Montana Department of LABOR & INDUSTRY

Licensing Reform Task Force

Healthcare Subcommittee

INFORMATIONAL MEMO:
DENTURIST SCOPE EXPANSION AND RADIOGRAPHY AUTHORITY

Question Presented

What would be needed for statutory change to enact Recommendation 9, **Expand Denturist Scope to Practice Within Education and Training**, and Recommendation 10, **Allow Denturists to Take Radiographs in Private Practice**; and are narrower alternatives, such as endorsements, more appropriate for the Healthcare Subcommittee to consider?

Short Answer

Both recommendations likely require statutory change if the Subcommittee intends to expand the legal scope of denturitry beyond the current statutory definition or to authorize radiographic exposure, assessment, or referral-support activity that is not currently included in denturists' defined scope. Current Montana law defines the "practice of denturitry" around making, fitting, constructing, altering, reproducing, repairing, furnishing, supplying, or advising on dentures and preparatory impressions, bites, casts, or designs. It also expressly prohibits denturists from diagnosing or treating abnormalities, except applying tissue conditioning agents, and requires referral to a dentist for tooth cleaning, mouth preparation, and x-rays as needed before making and fitting a partial denture.[1]

The more legally and politically workable approach is likely not an open-ended expansion allowing denturists to perform anything within education and training. Instead, the Subcommittee could recommend a structured statutory framework authorizing discrete endorsements or limited authorities for specific services, beginning with a radiography endorsement if supported by training, equipment, safety, documentation, referral, and interpretation limits. The recommendation document itself flags that the broader denturist issue should be broken into discrete scope items and that radiography can be addressed as a defined endorsement.

Background from Recommendation Materials and Public Comments

Recommendation 9: Expand Denturist Scope

Recommendation 9 received 9 yes votes, 0 no votes, and 3 tabled votes, reflecting 75% yes support among recorded responses. The recommendation was framed as a scoped review of whether Montana should expand denturists' authorized services to match accredited education, training, and demonstrated competency.

The recommendation materials identify potential benefits including access to care, rural benefit, and competency-based framing, but also flag scope-of-practice conflict, training variation, and public-protection concerns.

The main supporting public comment urges Montana to align denturist scope with "recognized, accredited education, training, and demonstrated competency in prosthetic care" rather than what the commenter

[1] 37-29-102, 37-29-402, 37-29-406, MCA

characterizes as outdated or protectionist limitations. The commenter proposes expanding authority in several areas, including removable prosthetics, implant-supported prosthetics, digital denture workflows, non-diagnostic patient assessment within prosthetic care, removal of supervision or gatekeeping requirements, independent regulatory oversight, implant prosthetic work including abutments, reciprocity and scope portability, recognition as primary prosthetic providers, post-operative care, and radiology endorsement.

Recommendation 10: Radiography Authority

Recommendation 10 also received 9 yes votes, 0 no votes, and 3 tabled votes, reflecting 75% yes support among recorded responses. The recommendation materials describe a radiography endorsement or defined authority allowing properly trained denturists to take radiographs in private practice for purposes connected to denturist services, referrals, and patient care coordination.

The supporting public comment characterizes radiology endorsement as a patient-safety issue, asserting that the edentulous population may not receive routine radiographic screening and that this creates risk of undiagnosed pathology, delayed diagnosis, increased morbidity, and cost of care, particularly in rural communities. The same comment proposes that a radiology endorsement allow denturists to take panoramic radiographs, perform basic radiographic assessment, and refer patients for further evaluation.

Opposition and Cautionary Comments

The public comments also include opposition from dental stakeholders. One commenter opposed allowing denturists to expose radiographs, stating that radiographs in a denturist office are unnecessary, that radiographs interpreted elsewhere provide only part of the picture, and that denturists should work with dentists who are trained to evaluate broader oral and overall health factors.

Another commenter opposed broader denturist scope expansion, stating that Montana has only 24 licensed denturists, that Montana is one of only six states licensing denturists, that most denturist practices are in urban areas, and that the Board of Dentistry already includes denturist representation and should evaluate patient-safety implications before scope expansion.

Current Statutory Framework

The principal statutory provisions that would need review are in Title 37, chapter 29, MCA.

Definition of Practice

Section 37-29-102, MCA defines the “practice of denturitry” in terms of dentures and related preparatory activities. The definition includes making, fitting, constructing, altering, reproducing, repairing, furnishing, or supplying dentures, advising the use of dentures, and taking or making impressions, bites, casts, or designs for denture-related purposes.[2]

That definition does not expressly authorize radiographs, implant component manipulation, prosthetic implant maintenance, post-operative care, radiographic assessment, or broader “education and training” scope. If the Subcommittee intends to authorize any of those activities, the safest path is statutory amendment to § 37-29-102, MCA or a new section in Title 37, chapter 29.

Prohibitions

Section 37-29-402, MCA prohibits licensed denturists from extracting teeth, initially inserting immediate dentures, diagnosing or treating abnormalities except applying tissue conditioning agents, recommending prescription drugs for oral or medical disease, and constructing or fitting orthodontic appliances.[3]

This section is central to any radiography proposal. If denturists are authorized to take radiographs, the Legislature would need to clarify whether they may do any assessment of radiographs and, if so, how that assessment is distinguished from prohibited diagnosis or treatment of abnormalities. A narrow endorsement

[2] 37-29-102, MCA
[3] 37-29-402, MCA

could authorize exposure and processing of specified radiographs for prosthetic planning and referral-support purposes while expressly preserving the prohibition on diagnosis and treatment unless otherwise amended.

Partial Denture Procedure

Section 37-29-403, MCA requires a denturist, before making and fitting a partial denture, to refer the patient to a dentist with the model for tooth cleaning, mouth preparation, and x-rays as needed, and to fit the partial denture after the dentist completes those procedures and in accordance with the dentist's recommendations.[4]

This section would need amendment if the Legislature intends denturists to obtain radiographs themselves, reduce mandatory referral requirements, change the dentist's role in partial denture preparation, or allow denturists to proceed based on their own radiographs subject to referral triggers.

Standards of Practice and Licensure

Section 37-29-401, MCA contains standards of conduct and practice, including current CPR card requirements, ADA material standards, and denture identification requirements.[5] Section 37-29-306, MCA provides that a denturist license is valid for a period established by department rule and requires proof of current CPR card and documentation establishing licensure eligibility.[6]

If the Legislature adopts an endorsement model, these provisions could be amended to authorize the Board to issue endorsements, establish training and continuing education requirements, require proof of competency, and condition renewal or continued authority on compliance with safety standards.

Guarantee Provision

Section 37-29-404, MCA requires denturist services to be unconditionally guaranteed for at least 90 days.[7] Public comment challenges unique denturist refund or guarantee requirements as outdated or disproportionate compared with other dental professionals. The current statute appears to require a 90-day unconditional guarantee, so any recommendation concerning guarantee or refund obligations should be separately verified and addressed as a distinct statutory-cleanup issue.

What Would Be Needed for Statutory Change

1. Avoid an Open-Ended "Education and Training" Scope Standard

A broad statutory provision allowing denturists to perform any procedure supported by education and training would be legally risky and likely contested. It could create uncertainty about the boundary between denturitry and dentistry, shift major scope decisions from the Legislature to education providers, and generate disputes about what training is sufficient. It would also make enforcement harder because scope would vary by each licensee's claimed coursework or continuing education.

If the Subcommittee wants to move Recommendation 9 forward, the better statutory approach is to identify specific services or authorities and authorize them in discrete categories. For each proposed service, the bill should specify:

- the procedure or activity authorized;
- whether it is independent, collaborative, referral-based, or supervised;
- minimum education and competency requirements;
- whether an endorsement is required;
- whether continuing education is required;
- documentation and informed-consent requirements;
- patient-safety and referral triggers;
- services expressly excluded;

[4] 37-29-403, MCA
[5] 37-29-401, MCA
[6] 37-29-306, MCA
[7] 37-29-404, MCA

- whether rules may define details; and
- disciplinary consequences for exceeding scope.

2. Use an Endorsement Model for Radiography

Radiography is the strongest candidate for an endorsement model because it can be defined as a discrete authority with measurable training, safety, equipment, documentation, and referral standards. The recommendation materials themselves identify radiography as narrower than broad scope reform and appropriate for defined limits.

A statutory radiography endorsement could authorize only a denturist who holds the endorsement to expose and process specified dental radiographs, such as panoramic radiographs, for limited purposes connected to denture services, prosthetic planning, referral support, and patient care coordination. The statute should clarify that radiographic interpretation for diagnosis remains outside denturist scope unless expressly authorized. The statute could instead allow denturists to identify the need for referral and transmit radiographs to a dentist, physician, or other authorized provider for diagnosis and treatment.

3. Clarify Diagnostic Boundaries

Any radiography legislation must address diagnostic boundaries. Current law prohibits denturists from diagnosing or treating abnormalities except applying tissue conditioning agents.[8] Public comments in opposition focus heavily on this concern, arguing that radiographs must be interpreted in the broader context of oral and overall health.

The Subcommittee could address this by recommending statutory language that:

- authorizes taking radiographs only for prosthetic-related purposes;
- prohibits diagnosis or treatment of abnormalities based on radiographs;
- requires referral to a dentist or other qualified provider for interpretation of abnormal or unclear findings;
- requires patient notice that radiographs taken by a denturist do not replace a dental examination; and
- requires documentation of referral and transmission of images when referral is indicated.

4. Coordinate with Radiation Safety Requirements

Radiography authority would require coordination with radiation safety regulators. The statute should not only authorize denturists to take radiographs; it should also require compliance with applicable radiation-control laws, equipment registration or inspection requirements, operator training, infection control, patient shielding if required, recordkeeping, and continuing education. The recommendation materials identify radiation safety, equipment standards, and coordination with radiation safety regulators as implementation issues.

5. Decide Whether Partial Denture Referral Requirements Should Change

If radiographs remain a dentist-controlled step for partial dentures, a radiography endorsement may have limited practical effect. If the goal is to allow denturists to take radiographs before or during partial denture care, § 37-29-403, MCA likely needs amendment to clarify whether and when x-rays may be obtained by an endorsed denturist, when dentist referral remains required, and whether a dentist must still complete mouth preparation and make recommendations before fitting.

6. Build a Rulemaking Record Before Final Scope Expansion

Because the comments show both support and opposition, and because the issues involve patient safety, professional boundaries, rural access, and radiation safety, the Subcommittee may wish to recommend structured policy development before broad statutory expansion. Options include:

- a stakeholder workgroup with denturists, dentists, oral surgeons, rural providers, radiation safety regulators, consumer representatives, and DLI staff;
- a study bill or interim committee review focused on denturist scope;

[8] 37-29-402, MCA

- a pilot program limited to shortage or rural areas;
- a Board-led rulemaking record if statutory authority is amended to allow endorsements; or
- a phased approach beginning with radiography endorsement and deferring broader implant, abutment, post-operative, and independent assessment proposals.

Alternatives to Broad Statutory Scope Expansion

Alternative A: Radiography Endorsement Only

This is likely the cleanest near-term alternative. The statute would authorize the Board to issue a radiography endorsement to denturists who complete approved training, meet radiation safety requirements, and comply with defined limits. This approach directly addresses Recommendation 10 while avoiding a broad rewrite of denturist scope.

Best use: If the Subcommittee wants a specific, actionable reform with training and safety controls.

Alternative B: Discrete Endorsements for Specific Expanded Services

The Legislature could authorize the Board to create endorsements for specific services, such as radiography, implant-supported prosthetic maintenance, digital workflows, or limited post-operative prosthetic care. Each endorsement would require defined education, demonstrated competency, and continuing education.

Best use: If the Subcommittee wants to preserve flexibility but avoid open-ended scope expansion.

Alternative C: Board Review and Rulemaking Authority

The Legislature could amend Title 37, chapter 29 to give the Board authority to recommend or adopt rules for defined denturist endorsements, subject to statutory guardrails. This would allow technical training and safety details to be developed in rule while keeping core scope boundaries in statute.

Best use: If the Subcommittee wants stakeholder process and technical rule development before finalizing the details.

Alternative D: Study Bill or Interim Committee Review

A study bill or interim review could evaluate access claims, rural distribution of denturists and dentists, comparative state models, patient-safety evidence, radiography safety standards, and whether expanded scope would meaningfully improve access.

Best use: If the Subcommittee wants more evidence before recommending statutory expansion.

Alternative E: No Scope Expansion; Clarify Existing Requirements

The Subcommittee could recommend no immediate expansion but request clarification of existing denturist rules, review of guarantee/refund requirements, modernization of education requirements, and improved reciprocity or portability.

Best use: If the Subcommittee determines that public-safety and stakeholder concerns outweigh the current record for expanded scope.

Recommended Subcommittee Direction

For the July 17 meeting, the Healthcare Subcommittee should consider treating Recommendations 9 and 10 as follow-up informational items rather than immediate final recommendations. The better path is to separate the two issues:

1. Recommendation 9 — Broader denturist scope expansion: Do not recommend an open-ended scope expansion tied generally to education and training at this stage. Instead, recommend that any expanded

authority be broken into discrete scope items and evaluated against accredited curriculum, competency standards, public-safety risks, referral requirements, and statutory boundaries.

2. **Recommendation 10 — Radiographs:** Consider recommending development of a statutory radiography endorsement as the most appropriate narrower alternative, if the Subcommittee wants to advance a concrete reform. The endorsement should be limited, training-based, subject to radiation safety requirements, and clear that denturists may not diagnose or treat abnormalities unless the Legislature expressly changes that prohibition.
3. **Stakeholder process:** Direct a targeted stakeholder process with denturists, dentists, oral surgeons, the Board of Dentistry, radiation safety regulators, rural health representatives, and patient/consumer representatives before final language is recommended.

Conclusion

Statutory change would likely be required to enact either a broad denturist scope expansion or a denturist radiography authorization. Current law defines denturitry narrowly around denture-related services, prohibits diagnosis and treatment of abnormalities, and requires dentist involvement for x-rays as needed before partial denture fitting. A broad “practice within education and training” standard would likely be difficult to administer and likely to generate scope-of-practice conflict. A narrower endorsement model—especially a radiography endorsement with training, safety, referral, and no-diagnosis limits—appears more appropriate if the Subcommittee wants to advance the recommendations while preserving public protection and allowing technical details to be developed through rulemaking.