

National Indian Health Board



April 25, 2019

The Honorable Elizabeth Warren
United States Senate
309 Hart Senate Office Building
Washington, DC 20002

Re: Comprehensive Addiction Resources Emergency (CARE) Act of 2019

Dear Senator Warren,

On behalf of the National Indian Health Board (NIHB) and the 573 federally-recognized American Indian and Alaska Native (AI/AN) Tribal Nations we serve, I write to offer support for the Comprehensive Addiction Resources Emergency (CARE) Act of 2019. This bill would provide significant direct resources to Tribes and Tribal organizations to turn the tide on the national opioid epidemic and improve access to substance use prevention and treatment resources.

The opioid epidemic represents one of the great public health challenges of the modern era, and has particularly impacted Indian Country. According to the Centers for Disease Control and Prevention, in 2017, AI/ANs experienced the second highest overall opioid overdose death rate, and the highest prescription opioid death rate of any demographic.¹ Deaths from drug overdoses overall increased 519% among AI/ANs from 1999-2015 – the highest percentage increase nationwide.²

Despite the scourge of substance use and overdose deaths in Tribal communities, federal public health and behavioral health resources have historically not reached the level of need in Indian Country. Indeed, chronic underfunding of the Indian health system coupled with widespread provider shortages – especially for mental health and substance use providers – have contributed to the lower quality of health and higher rates of health disparities among AI/AN peoples.

With over \$800 million in direct funding to Tribal governments and organizations, the CARE Act delivers much-needed resources to improve substance use surveillance and reporting, expand availability of treatment services, bolster provider capacity to deliver prevention and treatment services, and expand culturally appropriate care. In addition, NIHB is glad to see a provision requiring a study on the linkages between pain management practices within the Indian Health Service and patient request denials through the purchased/referred care program.

¹ Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;67:1419–1427.

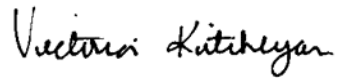
DOI: <http://dx.doi.org/10.15585/mmwr.mm675152e1>

² Mack KA, Jones CM, Ballesteros MF. Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in Metropolitan and Nonmetropolitan Areas — United States. *MMWR Surveill Summ* 2017;66(No. SS-19):1–12.

DOI: <http://dx.doi.org/10.15585/mmwr.ss6619a1>

NIHB applauds the efforts of the CARE Act to respect the federal trust responsibility and recognize the urgent need for relief from substance and opioid misuse and overdose in Indian Country. We stand ready to work with you as the legislation moves through Congress. Thank you for your continued dedication to meeting the health needs of Indian Country.

Yours in health,

A handwritten signature in black ink that reads "Victoria Kitcheyan". The signature is written in a cursive, flowing style.

Victoria Kitcheyan
Chairperson, National Indian Health Board