

107TH CONGRESS
1ST SESSION

H. R. 562

To amend the Native Hawaiian Health Care Improvement Act to revise
and extend such Act.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 13, 2001

Mr. ABERCROMBIE (for himself and Mrs. MINK of Hawaii) introduced the
following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Native Hawaiian Health Care Improvement
Act to revise and extend such Act.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Native Hawaiian
5 Health Care Improvement Act Reauthorization of 2001”.

6 **SEC. 2. AMENDMENT TO THE NATIVE HAWAIIAN HEALTH**
7 **CARE IMPROVEMENT ACT.**

8 The Native Hawaiian Health Care Improvement Act
9 (42 U.S.C. 11701 et seq.) is amended to read as follows:

1 **“SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 “(a) SHORT TITLE.—This Act may be cited as the
3 ‘Native Hawaiian Health Care Improvement Act’.

4 “(b) TABLE OF CONTENTS.—The table of contents
5 of this Act is as follows:

“Sec. 1. Short title; table of contents.

“Sec. 2. Findings.

“Sec. 3. Definitions.

“Sec. 4. Declaration of national Native Hawaiian health policy.

“Sec. 5. Comprehensive health care master plan for Native Hawaiians.

“Sec. 6. Functions of Papa Ola Lokahi and Office of Hawaiian Affairs.

“Sec. 7. Native Hawaiian health care.

“Sec. 8. Administrative grant for Papa Ola Lokahi.

“Sec. 9. Administration of grants and contracts.

“Sec. 10. Assignment of personnel.

“Sec. 11. Native Hawaiian health scholarships and fellowships.

“Sec. 12. Report.

“Sec. 13. Use of Federal Government facilities and sources of supply.

“Sec. 14. Demonstration projects of national significance.

“Sec. 15. National Bipartisan Commission on Native Hawaiian Health
Care Entitlement.

“Sec. 16. Rule of construction.

“Sec. 17. Compliance with Budget Act.

“Sec. 18. Severability.

6 **“SEC. 2. FINDINGS.**

7 “(a) GENERAL FINDINGS.—Congress makes the fol-
8 lowing findings:

9 “(1) Native Hawaiians begin their story with
10 the Kumulipo which details the creation and inter-
11 relationship of all things, including their evolvment
12 as healthy and well people.

13 “(2) Native Hawaiians are a distinct and
14 unique indigenous peoples with a historical con-
15 tinuity to the original inhabitants of the Hawaiian
16 archipelago within Ke Moananui, the Pacific Ocean,

1 and have a distinct society organized almost 2,000
2 years ago.

3 “(3) The health and well-being of Native Ha-
4 waiians are intrinsically tied to their deep feelings
5 and attachment to their lands and seas.

6 “(4) The long-range economic and social
7 changes in Hawaii over the 19th and early 20th cen-
8 turies have been devastating to the health and well-
9 being of Native Hawaiians.

10 “(5) Native Hawaiians have never directly relin-
11 quished to the United States their claims to their in-
12 herent sovereignty as a people or over their national
13 territory, either through their monarchy or through
14 a plebiscite or referendum.

15 “(6) The Native Hawaiian people are deter-
16 mined to preserve, develop and transmit to future
17 generations their ancestral territory, and their cul-
18 tural identity in accordance with their own spiritual
19 and traditional beliefs, customs, practices, language,
20 and social institutions. In referring to themselves,
21 Native Hawaiians use the term ‘Kanaka Maoli’, a
22 term frequently used in the 19th century to describe
23 the native people of Hawaii.

24 “(7) The constitution and statutes of the State
25 of Hawaii—

1 “(A) acknowledge the distinct land rights
2 of Native Hawaiian people as beneficiaries of
3 the public lands trust; and

4 “(B) reaffirm and protect the unique right
5 of the Native Hawaiian people to practice and
6 perpetuate their cultural and religious customs,
7 beliefs, practices, and language.

8 “(8) At the time of the arrival of the first non-
9 indigenous peoples in Hawaii in 1778, the Native
10 Hawaiian people lived in a highly organized, self-suf-
11 ficient, subsistence social system based on communal
12 land tenure with a sophisticated language, culture,
13 and religion.

14 “(9) A unified monarchical government of the
15 Hawaiian Islands was established in 1810 under Ka-
16 mehameha I, the first King of Hawaii.

17 “(10) Throughout the 19th century and until
18 1893, the United States—

19 “(A) recognized the independence of the
20 Hawaiian Nation;

21 “(B) extended full and complete diplomatic
22 recognition to the Hawaiian Government; and

23 “(C) entered into treaties and conventions
24 with the Hawaiian monarchs to govern com-

1 merce and navigation in 1826, 1842, 1849,
2 1875 and 1887.

3 “(11) In 1893, John L. Stevens, the United
4 States Minister assigned to the sovereign and inde-
5 pendent Kingdom of Hawaii, conspired with a small
6 group of non-Hawaiian residents of the Kingdom,
7 including citizens of the United States, to overthrow
8 the indigenous and lawful government of Hawaii.

9 “(12) In pursuance of that conspiracy, the
10 United States Minister and the naval representative
11 of the United States caused armed naval forces of
12 the United States to invade the sovereign Hawaiian
13 Nation in support of the overthrow of the indigenous
14 and lawful Government of Hawaii and the United
15 States Minister thereupon extended diplomatic rec-
16 ognition of a provisional government formed by the
17 conspirators without the consent of the native people
18 of Hawaii or the lawful Government of Hawaii in
19 violation of treaties between the 2 nations and of
20 international law.

21 “(13) In a message to Congress on December
22 18, 1893, then President Grover Cleveland reported
23 fully and accurately on these illegal actions, and ac-
24 knowledged that by these acts, described by the
25 President as acts of war, the government of a peace-

1 ful and friendly people was overthrown, and the
2 President concluded that a ‘substantial wrong has
3 thus been done which a due regard for our national
4 character as well as the rights of the injured people
5 required that we should endeavor to repair’.

6 “(14) Queen Lili‘uokalani, the lawful monarch
7 of Hawaii, and the Hawaiian Patriotic League, rep-
8 resenting the aboriginal citizens of Hawaii, promptly
9 petitioned the United States for redress of these
10 wrongs and for restoration of the indigenous govern-
11 ment of the Hawaiian nation, but this petition was
12 not acted upon.

13 “(15) The United States has acknowledged the
14 significance of these events and has apologized to
15 Native Hawaiians on behalf of the people of the
16 United States for the overthrow of the Kingdom of
17 Hawaii with the participation of agents and citizens
18 of the United States, and the resulting deprivation
19 of the rights of Native Hawaiians to self-determina-
20 tion in legislation enacted into law in 1993 (Public
21 Law 103–150; 107 Stat. 1510).

22 “(16) In 1898, the United States annexed Ha-
23 wahi through the Newlands Resolution without the
24 consent of or compensation to the indigenous peoples
25 of Hawaii or their sovereign government who were

1 thereby denied the mechanism for expression of their
2 inherent sovereignty through self-government and
3 self-determination, their lands and ocean resources.

4 “(17) Through the Newlands Resolution and
5 the 1900 Organic Act, the Congress received
6 1,750,000 acres of lands formerly owned by the
7 Crown and Government of the Hawaiian Kingdom
8 and exempted the lands from then existing public
9 land laws of the United States by mandating that
10 the revenue and proceeds from these lands be ‘used
11 solely for the benefit of the inhabitants of the Ha-
12 waiian Islands for education and other public pur-
13 poses’, thereby establishing a special trust relation-
14 ship between the United States and the inhabitants
15 of Hawaii.

16 “(18) In 1921, Congress enacted the Hawaiian
17 Homes Commission Act, 1920, which designated
18 200,000 acres of the ceded public lands for exclusive
19 homesteading by Native Hawaiians, thereby affirm-
20 ing the trust relationship between the United States
21 and the Native Hawaiians, as expressed by then Sec-
22 retary of the Interior Franklin K. Lane who was
23 cited in the Committee Report of the Committee on
24 Territories of the House of Representatives as stat-
25 ing, ‘One thing that impressed me . . . was the fact

1 that the natives of the islands . . . for whom in a
2 sense we are trustees, are falling off rapidly in num-
3 bers and many of them are in poverty.’

4 “(19) In 1938, Congress again acknowledged
5 the unique status of the Native Hawaiian people by
6 including in the Act of June 20, 1938 (52 Stat. 781
7 et seq.), a provision to lease lands within the exten-
8 sion to Native Hawaiians and to permit fishing in
9 the area ‘only by native Hawaiian residents of said
10 area or of adjacent villages and by visitors under
11 their guidance’.

12 “(20) Under the Act entitled ‘An Act to provide
13 for the admission of the State of Hawaii into the
14 Union’, approved March 18, 1959 (73 Stat. 4), the
15 United States transferred responsibility for the ad-
16 ministration of the Hawaiian Home Lands to the
17 State of Hawaii but reaffirmed the trust relationship
18 which existed between the United States and the
19 Native Hawaiian people by retaining the exclusive
20 power to enforce the trust, including the power to
21 approve land exchanges, and legislative amendments
22 affecting the rights of beneficiaries under such Act.

23 “(21) Under the Act entitled ‘An Act to provide
24 for the admission of the State of Hawaii into the
25 Union’, approved March 18, 1959 (73 Stat. 4), the

1 United States transferred responsibility for adminis-
2 tration over portions of the ceded public lands trust
3 not retained by the United States to the State of
4 Hawaii but reaffirmed the trust relationship which
5 existed between the United States and the Native
6 Hawaiian people by retaining the legal responsibility
7 of the State for the betterment of the conditions of
8 Native Hawaiians under section 5(f) of such Act.

9 “(22) In 1978, the people of Hawaii amended
10 their Constitution to establish the Office of Hawai-
11 ian Affairs and assigned to that body the authority
12 to accept and hold real and personal property trans-
13 ferred from any source in trust for the Native Ha-
14 waiian people, to receive payments from the State of
15 Hawaii due to the Native Hawaiian people in satis-
16 faction of the pro rata share of the proceeds of the
17 Public Land Trust created under section 5 of the
18 Admission Act of 1959 (Public Law 83–3), to act as
19 the lead State agency for matters affecting the Na-
20 tive Hawaiian people, and to formulate policy on af-
21 fairs relating to the Native Hawaiian people.

22 “(23) The authority of the Congress under the
23 Constitution to legislate in matters affecting the ab-
24 original or indigenous peoples of the United States

1 includes the authority to legislate in matters affect-
2 ing the native peoples of Alaska and Hawaii.

3 “(24) The United States has recognized the au-
4 thority of the Native Hawaiian people to continue to
5 work towards an appropriate form of sovereignty as
6 defined by the Native Hawaiian people themselves in
7 provisions set forth in legislation returning the Ha-
8 waiian Island of Kaho‘olawe to custodial manage-
9 ment by the State of Hawaii in 1994.

10 “(25) In furtherance of the trust responsibility
11 for the betterment of the conditions of Native Ha-
12 waiians, the United States has established a pro-
13 gram for the provision of comprehensive health pro-
14 motion and disease prevention services to maintain
15 and improve the health status of the Hawaiian peo-
16 ple. This program is conducted by the Native Ha-
17 waiian Health Care Systems, the Native Hawaiian
18 Health Scholarship Program and Papa Ola Lokahi.
19 Health initiatives from these and other health insti-
20 tutions and agencies using Federal assistance have
21 been responsible for reducing the century-old mor-
22 bidity and mortality rates of Native Hawaiian people
23 by providing comprehensive disease prevention,
24 health promotion activities and increasing the num-
25 ber of Native Hawaiians in the health and allied

1 health professions. This has been accomplished
2 through the Native Hawaiian Health Care Act of
3 1988 (Public Law 100–579) and its reauthorization
4 in section 9168 of Public Law 102–396 (106 Stat.
5 1948).

6 “(26) This historical and unique legal relation-
7 ship has been consistently recognized and affirmed
8 by Congress through the enactment of Federal laws
9 which extend to the Native Hawaiian people the
10 same rights and privileges accorded to American In-
11 dian, Alaska Native, Eskimo, and Aleut commu-
12 nities, including the Native American Programs Act
13 of 1974 (42 U.S.C. 2991 et seq.), the American In-
14 dian Religious Freedom Act (42 U.S.C. 1996), the
15 National Museum of the American Indian Act (20
16 U.S.C. 80q et seq.), and the Native American
17 Graves Protection and Repatriation Act (25 U.S.C.
18 3001 et seq.).

19 “(27) The United States has also recognized
20 and reaffirmed the trust relationship to the Native
21 Hawaiian people through legislation which author-
22 izes the provision of services to Native Hawaiians,
23 specifically, the Older Americans Act of 1965 (42
24 U.S.C. 3001 et seq.), the Developmental Disabilities
25 Assistance and Bill of Rights Act Amendments of

1 1987, the Veterans' Benefits and Services Act of
2 1988, the Rehabilitation Act of 1973 (29 U.S.C. 701
3 et seq.), the Native Hawaiian Health Care Act of
4 1988 (Public Law 100-579), the Health Professions
5 Reauthorization Act of 1988, the Nursing Shortage
6 Reduction and Education Extension Act of 1988,
7 the Handicapped Programs Technical Amendments
8 Act of 1988, the Indian Health Care Amendments
9 of 1988, and the Disadvantaged Minority Health
10 Improvement Act of 1990.

11 “(28) The United States has also affirmed the
12 historical and unique legal relationship to the Ha-
13 waiian people by authorizing the provision of serv-
14 ices to Native Hawaiians to address problems of al-
15 cohol and drug abuse under the Anti-Drug Abuse
16 Act of 1986 (Public Law 99-570).

17 “(29) Further, the United States has recog-
18 nized that Native Hawaiians, as aboriginal, indige-
19 nous, native peoples of Hawaii, are a unique popu-
20 lation group in Hawaii and in the continental United
21 States and has so declared in Office of Management
22 and Budget Circular 15 in 1997 and Presidential
23 Executive Order No. 13125, dated June 7, 1999.

24 “(30) Despite the United States having ex-
25 pressed its commitment to a policy of reconciliation

1 with the Native Hawaiian people for past grievances
2 in Public Law 103–150 (107 Stat. 1510) the unmet
3 health needs of the Native Hawaiian people remain
4 severe and their health status continues to be far
5 below that of the general population of the United
6 States.

7 “(b) UNMET NEEDS AND HEALTH DISPARITIES.—
8 Congress finds that the unmet needs and serious health
9 disparities that adversely affect the Native Hawaiian peo-
10 ple include the following:

11 “(1) CHRONIC DISEASE AND ILLNESS.—

12 “(A) CANCER.—

13 “(i) IN GENERAL.—With respect to all
14 cancer—

15 “(I) Native Hawaiians have the
16 highest cancer mortality rates in the
17 State of Hawaii (231.0 out of every
18 100,000 residents), 45 percent higher
19 than that for the total State popu-
20 lation (159.7 out of every 100,000
21 residents);

22 “(II) Native Hawaiian males
23 have the highest cancer mortality
24 rates in the State of Hawaii for can-

1 cers of the lung, liver and pancreas
2 and for all cancers combined;

3 “(III) Native Hawaiian females
4 ranked highest in the State of Hawaii
5 for cancers of the lung, liver, pan-
6 creas, breast, cervix uteri, corpus
7 uteri, stomach, and rectum, and for
8 all cancers combined;

9 “(IV) Native Hawaiian males
10 have the highest years of productive
11 life lost from cancer in the State of
12 Hawaii with 8.7 years compared to
13 6.4 years for all males; and

14 “(V) Native Hawaiian females
15 have 8.2 years of productive life lost
16 from cancer in the State of Hawaii as
17 compared to 6.4 years for all females
18 in the State of Hawaii;

19 “(ii) BREAST CANCER.—With respect
20 to breast cancer—

21 “(I) Native Hawaiians have the
22 highest mortality rates in the State of
23 Hawaii from breast cancer (37.96 out
24 of every 100,000 residents), which is
25 25 percent higher than that for Cau-

1 casian Americans (30.25 out of every
2 100,000 residents) and 106 percent
3 higher than that for Chinese Ameri-
4 cans (18.39 out of every 100,000 resi-
5 dents); and

6 “(II) nationally, Native Hawai-
7 ians have the third highest mortality
8 rates due to breast cancer (25.0 out
9 of every 100,000 residents) following
10 African Americans (31.4 out of every
11 100,000 residents) and Caucasian
12 Americans (27.0 out of every 100,000
13 residents).

14 “(iii) CANCER OF THE CERVIX.—Na-
15 tive Hawaiians have the highest mortality
16 rates from cancer of the cervix in the State
17 of Hawaii (3.82 out of every 100,000 resi-
18 dents) followed by Filipino Americans
19 (3.33 out of every 100,000 residents) and
20 Caucasian Americans (2.61 out of every
21 100,000 residents).

22 “(iv) LUNG CANCER.—Native Hawai-
23 ians have the highest mortality rates from
24 lung cancer in the State of Hawaii (90.70
25 out of every 100,000 residents), which is

1 61 percent higher than Caucasian Ameri-
2 cans, who rank second and 161 percent
3 higher than Japanese Americans, who rank
4 third.

5 “(v) PROSTATE CANCER.—Native Ha-
6 waiian males have the second highest mor-
7 tality rates due to prostate cancer in the
8 State of Hawaii (25.86 out of every
9 100,000 residents) with Caucasian Ameri-
10 cans having the highest mortality rate
11 from prostate cancer (30.55 out of every
12 100,000 residents).

13 “(B) DIABETES.—With respect to diabe-
14 tes, for the years 1989 through 1991—

15 “(i) Native Hawaiians had the highest
16 mortality rate due to diabetes mellitis
17 (34.7 out of every 100,000 residents) in
18 the State of Hawaii which is 130 percent
19 higher than the statewide rate for all other
20 races (15.1 out of every 100,000 resi-
21 dents);

22 “(ii) full-blood Hawaiians had a mor-
23 tality rate of 93.3 out of every 100,000
24 residents, which is 518 percent higher than

1 the rate for the statewide population of all
2 other races; and

3 “(iii) Native Hawaiians who are less
4 than full-blood had a mortality rate of 27.1
5 out of every 100,000 residents, which is 79
6 percent higher than the rate for the state-
7 wide population of all other races.

8 “(C) ASTHMA.—With respect to asthma—

9 “(i) in 1990, Native Hawaiians com-
10 prised 44 percent of all asthma cases in
11 the State of Hawaii for those 18 years of
12 age and younger, and 35 percent of all
13 asthma cases reported; and

14 “(ii) in 1992, the Native Hawaiian
15 rate for asthma was 81.7 out of every
16 1000 residents, which was 73 percent high-
17 er than the rate for the total statewide
18 population of 47.3 out of every 1000 resi-
19 dents.

20 “(D) CIRCULATORY DISEASES.—

21 “(i) HEART DISEASE.—With respect
22 to heart disease—

23 “(I) the death rate for Native
24 Hawaiians from heart disease (333.4
25 out of every 100,000 residents) is 66

1 percent higher than for the entire
2 State of Hawaii (201.1 out of every
3 100,000 residents); and

4 “(II) Native Hawaiian males
5 have the greatest years of productive
6 life lost in the State of Hawaii where
7 Native Hawaiian males lose an aver-
8 age of 15.5 years and Native Hawai-
9 ian females lose an average of 8.2
10 years due to heart disease, as com-
11 pared to 7.5 years for all males in the
12 State of Hawaii and 6.4 years for all
13 females.

14 “(ii) HYPERTENSION.—The death
15 rate for Native Hawaiians from hyper-
16 tension (3.5 out of every 100,000 resi-
17 dents) is 84 percent higher than that for
18 the entire State (1.9 out of every 100,000
19 residents).

20 “(iii) STROKE.—The death rate for
21 Native Hawaiians from stroke (58.3 out of
22 every 100,000 residents) is 13 percent
23 higher than that for the entire State (51.8
24 out of every 100,000 residents).

1 “(2) INFECTIOUS DISEASE AND ILLNESS.—The
2 incidence of AIDS for Native Hawaiians is at least
3 twice as high per 100,000 residents (10.5 percent)
4 than that for any other non-Caucasian group in the
5 State of Hawaii.

6 “(3) INJURIES.—With respect to injuries—

7 “(A) the death rate for Native Hawaiians
8 from injuries (38.8 out of every 100,000 resi-
9 dents) is 45 percent higher than that for the
10 entire State (26.8 out of every 100,000 resi-
11 dents);

12 “(B) Native Hawaiian males lose an aver-
13 age of 14 years of productive life lost from inju-
14 ries as compared to 9.8 years for all other
15 males in Hawaii; and

16 “(C) Native Hawaiian females lose an av-
17 erage of 4 years of productive life lost from in-
18 juries but this rate is the highest rate among
19 all females in the State of Hawaii.

20 “(4) DENTAL HEALTH.—With respect to dental
21 health—

22 “(A) Native Hawaiian children exhibit
23 among the highest rates of dental caries in the
24 nation, and the highest in the State of Hawaii

1 as compared to the 5 other major ethnic groups
2 in the State;

3 “(B) the average number of decayed or
4 filled primary teeth for Native Hawaiian chil-
5 dren ages 5 through 9 years was 4.3 as com-
6 pared with 3.7 for the entire State of Hawaii
7 and 1.9 for the United States; and

8 “(C) the proportion of Native Hawaiian
9 children ages 5 through 12 years with unmet
10 treatment needs (defined as having active den-
11 tal caries requiring treatment) is 40 percent as
12 compared with 33 percent for all other races in
13 the State of Hawaii.

14 “(5) LIFE EXPECTANCY.—With respect to life
15 expectancy—

16 “(A) Native Hawaiians have the lowest life
17 expectancy of all population groups in the State
18 of Hawaii;

19 “(B) between 1910 and 1980, the life ex-
20 pectancy of Native Hawaiians from birth has
21 ranged from 5 to 10 years less than that of
22 the overall State population average; and

23 “(C) the most recent tables for 1990 show
24 Native Hawaiian life expectancy at birth (74.27

1 years) to be about 5 years less than that of the
2 total State population (78.85 years).

3 “(6) MATERNAL AND CHILD HEALTH.—

4 “(A) PRENATAL CARE.—With respect to
5 prenatal care—

6 “(i) as of 1996, Native Hawaiian
7 women have the highest prevalence (21
8 percent) of having had no prenatal care
9 during their first trimester of pregnancy
10 when compared to the 5 largest ethnic
11 groups in the State of Hawaii;

12 “(ii) of the mothers in the State of
13 Hawaii who received no prenatal care
14 throughout their pregnancy in 1996, 44
15 percent were Native Hawaiian;

16 “(iii) over 65 percent of the referrals
17 to Healthy Start in fiscal years 1996 and
18 1997 were Native Hawaiian newborns; and

19 “(iv) in every region of the State of
20 Hawaii, many Native Hawaiian newborns
21 begin life in a potentially hazardous cir-
22 cumstance, far higher than any other ra-
23 cial group.

24 “(B) BIRTHS.—With respect to births—

1 “(i) in 1996, 45 percent of the live
2 births to Native Hawaiian mothers were
3 infants born to single mothers which sta-
4 tistics indicate put infants at higher risk of
5 low birth weight and infant mortality;

6 “(ii) in 1996, of the births to Native
7 Hawaiian single mothers, 8 percent were
8 low birth weight (under 2500 grams); and

9 “(iii) of all low birth weight babies
10 born to single mothers in the State of Ha-
11 waii, 44 percent were Native Hawaiian.

12 “(C) TEEN PREGNANCIES.—With respect
13 to births—

14 “(i) in 1993 and 1994, Native Hawai-
15 ians had the highest percentage of teen
16 (individuals who were less than 18 years of
17 age) births (8.1 percent) compared to the
18 rate for all other races in the State of Ha-
19 waii (3.6 percent);

20 “(ii) in 1996, nearly 53 percent of all
21 mothers in Hawaii under 18 years of age
22 were Native Hawaiian;

23 “(iii) lower rates of abortion (a third
24 lower than for the statewide population)
25 among Hawaiian women may account in

1 part, for the higher percentage of live
2 births;

3 “(iv) in 1995, of the births to mothers
4 age 14 years and younger in Hawaii, 66
5 percent were Native Hawaiian; and

6 “(v) in 1996, of the births in this
7 same group, 48 percent were Native Ha-
8 waiian.

9 “(D) FETAL MORTALITY.—In 1996, Na-
10 tive Hawaiian fetal mortality rates comprised
11 15 percent of all fetal deaths for the State of
12 Hawaii. However, for fetal deaths occurring in
13 mothers under the age of 18 years, 32 percent
14 were Native Hawaiian, and for mothers 18
15 through 24 years of age, 28 percent were Na-
16 tive Hawaiians.

17 “(7) MENTAL HEALTH.—

18 “(A) ALCOHOL AND DRUG ABUSE.—With
19 respect to alcohol and drug abuse—

20 “(i) Native Hawaiians represent 38
21 percent of the total admissions to Depart-
22 ment of Health, Alcohol, Drugs and Other
23 Drugs, funded substance abuse treatment
24 programs;

1 “(ii) in 1997, the prevalence of ciga-
2 rette smoking by Native Hawaiians was
3 28.5 percent, a rate that is 53 percent
4 higher than that for all other races in the
5 State of Hawaii which is 18.6 percent;

6 “(iii) Native Hawaiians have the high-
7 est prevalence rates of acute alcohol drink-
8 ing (31 percent), a rate that is 79 percent
9 higher than that for all other races in the
10 State of Hawaii;

11 “(iv) the chronic alcohol drinking rate
12 among Native Hawaiians is 54 percent
13 higher than that for all other races in the
14 State of Hawaii;

15 “(v) in 1991, 40 percent of the Native
16 Hawaiian adults surveyed reported having
17 used marijuana compared with 30 percent
18 for all other races in the State of Hawaii;
19 and

20 “(vi) nine percent of the Native Ha-
21 waiian adults surveyed reported that they
22 are current users (within the past year) of
23 marijuana, compared with 6 percent for all
24 other races in the State of Hawaii.

25 “(B) CRIME.—With respect to crime—

1 “(i) in 1996, of the 5,944 arrests that
2 were made for property crimes in the State
3 of Hawaii, arrests of Native Hawaiians
4 comprised 20 percent of that total;

5 “(ii) Native Hawaiian juveniles com-
6 prised a third of all juvenile arrests in
7 1996;

8 “(iii) In 1996, Native Hawaiians rep-
9 resented 21 percent of the 8,000 adults ar-
10 rested for violent crimes in the State of
11 Hawaii, and 38 percent of the 4,066 juve-
12 nile arrests;

13 “(iv) Native Hawaiians are over-rep-
14 resented in the prison population in Ha-
15 waii;

16 “(v) in 1995 and 1996 Native Hawai-
17 ians comprised 36.5 percent of the sen-
18 tenced felon prison population in Hawaii,
19 as compared to 20.5 percent for Caucasian
20 Americans, 3.7 percent for Japanese
21 Americans, and 6 percent for Chinese
22 Americans;

23 “(vi) in 1995 and 1996 Native Ha-
24 waiians made up 45.4 percent of the tech-
25 nical violator population, and at the Ha-

1 waii Youth Correctional Facility, Native
2 Hawaiians constituted 51.6 percent of all
3 detainees in fiscal year 1997; and

4 “(vii) based on anecdotal information
5 from inmates at the Halawa Correction
6 Facilities, Native Hawaiians are estimated
7 to comprise between 60 and 70 percent of
8 all inmates.

9 “(8) HEALTH PROFESSIONS EDUCATION AND
10 TRAINING.—With respect to health professions edu-
11 cation and training—

12 “(A) Native Hawaiians age 25 years and
13 older have a comparable rate of high school
14 completion, however, the rates of baccalaureate
15 degree achievement amongst Native Hawaiians
16 are less than the norm in the State of Hawaii
17 (6.9 percent and 15.76 percent respectively);

18 “(B) Native Hawaiian physicians make up
19 4 percent of the total physician workforce in the
20 State of Hawaii; and

21 “(C) in fiscal year 1997, Native Hawaiians
22 comprised 8 percent of those individuals who
23 earned Bachelor’s Degrees, 14 percent of those
24 individuals who earned professional diplomas, 6
25 percent of those individuals who earned Mas-

1 ter’s Degrees, and less than 1 percent of indi-
2 viduals who earned doctoral degrees at the Uni-
3 versity of Hawaii.

4 **“SEC. 3. DEFINITIONS.**

5 “In this Act:

6 “(1) DEPARTMENT.—The term ‘department’
7 means the Department of Health and Human Serv-
8 ices.

9 “(2) DISEASE PREVENTION.—The term ‘disease
10 prevention’ includes—

11 “(A) immunizations;

12 “(B) control of high blood pressure;

13 “(C) control of sexually transmittable dis-
14 eases;

15 “(D) prevention and control of chronic dis-
16 eases;

17 “(E) control of toxic agents;

18 “(F) occupational safety and health;

19 “(G) injury prevention;

20 “(H) fluoridation of water;

21 “(I) control of infectious agents; and

22 “(J) provision of mental health care.

23 “(3) HEALTH PROMOTION.—The term ‘health
24 promotion’ includes—

1 “(A) pregnancy and infant care, including
2 prevention of fetal alcohol syndrome;

3 “(B) cessation of tobacco smoking;

4 “(C) reduction in the misuse of alcohol and
5 harmful illicit drugs;

6 “(D) improvement of nutrition;

7 “(E) improvement in physical fitness;

8 “(F) family planning;

9 “(G) control of stress;

10 “(H) reduction of major behavioral risk
11 factors and promotion of healthy lifestyle prac-
12 tices; and

13 “(I) integration of cultural approaches to
14 health and well-being, including traditional
15 practices relating to the atmosphere (lewa lani),
16 land (‘aina), water (wai), and ocean (kai).

17 “(4) NATIVE HAWAIIAN.—The term ‘Native
18 Hawaiian’ means any individual who is Kanaka
19 Maoli (a descendant of the aboriginal people who,
20 prior to 1778, occupied and exercised sovereignty in
21 the area that now constitutes the State of Hawaii)
22 as evidenced by—

23 “(A) genealogical records,

24 “(B) kama‘aina witness verification from
25 Native Hawaiian Kupuna (elders); or

1 “(C) birth records of the State of Hawaii
2 or any State or territory of the United States.

3 “(5) NATIVE HAWAIIAN HEALTH CARE SYS-
4 TEM.—The term ‘Native Hawaiian health care sys-
5 tem’ means an entity—

6 “(A) which is organized under the laws of
7 the State of Hawaii;

8 “(B) which provides or arranges for health
9 care services through practitioners licensed by
10 the State of Hawaii, where licensure require-
11 ments are applicable;

12 “(C) which is a public or nonprofit private
13 entity;

14 “(D) in which Native Hawaiian health
15 practitioners significantly participate in the
16 planning, management, monitoring, and evalua-
17 tion of health care services;

18 “(E) which may be composed of as many
19 as 8 Native Hawaiian health care systems as
20 necessary to meet the health care needs of each
21 island’s Native Hawaiians; and

22 “(F) which is—

23 “(i) recognized by Papa Ola Lokahi
24 for the purpose of planning, conducting, or
25 administering programs, or portions of

1 programs, authorized by this chapter for
2 the benefit of Native Hawaiians; and

3 “(ii) certified by Papa Ola Lokahi as
4 having the qualifications and the capacity
5 to provide the services and meet the re-
6 quirements under the contract the Native
7 Hawaiian health care system enters into
8 with the Secretary or the grant the Native
9 Hawaiian health care system receives from
10 the Secretary pursuant to this Act.

11 “(6) NATIVE HAWAIIAN HEALTH CENTER.—The
12 term ‘Native Hawaiian Health Center’ means any
13 organization that is a primary care provider and
14 that—

15 “(A) has a governing board that is com-
16 posed of individuals, at least 50 percent of
17 whom are Native Hawaiians;

18 “(B) has demonstrated cultural com-
19 petency in a predominantly Native Hawaiian
20 community;

21 “(C) serves a patient population that—

22 “(i) is made up of individuals at least
23 50 percent of whom are Native Hawaiian;
24 or

1 “(ii) has not less than 2,500 Native
2 Hawaiians as annual users of services; and

3 “(D) is recognized by Papa Ola Lokahi has
4 having met all the criteria of this paragraph.

5 “(7) NATIVE HAWAIIAN HEALTH TASK
6 FORCE.—The term ‘Native Hawaiian Health Task
7 Force’ means a task force established by the State
8 Council of Hawaiian Homestead Associations to im-
9 plement health and wellness strategies in Native Ha-
10 waiian communities.

11 “(8) NATIVE HAWAIIAN ORGANIZATION.—The
12 term ‘Native Hawaiian organization’ means any
13 organization—

14 “(A) which serves the interests of Native
15 Hawaiians; and

16 “(B) which is—

17 “(i) recognized by Papa Ola Lokahi
18 for the purpose of planning, conducting, or
19 administering programs (or portions of
20 programs) authorized under this Act for
21 the benefit of Native Hawaiians; and

22 “(ii) a public or nonprofit private enti-
23 ty.

24 “(9) OFFICE OF HAWAIIAN AFFAIRS.—The
25 terms ‘Office of Hawaiian Affairs’ and ‘OHA’ mean

1 the governmental entity established under Article
2 XII, sections 5 and 6 of the Hawaii State Constitu-
3 tion and charged with the responsibility to formulate
4 policy relating to the affairs of Native Hawaiians.

5 “(10) PAPA OLA LOKAHI.—

6 “(A) IN GENERAL.—The term ‘Papa Ola
7 Lokahi’ means an organization that is com-
8 posed of public agencies and private organiza-
9 tions focusing on improving the health status of
10 Native Hawaiians. Board members of such or-
11 ganization may include representation from—

12 “(i) E Ola Mau;

13 “(ii) the Office of Hawaiian Affairs of
14 the State of Hawaii;

15 “(iii) Alu Like, Inc.;

16 “(iv) the University of Hawaii;

17 “(v) the Hawaii State Department of
18 Health;

19 “(vi) the Kamehameha Schools, or
20 other Native Hawaiian organization re-
21 sponsible for the administration of the Na-
22 tive Hawaiian Health Scholarship Pro-
23 gram;

24 “(vii) the Hawaii State Primary Care
25 Association, or Native Hawaiian Health

1 Centers whose patient populations are pre-
2 dominantly Native Hawaiian;

3 “(viii) Ahahui O Na Kauka, the Na-
4 tive Hawaiian Physicians Association;

5 “(ix) Ho‘ola Lahui Hawaii, or a
6 health care system serving the islands of
7 Kaua‘i or Ni‘ihau, and which may be com-
8 posed of as many health care centers as
9 are necessary to meet the health care
10 needs of the Native Hawaiians of those is-
11 lands;

12 “(x) Ke Ola Mamo, or a health care
13 system serving the island of O‘ahu and
14 which may be composed of as many health
15 care centers as are necessary to meet the
16 health care needs of the Native Hawaiians
17 of that island;

18 “(xi) Na Pu‘uwai or a health care sys-
19 tem serving the islands of Moloka‘i or
20 Lana‘i, and which may be composed of as
21 many health care centers as are necessary
22 to meet the health care needs of the Native
23 Hawaiians of those islands;

24 “(xii) Hui No Ke Ola Pono, or a
25 health care system serving the island of

1 Maui, and which may be composed of as
2 many health care centers as are necessary
3 to meet the health care needs of the Native
4 Hawaiians of that island;

5 “(xiii) Hui Malama Ola Na ‘Oiwi, or
6 a health care system serving the island of
7 Hawaii, and which may be composed of as
8 many health care centers as are necessary
9 to meet the health care needs of the Native
10 Hawaiians of that island;

11 “(xiv) other Native Hawaiian health
12 care systems as certified and recognized by
13 Papa Ola Lokahi in accordance with this
14 Act; and

15 “(xv) such other member organiza-
16 tions as the Board of Papa Ola Lokahi will
17 admit from time to time, based upon satis-
18 factory demonstration of a record of con-
19 tribution to the health and well-being of
20 Native Hawaiians.

21 “(B) LIMITATION.—Such term does not in-
22 clude any organization described in subpara-
23 graph (A) if the Secretary determines that such
24 organization has not developed a mission state-
25 ment with clearly defined goals and objectives

1 for the contributions the organization will make
2 to the Native Hawaiian health care systems, the
3 national policy as set forth in section 4, and an
4 action plan for carrying out those goals and ob-
5 jectives.

6 “(11) PRIMARY HEALTH SERVICES.—The term
7 ‘primary health services’ means—

8 “(A) services of physicians, physicians’ as-
9 sistants, nurse practitioners, and other health
10 professionals;

11 “(B) diagnostic laboratory and radiologic
12 services;

13 “(C) preventive health services including
14 perinatal services, well child services, family
15 planning services, nutrition services, home
16 health services, and, generally, all those services
17 associated with enhanced health and wellness.

18 “(D) emergency medical services;

19 “(E) transportation services as required
20 for adequate patient care;

21 “(F) preventive dental services;

22 “(G) pharmaceutical and medicament serv-
23 ices;

24 “(H) primary care services that may lead
25 to specialty or tertiary care; and

1 “(I) complimentary healing practices, in-
2 cluding those performed by traditional Native
3 Hawaiian healers.

4 “(12) SECRETARY.—The term ‘Secretary’
5 means the Secretary of Health and Human Services.

6 “(13) TRADITIONAL NATIVE HAWAIIAN HEAL-
7 ER.—The term ‘traditional Native Hawaiian healer’
8 means a practitioner—

9 “(A) who—

10 “(i) is of Native Hawaiian ancestry;

11 and

12 “(ii) has the knowledge, skills, and ex-
13 perience in direct personal health care of
14 individuals; and

15 “(B) whose knowledge, skills, and experi-
16 ence are based on demonstrated learning of Na-
17 tive Hawaiian healing practices acquired by—

18 “(i) direct practical association with
19 Native Hawaiian elders; and

20 “(ii) oral traditions transmitted from
21 generation to generation.

22 **“SEC. 4. DECLARATION OF NATIONAL NATIVE HAWAIIAN**
23 **HEALTH POLICY.**

24 “(a) CONGRESS.—Congress hereby declares that it is
25 the policy of the United States in fulfillment of its special

1 responsibilities and legal obligations to the indigenous peo-
2 ples of Hawaii resulting from the unique and historical
3 relationship between the United States and the indigenous
4 peoples of Hawaii—

5 “(1) to raise the health status of Native Hawai-
6 ians to the highest possible health level; and

7 “(2) to provide existing Native Hawaiian health
8 care programs with all resources necessary to effec-
9 tuate this policy.

10 “(b) INTENT OF CONGRESS.—It is the intent of the
11 Congress that—

12 “(1) health care programs having a dem-
13 onstrated effect of substantially reducing or elimi-
14 nating the over-representation of Native Hawaiians
15 among those suffering from chronic and acute dis-
16 ease and illness and addressing the health needs, in-
17 cluding perinatal, early child development, and fam-
18 ily-based health education, of Native Hawaiians shall
19 be established and implemented; and

20 “(2) the Nation raise the health status of Na-
21 tive Hawaiians by the year 2010 to at least the lev-
22 els set forth in the goals contained within Healthy
23 People 2010 or successor standards and to incor-
24 porate within health programs, activities defined and
25 identified by Kanaka Maoli which may include—

1 “(A) incorporating and supporting the in-
2 tegration of cultural approaches to health and
3 well-being, including programs using traditional
4 practices relating to the atmosphere (lewa lani),
5 land (’aina), water (wai), or ocean (kai);

6 “(B) increasing the number of health and
7 allied-health care providers who are trained to
8 provide culturally competent care to Native Ha-
9 waiians;

10 “(C) increasing the use of traditional Na-
11 tive Hawaiian foods in peoples’ diets and die-
12 tary preferences including those of students and
13 the use of these traditional foods in school feed-
14 ing programs;

15 “(D) identifying and instituting Native
16 Hawaiian cultural values and practices within
17 the ‘corporate cultures’ of organizations and
18 agencies providing health services to Native Ha-
19 waiians;

20 “(E) facilitating the provision of Native
21 Hawaiian healing practices by Native Hawaiian
22 healers for those clients desiring such assist-
23 ance; and

24 “(F) supporting training and education ac-
25 tivities and programs in traditional Native Ha-

1 waiian healing practices by Native Hawaiian
2 healers.

3 “(c) REPORT.—The Secretary shall submit to the
4 President, for inclusion in each report required to be
5 transmitted to Congress under section 12, a report on the
6 progress made towards meeting the National policy as set
7 forth in this section.

8 **“SEC. 5. COMPREHENSIVE HEALTH CARE MASTER PLAN**
9 **FOR NATIVE HAWAIIANS.**

10 “(a) DEVELOPMENT.—

11 “(1) IN GENERAL.—The Secretary may make a
12 grant to, or enter into a contract with, Papa Ola
13 Lokahi for the purpose of coordinating, imple-
14 menting and updating a Native Hawaiian com-
15 prehensive health care master plan designed to pro-
16 mote comprehensive health promotion and disease
17 prevention services and to maintain and improve the
18 health status of Native Hawaiians, and to support
19 community-based initiatives that are reflective of ho-
20 listic approaches to health.

21 “(2) CONSULTATION.—

22 “(A) IN GENERAL.—Papa Ola Lokahi and
23 the Office of Hawaiian Affairs shall consult
24 with the Native Hawaiian health care systems,
25 Native Hawaiian health centers, and the Native

1 Hawaiian community in carrying out this sec-
2 tion.

3 “(B) MEMORANDA OF UNDERSTANDING.—
4 Papa Ola Lokahi and the Office of Hawaiian
5 Affairs may enter into memoranda of under-
6 standing or agreement for the purposes of ac-
7 quiring joint funding and for other issues as
8 may be necessary to accomplish the objectives
9 of this section.

10 “(3) HEALTH CARE FINANCING STUDY RE-
11 PORT.—Not later than 18 months after the date of
12 enactment of this Act, Papa Ola Lokahi in coopera-
13 tion with the Office of Hawaiian Affairs and other
14 appropriate agencies of the State of Hawaii, includ-
15 ing the Department of Health and the Department
16 of Human Services and the Native Hawaiian health
17 care systems and Native Hawaiian health centers,
18 shall submit to Congress a report detailing the im-
19 pact of current Federal and State health care fi-
20 nancing mechanisms and policies on the health and
21 well-being of Native Hawaiians. Such report shall
22 include—

23 “(A) information concerning the impact of
24 cultural competency, risk assessment data, eligi-
25 bility requirements and exemptions, and reim-

1 ians, including behavioral, biomedical, epidemiolog-
2 ical, and health services;

3 “(4) development and maintenance of an insti-
4 tutional review board for all research projects involv-
5 ing all aspects of Native Hawaiian health, including
6 behavioral, biomedical, epidemiological, and health
7 services studies; and

8 “(5) the maintenance of an action plan out-
9 lining the contributions that each member organiza-
10 tion of Papa Ola Lokahi will make in carrying out
11 the policy of this Act.

12 “(b) SPECIAL PROJECT FUNDS.—Papa Ola Lokahi
13 may receive special project funds that may be appro-
14 priated for the purpose of research on the health status
15 of Native Hawaiians or for the purpose of addressing the
16 health care needs of Native Hawaiians, including being eli-
17 gible to receive research endowments under section 736
18 of the Public Health Service Act.

19 “(c) CLEARINGHOUSE.—

20 “(1) IN GENERAL.—Papa Ola Lokahi shall
21 serve as a clearinghouse for—

22 “(A) the collection and maintenance of
23 data associated with the health status of Native
24 Hawaiians;

1 “(B) the identification and research into
2 diseases affecting Native Hawaiians;

3 “(C) the availability of Native Hawaiian
4 project funds, research projects and publica-
5 tions;

6 “(D) the collaboration of research in the
7 area of Native Hawaiian health; and

8 “(E) the timely dissemination of informa-
9 tion pertinent to the Native Hawaiian health
10 care systems.

11 “(2) CONSULTATION.—The Secretary shall pro-
12 vide Papa Ola Lokahi and the Office of Hawaiian
13 Affairs, at least once annually, an accounting of
14 funds and services provided to States and to non-
15 profit groups and organizations from the Depart-
16 ment for the purposes set forth in section 4. Such
17 accounting shall include—

18 “(A) the amount of funds expended explic-
19 itly for and benefiting Native Hawaiians;

20 “(B) the number of Native Hawaiians im-
21 pacted by these funds;

22 “(C) the identification of collaborations
23 made with Native Hawaiian groups and organi-
24 zations in the expenditure of these funds; and

1 “(D) the amount of funds used for Federal
2 administrative purposes and for the provision of
3 direct services to Native Hawaiians.

4 “(d) FISCAL ALLOCATION AND COORDINATION OF
5 PROGRAMS AND SERVICES.—

6 “(1) RECOMMENDATIONS.—Papa Ola Lokahi
7 shall provide annual recommendations to the Sec-
8 retary with respect to the allocation of all amounts
9 appropriated under this Act.

10 “(2) COORDINATION.—Papa Ola Lokahi shall,
11 to the maximum extent possible, coordinate and as-
12 sist the health care programs and services provided
13 to Native Hawaiians.

14 “(3) REPRESENTATION ON COMMISSION.—The
15 Secretary, in consultation with Papa Ola Lokahi,
16 shall make recommendations for Native Hawaiian
17 representation on the President’s Advisory Commis-
18 sion on Asian Americans and Pacific Islanders.

19 “(e) TECHNICAL SUPPORT.—Papa Ola Lokahi may
20 act as a statewide infrastructure to provide technical sup-
21 port and coordination of training and technical assistance
22 to the Native Hawaiian health care systems and to Native
23 Hawaiian health centers.

24 “(f) RELATIONSHIPS WITH OTHER AGENCIES.—

1 “(1) AUTHORITY.—Papa Ola Lokahi may enter
2 into agreements or memoranda of understanding
3 with relevant institutions, agencies or organizations
4 that are capable of providing health-related re-
5 sources or services to Native Hawaiians and the Na-
6 tive Hawaiian health care systems or of providing
7 resources or services for the implementation of the
8 National policy as set forth in section 4.

9 “(2) HEALTH CARE FINANCING.—

10 “(A) FEDERAL CONSULTATION.—Federal
11 agencies providing health care financing and
12 carrying out health care programs, including
13 the Health Care Financing Administration,
14 shall consult with Native Hawaiians and organi-
15 zations providing health care services to Native
16 Hawaiians prior to the adoption of any policy
17 or regulation that may impact on the provision
18 of services or health insurance coverage. Such
19 consultation shall include the identification of
20 the impact of any proposed policy, rule, or reg-
21 ulation.

22 “(B) STATE CONSULTATION.—The State
23 of Hawaii shall engage in meaningful consulta-
24 tion with Native Hawaiians and organizations
25 providing health care services to Native Hawai-

1 ians in the State of Hawaii prior to making any
2 changes or initiating new programs.

3 “(C) CONSULTATION ON FEDERAL
4 HEALTH INSURANCE PROGRAMS.

5 “(i) IN GENERAL.—The Office of Ha-
6 waiian Affairs, in collaboration with Papa
7 Ola Lokahi, may develop consultative, con-
8 tractual or other arrangements, including
9 memoranda of understanding or agree-
10 ment, with—

11 “(I) the Health Care Financing
12 Administration;

13 “(II) the agency of the State of
14 Hawaii that administers or supervises
15 the administration of the State plan
16 or waiver approved under title XVIII,
17 XIX, or XXI of the Social Security
18 Act for the payment of all or a part
19 of the health care services provided to
20 Native Hawaiians who are eligible for
21 medical assistance under the State
22 plan or waiver; or

23 “(III) any other Federal agency
24 or agencies providing full or partial
25 health insurance to Native Hawaiians.

1 “(ii) CONTENTS OF ARRANGE-
2 MENTS.—Arrangements under clause (i)
3 may address—

4 “(I) appropriate reimbursement
5 for health care services including capi-
6 tation rates and fee-for-service rates
7 for Native Hawaiians who are entitled
8 to or eligible for insurance;

9 “(II) the scope of services; or

10 “(III) other matters that would
11 enable Native Hawaiians to maximize
12 health insurance benefits provided by
13 Federal and State health insurance
14 programs.

15 “(3) TRADITIONAL HEALERS.—The provision of
16 health services under any program operated by the
17 Department or another Federal agency including the
18 Department of Veterans Affairs, may include the
19 services of ‘traditional Native Hawaiian healers’ as
20 defined in this Act or ‘traditional healers’ providing
21 ‘traditional health care practices’ as defined in sec-
22 tion 4(r) of Public Law 94–437. Such services shall
23 be exempt from national accreditation reviews, in-
24 cluding reviews conducted by the Joint Accreditation

1 Commission on Health Organizations and the Reha-
2 bilitation Accreditation Commission.

3 **“SEC. 7. NATIVE HAWAIIAN HEALTH CARE.**

4 “(a) COMPREHENSIVE HEALTH PROMOTION, DIS-
5 EASE PREVENTION, AND PRIMARY HEALTH SERVICES.—

6 “(1) GRANTS AND CONTRACTS.—The Secretary,
7 in consultation with Papa Ola Lokahi, may make
8 grants to, or enter into contracts with, any qualified
9 entity for the purpose of providing comprehensive
10 health promotion and disease prevention services, as
11 well as primary health services, to Native Hawaiians
12 who desire and are committed to bettering their own
13 health.

14 “(2) PREFERENCE.—In making grants and en-
15 tering into contracts under this subsection, the Sec-
16 retary shall give preference to Native Hawaiian
17 health care systems and Native Hawaiian organiza-
18 tions and, to the extent feasible, health promotion
19 and disease prevention services shall be performed
20 through Native Hawaiian health care systems.

21 “(3) QUALIFIED ENTITY.—An entity is a quali-
22 fied entity for purposes of paragraph (1) if the enti-
23 ty is a Native Hawaiian health care system or a Na-
24 tive Hawaiian Center.

1 “(4) LIMITATION ON NUMBER OF ENTITIES.—

2 The Secretary may make a grant to, or enter into
3 a contract with, not more than 8 Native Hawaiian
4 health care systems under this subsection during
5 any fiscal year.

6 “(b) PLANNING GRANT OR CONTRACT.—In addition

7 to grants and contracts under subsection (a), the Sec-
8 retary may make a grant to, or enter into a contract with,
9 Papa Ola Lokahi for the purpose of planning Native Ha-
10 waiian health care systems to serve the health needs of
11 Native Hawaiian communities on each of the islands of
12 O‘ahu, Moloka‘i, Maui, Hawai‘i, Lana‘i, Kaua‘i, and
13 Ni‘ihau in the State of Hawaii.

14 “(c) SERVICES TO BE PROVIDED.—

15 “(1) IN GENERAL.—Each recipient of funds
16 under subsection (a) shall ensure that the following
17 services either are provided or arranged for:

18 “(A) Outreach services to inform Native
19 Hawaiians of the availability of health services.

20 “(B) Education in health promotion and
21 disease prevention of the Native Hawaiian pop-
22 ulation by, wherever possible, Native Hawaiian
23 health care practitioners, community outreach
24 workers, counselors, and cultural educators.

1 “(C) Services of physicians, physicians’ as-
2 sistants, nurse practitioners or other health and
3 allied-health professionals.

4 “(D) Immunizations.

5 “(E) Prevention and control of diabetes,
6 high blood pressure, and otitis media.

7 “(F) Pregnancy and infant care.

8 “(G) Improvement of nutrition.

9 “(H) Identification, treatment, control,
10 and reduction of the incidence of preventable
11 illnesses and conditions endemic to Native Ha-
12 waiians.

13 “(I) Collection of data related to the pre-
14 vention of diseases and illnesses among Native
15 Hawaiians.

16 “(J) Services within the meaning of the
17 terms ‘health promotion’, ‘disease prevention’,
18 and ‘primary health services’, as such terms are
19 defined in section 3, which are not specifically
20 referred to in subsection (a).

21 “(K) Support of culturally appropriate ac-
22 tivities enhancing health and wellness including
23 land-based, water-based, ocean-based, and spir-
24 itually-based projects and programs.

1 “(2) TRADITIONAL HEALERS.—The health care
2 services referred to in paragraph (1) which are pro-
3 vided under grants or contracts under subsection (a)
4 may be provided by traditional Native Hawaiian
5 healers.

6 “(d) FEDERAL TORT CLAIMS ACT.—Individuals who
7 provide medical, dental, or other services referred to in
8 subsection (a)(1) for Native Hawaiian health care sys-
9 tems, including providers of traditional Native Hawaiian
10 healing services, shall be treated as if such individuals
11 were members of the Public Health Service and shall be
12 covered under the provisions of section 224 of the Public
13 Health Service Act.

14 “(e) SITE FOR OTHER FEDERAL PAYMENTS.—A Na-
15 tive Hawaiian health care system that receives funds
16 under subsection (a) shall provide a designated area and
17 appropriate staff to serve as a Federal loan repayment fa-
18 cility. Such facility shall be designed to enable health and
19 allied-health professionals to remit payments with respect
20 to loans provided to such professionals under any Federal
21 loan program.

22 “(f) RESTRICTION ON USE OF GRANT AND CON-
23 TRACT FUNDS.—The Secretary may not make a grant to,
24 or enter into a contract with, an entity under subsection
25 (a) unless the entity agrees that amounts received under

1 such grant or contract will not, directly or through con-
2 tract, be expended—

3 “(1) for any services other than the services de-
4 scribed in subsection (c)(1); or

5 “(2) to purchase or improve real property
6 (other than minor remodeling of existing improve-
7 ments to real property) or to purchase major med-
8 ical equipment.

9 “(g) LIMITATION ON CHARGES FOR SERVICES.—The
10 Secretary may not make a grant to, or enter into a con-
11 tract with, an entity under subsection (a) unless the entity
12 agrees that, whether health services are provided directly
13 or through contract—

14 “(1) health services under the grant or contract
15 will be provided without regard to ability to pay for
16 the health services; and

17 “(2) the entity will impose a charge for the de-
18 livery of health services, and such charge—

19 “(A) will be made according to a schedule
20 of charges that is made available to the public;
21 and

22 “(B) will be adjusted to reflect the income
23 of the individual involved.

24 “(h) AUTHORIZATION OF APPROPRIATIONS.—

1 “(1) GENERAL GRANTS.—There is authorized
2 to be appropriated such sums as may be necessary
3 for each of fiscal years 2002 through 2012 to carry
4 out subsection (a).

5 “(2) PLANNING GRANTS.—There is authorized
6 to be appropriated such sums as may be necessary
7 for each of fiscal years 2002 through 2012 to carry
8 out subsection (b).

9 **“SEC. 8. ADMINISTRATIVE GRANT FOR PAPA OLA LOKAHI.**

10 “(a) IN GENERAL.—In addition to any other grant
11 or contract under this Act, the Secretary may make grants
12 to, or enter into contracts with, Papa Ola Lokahi for—

13 “(1) coordination, implementation, and updat-
14 ing (as appropriate) of the comprehensive health
15 care master plan developed pursuant to section 5;

16 “(2) training for the persons described section
17 7(c)(1);

18 “(3) identification of and research into the dis-
19 eases that are most prevalent among Native Hawai-
20 ians, including behavioral, biomedical, epidemiologic,
21 and health services;

22 “(4) the maintenance of an action plan out-
23 lining the contributions that each member organiza-
24 tion of Papa Ola Lokahi will make in carrying out
25 the policy of this Act;

1 “(5) a clearinghouse function for—

2 “(A) the collection and maintenance of
3 data associated with the health status of Native
4 Hawaiians;

5 “(B) the identification and research into
6 diseases affecting Native Hawaiians; and

7 “(C) the availability of Native Hawaiian
8 project funds, research projects and publica-
9 tions;

10 “(6) the establishment and maintenance of an
11 institutional review board for all health-related re-
12 search involving Native Hawaiians;

13 “(7) the coordination of the health care pro-
14 grams and services provided to Native Hawaiians;
15 and

16 “(8) the administration of special project funds.

17 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
18 is authorized to be appropriated such sums as may be nec-
19 essary for each of fiscal years 2002 through 2012 to carry
20 out subsection (a).

21 **“SEC. 9. ADMINISTRATION OF GRANTS AND CONTRACTS.**

22 “(a) TERMS AND CONDITIONS.—The Secretary shall
23 include in any grant made or contract entered into under
24 this Act such terms and conditions as the Secretary con-

1 siders necessary or appropriate to ensure that the objec-
2 tives of such grant or contract are achieved.

3 “(b) PERIODIC REVIEW.—The Secretary shall peri-
4 odically evaluate the performance of, and compliance with,
5 grants and contracts under this Act.

6 “(c) ADMINISTRATIVE REQUIREMENTS.—The Sec-
7 retary may not make a grant or enter into a contract
8 under this Act with an entity unless the entity—

9 “(1) agrees to establish such procedures for fis-
10 cal control and fund accounting as may be necessary
11 to ensure proper disbursement and accounting with
12 respect to the grant or contract;

13 “(2) agrees to ensure the confidentiality of
14 records maintained on individuals receiving health
15 services under the grant or contract;

16 “(3) with respect to providing health services to
17 any population of Native Hawaiians, a substantial
18 portion of which has a limited ability to speak the
19 English language—

20 “(A) has developed and has the ability to
21 carry out a reasonable plan to provide health
22 services under the grant or contract through in-
23 dividuals who are able to communicate with the
24 population involved in the language and cultural
25 context that is most appropriate; and

1 “(B) has designated at least 1 individual,
2 fluent in both English and the appropriate lan-
3 guage, to assist in carrying out the plan;

4 “(4) with respect to health services that are
5 covered under programs under titles XVIII, XIX, or
6 XXI of the Social Security Act, including any State
7 plan, or under any other Federal health insurance
8 plan—

9 “(A) if the entity will provide under the
10 grant or contract any such health services
11 directly—

12 “(i) the entity has entered into a par-
13 ticipation agreement under such plans; and

14 “(ii) the entity is qualified to receive
15 payments under such plan; and

16 “(B) if the entity will provide under the
17 grant or contract any such health services
18 through a contract with an organization—

19 “(i) the organization has entered into
20 a participation agreement under such plan;

21 and

22 “(ii) the organization is qualified to
23 receive payments under such plan; and

24 “(5) agrees to submit to the Secretary and to
25 Papa Ola Lokahi an annual report that describes

1 the use and costs of health services provided under
2 the grant or contract (including the average cost of
3 health services per user) and that provides such
4 other information as the Secretary determines to be
5 appropriate.

6 “(d) CONTRACT EVALUATION.—

7 “(1) DETERMINATION OF NONCOMPLIANCE.—

8 If, as a result of evaluations conducted by the Sec-
9 retary, the Secretary determines that an entity has
10 not complied with or satisfactorily performed a con-
11 tract entered into under section 7, the Secretary
12 shall, prior to renewing such contract, attempt to re-
13 solve the areas of noncompliance or unsatisfactory
14 performance and modify such contract to prevent fu-
15 ture occurrences of such noncompliance or unsatis-
16 factory performance.

17 “(2) NONRENEWAL.—If the Secretary deter-
18 mines that the noncompliance or unsatisfactory per-
19 formance described in paragraph (1) with respect to
20 an entity cannot be resolved and prevented in the fu-
21 ture, the Secretary shall not renew the contract with
22 such entity and may enter into a contract under sec-
23 tion 7 with another entity referred to in subsection
24 (a)(3) of such section that provides services to the
25 same population of Native Hawaiians which is

1 served by the entity whose contract is not renewed
2 by reason of this paragraph.

3 “(3) CONSIDERATION OF RESULTS.—In deter-
4 mining whether to renew a contract entered into
5 with an entity under this Act, the Secretary shall
6 consider the results of the evaluations conducted
7 under this section.

8 “(4) APPLICATION OF FEDERAL LAWS.—All
9 contracts entered into by the Secretary under this
10 Act shall be in accordance with all Federal con-
11 tracting laws and regulations, except that, in the
12 discretion of the Secretary, such contracts may be
13 negotiated without advertising and may be exempted
14 from the provisions of the Act of August 24, 1935
15 (40 U.S.C. 270a et seq.).

16 “(5) PAYMENTS.—Payments made under any
17 contract entered into under this Act may be made
18 in advance, by means of reimbursement, or in in-
19 stallments and shall be made on such conditions as
20 the Secretary deems necessary to carry out the pur-
21 poses of this Act.

22 “(e) REPORT.—

23 “(1) IN GENERAL.—For each fiscal year during
24 which an entity receives or expends funds pursuant
25 to a grant or contract under this Act, such entity

1 shall submit to the Secretary and to Papa Ola
2 Lokahi an annual report—

3 “(A) on the activities conducted by the en-
4 tity under the grant or contract;

5 “(B) on the amounts and purposes for
6 which Federal funds were expended; and

7 “(C) containing such other information as
8 the Secretary may request.

9 “(2) AUDITS.—The reports and records of any
10 entity concerning any grant or contract under this
11 Act shall be subject to audit by the Secretary, the
12 Inspector General of the Department of Health and
13 Human Services, and the Comptroller General of the
14 United States.

15 “(f) ANNUAL PRIVATE AUDIT.—The Secretary shall
16 allow as a cost of any grant made or contract entered into
17 under this Act the cost of an annual private audit con-
18 ducted by a certified public accountant.

19 **“SEC. 10. ASSIGNMENT OF PERSONNEL.**

20 “(a) IN GENERAL.—The Secretary may enter into an
21 agreement with any entity under which the Secretary may
22 assign personnel of the Department of Health and Human
23 Services with expertise identified by such entity to such
24 entity on detail for the purposes of providing comprehen-

1 sive health promotion and disease prevention services to
2 Native Hawaiians.

3 “(b) APPLICABLE FEDERAL PERSONNEL PROVI-
4 SIONS.—Any assignment of personnel made by the Sec-
5 retary under any agreement entered into under subsection
6 (a) shall be treated as an assignment of Federal personnel
7 to a local government that is made in accordance with sub-
8 chapter VI of chapter 33 of title 5, United States Code.

9 **“SEC. 11. NATIVE HAWAIIAN HEALTH SCHOLARSHIPS AND**
10 **FELLOWSHIPS.**

11 “(a) ELIGIBILITY.—Subject to the availability of
12 amounts appropriated under subsection (c), the Secretary
13 shall provide funds through a direct grant or a cooperative
14 agreement to Kamehameha Schools or another Native Ha-
15 waiian organization or health care organization with expe-
16 rience in the administration of educational scholarships or
17 placement services for the purpose of providing scholar-
18 ship assistance to students who—

19 “(1) meet the requirements of section 338A of
20 the Public Health Service Act, except for assistance
21 as provided for under subsection (b)(2); and

22 “(2) are Native Hawaiians.

23 “(b) PRIORITY.—A priority for scholarships under
24 subsection (a) may be provided to employees of the Native

1 Hawaiian Health Care Systems and the Native Hawaiian
2 Health Centers.

3 “(c) TERMS AND CONDITIONS.—

4 “(1) IN GENERAL.—The scholarship assistance
5 under subsection (a) shall be provided under the
6 same terms and subject to the same conditions, reg-
7 ulations, and rules as apply to scholarship assistance
8 provided under section 338A of the Public Health
9 Service Act (except as provided for in paragraph
10 (2)), except that—

11 “(A) the provision of scholarships in each
12 type of health care profession training shall cor-
13 respond to the need for each type of health care
14 professional to serve the Native Hawaiian com-
15 munity as identified by Papa Ola Lokahi;

16 “(B) to the maximum extent practicable,
17 the Secretary shall select scholarship recipients
18 from a list of eligible applicants submitted by
19 the Kamehameha Schools or the Native Hawai-
20 ian organization administering the program;

21 “(C) the obligated service requirement for
22 each scholarship recipient (except for those re-
23 ceiving assistance under paragraph (2)) shall be
24 fulfilled through service, in order of priority,
25 in—

1 “(i) any one of the Native Hawaiian
2 health care systems or Native Hawaiian
3 health centers;

4 “(ii) health professions shortage
5 areas, medically underserved areas, or geo-
6 graphic areas or facilities similarly des-
7 ignated by the United States Public Health
8 Service in the State of Hawaii; or

9 “(iii) a geographical area, facility, or
10 organization that serves a significant Na-
11 tive Hawaiian population;

12 “(D) the scholarship’s placement service
13 shall assign Native Hawaiian scholarship recipi-
14 ents to appropriate sites for service.

15 “(E) the provision of counseling, retention
16 and other support services shall not be limited
17 to scholarship recipients, but shall also include
18 recipients of other scholarship and financial aid
19 programs enrolled in appropriate health profes-
20 sions training programs.

21 “(F) financial assistance may be provided
22 to scholarship recipients in those health profes-
23 sions designated in such section 338A of the
24 Public Health Service Act while they are ful-
25 filling their service requirement in any one of

1 the Native Hawaiian health care systems or
2 community health centers.

3 “(2) FELLOWSHIPS.—Financial assistance
4 through fellowships may be provided to Native Ha-
5 waiian community health representatives, outreach
6 workers, and health program administrators in pro-
7 fessional training programs, and to Native Hawai-
8 ians in certificated programs provided by traditional
9 Native Hawaiian healers in any of the traditional
10 Native Hawaiian healing practices including lomi-
11 lomi, la‘au lapa‘au, and ho‘oponopono. Such assist-
12 ance may include a stipend or reimbursement for
13 costs associated with participation in the program.

14 “(3) RIGHTS AND BENEFITS.—Scholarship re-
15 cipients in health professions designated in section
16 338A of the Public Health Service Act while ful-
17 filling their service requirements shall have all the
18 same rights and benefits of members of the National
19 Health Service Corps during their period of service.

20 “(4) NO INCLUSION OF ASSISTANCE IN GROSS
21 INCOME.—Financial assistance provided under sec-
22 tion 11 shall be deemed ‘Qualified Scholarships’ for
23 purposes of the section amended by section 123(a)
24 of Public Law 99–514, as amended.

1 may be agreed upon for the use and maintenance of such
2 facilities or equipment.

3 “(b) DONATION OF PROPERTY.—The Secretary may
4 donate to organizations that receive contracts or grants
5 under this Act any personal or real property determined
6 to be in excess of the needs of the Department or the Gen-
7 eral Services Administration for purposes of carrying out
8 such contracts or grants.

9 “(c) ACQUISITION OF SURPLUS PROPERTY.—The
10 Secretary may acquire excess or surplus Federal Govern-
11 ment personal or real property for donation to organiza-
12 tions that receive contracts or grants under this Act if the
13 Secretary determines that the property is appropriate for
14 the use by the organization for the purpose for which a
15 contract or grant is authorized under this Act.

16 **“SEC. 14. DEMONSTRATION PROJECTS OF NATIONAL SIG-**
17 **NIFICANCE.**

18 “(a) AUTHORITY AND AREAS OF INTEREST.—The
19 Secretary, in consultation with Papa Ola Lokahi, may allo-
20 cate amounts appropriated under this Act, or any other
21 Act, to carry out Native Hawaiian demonstration projects
22 of national significance. The areas of interest of such
23 projects may include—

24 “(1) the development of a centralized database
25 and information system relating to the health care

1 status, health care needs, and wellness of Native
2 Hawaiians;

3 “(2) the education of health professionals, and
4 other individuals in institutions of higher learning,
5 in health and allied health programs in healing prac-
6 tices, including Native Hawaiian healing practices;

7 “(3) the integration of Western medicine with
8 complementary healing practices including tradi-
9 tional Native Hawaiian healing practices;

10 “(4) the use of tele-wellness and telecommuni-
11 cations in chronic disease management and health
12 promotion and disease prevention;

13 “(5) the development of appropriate models of
14 health care for Native Hawaiians and other indige-
15 nous peoples including the provision of culturally
16 competent health services, related activities focusing
17 on wellness concepts, the development of appropriate
18 kupuna care programs, and the development of fi-
19 nancial mechanisms and collaborative relationships
20 leading to universal access to health care; and

21 “(6) the establishment of a Native Hawaiian
22 Center of Excellence for Nursing at the University
23 of Hawaii at Hilo, a Native Hawaiian Center of Ex-
24 cellence for Mental Health at the University of Ha-
25 waii at Manoa, a Native Hawaiian Center of Excel-

1 lence for Maternal Health and Nutrition at the
2 Waimanalo Health Center, and a Native Hawaiian
3 Center of Excellence for Research, Training, Inte-
4 grated Medicine at Molokai General Hospital and a
5 Native Hawaiian Center of Excellence for Com-
6 plimentary Health and Health Education and Train-
7 ing at the Waianae Coast Comprehensive Health
8 Center.

9 The Papa Ola Lokahi, and any centers established under
10 paragraph (6) shall be deemed qualified as Centers of Ex-
11 cellence under sections 485F and 903(b)(2)(A) of the
12 Public Health Service Act.

13 “(b) NONREDUCTION IN OTHER FUNDING.—The al-
14 location of funds for demonstration projects under sub-
15 section (a) shall not result in a reduction in funds required
16 by the Native Hawaiian health care systems, the Native
17 Hawaiian Health Centers, the Native Hawaiian Health
18 Scholarship Program, or Papa Ola Lokahi to carry out
19 their respective responsibilities under this Act.

20 **“SEC. 15. NATIONAL BIPARTISAN COMMISSION ON NATIVE**
21 **HAWAIIAN HEALTH CARE ENTITLEMENT.**

22 “(a) ESTABLISHMENT.—There is hereby established
23 a National Bipartisan Native Hawaiian Health Care Enti-
24 tlement Commission (referred to in this Act as the ‘Com-
25 mission’).

1 “(b) MEMBERSHIP.—The Commission shall be com-
2 posed of 21 members to be appointed as follows:

3 “(1) CONGRESSIONAL MEMBERS.—

4 “(A) APPOINTMENT.—Eight members of
5 the Commission shall be members of Congress,
6 of which—

7 “(i) two members shall be from the
8 House of Representatives and shall be ap-
9 pointed by the Majority Leader;

10 “(ii) two members shall be from the
11 House of Representatives and shall be ap-
12 pointed by the Minority Leader;

13 “(iii) two members shall be from the
14 Senate and shall be appointed by the Ma-
15 jority Leader; and

16 “(iv) two members shall be from the
17 Senate and shall be appointed by the Mi-
18 nority Leader.

19 “(B) RELEVANT COMMITTEE MEMBER-
20 SHIP.—The members of the Commission ap-
21 pointed under subparagraph (A) shall each be
22 members of the committees of Congress that
23 consider legislation affecting the provision of
24 health care to Native Hawaiians and other Na-
25 tive Americans.

1 “(C) CHAIRPERSON.—The members of the
2 Commission appointed under subparagraph (A)
3 shall elect the chairperson and vice-chairperson
4 of the Commission.

5 “(2) HAWAIIAN HEALTH MEMBERS.—Eleven
6 members of the Commission shall be appointed by
7 Hawaiian health entities, of which—

8 “(A) five members shall be appointed by
9 the Native Hawaiian Health Care Systems;

10 “(B) one member shall be appointed by the
11 Hawaii State Primary Care Association;

12 “(C) one member shall be appointed by
13 Papa Ola Lokahi;

14 “(D) one member shall be appointed by the
15 Native Hawaiian Health Task Force;

16 “(E) one member shall be appointed by the
17 Office of Hawaiian Affairs; and

18 “(F) two members shall be appointed by
19 the Association of Hawaiian Civic Clubs and
20 shall represent Native Hawaiian populations re-
21 siding in the continental United States.

22 “(3) SECRETARIAL MEMBERS.—Two members
23 of the Commission shall be appointed by the Sec-
24 retary and shall possess knowledge of Native Hawai-
25 ian health concerns and wellness.

1 “(c) TERMS.—

2 “(1) IN GENERAL.—The members of the Com-
3 mission shall serve for the life of the Commission.

4 “(2) INITIAL APPOINTMENT OF MEMBERS.—
5 The members of the Commission shall be appointed
6 under subsection (b)(1) not later than 90 days after
7 the date of enactment of this Act, and the remaining
8 members of the Commission shall be appointed not
9 later than 60 days after the date on which the mem-
10 bers are appointed under such subsection (b)(1).

11 “(3) VACANCIES.—A vacancy in the member-
12 ship of the Commission shall be filled in the manner
13 in which the original appointment was made.

14 “(d) DUTIES OF THE COMMISSION.—The Commis-
15 sion shall carry out the following duties and functions:

16 “(1) Review and analyze the recommendations
17 of the report of the study committee established
18 under paragraph (3).

19 “(2) Make recommendations to Congress for
20 the provision of health services to Native Hawaiian
21 individuals as an entitlement, giving due regard to
22 the effects of a program on existing health care de-
23 livery systems for Native Hawaiians and the effect
24 of such programs on self-determination and the rec-

1 conciliation of their relationship with the United
2 States.

3 “(3) Establish a study committee to be com-
4 posed of at least 10 members from the Commission,
5 including 4 members of the members appointed
6 under subsection (b)(1), 5 of the members appointed
7 under subsection (b)(2), and 1 of the members ap-
8 pointed by the Secretary under subsection (b)(3),
9 which shall—

10 “(A) to the extent necessary to carry out
11 its duties, collect, compile, qualify, and analyze
12 data necessary to understand the extent of Na-
13 tive Hawaiian needs with regard to the provi-
14 sion of health services, including holding hear-
15 ings and soliciting the views of Native Hawai-
16 ians and Native Hawaiian organizations, and
17 which may include authorizing and funding fea-
18 sibility studies of various models for all Native
19 Hawaiian beneficiaries and their families, in-
20 cluding those that live in the continental United
21 States;

22 “(B) make recommendations to the Com-
23 mission for legislation that will provide for the
24 culturally-competent and appropriate provision
25 of health services for Native Hawaiians as an

1 entitlement, which shall, at a minimum, address
2 issues of eligibility and benefits to be provided,
3 including recommendations regarding from
4 whom such health services are to be provided
5 and the cost and mechanisms for funding of the
6 health services to be provided;

7 “(C) determine the effect of the enactment
8 of such recommendations on the existing system
9 of delivery of health services for Native Hawai-
10 ians;

11 “(D) determine the effect of a health serv-
12 ice entitlement program for Native Hawaiian
13 individuals on their self-determination and the
14 reconciliation of their relationship with the
15 United States;

16 “(E) not later than 12 months after the
17 date of the appointment of all members of the
18 Commission, make a written report of its find-
19 ings and recommendations to the Commission,
20 which report shall include a statement of the
21 minority and majority position of the committee
22 and which shall be disseminated, at a minimum,
23 to Native Hawaiian organizations and agencies
24 and health organizations referred to in sub-

1 section (b)(2) for comment to the Commission;
2 and

3 “(F) report regularly to the full Commis-
4 sion regarding the findings and recommenda-
5 tions developed by the committee in the course
6 of carrying out its duties under this section.

7 “(4) Not later than 18 months after the date
8 of the appointment of all members of the Commis-
9 sion, submit a written report to Congress containing
10 a recommendation of policies and legislation to im-
11 plement a policy that would establish a health care
12 system for Native Hawaiians, grounded in their cul-
13 ture, and based on the delivery of health services as
14 an entitlement, together with a determination of the
15 implications of such an entitlement system on exist-
16 ing health care delivery systems for Native Hawai-
17 ians and their self-determination and the reconcili-
18 ation of their relationship with the United States.

19 “(e) ADMINISTRATIVE PROVISIONS.—

20 “(1) COMPENSATION AND EXPENSES.—

21 “(A) CONGRESSIONAL MEMBERS.—Each
22 member of the Commission appointed under
23 subsection (b)(1) shall not receive any addi-
24 tional compensation, allowances, or benefits by
25 reason of their service on the Commission. Such

1 members shall receive travel expenses and per
2 diem in lieu of subsistence in accordance with
3 sections 5702 and 5703 of title 5, United
4 States Code.

5 “(B) OTHER MEMBERS.—The members of
6 the Commission appointed under paragraphs
7 (2) and (3) of subsection (b) shall, while serv-
8 ing on the business of the Commission (includ-
9 ing travel time), receive compensation at the
10 per diem equivalent of the rate provided for in-
11 dividuals under level IV of the Executive Sched-
12 ule under section 5315 of title 5, United States
13 Code, and while serving away from their home
14 or regular place of business, be allowed travel
15 expenses, as authorized by the chairperson of
16 the Commission.

17 “(C) OTHER PERSONNEL.—For purposes
18 of compensation (other than compensation of
19 the members of the Commission) and employ-
20 ment benefits, rights, and privileges, all per-
21 sonnel of the Commission shall be treated as if
22 they were employees of the Senate.

23 “(2) MEETINGS AND QUORUM.—

24 “(A) MEETINGS.—The Commission shall
25 meet at the call of the chairperson.

1 “(B) QUORUM.—A quorum of the Commis-
2 sion shall consist of not less than 12 members,
3 of which—

4 “(i) not less than 4 of such members
5 shall be appointees under subsection
6 (b)(1);

7 “(ii) not less than 7 of such members
8 shall be appointees under subsection
9 (b)(2); and

10 “(iii) not less than 1 of such members
11 shall be an appointee under subsection
12 (b)(3).

13 “(3) DIRECTOR AND STAFF.—

14 “(A) EXECUTIVE DIRECTOR.—The mem-
15 bers of the Commission shall appoint an execu-
16 tive director of the Commission. The executive
17 director shall be paid the rate of basic pay
18 equal to that under level V of the Executive
19 Schedule under section 5316 of title 5, United
20 States Code.

21 “(B) STAFF.—With the approval of the
22 Commission, the executive director may appoint
23 such personnel as the executive director deems
24 appropriate.

1 “(C) APPLICABILITY OF CIVIL SERVICE
2 LAWS.—The staff of the Commission shall be
3 appointed without regard to the provisions of
4 title 5, United States Code, governing appoint-
5 ments in the competitive service, and shall be
6 paid without regard to the provisions of chapter
7 51 and subchapter III of chapter 53 of such
8 title (relating to classification and General
9 Schedule pay rates).

10 “(D) EXPERTS AND CONSULTANTS.—With
11 the approval of the Commission, the executive
12 director may procure temporary and intermit-
13 tent services under section 3109(b) of title 5,
14 United States Code.

15 “(E) FACILITIES.—The Administrator of
16 the General Services Administration shall locate
17 suitable office space for the operations of the
18 Commission in Washington, D.C. and in the
19 State of Hawaii. The Washington, D.C. facili-
20 ties shall serve as the headquarters of the Com-
21 mission while the Hawaii office shall serve a li-
22 aison function. Both such offices shall include
23 all necessary equipment and incidentals re-
24 quired for the proper functioning of the Com-
25 mission.

1 “(f) POWERS.—

2 “(1) HEARINGS AND OTHER ACTIVITIES.—For
3 purposes of carrying out its duties, the Commission
4 may hold such hearings and undertake such other
5 activities as the Commission determines to be nec-
6 essary to carry out its duties, except that at least 8
7 hearings shall be held on each of the Hawaiian Is-
8 lands and 3 hearings in the continental United
9 States in areas where a significant population of Na-
10 tive Hawaiians reside. Such hearings shall be held to
11 solicit the views of Native Hawaiians regarding the
12 delivery of health care services to such individuals.
13 To constitute a hearing under this paragraph, at
14 least 4 members of the Commission, including at
15 least 1 member of Congress, must be present. Hear-
16 ings held by the study committee established under
17 subsection (d)(3) may be counted towards the num-
18 ber of hearings required under this paragraph.

19 “(2) STUDIES BY THE GENERAL ACCOUNTING
20 OFFICE.—Upon the request of the Commission, the
21 Comptroller General shall conduct such studies or
22 investigations as the Commission determines to be
23 necessary to carry out its duties.

24 “(3) COST ESTIMATES.—

1 “(A) IN GENERAL.—The Director of the
2 Congressional Budget Office or the Chief Actu-
3 ary of the Health Care Financing Administra-
4 tion, or both, shall provide to the Commission,
5 upon the request of the Commission, such cost
6 estimates as the Commission determines to be
7 necessary to carry out its duties.

8 “(B) REIMBURSEMENTS.—The Commis-
9 sion shall reimburse the Director of the Con-
10 gressional Budget Office for expenses relating
11 to the employment in the office of the Director
12 of such additional staff as may be necessary for
13 the Director to comply with requests by the
14 Commission under subparagraph (A).

15 “(4) DETAIL OF FEDERAL EMPLOYEES.—Upon
16 the request of the Commission, the head of any Fed-
17 eral agency is authorized to detail, without reim-
18 bursement, any of the personnel of such agency to
19 the Commission to assist the Commission in car-
20 rying out its duties. Any such detail shall not inter-
21 rupt or otherwise affect the civil service status or
22 privileges of the Federal employees.

23 “(5) TECHNICAL ASSISTANCE.—Upon the re-
24 quest of the Commission, the head of any Federal
25 agency shall provide such technical assistance to the

1 Commission as the Commission determines to be
2 necessary to carry out its duties.

3 “(6) USE OF MAILS.—The Commission may use
4 the United States mails in the same manner and
5 under the same conditions as Federal agencies and
6 shall, for purposes of the frank, be considered a
7 commission of Congress as described in section 3215
8 of title 39, United States Code.

9 “(7) OBTAINING INFORMATION.—The Commis-
10 sion may secure directly from any Federal agency
11 information necessary to enable the Commission to
12 carry out its duties, if the information may be dis-
13 closed under section 552 of title 5, United States
14 Code. Upon request of the chairperson of the Com-
15 mission, the head of such agency shall furnish such
16 information to the Commission.

17 “(8) SUPPORT SERVICES.—Upon the request of
18 the Commission, the Administrator of General Serv-
19 ices shall provide to the Commission on a reimburs-
20 able basis such administrative support services as
21 the Commission may request.

22 “(9) PRINTING.—For purposes of costs relating
23 to printing and binding, including the cost of per-
24 sonnel detailed from the Government Printing Of-

1 fice, the Commission shall be deemed to be a com-
2 mittee of Congress.

3 “(g) **AUTHORIZATION OF APPROPRIATIONS.**—There
4 is authorized to be appropriated such sums as may be nec-
5 essary to carry out this section. The amount appropriated
6 under this subsection shall not result in a reduction in
7 any other appropriation for health care or health services
8 for Native Hawaiians.

9 **“SEC. 16. RULE OF CONSTRUCTION.**

10 “Nothing in this Act shall be construed to restrict
11 the authority of the State of Hawaii to license health prac-
12 titioners.

13 **“SEC. 17. COMPLIANCE WITH BUDGET ACT.**

14 “Any new spending authority (described in subpara-
15 graph (A) of (B) of section 401(c)(2) of the Congressional
16 Budget Act of 1974 (2 U.S.C. 651(c)(2) (A) or (B)))
17 which is provided under this Act shall be effective for any
18 fiscal year only to such extent or in such amounts as are
19 provided for in appropriation Acts.

20 **“SEC. 18. SEVERABILITY.**

21 “If any provision of this Act, or the application of
22 any such provision to any person or circumstances is held
23 to be invalid, the remainder of this Act, and the applica-
24 tion of such provision or amendment to persons or cir-

- 1 cumstances other than those to which it is held invalid,
- 2 shall not be affected thereby.”.

○