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September 27, 2004

Honorable Daniel Akaka
141 Hart Senate Office Building
Washington, D.C. 20510

Dear Senator Akaka:

On behalf of the American Dental Hygienists' Association (ADHA), I write to express ADHA's enthusiastic support for S. 556, the Indian Health Care Improvement Act Amendments, as approved September 22 by the Senate Committee on Indian Affairs. This legislation makes important improvements to the Indian Health Care Improvement Act, which provides for health care delivery to over two million American Indians and Alaska Natives.

ADHA applauds the "Community Health Aide Program for Alaska" and, in particular, ADHA supports language calling for a National Community Health Aide Program. ADHA supports these provisions because they will address the crisis in access to oral health services in the American Indian and Alaska Native communities. ADHA urges rejection of any amendments to restrict the provision of dental services under the Community Health Aide Program.

Specifically, ADHA opposes any effort to amend the legislation to disallow or restrict the provision of non-reversible services by dental health aide therapists. Indeed, should dental health aide therapists be prevented from providing such services, such as treating dental caries (tooth decay), certain American Indians and Alaska Natives would likely be unable to access any treatment at all for dental diseases, such as dental caries.

ADHA is committed to working to improve access to oral health services for Native Americans, Alaska Natives and all Americans. Indeed, at ADHA's recent Annual Session, the ADHA House of Delegates on June 29, 2004 adopted policy supporting the creation of an advanced dental hygiene practitioner, defined as "a dental hygienist who has graduated from an accredited dental hygiene program and has completed an advanced educational curriculum approved by the American Dental Hygienists' Association, which prepares the dental hygienist to provide diagnostic, preventive, restorative and therapeutic services directly to the public." Advanced dental hygiene models already exist in New Zealand, Singapore, the United Kingdom and in Alaska where the Alaska Dental Health Aide Program is operated by tribal health programs, under which dental health aide therapists are educated to provide expanded oral health services, including restorative procedures.

Too few American Indians and Alaska Natives enjoy good oral health and evidence clearly demonstrates that good oral health is essential to overall health and general well-being. Indeed, as the U.S. Surgeon General reported in May 2000, oral health is indivisible from total health. *Oral Health in America: A Report of the Surgeon General* describes a "silent epidemic" of oral diseases which are afflicting millions of Americans despite the existence of safe and effective means of maintaining oral health.

ADHA is hopeful that the Indian Health Care Improvement Act Amendments will result in better oral health for American Indians and Alaska Natives and in better access to the services of dental hygienists. This access is vital because, unlike most medical conditions, the three most common oral diseases -- dental caries (tooth decay), gingivitis (gum disease) and periodontitis (advanced gum and bone disease) -- are proven to be *preventable* with the provision of regular oral health care.

ADHA is the largest national organization representing the professional interests of the more than 120,000 dental hygienists across the country. Dental hygienists are preventive oral health professionals, licensed in each of the fifty states, who are vitally concerned about the nation's oral health, a fundamental part of total health. Please visit the ADHA web site at <<www.adha.org>>.

Please do not hesitate to contact me or our Washington Counsel, Karen Sealander of McDermott Will & Emery LLP (202-756-8024), with questions or for further information.

Sincerely,



Helena Gallant Tripp, RDH
President

cc: Katie L. Dawson, RDH, BS
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Tammi O. Byrd, RDH
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