



USET

SOVEREIGNTY PROTECTION FUND

Nashville TN Office
711 Stewarts Ferry Pike, Ste. 100
Nashville TN 37214
P: (615) 872-7900
F: (615) 872-7417

Washington DC Office
400 North Capitol St., Ste. 585
Washington DC 20001
P: (202) 624-3550
F: (202) 393-5218

Transmitted via email

April 20, 2018

The Honorable Lamar Alexander
Chairman
Senate Committee on Health, Education, Labor &
Pensions
428 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Senate Committee on Health, Education, Labor &
Pensions
428 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairman Alexander and Ranking Member Murray,

On behalf of the United South and Eastern Tribes Sovereignty Protection Fund (USET SPF), we write to provide feedback to the Senate Committee on Health, Education, Labor & Pensions on S.2680, the *Opioid Crisis Response Act of 2018*. This legislation seeks to address the opioid epidemic by increasing resources for the prevention and treatment of opioid addiction, enhancing access to mental health services, expanding crucial opioid data collection and sharing, and increasing treatment options for opioid addiction and other substance use disorders (SUDs). While USET SPF is encouraged that Tribal Nations have been included within certain titles of the legislation, we strongly encourage the Committee to include Tribal Nations within other titles of the legislation, as Tribal Nations need access to all resources available to battle opioid addiction in our communities.

USET SPF is a non-profit, inter-tribal organization representing 27 federally recognized Tribal Nations from Texas across to Florida and up to Maine¹. Both individually, as well as collectively through USET SPF, our member Tribal Nations work to improve health care services for American Indians. Our member Tribal Nations operate in the Nashville Area of the Indian Health Service, which contains 36 IHS and Tribal health care facilities. Our citizens receive health care services both directly at IHS facilities, as well as in Tribally-operated facilities under contracts with IHS pursuant to the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638.

USET SPF has previously shared our region's priorities with the Committee when it comes to addressing the devastating effects the opioid epidemic has had within Indian Country, particularly among USET SPF Tribal Nations. We have provided the Committee with testimony for the record for December 2017 hearing, *The Frontlines of the Opioid Crisis: Perspectives from States, Communities, and Providers*, as well as the hearing, *The Opioid Crisis: The Role of Technology and Data in Preventing and Treating Addiction*, held in February, 2018. Both sets of testimony are attached to this letter. Within our testimony for the record, we describe the impact that opioid addiction has had within Tribal communities which has reached epidemic

¹ USET SPF member Tribal Nations include: Alabama-Coushatta Tribe of Texas (TX), Aroostook Band of Micmac Indians (ME), Catawba Indian Nation (SC), Cayuga Nation (NY), Chitimacha Tribe of Louisiana (LA), Coushatta Tribe of Louisiana (LA), Eastern Band of Cherokee Indians (NC), Houlton Band of Maliseet Indians (ME), Jena Band of Choctaw Indians (LA), Mashantucket Pequot Indian Tribe (CT), Mashpee Wampanoag Tribe (MA), Miccosukee Tribe of Indians of Florida (FL), Mississippi Band of Choctaw Indians (MS), Mohegan Tribe of Indians of Connecticut (CT), Narragansett Indian Tribe (RI), Oneida Indian Nation (NY), Pamunkey Indian Tribe (VA), Passamaquoddy Tribe at Indian Township (ME), Passamaquoddy Tribe at Pleasant Point (ME), Penobscot Indian Nation (ME), Poarch Band of Creek Indians (AL), Saint Regis Mohawk Tribe (NY), Seminole Tribe of Florida (FL), Seneca Nation of Indians (NY), Shinnecock Indian Nation (NY), Tunica-Biloxi Tribe of Louisiana (LA), and the Wampanoag Tribe of Gay Head (Aquinnah) (MA).

levels. According to data from IHS, American Indians and Alaska Natives (AI/ANs) are more likely than any other race/ethnicity to have an illicit drug use disorder in the past year. In addition, according to the Centers for Disease Control and Prevention (CDC), AI/ANs are at the greatest risk for prescription opioid overdose confronting an opioid overdose rate of 8.4 per 100,000. However, based on reports from our health clinics, Tribal Epidemiology Center (TEC), and law enforcement agencies, USET SPF suspects these statistics may be much higher among our member Tribal Nations.

Because of the disparate effect that the opioid epidemic has had within Indian Country, we are encouraged that the Committee has included Tribal Nations within the legislation. Notable provisions within the include: a 5% Tribal set aside within 21st Century Cures State Opioid Response grants, a 3% Tribal set aside within the program addressing infants affected by substance abuse, the inclusion of Tribal Nations for prescription drug monitoring programs or other controlled substance overdose data collection funding, and improved trauma-informed care for Tribal youth. As you know, addressing the opioid epidemic is a major priority for USET SPF Tribal Nations and Tribal Nations across the country. As the Committee moves forward with the legislation, we strongly urge to Committee to comprehensively include Tribal Nations in recognition of our sovereign status and to provide a more complete response to the nationwide opioid crisis. USET SPF reminds the Committee of the unique federal trust responsibility to provide healthcare to Tribal Nations, which includes ensuring Tribal Nations have access to the necessary resources to combat the opioid epidemic, and other SUDs, within their communities. For the Committee's consideration, we provide section-by-section recommendations, as it marks up the Opioid Crisis Response Act.

Title I, Reauthorization of Cures Funding

The federal government has a trust responsibility to ensure Tribal Nations have access to resources, financial and otherwise, to combat the opioid epidemic. Among these vital resources is access to direct federal funding for Tribal Nations. Even though available data shows Indian Country, including USET SPF Tribal Nations, are among the communities affected most by this crisis we remain without critical resources, including federal dollars. Previous Congressional efforts aimed at directing resources toward this crisis nationwide, including the 21st Century Cures Act, have either excluded Indian Country entirely or fallen short of providing sufficient levels of funding. Although USET SPF is appreciative of the recent \$50 million Tribal set-aside in the State Opioid Response grant within the Fiscal Year (FY) 2018 Omnibus, this level of funding is insufficient to address the crisis in Indian Country. Additionally, USET SPF strongly supports the Committee's inclusion of Tribal Nations under the State Response to the Opioid Abuse Crisis account within the 21st Century Cures Act with required consultation in the development and funding requirements, and also supports the 5% Tribal set-aside (\$25 million) which will help to address funding shortfalls. While USET SPF is supportive of Congress's efforts to appropriate funding to address the opioid epidemic in Tribal communities, the crisis within Indian Country is much greater than \$25 or \$50 million will address. Congress must continue to work to expand funding opportunities for Tribal Nations to ensure we have sufficient and adequate resources to fully address opioid addiction in our communities.

Title III, Medical Products and Controlled Substances Safety

- **Section 305. First Responder Training:** This section provides training and other resources to first responders to avoid exposure and safely respond to cases involving fentanyl or other dangerous illicit drugs. USET SPF recommends the Committee include language that would expand these resources to include Tribal law enforcement, including drug enforcement services provided by the Bureau of Indian Affairs (BIA). As sovereign governments with law enforcement responsibilities, Tribal law enforcement within Indian Country requires additional resources to in order to sufficiently address opioid abuse and trafficking in our communities. This includes access to Narcan, the life-saving opioid antagonist medication. Access to first responder trainings would further ensure the safety and wellbeing of our law enforcement officers.

Title IV, Treatment and Recovery

USET SPF is encouraged that Tribal Nations are included within certain sections under the Treatment and Recovery Title of the Opioid Crisis Recovery Act, namely:

- **Section 407. Addressing Economic and Workplace Impacts of the Opioid Crisis:** Includes Tribal Nations as an eligible entity to the competitive pilot program directed at addressing economic workforce impacts associated with the opioid crisis;
 - USET SPF recommends the Committee includes language within this section encouraging the inclusion of Tribal entities under Section 407 as the competitive grant process runs counter to the federal trust responsibility and goals of many federal programs, as forcing Tribal Nations to compete for federal dollars often precludes them from having access to those dollars at all.
- **Section 409, Plans of Safe Care:** Provides a 3% Tribal set-aside in funding for Plans of Safe Care Implementation Grants meant to help states implement plans of safe care for substance-exposed infants.
 - USET SPF recommends the Committee include language under this section that would require Tribal consultation in determining the distribution of funding under the Tribal set-aside.

However, despite being included within these two programs under Title IV, Tribal Nations are absent within other crucial sections of the Treatment and Recovery Title. A number of programs under the Treatment and Recovery Title would provide crucial resources to Tribal Nations. USET SPF reminds the Committee that Tribal Nations are sovereign governments to which each member of Congress has a trust responsibility. This trust responsibility is carried out not just through funding, but through meaningful government-to-government consultation and coordination to ensure Tribal Nations are included as full partners. USET SPF recommends the Committee include Tribal Nations under the following sections:

- **Section 401. Comprehensive Opioid Recovery Centers:** This section would provide a range of treatment for patients in areas hit hardest by the opioid crisis by awarding grants to eligible entities to establish or operate a comprehensive opioid recovery center with the option for an integrated delivery network. Despite the disparate effect that the opioid epidemic has had within Indian Country and the lack of treatment and aftercare programs within Tribal communities, particularly culturally appropriate treatment and aftercare, Tribal Nations are not listed as eligible entities under this section. Access to Tribally-operated opioid recovery centers, or the expansion of services within existing Tribal recovery centers, would provide critical treatment and aftercare services to Tribal communities. Existing Tribal treatment centers provide invaluable treatment and recovery services to those in their communities suffering from addiction by incorporating traditional and cultural practices within addiction treatment. For example, the Partridge House serving the Saint Regis Mohawk Tribe provides a safe environment for those in the community to participate in addiction treatment that includes traditional teachings and spiritual ceremonies as well as counseling and psychotherapy. USET SPF recommends the Committee include a Tribal set-aside within this section and provide language that allow for contracting and compacting of the program through Tribally-operated facilities with strong Tribal consultation requirements on funding distribution. USET SPF further recommends the Committee include language that would allow the incorporation of traditional healing practices into the services provided within opioid recovery centers to ensure Tribal Nations have the flexibility to design less restrictive and culturally competent models of recovery. Traditional healing practices have had positive success, measurable success within Tribal communities and have become central to many Tribal SUD

Because there is Strength in Unity

treatment programs. Tribal communities have unique treatment needs when it comes to substance abuse disorders, as AI/ANs experience high levels of substance abuse disorders, therefore the ability to provide traditional healing practices and holistic approaches to healthcare are crucial to many Tribal treatment programs.

- **Section 402. Program to Support Coordination and Continuation of Care for Drug Overdose Patients:** This section would improve coordination and continuation of care and treatment after an opioid overdose to reduce the likelihood of future relapse, recidivism, and overdose through a competitive grant process. The Department of Health and Human Services (HHS) would establish this grant program based on identified best practices for the care, overdose reversal medication, and follow up services to an individual after an overdose. Tribal Nations must have access to the resources available under this section, as culturally-appropriate treatment options are often not available within or near Tribal communities. USET SPF recommends the Committee include language that would provide a Tribal set-aside and language that allows for contracting and compacting of the program through Tribally operated facilities. Further, USET SPF recommends the Committee include language that would allow for the incorporation of traditional healing practices into the continuation of care and treatment options. Culturally appropriate care has had positive, measurable success within Tribal communities, and the incorporation of traditional healing practices and holistic approaches to healthcare has become central to many Tribal treatment programs.
- **Section 403. Alternatives to Opioids:** Under Section 403, HHS would provide funding through grants, direct funding, or contracts to eligible entities in order to provide technical assistance to hospitals and other healthcare facilities on alternatives to opioids for pain management. USET SPF recommends the Committee include language that would ensure these technical services are provided within the Indian Health System, including IHS and Tribally-operated healthcare facilities. USET SPF also recommends language that would allow for the utilization of successful alternatives to opioids, including Tribal best practices.
- **Section 404. Peer Support Technical Assistance:** Under this section, HHS would provide technical assistance and support to organizations providing peer support services related to SUDs. USET SPF recommends that the Committee include language within this section that would provide peer support technical assistance services to Tribal Nations and Tribal health facilities, including IHS and Tribally-operated healthcare facilities.
- **Section 406. National Recovery Housing Best Practices:** Under Section 406, HHS would issue states with best practices for entities operating recovery housing facilities to assist those recovering from an opioid addiction with housing. USET SPF recommends including Tribal Nations and Tribal housing entities within this section to ensure these Tribal Nations are receiving critical technical assistance to provide housing for those recovering from opioid addiction in our communities.
- **Section 408. Youth Prevention and Recovery:** This section would help to prevent opioid abuse and support recovery from opioid addiction in youth (children, adolescents, and young adults). The program identified under this section would require HHS, in consultation with the Department of Education, to disseminate best practices and issue grants for prevention of and recovery from SUD. USET SPF recommends the Committee include Youth Regional Treatment Centers (YRTC) are as eligible entities under this section. YRTCs are components of the Indian Health System that provide holistic and traditional healing practices during SUD treatment to AI/AN youth and families. While YRTCs provide indispensable services across Indian Country, the twelve that exist are over-

burdened and under-resourced. We urge the Committee to dedicate additional resources to YRTC's. USET SPF further recommends the Committee provide a Tribal set-aside to Tribal Nations, the Bureau of Indian Education (BIE) and other Tribal educational entities within Section 408 to ensure Tribal youth have access to prevention and treatment services within their educational institutions. The Committee should also include BIE and Tribal educational institutions as eligible for contracting and compacting of the services provided within the program under this title.

- **Section 412. Loan Repayment for Substance Use Disorder Treatment Providers:** Section 412 would address behavioral health workforce shortages by providing a loan repayment to SUD treatment providers for practicing in SUD treatment facilities and other health care settings in underserved areas through the National Health Service Corps. As you may know, IHS and other Tribal health facilities have significant provider shortages, specifically providers who are trained in substance abuse treatment services. USET SPF recommends the Committee include language that would expand eligible providers, in addition to the National Health Service Corps, under this loan program to include those substance use treatment providers serving IHS and Tribal Nations.

Title V, Prevention

USET SPF is pleased that the Committee included Tribal Nations within the Opioid Crisis Response Act, particularly under Title V including:

- **Section 504. Enhanced Controlled Substance Overdoses Data Collection, Analysis, and Dissemination:** Provides training/technical assistance and grants to states, localities and Tribal Nations to collect or expand existing controlled substance overdose data collection, analysis, and dissemination activity.
 - USET SPF recommends including Tribal Epidemiology Centers (TECs) within the Committee's efforts to expand and update overdose data collection. Expanding overdose data collection and analysis for TECs, as the public health authorities within Indian Country, would allow for increased comprehensive analysis for Tribal Nations to improve treatment and prevention efforts within Indian Country.
- **Section 505. Preventing Overdoses of Controlled Substance:** Provides grants and training/technical assistance to states and Tribal Nations to establish or enhance evidence-based prevention activities of new or currently operating prescription drug monitoring programs (PDMPs).
 - USET SPF recommends the Committee fully include IHS's Resource and Patient Management System (RPMS) Electronic Health Record (EHR) within these efforts to expand and update PDMPs. RPMS is a software package used by most Tribal Health facilities to store clinical and administrative information, and patient records. Including RPMS EHR within funding under this title will allow our Tribal Nations to integrate the functionality of PDMPs by connecting RPMS EHR data to other crucial databases within state PDMPs to ensure an efficient and unified platform. This unified platform will allow Indian Health Providers to make crucial diagnoses quickly and accurately when it comes to addiction, dependence and drug seeking behavior. Further, USET SPF recommends including TECs within the Committee's efforts to expand and update PDMP's in order improve opioid data collection. Expanding data collection and analysis for TECs would help to improve the treatment and prevention of substance abuse as TECs provide collect and analyze crucial data within Indian Country.

- **Section 506. Surveillance of Data Collection for Child, Youth, and Adult Trauma:** Allows the CDC to urge states to collect and report on adverse childhood experiences from Tribal and rural areas within each state.
 - USET SPF recommends the inclusion of language requiring coordination with TECs on the collections of adverse childhood experiences within Tribal communities as data collection from Tribal communities should be only be achieved through TECs and not through states.
- **Section 511. Prenatal and Postnatal Health:** Provides technical assistance and grants to entities, including Tribal Nations, to ensure a pathway for data sharing between states, Tribal Nations, and CDC on prenatal smoking, alcohol and substance abuse.
- **Section 513. Task Force to Develop Best Practices for Trauma-Informed Identification, Referral, and Support:** Includes IHS, BIA, and BIE as a members of the Interagency Task Force on Trauma-Informed Care which will identify, evaluate, and make recommendations on best practices regarding youth and families who have experienced or are at risk of experiencing trauma.
 - USET SPF recommends the Committee include Tribal representatives within the Task Force under Section 513.
- **Section 514. Grants to Improve Trauma Support Services and Mental Health Care for Children and Youth in Educational Settings:** Authorizes SAMHSA to award grants or enter into contracts or cooperative agreements with educational institutions, including Tribal Nations and Tribal educational entities, to link local school systems with trauma-informed support and mental health systems to increase student access to these services, including those under IHS.
 - USET SPF recommends the Committee include at least a 5-7% set-aside for Tribal Nations under this section as trauma, including historical trauma, disproportionately affects Tribal youth.

However, as with the Treatment and Prevention Title, Tribal Nations are absent within crucial sections of the Prevention Title that would provide vital resources to Tribal Nations. These include:

- **Section 502. Programs for Health Care Workforce:** This section would provide training for providers of pain care to assess, diagnose, prevent, treat, and manage acute or chronic pain, as well as to detect the early warning signs of opioid use disorders. USET SPF recommends the Committee include IHS, Tribally-operated facilities, and Tribal pain care providers as eligible entities under this section to ensure providers have access to this critical training.
- **Section 512. Surveillance and Education Regarding Infections Associated with Injection Drug Use and Other Risk Factors:** Section 512 would support state and federal efforts to collect data on infections commonly associated with injection drug use, including viral hepatitis and HIV, and assist patients who may be at increased risk of infection. USET SPF strongly recommends the Committee include Tribal Nations, including IHS and Tribally operated health care facilities, as eligible entities under this section as AI/ANs have the highest rates of hepatitis C by race (twice the national average). USET SPF also recommends including TECs within the Committee's efforts to collect critical data on infections associated with injection drug use, including hepatitis C. Data collection for Tribal Nations must be achieved through TECs and not be delegated through the states. Access to the resources available under this section would help to ensure Tribal Nations are able to adequately address and prevent hepatitis C within our communities.

Conclusion

USET SPF is glad to see the Committee move in an expeditious manner to identify solutions to the opioid epidemic that includes Tribal Nations and recognizes the impact that the opioid epidemic has had in our communities. We remind the Committee that addressing the opioid epidemic within Indian Country includes many issues, including lack of resources, inadequate data, historical trauma, and others. Despite the disproportionate impact the opioid epidemic has had within Tribal communities, Tribal Nations are frequently left out of the conversation. It is critical, now more than ever, that Tribal Nations are fully included and considered within all legislation seeking to treat and prevent opioid addiction in our communities. The Committee must remember the federal trust obligation to and the sovereign status of Tribal Nations as Congress moves forward with the Opioid Crisis Response Act and must work to ensure that the disparities in access to opioid addiction prevention and treatment for Tribal Nations are fully addressed. Should you have any questions or require further information, please contact Ms. Liz Malerba, USET SPF Director of Policy and Legislative Affairs, at LMalerba@usetinc.org or 202-624-3550.

Sincerely,



Kirk Francis
President



Kitcki A. Carroll
Executive Director



USET

SOVEREIGNTY PROTECTION FUND

Nashville TN Office
711 Stewarts Ferry Pike, Ste. 100
Nashville TN 37214
P: (615) 872-7900
F: (615) 872-7417

Washington DC Office
400 North Capitol St., Ste. 585
Washington DC 20001
P: (202) 624-3550
F: (202) 393-5218

Testimony of United South and Eastern Tribes Sovereignty Protection Fund Submitted to the Senate Committee on Health, Education, Labor, and Pensions for the Record of the November 30, 2017 Committee Hearing, *The Frontlines of the Opioid Crisis: Perspectives from States, Communities, and Providers*

December 14, 2017

On behalf of the United South and Eastern Tribes Sovereignty Protection Fund (USET SPF), we are pleased to provide the Senate Committee on Health, Education, Labor, and Pensions with testimony for the record of the Committee's recent hearing, *The Frontlines of the Opioid Crisis: Perspectives from States, Communities, and Providers* held on November 30, 2017. The opioid crisis has significantly impacted USET SPF Tribal Nations, who are also on the frontlines, as our Tribal communities continue to experience the deleterious effects of opioid abuse and trafficking—often at higher rates than non-Indian communities. Yet, despite the disproportionate impact the opioid crisis has had in Indian Country, the hearing had no Tribal witnesses and the experiences of Tribal Nations were largely absent from the discussion. In future hearings, as well as future Committee legislation, USET SPF urges the Committee to take the necessary steps to ensure Tribal leaders and representatives are included. USET SPF offers the following testimony with recommendations to the Committee to include Tribal Nations as full partners in the fight to end the opioid epidemic, as well as underscore Congress' trust responsibility to ensure Tribal Nations are equipped with necessary resources.

USET SPF is a non-profit, inter-tribal organization representing 27 federally recognized Tribal Nations from Texas across to Florida and up to Maine¹. Both individually, as well as collectively through USET SPF, our member Tribal Nations work to improve health care services for American Indians. Our member Tribal Nations operate in the Nashville Area of the Indian Health Service (IHS), which contains 36 IHS and Tribal health care facilities. Our citizens receive health care services both directly at IHS facilities, as well as in Tribally-operated facilities under contracts with IHS pursuant to the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638.

Opioid Crisis in Indian Country and the USET SPF Region

Opioid abuse, deaths, and trafficking have reached epidemic levels in Indian Country. According to data from IHS, American Indians and Alaska Natives (AI/ANs) are more likely than any other race/ethnicity to have an illicit drug use disorder in the past year. In addition, according to the Centers for Disease Control and Prevention (CDC), AI/ANs are at the greatest risk for prescription opioid overdose confronting an opioid overdose rate of 8.4 per 100,000.

¹ USET SPF member Tribal Nations include: Alabama-Coushatta Tribe of Texas (TX), Aroostook Band of Micmac Indians (ME), Catawba Indian Nation (SC), Cayuga Nation (NY), Chitimacha Tribe of Louisiana (LA), Coushatta Tribe of Louisiana (LA), Eastern Band of Cherokee Indians (NC), Houlton Band of Maliseet Indians (ME), Jena Band of Choctaw Indians (LA), Mashantucket Pequot Indian Tribe (CT), Mashpee Wampanoag Tribe (MA), Miccosukee Tribe of Indians of Florida (FL), Mississippi Band of Choctaw Indians (MS), Mohegan Tribe of Indians of Connecticut (CT), Narragansett Indian Tribe (RI), Oneida Indian Nation (NY), Pamunkey Indian Tribe (VA), Passamaquoddy Tribe at Indian Township (ME), Passamaquoddy Tribe at Pleasant Point (ME), Penobscot Indian Nation (ME), Poarch Band of Creek Indians (AL), Saint Regis Mohawk Tribe (NY), Seminole Tribe of Florida (FL), Seneca Nation of Indians (NY), Shinnecock Indian Nation (NY), Tunica-Biloxi Tribe of Louisiana (LA), and the Wampanoag Tribe of Gay Head (Aquinnah) (MA).

USET SPF suspects these statistics may be much higher among our member Tribal Nations based on reports from our health clinics, Tribal Epidemiology Center (TEC), and law enforcement agencies. For the last 12 years, USET's TEC has been conducting a mortality analysis, and now has a limited amount of data that speaks to opioid abuse among our member Tribal Nations. From that data, we have learned that 9% of all deaths among USET SPF Tribal Nations were somehow related to substance abuse between 2002 and 2012. Almost one in five substance use deaths were attributable to opioids, including heroin, with the vast majority of opioid deaths, 93%, prescription drug related.

Unfortunately, we have also learned that these statistics do not paint a complete picture of the problem within our region. USET SPF Tribal Nations, as well as Tribal Nations across the country, have a distinct lack of complete data regarding substance abuse. Oftentimes, this lack of data is attributed to insufficient medical and mortality records, including due to opioid users not seeking treatment and improper coding. USET SPF strongly recommends the Committee consider initiatives that would address challenges in acquiring comprehensive data. This issue was also included within the President's Commission on Combating Drug Addiction and the Opioid Crisis, which recommended that there be a federal effort to strengthen data collection activities in order to enable real-time surveillance at the national, state, local, and Tribal levels. Improvements in data collection/reporting and unidirectional data sharing would help Congress and Tribal Nations get a clearer picture of the extent of opioid epidemic in Indian Country.

Tribal Engagement at all Levels of Government

During the hearing, both Members of the Committee and hearing witnesses underscored the crucial need for collaboration between all levels of government, including federal, state and local, in addressing the opioid epidemic. Though Tribal Nations were not included, USET SPF reminds the Committee that Tribal Nations are sovereign governments to which each member of Congress has a trust responsibility, and each Tribal government has a responsibility to provide essential services to its citizens. Tribal Nations have also been experiencing the destructive effects of opioid abuse within our communities, and we must be included as full partners in the fight to end the epidemic through engagement, coordination, and consultation. As the federal, state, and local governments are working together to ensure a coordinated, comprehensive response, Tribal Nations are frequently excluded from these efforts. For example, during a May visit to Maine as part of a national listening tour on opioid addiction, former Department of Health and Human Services (HHS) Secretary Tom Price neglected to engage any of the five Tribal Nations located in the state. Failure to include all impacted communities, including Tribal Nations, will result in major gaps, from both a health and from a law enforcement perspective, in the ability of the United States to eradicate opioid addiction in this country.

In its report to President Trump, the President's Commission on Combating Drug Addiction and the Opioid Crisis included recommendations to recognize that diverse communities experience different rates of substance abuse disorders, as well as challenges to accessing treatment. According to the report, in 2016, the rate of illicit drug use in the last 30 days among AI/ANs ages 12 and up was 15.7%, the highest among all racial demography. The Committee must acknowledge the substantial challenges within Indian Country when it comes to opioid abuse, and must work to use all the resources at its disposal to encourage collaboration with Tribal Nations at all levels of government. This includes ensuring federal agencies, as well as state and local government are working with and considering Tribal Nations as partners in this fight. Outreach from the Committee, as well as future legislation, should promote and require this necessary collaboration.

Opioid Funding for the Indian Health System

The federal government has a trust responsibility to ensure Tribal Nations have access to resources, financial and otherwise, to combat the opioid epidemic. Among these vital resources is access to direct

federal funding for Tribal Nations. Though our data on this issue is incomplete, that which is available shows Indian Country, including USET SPF Tribal Nations, is among the communities affected most by this crisis. And yet, we remain without critical resources, including federal dollars. USET SPF urges the Committee to prioritize addressing this shortfall by working to ensure Tribal governments have access to direct funding.

The importance of having access to funding for federal opioid grant programs was mentioned at several points during the hearing by both Committee Members as well as the participating witnesses. One witness Rebecca Boss, Director for the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, stated that opioid funding from the federal government, particularly block grants under 21st Century Cures and the Comprehensive Addiction and Recovery Act, has been crucial in fighting addiction in her state.

Unfortunately, within Indian Country, many federal grant programs, including those available as part of the 21st Century Cures Act, require funding to pass through the states before it can be delivered to Tribal Nations. Because of this, many Tribal communities have difficulty accessing federal funds, with many completely unable to access them in this manner. Further, when applying for these grants, states will often include Tribal population numbers in the overall state population used to determine each state's award. Yet, Tribal Nations are not provided with outreach for these programs and are left with minimal resources to address the opioid crisis in their communities. In order to ensure Tribal Nations are fully accessing these federal funds in the future, USET SPF recommends the Committee and Congress:

1. Consider implementing a funding model utilized by the CDC and Prevention's Good Health and Wellness in Indian Country which allows for a direct, separate funding mechanism specifically for both Tribal Nations and TECs. This model has proven to be successful.
2. Expand language within grant funding programs to specifically include Tribal Nations so that states cannot exclude them in grant funding disbursements.

Additionally, Tribal Nations are ineligible for a majority of funding available under the 21st Century Cures Act. Where Tribal Nations are eligible for funding, they are forced to compete with state and other entities for limited dollars. Tribal Nations should not have to compete to provide their citizens with the treatment they critically need. This is contrary to the federal trust responsibility to provide healthcare to Tribal Nations, and results in few resources delivered to Tribal citizens. USET SPF urges the Committee and Congress to work to either amend the 21st Century Cures Act to provide direct funding to Tribal governments or address the issue through a Tribal set-aside in future legislation

In addition to direct funding, there are barriers to reimbursement dollars (third party reimbursement and Medicaid) for the treatment of opioid addiction and other substance abuse treatment. This issue was highlighted in the President's Commission on Combatting Drug Addiction and the Opioid Crisis report which cited, "HHS/[Centers for Medicare and Medicaid Services], the Indian Health Service, Tricare, and the [Department of Veterans Affairs] still have reimbursement barriers to substance abuse treatment, including limiting access to certain [Food and Drug Administration]-approved medication-assisted treatment, counseling, and inpatient/residential treatment." Unfortunately, although Purchased/Referred Care (PRC) could provide crucial resources when addressing the opioid crisis, the program remains chronically underfunded, with current funding already being stretched thin to cover basic health needs within the Indian Health System. This results in many IHS and Tribal facilities providing only emergency or urgent care services. In order for PRC dollars to be available for treatment services, funding for the program would need to increase dramatically. USET SPF encourages the Committee to work closely with the Senate Committee on Indian Affairs, Tribal Nations, and federal agencies providing healthcare to Tribal Nations to determine how to remove existing reimbursement and PRC barriers to opioid treatment, including those

that may limit access to critical treatment programs such as counseling, and inpatient/residential treatment. In the event the Committee moves forward to draft legislation that seeks to address the national opioid crisis Tribal Nations must not be forgotten.

Culturally Competent Treatment and Best Practices

The incorporation of traditional healing practices and a holistic approach to health care are fundamental to successful opioid treatment and aftercare programs in Indian Country. Culturally appropriate care has had positive, measurable success within Tribal communities, and the incorporation of traditional healing practices and holistic approaches to healthcare has become central to many Tribal treatment programs. Tribal communities have unique treatment needs when it comes to substance abuse disorders as AI/ANs experience high levels of substance abuse disorders strongly linked to historical trauma. Opioid addiction treatment in Indian Country must be respectful of community factors and traditional health care practices, and must include adequate culturally appropriate aftercare programs. These services must be accessible through the Indian Health Care Delivery System.

Even though culturally competent care has had success across Indian Country, treatment options that incorporate cultural healing aspects are oftentimes not available within or near Tribal communities. However, some USET SPF member Tribal Nations are engaging in innovative practices that have the potential to be replicated across Indian Country. For example, one Tribal Nation's treatment program incorporates a culturally-based recovery model that has had great success, including in preventing early relapse following treatment. Other best practices within USET SPF Tribal Nations include:

- Extended, culturally-based recovery support in a sober living environment; and
- Trauma informed care training for health and behavioral health staff.

Other notable best practices and culturally healing modalities not currently being employed by USET SPF Tribal Nations include:

- Rapid entry into an acute care facility (detox/inpatient care); and
- Prevention and control interventions developed utilizing the Community Based Participatory Action model.

With additional funding and guidance, these best practices have the potential provide higher rates of recovery for our people. USET SPF encourages the Committee to explore how it might expand and promote these models through legislative action.

Conclusion

With Indian Country facing epidemic levels of opioid mortality, it is critical that Tribal governments have access to all the resources necessary to address this crisis. We urge the Committee to remember the federal trust obligation to Tribal Nations and to make this a priority, as Congress considers further action and legislation to prevent and treat opioid addiction nationally. We thank the Committee for holding this important hearing to discuss this crucial issue and look forward to the opportunity to provide further guidance. Should you have any questions or require further information, please contact Ms. Liz Malerba, USET SPF Director of Policy and Legislative Affairs, at LMalerba@usetinc.org or 202-624-3550.



USET

SOVEREIGNTY PROTECTION FUND

Nashville TN Office
711 Stewarts Ferry Pike, Ste. 100
Nashville TN 37214
P: (615) 872-7900
F: (615) 872-7417

Washington DC Office
400 North Capitol St., Ste. 585
Washington DC 20001
P: (202) 624-3550
F: (202) 393-5218

Testimony of United South and Eastern Tribes Sovereignty Protection Fund Submitted to the Senate Committee on Health, Education, Labor & Pensions for the Record of the February 27, 2018 Full Hearing Committee Hearing, *The Opioid Crisis: The Role of Technology and Data in Preventing and Treating Addiction*

March 9, 2018

On behalf of the United South and Eastern Tribes Sovereignty Protection Fund (USET SPF), we are pleased to provide the Senate Committee on Health, Education, Labor, and Pensions with testimony for the record of the Full Hearing Committee Hearing, “The Opioid Crisis: The Role of Technology and Data in Preventing and Treating Addiction,” held on February 27, 2018.

USET SPF is a non-profit, inter-tribal organization representing 27 federally recognized Tribal Nations from Texas across to Florida and up to Maine¹. Both individually, as well as collectively through USET SPF, our member Tribal Nations work to improve health care services for American Indians. Our member Tribal Nations operate in the Nashville Area of the Indian Health Service (IHS), which contains 36 IHS and Tribal health care facilities. Our citizens receive health care services both directly at IHS facilities, as well as in Tribally-operated facilities under contracts with IHS pursuant to the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638.

The opioid crisis has significantly impacted USET SPF Tribal Nations, as our Tribal communities continue to experience the destructive effects of opioid abuse and trafficking—often at higher rates than non-Indian communities. According to data from IHS, American Indians and Alaska Natives (AI/ANs) are more likely than any other race/ethnicity to have an illicit drug use disorder in the past year. In addition, according to the Centers for Disease Control and Prevention, AI/ANs are at the greatest risk for prescription opioid overdose, confronting an opioid overdose rate of 8.4 per 100,000. Despite the disproportionate impact the opioid crisis has had in Indian Country, Tribal Nations were absent from the issues discussed during the hearing. USET SPF urges the Committee to take the necessary steps in future hearings, as well as in future Committee legislation, to ensure Tribal Nation Leaders and representatives, as well as Tribal issues, are fully included. USET SPF offers the following recommendations to include Tribal Nations as full partners in the fight to end the opioid epidemic, including efforts to ensure the comprehensive use of data and technology, as well as the provision of requisite funding for data infrastructure. We continue to underscore Congress’ trust responsibility to ensure Tribal Nations are equipped with necessary resources to fight this epidemic within our communities.

Opioid Data Issues in Indian Country and the USET SPF Region

Based on reports from Tribal/IHS health facilities within the USET SPF region, our Tribal Epidemiology

¹ USET SPF member Tribal Nations include: Alabama-Coushatta Tribe of Texas (TX), Aroostook Band of Micmac Indians (ME), Catawba Indian Nation (SC), Cayuga Nation (NY), Chitimacha Tribe of Louisiana (LA), Coushatta Tribe of Louisiana (LA), Eastern Band of Cherokee Indians (NC), Houlton Band of Maliseet Indians (ME), Jena Band of Choctaw Indians (LA), Mashantucket Pequot Indian Tribe (CT), Mashpee Wampanoag Tribe (MA), Miccosukee Tribe of Indians of Florida (FL), Mississippi Band of Choctaw Indians (MS), Mohegan Tribe of Indians of Connecticut (CT), Narragansett Indian Tribe (RI), Oneida Indian Nation (NY), Pamunkey Indian Tribe (VA), Passamaquoddy Tribe at Indian Township (ME), Passamaquoddy Tribe at Pleasant Point (ME), Penobscot Indian Nation (ME), Poarch Band of Creek Indians (AL), Saint Regis Mohawk Tribe (NY), Seminole Tribe of Florida (FL), Seneca Nation of Indians (NY), Shinnecock Indian Nation (NY), Tunica-Biloxi Tribe of Louisiana (LA), and the Wampanoag Tribe of Gay Head (Aquinnah) (MA).

Center (TEC), and law enforcement agencies, USET SPF suspects that rates of AI/AN opioid overdose among our member Tribal Nations are likely much higher than national statistics and current data reveal. For the last 12 years, USET's TEC has been conducting a mortality analysis, and now has a limited amount of data that speaks to opioid mortality among our member Tribal Nations. From that data, we have learned that 9% of all deaths among USET SPF Tribal Nations were somehow related to substance abuse between 2002 and 2012. Almost one in five substance use deaths were attributable to opioids, including heroin, with the vast majority of opioid deaths, 93%, prescription drug related. Regrettably, these available statistics do not paint a complete picture of the problem within our region as data is limited to what's in the Indian Health System. To assess the devastating impacts opioids are having on our communities, other social determinant factors must be considered. However, no funding is currently available to Indian Country to create data systems that could more adequately illustrate the impacts of the opioid crisis.

During the hearing, Members of the Committee and witnesses testified that a lack of data has contributed to the inability to comprehensively address the opioid crisis nationwide. Similarly, USET SPF has learned that an overall lack of data, as well as barriers to data collection and dissemination, within the Indian Health System has not only impeded Tribal Nation prevention and treatment efforts, but also efforts to advocate for increased federal funding. In November 2017, the President's Commission on Combating Drug Addiction and the Opioid Crisis recommended there be a federal effort to strengthen data collection activities to enable real-time surveillance at the national, state, local, as well as Tribal levels. Improvements in data collection, expanded reporting and unidirectional data sharing will help Congress and Tribal Nations get a clearer picture of the extent of opioid epidemic in Indian Country. The Committee must work in consultation with Tribal Nations to address challenges in acquiring comprehensive data within Indian Country through upcoming legislation.

Funding for Comprehensive Opioid Data Collection within the Indian Health System

As mentioned previously, the available data within the Indian Health System is inadequate and fails to fully illustrate the impacts opioids are having in Tribal communities. The federal government has a trust responsibility to ensure Tribal Nations have access to resources, financial and otherwise, to combat the opioid epidemic. Among these vital resources is access to direct federal funding for Tribal Nations. As the Committee moves forward with recommendations on how to more effectively utilize data and technology when seeking to treat and prevent opioid addiction, the Committee must provide direct funding to Tribal Nations and Tribal Epidemiology Centers in order to improve opioid data collection. Expanding data collection and analysis would improve the treatment and prevention of substance abuse within Indian Country.

Though our data on this issue is incomplete, data that is available shows Indian Country, including USET SPF Tribal Nations, is among the communities most impacted by this crisis. Without access to critical data, direct funding or Congressional champions when strategies are being developed, Tribal Nations will continue to feel the impacts of the opioid epidemic for generations. USET SPF urges the Committee to prioritize addressing this shortfall by working to ensure Tribal Nations have access to direct funding to improve opioid data and provide for the treatment and prevention of substance abuse.

Tribal Engagement at all Levels of Government

USET SPF reminds the Committee that Tribal Nations are sovereign governments to which each member of Congress has a trust responsibility. This trust responsibility is carried out not just through funding, but through meaningful government-to-government consultation and coordination to ensure Tribal Nations are included as full partners. When it comes to addressing the gaps in comprehensive data collection to prevent, treat, and measure opioid addiction, this effort must include collaboration between federal, state, and Tribal governments.

During the hearing, both Members of the Committee and witnesses underscored the crucial need for collaboration on data between all levels of government, including federal, state and local, in addressing the opioid epidemic. However, Tribal Nations are frequently excluded from these types of collaborative efforts as other units of government work together to ensure a coordinated response. With this in mind, it is essential that Tribal Nations have access to specific data at the state level. For example, there are major differences in access to Tribal Nation specific mortality and morbidity data among the states within the USET SPF region. Since beginning our mortality project, USET has found that due to differing state laws regarding data release, Tribal Nations located in the three states with less restrictive laws have been able to glean more robust and accurate opioid mortality statistics than Tribal Nations located in states with more restrictive laws.

The Committee must acknowledge the substantial challenges within Indian Country when it comes to data collection, and must work to use all the resources at its disposal to encourage collaboration with Tribal Nations at all levels of government. As the trustee to Tribal Nations, the Committee and the Administration must fulfill the trust responsibility by facilitating and requiring collaboration between Tribal governments and state and local governments in the fight to end the opioid epidemic. Failure to include Tribal Nations, including when seeking solutions to the opioid epidemic through the use of data and technology, will result in major gaps in the ability of the United States to eradicate opioid addiction in this country. These gaps in coordination are detrimental not just from a healthcare and treatment perspective, but from a law enforcement perspective, as well. Outreach from the Committee, as well as future legislation, should promote and require this necessary intergovernmental collaboration.

Telehealth for Opioid Treatment

As the Committee considers the benefits of telehealth technologies associated with treating and preventing opioid addiction, it is imperative that the Committee ensure that Tribal Nations are included. The limited number of existing telehealth programs within Indian Country are making dramatic improvements in their communities when it comes to healthcare including access to care, diagnoses, treatment, and expansion of local healthcare treatment options. Within the Nashville IHS area serving USET SPF Tribal Nations, there have been multiple initiatives to expand the use of telehealth. These initiatives have provided multiple telehealth services within IHS and Tribally-operated facilities. Expanding the use of telehealth for treating substance abuse would add a vital component in efforts to address the opioid epidemic in Tribal communities. Though Tribal telehealth continues to make strides, these programs continue to fall behind when it comes to developing sustainable telehealth infrastructure or a telehealth program standard system wide due to limited, or in some cases, lack of existing infrastructure and bandwidth. It is crucial that as the Committee and Congress take steps to invest in opioid addiction telehealth services within Indian Country, that they do so keeping in mind that additional funding is needed to modernize the existing infrastructure and bandwidth capabilities in a manner that protects cultural property and sacred sites. Granting funding solely for telehealth will not be beneficial if the infrastructure and bandwidth remains insufficient.

Tribal Prescription Drug Monitoring Programs

In addition to considering the benefits of telehealth technologies, USET SPF recommends the Committee and Congress ensure the Indian Health Service's Resource and Patient Management System (RPMS) Electronic Health Record (EHR) is fully included in any efforts to expand and update state Prescription Drug Monitoring Programs (PDMP). As you may know, the RPMS EHR is a software package used by most Tribal Health facilities to store clinical and administrative information, and patient records. Integrating PDMP functionality into the RPMS EHR will connect Tribal Nations to crucial data within state PDMPs and will ensure an efficient and unified platform for Indian health providers to allow providers to quickly and easily make accurate and appropriate diagnoses (addiction, dependence, drug-seeking behavior, etc.) and document those in the RPMS EHR.

Conclusion

We thank the Committee for holding this important hearing to discuss the role of data and technology in the fight against opioid addiction. It is critical, now more than ever, that Tribal Nations have parity when it comes to access to federal resources for data collection and sharing as we seek to treat and prevent opioid addiction in our communities. The Committee must remember the federal trust obligation to and the sovereign status of Tribal Nations as Congress moves forward with legislation to address the opioid epidemic. Should you have any questions or require further information, please contact Ms. Liz Malerba, USET SPF Director of Policy and Legislative Affairs, at LMalerba@usetinc.org or 202-624-3550.