

109TH CONGRESS
2D SESSION

S. RES. 358

Expressing the sense of the Senate that the Secretary of Health and Human Services, acting through the Director of Indian Health Service, should maintain the current operating hours of the Wagner Service Unit until the Secretary submits to Congress a new report that accurately describes the current conditions at the Wagner Service Unit.

IN THE SENATE OF THE UNITED STATES

JANUARY 30, 2006

Mr. JOHNSON (for himself and Mr. THUNE) submitted the following resolution; which was referred to the Committee on Indian Affairs

RESOLUTION

Expressing the sense of the Senate that the Secretary of Health and Human Services, acting through the Director of Indian Health Service, should maintain the current operating hours of the Wagner Service Unit until the Secretary submits to Congress a new report that accurately describes the current conditions at the Wagner Service Unit.

Whereas the Senate reaffirms the policy that, as provided in section 3(a) of the Indian Health Care Improvement Act (25 U.S.C. 1602(a)), “it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligation to the American Indian people, to assure the highest

possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy.”;

Whereas the Senate reaffirms the finding that, as provided in section 2(a) of the Indian Health Care Improvement Act (25 U.S.C. 1601(a)), “Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government’s historical and unique legal relationship with, and resulting responsibility to, the American Indian people.”;

Whereas the Senate reaffirms the finding that, as provided in section 2(c) of the Indian Health Care Improvement Act (25 U.S.C. 1601(c)), “Federal health services to Indians have resulted in a reduction in the prevalence and incidence of preventable illnesses among, and unnecessary and premature deaths of, Indians.”;

Whereas the Senate reaffirms the finding that, as provided in section 2(d) of the Indian Health Care Improvement Act (25 U.S.C. 1601(d)), “Despite such services, the unmet health needs of the American Indian people are severe and the health status of the Indians is far below that of the general population of the United States.”;

Whereas the Senate reaffirms the policy, as provided in section 301(b)(1) of the Indian Health Care Improvement Act (25 U.S.C. 1631(b)(1)), that—

“(1) Notwithstanding any provision of law other than this subsection, no Service hospital or outpatient health care facility of the Service, or any portion of such a hospital or facility, may be closed if the Secretary has not submitted to the Congress at least 1 year prior to the date such hospital or facility (or portion thereof) is proposed to be closed an evaluation of the impact of such

proposed closure which specifies, in addition to other considerations—

“(A) the accessibility of alternative health care resources for the population served by such hospital or facility;

“(B) the cost effectiveness of such closure;

“(C) the quality of health care to be provided to the population served by such hospital or facility after such closure;

“(D) the availability of contract health care funds to maintain existing levels of service;

“(E) the views of the Indian tribes served by such hospital or facility concerning such closure;

“(F) the level of utilization of such hospital or facility by all eligible Indians; and

“(G) the distance between such hospital or facility and the nearest operating Service hospital.”;

Whereas the Secretary of Health and Human Services, acting through the Director of Indian Health Service, has proposed that the operating hours of the Wagner Service Unit, which serves the Yankton Sioux Tribe and others, should be reduced from 24 hours per day to the hours between 7:00 a.m. and 11:00 p.m.;

Whereas the 1997 proposed closure report, submitted by the Secretary pursuant to section 301(b)(1) of the Indian Health Care Improvement Act (25 U.S.C. 1631(b)(1)), is currently out of date and no longer accurately represents

the impact of such closure upon eligible Indians at the Wagner Service Unit; and

Whereas, during the previous year, the Santee Sioux Tribe of Nebraska requested health care services formerly provided by the Indian Health Service under the Indian Self-Determination Act (25 U.S.C. 450 et seq.) from another provider, thereby removing “shares” from the Wagner Service Unit and creating a budgetary crisis that forced the facility to announce reductions in the operating hours of the emergency room: Now, therefore, be it

1 *Resolved*, That it is the sense of the Senate that—

2 (1) pursuant to section 301(b)(1) of the Indian
3 Health Care Improvement Act (25 U.S.C.
4 1631(b)(1)), the Secretary of Health and Human
5 Services, acting through the Director of Indian
6 Health Services, should submit to Congress a new
7 report that evaluates the impact of reduction in
8 emergency room services at the Wagner Service Unit
9 of Indian Health Service; and

10 (2) the Secretary should maintain the current
11 operating hours of the Wagner Service Unit until
12 the Secretary submits to Congress a report described
13 in paragraph (1).

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