



# Inter Tribal Association of Arizona

21 TRIBAL NATIONS



## Resolution 1016

### Support for the Approval of the Dental Therapy Sunrise Application and the Establishment of the Dental Therapy Profession under Arizona Law

- Ak-Chin Indian Community
- Cocopah Indian Tribe
- Colorado River Indian Tribes
- Fort McDowell Yavapai Nation
- Fort Mojave Indian Tribe
- Gila River Indian Community
- Havasupai Tribe
- Hopi Tribe
- Hualapai Tribe
- Kaibab Band of Paiute Indians
- Pascua Yaqui Tribe
- Pueblo of Zuni
- Quechan Tribe
- Salt River Pima-Maricopa Indian Community
- San Carlos Apache Tribe
- San Juan Southern Paiute Tribe
- Tohono O'odham Nation
- Tonto Apache Tribe
- White Mountain Apache Tribe
- Yavapai-Apache Nation
- Yavapai-Prescott Indian Tribe

**WHEREAS,** the Inter Tribal Association of Arizona, an association of 21 tribal governments in Arizona, provides a forum for tribal governments to advocate for national, regional and specific tribal concerns and to join in united action to address these concerns; and

**WHEREAS,** the Member Tribes of the Inter Tribal Association of Arizona have the authority to act to further their collective interests as sovereign tribal governments; and

**WHEREAS,** the Inter Tribal Association of Arizona has the charge to support and represent particular Member Tribes on matters directly affecting them upon their request; and

**WHEREAS** Tribal Leaders have identified oral health care as a major need in the American Indian population as the Indian Health Service (IHS) has documented that the prevalence of tooth decay among American Indian/Alaska Native children is at 76% by age 5 and that all American Indian adults suffer twice the prevalence of untreated tooth decay and periodontal disease compared to the general U.S. population which is due to factors such as geographic isolation of Tribal populations, a high dentist to patient ratio at 1:2800 for AI/AN patients compared to 1:1500 in the general population and that a major concern of Tribal Leaders that the funding appropriated to the IHS is not sufficient to address the level-of-need; and

**WHEREAS,** the Member Tribes of the ITAA have long supported the Community Health Aide Program (CHAP) as evidenced by a duly adopted Tribal resolution in 2007 supporting the Indian Health Care Improvement Act (IHCA) that was permanently reauthorized in 2010, and authorizes IHS to expand CHAP that has operated in Alaska since 2004 to the lower 48 states which is designed to provide innovative, cost effective and safe solutions to address critical healthcare needs in Tribal communities by mid-level providers - Dental Health Aide Therapists (DHATs), Community Health Aides (CHAs) and Behavioral Health Aide (BHAs); and

**WHEREAS,** a change to ARS §32-1202 (scope of practice; practice of dentistry) is necessary so that Dental Therapists may provide services in Indian Health Service and Tribal dental facilities per 25 U.S.C. §16161 (d) (3) (A) of the IHCA, which stipulates that dental health aide therapist services or midlevel dental health provider services will not be excluded in the lower 48 states if it is authorized under State law; and

**WHEREAS,** a first step to establishing the licensure and scope of practice for Dental Therapy in Arizona was the submission of the Dental Therapy Sunrise Application on September 1, 2016, that seeks to eliminate the statutory restrictions that currently prevent Dental Therapists from practicing in Arizona by removing these limits in the Arizona Revised Statutes (ARS) and allowing these highly trained midlevel dental providers to be licensed in Arizona; and

**WHEREAS,** the Dental Health Aide Therapy Program would serve as a key catalyst to meet and address oral health care demands, which other midlevel providers, notably Nurse Practitioners and Physician Assistants do, as part of the medical health care team, having the ability to expand quality care to more patients and provide treatment to underserved at-risk populations in Tribal and IHS facilities, community health centers, nursing homes and other community settings; and

**WHEREAS,** the scope of Dental Therapy is limited to educational, preventive and routine restorative care, such as filling cavities, placing temporary crowns, and extracting badly diseased or loose teeth so that the limited number of dentists employed at IHS/Tribal facilities may focus on complicated and severe cases; and

**WHEREAS,** Dental Therapists currently practice in 54 countries and territories worldwide and is currently authorized in Maine, Vermont and Minnesota; and on Tribal lands in Oregon, Washington State and Alaska; and

**WHEREAS,** Dental Therapists, primarily Tribal members that seek to serve their communities would receive rigorous training in a select set of commonly needed routine procedures being trained in approximately 80 billable procedures compared to the roughly 434 that dentists are able to perform and for the specific areas of practice receive the same training as dentists which under the Commission on Dental Accreditation's (CODA) national dental therapy accreditation standards, students must receive at least three academic years of full-time instruction, including clinical experience.

**NOW THEREFORE BE IT RESOLVED,** the Member Tribes of the ITAA request that the Joint House and Senate Committee of Reference (COR) scheduled to review the Sunrise Application for Dental Therapy prior to the 2017 legislative session, take into consideration that Tribes highly value the opportunity to enhance the oral health care at IHS/Tribal dental clinics by incorporating dental therapists into the workforce operating under the supervision of a licensed dentist; and

**BE IT FURTHER RESOLVED,** the Member Tribes of the ITAA support the introduction and passage of legislation based on the Sunrise Application for Dental Therapy to provide the necessary licensure and scope of practice amendments to Arizona's Dental Practice allowing Dental Therapy in Arizona; and

**BE IT FURTHER RESOLVED,** that all of the Tribal lands in Arizona are deemed Dental Health Professional Shortage Areas (DHPSA's) and Tribal members experience limited care as do other Arizonans in DHPSA'S across the state, encountering significant barriers to care such as long wait times for appointments and painful

oral health cases that result in seeking care in an emergency room; therefore consideration must be given for midlevel dental providers to be a recognized as a valuable and contributing member of the oral health care team to focus on prevention and education and to provide a set number of restorative procedures that may be reimbursable by Medicaid and KidsCare; and


**BE IT FURTHER RESOLVED**, that Tribal Leaders recognize that the severe underfunding in IHS appropriations for the dental health line item may not be increased anytime soon; therefore a practical solution is based on incorporating Dental Therapists into the workforce as they earn lower salaries than dentists but are highly trained to provide specific procedures and incorporating Dental Therapists into an existing dental team can lead to more effectively integration and expansion of the existing oral health treatment models; and

**BE IT FURTHER RESOLVED**, expanding the supply of dental providers who can provide basic dental services safely and effectively is a crucial component to bridging the gap of unmet restorative dental services throughout the state, Tribal communities in Arizona will benefit from Dental Therapists who can address basic preventative and restorative oral healthcare; and

**NOW THEREFORE, BE IT FINALLY RESOLVED**, that 25 USC § 1602 of the IHCA declares it is the policy of the United States that the U.S. Congress holds a sacred responsibility to carry out oversight and trust responsibilities pertaining to the Indian Health Service based on the special trust relationship and legal obligations afforded to Federally recognized Tribes, however, in this instance the responsibility to approve or disapprove dental therapy services in IHS and tribally-operated programs was transferred to the states per 25 U.S.C. §1616l(d)(3)(A) of the IHCA in 2010, therefore a high level of consideration, normally afforded at the congressional level, is requested by state officials.

#### CERTIFICATION

The foregoing resolution was presented and duly adopted at a meeting of the Inter Tribal Association of Arizona (ITAA) on Friday, November 18, 2016, where a quorum was present.

  
\_\_\_\_\_  
Shan Lewis,  
President, Inter Tribal Association of Arizona  
Vice-Chairman, Fort Mojave Indian Tribe