

Email sent to Rep. Ricci by Remington Townsend 1/9/2020

Here is the letter. I am sorry for any mistakes that I have made. I did it quickly after work. I hope it makes sense.

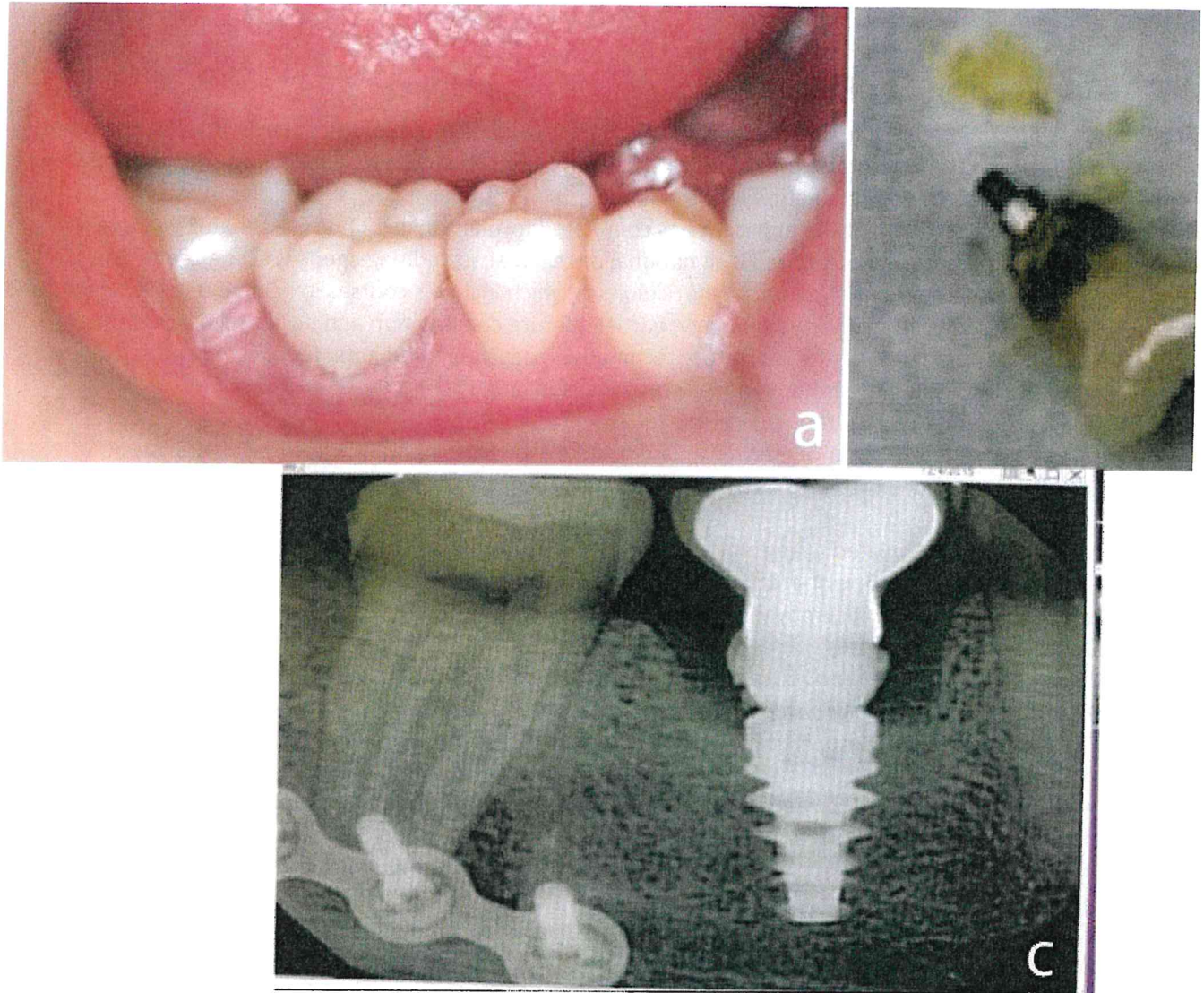
I wish it to be understood that I prefer to deal with the facts.

The development and the rationale for the need of denturist from the beginning was due to a supposed need. That need was: "The need for more health care providers". Denturist, they said would help alleviate that need and could do it for less. "Cut out the middle man", was the idea behind it. So a less qualified individual could receive training, to fit dentures for those individuals who wanted or needed this care. However, this is not the case in Montana. Montana is one of the top three states in percentage of dentist per number of residents.

Denturists are a relatively small number of technicians who provide dentures directly to the public. In the United States, denturism is illegal in 44 states. In addition, the Federal Denture Act (Section 1821 of Title 18, United States Code) makes it a criminal act to market in interstate commerce any denture or other dental prosthetic appliance that has not been made or legally authorized by a licensed dentist [2]. The major objection to denturism is the lack of a complete dental examination of the mouth. Proper fitting of the teeth often require skills that denturists lack. Denturists are not competent to diagnose cancers or other diseases within the mouth, to screen for underlying disease, or to recognize when structural problems of the mouth (such as unseen broken-off roots of teeth) can lead to injury if not corrected before the installation of dentures. The Arizona dental board noted that complaints concerning the state's denturists were many times more common than complaints about the state's dentists [3]. So what can go wrong with Dental implants? Dental implants have a fairly high success rate, that range is a moving target from 95% to 75%. Which may sound really good unless you happen to be one of the 5% or 25%. If a failing implant is left untreated, serious oral complications can occur such as bone loss, infection or complete loss of the implant. There are several reasons for possible implant failure. This table below shows the possible reasons for early and late failures of implants. Denturist do not have the training, experience or the license to identify how to deal with any of these reasons for failure.

Early failures (intraoperative or within 3 months)	Late failures(postoperative after 3 months)
<p>1. According to Etiology:</p> <ul style="list-style-type: none">• Implant selection: improper Implant type or bone type, length and diameter of implant, surface impurity, surface roughness.• Surgical placement: off axis placement, lack of initial stabilization, overheating of bone, minimal space between implants, contamination of implants during placement.• Restorative problems: Improper design, occlusal scheme, improper fit, excessive loading , implant fractures.	<p>1. According to Etiology:</p> <ul style="list-style-type: none">• Host factors: systemic factors diabetes, arthritis, obesity, osteoporosis.• Tissue abuse:smoking, para functional habits, alcoholism.• Radiotherapy
<p>2. Due to Personnel Responsible</p> <ul style="list-style-type: none">• Dental expertise: oral surgeon, prosthodontist, periodontist• Laboratory technician:improper design of prosthesis.	<p>2. Due to Personnel Responsible</p> <ul style="list-style-type: none">• Patient: inadequate post• operative maintenance
<p>3. According to failure mode</p> <ul style="list-style-type: none">• Lack of osseointegration	<p>3. According to failure mode:</p> <ul style="list-style-type: none">• functional and psychological problems
<p>4. Due to biological causes: peri• implantitis</p>	<p>4. Due to biological causes:</p> <ul style="list-style-type: none">• Infections: retrograde perimplantitis, due to traumatic occlusion, overloading.

In order to diagnose a failing implant it may require the use of a radiograph. Denturists can not take radiographs nor are the licensed to read a radiograph. Clinically an implant and or restoration may appear to be healthy but radiographically it may not be. As in this example.



Denturists have campaigned for the right to practice independently in many states, but most of these campaigns have failed. Denturists are allowed to practice independently only in Oregon, Idaho, Montana, and Washington [4]. Those in Maine, Arizona, and Colorado can practice under the supervision of a licensed dentist. However, in 1991, investigators hired by the Arizona Dental Association found that only three out of the state's 13 denturists advised callers to see a dentist before visiting them [3]. Denturists assert that they can fit dentures as competently as dentists and more cheaply. However, six years after the Canadian province of Ontario began regulating denturists, the fees quoted in their fee guide were similar to those of dentists [5].

The educational requirements for licensing are fairly consistent throughout the six states where denturism is legal. All six require a minimum of a two-year degree plus an examination for licensing or certification. In addition, Idaho and Oregon require a two-year internship with a licensed denturist and Montana requires a one-year internship [6]. In Montana a dentist is required to attend 60 hours of continuing education compared to 36 hours that is required for a denturist in the same 3 year period. The American Dental Association is strongly opposed to denturism and has encouraged dental societies to sponsor community programs in which professionally acceptable dentures can be offered to financially disadvantaged individuals at a reduced cost. Programs of this type exist in most states. In addition, low-cost care may be available from dentists whose fees are comparable to those of denturists. Nearly half of dentists responding to an ADA survey reported that they offered free or discounted care to people with low incomes [7].

Montana application for licence:

2. [FDA Compliance Guide 7124.07. Sec. 315.100 Dentures; sale in interstate commerce of dentures by persons not licensed to practice dentistry \[fda.gov\]](#). Revised Aug 1996.
3. McCann D. Cameras capture unlicensed dentist. ADA News, July 15, 1991.
4. Williamson RT. College active in denturism fight. ACP Messinger 2(25):4, 1995.
5. Abrams SH. [Denturists: do they really provide more affordable care in Ontario \[ncbi.nlm.nih.gov\]](#)? Journal of the Canadian Dental Association 63:771-774, 1997.
6. Greer M. Peck AM. A study of denturistry directed by the 1998 General Assembly. Frankfort, KY: Legislative Research Commission, January 2000.
7. Jacob JA. Survey measures free, discounted dental care provided by dentists. ADA News 27(4):22, 1996.
- 8.

Sent from my iPad