



## RESOLUTION # 18-02-02

### NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe  
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  
Makah Tribe  
Muckleshoot Tribe  
Nez Perce Tribe  
Nisqually Tribe  
Nooksack Tribe  
NW Band of Shoshone Tribe  
Port Gamble S'Klallam Tribe  
Puyallup Tribe  
Quileute Tribe  
Quinault Tribe  
Samish Indian Nation  
Sauk-Suiattle Tribe  
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

**Request that U.S. Department of Health and Human Services and Its Agencies Make Hepatitis C Medications a Clinical Priority and Request for Congressional Appropriation of Funding to Indian Health Service for Hepatitis C Medications in Parity with U.S. Department of Veterans Affairs Funding**

**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

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**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**, HCV drugs are not on the IHS formulary, so clinicians must spend considerable time mounting often unsuccessful attempts to get third-party payers such as private insurers, Medicaid, and patient-assistance programs to pay for them; 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 IHS patients should be a federal government priority to fulfill its obligations to tribal nations and AI/AN people and will require an appropriation from Congress to allow access to treatment to meet clinical needs; 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>.

**NOW THEREFORE BE IT RESOLVED**, that the NPAIHB requests that the U.S. Department of Health and Human Services, and its agencies, including but not limited to the Centers for Medicare and Medicaid Services (CMS) and Indian Health Service (IHS), make HCV treatment a clinical priority and ensure access to medications to all persons with medical need as determined per AASLD, IDSA or IAS-USA guidelines; and

**BE IT FURTHER RESOLVED**, that the NPAIHB requests that Congress appropriate funding to the Indian Health Service to Assure Access to Hepatitis C Medications for all AI/AN people with HCV as part of the initiative to Eliminate HCV among AI/ANs in parity with the U.S. Department of Veterans Affairs.

CERTIFICATION

NO. 18-02.02

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 10, 2018.

Andrew C. Joseph Jr.

Chairman

January 18, 2018  
Date

Gregory J. Abraham  
Secretary