

# Calendar No. 144

107<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

# S. 87

**[Report No. 107-56]**

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

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## IN THE SENATE OF THE UNITED STATES

JANUARY 22, 2001

Mr. INOUE (for himself and Mr. AKAKA) introduced the following bill; which was read twice and referred to the Committee on Indian Affairs

AUGUST 28, 2001

Reported under authority of the order of the Senate of July 30, 2001, by Mr. INOUE, with amendments

[Omit the part struck through and insert the part printed in italics]

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## 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”.

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

3 The Native Hawaiian Health Care Improvement Act  
 4 (42 U.S.C. 11701 et seq.) is amended to read as follows:

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

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

8 “(b) **TABLE OF CONTENTS.**—The table of contents  
 9 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.

10 **“SEC. 2. FINDINGS.**

11 “(a) **GENERAL FINDINGS.**—Congress makes the fol-  
 12 lowing findings:

13 “(1) Native Hawaiians begin their story with  
 14 the Kumulipo which details the creation and inter-  
 15 relationship of all things, including their evolvment  
 16 as healthy and well people.

1           “(2) Native Hawaiians are a distinct and  
2 unique indigenous peoples with a historical con-  
3 tinuity to the original inhabitants of the Hawaiian  
4 archipelago within Ke Moananui, the Pacific Ocean,  
5 and have a distinct society organized almost 2,000  
6 years ago.

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

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

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

19           “(6) The Native Hawaiian people are deter-  
20 mined to preserve, develop and transmit to future  
21 generations their ancestral territory, and their cul-  
22 tural identity in accordance with their own spiritual  
23 and traditional beliefs, customs, practices, language,  
24 and social institutions. In referring to themselves,  
25 Native Hawaiians use the term ‘Kanakanaka Maoli’, a

1 term frequently used in the 19th century to describe  
2 the native people of Hawaii.

3 “(7) The constitution and statutes of the State  
4 of Hawaii—

5 “(A) acknowledge the distinct land rights  
6 of Native Hawaiian people as beneficiaries of  
7 the public lands trust; and

8 “(B) reaffirm and protect the unique right  
9 of the Native Hawaiian people to practice and  
10 perpetuate their cultural and religious customs,  
11 beliefs, practices, and language.

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

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

21 “(10) Throughout the 19th century and until  
22 1893, the United States—

23 “(A) recognized the independence of the  
24 Hawaiian Nation;

1           “(B) extended full and complete diplomatic  
2 recognition to the Hawaiian Government; and

3           “(C) entered into treaties and conventions  
4 with the Hawaiian monarchs to govern com-  
5 merce and navigation in 1826, 1842, 1849,  
6 1875 and 1887.

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

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

1           “(13) In a message to Congress on December  
2           18, 1893, then President Grover Cleveland reported  
3           fully and accurately on these illegal actions, and ac-  
4           knowledged that by these acts, described by the  
5           President as acts of war, the government of a peace-  
6           ful and friendly people was overthrown, and the  
7           President concluded that a ‘substantial wrong has  
8           thus been done which a due regard for our national  
9           character as well as the rights of the injured people  
10          required that we should endeavor to repair’.

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

18          “(15) The United States has acknowledged the  
19          significance of these events and has apologized to  
20          Native Hawaiians on behalf of the people of the  
21          United States for the overthrow of the Kingdom of  
22          Hawaii with the participation of agents and citizens  
23          of the United States, and the resulting deprivation  
24          of the rights of Native Hawaiians to self-determina-

1 tion in legislation enacted into law in 1993 (Public  
2 Law 103–150; 107 Stat. 1510).

3 “(16) In 1898, the United States annexed Ha-  
4 waii through the Newlands Resolution without the  
5 consent of or compensation to the indigenous peoples  
6 of Hawaii or their sovereign government who were  
7 thereby denied the mechanism for expression of their  
8 inherent sovereignty through self-government and  
9 self-determination, their lands and ocean resources.

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

22 “(18) In 1921, Congress enacted the Hawaiian  
23 Homes Commission Act, 1920, which designated  
24 200,000 acres of the ceded public lands for exclusive  
25 homesteading by Native Hawaiians, thereby affirm-

1       ing the trust relationship between the United States  
2       and the Native Hawaiians, as expressed by then Sec-  
3       retary of the Interior Franklin K. Lane who was  
4       cited in the Committee Report of the Committee on  
5       Territories of the House of Representatives as stat-  
6       ing, ‘One thing that impressed me . . . was the fact  
7       that the natives of the islands . . . for whom in a  
8       sense we are trustees, are falling off rapidly in num-  
9       bers and many of them are in poverty.’.

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

18       “(20) Under the Act entitled ‘An Act to provide  
19       for the admission of the State of Hawaii into the  
20       Union’, approved March 18, 1959 (73 Stat. 4), the  
21       United States transferred responsibility for the ad-  
22       ministration of the Hawaiian Home Lands to the  
23       State of Hawaii but reaffirmed the trust relationship  
24       which existed between the United States and the  
25       Native Hawaiian people by retaining the exclusive

1 power to enforce the trust, including the power to  
2 approve land exchanges, and legislative amendments  
3 affecting the rights of beneficiaries under such Act.

4 “(21) Under the Act entitled ‘An Act to provide  
5 for the admission of the State of Hawaii into the  
6 Union’, approved March 18, 1959 (73 Stat. 4), the  
7 United States transferred responsibility for adminis-  
8 tration over portions of the ceded public lands trust  
9 not retained by the United States to the State of  
10 Hawaii but reaffirmed the trust relationship which  
11 existed between the United States and the Native  
12 Hawaiian people by retaining the legal responsibility  
13 of the State for the betterment of the conditions of  
14 Native Hawaiians under section 5(f) of such Act.

15 “(22) In 1978, the people of Hawaii amended  
16 their Constitution to establish the Office of Hawai-  
17 ian Affairs and assigned to that body the authority  
18 to accept and hold real and personal property trans-  
19 ferred from any source in trust for the Native Ha-  
20 waiian people, to receive payments from the State of  
21 Hawaii due to the Native Hawaiian people in satis-  
22 faction of the pro rata share of the proceeds of the  
23 Public Land Trust created under section 5 of the  
24 Admission Act of 1959 (Public Law ~~83-3~~ 86-3), to  
25 act as the lead State agency for matters affecting

1 the Native Hawaiian people, and to formulate policy  
2 on affairs relating to the Native Hawaiian people.

3 “(23) The authority of the Congress under the  
4 Constitution to legislate in matters affecting the ab-  
5 original or indigenous peoples of the United States  
6 includes the authority to legislate in matters affect-  
7 ing the native peoples of Alaska and Hawaii.

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

15 “(25) In furtherance of the trust responsibility  
16 for the betterment of the conditions of Native Ha-  
17 waiians, the United States has established a pro-  
18 gram for the provision of comprehensive health pro-  
19 motion and disease prevention services to maintain  
20 and improve the health status of the Hawaiian peo-  
21 ple. This program is conducted by the Native Ha-  
22 waiian Health Care Systems, the Native Hawaiian  
23 Health Scholarship Program and Papa Ola Lokahi.  
24 Health initiatives from these and other health insti-  
25 tutions and agencies using Federal assistance have

1       been responsible for reducing the century-old mor-  
2       bidity and mortality rates of Native Hawaiian people  
3       by providing comprehensive disease prevention,  
4       health promotion activities and increasing the num-  
5       ber of Native Hawaiians in the health and allied  
6       health professions. This has been accomplished  
7       through the Native Hawaiian Health Care Act of  
8       1988 (Public Law 100–579) and its reauthorization  
9       in section 9168 of Public Law 102–396 (106 Stat.  
10      1948).

11           “(26) This historical and unique legal relation-  
12      ship has been consistently recognized and affirmed  
13      by Congress through the enactment of Federal laws  
14      which extend to the Native Hawaiian people the  
15      same rights and privileges accorded to American In-  
16      dian, Alaska Native, Eskimo, and Aleut commu-  
17      nities, including the Native American Programs Act  
18      of 1974 (42 U.S.C. 2991 et seq.), the American In-  
19      dian Religious Freedom Act (42 U.S.C. 1996), the  
20      National Museum of the American Indian Act (20  
21      U.S.C. 80q et seq.), and the Native American  
22      Graves Protection and Repatriation Act (25 U.S.C.  
23      3001 et seq.).

24           “(27) The United States has also recognized  
25      and reaffirmed the trust relationship to the Native

1 Hawaiian people through legislation which author-  
2 izes the provision of services to Native Hawaiians,  
3 specifically, the Older Americans Act of 1965 (42  
4 U.S.C. 3001 et seq.), the Developmental Disabilities  
5 Assistance and Bill of Rights Act Amendments of  
6 1987, the Veterans' Benefits and Services Act of  
7 1988, the Rehabilitation Act of 1973 (29 U.S.C. 701  
8 et seq.), the Native Hawaiian Health Care Act of  
9 1988 (Public Law 100-579), the Health Professions  
10 Reauthorization Act of 1988, the Nursing Shortage  
11 Reduction and Education Extension Act of 1988,  
12 the Handicapped Programs Technical Amendments  
13 Act of 1988, the Indian Health Care Amendments  
14 of 1988, and the Disadvantaged Minority Health  
15 Improvement Act of 1990.

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

22       “(29) Further, the United States has recog-  
23 nized that Native Hawaiians, as aboriginal, indige-  
24 nous, native peoples of Hawaii, are a unique popu-  
25 lation group in Hawaii and in the continental United

1 States and has so declared in Office of Management  
 2 and Budget Circular 15 in 1997 and Presidential  
 3 Executive Order No. 13125, dated June 7, 1999.

4 “(30) Despite the United States having ex-  
 5 pressed its commitment to a policy of reconciliation  
 6 with the Native Hawaiian people for past grievances  
 7 in Public Law 103–150 (107 Stat. 1510) the unmet  
 8 health needs of the Native Hawaiian people remain  
 9 severe and their health status continues to be far  
 10 below that of the general population of the United  
 11 States.

12 “(b) UNMET NEEDS AND HEALTH DISPARITIES.—  
 13 Congress finds that the unmet needs and serious health  
 14 disparities that adversely affect the Native Hawaiian peo-  
 15 ple include the following:

16 “(1) CHRONIC DISEASE AND ILLNESS.—

17 “(A) CANCER.—

18 “(i) IN GENERAL.—With respect to all  
 19 cancer—

20 “(I) Native Hawaiians have the  
 21 highest cancer mortality rates in the  
 22 State of Hawaii (231.0 out of every  
 23 100,000 residents), 45 percent higher  
 24 than that for the total State popu-

1 lation (159.7 out of every 100,000  
2 residents);

3 “(II) Native Hawaiian males  
4 have the highest cancer mortality  
5 rates in the State of Hawaii for can-  
6 cers of the lung, liver and pancreas  
7 and for all cancers combined;

8 “(III) Native Hawaiian females  
9 ranked highest in the State of Hawaii  
10 for cancers of the lung, liver, pan-  
11 creas, breast, cervix uteri, corpus  
12 uteri, stomach, and rectum, and for  
13 all cancers combined;

14 “(IV) Native Hawaiian males  
15 have the highest years of productive  
16 life lost from cancer in the State of  
17 Hawaii with 8.7 years compared to  
18 6.4 years for all males; and

19 “(V) Native Hawaiian females  
20 have 8.2 years of productive life lost  
21 from cancer in the State of Hawaii as  
22 compared to 6.4 years for all females  
23 in the State of Hawaii;

24 “(ii) BREAST CANCER.—With respect  
25 to breast cancer—

1           “(I) Native Hawaiians have the  
2 highest mortality rates in the State of  
3 Hawaii from breast cancer (37.96 out  
4 of every 100,000 residents), which is  
5 25 percent higher than that for Cau-  
6 casian Americans (30.25 out of every  
7 100,000 residents) and 106 percent  
8 higher than that for Chinese Ameri-  
9 cans (18.39 out of every 100,000 resi-  
10 dents); and

11           “(II) nationally, Native Hawai-  
12 ians have the third highest mortality  
13 rates due to breast cancer (25.0 out  
14 of every 100,000 residents) following  
15 African Americans (31.4 out of every  
16 100,000 residents) and Caucasian  
17 Americans (27.0 out of every 100,000  
18 residents).

19           “(iii) CANCER OF THE CERVIX.—Na-  
20 tive Hawaiians have the highest mortality  
21 rates from cancer of the cervix in the State  
22 of Hawaii (3.82 out of every 100,000 resi-  
23 dents) followed by Filipino Americans  
24 (3.33 out of every 100,000 residents) and

1           Caucasian Americans (2.61 out of every  
2           100,000 residents).

3           “(iv) LUNG CANCER.—Native Hawai-  
4           ians have the highest mortality rates from  
5           lung cancer in the State of Hawaii (90.70  
6           out of every 100,000 residents), which is  
7           61 percent higher than Caucasian Ameri-  
8           cans, who rank second and 161 percent  
9           higher than Japanese Americans, who rank  
10          third.

11          “(v) PROSTATE CANCER.—Native Ha-  
12          waiian males have the second highest mor-  
13          tality rates due to prostate cancer in the  
14          State of Hawaii (25.86 out of every  
15          100,000 residents) with Caucasian Ameri-  
16          cans having the highest mortality rate  
17          from prostate cancer (30.55 out of every  
18          100,000 residents).

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

21                 “(i) Native Hawaiians had the highest  
22                 mortality rate due to diabetes mellitis  
23                 (34.7 out of every 100,000 residents) in  
24                 the State of Hawaii which is 130 percent  
25                 higher than the statewide rate for all other

1 races (15.1 out of every 100,000 resi-  
2 dents);

3 “(ii) full-blood Hawaiians had a mor-  
4 tality rate of 93.3 out of every 100,000  
5 residents, which is 518 percent higher than  
6 the rate for the statewide population of all  
7 other races; and

8 “(iii) Native Hawaiians who are less  
9 than full-blood had a mortality rate of 27.1  
10 out of every 100,000 residents, which is 79  
11 percent higher than the rate for the state-  
12 wide population of all other races.

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

14 “(i) in 1990, Native Hawaiians com-  
15 prised 44 percent of all asthma cases in  
16 the State of Hawaii for those 18 years of  
17 age and younger, and 35 percent of all  
18 asthma cases reported; and

19 “(ii) in 1992, the Native Hawaiian  
20 rate for asthma was 81.7 out of every  
21 1,000 residents, which was 73 percent  
22 higher than the rate for the total statewide  
23 population of 47.3 out of every 1,000 resi-  
24 dents.

25 “(D) CIRCULATORY DISEASES.—

1           “(i) HEART DISEASE.—With respect  
2 to heart disease—

3           “(I) the death rate for Native  
4 Hawaiians from heart disease (333.4  
5 out of every 100,000 residents) is 66  
6 percent higher than for the entire  
7 State of Hawaii (201.1 out of every  
8 100,000 residents); and

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

19           “(ii) HYPERTENSION.—The death  
20 rate for Native Hawaiians from hyper-  
21 tension (3.5 out of every 100,000 resi-  
22 dents) is 84 percent higher than that for  
23 the entire State (1.9 out of every 100,000  
24 residents).

1           “(iii) STROKE.—The death rate for  
2           Native Hawaiians from stroke (58.3 out of  
3           every 100,000 residents) is 13 percent  
4           higher than that for the entire State (51.8  
5           out of every 100,000 residents).

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

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

12           “(A) the death rate for Native Hawaiians  
13           from injuries (38.8 out of every 100,000 resi-  
14           dents) is 45 percent higher than that for the  
15           entire State (26.8 out of every 100,000 resi-  
16           dents);

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

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

1           “(4) DENTAL HEALTH.—With respect to dental  
2 health—

3           “(A) Native Hawaiian children exhibit  
4 among the highest rates of dental caries in the  
5 nation, and the highest in the State of Hawaii  
6 as compared to the 5 other major ethnic groups  
7 in the State;

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

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

19           “(5) LIFE EXPECTANCY.—With respect to life  
20 expectancy—

21           “(A) Native Hawaiians have the lowest life  
22 expectancy of all population groups in the State  
23 of Hawaii;

24           “(B) between 1910 and 1980, the life ex-  
25 pectancy of Native Hawaiians from birth has

1 ranged from 5 to 10 years less than that of the  
2 overall State population average; and

3 “(C) the most recent tables for 1990 show  
4 Native Hawaiian life expectancy at birth (74.27  
5 years) to be about 5 years less than that of the  
6 total State population (78.85 years).

7 “(6) MATERNAL AND CHILD HEALTH.—

8 “(A) PRENATAL CARE.—With respect to  
9 prenatal care—

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

16 “(ii) of the mothers in the State of  
17 Hawaii who received no prenatal care  
18 throughout their pregnancy in 1996, 44  
19 percent were Native Hawaiian;

20 “(iii) over 65 percent of the referrals  
21 to Healthy Start in fiscal years 1996 and  
22 1997 were Native Hawaiian newborns; and

23 “(iv) in every region of the State of  
24 Hawaii, many Native Hawaiian newborns  
25 begin life in a potentially hazardous cir-

1 cumstance, far higher than any other ra-  
2 cial group.

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

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

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

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

15 “(C) TEEN PREGNANCIES.—With respect  
16 to births—

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

23 “(ii) in 1996, nearly 53 percent of all  
24 mothers in Hawaii under 18 years of age  
25 were Native Hawaiian;

1           “(iii) lower rates of abortion (a third  
2           lower than for the statewide population)  
3           among Hawaiian women may account in  
4           part, for the higher percentage of live  
5           births;

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

9           “(v) in 1996, of the births in this  
10          same group, 48 percent were Native Ha-  
11          waiian.

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

20          “(7) MENTAL HEALTH.—

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

23                         “(i) Native Hawaiians represent 38  
24                         percent of the total admissions to Depart-  
25                         ment of Health, Alcohol, Drugs and Other

1           Drugs, funded substance abuse treatment  
2           programs;

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

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

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

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

22          “(vi) nine percent of the Native Ha-  
23          waiian adults surveyed reported that they  
24          are current users (within the past year) of

1 marijuana, compared with 6 percent for all  
2 other races in the State of Hawaii.

3 “(B) CRIME.—With respect to crime—

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

8 “(ii) Native Hawaiian juveniles com-  
9 prised a third of all juvenile arrests in  
10 1996;

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

16 “(iv) Native Hawaiians are over-rep-  
17 resented in the prison population in Ha-  
18 waii;

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

1           “(vi) in 1995 and 1996 Native Ha-  
2           waiians made up 45.4 percent of the tech-  
3           nical violator population, and at the Ha-  
4           waii Youth Correctional Facility, Native  
5           Hawaiians constituted 51.6 percent of all  
6           detainees in fiscal year 1997; and

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

12          “(8) HEALTH PROFESSIONS EDUCATION AND  
13          TRAINING.—With respect to health professions edu-  
14          cation and training—

15               “(A) Native Hawaiians age 25 years and  
16               older have a comparable rate of high school  
17               completion, however, the rates of baccalaureate  
18               degree achievement amongst Native Hawaiians  
19               are less than the norm in the State of Hawaii  
20               (6.9 percent and 15.76 percent respectively);

21               “(B) Native Hawaiian physicians make up  
22               4 percent of the total physician workforce in the  
23               State of Hawaii; and

24               “(C) in fiscal year 1997, Native Hawaiians  
25               comprised 8 percent of those individuals who

1           earned Bachelor’s Degrees, 14 percent of those  
2           individuals who earned professional diplomas, 6  
3           percent of those individuals who earned Mas-  
4           ter’s Degrees, and less than 1 percent of indi-  
5           viduals who earned doctoral degrees at the Uni-  
6           versity of Hawaii.

7   **“SEC. 3. DEFINITIONS.**

8           “In this Act:

9                   “(1) DEPARTMENT.—The term ‘department’  
10           means the Department of Health and Human Serv-  
11           ices.

12                   “(2) DISEASE PREVENTION.—The term ‘disease  
13           prevention’ includes—

14                           “(A) immunizations;

15                           “(B) control of high blood pressure;

16                           “(C) control of sexually transmittable dis-  
17           eases;

18                           “(D) prevention and control of chronic dis-  
19           eases;

20                           “(E) control of toxic agents;

21                           “(F) occupational safety and health;

22                           “(G) injury prevention;

23                           “(H) fluoridation of water;

24                           “(I) control of infectious agents; and

25                           “(J) provision of mental health care.

1           “(3) HEALTH PROMOTION.—The term ‘health  
2 promotion’ includes—

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

5           “(B) cessation of tobacco smoking;

6           “(C) reduction in the misuse of alcohol and  
7 harmful illicit drugs;

8           “(D) improvement of nutrition;

9           “(E) improvement in physical fitness;

10          “(F) family planning;

11          “(G) control of stress;

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

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

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

25           “(A) genealogical records,

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

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

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

8           “(A) which is organized under the laws of  
9           the State of Hawaii;

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

14          “(C) which is a public or nonprofit private  
15          entity;

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

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

24          “(F) which is—

1           “(i) recognized by Papa Ola Lokahi  
2           for the purpose of planning, conducting, or  
3           administering programs, or portions of  
4           programs, authorized by this chapter for  
5           the benefit of Native Hawaiians; and

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

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

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

21                 “(B) has demonstrated cultural com-  
22                 petency in a predominantly Native Hawaiian  
23                 community;

24                 “(C) serves a patient population that—

1                   “(i) is made up of individuals at least  
2                   50 percent of whom are Native Hawaiian;  
3                   or

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

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

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

14                  “(8) NATIVE HAWAIIAN ORGANIZATION.—The  
15                  term ‘Native Hawaiian organization’ means any  
16                  organization—

17                         “(A) which serves the interests of Native  
18                         Hawaiians; and

19                         “(B) which is—

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

1                   “(ii) a public or nonprofit private  
2                   entity.

3                   “(9) OFFICE OF HAWAIIAN AFFAIRS.—The  
4                   terms ‘Office of Hawaiian Affairs’ and ‘OHA’ mean  
5                   the governmental entity established under Article  
6                   XII, sections 5 and 6 of the Hawaii State Constitu-  
7                   tion and charged with the responsibility to formulate  
8                   policy relating to the affairs of Native Hawaiians.

9                   “(10) PAPA OLA LOKAHI.—

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

16                   “(i) E Ola Mau;

17                   “(ii) the Office of Hawaiian Affairs of  
18                   the State of Hawaii;

19                   “(iii) Alu Like, Inc.;

20                   “(iv) the University of Hawaii;

21                   “(v) the Hawaii State Department of  
22                   Health;

23                   “(vi) the Kamehameha Schools, or  
24                   other Native Hawaiian organization re-  
25                   sponsible for the administration of the Na-

1           tive Hawaiian Health Scholarship Pro-  
2           gram;

3           “(vii) the Hawaii State Primary Care  
4           Association, or Native Hawaiian Health  
5           Centers whose patient populations are pre-  
6           dominantly Native Hawaiian;

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

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

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

22          “(xi) Na Pu‘uwai or a health care sys-  
23          tem serving the islands of Moloka‘i or  
24          Lana‘i, and which may be composed of as  
25          many health care centers as are necessary

1 to meet the health care needs of the Native  
2 Hawaiians of those islands;

3 “(xii) Hui No Ke Ola Pono, or a  
4 health care system serving the island of  
5 Maui, and which may be composed of as  
6 many health care centers as are necessary  
7 to meet the health care needs of the Native  
8 Hawaiians of that island;

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

15 “(xiv) other Native Hawaiian health  
16 care systems as certified and recognized by  
17 Papa Ola Lokahi in accordance with this  
18 Act; and

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

1           “(B) LIMITATION.—Such term does not in-  
2           clude any organization described in subpara-  
3           graph (A) if the Secretary determines that such  
4           organization has not developed a mission state-  
5           ment with clearly defined goals and objectives  
6           for the contributions the organization will make  
7           to the Native Hawaiian health care systems, the  
8           national policy as set forth in section 4, and an  
9           action plan for carrying out those goals and ob-  
10          jectives.

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

13               “(A) services of physicians, physicians’ as-  
14               sistants, nurse practitioners, and other health  
15               professionals;

16               “(B) diagnostic laboratory and radiologic  
17               services;

18               “(C) preventive health services including  
19               perinatal services, well child services, family  
20               planning services, nutrition services, home  
21               health services, and, generally, all those services  
22               associated with enhanced health and wellness;

23               “(D) emergency medical services;

24               “(E) transportation services as required  
25               for adequate patient care;

1           “(F) preventive dental services;

2           “(G) pharmaceutical and medicament serv-  
3 ices;

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

6           “(I) complimentary healing practices, in-  
7 cluding those performed by traditional Native  
8 Hawaiian healers.

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

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

14           “(A) who—

15           “(i) is of Native Hawaiian ancestry;  
16 and

17           “(ii) has the knowledge, skills, and ex-  
18 perience in direct personal health care of  
19 individuals; and

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

23           “(i) direct practical association with  
24 Native Hawaiian elders; and

1                   “(ii) oral traditions transmitted from  
2                   generation to generation.

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

5           “(a) CONGRESS.—Congress hereby declares that it is  
6 the policy of the United States in fulfillment of its special  
7 responsibilities and legal obligations to the indigenous peo-  
8 ples of Hawaii resulting from the unique and historical  
9 relationship between the United States and the indigenous  
10 peoples of Hawaii—

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

13                   “(2) to provide existing Native Hawaiian health  
14                   care programs with all resources necessary to effec-  
15                   tuate this policy.

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

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

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

7                   “(A) incorporating and supporting the in-  
8                   tegration of cultural approaches to health and  
9                   well-being, including programs using traditional  
10                  practices relating to the atmosphere (lewa lani),  
11                  land (’aina), water (wai), or ocean (kai);

12                  “(B) increasing the number of health and  
13                  allied-health care providers who are trained to  
14                  provide culturally competent care to Native Ha-  
15                  waiians;

16                  “(C) increasing the use of traditional Na-  
17                  tive Hawaiian foods in peoples’ diets and die-  
18                  tary preferences including those of students and  
19                  the use of these traditional foods in school feed-  
20                  ing programs;

21                  “(D) identifying and instituting Native  
22                  Hawaiian cultural values and practices within  
23                  the ‘corporate cultures’ of organizations and  
24                  agencies providing health services to Native Ha-  
25                  waiians;



1 community-based initiatives that are reflective of ho-  
2 listic approaches to health.

3 “(2) CONSULTATION.—

4 “(A) IN GENERAL.—Papa Ola Lokahi and  
5 the Office of Hawaiian Affairs shall consult  
6 with the Native Hawaiian health care systems,  
7 Native Hawaiian health centers, and the Native  
8 Hawaiian community in carrying out this sec-  
9 tion.

10 “(B) MEMORANDA OF UNDERSTANDING.—

11 Papa Ola Lokahi and the Office of Hawaiian  
12 Affairs may enter into memoranda of under-  
13 standing or agreement for the purposes of ac-  
14 quiring joint funding and for other issues as  
15 may be necessary to accomplish the objectives  
16 of this section.

17 “(3) HEALTH CARE FINANCING STUDY RE-

18 PORT.—Not later than 18 months after the date of  
19 enactment of this Act, Papa Ola Lokahi in coopera-  
20 tion with the Office of Hawaiian Affairs and other  
21 appropriate agencies of the State of Hawaii, includ-  
22 ing the Department of Health and the Department  
23 of Human Services and the Native Hawaiian health  
24 care systems and Native Hawaiian health centers,  
25 shall submit to Congress a report detailing the im-

1       pact of current Federal and State health care fi-  
 2       nancing mechanisms and policies on the health and  
 3       well-being of Native Hawaiians. Such report shall  
 4       include—

5               “(A) information concerning the impact of  
 6       cultural competency, risk assessment data, eligi-  
 7       bility requirements and exemptions, and reim-  
 8       bursement policies and capitation rates cur-  
 9       rently in effect for service providers;

10              “(B) any other such information as may be  
 11       important to improving the health status of Na-  
 12       tive Hawaiians as such information relates to  
 13       health care financing including barriers to  
 14       health care; and

15              “(C) the recommendations for submission  
 16       to the Secretary for review and consultation  
 17       with Native Hawaiians.

18       “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
 19       are authorized to be appropriated such sums as may be  
 20       necessary to carry out subsection (a).

21       **“SEC. 6. FUNCTIONS OF PAPA OLA LOKAHI AND OFFICE OF**  
 22       **HAWAIIAN AFFAIRS.**

23       “(a) RESPONSIBILITY.—Papa Ola Lokahi shall be re-  
 24       sponsible for the—

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

4           “(2) training for the persons described in sub-  
5           paragraphs (B) and (C) of section 7(c)(1);

6           “(3) identification of and research into the dis-  
7           eases that are most prevalent among Native Hawai-  
8           ians, including behavioral, biomedical, epidemiolog-  
9           ical, and health services;

10          “(4) development and maintenance of an insti-  
11          tutional review board for all research projects involv-  
12          ing all aspects of Native Hawaiian health, including  
13          behavioral, biomedical, epidemiological, and health  
14          services studies; and

15          “(5) the maintenance of an action plan out-  
16          lining the contributions that each member organiza-  
17          tion of Papa Ola Lokahi will make in carrying out  
18          the policy of this Act.

19          “(b) SPECIAL PROJECT FUNDS.—Papa Ola Lokahi  
20          may receive special project funds that may be appro-  
21          priated for the purpose of research on the health status  
22          of Native Hawaiians or for the purpose of addressing the  
23          health care needs of Native Hawaiians, including being eli-  
24          gible to receive research endowments under section 736  
25          of the Public Health Service Act.

1 “(c) CLEARINGHOUSE.—

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

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

7 “(B) the identification and research into  
8 diseases affecting Native Hawaiians;

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

12 “(D) the collaboration of research in the  
13 area of Native Hawaiian health; and

14 “(E) the timely dissemination of informa-  
15 tion pertinent to the Native Hawaiian health  
16 care systems.

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

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

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

3           “(C) the identification of collaborations  
4           made with Native Hawaiian groups and organi-  
5           zations in the expenditure of these funds; and

6           “(D) the amount of funds used for Federal  
7           administrative purposes and for the provision of  
8           direct services to Native Hawaiians.

9           “(d) FISCAL ALLOCATION AND COORDINATION OF  
10          PROGRAMS AND SERVICES.—

11           “(1) RECOMMENDATIONS.—Papa Ola Lokahi  
12           shall provide annual recommendations to the Sec-  
13           retary with respect to the allocation of all amounts  
14           appropriated under this Act.

15           “(2) COORDINATION.—Papa Ola Lokahi shall,  
16           to the maximum extent possible, coordinate and as-  
17           sist the health care programs and services provided  
18           to Native Hawaiians.

19           “(3) REPRESENTATION ON COMMISSION.—The  
20           Secretary, in consultation with Papa Ola Lokahi,  
21           shall make recommendations for Native Hawaiian  
22           representation on the President’s Advisory Commis-  
23           sion on Asian Americans and Pacific Islanders.

24           “(e) TECHNICAL SUPPORT.—Papa Ola Lokahi may  
25           act as a statewide infrastructure to provide technical sup-

1 port and coordination of training and technical assistance  
2 to the Native Hawaiian health care systems and to Native  
3 Hawaiian health centers.

4 “(f) RELATIONSHIPS WITH OTHER AGENCIES.—

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

13 “(2) HEALTH CARE FINANCING.—

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

1           “(B) STATE CONSULTATION.—The State  
2 of Hawaii shall engage in meaningful consulta-  
3 tion with Native Hawaiians and organizations  
4 providing health care services to Native Hawai-  
5 ians in the State of Hawaii prior to making any  
6 changes or initiating new programs.

7           “(C) CONSULTATION ON FEDERAL  
8 HEALTH INSURANCE PROGRAMS.—

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

15                   “(I) the Health Care Financing  
16 Administration;

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

1 medical assistance under the State  
2 plan or waiver; or

3 “(III) any other Federal agency  
4 or agencies providing full or partial  
5 health insurance to Native Hawaiians.

6 “(ii) CONTENTS OF ARRANGE-  
7 MENTS.—Arrangements under clause (i)  
8 may address—

9 “(I) appropriate reimbursement  
10 for health care services including capi-  
11 tation rates and fee-for-service rates  
12 for Native Hawaiians who are entitled  
13 to or eligible for insurance;

14 “(II) the scope of services; or

15 “(III) other matters that would  
16 enable Native Hawaiians to maximize  
17 health insurance benefits provided by  
18 Federal and State health insurance  
19 programs.

20 “(3) TRADITIONAL HEALERS.—The provision of  
21 health services under any program operated by the  
22 Department or another Federal agency including the  
23 Department of Veterans Affairs, may include the  
24 services of ‘traditional Native Hawaiian healers’ as  
25 defined in this Act or ‘traditional healers’ providing

1 ‘traditional health care practices’ as defined in sec-  
2 tion 4(r) of Public Law 94–437. Such services shall  
3 be exempt from national accreditation reviews, in-  
4 cluding reviews conducted by the Joint Accreditation  
5 Commission on Health Organizations and the Reha-  
6 bilitation Accreditation Commission.

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

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

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

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

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

5           “(4) LIMITATION ON NUMBER OF ENTITIES.—  
 6           The Secretary may make a grant to, or enter into  
 7           a contract with, not more than 8 Native Hawaiian  
 8           health care systems under this subsection during  
 9           any fiscal year.

10          “(b) PLANNING GRANT OR CONTRACT.—In addition  
 11          to grants and contracts under subsection (a), the Sec-  
 12          retary may make a grant to, or enter into a contract with,  
 13          Papa Ola Lokahi for the purpose of planning Native Ha-  
 14          waiian health care systems to serve the health needs of  
 15          Native Hawaiian communities on each of the islands of  
 16          O‘ahu, Moloka‘i, Maui, Hawai‘i, Lana‘i, Kaua‘i, and  
 17          Ni‘ihau in the State of Hawaii.

18          “(c) SERVICES TO BE PROVIDED.—

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

22                         “(A) Outreach services to inform Native  
 23                         Hawaiians of the availability of health services.

24                         “(B) Education in health promotion and  
 25                         disease prevention of the Native Hawaiian pop-

1           ulation by, wherever possible, Native Hawaiian  
2           health care practitioners, community outreach  
3           workers, counselors, and cultural educators.

4           “(C) Services of physicians, physicians’ as-  
5           sistants, nurse practitioners or other health and  
6           allied-health professionals.

7           “(D) Immunizations.

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

10          “(F) Pregnancy and infant care.

11          “(G) Improvement of nutrition.

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

16          “(I) Collection of data related to the pre-  
17          vention of diseases and illnesses among Native  
18          Hawaiians.

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

24          “(K) Support of culturally appropriate ac-  
25          tivities enhancing health and wellness including

1 land-based, water-based, ocean-based, and spir-  
2 itually-based projects and programs.

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

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

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

24 “(f) RESTRICTION ON USE OF GRANT AND CON-  
25 TRACT FUNDS.—The Secretary may not make a grant to,

1 or enter into a contract with, an entity under subsection  
2 (a) unless the entity agrees that amounts received under  
3 such grant or contract will not, directly or through con-  
4 tract, be expended—

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

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

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

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

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

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

24 “(B) will be adjusted to reflect the income  
25 of the individual involved.

1 “(h) AUTHORIZATION OF APPROPRIATIONS.—

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

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

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

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

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

17 “(2) training for the persons described in sec-  
18 tion 7(c)(1);

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

23 “(4) the maintenance of an action plan out-  
24 lining the contributions that each member organiza-

1 tion of Papa Ola Lokahi will make in carrying out  
2 the policy of this Act;

3 “(5) a clearinghouse function for—

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

7 “(B) the identification and research into  
8 diseases affecting Native Hawaiians; and

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

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

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

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

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

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

24 “(a) TERMS AND CONDITIONS.—The Secretary shall  
25 include in any grant made or contract entered into under

1 this Act such terms and conditions as the Secretary con-  
2 sider necessary or appropriate to ensure that the objec-  
3 tives of such grant or contract are achieved.

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

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

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

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

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

21 “(A) has developed and has the ability to  
22 carry out a reasonable plan to provide health  
23 services under the grant or contract through in-  
24 dividuals who are able to communicate with the

1 population involved in the language and cultural  
2 context that is most appropriate; and

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

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

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

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

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

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

21 “(i) the organization has entered into  
22 a participation agreement under such plan;  
23 and

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

1           “(5) agrees to submit to the Secretary and to  
2           Papa Ola Lokahi an annual report that describes  
3           the use and costs of health services provided under  
4           the grant or contract (including the average cost of  
5           health services per user) and that provides such  
6           other information as the Secretary determines to be  
7           appropriate.

8           “(d) CONTRACT EVALUATION.—

9           “(1) DETERMINATION OF NONCOMPLIANCE.—

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

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

1 (a)(3) of such section that provides services to the  
2 same population of Native Hawaiians which is  
3 served by the entity whose contract is not renewed  
4 by reason of this paragraph.

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

10 “(4) APPLICATION OF FEDERAL LAWS.—All  
11 contracts entered into by the Secretary under this  
12 Act shall be in accordance with all Federal con-  
13 tracting laws and regulations, except that, in the  
14 discretion of the Secretary, such contracts may be  
15 negotiated without advertising and may be exempted  
16 from the provisions of the Act of August 24, 1935  
17 (40 U.S.C. 270a et seq.).

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

24 “(e) REPORT.—

1           “(1) IN GENERAL.—For each fiscal year during  
2           which an entity receives or expends funds pursuant  
3           to a grant or contract under this Act, such entity  
4           shall submit to the Secretary and to Papa Ola  
5           Lokahi an annual report—

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

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

10                   “(C) containing such other information as  
11                   the Secretary may request.

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

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

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

23           “(a) IN GENERAL.—The Secretary may enter into an  
24           agreement with any entity under which the Secretary may  
25           assign personnel of the Department of Health and Human

1 Services with expertise identified by such entity to such  
 2 entity on detail for the purposes of providing comprehen-  
 3 sive health promotion and disease prevention services to  
 4 Native Hawaiians.

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

11 **“SEC. 11. NATIVE HAWAIIAN HEALTH SCHOLARSHIPS AND**  
 12 **FELLOWSHIPS.**

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

21 “(1) meet the requirements of section 338A of  
 22 the Public Health Service Act (*42 U.S.C. 254l*), ex-  
 23 cept for assistance as provided for under subsection  
 24 (b)(2); and

25 “(2) are Native Hawaiians.

1       “(b) PRIORITY.—A priority for scholarships under  
2 subsection (a) may be provided to employees of the Native  
3 Hawaiian Health Care Systems and the Native Hawaiian  
4 Health Centers.

5       “(c) TERMS AND CONDITIONS.—

6           “(1) IN GENERAL.—The scholarship assistance  
7 under subsection (a) shall be provided under the  
8 same terms and subject to the same conditions, reg-  
9 ulations, and rules as apply to scholarship assistance  
10 provided under section 338A of the Public Health  
11 Service Act (*42 U.S.C. 254l*) (except as provided for  
12 in paragraph (2)), except that—

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

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

23           “(C) the obligated service requirement for  
24 each scholarship recipient (except for those re-  
25 ceiving assistance under paragraph (2)) shall be

1 fulfilled through service, in order of priority,  
2 in—

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

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

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

14 “(D) the scholarship’s placement service  
15 shall assign Native Hawaiian scholarship recipi-  
16 ents to appropriate sites for service;

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

23 “(F) financial assistance may be provided  
24 to scholarship recipients in those health profes-  
25 sions designated in such section 338A of the

1           Public Health Service Act (*42 U.S.C. 254l*)  
2           while they are fulfilling their service require-  
3           ment in any one of the Native Hawaiian health  
4           care systems or community health centers.

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

16          “(3) RIGHTS AND BENEFITS.—Scholarship re-  
17          cipients in health professions designated in section  
18          338A of the Public Health Service Act (*42 U.S.C.*  
19          *254l*) while fulfilling their service requirements shall  
20          have all the same rights and benefits of members of  
21          the National Health Service Corps during their pe-  
22          riod of service.

23          “(4) NO INCLUSION OF ASSISTANCE IN GROSS  
24          INCOME.—Financial assistance provided under sec-  
25          tion 11 shall be deemed ‘Qualified Scholarships’ for

1 purposes of the section amended by section 123(a)  
2 of Public Law 99–514, as amended.

3 “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
4 is authorized to be appropriated such sums as may be nec-  
5 essary for each of fiscal years 2002 through 2012 for the  
6 purpose of funding the scholarship assistance program  
7 under subsection (a) and fellowship assistance under sub-  
8 section (c)(2).

9 **“SEC. 12. REPORT.**

10 “The President shall, at the time the budget is sub-  
11 mitted under section 1105 of title 31, United States Code,  
12 for each fiscal year transmit to Congress a report on the  
13 progress made in meeting the objectives of this Act, in-  
14 cluding a review of programs established or assisted pur-  
15 suant to this Act and an assessment and recommendations  
16 of additional programs or additional assistance necessary  
17 to, at a minimum, provide health services to Native Ha-  
18 waiians, and ensure a health status for Native Hawaiians,  
19 which are at a parity with the health services available  
20 to, and the health status of, the general population.

21 **“SEC. 13. USE OF FEDERAL GOVERNMENT FACILITIES AND**  
22 **SOURCES OF SUPPLY.**

23 “(a) IN GENERAL.—The Secretary shall permit orga-  
24 nizations that receive contracts or grants under this Act,  
25 in carrying out such contracts or grants, to use existing

1 facilities and all equipment therein or under the jurisdic-  
2 tion of the Secretary under such terms and conditions as  
3 may be agreed upon for the use and maintenance of such  
4 facilities or equipment.

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

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

18 **“SEC. 14. DEMONSTRATION PROJECTS OF NATIONAL SIG-**  
19 **NIFICANCE.**

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

1           “(1) the development of a centralized database  
2           and information system relating to the health care  
3           status, health care needs, and wellness of Native  
4           Hawaiians;

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

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

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

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

23          “(6) the establishment of a Native Hawaiian  
24          Center of Excellence for Nursing at the University  
25          of Hawaii at Hilo, a Native Hawaiian Center of Ex-

1       cellence for Mental Health at the University of Ha-  
2       waii at Manoa, a Native Hawaiian Center of Excel-  
3       lence for Maternal Health and Nutrition at the  
4       Waimanalo Health Center, and a Native Hawaiian  
5       Center of Excellence for Research, Training, Inte-  
6       grated Medicine at Molokai General Hospital and a  
7       Native Hawaiian Center of Excellence for Com-  
8       plementary Health and Health Education and  
9       Training at the Waianae Coast Comprehensive  
10      Health Center.

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

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

22     **“SEC. 15. NATIONAL BIPARTISAN COMMISSION ON NATIVE**  
23                                   **HAWAIIAN HEALTH CARE ENTITLEMENT.**

24       “(a) ESTABLISHMENT.—There is hereby established  
25     a National Bipartisan Native Hawaiian Health Care Enti-

1 tlement Commission (referred to in this Act as the ‘Com-  
2 mission’).

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

5 “(1) CONGRESSIONAL MEMBERS.—

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

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

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

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

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

21 “(B) RELEVANT COMMITTEE MEMBER-  
22 SHIP.—The members of the Commission ap-  
23 pointed under subparagraph (A) shall each be  
24 members of the committees of Congress that  
25 consider legislation affecting the provision of

1 health care to Native Hawaiians and other Na-  
2 tive Americans.

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

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

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

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

14 “(C) one member shall be appointed by  
15 Papa Ola Lokahi;

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

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

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

24 “(3) SECRETARIAL MEMBERS.—Two members  
25 of the Commission shall be appointed by the Sec-

1       retary and shall possess knowledge of Native Hawai-  
2       ian health concerns and wellness.

3       “(c) TERMS.—

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

6             “(2) INITIAL APPOINTMENT OF MEMBERS.—

7       The members of the Commission shall be appointed  
8       under subsection (b)(1) not later than 90 days after  
9       the date of enactment of this Act, and the remaining  
10      members of the Commission shall be appointed not  
11      later than 60 days after the date on which the mem-  
12      bers are appointed under such subsection (b)(1).

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

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

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

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

1 of such programs on self-determination and the rec-  
2 onciliation of their relationship with the United  
3 States.

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

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

23 “(B) make recommendations to the Com-  
24 mission for legislation that will provide for the  
25 culturally-competent and appropriate provision

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

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

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

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

**Calendar No. 144**

107TH CONGRESS  
1ST SESSION

**S. 87**

**[Report No. 107-56]**

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**A BILL**

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

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AUGUST 28, 2001

Reported with amendments