MINUTES OF THE MEETING
BUSINESS AND LABOR COMMITTEE
MONTANA STATE
HOUSE OF REPRESENTATIVES

February 19, 1985

The meeting of the Business and Labor Committee was called to order by Chairman Bob Pavlovich, on February 19, 1985 at 7:00 a.m. in Room 312-2 of the State Capitol.

ROLL CALL: All member were present.

ACTION ON HOUSE BILL 817: Representative Brandewie made a motion that House Bill 817 DO PASS. Representative Kitselman moved the amendments and statement of intent. Representative Driscoll and Schultz raised questions regarding those high risk individuals. Representative Glaser stated residency is defined in the election laws. Question being call, the amendments and statement of intent DO PASS by a unanimous vote. House Bill 817 DO PASS AS AMENDED WITH STATEMENT OF INTENT unanimously.

ACTION ON HOUSE BILL 668: Representative Kilselman moved to TABLE House Bill 668. He explained that this will create "stripping" of group insurance policies. House Bill 668 was TABLED unanimously.

ACTION ON HOUSE BILL 554: Representative Thomas moved DO PASS on House Bill 554. Representative Thomas then moved and explained the amendments to the bill which do not include prevailing wage. The amendments do pass by unanimous vote. House Bill 554 DO PASS AS AMENDED unanimously.

ACTION ON HOUSE BILL 773: Representative Kadas moved DO PASS on House Bill 773. Representative Kadas proposed an amendment to eliminate "stripper wells" from the bill. Representative Kitselman added that oil purchases have to be accounted for and there is little theft. Representative Keller stated that royalty owners will not benefit. Representative Kadas then withdrew his motion. A "stripper well" is one that produces less than 10 barrels per day. Representative Driscoll moved that a provision in section 1 be added to not apply to "stripper wells". Said amendments did pass by a unanimous vote. Representative Kitselman made a substitute motion that House Bill 773 be TABLED, which received a unanimous vote.

ACTION ON HOUSE BILL 634: Representative Thomas made a motion that House Bill 634 DO PASS. Second was received, House Bill 634 DO PASS by unanimous vote.

ACTION ON HOUSE BILL 694: Representative Bachini moved DO NOT PASS on House Bill 694. Representative Kadas stated that avoided cost is a complex issue not understood by most and the Public Service Commission should be allowed to deal with it. Representative Brandewie added that Swan Valley may be saved by the passage of this bill. Representative Wallin stated that there is more electricity in Montana that is needed. Representative Hansen added that Montana Power Company purchases the most convenient power which is not necessarily the cheapest. Representative Kitselman offered a substitute motion that House Bill 694 DO PASS. A roll call vote resulted in 10 members voting yes and 9 voting no. House Bill 694 DO PASS.

ACTION ON HOUSE BILL 728: Representative Kitselman moved DO NOT PASS and stated that the Public Service Commission should be regulatory not managerial. Representative Glaser added that the utility board is elected and does not have the expertise to make the decisions necessary. Representative Kitselman withdrew his motion. House Bill 728 will be acted on at a later date.

HOUSE BILL 479: Hearing commenced on House Bill 479. Representative Jack Moore, District #37, sponsor of the bill, stated this will bring Initiative 97 in conformance with other states. The initiative is law, but the legislature has the power to amend and make a better law for the protection of Montana consumers. Serious risks occur due to lack of training and the concern of irreversible damage is present. The educational requirements for a denturist should be equivalent to those of a dental hygienist or a registered nurse. There is no school of denturitry in the United States. The concerns are for health and safety, the intent is not to tamper with the initiative, added Representative Moore.

Proponent Adrian Howe, representing the Board of Radiologic Technologists, supplied written testimony which is attached hereto as Exhibit 1.

Proponent Larry Lloyd, representing the Department of Health and Environmental Sciences, supplied written testimony which is attached hereto as Exhibit 2.

Proponent Dr. W.A. Rader, a Havre Dentist, supplied written testimony which is attached herto as Exhibit 3.

Proponent Dr. Gary L. Mihelish, Chairman, Legislative Committee, Montana Dental Association, supplied written testimony which is attached hereto as Exhibit 4.

Proponent Dr. David Tawney, a Missoula Dentist, supplied written testimony which is attached hereto as exhibit 5.

Proponent Dr. Richard David Prill, a Billings Dentist, presented testimony as shown on the witness statement attached.

Proponent Larry White, President, Laboratory Association of Montana, stated that of 150 technicians in the state, 5 have been lost as a result of Initiative 97. He wants senior citizens to have proper dentures prepared by qualified persons.

Proponent Jeannette S. Buchanan of Columbia Falls and a dental hygienist member of the Board of Dentistry, supplied written testimony which is attached hereto as Exhibit 6.

Proponent Judy Harbrecht, representing Montana Dental Hygienists' Association, supplied written testimony which is attached hereto as Exhibit 7.

Opponent Senator Ray Lybeck, District #94 stated that a Board of Denturitry is established in several of our sister states and that it is working well.

Opponent Joe Upshaw, representing the American Association of Retired People, explained that the voters of Montana have a good record of requesting and enacting issues. Mr. Upshaw received dentures several years ago from a dentist that had a built in "whistle". The cost of visits, repairs and markup are outrageous. An eye doctor can give you a prescription that can be filled anywhere, there should not be a difference in dentures, add Mr. Upshaw.

Opponent Wade Wilkinson, Director, LISTA, supplied written testimony which is attached hereto as Exhibit 8.

Opponent Charles Banderof, President, Montana Senior Citizen Association, supplied written testimony which is attached hereto as Exhibit 9.

Opponent Elsie Latham, representing Montana Senior Citizen Association, expressed her anger at HB 479. The senior citizens of this state worked hard on Initiative 97 and this is saying that they didn't know what they were voting for, added Ms. Latham.

Opponent Lee Wiser, Secretary-Treasurer, Montana State Board of Denturitry, supplied written testimony which is attached hereto as Exhibit 10.

Opponent Mark Mackin, representing Citizens Coalition Organization, stated the dentists outspent and used their contacts to prevent Initiative 97 from passing, but still failed. The initiative is the direct voice of the people and anything the public didn't vote for is unacceptable and intolerable, added Mr. Mackin.

Opponent Brent Kandarian, President, Montana State Board of Denturitry, supplied written testimony which is attached hereto as Exhibit 11.

Opponent Harold Twito of Columbus, supplied written testimony which is attached hereto as Exhibit 12.

Opponents Everett VanDer Eden, a member of the Montana State Board of Denturitry, Judy Goucher, Rev. Maurice Gunn and Tom Ryan, representing the Montana Senior Citizen Association, supplied written testimony which is attached hereto as Exhibit 13, 14, 15 and 16.

Opponents Frank McKenna of Great Falls, Lloyd Anderson of Helena, Henry Smith of Kalispell, Dolly Siderius of Kalispell, Jim Murray, Executive Secretary, Montana State AFL-CIO, Willa Dale Evans of Roundup, Joane Martell of Billings, Sam Ryan of Helena, Bob Verts of Helena, Frank Riss, President, Dental Association, Chester Kinsey, representing Montana Low Income Association and Norm Brown of Great Falls, all voiced their opposition to the bill.

In closing, Representative Moore explained that Initiative 97 failed in his home county. The process of the initiative has not been touched and the legislature has the authority to amend this initiative.

Representative Kadas asked Jeannette Buchanan what radiology and x-ray training a dental hygienist has. Ms. Buchanan explained that they are required to take a 6 unit course, which is 2 semesters of work.

Representative Simon asked Lee Wiser what use a denturist has for x-rays. Mr. Wiser explained that they are used in screening a patient.

Representative Kadas asked Lee Wiser what percentage of his patients he x-rays. Mr. Wiser stated that he sends all patients to a dentist for teeth cleaning and ex-rays prior to his working on them.

There being no further discussion by proponents or opponents, all were excused by the chairman and the hearing on House Bill 479 was closed.

HOUSE BILL 649: Hearing commenced on House Bill 649. Representative Jack Moore, District #37, sponsor of the bill at the request of the Department of Commerce, explained this changes from 5 to 3 years the required experience in the practice of denturitry for the three members of the Board of Denturitry who are denturists, changes statutory meeting of the board from specified days in December and May to "at least twice a year", eliminates the fair practice committee, changes the previous allocation of fees collected that are inconsistent with other statutes, gives the board authority to make rules, to modify fee schedules, to alter license renewal dates. The bill also includes unprofessional conduct, as defined by rule, as cause for suspension or revocation of a license. The bill strikes from Initiative 97 the provisions for judicial review of board action and makes the board subject to the procedures for judicial review of contested cases under the Administrative Procedures Act. The bill also prohibits advertising of denturitry services by unlicensed persons, added Representative Moore.

Proponent Charles Banderof, President Montana Senior Citizens Association, Joe Upshaw, representing the American Association of Retired People and Norm Brown of Great Falls, offered their support of the bill.

Proponent Charles Briggs, Office of the Governor, stated this will create positive funds for the general revenue fund. The authority of the board will be strengthened and professional and disciplinary standards will be implemented, added Mr. Briggs.

Proponent Senator Ray Lybeck, District #94, explained that is his area there are numerous senior citizens that are concerned. Senator Lybeck suggested that a 2 year try be given to afford the initiative a chance to work.

Proponent Jack Twito of Bigfork, stated that a similar bill was introduced in the 1982 legislature and in 1984 another one which was the 2nd priority out of 14 resolutions introduced.

Proponent Rev. Maurice Gunn, supplied written testimony which is attached hereto as Exhibit 17.

Proponent Tom Ryan, representing the Montana Senior Citizen Association, Sam Ryan, representing the Montana Senior Citizen Association, Lloyd Anderson of Helena, Jim Murry, AFL-CIO, Willa Dale Evans of Roundup, Everett VanDer Eden, a member of the Montana State Board of Denturitry, Anna McKee of Great Falls, Harris Anderson of Park City, Ben Albertson of Glascow, Chester Kinsey, representing Montana Low Income Association, Laura Thompson a registered nurse, Lee Wiser. Secretary-Treasurer, Montana State Board of Denturitry, Harold Twito of Columbus, James Langan of Roundup, Dolly Siderious of Kalispell, Florence Wright of Livingston and Wade Wilkinson all offered their support of the bill. Mr. Wilkinson also supplied written testimony which is attached hereto as Exhibit 18.

Opponent Larry Michaelson, voiced his opposition to House Bill 649.

Opponent Dr. Ted Beck a Helena dentist, distributed to committee members, Exhibit 19 which is attached hereto. Dr. Beck stated that he has never charged over $500 for a pair of dentures. We should respect the law, and these members on the Montana Board of Denturitry are not obeying the law and do not meet the requirements. A 2 week workshop is not sufficient training, added Dr. Beck. A witness statement is attached hereto further outlining testimony presented.

Opponent Roger Tippy, representing the Montana Dental Association, voiced his opposition to section 3, 5, and 14 of the bill. The association recognizes that denturists are here to stay, but how many is the question. Idaho passed a similar initiative and neither are perfect. This bill takes off the $200 year ceiling and the board will not have enough money to operate. Both bills should be placed together and a compromise worked out, added Mr. Tippy.

In closing, Representative Moore stated that neither bill changes the intent of the voter in passing Initiative 97, but is polishing up what was intended.

There being no further discussion by proponents or opponents, all were excused by the chairman and the hearing on House Bill 649 was closed.

ADJOURN: There being no further business before the committee, the meeting was adjourned at 9:55 a.m.

Rep. Bob Pavlovich
Chairman

DAILY ROLL CALL

BUSINESS AND LABOR COMMITTEE

49th LEGISLATIVE SESSION -- 1985

Date February 19, 1985

NAME	PRESENT	ABSENT	EXCUSED
Bob Pavlovich	✓		
Les Kitselman	✓		
Bob Bachini	✓		
Ray Brandewie	✓		
Jan Brown	✓		
Jerry Driscoll	✓		
Robert Ellerd	✓		
William Glaser	✓		
Stella Jean Hansen	✓		
Marjorie Hart	✓		
Ramona Howe	✓		
Tom Jones	✓		
Mike Kadas	✓		
Vernon Keller	✓		
Lloyd McCormich	✓		
Jerry Nisbet	✓		
James Schultz	✓		
Bruce Simon	✓		
Fred Thomas	✓		
Norm Wallin	✓		

STANDING COMMITTEE REPORT

February 19 85
PAGE 1 of 2

MR. SPEAKER

We, your committee on BUSINESS AND LABOR

having had under consideration HOUSE Bill No. 554

FIRST reading copy (WHITE color)

BUILD MONTANA BORROWERS TO COMPLY WITH CONTRACTOR'S LAWS

Respectfully report as follows: That HOUSE Bill No. 554

BE AMENDED AS FOLLOWS:

1) Title, line 6
Following: "ACT"
Insert: ", THE MONTANA IN-STATE INVESTMENT ACT, AND THE INDUSTRIAL DEVELOPMENT PROJECTS LAW"

2) Title, line 6
Following: "WITH"
Strike: the remainder of line 6 and 7 through "PROVISIONS"
Insert: "A PROVISION"

3) Page 2, line 6
Following: "of"
Strike: the remainder of line 6 and line 7 through "2"
Insert: "18-2-403"

DO PASS

Rep. Robert Pavlovich, Chairman.

STATE PUB. CO.
Helena, Mont.

COMMITTEE SECRETARY

4) Page 4, line 9
Following: "of"
Strike: the remainder of line 9 and line 10 through "2"
Insert: "18-2-403"

5) Page 5, line 15
Following: line 14
Insert: "NEW SECTION. Section 3. Preference of Montana labor. Any contract to construct a project financed pursuant to this part must require all contractors to comply with the provisions of 18-2-403."
Renumber: subsequent section

6) Page 5, following line 18
Insert: "NEW SECTION. Section 5. Codification instruction. Section 3 is intended to be codified as an integral part of Title 17, chapter 6, page 3, and as an integral part of Title 90, chapter 5, page 1, and the provisions of Title 17, chapter 6, page 3, and of Title 90, chapter 5, part 1, apply to section 3."

AND AS AMENDED,
DO PASS

Rep. Robert Pavlovich, Chairman.

STATE PUB. CO.
Helena, Mont.

STANDING COMMITTEE REPORT

February 19 85
19

MR. SPEAKER

We, your committee on BUSINESS AND LABOR

having had under consideration HOUSE Bill No. 317

FIRST reading copy (WHITE color)

HEALTH INSURANCE POOLING ACT

HOUSE 317

Respectfully report as follows: That Bill No.

BE AMENDED AS FOLLOWS:

1) Page 2, line 1
Following: "~~State~~" "and"
Strike: the remainder of line 1, line 2 in its entirety, and line 3 through "application"
Insert: " applies"

2) Page 3, line 2
Following: "means"
Strike: the remainder of line 2, lines 3 and 4 in their entirety and line 5 through "benefits"
Insert: "any plan, program, contract, or other arrangement to the extent not exempt from inclusion by virtue of the provisions of the federal Employee Retirement Income Security Act under which one or more employers, unions, or other organizations provide to their employees or members, either directly or indirectly through a trust or a third party administrator, health care services or benefits other than through an insurer."

~~DO PASS~~

Rep. Robert Pavlovich, Chairman.

STATE PUB. CO.
Helena, Mont.

COMMITTEE SECRETARY

3) Page 4, line 4
Following: "a"
Insert: "nonprofit legal entity to be known as the Montana"

4) Page 5, line 20
Following: "to"
Insert: "a weighted average"

5) Page 5, line 21
Following: "annual"
Insert: "Montana"

6) Page 5, line 22
Following: "volume"
Strike: ","
Insert: "."
Strike: the remainder of line 22, lines 23, 24 and 25 and line 1 on page 6, in their entirety

7) Page 6, line 16
Following: "22"
Insert: "excepting part 7,"

8) Page 8, line 1
Following: "dental;"
Insert: "and"

9) Page 8, line 3
Following: "year"
Strike: the remainder of line 3, line 4 in its entirety, and line 5 through "33-22-703"

10) Page 9, line 3
Following: "law,"
Strike: the remainder of line 3, lines 4, 5 and 6 in their entirety, and line 7 through "self-insurance," "or"

11) Page 9, line 22
Following: "transplanta"
Strike: the remainder of line 22 and line 23 through "association"

12) Page 11, line 11
Following: "necessary. The"
Strike: "commissioner"
Insert: "association"

Rep. Robert Pavlovich, Chairman.

STATE PUB. CO.
Helena, Mont.

13) Page 11, line 18
Strike: "90%"
Insert: "88%"

14) Page 11, line 20
Strike: "10%"
Insert: "12%"

15) Page 13, line 23
Following: "The"
Strike: the remainder of line 23 and line 24 through "revenue"
Insert: "insurance commissioner"

16) Page 16, line 17
Following: "12 ,"
Strike: "## agent of"
Insert: "## independent contractor for"

17) Page 16, line 18
Following: "is"
Strike: "civilly"
Insert: "individually"

18) Page 18, line 13
Following: "effective"
Strike: the remainder of line 13, lines 14 and 15 in their entirety and line 16 through "12 "
Insert: "on the first of the month following acceptance"

19) Page 19, line 4
Following: line 3
Insert: "(5) A change of residence from Montana to another state immediately terminates eligibility for renewal of coverage under the association plan.

NEW SECTION. Section 13. Liability of association membership. No member of the association is liable for the actions of the association or its lead carrier."
Renumber: subsequent sections

20) Page 19, line 9
Strike: "12"
Insert: "13"

21) Page 19, line 11
Strike: "12"
Insert: "13"

AND AS AMENDED, DO PASS
STATEMENT OF INTENT ATTACHED

Rep. Robert Pavlovich, Chairman.

STATE PUB. CO.
Helena, Mont.

STATEMENT OF INTENT

A statement of intent is required for this bill because it grants rulemaking authority to the commissioner of insurance for the purpose of making effective the provisions and purposes of this act.

The purpose of this act is to establish a mechanism through which adequate levels of health insurance coverages can be made available to residents of this state who are otherwise considered uninsurable. This bill establishes a state association or pool of which all insurers, health service corporations, and fraternal benefit societies providing health care benefits in Montana are members.

It is intended that the pool coverage is the coverage of "last resort" and is not intended to duplicate coverages from any other source, private or public. The mechanics of the pool and its operations and functions must all be established under a plan approved by the commissioner. The pool is subject to the requirements of the insurance code and has the general powers and authority of an insurer licensed to transact health insurance business in this state.

It is intended that the association board of directors be responsible for the day-to-day operations of the association, subject to the review and approval of the insurance commissioner.

Rep. Robert Pavlovich, Chairman.

STATE PUB. CO.
Helena, Mont.

ROLL CALL VOTE

HOUSE COMMITTEE BUSINESS AND LABOR

DATE Feb. 19, 1985 BILL NO. 634 TIME _____

NAME	AYE	NAY
Bob Pavlovich	✓	
Les Kitselman	✓	
Bob Bachini		✓
Ray Brandewie	✓	
Jan Brown	✓	
Jerry Driscoll		✓
Robert Ellerd	✓	
William Glaser	✓	
Stella Jean Hansen		✓
Marjorie Hart		✓
Ramona Howe		✓
Tom Jones	✓	
Mike Kadas		✓
Vernon Keller	✓	
Lloyd McCormick		✓
Jerry Nisbet		✓
James Schultz	✓	
Bruce Simon	✓	
Fred Thomas	✓	
Norm Wallin	✓	

Secretary Debbie Aqui

Chairman Bob Pavlovich

Motion: 12-8 Tabled as Amended

CS-31

ROLL CALL VOTE

HOUSE COMMITTEE BUSINESS AND LABOR

DATE Feb. 19, 1985 BILL NO. 694 TIME

NAME	AYE	NAY
Bob Pavlovich	✓	
Les Kitselman	✓	
Bob Bachini		✓
Ray Brandewie	✓	
Jan Brown		✓
Jerry Driscoll		✓
Robert Ellerd	✓	
William Glaser	✓	
Stella Jean Hansen		✓
Marjorie Hart		✓
Ramona Howe		✓
Tom Jones	✓	
Mike Kadas		✓
Vernon Keller	✓	
Lloyd McCormick		✓
Jerry Nisbet		✓
James Schultz	✓	
Bruce Simon	✓	
Fred Thomas	✓	
Norm Wallin	abstain	

Secretary Debbie Aqui

Chairman Bob Pavlovich

Motion: 10-9 Do Pass

CS-31

Exhibit 1
2/19/85
HB479
Submitted by: Adrian Howe

BOARD OF RADIOLOGIC TECHNOLOGISTS

Testimony to the Montana House of Representatives Committee on Human Services and Aging Regarding House Bill No. 479.

Prepared by Adrian C. Howe, Member,
Board of Radiologic Technologists
444-4282

The Board of Radiologic Technologists recommends and supports the following Amendment to House Bill No. 479:

Section 3

At the end of section 3, add a new Subsection 3(4) stating the following:

"A denturist may perform x-ray procedures on persons as necessary for the practice of denturitry only if the denturist is duly licensed to perform such examinations by the Board of Radiologic Technologists as provided in MCA 2- 15-1848 and 37-14-102 through 37-14-321."

Rationale

Currently, Radiologic Technologists and other personnel performing x-ray procedures under the direction of practitioners of the healing arts must demonstrate to the satifaction of the Board of Radiologic Technologists that they can perform a diagnostic quality x-ray examination safely. The denturist should be required to demonstrate the same degree of competence in radiologic technology as do other peripheral people who perform x-ray procedures in Montana for the protection of the public health and safety.

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The following amendments to SB 173 will be necessary to facilitate the above amendment to HB 479:

Change Section 2. (4) to read: "Licensed practitioner" means a person licensed or otherwise authorized by law to practice medicine, dentistry, ~~denturitry~~, dental hygiene, podiatry, chiropody, osteopathy, or chiropractic."

Change Section 3. (1)(a)(ii) to read: "A person administering x-ray examinations related to the practice of dentistry or ~~denturitry~~; or"

Rationale

There is no assurance that the denturist receives tne radiologic training during a two year training program as that required for a practitioner of the healing arts. Therefore, they should not be exempt from the requirement to demonstrate proficiency in radiology prior to performing x-ray procedures on persons.

Exhibit 2
2/19/85
HB479
Submitted by: Larry Lloyd

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Testimony to the Montana House of Representatives Committee on Health and Human Services Regarding House Bill No. 479.

Prepared by Larry L. Lloyd, Chief,
Occupational Health Bureau
444-3671

The Department of Health and Environmental Sciences recommends the following Amendment to HB 479:

Section 3

At the end of Section 3, add a new Subsection 3(4) stating the following:

"A denturist may perform x-ray procedures on persons as necessary for the practice of denturity only if the denturist is duly licensed to perform such examinations by the Board of Radiologic Technologists as provided in MCA 2-15-1848 and 37-14-102 through 37-14-321."

Rationale

For the protection of public health and safety a denturist should be able to demonstrate to the satisfaction of the Board of Radiologic Technologists that he can perform a diagnostic quality x-ray examination safely. This same requirement presently applies to Radiologic Technologists and other personnel performing x-ray examinations, under the direction of practitioners of the healing arts.

******

To accommodate the above amendment to HB 479, the following amendments to SB 173 will be necessary:

Change Section 2. (4) to read: "Licensed practitioner" means a person licensed or otherwise authorized by law to practice medicine, dentistry, ~~denturity~~, dental hygiene, podiatry, chiropody, osteopathy, or chiropractic."

Change Section 3. (1)(a)(ii) to read: "A person administering x-ray examinations related to the practice of dentistry ~~or denturity~~; or"

Rationale

The above amendments to SB 173 is the intent of HB 479, Section 6; however, HB 479 would effect this change only in Initiative 97 and not in SB 173. There is no assurance that Denturists have radiologic training as required for other practitioners of the healing arts and therefore, they should not be exempt from requirements for demonstrated proficiency in radiology prior to performing x-ray examinations on persons.

Exhibit 3
2/19/85 HB479

House Committee — Bob Pavlovich, Chairman
Business & Labor
H B 479 - Jack Moore
H B 649 - Jack Moore
Tuesday, February 19, 1985 — 8:00 a.m. — Rm. 312-4

Good Morning, Ladies & Gentlemen :

I am Dr. W. A. Rader, a Havre Dentist, President of the Montana Dental Association.

We are here to support Representative Moore's H.B. 479 and to voice opposition to some of the items in H B -649.

The intentions of the M. D. A. in these hearings are to question the fiscal impact, the health impact and the rather nebulous credentials presented by the individuals wanting to enter this segment of the health delivery system.

I WANT TO MAKE IT CRYSTAL CLEAR TO THE COMMITTEE AND TO THE AUDIENCE THAT THE M.D.A. DOES NOT WANT TO CHANGE THE TITLE OF I 97 "FREEDOM OF CHOICE IN DENTURES SERVICES ACT OF 1984" -- AND AS IT APPEARED ON THE BALLOT --- "permitting the state licensing of denturists to make, fit, repair and furnish dentures to the public."

The M.D.A. will not support any amendments offered to this committee that change or abrogate the preceeding statement.

The question arises: What did the voter vote for? I submit to you that the majority of the voters voted for the title --- as a consumer issue and did not read or realize the complicated issues in the rest of the initiative. You, as a committee hearing this testimony know that not 1 in 100 voters read or understoood all the issues in I 97.

Ladies & Gentlemen: there were paltry few people that read this document.

Those voters that did read it would have had to disect the contents to understand it.

The M.D.A. questions the first statement on the ballot -----
FISCAL NOTE: "The establishment of a Board of Denturists will have no net fiscal impact on the State because the proposed Board is funded by a series of fees on denturists."
I understand 11 men qualified under Idaho law and are now "grandfathered" into the Montana Law.

The $200 license fee asked for in I97 will amount to $2200. Is there anyone on the committee that believes that this Board of Denturity can operate on $2200 or twice that amount or three times that amount or four times that amount? One-half of a shared secretary is going to cost $6,000.

The Dept. of Commerce is going to have to pay the rest of the costs --- from what I see in the newspapers, all of the Departments in the State Government are having to cut their expenditures this year. Where is the money going to come from????

The argument is going to be set forth that there will be many more denturists licensed in the future. I dispute that statement for 2 reasons:

1. In Arizona, where dentistry has been legal for many years, they have approximately 27 denturists. Arizona population is 3 million or 110,000 people to 1 denturist. That ratio figures to be 7.4 denturists for Montana with 817,000.

   So, even doubling that amount of denturists to 15 in Montana is not going to generate enough funds to pay the salary of a shared secretary, let alone all the other functions of a State Board.

   The State Fire Marshal is requesting a special Board to oversee fire extinguisher recharging and applications; their proposed initial budget is $20,000 ---- almost 10 times the amount of money to be generated by this group.

2. The educational requirements of I 97 state "if application is made after April 1st, simply 6 weeks away, then, said applicant for denturist license must show 2 year completion of formal denturist training. Ladies & Gentlemen, there are NO denturist schools in the United States.

That is the end of my testimony --- there is more testimony from the M.D.A. Thank you.

Exhibit 4
2/19/85
HB479

February 19, 1985

Testimony before Business and Labor Committee

Dr. Gary L. Mihelish
Chairman,Legislative Committe
Montana Dental Association
907 Helena Ave.
Helena, MT 59601
Office phone # 442-4990
Home phone # 458-9738

Proponent HB 479

DIAGNOSTIC X-RAYS

All ionizing radiation is hazardous. When the deleterious effect from exposure is balanced against the available diagnostic information obtained from the x-ray, there is no question about the fact that the patient gains through the judicious use of x-radiation. The dentist has the responsiblity of minimizing patient exposure.

At this time only a physician, or a dentist, has been properly trained to interpret and diagnose x-rays. X-ray technicians in hospitals and physicians offices have had a minimum of two years training in radiation technology. Dental hygiensts have had one year of academic training and two years of practical training in an accredited institution before they can take a test on radiology administered by the State Board of Dentistry. Dental assistants must pass a written and practical examination given by the State Board of Dentistry before they are allowed to just take x-rays.

Although X-ray Technologists, Dental Hygienists, and Dental Assistants expose x-rays, the educational and legal systems do not allow them the priveledge, or responsibilty, of interpreting, or diagnosing the x-ray film.

Initiative 97 states that a Denturist will not be allowed to diagnose x-ray films because they do not have the training to do so. Why then do they want to be allowed the priviledge of taking x-rays when they cannot utilize them properly? It would appear that the service is useless in the hands of a Denturist. It seems that allowing the Denturist to x-ray people would be overutilization of a service that would result in higher costs to the individual patient and would not safeguard the population from excessive exposure to ionizing radiation.

PARTIAL DENTURES

A partial denture is indicated when a patient with missing teeth too extensive for fixed bridges needs oral rehabilitation, and has enough good teeth remaining to make a complete denture a poor choice of treatment. Before a partial is constructed, the patient may have to undergo, surgical, periodontal, restorative, and even root canal treatment before an acceptable appliance can be fabricated. If a patient decides to proceed with a partial denture he, or she, should have an oral examination, full mouth x-rays, and study models before tha partial denture is fabricated.

The life of a partial denture depends greatly upon the life and soundness of the abutement teeth, as well as the condition of all other teeth. The entire mouth should be treated as a unit, and all the defective teeth and restorations should be treated. A partial denture can increase the danger of recurrent decay. Therefore, abutement teeth must be adequately restored before a partial denture is made.

The position of malposed teeth due to tilting and drifting must be evaluated. Sometimes malposed teeth must be reduced, reshaped, restored, or even extracted in order to make a successful partial denture.

Full mouth x-rays detect abnormal conditions such as root fragments, foreign bodies, cysts, or other abnormalities that will require surgical treatment, root canal therapy, restorative treatment, and even the extraction of teeth before a successful appliance can be constructed.

The presence of periodontal disease, pyorrhea, indicates the need for removal of residual infection, alleviation of chronic bone disease, and a thorough dental cleaning. The supporting tissues of the teeth must be in good health before a successful prosthetic appliance can be made.

In order to construct a successful partial denture, the remaining natural teeth must be ground, or reshaped. Only a dentist has the training and experience to prepare the mouth for a partial denture and grind on individual teeth.

A Dentist attends a professional school for four years before he has enough knowledge of the various aspects of dentistry to adequately deliver a successful partial denture. It is my contention that, at this time, Denturists do not possess adequate dental education, experience, or skills to deliver this service to the public.

Exhibit 5
2/19/85
HB479

February 19, 1985

Bob Pavlovich, Chairman
House Business and Labor
State Capitol Building
Helena, Montana 59620

House Committee Chairman and Members:

My name is David Tawney. I have been practicing dentistry in Missoula for thirty-six years. I have been a member of the Board of Dentistry for the past five years.

The practice of dentistry is a continual educational process. In the past year, our office has attended approximately five hundred fifty-two hours of continuing education. One of the courses was on partial construction put on by the University of Washington. I have made copies of a portion of the manual used with the course. A properly constituted partial is a complex procedure and if not done properly, will cause loss of the abutment teeth. The teeth need to be prepared with burrs and stones to attain proper shape and unless this is done an adequate modern partial cannot be constructed.

I feel strongly that denturists with their limited schooling and inability to prepare teeth should not be allowed to construct partials.

ATLAS OF REMOVABLE PARTIAL DENTURE DESIGN

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The authors wish to thank the Department of Continuing Dental Education of the School of Dentistry, University of Washington, Seattle, Washington, for supporting the production of this atlas.

INDEX

Use of Specific Components Shown and Described Especially on These Pages:

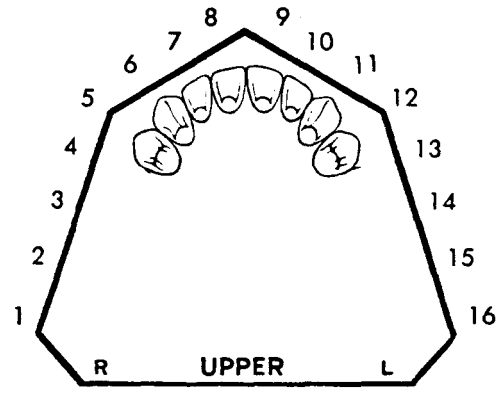
ATLAS OF REMOVABLE PARTIAL DENTURE DESIGN

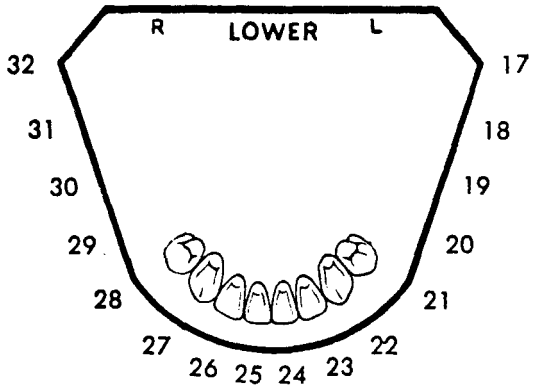
The purpose of this book is to illustrate removable partial denture framework designs which can be used in the treatment of partially edentulous patients. The format allows the dentist to quickly find several designs which have been used successfully in each class of partial dentures. The reader is presumed to know how to survey a diagnostic cast in order to choose the final design best suited for the individual patient.

Several different designs may be equally suitable for a partially edentulous patient. The examples shown in this text represent the philosophy of design currently taught in the School of Dentistry, University of Washington. The designs are based on the research, theories, and experiences of many dental practitioners and teachers. The authors' duty has been only to display the efforts of many.

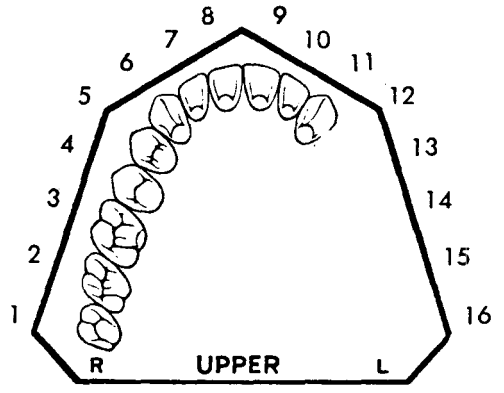
The illustrations are organized according to Dr. Edward Kennedy's classification of removable partial dentures. The reader must be familiar with this classification in order to use the atlas efficiently. Kennedy's classification is based on the type of support available for the partial denture (tooth or soft tissue). Clasp selection, rest placement and base extension depend on whether or not there is soft tissue support. The design must avoid placing harmful stresses on the abutment teeth when the appliance is gingivally displaced. Some gingival movement or settling of the denture will eventually occur when the soft tissues provide part of the support. The next four pages illustrate the use of the Kennedy classification.

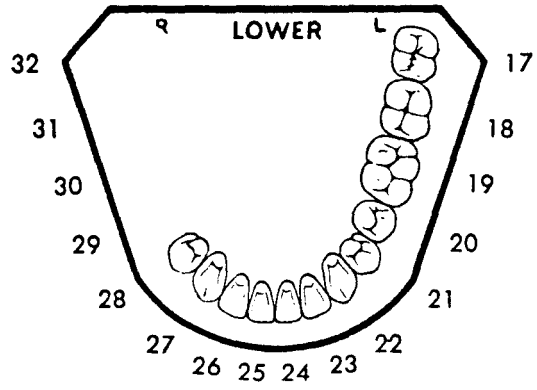
Class I - Bilateral edentulous areas located posterior to the remaining natural teeth. The partial denture is tooth and tissue supported. There are two free ends.



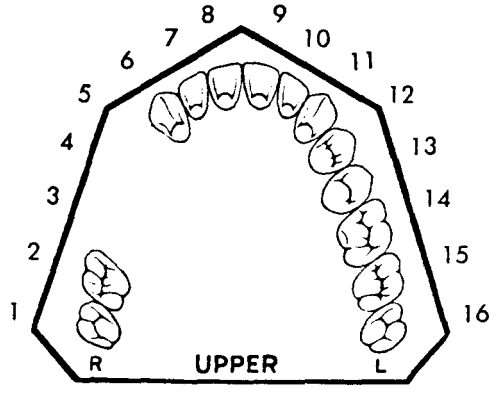


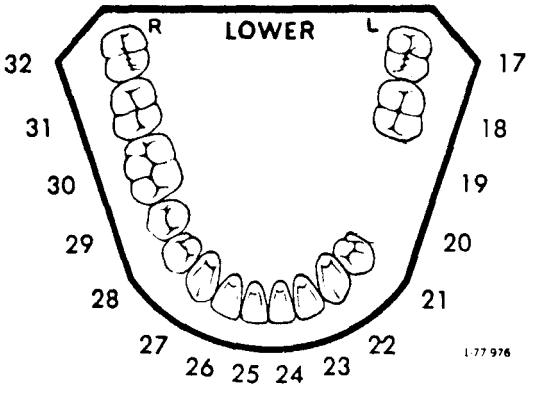
Class II - A unilateral edentulous area located posterior to the remaining teeth. The prosthesis is tooth and tissue supported. There is one free end.



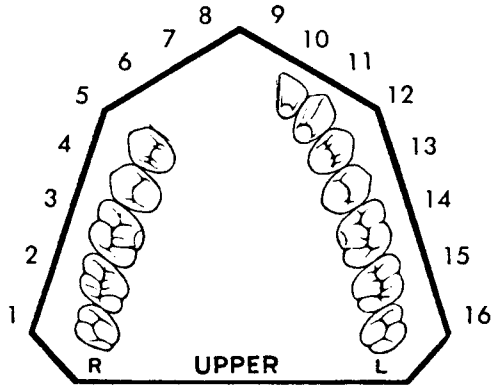


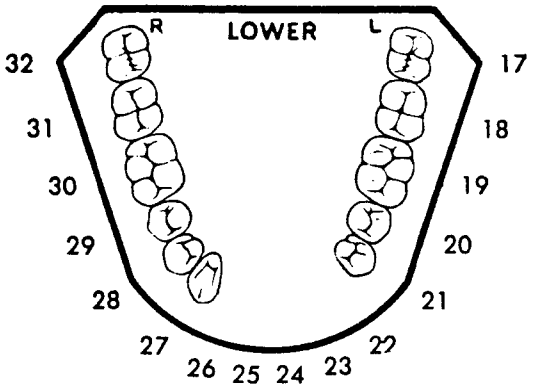
Class III - A unilateral edentulous area with natural teeth remaining anterior and posterior to it. The partial denture is tooth supported, and has only passive contact with the soft tissues.





Class IV - A single edentulous area crossing the midline located anterior to the remaining natural teeth. Tooth and/or tissue supported, depending on the length of the edentulous area.

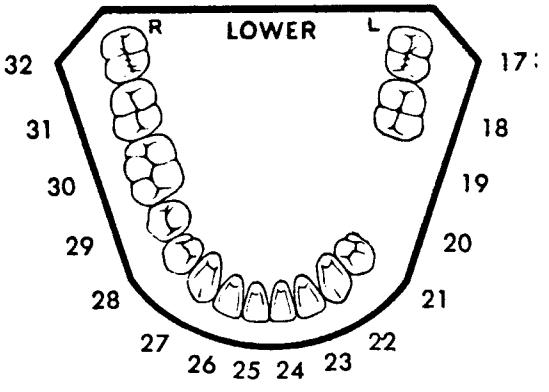


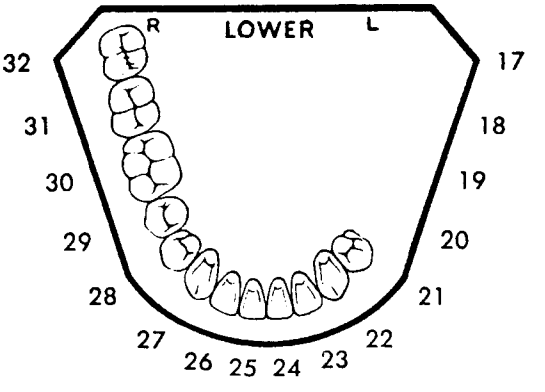


Dr. O. C. Applegate has established eight rules for applying the Kennedy classification.*

Rule 1: Classification should follow rather then precede any extractions of teeth that might alter the original classification.

EXAMPLE





A Class III before extraction A Class II after extraction

There are important differences in design between the four classes.

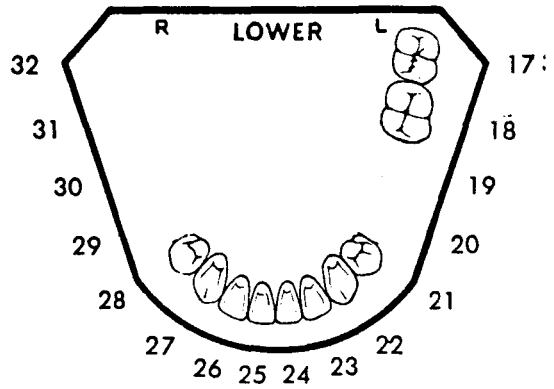
Rule 2: If the third molar is missing and not to be replaced, it is not considered in the classification.

Rule 3: If a third molar is present and is to be used as an abutment, it is considered in the classification.

* Henderson & Steffel, McCracken's Removable Partial Prosthodontics, 4th ed., Mosby, St. Louis, 1973, page 17.

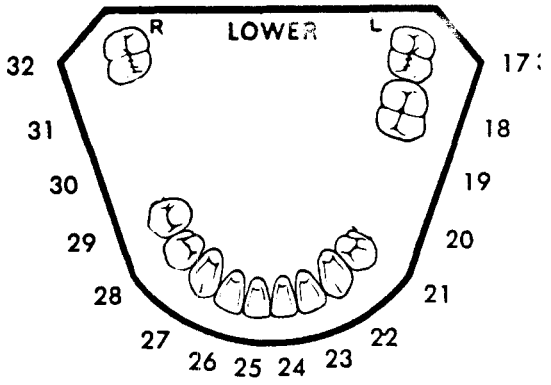
Rule 4: If a second molar is missing and is not to be replaced, it is not considered in the classification.

Rule 5: The most posterior edentulous area (or areas) always determines the classification.



The drawing represents a Class II rather than a Class III because the most posterior edentulous area is on the right side and falls within the Class II definition.

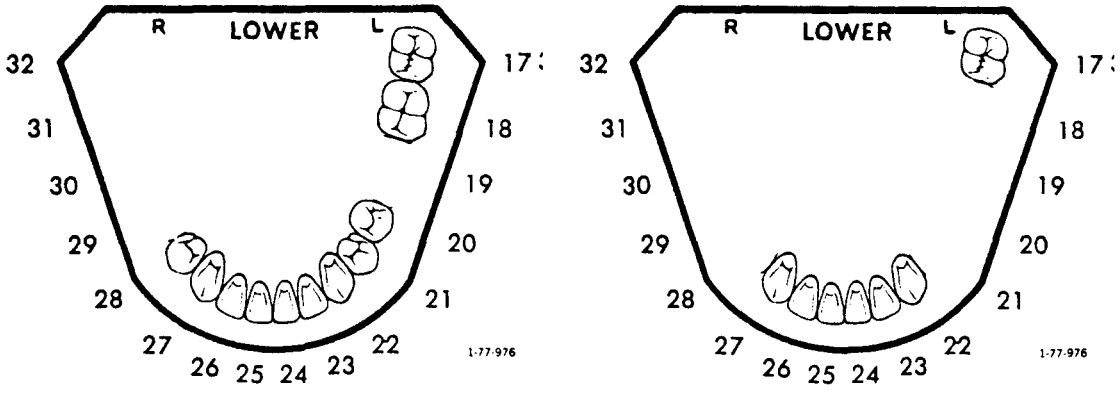
Rule 6: Additional edentulous areas, other than those determining the classification, are spoken of as *modifications* and are designated by the number that are present.



This dental arch is categorized as Class III modification I because one edentulous area satisfies the Class III definition, while the additional one is counted as a modification. The dental arch shown under Rule 5 is Class II modification I.

Rule 7: The *extent* of the modification is not considered; only the *number* of additional edentulous areas.

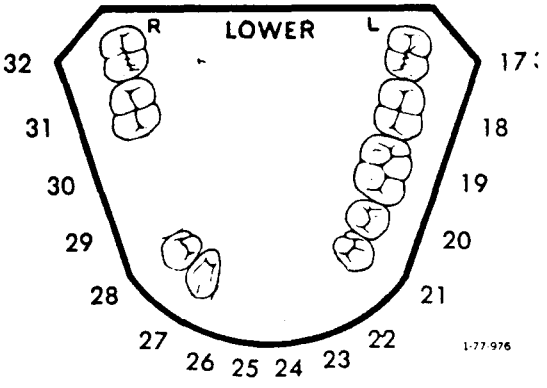
EXAMPLE



These are classified the same (Class II modification I), even though one has fewer teeth remaining. Both cases would be treated with a similar design.

Rule 8: There can be no modification areas in Class IV arches. (Other edentulous areas lying posterior to the "single edentulous area crossing the midline" would then determine the classification.)

EXAMPLE



The drawing represents a Class III modification I (see Rule 5). If the right first premolar and canine were also missing, however, the arch would be called a Class IV.

The user of this atlas should first classify the partially edentulous arch. Then find the corresponding classification in the index which will indicate the pages with designs for similar types of dental arches. Each illustration will have a

LEGEND

1. Incisal rests are prepared when the natural mandibular canines serve as direct abutment teeth.

2. Cingulum rests are created in the metal when maxillary or mandibular canines are crowned. Mesial occlusal rests are present on the molar and premolar.

3. Cingulum rests are prepared on the natural mandibular canines only when those teeth serve as indirect abutments. The preparations must be shallow because the enamel is thin there, so these rests provide limited resistance to denture movement.

4. A rest on a maxillary natural canine is placed at the junction of the cingulum with the remainder of the lingual surface. Its inverted "V" form can be sufficiently deep to allow the tooth to be used as a direct or indirect abutment.

5. Retentive clasp arms must be opposed by a reciprocal element. The reciprocal element can be a plate or a non-tapered clasp arm. The lingual surfaces of the second premolars illustrate the use of a reciprocal plate, while the lingual surfaces of the molars demonstrate the use of a reciprocal clasp arm.

6. An 18 gauge platinum gold palladium (PGP) wire is frequently used on abutment teeth adjacent to free end bases. The wire is soldered to the framework, and then enters a mesial buccal undercut of .015 - .020 inches.

7. An "L" bar clasp is used when there is a distal buccal undercut of .010 - .015 inches.

8. An "I" bar clasp is a variation of the "L", and is used when there is a mid-buccal undercut of .010 - .015 inches at the junction of the middle and gingival thirds.

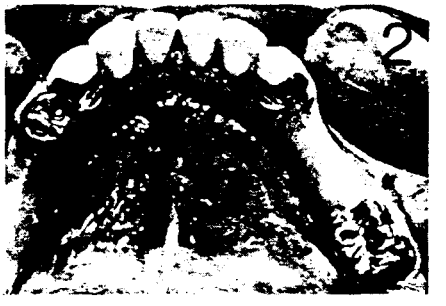
9. Akers clasps were used on both molars. These cast clasps require .010 - .015 inches of undercut (at the distal-buccal in this example). These clasps are not used on teeth adjacent to free end bases.

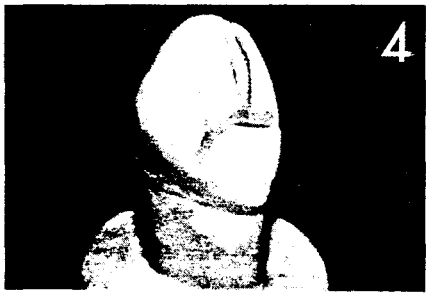
10. An embrasure clasp is used when the occlusal surface must be crossed. Many times only one tooth is clasped, but two rests are still required to prevent separation of the teeth. An undercut of .010 - .015 inches is used.

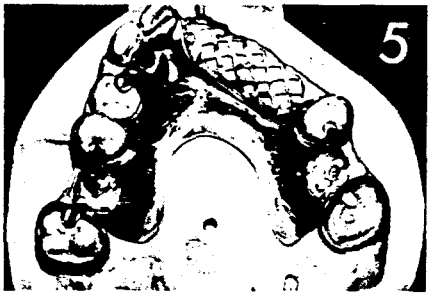
11. A ring clasp is used on a tilted molar tooth. Usually an undercut of .010 - .015 inches is entered on the mesial lingual portion of a mandibular molar, and on the mesial buccal portion of a maxillary molar.

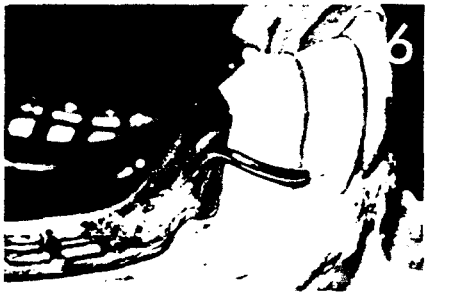
12. A hairpin clasp can be used when an undercut of .010 - .015 inches is found on the distal buccal surface, and a tissue undercut prevents the use of an "L" bar clasp. A tissue undercut requires excessive relief underneath a bar clasp. Fortunately, a hairpin clasp does not have to be used often because it is difficult to fabricate well, and it is not very retentive.

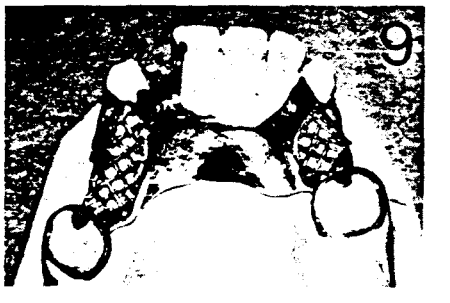
DETAILS OF REST SEATS AND CLASPS

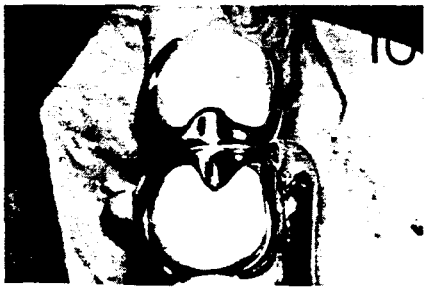


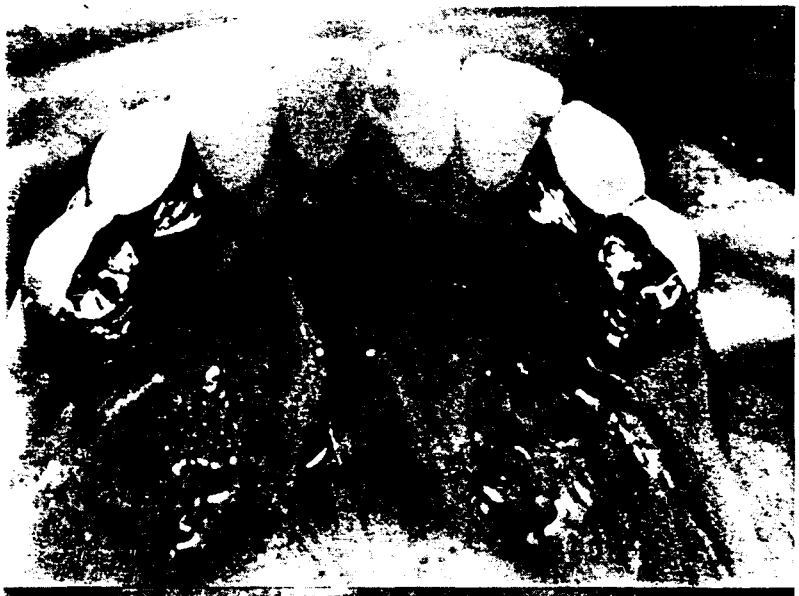




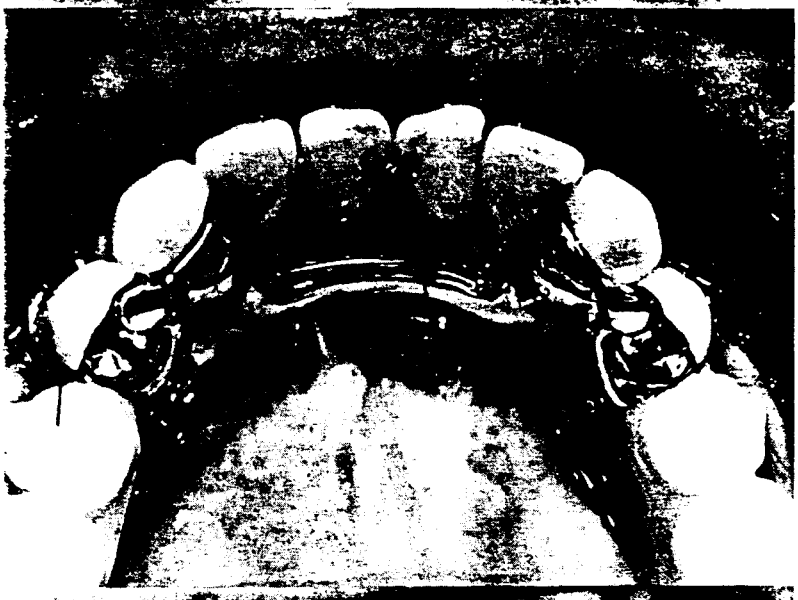




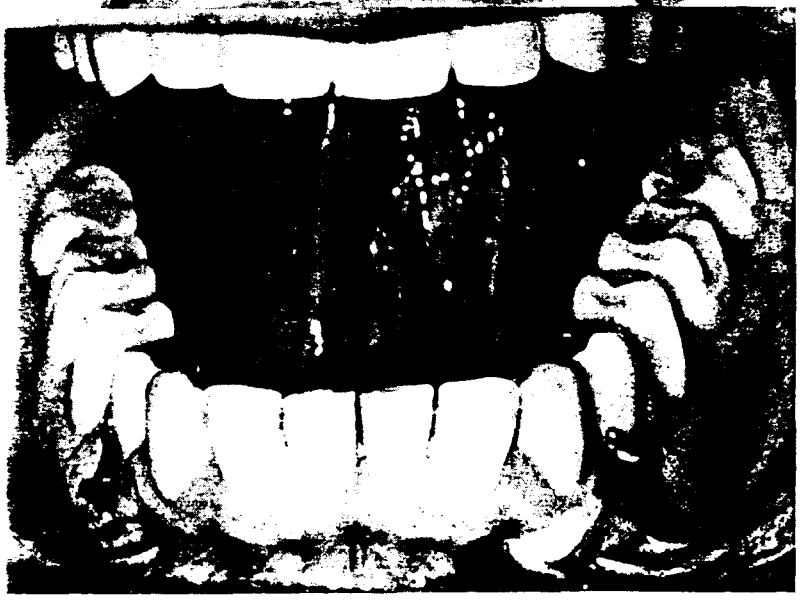




The premolar abutments were splinted to the canines with porcelain-fused-to-metal crowns because the crown:root ratio of the premolars was only 1:1. Some gingival movement of the RPD was anticipated due to the displacable tissue covering the extremely resorbed residual ridge. Parallel guide planes were provided on the distal and lingual surfaces of the premolars and the lingual of the canines. Note the form of the mesial rests on the premolars and the cingulum rests on the canines.

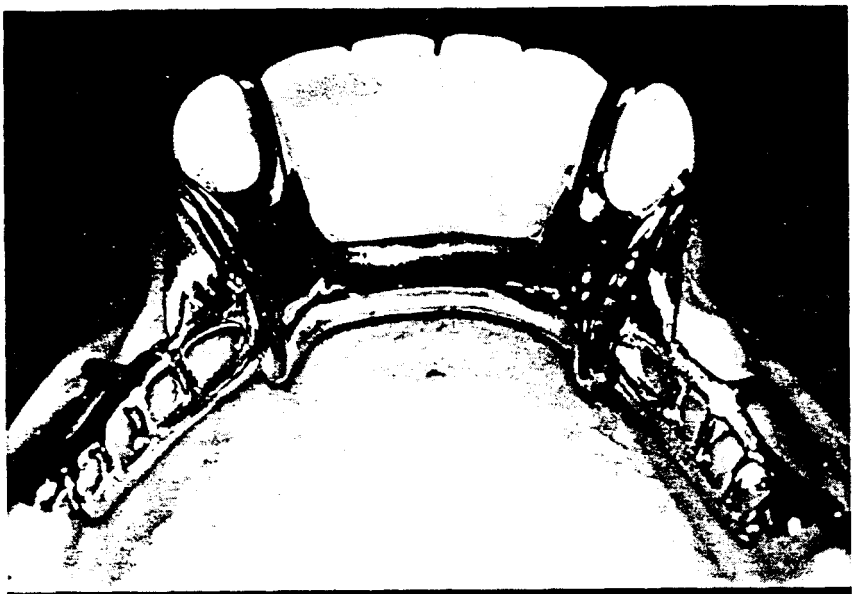


There was sufficient space for a lingual bar major connector. A lingual plate minor connector connects the mesial rests on the premolars and the cingulum rests on the canines. The canine rests serve as indirect retainers. The metal framework also contacts the parallel distal surfaces of the first premolars.



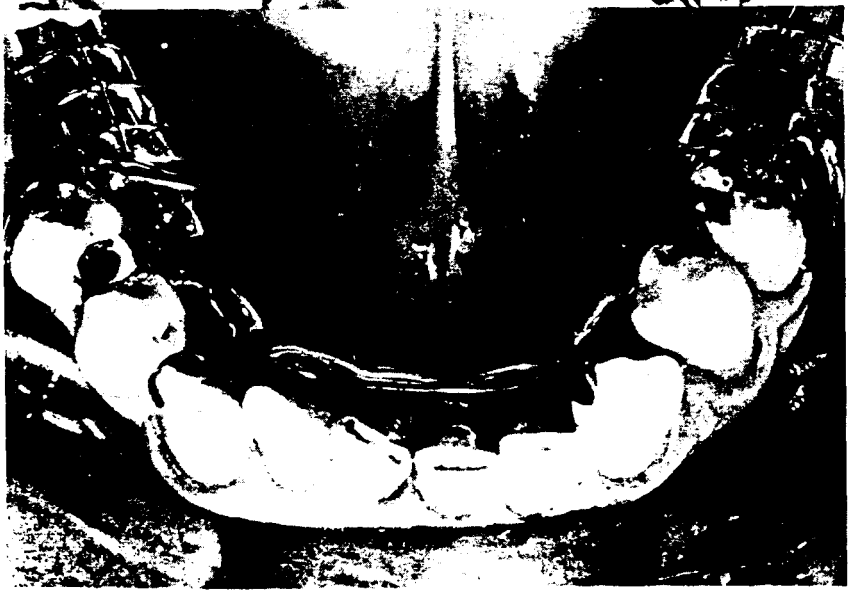
An "I" bar clasp and an 18 gauge PGP wrought wire clasp were chosen for the teeth adjacent to the free end bases. One abutment had a mid-buccal undercut (viewer's left) and the other had a mesial buccal undercut (viewer's right). Maximum extension of the free end bases helps prevent settling of the RPD.

MANDIBULAR CLASS I

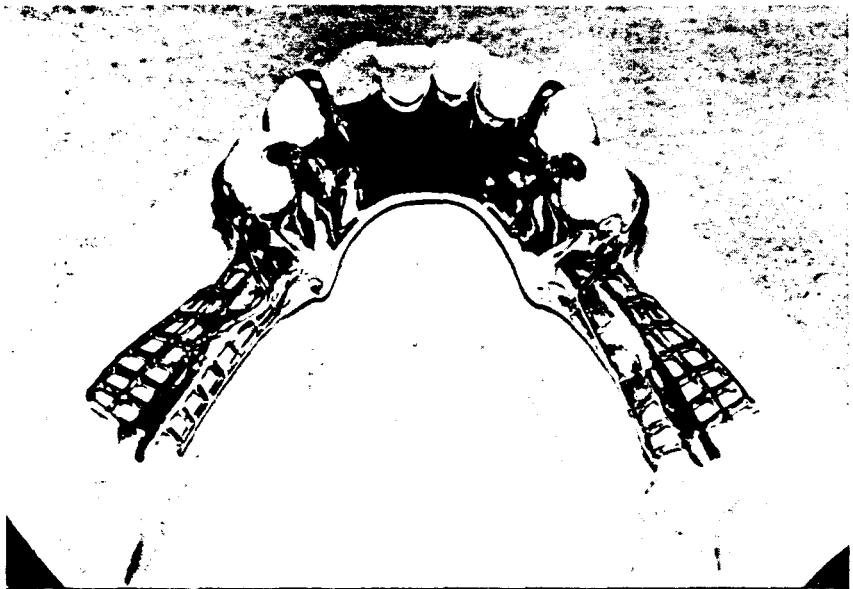


A lingual bar is preferred when 6 mm. or more exists between the free gingival margins and the functional (elevated) level of the lingual frenum and vestibule. Mesial incisal rests on the canines prevent gingival and distal movement of the RPD. 18 gauge PGP wrought wire clasps enter mesial labial undercuts of .015 - .020 inches.

A mesial occlusal rest, lingual plate and 18 gauge wrought wire clasp are seen on the left second premolar. A mesial occlusal rest on the left first premolar and a cingulum rest on the right canine are the indirect retainers. A mesial occlusal rest, lingual plate and wrought wire clasp engage the right first premolar.



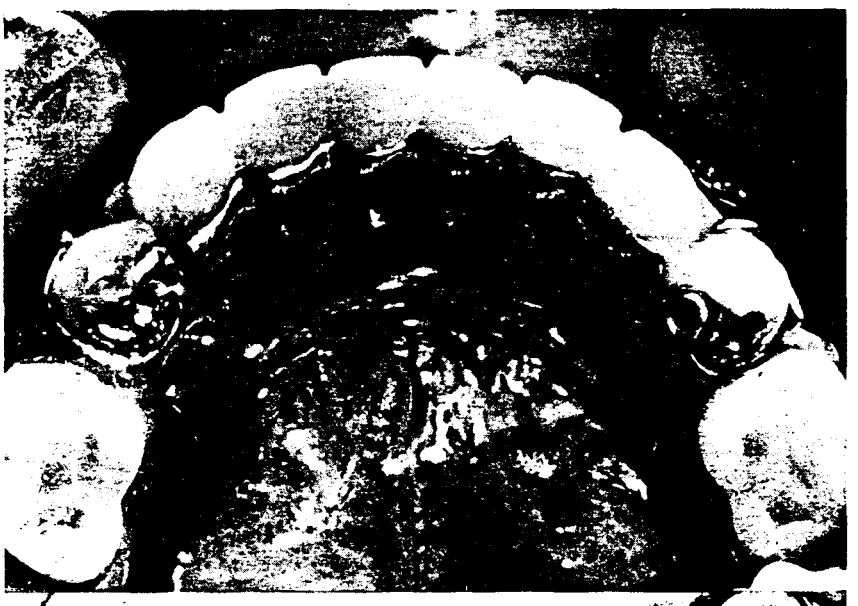
Reciprocation is provided by the minor connector supporting the mesial occlusal rest on the second premolar (viewer's left). There is metal contacting the distal guiding plane, and wrought wire clasp to a mesial buccal undercut. A lingual reciprocal plate was used on the other side because the tooth was rotated; the open space on the lingual would have been too small. An "L" bar clasp engages a distal buccal undercut on that tooth. The incisal rests on the canines are indirect retainers. One is placed mesially, the other distally, because tooth rotation made these areas more accessible



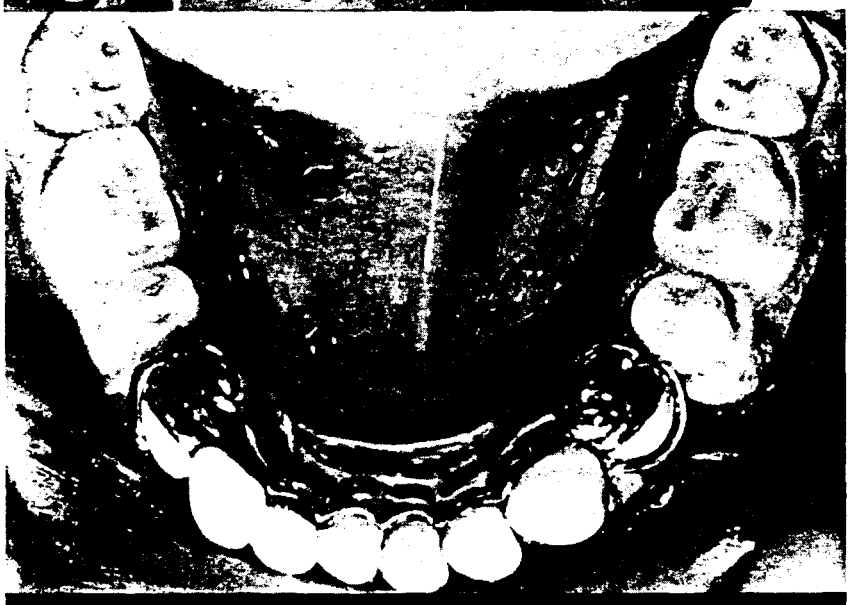
A lingual plate major connector was used because only 4 mm. existed between the free gingival margins and the floor of the mouth when the tongue was elevated. Each first premolar has a mesial occlusal rest, lingual reciprocal plate, and wrought wire clasp to a mesial buccal undercut. The incisal rests on the canines are indirect retainers.

A porcelain-fused-to-metal crown on the left canine has a "V"-shaped cingulum which supports a cingulum rest; a wrought wire clasp enters a mesial labial undercut. The right canine has a shallow lingual rest cut in the enamel to support the indirect retainer, although a mesial occlusal rest on the first premolar could have been used instead. A hairpin clasp to a distal buccal undercut was used on the right second premolar because a tissue undercut prevented use of an "L" bar clasp.

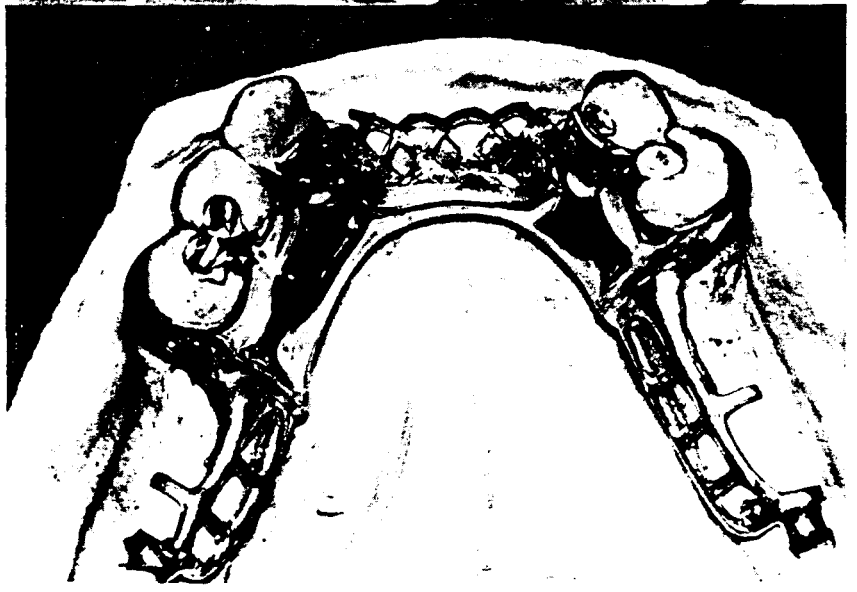
Crowns were used to replace large failing restorations. Limited space required a lingual plate major connector. Both abutment teeth adjacent to the free ends have mesial occlusal rests and wrought wire clasps. The cingulum rest on the canine and the mesial occlusal rest on the opposite first premolar are indirect retainers.



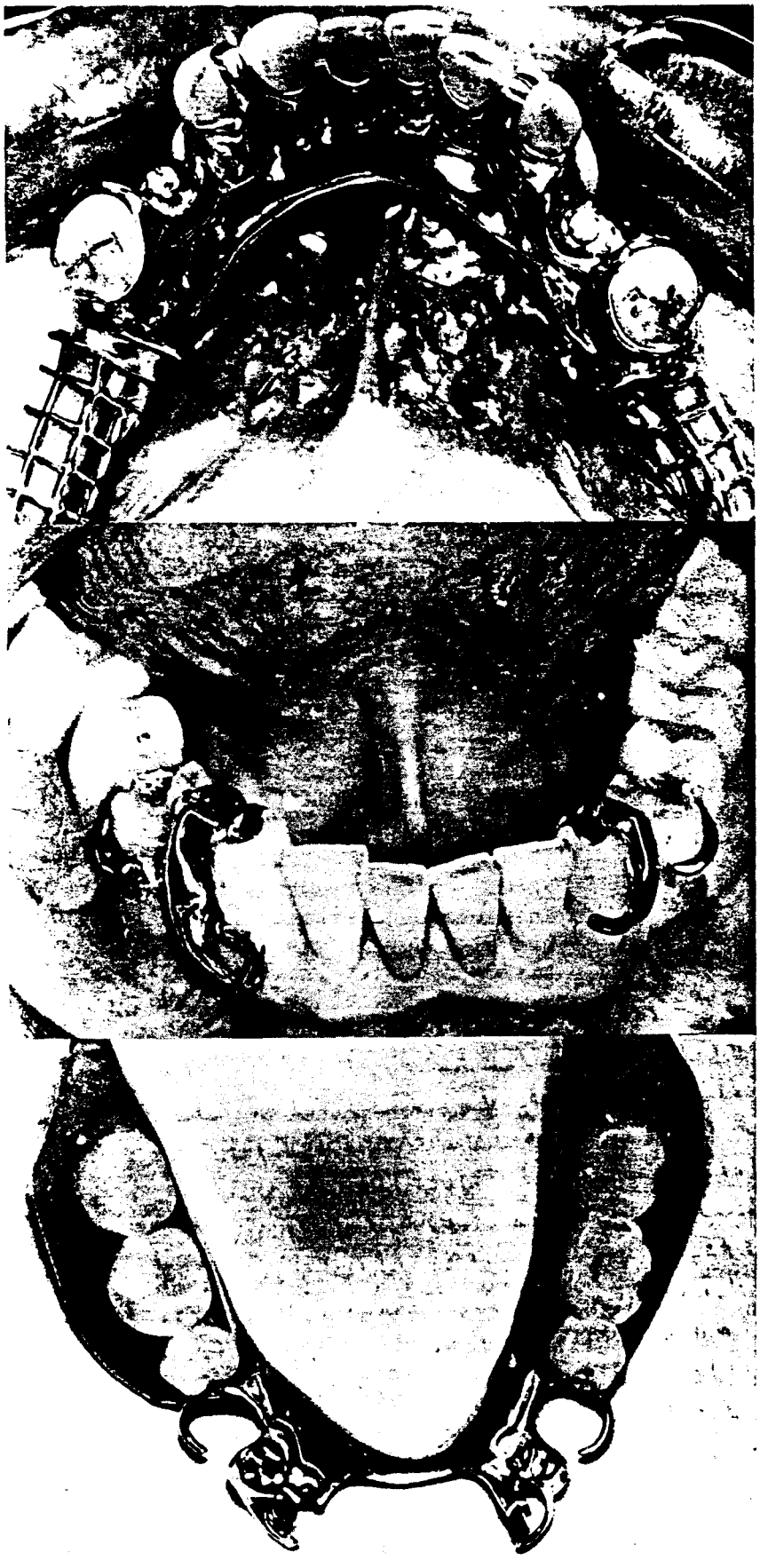
A lack of space required the use of a lingual plate major connector. The left premolar has a hairpin clasp to a distal buccal undercut; a tissue undercut prevented the use of an "L" bar clasp. A "T" bar clasp with distal buccal retention was used instead of an "L" bar clasp on the right premolar. The rotated tooth would have provided minimal resistance to distal movement of the RPD. The "T" bar assured adequate tooth contact. Lingual rests cut in the enamel of the canines serve as indirect retainers. They are part of the lingual plate.



The first premolars had a crown: root ratio of 1:1, so they were splinted to the canines for additional support. A lingual plate major connector was used due to insufficient space for a bar. The plate enters cingulum rests on the canine crowns for indirect retention. Wrought wire clasps were planned for both premolars, but the porcelain contour at the mesial buccal on the viewer's left was inadequate. Fortunately, a distal buccal undercut was present, but a tissue undercut prevented the use of an "L" bar clasp. The hairpin clasp shown was the remaining choice.



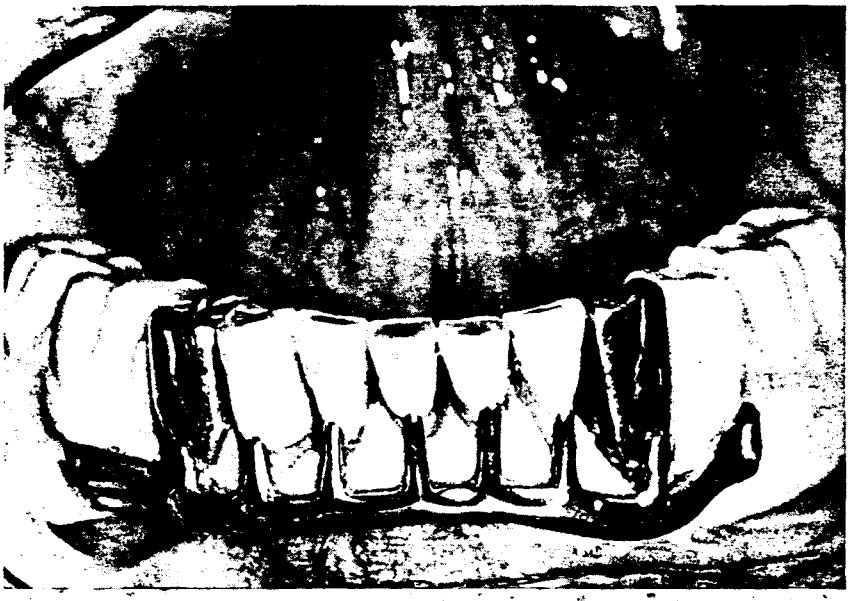
The premolar abutments have mesial occlusal rests, lingual reciprocal plates, and 18 gauge wrought wires. The solder joints are too close to the exit of the wires from the framework; this decreases clasp flexibility and increases the risk of clasp fracture. The artificial crowns on the canines have large cingulum rests which support the incisor replacement teeth and also serve as indirect retainers. Distal incisal rests would have been indicated on the canines if they had not been crowned; shallow lingual rests in the enamel are <u>not</u> sufficient to support the anterior segment.



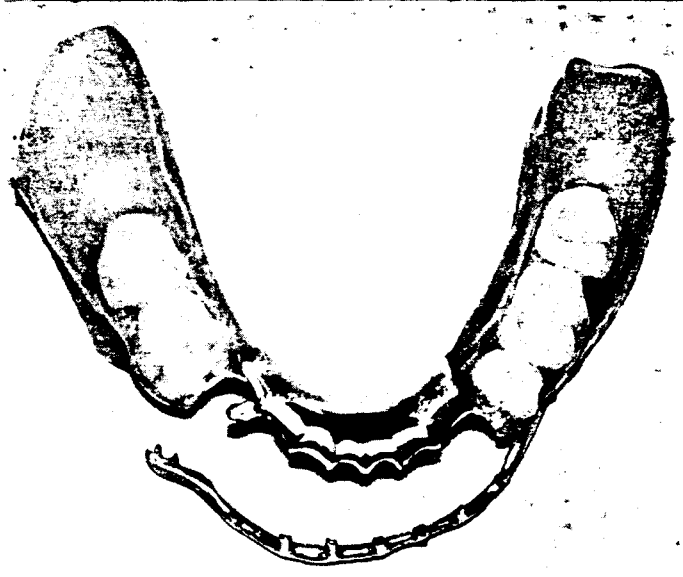
To avoid a teeter-totter effect, occlusal rests are not placed on isolated premolars. "L" bar clasps to the distal buccal undercuts would have been preferred instead of the reverse ring clasps because the greater length of bar clasps makes them more flexible. Bar clasps were not indicated, however, due to tissue undercuts. The canines could have been clasped for additional retention. Incisal rests on the canines support the RPD. Nailhead posts in the first premolar areas will retain the acrylic resin replacement teeth.

No rests were placed on the isolated second premolars to avoid creating a fulcrum point on them. However, they can be clasped safely with wrought wires or bar clasps. Cast metal pontics replaced the first premolars because the remaining spaces were too narrow for adequate retention of tooth-colored resin. Occlusal rests were placed on the canines because the worn incisal edges made preparation of conventional incisal rests very difficult. Porcelain teeth on an opposing denture were responsible for the severe wear seen on the second premolars.

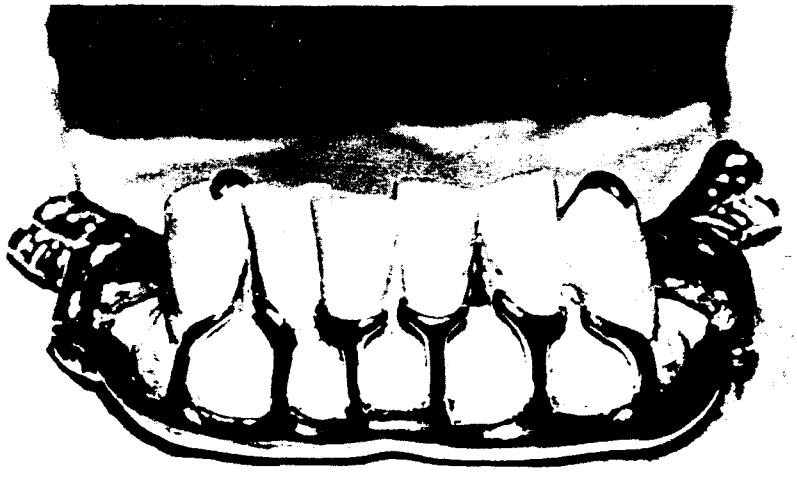
This is the RPD shown in the mouth above. A lingual reciprocal plate and wrought wire clasp was used on each second premolar. An "L" bar clasp to a distal labial undercut on the canine (viewer's left) was effective because the second premolar prevented the RPD from shifting distally away from the undercut. (A "T" bar clasp would have worked here if the second premolar had been absent.) A cast Akers clasp had to be used on the opposite canine because there was no place to solder a wrought wire.



The labial bar must not impinge on labial or buccal frenums or vestibular tissues. The bar is 2-3 mm. wide; its top edge should be placed as far from the free gingival margins as possible. The clasps are relieved over the cementum. The crown:root ratio on all teeth was 1:1 or less.

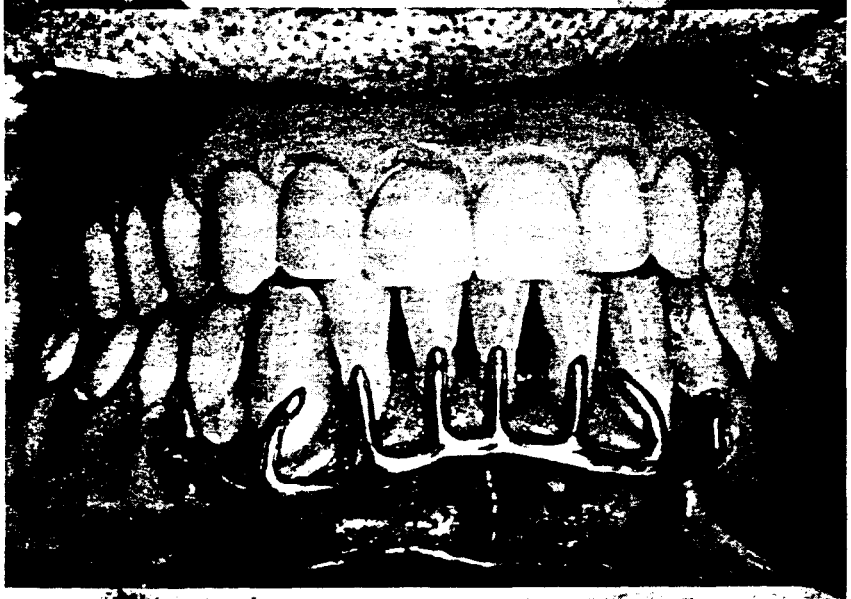


A hinged labial bar allows deep undercuts to be engaged. The latch should be on the right side of right-handed patients for ease of opening. A lingual plate is always used instead of a lingual bar even when much space is available. The lingual plate provides reciprocation to each of the clasps. The mesial occlusal rest is supported by the first premolar; the lingual plate enters a cingulum rest on the opposite crowned canine.

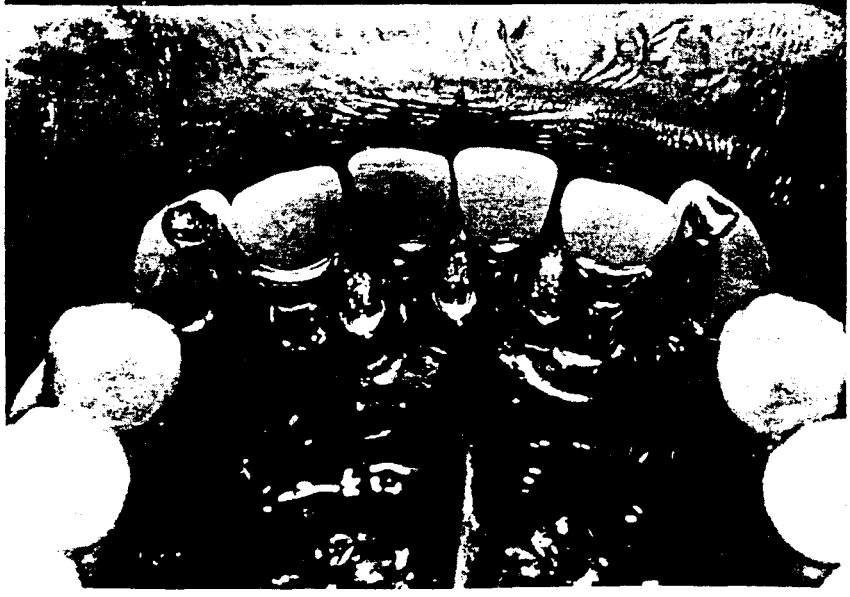


"T" bar clasps engage undercuts near the line angles of several teeth. These and "L" bars may cause less wear than "I" bars. Incisal rests were used on the canines. The major connector was a lingual plate.

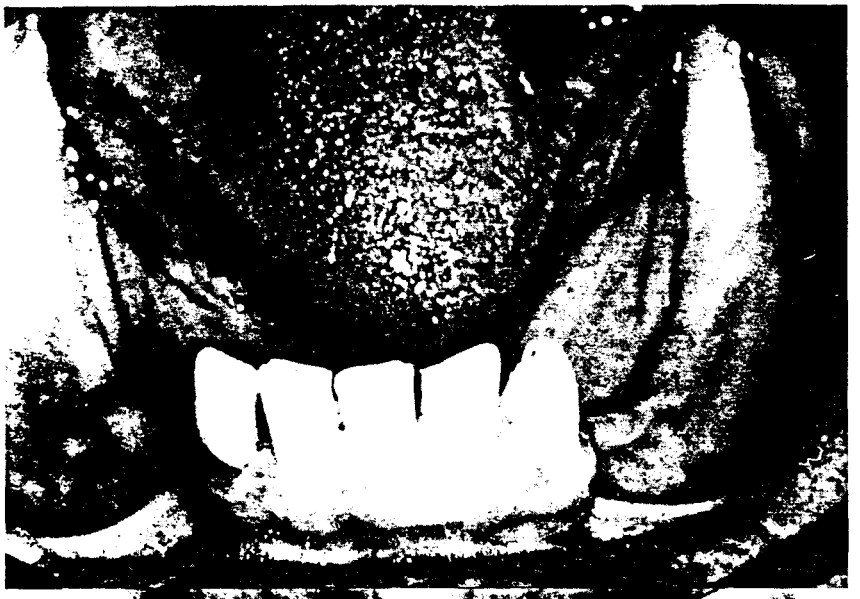
Incisal rests on the canines prevent settling of the RPD. Mesial labial undercuts on the canines are entered with "L" bars. No hinges are placed between the framework and the denture bases. The hinge and latch are placed 7 - 10 mm. distally to the last tooth on each side to take advantage of the extra space provided by ridge resorption. This will minimize bulk in the completed prosthesis.



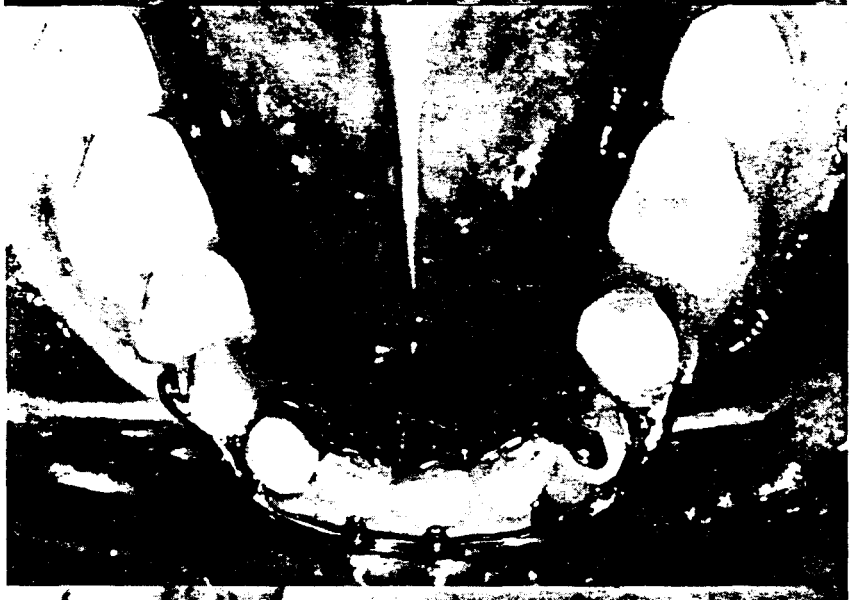
The clasps must end on enamel or restorations, not cementum, to prevent excessive wear. The labial bar has been placed just above the frenum attachments. Surgical preparation of the mouth is sometimes needed to gain space.



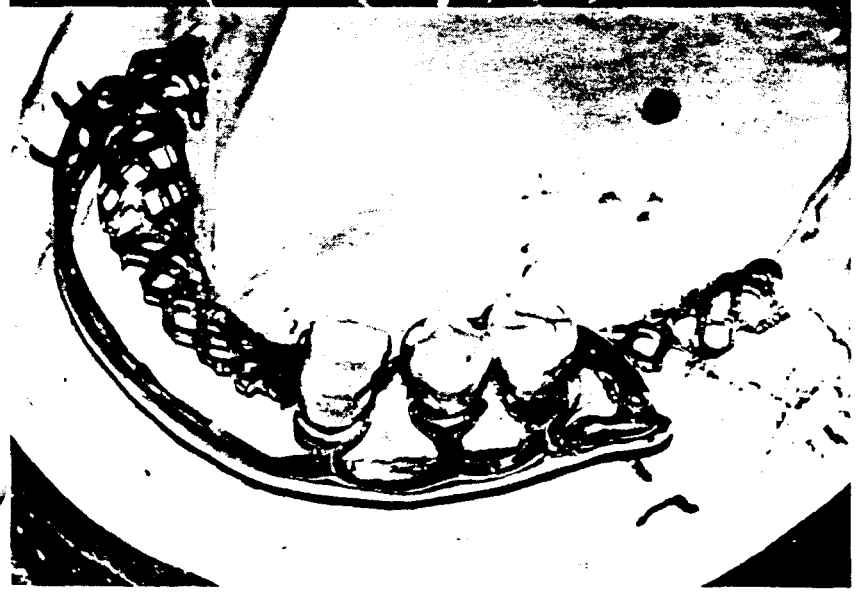
The lingual plate major connector can be carried below large interdental spaces to reduce metal display.



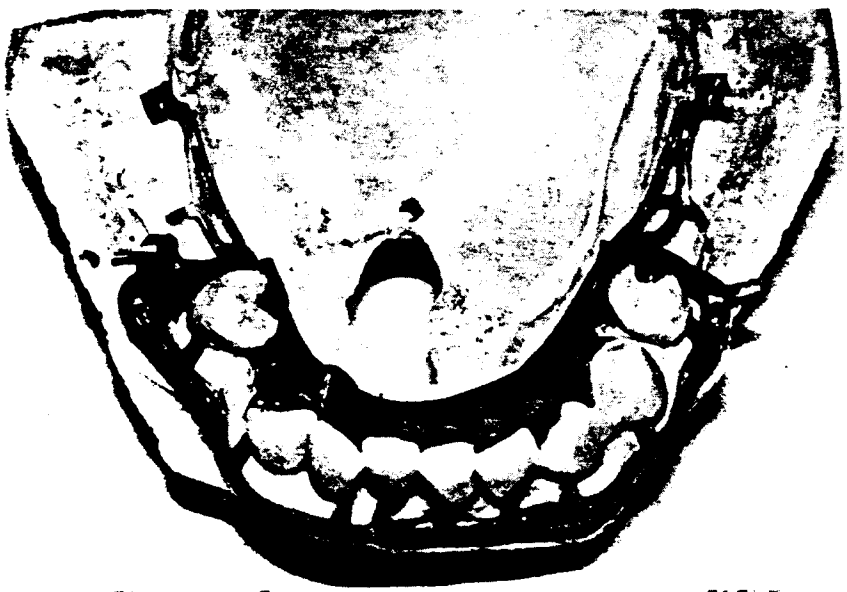
The lateral incisor is usually not strong enough to clasp in the conventional manner. A swinglock RPD should be chosen. Also, the contours of these teeth will provide minimal retention. Small dimples were placed in the labial enamel of several teeth to be engaged by the "I" bars for additional retention.



The dimples in the three natural incisors are engaged by "I" bars. A lingual shoulder rest on each incisor may be helpful when the canine is missing, but swinglock partial dentures have been used successfully without them in similar cases. Maximum extension of the free end bases is required in every instance.

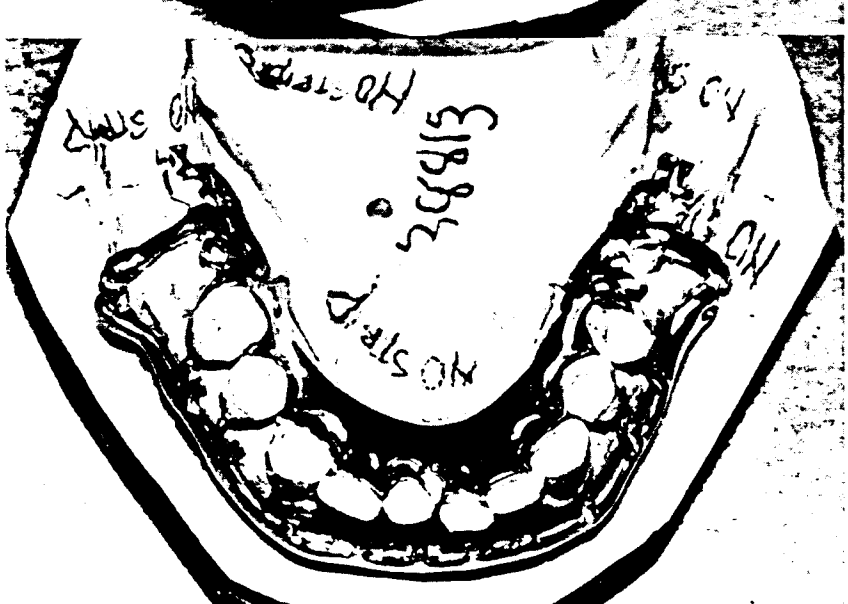


The swinglock design permits the use of poorly positioned teeth. The labial bar reaches across the arch to develop enough length for flexibility. The amount of relief placed under the bar depends on the labial lingual position of the artificial teeth. A lingual plate major connector behind the teeth was used. A rest on each tooth should have been used to prevent settling; the RPD had to be repositioned occlusally during relining two years after insertion.



This waxed-up framework revealed a design error. The labial bar was so long that it would not be able to pass the canine eminence on the viewer's left. The hinge and latch had been placed as close as possible to the abutment teeth to shorten the bar and its arc of closure. However, this has caused the hinge and latch to be prominent and will create added bulk in the completed RPD.

The casting shows how the design was changed from that seen above in the wax-up. The hinge was moved distally a few millimeters, while the latch was placed mesially in the first premolar space. The bar now passes the canine eminence without scraping the tissue. A conventional "I" bar clasp was placed on the second premolar. The rests on the second premolars will be used for positioning the framework during construction, and will be cut off when the RPD is delivered. A conventional incisal rest on each canine is preferred by some dentists to insure the RPD does not settle.



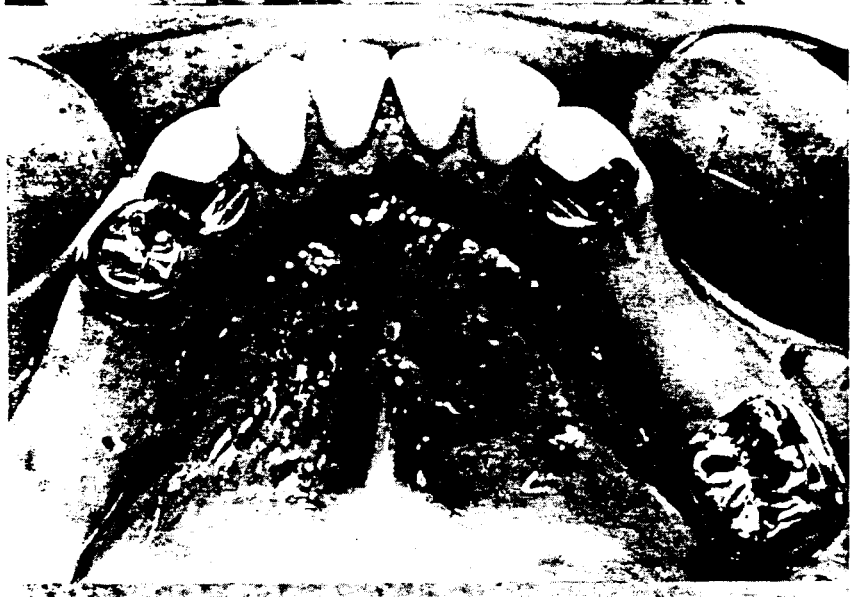
All the teeth represented here had a 1:1 or worse crown:root ratio and were mobile. An extra long labial bar is possible when the arch has a tapering or ovoid form. No rests are placed on the premolars because a fulcrum there would allow lifting forces to be applied to the anterior teeth by the "I" bar retentive clasps. A mesial or distal incisal rest could have been used on each canine.

The left premolar has a mesial occlusal rest, buccal wrought wire clasp, and a lingual reciprocal plate. A mesial occlusal rest on the right premolar supports the major connector and also is an indirect retainer. The molar has a cast Akers clasp with mesial buccal retention, lingual reciprocal clasp arm, and distal occlusal rest. The major connector could have been entirely lingual plate if space had also been limited in the posterior region.

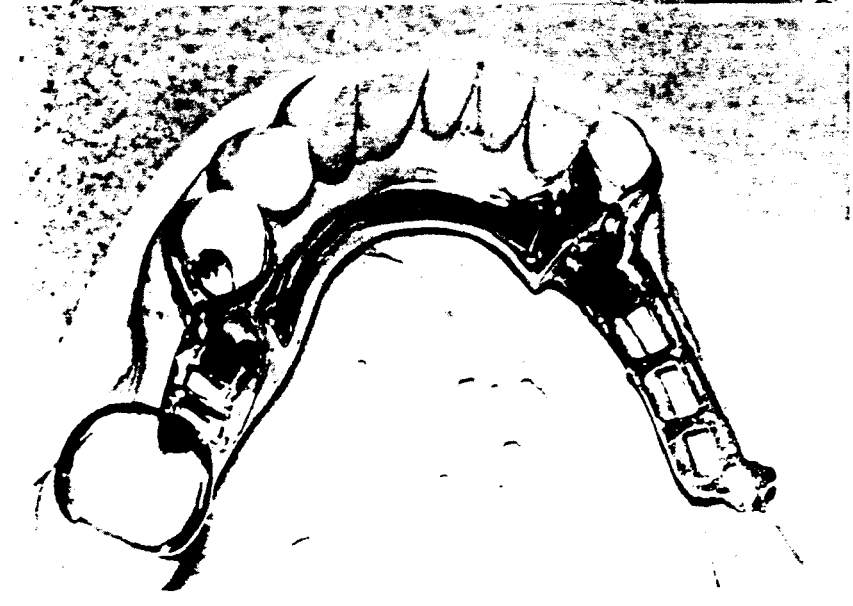
This intraoral view of the framework described above shows the slight relief space placed under the major connector. The indirect retainer on the first premolar (viewer's right) could have been placed instead on the distal incisal edge of the adjacent canine.

A wrought wire clasp, distal occlusal rest, and lingual plate are seen on the second premolar. Today a mesial occlusal rest is preferred on a premolar adjacent to a free end. A lingual plate major connector was used in the anterior part of the arch due to space limitations, but then changed to a lingual bar when space permitted. The first premolar supports a distal occlusal rest which is the indirect retainer. The molars are clasped with an embrasure clasp which has two occlusal rests.

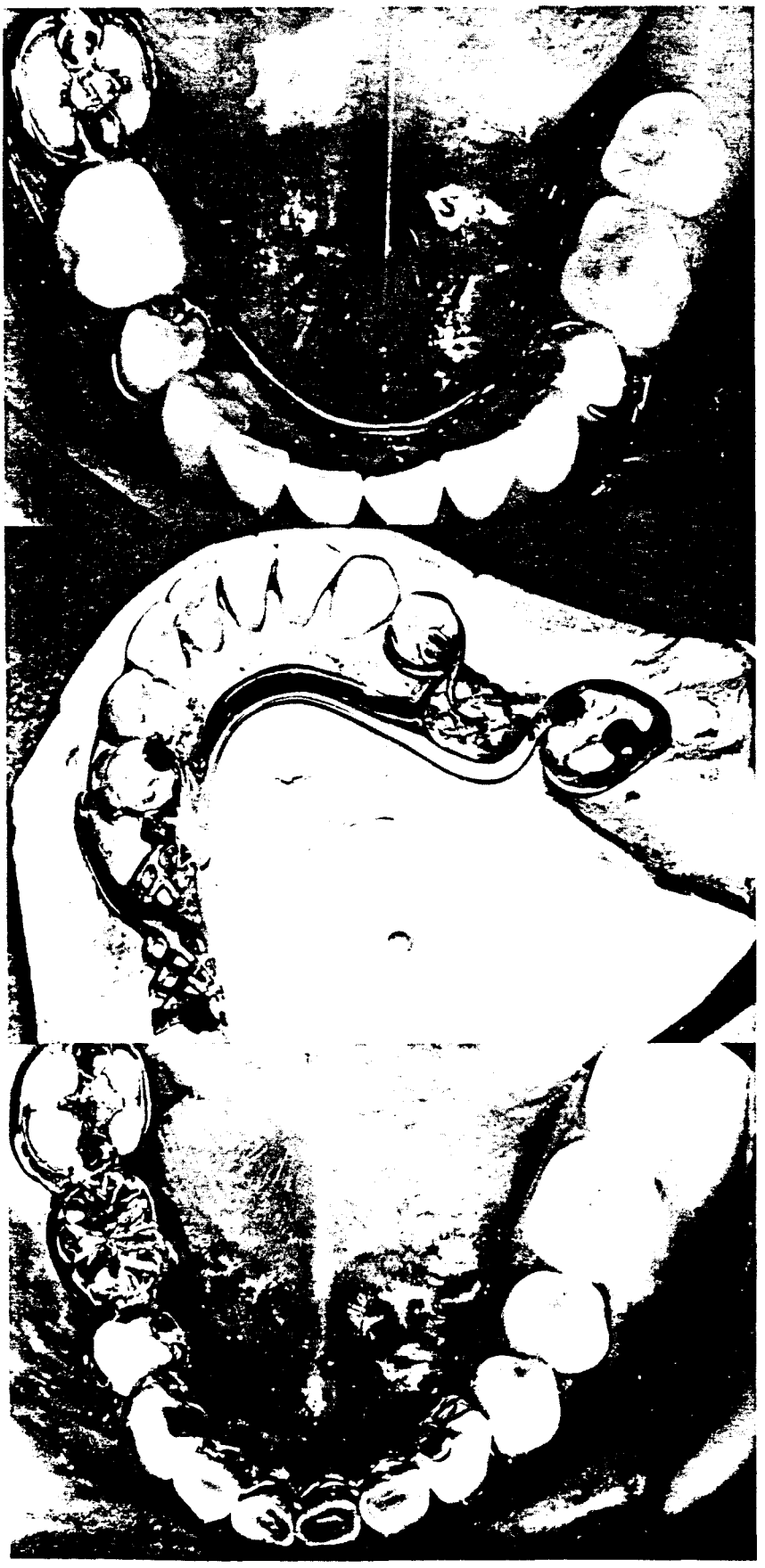
The molar has a cast Akers clasp with distal lingual retention, a buccal reciprocal clasp arm, and a mesial occlusal rest. The canine has a wrought wire clasp with mesial labial retention, a cingulum rest, and a lingual reciprocal plate. The first premolar next to the free end has a mesial occlusal rest, wrought wire clasp with mesial buccal retention, and a lingual reciprocal plate. The major connector is a lingual bar.



The RPD has been removed from the mouth shown above. The molar has a recess on the buccal surface to receive the reciprocal clasp arm. This helps maintain a normal buccal contour on the tooth when the RPD is seated. Note the form of the cingulum rests on the canines. The canine and first premolar were splinted with porcelain-fused-to-metal crowns because the first premolar had a short, tapering root. The rest on the canine will allow the RPD to continue in service even if the premolar does not last.



The molar has a cast Akers clasp with distal lingual retention, a mesial occlusal rest, and a buccal reciprocal clasp arm. The premolar has a distal occlusal rest, wrought wire clasp with mesial buccal retention, and a lingual reciprocal clasp arm. Sufficient space existed for a lingual bar major connector. The canine has a wrought wire clasp with mesial labial retention, a cingulum rest in the artificial crown, and a lingual reciprocal plate that enters the rest.

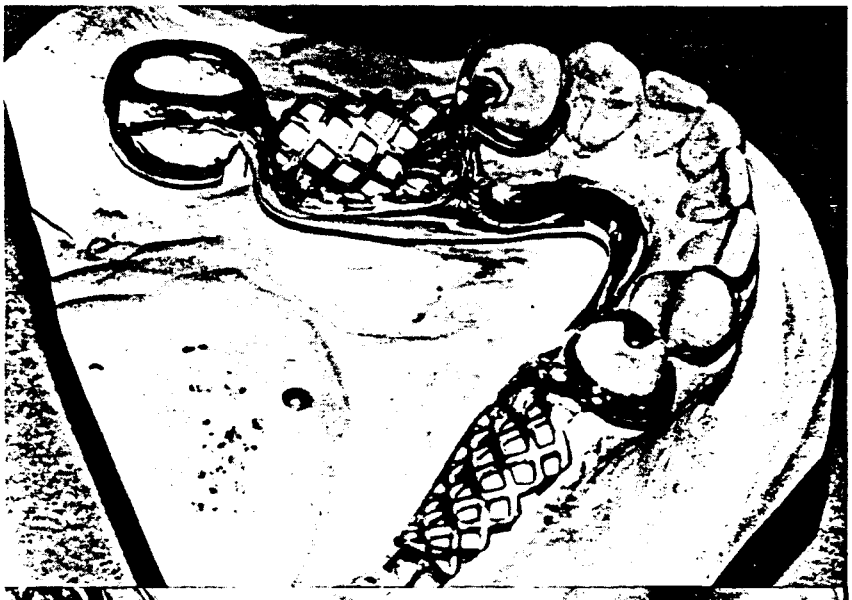


The molar has a ring clasp with an enlarged buccal portion and mesial and distal occlusal rests. The first premolar on the viewer's left has a wrought wire clasp, distal occlusal rest, and a lingual reciprocal clasp arm. The premolar next to the free end has a mesial occlusal rest, "T" bar clasp, and a lingual reciprocal plate. An "L" bar clasp was not used since the lingual surface was short and sloping and retention would have been minimal. A lingual bar major connector was used.

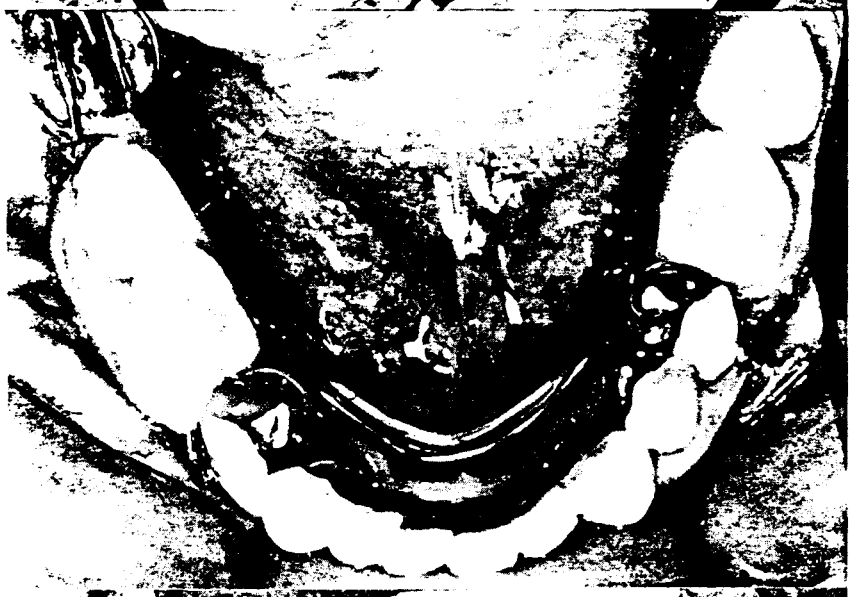
This view of the framework described above shows the bar and ring clasps. An "L" bar clasp would have barely contacted 180° of the premolar's circumference; therefore, the mesial extension was added to create the "T". This extension is not placed in an undercut. It serves only to prevent distal movement of the RPD. Also note the placement of the external finish line on the right.

The molar has a ring clasp with an enlarged buccal portion for strength. The metal pontic is part of the RPD framework. The premolar has an "L" bar clasp and a mesial occlusal rest. A distal rest was not prepared because rotation of the tooth would have made it difficult to reach with the framework. Additional support was gained by placing an occlusal rest on the canine. The canine adjacent to the free end has a mesial occlusal rest on its worn incisal edge and an "L" bar clasp to a distal labial undercut. The major connector is a lingual plate.

MANDIBULAR CLASS II
Modification I

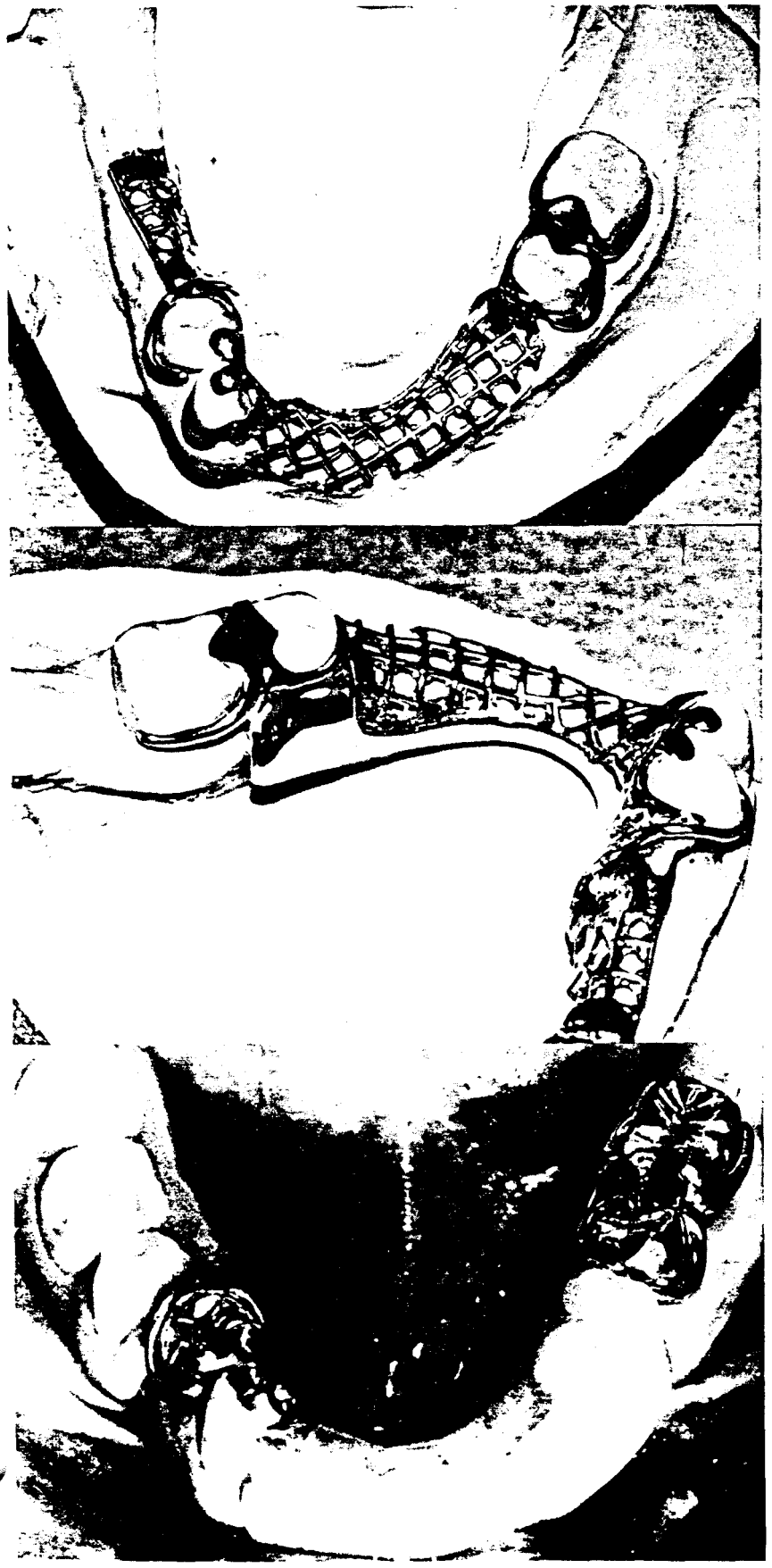


Wrought wire clasps have been used on the first premolars. A mesial occlusal rest was used on the tooth adjacent to the free end, but a distal occlusal rest was used on the tooth supported side. A clasp reciprocal element was placed on the left premolar to leave the soft tissue uncovered; lingual plate reciprocation was chosen on the right premolar due to the position of the occlusal rest. The ring clasp on the molar is strengthened by an occlusal strut. A lingual bar major connector is shown.



The strut was built up to provide a level occlusal plane. The premolar on the tooth supported side has a distal occlusal rest, "L" bar clasp to a distal buccal undercut, and a lingual reciprocal clasp arm. The premolar adjacent to the free end has a mesial occlusal rest, "L" bar clasp, and a lingual reciprocal plate. The major connector is a lingual bar.

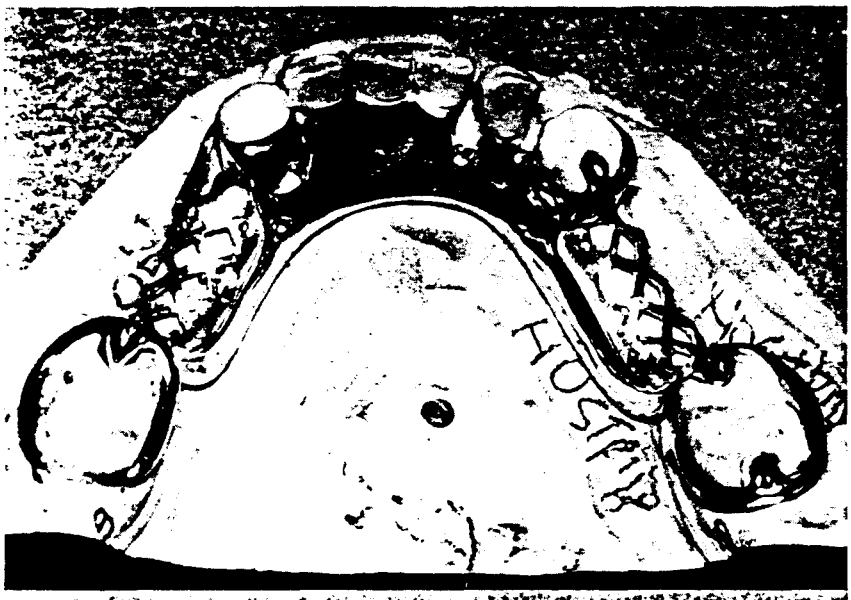
A swinglock RPD was chosen because there wasn't a suitable anterior abutment tooth on the viewer's left. A conventional cast Akers clasp and mesial occlusal rest was used on the molar. Lingual rests were not prepared on the anterior teeth because the cingulums were prominent and, combined with the "I" bars on the labial bar, should resist gingival movement. Lingual rests on the incisors and a distal incisal rest on the canine, however, may be advantageous.



The first premolar has a mesial occlusal rest, lingual reciprocal plate, and a wrought wire clasp. The canine has a distal incisal rest and metal coverage on the mesial and lingual surfaces. The embrasure clasp has buccal retentive clasp arms. The molar and second premolar teeth have been splinted with soldered gold crowns.

This is a lingual view of the framework seen above. A lingual bar major connector was used. A mesial occlusal rest was not used on the left premolar because it was adjacent to an anterior "free end" base.

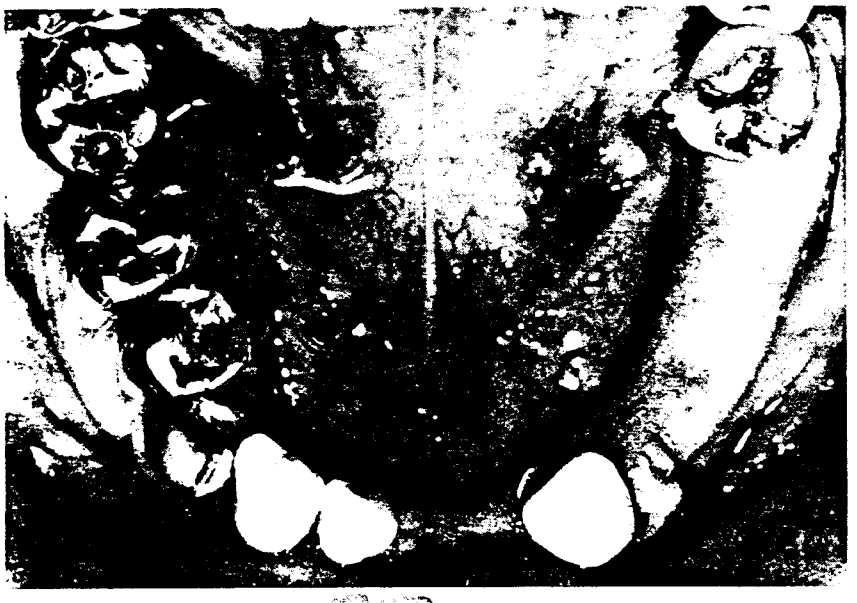
Broad coverage of the edentulous areas is necessary to minimize anterior-posterior rocking of the RPD. Splinting the first premolar and canine together also would have been a good treatment plan.



A lingual plate major connector was used anteriorly due to limited space; the plate does not cover the diastema between the incisors. There are no openings in the plate lingual to the canine and premolar. These apparent openings are light reflections. Lingual bars in the posterior carry the external finish lines and plastic retention.

This shows the framework described above with the teeth and plastic bases completed. Two fixed partial dentures could have been made, although the RPD does have the advantage of cross arch stabilization.

The molar on the viewer's left has a ring clasp with mesial lingual retention. The other molar has a cast Akers clasp with distal lingual retention. The premolar has a hairpin clasp with distal buccal retention, a lingual reciprocal plate, and a distal occlusal rest. The crowned canine has an "L" bar clasp with distal labial retention and a cingulum rest.



Rests were prepared in the amalgams on the molars, on the incisal edge of the natural canine, and formed in the lingual metal of the artificial crown.

This RPD was made for the mouth shown above. Two rests are used with an embrasure clasp (right side) and most ring clasps (left side). The anterior replacement teeth are plastic denture teeth which have been hollowed on the lingual to fit around a post. The teeth are held in place with pink or tooth-colored resin.

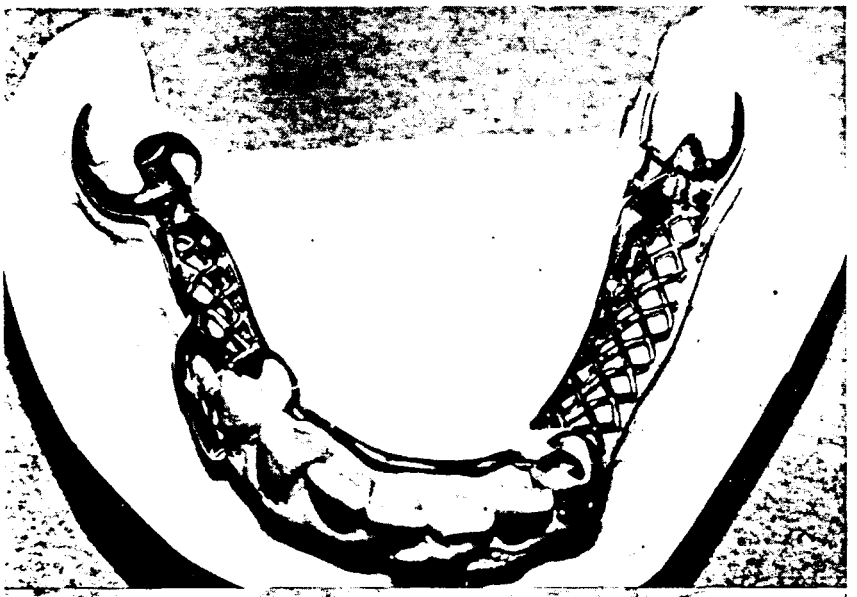
The double embrasure clasp on the molars has lingual retention, buccal reciprocation and two occlusal rests. There is a cast Akers clasp with lingual reciprocation and a cingulum rest on the canine. The molar supports a ring clasp with mesial lingual retention and mesial and distal occlusal rests. The major connector in the posterior areas is a lingual bar; a lingual plate was used anteriorly to simplify the addition of the artificial teeth.

The occlusal plane was leveled to help obtain a balanced occlusion with the maxillary denture. Distal incisal rests on the canines do not detract from the appearance, and they are required to support the anterior artificial teeth. Note the overdenture abutment teeth in the maxilla. They should have a little more height, if space permits.

A lingual bar connects all the components. A mesh retains the plastic bases. Good rests are required on the canines to prevent settling of the anterior base; a lingual rest in the enamel of the natural canine is not adequate to prevent this movement.

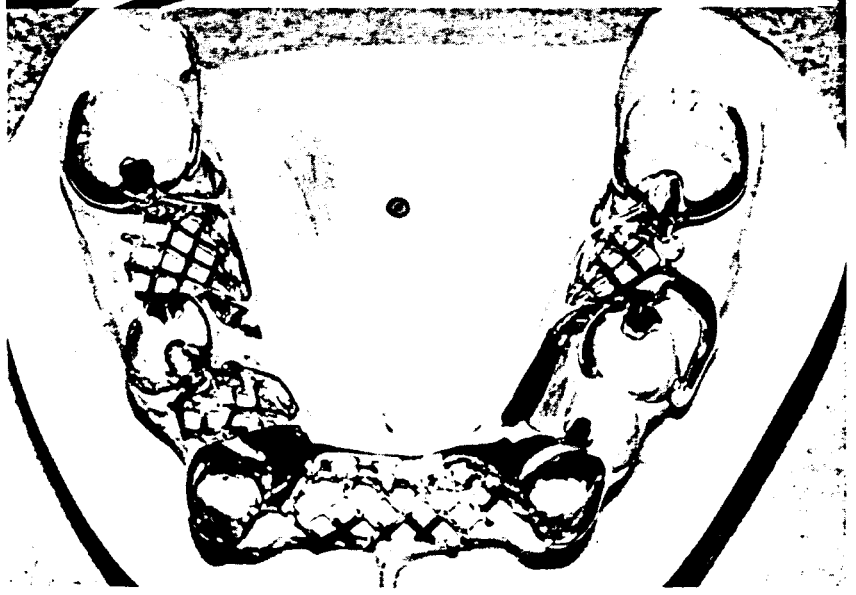
From the viewer's left to right: The molar has a cast Akers clasp with mesial lingual retention, buccal reciprocation, and a distal occlusal rest. Rests are present on both first premolars and canines. The second premolar has a cast Akers clasp with mesial lingual retention, buccal reciprocation, and a distal occlusal rest. The remaining molar has a ring clasp with mesial lingual retention.

MANDIBULAR CLASS III
Modification I
Modification III (bottom picture)

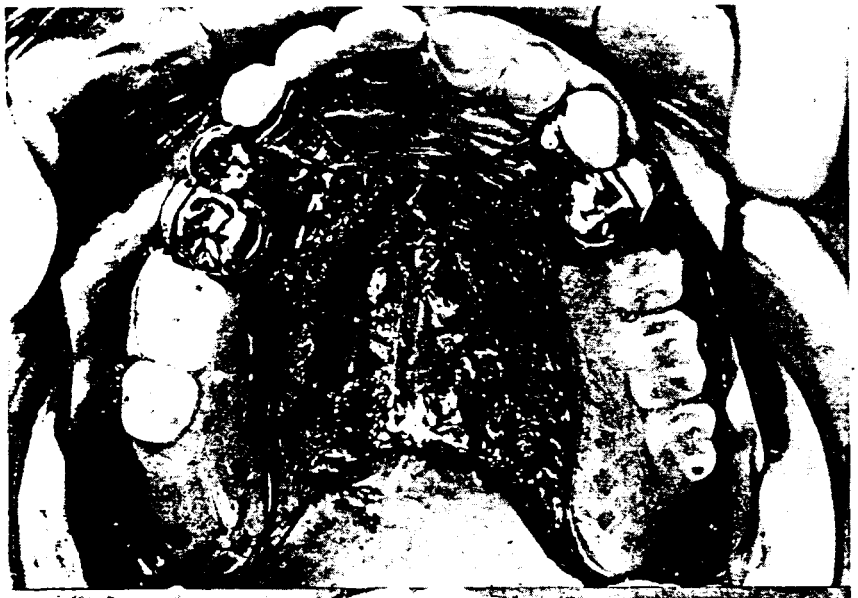


Viewer's left to right: The molar has a mesial occlusal rest which extends through the lingual groove to enter a mesial lingual undercut. The premolar has an "L" bar clasp. A cast Akers clasp was placed on the canine. The remaining molar has an "I" bar to a mesial lingual undercut. A bar clasp normally can't be used in this area due to excessive tooth or tissue undercuts which would cause the clasp to stand away from the underlying tissues Use of the surveyor is essential for choosing the proper clasp.

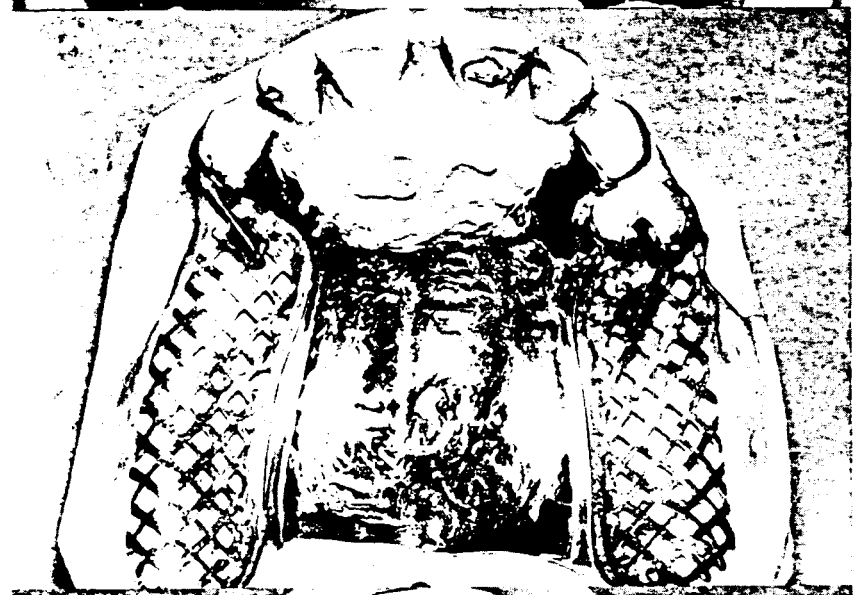
The clasp variation shown on the molar can be used if the occlusion permits. The lingual groove must be widened during mouth preparation. A ring clasp was not used because the distal surface was short. A lingual reciprocal clasp arm on the premolar is preferred instead of the lingual plate shown in order to cover less of the gingiva. Note the external finish line on the lingual bar major connector.



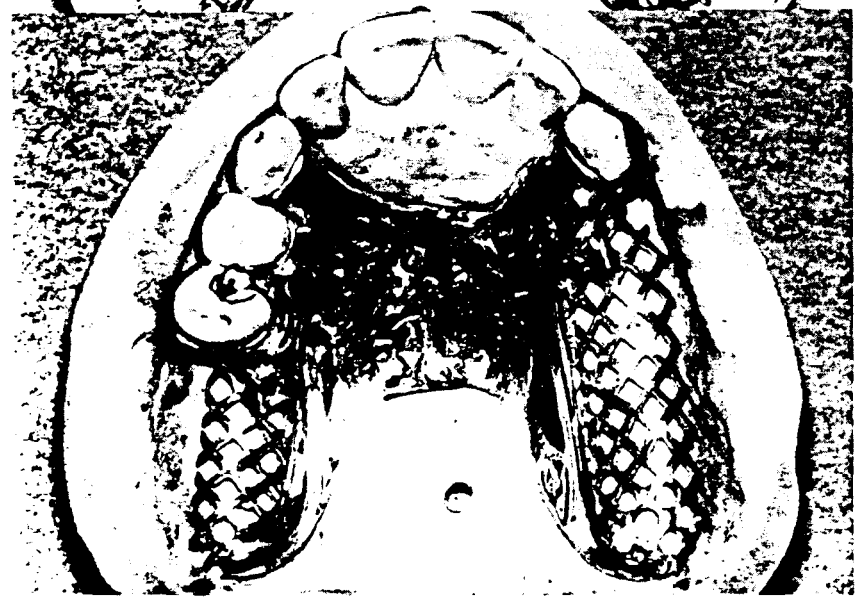
Each molar has an "L" bar clasp with mesial lingual retention and buccal reciprocation. Each canine has a cast Akers clasp with a distal incisal rest. The second premolar has an "I" bar clasp with mid-buccal retention and lingual reciprocation. The "I" bar clasp was not essential because the canines were clasped. Alternately, both premolars could have been clasped instead of the canines. Incisal rests still would have been required on the canines.



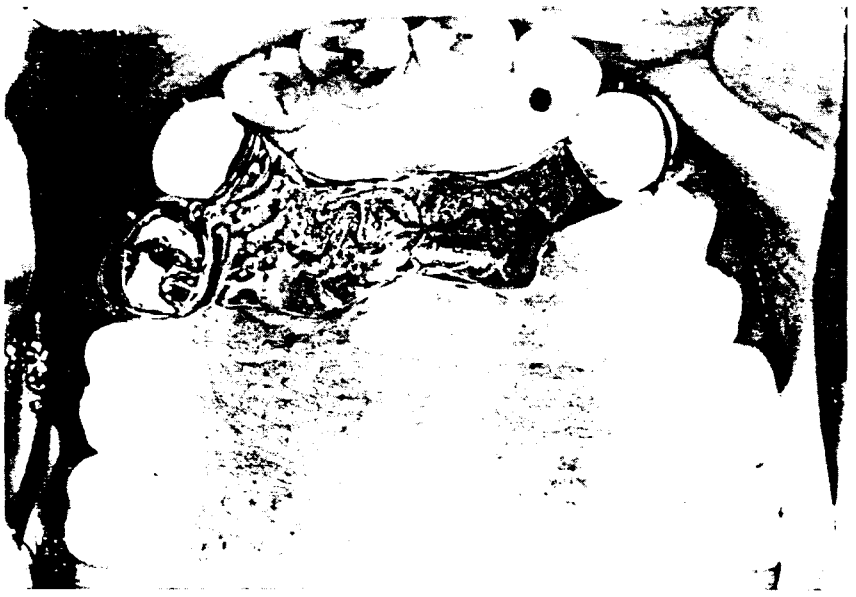
Broad coverage of the palate with a metal plate helps support the RPD. The maxillary tuberosities are also covered. Retention is provided by a wrought wire clasp to a mesial buccal undercut and an "L" bar clasp to a distal buccal undercut. A distal occlusal rest on the second premolar was used because the occlusion interferred with mesial placement. A mesial occlusal rest was used on the first premolar. Indirect retainers were placed into cingulum rests on both canines.



The major connector does not have to extend to the vibrating line, but all of the maxillary tuberosity must be covered by the RPD. The plastic retention mesh extends the entire length of the external finish line to prevent separation of the plastic from the metal. The canine on the viewer's left has a wrought wire clasp and a cingulum rest. The other canine has a cingulum rest indirect retainer. The premolar has a wrought wire clasp with mesial buccal retention, a lingual reciprocal plate, and an occlusal rest on the distal instead of the mesial due to occlusion.

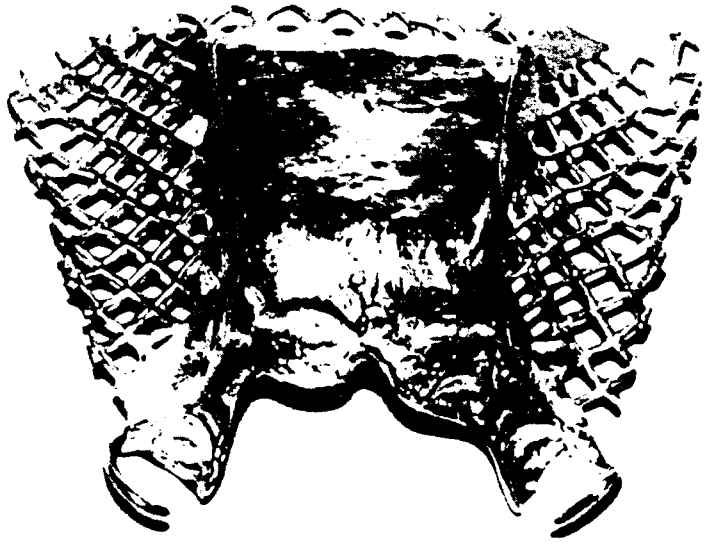


The anterior border of the major connector ends just lingual to a rugae. The posterior border in the center of the palate can be short to minimize the effect of gravity. The second premolar has a wrought wire clasp, lingual reciprocal plate, and a mesial occlusal rest. The canine across the arch has a wrought wire clasp and a cingulum rest. The remaining canine has a cingulum rest for an indirect retainer.



This combination chromium-cobalt/ acrylic resin major connector is used when only a few anterior teeth remain. Some border seal can be achieved for increased retention. Its main disadvantage is the greater thickness which can interfere with speech. Retention was provided by wrought wire clasps. Both canines were crowned and had cingulum rests.

This casting shows an improved design for an RPD similar to the one illustrated above. The plate covering the center of the palate has very short nail heads to retain the plastic. The result is a thinner major connector than shown above. The anterior border of the major connector, external finish line, wrought wire clasps, and cingulum rests on the canines are similar to the one above.



This view shows the internal of the casting illustrated above. The metal plate contacts the palate between the internal finish lines. The mesh along the posterior border allows the use of plastic in the posterior palatal seal area. Note the form of the cingulum rests.

MAXILLARY CLASS II
Modification I (center & bottom)

The canine adjacent to the free end base has a wrought wire clasp and a cingulum rest. The other canine has a cingulum rest for the indirect retainer. An embrasure clasp engages the second molar. There is at least 6 mm. of space between the gingival margins and the lateral border of the palatal plate. The anterior border is 10 mm. or more away from the incisors to avoid speech problems.

The canine next to the free end has a wrought wire clasp and cingulum rest. The other canine has a cingulum rest for an indirect retainer. The second premolar has a cast Akers clasp, while the molar has a hairpin clasp with mesial buccal retention and a lingual reciprocal clasp. The narrow space between the teeth was filled by the metal framework to maintain arch length and provide occlusal support.

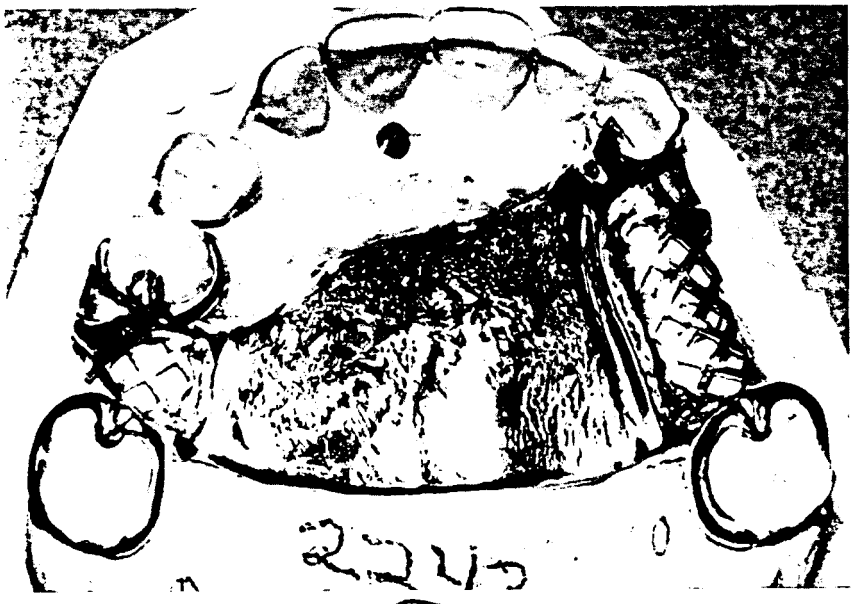
Both canines have cingulum rests and wrought wire clasps. The molar has a cast Akers clasp. The lingual reciprocal plate was extended to a rest on the second molar to prevent its supererruption due to lack of an opposing tooth. Note how the free end base covers the maxillary tuberosity.

The isolated second premolar has a crown:root ratio of 1:1, and the root form is narrow. Heavy forces on this tooth should be avoided.

An occlusal rest was not placed on the isolated premolar to avoid a fulcrum on that tooth. The canine is clasped with a wrought wire. A clasp would have been placed on the lone premolar except there was no buccal undercut, and the lingual undercut was too severe and difficult to use. Nail-head retention was used in the small edentulous areas to retain tooth-colored acrylic resin. The space near the molar should have been filled by the metal framework since retention for the plastic tooth was minimal.

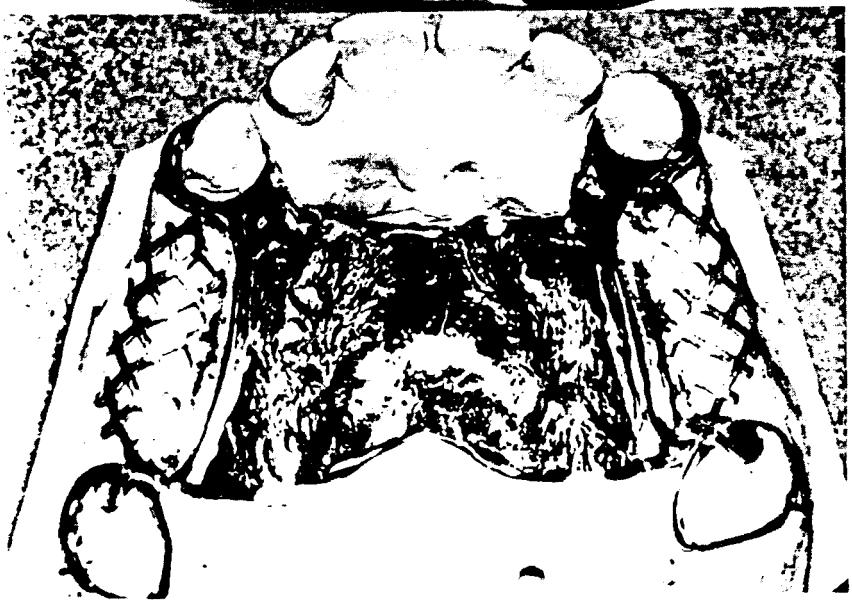
The molar has a cast Akers clasp with mesial lingual retention and buccal reciprocation. The premolar has a wrought wire clasp with mesial buccal retention and a lingual reciprocal clasp. The canine has a wrought wire clasp and a cingulum rest. The broad major connector provides additional support for the RPD.

MAXILLARY CLASS III
Modification I

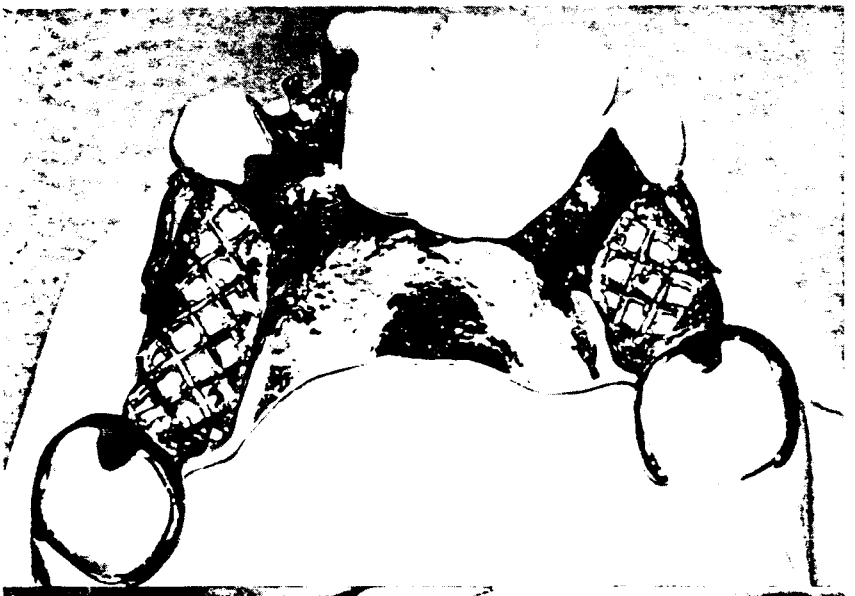


The molars have cast Akers clasps with distal buccal retention, lingual reciprocal arms, and mesial occlusal rests. The second premolar has an "L" bar clasp engaging a distal buccal undercut; reciprocation is provided by a lingual clasp arm. The canine has a cingulum rest and an "I" bar clasp to a mid-buccal undercut. The plastic retention could have been a metal plate with nailhead retention instead of a mesh because relining of the well-healed ridges was not anticipated.

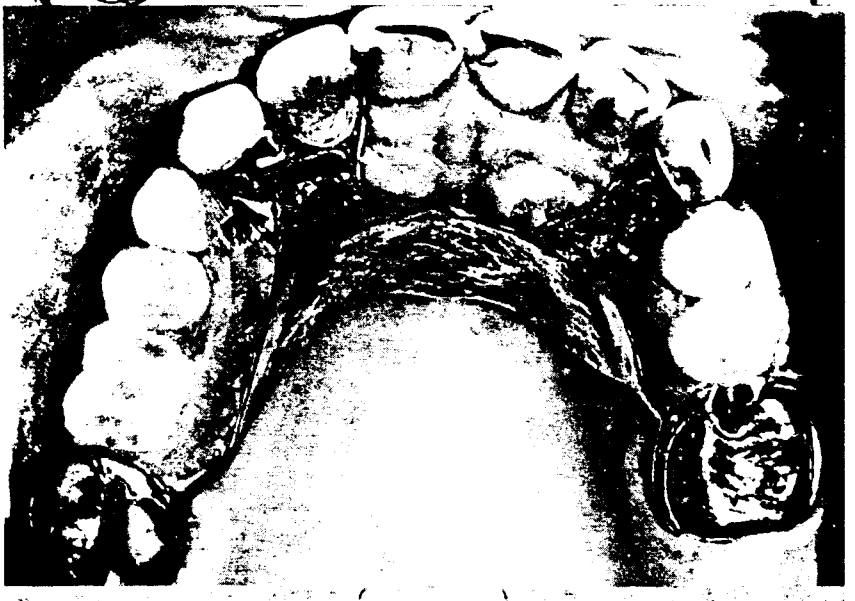
The teeth on the viewer's left have "L" bar clasps entering undercuts adjacent to the edentulous space. The plastic retention is a metal plate with nailheads. Retention is provided across the arch by cast Akers clasps. A mesh type of plastic retention was used to allow future relining since the second premolar had been extracted recently.



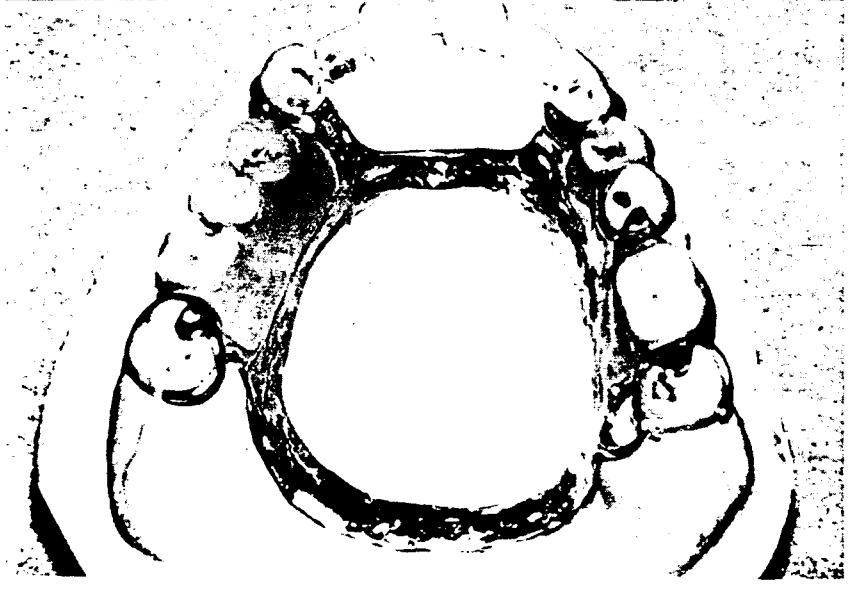
The molars and canines have cast Akers clasps with distal buccal and mesial labial retention, respectively. The canines have cingulum rests, while the molars have mesial occlusal rests. The anterior border of the major connector is placed at least 10 mm. away from the incisor teeth, and it ends below a prominent rugae.



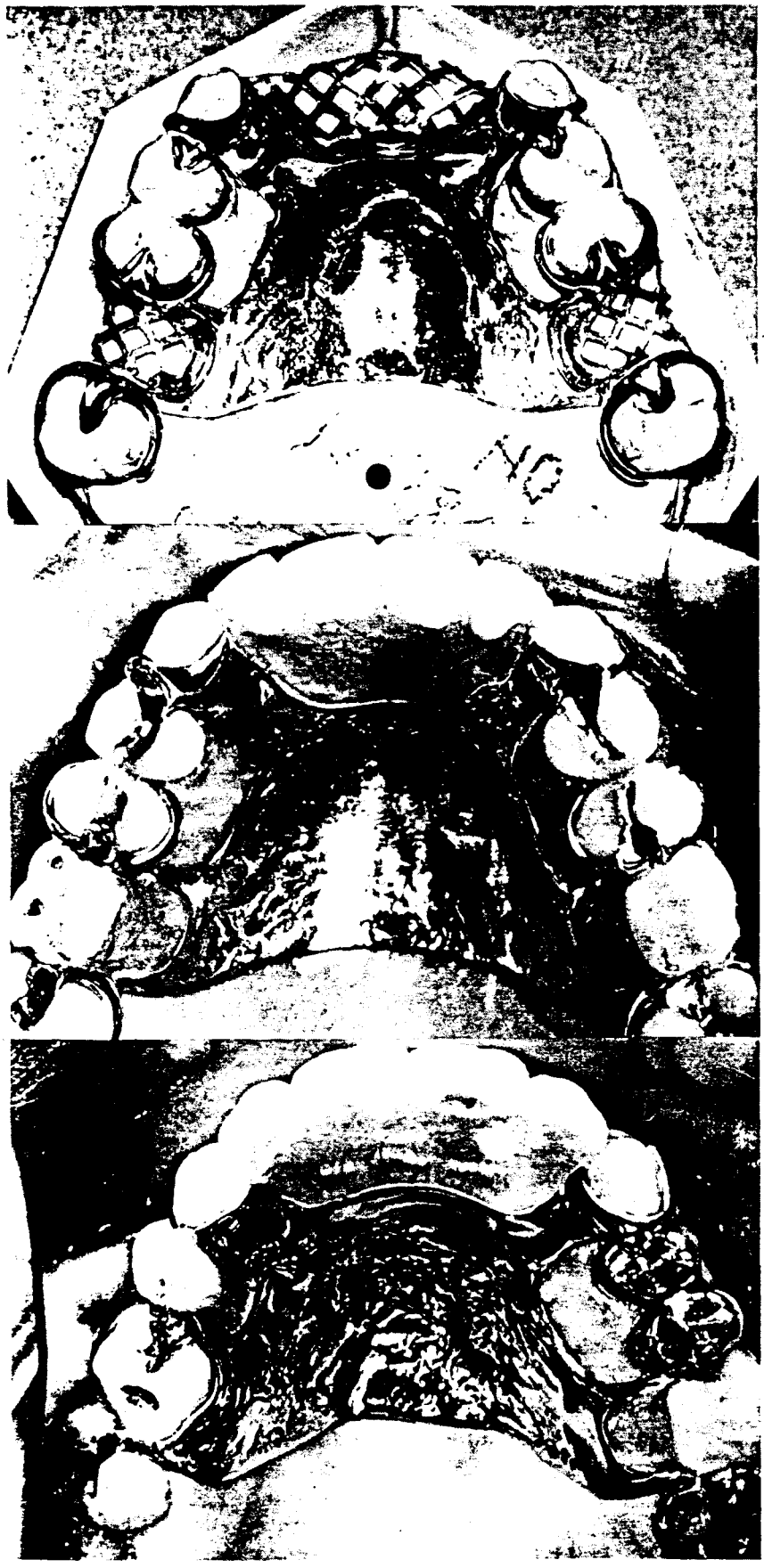
The major connector must be wide enough to be rigid, but maximum extension is not necessary since the partial denture is supported entirely by the teeth. Both molars have cast Akers clasps with distal buccal retention. Both canines have "I" bars to distal labial undercuts and cingulum rests. The metal post in the anterior space provides strength and retention for the replacement tooth.



The artificial incisor is a denture tooth retained by plastic wrapped around a metal post. The crowned canine has the rest carefully placed between the occlusal contacts of the opposing teeth.



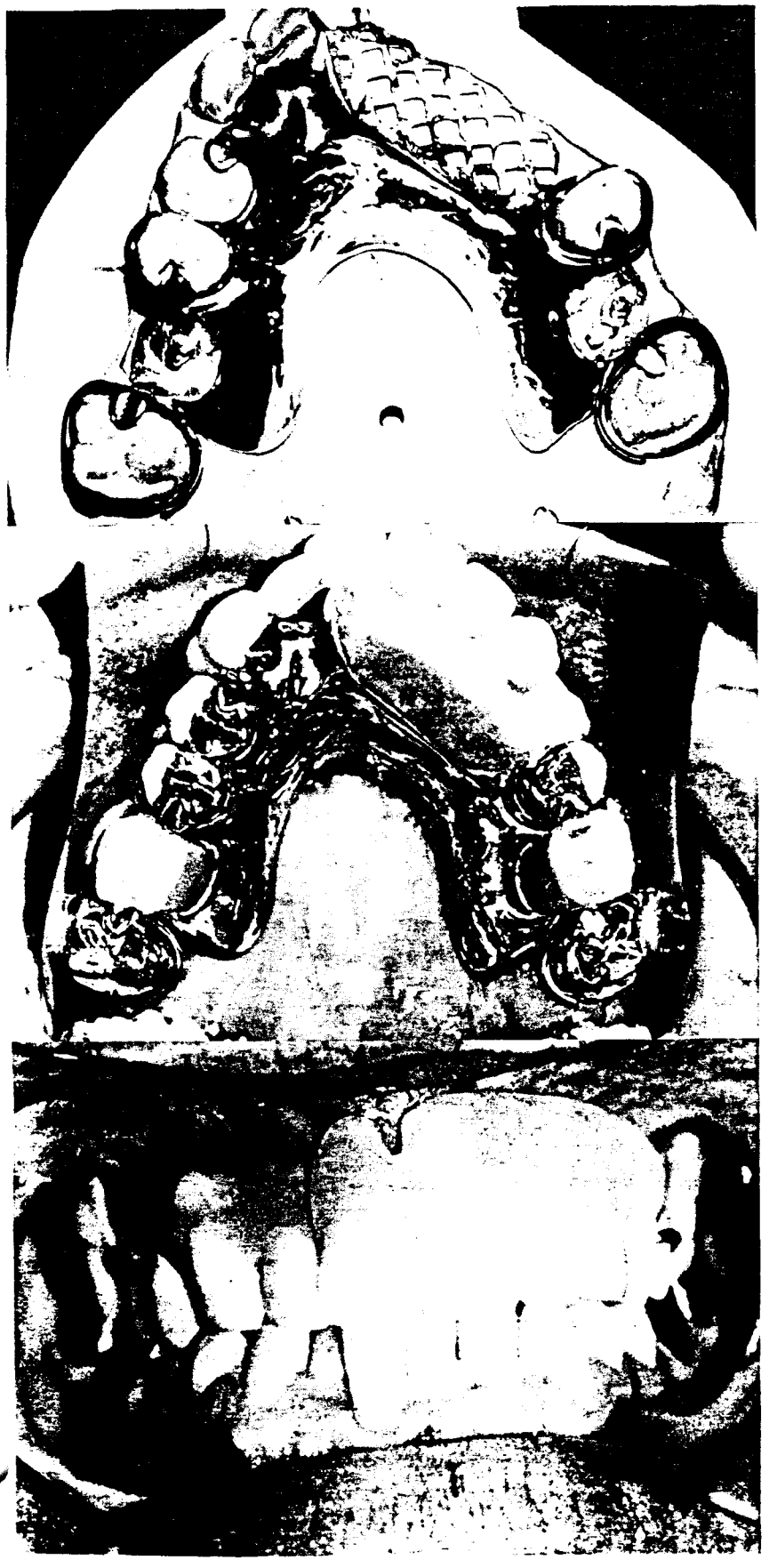
An anterior-posterior bar major connector can be used to avoid covering a large torus palatinus. The canines have cast Akers clasps and cingulum rests. The molar on the viewer's left has a cast Akers clasp with distal buccal retention. Normally, a similar clasp would be used on the opposite molar, but the only undercut was at the mesial lingual. This was entered with an "L" bar clasp and a buccal arm provided reciprocation. A fifth clasp on the second premolar was unnecessary.



The molars, second premolars, and canines are clasped with cast Akers clasps. All undercuts are on the buccal surfaces, while reciprocation is obtained on the lingual surfaces. Occlusal rests are placed adjacent to the edentulous spaces, and the canines also have cingulum rests to support the anterior base. The clasps on the premolars could have been omitted since the canines were clasped. The clasps on the canines seemed necessary to provide adequate retention for the anterior base.

The posterior border length of the major connector could have been shorter since the connector does not provide support. The free gingival margins are left uncovered where possible.

Cast Akers clasps provide retention by entering undercuts on the facial surfaces of the molars and canines. The canine clasps will be more esthetically acceptable if they do not extend to the mesial labial line angle. The second premolar was not clasped since four widely separated clasps usually provide enough retention. A rest was placed on the second molar to prevent supereruption since there was no opposing tooth.

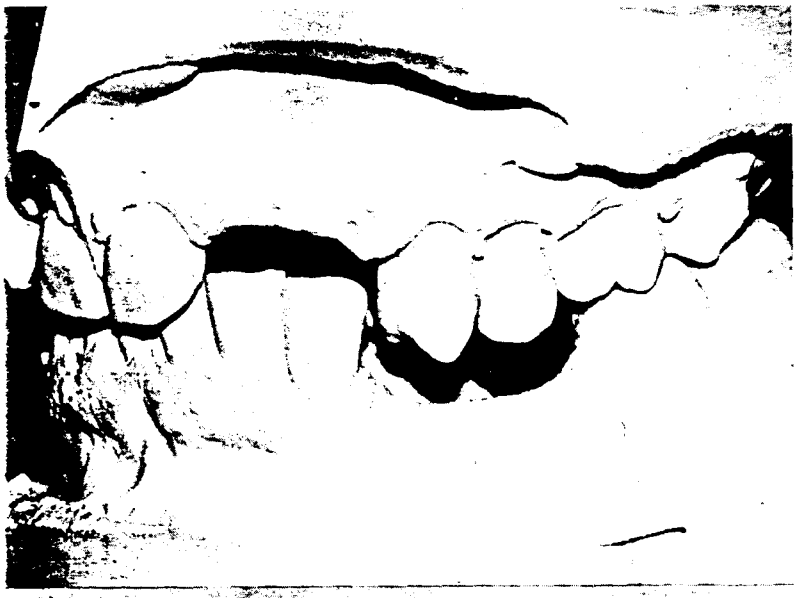


Cast Akers clasps with distal buccal retention, lingual reciprocal arms, and mesial occlusal rests were used on both molars. Cast Akers clasps with mesial buccal retention, lingual reciprocal plates, and distal occlusal rests were used on the second premolars. Rests were placed on the lingual of the canine and mesial occlusal of the first premolar. Nailhead plastic retention was used in the posterior edentulous spaces.

A clasp on the canine instead of the premolar would have been more effective, but less esthetic. The posterior border of the major connector is not extended very far distally to avoid its rotation when force is applied to the anterior denture teeth.

The anterior base is supported mainly by the soft tissues. The artificial incisors are kept slightly out of contact with the opposing natural teeth in centric occlusion. This helps avoid continuous pressure on the RPD.

Modification II

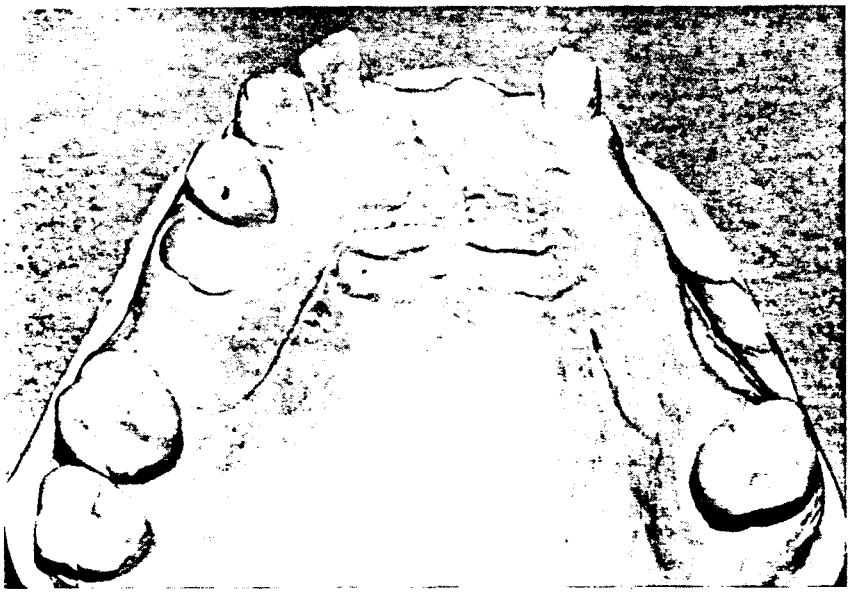


A very uneven occlusal plane has resulted from overeruption of the maxillary premolars. Fracturing the artificial teeth on the maxillary RPD also will be a problem due to the lack of space.

The molars, second premolars, and canine were clasped with cast Akers clasps. Occlusal rests were used as shown, plus a cingulum rest on the canine and lingual shoulder rests on the central incisors. The over-erupted first premolar was treated endodontically and severely shortened to provide space and also support. Metal posts provide support and retention for the artificial teeth.

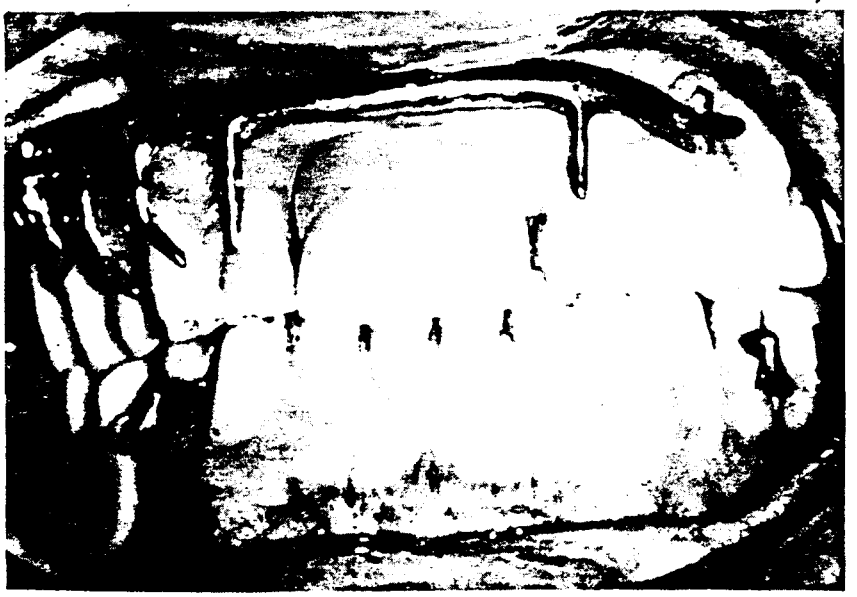
The narrow plastic tooth on the left could have been designed as a metal portion of the framework instead. The posterior border of the major connector also could have been shorter than shown here.

MAXILLARY CLASS III
Modification II
Swinglock



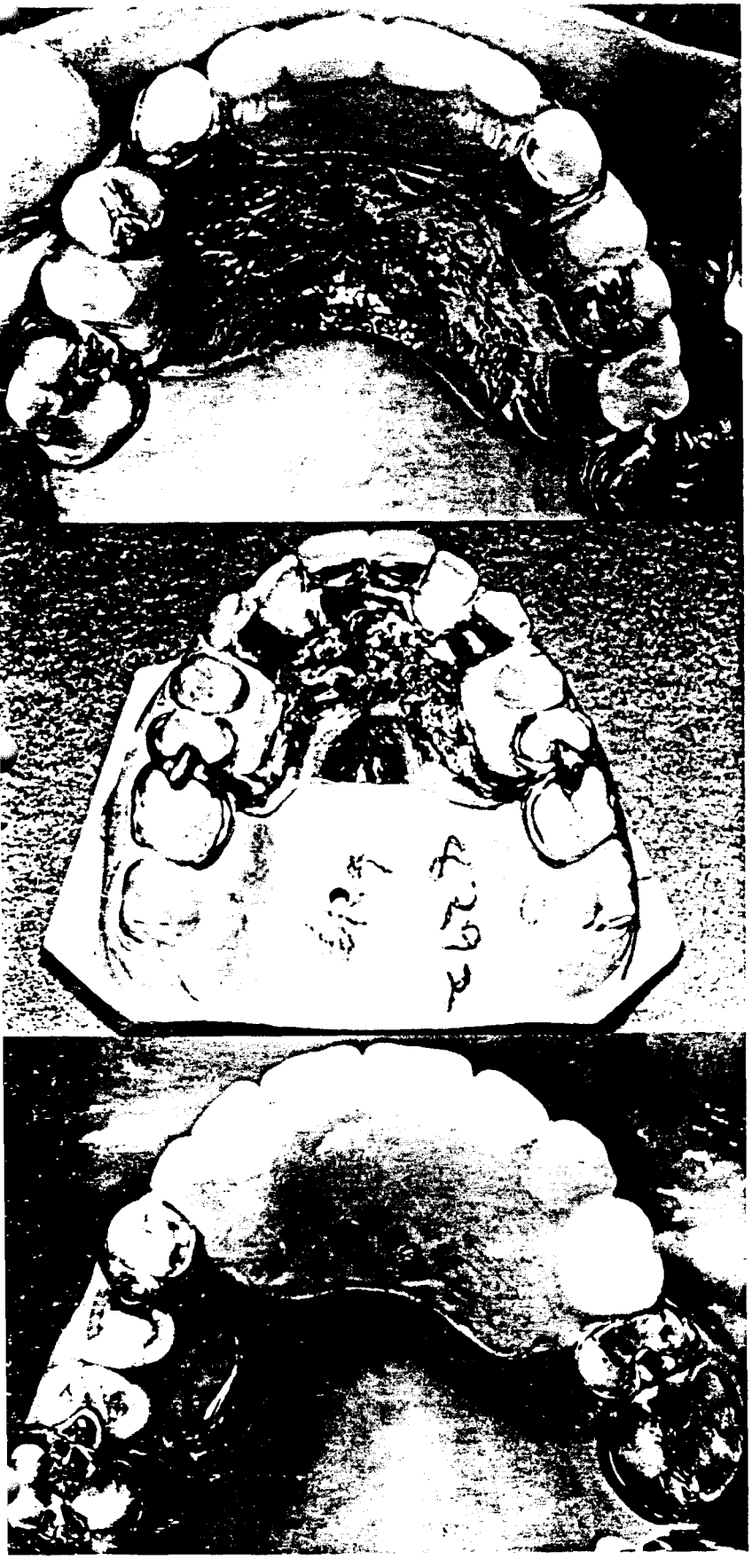
Minimal retention on the premolars and canine, plus an isolated lateral incisor abutment tooth, indicated the use of a swinglock RPD. The fractured second premolar will be used for support of the RPD. The cingulum rest on the canine should have been prepared more deeply.

A cast Akers clasp with distal buccal retention was used on the molar on the viewer's left. The opposite molar has a ring clasp entering a mesial buccal undercut. The hinge for the labial bar arises from the metal plate with nailheads. The latch is on the other side of the arch in the first premolar region. The major connector does not extend very far distally. This will minimize how far the connector will lift from the palate when lateral forces are applied to the artificial teeth.



The labial bar and most of the clasps were not visible when the patient smiled because the lip was long. Even if the isolated lateral incisor does not last as long as expected, it can be extracted and the RPD repaired without too much loss of function.

MAXILLARY CLASS III
Modification III (top)
MAXILLARY CLASS IV
(Center & Bottom)



Cast Akers clasps with distal buccal retention were used on both molars. Rests were placed on the premolars, but no clasps were needed since retention was gotten from the canines. The anterior replacement was too extensive to allow clasping the premolars, but not the canines. Cast Akers clasps with mid-labial retention and cingulum rests were placed on the canines.

This cast represents the maxillary arch of a 15 year old female. A fixed partial denture cannot be made for several years because of pulp size and crown length. Embrasure clasps on the second premolars - first molars provide enough retention for this small RPD. Cingulum rests are required on the canines to support the artificial teeth. Clasps were not placed on the canines because there was no undercut there, and the appearance would have been poor. A lingual plate behind the lateral incisors could have been used if desired.

The major connector is not extended distally because most of the support for the anterior base is obtained from the edentulous ridge. Retention is provided by embrasure clasps on the molars and premolars as shown. Undercuts adjacent to the edentulous space are used if at all possible. Clasps which surround the abutment teeth next to the base help prevent a forward shift of the RPD caused by occlusal forces. A mesial occlusal rest is not used on the teeth adjacent to the edentulous space because a large anterior replacement is similar to a free end base.

Exhibit 6
2/19/85
HB479

February 19, 1985

Before the Committee on Business and Labor
Montana House of Representatives

Proponant For 479

I am Jeannette SBuchanan of Columbia Falls Montana, The dental hygienist member of The Board of Dentistry. HB 479 answers some of my concerns for the health and welbeing of the public relative to the proposed practice of denturity in Montana.

ckground: A dental hygienist practices under the direct supervision of a dentist. Our area of expertice is The maintenance of healthy teeth and supporting structures, That is the gums and bone surrounding the teeth. A dental hygienist provides services which basically are preventive in nature.

t points: X-rays are taken for diagnostic purposes. There are two factors here: 1- because of potential hazards from radiation, x-rays must be utilized with a great deal of respect 2- x-rays are a valuable diagnostic tool. Proper diagnosis requires a great deal of understanding which can only be gained Through a long educational process as accredited by The Commission on Dental Education.

X-rays

Any appliance placed in The mouth must be totally precise

osthetic appliances A partial appliance derives its support from natural teeth and often is distructive to the supporting structures. In many instances, the abutment teeth need to be modified in order to protect them as they hold the partial. Natural teeth which oppose artifical teeth can also be damaged.

To protect these structures, as well as the jaws and The joint, a great deal of Knowledge needs to be acquired. I seek support for educational programs accredited by The recognized Commission.

Exhibit 7
2/19/85
HB479
Submitted by: Judy Harbrecht

Montana Dental Hygienists' Association

HB # 479

The Montana Dental Hygienists' Association voices its support for HB #479.

What value do we place on our health? How much are we willing to pay in time, energy and money for good health? The media certainly indicates that total body health, or body wellness has become a way of life for many Americans. This trend is reflected in diet, exercise and the type of services and care that people seek.

Most people have a poor perception of the importance of oral health and how it directly relates to total body health. The very same blood which passes through pussy gums and badly decayed teeth, also passes through the heart. Individuals need to recognize the positive effect of good dental health on their well-being. Dental health affects appearance, enjoyment of food and communication.

Clearly, prevention, detection, diagnosis and treatment are essential components to promote and maintain good oral health. We know there is preservation through prevention and treatment. We also know that early detection of disease has the best rate of cure.

A clear distinction must be made between the denturist, who is trained in technical laboratory skills and the dentist, who has the professional knowledge of diagnosis, restoration and prevention.

The decision to utilize the services of a denturist is NOT INSTEAD of seeing your dentist, but rather IN ADDITION TO. It cannot be viewed as an alternative to dental care, but rather an additional step one chooses for his/her dental care.

Dental health is a life-long process. A healthy smile is a powerful asset at any age. What value do we place on good health? On good dental health?

Exhibit 8
2/19/85
HB479
Submitted by: Wade Wilkinson

HB 479
FACT SHEET

Q. WHY IS THERE SO MUCH CONTROVERSY ABOUT THIS BILL?

A. HB 479 would gut I-97, the Denturist Initiative passed last fall. Citizen advocates see this gutting as a negating of the initiative process, an overturning of the vote of the people of Montana. Senior citizen and low income organizations resent the gutting of the initiative for several reasons. First, they feel Rep Jack Moore and the dentists are condescending and belittling to pretend that senior citizens were somehow misled or tricked into supporting the initiative. Senior citizens had to explain this initiative to their neighbors to get the initiative on the ballot, and then to get out the vote. Senior citizen organizations spent long hours discussing the initiative before revising and endorsing I-97. Second, Seniors frankly feel more protected by the language of I-97 and the 90 day guarantee on all denturist services than they do when it comes to services provided by dentists. Third, it was the senior citizens of Montana who asked the denturists to come here, so that we could protect Montana dental health care dollars from going to Canada and Idaho where denturist services are available at half the cost of dentists' services. Fourth, it is a tradition in Montana that an initiative voted in by the people is given at least two years' opportunity to prove or disprove itself before the Legislature considers any modification. Under the thin guise of concern for the safety of dental patients the dentists are attempting to take away some of the most important accomplishments of the initiative. Why is it that the dentists and Rep Jack Moore refuse to leave our initiative alone? ALL WE ARE ASKING FOR IS A CHOICE, GIVEN TO US BY THE VOTERS LAST FALL, TO BE ABLE TO GO TO EITHER A DENTURIST OR A DENTIST, AND NOT BE FORCED BACK TO THE DENTAL MONOPOLY OF THE PAST WHERE WE HAD TO GO TO OTHER STATES OR CANADA FOR LESS EXPENSIVE DENTURES AND PARTIALS.

Q. IS DENTURITY A FAD? WHERE DOES THE IDEA COME FROM?

A. Denturity is hardly a fad. Denturity has been practiced in North America for over twenty-five years, primarily in Canada. That is one of the reasons we are so concerned about the changes that HB 479 would make, by denying accreditation by the established schools of denturity in Canada to those who might wish to practice denturity in Montana.

As dental care costs have increased in the 1970s and 1980s, those most likely to need dental care and least likely to be able to afford it---senior citizens and low income persons---have explored ways to reduce their health care costs. Currently eight Canadian provinces, many of the Canadian territories, and six American states have denturity practice statutues. In other states, such as California, while no denturity statutes per se exist in state code, the denturist has been on the scene long enough that dentists have accepted the denturist as a valuable member of the

dental health care team.

Q. HOW DID THE IDEA OF DENTURITY COME TO MONTANA?
A. In 1982 Henry Siderius, a Legacy Legislature Representative from Kalispell, introduced a bill to Legacy Legislature in support of denturity. He explained the historic loss of tens of thousands of Montana dollars to Canada to denturists, as Montana's senior citizens went across the border to save half of the costs on their dentures. He further explained about the new law in Idaho permitting denturity there, and how many more thousands of senior citizen dollars in the Kalispell area were going to Idaho rather than staying in the local economy. His arguments were persuasive but Legacy Legislature is a careful, conservative body and needed more information. From that 1982 Legacy Legislature meeting senior leaders went back to their communities and continued the dialogue on denturity. By the time of the 1984 Legacy Legislature the senior citizen organizations of Montana had had time to research and discuss denturity. Throughout 1984 seniors began organizing to put a denturist initiative on the fall ballot and invited denturists to Montana to help in the effort. Legacy Legislature held a full debate on the merits of I-97, a debate in which spokesmen for both the dentists and the denturists had ample time to present their positions. Senior citizens certainly had their say at Legacy Legislature on this issue as well.

Q. WHO, THEN, OPPOSES HB 479?
A. All the groups who worked so hard to discuss the concept, help develop the language of I-97, gathered signatures to get the initiative on the ballot and voted to make it the law in Montana. Among the many who worked so hard in support of the initiative are: the Association of American Retired Persons (AARP), Butte Community Union (BCU), the Human Services Caucus, Legacy Legislature, Low Income Senior Citizens Advocates (LISCA), Montana Advocacy Task Force on Aging, Montana Low Income Coalition (MLIC), Montana Senior Citizens Association (MSCA), and National Retired Teachers Association (NRTA).

Q. WHO, IN TURN, SUPPORTS HB 479?
A. Apparently Rep Jack Moore and the dentists.

Q. WHAT, SPECIFICALLY, DO THE DENTISTS OPPOSE?
A. Besides the loss of their past monopoly, the dentists apparently want to de-credentialize any denturist. For this reason the dentists want to eliminate any accredited professional training acquired in Canadian schools. Also, the dentists are asking for a reduction in the number of years of experience for denturists, apparently in the hope that we will attract less skilled denturists who will in turn "prove" that denturists are not capable of doing their job.

In addition to de-credentializing denturists, HB 479 would also gut the initiative by removing X-ray and partials

from the denturists.

Q. WHY ARE DENTURISTS CAPABLE OF TAKING X-RAYS?

A. The question revolves around standards for taking x-rays. There is not a state established standard on x-rays for any dental health professional currently, and national standards vary widely. According to a recent survey by the American Dental Association, some dentists are practicing with as little as 19 hours of safety instruction and laboratory training on x-rays. The same variation occurs among other dental health professionals. At an excellent dental hygenist four year program a dental hygenist can expect to get a total of 70 hours of combined safety training and laboratory experience. In Montana, however, a dental assistant only has to take a brief written exam and send in fee and a full set of x-rays; if the x-rays are clear, she is accredited to take x-rays. In California there was enough concern about these varying standards that all dental health professionals have been required to read a twelve page pamphlet and then take a 25 question written safety examination, but no equivalent minimum laboratory training requirement exists.

Denturists' varied training and experience reflects this lack of established standards for the dental health profession. Among those currently licensed as denturists in Montana, none has any less than 32 hours of recent training in x-rays, and the quality of this training was tested by the Dean of the Idaho State University Dental School who was a part of the examination team for Montana's denturists. All of Montana's denturists have training and extensive experience beyond this minimum of 32 hours.

Q. SINCE THE DENTURISTS HAVE PASSED SAFETY AND SKILL TEST REQUIREMENTS FOR TAKING X-RAYS, WHAT ARE THE DENTISTS CONCERNED ABOUT?

A. Dentists do not want to lose their monopoly on interpreting x-rays. Dentists want you to compare apples and oranges, to think that what a denturist is doing is the same thing that dentists do, and that therefore denturists cannot do the same thing without identical training.

Dentists are trained to provide a wide range of dental services, and rightfully are exposed to a rigorous training program to enable dentists to provide these services properly. Denturists, on the other hand, are trained to do only partials and dentures, and need only the training and experience necessary to provide these services. But because denturists do only partials and dentures, denturists provide a lot more of these services than do dentists, and are very skilled in this small range of services.

The argument is akin to the training, and hourly rate, of a highly skilled Audi car specialist, who tunes carburetors by ear as well as by using the wide range of testing machines he has in his Audi specialist shop to deal with every possible service need for an Audi. In contrast, the Midas muffler shop has staff very skilled in muffler installation, and provides a full guarantee on the muffler,

for a good deal less cost than the Audi specialist shop. You can pay more, and have the snob value, by getting a muffler at the Audi dealer, or you can pay less, and have a full guarantee, by getting the muffler at Midas.

Frankly, senior citizens would rather have the option of getting their $400 back from a denturist rather than getting nothing back from the $1,200 some dentists charge.

Q. WHAT IS ALL OF THIS TALK ABOUT ONLY DENTISTS BEING TRAINED TO BE ABLE TO SPOT ORAL CANCER?

A. This argument by the dentists is an emotional one raised just as dentists have raised a hue and cry about denturists wanting to inject radioactive isotopes into the bodies of patients. To cite just one example to disprove this emotionalism of the dentists, this past fall a Helena denturist spotted an unusual condition in the mouth of a patient and urged him to see a physician. The physician's ongoing log of examination and diagnosis of that patient is a model of caution until the biopsy proved that the patient had oral cancer. In sum, Montana denturists can, and have, identified suspicious conditions in the mouths of their patients, and physicians who are specialists in the diagnosis of oral cancer make no snap decisions until they have full control of the facts. Dentists have no monopoly on the ability to spot oral cancer.

Q. WHO GETS HURT MOST IF WE ALLOW THE DENTISTS' BILL (HB479) TO PASS?

A. Montana's low income people and senior citizens. Right now, a lot of people are having to make hard choices between eating and keeping warm in the winter. On a fixed income, you know you can't afford $1,200 for new teeth, but if the social security check keeps coming through, $400 looks achievable. More people on fixed incomes will feel they can go to a denturist to get proper dental care because they will not be treated like a charity case. We anticipate a whole new range of Montanans will seek dental care, perhaps for the first time in years. These people are those who have denied themselves much health care in the past, and are likely to have been ignoring suspicious oral conditions. We see HB 479 as a closing of the door on people with limited means who need proper health care.

Exhibit 9
2/19/85
HB479
Submitted by: Charles Banderob

Ballantine, Mont.
Feb. 19-1985

Mr. Chairman, Members of the Committee, for the record I am Chas. C. Banderob, of Ballantine, Mont. President of the Montana Senior Citizens Association, a Statewide Organization.

We Senior Citizens are very much Concerned about our ability to eat, ~~and~~ inflation and our Health, We wanted to take the bite out of our pocketbook and put it into our teeth.

We want Freedom of Choice in buying our dentures. and at the same time curb inflation.

We urge this legislature not to tinker with the clientele act as passed by initiative 97, It will put the bit into our teeth and take it out out of our pocketbooks.

Being rooked by a Commoner is bad enough but being rooked by a Specialist is unbare-give-able.

Therefor we are opposed to H.B. 479 and urge this Committee to give it a Do-Not-Pass Vote.

Thank You.

Chas. C. Banderob, Pres.
MSCA.

* Would all MSCA member Please Stand.

Exhibit 10
2/19/85
HB479
Submitted by: Lee Wiser

TESTIMONY PRESENTED ON HB479

FEBRUARY 19. 1985

My name is Lee M. Wiser, of Livingston, Montana. I am presently Secretary-Treasurer of the Montana Board of Denturitry and was one of the co-authors of Initiative 97.

MY RESERVATIONS ON HOW HB#479 WILL AFFECT THE WILL OF THE PEOPLE AND THE INTENT OF INITIATIVE #97.

PAGE 1 Line 4 — Concern about omission of the statement revision of the definition of "DENTURE" in the intent of HB479.

PAGE 1 Line 21 — Reservations - how can it be stated that the intent of a bill concerning dentures is not having its intent changed when the definition of the word "DENTURE" is being altered in a manner other than the voters approved.

PAGE 2 Line 2 — No objection.

PAGE 2 Line 9 — No need if definition of "DENTURE" is not changed.

PAGE 3 Line 24 — Unnecessary because HB649 provides for rulemaking authority in language provided by the Department of Commerce that is tailored more directly to the needs of operating the Board.

PAGE 3 Line 12 — Eliminates approximately 60-70% of the denturists which did not operate a commercial dental laboratory on December 1, 1984.

PAGE 3 Line 18 Eliminates the remaining denturists who owned a dental lab in Montana, but declared themselves on December 1, 1984 as engaged in the practice of denturitry. This elimination is accomplished by projecting forward the effective date to April 1, 1985 putting all denturists in non-compliance of 37-4-501 which was never intended to be a requisite for licensure.

Also, there would appear to be a five year residency requirement created by this particular change in wording that was not the intent of I-97 and appears to begin treading into the area of unconstitutionality.

Everywhere deleted, the words 'Partial' and 'Radiology.'

1. We are not trying to limit or lower educational standards but fill a void being created in Dental Education at the expense of those who need these services in Montana.

DOCUMENTATION ENCLOSED

(a) Academy of General Dentistry

(b) Arizona law

(c) Section 37-14-301 (1) (A) (ii)

PAGE 4 Line 21 The A.D.A. recognizes Canadian dental schools and currently Canada would be the only place for the 18 year old person from Montana who never made a denture or had any training in Denturitry to attend a school for denturist education, to return to Montana to practice. Elimination of the Canadian educational opportunity would effectively create a "Closed Shop" which is not the intent of I-97 or its authors.

PAGE 5 Line 2 I-97's reciprocity requirement for time of licensure is the same as the Dental Practice Act. If problems occur in this profession they will begin manifesting themselves as complaints in about two years.

Reciprocity requirements should be five years, not two, so when a denturist moves to Montana, its because he wants to relocate and not that he/she is running away from problem cases that are beginning to catch up to him.

Any changes in any effective dates, such as Dec.1, 1984 and April 1, 1985, would interfere with the vested property rights of those already licensed.

In essence, HB479 either changes the intent of the voters of Montana by changing the limits of practice they wanted and have approved.

HB479 also eliminates or limits those who can practice or would like to practice in the future, which again was not what the voters approved.

I respectively request this committee to give a DO NOT PASS in committee HB479 and allow I-97 to fly for two years before any attempts are made to trim off its wings.

I will be more than glad to answer any additional questions.

Thank you,

Lee M. Wiser

Exhibit 11
2/19/85
HB479
Submitted by: Brent Kandarian

TESTIMONY PRESENTED ON HB #479

FEBRUARY 19, 1985

My name is Ronald Brent Kandarian, of Kalispell, Montana. I am presently President of Montana State Board of Denturitry.

- DENTAL EDUCATION -

The dental professionals have spoken and have told us of the time they have spent being educated to practice dentistry. However, we have before this committee today startling evidence that many dentists lack prosthodontic training.

I stand before this committee with evidence that I would just as soon not present. These statistics were not prepared by denturists to attack dentistry - these statistics were compiled by dental educators concerned over the declining clinical prosthodontic education of dental students.

If I might present a few of these facts:

Source: DENTAL EDUCATION IN THE UNITED STATES, 1976

Study Prepared By: Council on Dental Education of the American Dental Association in cooperation with the American Association of Dental Schools

59 of 60 dental schools in the United States responded to this survey.

Purpose of this survey: To describe in clock hours and clinical procedures the major teaching areas of the clinical sciences.

TABLE 6-24 Page 61

Total Required hours in Radiology = 19

Total Clinical Hours in Radiology = 2

TABLE A-45 Page 199

Total Required Full Mouth X-Rays = 3

TABLE A-48 Page 202

Total Number of Required Arches of Complete dentures = 3

TABLE A-51 Page 205

Total Number of Required Arches of removable Partial Dentures = 1

Ladies and Gentlemen of this committee, I think we all would agree that 19 hours of radiology, $1\frac{1}{2}$ Dentures and 1 Partial Denture does not make a dentist, let alone an expert. Yet, there are dental students graduating from accredited dental schools with this little training.

- SOME ADDITIONAL FACTS -

SOURCE: Journal of Prosthetic Dentistry - August 1982

TITLE : A Survey of the Removable Prosthodontic Clinical Experience of Dental Students

TABLE #1: Complete denture units = 2.2, down from 3

Removable partial denture units = .8, down from 1

SOURCE: Journal of Prosthetic Dentistry - October 1984

TITLE : Prosthodontic Survey - Part 1: Removable Prosthodontic Survey (Laboratory)

Quotes: 1. The trend at many dental schools has been to <u>decrease</u> the emphasis on prosthodontic curriculum . . .

2. It is therefore understandable that the technician offers as many services to the dentist as possible. These may include services that have traditionally been the <u>responsibility of the dentist</u>, such as removable partial denture design . . .

3. Finally, it is hoped that this information discloses those parts of prosthodontic education that may either be outdated or need increased teaching emphasis to better prepare the dentist for the role of oral health care provider.

- COMPARISON ON RADIOLOGY -

DENTAL ASSISTANT - No schooling required, can learn on the job, or take dental assisting training in school.

DENTAL HYGIENIST - Requires college education with approximately 28 hours of radiology.

DENTIST - Four (4) years of dental school and as little as 19 Hours of radiology are required.

DENTURISTS - Have had 32 clock hours in radiology from the College of Health Related Professionals, Dept. of Dental Hygiene, X-rays taken by denturists are not for diagnostic purposes, but for evaluation.

COMPARISON ON REMOVABLE PROSTHETICS

DENTIST	DENTURIST
4 Years Dental School	4 Years as Commercial Technician
# Required Procedures:	Average # of Procedures:
Full Dentures - 3 Arches	3 Sets a week x 48 weeks x 4 years = 1152 Arches
Partial Dentures - 1	1 Partial a month x 48 months = 48 Partials

CLOSING

In closing, ladies and gentlemen, again I quote from the Journal of Prosthetic Dentistry, as recent as January 1984, "Although graduates would be licensed to provide prosthodontic treatment, they would lack clinical experience in this discipline."

Committee members, it appears that dental educators are preparing for the day when these charts will show a zero.

I ask this committee to reject House Bill 479.

- Thank You -

Exhibit 12
2/19/85
HB479

My name is Harold Twito. I am from Columbus,MT. All costs of medical care including that of denturity have risen so drastically that they are either beyond or rapidly becoming beyind the ability of millions of Americans to pay. If these costs are not contained in the very near future we will see prices dictated to the medical profession including all who practice denturity in any capacity.

It is but then a short step to dictate to all segments of society what they will charge for their products or services.

The awful truth will then become apparent that we are no longer America the home of the free but a dictatorship in our own country and largely of our own making...

Initiative #97 is actually the People of Montana Expressing themselves.

The very height of democracy at work! Please vote for Initiative #97 by voting against HB 479 and help keep America the great country she is.

Harold Twito

Chairman
Columbus Chapter MSCA

Harold Twito

Exhibit 13
2/19/85
HB479
Submitted by: Everett VanDen Ede

TESTIMONY AGAINST HB #479

February 19, 1985

My name is Everett VanDen Eeden of Billings. I am presently a member of the Montana State Board of Denturitry and I'm against HB-479.

I am against the deletion of the word 'Partial' through out HB-479. From a recent dental magazine article I quote:

> "It is a sad state of affairs when dental educators admit that technicians are more skilled - and can produce better results - than dental students can be trained to perform says William Howard, D.M.D, editor of General Dentistry's, A.G.D. impact."

I am also against the deletion of the word Radiology throughout HB-479. I quote from the Arizona Dental Practice Act under which denturists are licensed for both Partials and Radiology:

> "Dental X-rays are an essential part of the best possible dental care. Dental X-ray examinations made with modern methods and safeguards pose no known or documented danger to the patient. The amount of radiation from such X-rays which reaches the gonadal area, for example, is less than that received from natural sources, such as cosmic rays from outer space and background radiation from the earth."

Incidently, genetic tissue are the most sensitive to X-rays.

I respectfully request that this committee considers a DO NOT PASS for for HB #479.

Sincerely,

Everett VanDen Eeden
Denturist

DENTISTRY PUBLICATIONS ARE OUR BEST ASSETS

"Denture wearing in a population of oral cancer patients does not appear to be associated statistically with an increased risk of the development of a malignancy." Journal of Prosthetic Dentistry, August, 1984.

"It does not seem plausable at this time to consider denture irritation as a significant carcinogenic aggravating factor." Journal of Prosthetic Dentistry, August, 1984.

"Population data on complete and removable partial prosthodontics in Iowa indicated the following.

1. Denture wearers tend to be persons in the older age groups
2. The percentage of edentulous persons is lower than that reported nationally in 1971. [Dentistry likes to use the trick of talking in percentages of edentulous people which are declining. The number of edentulous is increasing with the growth of the senior population]
3. Of every 1,000 persons, 156 were wearing dentures in one or both arches.
4. Of every 1,000 persons, 53 needed a repair, reline, or replacement of an existing denture.
5. Of every 1,000 persons, 70 needed a denture but were not wearing one.
6. Persons of lower income and education were less likely to seek dental care but had the greatest need for treatment.
7. Persons of lower income and education were at higher risk of having some form of mucosal lesions.
8. The public will be unlikely to make use of dental services to prevent or treat lesions or to service a prosthesis unless they are specifically educated to do so."

Journal of Prosthetic Dentistry, March, 1984/

From an article entitled,"Declining Patient Pool in Dental Schools":

"Some faculty contend that if there is insufficient patient supply to ensure adequate experience for all students, no attempt should be made to teach clinical prosthdontics for all students. Rather they suggest that theory and fundamentals be taught to all students and clinical experience be reserved for those students who show special interest in removable prosthodontics. Although graduates would be licensed to provide prosthodontic treatment, they would lack clinical experience in this discipline."
Journal of Prosthetic Dentistry, January, 1984.

And to cap it off, the following comment on an editorial which appeared in The Academy of General Dentistry's AGD Impact:

Dentists urged to learn basic, hands-on lab skills

It is a sad state of affairs when dental educators admit that technicians are more skilled—and can produce better results—than dental students can be trained to perform, said William W. Howard, DMD, editor of The Academy of General Dentistry's publication, *AGD Impact*, in a recent editorial.

"If this is the case," Dr. Howard said. "then why not let technicians perform intraoral procedures, too? No wonder denturists are gaining credibility in the eyes of the public."

Initial full radiographic series for adults with dentition shall include 14 or more periapical films with necessary bitewing films, or a panographic film with bitewing films and periapical films as necessary.

A full radiographic series for edentulous adults, if a periapical series is not preferred, shall include occlusal films with molar-region periapical films, or a panographic film supplemented with all necessary periapical films in questioned regions.

Initial radiographic series for children, prior to the eruption of the permanent second molars, shall include those periapical and bitewing films or a panographic film or lateral jaw film and those bitewing films that are necessary to depict the erupted and developing dentition, commensurate with the age of the patient.

The dentist's decision to take recall radiographs shall depend upon the individual's age, general or systemic condition, and his or her proneness to caries or periodontal change. Therefore, recall and/or posttreatment radiographs are not to be taken on a routine basis, but rather, on an individual basis. Recall radiographs are justified in the presence of questioned pulpal or periapical responses, embedded or impacted teeth, questioned bone change, and delayed development of eruption of the dentition. In these instances, bitewing films or single periapical films of the questioned regions are to be used rather than a full series.

A full radiographic series should not be taken more than once every three years unless there are specific indications for more frequent examinations. An attempt should be made to obtain any previous series. A bitewing film series would not be taken more than once in a 12 month period unless there are specific indications for more frequent examination.* Radiographs should be kept on file for reference in subsequent evaluations and treatment, and should be reviewed on a regular basis, considering not only proposed treatment, but also treatment performed in the past.

For evaluation of treatment of specific sites, such as extraction of third molars, single films, panographic films or lateral jaw films shall be used. Additional films shall not be taken with a full intraoral periapical series unless there are specific indications for additional information unattainable with single intraoral films.

Films must be taken in compliance with state and federal regulations for radiation hygiene.

Original or duplicate films should be forwarded on patient referral or transferred to another practitioner to prevent or minimize need for reexposure to radiation. The use of double film packets or photographic duplication is recommended for maintaining file records.

In carefully selected cases, where a particular service is in question, postoperative radiographs may be required on an individual basis.

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* The following statement was published in the February 1975 issue of the Journal of the American Dental Association, in the section "Bulletins and Highlights".

Dental x-rays are an essential part of the best possible dental care. Dental x-ray examinations made with modern methods and safeguards pose no known or documented danger to the patient. The amount of radiation from such x-rays which reaches the gonadal area, for example, is less than that received from natural sources, such as cosmic rays from outer space and background radiation from the earth. Dental x-ray equipment manufacture and use both are monitored by federal and state laws which the dental profession has supported and helped formulate. Just as each person's general and oral health situation is different, frequency of x-ray use cannot be governed by norms universal to all patients. Only the dentists well-trained in radiation practice can examine the patient and determine the minimum number and frequency of x-rays for the diagnosis and prevention of oral diseases. To prevent unnecessary frequency of full radiographic series, an attempt should be made to obtain any previous full radiographic series.

Exhibit 14
2/19/85
HB479
Submitted by: Judy Goucher
RE: House Bill 479

February 19, 1985
Verbal Testimonial highlighted

Chairman and Committee Members:

In Rapid City, S. Dakota, I was in OJT as assistant to R. Lindenmeyer, Doctor of Oral Surgery. I was trained to take, process and place the x-rays in their perspective viewing cards. Also, assist chairside, sterilize instruments, schedule appointments and do follow-up calls.

I viewed and assisted in the repair of many dental atrocities.

My father's murder brought me back to Montana to assist my mother; who has worn dentures for 30 years, and never had a comfortable, serviceable, attractive denture until she travelled to Couer de Alene, to a Denturist, a year ago.

I chose to obtain a full upper Denture in June of 1984; and approached the Art of Denturity for same. We agreed on appointments and finances. After which, I returned to arrange the surgery date, and was manuevered and steered away from the Denturist, and a Dentist was ref-ferred. He was more than accommodating, with the sum of $1,150.00 (cost of dentures only) up front.

The initial surgery, including reductive surgery, and the preperatory work by the Dentist, were more than satisfactory, and done with due consideration.

The upper denture was one unlike any I have ever seen. The extreme over-bite forced my lip up and out. The excess gum area behind the tiny teeth, stopped my tongue mid-way, and changed entire speech. The flat surface of the teeth would not grind my food adequately, and since I could not bite from the front, I was told to do so from the side. I was told not to drink nor eat anything hot; and the constant chemical taste, enhanced by food and drink, was enough to discourage even my voracious appetite.

My complaints were met with one solution, "Further, reductive surgery to accommodate the denture Meanwhile, the first partial frame had arrived from the lab and would not seat properly. It was replaced by the lab and fit fine until the gum & teeth were placed. These were to the extreme outside, forcing the cheek out and causing a cotton sound in my speech, and I was literally chewing on the inside gum area.

Upon asking if a second upper denture were not the answer, and would there be additional cost... The reply was "we'll discuss that when we come to it.."

October 9th. I called my lawyer only to be informed I had No Legal Claim until I was physically harmed. I have 1 1/2 years to pay off that Loan at 16 %.

I returned to the Art of Denturity, and received my present upper denture this month. There is no comparison. They have a grinding surface, they have a good bite, they are comfortable, and my tongue, again, touches the teeth, AND they resemble my original natural teeth.

I implore you, do away with House Bill 479, and allow us our freedom of choice.

Thank you for your time and consideration.

Judy (Jude) Goucher Judy Goucher
429 No. Dakota, Helena 449-6289

October 10, 1984

Jude Goucher
429 No. Dakota
Helena, MT 59601

Dear Doctor

Having stated my distress and dis comfort of the extreme over-bite, and protruding upper lip, at least three times or more, and your becoming more vague in your assurance that it would/could be corrected.....

Being most patient and cooperative, as your thoughtful letter to me so complimented...

Finding myself totally dismayed when your assistant, Ms. C., worked on my denture, with a drill, in full view of me, and brought them to me ground down to the very whites of the teeth.....

When on October 9th, I called and inquired of the possibility of a replacement, to which you replied 'consider these as a temporary', and I asked if there would be additional cost for a replacement, and your answer 'would not know until we came to that', and your next statement ' we would just have to make them work since I refused, further reductive surgery'; I immediately called my lawyer, only to discover I have no legal claim, until I am maimed or physically harmed.....

While going over my bills versus my insurance coverage, I discover the difference in your original quote to me, $550.00 for the lower partial, and being billed for $600.00. A month later, I receive a bill with 1% Finance Charge for $278.00, making a total of $280.78, and I still do not have notice of what all my insurance has covered to date.

In seeking a decent denture, I arranged for same at 1:00 PM, October 10, 1984; before I saw you at 3:30 PM, on October 10, 1984; when you offered to replace my upper denture at no additional charge, about the same time you agreed with me that the lower partial would not fit properly, and offered to return it to your lab, through the mails.

You are a considerate, attentive and capable dentist. I am pleased with your preperatory work, and have referred others to you, for just that; however, I choose to obtain my dentures from another.

Sincerely,

Jude Goucher

Jude Goucher
Patient

AKA. At one time, assistant to Dr. Lindenmeyer, Doctor of Oral Surgery.

Exhibit 15
2/19/85
HB479
Submitted by: Maurice Gunn

MR CHAIRMAN AND MEMBERS OF THE COMMITTEE:

I AM REV. MAURICE GUNN, A RETIRED ~~BAPT~~ UNITED METHODIST MINISTER. FROM MILES CITY.

I AM OPPOSING HOUSE BILL 479.

MY REASONS ARE AS FOLLOWS;

① LAST NOV. 6 THE PEOPLE OF THE STATE OF MONTANA VOTED ON INITIATIVE #97 LICENSING DENTRISTS TO PRACTICE. I OPPOSE CHANGING THE WILL, THE DECISION, OF THE PEOPLE OF MONTANA - THUS DESTROYING THE INITATIVE PROCESS.

② BILL 479 WOULD PROHIBIT DENTUNISTS FROM TAKING X-RAYS. IT IS VERY IMPORTANT ~~HAS~~ FOR OBVIOUS REASONS THAT THE DENTURIST ASCERTAIN BY A COMPLETE PICTURE OF THE JAW FORMATION ~~TO SEE~~ THAT NO DANGEROUS MATTER EXISTS IN THE JAW.

(3) I ALSO FEEL IT IS IMPORTANT THAT DENTURISTS BE ABLE TO MAKE PARTIAL PLATES AND FIT THEM, AS IN THE INITIATIVE BILL.

(4) THIS BILL IS AN ATTEMPT TO CAST DOUBT ON THE EFFICIENCY OF DENTURISTS. (IN 25 YEARS OF DENTURISTS' PRACTICE IN THE U.S. THERE HAVE BEEN NO MAL-PRACTICE SUITS).

(5) ANOTHER OF MY MAIN REASONS IS THAT SENIOR CITIZENS HAVE BEEN PAYING MORE THAN TWICE AS MUCH TO DENTISTS AS DENTURISTS CHARGE, AND AT THE SAME TIME HAVE IN MANY CASES HAD BETTER FITTINGS BY DENTURISTS. THIS IS AN IMPORTANT PART OF HEALTH COST CONTAINMENT.

THANK YOU.

HB 479

Exhibit 16
2/19/85
HB479
Submitted by: Tom Ryan

Chairman Pavlovich and Members of the Committee:

My name is Tom Ryan. I represent the Montana Senior Citizens Association (MSCA).

Much of our time, energy and very limited resources are devoted to Health Care Cost Containment for disabled, handicapped, low-income people on fixed incomes, especially senior citizens.

When a young or middle-aged breadwinner finds himself/herself reaching the poverty line there is always some hope for escape. When the elderly reach that level on the economic scale, and one-third of the nation are so categorized, there is no way they can remedy the situation.

In order to cope with this long-term dreadful situation, senior citizens try to curtail necessary expenditures whenever possible. One means to that end is Health-Care Cost Containment.

Some seniors are more fortunate than others and have seldom been forced to consult and doctor, dentist or go to a hospital.

Many of my friends will no longer consult a private physician but go to the Veterans' Hospital if they are vets are are retired from the military. Some go to Malstrom and others utilize the services of the Veterans' Hospitals.

Many others who do not qualify find the costs of medical and dental services prohibitive so they go without professional care.

MSCA supported Initiative #97 because it meant another step towards Health Care Cost Containment. While costs of health care have continued to escalate there have been more moderate increases in other life-supporting necessities, like fuel, food and housing. When MSCA supported "I 97" we made use of one of the democratic processes we helped establish in Montana. Recall, Referendums and Initiatives werenot established in Montana without a struggle.

HB 479 is an attempt to destroy the fruits of our labor. I urge you in behalf of the senior citizens of Montana to preserve our victory by recommending a DO NOT PASS for this bill.

Thank you.

Exhibit 17
2/19/85
HB649
Submitted by: Maurice Gun

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

I AM REV. MAURICE GUNN, A RETIRED UNITED METHODIST MINISTER FROM MILES CITY.

I AM IN FAVOR OF HOUSE BILL 649.

I RESPECT THE PEOPLES DECISION ON INITIATIVE 97 LAST NOVEMBER, WHICH I BELIEVE WAS A WISE DECISION AND WAS ONE OF OUR MOST CHERISHED DEMOCRATIC RIGHTS. I BELIEVE IT SHOULD HAVE A FAIR CHANCE TO GO INTO EFFECT, AND THAT IS WHAT BILL 649 IS ATTEMPTING TO DO.

THANK YOU.

Exhibit 18
2/19/85
HB649
Submitted by: Wade Wilkinson

HB 649
FACT SHEET

Q. What is the origin of HB 649?

A. The Department of Commerce, in conjunction with the Governor's Office, developed HB 649 to enhance I-97, the measure passed by popular vote of the people of Montana last fall.

Q. Why is HB 649 needed?

A. HB 649 brings the language of I-97 into full compliance with the administrative processes followed by the Department of Commerce. It is easier, and more effective, for the Department to have its staff follow similar administrative measures in dealing with all of the state boards administered by the Department. It is easier, and more objective, to have the Department's independent investigators pursue complaints rather than to have every small board establish its own fair practices committee. It is easier, and more efficient, to have each board maintain its own rule-making authority, rather than having all state boards have to come back to the legislature every session to ask for minor changes in administrative procedures.

Q. Who supports HB 649?

A. The thousands of senior citizens and others who have worked so hard since 1982 to make I-97 a reality. Henry Siderius of Kalispell first brought the denturist concept to the 1982 Legacy Legislature. Historically, as Legacy Legislature Representative Siderius explained, Montana has lost tens of thousands of dollars annually to Canada where the practice of denturism has been going on for 25 years. When Idaho passed a denturist law, Siderius indicated that Montana was losing even more senior citizen health dollars across our borders, because denture services from denturists cost half that of services from Montana dentists. Senior citizens from the Kalispell area could go to Coeur D'Alene, Idaho or Canada, get fitted for dentures and get the dentures and pay for the trip, and still save money over what Montana dentists were charging. Seniors in Kalispell saw this as a serious loss of Montana health dollars out of their economy.

Legacy Legislature is a careful deliberative body and wanted more information. While Legacy Legislature did not endorse denturism in 1982, the senior citizen leadership went back to communities all around Montana and continued the discussion. The 1984 Legacy Legislature made I-97 one of its top priorities, and thousands of senior citizens and low income people worked hard to explain the details of the initiative to their neighbors to get the initiative on the ballot, and then to get out a favorable vote.

Groups that endorse I-97 and HB 649 include: The Association of American Retired Persons (AARP), Butte Community Union (BCU), the Human Services Caucus, Legacy Legislature, Low Income Senior Citizens Advocates (LISCA), the Montana Advocacy Task Force on Aging, the Montana Low Income Coalition (MLIC), Montana Senior Citizens Association (MSCA), and the National Retired Teachers Association (NRTA).

Exhibit 19
2/19/85
HB649
Sub. by
Dr. Ted
Beck

Provisions of Denturism Laws in Six States

	Arizona	Colorado	Idaho	Maine	Montana	Oregon
Year of Action	1978	1979	1982	1977	1984	1978
Allows Unsupervised Practice	No	No	Yes	No	Yes	Yes
Requires Patient to Obtain Oral Health Certificate	No	No	No	No	No	Yes
Prosthetic Services Permitted	Full & Partial Dentures	Full Dentures	Full Dentures & Repairs to Partials	Full Dentures	X-rays, Full & Partial Dentures	Full Dentures
Regulatory Board	Dental	Dental	Separate	Dental	Separate	Separate
Number of Licensed Or Certified Providers	29	0*	39	0	8 11	115
STATE POPULATION (1980)	2,718,215	2,889,964	943,935	1,124,660	786,690	2,633,105

Arizona - No new license issued since 1979. State requires 12-week accredited course (60 semester hours) - currently no course offered so that accreditation can be received.

Colorado -Dental auxiliaries who provide complete denture care under dentist supervision do not need to be licensed or certified.

Idaho - Since April, 1983 all candidates must have two years of formal training - currently no course is offered so that accreditation can be received.

Maine - Two year education program required - no courses currently available.

Oregon - Two years of formal training in education required - more than 20 percent of previously certified denturists are now seeking employment in dental labs and manyhave left the State. (Currently there are 53 in the State).

Two study groups funded by the U.S. Department of Health and Human Services have determined that establishing a denturist educational program is inadvisable due to the lack of employment potential.

Idaho State University
Pocatello, Idaho
83209-0009

Idaho Dental Education Program
Campus Box 8100

Area Code 208
Telephone 236-3289

September 7, 1984

Ted Beck, D.M.D.
227 West Lyndale
Box 4327
Helena, Montana 59601

Dear Dr. Beck:

In response to your questions concerning the course held at ISU, I will try to answer them as best I can. I have received a copy of the article by Frank Brisendine as printed in the Independent Record. As a member of the faculty of the course mentioned by Mr. Brisendine, I feel able to comment on his interpretation of the course.

The course which was given at Idaho State University this last summer was a two week workshop, meant to introduce potental legal providers to the body of knowledge necessary for safe and efficacious treatment of edentulous patients. Treatment which could be based upon scientific principles and not on handmedown hearsay.

It should be obvious that a single two week course cannot approximate the eight years (average) of undergraduate and graduate professional education involved in a Dentist's training. The dental education process is based upon proven scientific data and is constantly updated and revised. To equate a single two week course and five years of repetition of skills which were never learned properly, with the dental education is absurd.To state that it is superior, is ludicrous.

The individual courses presented were not equivalent to dental school courses in content, length or in expected levels of performance. The courses were designed to whet the "educational appetite" of the denturists. We were trying to help them develop

an appreciation for the education they should have (and presently do not possess) for the treatment of patients. The courses were definately not designed to be an all encompassing education for the denturists. The performance level expected on the examination for successful completion of the course was minimal and far below that expected of dental students. The examination was administered as much for our information as it was to evaluate the denturists.

As you are aware the practice of Denturitry is legal in Idaho via the initiative process. The philosophy that we have adopted is that the educational level of these direct care providers must be raised to heights which are compatable with the responsiblity they have assumed. Soon there will be an established program to grant the Bachelor of Science in Denturitry. At this level the Denturists will have adequate training and background to practice their profession. They will also be integrated with the rest of the dental care team and not be on the opposite sides of the fence.

I certainly hope that this will answer your questions and clarify the coursework presented to the Denturists at Idaho State University. If there are any further questions, please do not hesitate to call or write.

Sincerely,

Steven W. Friedrichsen, D.D.S.
Director, I.D.E.P.9F

Leslie (Lee) Mark Wiser

Born: June 4, 1946

Job Experience:

Started dental laboratory training, 1961 (age 14).

Completed dental laboratory training, 1964-66 (ages 17-19).

Worked as dental laboratory technician, 1964-1984.

First worked directly with public in the fall of 1968 (age 21).

Worked as denturist from 1976.

Education and Training:

Graduated Los Angeles High School (1964).

Served apprenticeship with Dave Wiser Dental Laboratory Summers 1961-62 and full time 1964-66.

Attended denturist education after the passing of initiative #5 in Oregon because of the opportunity of additional denturist education, which at that time was difficult to obtain (1979).

Attended Idaho State University denturist training workshop to qualify for initiative #97's educational requirements (1984).

Attended numerous clinics, workshops, seminars and continuing education courses (1961-1984).

Active duty with U. S. Army (1966-67); trained as dental specialist. This was an introduction to intra-oral procedures. Received the grade of "A" in this course.

Professional Association Affiliations:

President, Denturist Association of Montana (term expires 1/85).

Secretary, National Denturist Association (term expires 1/85; Board of Directors position expires 1/87.

Member Montana Senior Citizens Association.

Member Low Income Senior Citizens Advocacy.

Campaign Coordinator for Montanans for Freedom of Choice in dental Care (Initiative 97); co-technical director.

Goals:

To see the denturist profession of Montana implemented in a manner that other states will use our example as a model.

To continually upgrade the denturist profession to better serve the citizens of our state.

To "mend the fence" with those who opposed the denturist profession from self-regulation.

To obtain the above goals in a professional manner.

Additional information will be furnished upon your request.

RESUME

Ted Schwinden, Office of Governor

OBJECTIVE: Wish to serve on the State Board of Denturitry. I believe my contribution will be an asset to the profession.

PERSONAL DATA: Everett W. Vanden Eeden Age: 35 DOB: 6-2-49
Born in: Pottstown, PA Sex: male Phone: (406) 248-530
Denturist: 15 years experience

EDUCATION: 1975-1978: major-Psychology, minor--Vocational Education Transcript consolidated at University of South Dakota, Springfield, SD 46 credits
1984: Denturity workshop, Idaho St. University Pocatello, ID 176 hours
1970-1984: Seminars through state and national associations over 150 hrs (more information upon request)

OCCUPATIONAL EXPERIENCE: March 1984-present: Denturist, private practice, 2034 Broadwater Ave, Billings, MT 59102

March 1979-Feb. 1984: Denturist, owner, and administrated staff of 7 employees, Tri-county Dental Service Clinic Inc. Pottstown, PA 19464

June 1978-Feb. 1979: Manager and Laboratory Technician, Dental Service Corp. of America 104 Carisle St., Hanover, PA 17331

Aug. 1977-May 1978: Licensed Dental Technology and Anatomy Instructor, Accredited Dental Technology Program , Lake Area Vo. Tech. Institute Health Occupations Dept., Watertown, SD

Sept. 1970-Aug 1977: Dental Lab Technician, all phases of partial dentures and dentures, Barkley Dental Laboratory, 233 High St., Pottstown, PA 19464

ACCOMPLISHMENTS:
1970: Army honorable discharge (20 months overseas)
1975: Became Certified Dental Technician
1978: Licensed Dental Technology Instructor
1981: Became Certified Denturist (National Board of Examiners)
1981: Founder and 2 yr. term President of Denturist Assoc. of Pennsylvania, approx. 20 members
1982: National Education Committee member (National Denturist Association)
1982: Secretary of National Denturist Association and served on Board of Directors.

Presently Board member of National Denturist Assoc.

ORGANIZATION AFFILIATIONS: Member of National Dental Laboratory Assoc.
Member of National Denturist Association
Honorary member of New Jersey Denturist Society
Jehovah's Witness

PERSONAL COMMENTS: I moved to Montana to have a smaller practice with less clientele also eliminating direct intervention of a dentist in my practice.

REFERENCES: Raymond Fucini, instructor and head of Dental Technology Dept.
916 Area Vocational Tech. Institute
3000 Centry Ave. North
White Bear Lake Minn. 55110
Phone: (612) 429-9255

Betty Benedetto, Executive Director of National Denturist Assoc
National Denturist Assoc.
3744 Pace Ave.
Chicago, IL 60644
Phone: (312) 378-0666

Jack L. Rath, Minister
4437 Ryan Ave.
Billings, MT 59101
Phone: (406) 259-6477

PERSONAL ADDRESS: Everett Vanden Eeden
2034 Broadwater Ave.
Billings, MT 59102

Respectfully,

Everett Van Den Eeden, C D.

GLACIER DENTURE CENTER

Old World Craftsmanship
in Removable Prosthetics

December 10, 1984

Governor Ted Schwinden
Capitol Building
Helena, Montana 59620

Governor Schwinden,

This is a brief letter resume for Ronald Brent Kandarian, as required by the state of Montana for nomination to the State Board of Denturitry.

I am a white male, married with two children, and 44 years old. I have been a dental technician for 27 years and a practicing denturist for the past 10 years, specializing in removable prosthetics (dentures and partial dentures). During this time, I have been very active in the educational programs that were available and have attended and given many classes regarding my chosen field (see attached sheets).

I am a past president of the Denturist Association of California, a past Chairman of the Board of Directors to the National Denturist Association and the Denturist Association of California. Currently, I am vice-president of the Denturist Association of Montana and also act in an advisory position to the National Denturist Association.

If you feel my qualifications would warrant a position on Montanas' first State Board of Denturitry,I would be honored to serve.

Sincerely,

Ronald B. Kandarian

Alias

Ronald Dean Kandarian

220 E. Center St. • Kalispell, MT. 59901 • 406/257-5283

WITNESS STATEMENT

NAME DR Richard David Prill BILL NO. 479

ADDRESS 823 North 29th Billings MT DATE 2/19/85

WHOM DO YOU REPRESENT? Mont Dental Assoc

SUPPORT X OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments: Support 479

Testimony was given concerning the lack of expertise for using X-Rays ~~as~~ as a diagnostic tool. Summary

Dentist lacks education to take X-Rays or make partials. D.R. Hulls letter and X-Rays with a cast on which a denturist placed a denture was presented to the committee.

Dr Prill DS

WITNESS STATEMENT

NAME Ted Beck BILL NO. 649

ADDRESS 227 West Lyndale, Helena, Montana DATE 2/19/85

WHOM DO YOU REPRESENT? Self

SUPPORT _____ OPPOSE X AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

I am opposed to:

Page 2 Line 17

A change from 5 years to 3 years experience to be on the Board of Denturity serves no purpose but to legitimatise Mr. Wiser's lack of experience. It further reduces the minimal educational requirements at the expense of Montanans who may use denturists.

Page 4 Lines 1-5

To abolish the fair practice committee deprives Montanans of a specific method of registering a complaint. It further relieves the board from keeping a written documentation of complaints.

Page 4 Lines 21-24

The removal of this paragraph obligates the taxpayer to pay for the board. This is a significant departure from what the voter understood at the polls. Each ballot clearly stated that the creation of this Initiative would have no financial impact on the taxpayer.

Page 15 Lines 10-17

This restriction of advertising only allows someone licensed under this Initiative to advertise. Therefore, if passed, dentists and commercial laboratories could not advertise. This is clearly a constitutional violation.

Ted Beck, DMD

CS-34

WITNESS STATEMENT

NAME Roger Tippy BILL NO. 649

ADDRESS Box 124 Helena DATE ~~2/19~~ 2/19

WHOM DO YOU REPRESENT? Montana Dental Assoc

SUPPORT _____ OPPOSE X AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

Sec. 1 alters less experience & people to be appointed.

Sec. 3 amends I-97 in a way which could have affected the fiscal note written for the ballot by the Attorney General. p. 4, lines 21-24

Sec. 5 amends I-97 ~~to~~ and a great-grandfather clause. p 6 (line 19)

Sec. 14 prohibits advertising by anyone who might compete with dentists. (p. 15)

649 hands a win - 479 train & doom.

Idaho legislature changed their initiative to take out making & fitting partials.

Mont. legislature changes initiatives with regularity.

WITNESS STATEMENT

NAME Dr. Richard David Grill BILL NO. 649

ADDRESS 823 North 29th St Billings MT DATE 2/19/93

WHOM DO YOU REPRESENT? _____

SUPPORT _____ OPPOSE X AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

649 only shows what a bad initiative 95 was and that it needs continual fine tuning at the expense of the taxpayers.

With the advent of 479 649 becomes a redundant waste of your time and of all the taxpayers money.

Dr. R D Grill

HB 479, 649

The Big Sky Country

MONTANA HOUSE OF REPRESENTATIVES

John Vincent
Speaker

February 7, 1985

Ms. Bessie Hull
P.O. Box 212
Joliet, MT 59041

Dear Ms. Hull:

Thank you for your letter and petition expressing your desire to keep Initiative 97 in tact. House Bills 479 and 649 have been referred to the Business and Labor Committee for hearings; therefore, I am forwarding a copy of your letter and the petition to the chairman of this committee for consideration.

I appreciate knowing your concerns, and thank you and the other petition signers for the letter.

Sincerely,

John Vincent

JOHN VINCENT
Speaker

JV/ja

cc: Representative Bob Pavlovich
Chairman, Business and Labor Committee

Joliet, MT. 59041 5 February 1985

Mr. John Vincent
Speaker of the House of Representatives
State of Montana
Helena, MT. 59601

Dear Mr. Speaker:

Will you please inform the members of the House of Represemtatoves concerning this petition. Those Members of the House who co-sponsored HB. 479 and HB. 649, especially, should realize that we do not want Initiative 97 amended, revised on "fine tuned" before it has had an opportunity to succeed or fail in whatever it was intended to do.

Sincerely,

All of us on the Petition

cc. Montana Senate, Governor Ted Schwinden

A PETITION TO THE 1985 MONTANA HOUSE OF REPRESENTATIVES

This petition is from the people of Joliet and the surrounding area, Most of them are senior citizens, in ~~Carbon county~~, Montana. The signers of this petition are not happy, in fact are displeased that HB. 479 has been introduced by too many representatives including Representatives Gary Spaeth of Carbon county. None of us are denturists as Representative Jack Moore was quoted in the Billings Gazette today as saying all those were who called him, opposing HB. 479.

Initative 97 was passed at the November election by the people of Montana, not by just the people of Carbon or any other particular county in Montana. Even though Initiative 97 did not pass in Cascade county the legislature should realize that the Initiative process should be protected. Initiative 97 should not be revised, amended, as someone said or "fine tuned" as one legislator said. The legislature should not, at the first opportunity, do anything to Initiative 97. Why don't you leave it alone?. Give it a chance to prove, what it will or will not do to it's supporters and others, Let it's supporters be blamed, not the legislature. How about it?

Signed: 5 February 1985

1 Bessie Hull	29 Wayne Roberts	57 [illegible]
2 Arlene Hull	30 Frances Roberts	58 [illegible]
3 Richard Blakeley	31 James Simmons	59 Gayle Hayley
4 Orajean Blakeley	32 Helen Simmons	60 Eileen F. Dinmore
5 Ernest McGeorge	33 Cecil L Stinson	61 Maryann Kink
6 Albert Vukonic	34 Maxine Gibson	62 Celeste Schwend
7 [illegible] Mathews	35 Lena Unger	63 Jolyn Evert
8 Allan W McPhail	36 Roy Nisbet	64 Jay F Emmett
9 Wilbur S. Dethlefsen	37 Eunice McGeorge	65 Barbara Wheeler
10 Alma Dethlefsen	38 Ida McPhail	66 Lisle Boyd
11 Kay Swanson	39 Grace Joppa	67 Otto Waddell
12 Velma Adams	40 Charlotte V Shoaf	68 Thomas J. Mathews
13 Clara Dinmore	41 Jean Mathews	69 Edith S. Mathis
14 Robert M Simons	42 Marion Glumbik	70 Norm Kupper
15 Clifford Amundsen	43 LaVonne Stiel	71 Lois J. Zipeck
16 Joel M Johnson	44 Lesta Johnson	72 Eva Emmett
17 Maude Pogue	45 Effie Mosier	73 Jo Hatten
18 Vera Lofthus	46 Mildred Evans	74 Barbara L. Schie[illegible]
19 Violet Leland	47 [illegible] Harkins	75 Gale Schenk
20 Mary Roth	48 [illegible] Simmons	76 [illegible]
21 Isabell Moraw	49 Etta Plowman	77 Verna Fairbanks
22 Irene Holland	50 Knox Gibson	78
23 Ingrid Lofthus	51 Adam Stiel	79
24 Harris Anderson	52 Frances Lenthy	80 cc, Mont. Senate
25 [illegible] Harkins	53 Evelyn Murphy	81 Gov. Ted Schwinden
26 Grion J Zimmerman	54 Alta Bray	82
27 John Moran	55 Annette Frank	83
28 R Knoepfel [illegible]	56 [illegible]	84

Feb. 4, 1985

Dear Readers Opinion Editor;

Regarding the February 3rd article, 'Moore faces heat on denturist bill'. He claims Initiative 97 needs amending before it even has a chance to be implemented and tested. Surely he does not amend a newly passed law by the legislature before it has a chance to prove itself. He would get even more heat if he did. He also insinuates the voters are stupid and only he knows what we want or need for our own good. If this is so, why wasn't HB479 reffered to the health commitee instead of Business and Labor? Are Mr. Moore and the dentists backing him afraid because of the Anesthesiology thing? I wonder.

He goes on about unsubstantiated claims of ripoffs by dentists. Mr. Moore should take the time and hear our side before making his statements. We will set up a special, Montana Senior Citizens ~~XXXXXX~~Association, District 5, meeting for him if he cares enough to attend and listen. I have listened to a lot of real horror stories.

Also, Mr. Moore blames the Denturists for backing all the phone calls to the Capitol, concerning HB479. Hogwash! I and many more like me are responsible. That's what the line is for. This may come as a surprise to Mr. Moore and others like him but there are many, many of our citizenry capable of thinking independantly and need no Commanding Officer to tell us how to do it and determine what is best for us. Besides, the dentists did a very good job of pointing out the questionable parts of Initiative 97 before we voted for it on November 6th. It is the law now Mr. Moore. Leave it alone. We really do know what we voted for. Let's try it out.

Copy sent to:
Representative Jakk Moore
and others.

Ron Brown, V.P. Dist.5 M.S.C.A.,
Ron Brown
3215 - 6 Ave. No.,
Great Falls, MT 59401
Ph. 761-5161

VISITORS' REGISTER

BUSINESS AND LABOR COMMITTEE

BILL NO. House Bill 479 DATE February 19, 1985

SPONSOR Representative Moore

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Charles Bandcroft	Ballantine		✓
Elsie Fatham	Gt. Falls		✓
Rev. Maurice Gunn	Miles City		✓
Ben Albertson	Glasgow		✓
Harris Anderson	Park City		✓
Harold Twito	Columbus		✓
Everett Van Der Eeden	Billings		✓
Joan Martell	Billings		✓
Frank McKenna	Gt. Falls		✓
Linda Dale Evans	Roundup		✓
Tom Ryan	Helena		✓
Dorothy Garvin	Kalispell		✓
Dolly Siderius	Kalispell		✓
Sam Ryan	Helena		✓
Ron Brown	Gt. Falls		✓
LLOYD ANDERSON	E. Helena		✓
EARL REILLY	HELENA		✓
TOM RYAN	HELENA		✓
Jim Murray	Mont. AFL-CIO		✓

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

_____ COMMITTEE

BILL NO. House Bill 479 DATE _____

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Chuck Kranich	Helena		✓
Kenneth Clark	Miles City		✓
Ellie Dick	Miles City		✓
Robert Anderson	Green Gate / Helena		✓
Jeanne He Buchanan	Columbia Falls		✓
Bob Wirtz	Helena		✓
Joe Upshaw	MT AARP, Legisl Helena		X
William C. HAGGERTY	Helena MT	Y	
Adrian C. Howe	Helena, Mt.	X	
Helen Scott	Miles City MT		✓
MARK MACKIN	Cut Ly Coalition		X
Joann Mantele	1009 Ravenwood Dr. Billings MT		X
Harris Anderson	Bark City Dist		X
SONNIE EMMONS	State Co-ordinator IAF		✓
Molly Munro - Citizen	Helena		X
BRENT KRONCKE	KALISPELL		X
Ray Lobeck Ind. Dist 4	Kalispell Mt		X
Kari Brown	E.F.H.		X
Anna C McKee	Great Falls		X

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VISITORS' REGISTER

_____ COMMITTEE

BILL NO. House Bill 479 DATE _____

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
FRANK MCKENNA	1100 - 1st Ave NW. GF Falls MT		X
Louise Kuntz	MT Low Income		X
Robert Nutting			X
Beatrice M Peterson	Great Falls Mt.		X
Judy J. Loucher	Helena MT		X
Smith Bonnacchi	Helena, MT.		X
Judy Burkett, RDH	Billings MT	✓	
Tom Bryant			✓

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VISITORS' REGISTER

BUSINESS AND LABOR COMMITTEE

BILL NO. House Bill 649 DATE February 19, 1985

SPONSOR Representative Moore

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Chester Kinsey	Helena	✓	
LLOYD ANDERSON	E. Helena	✓	✓
EARL REILLY	HELENA M.S.C.A.	✓	
TOM RYAN	HELENA M.S.C.A	✓	
[illegible] McKee	Great Falls	✓	
Jim Murry	Mont. AFL-CIO	✓	
Kenneth D Clark	Miles City MT	✓	
Chas. A. Banderob	Ballantine Mt.	✓	
Elsie Fox	Miles City	✓	
Charles Briggs	Governor's Office	X	
Dan Bryan	Helena	X	
Alvin Jones	Helena	X	
Bob Pirie	Helena	X	
Violet Hukari	Helena	X	
Joe Upshaw	MT AARP, Legisl. Legislation Helena	X	
[illegible]	[illegible]	X	
Helen Scott	Miles City MT	X	
Irene Martell	1009 Riverside Dr. Billings MT	X	
Harris Rudi	Park City Mt	X	

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PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

CS-33

VISITORS' REGISTER

_______________ COMMITTEE

BILL NO. House Bill 649 DATE 2/19/85

SPONSOR Moore

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Molly Munro - Citizen	Helena	X	X
Brent Vandaeiran	Kalispell	X	
Lee Wiser	Livingston	X	
Jack White	Big Fork	X	
Ray Lybeck Senate Dist # 4	Kalispell, Mt	X	
Maurice Gunn	Miles City, MT.	X	
Everett VanDenEnden	Billings MT	X	
Ron Brown	B.F.	X	
Anna E McKee	Gt Falls	X	
Frank McKinney	100-1400-SW Gt Falls MT		
Louise Kunz	MT Low Income	X	
Roberta Nutting		X	
James E Langan	Roundup Mont	X	
Beatrice M Peterson	Great Falls Mont	X	
Alethea Olson	Great Falls Mont	X	
Judy J Boucher	Helena MT	X	
Anita Summarell	Helena MT	X	
Judy Hachett RNA	Billings MT		✓
Tom Ryan	Helena	X	

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PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

CS-33