Peeling Back the Layers: American Indians and the Opioid Crisis in Hennepin County

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Policy Proposal
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Abstract

Opioids are highly addictive and increasingly accessible to Minnesotans. When misused, opioids can destroy lives and lead to overdose and death. American Indians die from opioid overdose at the highest rate of any ethnic/racial group in Hennepin County. This epidemic does not discriminate based on race or ethnicity but when intertwined with historical and systemic racism and discrimination, the correlating impact reveals extreme socioeconomic disparities. This paper will describe the magnitude of this problem in Hennepin County among American Indians and explore solutions to treat addiction and prevent overdose.

The Problem

Hennepin County has the highest rate of opioid related overdose among American Indians (AIs) when compared to other ethnic/racial groups.[1]

- Opioids are addictive, quickly build tolerance [2] and are increasingly accessible in Hennepin County – this includes a cheaper and deadlier synthetic opioid known as fentanyl. [3]
- Many AIs fear and distrust conventional health care systems due to experiences with racism and discrimination, [1] and/or may be threatened with family separation if treatment is sought. [5]
- Family members and friends may all suffer from opioid use disorder (OUD), making it increasingly hard for AIs with OUD to rely on family and peer support for recovery, a successful treatment intervention in the AI community. [1]
- Spiritual care practices for AIs around effective treatment and recovery solutions are often ignored by traditional health and social systems or simply unknown as research is limited. [5]
- AIs living in urban settings like Hennepin County have less access to culturally responsive services than those living near reservations. [6]

Magnitude

Minnesota has lower rates of opioid related deaths compared to many other states, but when stratified by race/ethnicity and geography, a different picture emerges. American Indians (AIs) are 10 times more likely [7] to die of opioid overdose than Whites in Hennepin County and rates are rising faster among AIs than any other racial/ethnic community. [7] AIs are four times more likely to be uninsured, [8] eight times more likely to experience unstable housing, and [9] five times more likely to live below the federal poverty line than Whites. [10]

Over the past ten years, Emergency Department (ED) visits attributed to substance use rose by 145.6 percent across the state. [11] The seven-county metro area experienced the highest growth in the state, rising to $21.4 million in cost of ED use in 2017, up from only $4.3 million in 2007. [12]

Main Issue to Address

Minnesota Legislators must prioritize strategies that curb the opioid crisis and decrease fatal overdose among American Indians living in Hennepin County. Affordable, culturally responsive health services will help American Indians become and remain sober, stable and healthy.

Policy Question

How can lawmakers support affordable and culturally responsive health and addiction services for American Indians in Hennepin County?

Problem Trajectory

The City of Minneapolis – in the heart of Hennepin County – is built on land originally populated by the Dakota. [13]

Five hundred years of oppression and racism drive systemic health, wealth and other socioeconomic disparities for American Indians. [14] This trauma spans generations and is linked to poor health outcomes and Adverse Childhood Events (ACEs) that can increase a person's tendency to self-medicate using illicit substances like heroin. [6] Historic mistrust of western medicine and long distances from culturally specific health services limits access to appropriate treatment for American Indians living in Hennepin County. [15]

Previous Legislative Action

In 2017 Minnesota expanded funding for Medication Assisted Treatment (MAT), a low-barrier clinic-based treatment model that uses buprenorphine (also known as Suboxone) for treatment and long-term recovery of Opioid Use Disorder. [1] Grants are made available for Federally Qualified Health Centers (FQHCs) - community-based clinics that target services to Medicaid recipients, those without insurance, those with low-incomes, with multiple barriers to care, and in need of culturally responsive services. [16] However, demand for affordable and culturally responsive opioid use disorder treatment still far outweighs what current funding supports. [17]

Pressure for Action

In 2018, the magnitude of this crisis became visible along Franklin and Hiawatha Avenues in Minneapolis. [18] Men, pregnant women, toddlers, teens, self-identified disabled, and elders gathered in tents along this busy intersection between May and December 2018. Numbers grew to over 300 in the Franklin/Hiawatha encampment - referred to by some as the "wall of forgotten Natives." [18] Many residents identified as American Indian and struggled with active opioid use disorder. Hundreds of residents received needed health, housing and social supports – though many did not.[19] While there were many accounts of violence, sex trafficking, and rampant drug use; many residents reported also feeling safe living in a community of shared identity and experience. [20]

In the summer of 2019, smaller camps formed. Community leaders and agencies prepared and are responding to current impacts on individuals, families, neighborhoods, and communities. It is time for lawmakers to respond and prioritize prevention over emergency response and support health and social services specifically designed to address socioeconomic barriers to care for American Indians with OUD in Hennepin County. [5]

Policy Options

The following two policy solutions promote increased funding for Federally Qualified Health Centers (FQHCs), including OUD treatment services. Many FQHCs in Minneapolis have a long history of providing culturally specific care for American Indians. One FHQC is also a designated Indian Health Services clinic. [21]

FQHCs serve nearly 27 million people [22] and over 78,000 in Hennepin County. [23] Three FQHCs in Minneapolis serve a majority of the American Indian health center patients in Hennepin County. [24] These clinics collaborate with ten other Twin Cities FQHCs in the Federally Qualified Urban Heath Network (FUHN) - to better serve their combined Medicaid patient population. [25] In the last several years, FUHN clinics have reduced unnecessary use of the Emergency Department by 27% - saving the state of Minnesota millions of dollars. [26]

Policy Option 1: Update/increase the current FQHC Medicaid payment rate *(at the time of publication, this bill was adopted and signed into law by Governor Walz during the 2019 special legislative session.)*

Medicaid payments for FQHC services are distributed as a lump sum, called a Prospective Payment System (PPS) rate. [27] The current Medicaid reimbursement rate was set in 1999/2000 and has not been updated in 20 years. [17] Health care delivery has changed dramatically over the years and this rate does not reflect the true cost of providing modern health care services. These services might include care coordination, data analytics, electronic medical records, and integrated services – including opioid use disorder treatment. [17]

Effectiveness

Modernizing the FQHC Medicaid rate in Minnesota will increase revenue and allow clinics to grow and sustain services as nearly half of all FQHC patients in the State receive Medicaid. [28] Nationally, Medicaid comprises

43% of the total revenue for FQHCs [29], provide care to 17% of total Medicaid beneficiaries, and receive less than 2% of total U.S spending for Medicaid. [28] Between 2007 and 2014, the percent of American Indians served by an FQHC grew from 7.8% to 10% nationally – rising more than any other racial/ethnic group during the same time period. [30] Most importantly, FQHCs spend 24% less per Medicaid patient than other providers that serve Medicaid patients because they provide integrated, community-based services. [28] This makes FQHCs the most effective and efficient providers of Medicaid services. [28] Barriers attached to this solution are minimal but could include confusion and a delay in reimbursement – at least in the short term.

Political Feasibility:

Historically, FQHCs garner strong bipartisan support in both the House and the Senate because health centers save money while supporting people in need. [31] Congress has the power to update and mandate implementation of this rate. [28] The Minnesota Association of Community Health Centers (MNACHC), the state's primary care association, is leading this reform. However, MNACHC speculates that it may not pass the Republican-led Senate which has shown an unwillingness to support funding health or social services. [17]

Financial and Administrative Feasibility:

The costs associated with this option are unknown but will likely increase slowly as reimbursement rates for Medicaid services increase [26] Yet, policy makers know that increased costs via Medicaid reimbursement will create a more sustainable payment stream for FQHCs who are serving more and more patients with Opioid Use Disorder. [26] Unfortunately, the true dollar benefit is unknown, making it harder to calculate an exact increase in revenue or costs. Even though other States have increased Medicaid rates, these costs and saving systems vary considerably from state to state.

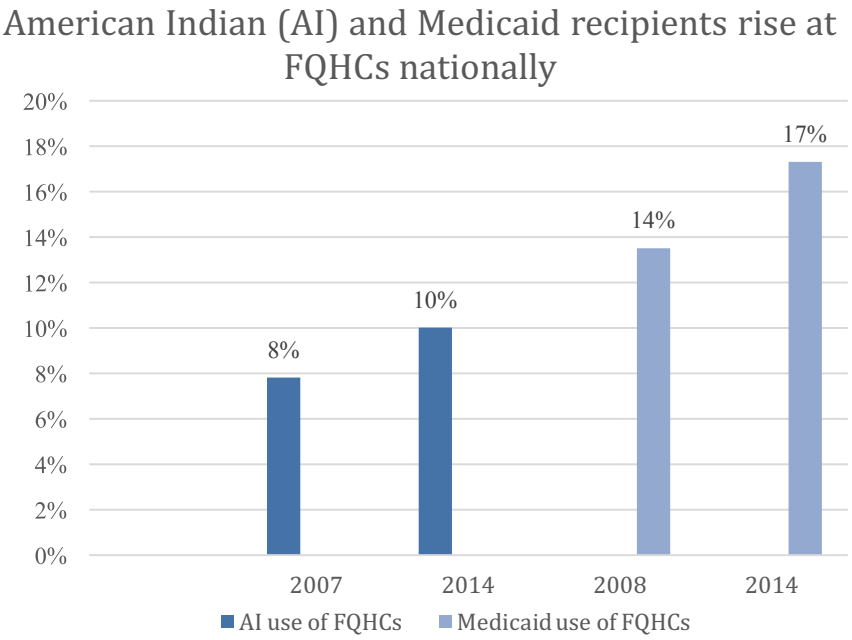

Figure 1: *American Indians and Medicaid Recipients use of FQHCs on the Rise.* Created by author using data from Nath JB, Costigan S, Hsia RY. Changes in Demographics of Patients Seen at Federally Qualified Health Centers, 2005-2014. JAMA INTERN MED. 2016;176(5):712–714. doi:10.1001/jamainternmed.2016.0705. Retrieved from: https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2513445

Ethical Feasibility:

FQHCs provide affordable, culturally respectful, quality health services to all regardless of their ability to pay. Yet FQHCs receive a Medicaid reimbursement rate that has not been updated in twenty years. [28] A well-functioning health care system that address today's health needs, including the opioid crisis, must be compensated accurately to continue providing care in the most cost-efficient and equitable way possible. The opioid crisis looks different across Minnesota – depending on race, income and geography – but this should not mean that care, treatment and prevention services should vary in quality. American Indians in need of OUD treatment experience extreme disparities in health and rely on FQHCs for services. Likewise, FQHCs rely on adequate payment to keep providing these high-quality services. [28]

Policy Option 2: Increase FQHC state appropriation funding (*at the time of publication, this bill was not adopted.)*

Minnesota currently provides an FQHC subsidy grant that allows them to provide services to impoverished communities. [17] Policy option 2 proposes an increase in the State subsidy grant from $2.6 million to $7 million dollars over the next two years, an increase of about $5 million each year (see figure 1). With this increase, FQHCs could expand access to care for many communities, including American Indians in Hennepin County.

Effectiveness:

FQHC subsidy awards are a source of discretionary funding that supports core programs and services - like OUD treatment services. Increasing the annual award would almost triple each FQHC's current award for the next two years. However, the longevity of this funding stream is not sustainable if funding were to decrease in 2022, or was not reauthorized. [28]

Political Feasibility:

FQHCs have strong bipartisan support and this funding option is appropriated (renewed by approval) every two years. This request could be more appealing to fiscally conservative members leery of long-term funding – particularly in the Republican led Senate – as who, as stated previously, has shown hesitation in increasing spending for health and human services. [17]

Financial and Administrative Feasibility:

The investment for this bill totals $10 million in increased subsidy awards for FQHCs over three years. This solution would provide FQHCs with more money to support programs but could fail to have a long- term impact if funding falls to original levels or disappears entirely after the two years.

Ethical Feasibility:

An increase in the subsidy award would provide more discretionary funds for clinics to sustain or expand programing and services like OUD treatment. AI leaders across the State are pressuring authorities to increase culturally based treatment and services. [5] This option provides Legislators with a direct way to curb the opioid crisis for those most impacted as FQHCs serve a majority of the AI population in Hennepin County.

Recommendation

Minnesota Legislators should increase FQHCs Medicaid reimbursement rate, the largest source of revenue for FQHCs. This will create a sustainable and long-term funding source for FQHCs in Hennepin County. FQHCs could plan intentional and thoughtful programming that expands access to services for American Indians struggling with opioid addiction in Hennepin County. This would provide needed and sustainable primary care services as well as OUD treatment. The opioid epidemic is a long-term crisis and [32] FQHCs must be able to build long-term solutions to meet the needs of American Indians and others affected by this deadly epidemic.

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