

December 3, 2009

Re: S. 1790 Indian Health Care Improvement Reauthorization and Extension Act of 2009

Testimony before the Senate Indian Affairs Committee: Supporting the Option to Expand- Dental Health Therapy in Indian Country

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Good afternoon Chairman Dorgan, members of the committee. My name is Patricia Tarren. I am here to testify regarding an amendment by Sen. Dorgan which restricts further expansion of dental therapists on Indian lands and prevents the Indian Health Service (IHS) from providing or covering dental therapist services.

I support Sen. Franken's amendment to remove this restriction from the legislation thus allowing potential expansion of the dental therapist's important and cost-effective role in improving oral health on Indian lands.

I am a staff pediatric dentist at Hennepin County Medical Center, a large safety net hospital in Minneapolis, Minnesota. We provide dental care for patients who are medically compromised, those with special needs, and the socioeconomically disadvantaged. We see the medical complications that arise from dental neglect, causing considerable pain, suffering, as well as costly hospitalizations.

When I graduated from dental school in England in 1974, I worked with four dental therapists, and recognized their ability to provide safe, high quality dental treatment for our patients. I was a member of the Oral Health Practitioner Work group that reported to the Minnesota legislature to facilitate enactment of Minnesota's Dental Therapy Law this year. I serve on the curriculum advisory committee for Metropolitan State University's Advanced Dental Therapy Program. In my hospital position, I observe the professionalism of the dental hygienists I have trained in expanded functions – delivering local anesthetic and placing fillings.

Since the inception of the dental therapist in 1921 they have been evaluated worldwide. Dozens of peer-reviewed studies have shown that they improve access, reduce costs, provide excellent quality of care and do not put patients at risk. They provide commitment to their community, and can work under general supervision of the dentist who need not be present. Their scope of practice is limited to certain procedures which they are trained to perform to the same level of clinical competence as a dentist.^{1, 2, 3}

The benefit of the dental therapist – improving access to care – may well depend on them working in places impossible to recruit and staff permanently with dentists. This is particularly evident on Indian lands: For example on the Red Lake Indian Reservation in Minnesota the dental hygienist struggles to find care for children with extreme dental neglect. Various intermittent volunteer and training programs using private dentists and dental students have not provided an effective solution. Further, it has been demonstrated that American Indians have better health outcomes when culturally appropriate services are available.

The dental health aide therapists (DHATs) who provide dental care in the bush for Alaska tribes have had a positive impact on oral health and are appreciated by their patients.⁴ They triage patients so the neediest are prioritized for the dentist's arrival. They are instrumental in directing patients who need evacuation by air for emergency care. Dr. Bolin, a consultant and instructor with the DENTEX Anchorage training program, supervises DHAT students in the bush where he continues to see very good technical work as they perform simple procedures within a narrow scope of practice. The results of his pilot study are reported in the Journal of the American Dental Association.⁵ A full evaluation of the DHAT program is currently underway, funded by the Kellogg Foundation.⁶

So, given the successful introduction of the Alaska DHATs, tribes in other states should be allowed to evaluate the data when published and determine for themselves whether to utilize DHATs, rather than using this legislation to deny them that possibility.

For the benefit of all members of society, the mark of a true medical professional is to advance the science of the profession. We should therefore be open to the possibility of different models of allied dental professionals, just as our medical colleagues have done with nurse practitioners and physician assistants, for example.

In conclusion, to increase access for underserved patients, allow us to follow our medical colleagues and expand our dental workforce to include well trained, professional dental therapists who will provide appropriate care within their scope of practice and allow their supervising dentist to practice at the top of their license. Please do not perpetuate the status quo where the best care is reserved for those with means and there is little or no care for the rest.

I urge you to support Sen. Franken's amendment to remove restrictive language and allow the option for dental therapists to improve dental care in Indian Country.

Thank you.

References:

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