

# National Indian Health Board



April 17, 2018

The Honorable Elizabeth Warren  
United States Senate  
317 Hart Senate Office Building  
Washington, DC 20002

**Re: Comprehensive Addiction Resources Emergency (CARE) Act of 2018**

Dear Senator Warren,

On behalf of the National Indian Health Board (NIHB)<sup>1</sup>, I write to offer support of the Comprehensive Addiction Resources Emergency (CARE) Act of 2018. The provisions within this bill offer desperately needed resources to Tribes suffering from the scourge of opioids in their communities.

The National Indian Health Board is a non-profit organization that represents and serves all 573 federally recognized in regards to healthcare and public health programs and policy. It is our mission to be the one voice affirming and empowering American Indian and Alaska Native (AI/AN) peoples to protect and improve health and reduce the health disparities our people face.

As you know, the national opioid epidemic represents one of the great public health challenges of the modern era. Among AI/ANs, the rate of drug overdose deaths is twice that of the general population, according to the IHS. Deaths from prescription opioid overdoses increased four-fold from 1999 to 2013 among AI/ANs.<sup>2</sup> The CDC reported that AI/ANs consistently had the highest drug overdose death rate by race every year from 2008-2015.<sup>3</sup>

Exacerbating the issue, the Indian Health system is chronically underfunded, understaffed and overextended. Limited Tribal and IHS public health and healthcare resources have been further

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<sup>1</sup> Established in 1972, the NIHB is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all AI/AN. The NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service (IHS) Areas. Each Area Health Board elects a representative to sit on the NIHB Board of Directors. In areas where there is no Area Health Board, Tribal governments choose a representative who communicates policy information and concerns of the Tribes in that area with the NIHB. Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance Act (ISDEAA), or continue to also rely on IHS for delivery of some, or even most, of their health care, the NIHB is their advocate.

<sup>2</sup> Indian Health Service. New effort targets drug overdoses in Indian Country. Retrieved from <https://www.ihs.gov/newsroom/pressreleases/2015pressreleases/new-effort-targets-drug-overdoses-in-indian-country/>

<sup>3</sup> Mack KA, Jones CM, Ballesteros MF. Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in Metropolitan and Nonmetropolitan Areas — United States. MMWR Surveill Summ 2017;66(No. SS-19):1–12. DOI: <http://dx.doi.org/10.15585/mmwr.ss6619a1>

inundated by this highly deadly and superbly costly epidemic. Indeed, a history of underfunding has forced providers at the agency to treat patients with acute pain with potentially addictive painkillers only, lacking sufficient resources to treat the patient's underlying medical problem.

While Tribal communities are certainly in need of expanded treatment resources, public health prevention must not be forgotten. This includes upstream prevention activities such as comprehensive substance use education in youth, expanded substance and alcohol use education and training for our providers, prevention of adverse childhood experiences, healing from historical and intergenerational trauma, and investment in culturally appropriate and Tribally-driven programming. The CARE Act will help Tribes accomplish these goals.

The CARE Act provides Tribes, states, and local governments with critical funding to address the opioid epidemic like the public health crisis that it is. The estimated \$800 million annually specifically reserved for Tribes will help give Tribal communities the flexibility they need to craft community solutions that are culturally competent and specifically tailored to meet each community's unique needs. In addition, NIHB is glad to see a provision requiring a study on the linkages between pain management practices of the Indian Health Service, and patient request denials through the purchased or referred care program of the Indian Health Service.

NIHB applauds the efforts of the CARE Act to respect the federal trust responsibility and recognize the severe need for relief from opioid misuse and addiction in Indian Country. We stand ready to work with Congress as the bill is shaped and formed through a Tribally-engaged and informed process.

Thank you for your continued concern for the health of Indian Country.

Yours in health,

A handwritten signature in cursive script, reading "Vinton Hawley".

Vinton Hawley  
Chairman, National Indian Health Board