



**NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD**

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Chehalis Tribe
Coeur d' Alene Tribe
Confederated Tribes of Colville
Confederated Tribes of Coos, Lower
Umpqua, and Siuslaw Indians
Confederated Tribes of Grand Ronde
Confederated Tribes of Siletz
Confederated Tribes of Umatilla
Confederated Tribes of Warm Springs
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Klallam Tribe
Lummi Tribe
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Muckleshoot Tribe
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Nisqually Tribe
Nooksack Tribe
NW Band of Shoshone Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Tribe
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Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Upper Skagit Tribe
Yakama Nation

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RESOLUTION # 18-02-01

“Request that State Medicaid Agencies Make Hepatitis C Medications a Clinical Priority”

WHEREAS, the Northwest Portland Area Indian Health Board (NPAIHB), a tribal organization under P.L. 93-638 that represents forty-three federally-recognized Indian tribes in Oregon, Washington and Idaho; and

WHEREAS, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the primary goal of the NPAIHB is to improve the health and quality of life of its member tribes; and

WHEREAS, American Indians and Alaska Natives (AI/ANs) are disproportionately affected by Hepatitis C virus and have both the highest rate of acute HCV (Hepatitis C) infection and the highest HCV-related mortality rate of any US racial/ethnic group; and

WHEREAS, the AI/AN HCV-related mortality rate in Idaho, Oregon and Washington is over three times that of non-Hispanic whites and this disparity has persisted over time, demonstrating the need for enhanced and expanded access to HCV curative therapies; and

WHEREAS, treatment of individual AI/ANs should be considered treatment for our tribal communities; and

WHEREAS, medical options for individuals with HCV have vastly improved and new medications have high rates of achieving sustained virologic response (SVR), which reduce liver-related deaths, prevalence of hepatocellular carcinoma and decompensated cirrhosis and liver transplants; and

WHEREAS, among persons with HCV-related cirrhosis, SVR can level the survival curve to that of the general population; and

WHEREAS, Portland Area tribes identified HCV Access to Treatment as a Hot Issue for FY 2019 and FY 2020, and identified liver disease as a priority for the FY 2020 in the annual Portland Area budget formulation process; and

WHEREAS, lack of drug access is the single most important barrier to a scale-up of HCV treatment and liver disease prevention; and

WHEREAS, despite lower negotiated prices with federal suppliers, cost is a formidable hurdle to treating large numbers of patients and many private insurance companies and state insurance programs have instituted measures that restrict access to treatment; and

WHEREAS, Idaho and Oregon require that a Medicaid-eligible individual with Hepatitis C be diagnosed with Advanced Liver Disease; and

WHEREAS, the NPAIHB seeks to carry out the NPAIHB/CRIHB joint resolution #17-04-11 to eliminate Hepatitis C among AI/AN people by “providing access to HCV treatment without restrictions”; and

WHEREAS, access to treatment for people with Hepatitis C should be a federal and state government priority to allow access to treatment to meet clinical needs; and

WHEREAS, CMS issued a Medicaid Drug Rebate Program Notice for State Technical Contacts, Release No. 172, dated November 5, 2015, which states that “limitations should not result in the denial of access to effective, clinically appropriate, and medically necessary treatments for beneficiaries with chronic HCV infections. States should, therefore, examine their drug benefits to ensure that limitations do not unreasonably restrict coverage of effective treatment using the new DAA HCV drugs; and

WHEREAS, NPAIHB notes the availability of guidelines for states to refer to regarding testing, managing, and treating HCV put forth by the American Association for the Study of Liver Diseases (AASLD), the Infectious Diseases Society of America (IDSA), and the International Antiviral Society-USA (IAS-USA), which can be found at <http://www.hcvguidelines.org/full-report-view>; and

WHEREAS, AI/AN people with Hepatitis C must be given access to HCV drugs in accordance with clinical guidelines, and not subject to rationing of treatment based on non-medical grounds; and

NOW THEREFORE BE IT RESOLVED, that the NPAIHB requests that State Medicaid Agencies make HCV treatment a clinical priority and ensure access to medications to all persons with medical need as determined per AASLD, IDSA and IAS-USA guidelines; and

CERTIFICATION

NO. 18-02-01

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 27 for, 0 against, 0 abstain on January 18, 2018.

Andrew C. Joseph Jr.
Chairman

January 18, 2018
Date

Gregory J. Abraham
Secretary