



REPORT ON THE TRIBAL CONSULTATION FOR THE INDIAN HEALTH SERVICE POLICY STATEMENT ON CREATING A NATIONAL INDIAN HEALTH SERVICE COMMUNITY HEALTH AIDE PROGRAM

On June 1, 2016, Ms. Mary Smith, Principal Deputy Director, Indian Health Service (IHS or Agency), issued a letter to Tribal Leaders to initiate a Tribal Consultation to seek input on a policy statement describing the intention of the IHS to create a national Community Health Aide Program (CHAP) similar to the Alaska model that could ultimately lead to greater numbers of dental providers (e.g., dental health aide therapists) and other community health aides. A copy of the June 1, 2016, letter to Tribal Leaders is available on the IHS website at:

https://www.ihs.gov/newsroom/includes/themes/newihstheme/display_objects/documents/2016_Letters/55744-1_DTLT_CHAP_Expansion.pdf.

The Tribal Consultation on the draft policy statement concluded on October 27, 2016. After careful review of all comments received from the Tribal Consultation, the IHS will pursue next steps to begin the process to develop a policy to create a national CHAP under the provisions outlined in the Indian Health Care Improvement Act (IHCIA) as amended at 25 U.S.C. § 1616l. Tribal consultation to review the policy will follow.

Background

With rising demands for comprehensive, quality health care, communities are increasingly looking for innovative approaches to health care delivery.

From 1976 through 2010, the IHCIA, at 25 U.S.C. § 1616l(a), directed the Secretary of the Department of Health and Human Services (HHS), by and through the IHS, to create and maintain a CHAP in Alaska. Community health aides work in a variety of health program settings, such as health education, communicable disease control, maternal and child health, and family planning. They provide a broad range of services, from taking patient histories to performing certain treatment procedures.

Community Health Aides (CHAs) employed by CHAPs are paraprofessionals who work as nursing aides, community health workers, and psychiatric aides. In 2007, the Alaska CHAP added a Dental Health Aide Program called “Dental Health Aide Therapists (DHATs),” a specialized category of community health aides who are trained and certified to perform various dental procedures, including some irreversible procedures authorized under Federal law. (See 25 U.S.C §§ 1616l(b)(7)).

While the 2010 amendments to the IHCIA, at 25 U.S.C. § 1616l(d), authorize the Agency to create a national CHAP, the statute explicitly excludes the use of DHATs. However, the IHCIA at 25 U.S.C. §§ 1616l(d)(2) and (3), provides a waiver to the prohibition when a Tribe elects to utilize DHAT services in those States that authorize the use of DHATs or the use of other mid-level dental health providers. From its inception, the CHAP has evolved to improve access to care to meet the health needs of Alaska Natives in rural villages.

On June 1, 2016, Ms. Smith shared with Tribal leaders a draft policy statement that proposes “to see community health aides (including DHATs) utilized to the fullest extent permissible

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in the IHS and tribally run hospitals and clinics.” The policy statement is available on-line at:
https://www.ihs.gov/newsroom/includes/themes/newihstheme/display_objects/documents/2016_Letters/55744-1_IHSPolicyStatementontheExpansionofCHAP.pdf).

Tribes and Tribal organizations provided comments on this important draft policy statement in writing and through telephone and in-person Tribal Consultation sessions through the October 27, 2016, submission deadline.

- Three consultation sessions were completed:
 - Face-to-Face: National Indian Health Board (NIHB) Consumer Conference in Scottsdale, Arizona, on Monday, September 19, 2016;
 - Over 150 participants
 - Telephone: October 4, 2016;
 - Approximately 50 participants
 - Face-to-Face: National Congress of American Indians (NCAI) Consultation in Phoenix, Arizona, on Sunday, October 9, 2016.
 - Approximately 20 participants
- Number of Organizations/Individuals providing comments:
 - 27 Tribal organizations;
 - 14 National American Indian/Alaska Native organizations; and
 - 10 Individual American Indians or Alaska Natives with comments/questions.

The 2010 IHCA amendments, at 25 U.S.C. §§ 1616(d)(1) – (3), authorize the HHS Secretary acting through the IHS to establish a national CHAP outside of Alaska with specific statutory requirements that prohibits the reduction of funding for CHAPs in Alaska and prohibits the use of DHATs in CHAPs unless DHAT services are authorized in the state and a Tribe elects to use them.

As stated above, DHATs are a type of dental health therapist created specifically for use in a CHAP. These DHATs are not licensed by any State, but are required to be certified by a Community Health Aide Certification Board. Currently, DHATs are only being certified and utilized in Alaska pursuant to 25 U.S.C. 1616(a) and (b). This Federal certification is confirmation that the DHAT provider has successfully completed the curriculum established by the Board so that he/she may provide services in a tribally or federally managed CHAP.

CHAPs, including those utilizing DHATs, must comply with Federal training, certification, and scope of practice requirements. See 25 U.S.C. § 1616(b), which includes the IHS creation of a national Community Health Aide Certification Board and a training curriculum before sending CHAs and/or DHATs into field locations to practice. While Congress has not prohibited the use of DHATs in those States that have authorized the use of DHAT or mid-level Dental Health Provider

services, a Federal law must be enacted to authorize the use of DHAT services in those States that do not permit DHAT services. The IHS will develop a policy and implementation plan using the guiding principles received from the Tribal Consultation process.

Summary of Comments Received

Generally speaking, all comments were in favor of establishing a national CHAP and/or provided guiding principles for IHS to consider as it moves forward. Several themes emerged:

- **The CHAP can improve access to quality care for American Indians and Alaska Natives.**
 - “One of the greatest areas of need in our Tribal communities is access to reliable, high quality, affordable dental care. Inclusion of DHATs in the CHAP is a necessary element for Tribes to support such a policy.”
 - “We welcome the assistance of the IHS to address a critical need in Indian Country to access skilled and culturally appropriate health care providers and services in remote areas.”
 - “DHAT program has the ability to expand access to care, fill the gaps, and provide high quality culturally competent care.”

- **Program needs to be Community- and Area-based.**
 - “Recognizes the value of community recruited paraprofessionals and mid-level providers in all aspects of health care in the IHS system.”
 - “Identifies the need for behavioral health aides recruited from the community.”
 - “Tribe is in full support of expanding health care opportunities under a new policy for these aides and strongly supports the inclusion of the Community Health Aides, DHAT, and Behavioral Health Aides.”
 - “Tribe strongly supports expansion of BHA [behavioral health aide] CHAP program due to suicides in the community.”

- **There needs to be some baseline standards with enough flexibility that each Area can set-up its own program.**
 - “The IHS should also consider whether Area-specific certification boards would be more appropriate as it would allow Areas to tailor their CHAP programs to best meet their needs.”
 - “National convening and workgroup should be established for CHAP expansion to establish baseline standards with flexibility.”
 - “Due to the magnitude of the proposed transformation, IHS should kick off the national dialogue with a 2-3 day national conference to discuss program expansion.”
 - “We do not welcome the expansion of Indian Health Services authority over the planning, development, implementation, and/or provision of health care services to our Tribal

membership. There is a fundamental difference between the concepts of creating a program and creating a service. Programs have an internal logic that controls services they provide.”

- **Each Area would set-up its own certification board.**
 - “We do have concerns about how a national certification board would interact with the boards already in place; like in Alaska. Instead of a national Board, each IHS Area Office should establish their own CHAP certification board.”
 - “We favor the decentralized approach to the development of a certification board and recommend a regional approach.”
 - “IHS should not adopt a national certification board.”
 - “We would like to see one curriculum and certification nationally, rather than on a piecemeal basis that varies State to State. That way therapists could transfer and not be limited by local regulations.”

- **Do not disrupt programs that are working now; such as those in Alaska.**
 - “Do not adopt a national certification board as it will adversely affect programs like Alaska when changes are made at the Federal level.”
 - “Alaska has operated DHAT Program for over 10 years with many successes citing health impacts saving dollars.”
 - “The IHCI A prohibits IHS from reducing funding provided to Alaska CHAP.”

- **There needs to be legislative change to fully implement the use of DHATs in CHAPs.**
 - “Needs to be clarification on provisions within the IHCI A that permit expansion of the CHAP.”
 - “Amend IHCI A as it limits the ability of Tribes outside Alaska to use DHAT services unless such services are authorized under State law.”
 - “Limiting language in IHCI A, 25 U.S.C. 1616l(d)(3)(A), must be eliminated.”
 - “It is our opinion that you cannot amend the IHCI A without opening it up to other actions. We do not think these positions can be covered by the Federal Tort Claims Act (FTCA)--will providers pay for a bad outcome?”
 - “IHCI A currently prevents Native American Governments from accessing the necessary Federal dollars to pay for services.”
 - “Fighting one State battle at a time. Hope on the national level, there will not be State-by-State, or Tribe-by-Tribe challenges. Urbans should also take opportunity of program.”

Next Steps

As part of our ongoing work to deliver quality health care to patients, and in consideration of available resources, the IHS, in partnership and collaboration with Tribes, looks forward to the next steps in this process as follows:

- Establish a national workgroup to develop a draft CHAP Expansion Policy and Implementation Plan comprised of these representatives:
 - Alaska CHAP
 - Alaska and Lower 48 Dental Therapist experts
 - Alaska and Lower 48 Behavioral Health Aide experts
 - Health Education expert
 - Maternal and Child Health expert
 - Communicable Disease Control expert
 - Family Planning expert
 - IHS Area leadership
 - Alaska and Lower 48 Medical/Nursing/Behavioral Health/ Dental experts.
- Seek input on the draft CHAP Expansion Policy and Implementation Plan through the Tribal Consultation process.
- Revise and recirculate draft policy and plan as necessary.
- Circulate plan through IHS Areas for clearance.