The Denturism Initiative

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DENTURISM has been defined by the American Dental Association as "the unqualified and illegal practice of dentistry" (*1*). A "denturist," according to the ADA, is "a person who is educationally unqualified and not licensed for the necessary protection of the public, to practice dentistry in any form on the public" (*1*). On the other hand, the National Denturists Association, the organization of U.S. dental laboratory technicians seeking to be licensed independently, describes a denturist as "a highly skilled laboratory technician who has devoted his lifetime to the making of full and partial dentures" (*2*). The divergence in these two definitions reflects the controversy surrounding the concept of denturism and its practice (*2–9*).

Organized dentistry in both the United States and Canada has been opposed to denturism since the movement began. The American Dental Association has worked hard, both publicly and privately, to stop it and has allocated more than $1.1 million to the effort (*2,10*). In Canada, however, the dental profession has largely given up the fight (*11,12*).

Historical Review

Dental services were included in the health plan of one of the first systems of health insurance in the world, a system introduced in 1883 in Germany (*10*). However, because the delivery system for the dental services was inadequate and there was a shortage of trained dental personnel, legislation was passed in 1914 in the German Imperial Diet permitting dental laboratory technicians to work directly with the public in supplying complete dentures. The resulting expansion of the categories of persons who could legally supply complete dentures increased the number of dental personnel. At the same time, however, because dental patients were becoming increasingly anxious to retain their natural teeth as long as possible, dentists were having to spend more time in their operatories and had difficulty in meeting the growing demands for partial dentures and fixed prosthetics (*9,10,13*). The 1914 legislation did not cover these services, but dental technicians began to meet the new demands by providing these services, as well complete prostheses, illegally directly to the public. As a result, the quality of dental services steadily declined, particularly those related to the provision of removable and fixed prosthetics. The confusion that ensued over the qualifications of the various dental care providers provoked a strong public outcry. It was not until March 1952, however, that the Federal Republic of Germany enacted legislation confining the practice of dentistry, including prosthodontics, to fully trained and qualified dentists.

While this legislative change was taking place in Germany, dental laboratories in Canada were experiencing a shortage of trained dental technicians. To meet this shortage, many German dental technicians went

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to Canada, where they began working directly with the public, as they had been doing in Germany. Native Canadian technicians followed the German example, and as the number of dental technicians working directly with the public increased, they sought recognition of their work as a separate and distinct vocation (*10,11*). To this end, they organized a denturist society across Canada, set up qualifications for membership, and began a legislative battle to gain professional recognition and legal status.

In Canada, all health legislation is under the control of the Provincial Governments, and the practice of dentistry is governed by 10 Provincial dental practice acts (*10,11*). Consequently, the legislative battle of the dental laboratory technicians in Canada to obtain legal status as denturists was carried out in each of the 10 Provinces (*9–11,13*). Today, eight of these Provinces, including the largest industrialized ones, have legalized the status of the denturist (*10*). The separate Provincial legislative battles were not won easily; however, the actions of the dental profession in Canada were said to have been too little and too late (*10–12*). The general mood of the Canadian leaders of the dental profession was apparently one of despair and disbelief that the public, the legislators, and journalists did not regard denturism as an opportunistic movement whose legalization would only come at the expense of the public health (*10,12*). The Provincial legislation that currently governs the practice of dental laboratory technicians in the 10 Canadian Provinces is summarized in table 1.

In the United States, the first denturist-type legislation was filed in Illinois in 1955, and since then, legislation on denturism has been introduced practically every year in an increasing number of States (table 2). In 1959, bills on denturists were introduced and defeated in seven States (*10*). In 1960, an initiative aimed at placing a denturist referendum before the general electorate was filed in the State of Washington. However, the necessary number of qualifying signatures was not obtained.

Denturists in the United States, encouraged by the successes in Canada, began to organize similar efforts in the various State legislatures to legalize denturism. In January 1976, the National Denturists Association began a membership drive by advertising in an independent laboratory periodical (*10*). Also, in the same month, a bill was submitted to the Maine Legislature to legalize denturism (*10,14*). The proposed legislation, which called for a seven-member licensing board to regulate complete and partial denture service to the public, was defeated in the Maine House of Representatives in March 1976. In the meantime, the denturist movement received increasing news coverage in States where denturist legislation was pending. Members of the ADA and of the dental societies in these States complained that their position vis a vis denturism was not receiving adequate press coverage (*10*). They argued that the issue of denturism was being reduced in the media to its lowest common denominator—economics (*9,15,16*). The National Denturists Association expanded its early efforts to organize dental and

laboratory technicians and channeled funds, along with media and consumer support, into legislative efforts in a number of States. During 1977, for example, 20 denturist bills were introduced in 14 State legislatures (*17*). In the same year, denturist legislation was passed in Maine that provided for the licensing of denturists and the establishment of educational criteria and training requirements for them (*9,10*). The law also specified that the denturist could practice only under the supervision of a licensed dentist.

The drive by the National Denturists Association for recognition culminated in 1978 in an attempt to introduce an initiative on denturism in both Oregon and Arizona. The initiative was defeated in Arizona when the State dental society introduced compromise legislation to allow the denturist to work under the direct supervision of a licensed dentist, as the Maine act provides. A similar denturism bill, providing also for direct supervision of the denturist by a licensed dentist, was enacted in Arizona on July 5, 1978. A letter of agreement was thereupon signed by the dentists and the denturists stating that no further legislative initiatives would be introduced in Arizona.

In Oregon, the dentists decided to fight a ballot initiative to legalize denturism and conducted a media and public relations campaign. The proponents of denturism, however, obtained the necessary signatures to qualify for the referendum and increased their efforts to gain the support of consumers, the media, and legislators (*9,10,15*). Although organized dentstry carried on an intense and long overdue media campaign in the State (*10*), on November 7, 1978, 79 percent of the voters chose to accept the alternatives presented by the denturists.

The 1978 law approved by the Oregon voters allows denturists to provide complete dentures without supervision and requires the Health Division, Oregon State Department of Human Resources, to administer the law and monitor denturists' practice. This law calls for the establishment of a 2-year training program for denturists and a supplementary educational program to enable those with prior experience to qualify for certification. The act also requires that criteria for experience and education be established, that performance standards for denturist practice be set up, and that a monitoring system for quality assessment and

Table 1. Canadian Provincial legislation governing dental auxiliaries in supplying denture services directly to the public

Province [1]	*Legislation and year*	*Terminology*	*Practice specifications*
Alberta	Certified Dental Mechanics Act, 1961. Dental Technician's Act, 1961.	Dental mechanics. Dental technicians.	Independent practice—complete dentures. In laboratory service for the dental profession. No oral health certificate required.
British Columbia	Dental Technician's Act, 1960. Dental Technician's Amendment Act, 1962.	Dental mechanics.	Complete denture services. Oral health certificate required.
Manitoba	Dental Mechanics Act, 1970. Amendment, 1972.	Dental mechanics.	Independent practice with complete dentures. Oral health certificate required.
New Brunswick	Legislation, 1976.	Denturist.	Full denture services, repairs, and relines. No oral health certificate required.
Nova Scotia	Denturist legislation, 1973.	Denturists.	Independent provision of complete dentures. No oral health certificate required.
Ontario	Denture Therapist's Act, 1974.	Denture therapists.	Nonsupervised: complete upper and lower prostheses. Supervised: complete upper and lower prostheses and fabrication and repairing of partial prostheses. No oral health certificate required.
Quebec	Denturologists Act, 1973.	Denturologists.	Independent provision of complete dentures. Oral health certificate required.
Saskatchewan	The Denturists Act, 1977.	Denturists.	Independent provision of complete dentures. No specification for oral health certificate.

[1] No legislation relating to the supply of denture services directly to the public by dental auxiliaries has been passed in the Provinces of Newfoundland or Prince Edward Island.
SOURCE: Reference 10.

quality assurance be established. The staff of the health division has consulted with representatives of senior citizens, other consumer groups, denturists, educators, and dentists in order to gather information that would be useful in establishing a denturist program. The staff also worked with the Portland Community College in setting up a curriculum for denturist training. An advisory council was named in mid-1979; its main function is to assist in establishing the curriculum, as well as to determine if the educational program that is submitted meets the educational requirements as outlined in the law (*10*).

In Colorado, a revision of the State dental law provides for a denture care auxiliary. Approved by the 1979 State legislature, the revision was based upon a review by the State agency assigned that responsibility under the Colorado Sunset Act. The revised law permits a denture care auxiliary to perform "intraoral and extraoral tasks and procedures necessary for the construction of a full denture" under the supervision of a licensed dentist. No educational requirements for the auxiliary are specified in the legislation. The responsibility for assigning to the auxiliary tasks involving complete dentures rests solely with the supervising dentist. Currently, some dentists in Colorado are using auxiliaries—most of them dental assistants with expanded duty training—to provide complete denture treatment.

Table 2. Denturist-type legislation introduced in State legislatures in the United States through 1980

Year	State
1955.....	Illinois.
1957.....	Idaho, Illinois, and Washington.
1959.....	California, Georgia, Illinois, Michigan, Nevada, Oklahoma, and Washington.
1960.....	Washington ("Denturist" initiative).
1961.....	Illinois and Oklahoma.
1962.....	Washington ("Denturist" initiative)
1963.....	Florida, Georgia, and Nevada.
1965.....	Nevada, New Hampshire, and Oregon.
1966.....	Puerto Rico.
1967.....	New Hampshire.
1971.....	Georgia.
1972.....	Georgia.
1973.....	Idaho, Oregon, and Texas.
1975.....	Oregon.
1976.....	California and Maine.
1977.....	Arizona, California, Colorado, Delaware, Florida, Idaho, Kansas, Maine, Massachusetts, Nevada, Oklahoma, Oregon, Texas, Washington.
1978.....	Arizona, California, Florida, Georgia, Idaho, Illinois, Kansas, Kentucky, Massachusetts, Michigan, Mississippi, Oklahoma, and Oregon ("Denturist" initiative).
1977–80...	Denturism became legal in Maine (1977), Arizona (1978), Oregon (1978), and Colorado (1979).
1981.....	Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Massachusetts, Mississippi, Oregon, and Washington.

SOURCE: Reference 10.
NOTE: Only in the period 1977–80 was any denturist-type legislation enacted.

Issues Involved in Denturism

The dental profession and the proponents of denturism have debated the question of its legalization in terms of what is best for the public health and the patient's pocketbook (*2,8,13,15,18–20*). However, the economic aspect of the issue has seemingly gained the major attention of the public, legislators, and the news media. The major argument put forth for denturism has been that it will lower the cost of denture services to the public. The denturists claim that they can make quality dentures less expensively than dentists and contend that the dentist is an unnecessary middleman, who adds to the cost of the product (*10–21*). They state that the time that the dentist ordinarily spends in sending out dental impressions, models, bite blocks, and other items needed for denture construction would be eliminated if denturists were permitted to assume total responsibility for denture treatment (*10*). Denturists state that although the dentist has biological knowledge and diagnostic skills that are needed before and after denture construction, these skills are not required in the actual construction of full dentures for the public. Once a patient becomes edentulous, according to the denturists, a dentist is no longer needed, and the patient could receive full denture treatment from a denturist at less cost and of as good quality as from a dentist. Denturists have expressed increasing opposition to the existing arrangement between the dentist and the dental technician (*10,13,22*). They contend that State dental laws limiting the provision of denture service to dentists results in added expense to the patient and has led to the high cost of dentures without significantly contributing to the health and safety of the public.

Dentists, on the other hand, claim that acceptance of denturism would allow inadequately trained personnel to practice dentistry (*1,2,10,18,23–26*). They regard denturists as untrained and unskilled practitioners who could endanger the public's health. They believe that legalization of denturism would return one segment of dentistry to an apprentice system and constitute a major step backward in health care (*10*). Dentists contend that the dental technician is not trained to recognize abnormal tissue in the mouth and that only the dentist

can determine whether a specific patient's oral cavity will adapt to the dental prosthesis (*2*). If denturism were legalized, they maintain that the oral health of the patient would be endangered by improperly prescribed prostheses and inadequate care subsequent to placement of the prosthetic appliance (*10,19*). Those opposed to the licensing of denturists argue that the public's interest is best served by having dental professionals supervise the prescription and placement of dentures (*2,10*). They state that the provision of complete upper and lower prostheses should not be separated from the total dental health care of the patient and that only a dentist can provide therapeutic continuity (*2*). Leaders of the dental profession argue that legalization of denturism would adversely affect preventive dental care, which has become such an essential part of modern dental practice (*2,25,26*). If denturism were legalized, the dental professionals suggest, many patients would simply seek extractions and complete dentures rather than adopting the preventive dental habits that would help them maintain their natural dentition.

Organized dentistry also has put forth the argument that as a result of the growing emphasis on prevention and because of fluoridation, the public's dental health will improve and the demand for dentures will be reduced; therefore, the various States should not license a new health care provider that faces a limited lifespan (*2*). The number of complete dentures supplied per capita annually in the United States has declined from 0.034 in 1950 to 0.030 in 1969 (*1,2*), or from 5,900,000 complete dentures delivered in 1950 to 5,100,000 in 1969.

The proponents of denturism, however, contend that it will be many years before the dental health status of the population becomes so high that denture services will be no longer be needed. They believe that there will be a continued demand for dentures as well as for repair of existing dental prostheses (*2*). Moreover, the denturism proponents contend that should the demand for denture service decrease, denturists could provide other needed dental services with only minor retraining (*2,10*). However, leaders of the dental profession, aware of the 1952 German legislation that revoked the right of dental auxiliaries to provide denture services independently, point out that the provision of other dental services by auxiliaries would not be in the public interest. They argue that the education and skills needed to perform those services require training well beyond that offered in the undergraduate dental curriculum (*26*).

The arguments over denturism have generated great controversy in every State where denturism legislation has been introduced (*2,3,10,14,15,19,27*). The National Denturists Association has been actively organizing, and State denturist societies have been formed to seek a voice at the national level and in State legislatures (*2*). At the same time the American Dental Association has committed itself to oppose any legislation allowing nondentists to treat the public. In 1977, in an effort to slow the denturist movement, the ADA's House of Delegates recommended that the ADA and State dental societies establish access programs to help people obtain dentures at lower costs (*18*). Such programs may have lessened the impact of the denturists' argument that their licensure would lower the cost of dentures, but they have not resulted in decreased media coverage of denturists or in fewer consumer appeals favoring the denturists. In 1979, 1980, and 1981, battles over denturism escalated in the legislatures of a number of States (*17*).

Alternatives to Denturism

In 1978, the Council on Prosthetic Services and Dental Laboratory Relations of the American Dental Association listed the following possible alternative approaches to the denturism movement (*2*):

1. *Maintain present position.* It is illegal for denturists to operate in all but four states. Given the demand for dentures it is unlikely that the denturist will voluntarily stop practicing. Some people who need dentures could not afford them at any cost without public funding.

2. *License denturists and require standards.* This approach is favored by the denturists. They want the states to set up a separate licensing board for denturists that would operate independently of the state board of dentistry. The denturists want education and training requirements established.

3. *License denturists independently but require certificates of oral health.* This would ensure that the patient's mouth was free of disease before the denturist service began. The denturists claim that in Canada where this approach has been tried, the certificates delay the process, increase the cost to the patient, and are difficult to obtain from dentists.

4. *License the denturists but require that they practice under supervision of a dentist.* This would require that the denturist work under the direct supervision of a licensed dentist in the way that dental hygienists and dental assistants do. A denturist bill such as this one was enacted in Maine. The reponsibility for drafting rules and regulations about how and where denturists will be permitted to provide denture service is placed with the State Board of Dental Examiners. The Board is also responsible for setting up the educational requirements and procedures for denturists' licensing examinations.

5. *Improve access to denture treatment within the current system.* Programs are being set up by members of the dental profession who are advertising their fee scale. If widely practiced and successful, this trend could eliminate the need for the denturists by providing the public with low-cost care through the current dental practice system.

6. *Expand the duties of existing auxiliary personnel.* This alternative would achieve the same results as licensing a denturist to work under supervision of a dentist, but would be

easier to implement since the current personnel already have experience in the dental office.

Final Decision on Denturism

The final decision on denturism will be influenced by the strategies that the American Dental Association and the National Denturists Association adopt. Dentists need to reexamine their traditional attitudes toward dental laboratory technology and analyze what the relations between trained dental technicians and the biologically oriented dental practitioner should be. Denturists also need to examine their role in terms of the public's need for quality prosthetic services and the maximum protection of the public health (*2,10*).

The 1976 ADA House of Delegates, responding to the threat of illegal dentistry, authorized the expenditures of $1.1 million from the association's reserves (more than a quarter of the ADA's financial reserves) to help ward off this threat (*2*). In January 1977, the ADA Board of Trustees authorized the appointment of a special committee to oversee expenditures from the $1.1 million authorization. This five-member committee met nearly once a month through 1977 (*2*). Its responsibilities were later transferred to appropriate agencies within the ADA, which then allocated funds to various ADA agencies to help them set up denture access programs. Staffed with dentists, these programs were designed to help State and local dental societies fight denturism by providing prosthetic services to the public at lower costs than those charged by dentists in private practice (*2*).

Recognizing that the strength of denturism was basically in its economic appeal, many dentists also have been restructuring their practices to provide relatively inexpensive prosthetic services to the public (*2,24*). Those opposed to the licensing of denturists claim, however, that the prices charged by denturists, once they are licensed, will rise. They argue that once licensed, denturists will have to assume many of the costs that dentists now incur, such as advanced education, office personnel, laboratory equipment, and regular business overhead. They contend that as the denturist's self-concept rises upon attainment of legal status, so will the denturist's fees.

Denturism has been legal in some Canadian Provinces since 1969, but it is difficult to obtain fee schedules with which to compare the trend in fees charged by the various denture providers. It is generally agreed, however, that although denturists' fees have increased, they have leveled off slightly below those charged by the dental profession in Canada and the access clinics of the Canadian Dental Association. (These prosthetic access clinics, which employ dentists full time and part time, were set up by the Canadian Dental Association to provide complete and partial prostheses to the public at fees below those charged by dentists in private practice.) The following table shows the average prices in Canadian dollars charged in 1976 for various prosthetic services in British Columbia, a Province where denturists have been licensed for 15 years (*10*):

Item	*Private practice dentist* [1]	*Dental association clinic* [2]	*Denturist* [1]
Full denture—upper and lower	$448.40	$302	$244
Direct reline	33.30	NA	20
Processed reline	71.30	53	39
Tissue conditioning	18.40	0	8
Repairs—simple fracture	24.40	20	12
Repairs—multiple fracture	30.40	NA	12
Repairs—replace tooth	29.40	20	9

[1] Source: C.U.N.C. Health Services Society, a private nonprofit health insurance company based in Vancouver, British Columbia.

[2] Source: Personal communication from R. J. Warshawsky, DDS, administrator, Denture Clinics of the Academy of Dentistry of British Columbia.

NA = not applicable.

Another factor in the battle over denturism is the U.S. Federal Trade Commission. The FTC has been examining many traditional health care practices in line with its mandate to promote competition in the free enterprise system, guard against false advertisements, and prevent trusts or monopolies that restrain competition (*10,17,28*). Taking a nontraditional view of the health professions, the Commission has filed complaints against them related to restraints on advertising and barriers to the practice of paraprofessionals. Care providers have been asked to show that certain established practices do not act as restraints on trade. One of the specific areas that the FTC has been examining is denturism, and the way that the Commission decides that issue will have a strong effect on the future of denturism.

The San Francisco Regional Office (SFRO) of the FTC has been investigating State laws that prevent denturists from supplying dentures to the public. The SFRO has had a trade rule under consideration that would prevent the enforcement of current dental laws against nondentists who supplied directly to consumers complete dentures of a quality acceptable under prevailing standards of dental practice provided that such persons advised consumers of the desirability of obtaining an examination for oral disease from a dentist (*28*). The rule would further permit such persons to sell dentures to dentists and purchase dentures from dental laboratories for resale. The American Dental Associa-

tion, in an official rebuttal statement, asked the SFRO to withdraw this proposed trade rule in respect to denturists so that a thorough analysis could be conducted (*10*).

The FTC also proposed a study in which denture care by dentists and denturists in Canada would be compared with denture care by dentists in the United States. The ADA decided to postpone an independent study until the FTC had set up the research protocol for its proposed study. As of July 1981, however, the ADA was still awaiting a status report on the FTC study.

The Reagan Administration's announced intent to restrict Federal regulatory actions has introduced a new element in the denturism struggle. Regional offices of the FTC are being reduced, and a bill (HR 3722) has been introduced in Congress designed to prohibit FTC activities with respect to State-regulated professions (*29*).

Discussion

Although in the definition of denturism put forth by the ADA's House of Delegates in 1976, the movement was termed illegal, denturism is now legal in four States. According to the ADA's Task Force on State Dental Policies, denturism is a movement by certain dental laboratory technicians who are seeking to be licensed independently from other dental care practitioners so that they can provide denture care to the public directly. For the public, also, the issue of denturism is not clearly defined. It is this lack of definition, on one hand, and the clearcut economic issue, on the other, that has made coping with the denturism controversy difficult for the dental profession.

It may be true, as many have stated, that the dental profession has slowly maneuvered itself into its present position. Ironically, the issue of illegal dentistry will not be resolved by licensing denturists. The Canadian denturists are now confronted with the problem of "illegal denturists." Moreover, the costs of dentures supplied directly by denturists apparently are almost equal to those charged by the dental profession in Canada. As a result, some dental technicians who are not licensed as denturists are operating illegally and selling dentures at lower rates than the licensed denturists or the dental profession.

In the United States, challenges to the traditional systems of health care are being made in State legislatures and at the Federal level. Dentists can no longer remain insulated behind a professional degree and expect those challenges from the public, the denturist movement, or government to go away. The American Dental Association and State and local dental societies have established programs designed to meet the needs of citizens within the community for lower cost care, thereby increasing the access to dental care and to denture services in particular. Such access programs offer a solution to the economic issue, which is the main reason for the success achieved by organized denturism. A further step might be to expand the functions of current and future dental auxiliaries. The same result would thereby be achieved as by licensing a denturist to work under the supervision of a dentist, but this step would be taken within organized dentistry, and it would not set up another health care provider. In December 1978, there were 52 access programs in 26 States. As of July 1981, that number had increased to 97 programs in 38 States, and several more constituent societies of ADA had programs scheduled to begin sometime in 1982. If this trend continues and a nationwide system of access programs is established, it would influence considerably State legislative bodies faced with denturism legislation. Successful access programs would defuse the economic issue involved in denturism and help defeat denturist legislation, or at lease force modifications in the bills being introduced. In 1978 and 1979, several State legislatures allowed denturism bills to die in committee because of the access programs operating in their States. The Federal Trade Commission in its investigation of denturism has also been evaluating the access programs.

The issue of denturism will undoubtedly grow in importance over the next few years. Challenges to traditional systems of dental health care delivery will be made in State legislatures and in the voting booth. A campaign to combat denturism is needed in each State that is confronted with denturism legislation. It will take well-informed legislative decisions to resolve this critical issue in the best interests of the public.

References

1. American Dental Association, Bureau of Economic Research and Statistics: Denturism: the illegal and unqualified practice of dentistry. Chicago, December 1976.
2. American Dental Association (Council on Prosthetic Services and Dental Laboratory Relations): Both sides of the issue: denturism. Chicago, May 1979.
3. Aull, A. E.: Denturism—a professional threat. Ariz Dent J 19: 28–30, May–June 1973.
4. Cimring, H. I.: Some quacks are not. J Am Dent Assoc 76: 939–940, May 1968.
5. Denturist definition is unclear. Editorial. Ohio Dent J 52: 1, December 1978.
6. Dark, W. D.: Dentists breed bootleggers. Dent Management 5: 34–38, December 1965.
7. Douglas, B. L.: Bootleg dentistry. Letter to editor. J Am Dent Assoc 86: 32–33, January 1973.

8. Douglas, B. L.: Fighting illegal dentistry: a public health perspective. Ill Dent J 46: 265–266, May 1977.
9. Resnick, N.: The illegal dental mechanic movement. J Am Dent Assoc 91: 330–337, August 1975.
10. American Dental Association (Council on Prosthetic Services and Dental Laboratory Relations): Denturism: an historical review. Four-year summary of denturism legislation, 1977–80. Chicago, February 1980.
11. Fee, A. D.: The dental mechanics of Canada. J Prosthet Dent 31: 10–21, January 1974.
12. Ryan, J. E.: The profession, the mechanics, the Canadian government, and the delivery of removable dentures. J Prosthet Dent 35: 89–91, January 1976.
13. Pownall, K. F.: Denturism: past, present, and future. NADL [National Association of Dental Laboratories] J 20: 7–11, October 1973.
14. Accardo, J. A.: Reflections on denturism in Maine. NY State Dent J 43: 520–521, November 1977.
15. American Dental Association: Report on illegal dentistry: results and recommendations of the ADA Special Study Commission. J Am Dent Assoc 92: 822–832, April 1976.
16. American Dental Association (Council on Prosthetic Services and Dental Laboratory Relations): Report on implementation of State laws affecting denture care delivery. Chicago, December 1979.
17. American Dental Association: Legislation and litigation. J Am Dent Assoc 98: 146, January 1979.
18. Final report from ad hoc committee for the delivery of quality prosthetic care for the financially disadvantaged. J Am Dent Assoc 95: 1024–1039, November 1977.
19. Razzoog, M. C., and Lang, B. R.: Guidelines for professional quality dentures for the financially disadvantaged. J Am Dent Assoc 97: 951–965, December 1978.
20. Sexton, R. D.: The problem of bootleg dentures. Dalhousie Dent J 8: 7–18, April 1968.
21. Plehavik, E. J.: Denturism and prosthodontics. J Prosthet Dent 35: 26–28, January 1976.
22. Oregon results buoy European denturists, but leaders skeptical. Editorial. Dent Lab Age 6: 1 and 16, February 1979.
23. Butts, H. C.: Action urgently needed on denturist movement. Editorial. J Am Dent Assoc 92: 665–666, April 1976.
24. American Dental Association (Council on Prosthetic Services and Dental Laboratory Relations): Access programs: limits and liabilities. Chicago, May 1979.
25. Hickey, J. C.: Denturism—we must make an ethical choice. Editorial. J Prosthet Dent 38: 360–361, October 1977.
26. Hickey, J. C., and Leonard, L. A.: Dental education and denturism. J Dent Educ 42: 644–645, December 1978.
27. Bernhausen, E. R.: Fear of denturism. Tex Dent J 91: 6–9, May 1973.
28. F.T.C. major force to watch in health. Editorial. Nation's Health 9: 1 and 16, February 1979.
29. Summary of HR 3722. ADA News, June 15, 1981.

SYNOPSIS

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Denturism, an organized movement by dental laboratory technicians to increase their control over the provision of denture services to the public, has generated a great deal of controversy among members of organized dentistry, the National Denturist Association, the Federal Trade Commission, consumer groups, and prepaid dental plans.

Denturism is currently legal in Arizona, Colorado, Maine, and Oregon. In the first three States, the denturist must practice under the supervision of a dentist, but in Oregon the denturist is able to enter independent practice.

The American Dental Association has held that a denturist is educationally unqualified to provide denture services directly to the consumer. Representatives of organized dentistry have characterized denturists as untrained and unskilled persons who would endanger the public's health and return one phase of dentistry to the apprentice system. They see denturism as constituting a major step backward in health care delivery and having an adverse effect on preventive dental care.

The National Denturist Association, however, defines a denturist as a highly skilled person who specializes in the making of full and partial dentures. Denturists maintain that the dentist is an unnecessary middleman in the provision of denture services and is the primary cause of the high cost of dental prostheses. They contend that State dental laws providing that only dentists may render denture services have led to the high cost of these services without contributing significantly to the health and safety of the public.

Organized dentistry in the United States has been fighting denturism in a number of ways. One that has met with considerable success has been the establishment of programs to provide people access to dental care, especially denture services, at lower costs. A second alternative under consideration is to license denturists but require them to practice under the supervision of a dentist. A third alternative under discussion is to expand the duties of existing dental auxiliary personnel.

The final decision on denturism, however, will not be made by the dental profession or the denturists, but by the voting public and their elected representatives, based on the evidence they have before them.