

SENATE JOINT RESOLUTION NO. 22

INTRODUCED BY TOWE, YELLOWTAIL

BY REQUEST OF THE SENATE PUBLIC HEALTH,
WELFARE AND SAFETY COMMITTEE

IN THE SENATE

February 14, 1985	Introduced and referred to Committee on Public Health, Welfare and Safety.
February 22, 1985	Committee recommend bill do not pass as amended. Report adopted. Ayes, 26; Noes, 23.
February 23, 1985	On motion, Senate reconsider its action taken on adverse committee report and order printed and placed on second reading. Motion adopted.
February 25, 1985	Bill printed and placed on members' desks.
February 26, 1985	Second reading, do pass. Considered correctly engrossed.
February 27, 1985	Third reading, passed. Ayes, 42; Noes, 8. Transmitted to House.

IN THE HOUSE

March 7, 1985	Introduced and referred to Committee on Human Services and Aging.
March 18, 1985	Committee recommend bill be concurred in as amended. Report adopted.

March 22, 1985 Second reading, concurred in.
March 25, 1985 Third reading, concurred in.
Returned to Senate with
amendments.

IN THE SENATE

March 25, 1985 Received from House.
April 17, 1985 Second reading, amendments
concurred in.
April 18, 1985 Third reading, amendments
concurred in.
Ayes, 47; Noes, 2.
Sent to enrolling.
Reported correctly enrolled.

1 ~~Senate~~ JOINT RESOLUTION NO. 22
 2 INTRODUCED BY Sen. Yellowtail
 3 BY REQUEST OF THE SENATE PUBLIC HEALTH,
 4 WELFARE AND SAFETY COMMITTEE
 5

6 A JOINT RESOLUTION OF THE SENATE AND THE HOUSE OF
 7 REPRESENTATIVES OF THE STATE OF MONTANA URGING THE UNITED
 8 STATES CONGRESS TO REAUTHORIZE THE INDIAN HEALTH CARE
 9 IMPROVEMENT ACT.
 10

11 WHEREAS, the Indian Health Care Improvement Act was
 12 passed in 1976 with the purpose of improving Indian health
 13 to the level enjoyed by other Americans; and

14 WHEREAS, for the past 8 years, the Indian Health Care
 15 Improvement Act has been an important source of funds for
 16 vital Indian health programs, including clinical care,
 17 alcohol and mental health programs, training and recruitment
 18 of health personnel, and facilities construction; and

19 WHEREAS, the Act expired on October 1, 1984; and

20 WHEREAS, although significant progress has been made,
 21 the purpose of the 1976 Act to improve Indian health to the
 22 level enjoyed by other Americans remains to be achieved; and

23 WHEREAS, severe problems such as infant mortality,
 24 alcoholism, diabetes, tuberculosis, and hepatitis remain
 25 much more serious among Indians than among other Americans,

1 including those in the State of Montana; and

2 WHEREAS, many Indian health facilities are in a
 3 shocking state of disrepair, and many needed facilities have
 4 yet to be built, including facilities in the State of
 5 Montana; and

6 WHEREAS, many Indian communities, including those in
 7 the State of Montana, lack necessary sanitation facilities;
 8 and

9 WHEREAS, on many Indian reservations in Montana there
 10 are serious shortages of health personnel and equipment, and
 11 the sanitation facilities need substantial improvement; and

12 WHEREAS, in recognition of the continuing health needs
 13 recited above, Congress in October of 1984 passed a bill to
 14 amend and reauthorize the Indian Health Care Improvement
 15 Act; and

16 WHEREAS, this bill would have established important new
 17 programs, including a Catastrophic Health Emergency Fund;
 18 and

19 WHEREAS, in spite of the great need for reauthorization
 20 of the Indian Health Care Improvement Act and the broad
 21 bipartisan support for the bill, President Reagan vetoed the
 22 bill; and

23 WHEREAS, the State of Montana has a vital interest in
 24 the health of its Indian citizens; and

25 WHEREAS, the State of Montana is concerned that if



1 Congress does not reauthorize the Indian Health Care
2 Improvement Act early in 1985, appropriations for Indian
3 health programs will be drastically reduced, with disastrous
4 effects on the health of American Indians, including those
5 in the State of Montana.

6

7 NOW, THEREFORE, BE IT RESOLVED BY THE SENATE AND THE HOUSE
8 OF REPRESENTATIVES OF THE STATE OF MONTANA:

9 That the Montana Legislature calls upon the United
10 States Congress to reauthorize the Indian Health Care Act
11 and upon President Reagan to sign it into law.

-End-

COMMITTEE
ON PUBLIC HEALTH, WELFARE & SAFETY
RECOMMEND DO NOT PASS
ON MOTION RECONSIDER
ADVERSE COMMITTEE REPORT
ON MOTION, PRINTED AND
PLACED ON SECOND READING

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7 NOW, THEREFORE, BE IT RESOLVED BY THE SENATE AND THE HOUSE
8 OF REPRESENTATIVES OF THE STATE OF MONTANA:

9 (1) That the Montana Legislature calls upon the United
10 States Congress to reauthorize the Indian Health Care Act
11 and upon President Reagan to sign it into law.

12 (2) THAT COPIES OF THIS RESOLUTION BE SENT TO THE
13 SPEAKER OF THE UNITED STATES HOUSE, THE PRESIDENT OF THE
14 UNITED STATES SENATE, ALL MEMBERS OF THE MONTANA
15 CONGRESSIONAL DELEGATION, AND THE PRESIDENT OF THE UNITED
16 STATES.

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-End-

STANDING COMMITTEE REPORT

March 15 19 85

MR. Speaker

We, your committee on House Human Services and Aging

having had under consideration Senate Joint Resolution Bill No. 22

third reading copy (blue)
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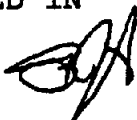
Resolution urging Congress to reauthorize the Indian Health Care Act.

Respectfully report as follows: That Senate Joint Resolution Bill No. 22

AMENDED AS FOLLOWS:

- 1) Page 2,
Following: line 8
Insert: "WHEREAS, in the urban areas of Montana, there is a critical need for health care provided by the federal Indian Health Care Improvement Act in the form of grants to urban Indian centers; and"

BE CONCURRED IN
AS AMENDED
~~XXXXXX~~



REP. KEENAN

Chairman.

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 5 Montana; and

6 WHEREAS, many Indian communities, including those in
 7 the State of Montana, lack necessary sanitation facilities;
 8 and

9 WHEREAS, IN THE URBAN AREAS OF MONTANA, THERE IS A
 10 CRITICAL NEED FOR HEALTH CARE PROVIDED BY THE FEDERAL INDIAN
 11 HEALTH CARE IMPROVEMENT ACT IN THE FORM OF GRANTS TO URBAN
 12 INDIAN CENTERS; AND

13 WHEREAS, on many Indian reservations in Montana there
 14 are serious shortages of health personnel and equipment, and
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