

June 27, 2016

Honorable Kristi Noem
2422 Rayburn House Office Building
Washington, DC 20510-1304

Dear Representative Noem:

On behalf of the Organized Dentistry Coalition, our health professional organizations support the provisions included in the Helping Ensure Accountability, Leadership, and Trust in Tribal Healthcare (HEALTTH) Act that exclude the Indian Health Service Loan Repayment Program from gross income (Section 201) and that streamline the medical volunteer credentialing process (Section 206).

Tooth decay in Indian Country has reached epidemic proportions. According to the Indian Health Service (IHS), more than 20 percent of one year old American Indian/Alaska Native children already have decayed teeth. The percentage rises significantly with age, with 75 percent of five year olds having tooth decay. American Indian/Alaska Native preschool children have the highest level of tooth decay of any population group in the US, which is more than three times higher than white non-Hispanic children.

In addition to greater community based prevention efforts, we recognize that a key factor for reducing oral disease is greater access to care by increasing the number of dentists in the program. Dentists know from working with the tribes that the actual need for dentists is higher than the IHS-advertised vacancy rates. This legislation takes steps in the right direction to encourage providers to serve in Native American communities.

Section 201 seeks to amend the tax code to provide dentists and hygienists who receive student loan repayments from the IHS the same tax free status enjoyed by those who receive National Health Service Corps (NHSC) loan repayments. Currently, IHS is spending 25 percent of its Health Professions' account for taxes. Making the IHS loan repayments tax free would save the agency \$5.71 million, allowing it to fund an additional 115 awards.

This loan repayment program has proven to be one of the IHS's best recruitment and retention tools to ensure an adequate health workforce to serve in the many remote IHS locations. In fiscal year 2014, the IHS had 1,296 requests for loan repayment and awarded 379 new contracts and 331 contract extensions. Due to a lack of funds, 586 requests were denied. Changing the tax status of the IHS loans to make them tax free would enable the Service to fill two-thirds or more of the loan repayment requests.

Section 206 of the bill streamlines the credentialing process for licensed professionals, such as dentists, to reduce the paperwork barriers currently in place for those providers who would like to volunteer their time. Those providers are often dissuaded from doing so by the complicated and burdensome paperwork requirements necessary to receive proper credentialing. Section 206 allows for public and private sector associations to develop a centralized system that will reduce the barrier to entry.

Thank you, Representative Noem, for introducing this legislation and for working to expand the ability for health care providers to serve individuals living on Indian Reservations in South Dakota and across the country. If you have any questions regarding our support of this legislation, please contact Margo Klosterman at klostermanm@ada.org or 202-898-2402.

Sincerely,

American Dental Association
Academy of General Dentistry
American Academy of Oral and Maxillofacial Pathology
American Academy of Pediatric Dentistry
American Academy of Periodontology
American Association of Oral and Maxillofacial Surgeons
American Association of Orthodontists

American Association of Women Dentists
American College of Prosthodontists
American Dental Education Association
American Society of Dentist Anesthesiologists
Hispanic Dental Association
National Dental Association