes are not equivalent, it could hamper the ability of out-of-state denturists to procure Washington licenses, thereby also discouraging or preventing future providers from entering our state.

We therefore request that the wording law pertaining to scope be changed to include "all non-orthodontic removable oral appliances" and "teeth whitening using bleaching agents of less than 20 percent".

(2) The efforts made to address the problem:

We are currently in contact with the Department of Health and legislators in our request for assistance to change the scope of practice. The problem must be addressed legislatively.

(3) The alternatives considered:

The only alternative is to allow the status quo to continue, with decreased numbers of denturists entering the state over time, and continued minimal access to quality oral appliances needed to address basic and common public needs.

(4) The benefit to the public if regulation is granted:

There will be greater access to quality, effective, and affordable oral appliances, such as occlusal/ nightguards, mouthguards, and snoring/sleep apnea devices as well as teeth whitening performed in a safe environment using a trained professional.

(5) The extent to which regulation might harm the public:

Because all of the individual procedures (taking impressions, inserting appliances, making adjustments) are already within the scope of practice for denturists, and because all of the appliances are removable, and because the profession is already regulated, there is no increased risk to the public. The same applies to teeth whitening services.

(6) The maintenance of standards:

The standard of care already in place for denturists will continue to be upheld.

(7) A description of the group proposed for regulation, including a list of associations, organizations, and other groups representing the practitioners in this state, an estimate of the number of practitioners in each group, and whether the groups represent different levels of practice:

The professional organization for denturists in this state is the Washington Denturist Association, listed above. There are approximately 46 members, of approximately 151 active licensees in this state. All licensed denturists in this state have the same license type and scope.

(8) The expected costs of regulation:

Very minimal, most likely limited to initial paperwork in changing the wording of the law. The Board of Denturists is already in place to regulate our profession, and slightly enhancing the scope to an existing profession to include items similar to that which is already regulated should not require any great expense or effort to maintain.

(9) List and describe major functions and procedures performed by members of the profession (refer to titles listed above). Indicate percentage of time typical individual spends performing each function or procedure:

Please note that all of the following times given are average ranges only, and may vary widely due to the individual nature of patients, as well as necessary variations in specific treatments and materials. This list does not attempt to include or attempt to quantify the incidental requirements and procedures of between-patient preparation, multiple steps and stages of infection control which occur before, during and after procedures, outside referrals and communications, recording chart notes and observations, etc.

The percentage of time spent performing each type of procedure varies widely between individual denturists. There may be some procedures listed here that are within the current scope, but which individual practitioners choose not provide in their practices. All of the incidental and laboratory times required for these procedures have been considered in these estimates:

Consultation and treatment planning	15%
Oral examination	5%
Complete dentures	30%

Partial dentures	20%
Implant-retained dentures	15%
Relining and adjusting dentures	10%
Repairing dentures	5%

Appendix B

Request from Legislature And Proposed Bill

STATE REPRESENTATIVE
34th DISTRICT
EILEEN CODY, R.N.

State of
Washington
House of
Representatives



HEALTH CARE & WELLNESS
CHAIR
HEALTH & HUMAN SERVICES
APPROPRIATIONS & OVERSIGHT
WAYS & MEANS

March 23, 2012

Mary C. Selecky
Secretary
Department of Health
P.O. Box 47890
Olympia, Washington 98504-7890

Dear Secretary Selecky:

I am requesting that the Department of Health consider a Sunrise Review application for a proposal that would expand the scope of practice for denturists. The bill, HB 2815, would expand the practice of denturism to include (1) activities related to nonorthodontic removable oral devices and (2) teeth whitening using bleaching solutions. The Health Care and Wellness Committee would be interested in an assessment of whether or not the proposal meets the sunrise criteria regarding an increased scope of practice.

I appreciate your consideration of this request and I look forward to receiving your report. Please contact my office if you have any questions.

Sincerely,

Eileen Cody

Eileen Cody, Chair
House Health Care and Wellness Committee

cc: Carolyn Logue
Christopher Blake
Jim Morishima

LEGISLATIVE OFFICE: PO BOX 40600, OLYMPIA, WA 98504-0600 • 360-780-7978
E-MAIL: Eileen.Cody@leg.wa.gov
TOLL-FREE LEGISLATIVE HOTLINE: 1-800-562-6000 • TDD: 1-800-637-9903

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HOUSE BILL 2815

State of Washington

62nd Legislature

2012 Regular Session

By Representatives Jenkins and Johnson

1 AN ACT Relating to the practice of denturism; and amending RCW
2 18.30.010.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 **Sec. 1.** RCW 18.30.010 and 2002 c 160 s 1 are each amended to read
5 as follows:

6 Unless the context clearly requires otherwise, the definitions in
7 this section apply throughout this chapter.

8 (1) "Board" means the Washington state board of denturists.

9 (2) "Denture" means a removable full or partial upper or lower
10 dental appliance to be worn in the mouth to replace missing natural
11 teeth.

12 (3) "Denturist" means a person licensed under this chapter to
13 engage in the practice of denturism.

14 (4) "Department" means the department of health.

15 (5) "Practice of denturism" means:

16 (a) Making, placing, constructing, altering, reproducing, or
17 repairing a denture; ((and))

18 (b) Taking impressions and furnishing or supplying a denture

1 directly to a person or advising the use of a denture, and maintaining
2 a facility for the same;

3 (c) Making, placing, constructing, altering, reproducing, or
4 repairing all other nonorthodontic removable oral devices; and

5 (d) Teeth whitening using bleaching solutions of twenty percent or
6 less.

7 (6) "Secretary" means the secretary of health or the secretary's
8 designee.

--- END ---

Appendix C

Applicant Follow Up

Denturist Sunrise Application
Department of Health Follow Up Questions
June 5, 2012

Section (1)

- **Explain how the inability to provide non-orthodontic appliances or teeth whitening services would hamper the ability of out-of-state denturists to procure a Washington license if they still meet the current qualifications?**

It would not “hamper” the ability of a denturist candidate seeking their Washington credential if they meet the current qualifications. However, maintaining the more restrictive scope of practice would deter newly graduated students from seeking licensure in our state, since many would find Oregon’s broader scope more appealing. More important, establishing compatible verbage in our statute, especially where scope of practice and educational requirements are concerned, is desirable for establishing reciprocity between states that already license denturists, and states that will establish licensure in the future. We believe that uniformity in practice standards, especially with bordering states, will benefit everyone.

- **Are any of the non-orthodontic appliances that denturists may provide (including but not limited to those listed in the sunrise application) intended to treat a disease or condition?**

All of the appliances that denturists currently provide are designed to treat a condition, that is, edentulism or partial edentulism. The expanded scope would include appliances to treat or mitigate the effects of bruxism, snoring, sleep apnea, esthetic concerns, etc. Denturists have no intention or desire to get involved with the treatment of any pathological conditions. If the denturist cannot address the patient’s concern by providing some type of removable appliance, the patient will still be referred on to a different, appropriate provider, which is what currently occurs when such a condition is recognized.

- **Describe how the denturist will determine if a particular appliance or device is appropriate for the patient/customer?**

Denturists in the State of Washington are already educated to recognize abnormal oral conditions. It is not going too far, then, to also allow the denturist to take a simple impression and manufacture or otherwise provide the appliance directly to the patient in the same manner a dentist would. If there is any question regarding whether a patient’s condition would be best treated by a certain procedure or device, the denturist would then of course collaborate with other members of the dental team to determine the best treatment modality for that particular patient. Additional educational opportunities are already in place and available to denturists at the National Denturist Association conferences, as well as in Washington, neighboring states and Canada. It also should be noted that most, if not, all of the removable oral appliances included in the proposed scope of practice are already available over-the-counter. Members of the public self-diagnose and purchase over-the-counter products from the store, and treat themselves at home (tooth whitening kits, boil-and-bite nightguards, etc) for better or worse. The new scope would allow citizens increased access to professional care and supervision.

- **Describe how the denturist would or would not have responsibility for the efficacy of the appliance?**

Denturists would be held to the same standards that dentists are held to in providing the appliances and monitoring/ ensuring efficacy. This responsibility would be enforced primarily by

the Board of Denturists, DOH, and if necessary, the civil courts. There is no reason to believe that a patient seeking treatment through a denturist should have any decreased or increased expectations of efficacy, since the types of removable appliances are very well established and proven treatment modalities. The exception could be some of the patented, specialty sleep apnea/anti-snoring devices, which are manufactured by the company who holds the patent. In this case, the denturist, dentist or in some cases, the ear, nose and throat specialist, would simply take an impression and bite registration, as the responsibility for manufacturing that particular appliance is given to the company holding the patent. The only difference will be increased access to care and possibly lower cost to the patient.

- **Are denturists trained to work with these devices or to perform teeth whitening in training programs?**

Yes, but we cannot speak for every denturists' educational background. It will be incumbent upon the individual denturist to obtain the required education for these particular devices. Many Washington denturists have been educated at NAIT, the IDEC program at George Brown, and other colleges in Canada, many of which already incorporate the construction and use of these devices into their programs. We believe there is a willingness and opportunity for Bates to start including this in their educational program as well. Several continuing education courses have already taken place at the National Denturist Association, in Washington and Oregon State Denturist Associations, and more are to be scheduled in the future. There are also many other classes held throughout the year by various companies, organizations and individual instructors. For example, there are dentists currently practicing in this state who, at the time of their graduation from dental school, received no training in the area of cone-beam CT scan technology, dental implants, digital x-rays or botox treatments. These dentists who now provide these procedures had to seek additional training in order to provide these services. It was and should be incumbent upon each practitioner to obtain additional, current courses relevant to the procedures and devices they intend to provide.

- **What is the risk of harm from the devices you want to add to your scope of practice? From improper fitting, incorrect diagnosis of the condition, or just from using the devices?**

The risk of harm in licensing denturists to provide and monitor the usage of these appliances is minimal. Since all of these appliances are non-invasive and are patient removable, it is very unlikely that any harm would arise from their use. Furthermore, these removable devices have been widely used, and their safety and efficacy has been established over several decades. The risks of trained and licensed denturists providing these appliances are the same as a trained and licensed dentist providing them. The risk from a professional providing the appliances is far less than having the public purchase or procure similar over-the-counter devices on their own and attempt to use/ or misuse them without professional supervision.

- **Are there any risks to teeth whitening treatments?**

Overuse or misuse of bleaching agents can cause sensitivity and harm to the natural dentition and surrounding tissues. The education available to denturists addresses this issue and how to prevent it. According to the ADA, "published studies tend to suggest that bleaching is a relatively safe procedure". As stated above, teeth whitening treatments are available over the counter. Allowing additional professionals, such as denturists, to provide the service to customers will increase the availability of safe care in this area.

- **RCW 18.30.020 requires that before making or fitting a denture, the denturist must examine the patient's oral cavity and immediately refer the patient to a dentist or physician**

if a disease or abnormality may be present. Describe how the denturist would/should apply the same requirements before fitting/placing a non-orthodontic appliance?

Denturists will continue to perform examinations of the oral cavity prior to proceeding with any treatment, including those specified under the new scope. Referrals will continue to be made if an abnormality or disease is suspected. We are seeking to provide devices for treatment of non-disease conditions. Many patients who are fully or partially edentulous incorrectly assume that it is not necessary to continue seeing a dentist, and many physicians rarely examine the oral cavity, let alone in the detail that any dental professional would. Therefore, often the denturist is the first and sometimes only professional who will recognize oral abnormalities and diseases in these patients, and who will refer them for further diagnosis or treatment as necessary. By increasing the denturists' scope of practice, we are improving public health and welfare by increasing access to professional examinations, where pathologies can be recognized and referred to other members of the dental team.

- **Should “non-orthodontic” be defined?” (“orthodontic” is not defined in title 18 RCW or any DOH rule, although “orthodontic” is defined in Health Care Authority WAC [182-535A-020](#)).**

Under WAC- 182-535A-0010, “orthodontic” is defined as an appliance or surgical procedure “designed to redirect the teeth and surrounding tissues.” Because “orthodontic” is already well defined here, “non-orthodontic” may be assumed to apply to an appliance or procedure which is *not* intended to redirect the teeth or surrounding tissues. It will likely not need a formalized definition, although it can be created if necessary.

- **What are the various types of bleaching agents that would be provided? If more than one, does the “20 percent” value apply to each bleaching agent, or only to specific agents?**

Current bleaching/ whitening materials usually contain hydrogen-peroxide or carbamide peroxide. The 20% would apply to the concentration of bleaching agent contained in the particular product.

Section (2)

- **Has the Dental Quality Assurance Commission or dental association been approached or consulted – if yes describe these efforts and their outcome.**

The Washington Denturist Association and National Denturist Associations are in support of the proposed scope. The DQAC and Denturist Board have been presented with the proposed scope. To the best of our knowledge at this time, they have not stated their position. The WDA intends to request an endorsement from the Denturist Board at an upcoming meeting.

*** *THERE WAS NO SECTION (3)?* ***

Section (4)

- **Describe how the department/public would be assured that the denturist has the training in fitting/placing/adjusting a non-orthodontic appliance?**

Those denturists whom have already attended educational sessions incorporating the expanded scope items can provide proof of training in the form of documentation particular to that procedure or device. Furthermore, many of the devices are extremely simple to make, and incorporate procedures such as impressions, bite registrations, and vacuum forming techniques that denturists already execute

daily to provide services and appliances already within their current scope. For instance, bleaching trays are similar to custom trays, bruxism splints or occlusal guards are similar to vacuum formed bite rims, etc. The patented sleep apnea devices require a simple impression and bite registration; as previously stated, the device is actually made offsite by a patented-process.

Section (5)

- **Describe if any harm to public health, safety or welfare would/could occur if the denturists' scope of practice is not expanded to include non-orthodontic appliances or teeth whitening.**

It is difficult to imagine a scenario in which the public would be “harmed” by not increasing the scope of practice. However, expanding the scope of practice will serve to increase access to affordable care, which will only improve the public health and welfare. If the scope of practice should not be expanded, over time, more people will continue to go without the treatment that they need, due to cost or accessibility reasons. Those that attempt to treat themselves at home using over-the-counter products are more likely to misdiagnose, combine multiple products, and otherwise misuse the products, leading at best to ineffectiveness, and at worst, temporary or long-term harmful effects. Also, particular to tooth whitening, the ADA states in a 2009 article that “concerns have remained about the long-term safety of unsupervised bleaching procedures, due to abuse and possible undiagnosed or underlying oral health problems.” It would therefore be best for the public safety if licensed denturists were available to supervise and assist the patients in this care.

Appendix D

Public Hearing Summary

Denturist Scope of Practice
DRAFT Public Hearing Summary
August 7, 2012

Kristi Weeks called the meeting to order at 1:09 P.M.

Ms. Weeks introduced herself as the Director of Legal Services and Legislative Liaison at the Department of Health. She introduced Andy Fernando, Rules and Legislation Manager and Sherry Thomas, who coordinate the sunrise review process.

She then introduced the panel members, Terry Frazee, special assistant for Radiation Protection, within the Environmental Public Health Division at the Department of Health; Marlee O'Neill, staff attorney in the Health Systems Quality Assurance Division; and Anne Marie Sterling, an intern within the Health Systems Quality Assurance Division.

Ms. Weeks then provided instructions for the hearing and the next steps than can be expected after the hearing. She stated there will be a ten-day written comment period where interested parties can submit additional information for topics brought up at the hearing or for those who were not able to attend. Comments should be submitted to the Department of Health at PO Box 47850, Olympia, WA, 98504-7850. Comments can also be submitted by email to Sunrise@doh.wa.gov.

Joseph Vize, DPD, LD, President of the Washington Denturist Association (WDA) presented the applicant's proposal. Mr. Vize has been a licensed denturist in Washington and Oregon since 2003 and is the current president of the WDA. He stated they are asking for the increase of scope as it's been referred to, but really it's just an affirmation of what a denturist should already be able to do. He stated all the things they are requesting be added are already in the public domain. None of these things currently require licensure in the state of Washington or other states, including Canada. There are infomercials on television for bleaching products, snoring devices, etc. so they are asking for an affirmation to formally bring them into regulation for denturists.

Panel Questions

Terry Frazee asked Mr. Vize to explain more about over-the-counter (OTC) teeth whitening products and whether the twenty percent they are requesting is the OTC strength.

Mr. Vize said that was correct, but that denturists are not seeking to provide teeth whitening in the office as a service or a procedure. They want to provide the appliance to allow patients to do it themselves with direction from a denturist. They are only facilitating patients to do this at home with additional direction they wouldn't get on their own. He added that facilitate is a better word to use, as opposed to providing the services there in the office.

Mr. Frazee asked whether there is harm associated with teeth whitening procedures.

Mr. Vize said there can be tooth and gum sensitivity and that generally discontinuing the treatment resolves those issues. He added that in the lower concentrations, twenty percent peroxide, there's probably less potential harm than some of the professional products you might get from a dentist. There can also be harm when patients do these procedures at home and

sometimes combine several different products, not realizing the potential harm they are doing by mixing and matching without guidance from a professional. He stated he thinks that is far more likely to provide harm to the public than somebody providing a single product to the patient with guidance.

Ms. Weeks clarified that they will be selling the product and Mr. Vize agreed.

Ms. O'Neill asked what a patient interaction might look like for a dentist.

Mr. Vize responded he always sends a patient home with home care instructions and there is always at least one follow up appointment set right then. He added that patients can always call with questions or to request follow up appointments. He always provides written home care instructions, verbal instructions and at least one follow up appointment. He stated he couldn't imagine that being any different as the procedures dentists are already providing.

Ms. Sterling asked what will ensure all dentists will provide home care instructions and a follow up visit to ensure a patient's safety.

Mr. Vize responded that's where this process comes in. He stated he feels dentists could already provide these services because it's all public domain. He stated that is part of the reason regulation and clarification of the law is important, rather than leaving it open ended as it is now.

Ms. Sterling stated that the verbiage for the legislation is very general, not detailed in scope, practices, or procedures, which is different than the Oregon legislation. She asked whether the applicant intended some of the differences in the scope between legislation in Washington and Oregon.

Mr. Vize asked for specific examples because he wasn't sure what Ms. Sterling was referring to. He feels all the terminology and specific terms in scope, including the exclusion of orthodontic appliances came directly from the Oregon law.

Ms. Frazee asked for further clarification on teeth whitening and whether it includes the application of bleaching and Mr. Vize stated that may need further clarification before this actually goes to legislation.

Ms. O'Neill asked about someone coming in off the street to the dentist and asking for teeth whitening or a sleep apnea device, which might require diagnosis by a medical provider, and how he would work with the other medical providers.

Mr. Vize stated dentists work closely with dentists, oral surgeons and ear, nose, and throat (ENT) doctors to provide guidance on these issues. He gave the example that dentists provide immediate dentures, often being the first stop a patient makes. They say their teeth are failing and want to see a dentist for dentures. He stated he can't diagnose their teeth as being untreatable, so he would refer that patient to a general dentist to make that determination. It's a team approach and that's how it already works. He said he works in conjunction with the appropriate professionals for diagnosis of snoring or sleep apnea. He said dentists are trained to know what is normal, and when there is a deviation from normal, they refer it out to the appropriate professional to determine the treatment plan.

Mr. Frazee asked whether the applicant has any specific examples of the cost differences between a dentist and a denturist.

Mr. Vize gave an example of when he provided a replacement bruxism splint in his Oregon office for a patient who could not afford \$490 for the appliance through their general dentist where they had received it before. He charged the patient \$75 for that appliance because they are very easy, simple and quick to fabricate and it was done in less than a day. He stated this was replacement of a device a patient already had that was simply worn out, for significantly less cost. He said that should not be the foundation for why they are asking for this. He is requesting regulation to bring this into formality for denturists to provide these services, as opposed to just continuing to have it available in the public sector. That's where the real benefit to the public comes in. By not regulating it, it opens the door to many more problems for the patient.

Mr. Frazee clarified that two of the criteria did speak to cost benefit, so that is why he's going this direction. He asked whether the \$490 was for the initial visit or replacement visit and Mr. Vize stated that was to replace the appliance. He said it was the exact same appliance. He reiterated he doesn't think cost is the primary issue, but an access issue and freedom of choice issue. He feels patients should have the choice to come to him for services. He is often asked to provide night guards, but he tells dentists who try to refer patients to him that they need to write him a prescription first. He stated their scope of practice states to replace one or more missing teeth, and unfortunately a bruxism splint does not fulfill that definition.

Ms. Weeks reminded Mr. Vize we are not healthcare professionals and asked him to clarify terms such as bruxism.

Mr. Vize stated bruxism means teeth clenching or grinding.

Ms. Sterling asked if Mr. Vize would be comfortable if the legislation somehow stipulated that for certain devices there needed to be a prescription in order for denturists to create it for the patient.

Mr. Vize stated he would want to know the specifics first. He said he would question it because they are not currently required to do that for any of the much more complicated and evasive appliances such as implants or partial dentures. These far exceed making a bleaching tray or a night guard, bruxism splint, or any other snoring device. These are simple devices so he doesn't know why, if they're not required to do that for a partial, why it would make sense to do it for something at a far lower level.

Ms. Sterling clarified she was thinking more about FDA, Class 2 devices for snoring. Those are classified as Class 2 because they do have a potential for harm. She stated teeth whitening that is something over the counter is one level of potential harm but an FDA Class 2 device has a greater potential for harm.

Mr. Vize stated they are sold over the counter and that he didn't know they were classified that way.

Ms. Sterling stated that some are. She doesn't know if all of the anti-snoring devices are but definitely some of the ones for sleep apnea are Class 2.

Ms. Vize stated that might be considered if he had specifics. If there were a situation where they were crossing a line that was more complex than what they are licensed to do, maybe that consideration could come into play. He added that those appliances are medical devices and are usually proprietary, are patent controlled. A denturist would be fabricating those more so than a general dentist where an impression is taken from the patient and sent to one of these patent companies.

Ms. O'Neill asked the applicant to clarify whether someone could just walk into his office and state that his spouse thinks he has sleep apnea, and request being fitted for a device. Would he do that without a prescription or call their primary care provider, and how exactly would that work?

Mr. Vize stated it would be appropriate to refer them to an ear, nose, and throat doctor. That is really not in the realm of dentistry and if there was a question about it, and they hadn't already been diagnosed, it would be appropriate to refer them on to a general dentist. That's what dentists are educated and licensed to do, not denturists.

Ms. O'Neill asked whether he would want some type of documentation from the ENT.

Mr. Vize stated that is what he would want. In most cases when he refers a patient out, with the people he works with, they usually fax their findings, diagnosis and recommended treatment.

Ms. O'Neill asked whether prescription wasn't the right word, maybe referral was a better word.

Mr. Vize responded that a treatment plan is probably what she is thinking of and that would be provided and recommended by an ENT.

Mr. Frazee asked again about the first criterion, harm. He asked whether there is harm out there with OTC night guards, and if so should somebody be going after those, to outlaw OTC devices.

Mr. Vize responded that since it's not regulated, he doesn't know where you would go for that type of information. He suggested that may be civil. Mr. Vize reiterated that they are asking for regulation, and for DOH to be the clearinghouse for information if there are substantiated complaints that these appliances are causing the public harm. He stated that Randy Everitt, Director at the Oregon Health Licensing Agency provided written testimony and informed him that denturists have been licensed to do these things in Oregon for about a year and there have been zero complaints. This was confirmed with Shawn Murray, Chair of the Oregon Board of Denture Technology.

Mr. Frazee asked why out of the seven states that regulates denturists, only Oregon has the expanded scope.

Mr. Vize stated he believes there are probably denturists already providing these services, even in Washington, but Oregon is the only state that he's aware of that regulates it.

Ms. Sterling asked about the definition of orthodontic vs. non-orthodontic. For the definition of orthodontic, it states "is designed to redirect the teeth and surrounding tissue." For a sleep guard for teeth clenching or grinding, you would think there's some redirection of the teeth. More particularly with sleep apnea, if you're readjusting the jaw or shape of the mouth, that is adjusting of the tissue. She wondered if the non-orthodontic definition will hold accurately to the scope they are requesting.

Mr. Vize stated in the case of a bruxism splint, they're actually designed to hold the teeth in the position they are already in. He said the only scenario he could think of where that would be moving teeth orthodontically, is if a patient went a long period of time without wearing the device and then reinserted it. Apart from that, he stated he is having a hard time envisioning a scenario where any of these appliances would cause orthodontic movement of the teeth.

Ms. Sterling clarified it doesn't say permanent, just even while it's in place in your mouth.

Mr. Vize stated that even then, he can't imagine that happening. There is a certain amount of movement to natural teeth through the shock absorbing action of the periodontal ligament in the mouth, which is basically what holds the teeth in place. Certainly no more than a partial denture and those are not classified as orthodontic appliances.

Ms. Sterling asked whether the definition of orthodontic in practice is different than the one that is written in the code.

Mr. Vize said the state of Oregon wrestled with the definition of orthodontic. The expanded scope in Oregon went through very smoothly with very broad endorsement and little or no resistance from the dental board. As far as he knows, that has been the greatest difficulty in the entire thing. He said their intent was not to get into the business of providing retainers or doing things to deliberately induce or deny movement. That's not what a denturist would ever want to get involved in, which is why that exclusion was there. In Oregon, they were never asked to exclude it but he would be opposed to getting into things like retainers and visalign because there is no training for denturists in that. He said he thinks at some point this conversation needs to go in the direction of training because apparently there are a lot of misunderstandings about that, from just reading some of the comments from the dental community.

Ms. O'Neill asked him to talk about what education or trainings denturists need to do all this.

Mr. Vize explained that all of the activities that are going to be involved, apart from diagnosing, are currently activities denturists do. They currently perform oral examinations to determine abnormalities. That would be the first step, and refer out if necessary, unless a determination has already been made on what type of appliance to make for the patient by a more skilled individual such as an ENT specialist and in some cases a dentist. At that point they would be taking an impression, in some instances a bite registration. They would perform the laboratory procedures which are incredibly simple, and then trimming, finishing, polishing and finally delivering to the patient. These are all things denturists already do under their current scope

Mr. Frazee asked how many members the association has.

Mr. Vize stated there are about 50 members, about one third of the denturists in Washington. There are 150 licensees as he understands it in the state. At any given time, there are usually 50 active paying members.

Mr. Frazee asked whether there is a code of conduct.

Mr. Vize answered there is and it's available on their website at www.wadenturist.com. There are also standards of practice that are already in state law regulating denturists. He said he can't imagine that not applying here.

Regarding education, he spoke to Dr. Kais, the head instructor at Bates Technical College and a general dentist. Mr. Vize said that Dr. Kais said their program does not currently have any specific training on these appliances, but it could be incorporated into the program at some point if need be. Dr. Kais has even provided two to three continuing education hours on the types of appliances they are talking about at their spring denturist conference. That's talking about school within this state. Included within some of the written testimony, there are a couple of people who wrote in from Northern Alberta Institute of Technology, NAIT. They have a denturist program there and offer training in their program. Mr. Vize stated he attended George Brown College in Canada and though not the focus of the curriculum, they discussed the appliances in the program.

Canada has had licensed denturists for many more years and their programs tend to have more requirements than Washington schools. For example, it is a three semester program in Washington and the program he attended was a three year program. It's a mixed bag of experience. There are some people, especially Canadian trained denturists, that have at least some training and in some cases significant amounts of training. The licensees through Bates may not if they only received training there at the school. All of the licensees receive continuing education. This has become part of not only the state associations but also the national denturist association as providing additional continuing education on these topics.

Ms. O'Neill asked what the applicant would recommend to ensure denturists practicing now have the appropriate training for the expanded scope. She asked whether the training the applicant has to make impressions for a device is transferrable whether they are doing dentures or bruxism splints.

Mr. Vize responded yes for any of the devices, with the exception of the patented appliances. He stated that the way the items are constructed, both the clinical part, the interaction between the patient and the denturist, and the laboratory procedures are basically variations of what they are already doing. The clinical part is absolutely identical. He could think of no difference between that and providing dentures, partials or implants.

Ms. O'Neill asked what the applicant would recommend to ensure denturists out there have the appropriate training.

Mr. Vize replied he thinks that falls to the practitioner to make sure they are not doing those things since they are putting their neck on the chopping block. Just like doctors providing medical procedures they are not experts at, it could potentially lead to civil action. Most people out of concern for their own well-being wouldn't do those things. The association intends to provide increased education to members and non-members. He is not sure whether that needs to be codified, but said it is something they would be open to. They are still in the process of deciding exactly how they want to word this.

Ms. Sterling stated that the curriculum for a doctor or many of the other professions licensed by the Department of Health is codified. If you're going to perform a particular service, you have to demonstrate you have training. She stated she thinks that's something that should probably be codified.

Ms. Sterling also stated with regard to the dental association, Oregon they didn't have any trouble. In Washington, she stated we do have comments and it appears from the whole of comments that dentists aren't unsure of the procedures and technical skill, so much as the

ability to diagnose and understand the potential harm and long term consequences. She asked how the applicant would respond to the questions from the dental community.

Mr. Vize stated if diagnosing is necessary, denturists would do that automatically. He said they are not relying on themselves, that if a denturist recognizes there's a disease process going on in the mouth, they are not allowed to proceed with that patient. They don't diagnose but are trained to recognize what a normal, healthy mouth looks like. When anything deviates from that, they must refer it out for diagnosis, which he thinks addresses that concern. He stated that Shawn Murray, Chair of the Denturist Board in Oregon told him that Oregon is requiring with a sleep apnea or anti snoring device, that denturists provide a specific form of literature to the patient to educate them of what the risks are (which he stated are minimal). These are removable appliances, not invasive. If a patient starts developing problems, it's as simple as taking it out. He said they are not talking about surgery or giving drugs. It's all reversible.

Ms. Sterling asked whether the applicant has any idea where the Washington Dental Association's fears are coming from.

Mr. Vize stated he thinks it is a default position, and in some cases a matter of distrust in denturists. He said they don't know what denturists do or what they are trained in. They have no idea what goes in a denturist's office and may have a different point of view if they did. He said he thinks it's a lack of understanding. There are a lot of accusations about lack of training but not one person who wrote in with comments cited any specific curriculum or deficiency in what a denturist is trained in. He said he would speculate that most of them probably have no idea of what a denturist's education actually is and there are no specifics to back their point of view up.

Mr. Frazee asked what the process is in a denturist's office versus a dental office.

Mr. Vize stated that in a denturist's office, all services are provided direct to the patient. Very rarely are any of the procedures done outside of the office, with the exception of diagnosis. There is a very good interaction between denturists and dentists. In a dental office, it would be best to get it straight from them but generally there is an off-site lab involved.

Mr. Frazee asked whether the lab is in the denturists' office.

Mr. Vize responded that most denturists' offices have a lab in them. There are lab technicians which are often confused with denturists, sometimes deliberately so. A dental lab technician may or may not have formal training and they are not licensed. A denturist does have formal training, some more than others.

Mr. Frazee asked what percentage of the applicant's business comes from dentists as opposed to walk-ins.

Mr. Vize responded he can only speak for himself, but it is probably safe to say one quarter of his work is referrals from dentists, maybe closer to one third, and in some cases, his referrals come from ENT doctors or nursing staff.

Public testimony

Val Cherron, LD

Mr. Cherron introduced himself as a licensed denturist since 1996, past chair of the State of Washington Denturist Board, past president of the Washington Denturist Association, past vice president for the National Denturist Association, and executive director of I-607, which licensed denturists in 1994. He stated he would like a chance to respond to the Washington Dental Association representative, if given the opportunity. He stated they are making a product that exactly replicates making a bruxism device or apnea device. He said he has done a thousand of these, because he employs a dentist on site. He said this is increasing access to care, and that is the most important thing they do as providers. He said people want their teeth whiter but can't afford \$400 or \$500. But denturists can provide the same thing without having to send it out to a separate laboratory for \$100 or \$200.

He stated denturists are licensed in Washington to recognize any oral abnormality. That's another primary importance to what they do as professionals. If there's anything abnormal they will be referred to a proper professional. In the case of a sleep apnea device, if a patient comes to him for a device, the first thing he would do is send them to an ENT specialist or work in conjunction with a dentist to have a sleep study. He stated they are trained to establish vertical dimension, which is the distance between your chin and your nose when you bite down. He said because they are the manufacturers, the materials cost is dollars, not tens of dollars. It is their professional experience and practical abilities that make them \$100 or \$500 devices. He said they make orthodontic appliances every day that maintain spaces, and they are maintaining those spaces, not moving the teeth.

Ms. Sterling asked if Mr. Cherron is aware of national trends or other states' legislation beyond Oregon and Washington.

Mr. Cherron replied there is not a lot of national activity or legislation currently. There aren't many public initiative states in the country, and that's how three or four states became licensed, with Washington being the last one in 1994.

Ms. Sterling asked about training and whether Mr. Cherron feels it is incumbent on the individual to receive that extra training. She also asked whether he would recommend it be regulated to make it required that an individual have the training before they're licensed at that scope.

Mr. Cherron stated he feels you wouldn't have additional written instructions or documentation where anything would be codified to mandate education for a denturist. Denturists will not risk their licensure for a \$100 device. It just won't happen. He said he thinks the Washington Denturist Association immediately will be the oracle for that.

Mike Walsh, WA State Dental Association (WSDA)

Mr. Walsh stated the WSDA president, Dental Quality Assurance Commission, and many active association members wrote letters with concerns about this proposal. In response to earlier testimony about the proposed devices being simple, he replied making the devices might be simple but the actual administration takes a lot of diagnosis, time, training, and follow up. Dentists go through extensive training to do this and in some cases, there may be years of follow up with patients using the devices. As far as deviation of normal, there might be situations where it looks entirely normal and only a trained practitioner on this particular part of the mouth would be able to pick up on certain abnormalities. He stated he doesn't doubt the qualifications

and training of denturists, but thinks in certain situations dentists are be able to pick up more than someone with less training.

He stated the two previous speakers are very well qualified but he didn't think it safe to assume the rest of the denturist community is as qualified. He said we would be relying on denturists to go back to school. He added that the University of Washington now teaches implants in the general curriculum because they saw that many dentists who graduated many years ago are interested in follow up education to do them.

He stated most dentists work very closely with physicians on sleep apnea treatment. This is not something a dentist takes on entirely by themselves because it is a complicated diagnosis. Complications can arise from sleep apnea devices and teeth can shift. A perfectly good device might be useless down the road if it is poorly made because it doesn't address the issue. He said he fields calls daily from people about their dentures or various devices not working out for them. This could be a very permanent or traumatic experience for them. People could go months or years without any type of working dentures or devices in their mouths. With teeth whitening, Mr. Walsh stated he has heard an outcry from association members stating that if teeth whitening isn't done properly, it can cause tissue burns or tooth sensitivity. He stated it's important to keep that in mind when we start broadening the scope. There is a concern out there in the dental community and it is very real.

Mr. Frazee asked whether Mr. Walsh keeps track of the types of calls he receives.

Mr. Walsh replied he doesn't get many calls on teeth whitening, but he gets a couple of calls a month about dentures asking for his help. Often times these people are having challenges in transportation or monetary issues preventing them from getting what they need. They're expecting the device to be done right the first time, whether it is from dentists or denturists, so having them fail and need to be redone creates additional complications and grief.

Mr. Walsh also stated there is no proof this would lower costs. When the denturist initiative came out a few years back, the campaign was built on the idea it would lower the cost of dentures to the public, which most dentists say has not happened. Many dentists feel the prices are fairly comparable.

Ms. O'Neill stated she understands a denturist is not going to be applying the teeth whitening solution, just the product, and asked if that is what a dentist currently does.

Mr. Walsh responded that a dentist can administer teeth whitening in the office. He said dentists typically do most of their procedures in the office where the patient is under their direct supervision.

Ms. Sterling asked whether the WSDA would look at some of these procedures or products if the legislation goes forward as is or with amendments, and say they have a lower risk of harm and could be supported with the inclusion of regulation on training versus some of the devices that might have increased long term harm or damage.

Mr. Walsh stated that if done properly, there is no harm or damage, but you don't know when that will happen. He stated that from what he's heard from WSDA membership, there really is no such thing as a simple procedure. He stated he's not a dentist but they tell him these things happen all the time when you're not expecting them. Even if the procedure itself is not

complicated, things arise such as shifts in the mouth. Mandating curriculum is something he has heard requested from membership, but he couldn't quantify what they are most afraid of.

Ms. Sterling asked whether the WSDA would work to produce the best possible and safest legislation to expand the scope or just oppose it.

Mr. Walsh stated they would work with them, and that anytime you collaborate on something like that, you can get more people involved on it. He wouldn't want to shut the door to anybody on any issue.

Mr. Frazee asked whether the WSDA generally considers teeth whitening relatively safe.

Mr. Walsh replied that teeth whitening is something that has become so prevalent, it's almost been desensitized, and he thinks dentists notice the concerns and some of the dangers because they are trained to do so.

Mr. Frazee asked if the WSDA is moving towards regulation of OTC teeth whitening products.

Mr. Walsh replied that not currently, but it might be something to explore in the future. It's almost a 180 degree turn from what is being discussed here. It's further limiting teeth whitening, who can sell it, rather than broadening the scope, and he doesn't think legitimizing a possibly dangerous procedure without training in that department is the right approach.

Ms. O'Neill asked if someone goes to a dentist to get fitted for a bruxism splint, how does the dentist monitor that, through asking how it's going at each checkup? If she stopped going to the dentist, then that's her choice and there's no follow up?

Mr. Walsh stated that on the clinical side of it, he can't give a proper answer because he's not a dentist. He stated from his own dental experiences, they would put you on some sort of monthly or bi-monthly plan and use their expertise to look at the stages of the process.

Mr. Frazee asked for Mr. Walsh to tell the panel what iatrogenic pathology is, since he had heard a dentist refer to that and the panel members are not dentists.

Mr. Walsh stated it sounds like something with blood, but stated he did not know.

Carolyn Logue, Lobbyist for the Washington Denturist Association

The purpose of the legislation is to create a regulatory approach where denturists can safely make these types of devices for patients. There is already a lot of training if you look at the curriculum and measure it together. There is a regulatory board for denturists because problems can arise and you need a regulatory procedure, which already exists for denturists. This is not something new. The laws are strict on what denturists can and cannot do, that would not allow them to diagnose sleep apnea under any circumstance. Any denturist that did that would be subject to fine or citation from the DOH. She stated they are not asking for expansion or relaxing of any of those laws.

Ms. Logue stated denturists need to ensure reciprocity with Oregon because there are patients that go back and forth over the border and doctors who work on both sides. Denturists are a very small professional group and any complaints that result in significant litigation can impact fees for denturist licensure. There is automatically self policing that takes place through the association. She stated denturists pay \$1850 a year just to practice in this state, the highest fee

for any profession in Washington, so they are incredibly sensitive to doing anything as a profession that would increase liability. She feels very assured they are already well trained and would not be significantly increasing liability for the profession by doing this. She said if you want assurance of training, you could look at and consider documentation of continuing education that happens in other professions.

Ms. Logue stated the reason for doing this is to figure out how to do this as safely as possible, with minimal liability. There is already existing protection within the law and the structure of the regulatory process that would govern the assurance that the public is safe. She stated she has been working with denturists for four years and is impressed with the number of them willing to take on low income patients and that are concerned with the Medicaid cuts in this state.

Mr. Frazee asked why the licensure fee is so high.

Ms. Logue replied it's because they are such a small group.

Ms. Weeks interjected that the renewal fee is not really relevant.

Ms. Sterling asked Ms. Logue to describe the relationship between the expansion in scope that is proposed in the legislation and the possible Medicaid or Medicare reimbursement, or if there is any relationship at all.

Ms. Logue stated she doesn't think there's a relationship other than if you have Medicaid patients who would like these devices, it would expand the number of professionals able to do that.

Ms. Sterling asked how she would compare the self policing to DOH licensing this increased scope, because DOH is now vouching competency for denturists to the public and making sure the public is safe.

Ms. Logue stated that DOH is already doing that for the rest of the work denturists do. The Board of Denturists already gives DOH the ability to review the curriculum, and is already renewing denturists' licenses. They are already under this regulatory jurisdiction.

Ms. Sterling asked how many Washington denturists are trained in Canada versus at Bates.

Ms. Logue stated she does not know that number off the top of her head

Mr. Frazee asked how many of the 151 denturists in Washington does she see coming to classes.

Ms. Logue replied she doesn't know about the classes, but that denturists already have CE requirements in order to renew.

Mr. Vize added you may not get all those numbers at one single meeting, but one hundred percent of denturists are required to have 30 CE hours every two years. If they're not attending association meetings, they are getting the training somewhere else.

Mr. Vize also stated he can respond to the question about iatrogenic pathology. He said it means, induced by medical or dental treatment or damage. He also stated there is a lot of self

policing, especially in a small group like his, but they don't want to rely on self policing. That's why they're here asking for regulation.

He said in the event they need to provide evidence of increased training, they might consider a one year delay of implementation in order to establish denturists are receiving the additional training to safely provide the services to the public. But he hasn't heard specifics from the dental association on what additional classes they feel denturists should have. Maybe that would clarify some of these questions.

Ms. O'Neill stated she is presuming some people see their dentist on a regular basis for the sake of this question to Mr. Vize. She asked if someone came directly to him and got a bruxism splint, and down the road there was an unintended consequence the patient didn't realize was happening, where would they go if they don't see you on a regular basis.

Mr. Vize stated there is follow up care. He provides it, and knows most of the denturists send out re-call cards and telephone calls if they haven't seen a patient in a year. He said they have a program in the office that gives a list of any patients they have not seen in the last twelve months. That's over and above what they might have done in the course of treatment, that there is one follow up appointment at a minimum. Many patients come back several times to receive follow up care, depending on the procedure. With dentures, there are patients that may have to come back ten times. He feels this is standard in both a denturist's office and a dental office.

Kristi Weeks then wrapped up the hearing and gave the following next steps:

- There is an additional 10-day written comment period starting today through August 17 at 5:00 for anything you feel has not been addressed.
- We will share an initial draft report with interested parties in September for rebuttal comments. Those of you participating today will receive the draft as long as we have contact information for you.
- We will incorporate rebuttal comments into the report and submit it to the Secretary of the department for approval in October.
- Once the Secretary approves the report, it is submitted to the Office of Financial Management for approval to be released to the legislature. OFM provides policy and fiscal support to the Governor, legislature, and state agencies.
- It will be released to the legislature prior to legislative session, and will be posted to our Web site once the legislature receives it.

Appendix E

Written Comments

Denturist Sunrise Review
Written Comments
August 27, 2012

Comments Received Prior to Hearing

As a practicing dentist for over 35 years I wish to state that tooth whitening encompasses many different forms of treatment all of which are invasive to the teeth. Tooth whitening products penetrate deep into underlying tooth structures and without proper diagnosis of decay and periodontal disease, a tooth whitening procedure can create iatrogenic pathology. As such, tooth whitening is a procedure that falls out of the scope of practice for a denturist. To ensure public safety it would be imprudent to allow non-dentists to perform tooth whitening. Please do not hesitate to contact me should you require any more information.

David Apatoff, DDS, FAGD
General Dentistry

This request should be denied. The Denturist's do not have the training necessary to do an adequate job without being a threat to the general public. I strongly recommend that this request be denied.

Kim McGinnis DDS

As with Kiosks, and other non- dental venues for bleaching, I do not feel that Denturists should be doing something that can affect anyone's oral health.

Danny Moulding

I wholeheartedly oppose the expansion of denturists into the field of tooth whitening and nonorthodontic appliances. Tooth whitening is a detailed procedure that needs to be properly diagnosed and performed under the watchful eye of a dentist. And fabricating non-orthodontic appliances for patients could be a very negative experience for patients with long lasting effects from TMJ issues as a result of ill fitting appliances.

Mike Mulick DMD

I would ask that you NOT increase the scope of the denturist's practices as asked to do so in the Sunrise Review.

Making appliances for the mouth is not "simple" and "inconsequential." In fact, there are many consequences.

I have a PERSONAL HISTORY with Sleep Apnea and use a CPAP machine and am beginning, after much time and evaluation, to use an ORAL APPLIANCE which I did not even fabricate myself, despite the fact that I am a dentist and I am familiar with these appliances. The evaluation by an MD and proper referral to a dentist who exercises close supervision of the appliance design, and fitting is essential for OVERALL health. I make these same appliances, and did not feel comfortable having only my staff, who are familiar with the manufacture go through the steps without a dentist taking certain steps personally.

I simply refuse to accept providing for patients or the citizens of Washington state any less of a standard of care than I am willing to accept for myself or my family.

As for "whitening," this again, is something which we see constantly as having issues when people go unsupervised and then complain for years about sensitivity, increased number of root canals needed, gum recession, etc.... The damage potential is simply too great.

Let me use my education to provide these services as I was trained to do...properly.

If you do decide to allow this, I fully expect that you will be setting up appointments for you, your family members, and friends you care about with these denturists...Or would you rather be "on the safe side" and go to your trusted dentist.... Don't you think the public deserves the same consideration?

Kirk E. King, DDS

I am opposed to the proposed expansion of denturists scope of practice to include oral appliances to treat obstructive sleep apnea. As one of few dentists who provide this therapy and who receives referrals by patients physicians in the state, I can attest that mandibular advancement appliances for snoring or sleep apnea put forces on teeth. The research is quite clear that they all can and often do move teeth, create bite changes and can affect the temporomandibular joint. Pretreatment and prefabrication evaluations by a dentist trained in dental sleep medicine is necessary to evaluate whether or not a patient is a suitable candidate for this therapy. Systematic protocols, follow up and communication with patients physicians about the patients sleep breathing disorder and other health factors is critical to treatment success. Most dentists do not even have the proper for training for this. Denturists do not.

Donald Crow

I have seen too many poor dentures from Denturists to be in favor of allowing them to place removable appliances which jeopardize the health of the remaining teeth. They cannot restore existing teeth that may need to have restorations replaced or or be splinted or other restorations placed. I am not opposed to them doing bleaching trays or in office bleaching. However one of the more difficult procedures I do is placing partial dentures to avoid injury to the remaining teeth.

J Robert Wohlers, DDS

I oppose the expansion of the denturist scope of practice to include nonorthodontic removable appliances and whitening of teeth. Both procedures lend themselves to jeopardizing patient safety. Whitening can cause tissue burns and tooth sensitivity if not properly monitored and night guards and TMJ splints need to have dentist supervision to recognize need and treatment. Please consider these facts when reviewing the scope of practice of denturists.

Danny G. Warner DDS.

Denturists are not trained to provide services for teeth. Over the counter whitening agents are available. Prescription products belong in the hands of doctors who have been trained to diagnose and treat tooth problems, not bleach and go! Denture occlusion is not the same and does not have the same functional issues as natural dentition. Providing night guards requires careful evaluation, not just covering the teeth. I have personally seen irreparable damage caused by poorly thought out appliance placement, including decay and over eruption of adjacent teeth.

Karen Berglund, DDS

I strongly object to the proposed revision of current law pertaining to denturist practice. Construction and fitting of any removable dental device should be undertaken by a Dentist. The actual fabrication of the device certainly can be done and is done in dental laboratories, this is routine. The diagnosis for the proper device, fitting the device and adjusting it must be undertaken by a trained experienced Dentist. Please do not jeopardize the dental health of our communities. The presentation by the denturist group is full of unsubstantiated statements. My 8 years of dental training, hundreds of hours of Continuing Education and 40 years of experience should not and cannot be replaced by the minimal "training" of a denturist.

Additionally, the term "nonorthodontic removable devices" is extremely broad and encompasses a list of literally hundreds of devices.

Daniel H. Ryning DDS

I believe that there is significant potential to cause harm with removable appliances such as a TMD (TMJ) orthotic appliances. These appliances require a complete understanding of the anatomy of the jaws and temporomandibular joint, and the musculature of the jaws, and neck. Denturists are not adequately trained in these areas. I oppose consideration of expanding their allowed services accordingly.

Robert A. Walker, DDS

I strongly oppose any expansion of scope of practice by denturists.

Doris J. Stiefel, DDS, MS

All non-orthodontic appliances placed in a patient's mouth require the expertise, training and knowledge of a licensed dentist. Bite problems, gum disease, irritations leading to cancer are way beyond the scope of denturists. This would be a travesty for patients.

Kenneth P Ring DDS

The potential for great damage to the public's oral health exists in the expansion of denturists scope of practice to include non-orthodontic removable devices and teeth whitening. Both temporomandibular splints and sleep apnea appliances fall into this category and are very difficult for even the most experienced practitioner to accomplish without irreversibly harming the patient by altering their occlusion (bite). Tooth whitening, while seemingly innocuous, done inappropriately can cause cosmetic results that can be very costly to correct. Please do not expand the scope of practice of health service providers that do not have the education or experience to perform the procedures allowed.

D. Chris Stevens DDS

Denturists do not have adequate training or facilities for diagnosis of dental caries. As such procedures such as tooth whitening or fabrication of occlusal splints fall outside their scope of practice as fabrication of whitening trays and delivery of whitening services (prescription strength) should only be performed on teeth deemed healthy enough (periodontally as well) to be subjected to this treatment. Occlusal splints modify and can control occlusal issues, denturists do not diagnose or treatment occlusal disease.

I work with and refer to denturists, but they have a limited scope of practice that should not include the delivery of whitening or occlusal, not orthodontics splints.

Thomas Kang, DDS

I strongly oppose expanding the scope of practice for denturists to include nonorthodontic removable devices and teeth whitening. Please help protect the people of WA state by having only qualified and trained dentists (DDS or DMD degrees) provide quality care to citizens of WA state.

Paul Lund

I would like to go on record as one who is opposed to the proposed expansion to the scope of practice of denturists in Washington state to include non-orthodontic appliances and teeth whitening. I believe that expansion of the scope of practice of denturists puts the public at risk due to the minimal education and training that denturists generally have. These areas are best left to dentists who have much more training requirements and are better qualified.

Robert K Andelin DDS

I am in opposition to this expansion
punitpal aulakh

I have been practicing dentist for 30 years and most of my dental practice is Pros. I have done over 30,000 dentures and partials and have taught over 9 years at the U of W Dental School in the Rest. Dept. I can honestly say that I have redone over 90% of the denturist's work that has come in my office. The patients are usually unhappy with their work and come to see me and see what I can do for them. The bites are off, inferior acrylic is used, pt's. are still over closed and midlines are usually off. To give denturist's added responsibilities should be a big NO!
Sincerely, Dr. Scott T. Andrews

I'm adding my voice in opposition to the proposed expansion of denturists' scope of practice in the interest of protecting public health.

Many tooth-borne oral appliances, particularly removable partial dentures, require the preparation and removal of enamel to provide secure resting sites for the metal frameworks that support the appliances. The Dental Practice Act strictly forbids the altering and removal of enamel by all but licensed dentists. Thus, the proper construction of these appliances is impossible for denturists to legally accomplish under Dental Practice Act, which has been expressly designed to safeguard public health.

This is but one objection to the proposed expansion of denturists' scope of practice. The others, relating to the need for a comprehensive oral examination and general assessment of overall health prior to safely rendering treatment have been clearly related by those opposing the changes. It takes training beyond the level of that received by denturists to competently provide these examinations. In fact, dental appliances used in conjunction with the treatment of sleep apnea are intended to address a serious medical condition closely associated with heart attack and stroke and need not only the expertise of a dentist to diagnose and treat but also that of a physician and a qualified sleep study facility. Suffice it to say that allowing the diagnosis and treatment of the condition of sleep apnea with removable oral appliances by denturists would allow them a scope of practice that not even dentists themselves possess.

Please don't put the health of the citizens of Washington State at risk by allowing denturists to provide services for which they do not have proper training and can not legally perform to the standard of care under the Dental Practice Act.

Michael H. Hawkins DDS, MS

I oppose this expansion on the base of lack of education and training for these procedures. Teeth whitening can cause pulp and soft tissue damage that can place patients in risk and denturists will not be able to manage and it is out of their scope of work. Removing orthodontic appliances can also place patient in risk because it is well informed decision of dentist or orthodontist how long patient should wear the appliance to achieve specific results. Denturists are lacking that training and education. Therefore both of these procedure should be done by dentists only.

Sukhminder Buttar

I am opposed to the proposed expansion of practice of denturists in Washington state which includes fabrication of non-orthodontic appliances and teeth whitening . These can lead to a whole host of oral problems when done by someone who is not trained to do even a normal routine oral exam .

Ross Haddow DDS

As time has passed since the advent of commercially bleach systems have become available I've noted more patients with reactive symptoms. The dentists are the persons that must deal with rectifying the symptoms so they should be the group that implements the process initially. Most restorative plans should have a logical goal and process. The doctor should be responsible to formulate that plan.

Thank you for hearing my input-
Eugene K Sakai, DMD

As a practicing dentist for 16 years with significant post doctorate continuing education training, I am opposed to allowing denturists to attempt to diagnose and fabricate non-orthodontic dental appliances. The "expanded functions movement" being presented to the to the legislature continues to fail to address the need to first correctly diagnose the patient. Disgnosis is a function of being properly trained and certified.

Appliance therapy deals with a significant amount of patient factors that are a function of the patient's overall medical status and condition. I routinely send patients to their primary care physicians for screening for issues that show up in the oral environment long before the patient develops significant medical symptoms. This is a function of training and the basic medical education received during dental school. Unfortunately, my profession continues to be marginalized as dentists are being viewed as "fabricators" rather than diagnosticians. Please reference the Wall Street Journal article, December 27, 2011, Section D-1 "If Teeth Could Talk". It presents a laypersons explanation of what we routinely diagnose in patients and the medical implications of these conditions. My concern is that the Denturists are attempting to capitalize on the "fabricator" aspects of our training without a basis of understanding the "why" we prescribe what they make. The public will compare price of goods or services when they have no other basis of comparison or understanding of what they are buying. I am again concerned for the public's safety as the whole story is not being made aware to the public.

David Sherrard DDS, FAGD

I urge you not to allow expanded denturists scope of practice for nonorthodontic removal devises and teeth whitening.

Before any bleach trays are made, a thorough dental examination, which is beyond the scope of the denturist, is required. Anything put in the mouth can alter occlusion and cause hard and soft tissue problems which denturists are not trained to recognize. This is especially true of the gums

and mucosa. 39,000 Americans a year get oral cancer and approximately 8,000 die. See ADA website for more information: <http://www.ada.org/2607.aspx> Only dentists are educated and trained to evaluate oral lesions and especially those that may be caused by peroxides and other oxidizers that whiten teeth.

Secondly, utilizing dental appliances to address medical conditions is much more complex than taking impressions and physically creating the device. The oral cavity is a complex system of teeth, bones, muscle, and tissue and the application of any appliance can potentially alter or damage this system. Follow up and monitoring by a dentist is needed to ensure that these devices do not otherwise harm the patient.

Failure to place needed restorations or treat periodontal disease before fabrication of many of these appliances may place the patients' oral health at risk. Providing diagnosis and treatment after the dental appliance is made may render the appliance useless.

One of the requested expansions to the denturists' scope of practice is to treat sleep breathing disorders such as sleep apnea with oral appliances. Treatment of sleep disorders requires a diagnosis and treatment by a physician. Whether an oral appliance is warranted is determined by the physician before he or she refers the patient to a dentist familiar with these appliances. These dental appliances require multiple adjustments and careful monitoring for efficacy and side effects which can include tooth movement and permanent alteration of the patients' bite.

In letters to the Department of Health, denturists have also claimed that this expansion will improve the accessibility of dental appliances "and possibly lower [the] cost to the patient." The Denturists Association has failed to demonstrate that there is any issue in obtaining dental appliances and that these appliances will be offered to patients at a lower cost. No evidence exists that demonstrates that dentures provided by denturists are cheaper than those provided by dentists. There is also no evidence that dental appliances made by denturists will be any cheaper. Offering a dental appliance at the same price as a dentist, but without the clinical expertise and monitoring that a dentist provides, is not in the best interests of the public.

Mark Walker

I oppose the expansion of scope with regards to denturists. If passed, the quality of care will inherently be lowered in the state of Washington and may never be able to rise back to what it is today. I sincerely believe this. The patients are ultimately who will suffer.

Keagan Eckland

I am writing as a very concerned general dental practitioner to request that the Department of Health and Washington State Legislature reconsider expanding the scope of practice for denturism to include nonorthodontic removable devices and teeth whitening. I believe that this expansion of function will pose risks to patients' oral health and general safety. Appropriate oral exams and treatment plans are necessary prior to fabrication of any oral appliances and/or bleaching trays. Neglecting comprehensive oral exams and follow-up exams can potentially cause irreversible damage to the patients oral health and occlusion. The denturists do not receive the same postgraduate education and training as dentists and/or medical practitioners, therefore their scope of practice should be limited to within their range of education and training. Please reconsider the proposal for the sake of the public and their safety.

Thank you very much for your time.
Dr. Camtu Do

Please do not support this bill- there are far too many procedures which are not simply done with an impression. There are a myriad of things which will be contrived to be within scope of a

denturist, but require much more training...Irreversible orthodontic changes, TMJ problems are just a few of the major problems that can occur with untrained personnel fabricating oral devices. More training is needed for these things! Do not support this bill! It is injurious to the health and welfare of the people of WA state!
Karen E Homitz, DDS

Expanding scope of practice for denturists to provide appliances to treat sleep apnea is way beyond their clinical training and certainly outside the safety limits for patients.

Also, bleaching can be done properly only after an exam and cleaning by dentists or hygienists. Bleaching on unclean enamel surface can create very undesirable results for the patients and simply will not work.

Please recommend against this proposal. Thank you very much for your consideration.
Dat Giap

I am against increasing Denturist's scope of practice for a number of reasons, mainly that denturists have not the required education to make decisions as to diagnosis and treatment. Secondly, Denturists were allowed to practice denturism basically because they said they could reduce the need for dentures for low income people. They have not made a dent. Ask them their price for dentures, and it approaches the cost that a dentist charges. It seems very cynical to me.
Ralph Peterson, DDS

I write this today to add my support for the Washington State Department of Health Sunrise Review **HB 2815 (2012)**. I firmly believe this minor change to broaden the scope of practice for Washington denturists will only be an improvement for denturists and all the people of Washington.

I do not believe this change will, in any way, present risk to any person, but would only allow the public another choice in their dental health care. Denturists are already trained in and competently doing the procedures (taking impressions, checking tooth shades, etc.) necessary to make and fit removable non-orthodontic devices and do teeth whitening. Why should a patient be unable to go to their denturist for a service which only uses techniques that are already in the current scope of practice for a denturist? That lack of choice certainly may cause undo financial and practical hardships for the public by being required to pay for additional services and wait for an available appointment with a dentist. I also believe that some of these services are currently advertised and provided by other professions (hair salons, spas, etc.) or with readily available home kits available at any retail pharmacy. Allowing these seems to negate any risks provided by licensed and trained denturists.

Enactment of this would be accomplished with little cost to the State of Washington and would not present problems or major changes in the future testing or licensing of denturists. However, the rejection of the expanded scope of practice for denturists will leave Washington behind in the provision of these added services. In a time when our state should be welcoming new health care providers, denying this will effectively close the door to denturists from Oregon and other areas where these services are already written into their scope of practice. Washington cannot discourage new health care providers from seeking a license in our state. Each new provider will not only provide needed services but will also provide a boost to the local economy and tax revenues. I do not want any Washingtonian to seek dental service from another state or province.

Please consider this letter to be my strong endorsement for Washington State Department of Health Sunrise Review **HB 2815 (2012) – allowing licensed Denturists to make and fit removable non-orthodontic devices and do teeth whitening.** I ask for your support with this as well.

Michael Gillispie, D.P.D.

My name is Herman Castaneda and I am a practicing Denturist in Mill Creek Washington. As a dental health care provider, I believe that expanding our scope of practice to include removable non-orthodontic appliances such as mouth guards and whitening services will greatly improve the overall dental health of many of our current and future patients. This will improve the health of the patients by creating greater accessibility to be treated by licensed dental professional to whom they have or will have an established relationship thru other dental needs.

Denturist can also safely monitor and create a better overall dental health plan for each and every patient, as well as incorporate the expanded scope of practice to current and future treatments which in turn will improve not only patient dental health, but a persons life. Thank

You for your consideration and review of this matter.

Herman Castaneda

As a retired dentist who has no real financial stake anymore in the outcome of this issue, I wish to voice my strong opposition to allowing denturists to make removable appliances. They are not trained to diagnose or treat periodontal disease and thus cannot make informed decisions regarding which teeth to use as abutments to hold partial dentures, which teeth to extract, etc. They also are not able to restore teeth with fillings, crowns, etc before making such appliances.

Patrick L. McKenzie



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

July 27, 2012

Sherry Thomas
PO Box 47850
Olympia, WA 98504-7850

Dear Ms. Thomas:

The members of the Washington State Dental Quality Assurance Commission would like to express their concerns regarding the effects that expanding the scope of practice for denturists could have on protecting the citizens of our state. The primary mission of the Commission is to protect the citizens of Washington. Protecting the public involves ensuring both the safety of services provided and the broadest access possible to those services. The Commission welcomes legislation that improves access to the highest quality of care possible.

House Bill 2815 proposes to allow denturists to provide services related to non-orthodontic removable oral devices. First, we are concerned the term non-orthodontic removable device is a vague and nondescript term that provides almost a limitless number of tooth borne devices to be fabricated by non-diagnosticians.

Second, any device that is attached to teeth has the ability to orthodontically move teeth. Without close follow-up and monitoring, significant damage can occur.

Third, there are several significant dental conditions that can be managed or treated with the use of removable devices. Without close monitoring by a practitioner with education and training in the underlying dental conditions being treated, there can be significant harm done to a patient's dentition, as well as to their overall health.

The Commission does not support expanding the scope of practice for denturists for the safety and quality of care concerns listed above. Thank you for your consideration of our comments and your support of public safety.

Sincerely,

Todd Cooper, D.D.S. Chair
Dental Quality Assurance Commission

cc: Mary C. Selecky, Department of Health





WASHINGTON STATE
DENTAL ASSOCIATION

126 NW Canal Street
Seattle, WA 98107

Phone: 206.448.1914
FAX: 206.443.9266

www.wsga.org

July 31, 2012

Ms. Sherry Thomas
Washington State Department of Health
PO Box 47850
Olympia, WA 98504-7850

Dear Ms. Thomas:

The Washington State Dental Association is opposed to the proposed expansion to the scope of practice of denturists in Washington state to include non-orthodontic appliances and teeth whitening. We are joined in our opposition by the Dental Quality Assurance Commission and other organizations that believe this proposed expansion adds unnecessary risk to the safety of dental patients.

First and foremost, utilizing dental appliances to address medical conditions is much more complex than taking impressions and physically creating the device. The oral cavity is a complex system of teeth, bones, muscle, and tissue and the application of any appliance can potentially alter or damage this system. Follow up and monitoring by a dentist is needed to ensure that these devices do not otherwise harm the patient.

Before any non-orthodontic appliance (including bleach trays) is made, a thorough dental examination, which is beyond the scope of the denturist, is required. Failure to place needed restorations or treat periodontal disease before fabrication of many of these appliances may place the patients' oral health at risk. Providing diagnosis and treatment after the dental appliance is made may render the appliance useless.

One of the requested expansions to the denturists' scope of practice is to treat sleep breathing disorders such as sleep apnea with oral appliances. Treatment of sleep disorders requires a diagnosis and treatment by a physician. Whether an oral appliance is warranted is determined by the physician before he or she refers the patient to a dentist familiar with these appliances. These dental appliances require multiple adjustments and careful monitoring for efficacy and side effects which can include tooth movement and permanent alteration of the patients' bite.

The WSDA strongly disagrees with a statement provided to DOH by supporters of this expansion on June 5, 2012. Among the many factually inaccurate statements made in this document was the claim that "the risks of trained and licensed denturists providing these appliances are the same as a trained and licensed dentist providing them." To compare the limited training that denturists receive to the postgraduate education that a dentist receives in anatomy, physiology, pathology and diagnosis

Dr. Rodney B. Wentworth
President

Dr. Danny G. Warner
President-elect

Dr. David M. Minahan
Vice President

Dr. Bryan C. Edgar
Secretary-Treasurer

Dr. Douglas P. Walsh
Immediate Past President

Mr. Stephen A. Hardyman
Executive Director

demonstrates that denturists do not have the training needed to address the medical complexities of conditions such as bruxism or sleep apnea. Dental appliances can merely treat a symptom of these physiological conditions. In all cases, a dentist and/or a physician need to be involved in addressing the complete medical issue. Simply allowing a denturist to create and distribute night guards can confuse patients into believing that the underlying medical condition has been resolved.

The WSDA also agrees with a concern raised by DQAC that the term non-orthodontic appliance “is a vague and nondescript term that provides almost a limitless number of tooth borne devices to be fabricated by non-diagnosticians.”

In letters to the Department of Health, denturists have also claimed that this expansion will improve the accessibility of dental appliances “and possibly lower [the] cost to the patient.” The Denturists Association has failed to demonstrate that there is any issue in obtaining dental appliances and that these appliances will be offered to patients at a lower cost. No evidence exists that demonstrates that dentures provided by denturists are cheaper than those provided by dentists. There is also no evidence that dental appliances made by denturists will be any cheaper. Offering a dental appliance at the same price as a dentist, but without the clinical expertise and monitoring that a dentist provides, is not in the best interests of the public.

The WSDA does not support an expansion to the scope of practice of denturists for the reasons listed above. Thank you for considering our comments.

Sincerely,



Dr. Rodney B. Wentworth
President

c: Board of Directors
Committee on Government Affairs
Stephen A. Hardymon, Executive Director
Dental Quality Assurance Commission

RBW:bk

We received a number of letters from dentists echoing the WSDA comments:

As a dentist and dental specialist. I am opposed to the proposed expansion of the scope of denturists. The comments from Dr. Rodney Wentworth, president of the Washington State Dental association are accurate. I have attached his comments below. I appreciate your educated consideration of these facts as you make your decisions.

Graham Jones

I am in agreement with the WSDA's position on opposing the request by denturists to expand the scope of their practices. These services are already provided by the Dentists licensed by WA state.

Dr. John J. Bial, DDS

I echo the statement by WSDA. Creating a multi-level dental treatment by untrained professionals is harmful to the public. To base it on reducing cost for a reason is shocking. If you allow multi-level service is there multi-level liability?

Dr. Steve Lockett

The Washington State Dental Association is and I am opposed to the proposed expansion to the scope of practice of denturists in Washington state to include non-orthodontic appliances and teeth whitening. We are joined in our opposition by the Dental Quality Assurance Commission and other organizations that believe this proposed expansion adds unnecessary risk to the safety of dental patients.

The WSDA and I do not support an expansion to the scope of practice of denturists for the reasons listed above. Thank you for considering our comments.

Jennifer D Heming, DMD

I would like to reiterate the position of the WSDA that I wholeheartedly agree with regarding the expansion of dental services provided by Denturists.

I agree with the WSDA in not supporting an expansion to the scope of practice of denturists for the reasons listed above. Thank you for considering our comments.

Timothy W. Robison DDS

I agree with the WSDA objections to expansion of the scope of the practice of denturism in our state. Please consider the need for competent diagnosis before delivering treatment, and the significant complications associated with improper care by those who are not qualified to diagnose oral conditions. Your first obligation is to protect the public from harm.

Keith Collins, DMD

I want to enthusiastically endorse the WSDA's position in opposition to expanding the denturists' scope of practice. Specifically, I have personally observed that "non-orthodontic appliances" can become unintentionally orthodontic. I can also vouch for the fact that such appliances can permanently alter people's bites and cause problems in the TMJ. These are complex situations that even many well-trained dentists are not comfortable treating. Thus, with their much more limited education, denturists should not be involved in this level of patient care.

Dr. Brian Jacobsen

This is not in the best interest of the public, please vote no!

Amy Thomopson

Richard E. Sipes, DDS



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

August 6, 2012

Washington State Department of Health
Sherry Thomas, Policy Coordinator
Health Systems Quality Assurance
P. O. Box 47850
Olympia, WA 98504-7850

Dear Ms. Thomas:

The members of the Washington State Board of Denturists would like to express their approval for the Sunrise Review on House Bill 2815. The Board welcomes legislation that improves access to the highest quality of care possible.

The Board agrees with allowing denturists to provide services related to non-orthodontic removal oral devices as well as teeth whitening. The construction of bleaching trays is similar to the steps that they currently use in the denture process: impressions, casts, vacuum forming the tray, trimming, inserting and assessing an appliance. There are all skills the Denturist uses on a regular basis in the laboratory or when treating patients in the clinic.

Thank you for your consideration of our comments and your support of public safety.

Sincerely,

Michael Gillispie
Board of Denturists





Seattle King County
Dental Society

August 1, 2012

Ms. Sherry Thomas
Washington State Department of Health
PO Box 47850
Olympia, WA 98504-7850

Dear Ms. Thomas:

The Seattle-King County Dental Society (SKCDS) is opposed to the proposed expansion to the scope of practice of denturists in Washington State to include non-orthodontic appliances and teeth whitening. We are joined in our opposition by the Dental Quality Assurance Commission, the Washington State Dental Association and other organizations that believe this proposed expansion adds unnecessary risk to dental patients' safety.

We have several concerns. They include:

- First and foremost, utilizing dental appliances to address medical conditions is much more complex than taking impressions and physically creating the device. The oral cavity is a complex system of teeth, bones, muscle, and tissue and the application of any appliance can potentially alter or damage this system. Follow up and monitoring by a dentist is needed to ensure that these devices do not otherwise harm the patient.
- One of the requested expansions to the denturists' scope of practice is to treat sleep breathing disorders such as sleep apnea with oral appliances. Treatment of sleep disorders requires a diagnosis and treatment by a physician. Whether an oral appliance is warranted is determined by the physician before he or she refers the patient to a dentist familiar with these appliances. These dental appliances require multiple adjustments and careful monitoring for efficacy and side effects which can include tooth movement and permanent alteration of the patients' bite.

SKCDS, along with the WSDA, strongly disagrees with a statement provided to DOH by supporters of this expansion on June 5, 2012. Among the many factually inaccurate statements made in this document was the claim that “the risks of trained and licensed denturists providing these appliances are the same as a trained and licensed dentist providing them.” To compare the limited training that denturists receive to the postgraduate education that a dentist receives in anatomy, physiology, pathology and diagnosis demonstrates that denturists do not have the training needed to address the medical complexities of conditions such as bruxism or sleep apnea. Dental appliances can merely treat a symptom of these physiological conditions. In all cases, a dentist and/or a physician need to be involved in addressing the complete medical issue. Simply allowing a denturist to create and distribute night guards can confuse patients into believing that the underlying medical condition has been resolved.

SKCDS also joins the WSDA in agreeing with a concern raised by DQAC that the term non-orthodontic appliance “is a vague and nondescript term that provides almost a limitless number of tooth borne devices to be fabricated by non-diagnosticians.”

In letters to the Department of Health, denturists have also claimed that this expansion will improve the accessibility of dental appliances “and possibly lower [the] cost to the patient.” The Denturists Association has failed to demonstrate that there is any issue in obtaining dental appliances and that these appliances will be offered to patients at a lower cost. No evidence exists that demonstrates that dentures provided by denturists are cheaper than those provided by dentists. Offering a dental appliance at the same price as a dentist, but without the clinical expertise and monitoring that a dentist provides, is not in the best interests of the public.

The Seattle-King County Dental Society does not support an expansion to the scope of practice of denturists for the reasons listed above. Thank you for considering our comments.

Sincerely,



Dr. Princy S. Rekhi
President

c: Executive Council
Dental Quality Assurance Commission

August 1, 2012

Mary C. Selecky
Secretary
Washington State Department of Health
PO Box 47890
Olympia WA 98504-7890
Phone: 360.236.4030
Fax: 360.586.7424
Email: secretary@doh.wa.gov

RE: Denturist Sunrise Review Request

Dear Secretary Selecky:

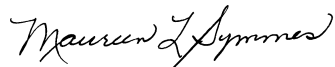
I am writing to provide information regarding the Denturist program curriculum at the Northern Alberta Institute of Technology (NAIT), as related to the proposed changes in the expanded scope of practice for the State of Washington Denturists currently under Sunrise Review.

NAIT is fully accredited by the Denturist Association of Canada, and as such meets the criteria set out in the Baseline Competencies for denturist education established by the national governing body. Our curriculum is based on the accreditation document and NAIT's *Denturist Advisory Committee*, made up of practicing denturists from three provinces which closely monitors the program curriculum to ensure that we are providing an education that meets the needs of the profession and the public. The NAIT program is three years in length, and consists of 3944 hours of instruction.

In Alberta, bleaching trays, sports guards, bruxing devices and snoring appliances are not regulated practices. There is no restriction on who can legally provide these appliances in our province. NAIT students receive instruction on the theory behind bruxing devices and sports guards, and learn to use a vacuum former to construct these appliances. NAIT denturist students also construct a light-cure acrylic bruxing device in the course DET 620. We do not provide specific instruction on the construction of bleaching trays; however, the steps in the process: impressions, casts, vacuum forming the tray, trimming, inserting and assessing an appliance, are all skills the students use on a regular basis in the laboratory or when treating patients in the NAIT dental clinic.

NAIT has an extensive variety of continuing education courses, delivered via online learning, independent learning and on-site instruction. Should Washington denturists be required to complete specific training on any of the proposed additions to their scope of practice, NAIT would be able to provide training either in Alberta or Washington. As with all continuing education courses, NAIT would require a minimum number of enrolled students in order to make the course financially viable.

Sincerely,



Maureen L. Symmes
Chair – Dental Health Sciences Programs
P. 780.471.7686 F. 780.491.3149 E. maureens@nait.ca

c. Janet Paradis, Denturist Technology Instructor
Shelley Schlesiger, Associate Chair, Denturist Technology



Oregon

John A. Kitzhaber, MD, Governor

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August 2, 2012

Washington Department of Health
Health Systems Quality Assurance (HSQA)
Sherry Thomas, Policy Coordinator
P.O. Box 47850
Olympia, WA 98504-4612

Dear Ms. Thomas,

The Oregon Board of Denture Technology (Board) has instructed the Oregon Health Licensing Agency, on the Board's behalf, to provide testimony regarding the sunrise review of the proposed expansion of the denturist scope of practice in Washington State.

Oregon House Bill 2145 (HB 2145), passed by the Oregon Legislature during the 2011 Legislative Session and changed the Oregon denturists' scope of practice by adding removable non-orthodontic dental appliances. During the 2011 Oregon Legislative Session the Oregon Health Licensing Agency testified that a removable non-orthodontic appliance would be similar to a teeth whitening tray and sleep apnea mouthpiece which may fit on a positive airway pressure machine. The expansion does not allow licensed denturists to provide actual teeth-whitening services, prescribe sleep apnea treatment, or otherwise encroach on the practice of dentistry or respiratory therapy.

The Board of Denture Technology Legislation and Rules Committee will begin meeting on Monday, August 6, 2012, in order to discuss how to incorporate removable non-orthodontic dental appliances into the Oregon denturist scope of practice.

We would be happy to keep you advised of our progress in writing these administrative rules to support HB 2145 and hope that our experience would be helpful in the formulation of the legislation that you are considering for denturist in Washington State.

Sincerely,

Samantha Patnode, Policy Analyst
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February 14, 2011

**To: House Health Care Committee
The Honorable Mitch Greenlick, Presiding Co-Chair**

From: Randy Everitt, Director, Oregon Health Licensing Agency

Subject: House Bill 2145

Co-Chairs and members of the committee, I am Randy Everitt, Director of the Oregon Health Licensing Agency. I am here today to provide information on House Bill 2145, which refines the scope of services trained denturists are allowed to perform.

Following a two-year degree program and an additional 1,000 hours of training, Oregon's 107 licensed denturists are highly trained in their field. They are qualified to take all types of dental impressions and to construct and maintain prosthetic dental appliances such as dentures to replace complete or partial sets of teeth.

The agency requested this bill to clarify that licensed denturists may provide additional services that they are trained and qualified to perform. These services include fitting patients for teeth-whitening trays and other removable non-orthodontic dental appliances such as mouthpieces for sleep apnea positive airway pressure machines. It also will allow the agency to issue temporary licenses and set standards for qualified potential denturists, allowing them to continue hands-on training while preparing for examination.

This bill will not allow licensed denturists to provide actual teeth-whitening services, prescribe sleep apnea treatment, or otherwise encroach on the practice of dentistry or respiratory therapy.

We consulted with Oregon Board of Dentistry Executive Director Patrick Braatz about this bill, and they have no objections to the bill as submitted.

Thank you for your time. I would be happy to answer any questions you may have.



Issue Brief

OREGON HEALTH LICENSING AGENCY

Licensed Denturists in Oregon

Overview

The Oregon Health Licensing Agency (OHLA) safeguards consumers who purchase services from those professionals and businesses licensed by the agency. OHLA provides central regulatory oversight and accountability, working closely with the appointed volunteer citizen boards and councils that provide profession-specific expertise and consultation.

History

Oregon became the first state in the U.S. to license denturists following a ballot measure in 1978. **This vote of the people allowed denturists to take impressions and produce full dentures without the oversight of a dentist.** 2002's Measure 24 expanded denturists' scope of practice to include partial dentures.

Oregon's 108 licensed denturists now provide full dentures to replace complete sets of original teeth and partial dentures that fit sections of a mouth in which some of the original teeth remain.

Scope of Practice

Denturists' legal scope of practice allows them to independently construct, repair, reline, reproduce, duplicate, supply, fit or alter removable prosthetic dental appliances. Denturists take impressions and bite registrations – as well as try-ins and insertions – when constructing, repairing, relining, reproducing, duplicating,

supplying, fitting or altering dentures or partials dentures.

Education and Training

For licensure in Oregon, denturists are required to obtain an associate's degree in denture technology. Their education includes specific training in oral pathology and an additional 1,000 hours of practical experience. Oral pathology trains the denturist to recognize disease and infection anywhere in the oral cavity and to refer to appropriate medical or dental professionals for treatment.

Although denturists are not required to work with dentists, most denturists develop close working relationships with dentists and oral surgeons to ensure their patients receive the best possible oral health care.

Note: There are currently five denturists licensed before 2004 who do not have the oral pathology endorsement; they must have certification from a dentist, physician or nurse practitioner that the individual patient's oral cavity is free from disease before commencing work.

Current Legislation

House Bill 2145 was submitted by OHLA to clarify that denturists' education, training and scope of practice is applicable to other removable non-orthodontic dental appliances such as teeth whitening trays and sleep apnea guards.

The measure **does not allow** denturists to treat patients for oral disease or to prescribe

pharmacological agents such as prescription teeth whitening gel. ■

ORS 680.545

Statement of dentist or physician before treatment by denturist.

Denturists licensed prior to January 1, 2004, who have not received an oral pathology endorsement from the State Board of Denture Technology may not treat any person without having first received a statement, dated within 30 days of the date of treatment and signed by a dentist, physician or nurse practitioner, that the person's oral cavity is substantially free from disease and mechanically sufficient to receive a denture. [1979 c.1 §13; 1981 c.313 §5; 1989 c.694 §4; 1991 c.921 §8; 1993 c.142 §10a; 1997 c.652 §40; 2003 c.547 §17; 2005 c.471 §10]

OAR 331-410-0080

Oral Health Certificate

(1) Denturists licensed prior to January 1, 2004, who have not received an oral pathology endorsement as described in ORS 680.545 may not treat any person without a valid Oral Health Certificate for the person stating the person's oral cavity is substantially free from disease and mechanically sufficient to receive a denture.

(2) A valid Oral Health Certificate shall be in the form prescribed by the Health Licensing Office, signed by a licensed dentist or physician (M.D. or D.O.) stating that the person's cavity is substantially free from disease and mechanically sufficient to receive a denture, and show an examination of the oral cavity took place within 30 days of the date of commencing treatment.

The Oregon Health Licensing Agency provides centralized regulatory oversight for multiple health-related professions. Under statute, OHLA sets, communicates and enforces regulatory standards. This includes issuing licenses, conducting examinations, responding to consumer complaints against licensees, and inspecting licensed businesses.

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Comments Received After Hearing

I strongly oppose the expansion of the scope of practice for Denturists and their ability to provide non orthodontic devices including bleach trays. The downside of these devices used in the wrong hands creates a real safety issue for patients as these devices can create irreparable damage to the patients oral complex. Please do not allow this proposal to move forward for the safety of our citizens.

Cameron Simonds

I wanted to take this opportunity to voice my support for the Washington State Dental Association's position and Dr. Wentworth's letter that opposes expanding the scope of denturists' practice. I echo their statements regarding the concern that this will create a situation where treatments and appliances will be provided to patients without proper evaluation and diagnosis of complex medical and dental problems. Ultimately, this will jeopardize patient health and safety. Thank you for your consideration.

Reid Winkler

Expanding the scope of practice to include non-orthodontic removable devices and teeth whitening will put our patients into harm. This expansion of services is already considered challenging to the trained dentist. It is something that should not be taken lightly. Removable devices require stable teeth to anchor and without proper radiographs and clinical exam, the patient's care will be compromised. Whitening also has seen wide spread public appeal but carries a large burden of over treatment and side effects that are sometimes irreversible. These services are generally widely available now through general dentist who have had much more training to not only deal with these but many other wide effects on teeth.

Dzon M. Nguyen

I wish to document my support of the licensed denturists in WA State providing services for such devices as night guards, anti-snoring devices, sports mouth guards, and such that are already sold off the shelf of stores with only written instructions for the public to attempt to make these devices for themselves without any professional supervision. It is absurd to think that denturists who are qualified and licensed to provide complete and partial dentures to patients, would not be qualified to provide these comparatively simple procedures for these other devices.

Janet Manthey

I wish to document my support of the licensed denturists in WA State providing services for such devices as night guards, anti-snoring devices, sports mouth guards, and such that are already sold off the shelf of stores with only written instructions for the public to attempt to make these devices for themselves without any professional supervision. It is absurd to think that denturists who are qualified and licensed to provide complete and partial dentures to patients, would not be qualified to provide these comparatively simple procedures for these other devices.

I would appreciate your support in this matter,
Rosetta A. Montgomery

I am requesting of the Dept. of Health, unwavering support of HB2815. The public including myself, deserves to have the choice of going to a licensed denturist for professional services such as having a snoring device, a night guard, or mouthguard custom fit. I don't want to buy a

self-service kit from the shelf of a retail store, and I don't want to pay the high fees of going to a dentist for these appliances. I will be following this HB2815 for the results. I am a registered voter in Franklin County, WA State and stay up on many issues that directly effect people like myself, family members, & friends. I have referred a number of my friends to the practice of Joseph Vize, Lic. Denturist and they have been extremely satisfied with dentures he has made for them ... they fit well and they can chew so much better than with the dentures they received previously elsewhere. Thank you for your much needed strong support of this HB2815.
Larry Manthey

This is in response to increasing scope of practice for the Washington State Denturist. I am a denturist in Oregon and the State of Oregon increased our scope of practice to include bleaching trays, night and sports guards, sleep apnea devices, TMJ splints, and non-orthodontic devices. This was done by legislation and the only requirement was that we wouldn't sell or provide bleaching solution stronger than what is sold over the counter. The Oregon Denturist Association has had a number of classes to educate ourselves on how to manufacture and repair these devices and provide them carefully to our patients. All new procedures in anyone's scope of practice are followed by continuing education. Most of the devices that the Washington Denturist are asking to provide in their offices are devices that can be purchased on-line with no professional advice. If people purchase a bleach whitening kit on-line the instructions are vague and don't cover the possible risks to their tissue.

Night guard or sports guards can also be purchased on-line or at athletic stores and are boiled to fit their mouths. Wouldn't it be safer if bleaching trays and sports guard were made professionally and form fit the patients mouths with someone adjusting it and monitoring the fit. We as Denturist have the public safety in mind when we request an increase in our scope of practice. I would appreciate your positive consideration on this matter.

Shawn M. Murray CDT,LD

My name is William Disantis and I am a practicing Denturist in Yakima, Washington. As a dental care provider, I believe that expanding our scope of practice for denturists, with this minor change, to include removable non-orthodontic appliances, such as: mouth guards and whitening services will be an improvement for denturists and the overall dental health of many of our current and future patients. This would allow the public the ability of another choice in the current dental workforce to meet the demands for their dental care. Denturists are already trained in and competently doing the procedures (taking impressions, checking tooth shades etc.) necessary to make and fit removable non-orthodontic devices and do teeth whitening.

Thank You for your consideration and review regarding this matter.

William S. Disantis D.D.

I am a licensed denturist in Canada where Denturists have been practicing in harmony with other professions for over 40 years now. I have been practicing since 1980 and wish to convey a totally unbiased opinion of the Health Sunrise Review application that has been tabled by the Washington Denturist Association. I have been an educator for the Ontario Denturist program for over 20 years. I have also taught for the International Denturist Education Center (IDEC) in Europe and the USA and am currently the editor-in-chief for the "Spectrum Denturism" magazine. A quarterly publication that is sent to all denturists in Canada, the USA, Europe and Australia. I have also published numerous papers and articles and presently sit on the Disciplinary Committee for the Ontario College of Denturists. I have been and still am an examiner of countless Denturist licensing examinations in Canada and the USA.

In my travels it never ceases to amaze me the fear mongering that goes on between opposing professions when an increase in the scope of practice is requested. They all seem to follow a predetermined pattern and generally the profession with the most resources tends to succeed be it right or wrong. It seems to entail a protection of one's turf. Occasionally the decision makers read through the lines and vote for what they believe is correct and are not swayed by the bureaucracy, propaganda or endless amounts of worthless paper. In my opinion a professions/professionals educational background and present scope of practice is always the key factor in determining whether or not to support their request for an increase in the scope of practice. Canadian Denturists, approximately 2400 of them, are licensed to perform all the duties presently in the application and have been doing so for years without incidence. I have reviewed the Washington licensing requirements, Denturist schooling curriculum as well their continuing educational requirements and have found them to be above average and quite similar to that of ours in Canada. In fact I was quite impressed with some of their standards. To allow the Washington Denturist the ability to do make and fit removable non-orthodontic devices and do teeth whitening will in my opinion require little else then a few review courses. Their request and your subsequent support and approval will not lead your state into uncharted territory. It will merely bring Washington in line with other states and Canada that presently allow Denturists to perform these procedures. I would strongly recommend that you support their initiative.
Carlo Zanon DD, LD, FCAD*

As a denturist I am supporting the additional procedures and appliances to be added our scope of practice. I can provide these additional removable devices in a very comprehensive way, while at a much lower cost to the general public. With the public's oral health in mind, and access to affordable services this would be a very good step forward.

Thank you for the opportunity.
Joseph P. Osborn L.D

To Whom It May Concern:

I Ronald Farris L.D. recommend in favor of WDA Sunrise Review of enhanced scope of practice.

I have been involved since the conception and maturity of Washington Denturist in many professional and peer programs. I strongly agree that Washington has met or exceeded Oregon educational guidelines and are committed to continuing education in all products and procedures necessary within their request.
Ronald D Farris L.D.

I am the President of the Washington Denturist Association. This letter is to follow up on my live testimony, provided August 7, 2012 at the Sunrise Hearing.

The WDA endorses the proposed scope of practice as a common sense step in regulating items within our professional scope which are already in the public sector without regulation. The procedures and appliances we would add to our scope have already been successfully included in the formal scope of practice by denturists in Oregon and in Canada. Furthermore, the skill set and procedures required for providing these additional services are already within the current practices of denturists in this state.

Many of us have already received specific education on these appliances, either in our initial denturist program education, and/ or in past and current continuing education classes. The WDA will continue to provide continuing education in these areas. In reading the criticisms posted by dentists, none of them specify the education we have already received, nor do they specify which educational requirements they feel we are lacking. The critics seem to have a general hysterical fear based upon their misconceptions of the denturists' educational background and ability to receive additional education in these areas. With that type of thinking, no professional scope could ever be altered.

Our proposed legislation for scope of practice is endorsed by many individual practitioners, professional associations, and the public.

Thank you again for your time and consideration of this important matter.
Joseph C. Vize, DPD, LD
President, Washington Denturist Association

On behalf of the Oregon State Denturist Association, I want to support the expanded scope of practice for the Washington denturists. It will be a great benefit for the profession and to the people of Washington.

Denturists in Oregon work closely with their patients' dentist or medical provider when planning treatment for a sleep apnea device or in helping to treat TMD. When providing whitening products to patients, the Oregon Health Licensing Agency placed a restriction on the percentage of strength allowable to distribute to patients. The strength of the whitening product is no higher than what a patient can buy over the counter.

The Oregon denturists are highly trained and capable of carefully providing services of non-orthodontic appliances and I strongly feel that the Washington denturists should have the same opportunity. We have taken care to ensure our Denturists have the education and training to confidently perform and provide the expanded duties for their patients.

Please consider the advantage of this addition to the Washington denturist profession and the consumers they serve.
Heidi van Giffen, L.D.
Oregon State Denturist Association, President

It is with heavy heart that I write this in response to some of the letters and comments I have read being sent to this committee by those in the dental community who are so unjustly critical of the talented men and women serving Washington's citizens as denturists. I take umbrage at their comments considering the majority of Washington denturists are educated and certainly qualified to serve an individual with a whitening tray or mouth/snore guard...a product that same individual could purchase at any drug store, online or from an abundance of television commercials.

Licensed denturists in Washington have passed state board examinations that have tested their knowledge of the sciences in question: pathology, microbiology, etiology, biology, gerontology, physiology, histology, embryology, oral facial anatomy, head and neck anatomy, etc.; I could go on. They are also mandated to follow the same WISHA procedures as all other Washington healthcare providers. They are also required to obtain several hours of continuing education regularly; most of these dedicated professionals exceed the minimum required.

The individuals critical of the Washington denturists purporting "concern" that they are protecting the public are disingenuous; one only needs to look at the record of offenses to see that the

adage, "...remove the mote from one's own eye before criticizing the speck in someone else's eye," applies quite honestly here. To think that one profession might inhibit the citizens of their state the opportunity to choose a qualified provider for "turf or financial" reasons is a thought we would certainly like to resist.

Washington denturists serve their citizens very well and are certainly qualified to broaden their scope of practice to include these non-invasive procedures.

Thank you for considering this letter of support for the denturists serving the citizens of Washington State.

Wanda Anderson, Executive Director, National Denturist Association, USA, Executive Office

Last night I was watching television and a commercial offered me the opportunity to purchase a snore guard for \$9.95 (plus shipping and handling). This is a bit ironic since the protest against denturists expanding our scope of practice to include such devices by the dental community suggested they are protecting the public from those of us who will cause irreparable harm if we should take the impression for the same device.

This argument that we are "uneducated lab workers" and not qualified to serve our patients is old and certainly ungrounded. As you know, in order to be licensed in Washington we have passed a state board examination which included the sciences as well as the technical skills required to serve patients. To receive my diploma as a denturist my three-year academic curriculum included pathology, head and neck anatomy, oral facial anatomy, gerontology, microbiology, embryology, etiology, histology, jurisprudence; plus much more. I also follow the same rules and regulations required by all Washington State healthcare providers.

Like many dentists but not all, I have an earned Bachelor's Degree. Again, like dentists, this degree is not required for licensure. We denturists, like dentists, are required to obtain several hours of continuing education in order to maintain our license. Most denturists appreciate and respect education; many continue studies beyond mandated requirements.

We respect the talented services provided our citizens by dentists; most of them are highly qualified men and women providing excellent service to our state. However, as denturists we would ask for that same respect; our profession has proven itself, is appreciated and has provided availability to thousands who may not have sought a dentist.

Expanding our scope of practice to include these non-invasive procedures will benefit our citizens and continue to place Washington as a vanguard for citizen-first care.

Thank you for supporting this request to broaden the denturists' scope of practice.

Bruce Anderson, Licensed Denturist, Anderson Denture/Dental Center

Your support of HB2815 is greatly needed and appreciated. I want freedom of choice for myself & people who are in need night-guards, mouth-guards, or anti-snoring devices so that is why I want these appliances to be added to the scope of practice for licensed denturists in WA State. Thank you for your strong & complete support of HB2815. Barbara Bailey

Appendix F

Rebuttals to Draft Recommendations

I recommend that the scope of practice for denturist be expanded to include fabricate of intraoral devices that are currently available over the counter and are not used for treating any medical or dental conditions. The would include athletic mouthguard to be worn only during sports activities and tooth whitening trays without dispensing whitening gels or solutions. Furthermore, this would exclude sleep appliances, bruxism appliances, orthodontic appliances, etc.

Charles M Gooss, DMD

I read in the introduction to sunset procedure that the intent of the legislature is to allow anyone to perform healthcare services unless there is a safety issue.

I believe that those individuals providing services should 1) be knowledgeable of the about the process and its components 2)require continuing education about changes in the process and any new developments in biology or chemistry issues 3)be subject to guidance and regulation by the same entity that performs that function for all oral health issues in dentistry (DQAC) .

Eugene Sakai, DMD

Submitted two separate comments:

1. Expanding the scope of practice of denturistry into the whitening of teeth is ridiculous. What will their next addition to their scope of practice be, extracting teeth or doing orthodontia. The denturists who is presume are still running the denturist board committed extortion and racketeering in order to have their initiative (607) placed on the ballot, and they will soon find themselves in a federal criminal court for their actions. If you don't believe that, try checking with your Office of Risk Management about the particulars of the case.

Keith Allison, plaintiff dentist

2. You will have to excuse me when I launch into a tirade about the corrupting influence of those first denturists who conned their way into running the denturist licensing program. I tried my best to dissuade them from what they were intent on doing, but greed apparently ruled the day. As you have probably ascertained, I have no use for corruption at any level, be it from the citizens or government. I've already written and filed a federal lawsuit against the American Dental Association for restraint of trade and constitutional/civil rights violations in their banning the public from being able to access the services of denturists in most of the U.S.. That particular lawsuit, in part, involves the fact that there is no empirical evidence proving denturists and/or their occupation represent any known potential for harm to anyone. Gary Fox, both of the Hansen's and the others who concocted the unconstitutional Denturist Licensing scheme knew that as well as I did. And, since there is no known potential for harm the Dental Practice Act and/or the Denturist Licensing Act is protecting the public from, those Acts do not pass constitutional muster. It's too bad that some government employees will fall into the next lawsuit over this issue, but when they refuse to follow the law, whatever happens to them happens to them.

Keith Allison

Thank you for the opportunity to comment on the Denturist Sunrise Review. I am in complete agreement with the comments and observations put forth by the WDQAC and the WSDA. My practice is limited to the treatment of jaw dysfunction disorders and I can state unequivocally that every single dental appliance mentioned as nonorthodontic by the advocating denturist have the potential to to cause permanent changes to dental structures as well as create a host of Temporomandibular disorders. It is absurd to suppose that simply because denturist currently fabricate full and partial dentures they naturally are fully qualified to provide a broad range of dental services. Their training at technical colleges hardly provides a background for extending the scope of their work and the suggestion by these colleges that should

denturist be allowed to provide these they would be happy to provide training(for a fee) is clearly self serving. If as they state some of these services are already available OTC then I fail to see how denturist providing a marginally improved OTC device(I noted the use of the word treatment is not used in their claims. Probably because that would imply a diagnosis was needed) reduces cost or increases access to devices. I am sure you have heard all this before and I could go on but I will refrain. In summary my strong response to the proposed changes are no,no,no. Thank you,Cris Simmons.DDS,DABCP

I would like to point out that there is a significant difference between nightguards and sportsguards. I don't have a problem with denturists making sportsguards as these are worn on a limited time basis.

As a periodontist, I have significant concerns with denturists making nightguards as these are intended to be worn nightly for years. The actual making of the nightguard is of course not the concern. The design of the nightguard entails a good concept of occlusion and the periodontal condition of the existing teeth.

This crosses over to the diagnosis of the patient's oral condition.

Some patients are periodontally sound and the design and occlusion if done incorrectly can lead to further recession and mobility.

Some patients have some level of periodontal disease, should the nightguard be an upper or lower nightguard. Where would you establish the occlusion with the opposing teeth?

Some patients with more generalized mobility or shorter roots may require a double nightguard design to not make things worse.

Nightguards are protective of our teeth only if they are designed accurately. Otherwise, they could promote further trauma on teeth that should not be heavily loaded.

In conclusion, I feel it is not in the public interest to have denturists make nightguards.

Theresa Cheng, DDS

Applicant Rebuttal

In response to the Denturist Scope of Practice, Sunrise Review, we would like to thank you for your careful consideration and what we believe is a fair assessment of our request. We are in agreement with your position that the proposed alterations to our scope of practice present little or no harm to the public.

We would, however, like to highlight a couple areas of concern.

We do not feel that narrowing the definition of "non-orthodontic removable oral devices" should specify only bruxism devices and mouthguards. We are concerned that there may be interference due to the overlap of this language with the definition of dentures and Snap-On Smiles. We would instead recommend listing an exception in the defined scope, such as "excepting obstructive sleep-apnea devices".

We also agree that the area of obstructive sleep apnea treatment is a much more complex issue. I personally believe that the diagnosis and treatment of obstructive sleep apnea is best carried out by a team approach between a denturist or dentist, and an ENT doctor, as the ENT is the specialist in this area. Additionally, the DOH position on the snoring devices focuses on obstructive sleep apnea, and makes no distinction between snoring, sleep apnea, and obstructive sleep apnea. There are vast differences between these three, with OSA of course being the most severe. The details of these distinctions may be best may be best addressed at a later date.

Regarding the concerns raised about the TMJ implications and bruxism devices, we feel that it is best to maintain the treatment model that is already in place for denturists providing dentures: if the patient is

asymptomatic when he/she presents, no additional dentist consultation is required. This is congruent with the current law regarding abnormal conditions, and requires us to refer the patient if he/she displays symptoms. Denturist education already incorporates this recognize and refer system. Furthermore, the devices denturists intend to provide will not be intended to treat TMJ dysfunction.

Thank you again for your time, and for your thoughtful consideration in regard to this matter. We appreciate your support, and we will be refining the language for our proposed legislation based upon your recommendations.

Joseph C. Vize, DPD, LD, President, Washington Denturist Association



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September 13, 2012

Ms. Sherry Thomas
Washington State Department of Health
PO Box 47850
Olympia, Washington 98504-7850

Dear Ms. Thomas:

The Washington State Dental Association has reviewed the Draft Denturist Scope of Practice Sunrise Review and appreciates the time DOH staff has spent on this thorough analysis. WSDA agrees with the Department's conclusion that the scope outlined in HB 2815 should not be adopted. However, we have concerns with submitting scope expansion recommendations for denturists to the Legislature that require the diagnosis and treatment of a licensed dentist.

All non-orthodontic appliances can alter occlusion and jaw relationships if made incorrectly. Before any non-orthodontic appliance (including bleach trays) is made, a thorough dental examination, which is beyond the scope of the denturist, is required. Failure to place needed restorations or treat periodontal disease before fabrication of many of these appliances may place the patients' oral health at risk. Providing diagnosis and treatment after the dental appliance is made may render the appliance useless. At a minimum, patients should be required to consult with a dentist before any non-orthodontic appliance is constructed by a denturist.

WSDA also has concerns with the recommendation that would allow denturists to provide a "Snap-On-Smile" appliance to a patient. The Snap-On-Smile corporate website clearly states that "a dentist must determine that [a patient is] a candidate for Snap-On-Smile in order for [the patient] to get a Snap-On-Smile." This information can be found online at www.snaponsmile.com/sos_CTD_website_questions. WSDA strongly encourages DOH to review this information before making any final recommendations.

Since HB 2815 does not meet the sunrise review criteria, DOH should not offer legislative recommendations for consideration. The draft report clearly states that the public is not "currently experiencing difficulties accessing these services from either other licensed

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practitioners or over-the-counter products.” Additionally, the Denturists Association has failed to demonstrate that these appliances will be offered to patients at a lower cost or provide any other measurable public benefit. The profession of dentistry is in decline. There are currently only 130 licensed denturists in Washington state. More of these denturists are over the age of sixty (31) than are under the age of forty (26). There are much better uses for the state’s limited resources than writing rule on dentistry scope of practice.

Based upon the preponderance of evidence presented, there is no apparent public benefit to expanding the scope of practice of denturists. Therefore, WSDA opposes any such expansion.

Thank you for considering our comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Rodney B. Wentworth". The signature is fluid and cursive, with the first name being the most prominent.

Dr. Rodney B. Wentworth
President

c: Board of Directors
Committee on Government Affairs
Stephen A. Hardyman Executive Director
Dental Quality Assurance Commission