

106TH CONGRESS
2D SESSION

S. 1929

AN ACT

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 2000”.

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 knowledgeed 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), to act as
25 the lead State agency for matters affecting the Na-

1 tive Hawaiian people, and to formulate policy on af-
2 fairs 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 1000 residents, which was 73 percent high-
22 er than the rate for the total statewide
23 population of 47.3 out of every 1000 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-

cumstance, far higher than any other racial group.

“(B) BIRTHS.—With respect to births—

“(i) in 1996, 45 percent of the live births to Native Hawaiian mothers were infants born to single mothers which statistics indicate put infants at higher risk of low birth weight and infant mortality;

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

“(iii) of all low birth weight babies born to single mothers in the State of Hawaii, 44 percent were Native Hawaiian.

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

“(i) in 1993 and 1994, Native Hawaiians had the highest percentage of teen (individuals who were less than 18 years of age) births (8.1 percent) compared to the rate for all other races in the State of Hawaii (3.6 percent);

“(ii) in 1996, nearly 53 percent of all mothers in Hawaii under 18 years of age 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 enti-
2 ty.

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 “(E) facilitating the provision of Native
 2 Hawaiian healing practices by Native Hawaiian
 3 healers for those clients desiring such assist-
 4 ance; and

5 “(F) supporting training and education ac-
 6 tivities and programs in traditional Native Ha-
 7 waiian healing practices by Native Hawaiian
 8 healers.

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

14 **“SEC. 5. COMPREHENSIVE HEALTH CARE MASTER PLAN**
 15 **FOR NATIVE HAWAIIANS.**

16 “(a) DEVELOPMENT.—

17 “(1) IN GENERAL.—The Secretary may make a
 18 grant to, or enter into a contract with, Papa Ola
 19 Lokahi for the purpose of coordinating, imple-
 20 menting and updating a Native Hawaiian com-
 21 prehensive health care master plan designed to pro-
 22 mote comprehensive health promotion and disease
 23 prevention services and to maintain and improve the
 24 health status of Native Hawaiians, and to support

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.

24 “(c) CLEARINGHOUSE.—

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

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

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

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

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

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

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

23 “(A) the amount of funds expended explic-
24 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 2001 through 2011 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 2001 through 2011 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 section
18 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 2001 through 2011 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 siderers 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, except for assistance
 23 as provided for under subsection (b)(2); and

24 “(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 (except as provided for in paragraph
12 (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.

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 while they are ful-
2 filling their service requirement in any one of
3 the Native Hawaiian health care systems or
4 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 while ful-
19 filling their service requirements shall have all the
20 same rights and benefits of members of the National
21 Health Service Corps during their period of service.

22 “(4) NO INCLUSION OF ASSISTANCE IN GROSS
23 INCOME.—Financial assistance provided under sec-
24 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 2001 through 2011 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 plimentary Health and Health Education and Train-
 9 ing at the Waianae Coast Comprehensive Health
 10 Center.

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

18 **“SEC. 15. NATIONAL BIPARTISAN COMMISSION ON NATIVE**
 19 **HAWAIIAN HEALTH CARE ENTITLEMENT.**

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

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

1 “(1) CONGRESSIONAL MEMBERS.—

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

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

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

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

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

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

24 “(C) CHAIRPERSON.—The members of the
25 Commission appointed under subparagraph (A)

1 shall elect the chairperson and vice-chairperson
2 of the Commission.

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

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

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

10 “(C) one member shall be appointed by
11 Papa Ola Lokahi;

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

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

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

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

24 “(c) TERMS.—

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

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

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

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

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

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

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

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

20 “(B) make recommendations to the Com-
21 mission for legislation that will provide for the
22 culturally-competent and appropriate provision
23 of health services for Native Hawaiians as an
24 entitlement, which shall, at a minimum, address
25 issues of eligibility and benefits to be provided,

1 including recommendations regarding from
2 whom such health services are to be provided
3 and the cost and mechanisms for funding of the
4 health services to be provided;

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

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

14 “(E) not later than 12 months after the
15 date of the appointment of all members of the
16 Commission, make a written report of its find-
17 ings and recommendations to the Commission,
18 which report shall include a statement of the
19 minority and majority position of the committee
20 and which shall be disseminated, at a minimum,
21 to Native Hawaiian organizations and agencies
22 and health organizations referred to in sub-
23 section (b)(2) for comment to the Commission;
24 and

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

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

17 “(e) ADMINISTRATIVE PROVISIONS.—

18 “(1) COMPENSATION AND EXPENSES.—

19 “(A) CONGRESSIONAL MEMBERS.—Each
20 member of the Commission appointed under
21 subsection (b)(1) shall not receive any addi-
22 tional compensation, allowances, or benefits by
23 reason of their service on the Commission. Such
24 members shall receive travel expenses and per
25 diem in lieu of subsistence in accordance with

1 sections 5702 and 5703 of title 5, United
2 States Code.

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

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

21 “(2) MEETINGS AND QUORUM.—

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

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

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

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

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

13 “(3) DIRECTOR AND STAFF.—

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

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

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

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

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

1 “(f) POWERS.—

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

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

24 “(3) COST ESTIMATES.—

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

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

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

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

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

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

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

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

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

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

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

9 **“SEC. 16. RULE OF CONSTRUCTION.**

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

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

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

20 **“SEC. 18. SEVERABILITY.**

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

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

Passed the Senate September 26 (legislative day,
September 22), 2000.

Attest:

Secretary.

106TH CONGRESS
2D SESSION

S. 1929

AN ACT

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

S 1929 ES——2

S 1929 ES——3

S 1929 ES——4

S 1929 ES——5