

OPIOID EPIDEMIC IN INDIAN COUNTRY

While the opioid crisis is plaguing communities across the country, studies indicate that American Indians and Alaska Natives (AI/ANs) are impacted at a higher rate than other groups.

- According to the CDC, AI/ANs had the highest drug overdose death rates compared to all other races in 2015.
- According to the CDC, the drug overdose death rates for AI/ANs in nonmetropolitan areas increased by more than 500% between 1999 and 2015.
- Pregnant AI/AN women are nearly 9 times more likely than others to be diagnosed with opioid dependency or abuse.
- According to the CDC, one in 10 AI/AN youths age 12 or older used prescription opioids for nonmedical purposes in 2012, double the rate for white youths.

These statistics illuminate the critical need for more concerted attention on curbing the opioid epidemic in tribal communities.

Here is a working list of bills pending in Congress that would help tribes address this crisis:

S. 2270, the Mitigating METH Act (Daines, R-MT)

This bill would amend the 21st Century Cures Act (Cures Act) to make Opioid Grant Program funding available directly to Indian tribes and tribal organizations as well as increase the funding pool by \$25 million. It also allows a state or Indian tribe to use the grant funding for prevention and treatment of the use of other substances deemed to have a substantial public health impact.

Introduced:

December 21, 2017

Cosponsors (8):

Harris (D-CA), Merkley (D-OR), Klobuchar (D-MN), Murkowski (R-AK), Baldwin (D-WI), Warren (D-MA), McCain (R-AZ), and Rounds (R-SD)

Committee of Jurisdiction:

Senate Health, Education, Labor and Pensions (HELP) Committee

H.R. 5140, the Tribal Addiction and Recovery Act (Mullin, R-OK)

Similar to S. 2270, this bill amends the Cures Act to make Opioid Grant Program funding available directly to Indian tribes and tribal organizations and increases the funding pool by \$25 million. It also allows a state or Indian tribe to use the grant funding for prevention and treatment of the use of other substances deemed to have a substantial public health impact.

Introduced:

March 1, 2018

Cosponsors (2):

Cole (R-OK) and Gianforte (R-MT)

Committee of jurisdiction:

House Energy and Commerce Committee

S. 2437, the Opioid Response Enhancement Act Senator Tammy Baldwin (D-WI)

This legislation contains provisions similar to both S. 2270 and H.R. 5140: 1) it amends the 21st Century Cures Act to allow Tribal entities to be eligible for State Targeted Opioid Response (STR) Grants, and 2) it would allow states and tribes to use STR Grant program funding to address other substance abuse issues. In addition, S. 2437 provides a 10 percent set aside for Tribal entities and establishes an STR Enhancement Grant for \$2 billion over five years for at least ten states and tribal entities with high needs. Overall, the bill provides \$10 billion over five years for the current STR Grant program for FY 2019 - FY 2023.

Introduced:

February 15, 2018

Cosponsors (15):

Shaheen (D-NH), Smith (D-MN), Heitkamp (D-ND), Brown (D-OH), Hassan (NH), Manchin (D-WV), Warren (D-MA), Klobuchar (D-MN), Stabenow (D-MI), Nelson (D-FL), King (I-ME), Cardin (D-MD), Tester (D-MT), Kaine (D-VA), and Udall (D-NM)

Committee of jurisdiction:

Senate Committee on Health, Education, Labor and Pensions (HELP)

The Youth Opioid Use Treatment Help Act or “Youth Act” (H.R. 3382, Clark, D-MA & S. 2055, Peters, D-MI)

These bills would establish a demonstration program to expand access to medication-assisted treatment for opioid use disorders among adolescents and young adults. Under this legislation, Indian tribes and tribal organizations are both considered an “eligible entity” to carry out a demonstration program. The bills authorize \$5 million to carry out the program, which is to last up to three years.

Introduced:

S. 2055 - July 25, 2017

H.R. 3382 - November 1, 2017

Cosponsors:

S. 2055 - Capito (R-WV), Murkowski (R-AK) and Murphy (D-CT)

H.R. 3382 - Buschon (R-IN)

Committee of jurisdiction:

S. 2055 - Senate Committee on Health, Education, Labor and Pensions (HELP)

H.R. 3382 - House Energy and Commerce—Subcommittee on Health

Native Health Access Improvement Act (H.R. 3704, Pallone, D-NJ and S. 2545, Smith, D-MN)

These bills would establish a Special Behavioral Health Program for Indians (SBHPI) grant program for the prevention and treatment of mental health and substance abuse disorders. Modeled after the Special Diabetes Program for Indians (SDPI), the SBHPI program would be administered by the Indian Health Service. These bills authorize \$150 million for each of fiscal years 2018 through 2022. H.R. 3704 also amends the Affordable Care Act definition of “Indian.”

Introduced:

H.R. 3704 - September 7, 2017

S. 2545 – March 14, 2018

Cosponsors:

H.R. 3704 - Ruiz (D-CA)

S. 2545 – Udall (D-NM), Heitkamp (D-ND), Warren (D-MA), Tester (D-MT), and Cortez Masto (D-NV)

Committee of jurisdiction:

H.R. 3704 - House Energy and Commerce—Subcommittee on Health, House Committee on Ways and Means, and House Committee on Natural Resources—Subcommittee on Indian, Insular, and Alaska Native Affairs

S. 2545 - Senate Committee on Indian Affairs

S. 2456, CARA 2.0 Act (Portman, R-OH)

This bill would build on the original Comprehensive Addiction and Recovery Act of 2016 by increasing the funding authorization levels to better coincide with the February 2018 budget agreement. CARA 2.0 authorizes \$1 billion in dedicated resources to evidence-based prevention, enforcement, treatment, and recovery programs. The bill makes “Indian tribes and tribal organizations” eligible for the “Evidence-Based Prescription Opioid and Heroin Treatment and Intervention Demonstrations” and increases the funding for that program to \$300 million for each of fiscal years 2019 through 2023.

Introduced:

February 27, 2018

Cosponsors:

Whitehouse (D-RI), Capito (R-WV), Klobuchar (D-MN), Sullivan (R-AK), Hassan (D-NH), Cassidy (R-LA), Cantwell (D-WA), Manchin (D-WV), Brown (D-OH), and Nelson (D-FL)

Committee of jurisdiction:

Senate Committee on Health, Education, Labor and Pensions (HELP)