



TRIBAL AND STATE RELATIONS COMMITTEE

Friday, October 24, 2025

Mandan, Hidatsa, and Arikara Nation Headquarters, 307 Fifth Avenue
New Town, North Dakota

Representative Dawson Holle, Chairman, called the meeting to order at 10:05 a.m.

Members present: Representatives Dawson Holle, Collette Brown, Matthew Heilman; Senators Richard Marcellais, Tim Mathern

Members absent: Representative Jon O. Nelson; Senator Scott Meyer

Others present: Senator Chuck Walen, New Town; Representative Lisa Finley-DeVille*, Mandaree Mark Fox, Monica Mayer, and Mervin Packineau, Mandan, Hidatsa, and Arikara Nation
See [Appendix A](#) for additional persons present.

**Attended remotely*

The committee reconvened after a tour of Native Green Grow, the Mandan, Hidatsa, and Arikara (MHA) Nation's Emergency Operations Center, and Elbowoods Memorial Health Center campus.

It was moved by Senator Mathern, seconded by Senator Marcellais, and carried on a voice vote that the minutes of the August 19, 2025, meeting be approved as distributed.

TRIBAL-STATE RELATIONS

Mr. Mark Fox, Chairman, Mandan, Hidatsa, and Arikara Nation, provided information ([Appendix B](#)) regarding the tribe's history and recent developments. He noted:

- The tribe began conducting gaming in 1992. Since the introduction of electronic pull tabs, the 4 Bears Casino and Lodge has lost 60 percent of its revenue and employees. Gaming revenues are reinvested into the casino, which employs roughly 200 to 225 individuals.
- The tribe is working to enhance natural gas capture and processing, including using natural gas in the Native Green Grow greenhouse and compressing natural gas for shipping for international trade.
- From 1970 to 2012, the water level of the Fox Hills aquifer dropped two feet. An upcoming survey will determine if water levels have dropped since 2012. It takes 9,000 years to replenish a one-inch reduction in the water level of the aquifer.
- The state and the tribe have entered agreements regarding hunting and fishing licenses. The tribe would like to continue collaborating with state agencies regarding tagging fish.
- The tribes laws and regulations do not allow land to be subleased for purposes of grazing cattle. The tribe would like to coordinate with state officials and brand inspectors to enforce the subleasing prohibition.

In response to questions from committee members, Chairman Fox noted:

- The Three Affiliated Tribes of the Fort Berthold Reservation is a name given to the tribe by the federal government without tribal consultation. The tribes traditionally called themselves Nueta, Hidatsa, and Sahnish, or the MHA Nation.

- Federal policies prevent oil royalties from being paid to the tribe without a communitization agreement.

Mr. Mervin Packineau, Council Treasurer and Northeast Segment Representative, Mandan, Hidatsa, and Arikara Nation, provided information regarding tribal construction projects. He noted many projects being constructed in each community within the tribe, including the Native Green Grow greenhouse, community centers, housing, and assisted living facilities.

HUMAN SERVICES

Dr. Monica Mayer, Councilwoman and North Segment Representative, Mandan, Hidatsa, and Arikara Nation, provided information regarding tribal health care. She noted:

- Because only clinics are available on the reservation, members must travel an hour to receive hospital emergency care. The tribe is in need of a hospital and emergency room, both for members and visitors.
- The tribe pays \$40 million in premiums annually for tribal health insurance.
- Drug overdoses have declined from 156 in 2020, to 16 in 2024, in part due to enhanced treatment options and additional law enforcement.

In response to questions from committee members, Dr. Mayer noted emergency medical helicopters are available, but are expensive and require physician approval.

Dr. Joy Froelich, Executive Director, Mandan, Hidatsa, and Arikara Recovery Services, and Medical Director, Good Road Recovery Center, provided testimony ([Appendix C](#)) regarding tribal treatment and recovery services. She noted:

- Six programs are available through MHA Recovery Services.
- Licensed addiction counselors are difficult to recruit and retain in rural areas like New Town. Both addiction counselors at the New Town facility work remotely.
- Tribal members in recovery would benefit from longer stabilization periods at the State Hospital.

Mr. Jasten Schock, Executive Director, Good Road Recovery Center, provided testimony regarding Medicaid barriers. He noted:

- A facility that has more than 16 beds may not bill Medicaid for services without first obtaining a state waiver or exclusion due to federal requirements applicable to Institutions for Mental Diseases.
- Investment in preventative care for addiction reduced downstream costs for medical systems, law enforcement, and the courts.
- The Good Road Recovery Center is pursuing presumptive eligibility, which gives patients immediate temporary coverage for Medicaid based on preliminary information. Hospitals may apply presumptive eligibility, but the Good Road Recovery Center may not, which has created delays in care and gaps in billing.

It was moved by Senator Mathern, seconded by Senator Marcellais, and carried on a roll call vote that a bill draft related to an Institution for Mental Disease waiver be prepared for the committee's consideration. Representatives Holle, Brown, and Heilman and Senators Marcellais and Mathern voted "aye." No negative votes were cast.

EDUCATION

Dr. David Wilson, Associate Vice President for Health Research and Professor and Chair, Department of Indigenous Health, University of North Dakota School of Medicine and Health Sciences, provided testimony ([Appendix D](#)) regarding the activities of the department. He noted:

- The Indigenous Health PhD Program is the first of its kind in the United States and Canada. The program allows indigenous health scholars to develop a deeper understanding of the unique health issues facing indigenous populations.

- 60 percent of Native Americans in this state live on a reservation; whereas nationally, only 30 percent of Native Americans live on a reservation.
- Despite medical discoveries and gains in treatment and biomedical research, preventative diseases remain a problem for Native Americans.

In response to questions from committee members, Dr. Wilson noted:

- The Indigenous Health PhD Program is designed as a post-masters' degree with prerequisite course requirements including biostatistics and epidemiology.
- The Department of Indigenous Health is working to provide internships, community connections, and ties to North Dakota to encourage students to stay and practice in the state after receiving their degrees.

ECONOMIC DEVELOPMENT

Ms. Lorraine Davis, Founder and Chief Executive Officer, NATIVE, Inc., and the Native American Development Center, provided testimony ([Appendix E](#)) regarding services provided by NATIVE, Inc., to indigenous persons and recent economic development efforts by the Native American Development Center regarding small businesses, workforce development, and financial services. She noted:

- NATIVE, Inc., is a community-based organization designed to provide social and cultural programs for Native Americans living in urban areas. The organization serves as an access and assessment point and referral center for services. The organization frequently receives requests for assistance from individuals experiencing homelessness or at risk of experiencing homelessness.
- The Native American Development Center is designed to fulfill commerce needs and alleviate poverty among Native Americans. The center worked in partnership with the Fort Lincoln State Park to create a sweat lodge in which everyone is welcome. The center plans to construct a cultural center in Bismarck and is seeking financial support to complete the project.

No further business appearing, Chairman Holle adjourned the meeting at 5:48 p.m.

Casey Orvedal
Counsel

ATTACH:5