

National Indian Health Board



December 16, 2021

The Honorable Elizabeth Warren
Senator
United States Senate
309 Senate Hart Office Building
Washington, DC 20510

Dear Senator Warren:

On behalf of the 574 federally-recognized Indian Tribes and Member Organizations the National Indian Health Board (NIHB) represents, I write to thank you for introducing the Comprehensive Addiction Resources Emergency (CARE) Act of 2021. This bill is intended to provide direct resources to Tribes and Tribal organizations to help reverse the effects of the national opioid epidemic and substance abuse on Tribal communities and to improve access to substance abuse prevention and treatment resources.

The opioid epidemic has particularly impacted Indian Country. According to the Centers for Disease Control and Prevention, in 2017, American Indians and Alaska Natives (AI/AN) experienced the second highest overall opioid overdose death rate and the highest prescription opioid death rate of any demographic.¹ Deaths from drug overdoses overall increased 519% among AI/ANs from 1999-2015 – the highest percentage increase nationwide.²

Despite the scourge of substance abuse and overdose deaths in Tribal communities, federal public health and behavioral health resources have historically not reached the level of need for these communities. Indeed, chronic underfunding of the Indian health system coupled with widespread provider shortages – especially for mental health and substance abuse providers and requisite inpatient and outpatient treatment facilities – have contributed to lower access to care and higher rates of health disparities for AI/AN peoples.

With the potential for more direct funding to Tribal nations and Tribal organizations, the CARE Act could increase resources to improve substance abuse surveillance and reporting, expand availability of treatment services, bolster provider capacity to deliver prevention and treatment services, and expand culturally appropriate care. In addition, the NIHB welcomes the Government Accountability Office study, mandated by the bill, regarding the linkages between pain

¹ Scholl L., Seth P., Kariisa M., Wilson N., Baldwin G. Drug and Opioid-Involved Overdose Deaths – United States, 2013-2017, MMWR Morb Mortal Wkly Rep 2019; 67;1419-1427. DOI:

<http://dx.doi.org/10.15585/mmwr.mm675152e1>

² Mack K.A., Jones C.M., Ballesteros M.F. 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>



management practices within the Indian Health Service and patient request denials through the purchased/referred care program.

NIHB applauds your efforts in the CARE Act to recognize the federal trust responsibility and the urgent need to prevent and treat substance and opioid abuse and overdose in Indian Country. We stand ready to work with you in further refining the legislation as it moves through Congress. Thank you for your continued dedication to addressing the health disparities in Indian Country.

Sincerely,



Stacy A. Bohlen
Chief Executive Officer

