Olympia, WA – Tribes and tribal organizations in Washington, Idaho and Oregon are applauding an appeal filed today by the Washington State Health Care Authority (HCA) to ensure sustainability of a new provider type--dental therapists--employed by their oral health programs.

Similar to nurse practitioners and physician assistants, dental therapists are highly trained primary oral health care providers who expand the capacity of dentists by delivering a number of routine and preventive dental services, including fillings and simple extractions.

“The introduction of this evidence-based provider in our clinics is an important tool to increase access and improve oral health outcomes. Recruited from their community, dental therapists are able to provide the culturally relevant and consistent care needed in a population that faces barriers including chronic provider shortages, geographic isolation and historical trauma,” said Vicki Lowe, Executive Director of the American Indian Health Commission for Washington State.

“Tribal communities are struggling under the weight of devastating and persistent oral health disparities, and this evidence-based solution needs to be an option for any tribe wanting to use it to turn the tide on those disparities,” said Joe Finkbonner, Executive Director of the Northwest Portland Area Indian Health Board.

According to the 2014 Oral Health IHS Survey in the Pacific Northwest, 53.2% of AI/AN children under age 5 experienced tooth decay, and 31% of AI/AN children under age 5 had untreated tooth decay. These rates of decay and untreated decay are three and four times, respectively, those of the general population under age 5. A 2016 IHS Oral Health Survey revealed that in the Pacific Northwest, 64% of AI/AN adults aged 35-49 had untreated tooth decay, 54% of adults aged 50-64 had untreated tooth decay and 83% had missing teeth.

Dental therapists are able to practice in Indian health programs on tribal lands in Washington State, after the Swinomish Indian Tribal Community (SITC) exercised its sovereignty and created a dental provider licensing authority in 2016 and a subsequent state law recognized the licensing authority of all Washington Tribes.

The new Washington law also directed the state to work with the Centers for Medicare and Medicaid Services (CMS), to ensure that this new provider is eligible for Medicaid reimbursement. The HCA carried out Washington law by submitting a State Plan Amendment (SPA) proposal to CMS that included
dental therapists as eligible Medicaid providers. But this past May, CMS denied Washington’s proposal to amend the State Plan, leading to today’s filing of a notice of appeal by HCA.

“Medicaid reimbursement is the cornerstone for dental clinic sustainability for Washington Tribes” said Brian Cladoosby, SITC chairman. “We respectfully disagree with the mistaken arguments CMS is using to deny the State Plan Amendment, and we will work collaboratively with the State to support the HCA appeal and reverse the CMS decision.”

Chairman Cladoosby continued, “At the appropriate time we (SITC) will ask to intervene in the State’s appeal so we can share the many benefits and improvements we have seen our dental therapist bring to our Swinomish Community. These improvements should be available to all of Indian Country, and should be supported by CMS as our trustee.”

Medicaid reimbursement for tribal programs passed through the state is composed of 100% federal funds with no state contribution, due to the unique government-to-government trust relationship tribes have with the federal government. The increasing reliance of tribal programs on Medicaid is a result and recognition of chronic under-funding of the Indian Health Services (IHS), the federal agency tasked with fulfilling healthcare obligations to Self-Governance tribes, IHS Service Units and Urban Indian Programs.

There are an estimated 198,998 American Indians/Alaska Natives (AI/ANs) in Washington, approximately 3% of the total state population. Washington has the sixth largest AI/AN population - 3.9% of the total 4.9 million AI/AN population in the United States. Over one-half of the population resides in urban areas. In 2010, an estimated 29% of AI/AN individuals were covered by Medicaid, but with focus on Medicaid enrollment as a result of the implementation of the Affordable Care Act (ACA) in Washington, that number has increased over the last 6 years.

The American Indian Health Commission of Washington State, and the Northwest Portland Area Indian Health Board plan to file an amicus brief in support of the state’s appeal. “We want to share the perspectives of the tribal programs here in Washington employing or planning to employ dental therapists, as well as other tribes in Indian Country that could be impacted by this decision in the future,” said Finkbonner.

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The Northwest Portland Area Indian Health Board is a non-profit tribal advisory organization serving the forty-three federally recognized tribes of Oregon, Washington, and Idaho with a mission to eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in their delivery of culturally appropriate, high quality healthcare.

The American Indian Health Commission (AIHC) for Washington State is a Tribally-driven non-profit organization with a mission of improving health outcomes for American Indians and Alaska Natives (AI/AN) through a health policy focus at the Washington State level. AIHC works on behalf of the 29 federally-recognized Indian Tribes and two Urban Indian Health Organizations (UIHOs) in the state.

The Swinomish Indian Tribal Community is a federally recognized Indian Tribe organized pursuant to Section 16 of the Indian Reorganization Act of 1934, 25 U.S.C. § 476, that occupies the Swinomish Indian Reservation on Puget Sound in Washington State. The Tribe is a present day political successor-in-interest to certain of the tribes and bands that signed the Treaty of Point Elliott, 12 Stat. 927 (1855), that established the Swinomish Reservation on Fidalgo Island.