

**Denturist Sunrise Review**  
**Written Comments**  
**August 6, 2012**

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

David Apatoff, DDS, FAGD  
General Dentistry

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

Kim McGinnis DDS

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

Danny Moulding

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

Mike Mulick DMD

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

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

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

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

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

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

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

Kirk E. King, DDS

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

Donald Crow

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

J Robert Wohlers, DDS

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

Danny G. Warner DDS.

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

Karen Berglund, DDS

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I strongly object to the proposed revision of current law pertaining to denturist practice. Construction and fitting of any removable dental device should be undertaken by a Dentist. The

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

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

Daniel H. Ryning DDS

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

Robert A. Walker, DDS

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

Doris J. Stiefel, DDS, MS

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

Kenneth P Ring DDS

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

D. Chris Stevens DDS

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

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

Thomas Kang, DDS

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I strongly oppose expanding the scope of practice for denturists to include nonorthodontic removable devices and teeth whitening. Please help protect the people of WA state by having

only qualified and trained dentists (DDS or DMD degrees) provide quality care to citizens of WA state.

Paul Lund

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

Robert K Andelin DDS

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

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

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

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

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

Michael H. Hawkins DDS, MS

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I oppose this expansion on the base of lack of education and training for these procedures. Teeth whitening can cause pulp and soft tissue damage that can place patients in risk and

denturists will not be able to manage and it is out of their scope of work. Removing orthodontic appliances can also place patient in risk because it is well informed decision of dentist or orthodontist how long patient should wear the appliance to achieve specific results. Denturists are lacking that training and education. Therefore both of these procedure should be done by dentists only.

Sukhminder Buttar

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

Ross Haddow DDS

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

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

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

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

David Sherrard DDS, FAGD

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

Before any bleach trays are made, a thorough dental examination, which is beyond the scope of the denturist, is required. Anything put in the mouth can alter occlusion and cause hard and soft tissue problems which denturists are not trained to recognize. This is especially true of the gums and mucosa. 39,000 Americans a year get oral cancer and approximately 8,000 die. See ADA website for more information: <http://www.ada.org/2607.aspx> Only dentists are educated and

trained to evaluate oral lesions and especially those that may be caused by peroxides and other oxidizers that whiten teeth.

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

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

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

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

Mark Walker

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

Keagan Eckland

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

Thank you very much for your time.

Dr. Camtu Do

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Please do not support this bill- there are far too many procedures which are not simply done with an impression. There are a myriad of things which will be contrived to be within scope of a denturist, but require much more training...Irreversible orthodontic changes, TMJ problems are just a few of the major problems that can occur with untrained personnel fabricating oral

devices. More training is needed for these things! Do not support this bill! It is injurious to the health and welfare of the people of WA state!

Karen E Homitz, DDS

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

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

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

Ralph Peterson, DDS

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

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

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

Please consider this letter to be my strong endorsement for Washington State Department of Health Sunrise Review **HB 2815 (2012) – allowing licensed Denturists to make and fit**

**removable non-orthodontic devices and do teeth whitening.** I ask for your support with this as well.

Michael Gillispie, D.P.D.

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

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

You for your consideration and review of this matter.

Herman Castaneda

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

Patrick L. McKenzie

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

July 27, 2012

Sherry Thomas  
PO Box 47850  
Olympia, WA 98504-7850

Dear Ms. Thomas:

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

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

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Todd Cooper".

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

cc: Mary C. Selecky, Department of Health





WASHINGTON STATE  
DENTAL ASSOCIATION

126 NW Canal Street  
Seattle, WA 98107

Phone: 206.448.1914  
FAX: 206.443.9266

[www.wsda.org](http://www.wsda.org)

July 31, 2012

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

Dear Ms. Thomas:

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

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

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

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

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

Dr. Rodney B. Wentworth  
President

Dr. Danny G. Warner  
President-elect

Dr. David M. Minahan  
Vice President

Dr. Bryan C. Edgar  
Secretary-Treasurer

Dr. Douglas P. Walsh  
Immediate Past President

Mr. Stephen A. Hardymon  
Executive Director

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

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

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

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

Sincerely,



Dr. Rodney B. Wentworth  
President

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

RBW:bk

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

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

Graham Jones

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

Dr. John J. Bial, DDS

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

Dr. Steve Lockett

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

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

Jennifer D Heming, DMD

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

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

Timothy W. Robison DDS

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

Keith Collins, DMD

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

Dr. Brian Jacobsen

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

Amy Thomopson

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Richard E. Sipes, DDS