

NIHB Legislative Update

National Tribal Advisory Committee on Behavioral Health (NTAC)
Albuquerque, New Mexico
October 25-26, 2018

Opioid Crisis Legislation: Overview

- Congress focused efforts in 2018 on comprehensive efforts to address the opioid epidemic.
- Largely was a bipartisan effort and legislation passed the House of Representatives in June (H.R. 6) and the Senate (with amendment) in September.
- Conference Report (final bill) passed both chambers by October, President signed the “SUPPORT for Patients and Communities Act” into law



Opioid Crisis: NIHB Testimony Cont.

- **Senate Finance Committee (February)**—How Medicare and Medicaid could reimburse costs Tribes incur when treating opioids addiction.
- **Senate Health, Education, Labor, and Pensions (HELP) Committee (February)**—The role of technology and data in preventing and treating addiction.
- **Senate Committee on Indian Affairs (March)** (in person)—Importance of utilizing traditional healing methods for opioid treatment and the need to get direct funding to Tribes.
- **House Energy and Commerce Committee (March)** (in person)— The need for Tribes to be included in national opioids strategies and improving Health Information Technology (IT) within the Indian health system.



NIHB Opioid Testimony, cont.

- **House Energy and Commerce Committee (April)**— Improving Medicare and Medicaid’s ability to provide care for AI/ANs suffering from opioids addiction.
- **Senate HELP Committee (April)**—Improvements to the Opioid Crisis Response Act (S. 2680, or OCRA).
- NIHB also advocated in testimony to the **House Labor-HHS (April)** and **House Interior (May) Appropriations committees** to include supplemental funding for opioids programs in Indian Country.



Final Opioid Legislation

- Senate passed the final conference agreement on October 3, 2018 which sent it to the President's desk. The final bill provides improvements to treatment and recovery efforts; prevention; and substance abuse enforcement.
- Tribal specific funding provisions include:
 - 5% Tribal Set-Aside for the State Targeted Response (STR) to opioid grants
 - Up to a 3% Tribal set aside under the Plans of Safe Care program to address maternal and child health issues resulting from the opioid crisis
- The legislation Designates Tribes as eligible entities for federal funding for:
 - Comprehensive opioid recovery centers
 - Providing care to individuals after an opioid overdose
 - Youth prevention and recovery programs
 - Efforts to improve overdose surveillance
 - Technical assistance to Tribes to address surveillance needs and develop and implement prevention and treatment programs
- Language ensuring Tribal sovereignty over Tribal child trauma data



Labor HHS Appropriations FY 2019

- State Opioid Response Grants – \$50 million Tribal Set-aside (Same as last year)
- Tribal Behavioral Health Grants --\$40 million (+\$10M)
- Medication Assisted Treatment – \$10 million Tribal set aside (+\$5M)
- Good Health and Wellness in Indian Country (CDC) – \$21 million (+\$5M)
- Other programs:
 - the Garrett Lee Smith Suicide Prevention Tribal Set Aside – \$2.9 million (equal to FY18)
 - Tribal set-aside for the Zero Suicide Prevention Initiative – \$2.2 million (+\$200,000)
 - Increases for alcohol/substance use in FY2019 at IHS (included in Interior Approps)



S. 2545 / H.R. 3704 – Native Behavioral Health Access Improvement Act

- Sen. Tina Smith (D-MN) / Rep. Frank Pallone (D-NJ)
- Developed by NIHB's Youth Policy Fellows in 2017 and passed as a resolution by NIHB's Board in May 2017
- Modeled off of Special Diabetes Program for Indians
 - Proposed \$150 million in mandatory funding per year
- Direct, formula funding (to be determined by Tribes) for Tribal behavioral health programs
- Data collection component, TBD by Tribal input
- Worked to get included in OCRA



H.R. 3473 / S. 3460: Native American Suicide Prevention Act

- Sen. Elizabeth Warren (D-MA) / Rep. Raul Grijalva (D-AZ)
- Requires a state or state-designated entity receiving support from the Substance Abuse and Mental Health Services Administration (SAMHSA) for development and implementation of a statewide youth suicide early intervention and prevention strategy to agree to collaborate with each of the state's federally recognized Indian Tribes, Tribal organizations, and urban Indian organizations regarding the strategy.



CARE Act – S. 2700

- Comprehensive Addiction Resources Emergency Act of 2018 (S. 2700)
 - Sen. Elizabeth Warren and Rep. Elijah Cummings
 - Based off Ryan White HIV/AIDS Bill in 1990s
 - Direct funding to Tribes
 - \$400 million per year for 10 years
- NIHB worked on Tribal inclusion during the drafting of the legislative language.

