



NHCSL 2011 RATIFIED RESOLUTIONS

**THE ATTACHED RESOLUTIONS WERE RATIFIED AT THE
2011 NHCSL ANNUAL MEETING HELD IN FAJARDO,
PUERTO RICO, ON NOVEMBER, 19, 2011.**

A Resolution

Calling on Congress to Pass Legislation that Will Create a Uniform National Framework on Digital Commerce, Which Will Protect Consumers from Multiple and Discriminatory Taxes and Provide Certainty and Uniformity for State and Local Governments.

Short Title: Establishing a national framework for state and local governments on the taxation of digital goods and services (i.e. downloaded applications and services provided electronically.)

WHEREAS, According to the Pew Internet and American Life Project, Latinos continue to be among the most active users of the mobile web as more and more commerce moves to online platforms;ⁱ

WHEREAS, Digital goods and services are online purchases that are downloaded directly by, or services that are provided electronically to, consumers across the United States;

WHEREAS, State policymakers recognize that the continued deployment of broadband infrastructure and adoption of broadband services is vital to economic growth and digital goods and services are a critical driver of the rapidly growing 21st Century digital economy;

WHEREAS, Current laws governing the taxation of sales transactions are outdated and need to be updated to reflect today's digital economy;

WHEREAS, Without a national framework multiple states could claim the right to tax the same transaction putting consumers at risk for multiple and discriminatory taxation;

WHEREAS, Imposing multiple and discriminatory taxes on consumers will disadvantage online commerce and slow this rapidly growing segment of the economy;

WHEREAS, Establishing a national framework will clearly identify which state and local jurisdiction can tax digital transactions providing certainty to consumers, providers required to collect such taxes and state and local governments seeking to tax such goods and services;

THEREFORE, BE IT RESOLVED, by The National Hispanic Caucus of State Legislators calls on Congress to establish a national framework that will provide certainty and uniformity for state and local governments in the taxation of digital goods and services, while protecting consumers from multiple and discriminatory taxation and supporting the continued growth of the digital economy;

BE IT FURTHER RESOLVED, by The National Hispanic Caucus of State Legislators, a copy of this resolution be sent to all members of the U.S. Congress.

THIS RESOLUTION WAS ADOPTED ON JULY 23RD, 2011, AT THE NHCSL EXECUTIVE COMMITTEE MEETING HELD IN PROVIDENCE, RHODE ISLAND AND RATIFIED AT THE NHCSL 2011 ANNUAL MEETING HELD IN FAJARDO, PUERTO RICO ON NOVEMBER 19TH, 2011.

Sponsored by: Representative Richard Miranda (AZ)

ⁱ Pew Internet & American Life Project An initiative of the Pew Research Center "Mobile Access 2010" July 7, 2010.

A Resolution

In Support of Passage of A5760 to Address Hispanics' Political Rights

WHEREAS, Hispanic and other communities of color are usually disfranchised; and

WHEREAS, New York State's election law notes that registration forms must conform to the requirements for the national voter registration form in the rules and regulations promulgated by the federal election commission and the federal Help America Vote Act, and shall elicit the information required for the registration poll record, and

WHEREAS, Three regions of New York State are included under the "covered jurisdictions" in Section 5 of the Voting Rights Act; and

WHEREAS, The state board of elections has the power to require any information that it may enable it to assess the eligibility of the applicant and to administer voter registration and other parts of the election process; and

WHEREAS, New York State Electoral Data does not provide information about the race and ethnicity of the registered voters; and

WHEREAS, Voter registration forms should reflect the diversity of the State and allow every citizen to disclose their race and ethnicity if they chose to do so; and

WHEREAS, In accordance with recommendations of The New York Latino Research and Resources Network, race and ethnicity Data can be used to analyze the trends of political participation, target disfranchised voters and monitor and regulate the electoral process; and

WHEREAS, New York State should join California, Florida, Georgia, Louisiana, Mississippi, Pennsylvania, and Tennessee to better gauge its electoral data and promote Hispanics and other minorities' political participation; and

THEREFORE, BE IT RESOLVED, by the National Hispanic Caucus of State Legislators, to urge New York State Legislature to pass Assembly Bill A5760 into law and provide political parties, civic organizations and researchers' data that can be used to better mobilize Hispanic voters and people of color.

THIS RESOLUTION WAS ADOPTED ON JULY 23RD, 2011, AT THE NHCSL EXECUTIVE COMMITTEE MEETING HELD IN PROVIDENCE, RHODE ISLAND AND RATIFIED AT THE NHCSL 2011 ANNUAL MEETING HELD IN FAJARDO, PUERTO RICO ON NOVEMBER 19TH, 2011.

Sponsored by: Senator Iris Y. Martinez (IL)

A Resolution

To Encourage School Systems To Have Epinephrine Readily Available For Treating Anaphylactic Reactions

WHEREAS, anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death; and

WHEREAS, anaphylaxis is commonly caused by a variety of triggers including food, medication, latex and insect stings; and

WHEREAS, twelve million Americans have food allergies; three million are children under the age of eighteen; and

WHEREAS, food allergies affect 4% of the population and the prevalence is increasing among children; and

WHEREAS, according to the centers for Disease Control and Prevention, food allergy causes more than 300,00 ambulatory care visits each year involving children under 18; and

WHEREAS, prompt administration of epinephrine (adrenaline) is key to treating a potentially fatal anaphylactic reaction; and

WHEREAS, anaphylactic reactions in children occur in school, and approximately 20-25% of these occur in a child whose allergic condition was unknown by the school at the time of the reaction, and therefore, there was no prescribed epinephrine on hand for that particular child; and

WHEREAS, healthcare professionals recognize that anaphylactic reactions require immediate care, primarily the administration of epinephrine; and

NOW, THEREFORE, BE IT RESOLVED, that the NHCSL encourages school systems to have the ability to treat anaphylactic reactions even in the absence of a specific patients order; and

BE IT FURTHER RESOLVED, that the NCSL will promote the ability of state and schools to allow the maintenance of a sufficient supply of epinephrine in schools; and

BE IT FURTHER RESOLVED, that the NHCSL encourages appropriate training to school personnel on awareness of anaphylaxis, emergency response procedures, and the proper administration of epinephrine; and

BE IT FURTHER RESOLVED, the NHCSL encourages protection from liability of appropriately trained school personnel in instances of administration of epinephrine in the school setting.

THIS RESOLUTION WAS ADOPTED ON JULY 23RD, 2011, AT THE NHCSL EXECUTIVE COMMITTEE MEETING HELD IN PROVIDENCE, RHODE ISLAND AND RATIFIED AT THE NHCSL 2011 ANNUAL MEETING HELD IN FAJARDO, PUERTO RICO ON NOVEMBER 19TH, 2011.

Sponsored by: Senator Luz Z. Arce Ferrer (PR)

A Resolution

To Oppose Any Effort to Reduce the Federal Budget Deficit at the Expense of Patients and Seniors Who Rely on the Medicare and Medicare Part D Programs for Access to Health Care.

Short Title: Preserving patient access to care in the Medicare and Medicare Part D federal programs.

WHEREAS, As lawmakers work to reduce the national budget deficit, it is critical consider the negative impact that drastic spending cuts and reforms to the federal Medicare Program and Medicare Part D will have on patient care and access; and

WHEREAS, Cuts to Medicare will jeopardize patient care and limit choice on necessary treatments and medications; and

WHEREAS, The Medicare office has expressed concern that health care providers might leave the Medicare program as result of drastic spending cuts, which would remove choices and lower quality of care for seniors in Medicare; and

WHEREAS, Attempts to reduce the deficit through arbitrary quotas will penalize longer lives and medical innovation; and

WHEREAS, Medicare and Medicare Part D work for patients and America, promoting medical innovation and providing seniors and disabled Americans with access to affordable medicines ; and

WHEREAS, Competition in the Medicare Part D market drives drug costs down for patients. Medicare Part D costs 40 percent less than initially projected, thanks to competition among plans. Part D's free market competition drives down spending growth for prescription medicines. Since 2006, spending growth dropped from 9 percent to 5.2 percent in 2009 – the fifth-lowest growth rate in 50 years; and

WHEREAS, Reforms that stifle that competition in the Medicare Part D market will inflate seniors' premiums, inhibit research and development for new treatments and medications for patients ; and

WHEREAS, Medicare Part D plans are negotiating medicine rebates for millions of patients, including a 50 percent discount on brand name drugs in the Part D coverage gap, as part of the Medicare Part D Coverage Gap Discount Program; and

WHEREAS, The Centers for Medicare and Medicaid Services (CMS) recently announced that, to date, the Medicare Part D Coverage Gap Discount Program has already saved patients and seniors \$166 million dollars on medication costs. According to CMS, the closing of the coverage gap will save Medicare patients up to \$2 billion by the end of this year. 271,000 Americans have benefited directly from the discount program thus far, saving an average of \$613 per Medicare patient; and

WHEREAS, Spending cuts that negatively impact patient access to care will ultimately exacerbate the problem of rising healthcare costs in the long run; and

BE IT RESOLVED, that although mounting deficits are a real threat to U.S. economic viability, efforts to reduce our debt must not come at the expense of patient access to care;

BE IT RESOLVED, that Members of Congress and the Administration examine how Medicare and Medicare Part D work for seniors, patients, and disabled Americans by providing access to affordable medicines;

BE IT RESOLVED, that Members of Congress and the Administration focus on long-term solutions that provide better health outcomes for Medicare patients, rather than short-term cost savings and arbitrary quotas;

BE IT RESOLVED, that Members of Congress and the Administration improve payment, delivery, and preventative care in order to reduce healthcare costs.

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Sponsored by: Senator Juan M. Pichardo (RI)

A RESOLUTION

Eliminating Restriction and Barriers to Health Care Access and Maintaining Independent Oversight

Short Title: Patient Protections

WHEREAS, the National Hispanic Caucus Of States Legislators (NHCSL) was founded in 1989 as nonpartisan with the mission of serve as a catalyst for joint action on issues of common concern, such as housing, immigration, education and healthcare, to all segments of the Hispanics communities; and

WHEREAS, the National Hispanic Caucus Of States Legislators has the vision to promote effective, equal and culturally appropriate access to healthcare for all, including American people and all other minorities; and

WHEREAS, limitations to treatment, restrictions and barriers to the access and disruption of continuity of health care can result in detrimental life threatening consequences to the individuals who are the most vulnerable and can result in more medical complications and higher health care costs; and

WHEREAS, scientific research shows there are gender, racial and ethnic differences in responses to treatments and limiting access further widens already existing health disparities; and

WHEREAS, access to health care includes meaningful access to all medications in order to maintain consistent disease management and continuity of care, regardless of provider; and

WHEREAS, many states, in an effort to cut short-term health care costs, have considered or instigated programs allowing the development and management of a Medicaid formulary or preferred drug list without independent oversight; and

WHEREAS, the Medicaid system, which disproportionately serves people of color, should not establish additional obstacles which might limit access to vital life-saving medications, resulting in disruption of continuity of care and increasing the long-term costs of Medicaid by increasing the number of unnecessary hospitalizations and emergency room visits; and

WHEREAS, basing decisions for inclusion on a formulary or preferred drug list based on cost rather than clinical considerations, ignores important variations that can exist among patients in terms of safety, efficacy and tolerability in drug classes; and

WHEREAS, the National Hispanic Caucus of State Legislators (NHCSL) is made up of 300 Hispanics States Legislators from all states, commonwealths and territories of the United States and is organized to provide a forum for discussion, education and increased communication.

WHEREAS, the NHCSL identifies and proposes legislation and administrative actions to eliminate barriers to achievement of a better quality of life for Hispanics; and

WHEREAS, establishing administrative restrictions and barriers, such as prior authorization requirements can discourage health professionals from prescribing the most appropriate medication for their patients, thus delaying access to care, exacerbating existing health

disparities and increasing costs.

NOW, THEREFORE BE IT RESOLVED THAT, the National Hispanic Caucus of State Legislators asks that states choosing to rely upon a formulary or preferred drug list establish an independent, accountable, committee made up of independent individuals with appropriate clinical experience to develop and manage the program in a manner that institutionalizes basic patient protections and ensures that prescribers maintain necessary discretion with regard to which medications are best for their patients; and

BE IT FURTHER RESOLVED, that to accomplish this goal effectively, the National Hispanic Caucus of State Legislators recommends the following provisions be added at the appropriate place in each state's Medicaid statute:

1. Rebates Negotiated by Managed Care Organizations. A managed care organization may not negotiate or obtain a rebate with respect to a product for which the state (or applicable state agency) has negotiated or obtained a supplemental rebate;
2. Formulary Requirements. Formularies shall comply with the following requirements:
 - a. A plan's drug formulary shall provide coverage for all products where a Medicaid rebate is provided.
 - b. A plan's drug formulary shall include coverage that is no more restrictive than the state's Medicaid preferred drug list in terms of access to covered drugs. A plan's drug formulary shall provide coverage in categories and classes for all medical conditions and shall provide a broad range of therapeutic options for all therapeutic categories.
3. Pharmacy and Therapeutics Committee. Standards shall be developed to assure that a Medicaid managed care plan's formulary is developed and reviewed by an independent pharmacy and therapeutics committee (P&T) that meets the following requirements:
 - a. Formulary development shall be conducted pursuant to a transparent process, such as state open meeting rules.
 - b. Not less than 30 days prior to a meeting, the P&T Committee shall post to the appropriate state website: (i) the meeting agenda, (ii) a list of the drug classes to be considered at the meeting; and (iii) background materials and supporting documentation provided to committee members with respect to drugs and drug classes that are before the committee for review.
 - c. The P&T Committee shall provide appropriate opportunity for public testimony at each regularly scheduled committee meeting. Prior to deliberating on any recommendations regarding a drug or a class of drugs, the committee shall accept testimony, in writing or in person, that is offered by a manufacturer of those drugs or another interested party.
 - d. The P&T Committee shall post its recommendations to an appropriate state website not later than 30 days after the Committee approves the recommendations.
 - e. A majority of P&T Committee members shall be state licensed practicing physicians, practicing pharmacists, or both.
 - f. The P&T Committee members shall represent various clinical specialties and specialists with expertise in a specific therapeutic area shall participate in formulary decisions regarding each therapeutic area.
 - g. The P&T Committee shall meet no less frequently than on a quarterly basis.
 - h. The P&T Committee shall base its clinical decisions on the strength of scientific evidence, standards of practice, and nationally accepted treatment guidelines.

- i. The P&T committee shall review formulary management tools, such as prior authorization, step therapy, quantity limitations, generic substitutions, and other drug utilization and management tools for clinical appropriateness (and consistency with industry standards as well as appropriate guidelines from expert patient and provider organizations).
 - j. Criteria related to Prior Authorization/Step-Therapy/Fail-First.
 - i. A managed care plan shall provide a response within 24 hours of receipt of all necessary information for a request for prior authorization.
 - ii. If a medicine requires prior authorization, the pharmacist or physician shall be reimbursed for dispensing a 72-hour supply to a Medicaid beneficiary.
 - iii. A uniform form shall be established, electronic as soon as practicable, for plans to provide physicians seeking authorization for a covered drug, including a uniform, streamlined, convenient process to expeditiously request an override from the insurer of any restriction.
 - iv. An override of a restriction shall be expeditiously granted by the insurer if:
 - (i) the prescribing practitioner can demonstrate, based on sound clinical evidence, that the preferred treatment required under step therapy or fail first has been ineffective in the treatment of the insured's disease or medical condition; or
 - (ii) based on sound clinical evidence or medical and scientific evidence the prescribing physician can demonstrate that the preferred treatment required under the step therapy or fail first protocol is expected or likely to be ineffective based on the known relevant physical or mental characteristics of the insured and known characteristics of the drug regimen; or
 - (iii) the prescribing practitioner can demonstrate that the preferred treatment required under the step therapy or fail-first protocol will cause or will likely cause an adverse reaction or other physical harm to the insured.
 - v. The prescriber's recommendation shall ultimately prevail if the prescriber certifies the drug is medically necessary.
4. Coverage Determination Decisions:
- a. Coverage for any newly approved FDA product shall be made within 180 days of the product's market entry.
5. Product selection:
- a. Where the prescriber has indicated on the face of the prescription "dispense as written" [or other notation set forth by state law], or other appropriate form for electronic prescriptions—
 - i. The pharmacy shall not substitute another drug without explicit written permission of the prescriber, and
 - ii. Notwithstanding any other provision of law, the pharmacy shall receive payment for a drug dispensed pursuant to a "dispense as written" order without seeking prior authorization of the state or any benefit administrator, and without telephone or other confirmation that the physician does not wish to substitute another medication; and;
6. The Department of Health shall be required to prepare a report on Medicaid Managed Care that must be submitted to the Governor and Legislature, that will:
- a. Provide an analysis on Medicaid Patient access to prescription drugs.
 - b. Provide an evaluation of any barriers to prescription drugs.
 - c. Provide details of the impact of the managed care expansion on utilization of prescription drugs.
 - d. Provide details of prior authorization and other utilization tools.

BE IT FURTHER RESOLVED, that states must consider and account for the impact on patient access to health care by evaluating restrictions and barriers to services, the impact on utilization of services, and the use of prior authorization and other management tools, to ensure that existing health disparities are not exacerbated by any efforts to control short term costs by the use of a prescription drug formulary.

THIS RESOLUTION WAS ADOPTED BY NHCSL AND RATIFIED AT ITS ANNUAL MEETING DURING NHCSL'S 9TH NATIONAL SUMMIT HELD ON NOVEMBER 19TH, 2011 IN FAJARDO, PUERTO RICO.

Sponsored By: Senator Luz Z. Arce Ferrer (PR)
Co-Sponsored By: Senator Iris Y. Martinez (IL)
Hon. Felix W. Ortiz (NY)

A RESOLUTION

Promoting Unrestricted Patient Access to Specialty Drugs

Short Title: Specialty Drug Access

WHEREAS, the National Hispanic Caucus Of States Legislators (NHCSL) was founded in 1989 as nonpartisan with the mission of serve as a catalyst for joint action on issues of common concern, such as housing, immigration, education and healthcare, to all segments of the Hispanics communities; and

WHEREAS, the National Hispanic Caucus Of States Legislators has the Vision to promote effective, equal and culturally appropriate access to healthcare for all, including American people and all other minorities; and

WHEREAS, limitations to treatment, restrictions and barriers to the access and disruption of continuity of health care can result in detrimental life threatening consequences to the individuals who are the most vulnerable and can result in more medical complications and higher health care costs; and

WHEREAS, scientific research shows there are gender, racial and ethnic differences in responses to treatments and limiting access further widens already existing health disparities; and

WHEREAS, specialty drugs are, in general, high-cost, require close medical supervision and monitoring, and are usually prescribed for patients with serious chronic diseases like cancer; and

WHEREAS, insurers often charge different co-payments – the patient's share of the cost of a prescription – for different medications which results in medications being placed in different tiers depending on whether they are generic, brand name preferred, brand name non-preferred, or a specialty drug; and

WHEREAS, the pharmaceutical companies have provided discounts and/or free medications to those who are economically disadvantaged; and

WHEREAS, specialty drugs are often in the highest co-payment tier with the largest out-of-pocket costs, subjecting patients to onerous and discriminatory costs on prescriptions for chronic, life threatening conditions; and

WHEREAS, the National Hispanic Caucus of State Legislators (NHCSL) is made up of 300 Hispanics States Legislators from all states, commonwealths and territories of the United States and is organized to provide a forum for discussion, education and increased communication. Additionally, the NHCSL identifies and proposes legislation and administrative actions to eliminate barriers to achievement of a better quality of life for Hispanics; and

WHEREAS, because the Hispanic population is disproportionately impacted by cancer and other chronic diseases, high co-pays for specialty medications can disproportionately impact a Hispanic patient's access to care and may result in serious harm and unjustified discrimination based on disease or disability; and

WHEREAS, with the passage of the Patient Protection and Affordable Care Act (ACA), concerns about excessive out-of-pocket costs have been partially allayed, but patients in need of specialty drugs may not receive the full benefit of this protection since co-payment caps on essential benefits, and levels of cost-sharing by type of drug, are not established by the law and it is unknown whether they will be established through regulation; and

WHEREAS, unregulated and grandfathered insurers may seek to manage the use of expensive drugs by assigning greater co-pay amounts and percentages to specialty medications; and

THEREFORE BE IT RESOLVED, that because the provisions of the ACA do not specifically or completely address this issue, the NHCSL should promote, support, and encourage addressing excessive out-of-pocket costs for specialty medication by state legislative or regulatory action; and

BE IT FURTHER RESOLVED, that through either the health insurance mandate process or through state authority to certify qualified health plans in health benefit exchanges, plans should be prohibited from creating discriminatory specialty tiers within their drug formularies and from requiring payment of a percentage cost of prescriptions; and

BE IT FINALLY RESOLVED, that the amount of patient cost-sharing should be limited and overall out-of-pocket expenses for enrollees capped, and that additional legislative provisions may be needed to safeguard patient access to specialty medications.

THIS RESOLUTION WAS ADOPTED BY NHCSL AND RATIFIED AT ITS ANNUAL MEETING DURING NHCSL'S 9TH NATIONAL SUMMIT HELD ON NOVEMBER 19TH, 2011 IN FAJARDO, PUERTO RICO.

Sponsored by: Senator Luz Z. Arce Ferrer (PR)

A Resolution

Calling for the Support of the Development, Relief, and Education for Alien Minors Act of 2011 (DREAM Act of 2011)

Short Title: Supporting the DREAM Act of 2011

WHEREAS, every student who works hard, who is of good moral character and who earns a high school diploma should have the opportunity to obtain a higher education; and

WHEREAS, current immigration laws deny intelligent and talented undocumented students the opportunity to join the military or to apply their skills as taxpaying members of America's workforce; and

WHEREAS, it is estimated that more than 65,000 undocumented students graduate each year from American high schools. Under current immigration laws, even bright and overachieving children, who have never known another home outside of this country, may be deported because of their parents' action years ago; and

WHEREAS, the Development, Relief and Education for Alien Minors, or DREAM, Act, first introduced in Congress in 2001 and reintroduced for consideration by the current Congress, would permit certain immigrant students who have grown up in the United States to apply for temporary legal status, to eventually obtain permanent status and to become eligible for United States citizenship if they go to college or serve in the United States military; and

WHEREAS, enactment of the DREAM Act would bring fiscal, economic and labor-market benefits to individual immigrants, their families and American society in general; and

WHEREAS, enactment of the DREAM Act would eliminate a federal provision that penalizes states that provide in-state tuition without regard to immigration status; and

WHEREAS, students who prepare for success in college, career and life should know they are supported in their desire to obtain a college education.

THEREFORE, BE IT RESOLVED, by the NHCSL, an organization representing the interests of over 300 Hispanic state elected officials, calls upon the Congress of the United States to support the enactment of the Development, Relief, and Education for Alien Minors Act of 2011 to give undocumented students the opportunity to attain a degree in higher education or serve in the in the United States military.

THIS RESOLUTION WAS ADOPTED BY NHCSL AND RATIFIED AT ITS ANNUAL MEETING DURING NHCSL'S 9TH NATIONAL SUMMIT HELD ON NOVEMBER 19TH, 2011 IN FAJARDO, PUERTO RICO.

Sponsored by: Representative Richard Miranda (AZ)

A RESOLUTION

To Ensure that Puerto Rico Receives Sufficient Universal Service Support for Broadband Deployment

Short Title: PR USF

WHEREAS, Section 254(b) of the Communications Act requires that Puerto Rico and other insular areas receive sufficient funding to support ubiquitous broadband and telecommunications deployment; and

WHEREAS, the FCC recognized in its Seventh Broadband Deployment Report that nearly three-fourths of the population of Puerto Rico remains unserved by broadband at speeds of 3 Mbps downstream and 768 kbps upstream compared with just 8% of the population of all U.S. states and territories; and

WHEREAS, the high costs of serving an insular area combined with the exceedingly poor population on the island make deployment of broadband in Puerto Rico generally uneconomic in most areas without federal funding; and

WHEREAS, in 2010, the FCC committed “to ensure that high-quality voice and broadband services are available in insular areas”; and

WHEREAS, the FCC is proposing to redistribute its existing “high cost” Universal Service Fund support through a new Connect America Fund to support broadband deployment in unserved areas throughout the country; and

THEREFORE, BE IT RESOLVED, that the FCC must ensure that the Connect America Fund distribute to Puerto Rico is adequate and sufficient to insure Puerto Rico is able to achieve full broadband deployment and adoption.

THEREFORE, BE IT FURTHER RESOLVED, that Puerto Rico continues to receive funds adequate and sufficient to insure Puerto Rico is able to achieve full broadband deployment and adoption until broadband and telephone subscribership on the island are on par with that of the rest of the nation.

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Sponsored By: Senator Juan M. Pichardo (RI)
Representative Joseph E. Miró (DE)
Senator Eduardo Bhatia (PR)

A RESOLUTION

In support of the American Jobs Act and other Federal Efforts to Close the Divide in Employment and Help Struggling Americans Realize a Full and Vigorous Economic Recovery

Short Title: American Jobs Act

WHEREAS, the United States is in the midst of recovery from an economic down turn that is the worst since the great depression.

WHEREAS, through the recession, Americans lost trillions of dollars of wealth; Latinos lost fully two-thirds of overall household net worth, erasing decades of gains in just months.

WHEREAS, the largest portion of most Americans' net worth is held in their homes. The recession erased home values in communities across the country, taking with it the nest egg and security of families.

WHEREAS, The American Jobs Act includes a series of proposals to stimulate the economy, create jobs and invest for America's future, through infrastructure investment, tax credits for hiring and tax relief for employees that would keep more money in the pockets of Americans already struggling to make ends meet.

WHEREAS, infrastructure investment is supported by both the AFL-CIO and the US Chamber of Commerce as a valid policy option for stimulating jobs.

WHEREAS, proposals to ensure the Act is fully paid for, include spectrum reverse auctions, which, if truly voluntary, provide an opportunity to drive mobile innovation and drive funds to the treasury while both strengthening the mobile platform and broadcasting.

WHEREAS, previous economic stimulus, via the American Recovery Act, provided stability to the markets, helped to fill in gaping municipal budget holes that would have resulted in many thousands of more firings, and resulting in profitable big business and rising stock markets.

WHEREAS, the joblessness rate remains stagnate I the face of market incline, resulting in a jobless recovery featuring unemployment rates more than 40% higher for Latinos.

WHEREAS, targeted federal stimulus is necessary to jumpstart hiring and extend economic recovery to all working Americans.

AND NOW, THEREFORE, BE IT RESOLVED, NHCSL calls upon Congress and the President to take up and pass the provisions of the American Jobs Act, help to put more Americans to work, and extend American prosperity.

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Sponsored by: Representative Mara Candelaria Reardon (IN)

Co-Sponsors: Senator Donovan Dela Cruz (HI)
Senator Juan M. Pichardo (RI)
Assemblymember Angel Fuentes (NJ)