

# **NCUIH Joins Tribal Partner Organizations in a Letter to Congress Expressing Support for \$250 Million in Opioid Response Funding for the Indian Health Service**

Category: Policy Blog

written by Jeremy Grabiner | November 29, 2023

On November 6, 2023, the National Council of Urban Indian Health (NCUIH) joined the National Indian Health Board (NIHB), the National Congress of American Indians (NCAI), and the Self-Governance Communication and Education Tribal Consortium in sending a [letter](#) to House and Senate leadership expressing support for the President's supplemental funding request of \$250 million for the Indian Health Service (IHS), as part of a \$1.55 billion total investment in the fight against opioid addiction in America. This investment is in the form of Opioid Response grants through the Substance Abuse and Mental Health Services Administration (SAMHSA), and includes a 16% set-aside of emergency opioid response funding for Tribes and Tribal organizations.

This funding request has no guarantees that Congress will include the supplemental spending for FY 2024, especially given that partisan disputes will continue with the impending 2024 election. Also, with the *Fiscal Responsibility Act* spending caps lasting through 2025, it is essential that this funding is determined as "emergency" supplemental spending in order to see any increases in FY24.

In order to save lives in all Native communities, a meaningful investment in opioid crisis is essential. It is the federal government's trust responsibility to provide "[\[f\]ederal health services to maintain and improve the health of the Indians.](#)" and this is a vital step in protecting Native lives.

## **Full Text of the Letter**

Dear Speaker Johnson, Minority Leader Jeffries, Majority Leader Schumer, and Minority Leader McConnell:

On behalf of the undersigned organizations and the 574 sovereign Tribal nations we serve, we write in support of the President's supplemental funding request of \$250 million for the Indian Health Service (IHS), as part of a \$1.55 billion total investment in the fight against opioids and addiction in America. This funding is urgently needed to help Tribal communities address the severe impacts of the opioid and fentanyl crisis.

Opioids are the latest face of a mental health and addiction crisis in America that is disproportionately impacting our Tribal communities. The Centers for Disease Control (CDC) data show that American Indians and Alaska Natives have experienced the highest age-adjusted overdose death rates of any group for the past decade. Most of these deaths are due to opioid use, including fentanyl and fentanyl-laced substances.

In August 2023, The Northwest Portland Area Indian Health Board, in partnership with NIHB, hosted the National Tribal Opioid Summit in Tulalip, Washington. This convening of Tribal leaders; federal, regional, and state decision-makers; and policy experts discussed the ongoing and increasing harm opioids have on Tribal communities, and the solutions for empowerment and healing throughout Indian Country. This investment will go a long way to making a meaningful

investment in these solutions.

The mental health and addiction epidemic plagues all our communities and touches all our families, regardless of status, wealth, or beliefs. Tribes seek a formal commitment from Congressional leadership that Tribal governments are federally-recognized governments, Tribal jurisdiction is American jurisdiction, and Tribes must be provided funds and empowered, as sovereigns, in the fight against hate, sadness, and hopelessness.

The President's proposal to address the Opioid Crisis is for the elected body of the People to provide \$1.55 billion in additional funding to the Substance Abuse and Mental Health Services Administration (SAMHSA), including \$250 million that would be transferred to the IHS and made available for two years.

Despite the clear need in Indian Country, few federal dollars have been solely dedicated for this purpose to Tribal nations. For example, in FY 2023, State Opioid Response (SOR) funding was \$1.575 billion, and the Tribal Opioid Response Grants (TOR) were \$55 million, which is roughly 3 percent of the total. Given the impact of the opioid crisis in Indian Country, \$250 million will be a long overdue investment that will save lives for generations to come.

Despite these serious challenges, Tribal nations and Tribal health systems are innovating when it comes to behavioral health. By focusing on holistic care, traditional healing practices, and indigenous ways of knowing, we have seen remarkable results in Tribal communities for treatment of opioid use. Tribes have combined culturally centered prevention, treatment and recovery services with implementation of key evidenced-based practices, including Medication Assisted Treatment (MAT) clinics for opioid use disorder; syringe service programs; training, administration, and distribution of the life-saving overdose reversal medication naloxone; peer recovery support services; outpatient therapy and behavioral health integration.

Nearly 50 years of self-determination and self-governance policy have clearly demonstrated that empowering Tribes works and results in better outcomes at the same dollar-for-dollar investment. In simple terms, good governance. Additional funding will allow Tribes to improve and expand this programming that we know is effective.

Again, we reiterate our strong support for the inclusion of \$250 million to IHS for opioid and fentanyl response. This funding could not be needed more urgently. If you have any questions, please do not hesitate to contact NIHB's Director of Government Relations, Caitrin Shuy, at [cs Huy@NIHB.org](mailto:cs Huy@NIHB.org).

Sincerely,

National Indian Health Board  
National Congress of American Indians  
Self-Governance Communication and Education Tribal Consortium  
National Council of Urban Indian Health

## **Senate Hearing Emphasized the Need to Address Fentanyl Crisis in Tribal and Urban Native Communities**

On November 8, 2023, the Senate Committee on Indian Affairs (SCIA) held an oversight hearing on examining fentanyl in Native communities, focusing on Native perspectives on addressing the growing crisis. During the hearing, recommendations to address both Tribal and urban Native

communities were expressed to the committee.

“Fentanyl related deaths is on the rise in this country, and Native communities are being hit extra hard. From 2020-2021, American Indians and Alaska Natives are experiencing an alarming 3% rise in drug overdose deaths, the second biggest rise of all groups in the United States... These overdose death rates are nothing short of staggering... This growing crisis is rooted in long-standing structural inequities in Native communities such as lack of affordable housing, limited access to high-quality healthcare, and underfunded public safety programs compound fentanyl’s impact on Native communities.” – **Chairman of the Senate Committee on Indian Affairs, Senator Brian Schatz (D-HI)**

**Dr. A. Aukai Austin Seabury, Ph.D., Executive Director & Licensed Clinical Psychologist at I Ola Lāhui, Inc.**, shared the importance of incorporating traditional healing and the uptake of reimbursement by third-party funders, “Something that seems to be of real promise is in the use of cultural practice as part of healing and recovery. Those programs that have emphasized those things seem to have wonderful outcomes, and we have even seen third-party insurers inspire mentoring and experimenting with models on how to fund and find mechanisms for funding cultural practices as a vital aspect of healing our communities.”

It was pointed out that the crisis is especially troubling in urban Indian youth, and **Dr. Claradina Soto, Ph.D.** recommended to the committee that investments need to be made in harm reduction education, access to naloxone, mental health services, youth rehab programs, and a focus on family cohesion and culturally based treatment to improve the lives of Native youth.

- [Watch the full hearing](#)

## Background

American Indians and Alaska Natives [experience high rates of behavioral health issues and SUD, and have the highest rates of suicide of any minority group in the United States and high rates of SUD](#). In fact, Native people experience serious mental illnesses at a rate [1.58 times higher](#) than the national average. American Indians and Alaska Natives have some of the highest rates of behavioral health issues caused by several factors, including centuries of generational trauma, colonization, and forced assimilation policies from the United States government. According to a 2020 report from the Centers for Disease Control and Prevention, non-Hispanic American Indian and Alaska Native people had the highest rates of drug overdose deaths in both urban and rural counties, at [44.3 per 100,000 and 39.8](#), respectively.

In response to these chronic health disparities and the dire need for behavioral health resources for Indian health care providers, the House Energy and Commerce Committee drafted bipartisan legislation creating the Native Behavioral Health Resources Program. This legislation was included in the House-passed *Restoring Hope for Mental Health and Well-Being Act* (H.R.7666), and ultimately included in the Consolidated Appropriations Act, 2023. This provision authorized to be appropriated \$80 million for the Native Behavioral Health Resources Program.

NCUIH supports increased resources to IHS to address this growing health disparity. On February 17, 2023, NCUIH signed onto a [letter](#) sent to the Director of the Office of Management and Budget, Shalanda Young, requesting that the Native Behavioral Health Resources Program be appropriated to combat the opioid epidemic and behavioral health crisis in Indian Country.