

reimbursement of expenses under section 202, not to exceed then current Federal Government per diem rates, for a period ending not later than 5 years after the date of enactment of this Act.

(b) REIMBURSEMENT.—

(1) IN GENERAL.—The Council may reimburse the Secretary for any administrative service provided under subsection (a). The Secretary shall deposit any reimbursement received under this subsection into the Treasury to the credit of the appropriations then current and chargeable for the cost of providing such services.

(2) CONTINUATION OF CERTAIN ASSISTANCE.—Notwithstanding any other provision of this section, the Secretary is authorized to continue to provide facilities, and necessary support services for such facilities, to the Council after the date specified in subsection (a), on a space available, reimbursable cost basis.

SEC. 205. VOLUNTEER STATUS.

(a) IN GENERAL.—Notwithstanding any other provision of law, the Secretary may accept, without regard to the civil service classification laws, rules, or regulations, the services of the Council, the Board, and the officers and employees of the Board, without compensation from the Secretary, as volunteers in the performance of the functions authorized under this Act.

(b) INCIDENTAL EXPENSES.—The Secretary is authorized to provide for incidental expenses, including transportation, lodging, and subsistence to the officers and employees serving as volunteers under subsection (a).

SEC. 206. AUDITS, REPORT REQUIREMENTS, AND PETITION OF ATTORNEY GENERAL FOR EQUITABLE RELIEF.

(a) AUDITS.—The Council shall be subject to auditing and reporting requirements under section 10101 of title 36, United States Code, in the same manner as is a corporation under part B of that title.

(b) REPORT.—As soon as practicable after the end of each fiscal year, the Council shall transmit to Congress a report of its proceedings and activities during such year, including a full and complete statement of its receipts, expenditures, and investments.

(c) RELIEF WITH RESPECT TO CERTAIN COUNCIL ACTS OR FAILURE TO ACT.—If the Council—

(1) engages in, or threatens to engage in, any act, practice, or policy that is inconsistent with the purposes of the Council under section 201(b); or

(2) refuses, fails, or neglects to discharge the obligations of the Council under this Act, or threatens to do so; then the Attorney General of the United States may petition in the United States District Court for the District of Columbia for such equitable relief as may be necessary or appropriate.

SEC. 207. UNITED STATES RELEASE FROM LIABILITY.

The United States shall not be liable for any debts, defaults, acts, or omissions of the Council. The full faith and credit of the United States shall not extend to any obligation of the Council.

SEC. 208. GRANTS TO COUNCIL; TECHNICAL ASSISTANCE.

(a) GRANTS.—

(1) IN GENERAL.—Not less frequently than annually, the Secretary shall award a grant to the Council, to be used to carry out the purposes specified in section 201(b) in accordance with this section.

(2) GRANT AGREEMENTS.—As a condition to receiving a grant under this section, the secretary of the Board, with the approval of the Board, shall enter into an agreement with the Secretary that specifies the duties of the Council in carrying out the grant and the information that is required to be included in the agreement under paragraphs (3) and (4).

(3) MATCHING REQUIREMENTS.—Each agreement entered into under paragraph (2) shall specify that the Federal share of a grant under

this section shall be 80 percent of the cost of the activities funded under the grant. No amount may be made available to the Council for a grant under this section, unless the Council has raised an amount from private persons and State and local government agencies equivalent to the non-Federal share of the grant.

(4) PROHIBITION ON THE USE OF FEDERAL FUNDS FOR ADMINISTRATIVE EXPENSES.—Each agreement entered into under paragraph (2) shall specify that a reasonable amount of the Federal funds made available to the Council (under the grant that is the subject of the agreement or otherwise), but in no event more than 15 percent of such funds, may be used by the Council for administrative expenses of the Council, including salaries, travel and transportation expenses, and other overhead expenses.

(b) TECHNICAL ASSISTANCE.—

(1) IN GENERAL.—Each agency head listed in paragraph (2) shall provide to the Council such technical assistance as may be necessary for the Council to carry out the purposes specified in section 201(b).

(2) AGENCY HEADS.—The agency heads listed in this paragraph are as follows:

(A) The Secretary of Housing and Urban Development.

(B) The Secretary of the Interior.

(C) The Commissioner of Indian Affairs.

(D) The Assistant Secretary for Economic Development of the Department of Commerce.

(E) The Administrator of the Small Business Administration.

(F) The Administrator of the Rural Development Administration.

SEC. 209. AUTHORIZATION OF APPROPRIATIONS.

(a) AUTHORIZATION.—There are authorized to be appropriated to the Department of the Interior, \$10,000,000 for each of fiscal years 2002, 2003, 2004, 2005, and 2006, to be used in accordance with section 208.

(b) ADDITIONAL AUTHORIZATION.—The amounts authorized to be appropriated under this section are in addition to any amounts provided or available to the Council under any other provision of Federal law.

Mr. GORTON. I ask unanimous consent that the committee substitute be agreed to, the bill be considered read the third time and passed, the motion to reconsider be laid upon the table, and any statements be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (S. 1658), as amended, was considered read the third time and passed.

NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT ACT

Mr. GORTON. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of Calendar No. 765, S. 1929.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 1929) a bill to amend the Native Hawaiian Health Care Improvement Act to revise and extend such Act.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Indian Affairs, with an amendment to strike all after the enacting clause and insert the part printed in italic.

SECTION 1. SHORT TITLE.

This Act may be cited as the "Native Hawaiian Health Care Improvement Act Reauthorization of 2000".

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

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

"SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

"(a) SHORT TITLE.—This Act may be cited as the 'Native Hawaiian Health Care Improvement Act'.

"(b) TABLE OF CONTENTS.—The table of contents 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.

"SEC. 2. FINDINGS.

"(a) GENERAL FINDINGS.—Congress makes the following findings:

"(1) Native Hawaiians begin their story with the Kumulipo which details the creation and inter-relationship of all things, including their involvement as healthy and well people.

"(2) Native Hawaiians are a distinct and unique indigenous peoples with a historical continuity to the original inhabitants of the Hawaiian archipelago within Ke Moananui, the Pacific Ocean, and have a distinct society organized almost 2,000 years ago.

"(3) The health and well-being of Native Hawaiians are intrinsically tied to their deep feelings and attachment to their lands and seas.

"(4) The long-range economic and social changes in Hawaii over the 19th and early 20th centuries have been devastating to the health and well-being of Native Hawaiians.

"(5) Native Hawaiians have never directly relinquished to the United States their claims to their inherent sovereignty as a people or over their national territory, either through their monarchy or through a plebiscite or referendum.

"(6) The Native Hawaiian people are determined to preserve, develop and transmit to future generations their ancestral territory, and their cultural identity in accordance with their own spiritual and traditional beliefs, customs, practices, language, and social institutions. In referring to themselves, Native Hawaiians use the term 'Kanaka Maoli', a term frequently used in the 19th century to describe the native people of Hawaii.

"(7) The constitution and statutes of the State of Hawaii—

"(A) acknowledge the distinct land rights of Native Hawaiian people as beneficiaries of the public lands trust; and

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

"(8) At the time of the arrival of the first non-indigenous peoples in Hawaii in 1778, the Native Hawaiian people lived in a highly organized, self-sufficient, subsistence social system based

on communal land tenure with a sophisticated language, culture, and religion.

“(9) A unified monarchical government of the Hawaiian Islands was established in 1810 under Kamehameha I, the first King of Hawaii.

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

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

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

“(C) entered into treaties and conventions with the Hawaiian monarchs to govern commerce and navigation in 1826, 1842, 1849, 1875 and 1887.

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

“(12) In pursuance of that conspiracy, the United States Minister and the naval representative of the United States caused armed naval forces of the United States to invade the sovereign Hawaiian Nation in support of the overthrow of the indigenous and lawful Government of Hawaii and the United States Minister thereupon extended diplomatic recognition of a provisional government formed by the conspirators without the consent of the native people of Hawaii or the lawful Government of Hawaii in violation of treaties between the 2 nations and of international law.

“(13) In a message to Congress on December 18, 1893, then President Grover Cleveland reported fully and accurately on these illegal actions, and acknowledged that by these acts, described by the President as acts of war, the government of a peaceful and friendly people was overthrown, and the President concluded that a substantial wrong has thus been done which a due regard for our national character as well as the rights of the injured people required that we should endeavor to repair’.

“(14) Queen Lili’uokalani, the lawful monarch of Hawaii, and the Hawaiian Patriotic League, representing the aboriginal citizens of Hawaii, promptly petitioned the United States for redress of these wrongs and for restoration of the indigenous government of the Hawaiian nation, but this petition was not acted upon.

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

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

“(17) Through the Newlands Resolution and the 1900 Organic Act, the Congress received 1,750,000 acres of lands formerly owned by the Crown and Government of the Hawaiian Kingdom and exempted the lands from then existing public land laws of the United States by mandating that the revenue and proceeds from these lands be ‘used solely for the benefit of the inhabitants of the Hawaiian Islands for education and other public purposes’, thereby establishing a special trust relationship between the United States and the inhabitants of Hawaii.

“(18) In 1921, Congress enacted the Hawaiian Homes Commission Act, 1920, which designated 200,000 acres of the ceded public lands for exclusive homesteading by Native Hawaiians, thereby affirming the trust relationship between the

United States and the Native Hawaiians, as expressed by then Secretary of the Interior Franklin K. Lane who was cited in the Committee Report of the Committee on Territories of the House of Representatives as stating, ‘One thing that impressed me . . . was the fact that the natives of the islands . . . for whom in a sense we are trustees, are falling off rapidly in numbers and many of them are in poverty.’

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

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

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

“(22) In 1978, the people of Hawaii amended their Constitution to establish the Office of Hawaiian Affairs and assigned to that body the authority to accept and hold real and personal property transferred from any source in trust for the Native Hawaiian people, to receive payments from the State of Hawaii due to the Native Hawaiian people in satisfaction of the pro rata share of the proceeds of the Public Land Trust created under section 5 of the Admission Act of 1959 (Public Law 83-3), to act as the lead State agency for matters affecting the Native Hawaiian people, and to formulate policy on affairs relating to the Native Hawaiian people.

“(23) The authority of the Congress under the Constitution to legislate in matters affecting the aboriginal or indigenous peoples of the United States includes the authority to legislate in matters affecting the native peoples of Alaska and Hawaii.

“(24) The United States has recognized the authority of the Native Hawaiian people to continue to work towards an appropriate form of sovereignty as defined by the Native Hawaiian people themselves in provisions set forth in legislation returning the Hawaiian Island of Kaho’olawe to custodial management by the State of Hawaii in 1994.

“(25) In furtherance of the trust responsibility for the betterment of the conditions of Native Hawaiians, the United States has established a program for the provision of comprehensive health promotion and disease prevention services to maintain and improve the health status of the Hawaiian people. This program is conducted by the Native Hawaiian Health Care Systems, the Native Hawaiian Health Scholarship Program and Papa Ola Lokahi. Health initiatives from these and other health institutions and agencies using Federal assistance have been responsible for reducing the century-old morbidity and mortality rates of Native Hawaiian people by providing comprehensive disease prevention, health promotion activities and increasing the number of Native Hawaiians in the

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

“(26) This historical and unique legal relationship has been consistently recognized and affirmed by Congress through the enactment of Federal laws which extend to the Native Hawaiian people the same rights and privileges accorded to American Indian, Alaska Native, Eskimo, and Aleut communities, including the Native American Programs Act of 1974 (42 U.S.C. 2991 et seq.), the American Indian Religious Freedom Act (42 U.S.C. 1996), the National Museum of the American Indian Act (20 U.S.C. 80q et seq.), and the Native American Graves Protection and Repatriation Act (25 U.S.C. 3001 et seq.).

“(27) The United States has also recognized and reaffirmed the trust relationship to the Native Hawaiian people through legislation which authorizes the provision of services to Native Hawaiians, specifically, the Older Americans Act of 1965 (42 U.S.C. 3001 et seq.), the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1987, the Veterans’ Benefits and Services Act of 1988, the Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.), the Native Hawaiian Health Care Act of 1988 (Public Law 100-579), the Health Professions Reauthorization Act of 1988, the Nursing Shortage Reduction and Education Extension Act of 1988, the Handicapped Programs Technical Amendments Act of 1988, the Indian Health Care Amendments of 1988, and the Disadvantaged Minority Health Improvement Act of 1990.

“(28) The United States has also affirmed the historical and unique legal relationship to the Hawaiian people by authorizing the provision of services to Native Hawaiians to address problems of alcohol and drug abuse under the Anti-Drug Abuse Act of 1986 (Public Law 99-570).

“(29) Further, the United States has recognized that Native Hawaiians, as aboriginal, indigenous, native peoples of Hawaii, are a unique population group in Hawaii and in the continental United States and has so declared in Office of Management and Budget Circular 15 in 1997 and Presidential Executive Order No. 13125, dated June 7, 1999.

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

“(b) UNMET NEEDS AND HEALTH DISPARITIES.—Congress finds that the unmet needs and serious health disparities that adversely affect the Native Hawaiian people include the following:

“(I) CHRONIC DISEASE AND ILLNESS.—

“(A) CANCER.—

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

“(I) Native Hawaiians have the highest cancer mortality rates in the State of Hawaii (231.0 out of every 100,000 residents), 45 percent higher than that for the total State population (159.7 out of every 100,000 residents);

“(II) Native Hawaiian males have the highest cancer mortality rates in the State of Hawaii for cancers of the lung, liver and pancreas and for all cancers combined;

“(III) Native Hawaiian females ranked highest in the State of Hawaii for cancers of the lung, liver, pancreas, breast, cervix uteri, corpus uteri, stomach, and rectum, and for all cancers combined;

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

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

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

“(I) Native Hawaiians have the highest mortality rates in the State of Hawaii from breast cancer (37.96 out of every 100,000 residents), which is 25 percent higher than that for Caucasian Americans (30.25 out of every 100,000 residents) and 106 percent higher than that for Chinese Americans (18.39 out of every 100,000 residents); and

“(II) nationally, Native Hawaiians have the third highest mortality rates due to breast cancer (25.0 out of every 100,000 residents) following African Americans (31.4 out of every 100,000 residents) and Caucasian Americans (27.0 out of every 100,000 residents).

“(iii) CANCER OF THE CERVIX.—Native Hawaiians have the highest mortality rates from cancer of the cervix in the State of Hawaii (3.82 out of every 100,000 residents) followed by Filipino Americans (3.33 out of every 100,000 residents) and Caucasian Americans (2.61 out of every 100,000 residents).

“(iv) LUNG CANCER.—Native Hawaiians have the highest mortality rates from lung cancer in the State of Hawaii (90.70 out of every 100,000 residents), which is 61 percent higher than Caucasian Americans, who rank second and 161 percent higher than Japanese Americans, who rank third.

“(v) PROSTATE CANCER.—Native Hawaiian males have the second highest mortality rates due to prostate cancer in the State of Hawaii (25.86 out of every 100,000 residents) with Caucasian Americans having the highest mortality rate from prostate cancer (30.55 out of every 100,000 residents).

“(B) DIABETES.—With respect to diabetes, for the years 1989 through 1991—

“(i) Native Hawaiians had the highest mortality rate due to diabetes mellitus (34.7 out of every 100,000 residents) in the State of Hawaii which is 130 percent higher than the statewide rate for all other races (15.1 out of every 100,000 residents);

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

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

“(C) ASTHMA.—With respect to asthma—

“(i) in 1990, Native Hawaiians comprised 44 percent of all asthma cases in the State of Hawaii for those 18 years of age and younger, and 35 percent of all asthma cases reported; and

“(ii) in 1992, the Native Hawaiian rate for asthma was 81.7 out of every 1000 residents, which was 73 percent higher than the rate for the total statewide population of 47.3 out of every 1000 residents.

“(D) CIRCULATORY DISEASES.—

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

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

“(II) Native Hawaiian males have the greatest years of productive life lost in the State of Hawaii where Native Hawaiian males lose an average of 15.5 years and Native Hawaiian females lose an average of 8.2 years due to heart disease, as compared to 7.5 years for all males in the State of Hawaii and 6.4 years for all females.

“(ii) HYPERTENSION.—The death rate for Native Hawaiians from hypertension (3.5 out of every 100,000 residents) is 84 percent higher than that for the entire State (1.9 out of every 100,000 residents).

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

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

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

“(A) the death rate for Native Hawaiians from injuries (38.8 out of every 100,000 residents) is 45 percent higher than that for the entire State (26.8 out of every 100,000 residents);

“(B) Native Hawaiian males lose an average of 14 years of productive life lost from injuries as compared to 9.8 years for all other males in Hawaii; and

“(C) Native Hawaiian females lose an average of 4 years of productive life lost from injuries but this rate is the highest rate among all females in the State of Hawaii.

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

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

“(B) the average number of decayed or filled primary teeth for Native Hawaiian children ages 5 through 9 years was 4.3 as compared with 3.7 for the entire State of Hawaii and 1.9 for the United States; and

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

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

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

“(B) between 1910 and 1980, the life expectancy of Native Hawaiians from birth has ranged from 5 to 10 years less than that of the overall State population average; and

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

“(6) MATERNAL AND CHILD HEALTH.—

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

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

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

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

“(iv) in every region of the State of Hawaii, many Native Hawaiian newborns begin life in a potentially hazardous circumstance, 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;

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

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

“(v) in 1996, of the births in this same group, 48 percent were Native Hawaiian.

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

“(7) MENTAL HEALTH.—

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

“(i) Native Hawaiians represent 38 percent of the total admissions to Department of Health, Alcohol, Drugs and Other Drugs, funded substance abuse treatment programs;

“(ii) in 1997, the prevalence of cigarette smoking by Native Hawaiians was 28.5 percent, a rate that is 53 percent higher than that for all other races in the State of Hawaii which is 18.6 percent;

“(iii) Native Hawaiians have the highest prevalence rates of acute alcohol drinking (31 percent), a rate that is 79 percent higher than that for all other races in the State of Hawaii;

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

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

“(vi) nine percent of the Native Hawaiian adults surveyed reported that they are current users (within the past year) of marijuana, compared with 6 percent for all other races in the State of Hawaii.

“(B) CRIME.—With respect to crime—

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

“(ii) Native Hawaiian juveniles comprised a third of all juvenile arrests in 1996;

“(iii) In 1996, Native Hawaiians represented 21 percent of the 8,000 adults arrested for violent crimes in the State of Hawaii, and 38 percent of the 4,066 juvenile arrests;

“(iv) Native Hawaiians are over-represented in the prison population in Hawaii;

“(v) in 1995 and 1996 Native Hawaiians comprised 36.5 percent of the sentenced felon prison population in Hawaii, as compared to 20.5 percent for Caucasian Americans, 3.7 percent for Japanese Americans, and 6 percent for Chinese Americans;

“(vi) in 1995 and 1996 Native Hawaiians made up 45.4 percent of the technical violator population, and at the Hawaii Youth Correctional Facility, Native Hawaiians constituted 51.6 percent of all detainees in fiscal year 1997; and

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

“(8) HEALTH PROFESSIONS EDUCATION AND TRAINING.—With respect to health professions education and training—

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

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

“(C) in fiscal year 1997, Native Hawaiians comprised 8 percent of those individuals who earned Bachelor's Degrees, 14 percent of those individuals who earned professional diplomas, 6

percent of those individuals who earned Master's Degrees, and less than 1 percent of individuals who earned doctoral degrees at the University of Hawaii.

“SEC. 3. DEFINITIONS.

“In this Act:

“(1) DEPARTMENT.—The term ‘department’ means the Department of Health and Human Services.

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

“(A) immunizations;

“(B) control of high blood pressure;

“(C) control of sexually transmittable diseases;

“(D) prevention and control of chronic diseases;

“(E) control of toxic agents;

“(F) occupational safety and health;

“(G) injury prevention;

“(H) fluoridation of water;

“(I) control of infectious agents; and

“(J) provision of mental health care.

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

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

“(B) cessation of tobacco smoking;

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

“(D) improvement of nutrition;

“(E) improvement in physical fitness;

“(F) family planning;

“(G) control of stress;

“(H) reduction of major behavioral risk factors and promotion of healthy lifestyle practices; and

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

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

“(A) genealogical records,

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

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

“(5) NATIVE HAWAIIAN HEALTH CARE SYSTEM.—The term ‘Native Hawaiian health care system’ means an entity—

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

“(B) which provides or arranges for health care services through practitioners licensed by the State of Hawaii, where licensure requirements are applicable;

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

“(D) in which Native Hawaiian health practitioners significantly participate in the planning, management, monitoring, and evaluation of health care services;

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

“(F) which is—

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

“(ii) certified by Papa Ola Lokahi as having the qualifications and the capacity to provide the services and meet the requirements under the contract the Native Hawaiian health care system enters into with the Secretary or the grant the Native Hawaiian health care system receives from the Secretary pursuant to this Act.

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

“(A) has a governing board that is composed of individuals, at least 50 percent of whom are Native Hawaiians;

“(B) has demonstrated cultural competency in a predominantly Native Hawaiian community;

“(C) serves a patient population that—

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

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

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

“(7) NATIVE HAWAIIAN HEALTH TASK FORCE.—The term ‘Native Hawaiian Health Task Force’ means a task force established by the State Council of Hawaiian Homestead Associations to implement health and wellness strategies in Native Hawaiian communities.

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

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

“(B) which is—

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

“(ii) a public or nonprofit private entity.

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

“(10) PAPA OLA LOKAHI.—

“(A) IN GENERAL.—The term ‘Papa Ola Lokahi’ means an organization that is composed of public agencies and private organizations focusing on improving the health status of Native Hawaiians. Board members of such organization may include representation from—

“(i) E Ola Mau;

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

“(iii) Alu Like, Inc.;

“(iv) the University of Hawaii;

“(v) the Hawaii State Department of Health;

“(vi) the Kamehameha Schools, or other Native Hawaiian organization responsible for the administration of the Native Hawaiian Health Scholarship Program;

“(vii) the Hawaii State Primary Care Association, or Native Hawaiian Health Centers whose patient populations are predominantly Native Hawaiian;

“(viii) Ahaui O Na Kauka, the Native Hawaiian Physicians Association;

“(ix) Ho‘ola Lahui Hawaii, or a health care system serving the islands of Kaua‘i or Ni‘ihau, and which may be composed of as many health care centers as are necessary to meet the health care needs of the Native Hawaiians of those islands;

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

“(xi) Na Pu‘uwai or a health care system serving the islands of Moloka‘i or Lana‘i, and which may be composed of as many health care centers as are necessary to meet the health care needs of the Native Hawaiians of those islands;

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

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

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

“(xv) such other member organizations as the Board of Papa Ola Lokahi will admit from time to time, based upon satisfactory demonstration of a record of contribution to the health and well-being of Native Hawaiians.

“(B) LIMITATION.—Such term does not include any organization described in subparagraph (A) if the Secretary determines that such organization has not developed a mission statement with clearly defined goals and objectives for the contributions the organization will make to the Native Hawaiian health care systems, the national policy as set forth in section 4, and an action plan for carrying out those goals and objectives.

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

“(A) services of physicians, physicians’ assistants, nurse practitioners, and other health professionals;

“(B) diagnostic laboratory and radiologic services;

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

“(D) emergency medical services;

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

“(F) preventive dental services;

“(G) pharmaceutical and medicament services;

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

“(I) complimentary healing practices, including those performed by traditional Native Hawaiian healers.

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

“(13) TRADITIONAL NATIVE HAWAIIAN HEALER.—The term ‘traditional Native Hawaiian healer’ means a practitioner—

“(A) who—

“(i) is of Native Hawaiian ancestry; and

“(ii) has the knowledge, skills, and experience in direct personal health care of individuals; and

“(B) whose knowledge, skills, and experience are based on demonstrated learning of Native Hawaiian healing practices acquired by—

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

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

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

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

“(1) to raise the health status of Native Hawaiians to the highest possible health level; and

“(2) to provide existing Native Hawaiian health care programs with all resources necessary to effectuate this policy.

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

“(1) health care programs having a demonstrated effect of substantially reducing or eliminating the over-representation of Native Hawaiians among those suffering from chronic and acute disease and illness and addressing the health needs, including perinatal, early child development, and family-based health education, of Native Hawaiians shall be established and implemented; and

“(2) the Nation raise the health status of Native Hawaiians by the year 2010 to at least the levels set forth in the goals contained within Healthy People 2010 or successor standards and to incorporate within health programs, activities defined and identified by Kanaka Maoli which may include—

“(A) incorporating and supporting the integration of cultural approaches to health and well-being, including programs using traditional

practices relating to the atmosphere (*lewa lani*), land (*aina*), water (*wai*), or ocean (*kai*);

“(B) increasing the number of health and allied-health care providers who are trained to provide culturally competent care to Native Hawaiians;

“(C) increasing the use of traditional Native Hawaiian foods in peoples’ diets and dietary preferences including those of students and the use of these traditional foods in school feeding programs;

“(D) identifying and instituting Native Hawaiian cultural values and practices within the ‘corporate cultures’ of organizations and agencies providing health services to Native Hawaiians;

“(E) facilitating the provision of Native Hawaiian healing practices by Native Hawaiian healers for those clients desiring such assistance; and

“(F) supporting training and education activities and programs in traditional Native Hawaiian healing practices by Native Hawaiian healers.

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

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

“(a) DEVELOPMENT.—

“(1) IN GENERAL.—The Secretary may make a grant to, or enter into a contract with, Papa Ola Lokahi for the purpose of coordinating, implementing and updating a Native Hawaiian comprehensive health care master plan designed to promote comprehensive health promotion and disease prevention services and to maintain and improve the health status of Native Hawaiians, and to support community-based initiatives that are reflective of holistic approaches to health.

“(2) CONSULTATION.—

“(A) IN GENERAL.—Papa Ola Lokahi and the Office of Hawaiian Affairs shall consult with the Native Hawaiian health care systems, Native Hawaiian health centers, and the Native Hawaiian community in carrying out this section.

“(B) MEMORANDA OF UNDERSTANDING.—Papa Ola Lokahi and the Office of Hawaiian Affairs may enter into memoranda of understanding or agreement for the purposes of acquiring joint funding and for other issues as may be necessary to accomplish the objectives of this section.

“(3) HEALTH CARE FINANCING STUDY REPORT.—Not later than 18 months after the date of enactment of this Act, Papa Ola Lokahi in cooperation with the Office of Hawaiian Affairs and other appropriate agencies of the State of Hawaii, including the Department of Health and the Department of Human Services and the Native Hawaiian health care systems and Native Hawaiian health centers, shall submit to Congress a report detailing the impact of current Federal and State health care financing mechanisms and policies on the health and well-being of Native Hawaiians. Such report shall include—

“(A) information concerning the impact of cultural competency, risk assessment data, eligibility requirements and exemptions, and reimbursement policies and capitation rates currently in effect for service providers;

“(B) any other such information as may be important to improving the health status of Native Hawaiians as such information relates to health care financing including barriers to health care; and

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

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

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

“(a) RESPONSIBILITY.—Papa Ola Lokahi shall be responsible for the—

“(1) coordination, implementation, and updating, as appropriate, of the comprehensive health care master plan developed pursuant to section 5;

“(2) training for the persons described in subparagraphs (B) and (C) of section 7(c)(1);

“(3) identification of and research into the diseases that are most prevalent among Native Hawaiians, including behavioral, biomedical, epidemiological, and health services;

“(4) development and maintenance of an institutional review board for all research projects involving all aspects of Native Hawaiian health, including behavioral, biomedical, epidemiological, and health services studies; and

“(5) the maintenance of an action plan outlining the contributions that each member organization of Papa Ola Lokahi will make in carrying out the policy of this Act.

“(b) SPECIAL PROJECT FUNDS.—Papa Ola Lokahi may receive special project funds that may be appropriated for the purpose of research on the health status of Native Hawaiians or for the purpose of addressing the health care needs of Native Hawaiians.

“(c) CLEARINGHOUSE.—

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

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

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

“(C) the availability of Native Hawaiian project funds, research projects and publications;

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

“(E) the timely dissemination of information pertinent to the Native Hawaiian health care systems.

“(2) CONSULTATION.—The Secretary shall provide Papa Ola Lokahi and the Office of Hawaiian Affairs, at least once annually, an accounting of funds and services provided to States and to nonprofit groups and organizations from the Department for the purposes set forth in section 4. Such accounting shall include—

“(A) the amount of funds expended explicitly for and benefiting Native Hawaiians;

“(B) the number of Native Hawaiians impacted by these funds;

“(C) the identification of collaborations made with Native Hawaiian groups and organizations in the expenditure of these funds; and

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

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

“(1) RECOMMENDATIONS.—Papa Ola Lokahi shall provide annual recommendations to the Secretary with respect to the allocation of all amounts appropriated under this Act.

“(2) COORDINATION.—Papa Ola Lokahi shall, to the maximum extent possible, coordinate and assist the health care programs and services provided to Native Hawaiians.

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

“(e) TECHNICAL SUPPORT.—Papa Ola Lokahi may act as a statewide infrastructure to provide technical support and coordination of training and technical assistance to the Native Hawaiian health care systems and to Native Hawaiian health centers.

“(f) RELATIONSHIPS WITH OTHER AGENCIES.—

“(1) AUTHORITY.—Papa Ola Lokahi may enter into agreements or memoranda of understanding with relevant institutions, agencies or organiza-

tions that are capable of providing health-related resources or services to Native Hawaiians and the Native Hawaiian health care systems or of providing resources or services for the implementation of the National policy as set forth in section 4.

“(2) HEALTH CARE FINANCING.—

“(A) FEDERAL CONSULTATION.—Federal agencies providing health care financing and carrying out health care programs, including the Health Care Financing Administration, shall consult with Native Hawaiians and organizations providing health care services to Native Hawaiians prior to the adoption of any policy or regulation that may impact on the provision of services or health insurance coverage. Such consultation shall include the identification of the impact of any proposed policy, rule, or regulation.

“(B) STATE CONSULTATION.—The State of Hawaii shall engage in meaningful consultation with Native Hawaiians and organizations providing health care services to Native Hawaiians in the State of Hawaii prior to making any changes or initiating new programs.

“(C) CONSULTATION ON FEDERAL HEALTH INSURANCE PROGRAMS.

“(i) IN GENERAL.—The Office of Hawaiian Affairs, in collaboration with Papa Ola Lokahi, may develop consultative, contractual or other arrangements, including memoranda of understanding or agreement, with—

“(I) the Health Care Financing Administration;

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

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

“(ii) CONTENTS OF ARRANGEMENTS.—Arrangements under clause (i) may address—

“(I) appropriate reimbursement for health care services including capitation rates and fee-for-service rates for Native Hawaiians who are entitled to or eligible for insurance;

“(II) the scope of services; or

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

“(3) TRADITIONAL HEALERS.—The provision of health services under any program operated by the Department or another Federal agency including the Department of Veterans Affairs, may include the services of ‘traditional Native Hawaiian healers’ as defined in this Act or ‘traditional healers’ providing ‘traditional health care practices’ as defined in section 4(r) of Public Law 94-437. Such services shall be exempt from national accreditation reviews, including reviews conducted by the Joint Accreditation Commission on Health Organizations and the Rehabilitation Accreditation Commission.

“SEC. 7. NATIVE HAWAIIAN HEALTH CARE.

“(a) COMPREHENSIVE HEALTH PROMOTION, DISEASE PREVENTION, AND PRIMARY HEALTH SERVICES.—

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

“(2) PREFERENCE.—In making grants and entering into contracts under this subsection, the Secretary shall give preference to Native Hawaiian health care systems and Native Hawaiian organizations and, to the extent feasible, health promotion and disease prevention services shall

be performed through Native Hawaiian health care systems.

“(3) **QUALIFIED ENTITY.**—An entity is a qualified entity for purposes of paragraph (1) if the entity is a Native Hawaiian health care system or a Native Hawaiian Center.

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

“(b) **PLANNING GRANT OR CONTRACT.**—In addition to grants and contracts under subsection (a), the Secretary may make a grant to, or enter into a contract with, Papa Ola Lokahi for the purpose of planning Native Hawaiian health care systems to serve the health needs of Native Hawaiian communities on each of the islands of O’ahu, Moloka’i, Maui, Hawai’i, Lana’i, Kaua’i, and Ni’ihau in the State of Hawaii.

“(c) **SERVICES TO BE PROVIDED.**—

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

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

“(B) Education in health promotion and disease prevention of the Native Hawaiian population by, wherever possible, Native Hawaiian health care practitioners, community outreach workers, counselors, and cultural educators.

“(C) Services of physicians, physicians’ assistants, nurse practitioners or other health and allied-health professionals.

“(D) Immunizations.

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

“(F) Pregnancy and infant care.

“(G) Improvement of nutrition.

“(H) Identification, treatment, control, and reduction of the incidence of preventable illnesses and conditions endemic to Native Hawaiians.

“(I) Collection of data related to the prevention of diseases and illnesses among Native Hawaiians.

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

“(K) Support of culturally appropriate activities enhancing health and wellness including land-based, water-based, ocean-based, and spiritually-based projects and programs.

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

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

“(e) **SITE FOR OTHER FEDERAL PAYMENTS.**—A Native Hawaiian health care system that receives funds under subsection (a) shall provide a designated area and appropriate staff to serve as a Federal loan repayment facility. Such facility shall be designed to enable health and allied-health professionals to remit payments with respect to loans provided to such professionals under any Federal loan program.

“(f) **RESTRICTION ON USE OF GRANT AND CONTRACT FUNDS.**—The Secretary may not make a grant to, or enter into a contract with, an entity under subsection (a) unless the entity agrees that amounts received under such grant or contract will not, directly or through contract, be expended—

“(1) for any services other than the services described in subsection (c)(1); or

“(2) to purchase or improve real property (other than minor remodeling of existing improvements to real property) or to purchase major medical equipment.

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

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

“(2) the entity will impose a charge for the delivery of health services, and such charge—

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

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

“(h) **AUTHORIZATION OF APPROPRIATIONS.**—

“(1) **GENERAL GRANTS.**—There is authorized to be appropriated such sums as may be necessary for each of fiscal years 2001 through 2011 to carry out subsection (a).

“(2) **PLANNING GRANTS.**—There is authorized to be appropriated such sums as may be necessary for each of fiscal years 2001 through 2011 to carry out subsection (b).

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

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

“(1) coordination, implementation, and updating (as appropriate) of the comprehensive health care master plan developed pursuant to section 5;

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

“(3) identification of and research into the diseases that are most prevalent among Native Hawaiians, including behavioral, biomedical, epidemiologic, and health services;

“(4) the maintenance of an action plan outlining the contributions that each member organization of Papa Ola Lokahi will make in carrying out the policy of this Act;

“(5) a clearinghouse function for—

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

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

“(C) the availability of Native Hawaiian project funds, research projects and publications;

“(6) the establishment and maintenance of an institutional review board for all health-related research involving Native Hawaiians;

“(7) the coordination of the health care programs and services provided to Native Hawaiians; and

“(8) the administration of special project funds.

“(b) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated such sums as may be necessary for each of fiscal years 2001 through 2011 to carry out subsection (a).

“SEC. 9. ADMINISTRATION OF GRANTS AND CONTRACTS.

“(a) **TERMS AND CONDITIONS.**—The Secretary shall include in any grant made or contract entered into under this Act such terms and conditions as the Secretary considers necessary or appropriate to ensure that the objectives of such grant or contract are achieved.

“(b) **PERIODIC REVIEW.**—The Secretary shall periodically evaluate the performance of, and compliance with, grants and contracts under this Act.

“(c) **ADMINISTRATIVE REQUIREMENTS.**—The Secretary may not make a grant or enter into a contract under this Act with an entity unless the entity—

“(1) agrees to establish such procedures for fiscal control and fund accounting as may be necessary to ensure proper disbursement and accounting with respect to the grant or contract;

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

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

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

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

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

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

“(i) the entity has entered into a participation agreement under such plans; and

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

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

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

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

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

“(d) **CONTRACT EVALUATION.**—

“(1) **DETERMINATION OF NONCOMPLIANCE.**—If, as a result of evaluations conducted by the Secretary, the Secretary determines that an entity has not complied with or satisfactorily performed a contract entered into under section 7, the Secretary shall, prior to renewing such contract, attempt to resolve the areas of noncompliance or unsatisfactory performance and modify such contract to prevent future occurrences of such noncompliance or unsatisfactory performance.

“(2) **NONRENEWAL.**—If the Secretary determines that the noncompliance or unsatisfactory performance described in paragraph (1) with respect to an entity cannot be resolved and prevented in the future, the Secretary shall not renew the contract with such entity and may enter into a contract under section 7 with another entity referred to in subsection (a)(3) of such section that provides services to the same population of Native Hawaiians which is served by the entity whose contract is not renewed by reason of this paragraph.

“(3) **CONSIDERATION OF RESULTS.**—In determining whether to renew a contract entered into with an entity under this Act, the Secretary shall consider the results of the evaluations conducted under this section.

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

“(5) **PAYMENTS.**—Payments made under any contract entered into under this Act may be made in advance, by means of reimbursement, or in installments and shall be made on such conditions as the Secretary deems necessary to carry out the purposes of this Act.

“(e) REPORT.—

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

“(A) on the activities conducted by the entity under the grant or contract;

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

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

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

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

“SEC. 10. ASSIGNMENT OF PERSONNEL.

“(a) IN GENERAL.—The Secretary may enter into an agreement with any entity under which the Secretary may assign personnel of the Department of Health and Human Services with expertise identified by such entity to such entity on detail for the purposes of providing comprehensive health promotion and disease prevention services to Native Hawaiians.

“(b) APPLICABLE FEDERAL PERSONNEL PROVISIONS.—Any assignment of personnel made by the Secretary under any agreement entered into under subsection (a) shall be treated as an assignment of Federal personnel to a local government that is made in accordance with subchapter VI of chapter 33 of title 5, United States Code.

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

“(a) ELIGIBILITY.—Subject to the availability of amounts appropriated under subsection (c), the Secretary shall provide funds through a direct grant or a cooperative agreement to Kamehameha Schools or another Native Hawaiian organization or health care organization with experience in the administration of educational scholarships or placement services for the purpose of providing scholarship assistance to students who—

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

“(2) are Native Hawaiians.

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

“(c) TERMS AND CONDITIONS.—

“(1) IN GENERAL.—The scholarship assistance under subsection (a) shall be provided under the same terms and subject to the same conditions, regulations, and rules as apply to scholarship assistance provided under section 338A of the Public Health Service Act (except as provided for in paragraph (2)), except that—

“(A) the provision of scholarships in each type of health care profession training shall correspond to the need for each type of health care professional to serve the Native Hawaiian community as identified by Papa Ola Lokahi;

“(B) to the maximum extent practicable, the Secretary shall select scholarship recipients from a list of eligible applicants submitted by the Kamehameha Schools or the Native Hawaiian organization administering the program;

“(C) the obligated service requirement for each scholarship recipient (except for those receiving assistance under paragraph (2)) shall be fulfilled through service, in order of priority, in—

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

“(ii) health professions shortage areas, medically underserved areas, or geographic areas or

facilities similarly designated by the United States Public Health Service in the State of Hawaii; or

“(iii) a geographical area, facility, or organization that serves a significant Native Hawaiian population;

“(D) the scholarship's placement service shall assign Native Hawaiian scholarship recipients to appropriate sites for service.

“(E) the provision of counseling, retention and other support services shall not be limited to scholarship recipients, but shall also include recipients of other scholarship and financial aid programs enrolled in appropriate health professions training programs.

“(F) financial assistance may be provided to scholarship recipients in those health professions designated in such section 338A of the Public Health Service Act while they are fulfilling their service requirement in any one of the Native Hawaiian health care systems or community health centers.

“(2) FELLOWSHIPS.—Financial assistance through fellowships may be provided to Native Hawaiian community health representatives, outreach workers, and health program administrators in professional training programs, and to Native Hawaiians in certificated programs provided by traditional Native Hawaiian healers in any of the traditional Native Hawaiian healing practices including lomi-lomi, la'au lapa'au, and ho'oponopono. Such assistance may include a stipend or reimbursement for costs associated with participation in the program.

“(3) RIGHTS AND BENEFITS.—Scholarship recipients in health professions designated in section 338A of the Public Health Service Act while fulfilling their service requirements shall have all the same rights and benefits of members of the National Health Service Corps during their period of service.

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

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary for each of fiscal years 2001 through 2011 for the purpose of funding the scholarship assistance program under subsection (a) and fellowship assistance under subsection (c)(2).

“SEC. 12. REPORT.

“The President shall, at the time the budget is submitted under section 1105 of title 31, United States Code, for each fiscal year transmit to Congress a report on the progress made in meeting the objectives of this Act, including a review of programs established or assisted pursuant to this Act and an assessment and recommendations of additional programs or additional assistance necessary to, at a minimum, provide health services to Native Hawaiians, and ensure a health status for Native Hawaiians, which are at a parity with the health services available to, and the health status of, the general population.

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

“(a) IN GENERAL.—The Secretary shall permit organizations that receive contracts or grants under this Act, in carrying out such contracts or grants, to use existing facilities and all equipment therein or under the jurisdiction of the Secretary under such terms and conditions as may be agreed upon for the use and maintenance of such facilities or equipment.

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

“(c) ACQUISITION OF SURPLUS PROPERTY.—The Secretary may acquire excess or surplus

Federal Government personal or real property for donation to organizations that receive contracts or grants under this Act if the Secretary determines that the property is appropriate for the use by the organization for the purpose for which a contract or grant is authorized under this Act.

“SEC. 14. DEMONSTRATION PROJECTS OF NATIONAL SIGNIFICANCE.

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

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

“(2) the education of health professionals, and other individuals in institutions of higher learning, in health and allied health programs in healing practices, including Native Hawaiian healing practices;

“(3) the integration of Western medicine with complementary healing practices including traditional Native Hawaiian healing practices;

“(4) the use of tele-wellness and telecommunications in chronic disease management and health promotion and disease prevention;

“(5) the development of appropriate models of health care for Native Hawaiians and other indigenous peoples including the provision of culturally competent health services, related activities focusing on wellness concepts, the development of appropriate kupuna care programs, and the development of financial mechanisms and collaborative relationships leading to universal access to health care; and

“(6) the establishment of a Native Hawaiian Center of Excellence for Nursing at the University of Hawaii at Hilo, a Native Hawaiian Center of Excellence for Mental Health at the University of Hawaii at Manoa, a Native Hawaiian Center of Excellence for Maternal Health and Nutrition at the Waimanalo Health Center, and a Native Hawaiian Center of Excellence for Research, Training, Integrated Medicine at Molokai General Hospital and a Native Hawaiian Center of Excellence for Complimentary Health and Health Education and Training at the Waianae Coast Comprehensive Health Center.

“(b) NONREDUCTION IN OTHER FUNDING.—The allocation of funds for demonstration projects under subsection (a) shall not result in a reduction in funds required by the Native Hawaiian health care systems, the Native Hawaiian Health Centers, the Native Hawaiian Health Scholarship Program, or Papa Ola Lokahi to carry out their respective responsibilities under this Act.

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

“(a) ESTABLISHMENT.—There is hereby established a National Bipartisan Native Hawaiian Health Care Entitlement Commission (referred to in this Act as the ‘Commission’).

“(b) MEMBERSHIP.—The Commission shall be composed of 21 members to be appointed as follows:

“(1) CONGRESSIONAL MEMBERS.—

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

“(i) two members shall be from the House of Representatives and shall be appointed by the Majority Leader;

“(ii) two members shall be from the House of Representatives and shall be appointed by the Minority Leader;

“(iii) two members shall be from the Senate and shall be appointed by the Majority Leader; and

“(iv) two members shall be from the Senate and shall be appointed by the Minority Leader.

“(B) RELEVANT COMMITTEE MEMBERSHIP.—The members of the Commission appointed under subparagraph (A) shall each be members of the committees of Congress that consider legislation affecting the provision of health care to Native Hawaiians and other Native Americans.

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

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

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

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

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

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

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

“(F) two members shall be appointed by the Association of Hawaiian Civic Clubs and shall represent Native Hawaiian populations residing in the continental United States.

“(3) SECRETARIAL MEMBERS.—Two members of the Commission shall be appointed by the Secretary and shall possess knowledge of Native Hawaiian health concerns and wellness.

“(c) TERMS.—

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

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

“(3) VACANCIES.—A vacancy in the membership of the Commission shall be filled in the manner in which the original appointment was made.

“(d) DUTIES OF THE COMMISSION.—The Commission shall carry out the following duties and functions:

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

“(2) Make recommendations to Congress for the provision of health services to Native Hawaiian individuals as an entitlement, giving due regard to the effects of a program on existing health care delivery systems for Native Hawaiians and the effect of such programs on self-determination and the reconciliation of their relationship with the United States.

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

“(A) to the extent necessary to carry out its duties, collect, compile, qualify, and analyze data necessary to understand the extent of Native Hawaiian needs with regard to the provision of health services, including holding hearings and soliciting the views of Native Hawaiians and Native Hawaiian organizations, and which may include authorizing and funding feasibility studies of various models for all Native Hawaiian beneficiaries and their families, including those that live in the continental United States;

“(B) make recommendations to the Commission for legislation that will provide for the culturally-competent and appropriate provision of health services for Native Hawaiians as an entitlement, which shall, at a minimum, address issues of eligibility and benefits to be provided, including recommendations regarding from whom such health services are to be provided

and the cost and mechanisms for funding of the health services to be provided;

“(C) determine the effect of the enactment of such recommendations on the existing system of delivery of health services for Native Hawaiians;

“(D) determine the effect of a health service entitlement program for Native Hawaiian individuals on their self-determination and the reconciliation of their relationship with the United States;

“(E) not later than 12 months after the date of the appointment of all members of the Commission, make a written report of its findings and recommendations to the Commission, which report shall include a statement of the minority and majority position of the committee and which shall be disseminated, at a minimum, to Native Hawaiian organizations and agencies and health organizations referred to in subsection (b)(2) for comment to the Commission; and

“(F) report regularly to the full Commission regarding the findings and recommendations developed by the committee in the course of carrying out its duties under this section.

“(4) Not later than 18 months after the date of the appointment of all members of the Commission, submit a written report to Congress containing a recommendation of policies and legislation to implement a policy that would establish a health care system for Native Hawaiians, grounded in their culture, and based on the delivery of health services as an entitlement, together with a determination of the implications of such an entitlement system on existing health care delivery systems for Native Hawaiians and their self-determination and the reconciliation of their relationship with the United States.

“(e) ADMINISTRATIVE PROVISIONS.—

“(1) COMPENSATION AND EXPENSES.—

“(A) CONGRESSIONAL MEMBERS.—Each member of the Commission appointed under subsection (b)(1) shall not receive any additional compensation, allowances, or benefits by reason of their service on the Commission. Such members shall receive travel expenses and per diem in lieu of subsistence in accordance with sections 5702 and 5703 of title 5, United States Code.

“(B) OTHER MEMBERS.—The members of the Commission appointed under paragraphs (2) and (3) of subsection (b) shall, while serving on the business of the Commission (including travel time), receive compensation at the per diem equivalent of the rate provided for individuals under level IV of the Executive Schedule under section 5315 of title 5, United States Code, and while serving away from their home or regular place of business, be allowed travel expenses, as authorized by the chairperson of the Commission.

“(C) OTHER PERSONNEL.—For purposes of compensation (other than compensation of the members of the Commission) and employment benefits, rights, and privileges, all personnel of the Commission shall be treated as if they were employees of the Senate.

“(2) MEETINGS AND QUORUM.—

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

“(B) QUORUM.—A quorum of the Commission shall consist of not less than 12 members, of which—

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

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

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

“(3) DIRECTOR AND STAFF.—

“(A) EXECUTIVE DIRECTOR.—The members of the Commission shall appoint an executive director of the Commission. The executive director shall be paid the rate of basic pay equal to that under level V of the Executive Schedule under section 5316 of title 5, United States Code.

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

“(C) APPLICABILITY OF CIVIL SERVICE LAWS.—The staff of the Commission shall be appointed without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and shall be paid without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title (relating to classification and General Schedule pay rates).

“(D) EXPERTS AND CONSULTANTS.—With the approval of the Commission, the executive director may procure temporary and intermittent services under section 3109(b) of title 5, United States Code.

“(E) FACILITIES.—The Administrator of the General Services Administration shall locate suitable office space for the operations of the Commission in Washington, D.C. and in the State of Hawaii. The Washington, D.C. facilities shall serve as the headquarters of the Commission while the Hawaii office shall serve a liaison function. Both such offices shall include all necessary equipment and incidentals required for the proper functioning of the Commission.

“(f) POWERS.—

“(1) HEARINGS AND OTHER ACTIVITIES.—For purposes of carrying out its duties, the Commission may hold such hearings and undertake such other activities as the Commission determines to be necessary to carry out its duties, except that at least 8 hearings shall be held on each of the Hawaiian Islands and 3 hearings in the continental United States in areas where a significant population of Native Hawaiians reside. Such hearings shall be held to solicit the views of Native Hawaiians regarding the delivery of health care services to such individuals. To constitute a hearing under this paragraph, at least 4 members of the Commission, including at least 1 member of Congress, must be present. Hearings held by the study committee established under subsection (d)(3) may be counted towards the number of hearings required under this paragraph.

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

“(3) COST ESTIMATES.—

“(A) IN GENERAL.—The Director of the Congressional Budget Office or the Chief Actuary of the Health Care Financing Administration, or both, shall provide to the Commission, upon the request of the Commission, such cost estimates as the Commission determines to be necessary to carry out its duties.

“(B) REIMBURSEMENTS.—The Commission shall reimburse the Director of the Congressional Budget Office for expenses relating to the employment in the office of the Director of such additional staff as may be necessary for the Director to comply with requests by the Commission under subparagraph (A).

“(4) DETAIL OF FEDERAL EMPLOYEES.—Upon the request of the Commission, the head of any Federal agency is authorized to detail, without reimbursement, any of the personnel of such agency to the Commission to assist the Commission in carrying out its duties. Any such detail shall not interrupt or otherwise affect the civil service status or privileges of the Federal employees.

“(5) TECHNICAL ASSISTANCE.—Upon the request of the Commission, the head of any Federal agency shall provide such technical assistance to the Commission as the Commission determines to be necessary to carry out its duties.

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

“(7) OBTAINING INFORMATION.—The Commission may secure directly from any Federal agency information necessary to enable the Commission to carry out its duties, if the information

may be disclosed under section 552 of title 5, United States Code. Upon request of the chairperson of the Commission, the head of such agency shall furnish such information to the Commission.

“(8) **SUPPORT SERVICES.**—Upon the request of the Commission, the Administrator of General Services shall provide to the Commission on a reimbursable basis such administrative support services as the Commission may request.

“(9) **PRINTING.**—For purposes of costs relating to printing and binding, including the cost of personnel detailed from the Government Printing Office, the Commission shall be deemed to be a committee of Congress.

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

“SEC. 16. RULE OF CONSTRUCTION.

“Nothing in this Act shall be construed to restrict the authority of the State of Hawaii to license health practitioners.

“SEC. 17. COMPLIANCE WITH BUDGET ACT.

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

“SEC. 18. SEVERABILITY.

“If any provision of this Act, or the application of any such provision to any person or circumstances is held to be invalid, the remainder of this Act, and the application of such provision or amendment to persons or circumstances other than those to which it is held invalid, shall not be affected thereby.”

Mr. GORTON. Mr. President, I ask unanimous consent the committee substitute be agreed to, the bill be read a third time and passed, the motion to reconsider be laid upon the table, and any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee amendment in the nature of a substitute was agreed to.

The bill (S. 1929), as amended, was read the third time and passed.

**STRENGTHENING ABUSE AND
NEGLECT COURTS ACT OF 2000**

Mr. GORTON. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of Calendar No. 737, S. 2272.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 2272) to improve the administrative efficiency and effectiveness of the nation's abuse and neglect courts and for other purposes consistent with the Adoption and Safe Families Act of 1997.

There being no objection, the Senate proceeded to consider the bill.

**THE STRENGTHENING ABUSE AND
NEGLECT COURTS ACT (SANCA)**

Mr. LEAHY. Mr. President, I am pleased that the Senate today is passing S. 2272, the Strengthening Abuse and Neglect Courts Act, SANCA. I

strongly support this legislation, which will provide much needed dollars to the Nation's overburdened abuse and neglect courts. We added to their burdens in 1997, by passing the Adoption and Safe Families Act, ASFA, without providing adequate funding to assure effective implementation. Courts nationwide are struggling to meet the accelerated timelines and other requirements of that legislation, which was intended to expedite the process of securing safe, permanent, and loving homes for abused and neglected children.

SANCA will help ease the pressure, by making available to State and local courts some Federal funding to assure timely court hearings and reduce the case backlogs created by the ASFA. Both the Conference of Chief Justices and the Conference of State Court Administrators have adopted resolutions in support of SANCA. It is without doubt a good idea.

This legislation authorizes \$10 million over five years to assist state and local courts to develop and implement automated case tracking systems for abuse and neglect proceeding. It authorizes another \$10 million to reduce existing backlogs of abuse and neglect cases, plus \$5 million to expand the Court-Appointed Special Advocate, CASA, program in underserved areas. That is a total of \$25 million that would help address a very real problem that we in Congress helped to create.

In my own State of Vermont, the courts are committed to implementing the ASFA and reducing the amount of time spent by children in foster care settings. But they are having trouble meeting the Federal law's tight deadlines and procedural requirements.

My only concern with S. 2272 is the competitive grant method that it adopts for allocating grant money. By contrast, the model for S. 2272—the Court Improvement Project, or CIP—allocates money by formula. Congress created the CIP grant program in 1993, to assist State courts in improving their handling of child abuse and neglect cases. On an annual basis, each State is awarded \$85,000, and the remainder of the funds are distributed by formula based on the proportionate population of children in the States. This has been a highly successful program. States have combined CIP funds with State and local dollars to make sweeping changes in the way they handle child abuse and neglect cases.

Under SANCA, State and local courts would compete against each other for a relatively small number of grants, and many will get no help at all, even if their needs are great. I understand that there is companion legislation, the “Training and Knowledge Ensure Children a Risk-Free Environment, TAKE CARE, Act,” S. 2271, which would authorize increased assistance for every State to help improve the quality and availability of training for judges, attorneys, and volunteers working in the Nation's abuse and neglect courts.

That bill was referred to the Committee on Finance, which has yet to consider it. It is my hope that the Senate will take up and pass S. 2271 before the end of this legislative session.

Many other important bills remain pending before this body as we head into the final weeks of the 106th Congress. I want to highlight one bill, which I introduced with Senators DEWINE and ROBB this summer, and which the Judiciary Committee reported by unanimous consent last week. The Computer Crime Enforcement Act, S. 1314, would authorize a \$25 million Department of Justice grant program to help states prevent and prosecute computer crime. Grants under our bipartisan bill may be used to provide education, training, and enforcement programs for local law enforcement officers and prosecutors in the rapidly growing field of computer criminal justice. Our legislation has been endorsed by the Information Technology Association of America and Fraternal Order of Police. I hope all Senators can join us in our bipartisan effort to provide our state and local partners in crime fighting with the resources they need in the battle against computer crime.

I commend Senator DEWINE and Senator ROCKEFELLER for their leadership on the SANCA legislation and urge its speedy passage into law.

AMENDMENT NO. 4209

Mr. GORTON. Senator DEWINE has an amendment at the desk. I ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Washington [Mr. GORTON], for Mr. DEWINE, proposes an amendment numbered 4209.

The amendment is as follows:

(Purpose: To extend the authorization of appropriations for an additional year)

On page 23, line 4, strike “fiscal year 2001” and insert “the period of fiscal years 2001 and 2002”.

On page 24, line 13, strike “fiscal year 2001” and insert “the period of fiscal years 2001 and 2002”.

Mr. GORTON. I ask unanimous consent the amendment be agreed to, the bill be read a third time and passed, the motion to reconsider be laid upon the table, and any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 4209) was agreed to.

The bill (S. 2272), as amended, was read the third time and passed, as follows:

S. 2272

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Strengthening Abuse and Neglect Courts Act of 2000”.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Under both Federal and State law, the courts play a crucial and essential role in