

State of South Dakota

EIGHTY-SECOND SESSION
LEGISLATIVE ASSEMBLY, 2007

780N0800

HOUSE CONCURRENT RESOLUTION NO. 1009

Introduced by: Representatives Bradford, Ahlers, Boomgarden, Brunner, Burg, Cutler, Deadrick, DeVries, Elliott, Engels, Faehn, Feinstein, Gassman, Gillespie, Gilson, Glenski, Hackl, Halverson, Hargens, Hills, Juhnke, Kirkeby, Lucas, Miles, Moore, Nelson, Novstrup (Al), Olson (Ryan), Sigdestad, Street, Thompson, Van Norman, and Vehle and Senators Two Bulls, Hansen (Tom), Hanson (Gary), Heidepriem, Hoerth, Hundstad, Jerstad, Katus, Maher, Nesselhuf, Olson (Ed), Smidt (Orville), and Sutton

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

3 WHEREAS, the federal Indian Health Care Improvement Act was enacted by Congress in
4 1976 but expired in 2000 and has not yet been reauthorized; and

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

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

11 WHEREAS, disparities in the health care provided to Native Americans have been
12 documented many times, including in the July 2003 report of the United States commission on
13 civil rights, entitled "A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country" and



1 the September 2004 report of the United States commission on civil rights, entitled "Broken
2 Promises: Evaluating the Native American Health Care System"; and

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

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

8 WHEREAS, reauthorization of the Indian Health Care Improvement Act through fiscal year
9 2015 could have been accomplished by Congress through the passage of S. 1057, the Indian
10 Health Care Improvement Act Amendments of 2005 that was introduced on May 17, 2005; and

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

13 WHEREAS, reauthorization of the Indian Health Care Improvement Act through fiscal year
14 2015 could have been accomplished by Congress through the passage of H.R. 5312, the Indian
15 Health Care Improvement Act Amendments of 2006 that was introduced on May 9, 2005; and

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

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

23 BE IT FURTHER RESOLVED, that the Legislature supports language in a reauthorization
24 of the Indian Health Care Improvement Act to encourage state-Indian health service partnerships

1 to provide eligibility to workers in rural areas; and

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