

HOUSE CONCURRENT RESOLUTION NO. 1009

A CONCURRENT RESOLUTION, Requesting the Congress and the President of the United States to reauthorize the federal Indian Health Care Improvement Act.

WHEREAS, the federal Indian Health Care Improvement Act was enacted by Congress in 1976 but expired in 2000 and has not yet been reauthorized; and

WHEREAS, Native Americans in South Dakota and across the nation experience the highest rates of cancer, obesity, diabetes, and heart disease, yet are adversely affected by limited access to health care due to chronic underfunding of the Indian health service; and

WHEREAS, the federal government, through treaties entered into with tribal entities, has the primary responsibility for providing health care to the Native American population in South Dakota and the United States; and

WHEREAS, disparities in the health care provided to Native Americans have been documented many times, including in the July 2003 report of the United States commission on civil rights, entitled "A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country" and the September 2004 report of the United States commission on civil rights, entitled "Broken Promises: Evaluating the Native American Health Care System"; and

WHEREAS, South Dakota and other states cannot bear sole fiscal responsibility for providing adequate health care to their Native American populations; and

WHEREAS, the reauthorization of the Indian Health Care Improvement Act would provide fiscal and other assistance necessary to improve the health care provided to Native Americans; and

WHEREAS, reauthorization of the Indian Health Care Improvement Act through fiscal year 2015 could have been accomplished by Congress through the passage of S. 1057, the Indian Health Care Improvement Act Amendments of 2005 that was introduced on May 17, 2005; and

WHEREAS, a substitute for S. 1057 was reported favorably out of the Senate committee on Indian affairs on March 16, 2006, but no further Senate action was taken on that bill; and

WHEREAS, reauthorization of the Indian Health Care Improvement Act through fiscal year 2015 could have been accomplished by Congress through the passage of H.R. 5312, the Indian Health Care Improvement Act Amendments of 2006 that was introduced on May 9, 2005; and

WHEREAS, a substitute for H.R. 5312 was reported favorably out of the House committee on resources on June 21, 2006, but no further House action was taken on that bill:

NOW, THEREFORE, BE IT RESOLVED, by the House of Representatives of the Eighty-second Legislature of the State of South Dakota, the Senate concurring therein, that the Legislature requests the Congress and President of the United States to prioritize the reauthorization of the Indian Health Care Improvement Act early in the first session of the one hundred tenth Congress; and

BE IT FURTHER RESOLVED, that the Legislature supports language in a reauthorization of the Indian Health Care Improvement Act to encourage state-Indian health service partnerships to provide eligibility to workers in rural areas; and

BE IT FURTHER RESOLVED, that the Legislature supports providing access to residential treatment centers for Native American youth and adolescents close to their homes on reservations in light of the alarming rates of substance abuse and suicide within this population in South Dakota.

Adopted by the House of Representatives,
Concurred in by the Senate,

March 02, 2007
March 03, 2007

Thomas J. Deadrick
Speaker of the House

Karen Gerdes
Chief Clerk of the House

Dennis Daugaard
President of the Senate

Trudy Evenstad
Secretary of the Senate