Members present:

Chairman Jeffrey
Assemblyman Bennett
Assemblyman Chaney
Assemblyman Horn
Assemblyman Sena
Assemblyman FitzPatrick
Assemblyman Rusk
Assemblyman Tanner
Assemblyman Weise

Members excused:

Vice Chairman Robinson
Assemblyman Bremner

Guests present: See attached list

Chairman Jeffrey called the meeting to order at 3:06 p.m. and stated that the purpose of this meeting was to hear testimony on AB 412 which had been held over from the February 28th meeting and to review an amendment to AB 366 and then to hear testimony on AB 421 as scheduled.

AB 412: Ted Stokes, attorney from Carson City, stated that he had requested this bill so that there would be more flexibility in the corporation laws regarding the time which would have to be set for meetings of the stockholders. This bill would make it possible for the board of directors to set that time rather than being set by a vote of the stockholders. He stated that this bill is directly patterned after the existing laws in Delaware and California. He also stated that in California there is a provision in the law that if the board of directors fail to set a time for the meeting, that it can be set by court order. He said he did not feel this would be necessary here in Nevada, but if the committee felt it should be included he would have no objection. There were no questions on the bill and that concluded Mr. Stokes' testimony.

AB 366: Gene Milligan, representing Nevada Association of Realtors, stated that his association was in agreement with the amendment which had been submitted by the Real Estate Division (attached and marked as Exhibit "A") which defines the word transfer as used in this bill. He stated that he felt the division may have been concerned without reason, but the amendment would be completely satisfactory.

AB 421: Assemblyman Peggy Cavnar, as co-sponsor, told the committee she felt the bill would help consumers who were looking for a cost savings in this area and did not feel that there was any threat of the denturists doing harm to people so long as they were not permitted to work on live teeth. In answer to a question from Mr. Chaney, Mrs. Cavnar stated that the same process, taking impressions and fitting the dentures, was involved whether done by the dentist or by the denturist. In answer to a question from Mr. Weise, Mrs. Cavnar stated that she did not know

if allowing the denturist to deal directly with the public would cause a decrease in the percentage of people who had ill-fitting dentures, but she felt that the people who had low incomes would possibly be fitted for new dentures more often if the replacement of the dentures didn't cost so much.

In answer to another question from Mr. Weise, Mrs. Cavnar stated that if the denturist thought there might be some illness present in the patient, that he would refer that patient to a dentist for an examination. She also stated that she didn't know for sure that once the denturists were allowed to work directly with the patients that they would not increase their prices, but she then referred to the statements of Mr. Tarrell Scott, a denturist from Las Vegas, which indicated that he did not feel they would increase. Mr. Scott's remarks which were given to the committee on February 28, 1979 are in text form and attached and marked as Exhibit "B".

Mr. Terrell Scott then spoke to the committee and stated that in addition to his previous remarks he wanted the committee to know that the provisions for dental care under the SAMI program were not effective because of the $259.00 per month earning limit imposed upon the program. He stated he did not feel that the current requirements were meeting the needs of the elderly. He stated he also wanted to point out that the law in Oregon, upon which this bill is based, is doing well there and that there are similar programs in Arizona, Maine and Colorado and they, also, are going well. He said that there was an article in the National Association of Dental Labs magazine which said that this is "the age of denturism" and he felt that it was about time that the public had the opportunity to shop around and receive the benefits of a lower price.

In answer to a question posed by Mr. Horn, Mr. Scott stated that he thought there were currently two dental clinics in the southern Nevada area. He stated that when he had inquired as to the costs in these clinics, he had found that their basic charge was approximately $350, but that that cost did not include any additional visits for fitting, etc. nor did it cover all costs of customizing the teeth to the desires and needs of the patient.

Mr. Scott also pointed out that currently denturist go to two years of college and then they work in an apprenticeship type program before going into making the dentures on their own. He also said that, if the bill were passed, it would require the denturists to return for more schooling in the area of oral pathology and structure, etc. Further, he stated that he did not know of one case of malpractice being brought by a patient in Canada since they have been practicing denturism.

In response to a question from Mr. Weise, Mr. Scott stated that he felt on reason for the high percentage of ill-fitting

dentures was the lack of communication between the dentist who takes the impressions and the denturist who make the actual dental plates. He said that many times the dentist does not give the denturist enough information regarding the age, sex or other features of the patient for him to properly prepare the dentures. He said that in addition to the dentures being technically correct that they should also be esthetically correct in order for the patient to be happy with them. He also stated in response to Mr. Rusk that many dentist took great care in making sure that the patient was happy with his new dentures, but that many others did not take this care.

In answer to a question posed by Mr. Horn, Mr. Scott stated he felt the denturists were better qualified to make decisions regarding dentures because they spent the majority of their time making dentures and dentists only made perhaps one or two sets of dentures while they were in school. He further told Mr. Horn that he did not know of one denturist who had not provided superior care to his patients. That concluded the testimony in favor of this bill.

Dr. Joe Libke, dentist from Reno and member of the Nevada State Dental Association, stated that they would like to ask that this bill not be approved and further said that he felt it was a bad bill hiding behind the guise of consumer oriented legislation.

Dr. Joel F. Glover was next to testify in opposition to the bill and the text of his remarks is attached and marked as Exhibit "C". He also submitted to the committee a statement by Dr. Nyle Diefenbacher for their information which is attached and marked Exhibit "D". In answer to a question from Mr. Horn he stated that they are currently advertising the low cost clinic care via newspapers and television and radio announcements and he submitted a report from Washoe County District Health Department titled "Geriatric Program Statistics, 1/1/78 to 6/1/78 which is attached and marked Exhibit "E". There were no further questions of Dr. Glover.

Dr. Peter M. DiGrazia then presented to the committee a video tape presentation which was originally given to the Senate Commerce committee during the 1977 session relative to SB 159 of that Fifty-ninth Session covering the same subject matter. The video tape presentation followed generally the prepared text submitted by Dr. DiGrazia and that statement is attached and marked as Exhibit "F". He also passed around to the committee during the presentation actual molds and denture samples which demonstrated his views as to the inferior construction of some dentures made by denturists.

Next to speak to the committee was Dr. Morris Gallagher, president of the Nevada Board of Dental Examiners and his comments are in text form and attached and marked as Exhibit "G".

Drs. Ted Kimball and Bill Roberson, both of whom run dental clinics in Reno and Las Vegas, respectively, were next to address the committee on how these clinics are run and how effective they are within their areas.

In answer to questions from Mr. Rusk, Mr. Kimball stated that their advertising had been very heavy, but they had not received nearly the response from the public, especially the elderly, that they had hoped for. He stated that they were hoping to do more advertising and generate more business because the only way they could make money in a clinic situation was to stay busy all the time. He further stated that his clinic currently charges $180.00 per denture unit (one plate).

Mr. Rusk asked how much of a regular dentist's time is taken up with making molds and fitting dentures. Dr. Glover who testified earlier stated that it depended entirely on the dentist; that some devote as much as 25-35% of their time (usually older dentists with older clientele) and some only devote 5-10% of their time to this part of their practice. Dr. DeGrazia also pointed out at this point that some dentists don't choose to work in this field at all.

Dr. Roberson stated that in addition to regular advertising media they had sent letters to many of the senior citizens centers in the southern Nevada area and the response from that sector had been very poor.

In response to a question from Mr. Weise, Dr. Gallagher stated that if they currently received a complaint about a dentist from a patient it would go to the Nevada Dental Association grievance committee and if they felt the complaint were justified, they would try to work out a solution between the dentist and patient. He said if the complaint had to do with possible fraud, the complaint would go to hearing before the board.

Dr. Roberson pointed out in regard to the SAMI cases that there were only 15 cases reported in the last year and he stated that the dentists felt there should have been many more than that.

After a discussion among the committee it was the general feeling that there should be some more effective way for these low-cost clinics to make their services more known to the public but there were no specific answers to this problem suggested by the committee or the doctors. That concluded testimony on this bill. See also Exhibit "H" suggested by Nevada Insurance Division.

There being no further business to come before the committee, the meeting was adjourned at 4:30 p.m.

Respectfully submitted,

Linda D Chandler

Linda D. Chandler

ASSEMBLY COMMERCE COMMITTEE

ROLL CALL: Hearing date: March 8 , 1979

	Present	Absent	Excused
CHAIRMAN JEFFREY	x		
VICE CHAIRMAN ROBINSON			x
MR. BENNETT	x		
MR. BREMNER			x
MR. CHANEY	x		
MR. HORN	x		
MR. SENA	x		
MR. FITZPATRICK	x		
MR. RUSK	x		
MR. TANNER	x		
MR. WEISE	x		

Date of Hearing 3-8-79

ASSEMBLY COMMERCE COMMITTEE

GUEST LIST

NAME (Please print)	REPRESENTING (organization)	WISH TO SPEAK Yes	No.
GENE MILLIGAN	NEV. ASSOC of REALTORS	AB366	
R. C. Bowers	" " "		✓
D. H. Hemmy			✓
James W. Jones DDS	Nevada Board Dental Exam., NRS		✓
Stanley E. Schmidt DDS	Nevada Dental Association		✓
Jae Christian DDS	Nevada Board of Dental Examiners		✓
Jim Hooker DDS	" " " " "		✓
Morris F. GALLAGHER DDS	" " " " "	✓	
Jack L. Stone	Nevada dental Assoc	✓	
W. Thompson	Nevada Dental Association		✓
Lloyd Lemm	Nevada Dental Assoc.		—
Ted Kimball	" " "	✓	
Bill Roberson	Nevada Dental Assoc.	✓	
Maryanne Harrison	Nevada Dental Assoc		✓
& John Tribney			
Chas Reed	NEVADA DENTAL ASSOC		✓

STATE OF NEVADA
CAPITOL COMPLEX
DEPARTMENT OF COMMERCE
REAL ESTATE DIVISION
201 S. FALL STREET
CARSON CITY, NEVADA 89710
(702) 885-4280

ROBERT LIST
GOVERNOR
JAMES L. WADHAMS
DIRECTOR
DEPARTMENT OF COMMERCE

JAMES K. JONES
ADMINISTRATOR
REAL ESTATE DIVISION

February 26, 1979

MEMORANDUM

TO: Assemblyman Paul W. May, Speaker

FROM: David E. Thompson, Division of Real Estate

RE: AB 366

The proposed bill would be entirely satisfactory if the word "transfer" is defined.

Suggest NRS 278.010 (definitions) include: "Transfer" means to convey, lease or assign legal or equitable right, title or interest in real property from one person to another by contract, agreement, deed or any other method or form recorded or not.

DET:mjs

EXHIBIT "A"

TESTIMONY TAKEN ON FEB. 28, 1979

RE: AB 421

MR. TERRELL L. SCOTT, a Denturist for Las Vegas, testified as follows relative to this bill:

"I would like for the committee to know that our neighboring state of Oregon did pass the denturist bill and passed it by initiative petition with 79% of the vote and also the Federal Trade Commission has been studying denturism in the United States for the last two years, and I would like to read a short except from their FTC Report:

> The current method of denture care delivery in the United States is apparently failing to meet the needs of the dentalist population. Approximately 40% of the dentiast americans have ill-fitting or incomplete dentures. Twenty-five percent of all americans over age 65 need to have a complete upper or lower denture, or both, constructed because they have no dentures at all or because the dentures they do have are so ill-fitting as to be beyond repair. The vast majority have not obtained any care within a five year period. These persons suffer the physical and mental discomforts of sores, reduced ability to chew food and poor appearance. They risk a greater disability to wear dentures in the future and forego the protection that might be provided by screening for oral desease.
>
> There is no doubt that one of the major reasons for the failure to obtain denture care is the high cost of such care as it is now provided. Denture care prices are likely to be prohibitive. Particularly for elderly and low-income persons who comprise the predominant portion of our indentialist population.

Non-dentists currently fabricate and evaluate the technical quality of complete dentures. The staff of this office believes that many non-dentists could also competently take impressions and fit dentures. And, so, could provide dentures of quality equal to that required of general licensees. We further believe that such persons are likely to provide denture care at prices substantially below the prices at which most care is currently offerred in this country.

By substantially reducing prices to consumers, denture care would become accessable to great number of consumers who cannot now afford it. As denture care becomes more accessable, the incidence of ill-fitting and incomplete dentures is likely to decline. We have identified no risk in the denture care process or in the failure to obtain related dentist care that would tend to outweigh this health benefit.

EXHIBIT "B"

This is the age of consumerism and public denturism speaks strong to this point offering a valuable and important health care service at a reasonable cost.

The consumers will be required to obtain an oral examination from a dentist or medical doctor prior to obtaining dentures from a denturist. (End of FTC report)

When we came up here to try to get this legislation passed, it was killed in committee because the dentists said that they had a low cost service which the elderly could obtained from SAMI. I researched this and found that SAMI is for anyone on a limited income of $249.45 or if they are an invalid or in a convalescent hospital. That would be the only way for a person to qualify unless the person were on a qualified SAMI welfare program.

The price range currently charged by dentists is from $600.00 to $1,800.00 for upper and lower plates. Our prices currently are, and have been for the last five years, an even $300.00. That is quite a savings to the consumer.

Due to those reasons we would like to see this bill passed and the bill is identical to the one which was passed in Oregon.

Thank you.

In answer to a question from Mr. Weise, Mr. Scott stated that as the law is presently written they are not allowed to take the impressions or adjust dentures. Now they have to work strictly with a dentist who supplies them a wet impression and they then make the dentures. Then they are sent back to the dentist for fitting and adjustments, if any, which need to be made. He also stated that he felt if the denturists were able to do the fitting of the dentures, that the incidence of ill-fitting dentures (referred to in the report) would go down considerable.

In answer to a question from Mr. Rusk, Mr. Scott stated that they currently charge the dentist pays the labs anywhere from $30 to $60 to make a lower plate and the same for an upper plate. So he's paying anywhere from $60 to $120 for the full set. And, he never sees the denture except to fit or adjust them.

In answer to a question from Mr. Bennett, Mr. Scott stated that they currently sell a set of dentures for $300.00 and they give a one year and also give a money back guarantee. They pointed out that there are people who come to them for their dentures, even though it is illegal and they have been supplying those people with dentures. He also responded that they feel it is very important that the people go to a dentist before coming to them so that they make sure their

oral health is sound, i.e. no gum desease. He also pointed out that the denturists would be required by the bill to go back to school for instruction in oral anatomy and physiology and that they would be setting up an apprinticeship.

In answer to another question from Mr. Bennett, Mr. Scott stated that there is a clause in the bill stating that the patient has the right also to go to a regular physician in order to have the oral examination rather than to a dentist. He felt this would eliminate the problem of the possibility of dentists charging exorbitant amounts for the exam.

In answer to a question from Mr. Weise, Mr. Scott stated that currently patients are getting no price breaks whatscever at all and the denturists have stayed the same price for the last five to six years. He stated that there have been denturists in Canada for more than twenty years and they have approximately the same prices as we have here. And, he added, they intend(upon passage of the bill) to set up a regulatory price range and should remain stable unless there is some extreme change in the price of the materials used.

He also stated that under this bill they would not be able to do bridge work or do work on partial plates because that type of procedure has to do with live teeth and they are not trying to get permission to do anything that has to do with live teeth.

He stated that his primary concern is for the people who are in need of his services, the customers, and his right to work. He stated that under the prices that they sell the plates to the dentists it is almost impossible for them to make a living, but under this bill if it passes, they will be able to make a decent living. He said that the dental labs have been operating at the same cost level approximately for the past twenty years.

In answer to a question from Mr. Sena, Mr. Scott stated that he belongs to the National Denturists Association. The association which helped get this same bill passed in Oregon, he said he didn't feel they would be represented here in the hearings on this bill because they are working on a piece of legislation elsewhere. He said that he had come before the committee representing the Nevada Denturists Association and he said he would try to get letters or testimony for the committee from the National Association.

This concluded his testimony.

TESTIMONY OF JOEL F. GLOVER, D.D.S., 3575 Grant Drive, Reno

Gentlemen:

Thank you for the privilege of hearing our evidence opposing AB 421.

As you are well aware, we testified on two occasions two years ago against SB 159 and SB 411. Both of these bills did not pass. We hope AB 421 will also not pass.

First, a brief history on illegal denture mechanics: Denture mechanics first began working in Europe in the early 1900s. Germany first legalized the mechanics in 1914.

In a few short years the mechanics began illegally constructing crown and bridge work, doing surgery and operative dentistry; not just making dentures as they were legally entitled.

Dental care was rapidly deteriorating because of the number of illegal practitioners. In 1952 Germany outlawed all dental services performed by anyone other than licensed dentists.

In 1958 illegal denture mechanics again gained recognition; this time in the province of British Columbia in Canada. Their claim which got by the Canadian legislator was to provide low cost services to the general public for denture care. They also claimed they would set up educational centers to train new mechanics. And, what happened since 1958 in Canada? The illegal mechanics upon legalization soon began increasing their fees. Today mechanics' prices are within 10% of the cost of dentists' services in most areas of Canada. Educationally very little has been done.

If you compare what their training is like compared to the dental sutdent of today, you would be shocked.

Finally, like in Europe, the mechanics are now illegally doing orthodontics, operative dentistry and crown and bridge work in Canada.

Canadian legislators are rapidly changing their views. And look what is happening; the illegal mechanics are moving to try for legalization in the U.S.; their pitch -- low cost care. Untrained care I might add. And, if legalized will they continue low care? May I point out they ask for the same fees from insurance companies for denture care as dentists receive.

Two years ago your legislative colleagues in the Senate asked organized dentistry to investigate low cost delivery care.

What has been done? Maine, Arizona and Oregon have

allowed some forms of mechanic legalization. Do we need to do this? No ! In the last two years some major trends have occurred. With the FTC lifting the restrictions on advertising in the professions, we have now got in Nevada dentists who are board certified practitioners advertising and presently providing low cost denture services through senior citizens services. I have statistics on these programs if you are interested. Drs. Kimball and Roberson are advertisisng their low cost services and they are present to answer any questions you may have.

We can deliver the low cost services through organized dentistry. Delivered by well trained, ethical, and licensed men. Not by illegal mechanics, with poor training, men who profit from people losing teeth not saving teeth. We hope you will vote no on this legislation.

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.

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.

WASHOE COUNTY

"To Protect and To Serve"

DISTRICT HEALTH DEPARTMENT
DIVISION OF COMMUNITY AND CLINICAL HEALTH SERVICES

WELLS AVE. AT NINTH ST.
POST OFFICE BOX 11130
RENO, NEVADA 89520
PHONE: (702) 785-4290

June 5, 1978

GERIATRIC PROGRAM STATISTICS (DENTAL, MISC. PROF., RX) - 1/1/78 to 6/1/78

Total number of patients seen during this time period:		2,140	
Total number of physical exams given:		174	
DENTAL:	referred from physical exam:	3	
	drop-in dental:	22	
	referred privately to a dentist:	9	
	seen at dental clinics (2 - 1/25/78 & 5/10/78): (10 seen at 1/25/78 clinic were drop-ins before January) (All but one of these were referred to our dentists for work)	21	
	others, not seen at dental clinic, that we agreed to help:	5	
	total dental expenditures during this time period: (30 patients; 21 of these were from previous dental clinics - $5,039.72, leaving $3,633.66 spent on 9 of the 25 new patients - so far!)		$8,673.38
	rough estimate of incumbered expense for remaining new patients:		$4,000.00 +
	patients waiting for next dental clinic:	4	
PRESCRIPTIONS:	total paid during this time period (17 patients)		$ 479.81
MISC. PROFESSIONAL CONSULTATIONS:	total referred to M.D.'s:	96	
	agreed to pay for consultation:	21	
	total expenditures during this time period:		$1,109.04
	total seen at our M.D. Clinics (10 clinics):	62	
HEARING AIDS:	total expenditures for 10 patients: (approximately 5 more patients are in need of a hearing aid at this time)		$2,917.00
		Total:	$17,179.23

EXHIBIT "E"

December 18, 1978

GERIATRIC PROGRAM DENTAL STATISTICS (12/76 to 11/78)

Upper dentures - 11

Lower dentures - 9

Both U & L dents - 22

Partials - 27

Relines - 32

Repairs - 23

Crowns - 6

Root canals - 14

Part dent tooth - 7

Prophy - 15

Amalgam - 31

Restor plastic - 45

Alveoplasty - 10

Surgery - 100+

EXHIBIT E

Presentation Made by Peter M. Di Grazia, D.M.D.
Before the Senate Committee of the Nevada Legislature
March 7, 1977

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: first, a denture is a medical dental health service, and second, I know of nothing in the field of dentistry that makes one age faster than an ill fitting denture.

I would like to begin by explaning some of the complex array of elements that must be considered in the provision of a denture service. 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 are 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 symptons 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.

In addition to the consideration of TMJ involvment, to make a good denture an accurate impression of the endentulous 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 resorbtion 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 aleolar process of the mandible and to some extent the maxillae.

EXHIBIT "F"

The dentist sees the problem of resorbtion 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 sub lingual 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.

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 referral 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 filing 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.

Second Case. This denture was made by a denturist on November 11, 1976. Note the tooth alignment in the posterior area. There is an eight millimeter discrepancy between the bicuspids and the centrals. The teeth are out of alignment, which would have destroyed the supporting structures.

Third 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.

EXHIBIT F

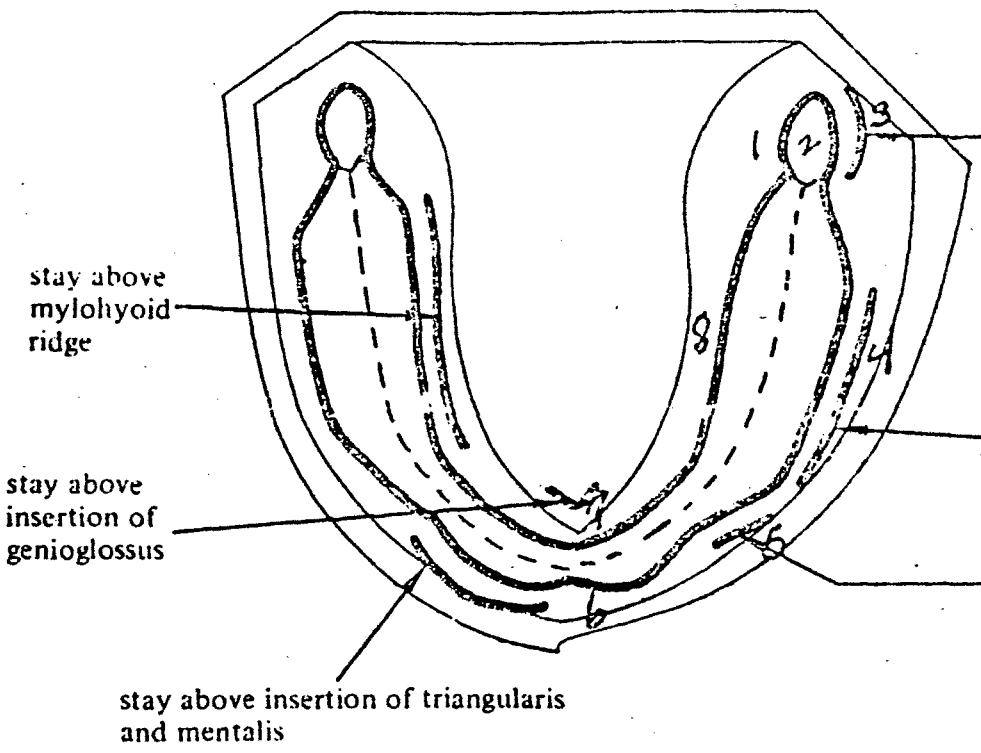
Fourth case is an elderly woman. She was sold a partial denture in December 1976 for $125.00, when in reality she was sold a temporary appliance that sells from $80.00 to $100.00 in the Reno, Nevada area from a licensed dentist. She thought she was getting something similar to what she is now wearing, a metal framework partial that sells for about $300.00 from a licensed dentist.

The fifth 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 have been destoryed in a short period of time.

On the last two cases I can demonstrate these facts if the Committee desires. The patients are in the audience. However, if this is your desire, I would like to do it in private as removing one's teeth is a very personal experience.

To conclude my presentation, I would like to state that 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 irreversible. For this reason, I ask that you defeat Senate Bill 159. Thank you.

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

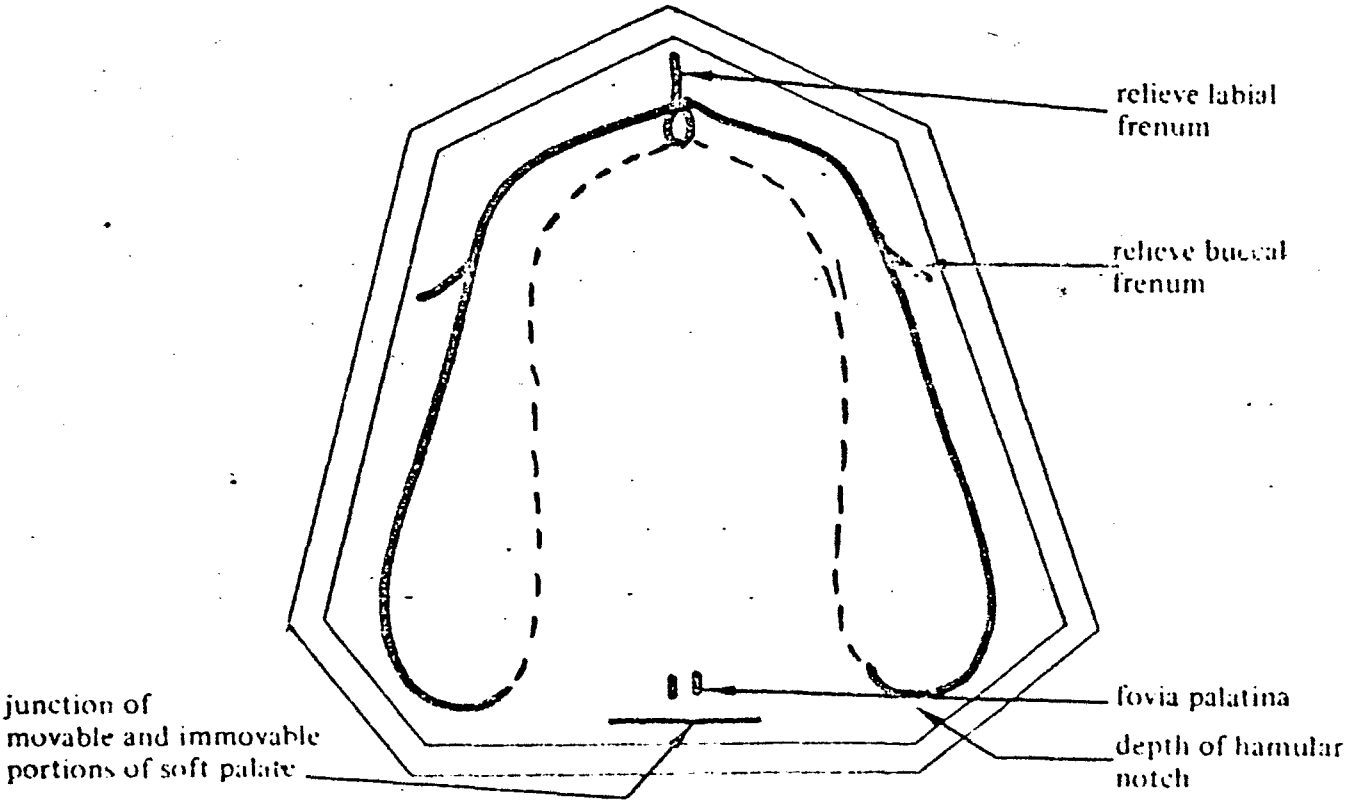


EXHIBIT F

Mr. Chairman and Members of the Committee:

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

On behalf of the Board, we welcome the opportunity to testify in opposition to Assembly Bill 421. 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, thorough, and competent care for 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 charactor 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 ablilties in order to better serve the public. The requirements of formal training at the graduate level and continuing education are characteristics of this professionalism.

The adminstration of the dental practice laws in Nevada has been entrusted to seven dental practitioners and one public member, each 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 Board membership is the health care protection of Nevada citizens.

The Board is actively engaged in this duty and has always supported programs to curtail attempts to deliver services by unqualified vendors. I would like to introduce to the Committee the members of the Dental Board who are presently serving

in this capacity:

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

-- Dr. James Jones of Las Vagas

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

-- Dr. James McMillian of Las Vagas

-- Dr. Fae Ahlstrom of Las Vagas

-- Dr. Peter DiGrazia of Reno

and the public member, Mrs. Dorothy Raggio 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. Our public member represents the Nevada Health Care Consumer as well as those who seek licensure. The Board members are, unanimously and firmly opposed to AB421 because of its great potential for harm to the people of Nevada through improper care and high costs for unsuitable dental devices. The proposed bill would legalize the fabrication, placement, and treatment of these devices by partially trained personnel which only a fully qualified dentist is capable of providing.

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 through the dental practice act.

As members of the Board of Dentistry and agents of the state, we are concerned that the provisions of AB421 would definately be a step backward into earlier decades ~~this representing the first time in the history of this state~~ -- WITH ~~this~~ health legislation ~~has been~~ designed to regress the level of care. THIS ~~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 of the present law that patient care is simple 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 comes 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 . . . taking 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 prodedures that require expert biological training as well as a properely constructed dental replacement.

In so defining dental practice, the law 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 injures from irresponsible use of high-speed dental drills could increase substantially. These dental instruments will have to be employed for the proper preparation of the mouth to receive prosthetic replacements. 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~~ PERSONS pose an even more serious threat to the proper oral health of the people of Nevada. A simple certificate in oral health to be signed by a dentist -- not providing the dental devices -- would not be a solution to the liability that now exists for the benefit of the public.

Denture service is one of the most difficult, exacting and time consuming services offered by the profession. Many elderly people must be treated with nutrition fortification before any impressions are made, and all those who wear dentures should be psycologically prepared before the replacements are delivered. Dentures are replacements for missing human parts and can only partially restore the natural function of the human teeth.

EXHIBIT G

The dentist, far from being a middleman in denture care, is the person with whom the responsibility begins and ends. It begins with his diagnoses and continues through the after care treatments. The dentist has the 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 the team. Mechinical or biological, there is no middleman in the dental team. Technicians, hygenists, assistants and the dentist are all a part of and necessary to the proper delivery of acceptable services for the public.

In conclusion, unqualified providers of dental care continue to plague the public through the advertising medias, claiming superior service at low costs in spite of legally imposed injunctions. They defy the law and invite furthur persecution for thier illegal acts. If such is the case now, what assurance is there that those who flaunt existing laws would abide by a new law? Would they not soon be performing surgery, doing fixed prothetics, orthodonics or various dental procedures. This has occured in the past.

In speaking for the Board, I urge you, Mr. Chairman and the Members of the Committee, to reject AB421. A similar proposal was determined by this legislature to be poor legislation and was rejected in 1965 and again in 1977. It remains poor health care legislation today as it was then and deserves the same fate.

- Thank You -

EXHIBIT 6

TO Assemblyman Jeffrey, Chairman
Committee on Commerce

Memo

FROM Georgia Massey - Nevada Insurance Division
Assistant Supervisor - Life & Health

DATE 02-26-79

SUBJECT Assembly Bill 421

The Insurance Division has reviewed Assembly Bill 421 as it relates to our regulatory process. We would suggest the following change to Section 14 of page 5.

The paragraph should read as follows:

> If any policy provides for treatment within the permitted scope of practice of a person licensed pursuant to sections 2 to 12, inclusive, of this act, within the State of Nevada, the insured is entitled to reimbursement for expenses incurred for such treatment.

GM:rs

EXHIBIT "H"