

Resolution No. [Resolution Number] [Type]

Report: [Report] Date Submitted: [Date Submitted]

Submitted By: Dr. Spencer Bloom, Delegate, Illinois

Reference Committee: [Reference Committee for Worksheet]

Total Net Financial Implication: [Total Net Financial Impl.] Net Dues Impact:

Amount One-time: Amount On-going:

ADA Strategic Forecast Outcome: [Required]

[SUPPORTING TRIBAL SELF-DETERMINATION IN ORAL HEALTH WORKFORCE DECISIONS]**Background:**

American Indian and Alaska Native (AI/AN) communities continue to face disproportionately high rates of oral disease, exacerbated by longstanding geographic, financial, and workforce barriers. According to a 2023 report by CareQuest Institute for Oral Health, nearly 80% of AI/AN children aged 6–9 experience dental caries, and over 60% of adults aged 35–44 have untreated decay. These disparities are among the highest recorded of any racial or ethnic group in the United States. ("American Indian and Alaska Native Communities: Overcoming Barriers to Oral Health Equity," CareQuest Institute for Oral Health, May 15, 2023, page 1)

The Alaska model refers to the use of Dental Health Aide Therapists (DHATs)—community-based midlevel providers trained to perform preventive and basic restorative services within tribal health systems. The Alaska Native Tribal Health Consortium successfully implemented this model under the federally authorized Community Health Aide Program (CHAP), leading to significant improvements in access and outcomes across more than 40,000 tribal members in rural Alaska. The DHAT program remains culturally appropriate, cost-effective, and self-sustaining, operating independently of state licensure. ("American Indian and Alaska Native Communities: Overcoming Barriers to Oral Health Equity," CareQuest Institute for Oral Health, May 15, 2023, pages 2–3)

In 2010, Congress permanently reauthorized the Indian Health Care Improvement Act but inserted a provision (25 U.S.C. § 1616l(d)(2)) that restricts the use of DHATs outside of Alaska unless the state explicitly authorizes it. This statutory clause effectively undermines tribal self-determination by requiring tribal nations to gain state approval before implementing a workforce model within their own sovereign health systems. As described in the Pew Charitable Trusts article, "Indian Country Leads National Movement to Knock Down Barriers to Oral Health," the Swinomish Indian Tribal Community in Washington state has since worked to challenge this restriction by independently licensing DHATs and offering dental care within their clinic to address severe local access shortages. ("Indian Country Leads National Movement to Knock Down Barriers to Oral Health," Pew Charitable Trusts, March 23, 2017, pages 1–2)

1 The ADA’s current policies support increasing access to care for Native populations through
2 expanded use of dentists and other dental personnel. While the ADA opposes non-dentists
3 performing irreversible procedures, it also encourages federal collaboration to close oral health
4 access gaps for American Indians and Alaska Natives. This includes promoting educational
5 pathways, supporting tribal initiatives, and placing providers in Indian Health Service facilities.
6 (American Dental Association, “2024 Current Policies,” pages 18–19)

7 Tribal leaders have made it clear that they are not seeking permission from the ADA, but rather
8 ask that the ADA stand with them—when requested—in support of efforts to repeal or amend
9 the federal statutory clause that hinders their ability to replicate the successful Alaska model
10 elsewhere. Respecting tribal sovereignty includes recognizing their authority to determine the
11 dental workforce models that best meet the needs of their people, especially when those models
12 are implemented entirely within tribal systems.

13 This resolution aligns with the ADA’s Principles of Ethics, including the commitment to Patient
14 Autonomy and Justice, by supporting the right of tribal nations to determine the workforce
15 solutions most equitable for their communities. (Principles of Ethics and Code of Professional
16 Conduct, American Dental Association, October 2024 edition)

17 **Resolved Clauses:**

18 **Resolved,** that the American Dental Association, if requested by a federally recognized tribal
19 government or authorized representative organization, shall issue a letter of support for that
20 tribe’s efforts to amend federal law or policy to enable direct tribal authority over dental
21 workforce licensing and scope within their health systems; and be it further

22 **Resolved,** that the American Dental Association affirm the right of tribal nations to determine
23 the model of care most appropriate for their communities, including workforce decisions that
24 operate wholly within their sovereign health systems.