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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 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.