

# National Indian Health Board

## National Indian Health Board Resolution 19 - 02

### Support for Direct Funding to Tribes and the Indian Health Service for Hepatitis C Prevention, Screening, and Treatment

**WHEREAS**, the National Indian Health Board (NIHB), established in 1972, serves all federally recognized American Indian and Alaska Native (AI/AN) Tribal governments by advocating for the improvement of health care delivery to AI/ANs, as well as upholding the federal government's trust responsibility to AI/AN Tribal governments; and

**WHEREAS**, the NIHB has a strong history of advancing the well-being of American Indian and Alaska Native people through the support of regulatory and congressional action, advocacy for increased funding for healthcare in Indian Country, creation of national venues to discuss health issues, and creation of educational and programmatic materials for Tribal public health professionals; and

**WHEREAS**, American Indian and Alaska Native (AI/AN) Tribal Nations share a unique government to government relationship with the federal government; and

**WHEREAS**, the federal government has a trust responsibility to deliver quality healthcare and public health services to all AI/ANs; and

**WHEREAS**, AI/AN communities have been disproportionately impacted by the national opioid overdose epidemic, experiencing the second highest overdose fatality rate nationwide in 2016 at 13.9 deaths per 100,000 population; and

**WHEREAS**, the national opioid overdose epidemic has been the primary driver of a 400% increase in rates of acute Hepatitis C (HCV) infections among 18 to 29 year olds and a 325% increase among 30 to 39 year olds nationally from 2004 to 2014; and

**WHEREAS**, AI/AN people have the highest HCV mortality rate at 10.8 deaths per 100,000 compared to a national average of 4.5 deaths per 100,000 population; and

**WHEREAS**, rates of chronic liver disease and cirrhosis deaths associated with HCV infections are 2.3 times higher among AI/ANs compared to Whites; and

**WHEREAS**, the Consolidated Appropriations Act of 2016 included \$1.5 billion in supplemental funding for the Department of Veterans Affairs (VA) specifically for expansion of HCV screening and treatment without any matching funds for the Indian Health Service (IHS); and

**WHEREAS**, from 2011 to 2015 HCV mortality rates increased by 13% among AI/ANs and 2015 HCV incidence rates were twice as high among AI/ANs compared to Whites; and

**WHEREAS**, numerous studies have demonstrated the high cost-effectiveness of universal HCV screening and expanded treatment coverage; and

**WHEREAS**, the cost of HCV treatment medications have plummeted in recent years due to advancements in pharmaceutical research and drug availability; and

**WHEREAS**, many state Medicaid agencies continue to have strict treatment eligibility restrictions based on stage of liver fibrosis, patient sobriety levels, and type of provider administering treatment that are contradictory to national HCV treatment guidelines developed by the American Association for the Study of Liver Disease and the Infectious Diseases Society of America; and

**NOW THEREFORE BE IT RESOLVED** that NIHB calls for recurring, direct, formula-based funding to Tribes and/or Tribal organizations for HCV screening and prevention initiatives; and

**NOW THEREFORE BE IT FURTHER RESOLVED** that NIHB calls for establishing parity between the VA and IHS in appropriations for HCV treatment; and

**NOW THEREFORE BE IT FURTHER RESOLVED** that NIHB calls for state Medicaid agencies to match their coverage and eligibility requirements to accepted national guidelines for HCV treatment.

### **CERTIFICATION**

The foregoing resolution was adopted by the Board, with quorum present, on the 27<sup>th</sup> day of February, 2019



**Vice-Chair, Bill Smith**

**ATTEST:**



**Recording Secretary, Lisa Elgin**