SENATE
COMMERCE & LABOR
COMMITTEE

Minutes of Meeting
Monday, March 7, 1977

The meeting of the Commerce and Labor Committee was held in Room 131, at 1:40 P.M. on Monday, March 7, 1977.

Senator Thomas Wilson was in the chair.

PRESENT: Senator Wilson
Senator Blakemore
Senator Young
Senator Close
Senator Bryan
Senator Ashworth
Senator Hernstadt

ALSO PRESENT: See attached list

The committee considered the following bills:

S. B. 159 — CREATES STATE BOARD OF DENTAL PROSTHESIS, PROVIDES CERTIFICATION PROCEDURES FOR DENTURISTS AND PROVIDES A PENALTY FOR UNAUTHORIZED PRACTICE OF DENTAL PROSTHESIS (BDR 54-667)

SENATOR JOE NEAL was the first witness on S.B. 159. He stated the purpose of S. B. 159 is to shed some light on the dental process whereby the dentist has total control of the patient in making false teeth. The dentist takes an impression of the patient's mouth and sends it out to a denturist. The denturist makes the teeth and returns it to the dentist for fitting. The patient does not come in contact with the denturist. He indicated that by going through the dentist a person could pay as high as $1200 - $1300 for teeth, whereby it only costs about $400 from a denturist.

He stated the bill would institute the practice of setting up a board whereby the denturist could fit and adjust false teeth. He indicated he did not intend the bill to go into the area of medical examination for cancer and mouth diseases.

Indicated he had received a call from McCall Magazine who is doing a story on this area. He learned that this is an issue that is being contested throughout the nation. Other states are trying to go this same route in terms of allowing the denturists to fit teeth and adjust them, in order to lower the cost to the consumer.

The next to testify was Mr. Larry Bergen, Dental Technician, 1609 Lynwood, North Las Vegas. Stated he has been a dental technician for 37 years and has had his own business in the City of Las Vegas for about 17 years. Served in the Armed Forces for approximately 4 years.

Mr. Bergen then read to the committee a report entitled "DENTURISM-A Proven Method For Improving The Denture Care of Nevadans". A total recount of his testimony is attached to these minutes as Exhibit A.(President of Nev. Denturist Association).

Next was Mr. Bill Oakes, 26 Shasta Avenue, Carson City. Related the problems his wife had had with her dentist. Stated her dentures were not satisfactory--had three pair. He was pressured to pay for the dentist's services and finally did. Stated the reason he was upset was that the dentist never asked the woman why she didn't pay him the rest of the money for the work done. All he did was indicate he had done his job " I furnished the materials - I've done everything in my power to make these things work - I want my money ".

The next witness was Mr. Chuck Wolf, 2244 Greenbrae, Sparks. Indicated he was the first one in Reno to open a denturist office - opened in August and by November he had so many people coming in that he had to open another office in Reno.

Indicated the average group that comes to him is over 55 years of age. They are on social security and have fixed incomes. They cannot afford to pay $600-700 for a set of teeth. He stated that that was average in Reno.

He indicated they work with people by allowing them to pay half of the charge and pay the balance out. He indicated the denturist are half price compared to dentist and they guarantee all of their work.

Further, he said that if they are unable to make the client happy, they will refund their money. He indicated he had been working with the public for eight years, has been taken to jail a few times, but he believes in the need for denturists.

Stated the reason the ADA is fighting this is because their biggest profit is in the dental prosthetics.

He stated that in California there is a group called Campbell's (group of dentists) that allows people credit. Stated that dental affixitives would not be necessary if the teeth were made correctly.

SENATOR ASHWORTH asked if it is against the law in the State of Nevada for dentists to perform as the Campbell group does. The response was no.

Next was Mr. Roy Brookes, No. Nevada Children Home, Capitol Complex, Carson City. Mr. Brookes related story of his dental problems. Stated that he went to an oral surgeon to have 14 teeth pulled so that he could then be fitted with dentures by a denturist. He indicated the dentist, upon seeing the denturist's name on his insurance forms stated he would not do business with the man.

He indicated the price between dentist's work and the denturist was considerable.

The dentist had indicated that he could spend a year or more having his teeth repaired, or could have them pulled. Due to the fact that he was already wearing a denture (upper), he decided to have the teeth pulled (lower).

Marie Williamson, Post Office Box 9393, South Lake Tahoe, California, testified that she had had work done several years ago in the Bay Area. Further, she has been in this area for five years, and over this period she was always in pain. After one year she gave up on her dentist and went to a denturist. She was quoted half the price of the dentist. She stated she is in favor of the passage of S.B. 159.

Mr. Bill McClay, 2610 Tom Sawyer Drive, Reno, Nevada, stated he is a senior citizen. Recommended the passage of the bill. Indicated he has had work done by the denturist and has been very well satisfied, and done at a price he could afford to pay.

Next was Mrs. Helena McClay, 2610 Tom Sawyer Drive, who stated she lives with her husband at the Senior Retirement Home. Told the committee three stories regarding the needs of senior citizens, their fixed incomes, and the lack of credit granted by dentists.

Stella Marsh, Post Office 5182, Reno, Nevada, stated she was in favor of S.B. 159.

Mr. James Coyme, 5551 North Virginia, Reno, Nevada, stated he was dissatisfied with work done by his dentist. Several months ago saw a denturist ad and had work done. Stated he is happy with the work and he could afford it. Stated he is a senior citizen.

Mr. Ted Polland, 2209 Utah, Carson City, Nevada, told the committee that he was in favor of S.B. 159. Related his experience with dentists.

Bessie Rivera, 2620 Tom Sawyer Drive, #C, Reno, stated she is a senior citizen and cannot pay the dentists prices. She went to the Campbell group in California. She was given the wrong set of teeth. She went back and they gave her a new set and she is still wearing them after all these years. (1966) Paid only $200 for the dentures. Informed committee it is not just the old people who cannot afford the dentists - that young people as well find it difficult.

Dale Neiswender, 15050 Broli Drive, Reno, stated he is a denturist. Stated bill is not for denturist or dentist - that it is for the people. The Nev. Denturist Assn. feels that a yes vote is a must if the government of Nevada is for the majority of the working people and senior citizens.

The first opponent of S.B. 159 to speak was Dr. Joe Libke, 1101 W. Moana Lane, Reno. Recognized the presence of the members of the Nevada State Dental Association. Acknowledged a telegram the Chairman had received from the Retired State Employees Assn. stating they are against S.B. 159. Also, he indicated that a letter had been sent to the committee from the

Nevada State Dental Hygienist Association.

The next speaker was Dr. Joel Glover, 1195 West Peckham Lane, Reno, who read a paper to the committee (copy attached-Exhibit B).

Next was Dr. Nyle Diefenbacher, from Canada-Past President of the Royal College of Dental Surgeons, the Province of Ontario, Canada. Made comments on the information submitted by the Nevada Association of Denturists (Exhibit A). A complete copy of his statement is attached as Exhibit C of these minutes.

He indicated that denturists in Canada are licensed under the Labor Act. He stated the denturists have not gone into the Province of Prince Edward Island-the population is extremely small and they could not support themselves. He stated the Province of New Brunswick falls into the same category.

The next witness was Dr. Morris Gallagher, 480 West Ash Street, Elko, Nevada, President of the State Board of Dental Examiners. The complete context of Dr. Gallagher's testimony is attached as Exhibit D.

SENATOR CLOSE asked what the Dental Assn. is doing about the high costs of dentures, or has done since 1965, when this bill was presented to the Legislature. Dr. Gallagher answered that the profession is concerned about this. He stated that on the national level the American Dental Assn. has set up a committee that is looking into this, however, the committee was just recently formed. The Dental Assn. has taken the position that this is a problem of all of the people of Nevada, and not simply a matter that belongs only to dentists to solve. He stated that for some time they had a program worked out in the form of State assistance to the medically indigent. He stated the funds have run out (S.A.M.I.) now.

SENATOR HERNSTADT asked Dr. Gallagher if his board had had any complaints that resulted in refunds or settlements, or even rework for patients. Dr. Gallagher stated that when something comes before the board that is a true complaint and has a bearing under the law, the board will then hear the complaint. If it is a dissatisfaction

between the patient and the dentist, and has no basis under law, then this is referred to the peer review committees of the two component dental associations in the State.

SENATOR CLOSE asked that Dr. Gallagher describe the type of care offered to persons under the assistance program. Dr. Gallagher indicated that a schedule of allowances was provided by the State Medically Indigent Service. The dentists of the State were asked to help in this area by having reduced fees. Their usual and customary fees were placed on the forms and then the S.A.M.I. would then relate this by way of a percentage, or so many points, and pay for these services- amounted to 80-85% of usual and customary fees.

SENATOR BLAKEMORE asked and was told that there are 311 dentists practicing in the State of Nevada, and 109 out-of-state dentists who hold licenses but do not practice here. Further, they give the test twice a year and approximately 25 people take it each time. Last year 30-32 persons passed the test.

Next to testify was Dr. Peter Di Grazia, 1625 Lakeside Drive, Reno. His statement to the committee is attached as Exhibit E.

SENATOR YOUNG inquired into the 1400 lesions mentioned. Dr. Glover was unable to give a figure as to how many were cancerous, nor was Dr. Libke. Dr. Libke indicated that none came from the denturists. The cases listed were all from practicing dentists or practicing physicians in the community.

SENATOR YOUNG inquired further into the fees and asked about reductions that might result from medical programs. Dr. Glover testified he had never seen such a schedule...Probably the usual and customary denture in the State of Nevada would be between $500-650.00. The reduction that is seen in the S.A.M.I. program is about 20%.

Mr. Michael Dyer of the Attorney General's Office offered the following information:

Section 15, subsection 2 - provides the qualifications of an applicant. Their concern is specifically with subparagraph B of subsection 2 which specifies that the qualifications shall be that the applicant has at least 2 years of formal training - practical experience or a combination of training and experience of a nature which qualifies him. In light of the controversy created by the gaming control statutes, governing the provisions and requirements for obtaining a gaming license, they are concerned that such a vague and ambiquous standard may result in more legal actions than it would solve. Anyone denied a license under this provision would have good legal grounds to challenge.

Section 17 - same as above.

Section 23 - Feel that from a legal standpoint providing that the aggrieved consumer has to specify with detail the legal reasons for suspension or revocation of the license shifts the burden of proof to the citizen rather than to the board. It should be that any person may file a complaint and it would be up to the board to draft the complaint into legal pleadings, and provide it to the denturist.

Section 24 - subsection 2 - meetings in private would create a problem with the open meeting law. From a legal standpoint it could be situated so that if the complaining party wishes to have the hearing heard in private - but he did not believe that the denturist would have the right to have a private hearing on a complaint by a member of the public.

Section 33 - amends NRS 695B.030 - which provides for insurance coverage and insurance details. It could potentially be more than one subject matter conflict with the bill in this regard.

Further, his office feels that there should be some requirement in the bill that a person at least obtain a certificate of oral health before going to a denturist. Protects the public - there is no provision for this in the bill at this time.

He indicated he has talked with Attorney General Offices in Idaho, Oregon and Maine, where the bill has also been introduced.

The Idaho bill had inserted in it, a provision that prior to going to a denturist, a citizen should go to a licensed dentist to obtain a certificate on oral health.

Next was Mr. Milo Terzich of the Health Insurance Association of America. Mr. Terzich indicated that S.B. 159 has the same problem as S.B. 139 (osteopathic bill), and he submitted an amendment for their consideration. Refered to Section 32, page 5, page 6 - lines 6, 7, 8. (Exhibit F)

Dr. Kirby Clendenon, 371 S. Roop Street, Carson City, Nevada, testified that he is a dentist and you should keep in mind the following regarding the variance in prices between dentists and denturists: (1) a problem you have in making people's dentures is that as you soften these models the bone disappears over a period of time. When it comes time for a reline, the patient will indicate they thought that charge was included in the original amount. Therefore, when he quotes a fee for dentures now, he includes in the amount, a fee for a temporary reline perhaps a month after the teeth have been extracted, and then a permanent reline nine months later. In this regard his fee would look larger. (2) you can't just extract teeth and then prepare a denture to fit over...many of us like to go further and do a little surgery on the bone to make it smoother and make the denture fit better. That also increases the fee.

S. B. 259 — REQUIRES WRITTEN ESTIMATES OF COSTS OF FUNERALS (BDR 54-1043)

SENATOR WILLIAM HERNSTADT introduced this bill. It states that every funeral director licensed pursuant to this chapter shall furnish at the time when any funeral arrangements are made, a written estimate of the total cost of the funeral, including an itemized list of the price of each item of merchandize and service to be furnished, and a statement of any money to be advanced. - That the actual charge of the funeral shall not exceed 5% of the written estimate furnished pursuant to subsection 1.

This act would cover both funerals arranged on the spot as well as pre-need plans.

SENATOR HERNSTADT indicated several articles which labeled the industry as "one of the most unrestrained, self serving businesses in the market place today". The Federal Trade Commission proposes that costs of caskets, services, burial vaults and itemized expenses be available, including price quotations over the phone.

Indicated there have been problems with pre-need plans where the individual would not be getting back all of his money if he decided to cancel. Therefore, having the funeral director go through the plan, step-by-step would eliminate or avoid these misunderstandings.

Mr. Edwin Worley, Western Nevada Funeral Society, attended the hearing with Mary Davis, one of his Trustees. (Address 135 Bisby Street, Reno). He stated he is Secretary of the Western Nevada Funeral Society and read a letter into the record (copy attached as Exhibit G).

SENATOR WILSON asked Mr. Worley about the Western Nevada Funeral Society. He responded that this society is incorporated under state law as a non-profit organization. The intent is pretty much as indicated. It was formed in 1966, actually started with the Faculty Welfare Committee at the University, and was organized for the public in general. Attempts to provide the kind of information that will assist the members in making the kind of arrangements they prefer and in keeping the costs down.

His statement recommended an amendment to Section 2. SENATOR HERNSTADT asked Mr. Worley if he would be satisfied with"5% or as provided by contract".

Mary Davis stated she thought there was a misunderstanding about pre-planning and pre-paying. If it is pre-paid, then that money is put in trust and there is interest drawn, and that interest usually is considered to be the equivalent of the inflation rate. Feels there should be something about the cost of living increase.

SENATOR HERNSTADT stated that in A.B. 143 mortuaries are not required that bodies be embalmed, or cremated in a casket, and he therefore did not feel that it was appropriate to talk about it, except to mention that it exists.

SENATOR WILSON indicated that the bills that were not heard in this meeting as scheduled (S. B. 251, 252, 253 and A.B. 14 and 213) will be heard on Friday, March 11, at 1:00 P.M.

BDR 462 — ORDERS STUDY BY LEGISLATIVE COMMISSION OF FEASIBILITY OF PROVIDING HEALTH INSURANCE TO RETIRED PUBLIC EMPLOYEES.

Introduction accepted by committee.

SENATOR CLOSE asked for committee authorization for a bill draft request. He stated it deals with the architectural board. Present law requires an architect to completely prepare plans for a building and someone has a standard form that they utilize for the construction of the building. They send it from out-of-state to in-state architects. The architectural board has taken the position that those plans cannot be used, nor modifications, without violating present statutes.

Vote was six in favor of the bill draft-SENATOR BRYAN abstained.

Meeting adjourned 4:45 P.M.

Respectfully submitted,

Lyndl Payne

Lyndl Lee Payne, Secretary

APPROVED BY:

Senator Thomas Wilson, Chairman

GUEST REGISTER

SENATE COMMERCE & LABOR COMMITTEE

DATE: March 7, 1977

THOSE WISHING TO TESTIFY SHOULD IDENTIFY THEMSELVES BEFORE GIVING TESTIMONY.....

NAME (Please Print)	DO YOU WISH TO TESTIFY	BILL NO.	REPRESENTING	PHONE
PAUL T. MARSHALL	NO			
Dr. MORRIS O'GALLAGHER	YES		Nev. Bd. of Dent. Exam	
Dr. STANLEY E. JONES	NO			
Dr. JOSEPH CHENIN	NO			
CARL M. HERRERA DDS.	No -	SB 159		
[redacted] dy S. Ames	No	SB 159		
Sherry Bennett	No	SB159		
NORITA ARCHULETA	NO	SB159	DRS. Melarkey-Meggitt	
Dorothy Mass	NO	SB159		
PAT BEACH	No	SB 159		
Julie Stangle	NO	SB159	DRS-melarkey-meggitt	
Dr K Melarkey	NO	SB-159	NDA	
Rod GRAY DDS	NO	SB159	NDA	
JAMES L. DAVIS DMD	NO	SB 159	NDA	
Bruce Bannister DDS	NO	SB159	NDA	
Amy A. Schuyler	NO	SB159	Guest	
L M Thompson DDS	NO	SB159	NDA	
Dane M. Hett DDS	NO	SB159	NDA	
[redacted] Hollenhead	NO	SB159	NDA	
J. G. Evans	No.	SB159	NDA	
D E Pick	No	SB159	NDA	
[illegible]	NO	SB 159	"	

GUEST REGISTER

SENATE COMMERCE & LABOR COMMITTEE

DATE: 3-7-11

THOSE WISHING TO TESTIFY SHOULD IDENTIFY THEMSELVES BEFORE GIVING TESTIMONY.....

NAME (Please Print)	DO YOU WISH TO TESTIFY	BILL NO.	REPRESENTING	PHONE
Boyce Jacques	NO	SB159	NDA	
Lawrence Heward	NO	SB159	NDA	
William P. Lore D.C.	NO	SB159	NDA	
[illegible]	NO	SB159	NDA	
Robert G. Malone	NO	SB159	NDA	
[illegible]HARD H. NELSON	NO	SB 159	N.D.A.	3296929
ROBERT A. SPEARS	NO	SB159	NDA	
Cassie Miller	NO	SB159	NDA	
Dennis Anastassatos	NO	SB 159	NDA	
David J. Sawyer	NO	SB 159	NDA	
Nancy McGann	NO	SB159	NDA	
Tom Belanstrom D.C.	NO	SB159	NDA	
John C. Church	NO	SB 159	NDA	
Michael W. Dyer	YES	SB159	Attorney Generals off.	4170

GUEST REGISTER

SENATE COMMERCE & LABOR COMMITTEE

DATE: 3-7-77

THOSE WISHING TO TESTIFY SHOULD IDENTIFY THEMSELVES BEFORE GIVING TESTIMONY.............

NAME (Please Print)	DO YOU WISH TO TESTIFY	BILL NO.	REPRESENTING	PHONE
Richard Laatz	Yes	SB159	Denturist	
Dale [illegible]	Yes	SB159	DENTURIST	
Marie [illegible]	Yes	SB159	denture customer	
Martha Levenberg	Yes	SB159	~~Denturist~~	
David Mengel	Yes	"	Technician	
[illegible] Gerbert			Denature customer	
Mae Gerbert			Denature Customer	
Bill McClay	Yes	159	Denture customer	

GUEST REGISTER

SENATE COMMERCE & LABOR COMMITTEE

DATE: 3-7-77

THOSE WISHING TO TESTIFY SHOULD IDENTIFY THEMSELVES BEFORE GIVING TESTIMONY.....

NAME (Please Print)	DO YOU WISH TO TESTIFY	BILL NO.	REPRESENTING	PHONE
Joseph B. LiBKE	YES	SB 159	DENTAL Nevada Assoc.	825-9023
JOEL F. GLOVER	Yes	SB 159	Dental Assoc - Nev	825-2417
NYLE DIEFENBACHER	Yes	SB 159	Royal College of Dental Surgeons Ontario Canada	519-743-3671
Peter D. GRAZIN	Yes	SB 159	Nevada State Bond	786-2071
Edwin Worley	Yes	SB 259	Western Nevada Funeral Inc	322-0688
[illegible] OAKES		SB 159	Denturist	882-5032
[illegible] OAKES	yes	SB 159	Denturist	882-5032
Mrs. Jeri Lyons	no	SB 159	Dental Hygienist	322-2904
Herbert McCuskey	no	S.B. 159	Nev. State Board	423 2322
R. L. Magruder	NO	SB 159	NEV. DENT. SOC	384-1340
P.J. Manahan	NO	SB 159	Nev. Dent Soc	385-3701
[illegible]	NO	SB 159	Nev Dental Hygienist	731-1192
Robert W. BAUER	NO	SB 159	Nevada Dental Assn.	885-2105
CARL McLEOD	NO	SB 159	NEVADA DENTAL	825 2160

GUEST REGISTER

SENATE COMMERCE & LABOR COMMITTEE

DATE: 3-7-77

THOSE WISHING TO TESTIFY SHOULD IDENTIFY THEMSELVES BEFORE GIVING TESTIMONY.............

NAME (Please Print)	DO YOU WISH TO TESTIFY	BILL NO.	REPRESENTING	PHONE
Ferrell L. Scott	YES	159	NEV DENTURIST ASSO.	642-274[illegible]
William L. Grant	yes	159	Denturest	645-2745
Larry Bergen	yes	159	Nev. Denturist Assoc	649-7132
Richard Bortolin	Yes	252	Appeals Officer-NIC	885-5289
W. J. Crowell			Nev. Ind. Commission	882-1311
Chuck Wolf	Yes	159	N D Asc.	358-0490
Patsy Scott	yes	159	Denturist	642-2749
David C. King	yes	159	NNDA	358-6320
Frank Bolan	"	159	NNDA	886-5128
A.M. Ricciardi	yes	159	NNDA	825-4859
Bob [illegible]	Yes	251, 252, 253 AB14	Kennecott Copper	882-1890
Glen Taylor	—	" " "	Basic Management	882-1890 565-6483
Milos Terzich	yes	SB159	Health Ins Assoc of America	588-6667 882-4720
Gordon W. Rice	Yes	252		

SENATE

HEARING

COMMITTEE ON COMMERCE AND LABOR

Monday

Date March 7, 1977 Time 1:30 P.M. Room 213

R E V I S E D

Bill or Resolution to be considered	Subject
S. B. 159	Creates state board of dental prosthesis, provides certification procedures for denturists and provides a penalty for unauthorized practice of dental prosthesis (BDR 54-667)
S. B. 259	Requires written estimates of costs of funerals. (BDR 54-1043)
S. B. 251	Provides broader inclusion of travel as employment for purpose of workmen's compensation (BDR 53-836)
S. B. 252	Removes hearings before Nevada industrial commission from Nevada Administrative Procedure Act. (BDR 53-831)
S. B. 253	Clarifies provision on disability compensation payable to workman who suffers subsequent injury. (BDR 53-832)
A. B. 14	Requires Nevada industrial commission to pay interest on advance cash premiums paid by employers (BDR 53-568)
A. B. 213	Extends penalty for failure to secure occupational disease insurance to employer with one employee and deletes obsolete references. (BDR 53-307)

SB 159

STATE OF NEVADA
LEGISLATIVE COUNSEL BUREAU
LEGISLATIVE BUILDING
CAPITOL COMPLEX
CARSON CITY, NEVADA 89710

ARTHUR J. PALMER, *Director*
(702) 885-5627

LEGISLATIVE COMMISSION (702) 885-5627
JAMES I. GIBSON, *Senator, Chairman*
Arthur J. Palmer, *Director, Secretary*

INTERIM FINANCE COMMITTEE (702) 885-5640
DONALD R. MELLO, *Assemblyman, Chairman*
Ronald W. Sparks, *Senate Fiscal Analyst*
John F. Dolan, *Assembly Fiscal Analyst*

FRANK W. DAYKIN, *Legislative Counsel* (702) 885-5627
EARL T. OLIVER, *Legislative Auditor* (702) 885-5620
ANDREW P. GROSE, *Research Director* (702) 885-5637

January 31, 1977

The Honorable Thomas R.C. Wilson
Senator
Chairman, Commerce and Labor
Legislative Building
Carson City, Nevada 89710

Dear Senator Wilson:

SB 159 is presently before your committee. It might be that the proposed Board of Dental Propthesis should be treated audit wise as are all other professional licensing boards, that is, to be audited annually in accordance with the provisions of NRS 218.825.

Accordingly, we would like to suggest that SB 159 be amended by adding a new section to read as follows:

"The provisions of NRS 218.825 apply to the board of dental propthesis."

We are avilable to discuss this with you at your convenience.

Sincerely yours,

EARL T. OLIVER, C.P.A.
LEGISLATIVE AUDITOR

By _____
John R. Crossley, C.P.A.
Chief Deputy Legislative Auditor

ETO:JRC:mr
cc: Frank Daykin

572

SB 159

Exh. A
Larry Bergen

DENTURISM

A Proven Method for Improving

The Denture Care of Nevadans

Prepared by:

The Nevada Association of Denturists, Inc.

Table of Contents

INTRODUCTION

Although the vast majority of Nevadans will at some time in their life need a full or partial denture appliance, the cost of this health service places it beyond the reach of many Nevadans. Even those who can afford to purchase dentures do so with little or no assurance of being satisfied with the way they look or fit. Under the present system, there is little hope for improvement. While constantly introducing new subjects, dental schools are putting less emphasis on the designing and construction of dentures. Furthermore, with continuing inflation and an overall shortage of dentists, denture prices are not likely to decrease.

Fortunately, in Canada and several other foreign countries, the denture care crisis has been solved by creating a new denture care system known as Denturism. Under this system, full and removable partial dentures are constructed, altered and repaired directly for the public by denturists who have been specifically trained and educated to perform this single health service. As a denture specialist, the denturist has been able to improve the quality and fit of dentures while offering a customer satisfaction guarantee. More importantly, Denturism has reduced the price of dentures by more than 50%, making these appliances available for the first time to millions of denture wearers.

The Nevada Association of Denturists is made up of men and women who are all skilled dental technicians, many of whom have been professionally and specially trained, both formally and by ex-

perience, in all the procedures, processes and skills required to design and fabricate functional prosthetic dental appliances. A sizeable number of these people have performed their services directly for the public for many years, some for several decades. These people have continued to exist without legal sanction due to wide public support which is clear evidence of the need for the type of services they provide. Nevertheless, the members of this Association are firmly convinced that it is not in the public interest for such a practice to continue without certain controls and regulations. Accordingly, the Association has prepared this synopsis to explain our legislative proposals and the reasons which support their enactment.

WHAT IS DENTURISM?

To understand the vast improvement which Denturism would make upon the current system, one must be familiar with the current system. Under the current status of the law, obtaining a full or partial denture, or having such a denture repaired, is an unnecessarily expensive, multi-step process. Simply described, the procedure is as follows. After checking a patient's mouth for disease or deformity which would interfere with the use of dentures, the dentist makes an impression of the patient's gum and mouth structure. The impression and a written work authorization are forwarded to a dental laboratory where a dental technician constructs the denture. After the dental technician has constructed the prosthetic device, he returns it to the dentist and the dentist places it in the patient's mouth.

Usually, the denture does not fit correctly and some adjustment is required. Normally, these adjustments are small and the dentist does them himself, but sometimes the entire denture has to be returned to the dental laboratory where a dental technician makes the adjustment. This same scenario between the dentist and dental technician is usually required when a denture is in need of only a minor repair and almost always required when in need of a major repair. Thus, only a dentist may deliver a newly constructed or repaired denture to its prospective user.

Utilizing the skills of both the dentist and dental technician, Denturism is a simple, medically-safe process for providing high quality, reasonably priced oral prosthetic devices. When in need of a new denture appliance, a prospective denture wearer will be required to obtain a certificate of oral health from a dentist or other physician certifying that the patient's mouth is free of disease or deformity which would interfere with the use of the prospective denture appliance. Once this certificate of oral health has been obtained, the denture wearer will contact a denturist, a licensed practitioner of dental prosthesis. The denturist will then perform all of the steps necessary for the construction and adjustment of the denture appliance and deliver such directly to the patient. To obtain a repair of a denture appliance, the denture wearer would take it directly to a denturist who would perform the repair and return it, often within a few hours.

Therefore, Denturism is the fabricating, supplying, altering, and repairing of any removable partial or complete, upper or lower prosthetic denture appliance, or both, by a licensed denturist

for the intended wearer thereof. Essentially, Denturism will change the present system by allowing the denturist to take his own impressions and bite registrations and to make the final adjustments after the appliance has been constructed. By adding two functions to those already performed by qualified dental technicians, the oral health care of all Nevadans will be improved.

THE REASONS FOR ENACTING DENTURISM

An analysis of the existing denture care system reveals three undeniable facts: (1) denture appliances are unnecessarily expensive, making them unavailable or overburdening for a large segment of our society; (2) the quality of denture appliances is often unsatisfactory and the denture wearer is without a remedy when such quality and satisfaction are not forthcoming; and (3) the dental profession is incapable of solving these problems due to the present status of oral health care in Nevada. Obviously, if the present system were the only medically safe and economically feasible system possible, these overinflated prices and reductions in quality would have to be tolerated. However, this is not the case. As shown by the following discussion, the problems in the present situation can be solved by enacting Denturism which is both medically safe and economically efficient. With an effective remedy readily available, the citizens of Nevada should not have to tolerate the injustice of the present system.

The Cost of Dentures

It is morally wrong to expect persons who may suffer from limited means, but who nonetheless require such services, to simply

do without dentures, or be forced to tolerate ill-fitting and unfunctional dentures because they cannot afford to replace these. And yet, this is precisely what is happening throughout the state.

According to the American Dental Association, the cost of denture care places this health service beyond the reach of many people in our society. The ADA admits that there is a definite correlation between income levels and the percentage of the population that needs dentures. In lower income levels, the number of these people increased considerably. In fact, more than a third of the persons 25 to 64 years of age in this country with family incomes between $5,000 and $7,000 are fully edentulous. In addition, there are millions of Americans on fixed incomes who afford dentures only through significant financial sacrifice.

In Nevada the average fees charged by commercial dental laboratories for the fabrication of a full set of upper and lower dentures to be dispensed by a dentist range between $100 and $120. For this fee, the laboratory technician will have furnished the materials and spent several horus fabricating the appliance. This appliance is then retailed by the dentist to his patient at prices averaging $500 to $600. One thousand dollar dentures are not unheard of. Thus, the dentists of Nevada are retailing this product at an extraordinary markup of 400% to 500% even though a dentist will seldom spend more than a few hours in the entire process of supplying a patient with a set of dentures. An even greater injustice is the

exorbitant markup charged on repairs, many of which are performed by the dental laboratory without involving significant time or diagnostic skill of the dentist. Clearly this is wrong, and clearly something should be done about it!

By removing an expensive and unnecessary middleman, Denturism will reduce the cost of denture appliances drastically. This simple principle has been proven beyond doubt by the Canadian experience. One of the larges provincial dental societies in Canada, the Ontario Dental Association, admitting the following in the September, 1970, issue of the Journal of the Ontario Dental Association:

> "If it should become mandatory to submit to the patient an itemized bill showing charges for dental appliances, most fees for complete dentures would be extremely hard to justify. This could initiate a demand by the public to have denture services provided by less qualified persons, as is done in some of the other provinces of Canada."

The public, however, was not deceived by this attempt on the part of dentists to conceal what was tantamount to blatant overcharging and in 1972, the government of Ontario approved new regulations regarding the practice of denistry that made it mandatory for dentists to submit itemized bills to their patients where laboratory costs were incurred for services performed on their behalf. This requirement, along with the passage of a Denturist Licensing Act, entitled the Denture Therapist Act, has helped to stabilize denture prices in Ontario to the point where there is no longer the kind of widespread price gouging that is allowed to occur in Nevada.

Although fabricated from the exact same materials, a denture appliance can be obtained from a denturist in Canada for 1/3 to 1/2 of what the same appliance would cost in America. Through specialization, a denturist is able to earn a respectable income while charging prices which make denture appliances available to all. Even though many dentists predicted that the denturist would charge "exorbitant fees" once they were legalized, this simply has not come true, even though Denturism has been legalized in some parts of Canada for eighteen years. Undeniable evidence of these lower prices are the thousands of Americans in the northern states who are crossing the Canadian border to obtain their oral prosthetic devices.

The Quality of Dentures

In addition to being expensive, the present middleman wholesale/retail system is detrimental to the quality and fit of the dentures produced. Over 95% of all full and partial dentures are fabricated by trained dental technicians from a mold of the person's mouth. Due to this fact, dental schools have, in past years, reduced the amount of time and emphasis placed on denture appliance design and fabrication. As the dental schools constantly add new subjects in periodontics, endodontics, occlusion, pain control, surgery, physical diagnosis, and preventive dentistry, the time devoted to and the importance of denture care has understandably been reduced.* On the other hand, the educational standards in the dental laboratory

*See Kaufman, E., Minimal Clinical Requirements for Undergraduate Prosthodontic Education, Journal of Prosthetic Dentistry, Vol. 35, No. 1, January, 1976.

industry have increased dramatically in recent years. Combining with this theoretical knowledge is the fact that each month the average dental technician will design and construct several times the number of denture appliances retailed by the average dentist. Yet, the dental technician is forced to remain in the background constructing dentures without seeing the mouth which will utilize the appliance. This is like an artist painting a picture of a landscape using a topographical map and a written description for a model. The quality of the picture would have to suffer.

Contributing to the present quality of denture appliances is the fact that members of the dental profession are not required to stand behind their product. While physical conditions in the structure of the person's mouth may prevent a perfect fit, many ill-fitting dentures result from improper construction or adjustment. Numerous denture wearers have paid for more than one set of dentures before purchasing a set which gave them the appearance and comfort they desired. Others, on limited incomes, simply learn to contend with these ill-fitting dentures or take them out. Nevertheless, there is virtually no quality review by the profession or by the government. The individual dentist is under no compulsion to stand behind his product with a reasonable guarantee of satisfaction.

By creating a new health profession, Denturism capitalizes on the expertise and economy of specialization. In contrast to the dentist who will have designed and fabricated only a few appliances while in dental school, the denturist who has been specifically

educated and trained to provide this single health service, will have designed and constructed hundreds of denture appliances before receiving his license to practice. Further improvement in quality will come from the direct person-to-person contact which permits the denturist who will fabricate the appliance to study the mouth and facial structure of the prospective user. Direct contact between denture wearer and denturist will substantially overcome the problems of improper design and adjustment. In addition, the denturist will be required to stand behind his product by offering to refund the full purchase price of any appliance thatis not satisfactory. This customer satisfaction guarantee is presently being used in Canada with great success. In the event of a dispute between denturist and denture wearer, an arbitration board would determine whether the purchase price should be refunded. As used in Canada, this customer satisfaction guarantee allows strict regulation of the denturist's services while assuring the public of a uniform, high-quality product.

The Status of Oral Health in the United States

Hundred of thousands of Nevadans are living with ill-fitting and ill-functioning denture appliances or simply doing without. To correct this situation while maintaining the present system, the dental profession in Nevada would have to do two things: (1) upgrade their skills in the design and fabrication of prosthetic appliances; and (2) develop a method of providing low-cost denture care on a large scale.

As to the first, dental school curiculums are presently on tight schedule. Thus, to provide this additional education would require either a fifth year of dental school or mandatory continuing education. To meet the second requirement, the dental profession would have to donate their time, lower their profits, or make other substantial financial sacrifices. With the present shortage of dentists in America, the profession has little incentive to comply with these requirements. Furthermore, these demands come at a time when every minute and every ounce of skill that the dental profession can muster is needed in other areas of oral health.

The most recent and comprehensive figures available to this Association which are revealed in the American Journal of Public Health, for August, 1972, Volune 62, No. 8, have been, with only minor variations, reported by various federal agencies, (Division of Dental Health, Health Education and Welfare and National Center for Health Statistics, reporting data from National Health Surveys); the American Dental Association; and from other agency and organizational studies and surveys and are generally accepted as describing the overall status of oral health and the magnitude of related problems as it exists in our population today, a population in excess of 200 million.

(1) approximately 45% of all children under 17 have never seen a dentist and as high as 80% in some rural and in densely populated "ghetto" areas;

(2) approximately 40% of the U.S. population visit a dentist in any one year;

(3) approximately 25% of the U. S. population get routine dental care and they are included in the 40% figure previously noted;

(4) there are approximately one billion unfilled cavaties in the U. S.;

(5) almost all adults have various degrees of periodontal disease;

(6) up to 80% of adolescents have various degrees of periodontal disease;*

(7) approximately 60 million teeth are extracted each year;

(8) 25 million people have lost at least half their teeth;

(9) 30 million people have lost all their teeth;

(10) our dentist/population ratio is at the very best slowly getting worse.

Dentistry must surely be aware of this shocking situation. The question that must be asked is what are they doing about it? Let the facts speak for themselves.

(a) Periodontal disease accounts for the major amount of tooth loss in adults.**

(b) In the USA only 6.7% of a general practitioner's total practice time was spent performing any phase of periodontics.***

(c) A study involving almost 3,000 dentists revealed that only 2.5% of patients had received periodontal treatment in 1969.****

*Some authorities put the figures even higher, alleging that 95% of children (ages 5-14) exhibit some degree of gingivitis. 25.2% have destructive periodontal disease (loss of attachment). See Jamieson, H.C. Prevalence of Periodontal Disease of the Deciduous Teeth, J.A.D.A. 66: 208, 1968. **Pelton W.J. et al: Tooth Morbidity Experience of Adults, J.A.D.A. 49: 439, 1954. ***Hill, P.H. et al: Dentists' Work Habits: A survey, J.A.D.A. 81: 1125, 1970. ****Moen, B., Duane, M.A., and Poetsch, W. E. Survey of Dental Health Services Rendered - 1969, J.A.D.A. 81: 25, 1970.

As these facts show, the oral health needs of this nation are not being adequately treated. The one great aim of dentistry should be the preservation of the natural teeth, and their associate tissues, and to prevent, as far as possible, the need for artificial dentures. But it is in the provision of artificial dentures that the dentist makes his greatest profit.

As a result, more than fifty million Americans and over ~~500,000~~ Nevadans have lost at least half their teeth and the profession, instead of marshalling all its resources and manpower in an all-out attack on these problems, an attack which would have as its ultimate aim, the eradication of dental disease and the necessity for dentures, has embarked instead on a course of action in this state and in other states across the nation which is nothing less than disgraceful! We refer specifically to organized dentistry's total and absolute opposition to the proven solution of Denturism due to an unfounded fear of adverse financial ramifications.

By enacting Denturism, the emphasis of dentistry will be shifted to the prevention, eradication and control of dental and oral disease. This increased utilization of the valuable skills of our limited number of dental practitioners will improve the oral health of all Nevadans. Furthermore, as the statistics show, it is the only feasible method of solving our present denture care crisis.

THE PROVEN SUCCESS OF DENTURISM

In the past, whenever Denturism was discussed, the Dental Association could argue that it was detrimental to the health of

the public, that once legalized, denturists would increase their prices and attempt to perform operative dentistry, and that many technicians would practice Denturism without a license. Although the denturist provided logical arguments to the contrary, no one really knew the final answer. However, this is not the case any longer. Canada, our neighbor to the north, has conducted the great experiment. In over 16 years of actual experience, the Canadian denturism system has proven that trained and educated denturists can and will provide oral prosthetic service safely and economically.

In 8 of the 10 Canadian provinces, the construction, repair and alteration of dentures is performed for the public by trained and licensed denturists. Canadian health officials report that not only is Denturism safe and efficient, but that fewer complaints are made concerning denturists then any other health profession, including dentists. The denturists have been commended for standing behind their product by readily complying with the customer satisfaction guarantee and for retaining reasonable prices. Case histories or other statistics to support the argument that Denturism is harmful to the public health and welfare are nonexistent.

The National Association of Dental Laboratories is composed of commercial laboratories, the vast majority of which would not practice Denturism if legalized. For years, the NADL uniformly opposed the enactment of Denturism. However, few members of the NADL were familiar with the Canadian system of Denturism and most opinions were based on hearsay, rumors, and rhetoric supplied by

the ADA. In 1975, the NADL sent a special committee to make an on-site study of Canadian denturist practices. The committee reported that people in western Canada have been receiving excellent prosthetic treatment from denturists for over 15 years without dentistry's supervision and with toal acceptance by the patients and the public health officials. Furthermore, in every province where legalized, the market for prosthetic treatment increased dramatically because of the availability of denture applicances at 1/2 of their previous costs, Undeniable evidence that many people do not obtain proper prosthetic care because they cannot afford it.

While Denturism has been successfully legalized in several countries, the success it has experienced in Canada is of utmost importance to American citizens due to our social resemblance. Most Americans who have spent any amount of time in Canada agree that they find few or little differences in culture or social values. In fact, those who have studied the problem have quickly concluded that the overall problems of dental health and dental care are about the same. With such close resemblance, it is reasuring to know that under constant review by health officials and the dental profession, the Denturism system is working and denturists have proven to be exemplar professionals.

PROPOSED LEGISLATION

Initially, it should be stressed that the Nevada Association of Denturists feels very strongly that the provision of denture

care should be regulated. Furthermore, it should be emphasized at this point that the only work contemplated to be performed by a denturist under the proposed legislation consists in the normal, biomechanical operation required in the construction and fitting of dentures, and does not in any way involve surgical or preventive procedures such as treating gums, extracting teeth, straightening teeth or performing any other type of work which should be done exclusively by dentists. It is apparent from the foregoing that denturists are not interested in creating a role for themselves under existing legislation. What is required instead is the passage of an entirely new act, similar in many respects to legislation enacted in several provinces of Canada and in several other countries of the world.

As proposed, the legislation would create a Board of Examiners for Denturists composed of five members, two of whom shall be representative of the public interest. Only one of the public representatives may be a dentist, dental surgeon, dental technician, or dental hygienist. The remaining three board members shall be members of the profession engaged in the practice of dental prosthesis. This board, appointed by the governor, is given very broad authority to promulgate rules and regulations to implement this act. The actual requirements for education and examination, along with the rules regulating the ethical conduct and product quality of denturists, will be devised by this board.

It should be noted that under the proposed legislation there is no grandfather clause for those presently practicing dental

prosthesis. To obtain a license, every denturist must pass a licensure examination which according to the dictates of the act, must be both theoretical and practical and of such a character as to determine the qualifications, fitness and ability of the applicant to practice dental prosthesis. An applicant can qualify to take the examination in one of three ways. The applicant can attend and complete an on-campus educational program of not less than two academic years duration and then perform as a registered associate under the direct supervision of a licensed denturist for a period of one year thereafter. Secondly, the applicant can satisfactorily complete a correspondence educational program and perform as a registered associate for a period of three years under the direct supervision of a licensed denturist. The exact on-campus educational program and correspondence educational program will be determined by the legislature and the governing board of denturists. In general, these requirements will include the college level study of those subjects which deal with the structure of the head and oral cavity and thorough instruction in intra-oral procedure and the fabrication of dental appliances. Attached hereto as Appendix "A" is a curriculum which the Oklahoma Association of Denturists would advocate be adopted. While the theoretical knowledge necessary for the practice of dental prosthesis may easily be acquired in a two-year curriculum the requisite mechanical skills require further training, and thus the proposed legislation requires the period of associateship.

The third method for qualifying to sit for the examination is to demonstrate to the satisfaction of the board that the applicant

has at least three years of formal training, practical experience, or a combination of the two which provides him with qualifications which are in all respects at least equivalent to those developed through the formal educational requirements. Obviously, many people in the Nevada Association of Denturists, and in the dental laboratory industry in general, possess the requisite mechanical knowledge to design and fabricate dental appliances. Furthermore, many of these people have had formal and practical training in oral anatomy, physiology, pathology, and other theoretical sciences necessary for the practice of dental prosthesis. Under this provision of the act, the board may review this experience and accept the candidate for examination or prescribe further educational requirements. It will be the rare candidate who, without further educational endeavor, will be capable of passing the licensure examination. In the end, it is the examination which insures the competence and product quality of the denturist.

One of the major improvements offered by the denturism system is that the entire fabrication process is performed bu the denturist, dealing directly with the denture wearer. To insure this, the act prohibits a denturist from practicing as a commercial dental laboratory technician and allows only two associate denturists to serve under any one licensed denturist. In addition, if the corporate form of business is to be used, it must be a professional corporation organized under the applicable state statutes. These

provisions in the act are intended to prevent the mass production of denture appliances in so-called "denture mills" and to insure that the denturist will deliver his services in a professional personal atmosphere.

As the ultimate safeguard, the Association's legislation requires that all services performed by a denturist, except the repairing, relining or rebasing of any removalbe denture appliance, be performed only after the patient has obtained and submitted an oral certificate of health, signed by a licensed dentist or medical practitioner, dated within ninety days of the date of submission, certifying that the patient's mouth is substantially free of disease and mechanically sufficient to receive an appropriate denture. Although the denturist will have been educated to recognize disease and deformity in the oral cavity, this provision provides double protection against the non-detection of oral disease. Surely, this lays to rest any fears concerning the oral health of future denture wearers.

Finally, the board has been given broad powers to regulate the profession by revoking or suspending the license of a denturist on one of several grounds including gross incompetence or negligence in the practice of dental prosthesis and the willful violation of any provision of this act or the rules or regulations adopted by the board hereunder. Furthermore, the board has the expressed power to require any denturist which it believes to be incompetent to be re-examined. In preventing the unlawful practice of dental prosthesis,

the Association's proposed legislation takes a straight-forward criminal approach. The widespread voilation of the present state dental act both dentists and dental technicians is due to public demand and the unjust, unenforcible state of the present law. Once Denturism has been enacted, those who continue to operate illegally will be those who cannot pass the examination and are not qualified to practice. Therefore, the Association advocates straight-forward criminal prosecutions with substantial penalties to discourage the violation of this act.

CONCLUSION

The Nevada Association of Denturists sincerely encourages the reader to analyze the arguments on both sides of this issue. Although the dental profession will admit that it has failed to meet the needs of many segments of the public by not providing for the necessary health needs of people with limited economic means, it refuses to support the legislation of Denturism. The reaction of the dental profession is quite understandable. Most Nevada dentists are totally unfamiliar with the Canadian experience or the present legislative proposals. Unfortunately, they view Denturism as a real threat to the status of both their finances and prestige. Nevertheless, their emotional opposition is void of statistics or other facts which would indicate that Denturism should not be enacted.

On the other hand, this Association has provided statistics which conclusively prove that we do have a problem, that Denturism can

solve this problem, and that there is no other solution available. Since the beginning of time, the health professions have been undergoing constant evolution. Denturism is just another step. Nevadans can no longer afford in terms of money or oral health, to take the time of a licensed and skilled dentist to perform tasks which denturists are qualified to do. A physician diagnoses and treats the ailments which may cause one to obtain an artificial limb or brace, but when one is actually required to obtain an artificial limb, it is constructed and fitted by an artificial limb prosthesis. No attempt is made by such surgeons to solicit the sale of the replacement artificial appliance and no doubt if they were to attempt to sell their own "prescription", they would be barred from further medical practice. To inquire of the medical profession why doctors themselves do not go into this field of work and specialize in it, would be to invite the answer that the fitting of limbs, and the making of braces, etc., is a mechanical process which requires some knowledge of the human body, but a medical doctor with all the knowledge he has acquired would be wasting his talent, skill and ability by specializing in such a limited sphere of activity. Further analogies can be made to the pharmacist who fills the prescriptions, and the optician who constructs optical applicances.

This, in the last analysis, sums up the position of the Nevada Association of Denturists with respect to the provisions of

denture care in Nevada. Having been enacted in other foreign countries, the enactment of Denturism in Nevada and throughout the United States is inevitable evolution. Based on the magnitude of the injustice inflicted on the citizens of Nevada, especially the elderly and poor, this Association urges the immediate adoption of a new denture-care system, Denturism.

Respectfully submitted
on behalf of the
NEVADA ASSOCIATION OF DENTURIST

By: _____

APPENDIX A

SUGGESTED CURRICULUM

Two Year Program

I. Prerequisites

The following subjects should have been taken as part of high school studies or as college courses or could be part of a first year Denturist Curriculum:

Basic Chemistry
Basic Physics
Biology or Zoology

II. Academic Courses (Classroom Training):

	Units
Dental Materials	1
Dental Anatomy	1
Gnathology	1
Complete Dentures	2
Immediate and Flange Dentures	1
Partial Dentures	2
Anatomy, Gross	1
Anatomy, Head and Neck	1
Physiology	1
Pathology, General	1
Pathology, Oral	1
Oral Diagnosis	1/2
Bacteriology and Sterilization	1
Ethics and Jurisprudence	1/2
First Aid and Office Emergencies	1
Patient Management and Practice Administration	1
Total	17 units at 12 hours per unit or 204 hours

III. Laboratory Courses (Practical Training):

	Units
Dental Anatomy	4
Complete Dentures	20
Partial Dentures	20
Flange Dentures	4
Intra-oral Procedures	4
Immediate Dentures	8
Sterilization	1
Impression Materials	1
Total	62 units at 12 hours per unit or 744 hours

IV. Internship (Laboratory and Clinical Experience)

652 hours

COURSE TOTAL — 1600 hours or 133 quarter units

Testimony by Dr. Joel Glover
Exhibit B

NEVADA DENTAL ASSOCIATION

P.O. BOX 1598
CARSON CITY, NEVADA 89701

Presented below is a summary of the Nevada Dental Association's position on Senate Bill 159, as presented in the opening statement by Dr. Joel Glover of Reno on March 7, 1977, before the Senate Committee on Commerce and Labor:

The Nevada dentists are deeply concerned about SB159 which would allow unskilled, untrained individuals to provide denture care.

While this bill appears to solve a public dental health problem, in reality it would create one. Its thrust is to provide low-cost denture care services, but it actually creates a second level of care, serviced by semi-trained personnel. The citizens of this state, regardless of their economic status, deserve the best health care available.

In all 50 states it is illegal for anyone other than a licensed dentist to provide denture care which frequently presents some of the most complex health problems encountered in dental practice.

A denture is not an innocuous health aid. To consider dentures as a product that can be merchandised ignores the damage, sometimes irreversible, that can be done to living oral tissues by improper denture treatments.

An ill-fitting denture worn for a period of time can lead to serious problems, such as abrasions, contusions, inflammation, overgrowth of soft tissues, rapid destruction of bone needed for denture support, disturbances of the joints of the jaws -- all of which may result in general health hazards, eating problems,

and difficulty in speaking. Constant irritation, if continued over a long period of time, may contribute to the development of benign and malignant tumors.

A person without dental training cannot understand the complexities of the human mouth, how it is affected by the rest of the body, by allergies, by problems of circulation, by medication and by the patient's age.

A person without dental training cannot evaluate the tissue the denture will rest on, the palate which affects speech and the bone that can only be properly evaluated by means of X-ray examination. Nor does the untrained person have the ability to understand and alleviate the psychological problems encountered by the denture wearer. Only the person with the education and training of a licensed dentist can evaluate important factors of denture care such as muscular function, salivary secretions and the health of the oral glands.

Nor does proper oral health care end when a patient receives the denture. All living tissues change with time. Gums and underlying bone change shape and affect the comfort and function of dentures. Periodic examinations can prevent eating problems, speech difficulties, bone destruction or alteration of facial structure and appearance.

Patients require the care of someone who possesses more than mechanical skill. Medical knowledge and a complete understanding of facial bones and soft tissues must be applied to conform dentures to the patient as an individual.

The goals of dental care are the prevention of disease and the preservation of teeth. These are the direct opposite of the goals of the unskilled and untrained operators who want

to enter the field to replace natural teeth with artificial ones.

The patient who is lured into obtaining denture care from unqualified persons is placing himself in the hands of a person who, no matter how accomplished mechanically, has not been trained to treat the living structures of the mouth, has no background that would qualify him to work with patients and has no training in health sciences that would enable him to administer health care.

We firmly believe that just because a person is poor, he should not be entitled to poor, much less fraudulent, dental treatment.

Health is much too precious to tolerate substandard care.

Dr Glover
Reno
Exh B

Gentlemen, in summation, we have spoken to many problems which are associated with allowing untrained persons to attempt to provide a denture service.

The denture is not a merchandisable product in itself, it is a true health service which must meet the complex health needs of the individual patient.

We must remember aspects of oral health, oral pathology, psychology and after denture care of the individual patient. Aspects which can only be treated by the qualified, skilled and trained professional, the dentist.

We do not argue the mechanical skill of building a denture, we oppose the poor and inadequate, rather total ineptness, of health care training requirements to provide denture service as purported in this bill.

We have spoken to the complex and professional problems that have arisen and will arise in allowing untrained persons to try and provide denture services.

We have spoken to the true state of affairs and consequences that arise when untrained persons are allowed to provide dental services.

We feel these facts substantially support a DO NOT PASS on this legislation.

We must now address in summary the question as to how we, the dentists, and the citizens of Nevada can provide a more economical denture service.

Our approach must be two pronged. We must care for the persons who need denture care now and secondly we must work to prevent our future Senior Citizens from losing teeth and needing

future denture services.

The dentists of the State of Nevada have instituted in our public schools in Washoe and Carson Counties, for example, the Toothkeeper Program. This is an extensive training program in brushing, flossing and nutrition at the third grade level.

We have just begun working with the NIDR, a division of NIH to implement an all inclusive program in our schools to provide fluoride rinses to children.

Prevention of oral disease is the key to future elimination of denture problems.

The dentists of Nevada are working to set up with the people of our state forums to research and explore better methods of providing better denture services. In the future, with your help and the help of our citizens, we hope to be able to answer the question of how to provide more economic denture care. Denture care, may I say, that will be of the highest quality possible.

We have already researched some purported economic denture delivery systems. I am speaking of research we have done in the field of modular dentures and in some of the newer supposedly more economic methods of denture construction.

Many of these techniques we have abandoned, not because of economics, but because the quality of the final denture that the patient would receive would be substandard.

We do not have all of the answers, but we have the expertise to meet the challenge and work with you to give better denture care to the people of Nevada.

We enlist your help, be it through our state aid to the

medically indigent program, through public health funds, or from Federal funding of Medicare or Medicaid. I am certain we will meet the challenge and, working together, we can and will give to the people of Nevada the highest standards of dentistry from both an economical and quality viewpoint.

Gentlemen, there are presently about 13 illegal denture mechanics working in Nevada. All have been challenged, found guilty and enjoined by the Courts of Nevada. If they are breaking the law now, how can they be expected to live by a law they propose?

I urge you to recommend a NO PASS decision on this legislation and preserve the high standards of dental care for the citizens of the State of Nevada and to secondly work with us to develop and deliver even higher and more economical health care standards in the future.

I thank you.....

Exhibit C

STATEMENT BY DR. NYLE DIEFENBACHER

I have studied the denturists' brief, and it is most important that I discuss with you some of the allegations proposed therein.

Page 1: "Fortunately, in Canada and in several other foreign countries, the denture crisis has been solved."

Answer: There was never a denture care crisis in Canada. By means of a very concentrated and extensive advertising campaign, accompanied by a variety of sales gimmicks - such as "$15 off with this coupon" - an artificial demand was generated. In Ontario there has always been an adequate supply of services available by properly trained dentists at a cost that can be afforded by most, and subsidized for those who cannot afford, and in many cases at lesser fees than were being advertised by the denturists.

Page 2: "Full and removable partial dentures are constructed, altered, and repaired directly for the public by denturists who have been specifically trained and educated to perform this single health service."

Answer: First of all, you will never be able to determine where this specific training and education to perform the required "in the mouth procedures" has been acquired under a scientifically acceptable program of a responsible institution. In Canada, with the exception of a handful of graduates from a Northern Institute College in Edmonton, there has been no

formal training program provided in any province to qualify this specific statement.

Page 3: "The denturist has been able to improve the quality and fit of dentures while offering a customer a satisfaction guarantee."

Answer: To suggest that the quality and fit of dentures has been improved is a very blatant suggestion that has not one shred of scientific evaluation or support, and should therefore be discarded as an irresponsible statement. At this point in time, all independent surveys done in Canada, commissioned by the government as well as the World Health Organization, are totally unsupportive of this contention.

Page 4: "Denturism has reduced the price of dentures by more than 50%."

Answer: I am convinced that any substantiation of this statement is unavailable from any province in Canada. The experience has been that once legal status has been achieved, The lesser fee is conveniently discarded. In Ontario, once organized after becoming legal, their price list rose from $150 for a complete upper and a complete lower denture to $250. At the same time, the Ontario Dental Association fee remained constant at $180, prior and post. At present, it is $225 as a result of normal increases for inflation and overhead increases over a period of five years. After researching the situation in

British Columbia, I have learned that the fees charged by British Columbia denture clinics are the same as those charged by their mechanics.

staffed but dentists

Page 6: "By removing an expensive and unnecessary middleman, denturism will reduce the cost of denture appliances drastically. This simple principle has been proven beyond doubt by the Canadian exposure."

Answer: This has not occurred. The denturist now assigns the work to other technicians that work for him in his own processing laboratory, or if he has a busy business, he will send the work to commercial laboratories as do dentists.

Page 6: "The Denture Therapist Act in Ontario has helped to stabilize denture prices in Ontario where there is no longer the kind of widespread price-gauging."

Answer: This is a most blatant overstatement that is completely unsupportable.

Page 9: The brief suggests that "the denturist has been specifically educated and trained to provide this single health service."

Answer: They have been specifically trained to fabricate appliances on the written prescription of a dentist. They have not been trained to provide the intra oral procedures on a live patient. Any training in this area has been self-acquired.

Page 13: "In over sixteen years of actual experience, the Canadian denturism system has proven that trained and educated denturists can and will provide oral prosthetic services safely and economically."

Answer: I find this very difficult to support because, with the exception of a handful of dental mechanic graduates in Alberta, there do not appear to be any trained and educated denturists.

Page 13: "Canadian health officials report that not only is denturism safe and efficient, but also fewer complaints are made concerning denturists than any other health profession, including dentists."

Answer: Irrational statements of broad generalities such as these have to be suspect. I believe it is only appropriate that these specific officials are named in order to establish the credibility of these statements. As a result of investigation in Western Canada, I was unable to establish that any health official has supported this position.

Page 14: "The market for prosthetic treatment increased dramatically because of the availability of denture appliances at one half of previous costs."

Answer: In British Columbia it is reported that numbers of certified mechanics have not increased in sixteen years, and that many who are certified have had to seek other lines

of endeavor because of the lack of demand for their "product". Also, the contention of one half of previous costs is not realistic. In Ontario it is acknowledged that many members of the denturists' groups are not completely busy.

I have attempted to provide the Committee with information on the status of denture care in Canada. If you have any specific questions, I will be happy to answer them.

Thank you.

Exhibit D

Mr. Chairman and Members of the Committee:

I am Dr. Morris Gallagher, President of the Nevada Board of Dental Examiners.

The Board welcomes the opportunity to testify on Senate Bill 159. The Board is charged with the duty of enforcing the dental law, including actions to curb illegal dentistry.

The legislature has wisely provided guidelines for these duties and has set standards for licensing dentists and dental hygienists to insure the safe and thorough care of the people of Nevada.

From the time of the first enactment of a law to govern dental practice and treatment in 1908 in Nevada, lawmakers have seen the necessity of providing safeguards to protect the public's oral health from substandard treatment by persons who do not have the training of a dentist.

The Nevada dental act sets rigid criteria for those who would provide denture care to the public. This includes proper formal training in, and graduation from, an accredited dental school, acceptable moral character and successful performance on a licensing examination. The privilege of providing health care must be earned. It is not something that can ever be conferred lightly.

Since the inception of dentistry as a profession, its members have continually strived to upgrade their knowledge and their abilities in order to better serve the public. The requirement of formal training at the graduate level and continuing education are characteristics of this professionalism.

The administration of the dental practice laws in Nevada

has been entrusted to seven dental practitioners, appointed to the state dental board by the Governor. They must have the knowledge and expertise to carry out the provisions of the law. Their sole responsibility is to the public, and the purpose of their Board membership is the protection of Nevada citizens.

The Board is actively engaged in this duty and has always operated programs to curtail attempts at unqualified practice. I would like to introduce to the Committee the members of the Board who are presently serving in this capacity:

-- Dr. C. P. McCuskey, Secretary of the Board, from Fallon

-- Dr. Joseph Chenin of Las Vegas

-- Dr. James Archer who practices in Reno and Elko

-- Dr. James McMillan of Las Vegas

-- Dr. Fae Ahlstrom of Las Vegas

-- Dr. Peter DiGrazia of Reno

The Board is composed of a cross section of the dental profession and represents many areas of the state and many segments of our society. The Board members are firmly opposed to SB159 because of its great potential for harm to the people of Nevada.

Dentistry as practiced in Nevada is not surpassed in quality in any place in the world. Nowhere is the level of care more competent -- or the availability of services so widespread.

This excellence of care has been brought about by dentists with a sincere desire to serve the public and the state's desire to insure the best care possible for its citizens.

As members of the Board of Dentistry and agents of the

state, we are concerned that the provisions of SB159 would definitely be a step backward into earlier decades, thus representing the first time in the history of this state -- indeed any state to our knowledge -- that health legislation has been designed to regress the level of care. It would be a law to lower health care standards.

The Board administers laws which recognize dentistry as a health science. There is no recognition in the law that patient care is a mechanical procedure.

Some phases of the complete denture service, as you know, are mechanical and can safely be delegated to a technician -- and this is commonly done. But when it come to administering treatments to the patient, no one less than a person who has health care training can be entrusted with this vital responsibility.

The state dental law clearly defines the practice of dentistry: Taking a health history . . . examining the patient . . . diagnosing the patient's needs . . . planning treatments . . . making an impression . . . fitting the denture to the oral tissues . . . assessing its interaction with the muscles and related structures of the face . . . caring for the patient during the critical period of aftercare -- all of these steps are defined as dental procedures that require expert biological training.

In so defining dental practice, the law also makes clear that those persons engaged in dental practice who are not qualified and licensed are subject to the law's sanctions, including criminal penalties. The public is therefore protected from illegal practitioners by the dental law. Without that protection,

occurences such as the ingestion of impression materials or injuries from irresponsible use of high-speed dental drills could increase substantially. Dental instruments in the hands of untrained operators would be the worst type of service that could be provided. Faulty diagnoses of oral lesions by untrained operators pose even a more serious threat to the proper oral health of the people of Nevada.

The dentist, far from being a middleman in denture care, is the person with whom the responsibility begins and ends. It begins with his diagnosis and continues through the after care treatments. The dentist has ultimate responsibility for the care that is provided. The team concept has been developed by the profession to provide more efficient and more economical care than can be done by a lone practitioner doing all aspects of dentistry. But the dentist is still responsible to the patient for all care that is delivered by that team. There is no middleman in the dental team. Technicians, hygienists, assistants and the dentist are all a part of and necessary to the proper delivery of acceptable services to the public.

In conclusion, unqualified providers of dental care continue to plague the public through the advertising media, claiming superior service in spite of legally imposed injunctions. They defy the law and invite further prosecution for their illegal acts. If such is the case now, what assurance is there that those who flaunt existing laws would abide by a new law?

In speaking for the Board, I urge you, Mr. Chairman and Members of this Committee, to reject SB159. A similar proposal was determined by this legislature to be poor legislation and was

rejected in 1965. It remains poor legislation today and deserves the same fate.

Exhibit E

PETER M. DI GRAZIA, D.M.D.
GENERAL DENTISTRY
1625 LAKESIDE DRIVE • RENO, NEVADA 89509
PHONE 786-2077

I AM A MEMBER OF THE NEVADA STATE BOARD OF DENTAL EXAMINERS FROM WASHOE COUNTY. I WANT TO PREFACE MY REMARKS BY THE FOLLOWING STATEMENTS. A DENTURE IS A MEDICAL DENTAL HEALTH SERVICE. I KNOW OF NOTHING IN THE FIELD OF DENTISTRY THAT MAKES ONE AGE FASTER THAN AN ILL FITTING DENTURE.

THE DETERMINATION OF THE PROPER BITE AND PROPER VERTICLE DISTANCE BETWEEN THE UPPER AND LOWER TEETH IS CRITICAL TO THE PROPER WORKING OF THE TEMPORAL MANDIBULAR JOINT. THIS JOINT IS ONE OF THE MOST COMPLEX AND CRITICAL JOINTS OF THE HUMAN BODY. IF THE BITE AND THE VERTICLE DISTANCE IS INCORRECTLY PROGRAMED INTO THE DENTURE, THE MUSCLES THAT CONTROL THE MANDIBLE WILL ATTEMPT TO MOVE THE JAW INTO ITS PROPER POSITION RELATIVE TO THE JOINT. IF THE DENTURES DO NOT ALLOW THE CONDYLES TO MOVE INTO THE MOST RETRUDED POSITION FROM WHICH LATERAL MOVEMENTS OF THE JAW CAN BE MADE, A TUG A WAR WILL BE SET UP BETWEEN THE MUSCLES THAT CONTROL THE MANDIBLE AND THE INCORRECTLY PROGRAMED DENTURE. THE RESULT IS AN ACUTE TMJ PROBLEM. THE SYMPTOMS MAY BE NECKACHE, HEADACHE, BACKACHE, CONSTRICTION OF OPENINGS, DEPRESSION, AND SEVERE PAIN AROUND THE EARS. MANY PEOPLE WHO THINK THEY HAVE EAR PROBLEMS, REALLY HAVE TMJ PROBLEMS AND SHOULD BE TREATED BY A DENTIST.

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IN ADDITION TO TMJ PROBLEMS, TO MAKE A GOOD DENTURE AN ACCURATE IMPRESSION OF THE EDENTULOUS AREAS OF THE MAXILLA AND MANDIBLE MUST BE TAKEN TO SUPPORT THE DENTURE BASE. CERTAIN VITAL LANDMARKS MUST BE PERFECTLY REPRODUCED AND FAMILIAR TO THE OPERATOR. RESOLUTION OR RESORPTION OF THE ALVEOLAR PROCESS OF THE MANDIBLE AFTER THE REMOVAL OF THE TEETH OCCURS IN VARYING DEGREES OF RAPIDITY AND EXTENT. THE CAUSATIVE FACTORS HAVE BEEN THE SUBJECT OF MUCH WRITING AND MANY THEORIES. UNDOUBTEDLY ILL FITTING, UNBALANCED DENTURES WITH THE RESULTING TRAUMA AND INFLAMATORY ACTION TO THE ORAL MUCOSA ARE THE MOST COMMON ETIOLOGICAL FACTORS IN THE ATROPHY OF THE ALVEOLAR PROCESS OF THE MANDIBLE AND TO SOME EXTENT THE MAXILLAE. (SHOW CASTS)

THE DENTIST SEES THE PROBLEM OF RESORPTION OF THE RIDGES IN INCREASING INSTANCES AS THE PATIENT GROWS OLDER AND HE MUST UTILIZE CERTAIN AVAILABLE AREAS IN THE RESIDUAL RIDGE AND ASSOCIATE STRUCTURES TO SUPPORT THE DENTURE BASE. THE CRITICAL LANDMARKS THAT HE MUST RECOGNIZE IN THE MANDIBLE ARE THE LINGUAL GROOVE, THE EXTERNAL OBLIQUE, THE RETROMOLAR PAD, THE MYLOHYOID RIDGE, THE SUBLINGUAL FOSSA, THE BUCCINATOR ATTACHMENT, THE QUADRATUS MENTALIS AND THE GENIOGLOSSUS ATTACHMENT.

IN THE UPPER ARCH THE CRITICAL AREAS ARE THE LABIAL FRENUM AND ATTACHMENTS, THE FOVIA PALATINA, THE FORMATION OF THE SOFT PALATE, THE HAMULAR NOTCH, THE MAXILLARY TUBEROSITY, AND THE PTERYGOMANDIBULAR FOLD.

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MY POINT IN SHOWING THIS TECHNICAL INFORMATION IS THAT A HIGH DEGREE OF TRAINING IS NEEDED TO CONSTRUCT A GOOD DENTURE. ON THE OTHER HAND, I WANT TO COMMENT ON WHAT THE PUBLIC CAN EXPECT FROM ILLEGAL DENTURE MECHANICS.

THE FIRST CASE I WILL COMMENT ON IS A YOUNG MAN 17 YEARS OLD. THE PATIENT AND HIS MOTHER WERE REFERRED TO AN ORAL SURGEON FOR EXTRACTION OF ALL HIS MAXILLARY TEETH. THE REFERAL WAS MADE ON THE ADVICE OF A DENTURIST. THE ORAL SURGEON, AFTER AN EXAM AND X-RAYS TOLD THE MOTHER THAT EXTRACTION OF ALL TEETH AND A DENTURE WAS NOT INDICATED AND REFERRED THE PATIENT TO A GENERAL DENTIST. BECAUSE FINANCES WERE STATED BY THE MOTHER AS BEING A PRIME FACTOR, A CONSERVATIVE PLAN OF TREATMENT WAS DEVISED INCLUDING THE REMOVAL OF THREE TEETH, REPLACING THE MISSING TEETH WITH A STAYPLATE, AND FILLING THE DECAYED TEETH WITH SILVER. THE COST OF THE PLAN WAS COMPARABLE TO THE SURGICAL FEE HAD THE TEETH BEEN REMOVED, NOT INCLUDING THE COST OF THE DENTURE. AT THIS WRITING, EXCEPT FOR FILLING ONE TOOTH, HIS TREATMENT IS COMPLETE.

2ND CASE. THIS DENTURE WAS MADE BY A DENTURIST ON 11-11-76. NOTE THE TOOTH ALIGNMENT IN THE POSTERIOR AREA. THERE IS AN EIGHT MM DISCREPANCY BETWEEN THE BICUSPIDS AND THE CENTRALS. THE TEETH ARE OUT OF ALIGNMENT, WHICH WOULD HAVE DESTROYED THE SUPPORTING STRUCTURES.

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3RD CASE, THIS IS A NEW DENTURE THAT HAS NEVER BEEN WORN, IT WAS MADE BY A DENTURIST, NOTE THE FRACTURE LINE AND THE REPAIR IN THE LINGUAL AREA OF THE DENTURE.

4TH CASE IS AN ELDERLY WOMAN, SHE WAS SOLD A PARTIAL DENTURE IN DECEMBER 1976 FOR $125.00 AND IN REALITY SHE WAS SOLD A TEMPORARY APPLIANCE THAT SELLS FROM $80.00 TO $100.00 DOLLARS IN THE RENO AREA FROM A LICENSED DENTIST, SHE THOUGHT SHE WAS GETTING SOMETHING SIMILAR TO WHAT SHE IS NOW WEARING, A METAL FRAMEWORK PARTIAL THAT SELLS FOR ABOUT THREE HUNDRED DOLLARS FROM A LICENSED DENTIST.

5TH AND LAST CASE I WILL TALK ABOUT WAS DONE ON AN ELDERLY MAN, HE WAS SHOWN A $300.00 DOLLAR DENTURE AND THEN A NICER LOOKING ONE FOR MORE MONEY, ON THIS DENTURE, THE BITE IS OFF SO BADLY THAT THE MANDIBULAR RIDGE WOULD BE DESTROYED IN A SHORT PERIOD OF TIME.

ON THE LAST TWO CASES I CAN DEMONSTRATE THESE FACTS IF THE COMMITTEE DESIRES, IF THIS IS YOUR DESIRE; HOWEVER, I WOULD LIKE TO DO IT IN PRIVATE AS REMOVING ONES TEETH IS A VERY PERSONAL EXPERIENCE, THE PATIENTS ARE IN THE AUDIENCE.

PETER M. DI GRAZIA, D.M.D.
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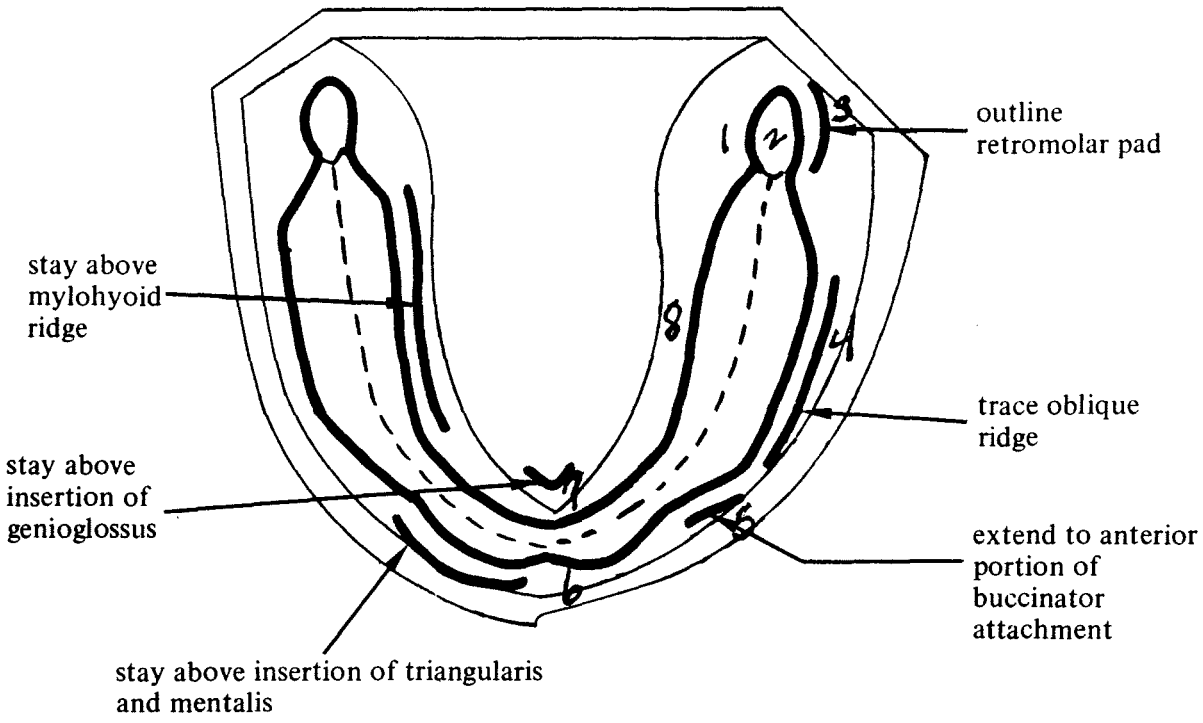
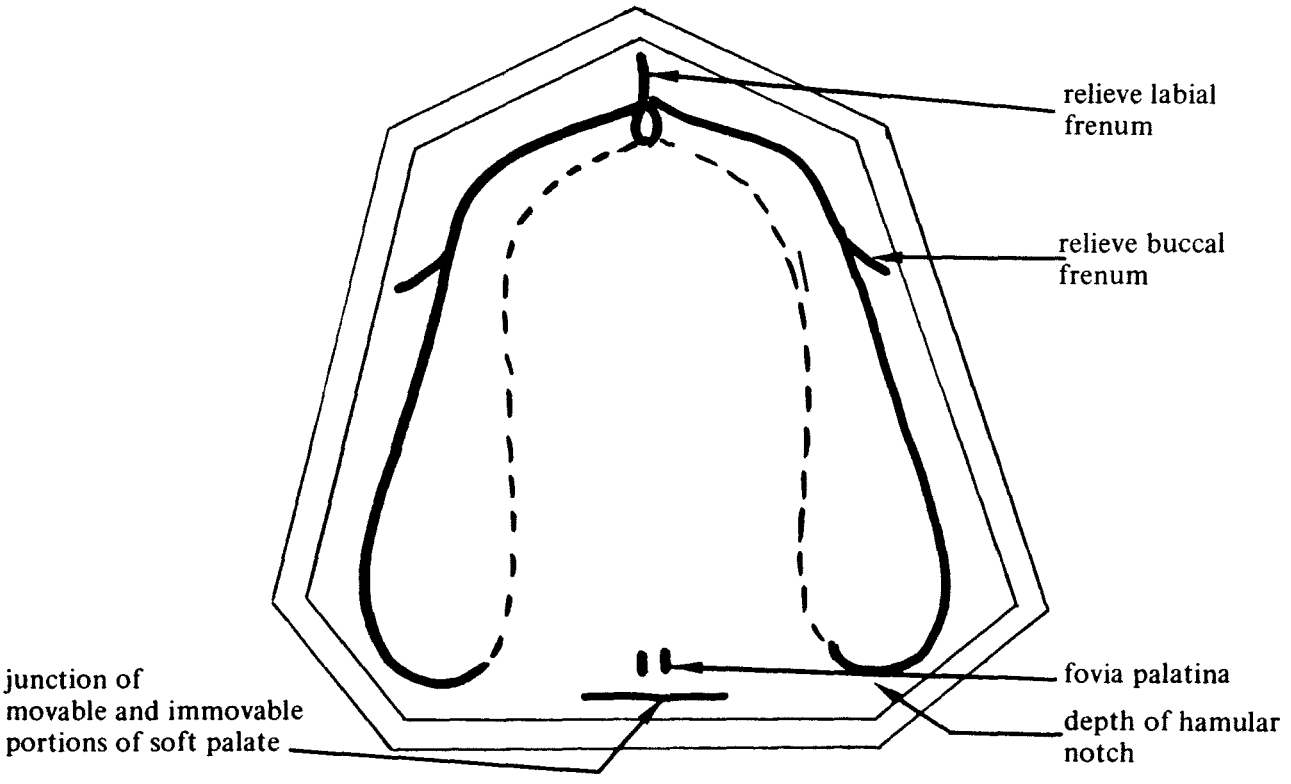
IN CONCLUSION, WHEN A TECHNICIAN TRIES TO TAKE IMPRESSIONS, TAKE JAW RECORDS, DEAL WITH POST INSERTION CARE PROBLEMS, ALL TASKS HE IS NOT TRAINED FOR, THE RESULTS CAN BE HARMFUL AND IRREVERSABLE. FOR THIS REASON, I ASK YOU TO DEFEAT SENATE BILL 159 AS IT IS HARMFUL TO THE HEALTH OF THE PEOPLE OF THE STATE OF NEVADA.

Dr. Di Grazia
Exhibit E

THE DENTIST INSCRIBES THE PERIPHERAL OUTLINE OF THE LOWER DENTURE FROM AN OVEREXTENDED IMPRESSION



FULL UPPER DENTURE OUTLINE WITH THE EXCEPTION OF POSTERIOR BORDER IS DETERMINED BY THE PATIENT



TRENDS OF EXTRACTIONS, ROOT CANAL TREATMENTS AND COMPLETE DENTURE INSERTIONS

The following three tables were extracted from the Survey of Dental Services Rendered, 1969, published as "More Preventive Care, Less Tooth Repair" by the Bureau of Economic Research and Statistics in JADA, Vol. 81, July 1970.

Table I shows the number of tooth extractions (absolute and per capita) over three decades. Because of the growth in the U.S. population, the absolute numbers of extractions do not reflect trend realities. Trend analysis must use per capita figures. The table shows that the number of tooth extractions has decreased from 1950 to 1969.

Table 2 shows the number of root canal treatments for the same period. Trend analysis indicates that the number of root canal treatments has more than doubled from 1950 to 1969.

Table 3 shows the number of complete dentures inserted. The trend indicates that the number of complete dentures inserted has decreased from 1950 to 1969.

Table I. Number of Tooth Extractions

	Absolute Number	Number per Capita
1950	54,080,000	.359
1959	60,000,000	.342
1969	56,000,000	.280

Table 2. Number of Root Canal Treatments

	Absolute Number	Number per Capita
1950	3,120,000	.021
1959	4,100,000	.023
1960	9,200,000	.046

Table 3. Number of Complete Dentures Inserted

	Absolute Number	Number per Capita
1950	5,200,000	.034
1959	5,600,000	.032
1969	5,900,000	.030

LB 159

DENTAL BASICS

Every person at birth is provided with the potential to develop two sets of teeth during his lifetime. The second set of teeth, or permanent teeth, generally appear between the ages of six and twenty-one and are intended to last a lifetime. They are the only permanent teeth we receive, and utmost care should be taken to insure that these natural teeth are retained throughout our lives.

Hopefully, there will come a day when the denture, as a substitute for natural teeth, becomes a rarity. As a point in fact, there is evidence that today, in contrast to twenty or thirty years ago, more people are entering their adult years keeping more of their natural teeth. No doubt, much of this improvement can be attributed to significant contributions made by modern dental research and to more preventive care being rendered by dentists to increasing numbers of patients.

Today, however, a small group of so-called "denturists" is attempting to force itself into the practice of dentistry without professional qualifications. In this regard, it is paramount that individuals involved in decision-making capacities become aware of several basic dental facts:

⋆ The denture is not a product.

A most common misconception is that the denture provided by a dentist is merely a product. The denture is a prosthetic device which intimately interacts with bone structures, musculature, and soft tissues of the mouth to permit the patient to function somewhat normally without his natural teeth. As such, the denture is not an innocuous, over-the-counter gadget that patients may take lightheartedly. In the broad spectrum of personal medical devices, the denture falls somewhere between eyeglasses at one end and, more closely, a heart pacer at the other end in its complex relation to bodily function. To allow an unprofessional, untrained individual to provide this service to a patient would jeopardize that patient's health.

⋆ Modern U.S. dentistry is unparalleled in the world.

Dentistry as practiced in the United States is the best in the world. In the past forty years, dentists trained in the U.S. have received the best knowledge and skills available, knowledge gained by the leading dental researchers in the country. Dentistry has progressed to the point that patients may expect the finest in modern materials and methods, virtually painless treatment, and comprehensive patient care. "Denturism" legislation would definitely be a step backward into the 19th century, thus representing the first time in our history that health legislation has regressed by 70 or 80 years.

★ **The so-called "Denturist" is not comparable to medical auxiliaries.**

In no way, whether by training, duties, responsibilities or licensure is the so-called "denturist" on an equal status with accepted medical auxiliaries, be they registered nurses, licensed practical nurses, physician assistants, and so forth. Denturists, as they call themselves, are for the most part, on-the-job trained with little or no formal post-secondary school education.

★ **Dentists want to preserve the natural teeth. "Denturists" want teeth out.**

The primary purpose of a dentist's education and practice is to keep all of the patient's teeth in the mouth and to prevent those diseases which contribute to the loss of the natural teeth. The only purpose for a "denturist" is to remove as many natural teeth as possible since he cannot perform his presumed function until teeth are lost. This entire concept is contrary to the basic thrust of modern medicine which strives for better treatment, more improved techniques, and prevention of disease to preserve the public's health.

For these four basic reasons and in the interest of the health of the public, the fully qualified, professionally trained, and concerned health provider—the dentist—should maintain his position as the only individual competent to provide this health service directly to his patients.

THE CONSUMER

The patient who seeks a denture directly from a dental technician (so-called "denturist") is placing himself in the hands of a person who, no matter how skilled mechanically, has no training to treat live mouth tissues, has no background that would qualify him to work generally with patients and has no training in health sciences that would enable him to administer health care. The dental technician may be very able in constructing prosthetic appliances on a work order from the dentist, but he has nothing in his qualifications that would equip him to provide the health care service necessary for the various stages of denture treatment from initial examination through follow-up health care.

DIAGNOSTIC AND TREATMENT FACTORS

The delegation of the mechanical, extra-oral phase of denture fabrication to the qualified technician has not diminished the overriding importance of the biologic aspect of denture care. Delegation of the laboratory procedures has freed the dentist's time for various other phases of denture care that need his skills and knowledge:

- ☆ visual, tactile and x-ray diagnosis
- ☆ treatment of existing conditions
- ☆ impressions and study models
- ☆ relationships of upper to lower jaws
- ☆ proper arrangement of the artificial teeth
- ☆ insertion of dentures and adjustments
- ☆ follow-up examinations and adjustments

To consider complete dental care for those without natural teeth as only mechanical fabrication of dentures would be to ignore the anatomic, physiological and psychologic variables experienced in prosthetic service which frequently can be among the most complex problems encountered in dentistry.

There are many anatomic or physical characteristics that affect the success of denture care. Some factors can be improved upon before, during and after denture construction; some have to be accepted and compensated for by the dentist in his treatment. Physical factors requiring particular attention are the soft tissue areas of the mouth, the denture foundation area, muscular coordination, upper and lower jaw relationships, throat form, facial contour and harmony, tongue position and size, and condition of saliva.

As a person grows older, his mouth undergoes continuing change. The points of the teeth become flatter, the distance between the jawbones decreases, the region where gums and lips (or cheeks) meet becomes more shallow, and the muscles that move the lower jaw become more fixed and limited in their action. The dentist's sense of touch is of paramount importance in determining if the patient's jaw muscle is contracting at the same time on both sides, if the muscles of expression around the mouth are relaxed when a denture is placed in the mouth and if there is freedom in swallowing. Moreover, he must patiently teach patients how to wear and care for their dentures.

Those who propose to allow the dental laboratory technician to work directly with the patient would have the public—and the legislators—believe that the denture is merely a harmless product. They ignore the potential and actual development of damage to living oral tissues that ill-fitting dentures can initiate.

AFTER-CARE

Another common misconception in the treatment of denture patients is the mistaken belief that once dentures are provided there is no longer any cause to be concerned about oral health. The truth is that denture patients should now become more protective of their oral condition since they could easily fall prey to a number of problems associated with the wearing of dentures.

For this reason, the dentist who provides denture service must arrange for proper after-care of the denture patient. Because the tissues of the mouth are ever-changing and subject to alterations in pressure, nutrition, and bodily illnesses, the dentist will set up a recall schedule with each denture patient so that he can monitor the patient's progress in adapting to the denture, check for signs of unusual wear on the soft mouth tissues, or other suspicious signs.

One of the common problems found in many denture wearers is ridge resorption—that is, the slow, gradual dissolving of the bony substructure of the jaws that can follow denture treatment. The dentist will watch for signs of this condition and prescribe proper treatment if it becomes necessary.

Most importantly, the dentist works to prevent the occurrence of any further disease or abnormal condition that would prove to be more destructive to the patient's mouth.

PROBLEMS

When ill-fitting dentures are worn for a long period of time, serious problems can arise. These include:

- ☆ abrasions
- ☆ bruises
- ☆ inflammation
- ☆ overgrowth of soft tissues
- ☆ rapid destruction of bone needed for denture support
- ☆ disturbances of the joints of the jaws

All these conditions may result in general health hazards, eating problems, difficulty in speaking, headaches, dizziness, and emotional problems. Constant irritation, if continued over a long period, may contribute to the development of benign or malignant tumors.

An operator (i.e., "denturist") untrained in health care would not be equipped to detect a suspicious lump or lesion, remove a

tiny bone splinter, or prescribe hormones for an elderly patient in order to restore normal saliva flow. Only the dentist with his unique combination of knowledge, training, and skills can provide the necessary care that meets the total oral health needs of the patient throughout life. There can be no arguments that justify endangering a patient by removing him from that knowledge and care.

EDUCATION AND TRAINING

There is no aspect of medical care in which the patient is paying for and receiving only the knowledge and treatment skills of the physician in that one problem area. Rather, patients place their confidence in receiving quality health care in the total, comprehensive background of the physician acquired through years of study and skills gained through tutored instruction. It is exactly the same with dentists.

There is no one area of dental care delivery, be it filling a cavity, oral surgery, orthodontics, or denture care, in which the patient is relying solely on an isolated part of the dentist's training and education. In the delivery of dental care, the dentist calls upon many years of study in basic health sciences and clinical experience to arrive at a proper diagnosis and to provide the quality health care that patients expect.

To accomplish this level of professional competence, a dentist must complete a minimum of three years in undergraduate college education with emphasis on the biological and physical sciences. Following this preparation, the dental student must pursue a four-year intensive dental school education. Within this curriculum, the student becomes well-versed in anatomy, biochemistry, histology, microbiology, pathology, pharmacology, bacteriology, embryology, and roentgenology. This is followed by many months of clinical experience during which the prospective dentist becomes proficient in diagnosis, treatment planning, and clinical procedures. In order to be licensed to practice dentistry, a dental graduate must successfully complete written and clinical examinations in accord with state dental practice acts. If the young dentist wishes to pursue his education further, he may at this time take two or more years of advanced study at the post-doctoral level in any of eight specialties. Throughout all of this training, it is important to note that the dental student is learning to apply essential health sciences to every area of his practice—including the serious area of proper denture care.

In contrast to this professional training, the "denturist," who in most cases is a dental laboratory technician, has only been exposed to on-the-job training for the most part. The majority of dental technicians at work today have been trained in this manner, many in only one small aspect of denture construction. By way of formal education, most dental laboratories only require a high school diploma as the minimum requirement.

CARE FOR THE POOR AND ELDERLY

One of the urgent needs of the poor and the elderly is good oral health care. Just because people are old or poor, they should not be subjected to poor oral health care. The oral health needs of the poor and the elderly are, as in all health matters, a community responsibility. The dental profession clearly recognizes the need for better solutions to these problems and it willingly assumes leadership responsibility. But the professional cannot solve these problems alone.

In testimony in 1976 before a Congressional committee, the dental profession once again urged improved dental coverage for persons eligible for Medicare and Medicaid.

Currently, the Medicaid program in most states is not providing dental coverage for adults. Since the inception of the Medicaid program, the dental profession has advocated that adult dental services be a mandated benefit instead of a state-by-state optional benefit as it now is. As currently structured, each state has to be convinced that the

frequency of denture care as an oral health service is decreasing as people become more aware of their dental health, as preventive professional care continues to increase and as more people are able to keep their natural teeth throughout their lives.

By meeting these community responsibilities, there should be less need for the elderly and the poor to turn to illegal operators who, by lack of education, training and licensure perform their health fraud on the public.

CONCLUSION

The self-proclaimed "denturists" have a single interest: replacing teeth. Their printed literature advocates that losing teeth is inevitable. They would have would-be patients see denture care as a simple process that can be learned as a trade without specific training in the basic biological sciences underlying this vital health service.

The people of this state do not deserve lower oral health standards than the people in all other states. Quality denture care presumes a thorough competence and ability in the complex biomedical processes of the mouth, care which may warn of conditions existing in other regions of the body, and care which only a qualified dentist with his total knowledge of the health relationships of the mouth can render.

COMPLETE DENTURE TREATMENT

Summary of Roles of the Dentist and Technician

This short description of the roles of the dentist and technician distinguishes their duties and responsibilities.

Dentist	Dental Technician
The primary provider of care is the dentist whose knowledge and skills enable him to carry out the intraoral procedures, the most important aspects in the dental team's delivery of dental services to the public.	The mechanical aspects of denture construction are delegated to the dental laboratory technician in order to provide more time for the dentist to deliver those health services for which he is especially trained.
1. Examine, diagnose and prepare treatment plan. Treat existing conditions.	
2. Make a preliminary impression.	2a. As instructed by dentist's work order, make cast and construct impression tray.
3. Make the master impression.	3a. Make the master cast and temporary bases with rims to simulate space between jawbones.
4. Establish correct bite record and select artifical teeth.	4a. Set teeth in wax for preliminary insertion.
5. Preliminary insertion of dentures to confirm accuracy.	5a. Process and finish dentures to completion as directed by dentist's work order.
6. Insert dentures. Make functional and esthetic adjustments to include a harmonious relationship between upper and lower teeth.	
7. Make post-insertion adjustments and follow-up patient.	

Commonly Used Terms in Denture Treatment

Abutment—A tooth used to support or stabilize one end of a dental bridge or other prosthetic appliance

Alveolar bone—The bone of the jaw immediately surrounding and supporting the roots of the teeth

Amalgam—An alloy, one of the constituents of which is mercury; commonly known as a filling

Appliance—A device worn by a patient in the course of treatment

Benign—A term which, when used to describe a tumor (neoplasm), signifies its inability to metastasize (spread)

Biopsy—The removal of a tissue specimen from the living body for the purpose of microscopic examination to aid in establishing a diagnosis

Bite—The relationship of the upper and lower jaws

Bridgework—An appliance made to replace missing natural teeth

Caries, dental—Disintegration of natural tooth structure with resultant cavity formation; decay

Cast—A positive reproduction (e.g. in metal or plaster) of the form of the tissues made in an impression and over which denture bases may be fabricated

Cavity—A hollow place, hole, or lesion produced by dental caries

Centric relation—The designation of a horizontal relation of the mandible to the maxilla

Complete denture—A dental prosthesis which replaces the lost natural dentition and associated structures of the entire upper (maxilla) or lower jaw (mandible)

Cyst—A pathologic space in bone or soft tissue containing fluid or semifluid material

Decay—(see caries)

Decubitus ulcer—An ulcer that develops as a result of physical irritation or injury

Dental restoration—A broad term applied to any inlay, crown, bridge, partial or complete denture that restores or replaces loss of tooth structure, teeth or oral tissues

Denture—An artificial substitute for missing natural teeth and adjacent structures; sometimes called dental plate

Denture hyerplasia—Enlargement of tissue beneath a denture that is traumatizing the soft tissue

Edentulous—Without teeth, lacking teeth

Extraction—A method of removing a tooth from the oral cavity

Filling—A material inserted in the prepared cavity in a tooth; usually gold, silver, cement, plastic or porcelain

Fixed bridge—One which is permanently fastened to the adjacent teeth (abutments)

Gingiva—The gum, or tissue, which covers the alveolar bone of the upper and lower jaw and surrounds the necks of the teeth

Hyperkeratosis—Overproduction or retention of keratin on soft tissue areas. Considered to be a pathologic state

Immediate denture—A dental prosthesis constructed for insertion immediately following the extraction of natural teeth

Impacted tooth—A tooth confined in the jaw in such a manner as to preclude its normal eruption

Impression—An imprint of the teeth and/or other tissues made in plastic material that becomes relatively hard, or set, while in contact with these tissues

Malignant—A tumor or neoplasm with the ability to metastasize (spread) and kill the host; opposite of benign

Malocclusion—Any deviation from normal occlusion of the teeth

Mandible—The lower jaw

Maxilla—The upper jaw

Palate—The roof of the mouth; it consists of a hard anterior (front) part called the hard palate, and a soft, movable posterior (back) part called the soft palate

Partial denture—An artificial replacement of one or more but less than all of the natural teeth and associated dentures

Periodontia—The tissues that support and surround the teeth

Porcelain—Most dental porcelains are glasses and are used in the manufacture of artificial teeth

Prosthesis (dental)—An appliance to replace missing teeth and/or associated structures

Prosthodontics—A specialty of dentistry concerned primarily with providing artificial replacements for missing natural teeth and/or supporting structures

Radiograph—An x-ray film negative

Removable bridge—May be removed by the wearer (see partial denture)

Resorption—In either jaw, loss of bone substance under the gums due to physiologic or pathologic means

Ridge—The bony remainder of the mandible or maxilla containing the sockets of the teeth after the teeth have been removed

Temporomandibular joint (TMJ) — The hinge joint of the lower jaw (mandible) located just in front of each ear

Try-in—A preliminary placement or trial dentures

Tumor—An abnormal cell growth with swelling, either benign or malignant

Waxing (waxing up)—The contouring of a wax pattern or the wax base of a trial denture into the desired form

Work authorization (order)—A detailed, written page of instructions by which the dentist indicates to the technician the specifications of the appliance that is needed

X-ray—A radiograph or x-ray photograph reproducing shadow images on a film; in the dental office it is used as an aid in diagnosis and treatment

Milo Gerzich
Exhibit 7

Amend S.B. 159, Sec 32 as follows:

P. 6, Lines 6-8, delete entire sentence which reads as follows:

"No policy of health insurance shall exclude coverage for services of any licensee provided for in this subsection."

and substitute in its place and stead the following language:

"No policy of health insurance shall deny any insured the free choice of any licensee provided for in this subsection to perform any medical or surgical service covered by the policy which such licensee is entitled by his license to perform."

NEVADA STATE MEDICAL ASSOCIATION

RICHARD G. PUGH, Executive Director
3660 Baker Lane
Reno, Nevada 89509 • (702) 825-6788

DOUGLAS HACKETT, Associate Director
850 E. Desert Inn Road, #802
Las Vegas, Nevada 89109

March 7, 1977

TO: SENATE COMMERCE & LABOR COMMITTEE
Senator Spike Wilson, Chm.
Senator Richard Blakemore
Senator Keith Ashworth
Senator Richard Bryan
Senator Mel Close
Senator William Hernstadt
Senator Cliff Young

FROM: John Sande, M.D., Legislative Chairman
Nevada State Medical Association

SUBJ: S.B. 159

Nevada State Medical Association opposes the passage of S.B. 159. If passed, this bill would allow dental technicians to take any impression of the mouth, make bite registrations or insert appliances into the mouth.

Dental technicians state that these privileges should be granted only on the condition that technicians' charges would be less than the dentists' for the same procedures. It should be pointed out, however, that dental technicians are trained to work with inanimate objects and thus have no educational or actual experience to qualify them as dentists.

It is my belief that this is another bill presented to legislators where the interested parties are attempting to gain by legislative means that which cannot be achieved by merit of education, training or experience. It is my sincere hope that the members of the Senate Commerce and Labor Committee will reject S.B. 159.

March 4, 1977

Senate Commerce & Labor Committee
Legislature State Building
Carson City, Nevada

Dear Sir:

RE: SB-159

When my son and daughter were in their early teens, I took them to a well known dentist in Sparks, Nevada. This man was their dentist through their teen years and they both continued to go to him after they were married. He did extensive dental work on my daughter's teeth, such as capping the four front teeth. The first caps did not fit good, so he replaced them but even the second caps did not fit tight, which resulted in this girl having to lose her upper teeth while in her early twenties. He pulled the upper and fit her with dentures in 1964.

In 1969 she had a baby and after her baby was born, her lower teeth needed to be extracted. She again went to this dentist, he pulled all the back ones and there were just the few lower front ones to be extracted and the denture made. When she was asked how much she could pay, she explained that her husband was finishing his education and until he completed this, she would be able to pay $25.00 a month. She was informed that $25.00 a month in 1969 was not a sufficient amount and was left with just the few teeth in the lower front. She then borrowed the money to have the work completed since she couldn't eat with the few teeth she was left with. The dentist then extracted the lower teeth and fitted her with a lower denture.

In early 1976, I noticed my daughter's mouth had taken on a hard look. Her lips were tight and her lower jaw was protruding. As time went on this (horse face) look was becoming more pronounced. She also was having headaches everyday. She always thought she had good fitting dentures in that she was able to eat fairly good, except for the lower ones continually getting food under them. She thought this was the way dentures were, and resigned herself to the fact that she would live with that part of it.

In the fall of 1973, I had this same dentist make me a new set of dentures in that I had the uppers since 1952 and the lower dentures since around 1953 or 1954. During this time, I had repairs on them because I had dropped them several times and had broken them and also at this time the dental labs were not against the state law in Nevada. All work done by them was good and never had to be done again. This was all done in the 1950's. In the 1960's, I again dropped and cracked my dentures and since the dental labs had been outlawed, I went to the dentist I had chosen for my children, thinking this was the right dentist to go to in that I had known him for years. He repaired them and they seemed to be okay.

In 1973, I figured I should have them checked in that they were now over 20 years old. Up until this time, I had never been sorry I had dentures because I had always had a good fit and they looked like natural teeth. But, as I said, they were now 20 years old and I thought it best to see if they needed relining or any repairs. I went back to the same dentist and he made a complete new lower set and on the upper he made a new plate using the good teeth from my old upper plate and replacing some with new teeth. I had them a few months when one of the upper teeth came out. I layed off from work in order to go to the dentist and have it placed back in.

Several times after that I had the upper teeth themselves crack. In February, 1975, again, another tooth fell out and I called this same dentist. That day happened to be his day off from the office. I told them I really needed this work done in order to go back to my job. His office girl then referred me to Dr. Raymond Ferrari. I called Dr. Ferrari and he said he could fix it for me if I came right in, which I did. While there I told him I had the set such a short period of time and that I had had nothing but trouble with them. He then told me that the porcelain and plastic materials used now-a-days was a very inferior grade and there was just not good materials available these days for making dentures.

Dr. Ferrari fixed the tooth and I resigned myseif to the fact that for the first time since I had worn dentures I was sorry I had them. I continually got food under the lower teeth and so many times when I was eating in restaurants I was so very much embarrassed to have to excuse myself and go to the rest room to remove the lower plate and rinse the food from my mouth. It was either do that or sit there and try to work the food from under my lower teeth enough to continue chewing in order to swallow what I had in my mouth.

From February, 1975 until now, I have had a couple of teeth fall out and by this time I was so thoroughly disgusted with my dentures that I started gluing them in myself. In December 1976 I had another tooth fall out and shoved it back in until I could get new glue to glue it in. After I had shoved it back in, I was unable to get it out in order to put some glue on it. For a month I was very conscious of this tooth being able to drop out at any time, so I was very careful in how I would eat. In January,1977 it finally fell out at work and I of course had seen the ads in the newspaper on the denturists who had opened offices in Reno and Sparks.

I called the Sierra Denture Service and went in, they took the tooth and glued it in place for me. I then told them about the problems I had had since I had the dentist in Sparks make them. I was informed that good materials were still available for making dentures.

I decided to have the Sierra Denture Service make me a complete new set of dentures. This they did and I am once again not sorry I have dentures. I have a beautiful set of natural looking teeth plus I am able to eat and no food whatever gets under my dentures.

I once again since the fall of 1973, feel like a normal person with their own teeth, instead of a person who has to constantly be on guard for fear when they eat a meal they will either break a tooth out or get food under their denture to a point that they cannot even chew the food they have placed in their mouth enough to swallow it.

When I started going to Sierra Denture Service, I told my daughter about them. I also then told her about how I thought her lower jaw was getting to look. She was hurt but then admitted that she too had noticed this new look in her lower jaw but had just figured it was the way she was going to be as she got older in years. She then decided to go with me to the Sierra Denture Service. She also has had them make her a complete new set of dentures. Her lower jaw has ceased protruding, her lips are now more natural looking and she is as pleased as I am with her new set. She looks more like my daughter now.

In view of the problems that I have encountered with dentists concerning my dentures, I am sure that by passing Senate Bill 159 it will help many other people in this state who wear dentures.

Yours truly,

Phyllis S. Ferguson

Phyllis S. Ferguson
1940 - 4th Street
Sparks, Nevada
Phone No. 358-7177

The dentist referred to in the above and two preceding pages is Dr. Lloyd Diedrichsen, his office is located at 840 - 'I' Street - Sparks, Nevada.

March 5, 1977

Senate Commerce & Labor Committee
Legislature State Building
Carson City, Nevada

RE: SB-159

Dear Sir:

I have been following the development of the SB-159 senate bill, and I would like to voice my opinion.

For the past 35 years I have been residing in the State of Nevada, and I am extremely interested in legislative actions concerning consumer price protection.

Denturists should be allowed the freedom to openly compete with dentists. The result would be a competitive market, and the consumer would still retain the option to utilize either service.

These professionals, such as dentists, have enjoyed the benefits of a controlled market long enough. The existing laws must be modified to allow the public a freedom of choice.

The excessive mark-up charges passed on to clients by dentists for work performed by their dental labs should not be mandated by legislative action.

These excessive charges and lack of competition by Nevada dentists have discouraged many Nevadans, causing many of them to seek denturist service out of state. This is not only unfair to tax paying Nevadans, but is equally unfair to tax paying Nevada denturists.

Todays medical charges are already excessive and place hardships on many citizens of this state. To legally close the door to competitive services provided by denturists is not in the best interest of the general public.

Sincerely yours,

Earlene Aldous

Earlene Aldous
10170 Crockett Drive
Reno, Nevada 89506
Phone No. 972-0385

Exhibit B

WESTERN NEVADA FUNERAL SOCIETY
P. O. BOX 8413 - UNIVERSITY STATION
RENO, NEVADA 89507

March 7, 1977

Mr. Spike Wilson, Chairman
Senate Committee on Commerce and Labor
Nevada State Legislature
Carson City, Nevada 89701

Dear Mr. Wilson:

I am secretary of the Western Nevada Funeral Society, one of many Funeral/Memorial Societies in the United States whose chief objective is to assist its members in making arrangements for final disposition in accordance with their personal preferences and at modest cost. I can assure you our Trustees are most supportive of the principle spelled out in S.B. 259, which requires funeral directors to furnish itemized written estimates of the cost of a funeral at the time arrangements are made.

One hears of instances in which the cost of a funeral appears to be based more on the known funds available to the purchaser of services, than on the actual services provided. This bill would provide substantive protection against such practice. At the same time it provides for clarity and definiteness concerning legitimate charges for merchandise and services. For these reasons I would hope scrupulous morticians will find the legislation acceptable.

One aspect of the legislation may need further consideration. In the case of pre-arrangement without pre-payment, the bill as written does not provide the funeral director protection against inflation. The 5% stipulation of paragraph 2 probably was not meant to apply in such cases.

Our Society, in the role of consumer advocate, urges that S.B. 259 (with slight revision if necessary) be recommended for passage.

Yours sincerely, R. Edwin Worley
(R. Edwin Worley,
Secretary)