



Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health



National
Congress of
American
Indians

National Indian
Health Board



SENT VIA EMAIL: : Summerhayesc@ada.org; Oloughlink@ada.org

November 12, 2015

Carol Gomez Summerhays, D.D.S., President
Kathy T. O'Laughlin, D.D.S., Executive Director & COO
American Dental Association
211 East Chicago Ave.
Chicago, IL 60611-2678

Dear Dr. Summerhays & Dr. O'Laughlin:

As organizations representing sovereign tribes in the United States, we have appreciated being able to work with the American Dental Association on a number of projects related to access to oral health care-particularly advocating for an increase in badly needed federal funding for the Indian Health Service appropriations.

We are profoundly disappointed, however, by a recent blog post by one of your state affiliates, the Washington State Dental Association (WSDA). We take our responsibility to advocate for and ensure the highest quality health care for tribal citizens very seriously. While the blog correctly acknowledges that "(f)ederally recognized tribes are sovereign and are able to determine how health care is delivered to their citizens, just as states can," we were appalled that it went on to imply that tribes pursuing the use of dental therapists to help their dentists increase access to care "promotes two tiers of care for our fellow citizens."

Tribes will not accept anything less than a single, high standard of care for our citizens. No matter who provides the procedure, they must be educated to the same high standard. We are sure you agree. As you know, dental therapists are rigorously educated in a limited number of needed procedures such as filling cavities. The small scope of procedures allows for their rigorous education program to take place in less time than for dentists, who are trained in hundreds more procedures, while ensuring a single standard for procedures that overlap.

In addition, as you undoubtedly know, this question has long been settled by the weight of evidence from the more than 50 countries where dental therapists exist. We would hope that the field of dentistry, which is rooted in the health sciences, would rely on the body of clinical evidence-based practice and positive outcomes before making baseless statements about the quality of dental care that Tribes are developing to serve their Tribal members. The

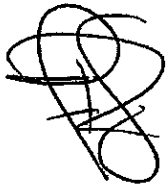
decade of experience with dental therapists here in the U.S.—on tribal lands in Alaska and later across the state of Minnesota—has confirmed the previous evidence from around the world. We strongly urge you to remind WSDA, as well as each of your state affiliates and membership of that evidence.

The dental health care system in the United States for too long has allowed an alarmingly disproportionate disparity in access and burden of disease in American Indian/Alaska Native populations. For the ADA and its affiliates to actively work to stop those trying to implement proven solutions to address the disparity in their own communities is wrong.

We believe as a matter of principle that everyone-tribal and non-tribal citizens alike-deserve high quality oral health care. Every dentist should have the opportunity to extend their care to more underserved patients by hiring proven, evidence-based providers such as dental therapists.

We look forward to the opportunity to work with you to extend care in tribal communities across the country.

Sincerely,



Fawn Sharp
President
Affiliated Tribes of Northwest Indians



Jacqueline Kus.een Pata
Executive Director
National Congress of American Indians



Stacy A. Bohlen
Executive Director
National Indian Health Board



Andy Joseph, Jr., NPAIHB Chair
Colville Tribal Council

Dr. Mary Jennings: Why we're opposed to Tribal midlevels

MAIN CONTENT

Earlier this year, the Swinomish Indian Tribal Community sent a student to Alaska to be trained as a Dental Health Aide Therapist (DHAT). After two years of training, she will practice legally on Swinomish tribal land.

Federally recognized tribes are sovereign and are able to determine how healthcare is delivered to their citizens, just as states can. Tribal lands fall under federal jurisdiction and are not subject to state law. Theoretically, that should be that and dental life should go on as usual for the rest of us, regardless of what happens in Indian Country.

The problem is that Medicaid will not pay for treatment by a midlevel unless the state legislates it. Changing state law is seemingly easier than changing federal laws these days. That puts our state legislators in a dicey position. How can one make a law saying a practice is safe and effective for one section of society and not the rest?

Can they, and should they, challenge Native Americans' right to sovereignty and self-determination? What are the consequences of doing so? How would that decision affect other Native American legislative issues? That is what is facing our legislators and WSDA this year. This presents a very different playing field.

Brian Cladoosby is the force behind this current midlevel legislation. He is chairman of the Swinomish Tribe. He is in his second term as president of the respected National Congress of American Indians (NCAI), which passed a resolution in 2013 to support DHATs with two years of training. Cladoosby states in his tribal press release, "We cannot have healthy communities without access to reliable, high-quality, and culturally competent dental care."

The WSDA appreciates his position. I imagine there is not a dentist in the world who does not want the best oral healthcare for all human beings. This last year the WSDA, with the guidance of our consultant Casey Sixkiller, has reached out to the 29 tribes in Washington State. So far, we have talked to about a dozen tribes and visited several. Regretfully, the Swinomish have not responded to our calls.

With a 945-member tribe and an annual casino income that Cladoosby reports as \$15 million, the Swinomish can afford the best providers the dental industry can offer. They can also afford their DHAT, regardless of Medicaid reimbursement.

We know that some tribes are not so fortunate and have problems accessing care. Rural tribes cannot generate the fishing, gas station, and casino revenues that the Swinomish are geographically positioned to do. It is harder to convince providers to live in less desirable locales. Native communities have an appalling rate of early childhood caries and periodontal disease. This is where the real access rubber hits the road.

Many tribal leaders do not know how to access the dental industry. I am proud of WSDA for reaching out to these communities, and I look forward to seeing what good we can do with these potential partnerships. WSDA has some good ideas, like dental vans and expanding both RIDE and dental residencies. We need to know and understand the problems unique to Indian Country from their eyes to develop truly sustainable solutions. We really need to talk.

For midlevel provider legislation, this may be too little too late. What happens if our legislators decide to allow a midlevel practitioner? How will that work out?

I am not entirely sure. From what I deduce, the simple act of allowing midlevels ticks

the box for Medicaid funding on tribal lands. The state still has no jurisdiction on how a midlevel is used by tribes. Any rules legislators write can, and most likely will be, politely ignored. Any complaints lodged against a midlevel will be adjudicated not by DQAC, but by the Federal Torts Claims Act procedure.

Unless our legislators restrict midlevels to tribal land, we can all deduce that we will be seeing them off the reservation, too.

The WSDA House of Delegates just voted in HD-08-2015. This resolution sets our bottom-line stance on legislative issues. Our midlevel position is:

“Resolved, that WSDA will maintain opposition to dental workforce bills which create dental therapists, dental hygiene therapists, or any new dental midlevel provider.”

So there you have it. We will fight to hold the line on legislation that promotes two tiers of care for our fellow citizens.

Decisions made in this session can make radical changes in our dental team and how we practice. This year we must truly communicate our long-standing commitment in helping all people gain access to quality dental care. We will need to work hard to communicate the nuances of the cultural, economic, and quality issues involved with midlevel providers.

It ain't over till it's over. If you have a relationship with a legislator, it's time to call them and talk. Please join us at Dental Action Day on Jan. 29, 2016. We have a lot of work to do. Washington's citizens have much to lose and little to gain with a dental midlevel provider.

BLOG INJECTION DATE

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CATEGORIES

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