



USET

SOVEREIGNTY PROTECTION FUND

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USET SPF Resolution No. 2019 SPF:013

SUPPORT FOR DIRECT FUNDING TO TRIBAL NATIONS AND THE INDIAN HEALTH SERVICE FOR HEPATITIS C PREVENTION, SCREENING, AND TREATMENT

- WHEREAS,** United South and Eastern Tribes Sovereignty Protection Fund (USET SPF) is an intertribal organization comprised of twenty-seven (27) federally recognized Tribal Nations; and
- WHEREAS,** the actions taken by the USET SPF Board of Directors officially represent the intentions of each member Tribal Nation, as the Board of Directors comprises delegates from the member Tribal Nations' leadership; and
- WHEREAS,** American Indian and Alaska Native (AI/AN) Tribal Nations share a unique government to government relationship with the federal government; and
- WHEREAS,** the federal government has a trust responsibility to deliver quality healthcare and public health services to all AI/ANs; and
- WHEREAS,** AI/AN communities have been disproportionately impacted by the national opioid overdose epidemic, experiencing the second highest overdose fatality rate nationwide in 2016 at 13.9 deaths per 100,000 population; and
- WHEREAS,** the national opioid overdose epidemic has been the primary driver of a 400% increase in rates of acute Hepatitis C (HCV) infections among 18 to 29 year olds and a 325% increase among 30 to 39 year olds nationally from 2004 to 2014; and
- WHEREAS,** AI/AN people have the highest HCV mortality rate at 10.8 deaths per 100,000 compared to a national average of 4.5 deaths per 100,000 population; and
- WHEREAS,** rates of chronic liver disease and cirrhosis deaths associated with HCV infections are 2.3 times higher among AI/ANs compared to Whites; and
- WHEREAS,** the Consolidated Appropriations Act of 2016 included \$1.5 billion in supplemental funding for the Department of Veterans Affairs (VA) specifically for expansion of HCV screening and treatment without any matching funds for the Indian Health Service (IHS); and
- WHEREAS,** from 2011 to 2015 HCV mortality rates increased by 13% among AI/ANs and 2015 HCV incidence rates were twice as high among AI/ANs compared to Whites; and
- WHEREAS,** numerous studies have demonstrated the high cost-effectiveness of universal HCV screening and expanded treatment coverage; and
- WHEREAS,** the cost of HCV treatment medications have plummeted in recent years due to advancements in pharmaceutical research and drug availability; and

WHEREAS, many state Medicaid agencies continue to have strict treatment eligibility restrictions based on stage of liver fibrosis, patient sobriety levels, and type of provider administering treatment that are contradictory to national HCV treatment guidelines developed by the American Association for the Study of Liver Disease and the Infectious Diseases Society of America; and

WHEREAS, in December 2010, the United States recognized the rights of its First Peoples through its support of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), whose provisions and principles support and promote the purposes of this resolution; therefore, be it

RESOLVED the USET SPF Board of Directors calls for recurring, direct, formula-based funding to Tribal Nations and/or Tribal organizations and/or Tribal Epidemiology Centers for HCV screening and prevention initiatives; and be it further

RESOLVED the USET SPF Board of Directors calls for establishing parity between the VA and IHS in appropriations for HCV treatment; and be it further

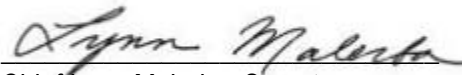
RESOLVED the USET SPF Board of Directors calls for state Medicaid agencies to match their coverage and eligibility requirements to accepted national guidelines for HCV treatment.

CERTIFICATION

This resolution was duly passed by the USET SPF Board of Directors on January 31,2019



Chief Kirk E. Francis, Sr., President
United South and Eastern Tribes
Sovereignty Protection Fund



Chief Lynn Malerba, Secretary
United South and Eastern Tribes
Sovereignty Protection Fund