



## Resolution No.:13-01-04

# Support Dental Health Aide Therapist and Advanced Dental Therapists' Educational and Scope of Practice Requirements

### NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe  
Chehalis Tribe  
Coeur d' Alene Tribe  
Colville Tribe  
Coos, Suislaw &  
Lower Umpqua Tribe  
Coquille Tribe  
Cow Creek Tribe  
Cowlitz Tribe  
Grand Ronde Tribe  
Hoh Tribe  
Jamestown S'Klallam Tribe  
Kalispel Tribe  
Klamath Tribe  
Kootenai Tribe  
Lower Elwha Tribe  
Lummi Tribe  
Makah Tribe  
Muckleshoot Tribe  
Nez Perce Tribe  
Nisqually Tribe  
Nooksack Tribe  
NW Band of Shoshone Tribe  
Port Gamble S'Klallam Tribe  
Puyallup Tribe  
Quileute Tribe  
Quinalt Tribe  
Samish Indian Nation  
Sauk-Suiattle Tribe  
Shoalwater Bay Tribe  
Shoshone-Bannock Tribe  
Siletz Tribe  
Skokomish Tribe  
Snoqualmie Tribe  
Spokane Tribe  
Squaxin Island Tribe  
Stillaguamish Tribe  
Suquamish Tribe  
Swinomish Tribe  
Tulalip Tribe  
Umatilla Tribe  
Upper Skagit Tribe  
Warm Springs Tribe  
Yakama Nation

**WHEREAS**, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

**WHEREAS**, the NPAIHB is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

**WHEREAS**, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

**WHEREAS**, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

**WHEREAS**, the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

**WHEREAS**, on January 31-February 1, 2011, the IHS Director convened the IHS Contract Support Cost Workgroup to make recommendations to improve the fairness and equity of the Agency's CSC Policy; and

**WHEREAS**, the Alaska Native Tribal Health Consortium and the Indian Health Service (IHS) Community Health Aide Program Certification Board developed the Dental Health Aide Therapist Program as an expansion of the well-established Community Health Aide Program (CHAP) to address the unmet dental care needs for Alaska Natives; and

**WHEREAS**, dental therapists work under the supervision<sup>1</sup> of a dentist, performing cleanings, fillings, and simple extractions and present a tremendous opportunity for addressing the unmet dental care needs in Indian Country; and

**WHEREAS**, the Indian Health Care Improvement Act requires that Dental Health Aide Therapists may operate outside of Alaska only where similar midlevel dental providers are authorized by state law and in most instances will need to be supported by state legislation; and

**WHEREAS**, NPAIHB adopted Resolution No. 11-## to support and approve such legislation creating a licensing program for Dental Health Aide Therapists and Advanced Dental Therapists

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<sup>1</sup> The term "supervision" is not intended to stipulate a defined term or requirements for any state statute governing dentistry and that in most states general supervision does not require the dentist to be physically present or to personally examine or diagnose the patient. In Washington this type of supervision is defined as "off-site supervision".

to improve access to dental services and the health of rural, tribal and underserved populations;  
and

**WHEREAS**, such legislation sets minimum educational requirements and limitations on the types of services that may be performed by midlevel dental health providers; and

**WHEREAS**, in order for such midlevel dental providers to effectively address the dental care needs of Indian communities, the educational and scope of practice requirements should be based on the successful Alaska model, which follows closely international models. The Alaska model requires two years with approximately 3,000 hours of extremely comprehensive classroom and clinical training, followed by a 3- to 6-month preceptorship, in which they work side-by-side with a supervising dentist.

**THEREFORE BE IT RESOLVED**, that NPAIHB strongly recommends that any state legislation to establish midlevel dental providers must allow similar educational and scope of practice requirements that exist in the Alaska Dental Health Aide Therapist and Advanced Dental Therapist model.

**BE IT FURTHER RESOLVED**, that NPAIHB recognizes that such legislation can be accomplished by limiting such requirements to federal programs authorized under the Indian Health Care Improvement Act.

**CERTIFICATION**

NO. 13-01-04

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 30 for, \_\_\_\_\_ against, \_\_\_\_\_ abstain on Oct 18, 2012.

Andrew C. Joseph Jr.  
Chairman

10-18-12  
Date

Brenda N. [Signature]  
Secretary