

March 18th, 2025

Dear Chair and Members of the Health Finance and Policy Committee:

NAMI Minnesota supports HF 1878, which will provide Medical Assistance coverage for traditional health care practices for American Indians. This bill recognizes the effectiveness of cultural healing practices, particularly in addressing mental healthcare needs within the community.

In 2024, The Minnesota Department of Health released The Health of American Indian Families in Minnesota report, which found urgent mental health disparities affecting the American Indian community – including higher rates of depression, PTSD, substance use disorders, and suicide. The report, along with insights from community leaders, explain that these disparities manifest from several factors including historical trauma, systemic racism, and colonial practices and policies. In particular, historical trauma is unique to this demographic and must be addressed with culturally appropriate measures when requested. HF 1878 is a necessary step towards reversing these disparities by providing proven support services that improve mental well-being in American Indian families.

A recent 2024 study published in the American Psychological Association's Journal of Counseling Psychology found that expanding access to traditional healing can significantly reduce suicide rates, psychiatric hospitalizations, substance use relapse, and social isolation. Investing in effective indigenous-led mental health care will create long term improvements for mental wellbeing and community cohesion.

Effective mental healthcare responds to an individual's unique strengths and needs by cultivating resilience, reducing psychological distress, and reconnecting individuals with their communities. Traditional healing practices – such as talking circles, sweat lodges, and sacred plant-based medicines – achieve all these aspects of effective care, while also addressing historical trauma in ways that western psychological practices oftentimes cannot. The use of purely mainstream western mental health interventions has not closed mental health disparities in American Indian communities. HF 1878 ensures that essential healing practices are covered under Medicaid, making them accessible to those who need them most.

Under this bill, only qualified providers – who are employed or contracted through the Indian Health service, Tribal clinics, or Title V urban Indian organization – can deliver these services. Ensuring access to culturally appropriate care led by qualified practitioners, HF 1878 significantly strengthens mental health services and can improve outcomes for American Indians in Minnesota.

We urge the committee to support HF1878 to promote mental health equity and improve outcomes for American Indians in Minnesota.

Respectfully,

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