RESOLUTION # 19-04-13
NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD

RESOLUTION # 345-08-19
CALIFORNIA RURAL INDIAN
HEALTH BOARD

JOINT RESOLUTION

URGING THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICE ADMINISTRATION (SAMHSA)TO REMOVE UNNECESSARY GOVERNMENT PERFORMANCE AND RESULTS MODERNIZATION ACT REPORTING REQUIREMENTS FOR OPIOID TREATMENT SERVICES PROVIDED BY TRIBES AND URGING CONGRESS TO INCREASE FUNDING FOR THESE SERVICES

WHEREAS, the California Rural Indian Health Board, Inc. (CRIHB), founded in 1969 for the purpose of bringing back health services to Indians of California, is a Tribal organization under P.L. 93-638 that represents 52 federally-recognized Tribes through its membership of 16 Tribal Health Programs in California and is committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California; **AND**

WHEREAS, the Northwest Portland Area Indian Health Board (NPAIHB) is a Tribal organization under P.L. 93-638 that represents 43 federally-recognized Indian Tribes in Oregon, Washington, and Idaho and is dedicated to assisting and promoting the health needs and concerns of American Indian/Alaska Native (AI/AN) people in the Northwest**; AND**

WHEREAS, the NPAIHB and CRIHB are dedicated to assisting and promoting the health needs and concerns of AI/AN people**; AND**

WHEREAS, the primary goal of the NPAIHB and CRIHB is to improve the health and quality of life of its member Tribes**; AND**

WHEREAS, Indian Nations and the United States (US) government have a sovereign-to-sovereign relationship established by treaties, agreements, Acts of Congress, and court decisions**; AND**

WHEREAS, this relationship has resulted in the federal trust responsibility to Indian Nations and it is a legally enforceable fiduciary obligation on the part of the US to protect Tribal treaty rights, lands, assets, and resources, as well as a duty to carry out the mandates of federal law with respect to AI/AN Tribes and villages**; AND**

WHEREAS, in several cases discussing the trust responsibility, the Supreme Court has used language detailing the legal duties, moral obligations, and fulfillment of understandings and expectations that have been established by law between the US and the Indian Nations**; AND**

WHEREAS, as stated in treaties and other federal issuances with Indian Nations, health care is guaranteed to AI/ANs in perpetuity in exchange for the millions of acres of Indian lands that now make up the US**; AND**

WHEREAS, AI/ANs continue to suffer some of the worst health disparities of all Americans and according to the Center for Disease Control and Prevention (CDC) include, but are not limited to, the largest increases in drug and opioid-involved overdose mortality rates compared with any other racial/ethnic group and mortality rates 2.7 - 4.1 times higher than rates among whites for total drug and opioid-related overdoses and heroin-related overdoses**; AND**

WHEREAS, vital statistics and surveillance systems contain racial misclassification and according to multiple reports, including *Accuracy of Race Coding On American Indian Death Certificates* and *Self-Reported vs. Administrative Race/Ethnicity Data And Study Results,* AI/ANs are identified as another racial population, causing underestimated morbidity and mortality measures; **AND**

WHEREAS, the Tribal Epidemiology Centers have devoted extensive work to accurately identify effects of opioid abuse in AI/AN communities and have issued *The Opioid Crisis Impact on Native American Communities* report showing the opioid overdose death rate among AI/AN males significantly exceeds the rate among AI/AN females (10.0 per 100,000 vs. 7.0 per 100,000, respectively), and more than 1 in 10 AI/AN high school students in a state (11%) used a prescription pain medication without a doctor's order in the past 30 days, and 22 % of AI/AN high school students who used a prescription pain medication also used heroin in the past 30 days**; AND**

WHEREAS, Tribes have consistently advocated Congress and the federal administration provide additional funding to prevent and treat opioid abuse and addiction among AI/ANs, **AND**

WHEREAS, the 115th US Congress passed the Department of Defense, Labor, Health and Human Services (HHS) and Education Appropriations Act of 2019, and Continuing Appropriations Act of 2019 in Fiscal Year (FY) 2019, which became law**; AND**

WHEREAS, through the HHS, $50 million of $1.5 billion was allocated to Indian Tribes or Tribal organizations for the purpose of combating opioid abuse, with 15% of the remaining amount for the states with the highest mortality rate related to opioid use disorders**; AND**

WHEREAS, the amounts provided for State Opioid Response (SOR) Grants in California is $36 million, in Idaho is $2.1 million, in Oregon is $4.1 million, and in Washington is $11.2 million, and not all Tribes have access to these funds due to distribution by the state**; AND**

WHEREAS, the CDC National Center for Health Statistics (NCHS), reported in 2016 that California had the second highest number of total deaths due to overdose and age-adjusted death rate for drug overdose, in the US with 4,654 total deaths**; AND**

WHEREAS, the SAMHSA allocated a total of $89 million for the Medication-Assistance Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA) program, of which only 11% ($10 million dollars) was allotted for Tribes, Tribal organizations, or consortia**; AND**

WHEREAS, SAMHSA anticipated total available funding for Tribal Opioid Response (TOR) grants decreased from $50 million in FY 2018 to $35 million in FY 2019; **AND**

WHEREAS, AI/ANs continue to suffer some of the worst health disparities of all Americans and according to the CDC include, but are not limited to:

- Nationally, the AI/AN population has experienced the largest increases in drug and opioid-involved overdose mortality rates compared with any other racial/ethnic groups;
- Misclassification of AI/AN race is known to underestimate AI/AN mortality rates;
- Mortality rates among AI/AN were 2.7 and 4.1 times higher than rates among whites for total drug and opioid-related overdoses and heroin-related overdoses, respectively;
- AI/AN communities experience high rates of physical, emotional, and historical trauma and significant socioeconomic disparities, which might contribute to higher rates of drug use in these communities;
- AI/AN face barriers to receiving quality medical and behavioral health care, resulting in part from longstanding underfunding of the Indian Health Service (IHS), Tribal, and urban Indian clinics, as well as stigma associated with accessing behavioral health care in some communities; **AND**

WHEREAS, according to the SAMHSA 2012 National Survey on Drug Use and Health (NSDUH),

- The rate of substance dependence or abuse among people aged 12 and up was higher among the AI/AN population (21.8 percent) than among other groups;
- AI/AN individuals have the highest rate of binge alcohol use (30.2%) compared with other groups**; AND**

WHEREAS, the Government Performance and Results Modernization Act of 2010 (GPRA) places a burden on understaffed Tribes and Tribal Health Programs by requiring reporting measures at zero, three, six, and twelve months as part of the process for the TOR, MAT-PDOA, and SOR grant programs. This reporting can take up to three hours to complete thereby inhibiting effective implementation of education, prevention and treatment of individuals suffering from substance abuse; **AND**

WHEREAS, the opioid crisis in Indian Country could be dramatically improved with adequate investment into the health, public health and health delivery systems in Indian Country**; AND**

NOW THEREFORE BE IT RESOLVED, that the CRIHB and NPAIHB recommend the SAMHSA remove the Government Performance and Results Modernization Act of 2010 reporting requirements of Tribal Opioid Response, Medication-Assistance Treatment for Prescription Drug and Opioid Addiction, and State Opioid Response as it places further strain on understaffed Tribal Health Programs.

BE IT FURTHER RESOLVED, that the CRIHB and NPAIHB urge Congress to increase funding to $75 million for Tribal Opioid Response grants, $15 million for Medication-Assistance Treatment for Prescription Drug and Opioid Addiction, and $10 million to administer evaluation, data collection, training and technical assistance for Tribal Epidemiological Centers in order to combat the opioid crisis in Tribal Communities, which would provide much needed support for education, prevention, and substance abuse treatment programs, thereby reducing the number of opioid-related deaths in Indian Country.

BE IT FURTHER RESOLVED, that the CRIHB and NPAIHB urge states to ensure State Opioid Response funding is distributed to Tribes.

CERTIFICATION

The foregoing joint resolution was adopted at a duly called regular joint meeting of the Board of Directors of NPAIHB and CRIHB (***NPAIHB*** *vote 26 For and 0 Against and* 0 *Abstain;* ***CRIHB*** *vote --- For and* 0

Against and 2 Abstain) held this 18th day of July 2019, in Lincoln, CA and shall remain in full force and effect until rescinded.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
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Chairperson of the Board

Attest

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Chairperson of the Board

Attest