



# NPAIHB

## Member Tribes of the Northwest Portland Area Indian Health Board:

- Burns Paiute Tribe
- Chehalis Tribe
- Coeur d'Alene Tribe
- Colville Tribe
- Coos, Siuslaw & Lower Umpqua Tribe
- Coquille Tribe
- Cow Creek Tribe
- Cowlitz Tribe
- Grand Ronde 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 Shoshoni Tribe
- Port Gamble S'Klallam Tribe
- Puyallup Tribe
- Quileute Tribe
- Quinault Tribe
- Samish Indian Nation
- Sauk-Suiattle Tribe
- Shoalwater Bay Tribe
- Shoshone-Bannock Tribe
- Siletz Tribe
- Skokomish Tribe
- Snoqualmie Tribe
- Spokane Tribe
- Squaxin Island Tribe
- Stillaguamish Tribe
- Suquamish Tribe
- Swinomish Tribe
- Tulalip Tribe
- Umatilla Tribe
- Upper Skagit Tribe
- Warm Springs Tribe
- Yakama Nation

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## RESOLUTION # 2024-01-05

**TITLE:** Call to Action for the President to Declare the Opioid and Fentanyl Epidemic a National Emergency

**WHEREAS**, the Northwest Portland Area Indian Health Board (hereinafter “NPAIHB”) was formed in honor of our elders’ teachings to realize the wellness of the seventh generation—our grandchildren’s grandchildren; and

**WHEREAS**, the NPAIHB was established in 1972 as a tribal organization under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638, and has a primary purpose to make known the needs and desires of American Indian/Alaska Native (AI/AN) people to federal, state, and local agencies in formulating policies, programs and establishing priorities, and in providing and delivering services which it is incumbent upon the United States to provide pursuant to the trust responsibility and treaty obligations made to federally-recognized Indian tribes; and

**WHEREAS**, the NPAIHB is governed by the 43 federally-recognized member tribes in the states of Idaho, Oregon, and Washington in accordance with the NPAIHB Constitution and By-Laws adopted in July of 1996, as amended on July 28, 2021; and

**WHEREAS**, the NPAIHB’s mission is to eliminate health disparities and improve the quality of life of AI/AN people by supporting Northwest tribes in the delivery of culturally appropriate, high-quality healthcare; and

**WHEREAS**, despite the national Covid-19 pandemic public health emergency ending, the impacts of the pandemic continue to disproportionately affect AI/AN people and the Northwest Tribes; and

**WHEREAS**, Tribal communities are currently experiencing poor mental health and substance use outcomes as a result of isolation from familial, social and cultural activities, anxiety and depression, significant deaths, economic instability, and barriers accessing mental health services and substance use treatment during the pandemic; and

**WHEREAS**, as a result, AI/AN people in the Northwest are facing a devastating opioid and fentanyl epidemic with increased overdoses and deaths; and

**WHEREAS**, AI/AN people are nearly twice as likely to use illicit drugs compared to other racial groups in the U.S., and experience the highest rate of misuse for opioids, prescription pain relievers, and other prescription misuse; and

**WHEREAS**, the rate of drug overdose deaths, specifically for opioid and fentanyl deaths, are disproportionately higher among AI/ANs in the U.S. compared to other

racial groups. Since 2018, the rate of AI/AN opioid overdose deaths nationally has increased 174%; and

**WHEREAS**, the death rate from drug overdose among AI/AN in Washington state is almost three (3) times the national AI/AN rate and the Washington state average; and

**WHEREAS**, the death rate from drug overdose among AI/AN living in Oregon is almost three (3) times higher than the Oregon state average and almost two (2) times higher than the national average; and

**WHEREAS**, the death rate from drug overdose among AI/AN in Idaho is almost two (2) times higher than the Idaho state average; and

**WHEREAS**, tribes have reported significant increase of opioid and fentanyl related overdose deaths since the onset of the Covid-19 pandemic; and

**WHEREAS**, the increase in opioid and fentanyl related overdoses is correlated with increases in use of other illicit drugs such as xylazine, suicides, homelessness, child abuse and neglect, children in foster care, incarcerations, and Missing and Murdered Indigenous People; and

**WHEREAS**, the increase in opioid and fentanyl related overdoses is impacting tribal programs and services, including health care, public safety and tribal justice systems, child welfare, housing, social services and elder care programs, which are all under-resourced and understaffed; and

**WHEREAS**, tribal resources are exhausted and tribally-based treatment services with wrap around services are extremely limited and/or existing tribal treatment programs are unable to provide the wrap around services that those in treatment need to heal and remain in recovery; and

**WHEREAS**, many tribes across the Northwest have already declared states of emergencies because of the severity and magnitude of the opioid epidemic impacting their communities; and

**WHEREAS**, over one thousand (1,000) Tribal leaders, frontline workers, and federal and state policymakers met for three days in August 2023 for the first ever National Tribal Opioid Summit (Summit) that resulted in solutions and policy recommendations to address the devastating impacts of opioid and fentanyl epidemic in tribal communities; and

**WHEREAS**, during the three-day Summit, AI/AN people with lived experiences related to opioids and fentanyl emphasized the importance of saving lives with community wide-distribution of Narcan and fentanyl testing strips and connecting those using opioids and fentanyl with tribally-based treatment services, with wrap around services; and

**WHEREAS**, during the three-day Summit, Tribal leaders and community members made clear the severity and magnitude of the opioid epidemic plaguing Indian Country and the need for the President and Governors to declare a National Emergency and States of Emergency,

respectively, to provide immediate relief, support, and regulatory flexibility and the need for federal, state and local officials to partner with tribes to address this epidemic.

**NOW THEREFORE BE IT RESOLVED**, that the NPAIHB calls on the President of the United States to unilaterally declare a national emergency for the opioid epidemic devastating Tribal communities under the National Emergencies Act, 50 U.S.C. § 1601 et. seq., the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5121 et. seq., and Public Health Service Act, 42 U.S.C. § 247d; and

**BE IT FURTHER RESOLVED**, that the NPAIHB requests the White House to convene a Tribal Opioid Crisis Task Force comprised of Tribal Leaders representing the 12 Indian Health Service Areas and the Secretary of Health and Human Services, Secretary of Housing and Urban Development, Secretary of Veterans Affairs, Director of Office of Management & Budget, U.S. Attorney General, Secretary of Agriculture, Secretary of Education, and Secretary of the Interior to determine immediate and long term solutions to address the opioid and fentanyl epidemic; and

**BE IT FINALLY RESOLVED**, that the NPAIHB calls upon the Administration to take the following immediate actions to strategically address the opioid and fentanyl epidemic and save lives:

- Utilize Section 1135 of the Social Security Act waiver authority to permanently allow Medicaid and Medicare reimbursement at the Office of Management & Budget encounter rate for traditional healing and tribal based practices and all services furnished by behavioral health providers;
- Waive or create an exception for tribal treatment centers of the Institute for Mental Diseases 16 bed limitation defined in section 1905(a)(B) of the Social Security Act;
- Authorize tribes and tribal organizations to receive all federal funding through Indian Self-Determination and Education Assistance Act Title I contracts and Title V compacts;
- Facilitate access to community-wide harm reduction training and access to supplies, including Narcan and fentanyl test strips, from the Strategic National Stockpile and Indian Health Service's National Service Supply Center;
- Utilize all authorities under the Stafford Act, National Emergencies Act, and Public Health Service Act, to fully fund tribally operated treatment facilities, wrap around services, and medically assisted treatment programs; streamline certification requirements for treatment facilities and Opioid Treatment Programs; and provide flexibility for Tribes to incorporate and fund tribal and cultural practices and to address social determinants of health, including transitional and permanent safe housing, food security, including access to traditional foods, and training and workforce opportunities;
- Conduct ongoing tribal consultation with Tribal Nations to ensure that the needs of Tribal Nations are being addressed in all state efforts and initiatives; and
- Provide other regulatory or administrative flexibility as necessary to respond to the national emergency.

**CERTIFICATION**

The foregoing resolution was duly adopted at the October 2023 Quarterly Board Meeting of the Northwest Portland Area Indian Health Board. A quorum being established,   0   against,   0   abstain on October 17, 2023.



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Nickolaus D. Lewis  
Chair, Northwest Portland Area Indian Health  
Board  
Secretary, Lummi Indian Business Council

ATTEST:



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Greg Abrahamson, NPAIHB Secretary  
Vice-Chair, Spokane Tribe of Indians