

Native Behavioral Health Access Improvement Act
House Energy and Commerce Committee Chairman Frank Pallone, Jr. (D-NJ)
and Congressman Raul Ruiz (D-CA)
Senator Tina Smith (D-Minn) and Senator Kevin Cramer (R-ND)

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 11 percent of American Indian and Alaska Native (AI/AN) people experience a substance use disorder and 22 percent experience a mental illness in their lifetime.¹ AI/AN youth also experience a rate of suicide 2.5 times the national average, and suicide rates for Native people overall have increased dramatically since 1999.² Addressing these mental and behavioral health challenges is further complicated by frequent experiences of discrimination, exposure to current and historical trauma, and decades of federal underinvestment in the Indian Health Service (IHS).

Far too many Native communities are unable to access the quality health care and services they need to address these mental and behavioral health issues. Currently, only 39 percent of IHS facilities provide 24-hour mental health crisis intervention services, and 10 percent of IHS facilities do not provide any crisis intervention services at all.³ A survey conducted by IHS found that Tribes rated the expansion of inpatient and outpatient mental health and substance abuse facilities as their number one priority.⁴ To combat the behavioral health crisis in Indian Country, Tribes need flexible funding to create behavioral health programs that meet the unique needs of their communities.

The Native Behavioral Health Access Improvement Act would create a Special Behavioral Health Program for Indians (SBHPI) to help Tribes access the resources they need to address the mental health needs and substance-use disorders in their communities. Modeled after the Special Diabetes Program for Indians, the program would:

- offer grants for Tribes to develop solutions that incorporate traditional and cultural practices into evidence-based prevention, treatment, and recovery programs; and
- requires that grant reporting standards be developed in consultation with Tribes and provide Tribes with the technical assistance needed to develop programs and meet grant requirements.

Additionally, this bill makes important technical changes to the Affordable Care Act to standardize the definition of "Indian" throughout the landmark health care law. These technical corrections improve access to care for AI/AN communities.

The legislation is endorsed by: National Indian Health Board (NIHB), National Council of Urban Indian Health (NCUIH), National Congress of American Indians (NCAI), United South and Eastern Tribes, Inc.

¹ https://www.cdc.gov/mmwr/volumes/67/wr/mm675152e1.htm#T2_down

² <https://www.nicoa.org/national-american-indian-and-alaska-native-hope-for-life-day/#:~:text=For%20Native%20youth%20ages%2010,all%20ethnic%20and%20racial%20groups>

³ <https://oig.hhs.gov/oei/reports/oei-09-08-00580.pdf>

⁴ https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/RepCong_2016/IHSRTC_on_FacilitiesNeedsAssessmentReport.pdf