

HOUSE BILL REPORT

HB 1414

As Reported by House Committee On:
Community Development, Housing & Tribal Affairs

Title: An act relating to dental health services in tribal settings.

Brief Description: Concerning dental health services in tribal settings.

Sponsors: Representatives Stonier, Sawyer, Smith, Ryu, Hayes, Cody, Stambaugh, Appleton, Stokesbary, Fitzgibbon, Peterson, Wilcox, Barkis, Gregerson, Macri, Jenkins, Chapman, Pollet, Ortiz-Self, Robinson, Frame, Kagi, Dolan and Doglio.

Brief History:

Committee Activity:

Community Development, Housing & Tribal Affairs: 1/25/17, 1/26/17 [DPS].

Brief Summary of Substitute Bill

- Authorizes the services of a federally or tribally certified dental health aide therapist for tribal members within a practice setting located on a tribal reservation.
- Exempts authorized dental health aide therapist services from state licensing requirements related to dental practice.

HOUSE COMMITTEE ON COMMUNITY DEVELOPMENT, HOUSING & TRIBAL AFFAIRS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 7 members: Representatives Ryu, Chair; Macri, Vice Chair; McCabe, Ranking Minority Member; Barkis, Assistant Ranking Minority Member; Jenkin, Reeves and Sawyer.

Staff: Sean Flynn (786-7124).

Background:

[Dentistry Practice in Washington.](#)

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

The state requires a license for any person to practice dentistry in the state. The Dental Quality Assurance Commission (Commission) administers the dentistry licensing program. Licensing requirements include graduation from an approved dental school and passing an examination approved by the Commission. The Commission also regulates the practice of licensed dentists. The unlawful practice of dentistry generally is a gross misdemeanor offense.

The state also requires a license or certification for other providers who assist licensed dentists, including: dental hygienists; dental assistants; expanded function dental auxiliaries; and dental anesthesia assistants. These providers perform a variety of functions regulated by a professional commission or the Department of Health. Each practice requires certain specific education and competency requirements.

Dental Health Aide Program.

The Indian Health Service (IHS) is a federal agency responsible for providing federal health services to American Indians and Alaska Natives. The IHS is authorized under the Indian Health Care Improvement Act to develop and operate a community health aide program in Alaska that serves rural native communities. The community health aide program establishes a certification process for community health aides who provide health care, health promotion, and disease prevention in rural Alaska Native communities.

In 2001 the IHS established a dental health aide program as a component of the community health aide program to address the shortage of licensed dentists in the remote locations where rural Native Alaska communities are located. The dental health aide component is a federal certification program, which authorizes certain dental practices within the rural Native Alaska communities served through the community health aide program. The dental health aide program involves training and certification for dental health aides in four categories: primary dental health aides; expanded function dental health aides; dental health aide hygienists; and dental health aide therapists (DHAT).

A DHAT is certified through the dental health aide program to practice without the direct supervision of a licensed dentist for procedures such as oral exams, preventative dental services, simple restorations, stainless steel crowns, and x-rays. A DHAT may perform extractions and root canal procedures only after consultation with a licensed dentist who determines that the procedure is a medical emergency. The DHAT certification requires a high school diploma, graduation from a two-year educational program, and a 400-hour clinical preceptorship under the supervision of a dentist.

Expansion of Dental Health Aide Therapists Practice.

The Indian Health Care Improvement Act authorizes the IHS to establish a community health aide program nationally. Such an expansion expressly excludes DHAT services from any expanded program in a state unless such services are authorized in accordance with state law.

Washington does not have a DHAT license. State law exempts dentistry licensing requirements for practice in the discharge of official duties of dentists in the United States

federal services on federal reservations, including the Armed Forces, Coast Guard, Public Health Service, Veterans' Bureau, or Bureau of Indian Affairs.

Medicaid Participation.

The state medical assistance program, which provides health care for eligible low-income residents, is managed by the Health Care Authority (Authority) in coordination with the federal Medicaid program. The Authority determines eligibility and care provided in compliance with federal Medicaid standards. Medical costs reimbursable through Medicaid must be provided by a licensed practitioner. The Authority may amend the state medical program, or seek a waiver from a federal requirement, with approval from the Centers for Medicare and Medicaid Services.

Summary of Substitute Bill:

The DHAT practice is authorized and exempt from licensing requirements if the DHAT is certified by a federal community health aide program, or a federally recognized tribe that has adopted similar certification standards. The DHAT services must be performed in accordance with the certification standards, or through a certified DHAT training program.

Authorized DHAT services must be performed in a practice setting operated by an Indian health program that is located within the boundaries of a tribal reservation. The services are only authorized to be performed on tribal members or persons otherwise eligible to receive IHS care.

The Authority is directed to coordinate with the Centers for Medicare and Medicaid Services to make DHAT services eligible for federal funding up to 100 percent.

Substitute Bill Compared to Original Bill:

The reference to urban Indian organizations is removed.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill recognizes the government-to-government relationship between the state and Washington tribes. Federal law requires state authorization of the DHAT practice in order for tribes to access federal funding for dental services needed for tribal members. The

state's authorization would open the door for federal funding and would save the state money by reducing the reimbursement rates for procedures that DHATs are capable of performing. Tribes are already employing DHATs through tribal and private funding.

The DHAT services are safe and effective within the scope of their practice, and could be used effectively to address the great need for increased dental care in underserved tribal communities. Expanding the DHAT practice would improve access to dental care on tribal reservations, so that members are not denied care or have to travel long distances to receive care. The DHATs can provide more culturally competent care by employing hiring tribal practitioners from tribal communities, which helps to encourage tribal members to seek preventative dental care.

(Opposed) None.

Persons Testifying: Representative Stonier, prime sponsor; Brian Cladoosky, Rachel Hogan, and Daniel Kennedy, Swinomish Tribal Community of Indians; Mel Tonasket, Colville Tribes; Mel Sheldon and David Bean, Tulalip Tribes; and Nicholas Lewis, Lummi Nation.

Persons Signed In To Testify But Not Testifying: None.