

THE NATIONAL BLACK CAUCUS OF STATE LEGISLATORS

NBCSL

SEEING BEYOND —

A New Decade Defining
Our New Legacy

2011 RATIFIED POLICY RESOLUTIONS

RATIFIED DECEMBER 3, 2010

34th Annual Legislative Conference

LOEWS ATLANTA HOTEL — ATLANTA, GEORGIA
DECEMBER 1-5, 2010



NATIONAL BLACK CAUCUS OF STATE LEGISLATORS

2011 RATIFIED POLICY RESOLUTIONS ■ DECEMBER 3, 2010

January 18, 2011

Dear Members and Supporters:

The National Black Caucus of State Legislators (NBCSL) convened for our 34th Annual Legislative Conference (ALC) in Atlanta, Georgia from December 1-5, 2010.

Please find enclosed the National Black Caucus of State Legislators' 2011 Policy Resolutions, which were ratified by the full body of NBCSL members on Friday, December 3, 2010. These resolutions not only communicate what we believe are the most pressing issues of our day and what action should be taken to remedy them at the state and federal levels, but also these resolutions can serve as the basis for actual legislation. Please feel free to share them freely, build on them in your statehouses, and tell us about your legislative successes.

The National Black Caucus of State Legislators is a membership association representing over 600 African American state legislators from 45 states, the District of Columbia, and the U.S. Virgin Islands. NBCSL members represent more than 50 million Americans of all racial backgrounds. Our legislators hail from rural, urban, and suburban districts and represent low income, middle class, and wealthy Americans. Yet, what distinguishes NBCSL from other legislative associations is our unwavering commitment to discuss and analyze policy from the perspective of the disenfranchised and underserved.

I thank you for the honor of serving as your new president and look forward to working with each of you throughout the year as we continue to open doors and provide a voice for our constituents. God bless.

Best Wishes,

Rep. Barbara W. Ballard (KS)
President, NBCSL

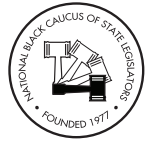


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2011 RATIFIED POLICY RESOLUTIONS

BUSINESS, FINANCIAL SERVICES, AND INSURANCE POLICY COMMITTEE

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RATIFICATION DATE: DECEMBER 3, 2010

NBCSL 34th Annual Legislative Conference
Atlanta, Georgia
December 1 - 5, 2010

BUSINESS, FINANCIAL SERVICES, AND INSURANCE

Resolution BFI-11-08

RECOGNIZING THE IMPORTANCE OF PHARMACEUTICAL MAIL-ORDER COMPANIES

WHEREAS, mail-order pharmaceutical companies fulfill prescription medication orders prescribed by licensed physicians and mail them directly to the patient's residence;

WHEREAS, mail-order pharmaceutical companies provide medical patients with the ability to receive medication at a significant reduction in cost by providing a 90-day supply, instead of the traditional 30-day supply;

WHEREAS, a chronic disease is a disease that generally persists more than three months, examples of which include high blood pressure, diabetes, HIV/AIDS, asthma, stroke, sickle cell anemia, cancer, lupus, and cardiovascular diseases among others;

WHEREAS, nearly one in every two Americans (133 million people) has a chronic medical condition which accounts for about seventy percent (70%) of deaths in the United States and about seventy-five percent (75%) of the country's health care costs each year. Ninety percent (90%) of seniors have at least one chronic disease and seventy-seven percent (77%) of them have two or more chronic diseases, and African Americans and minorities are disproportionately affected by chronic health issues;

WHEREAS, chronic diseases require ongoing care and management for effective long-term treatment, which includes the availability of prescription medications on a consistent and stable basis; this stability is especially important among seniors as statistics have shown that those between the ages of sixty-four and seventy-five use 24 prescriptions per year on average;

WHEREAS, mail order pharmacies support the needs of patients in successfully managing long-term treatment by increasing the supply of medication for up to 90 days, as prescribed by a medical doctor, and reducing the cost of prescribed medication to the patient and the insurer;

WHEREAS, prescription drug purchases in the United States are in excess of \$1.726 billion and are expected to increase by an average of twelve percent (12%) per year over the next decade;

WHEREAS, the mail-order pharmacy market currently represents approximately fourteen percent (14%) or \$137 billion of the prescription drug purchases and will increase by an estimated forty-eight percent (48%) over the next ten years;

WHEREAS, fifty-two percent (52%) of projected revenues will result from mail-order programs implemented by Medicare/Medicaid within the various Departments of Health and Human Services as well as federal, state, and local government employee health plans;

BUSINESS, FINANCIAL SERVICES, AND INSURANCE

Resolution BFI-11-08

WHEREAS, a report by Columbia University found that there were at least 400 on-line pharmacies and mail-order services, with three major companies capturing approximately seventy-eight percent (78%) of the entire market in the United States and the remaining twenty-eight percent (28%) of the revenues generated by small businesses;

WHEREAS, less than one-fourth of one percent (0.25%) of revenue generated by mail-order companies is generated by African American- or minority-owned minority mail order businesses; and

WHEREAS, African American- and minority-owned mail-order pharmacy companies are not proportionally represented among those providing prescription services to a population that is highly represented by African American and minority patients suffering from chronic and acute diseases and illnesses.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) and its members should review, analyze, and evaluate the mail-order prescription drugs service contracts in their respective states and local jurisdictions;

BE IT FURTHER RESOLVED, that the NBCSL promote, support, and encourage the need for qualified African American prescription mail-order companies as contracted service providers for government- and state-managed prescription drug insurance programs;

BE IT FURTHER RESOLVED, that the NBCSL will encourage health insurance companies and providers to ensure and promote the representation of African Americans and minorities in subcontracting opportunities, which will reduce health disparities as well as healthcare costs, and increase the quality of life in underserved communities;

BE IT FURTHER RESOLVED, that the NBCSL encourages the U.S. Congress and applicable federal agencies to promote the increased participation of African American- and minority-owned prescription mail-order companies in federally funded healthcare drug plans; and

BE IT FINALLY RESOLVED, that copies of this resolution be dispatched to the President of the United States, the Vice President of the United States, members of Congress, U.S. House and Senate Leadership, and other elected officials and federal agencies as appropriate.

SPONSOR(S): Representative Beverly Earle (NC) and Representative Mary Coleman (MS)
Committee of Jurisdiction: Business, Financial Services, and Insurance Policy Committee
Certified by Committee 1st Vice Chair: Representative Wayne Ford (IA)
Ratified in Plenary Session: Ratification Date is December 3, 2010
Ratification is certified by: Representative Calvin Smyre (GA), President

BUSINESS, FINANCIAL SERVICES, AND INSURANCE

Resolution BFI-11-22

CALLING FOR CONTINUED SUPPORT OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT AND THE HEALTH CARE AND EDUCATION RECONCILIATION ACT

WHEREAS, the United States Congress passed the Patient Protection and Affordable Care (PPAC) Act of 2010 (Pub. L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152), and President Barak Obama signed the former into law on March 23, 2010, and signed the latter into law on March 30, 2010;

WHEREAS, the enactment of this legislation represented over sixty years of struggle to extend healthcare coverage to tens of millions of Americans without insurance due to age, poverty, employers that do not offer insurance, disability, or other pre-existing medical conditions, which was a population estimated at 46 million in 2009;

WHEREAS, the enactment of this legislation is of particular importance for America's children, thousands of whom are born every year with serious, often chronic, and costly medical conditions or who develop serious conditions as a result of their environments, exposure to lead and other toxins, all of which are much more likely to occur among children in lower income families;

WHEREAS, the enactment of this legislation is of particular significance for people of color who represent one-third of the total population of the United States but constitute fifty percent (50%) of the uninsured population, as they are more likely to be unemployed, under-employed, have low-paying jobs, or work for employers that do not offer health insurance, all of which pose significant barriers in gaining access to quality health care;

WHEREAS, the passage of this legislation elevates the National Center on Minority Health and Health Disparities at the National Institutes of Health from being a Center to being an Institute;

WHEREAS, the passage of this legislation codifies the Office of Minority Health within the Department of Health and Human Services (HHS) and a network of minority health offices within HHS to monitor health and quality of care for people of color;

WHEREAS, state legislators on the front lines of healthcare reform have seen the benefits of the increased investments being made available to our states, such as the PPAC Act provision of over \$11 billion for the operation, expansion, and construction of community health centers over the next five years;

WHEREAS, the PPAC Act strives to make states a partner in bringing health insurance coverage to 32 million Americans; an example of this is the \$49 million just released to states in the form of Health Insurance Exchange Planning Grants;

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WHEREAS, states have already begun spending resources to meet current and future requirements of the PPAC Act, including the creation of special task forces, the establishment of temporary high-risk pools, and preparations for 2014 implementation of Medicaid expansion and insurance mandates;

WHEREAS, the first wave of reforms from this legislation have already come into effect, including requiring states to establish high-risk health pools with funding to make rates more affordable; requiring coverage of children with pre-existing conditions; requiring coverage of dependents under their parents' plans until age 26; prohibiting policy annual and lifetime expenditure caps; prohibiting cancelation for certain frivolous reasons; requiring preventive care, such as mammograms and cholesterol screenings; and

WHEREAS, additional reforms will not come into effect until 2014, including the provision that prohibits insurance companies from denying coverage based on pre-existing conditions for adults; the establishment of state health insurance exchanges to allow Americans to enjoy unprecedented transparency in the purchase of insurance plans, as informed purchasing decisions based on price comparison is one of the fundamental tenets of free market capitalism; and the establishment of premium credits to low-income individuals as well as families that earn up to 400% of the federal poverty level.

THEREFORE BE IT RESOLVED, at its 34th Annual Legislative Conference, the National Black Caucus of State Legislators (NBCSL) calls upon the U.S. Congress to take no action to repeal or weaken the Patient Protection and Affordable Care Act or the Health Care and Education Reconciliation Act;

BE IT FURTHER RESOLVED, that the NBCSL also supports full funding of the Patient Protection and Affordable Care Act, the Health Care and Education Reconciliation Act, and any provisions that will help our states to implement the health care reforms, including flexibility measures for states so that state healthcare systems are able to adjust to changing implementation requirements; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, the Vice President of the United States, members of the United States House of Representatives and the United States Senate, and other federal and state government officials as appropriate.

SPONSOR(S): Representative Wayne Ford (IA)

Committee of Jurisdiction: Business, Financial Services, and Insurance Policy Committee

Certified by Committee 1st Vice Chair: Representative Wayne Ford (IA)

Ratified in Plenary Session: Ratification Date is December 3, 2010

Ratification is certified by: Representative Calvin Smyre (GA), President

2011 RATIFIED POLICY RESOLUTIONS

EDUCATION

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EDUCATION

Resolution EDU-11-09

COMMUNITY SCHOOLS: SUPPORTING STUDENTS IN OUR SCHOOLS AND COMMUNITIES

WHEREAS, the National Black Caucus of State Legislators (NBCSL) has long-standing policy regarding improvements to education inside the classroom, which includes improving school facilities (98-39), fully funding the Head Start Program (00-04), designating Academic Excellence Commissions within States (00-06), and closing the achievement gap through strategic partnerships in education (01-13, 02-13);

WHEREAS, the 26th Annual NBCSL Legislative Conference in December 2002 was dedicated to ratifying policy on a “Blueprint for Educational Excellence”;

WHEREAS, the NBCSL has recognized and carried policy on major shifts in the education debate, including the passage of No Child Left Behind (04-45), the need for teacher quality resources and methods (05-17, EDU-10-33, EDU-10-44), and combating racial disparities in education (EDU-10-41);

WHEREAS, the NBCSL has guided policy on the critical need for promoting and supporting healthy lifestyle choices in schools to keep students healthy and fit to learn (05-11);

WHEREAS, the NBCSL has crafted policy on the importance of community partnerships in bringing resources into schools that improve educational outcomes (EDU-10-01);

WHEREAS, the NBCSL recognizes that an important extension of community partnerships working to maintain a healthy student body as well as provide critical services for families is the community schools movement;

WHEREAS, the NBCSL recognizes that five fundamental principles must govern the creation of community schools:

- Community schools must have a strong academic curriculum. The school and community must work together to ensure that students have a strong and rigorous curriculum, which will enable student success. The goal of academic success should guide all strategic partnership planning;
- Community schools must establish a set of coordinated and purposeful partnerships that integrate services for students, their families, and the community with the common goal of ensuring student success and building strong communities. Many schools offer after-school tutoring or a series of unconnected programs; these are not community schools. Non-community schools programs are too often unrelated to each other, disconnected from a central academic mission or rigorous curriculum and lacking the kind of support built through partnerships that engender sustainability;
- Community school partners may include a variety of providers and funders, such as community based, regional, or national organizations, which may have non-profit, for-profit, or faith-based status;

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- Community schools should offer a variety of services and development opportunities to students, parents, and community members that are relevant to needs of the local community. Examples may include the following:
 - Academic services, such as tutoring, community-based learning, and other enrichment activities;
 - Medical services, such as primary care, vision, dental, wellness, and nutritional services;
 - After-school recreational activities;
 - Mental health services, such as counseling and psychiatry;
 - Curricular tie-ins with local community employers and needs;
 - Jobs and internships; and
 - Academic and skill development through partnerships with institutions of higher education, community colleges, English language acquisition programs, and job readiness programs; and
- Community schools must be based on a comprehensive and strategic plan, agreed to in writing (e.g., contracts, memoranda of agreement, and memoranda of understanding) between the partner organization(s), providers, funders, and the school. Written agreements are necessary for oversight, transparency, and accountability of the school site(s) and necessary to avoid school governance and operations problems. Written agreements also provide a vehicle for planning and for creating scalable community school models with buy-in from all stakeholders;

WHEREAS, research shows that access to health care, social services, extended learning, additional learning, recreational opportunities, as well as increased parent involvement, are critical to student success. We must close the services gap for disadvantaged students to effectively educate our students; and

WHEREAS, a community that is engaged in the school; promotes a school climate that is safe, supportive and respectful; and connects students to a broader learning community, will help develop an informed and educated citizenry, strengthen family and community ties, and nurture democracy in the 21st century.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL)

- Urges partnerships among school districts, local government entities, political leaders, labor, and community leaders that bring together, under one roof, the services and activities our children and their families need to reinforce healthy lifestyles and provide valuable support for the functions of working families;
- Work with partner organizations and support coalitions of allies to solicit input about local needs from community members that will be served to examine the effectiveness of the community school model;
- Support and promote federal initiatives to evaluate community schools as a possible model of success that may be included in the next authorization of the K-12 Education Act;
- Advance policies to ensure that community schools enhance academic standards and are held to a measurable standard against which it can be determined as to whether the model does, indeed, improve performance inside the classroom;
- Support policies to ensure that community schools will not be used to bypass existing contractual agreements, reduce standards for existing schools, lessen those standards during after-hours operations, displace existing services and/or staff, or weaken existing crucial health and safety regulations;
- Call for high-quality, ongoing, embedded staff development in community schools;

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Resolution EDU-11-09

- Urge the use of available federal stimulus dollars to establish community schools as a legitimate and innovative strategy for school reform; and
- Consider the use of Medicaid school-based service programs when establishing community schools;

BE IT FURTHER RESOLVED, that the NBCSL supports the examination of partnerships and programs that aid in providing social and health services in rural areas and other situations in which access to these services may be limited; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, the Vice President of the United States, members of the United States House of Representatives and the United States Senate, and other federal and state government officials as appropriate.

SPONSOR(S): Representative Gilda Cobb-Hunter (SC)
Committee of Jurisdiction: Education Policy Committee
Certified by Committee Chair: Representative Gregory Porter (IN)
Ratified in Plenary Session: Ratification Date is December 3, 2010
Ratification is certified by: Representative Calvin Smyre (GA), President

EDUCATION

Resolution EDU-11-10

TEACHER DEVELOPMENT AND EVALUATION

WHEREAS, teacher evaluation must foster both professional growth for teachers and student learning. Good teaching is much more than students' test scores; teaching is about students, and teacher evaluation cannot ignore the importance of student learning, nor can it exclude other student objectives, such as developing habits and behaviors that lead to success in school and life;

WHEREAS, a good teacher development and evaluation system, therefore, measures teachers on the practices that, over time, produce desirable student outcomes and provides teachers the opportunity to hone effective practices;

WHEREAS, a comprehensive teacher development and evaluation system can improve the overall quality of the teacher workforce by identifying and building upon individual and collective teacher strengths and by improving instruction and other teacher practices to improve student learning; it can also identify exemplary teachers who might serve as mentors and/or master teachers as well as identify ineffective teachers and develop a system of support to remediate their skills;

WHEREAS, a comprehensive teacher development and evaluation system can ensure fair and valid employment decisions, including decisions about rehiring, dismissal, career paths and tenure, and an effective system that can be a lever for systemic change guiding overall school improvement;

WHEREAS, a comprehensive teacher development and evaluation system is only one necessary ingredient for improving student learning and ensuring a great teacher in every classroom; and

WHEREAS, teachers cannot do this alone, comprehensive teacher development and evaluation must foster collective responsibility and accountability, and there must be a willingness and a readiness of all stakeholders—union leaders, administrators, policymakers, parents, and the broader community—to work together.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) supports changes in teacher development, evaluation, and the continuation of work with national organizations representing chief state school officers, governors, mayors, school superintendents, principals, parents, labor unions, higher education institutions, and others, to join together in promoting improved teacher development and evaluation systems that proceed from rigorous curricula built upon content-rich core standards, and that are based on the following components:

- professional teaching standards,
- standards for assessing teaching practice,
- implementation standards,
- standards for professional context, and
- standards for systems of support;

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Resolution EDU-11-10

BE IT FURTHER RESOLVED, that the NBCSL works toward supporting, identifying, and sharing various effective models of teacher development and evaluation that have been developed throughout the country;

BE IT FURTHER RESOLVED, that any evaluation system which places direct accountability for student outcomes on teachers must be implemented in a way that ensures significant teacher pedagogical authority in producing these outcomes;

BE IT FURTHER RESOLVED, that the NBCSL supports the involvement of teachers and school employees in every stage of the process to design and implement teacher development and evaluation systems which are based on the components outlined in this resolution, since educators are the closest to the classroom and their students;

BE IT FURTHER RESOLVED, that the NBCSL advocates for equitable teaching and learning environments—including curricula, resources, buildings, and classrooms—that encourage learning and provide students and teachers with a level playing field;

BE IT FURTHER RESOLVED, that the NBCSL promotes collaborative relationships to advance more productive interactions between labor, school administrators, and the community to better serve their students and employees; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, the Vice President of the United States, members of the United States House of Representatives and the United States Senate, and other federal and state government officials as appropriate.

SPONSOR(S): Representative Mike Shelton (OK)
Committee of Jurisdiction: Education Policy Committee
Certified by Committee Chair: Representative Gregory Porter (IN)
Ratified in Plenary Session: Ratification Date is December 3, 2010
Ratification is certified by: Representative Calvin Smyre (GA), President

EDUCATION

Resolution EDU-11-11

ENSURING ADEQUATE AND EQUITABLE FUNDING FOR PUBLIC SCHOOLS

WHEREAS, the National Black Caucus of State Legislators (NBCSL) recognizes that inadequate and inequitable investments in public education create unequal opportunities for minority children to receive a quality public education compared to their non-minority peers;

WHEREAS, numerous studies show that it would take an increase of at least twenty-five percent (25%) to achieve roughly the same standard of adequacy and equity in school funding;

WHEREAS, inequitable state and local taxation systems stand in the way of achieving adequacy and equity in school funding;

WHEREAS, minority communities, due to systemic discrimination, fall disproportionately into the lower end of the income spectrum and pay taxes at more than twice the rate (\$11 for every \$100 of income) of the top one percent (1%) of earners (\$5 for every \$100 of income);

WHEREAS, according to the Education Trust, thirty-six (36) states provide fewer cost-adjusted dollars to their highest-poverty districts than to their lowest-poverty districts, resulting in a national funding gap of \$1,348 per student;

WHEREAS, just over half of states provide fewer resources to their highest-poverty school districts, and there are thirty-one (31) states with a gap for high-minority districts; and

WHEREAS, the NBCSL also believes that schools in low-income communities suffer from severe funding disparities that, in turn, lead to underperformance on achievement tests, in comparison to schools in high-income communities.

THEREFORE BE IT RESOLVED, that all students must have equal access to and opportunity, for a quality public education through adequate and equitable investment in public education as well as an equitable system of taxation;

BE IT FUTHER RESOLVED, that the National Black Caucus of State Legislators (NBCSL) strongly encourages actions to be taken at the state and federal levels to close those gaps and increase resources to low income communities, so that all children can receive a first-class education; and

BE IT FINALLY RESOLVED, that the NBCSL calls upon both states and the U.S. Department of Education to study the financing of public education and make recommendations to increase transparency, especially with regard to inequities in taxation rates and overall funding levels low-income communities face.

SPONSOR(S): Representative Gregory Porter (IN)
Committee of Jurisdiction: Education Policy Committee
Certified by Committee Chair: Representative Gregory Porter (IN)
Ratified in Plenary Session: Ratification Date is December 3, 2010
Ratification is certified by: Representative Calvin Smyre (GA), President

EDUCATION

Resolution EDU-11-27

COMMON CORE CURRICULUM STATE STANDARDS

WHEREAS, the National Black Caucus of State Legislators (NBCSL) supports the need to improve elementary and secondary education so that all students have equal access to and opportunity for a challenging and enriching education that prepares them to succeed in life regardless of their birth circumstances;

WHEREAS, educational standards help teachers ensure that their students have the skills and knowledge needed to be successful by providing clear goals for student learning;

WHEREAS, the NBCSL supports the “Common Core State Standards Initiative” initiated by the National Governors Association and the Council of Chief State School Officers, which ensures that regardless of where they live, children should receive a high-quality education that prepares them for success in college and in a globally competitive economy;

WHEREAS, standards also help students and parents by setting clear and realistic goals for success as well as providing a roadmap from which all stakeholders, students, educators, and parents may work;

WHEREAS, legislators have a significant role to play in key components related to common core state standards, including assessment, improving pre-service teacher education programs, and creating data systems to determine which students are making gains;

WHEREAS, states need rigorous standards that are anchored in real-world demands students will face after high school, which are aligned to a K-12 curriculum, particularly rigorous grade-level expectations for mathematics and language arts, assessments, high school graduation requirements, college placement standards, and other related policy tools and practices; and

WHEREAS, it is necessary to increase the number of young people who earn a post-secondary degree or certificate with value in the marketplace.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) encourages state policymakers and their membership to gain information about the common core state standards, increase their awareness of the implications that standards have for their respective state, and ensure collaboration with their state boards of education and state-level departments of instruction as the initiative unfolds.

SPONSOR(S): Representative Gregory Porter (IN)
Committee of Jurisdiction: Education Policy Committee
Certified by Committee Chair: Representative Gregory Porter (IN)
Ratified in Plenary Session: Ratification Date is December 3, 2010
Ratification is certified by: Representative Calvin Smyre (GA), President

2011 RATIFIED POLICY RESOLUTIONS

ENERGY, TRANSPORTATION, AND ENVIRONMENT

- **RESOLUTION ETE-11-02** INCREASING ENERGY EFFICIENCY IN OUR COMMUNITIES 17

RATIFICATION DATE: DECEMBER 3, 2010

NBCSL 34th Annual Legislative Conference
Atlanta, Georgia
December 1 - 5, 2010

ENERGY, TRANSPORTATION, AND ENVIRONMENT

Resolution ETE-11-02

INCREASING ENERGY EFFICIENCY IN OUR COMMUNITIES

WHEREAS, the National Black Caucus of State Legislators' (NBCSL) stated energy policy has emphasized the importance of pursuing energy conservation as a valuable part of the nation's energy portfolio as it promotes energy independence (ETE-09-23), mitigating climate change (ETE-10-07 and ETE-10-09), and supporting job creation in the "green" economy (LMV-08-11);

WHEREAS, the NBCSL is committed to educating our families and communities on the importance of energy efficiency and conservation;

WHEREAS, the NBCSL believes that by educating consumers on energy conservation and implementing effective efficiency programs, policymakers make an impact on the energy crisis;

WHEREAS, the NBCSL supports public policymakers taking actions to address the overwhelming disparity in contracting for minority- and women-owned businesses in the energy and clean technology sectors;

WHEREAS, the NBCSL understands the unique role of government to provide for shared resources in minority- and low-income communities;

WHEREAS, the NBCSL believes it is important to include federal and state incentives and requirements to promote diversity in hiring, procurement, contracting, and access to capital;

WHEREAS, the NBCSL understands that minority-owned firms are the fastest-growing businesses in the country, having experienced a 46% growth between 2002 and 2007 compared to an 18% growth for all American firms; and

WHEREAS, the American Recovery and Reinvestment Act (ARRA) had 6% of its total spending dedicated to "green" efforts with no share provisions requiring that a certain amount of contracts be awarded to minority- and women-owned small businesses.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) calls upon the United States Congress to further examine any legislation that increases energy efficiency and reduces energy consumption and greenhouse gas emissions;

BE IT FURTHER RESOLVED, that the NBCSL calls upon the United States Congress to include in legislation, aimed at increasing energy efficiency through economic incentive, a 25% subcontracting and hiring requirement of minority- and women-owned small businesses in their state quality assurance plans to limit the disparity in contract awards;

ENERGY, TRANSPORTATION, AND ENVIRONMENT

Resolution ETE-11-02

BE IT FURTHER RESOLVED, that the NBCSL encourages partnerships with local non-profit, community-based organizations which are located in minority, low-income communities that operate energy efficiency workforce training programs to help speed the training and deployment of a certified home retrofit workforce; and

BE IT FINALLY RESOLVED, that the NBCSL transmits a copy of this resolution to the President of the United States, members of Congress, other federal and state government officials as appropriate, the National Black Conference of Mayors, the National Association of Black County Officials, and the American Association of Blacks in Energy.

SPONSOR(S): Senator Anthony Hill (FL)

Committee of Jurisdiction: Energy, Transportation, and Environment Policy Committee

Certified by Committee Chair: Representative Bill Crawford (IN)

Ratified in Plenary Session: Ratification Date is December 3, 2010

Ratification is certified by: Representative Calvin Smyre (GA), President

2011 RATIFIED POLICY RESOLUTIONS

GAMING, SPORTS, AND ENTERTAINMENT

- **RESOLUTION GSE-11-23** PROTECTING COLLEGIATE STUDENT-ATHLETES20

RATIFICATION DATE: DECEMBER 3, 2010

NBCSL 34th Annual Legislative Conference
Atlanta, Georgia
December 1 - 5, 2010

GAMING, SPORTS, AND ENTERTAINMENT

Resolution GSE-11-23

PROTECTING COLLEGIATE STUDENT-ATHLETES

WHEREAS, the National Black Caucus of State Legislators (NBCSL) has a strong commitment to aid students and seeks to ensure that all collegiate student-athletes may experience and benefit from everything our nation's colleges and universities offer, academically and otherwise, so that they maximize their potential;

WHEREAS, a significant number of African American student-athletes are generally recruited to colleges and universities that are socioeconomically and/or culturally unlike their communities and are without the appropriate support systems for such transitions;

WHEREAS, the major revenue-producing college sports are football and basketball; however, these sports also produce the lowest graduation rates among African American student-athletes;

WHEREAS, graduation rates of black football and basketball athletes are consistently among the lowest in the nation;

WHEREAS, in a joint press call with the Director of the Institute for Diversity and Ethics in Sport at the University of Central Florida, Richard Lapchick, and the President and CEO of the National Association for the Advancement of Colored People (NAACP), Benjamin Jealous, the U.S. Secretary of Education, Arne Duncan, has recommended that men's basketball teams with graduation rates below 40% be ineligible to participate in post-season competition. He also stated that this is a low bar, which should be raised over time; and

WHEREAS, the NBCSL applauds the achievements of exemplary programs, which include but are not limited to Duke, Georgetown, Notre Dame, and Grambling Universities as well as the University of Kansas for their success academically as well as athletically. This year, Ohio, Oakland, Xavier, and Oklahoma State Universities and Siena College all graduated more than eighty percent (80%) of their student-athletes while reaching the 2010 NCAA Men's Basketball Tournament.

THEREFORE, BE IT RESOLVED by the 34th Annual Legislative Conference of the National Black Caucus of State Legislators that the Gaming, Sports, and Entertainment Policy Committee will study and make recommendations regarding the following ideas:

- The raising of student-athletes' eligibility requirements at the secondary and post-secondary levels;
- The increase of minority representation on student-athlete advisory committees and within coaching and administrative ranks. These student-athlete advisory committees should place a greater emphasis on financial literacy education and provide a detailed briefing on the consequences of illegal National Collegiate Athletic Association activities, such as receiving benefits and interacting with agents;
- The improvement of coaching accountability and liability with regard to excessive practice hours, low grade point averages, low graduation rates, mismanagement of players who sustain concussions and other serious injuries, negligence of team personnel towards players with sickle cell anemia or asthma, and repercussions for coaches whose players die due to over-strenuous practice regimens;

GAMING, SPORTS, AND ENTERTAINMENT

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- The creation of an Athletes' Bill of Rights in all 50 states and the District of Columbia whose primary goal is to make substantial gains in student graduation and educational enrichment during their time at the university while maximizing the safety and health of student-athletes and address current policies that unnecessarily create ethical challenges for student-athletes. This Bill of Rights, which seeks to maximize student graduation and recognizes that scholarships do not allow athletes to purchase basic personal necessities while also acknowledging athletes' limited ability to earn income, could include such measures as stipends for athletes of revenue-generating sports programs; and
- The examination of strategies for the NCAA to increase the graduation rates of student-athletes and their ability to find meaningful employment after college.

SPONSOR(S): Representative Wayne Ford (IA)

Committee of Jurisdiction: Gaming, Sports, and Entertainment Policy Committee

Certified by Committee Chair: Representative George Flaggs (MS)

Ratified in Plenary Session: Ratification Date is December 3, 2010

Ratification is certified by: Representative Calvin Smyre (GA), President

2011 RATIFIED POLICY RESOLUTIONS

HEALTH AND HUMAN SERVICES

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RATIFICATION DATE: DECEMBER 3, 2010

NBCSL 34th Annual Legislative Conference
Atlanta, Georgia
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HEALTH AND HUMAN SERVICES

Resolution HHS-11-01

FOLIC ACID IN THE DIETS OF WOMEN OF CHILDBEARING AGE

WHEREAS, folic acid is vitamin B12 and helps our bodies to generate and maintain new cells and is critical in enabling the healthy development of a fetus;

WHEREAS, each year, 2,500 babies are born with neural tube defects and many additional pregnancies result in miscarriage or stillbirth due to inadequate maternal folic acid levels;

WHEREAS, between fifty and seventy percent (50-70%) of the aforementioned cases could be prevented if women consumed the proper amount of folic acid prior to becoming pregnant and during early pregnancy;

WHEREAS, scientific research has found a thirty-three percent (33%) decrease in neural tube defects, such as anencephaly and spina bifida, since 1998 when the U.S. Food and Drug Administration began requiring manufacturers to add 140 micrograms of folic acid to each 100 grams of grains and carry the label “enriched”;

WHEREAS, the Institute of Medicine’s Food and Nutrition Board, the Centers for Disease Control and Prevention, the Spina Bifida Association, and the March of Dimes have recommended that women who might become pregnant should consume 400 micrograms of synthetic folic acid every day from a vitamin supplement or from fortified foods, in addition to eating a healthy diet rich in natural sources of folate;

WHEREAS, research suggests that consumption of multivitamins containing folic acid may also help prevent cleft palate, congenital heart defects, premature birth, and low birth weight;

WHEREAS, while public awareness is improving, many women still do not know the benefits of regularly consuming folic acid, and only one-third take a daily vitamin containing folic acid; and

WHEREAS, because half of all pregnancies in the United States are unplanned and because many birth defects occur in the earliest stages of pregnancy when women do not know they are pregnant, the U.S. Centers for Disease Control and Prevention recommend that all women between the ages of 15 and 45 (childbearing age) consume folic acid daily.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) supports the U.S. Food and Drug Administration’s requirement of fortification of grain products with folic acid;

BE IT FURTHER RESOLVED, that the NBCSL supports efforts within the National Institute of Health’s Office of Dietary Supplements to educate the public on the importance of folate, which naturally occurs in foods, and folic acid, especially in reference to women of childbearing age;

HEALTH AND HUMAN SERVICES

Resolution HHS-11-01

BE IT FURTHER RESOLVED, that the NBCSL urges the U.S. Department of Health and Human Services, in addition to state and local health departments to increase funding in programs dedicated to educating women on proper health and nutrition, such as the Women, Infant, and Children Program and other family planning programs; and

BE IT FINALLY RESOLVED, that the NBCSL supports strategies in states that increase their advocacy efforts regarding the benefits of folic acid to the general public and health care providers so that the incidence of preventable neural tube defects is reduced.

SPONSOR(S): Representative Karen Camper (TN)
Committee of Jurisdiction: Health and Human Services Policy Committee
Certified by Committee Chair: Representative Joe Armstrong (TN)
Ratified in Plenary Session: Ratification Date is December 3, 2010
Ratification is certified by: Representative Calvin Smyre (GA), President

HEALTH AND HUMAN SERVICES

Resolution HHS-11-12

PROMOTING MENTAL HEALTH TREATMENT PARITY

WHEREAS, the National Black Caucus of State Legislators (NBCSL) has a strong commitment towards equality in the treatment of diseases and conditions;

WHEREAS, statistics show that different racial and ethnic populations have markedly different experiences in the incidence, prevalence, mortality, and burden of diseases;

WHEREAS, according to the Substance Abuse and Mental Health Services Administration Surgeon General's Report, African Americans are more likely to experience a mental disorder than their white counterparts, but are less likely to receive treatment;

WHEREAS, according to the National Association for the Mentally Ill, culture biases against mental health professionals and health care professionals in general prevent many African Americans from accessing care due to prior experiences with historical misdiagnoses, inadequate treatment, and a lack of cultural understanding; only two percent (2%) of psychiatrists, two percent (2%) of psychologists, and four percent (4%) of social workers in the U.S. are African American;

WHEREAS, African Americans are more likely to be subjected to several forces of oppression and discrimination occurring simultaneously, which can increase trauma and vulnerability to mental health disorders;

WHEREAS, more African Americans than any other racial or ethnic group are homeless, incarcerated, or reared in the foster care and child welfare system;

WHEREAS, mental illnesses, if left untreated, bring about unhealthy behavior, non-compliance with prescribed medical regimens, diminished immune system functioning, and poor prognosis;

WHEREAS, health care benefits that approach care of the body and mind equally are in the interest of states' public health, education, law enforcement, and social services needs;

WHEREAS, the emergence of clinically-proven, safe, and effective mental health medications has significantly increased treatment options for patients, thereby improving the quality of care;

WHEREAS, mental health treatment is something that has touched virtually everyone, with nearly every American having a family member, friend, or co-worker who has been affected by mental illness;

WHEREAS, increasing and strengthening mental health benefits improves people's lives and reduces healthcare costs by avoiding unnecessary hospitalizations, controlling chronic physical diseases, reducing emergency room visits, increasing productivity in the workplace, and reducing law enforcement problems;

WHEREAS, local governments, as large employers, recognize that treatment for mental illnesses is efficacious and can improve people's lives while being cost-effective;

HEALTH AND HUMAN SERVICES

Resolution HHS-11-12

WHEREAS, greater patient out-of-pocket costs create a barrier for mental health therapies covered under the pharmacy benefit of a healthcare plan; and

WHEREAS, the NBCSL does not support any specific medication over another, but it does support the best option for the patient as well as a patient's right to be informed and choose his or her own treatment.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) supports the elimination of cost barriers that consumers face, and health disparities for African American and minority populations with mental health illnesses to access mental health therapies;

BE IT FURTHER RESOLVED, that the NBCSL supports patients receiving the best medication according to their health status and not their financial status, and recognizes that a doctor's decision should result in the optimal solution for the patient;

BE IT FURTHER RESOLVED, that the NBCSL makes mental health a part of dialogue in primary care settings;

BE IT FURTHER RESOLVED, that the NBCSL also calls upon state legislatures to expand the scope of efforts to reach African Americans and those providing healthcare services to the community with targeted programs on how best to prevent or manage mental illnesses;

BE IT FURTHER RESOLVED, that the NBCSL encourages its members to investigate legislation in their states that will seek to eliminate mental health patient payment inequities for mental health treatments;

BE IT FURTHER RESOLVED, that NBCSL member states examine methods and means in their drug classification legislation that provides access to mental health drugs;

BE IT FURTHER RESOLVED, that the NBCSL recognizes the critical need for access to psychiatric treatments that involve drug regimens;

BE IT FURTHER RESOLVED, that the NBCSL also recognizes the habit-forming nature of psychotropic drugs and reaffirms a commitment to ensuring adequate safeguards are in place to prevent an unintended and general rise in drug abuse that could accompany increased access without such safeguards; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, the Vice President, members of the United States House of Representatives and the United States Senate, and other federal and state government officials as appropriate.

SPONSOR(S): Representative Karen Yarbrough (IL)
Committee of Jurisdiction: Health and Human Services Policy Committee
Certified by Committee Chair: Representative Joe Armstrong (TN)
Ratified in Plenary Session: Ratification Date is December 3, 2010
Ratification is certified by: Representative Calvin Smyre (GA), President

HEALTH AND HUMAN SERVICES

Resolution HHS-11-13

HEALTH INFORMATION TECHNOLOGY, E-PRESCRIBING, AND ELECTRONIC HEALTH RECORDS

WHEREAS, significant challenges face the current healthcare system, including loss of physician time due to access barriers, poor coordination between healthcare providers, inefficiency, and waste as a result of unneeded and redundant tests, excessive paperwork, and increasing difficulty in managing the growing volume of health information;

WHEREAS, despite advances in technology, most medical providers use medical systems based on paper and have not embraced and utilized computer technology;

WHEREAS, Health Information Technology (HIT), such as electronic medical records, can greatly improve the quality and safety of care that patients receive, decrease health disparities, help promote efficiencies in medical practice, improve access to care via telemedicine, and allow for improved tracking of health care data and trends;

WHEREAS, the federal government has created incentives and programs to help medical providers across the country make the switch to electronic medical systems appropriating more than \$25 billion to support HIT;

WHEREAS, according to the United States Department of Health and Human Services website, Electronic Health Records (EHRs) can provide many benefits for providers and their patients, including:

- Healthcare professionals' information about their patients' health history before they walk into the examination room so that they can provide the best possible care;
- Better access to information so that the information providers need can be shared more easily among doctors' offices, hospitals, and other healthcare systems- providing better coordination of care to diagnose health problems earlier and improve the health outcomes of their patients;
- Giving patients the opportunity to take a more active role in their health and the health of their families by enabling them to receive electronic copies of their medical records to share securely over the Internet with their families;

WHEREAS, the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH), enacted under the American Recovery and Reinvestment Act (ARRA), specifies that HIT provisions provide assistance and technical support to providers;

WHEREAS, this assistance and support requires enabling coordination in and among states to ensure the workforce is properly trained and equipped to be "meaningful users" of EHR;

WHEREAS, in order for providers to become comfortable and adept at using EHRs, the federal government has made training "meaningful users" a priority;

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WHEREAS, according to the Centers for Medicare and Medicaid Services (CMS), the Recovery Act specifies three main components of meaningful use to encourage quality care:

- The use of a certified EHR in a meaningful manner (e.g.: e-Prescribing);
- The use of certified EHR technology for electronic exchange of health information to improve quality of health care; and
- The use of certified EHR technology to submit clinical quality and other measures;

WHEREAS, funding for the HITECH grant program is provided to establish Health Information Technology Regional Extension Centers to offer technical assistance, and guidance to support and accelerate health care providers' use of EHRs;

WHEREAS, quality care must include recognition of barriers to access, which many patients face, such as "prior authorization";

WHEREAS, a physician looking into an electronic health record or e-prescribing system should be aware of these "prior authorization" requirements;

WHEREAS, information a physician needs to meet the requirements of the "prior authorization" should be available electronically so that when the physician is sitting with the patient, he or she can discuss treatment options; and

WHEREAS, states are primarily focused on planning and financing health information exchanges and trying to encourage the use of health information technology (HIT).

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) supports legislation to improve the adoption rates of EHRs, and elected officials should encourage secure and private data exchange that ensures

- The primacy of the physician/patient relationship;
- Quality outcome;
- Transparency;
- Meaningful cost savings through reduction of fraud, waste, and duplication;
- Prevention and wellness; and
- That the choice between the physician, patient, and pharmacist is maintained;

BE IT FURTHER RESOLVED, that the NBCSL encourages state legislatures to require that electronic prescribing devices used in their states shall

- Align health information technology systems with the provision of quality care;
- Reduce administrative barriers to timely and effective care while maintaining patient confidentiality and patient safety;
- Ensure that appropriate information regarding medical decisions is available at the time and place of care;

HEALTH AND HUMAN SERVICES

Resolution HHS-11-13

- Improve the coordination of care and information between hospitals, patients, physicians, payers, laboratories, and pharmacies through a secure and effective infrastructure for the exchange of health care information;
- Allow for access to data for research purposes without compromising patient confidentiality;
- Ensure that medical decisions remain a joint decision between a patient and his or her health care professional; and
- Otherwise positively influence the quality, safety, and efficiency of health care provided to the citizens of their state;

BE IT FURTHER RESOLVED, that the NBCSL supports the use of electronic prescribing devices that demonstrate a “meaningful use” of electronic health records as required as part of the ARRA;

BE IT FURTHER RESOLVED, that the NBCSL urges state legislatures to implement policies and procedures that advance telemedicine and remote monitoring applications under the state Medicaid programs, third-party payment mechanisms, and other state programs to improve access to quality care;

BE IT FURTHER RESOLVED, that the NBCSL encourages states to provide financial incentives to Medicaid providers as described in Section 4201 of the ARRA, which provides a 90% match to help states implement HIT and pursue available Federal Financial Participation for these incentives and the state’s administrative costs associated with the program;

BE IT FURTHER RESOLVED, that the NBCSL encourages prescription drug orders communicated by way of electronic transmission to

- Be transmitted directly to a pharmacist or certified pharmacy technician in a licensed pharmacy of the patient’s choice with no intervening person having access to the prescription drug order;
- Identify the transmitter’s phone number or any other suitable means to contact the transmitter for verbal and/or written confirmation, the time and date of transmission, and the identity of the pharmacy intended to receive the transmission, as well as any other information required by federal or state law;
- Be transmitted by an authorized practitioner or the designated agent of the prescriber;
- Not attempt to influence the prescriber toward the use of a specific medication; and
- Be deemed the original prescription drug order, provided it meets the requirements of this subsection;

BE IT FURTHER RESOLVED, that the NBCSL believes all Electronic Transmission Devices used to communicate a prescription to a pharmacist or certified pharmacy technician shall allow the prescription to be written through a neutral and open platform and allow any legal prescription drug order to be written and entered into the device without interference or limitations, including a medication limited pick list or multiple messaging, prior to submission to a pharmacist or certified pharmacy technician;

BE IT FURTHER RESOLVED, that the NBCSL believes there should be an open marketplace for Electronic Transmission Device providers and that states should encourage the entrance of small and minority-owned firms with expertise in this technology to enter such a marketplace to provide such devices; and

HEALTH AND HUMAN SERVICES

Resolution HHS-11-13

BE IT FINALLY RESOLVED, that the NBCSL transmit a copy of this resolution to state and territorial health officials and state legislatures.

SPONSOR(S): Senator Usie Richards (USVI)
Committee of Jurisdiction: Health and Human Services Policy Committee
Certified by Committee Chair: Representative Joe Armstrong (TN)
Ratified in Plenary Session: Ratification Date is December 3, 2010
Ratification is certified by: Representative Calvin Smyre (GA), President

HEALTH AND HUMAN SERVICES

Resolution HHS-11-14

SUPPORTING SMOKING PREVENTION AND CESSATION PROGRAMS

WHEREAS, the hallmark of the National Black Caucus of State Legislators' (NBCSL's) Health and Human Services policy has been the promotion of healthy lifestyles as a means to prevent addiction and other health problems;

WHEREAS, the U.S. Centers for Disease Control and Prevention (CDC) finds that cigarette smoking accounts for nearly one in every five deaths each year, more than all deaths from HIV, illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined;

WHEREAS, there are an estimated 45 million smokers in the United States, and each year 443,000 people die prematurely from tobacco-related illnesses, including 50,000 from secondhand smoke exposure, virtually all of which are preventable;

WHEREAS, cigarette smoking is the single most preventable cause of death and disease in the United States, shortening American life spans by an average of thirteen years, and is the leading cause of lung, esophagus, larynx, pharynx, mouth, and bladder cancers, and dramatically increases the risk of heart disease, stroke, and chronic lung disease;

WHEREAS, there are approximately 600 ingredients in cigarettes and when burned, over 4,000 chemicals with at least fifty carcinogens among them, including arsenic, butane, tar, formaldehyde, carbon monoxide, lead, and a host of other toxins, insecticides, and pesticides;

WHEREAS, although the annual prevalence of smoking has declined by half between 1965 and 2008 and there are an estimated 51 million former smokers, still seventy percent (70%) of tobacco users desire to quit and only four to seven percent (4-7%) of smokers are successful each year in quitting due to their addiction to nicotine, a highly addictive drug found in tobacco products;

WHEREAS, often tobacco dependence is, for many smokers, a recurring chronic condition that requires treatment and support to stop;

WHEREAS, research shows that medicine along with support can be a more effective way to quit smoking compared to quitting on one's own without medicine or support;

WHEREAS, the CDC recommends a comprehensive smoking cessation insurance benefit that covers four (4) counseling sessions at thirty (30) minutes each as well as all nicotine replacement therapies and tobacco cessation medications approved by the United States Food and Drug Administration;

WHEREAS, the CDC recommends a comprehensive smoking cessation insurance benefit that includes counseling and medication coverage for at least two (2) smoking cessation attempts per year and eliminates co-pays or deductibles for counseling and medications;

HEALTH AND HUMAN SERVICES

Resolution HHS-11-14

WHEREAS, more than forty (40) states cover smoking cessation treatment in their Medicaid programs;

WHEREAS, states may face financial barriers in implementing new or expanded smoking cessation programs because of the upfront costs; however, research shows that states save an average of \$1.26 for every dollar spent on providing cessation treatments;

WHEREAS, a Massachusetts State-led tobacco cessation initiative buttressed by state-sponsored healthcare benefits led to a twenty-six percent (26%) decline in smoking rates over the first two and a half years of the program, resulting in thirty-eight percent (38%) fewer cessation benefit users being hospitalized for heart attacks in the first year, eighteen percent (18%) fewer cessation benefit users visiting the emergency room due to asthma symptoms in the first year, and twelve percent (12%) fewer maternal birth complications since the program's inception; and

WHEREAS, according to Penn State University researchers, the national average price for a pack of cigarettes in 2009 was \$5.51, but the real cost to society of that pack of cigarettes was \$18.05 -- more than three times the retail price -- when factoring in the costs of productivity loss, absenteeism, and smoking-related illness and death, which can lead to more than \$300 billion dollars annually of lost revenue, including:

- Workplace productivity losses, \$67.5 billion;
- Costs of premature death, \$117 billion; and
- Direct healthcare expenditures for smoking-related illnesses, \$116 billion.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) promotes programs aimed at preventing young people from smoking;

BE IT FURTHER RESOLVED, that the NBCSL supports smoking cessation programs that include treatment and support for smokers trying to quit;

BE IT FURTHER RESOLVED, that the NBCSL supports programs which will decrease the number of premature adult deaths associated with smoking through prevention and cessation initiatives;

BE IT FURTHER RESOLVED, that the NBCSL supports major smoking prevention and cessation benefits inclusion in healthcare legislation; and

BE IT FINALLY RESOLVED, that the NBCSL encourages all health plans, public and private, to follow tobacco prevention first and foremost as well as the CDC's cessation recommendations.

SPONSOR(S): Senator Usie Richards (USVI)
Committee of Jurisdiction: Health and Human Services Policy Committee
Certified by Committee Chair: Representative Joe Armstrong (TN)
Ratified in Plenary Session: Ratification Date is December 3, 2010
Ratification is certified by: Representative Calvin Smyre (GA), President

HEALTH AND HUMAN SERVICES

Resolution HHS-11-15

MEDICAL CULTURAL COMPETENCY

WHEREAS, the National Black Caucus of State Legislators (NBCSL) recognizes the importance of requiring instruction in cultural competency in order to qualify either to obtain or renew a certification of registration for healthcare professionals;

WHEREAS, a healthcare professional is defined as

- A dentist licensed by the state dental board;
- A registered nurse or licensed practical nurse licensed by the board of nursing;
- An optometrist licensed by the state board of optometry;
- A pharmacist licensed by the state board of pharmacy;
- A physician authorized to practice medicine and surgery or osteopathic medicine and surgery;
- An ophthalmologist authorized to practice medicine and surgery by the state medical board;
- A psychologist licensed by the state board of psychology;
- An independent social worker, social worker, or social work assistant, licensed or registered by the counselor, social worker, and marriage and family therapist board;
- Including, but not being limited to, non-clinical staff (e.g. administrators, support staff, auxiliary staff, security, and nutritionists);

WHEREAS, the term “state board” means the state dental board, the board of nursing, the state board of optometry, the state board of pharmacy, the state medical board, the state board of psychology, and the counselor, social worker, and marriage and family therapist board;

WHEREAS, it is estimated that the minority population in the United States has increased by 60% between 2004 and 2010;

WHEREAS, more than thirty percent (30%) of direct medical costs faced by African Americans, Hispanics, and Asian Americans are excess costs due to health inequities;

WHEREAS, estimates of the direct and indirect costs of these inequities on the federal government (Medicare), private insurers, corporations, and individuals range from \$30 billion to over \$50 billion annually in the U.S.;

WHEREAS, the provision of “culturally competent” medical care is one of the strategies advocated for reducing or eliminating racial and ethnic health disparities;

WHEREAS, patients have various cultural backgrounds, beliefs, practices, and languages that require culturally competent communication to maximize the quality of care they receive;

HEALTH AND HUMAN SERVICES

Resolution HHS-11-15

WHEREAS, the importance of effective patient-provider communication in delivering high-quality care is well accepted, and good patient-provider communication is associated with better patient satisfaction, better adherence to treatment recommendations, and improved health outcomes;

WHEREAS, culturally competent communication refers to communicating with awareness and knowledge of healthcare disparities and understanding that cultural factors have important effects on health beliefs and behaviors, and then having the skills to manage these factors appropriately;

WHEREAS, the Institute of Medicine views cultural competence as such an important issue that in its report, “Unequal Treatment,” it identified cross-cultural training as a key recommendation for reducing healthcare disparities;

WHEREAS, culturally competent communication in health care is not simply an attribute of the patient-provider encounter, it also is an attribute of the healthcare institution (e.g., office, clinic, hospital) and the larger system in which care is financed and delivered (e.g., health plan);

WHEREAS, healthcare institutions and health plans share some challenges with respect to culturally competent communication, such as workforce diversity and language-concordant service provision. Similarly, both healthcare institutions and health plans interact with their communities, providing opportunities for culturally competent communication;

WHEREAS, cultural awareness and cultural competence are essential skills for providing quality health care to a diverse patient population;

WHEREAS, the Association of American Medical Colleges is working to help medical schools improve the teaching of cultural competency;

WHEREAS, only a small percentage of medical schools and teaching institutions nationwide currently provide some formal training in cultural competence;

WHEREAS, the public interest in providing quality health care to all segments of society dictates the need for a formal requirement that healthcare professionals be trained in the provision of culturally competent health care as a condition of licensure; and

WHEREAS, the Department of Health and Human Services is committed to helping states develop model curricula in cultural competency and related training.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) recognizes that the role of cultural competency training in promoting communication at the provider, care institution, health plan, national, and state levels is likely to contribute to success in reducing racial and ethnic disparities in the receipt of high quality care;

HEALTH AND HUMAN SERVICES

Resolution HHS-11-15

BE IT FURTHER RESOLVED, that the NBCSL supports the partnership between the Federal Health Resources and Services Administration and the Institute for Healthcare Improvement in developing health disparity collaboratives focused on addressing racial/ethnic disparities at community health centers as a model for states to examine in assessing cultural competency programs for their own state board requirements;

BE IT FURTHER RESOLVED, that the NBCSL calls on states to examine the requiring of healthcare professionals, in order to be eligible to receive or renew licensure, certification, or registration, as applicable, to submit evidence to the appropriate state board that the professional has successfully completed the board's requirements for instruction or continuing education in cultural competency;

BE IT FURTHER RESOLVED, that the NBCSL calls on the managed care industry, including pharmaceutical corporations, to embed cultural competency requirements into their quality improvement initiatives;

BE IT FURTHER RESOLVED, that the NBCSL calls on state boards to examine rules establishing the following:

- The number of hours of instruction in cultural competency an applicant must complete to be eligible to receive licensure, certification, or registration by that board;
- The number of hours of continuing education in cultural competency required for renewal of a license, certificate, or registrations by that board; and
- The criteria the board will consider in deciding whether to grant a waiver of the requirement to complete instruction or continuing education in cultural competency, including demonstration to the board's satisfaction that the applicant has attained experience that is substantially equivalent to the required number of hours of instruction or continuing education in cultural competency;

BE IT FURTHER RESOLVED, that the NBCSL calls on state boards, when developing the rules described in the previous section, to consider the problems of race- and gender-based disparities in healthcare treatment decisions and consult with one or more professionally relevant and nationally recognized organizations, or similar entities, that review(s) the curricula offered by the applicable health care professional schools, colleges, and other educational institutions;

BE IT FURTHER RESOLVED, that the NBCSL calls on states to examine requiring state boards to approve one or more continuing education course(s) addressing cultural competency in healthcare treatment; a board may approve courses that are included within continuing education programs certified by professional associations or similar entities, and the course(s) shall include instruction in addressing the problems of race- and gender-based disparities in healthcare treatment decisions; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to state and territorial health officials as well as federal and state health departments and state legislature leadership.

SPONSOR(S): Representative Ronald Waters (PA)
Committee of Jurisdiction: Health and Human Services Policy Committee
Certified by Committee Chair: Representative Joe Armstrong (TN)
Ratified in Plenary Session: Ratification Date is December 3, 2010
Ratification is certified by: Representative Calvin Smyre (GA), President

HEALTH AND HUMAN SERVICES

Resolution HHS-11-16

REDUCING SODIUM CONSUMPTION IN AFRICAN AMERICANS

WHEREAS, one in three American adults has high blood pressure, and an estimated ninety-nine percent (99%) of middle-aged adults will develop it in their lifetime;

WHEREAS, cardiovascular disease age-adjusted death rates are thirty-four percent (34%) higher for blacks than for the overall U.S. population;

WHEREAS, African Americans are nearly twice as likely to have a first stroke and much more likely to die from one than whites;

WHEREAS, high blood pressure is more prevalent in certain racial/ethnic minority groups in the U.S., especially in blacks, for whom the prevalence is among the highest in the world;

WHEREAS, a high amount of sodium in the diet has been linked to high blood pressure and may also have other harmful effects on health, including increased risk of stroke, heart failure, osteoporosis, stomach cancer, and kidney disease;

WHEREAS, Americans ages 20 and older consume an average of 3,466 mg/day of sodium, a level too high to be considered safe;

WHEREAS, the 2005 Dietary Guidelines for Americans recommend that healthy adults consume no more than 2,300 mg of sodium per day, and populations at risk for heart disease (persons with hypertension, diabetes, Americans over 40 years of age, and African Americans) should limit their daily intake to 1,500 mg/day;

WHEREAS, almost seventy percent (70%) of American adults fall into the aforementioned high-risk groups;

WHEREAS, the American Heart Association, American Medical Association, Center for Science in the Public Interest, and Institute of Medicine all strongly urge national action toward a stepwise reduction of sodium in the U.S. diet to 1,500 mg/day; and

WHEREAS, it is estimated that if the U.S. population moved to an average intake of 1,500 mg/day of sodium, there would be a twenty-five point six percent (25.6%) overall decrease in high blood pressure and \$26.2 billion in health care savings.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) supports efforts to decrease the consumption of sodium in the United States;

BE IT FURTHER RESOLVED, that the NBCSL encourages food manufactures and restaurants to reduce the amount of sodium in their food and beverage products where possible;

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BE IT FURTHER RESOLVED, that the NBCSL urges state and local public health agencies to emphasize population-wide approaches and to integrate hypertension prevention into programs that will prevent obesity, increase physical activity, and encourage healthy diets; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, the Vice President of the United States, members of Congress, state and territorial health officials, federal and state health departments, and state legislatures.

SPONSOR(S): Senator Connie Johnson (OK)
Committee of Jurisdiction: Health and Human Services Policy Committee
Certified by Committee Chair: Representative Joe Armstrong (TN)
Ratified in Plenary Session: Ratification Date is December 3, 2010
Ratification is certified by: Representative Calvin Smyre (GA), President

HEALTH AND HUMAN SERVICES

Resolution HHS-11-17

PROMOTING AWARENESS AND REDUCTION OF AUTOIMMUNE DISEASES LUPUS AND HIV/AIDS

WHEREAS, according to the National Institutes of Health (NIH), an estimated 1.5 million Americans are living with lupus;

WHEREAS, lupus is an acute and chronic (lifelong) autoimmune disease in which the immune system is unbalanced, causing inflammation and tissue damage to virtually every organ system in the body;

WHEREAS, lupus can affect any part of the body, including the skin, lungs, heart, kidneys, and brain, with no organ being spared and may cause seizures, strokes, heart attacks, miscarriages, and organ failure;

WHEREAS, eighty percent (80%) of newly diagnosed cases of lupus strike women of childbearing age, with African Americans, Hispanics/Latinos, Asians and Native Americans being two to three times more likely to develop lupus, a disparity that remains unexplained, and with Lupus affecting women nine times more often than men;

WHEREAS, African American women with lupus are impacted at an earlier age, experience greater disease severity, have the highest overall death rate among all people with lupus, and are three times more likely to die from the disease than Caucasian women;

WHEREAS, lupus can be particularly difficult to diagnose because its symptoms are similar to those of many other illnesses, and major gaps exist in understanding the causes and consequences of lupus;

WHEREAS, lupus costs the nation over \$31.4 billion a year in direct and indirect medical costs, and, left untreated, lupus can result in a tremendous loss in productivity as those with the disease struggle to fight debilitating pain and fatigue, threatening one's ability to live independently, and making it difficult to maintain employment;

WHEREAS, one in five people with lupus is disabled by the disease and receives support from government programs, and in the last fifty (50) years, the U.S. Food and Drug Administration has not approved a single drug for the treatment of lupus;

WHEREAS, according to Centers for Disease Control and Prevention's (CDC) Prevalence Estimate of 2006 when it released its most recent comprehensive study, more than one million Americans are living with HIV/AIDS;

WHEREAS, African Americans account for 46% of those living with HIV/AIDS and 45% of new infections each year, but only 12% of the U.S. population;

WHEREAS, African American men are infected with HIV/AIDS at a rate six times that of white men;

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WHEREAS, HIV/AIDS is the number one killer of African American women ages 25 to 34;

WHEREAS, twenty percent (20%) of those infected with HIV in the U.S. are unaware of their condition;

WHEREAS, the CDC has recommended routine HIV/AIDS testing of all patients ages 13 to 64 in all healthcare settings since 2004 to ensure early diagnosis and treatment, and to protect the public health of all Americans;

WHEREAS, the State of New York has passed legislation to encourage increased testing of HIV/AIDS and remove barriers to participate in needle exchange and syringe access, which can serve as a model for other states;

WHEREAS, The White House has developed a national strategy on HIV /AIDS policy to reduce HIV incidence, increasing access to care, and optimizing health outcomes reducing HIV-related health disparities; and

WHEREAS, individuals who learn of their positive HIV/AIDS diagnosis often take care to avoid transmitting the disease to others, such that the community is better served when individuals learn of their health status.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) recognizes the urgent need to respond to autoimmune diseases that have increasingly threatened the African American community, namely lupus and HIV/AIDS;

BE IT FURTHER RESOLVED, that the NBCSL supports the month of May as Lupus Awareness Month and therefore encourages NBCSL members to enact and facilitate public policy initiatives in their states that will acknowledge the need for continued education and awareness and will support applicable medical treatment specific to the population at greatest risk in eliminating the health disparities that surround this terrible autoimmune disease;

BE IT FURTHER RESOLVED, that the NBCSL supports increased federal funding into the development of new treatments in an attempt to cure or improve the outcomes of those who suffer from lupus;

BE IT FURTHER RESOLVED, that the NBCSL supports Congress in maintaining lupus as one of the diseases listed under the Peer Reviewed Medical Research Program within the Congressionally Directed Medical Research Program in the Fiscal Year 2011 Senate Defense Appropriations bill;

BE IT FURTHER RESOLVED, that the NBCSL supports full funding of NIH research programs into the diagnosis and treatment of Lupus as a Lupus Foundation of America survey found that more than half of the people with lupus suffered for four or more years and visited three or more doctors before obtaining a diagnosis of lupus;

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BE IT FURTHER RESOLVED, that the NBCSL strongly supports and encourages states' efforts to educate their citizens about the importance of lupus and encourage state legislators across the country to support efforts aimed at early diagnosis and referrals to rheumatologists so that each patient with lupus has access to the best treatment options;

BE IT FURTHER RESOLVED, that the NBCSL strongly urges states to adopt legislation that greatly increases the screening and early detection of HIV/AIDS and examine the CDC's recommendations, legislation from New York, and the National HIV/AIDS Strategy of The White House Office of National AIDS Policy; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to state and territorial health officials as well as state legislature leadership.

SPONSOR(S): Representative Charlie Brown (IN)
Committee of Jurisdiction: Health and Human Services Policy Committee
Certified by Committee Chair: Representative Joe Armstrong (TN)
Ratified in Plenary Session: Ratification Date is December 3, 2010
Ratification is certified by: Representative Calvin Smyre (GA), President

HEALTH AND HUMAN SERVICES

Resolution HHS-11-18

IMPROVING HEALTH OUTCOMES AND LOWERING COST THROUGH MEDICAID-MANAGED CARE

WHEREAS, Medicaid provides health coverage for more than 60 million Americans, including forty-one percent (41%) of newborns, thirty-three percent (33%) of the nation's children, including those in foster care, individuals with chronic illnesses and disabilities, and those who are frail and elderly;

WHEREAS, people in racial and ethnic minority populations represent over half of Medicaid beneficiaries under the age of sixty-five, with sixty-one percent (61%) of the adult Medicaid population having chronic or disabling conditions that require care management;

WHEREAS, the number of Medicaid recipients is expected to continue to rise. As the numbers increase, states will be challenged to provide quality health services while combating budget challenges and ensuring the solvency of other state programs;

WHEREAS, over twenty-one million Medicaid beneficiaries are enrolled in Medicaid-managed healthcare plans. Currently, thirty-five (35) states and the District of Columbia have some or all of their Medicaid beneficiaries enrolled in Medicaid-managed healthcare plans;

WHEREAS, from 2004 to 2007, the Center for Health Care Strategies conducted studies that demonstrate managed health care's success in reducing disparities in care. The studies examined areas such as neonatal intensive care unit admissions, childhood immunizations, pharmacy services, disease management, such as asthma, and low-birth weight. In each of these areas, improved health outcomes were noted; these findings suggest that managed care plans can benefit minority enrollees by providing care management, creating tools that engage and empower patients, and helping patients achieve improved health outcomes;

WHEREAS, the new health reform law joins Medicaid-managed care organizations as partners with states, providers, the nursing community, community health centers, health care advocates, community-based organizations, and others;

WHEREAS, reforming and restructuring state Medicaid programs to provide incentives for high quality, efficient, and cost-effective care will help contain the growth of the Medicaid program and help ensure that Medicaid does not threaten other essential state services; and

WHEREAS, the Patient Protection and Affordable Care Act has set requirements on states to meet the mandatory Medicaid expansion benchmarks by 2014.

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THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators' (NBCSL) members will support efforts to improve the quality of care for Medicaid recipients, including supporting existing coordinated, capitated programs; introducing legislation in their respective states to implement such programs; and supporting pilot health projects that focus on improving the health of minority and underserved groups as long as such programs remain within the requirements set for Medicaid expansion by the Patient Protection and Affordable Care Act;

BE IT FURTHER RESOLVED, that the NBCSL only supports managed care programs that demonstrate improved quality of care for patients, and such programs should ensure that patient health is not compromised and that no limitations are enacted during life-threatening times; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to state and territorial health officials, state and federal health departments, and state legislature leadership.

SPONSOR(S): Representative Charlie Brown (IN)
Committee of Jurisdiction: Health and Human Services Policy Committee
Certified by Committee Chair: Representative Joe Armstrong (TN)
Ratified in Plenary Session: Ratification Date is December 3, 2010
Ratification is certified by: Representative Calvin Smyre (GA), President

HEALTH AND HUMAN SERVICES

Resolution HHS-11-19

SUPPORTING INCREASED ACCESS TO QUALITY NUTRITION AND SUPPORT FOR INFANTS AND CHILDREN

WHEREAS, the National Black Caucus of State Legislators (NBCSL) maintains that it is essential for infants and children to be provided with the best nutritional start in life;

WHEREAS, the NBCSL strongly supports issues pertaining to health care, health education, research, and the promotion of good health care policies with a view toward underserved communities;

WHEREAS, new evidence asserts that undernourishment between birth and the age of two causes irreversible damage;

WHEREAS, recent studies have demonstrated that malnourishment not only impedes children's physical and intellectual development in the short term, but also their cognitive abilities, impairing academic performance and work productivity into adulthood with measurable economic impacts;

WHEREAS, according to the International Journal of Obesity published in 2010, delayed introduction of solid feeding to the age of 6 months reduces child obesity at 10 years, and parental smoking may affect child obesity and overall early childhood health;

WHEREAS, the adverse health effects of early childhood malnutrition include stunting, wasting, anemia, blindness, and infectious diseases; contrarily, scientific research clearly shows that early and proper nutrition is essential to children's physical and cognitive development, supports good health, and normal growth;

WHEREAS, the American Academy of Pediatrics recommends that the best early childhood nutrition for infants is breast milk, which promotes brain growth and prevents illnesses in the first few years of life;

WHEREAS, once a child is eating primarily solid foods, good early childhood nutrition in the U.S. is based on the food pyramid, including the recommended five servings of vegetables, six servings of grains, two servings of meat, and two servings of dairy daily;

WHEREAS, it is essential that parents and caregivers are provided with evidence-based information, quality nutrition education, and support that is culturally and linguistically appropriate to ensure an optimum quality of life for their infants and/or children, since many common health problems can be alleviated or prevented with a healthy diet;

WHEREAS, it is particularly important in areas devoid of nutritious foods, that parents have access to evidence-based nutrition education from registered and/or licensed dietitians on meal planning, food pricing, preparation, feeding, and safety;

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WHEREAS, according to a report from the Department of Agriculture posted online by U.S. House Speaker Nancy Pelosi on November 15, 2010, fourteen point seven percent (14.7%) of all U.S. households had difficulty getting enough to eat in 2009, illustrating the need for expanded nutrition programs for disadvantaged infants and children;

WHEREAS, Title V of the Social Security Act is one of the largest federal block grant programs to states as it leads the nation in ensuring the health of all mothers, infants, children, adolescents, and children with special health care needs;

WHEREAS, the NBCSL supports the Patient Protection and Affordable Care (PPAC) Act of 2010, which promotes proper health and nutrition, health risk and obesity reduction, and smoking cessation (all of which have profound effects on infant and child development and overall health);

WHEREAS, the PPAC Act will achieve its goals through increased funding for institutions and national organizations involved in improving infant and child health, such as the Centers for Disease Control and Prevention's (CDC) menu-labeling requirements and increased access to health/nutrition education and medical professionals (health educators, registered dietitians, nutritionists, counselors, nurses, etc.);

WHEREAS, the PPAC Act includes a provision to allow nursing mothers a reasonable break time to breast-feed their infants up to one year after birth; this will aid in the effort to provide proper and improved nutrition to the infants of our nation;

WHEREAS, the First Lady Michelle Obama has launched a public advocacy campaign called "Let's Move" that seeks to improve nutrition for all infants and children, and to address both infant and child hunger and obesity;

WHEREAS, legislation called the Healthy, Hunger-Free Kids Act has been introduced in cooperation with First Lady Michelle Obama's efforts and this legislation has already passed the US Senate with large bi-partisan support and the support of Secretaries of Agriculture and Education;

WHEREAS, the Healthy, Hunger-Free Kids Act provides \$4.5 billion over the next decade to expand eligibility for school meal programs for low-income children; increase funding for the Women, Infants, and Children program (WIC) to promote breastfeeding; establish nutrition standards for menu-planning and all foods sold in schools (including vending machines, school stores, snack bars, etc.); and provide a six-cent (\$0.06) increase for each school lunch to help cafeterias serve healthier meals in the form of more vegetables, fruits, balanced meals, increased availability of organic foods, and healthy food/drink alternatives; and

WHEREAS, the expanded coverage provided by the Healthy, Hunger-Free Kids Act will automatically make children in state foster care systems or under court supervision eligible for free school meals as well as establish a pilot program to allow children who receive medical care under Medicaid to also receive free meals, and this effort would add 115,000 children to school meal programs by 2015, according to estimates from the Congressional Budget Office.

HEALTH AND HUMAN SERVICES

Resolution HHS-11-19

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) recognizes the importance of nutritional education for infants and children;

BE IT FURTHER RESOLVED, that the NBCSL urges states to develop and implement state- and community-based intervention programs to disseminate information about effective strategies as well as promote good nutrition and physical activity;

BE IT FURTHER RESOLVED, that the NBCSL urges Congress to fully fund critical programs that support healthy infants and children such as the Child Care and Development Block Grant, the Maternal and Child Health Block Grant, and the Title V Block Grant to States;

BE IT FURTHER RESOLVED, that the NBCSL calls upon Congress to take no action to repeal or weaken the PPAC Act of 2010 (H.R. 3590);

BE IT FURTHER RESOLVED, that the NBCSL applauds the efforts of First Lady Michelle Obama and the “Let’s Move” campaign to improve the health of children in the United States;

BE IT FURTHER RESOLVED, that the NBCSL applauds the passage of the Healthy, Hunger-Free Kids Act by the United States Senate and urges the United States House of Representatives to pass similar legislation to provide the resources to improve the health of all children;

BE IT FURTHER RESOLVED, that the National Black Caucus of State Legislators also supports full funding of the PPAC Act and the Healthy, Hunger-Free Kids Act and any provisions that will help our states to implement legislation, including flexibility measures for states so that state healthcare systems are able to adjust to changing implementation requirements; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, the Vice President of the United States, members of the United States House of Representatives and the United States Senate, and other federal and state government officials as appropriate.

SPONSOR(S): Representative Joe Armstrong (TN)
Committee of Jurisdiction: Health and Human Services Policy Committee
Certified by Committee Chair: Representative Joe Armstrong (TN)
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2011 RATIFIED POLICY RESOLUTIONS

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RATIFICATION DATE: DECEMBER 3, 2010

NBCSL 34th Annual Legislative Conference
Atlanta, Georgia
December 1 - 5, 2010

INTERNATIONAL AFFAIRS

Resolution IAF-11-20

CALLING FOR A FAIR POLICY TOWARD ALL NEW NATIONS SEEKING ENTRY INTO THE UNITED STATES VISA WAIVER PROGRAM

WHEREAS, it is difficult for the non-government official citizens of nations who are not members of the United States Visa Waiver Program to receive approval for American visitors' visa applications;

WHEREAS, this process has omitted many nations and their respective citizens from benefitting from entry into the United States to enjoy new opportunities in education, employment, cultural exchange, and commercial enterprise; this also takes away the opportunity for the United States to benefit from the contributions that these applicants would bring to our nation when granted entry as visitors;

WHEREAS, the application fee can be expensive, and the low approval rate for applications has discouraged many prospective applicants from applying; and

WHEREAS, some thirty (30) European Countries, four (4) Asian Countries, and both Australia and New Zealand are permitted to participate in the United States Visa Waiver Program which allows a visitor to stay up to ninety (90) days in the United States without a visa.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators supports the close examination and promotes the establishment of a fair and just visa policy for all new nations seeking entry into the United States Visa Waiver Program; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, the Vice President of the United States, members of the United States House of Representatives and the United States Senate, and other federal and state government officials as appropriate.

SPONSOR(S): Representative Benjamin Swan (MA)
Committee of Jurisdiction: International Affairs Policy Committee
Certified by Committee Chair: Senator Donne Trotter (IL)
Ratified in Plenary Session: Ratification Date is December 3, 2010
Ratification is certified by: Representative Calvin Smyre (GA), President

INTERNATIONAL AFFAIRS

Resolution IAF-11-21

SUPPORTING THE RESTORATION OF THE NATION OF HAITI

WHEREAS, The Republic of Haiti (Haiti) is a prominent source of black dignity, having been the first country where enslaved Africans overthrew slavery and established the first Black republic in the world and the second independent nation in the western hemisphere;

WHEREAS, Haiti suffered a devastating earthquake on January 12, 2010, resulting in the destruction of several major cities such as Port-au-Prince, Jacmel, and Leogane, which caused the loss of all major governmental institutions, the loss of over 300,000 lives, the displacement of 1.5 million individuals rendered homeless, and numerous others to be injured and maimed as well as significant disruption to the economic, social, and cultural life of the Haitian people;

WHEREAS, prior to the earthquake, Haiti's economy was extremely weak with close to 80% of the population unemployed, its infrastructure in significant disrepair, and in many ways non-existent;

WHEREAS, much of the annual budget of Haiti depends on the international donor community;

WHEREAS, there are over 10,000 non-governmental organizations (NGO) operating in Haiti without much coordination with the Haitian government and/or accountability with regard to the usage of their funding going toward rebuilding the Republic of Haiti;

WHEREAS, significant NGO donations have caused Haitians to look to NGOs rather than their own government for basic public services;

WHEREAS, such practices have contributed to the deceleration of government development and further weakened the nation's institutions;

WHEREAS, since the earthquake of January 12, 2010, over \$4 billion has been spent on relief efforts in Haiti with less than one percent (1%) of the money going to the government of Haiti and with the majority of those funds, publicly and privately raised, going to NGOs;

WHEREAS, at an international donors' conference held on March 31, 2010, various nations promised to donate approximately \$5 billion to be spent within the succeeding eighteen (18) months under the management of a commission led by former United States President Bill Clinton and Haitian Prime Minister Bellerive to assist the Haitian government in leading the recovery of Haiti;

WHEREAS, Haitian officials and international donors have touted a new paradigm of economic development in Haiti whereby funds would be channeled through the Haitian government rather than funneling such funds through foreign NGOs;

INTERNATIONAL AFFAIRS

Resolution IAF-11-21

WHEREAS, public and private funds continue to still be channeled to the NGOs as opposed to the government of Haiti, resulting in further undermining the capacity of the government and other indigenous institutions to lead the recovery effort of Haiti; and

WHEREAS, such practices will inevitably weaken the sovereignty of Haiti and its ability to become a stable and prosperous nation.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) requests the following:

- That the international donor community of national governments, including the United States of America, encourages the Haitian state's capacity to regulate and coordinate NGOs by increasing its financial assistance to the legitimate representative institution of Haiti's government;
- That an increasing share of the incoming government funding go to the Haitian government be earmarked towards specific projects projected to help Haiti recover from such a devastating earthquake by addressing its deficiencies and losses in infrastructure, housing, proper nourishment, and health supplies; and
- That international donors, including the United States of America, immediately meet their pledges made on March 31, 2010;

BE IT FURTHER RESOLVED, that the NBCSL supports and encourages both governmental and non-governmental entities to continue to fund reconstruction projects through Haitian government channels;

BE IT FURTHER RESOVLED, that the NBCSL recognizes and applauds the hard work performed by both government and non-governmental entities that have worked tirelessly to help those impacted by the Earthquake; and

BE IT FINALLY RESOLVED, that copies of this resolution be transmitted to the President of the United States, the Vice President of the United States, members of Congress, Senate Leadership, and House Leadership.

SPONSOR(S): Senator Kwame Raoul (IL)
Committee of Jurisdiction: International Affairs Policy Committee
Certified by Committee Chair: Senator Donne Trotter (IL)
Ratified in Plenary Session: Ratification Date is December 3, 2010
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2011 RATIFIED POLICY RESOLUTIONS

LAW, JUSTICE, AND ETHICS

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RATIFICATION DATE: DECEMBER 3, 2010

NBCSL 34th Annual Legislative Conference
Atlanta, Georgia
December 1 - 5, 2010

LAW, JUSTICE, AND ETHICS

Resolution LJE-11-03

REFORM OF PRISON-BASED CENSUS COUNTING

WHEREAS, obtaining an accurate count of the population is so vital to representative democracy that the framers of the United States Constitution addressed the issue of the census and apportionment in the opening paragraphs of this governing document;

WHEREAS, the United States Supreme Court requires state and local government to redraw legislative districts each decade on the basis of population, so as to ensure each resident the same access to government;

WHEREAS, the United States Census Bureau (Census Bureau) currently has a policy of counting incarcerated individuals at the address of the correctional institution, rather than their residential address;

WHEREAS, African Americans are incarcerated at a rate six times higher than whites;

WHEREAS, the majority of state and federal prisons are built disproportionately in white, rural areas;

WHEREAS, counting incarcerated individuals as residents of the prison community has a particularly negative effect on the ability of African American communities to elect their candidates of choice and receive appropriate and adequate political representation;

WHEREAS, in 2003, the African American subcommittee of the Census Bureau's Race and Ethnic Advisory Committee recommended that the Census Bureau count prisoners as residents of their pre-incarceration addresses;

WHEREAS, in 2006, the Census Bureau's own advisors at the National Research Council called on the Bureau to begin collecting the home addresses of incarcerated individuals and to study the best way to use those addresses;

WHEREAS, the Census Bureau recognized the demand from states and counties for data that better reflect their actual populations, and has agreed to release data on prison populations to states in time for redistricting, enabling each state to individually adjust the population data used for redistricting; and

WHEREAS, Delaware, Maryland, and New York State recognized the need for equal representation based on the concept of "one person, one vote" and swiftly passed state laws requiring legislative districts to be drawn based on population data adjusted to reflect the actual residence of incarcerated individuals.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) believes that the Census Bureau should count incarcerated individuals at their addresses of residence, rather than the address of the prison during the 2020 and all future decennial Censuses;

LAW, JUSTICE, AND ETHICS

Resolution LJE-11-03

BE IT FURTHER RESOLVED, that until the Census Bureau counts incarcerated individuals at their actual residential addresses, the NBCSL encourages states to enact legislation modeled after the Delaware, Maryland, and New York laws;

BE IT FURTHER RESOLVED, that a copy of this resolution be sent to the chair of each state legislative Black Caucus, the presidents of the National Conference of State Legislatures and the Council of State Governments, the director of the United States Census Bureau, and the presiding officers of all 50 state legislatures; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, the Vice President of the United States, members of the United States House of Representatives and the United States Senate, and other federal and state government officials as appropriate.

SPONSOR(S): Senator Catherine E. Pugh (MD) and Delegate Joseline Pena-Melnyk (MD)

Committee of Jurisdiction: Law, Justice, and Ethics Policy Committee

Certified by Committee Chair: Senator Thelma Harper (TN)

Ratified in Plenary Session: Ratification Date is December 3, 2010

Ratification is certified by: Representative Calvin Smyre (GA), President

LAW, JUSTICE, AND ETHICS

Resolution LJE-11-04

SUPPORTING OUT-OF-POCKET EXPENSE LIMITS

WHEREAS, health insurance premiums have nearly doubled since 2000 while families are facing increasing deductibles, co-payments, and other out-of-pocket medical expenses;

WHEREAS, the Kaiser Family Foundation has reported an estimated 72 million, or forty-one percent (41%), of non-elderly adults have accumulated medical debt or have had difficulty paying medical bills in the past year, even though sixty-one percent (61%) of those facing this debt had insurance;

WHEREAS, high out-of-pocket costs can create a significant financial burden on any family and such high costs have a particularly devastating effect on low- and middle-income households, which may force them to avoid needed health care;

WHEREAS, individuals with chronic conditions such as cancer, diabetes, or heart disease are more likely to have higher out-of-pocket costs and are more likely to be taking multiple prescription drugs;

WHEREAS, the United States Congress recently adopted major healthcare reform legislation which authorizes the creation of health insurance exchanges and many significant health insurance reforms;

WHEREAS, under the Patient Protection and Affordable Care Act (PPAC Act), states have begun implementing high-risk insurance pools to cover previously uninsured individuals with pre-existing conditions, which include a maximum out-of-pocket medical expense limit of no more than \$5,950;

WHEREAS, states will be creating health insurance exchanges to offer health plans to small businesses and to individuals up to four hundred percent (400%) of the federal poverty level, which will cover federally specified minimum benefits including preventive care services; and

WHEREAS, there is a clear need to provide incentives to individuals to increase their adherence to and compliance with medication regimens that will improve health outcomes and reduce further healthcare costs for all persons accessing health plans offered in the insurance exchanges.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) urges every state to examine the impact of limiting out-of-pocket expenses of patients for their medications and prescription drugs in all qualified health plans to be offered for sale to consumers purchasing individual coverage, and to each employer providing employee group coverage in any of the four actuarial value levels of qualified health plans;

BE IT FURTHER RESOLVED, that the NBCSL further urges legislators to ensure that provisions are enacted which limit out-of-pocket expenses for all medical provisions for healthcare plans both for individuals and families;

LAW, JUSTICE, AND ETHICS

Resolution LJE-11-04

BE IT FURTHER RESOLVED, that the NBCSL is authorized and directed to transmit a copy of this resolution to the leadership of every state legislature including the chairs of each committee having jurisdiction over health insurance legislation; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, the Vice President, members of the United States House of Representatives and the United States Senate and other federal and state government officials as appropriate.

SPONSOR(S): Representative Laura Hall (AL)
Committee of Jurisdiction: Law, Justice, and Ethics Policy Committee
Certified by Committee Chair: Senator Thelma Harper (TN)
Ratified in Plenary Session: Ratification Date is December 3, 2010
Ratification is certified by: Representative Calvin Smyre (GA), President

LAW, JUSTICE, AND ETHICS

Resolution LJE-11-25

OPPOSITION TO ARIZONA IMMIGRATION LAWS

WHEREAS, the Declaration of Independence reads, “We hold these truths to be self-evident that all men are created equal”;

WHEREAS, the United States of America is a nation founded by immigrants who sought a better life, free from oppression and tyranny;

WHEREAS, the State of Arizona previously demonstrated a disregard for the legacy of civil rights when it became the last state in the Union to observe the Martin Luther King holiday;

WHEREAS, the Support our Law Enforcement and Safe Neighborhood Act (Arizona SB1070) further encourages violations of individuals civil rights and violates the spirit of American ideals such as the right to life, liberty, and the pursuit of happiness;

WHEREAS, Arizona SB 1070 is oppressive in nature and promotes racial profiling and separatism similar to the Nuremberg laws of Nazi Germany, Jim Crow laws of the former Confederate States, and the Apartheid laws of South Africa;

WHEREAS, immigration as well as border enforcement and protection are the responsibility of the federal government;

WHEREAS, Arizona SB 1070 violates the 14th amendment of the Constitution of the United States by interfering with federal immigration power and authority;

WHEREAS, Arizona SB 1070 reminds us that we must remain vigilant when faced with threats to democracy and civil rights;

WHEREAS, Arizona SB 1070 is a threat to public health because it will facilitate those who are here illegally not to seek medical assistance, putting all citizens at risk for disease; and

WHEREAS, Arizona SB 1070 will also discourage possible informants or others who have information relating to crimes or other illegal activity from coming forward, thereby placing all citizens’ public safety at risk.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) hereby states its opposition to Arizona SB 1070;

BE IT FURTHER RESOLVED, that NBCSL applauds and supports all actions to impede the implementation of the Arizona SB 1070;

LAW, JUSTICE, AND ETHICS

Resolution LJE-11-25

BE IT FURTHER RESOLVED, that the NBCSL opposes any attempts at the federal or state level to enact legislation that would force public safety or health officials to request immigration status or target those who may be undocumented immigrants;

BE IT FURTHER RESOLVED, that the NBCSL supports the enforcement of current federal immigration law and, in that capacity, we urge member states not to further burden our under-funded police agencies by requiring them to take on the role of immigration officers, as they do not have the training or budget to do so safely in such a way that the immigrant community will feel safe to cooperate with authorities; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, the Vice President, members of the United States House of Representatives and the United States Senate, and other federal and state government officials as appropriate.

SPONSOR(S): Representative Ronald G. Waters (PA)
Committee of Jurisdiction: Law, Justice, and Ethics Policy Committee
Certified by Committee Chair: Senator Thelma Harper (TN)
Ratified in Plenary Session: Ratification Date is December 3, 2010
Ratification is certified by: Representative Calvin Smyre (GA), President

2011 RATIFIED POLICY RESOLUTIONS

TELECOMMUNICATIONS, SCIENCE, AND TECHNOLOGY

- **RESOLUTION TST-11-07** CALLING ON THE FEDERAL COMMUNICATIONS COMMISSION TO REFORM ITS RULES GOVERNING RETRANSMISSION CONSENT TO ENSURE THOSE RULES PROTECT CONSUMERS.....58

RATIFICATION DATE: DECEMBER 3, 2010

NBCSL 34th Annual Legislative Conference
Atlanta, Georgia
December 1 - 5, 2010

TELECOMMUNICATION, SCIENCE, AND TECHNOLOGY

Resolution TST-11-07

CALLING ON THE FEDERAL COMMUNICATIONS COMMISSION TO RE-EXAMINE ITS RULES GOVERNING RETRANSMISSION

WHEREAS, the National Black Caucus of State Legislators (NBCSL) recognizes the strong governmental interests in ensuring continued access to local broadcast signals for all consumers, including African American viewers, and in fostering a diverse television programming industry;

WHEREAS, the carriage of local broadcast signals on cable systems and other distribution platforms is governed by a regulatory regime referred to as “retransmission consent”;

WHEREAS, the retransmission consent rules, adopted nearly 20 years ago under significantly different competitive conditions than exist today, conferred a host of advantages on local broadcasters in their carriage negotiations with cable systems;

WHEREAS, broadcasters today enjoy far more distribution options—including cable, satellite, telecommunication, and internet platforms—and, thus, far more negotiating leverage over individual distributors than they had 20 years ago;

WHEREAS, the breakdowns in the retransmission consent system cause a number of harms to consumers, including consumer confusion surrounding the negotiations between the broadcasters and the distributors and the threats to “go dark” unless distributors meet their demands, the possible loss of these local signals, and the possible higher subscription prices;

WHEREAS, the negotiations have coincided with major television events, such as the March 2010 dispute involving ABC and Cablevision on the evening of the Academy Awards, and the December 2009 dispute involving FOX and Time Warner Cable on the eve of the college bowl season; and

WHEREAS, escalating retransmission consent fees are soaking up funds that were once available for the carriage of diverse, independently owned networks, thus causing a large number of these independent programmers to be deprived of reasonable compensation or to be excluded from carriage altogether.

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) calls upon the Federal Communications Commission (FCC) to carry out its duty to protect the public interest by opening a rulemaking proceeding to update its rules governing retransmission consent to reflect current competitive realities;

BE IT FURTHER RESOLVED, that the NBCSL calls on the FCC to establish a dispute-resolution or rate-setting mechanism and to provide for interim carriage while FCC proceedings are underway in order to ensure that viewers are not held hostage by threats to withhold their signals;

TELECOMMUNICATION, SCIENCE, AND TECHNOLOGY

Resolution TST-11-07

BE IT FURTHER RESOLVED, that the NBCSL urges the FCC to promulgate rules prohibiting retransmission fees to be applied to rates for subscription television services and other broadcast services;

BE IT FURTHER RESOLVED, that the NBCSL encourages the FCC to explore how other related conduct— such as the joint negotiation of retransmission consent by multiple stations, the use of program exclusivity agreements to limit the distribution of broadcast programming, and the interference by major national networks in the retransmission consent negotiations of their independent affiliates— is undermining the government’s interests in diversity, localism, and competition; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, members of Congress, and the Federal Communications Commission.

SPONSOR(S): Representative Mia L. Jones (FL)

Committee of Jurisdiction: Telecommunications, Science, and Technology Policy Committee

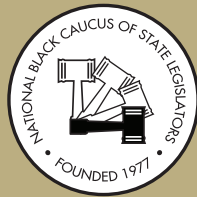
Certified by Committee Chair: Senator Arthenia Joyner (FL)

Ratified in Plenary Session: Ratification Date is December 3, 2010

Ratification is certified by: Representative Calvin Smyre (GA), President

NBCSL

PROVIDING THE VOICE FOR OUR CONSTITUENTS



National Black Caucus of State Legislators
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