Official House Resolution and Board Comments Attached

Resolution 303 — Supporting Tribal Self-Determination in Oral Health Workforce Decisions

Author: Dr. Spencer Bloom, Delegate

IF YOU VOTE YES

A YES vote supports amending ADA policy to respect the sovereign right of federally recognized tribal nations to govern their own oral health workforce models. It acknowledges that tribal governments, not states or the ADA, have authority to determine how care is delivered within their health systems. This resolution updates ADA policy to ensure that when tribes choose to use community-based providers such as Dental Health Aide Therapists, the ADA will not oppose their right to do so. A YES vote affirms the ADA's ethical commitment to autonomy, justice, and respect for self-determination.

IF YOU VOTE NO

A NO vote defends outdated restrictions that force sovereign tribal nations to seek state permission to provide care for their own people. It sustains a federal barrier that undermines self-governance and prevents local solutions to severe oral health disparities in tribal communities. Voting NO means the ADA continues to impose its policies over sovereign nations, an approach inconsistent with both ethics and respect for tribal authority.

SUMMARY

This resolution amends two ADA policies—"Diagnosis or Performance of Irreversible Dental Procedures by Nondentists" and "Comprehensive Policy Statement on Allied Dental Personnel"—to recognize that federally recognized tribal nations may authorize and regulate their own workforce models. It also creates a new ADA policy, "Tribal Self-Determination in Oral Health Workforce Decisions," ensuring the ADA will not oppose efforts by tribal nations to change federal laws restricting their authority. The resolution reaffirms that sovereignty and patient access can coexist with ADA's commitment to quality care.

Why the Board Is Wrong

The Board claims ADA policy already serves as guidance, not mandate, and that tribes already have freedom to act. In practice, federal law still blocks tribes from using proven, culturally appropriate models like the DHAT program unless state governments approve. By voting NO, the Board effectively preserves that barrier and maintains ADA opposition to tribal workforce autonomy. This resolution does not require the ADA to endorse nondentist procedures nationally—it simply requires the ADA to respect tribal sovereignty and provide

support when asked. Failing to adopt this amendment contradicts the ADA's stated values of justice and respect for all communities.

TALKING POINTS

- A YES vote upholds tribal sovereignty and respects self-determination.
- This resolution removes ADA opposition to tribal health systems managing their own workforce.
- It aligns with the ADA's Principles of Ethics, including Patient Autonomy and Justice.
- Tribal nations deserve the same respect for independence that the ADA extends to other sovereign nations.
- The ADA should lead with collaboration, not control, in addressing oral health disparities.
- A NO vote keeps barriers in place that deny care to communities most in need.

Prepared by Dentistry in General Advocacy Coalition

https://dentistryingeneral.com/digac

Resolution No. 303 New

Report: N/A Date Submitted: June 18, 2025

Submitted By: Dr. Spencer Bloom, Delegate, Illinois

Reference Committee: B (Dental Benefits, Practice, Science, Health and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time: Amount On-going:

ADA Strategic Forecast Outcome: Public Profession: Increase and improve dental coverage and access.

SUPPORTING TRIBAL SELF-DETERMINATION IN ORAL HEALTH WORKFORCE DECISIONS

The following resolution was submitted on Wednesday, June 18, 2025, by Dr. Spencer Bloom, delegate, Illinois.

Background: American Indian and Alaska Native (AI/AN) communities continue to experience the highest levels of oral health disparities in the United States. Nearly 80% of AI/AN children and more than 60% of adults are affected by untreated dental disease, the highest rates of any group in the country (CareQuest Institute for Oral Health, American Indian and Alaska Native Communities: Overcoming Barriers to Oral Health Equity, May 15, 2023, page 5).

The Alaska Native Tribal Health Consortium has demonstrated that community-based providers such as Dental Health Aide Therapists (DHATs), working within the federally authorized Community Health Aide Program, can safely and effectively expand access to dental care in remote areas. This model has proven to be culturally appropriate, cost-effective, and self-sustaining, serving more than 40,000 Alaska Natives (CareQuest Institute for Oral Health, 2023, pp. 19-21).

Congress reauthorized the Indian Health Care Improvement Act in 2010 but added a statutory barrier that blocks other tribes from using this model. The statute, 25 U.S.C. § 1616l(d)(2), prohibits DHATs outside of Alaska unless the state expressly authorizes it. This federal requirement undermines tribal self-determination by forcing sovereign tribal nations to seek state permission before implementing a health workforce model for their own people. The Swinomish Indian Tribal Community in Washington has already challenged this by independently licensing DHATs to meet dire local needs (see American Journal of Public Health, *Indian Country Leads National Movement to Knock Down Barriers to Oral Health*, 2017;107(S1):S81–S84. DOI: 10.2105/AJPH.2017.303663. Available at: https://pubmed.ncbi.nlm.nih.gov/28661807 and https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5497874).

The ADA's current policies oppose nondentists performing irreversible procedures, but applying these rules to sovereign tribal nations is an overreach (*Diagnosis or Performance of Irreversible Dental Procedures by Nondentists*, Trans.2004:328; 2010:494; and *Comprehensive Policy Statement on Allied Dental Personnel*, Trans.1996:699; 2021:330). We would never presume to dictate to Mexico, Canada, or any other sovereign nation how to structure their health care systems. Yet by opposing tribal authority to choose their own dental workforce models, that is effectively what the ADA is doing to sovereign nations within the United States.

Respecting tribal sovereignty is not about endorsing nondentist surgery across the country. It is about recognizing that tribal nations have the right to govern their own health systems, a right that predates the United States. To deny them that right is inconsistent with the ADA's own Principles of Ethics, especially Patient Autonomy and Justice.

Resolution

303. Resolved, that th**e** ADA policy titled "Diagnosis or Performance of Irreversible Dental Procedures by Nondentists" (*Trans*. 2004:328; 2010:494), be amended as follows (additions are underscored and deletions in ~~strikethrough~~):

Resolved, that the American Dental Association by all appropriate means strive to maintain the highest quality of oral health care by maintaining that the dentist be the healthcare provider that performs examinations/evaluations, diagnoses, and treatment planning, and be it further

Resolved, that the dentist be the health care provider that performs surgical/irreversible procedures, except when such procedures are authorized and regulated within the sovereign health system of a federally recognized tribal nation for the care of its own members, and be it further

Resolved, that surgical procedures be defined as the cutting or removal of hard or soft tissue.

and be it further

Resolved, that the ADA policy titled "Comprehensive Policy Statement on Allied Dental Personnel" (*Trans*.1996:699; 1997:691; 1998:713; 2001:467; 2002:400; 2006:307; 2010:505; 2021:330), section titled Delegation of Functions be amended as follows (additions are underlined and deletions in ~~strikethrough~~):

Delegation of Functions

The primary purpose of dentists delegating functions to allied dental personnel is to increase the capacity of the profession to provide patient care while retaining full responsibility for the quality of care. This responsibility includes identification of the need for specific types of allied dental personnel and establishment of appropriate controls on the patient care services provided by allied dental personnel.

The American Dental Association has the responsibility to provide guidance to all agencies, organizations and governmental bodies, such as state dental boards and legislatures, that have an interest in, or responsibility and authority for, decisions on utilization, education, and supervision of allied dental personnel. In this context, the primary responsibility is to assure that decisions on allied dental personnel utilization will not adversely affect the health and well-being of the public or cause an increased risk to the patient. In meeting these responsibilities, dentists must also identify those functions or procedures that require the knowledge and skill of the dentist. Thus, the ADA must continue to promote that these functions be performed by a licensed dentist in order to support the highest quality of oral heal care by maintaining that the dentist be the healthcare provider that performs examinations/evaluations; diagnoses; treatment planning; and surgical/irreversible procedures; prescribes work authorizations; prescribes drugs and other medications; and administers enteral, parenteral or inhalational sedation, or general anesthesia, provided, however, that this limitation shall not apply to dental workforce models governed by federally recognized tribal nations under their sovereign authority for the delivery of care to their members within tribal health systems.

Nothing in this statement should be interpreted to limit a dentist from delegating to a properly trained allied dental personnel responsibility for assisting the dentist in the performance of these functions under the dentist's personal, direct or indirect supervision and in accordance with state law, if, in the dentist's professional judgment, this is in the patient's best interest. The transfer of permissible functions from the dentist to the allied dental personnel must not result in a reduced

quality of patient care. In all cases, the authority and responsibility of the dentist for the overall oral health of the patient must be maintained to assure cost-effective delivery of services to the patient and avoid fragmentation of the dental team.

Utilization of allied dental personnel must be based on (1) the best interests of the patient; (2) the education, training and credentialing of the allied dental personnel; (3) considerations of cost-effectiveness and efficiency in delivery patterns; and (4) valid, independent research demonstrating the feasibility and practicality of utilizing allied dental personnel in such roles in actual practice settings.

and be it further

Resolved, that the policy "Tribal Self-Determination in Oral Health Workforce Decisions" be adopted as follows:

Resolved, that the American Dental Association shall not oppose the efforts of federally recognized tribal nations to change federal statutes restricting their authority to determine their own oral health workforce models, and be it further

Resolved, that if requested by a federally recognized tribal nation, the ADA shall provide written acknowledgement of support for that tribe's right to self-determination in oral health workforce decisions.

BOARD COMMENT: The Board recognizes the right of tribal nations to determine pathways to support access to care for their populations. The Board respectfully notes that ADA policies do not serve as mandates. Tribal nations, states, federal legislators and regulators have always had the freedom to establish policies as desired with ADA positions serving as guidelines. The Board strongly believes that pathways to assure access to care should be uniformly upheld. Policies with regards to the oral health workforce and ADA's beliefs on scope of practice are clearly expressed in various other existing oral health workforce policies with amendments to some of these policies submitted to this House for consideration. The Board urges the House to consider the needs of the tribal nations as part of the deliberations on amendments to other submitted workforce policies.

BOARD RECOMMENDATION: Vote No.

Vote: Resolution 303

BERG	No	DOWD	No	KNAPP	No	STUEFEN	No
BOYLE	No	GRAHAM	No	MANN	No	TULAK-GORECKI	No
BROWN	No	HISEL	Absent	MARKARIAN	No	WANAMAKER	No
CAMMARATA	No	HOWARD	No	MERCER	No		
CHOPRA	No	IRANI	No	REAVIS	Absent		
DEL VALLE-SEPÚLVEDA	No	KAHL	No	ROSATO	No		