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PORT GAMBLE S'KLALLAM TRIBE

Testimony of the Port Gamble S'Klallam Tribe
Before the Senate Committee on Indian Affairs

March 14, 2018

Thank you, members of the Committee, on behalf of the Port Gamble S'Klallam Tribe, for the opportunity to present the impacts of the opioid epidemic on our Tribe, our response, and what we need from Congress in order to effectively confront this issue.

I. About the Tribe, our Health Care System and Relevant Programs

The Port Gamble S'Klallam Tribe is a federally recognized, self-governing tribe owning 100 percent of its reservation lands. We are located on the northern tip of the Kitsap Peninsula in Kitsap County Washington. The Tribe's Reservation is home to about two-thirds of the Tribe's 1,200 enrolled members. The Tribe is the only Indian health care provider of both primary and behavioral health services in Kitsap County, and proudly provides culturally appropriate health care to our members and approximately 800 other American Indians and Alaska Natives (AI/AN) and community members living on our Reservation.

The Tribe joined the Tribal Self-Governance Project, a consortium of self-governing Indian Tribes, in 1990 and has directly provided health services to its members for over 20 years. We fund our health services though a compact with the Indian Health Service under the Indian Self-Determination and Education Assistance Act, and operate and manage our entire health system on our Reservation.

Our health system includes primary care, dental, mental health and substance abuse services. We provide our primary care services out of our outpatient primary care health clinic, which is staffed with 2 physicians, a physician assistant, and 4 registered nurses. Our dental building is next door and includes 2 dentists, 1 dental health aide therapist, and a dental hygienist. Our behavioral health clinic is approximately two miles away. It includes 1 physician, 1 Advanced Registered Nurse Practitioner (ARNP), 4 substance abuse counselors, 5 mental health counselors and 2 prevention specialists. It provides outpatient substance abuse treatment, relapse prevention, group, individual and family mental health counseling, psychiatric evaluation and medication management, and Medication Assisted Treatment ("MAT"). Over 98 percent of our behavioral health clients are also served by our primary care clinic. Community Health Representatives and transporters fill an essential role for both clinics, providing clinical linkages to the community and transportation services.

In addition, relevant to the opioid issue, our Tribe operates a police department, which consists of nine officers and places a strong emphasis on community-oriented policing for

all residents and visitors. We also operate a Tribal Court with jurisdiction over criminal, civil and juvenile matters. Appeals are heard by our three-judge Court of Appeals.

Our Children & Family Services Department includes our Behavioral Health Division and the Community Services Division and works to enhance the quality of life of our Tribal members and their families through a culturally sensitive approach that encourages living a healthy lifestyle and promotes self-sufficiency. The Port Gamble S'Klallam Tribe operates all eligible programs under Title IV of the Social Security Act; Temporary Assistance to Needy Families (TANF) Part A, Child and Family Services (Part B), Child Support (Part D), and lastly, Foster Care and Adoption Assistance (Part E).

II. Impacts of the Opioid Crisis on the Tribe

In Washington State, the Native American overdose rate is more than twice as high as that of white Washingtonians.[1] The data shows that AI/AN in Washington State die of drug overdoses at a rate of 34.4 per 100,000 people, more than twice the rate of the next highest group (15.1 for Pacific Islanders), and almost three times that of whites at 12.4 and African Americans at 12.3. Other rates are 1.1 per 100,000 for Latinos, and 1.2 for Asian Americans.[2] For every opioid overdose death, there are 10 treatment admissions for abuse, 32 emergency room visits, 130 people who are addicted to opioids, and 825 nonmedical users of opioids.[3]

Misuse of prescribed opioids frequently leads to other drugs such as heroin. According to the National Institute of Drug Abuse, 21 to 29 percent of patients prescribed opioids for chronic pain misuse them, and 4 to 6 percent who misuse prescription opioids transition to heroin. About 80 percent of people who use heroin first misused prescription opioids. The death rate for heroin overdoses among Native Americans has also skyrocketed, rising 236 percent from 2010 to 2014.[4]

The CDC reports that American Indians/Alaska Natives had the highest national drug overdose death rates of any race in 2015, and a 519% increase in the number of non-metropolitan overdose deaths from 1999-2015.[5] Alarmingly, approximately 1 in 10 American Indian youths ages 12 or older used prescription opioids for nonmedical purposes in 2012, double the rate for white youth.[6]

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[1] Austin Jenkins, Inslee Wants Washington State to Declare Opioid 'Public Health Crisis,' KUOW.org (Jan 12, 2018), available at http://kuow.org/post/inslee-wants-washington-state-declare-opioid-public-health-crisis.

[2] Washington Department of Health Death Certificate Data.

[3] National Institute on Drug Abuse. Opioid Abuse Crisis. Available at https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis (last accessed March 8, 2018).

[4] Dan Nolan and Chris Amico, How Bad is the Opioid Epidemic?, PBS.org (Feb. 23, 2016), available at https://www.pbs.org/wgbh/frontline/article/how-bad-is-the-opioid-epidemic/ (last accessed Feb. 27, 2018).

[5] CDC Morbidity and Mortality Weekly Report (MMWR), available at https://www.cdc.gov/mmwr/volumes/66/ss/ss6619a1.htm?s_cid=ss6619a1_w (last accessed March 8, 2018).

[6] National Congress of American Indians, *Reflecting on a Crisis Curbing Opioid Abuse in Communities* (Oct. 2016), *available at* http://www.ncai.org/policy-research-center/research-data/prc-publications/Opioid_Brief.pdf (last accessed Feb. 27, 2018).

These statistics reflect the heartbreaking reality on the Port Gamble S'Klallam Reservation as we struggle to confront the drug epidemic caused by opioids flooding our community. We have had numerous overdoses and deaths in our community as a result of the opioid crisis, and not only from the vast supply of drugs available on the black market. It has been estimated that approximately 60% of the opioids that are abused come, directly or indirectly, through doctors' prescriptions.

On our Reservation, the deaths include members who were prescribed opioids as pain medication and accidentally overdosed. In the recent past, the Tribe experienced an overdose by a young mother and the death of a toddler, just two years old, who got into his parents' opioid medication. We have grieving children, parents, grandparents, and great-grandparents who have lost family due to this scourge. Every family on our Reservation has been impacted by this epidemic.

At a government level, these impacts cut across all departments, complicating funding priorities and creating competition for scarce resources. Our Health, Behavioral Health, Children & Family Services, and Housing Departments, as well as our courts, law enforcement, and administration, all have a role to play in responding to this crisis.

Our Children & Family Services Department feels the effects of the opioid crisis acutely. One of its roles is to keep children with their families. When children are removed, we have both relative placements and 20 Tribal licensed foster homes, but the increased number of dependency cases due to opioid abuse or overdose has challenged our capacity. Opioid abuse impacts the whole family. Our Tribal member grandparents are often raising their grandchildren. In addition to this role, they often struggle to help their own child who is suffering from addiction.

One specific example of the impacts we face involves dependency cases that the Tribe files to ensure a child's safety and well-being. Ninety-eight percent of all dependency cases are due to drug use. In the first eight weeks of 2018, the Tribe filed four new dependency cases, three of which were related to parent(s) opioid abuse. This already surpasses the total new cases filed in 2017. These new cases are in addition to the open dependency cases that the Tribe has already filed.

The increased number of dependency proceedings burden existing child welfare services staff and resources, and require additional hires. Every child who comes into the Tribe's care and custody needs an array of intervention and services, including mental health counseling, medical services, substitute care, and housing. The parents who survive need treatment and counseling as well. Children who are exposed to opioids *in utero* suffer from opioid withdrawal and Neonatal Abstinence Syndrome, and often bear scars that will last a lifetime. These infants are immediately transferred to a neonatal intensive care unit for a period of days, weeks, or even months, frequently requiring emergency evacuation for care to save the infant's life. Such emergency transportation costs the Tribe thousands of dollars for each occurrence.

The crisis has forced the Tribe to staff new positions at great expense, including additional substance abuse counselors to deal with the substantial increase in opioid addiction, a nurse specializing in substance abuse disorders for case management related to the opioid epidemic, and physicians to provide Medication Assisted Treatment with drugs such as naltrexone for opioid addiction and abuse.

The Tribe has provided naloxone HCl, also known as "Narcan", a nasally administered overdose reversal drug, and the training to use it, to all law enforcement personnel and natural resource officers. Due to their work in the field in our Tribal community, those officers and personnel regularly encounter individuals suffering from opioid overdose symptoms who can only be assisted and saved from death by timely administration of Narcan. The Tribe provides Narcan and training in its use to other members of our community, because the need for such emergency treatment is severe. Approximately 120 Tribal members have been provided with Narcan and trained on how to administer the drug. These steps are necessary, but they also cost money, which affects our Tribe's budget and priorities for budget spending.

In terms of housing, the Tribe receives federal funding under the Native American Housing Assistance and Self-Determination Act (NAHASDA) to develop and operate affordable housing for low-income Indian families. Due to the substantial increase in opioid abuse, the Tribe has seen a parallel increase in evictions of Tribal members and other Indian families (since NAHASDA requires all leases to have language authorizing eviction for "drug-related criminal activity"). When those families are evicted from the Tribe's housing they generally become homeless, and as a result they are then in even greater need of social, medical, and child welfare services from the Tribe.

The opioid crisis is overwhelming to our law enforcement and social services programs as they are not presently resourced sufficiently to meet the needs arising from the opioid epidemic. We are working as hard and as efficiently as we can with the resources we have, but additional resources in terms of funding, personnel and authorities are needed to combat the myriad problems the opioid crisis causes.

This epidemic is a complex issue, and there is no quick and easy fix for resolving the problem. Rather, we need a multifaceted, comprehensive approach with tactics that work. Our Tribe has been working to implement just such an approach, but we need your help.

III. What Port Gamble S'Klallam Tribe is Doing to Combat the Crisis

The Tribe has shown leadership in its aggressive and comprehensive response to the opioid epidemic through our cross-governmental Tribal Healing Opioid Response (THOR) program, collaboration with Washington State, through participation in the Three County Coordinated Opioid Response Project (3CCORPS), and, most recently, like many other state and tribal governments, by seeking to cut the flow of opioids into our community by filing a lawsuit against the manufacturers and distributors of these drugs.

A. THOR - Tribal Healing Opioid Response

The Tribe convened two Tribal town hall meetings last year to share the local impacts of the opioid crisis and determine a path forward. The extraordinary attendance at these community events demonstrated the intense and widespread impact of the crisis. Our Tribal Council then met with Kitsap County officials to discuss a response to the opioid crisis. The Tribe recognized that the crisis affects all our members and Tribal agencies and requires a cross-government response. These efforts led to the creation of our Tribal Healing Opioid Response, a project led by the Tribe's Behavioral Health and Health Services Departments. THOR is now the heart of our opioid response on our Reservation.

THOR has three main goals, and Departments across the Tribe—not just health-related entities—are responsible for achieving them. These three main goals and the associated strategies are:

(1) preventing opioid misuse and abuse by changing prescription practices, raising awareness of the danger of overdose, youth prevention programs, safe storage and disposal education, and drug supply reduction;

(2) expanding access to opioid use disorder treatment by training health providers to recognize disorder symptoms, increasing access to treatment, applying treatment practices in the criminal justice system, implementing syringe exchange and overdose prevention/treatment training, and reducing instances of opioid withdrawal in newborns; and

(3) preventing deaths from overdose by educating the Tribal community in how to recognize and respond to an overdose, and expanding access to overdose reversal medication.

Since January 2017, the Tribe has convened monthly THOR workgroup meetings composed of Tribal Council Members, Department Directors, staff, and other community members to implement the THOR goals. The workgroup is responsible for developing, reviewing and updating the Tribe's local response plan. It reviews the statewide opioid response plan and other best practices, identifies appropriate strategies, and assigns tasks and responsibilities to workgroup members.

Significantly, our Tribe took note of the November 2016 Surgeon General's Report on Alcohol, Drugs and Health which identified prevention as key to the fight against abuse and addiction. We pulled strategies from this report and put them into practice in our effort to get ahead of potential addictions by creating a Prevention Team. Our Prevention Team is responsible for numerous programs that focus on youth and using evidenced-based approaches to keep youth active in the community. The youth services program offers extended hours, a safe space, and education about substance abuse and suicide prevention 6 days a week. Through our Chi-e-chee Tribal Coalition, we collaborate with adults in the community and provide substance abuse education and prevention activities

to adults and families. Chi-e-chee can be translated to "the workers or the do-ers." The coalition has been active for over 20 years and is identifying and implementing events and activities around issues that are significant to our community.

The Tribe provides education to the community, focusing on pain treatment with exercise, mental health and non-opioid medications. Our ultimate goal through this effort is to significantly reduce the number of opioid prescriptions. Town hall meetings are held quarterly to help educate the community on current issues/topics that are significant to the community and are well attended.

THOR assigns specific responsibilities to each of the Tribe's departments to reach the THOR goals.[7] For **prevention**, the Health Department is responsible for promoting best practices in prescribing and promoting safe storage and disposal of prescriptions; the Behavioral Health Department is responsible for awareness programs; Chi-e-chee is responsible for preventing misuse in youth; and the Police Department is responsible for attempting to interdict and decrease the supply of illegal opioids. For **treatment**, the Health and Behavioral Health Departments, along with the Police Department, train providers to recognize abuse, and the Behavioral Health Department, Health Department and Re-Entry Program work together to increase access to treatment and offer syringe and needle exchange. To **prevent overdose deaths**, Chi-e-chee, Human Resources, Behavioral Health and Health work together to educate the entire community to recognize and respond to overdoses, including through the administration of naloxone.

As a tribal government, we are focused on providing culturally appropriate treatment to our members suffering from opioid addiction and the host of health and mental health issues that come with it. These include programs such as our wellness activities, talking circles, and group therapy. The Healing of the Canoe Project is a collaborative project among the Port Gamble S'Klallam Tribe, the Suquamish Tribe, and the Alcohol and Drug Abuse Institute at the University of Washington. Its central mission is to develop a life skills curriculum for tribal youth that includes drug abuse materials. The Project has made its curriculum available and has trained a total of 350 attendees from 46 Tribes and 14 tribal organizations in how to adapt and implement the curriculum.

One of central reasons why our THOR program is so effective is because the Tribe is not only a health care provider for our community, we are also a government with the ability to coordinate with State, County, and regional groups. Our clinics, Police Department and social services departments have the ability to quickly work through bureaucracy for cross departmental collaboration, providing better services to both Tribal members and the community as a whole.

[7] Tribal Healing Opioid Response Program, https://www.nihb.org/docs/12032017/Tuesday%20Sessions/THOR%20Presentation.pdf (last accessed March 11, 2018).

B. Collaboration with Washington State and Accountable Communities of Health (ACH)

Washington State has a Section 1115 waiver under the Social Security Act which funds experimental, pilot, or demonstration projects that are found by the United States Secretary of Health and Human Services to be likely to assist in promoting the objectives of the Medicaid program. These demonstration projects provide states additional flexibility to design and improve their programs with an eye toward evaluating state-specific policy approaches to better serve Medicaid populations. Through its Section 1115 waiver authority, Washington State has created Accountable Communities of Health, which bring together leaders from multiple health sectors around the state with a common interest in improving health and health equity. ACHs seek to align resources and activities to support wellness and a system that delivers care for the whole person. ACHs are also working to shift health care reimbursement strategies away from a system that pays for volume of service to one that rewards quality and outcomes.

Through the Section 1115 waiver and the creation of these ACHs, the Tribe has been able to form partnerships that were not otherwise easily accessible or workable. Now, on the opioid issue, specifically, the Tribe has multiple partners at different levels with whom it can and has been coordinating to develop and implement a variety of tactics to address the many issues arising from the epidemic. The Tribe collaborates with Washington State on the Washington State Opioid Response Plan and, on the regional level, the Olympic Community of Health (OCH) which is implementing the Three County Coordinated Opioid Response Project (3CCORPS).

C. Olympic Community of Health and 3CCORPS

OCH is an Accountable Community of Health whose objectives are to improve patient care, reduce the cost of health care and improve the health of the population in Clallam, Jefferson and Kitsap Counties. Each of the seven Tribal Nations within the three county region, including our Tribe, is represented on the OCH Board of Directors.

3CCORPS, OCH's specific opioid response, was launched in September of 2016 and convened an opioid summit in January 2017. It was not long before this summit that one of our Tribal members died due to missing a dose of naltrexone. This tragedy spurred momentum for our Tribe's active opioid response.

3CCORPS is currently in the implementation phase of its opioid response plan. Addressing the opioid epidemic is a required project in the Medicaid Transformation Project (MTP) of the OCH. 3CCORPS' foundations are the same 3 goals and strategies that the Tribe has adopted and adapted as our own opioid response plan. They also align with the statewide plan. The alignment of goals and strategies allows for quick duplication of evidence-based strategies and the ability to coordinate within the broader regional and state level, and also facilitates evaluation and data collection efforts.

3CCORPS is our work on the regional level with the OCH. Other groups that participate

in 3CCORPS are independent clinics, police departments, and social service agencies that serve many different communities.

D. Litigation to Curtail Oversupply of Opioids

On March 5, 2018, the Port Gamble S'Klallam Tribe, along with the Suquamish Tribe and the Jamestown S'Klallam Tribe, filed a complaint in federal district court naming various opioid manufacturers and distributors, including Purdue Pharma LP, McKesson Corp., Cardinal Health Inc., AmerisourceBergen Corp. and others. Our complaint alleges that these companies spread false and misleading information about the safety of opioids, negligently created an illicit market for opioids, and failed to control the flow of opioids to our Tribal members. The complaint details the same devastating impacts that we report to you today, and asks the court to find that the defendants broke the law though fraud, negligence, public nuisance, violation of Washington State consumer protection laws, other laws, and racketeering. Through the lawsuit, we seek compensation for the cost of responding to and treating opioid-related addiction and punitive damages. In filing this lawsuit, we join over 400 other plaintiffs across the country,[8] including state and tribal governments, in seeking to hold these companies accountable for the destruction caused by the opioid crisis.

IV. Lessons Learned and Strategies All Tribes Can Choose to Put in Place

A. Cross-Government Coordination

Through THOR and our 3CCORPS program with the OCH, we have learned many lessons in the fight against opioid addiction and efforts to treat those affected. At the forefront, we learned that coordination and communication across our government is key as well as ensuring that all of our Departments pitch in to the effort however they can. As the opioid epidemic affects all facets of our community, we have taken an "all-hands-on-deck" approach as a government. As explained above, we draw on any and all of our Departments that can help so that we can attack the crisis from many angles. Our monthly THOR workgroup meetings have been key to synchronizing our programs and generating action items to address the opioid problems in our community.

B. Culturally Appropriate Care

Recognizing that traditional healing practices, cultural beliefs regarding approaches to treatment, and differences in interpersonal communication contribute to significant variances in effectively meeting the healthcare needs of AI/AN, cultural competency is an inherent part of who we are, who we serve and what we do.

[8] "Can This Judge Solve the Opioid Crisis?", New York Times, March 5, 2018, available online at https://www.nytimes.com/2018/03/05/health/opioid-crisis-judge-lawsuits.html, (last accessed March 8, 2018).

C. Abuse Prevention

Prevention is the cornerstone for any opioid response, as the Surgeon General's Report on Alcohol, Drugs and Health (November 2016) states. We realize that availability of resources is different in different parts of Indian Country. Yet, there are strategies that any Tribe can put into place in its fight against the opioid epidemic. Our Tribe has a "toolkit" which we share with other Tribes in their opioid fight. We are happy to share our "toolkit" with any Tribe who would like access to it. Our "toolkit" includes:

(1) Our Pain Agreement – used in the clinic for clients with opioid prescriptions for chronic pain;

(2) Our Narcan Standing Orders & Policy – provides Narcan to any Tribal member or household that requests it, and to any patient with an active opioid prescription; and

(3) Our Good Samaritan Tribal Code – provides liability protection for those who act in good faith and seek medical assistance for any person who is experiencing a drug-related overdose.

Collaborating with federal agencies has been very helpful in our Tribe's fight against the epidemic. We suggest that Tribes regularly call upon their regional federal agency officials from IHS, SAMHSA, HRSA, BIA, DOJ, and others. These agencies have resources, technical assistance and connections that they can share. Further, Tribes may find that partnering with their neighboring governments on this particular issue yields a variety of benefits. Accessing additional resources is always a benefit, whether they are financial resources or non-financial resources such as experience, expertise and technical assistance. Brainstorming and sharing ideas with federal agencies and neighboring governments with mutual interest in stemming the opioid crisis can lead to innovation and cooperation.

The Tribe has benefited from having close collaboration with federal agencies at the regional level. The Acting Regional Director of the Department of Health and Human Services (HHS), and the Regional Director of the Substance Abuse and Mental Health Services Administration (SAMHSA), have both visited the Tribe recently, participating in robust discussions on opioid prevention. As a specific example, our SAMHSA discussion helped clarify 42 CFR Part 2 updates and requirements.

V. Barriers and Needs to More Effectively Fight the Opioid Crisis

A. Funding Needs

There are several barriers that Tribes face in their efforts to overcome the opioid epidemic. We have run into several.

1. Adequate Funding and Direct Funding

Adequate funding to combat this behemoth opioid crisis is, of course, a major barrier. Getting funding out to Tribes for their on-the-ground work is an issue not only in the amounts, but also in the manner in which such monies flow to Tribes. We strongly encourage Congress to not only work on increasing available funding, but to also provide direct funding to Tribes and ensure that any additional funds for opioid crisis response do not decrease services in other areas.

We truly appreciate Congress's inclusion of authorization for $6 billion over 2 years for opioid efforts in the recently passed Bipartisan Budget Act of 2018. We ask the Committee to advocate for full funding of the authorization and ensure that these funds go directly to tribal governments for them to spend in their own communities. Such funds should not be passed through the States. Direct funding of tribal programs is important as it ensures that funds are available to tribal governments like ours that have culturally appropriate programs and mechanisms in place for fighting the opioid epidemic.

An important bill that includes the requested direct funding mechanism is S. 2270, the Mitigating the Methamphetamine Epidemic and Promoting Tribal Health Act. This bill, introduced by Senator Daines, a member of this Committee, would make Tribes and tribal organizations eligible for direct funding under the 21st Century Cures Act, which provides an allocation to states for opioid prevention and response. S. 2270 would allow such allocation to also be used for prevention and response for other substances, such as methamphetamines, if they are having a substantial impact on the state or Tribe.

2. Full Funding of IHS Budget

Additionally, we ask you to work toward providing sufficient funding to the Indian Health Service (IHS) for opioid treatment and prevention. The FY2019 Budget Request provides $10 billion in new resources across HHS to combat the opioid epidemic and address serious mental illness. As part of this effort, the Budget Request includes an initial allocation of $150 million to IHS to provide multi-year competitive grants based on need for opioid abuse prevention, treatment, and recovery support in Indian Country.[9]

The Public Health Service Commissioned Corps plays a vital role in providing direct patient care throughout the Indian Health Service, and also has a direct role in the work of Tribes combating the opioid crisis. Any restructuring of the Corps should be done in close collaboration and consultation with Tribes.

The FY 2019 Budget Request eliminated both Community Health Representatives and Health Education from the IHS budget. These two line items support the front line work of Tribes and the IHS on both the opioid crisis and daily operations and patient care.

[9] 2019 Budget in Brief https://www.hhs.gov/sites/default/files/fy-2019-budget-in-brief.pdf. As of the preparation of this testimony, HHS has not released its detailed FY 2019 Budget Justification, including for IHS.

They need to be restored.

3. Full Funding of Contract Support Costs

The FY 2019 Budget Request fully funds Contract Support Costs at an estimated $822 million and continues the use of an indefinite appropriation, which allows IHS to guarantee full funding of this program. Funding for Contract Support Costs supports the costs incurred by Tribes for activities that are necessary for administering health care service programs under self-determination contracts and self-governance compacts.[10] This is an important funding mechanism for self-governing Tribes like ours to administer our opioid prevention and treatment programs.

B. Barriers Beyond Funding

1. Regulatory Hurdles

There are several barriers in the fight against the opioid crisis that are beyond funding. One such barrier relates to funding, but is an administrative limit on accessing already available funding. The Health Resources and Services Administration (HRSA) has behavioral health integration funding available, but it is restricted to rural locations. Kitsap County does not qualify as "rural" and so the Tribe is ineligible for these grants. We recently raised this issue to HRSA, and received assurances that this issue would be addressed. However, it would be helpful for members of Congress to encourage HRSA to reconsider the rural restriction and develop a mechanism for channeling such monies to Tribes. This could be through revising the definition of "rural" to include Tribes regardless of location or "geographic trait" of its reservation.

2. Barriers to Medication Assisted Treatment

We also want to point out certain other barriers to our efforts to combat the opioid crisis. Current regulations impose onerous training and waiver requirements for providers of Medication Assisted Treatment (MAT) prescribing drugs such as buprenorphine, even though no such limitation exists on providers prescribing opioids. This creates barriers to accessing MAT. Medicaid dollars used to fund transportation to opioid services could be reduced significantly if buprenorphine, an opioid addiction treatment drug also known as Suboxone, was easier to access at primary care facilities. Those saved funds could be used for prevention or treatment. In addition, nurse care management as an adjunct to MAT has been shown to be successful and is an evidence-based practice in treating opioid addiction. We need to expand Tribes' access to this treatment.

3. Physician Access to Medical Records

Federal regulations at 42 CFR Part 2, related to the privacy of substance abuse treatment records, currently prevent the Tribe's primary care and mental health providers from accessing patient records from dependency providers so the whole person can be treated.

[10] *Id.*

This lack of access is a barrier to coordinated, safe, and high-quality medical care and can cause significant harm. Part 2 regulations may lead to a doctor treating a patient and writing prescriptions for opioid pain medication for that individual without knowing the person has a substance use disorder.

In August 2017, Congressmen Tim Murphy and Earl Blumenauer introduced bipartisan legislation that would help align 42 CFR Part 2 with HIPAA rules, ensuring that substance use disorder patients can receive proper care while their data remains secure. The Overdose Prevention and Patient Safety (OPPS) Act (HR 3545) allows access by doctors to patients' full medical records with all the safeguards of HIPAA, but also makes use of such information in criminal investigations unlawful. The Tribe joins others such as the Partnership to Amend 42 CFR Part 2, a coalition of over 20 healthcare stakeholders including the American Hospital Association, in support of HR 3545.

4. The Lack of Co-location of Health Services on Our Reservation

The Tribe is actively working to align substance use disorder treatment with primary care to address a person's overall health, rather than treating it as a substance misuse or a physical health condition alone or in isolation. As stated, our Health Facility and Dental Facility are nearby each other, but our Mental Health Facility and Rehabilitation Facility are some distance away. This causes extra administrative burden and expense of resources. Co-locating these services would improve behavioral health integration, but a new integrated facility for all health services would cost over $8 million dollars. We suspect other Tribes face similar problems with respect to the lack of co-location of services. We look to Congress for innovative ideas, perhaps through its infrastructure package, for facilitating the construction of co-located health care facilities on tribal lands.

5. The Need to Modernize the IHS's Health Information System.

This issue impacts the ability of Tribes to confront the opioid epidemic. Barriers to integration within the health information system are being addressed at significant cost to the Tribe as we left the Indian Health Service RPMS system for direct patient care documentation years ago, although we continued to utilize that system for Purchased & Referred Care (PRC). The system we use, NextGen, is adequate for primary care, but has limitations for mental health and substance abuse. This has impacted our behavioral health integration work.

The Veteran's Administration announcement that it will pursue a contract with Cerner as a replacement for the RPMS Parent system may provide an opportunity for both IHS and Tribes. IHS needs to ensure that the replacement of RPMS will include options for non-RPMS tribes and pathways for cost saving programs such as the VA Consolidated Mail Outpatient Pharmacy Service (CMOPS).

6. The Need for Pilot Projects for Residential Post-Treatment Facilities on Tribal Lands.

Our Tribe is particularly interested in initiating a pilot program for residential post-treatment facilities. The Tribe would like to provide treatment and support past the prevailing 28-day model, utilizing evidenced-based practices with a robust evaluation component. The Tribe has partnerships with Oxford House and Habitat for Humanity to construct and operate such facilities, and is well positioned to start such a pilot program. We ask Congress to support the establishment of a pilot program by an agency such as SAMHSA, HUD, or IHS to fund residential post-treatment facilities on reservations to be operated by Tribes for their members and families.

7. Lack of Easy Access to Methadone Clinics

Our Tribal Members must travel to Tacoma or the greater Seattle area to a methadone facility to receive such treatment. We are working with OCH to obtain a methadone facility in Kitsap County to save our Members the burden and cost of traveling so far for that treatment. We ask Congress to consider ways it can facilitate the construction and operation of these facilities in locations accessible to tribal and rural communities like ours. Kitsap County, where we are located, has a restriction limiting service to one methadone clinic in the county. This limitation hampers our ability to provide expanded services in the future.

C. Beneficial Legislation: Senator Cantwell's Bill, S. 2440

In addition to S.2270 (Senator Daines' bill), we ask this Committee to support S.2440, introduced by our Senator and Committee Member, Senator Cantwell. We appreciate Senator Cantwell's work on behalf of Indian Country and, specifically, on the opioid issue. We also note that the Senator's consultation with our Tribe for receiving early input about this bill could serve as a model for tribal consultation when developing legislation. Our Tribe supports S. 2440.

S. 2440, known as the Comprehensive Addiction, Recovery, Education and Safety (CARES) Act, would, among other things, hold opioid manufacturers accountable for failure to report suspicious drug orders. The intent of the CARES Act is to increase opioid prevention and treatment funding, limit opioid prescriptions and enhance prescription drug monitoring programs. The Act would increase civil and criminal penalties on companies that fail to reasonably curtail their drugs from entering the illicit drug market. The legislation increases civil penalties from $10,000 to $100,000 per violation for negligence in reporting suspicious transaction activity, and doubles the maximum criminal penalty from $250,000 to $500,000 for willful violations. The Act increases funding for the DEA's Tactical Diversion Squad which investigates drug manufacturers that fail to prevent their drugs from entering the illicit drug market. The legislation also authorizes $50 million for the DEA's heroin enforcement groups.

This important bill aligns with the Tribe's goals in our federal lawsuit to hold drug companies responsible for failing to track orders and for creating an illicit market for

their drugs, and will be an enormous boost in the fight against opioid addiction. We applaud Senator Cantwell and ask all on this Committee to cosponsor and support this bill. Increased response funding and manufacturer accountability could drastically curtail shipments of the prescription pills that result in crippling addiction for our Tribal members.

VI. Conclusion

The crisis has ripped the fabric of our community. The loss (through death or addiction) of parents, children, brothers and sisters, uncles and aunts, nieces and nephews, and cousins to this crisis has been devastating, and will impact the Port Gamble S'Klallam Tribe for generations. We are doing what we can to fight it, and we want to work with you to eradicate this crisis once and for all.

Thank you for the opportunity to provide this testimony. We invite you to visit our Tribe to learn more about our ongoing work.