



National Indian Health Board

October 14, 2026

The Honorable Jack Bergman
United States House of Representatives
566 Cannon House Office Building
Washington, DC 20515

Dear Representative Bergman,

On behalf of the National Indian Health Board (NIHB) and the 575+ federally recognized American Indian and Alaska Native (AI/AN) Tribal Nations we serve, I write to thank you and express support for *H.R. 10751*. We are grateful for your leadership in introducing this legislation and for your commitment to Tribal sovereignty and the health of Tribal communities. Founded in 1972, NIHB is the only national Tribal organization solely dedicated to advocating for the health and public health of all federally recognized AI/AN Tribal Nations. Governed by a Board of Directors representing each of the twelve Indian Health Service Areas, NIHB serves as the unified voice of Tribal Nations to reinforce Tribal sovereignty, strengthen Tribal health systems, secure resources, and build capacity to achieve the highest level of health and well-being for our People.

H.R. 10751 will directly benefit Tribal Nations by addressing a longstanding limitation on Tribal health programs' ability to employ additional qualified oral health providers, allowing for expanded access to culturally appropriate oral health services. The legislation corrects a long-standing barrier preventing Tribal Nations outside of Alaska from hiring Dental Health Aide Therapists (DHATs). These are mid-level providers who provide some of the most needed dental services, significantly increase access to care and fill a gap in the current oral health care delivery system.¹

Tribes employ DHATs under the Community Health Aide Program (CHAP), a multidisciplinary approach that has successfully delivered medical, behavioral, and dental health services to many communities across Indian Country. However, when Congress permanently reauthorized the Indian Health Care Improvement Act in 2010, it required Tribes in the lower 48 states to receive state authorization before employe DHATs in Tribal facilities. No comparable restriction applies to any other CHAP provider type. Conditioning a federal Indian health program on state licensure decisions infringes on Tribal sovereignty and is inconsistent with the federal trust responsibility.

Since that limitation was enacted, dental therapists have been authorized to practice in 14 states, and the Commission on Dental Accreditation adopted national standards for dental therapy education programs in 2015, and five programs have received accreditation. Dental therapy is now an established profession, and Tribes are ready to integrate DHATs into their dental care teams.

Your legislation removes a burdensome requirement and upholds Tribal sovereignty by empowering Tribal Nations to make the best health care decisions for their community. We strongly endorse *H.R. 10751* and stand ready to partner with your office to ensure its swift passage.

¹ Chi DL, Lenaker D, Mancl L, Dunbar M, Babb M. Dental therapists linked to improved dental outcomes for Alaska Native communities in the Yukon-Kuskokwim Delta. *J Public Health Dent.* 2018 Mar;78(2):175-182. <https://pubmed.ncbi.nlm.nih.gov/29377127/>

For any questions or additional information, please direct all communication to our Congressional Analyst, Emily Larsen, via email at elarsen@nihb.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'W. Smith', with a stylized, cursive script.

William Smith, *Valdez Native Tribe*
Chairman
National Indian Health Board

Cc: The Honorable Tom Cole
The Honorable Sharice Davids