*Transmitted Electronically*

May 2, 2023

Minnesota Representative Dave Baker

Assistant Minority Leader

259 State Office Bldg.

St. Paul, MN 55155

**Re: Expansion of Opioid Epidemic Advisory Council**

Dear Representative Baker:

I write you today on behalf of the four Dakota Communities, Lower Sioux Indian Community, Upper Sioux Community, Prairie Island Indian Community and Shakopee Mdewakanton Sioux Community, all are Federally Recognized Indian Tribes in the State of Minnesota. As a founding, appointed member of the Opioid Epidemic Response Advisory Council (OERAC) I am writing about the expansion of the Council size.

The OERAC currently has two appointed tribal representatives, Commissioner of Health & Human Services, Nicole Anderson for the seven MN Ojibwe Tribes and I am the appointed representative to the OERAC representing the four Dakota Communities. I am also an enrolled citizen of the Lower Sioux Indian Community. I am currently the CEO of the Lower Sioux Health Care Center – Lower Sioux’s tribal clinic. I am a registered nurse and hold a doctorate degree in nursing.

I urge you and our House leaders to look at alternatives to expanding the size of this Council. The Council currently has 20 members of diverse stakeholders. As my OERAC responsibility I connect with all four Dakota Community Tribal Councils through our Dakota Consortium. I seek their input and insight as to what is needed in their response to this epidemic. This process has worked well for the Dakota Communities in Minnesota. To my knowledge, none of the Dakota Communities have indicated a request for additional members to be appointed to OERAC.

While I recognize each of our eleven Minnesota Tribes to be their own nation and support their tribal sovereignty, OERAC membership was designed with equal tribal representation for both Ojibwe and Dakota citizens. Before we have a Council that becomes too large to manage, I suggest we look at alternatives to enlarging the committee. Here are some options to gain additional Tribal input into the valuable work of OERAC:

* A tribal nation subcommittee of OERAC would allow for the two OERAC tribal representatives to hold specific meetings with all eleven Federally Recognized Tribes as well as urban and outstate tribal stakeholders. This would be an opportunity to discuss specific tribal needs that could be brought forward by both OERAC tribal representatives. I might suggest one in-person meeting within a tribal nation and two virtual. c
* Utilize existing Tribal-State meetings, councils, and committees for input.
  + MN Indian Advisory Council
  + MN Tribal Health Director’s quarterly meetings
  + MN Indian Mental Health Advisory Council
  + American Indian Child Welfare Advisory Council
  + American Indian Advisory Council on Chemical Dependency
  + There are two tribal opioid conferences upcoming including:
    - Indigenous Public Health Conference: Healing from the Opioid Epidemic through Strength-based Approaches and Data Sovereignty, June 27-30 in Shakopee
    - Great Lakes Area Tribal Opioid Conference June 27-30 in Green Bay, WI

These meetings and committees represent existing voices from tribal citizens who can undoubtedly provide additional input to our work within OERAC. I would recommend we try these options before expanding the size of OERAC.

**I urge you—to reconsider expansion the OERAC size; but rather deploy additional opportunities to obtain Minnesota Tribal Nation citizen input**.

Thank you for your attention to this matter.

Sincerely,

Darin Prescott, DNP, MBA, RN

Dakota Community Representative to the MN Opioid Epidemic Response Advisory Council

Lower Sioux Indian Community

Morton, MN 56270