

106TH CONGRESS
1ST SESSION

S. 1929

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

IN THE SENATE OF THE UNITED STATES

NOVEMBER 16, 1999

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

A BILL

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

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Native Hawaiian
5 Health Care Improvement Act Reauthorization of 1999”.

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

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

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

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

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

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

“Sec. 2. Findings.

“Sec. 3. Definitions.

“Sec. 4. Declaration of policy.

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

“Sec. 6. Functions of Papa Ola Lokahi.

“Sec. 7. Native Hawaiian Health Care Systems.

“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. Demonstration projects of national significance.

“Sec. 14. National Bipartisan Commission on Native Hawaiian Health
Care Entitlement.

“Sec. 15. Rule of construction.

“Sec. 16. Compliance with Budget Act.

“Sec. 17. Severability.

6 **“SEC. 2. FINDINGS.**

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

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

13 “(2) Native Hawaiians are a distinct and
14 unique indigenous people with a historical continuity
15 to the original inhabitants of the Hawaiian archi-
16 pelago and have a distinct society organized almost
17 2,000 years ago.

1 “(3) Native Hawaiians have never directly relin-
2 quished to the United States their claims to their in-
3 herent sovereignty as a people or over their national
4 lands, either through their monarchy or through a
5 plebiscite or referendum.

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

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

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

22 “(7) The constitution and statutes of the State
23 of Hawaii—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 “(15) Further, the United States has acknowl-
14 edged the significance of these events and has apolo-
15 gized to Native Hawaiians on behalf of the people of
16 the United States for the overthrow of the Kingdom
17 of Hawaii with the participation of agents and citi-
18 zens of the United States, and the resulting depriva-
19 tion of the rights of Native Hawaiians to self-deter-
20 mination in legislation in 1993 (Public Law 103–
21 150; 107 Stat. 1510).

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

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

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

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

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

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

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

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

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

10 “(22) The authority of the Congress under the
11 Constitution to legislate in matters affecting the ab-
12 original or indigenous peoples of the United States
13 includes the authority to legislate in matters affect-
14 ing the native peoples of Alaska and Hawaii.

15 “(23) Further, the United States has recog-
16 nized the authority of the Native Hawaiian people to
17 continue to work towards an appropriate form of
18 sovereignty as defined by the Native Hawaiian peo-
19 ple themselves in provisions set forth in legislation
20 returning the Hawaiian Island of Kaho‘olawe to cus-
21 todial management by the State of Hawaii in 1994.

22 “(24) In furtherance of the trust responsibility
23 for the betterment of the conditions of Native Ha-
24 waiians, the United States has established a pro-
25 gram for the provision of comprehensive health pro-

1 motion and disease prevention services to maintain
2 and improve the health status of the Hawaiian peo-
3 ple. This program is conducted by the Native Ha-
4 waiian Health Care Systems, the Native Hawaiian
5 Health Scholarship Program and Papa Ola Lokahi.
6 Health initiatives from these and other health insti-
7 tutions and agencies using Federal assistance have
8 begun to lower the century-old morbidity and mor-
9 tality rates of Native Hawaiian people by providing
10 comprehensive disease prevention, health promotion
11 activities and increasing the number of Native Ha-
12 waiians in the health and allied health professions.
13 This has been accomplished through the Native Ha-
14 waiian Health Care Act of 1988 (Public Law 100–
15 579) and its reauthorization in section 9168 of Pub-
16 lic Law 102–396 (106 Stat. 1948).

17 “(25) This historical and unique legal relation-
18 ship has been consistently recognized and affirmed
19 by Congress through the enactment of Federal laws
20 which extend to the Native Hawaiian people the
21 same rights and privileges accorded to American In-
22 dian, Alaska Native, Eskimo, and Aleut commu-
23 nities, including the Native American Programs Act
24 of 1974 (42 U.S.C. 2991 et seq.), the American In-
25 dian Religious Freedom Act (42 U.S.C. 1996), the

1 National Museum of the American Indian Act (20
2 U.S.C. 80q et seq.), and the Native American
3 Graves Protection and Repatriation Act (25 U.S.C.
4 3001 et seq.).

5 “(26) The United States has also recognized
6 and reaffirmed the trust relationship to the Native
7 Hawaiian people through legislation which author-
8 izes the provision of services to Native Hawaiians,
9 specifically, the Older Americans Act of 1965 (42
10 U.S.C. 3001 et seq.), the Developmental Disabilities
11 Assistance and Bill of Rights Act Amendments of
12 1987, the Veterans’ Benefits and Services Act of
13 1988, the Rehabilitation Act of 1973 (29 U.S.C. 701
14 et seq.), the Native Hawaiian Health Care Act of
15 1988 (Public Law 100–579), the Health Professions
16 Reauthorization Act of 1988, the Nursing Shortage
17 Reduction and Education Extension Act of 1988,
18 the Handicapped Programs Technical Amendments
19 Act of 1988, the Indian Health Care Amendments
20 of 1988, and the Disadvantaged Minority Health
21 Improvement Act of 1990.

22 “(27) The United States has also affirmed the
23 historical and unique legal relationship to the Ha-
24 waiian people by authorizing the provision of serv-
25 ices to Native Hawaiians to address problems of al-

1 cohol and drug abuse under the Anti-Drug Abuse
2 Act of 1986 (Public Law 99–570).

3 “(28) Further, the United States has recog-
4 nized that Native Hawaiians, as aboriginal, indige-
5 nous, native peoples of Hawaii, are a unique popu-
6 lation group in Hawaii and in the continental United
7 States and has so declared in Office of Management
8 and Budget Circular 15 in 1997 and Presidential
9 Executive Order No. 13125, dated June 7, 1999.

10 “(29) Despite the United States having ex-
11 pressed its commitment to a policy of reconciliation
12 with the Native Hawaiian people for past grievances
13 in Public Law 103–150 (107 Stat. 1510) the unmet
14 health needs of the Native Hawaiian people remain
15 severe and their health status continues to be far
16 below that of the general population of the United
17 States.

18 “(b) UNMET NEEDS AND HEALTH DISPARITIES.—
19 Congress finds that the unmet needs and serious health
20 disparities that adversely affect the Native Hawaiian peo-
21 ple include the following:

22 “(1) CHRONIC DISEASE AND ILLNESS.—

23 “(A) CANCER.—

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

1 “(I) Native Hawaiians have the
2 highest cancer mortality rates in the
3 State of Hawaii (231.0 out of every
4 100,000 residents), 45 percent higher
5 than that for the total State popu-
6 lation (159.7 out of every 100,000
7 residents);

8 “(II) Native Hawaiian males
9 have the highest cancer mortality
10 rates in the State of Hawaii for can-
11 cers of the lung, liver and pancreas
12 and for all cancers combined;

13 “(III) Native Hawaiian females
14 ranked highest in the State of Hawaii
15 for cancers of the lung, liver, pan-
16 creas, breast, cervix uteri, corpus
17 uteri, stomach, and rectum, and for
18 all cancers combined;

19 “(IV) Native Hawaiian males
20 have the highest years of productive
21 life lost from cancer in the State of
22 Hawaii with 8.7 years compared to
23 6.4 years for other males; and

24 “(V) Native Hawaiian females
25 have 8.2 years of productive life lost

1 from cancer in the State of Hawaii as
2 compared to 6.4 years for other fe-
3 males in the State of Hawaii;

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

6 “(I) Native Hawaiians have the
7 highest mortality rates in the State of
8 Hawaii from breast cancer (37.96 out
9 of every 100,000 residents), which is
10 25 percent higher than that for Cau-
11 casian Americans (30.25 out of every
12 100,000 residents) and 106 percent
13 higher than that for Chinese Ameri-
14 cans (18.39 out of every 100,000 resi-
15 dents); and

16 “(II) nationally, Native Hawai-
17 ians have the third highest mortality
18 rates due to breast cancer (25.0 out
19 of every 100,000 residents) following
20 African Americans (31.4 out of every
21 100,000 residents) and Caucasian
22 Americans (27.0 out of every 100,000
23 residents).

24 “(iii) CANCER OF THE CERVIX.—Na-
25 tive Hawaiians have the highest mortality

1 rates from cancer of the cervix in the State
2 of Hawaii (3.82 out of every 100,000 resi-
3 dents) followed by Filipino Americans
4 (3.33 out of every 100,000 residents) and
5 Caucasian Americans (2.61 out of every
6 100,000 residents).

7 “(iv) LUNG CANCER.—Native Hawai-
8 ians have the highest mortality rates from
9 lung cancer in the State of Hawaii (90.70
10 out of every 100,000 residents), which is
11 61 percent higher than Caucasian Ameri-
12 cans, who rank second and 161 percent
13 higher than Japanese Americans, who rank
14 third.

15 “(v) PROSTATE CANCER.—Native Ha-
16 waiian males have the second highest mor-
17 tality rates due to prostate cancer in the
18 State of Hawaii (25.86 out of every
19 100,000 residents) with Caucasian Ameri-
20 cans having the highest mortality rate
21 from prostate cancer (30.55 out of every
22 100,000 residents).

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

1 “(i) Native Hawaiians had the highest
2 mortality rate due to diabetes mellitus
3 (34.7 out of every 100,000 residents) in
4 the State of Hawaii which is 130 percent
5 higher than the statewide rate for all other
6 races (15.1 out of every 100,000 resi-
7 dents);

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

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

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

19 “(i) in 1990, Native Hawaiians com-
20 prised 44 percent of all asthma cases in
21 the State of Hawaii for those 18 years of
22 age and younger, and 35 percent of all
23 asthma cases reported; and

24 “(ii) in 1992, the Native Hawaiian
25 rate for asthma was 81.7 out of every

1 1000 residents, which was 73 percent high-
2 er than the rate for the total statewide
3 population of 47.3 out of every 1000 resi-
4 dents.

5 “(D) CIRCULATORY DISEASES.—

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

8 “(I) the death rate for Native
9 Hawaiians from heart disease (333.4
10 out of every 100,000 residents) is 66
11 percent higher than for the entire
12 State of Hawaii (201.1 out of every
13 100,000 residents); and

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

24 “(ii) HYPERTENSION.—The death
25 rate for Native Hawaiians from hyper-

1 tension (3.5 out of every 100,000 resi-
2 dents) is 84 percent higher than that for
3 the entire State (1.9 out of every 100,000
4 residents).

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

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

15 “(3) ACCIDENTS.—With respect to accidents—

16 “(A) the death rate for Native Hawaiians
17 from accidents (38.8 out of every 100,000 resi-
18 dents) is 45 percent higher than that for the
19 entire State (26.8 out of every 100,000 resi-
20 dents);

21 “(B) Native Hawaiian males lose an aver-
22 age of 14 years of productive life lost from acci-
23 dents as compared to 9.8 years for all other
24 males in Hawaii; and

1 “(C) Native Hawaiian females lose and av-
2 erage of 4 years of productive life lost from ac-
3 cidents but this rate is the highest rate among
4 all females in the State of Hawaii.

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

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

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

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

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

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

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

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

12 “(6) MATERNAL AND CHILD HEALTH.—

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

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

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

1 “(iii) over 65 percent of the referrals
2 to Healthy Start in fiscal years 1996 and
3 1997 were Native Hawaiian newborns; and

4 “(iv) in every region of the State of
5 Hawaii, many Native Hawaiian newborns
6 begin life in a potentially hazardous cir-
7 cumstance, far higher than any other ra-
8 cial group.

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

10 “(i) in 1996, 45 percent of the live
11 births to Native Hawaiian mothers were
12 infants born to single mothers which sta-
13 tistics indicate put infants at higher risk of
14 low birth weight and infant mortality;

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

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

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

23 “(i) in 1993 and 1994, Native Hawai-
24 ians had the highest percentage of teen
25 (individuals who were less than 18 years of

1 age) births (8.1 percent) compared to the
2 rate for all other races in the State of Ha-
3 waii (3.6 percent);

4 “(ii) in 1996, nearly 53 percent of all
5 mothers in Hawaii under 18 years of age
6 were Native Hawaiian;

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

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

15 “(v) in 1996, of the births in this
16 same group, 48 percent were Native Ha-
17 waiian.

18 “(D) FETAL MORTALITY.—In 1996, Na-
19 tive Hawaiian fetal mortality rates comprised
20 15 percent of all fetal deaths for the State of
21 Hawaii. However, for fetal deaths occurring in
22 mothers under the age of 18 years, 32 percent
23 were Native Hawaiian, and for mothers 18
24 through 24 years of age, 28 percent were Na-
25 tive Hawaiians.

1 “(7) MENTAL HEALTH.—

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

4 “(i) Native Hawaiians represent 38
5 percent of the total admissions to Depart-
6 ment of Health, Alcohol, Drugs and Other
7 Drugs, funded substance abuse treatment
8 programs;

9 “(ii) in 1997, the prevalence of smok-
10 ing by Native Hawaiians was 28.5 percent,
11 a rate that is 53 percent higher than that
12 for all other races in the State of Hawaii
13 which is 18.6 percent;

14 “(iii) Native Hawaiians have the high-
15 est prevalence rates of acute drinking (31
16 percent), a rate that is 79 percent higher
17 than that for all other races in the State
18 of Hawaii;

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

23 “(v) in 1991, 40 percent of the Native
24 Hawaiian adults surveyed reported having
25 used marijuana compared with 30 percent

1 for all other races in the State of Hawaii;
2 and

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

8 “(B) CRIME.—With respect to crime—

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

13 “(ii) Native Hawaiian juveniles com-
14 prised a third of all juvenile arrests in
15 1996;

16 “(iii) In 1996, Native Hawaiians rep-
17 resented 21 percent of the 8,000 adults ar-
18 rested for violent crimes in the State of
19 Hawaii, and 38 percent of the 4,066 juve-
20 nile arrests;

21 “(iv) Native Hawaiians are over-rep-
22 resented in the prison population in Ha-
23 waii;

24 “(v) in 1995 and 1996 Native Hawai-
25 ians comprised 36.5 percent of the sen-

1 tenced felon prison population in Hawaii,
2 as compared to 20.5 percent for Caucasian
3 Americans, 3.7 percent for Japanese
4 Americans, and 6 percent for Chinese
5 Americans;

6 “(vi) in 1995 and 1996 Native Ha-
7 waiians made up 45.4 percent of the tech-
8 nical violator population, and at the Ha-
9 waii Youth Correctional Facility, Native
10 Hawaiians constituted 51.6 percent of all
11 detainees in fiscal year 1997; and

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

17 “(8) HEALTH PROFESSIONS EDUCATION AND
18 TRAINING.—With respect to health professions edu-
19 cation and training—

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

1 “(B) Native Hawaiian physicians make up
2 4 percent of the total physician workforce in the
3 State of Hawaii; and

4 “(C) in fiscal year 1997, Native Hawaiians
5 comprised 8 percent of those individuals who
6 earned Bachelor’s Degrees, 14 percent of those
7 individuals who earned professional diplomas, 6
8 percent of those individuals who earned Mas-
9 ter’s Degrees, and less than 1 percent of indi-
10 viduals who earned doctoral degrees at the Uni-
11 versity of Hawaii.

12 **“SEC. 3. DEFINITIONS.**

13 “In this Act:

14 “(1) DISEASE PREVENTION.—The term ‘disease
15 prevention’ includes—

16 “(A) immunizations;

17 “(B) control of high blood pressure;

18 “(C) control of sexually transmittable dis-
19 eases;

20 “(D) prevention and control of diabetes;

21 “(E) control of toxic agents;

22 “(F) occupational safety and health;

23 “(G) accident prevention;

24 “(H) fluoridation of water;

25 “(I) control of infectious agents; and

1 “(J) provision of mental health care.

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

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

6 “(B) cessation of tobacco smoking;

7 “(C) reduction in the misuse of alcohol and
8 drugs;

9 “(D) improvement of nutrition;

10 “(E) improvement in physical fitness;

11 “(F) family planning;

12 “(G) control of stress;

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

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

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

1 “(A) genealogical records,

2 “(B) Kupuna (elders) or Kama‘aina (long-
3 term community residents) verification; or

4 “(C) birth records of the State of Hawaii.

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

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

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

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

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

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

24 “(F) which is—

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

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

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

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

19 “(B) which is—

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

1 “(ii) a public or nonprofit private enti-
2 ty.

3 “(6) PAPA OLA LOKAHI.—

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

10 “(i) E Ola Mau;

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

13 “(iii) Alu Like Inc.;

14 “(iv) the University of Hawaii;

15 “(v) the Hawaii State Department of
16 Health;

17 “(vi) the Kamehameha Schools
18 Bishop Estate, or other Native Hawaiian
19 organization responsible for the adminis-
20 tration of the Native Hawaiian Health
21 Scholarship Program;

22 “(vii) the Hawaii State Primary Care
23 Association, or other organizations respon-
24 sible for the placement of scholars from

1 the Native Hawaiian Health Scholarship
2 Program;

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

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

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

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

23 “(xii) Hui No Ke Ola Pono, or a
24 health care system serving the island of
25 Maui, and which may be composed of as

1 many health care centers as are necessary
2 to meet the health care needs of the Native
3 Hawaiians of that island;

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

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

14 “(xv) such other member organiza-
15 tions as the Board of Papa Ola Lokahi
16 may admit from time to time, based upon
17 satisfactory demonstration of a record of
18 contribution to the health and well-being of
19 Native Hawaiians.

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

1 to the Native Hawaiian health care systems,
2 and an action plan for carrying out those goals
3 and objectives.

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

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

9 “(B) diagnostic laboratory and radiologic
10 services;

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

16 “(D) emergency medical services;

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

19 “(F) preventive dental services; and

20 “(G) pharmaceutical and nutraceutical
21 services.

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

1 “(9) TRADITIONAL NATIVE HAWAIIAN HEAL-
 2 ER.—The term ‘traditional Native Hawaiian healer’
 3 means a practitioner—

4 “(A) who—

5 “(i) is of Native Hawaiian ancestry;

6 and

7 “(ii) has the knowledge, skills, and ex-
 8 perience in direct personal health care of
 9 individuals; and

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

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

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

17 **“SEC. 4. DECLARATION OF POLICY.**

18 “(a) CONGRESS.—Congress hereby declares that it is
 19 the policy of the United States in fulfillment of its special
 20 responsibilities and legal obligations to the indigenous peo-
 21 ple of Hawaii resulting from the unique and historical re-
 22 lationship between the United States and the indigenous
 23 people of Hawaii—

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

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

4 “(b) INTENT OF CONGRESS.—

5 “(1) IN GENERAL.—It is the intent of the Con-
6 gress that—

7 “(A) health care programs having a dem-
8 onstrated effect of substantially reducing or
9 eliminating the over-representation of Native
10 Hawaiians among those suffering from chronic
11 and acute disease and illness and addressing
12 the health needs of Native Hawaiians shall be
13 established and implemented; and

14 “(B) the Nation meet the Healthy People
15 2010 and Kanaka Maoli health objectives de-
16 scribed in paragraph (2) by the year 2010.

17 “(2) HEALTHY PEOPLE AND KANAKA MAOLI
18 HEALTH OBJECTIVES.—The Healthy People 2010
19 and Kanaka Maoli health objectives described in this
20 paragraph are the following:

21 “(A) CHRONIC DISEASE AND ILLNESS.—

22 “(i) CARDIOVASCULAR DISEASE.—

23 With respect to cardiovascular disease—

24 “(I) to increase to 75 percent the
25 proportion of females who are aware

1 that cardiovascular disease (heart dis-
2 ease and stroke) is the leading cause
3 of death for all females.

4 “(II) to increase to at least 95
5 percent the proportion of adults who
6 have had their blood pressure meas-
7 ured within the preceding 2 years and
8 can state whether their blood pressure
9 was normal or high; and

10 “(III) to increase to at least 75
11 percent the proportion of adults who
12 have had their blood cholesterol
13 checked within the preceding 5 years.

14 “(ii) DIABETES.—With respect to
15 diabetes—

16 “(I) to increase to 80 percent the
17 proportion of persons with diabetes
18 whose condition has been diagnosed;

19 “(II) to increase to at least 20
20 percent the proportion of patients
21 with diabetes who annually obtain
22 lipid assessment (total cholesterol,
23 LDL cholesterol, HDL cholesterol,
24 triglyceride); and

1 “(III) to increase to 52 percent
2 the proportion of persons with diabe-
3 tes who have received formal diabetes
4 education.

5 “(iii) CANCER.—With respect to
6 cancer—

7 “(I) to increase to at least 95
8 percent the proportion of women age
9 18 and older who have ever received a
10 Pap test and to at least 85 percent
11 those who have received a Pap test
12 within the preceding 3 years; and

13 “(II) to increase to at least 40
14 percent the proportion of women age
15 40 and older who have received a
16 breast examination and a mammo-
17 gram within the preceding 2 years.

18 “(iv) DENTAL HEALTH.—With respect
19 to dental health—

20 “(I) to reduce untreated cavities
21 in the primary and permanent teeth
22 (mixed dentition) so that the propor-
23 tion of children with decayed teeth not
24 filled is not more than 12 percent
25 among children ages 2 through 4, 22

1 percent among children ages 6
2 through 8, and 15 percent among
3 adolescents ages 8 through 15;

4 “(II) to increase to at least 70
5 percent the proportion of children
6 ages 8 through 14 who have received
7 protective sealants in permanent
8 molar teeth; and

9 “(III) to increase to at least 70
10 percent the proportion of adults age
11 18 and older using the oral health
12 care system each year.

13 “(v) MENTAL HEALTH.—With respect
14 to mental health—

15 “(I) to incorporate or support
16 land(‘aina)-based, water(wai)-based,
17 or the ocean(kai)-based programs
18 within the context of mental health
19 activities; and

20 “(II) to reduce the anger and
21 frustration levels within ‘ohana’ focus-
22 ing on building positive relationships
23 and striving for balance in living
24 (lokahi) and achieving a sense of con-
25 tentment (pono).

1 “(vi) ASTHMA.—With respect to
2 asthma—

3 “(I) to increase to at least 40
4 percent the proportion of people with
5 asthma who receive formal patient
6 education, including information
7 about community and self-help re-
8 sources, as an integral part of the
9 management of their condition;

10 “(II) to increase to at least 75
11 percent the proportion of patients who
12 receive counseling from health care
13 providers on how to recognize early
14 signs of worsening asthma and how to
15 respond appropriately; and

16 “(III) to increase to at least 75
17 percent the proportion of primary care
18 providers who are trained to provide
19 culturally competent care to ethnic
20 minorities (Native Hawaiians) seeking
21 health care for chronic obstructive
22 pulmonary disease.

23 “(B) INFECTIOUS DISEASE AND ILL-
24 NESS.—

1 “(i) IMMUNIZATIONS.—With respect
2 to immunizations—

3 “(I) to reduce indigenous cases of
4 vaccine-preventable disease;

5 “(II) to achieve immunization
6 coverage of at least 90 percent among
7 children between 19 and 35 months of
8 age; and

9 “(III) to increase to 90 percent
10 the rate of immunization coverage
11 among adults 65 years of age or
12 older, and 60 percent for high-risk
13 adults between 18 and 64 years of
14 age.

15 “(ii) SEXUALLY TRANSMITTED DIS-
16 EASES, HIV; AIDS.—To increase the num-
17 ber of HIV-infected adolescents and adults
18 in care who receive treatment consistent
19 with current public health treatment guide-
20 lines.

21 “(C) WELLNESS.—

22 “(i) EXERCISE.—With respect to
23 exercise—

24 “(I) to increase to 85 percent the
25 proportion of people ages 18 and older

1 who engage in any leisure time phys-
2 ical activity; and

3 “(II) to increase to at least 30
4 percent the proportion of people ages
5 18 and older who engage regularly,
6 preferably daily, in sustained physical
7 activity for at least 30 minutes per
8 day.

9 “(ii) NUTRITION.—With respect to
10 nutrition—

11 “(I) to increase to at least 60
12 percent the prevalence of healthy
13 weight (defined as body mass index
14 equal to or greater than 19.0 and less
15 than 25.0) among all people age 20
16 and older;

17 “(II) to increase to at least 75
18 percent the proportion of people age 2
19 and older who meet the dietary guide-
20 lines’ minimum average daily goal of
21 at least 5 servings of vegetables and
22 fruits; and

23 “(III) to increase the use of tra-
24 ditional Native Hawaiian foods in all
25 peoples’ diets and dietary preferences.

1 “(iii) LIFESTYLE.—With respect to
2 lifestyle—

3 “(I) to reduce cigarette smoking
4 among pregnant women to a preva-
5 lence of not more than 2 percent;

6 “(II) to reduce the prevalence of
7 respiratory disease, cardiovascular dis-
8 ease, and cancer resulting from expo-
9 sure to tobacco smoke;

10 “(III) to increase to at least 70
11 percent the proportion of all preg-
12 nancies among women between the
13 ages of 15 and 44 that are planned
14 (intended); and

15 “(IV) to reduce deaths caused by
16 unintentional injuries to not more
17 than 25.9 per 100,000.

18 “(iv) CULTURE.—With respect to
19 culture—

20 “(I) to develop and implement
21 cultural values within the context of
22 the corporate cultures of the Native
23 Hawaiian health care systems, the
24 Native Hawaiian Health Scholarship
25 Program, and Papa Ola Lokahi; and

1 “(II) to facilitate the provision of
2 Native Hawaiian healing practices by
3 Native Hawaiian healers for those cli-
4 ents desiring such assistance.

5 “(D) ACCESS.—With respect to access—

6 “(i) to increase the proportion of pa-
7 tients who have coverage for clinical pre-
8 ventive services as part of their health in-
9 surance; and

10 “(ii) to reduce to not more than 7
11 percent the proportion of individuals and
12 families who report that they did not ob-
13 tain all the health care that they needed.

14 “(E) HEALTH PROFESSIONS TRAINING
15 AND EDUCATION.—With respect to health pro-
16 fessions training and education—

17 “(i) to increase the proportion of all
18 degrees in the health professions and allied
19 and associated health professions fields
20 awarded to members of underrepresented
21 racial and ethnic minority groups; and

22 “(ii) to support training activities and
23 programs in traditional Native Hawaiian
24 healing practices by Native Hawaiian heal-
25 ers.

1 “(c) REPORT.—The Secretary shall submit to the
2 President, for inclusion in each report required to be
3 transmitted to Congress under section 11, a report on the
4 progress made in each toward meeting each of the objec-
5 tives described in subsection (b)(2).

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

8 “(a) DEVELOPMENT.—

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

19 “(2) COLLABORATION.—The Papa Ola Lokahi
20 shall collaborate with the Office of Hawaiian Affairs
21 in carrying out this section.

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

1 **“SEC. 6. FUNCTIONS OF PAPA OLA LOKAHI.**

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

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

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

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

13 “(4) the development of an action plan out-
14 lining the contributions that each member organiza-
15 tion of Papa Ola Lokahi will make in carrying out
16 the policy of this Act.

17 “(b) SPECIAL PROJECT FUNDS.—Papa Ola Lokahi
18 may receive special project funds that may be appro-
19 priated for the purpose of research on the health status
20 of Native Hawaiians or for the purpose of addressing the
21 health care needs of Native Hawaiians.

22 “(c) CLEARINGHOUSE.—

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

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

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

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

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

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

14 “(2) CONSULTATION.—The Secretary shall con-
15 sult periodically with Papa Ola Lokahi for the pur-
16 poses of maintaining the clearinghouse under para-
17 graph (1) and providing information about programs
18 in the Department that specifically address Native
19 Hawaiian issues and concerns.

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

22 “(1) RECOMMENDATIONS.—Papa Ola Lokahi
23 shall provide annual recommendations to the Sec-
24 retary with respect to the allocation of all amounts
25 appropriated under this Act.

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

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

10 “(e) TECHNICAL SUPPORT.—Papa Ola Lokahi shall
11 act as a statewide infrastructure to provide technical sup-
12 port and coordination of training and technical assistance
13 to the Native Hawaiian health care systems.

14 “(f) RELATIONSHIPS WITH OTHER AGENCIES.—

15 “(1) AUTHORITY.—Papa Ola Lokahi may enter
16 into agreements or memoranda of understanding
17 with relevant agencies or organizations that are ca-
18 pable of providing resources or services to the Native
19 Hawaiian health care systems.

20 “(2) MEDICARE, MEDICAID, SCHIP.—Papa Ola
21 Lokahi shall develop or make every reasonable effort
22 to—

23 “(A) develop a contractual or other ar-
24 rangement, through memoranda of under-
25 standing or agreement, with the Health Care

1 Financing Administration or the agency of the
 2 State which administers or supervises the ad-
 3 ministration of a State plan or waiver approved
 4 under title XVIII, XIX or title XXI of the So-
 5 cial Security Act for payment of all or a part
 6 of the health care services to persons who are
 7 eligible for medical assistance under such a
 8 State plan or waiver; and

9 “(B) assist in the collection of appropriate
 10 reimbursement for health care services to per-
 11 sons who are entitled to insurance under title
 12 XVIII of the Social Security Act.

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

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

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

24 “(2) PREFERENCE.—In making grants and en-
 25 tering into contracts under this subsection, the Sec-

1 retary shall give preference to Native Hawaiian
2 health care systems and Native Hawaiian organiza-
3 tions and, to the extent feasible, health promotion
4 and disease prevention services shall be performed
5 through Native Hawaiian health care systems.

6 “(3) QUALIFIED ENTITY.—An entity is a quali-
7 fied entity for purposes of paragraph (1) if the enti-
8 ty is a Native Hawaiian health care system.

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

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

22 “(c) SERVICES TO BE PROVIDED.—

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

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

3 “(B) Education in health promotion and
4 disease prevention of the Native Hawaiian pop-
5 ulation by, wherever possible, Native Hawaiian
6 health care practitioners, community outreach
7 workers, counselors, and cultural educators.

8 “(C) Services of physicians, physicians’ as-
9 sistants, nurse practitioners or other health and
10 allied-health professionals.

11 “(D) Immunizations.

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

14 “(F) Pregnancy and infant care.

15 “(G) Improvement of nutrition.

16 “(H) Identification, treatment, control,
17 and reduction of the incidence of preventable
18 illnesses and conditions endemic to Native Ha-
19 waiians.

20 “(I) Collection of data related to the pre-
21 vention of diseases and illnesses among Native
22 Hawaiians.

23 “(J) Services within the meaning of the
24 terms ‘health promotion’, ‘disease prevention’,
25 and ‘primary health services’, as such terms are

1 defined in section 3, which are not specifically
2 referred to in subsection (a).

3 “(K) Support of culturally appropriate ac-
4 tivities enhancing health and wellness including
5 land-based, water-based, ocean-based, and spir-
6 itually-based projects and programs.

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

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

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

1 to loans provided to such professionals under any Federal
2 loan program.

3 “(f) RESTRICTION ON USE OF GRANT AND CON-
4 TRACT FUNDS.—The Secretary may not make a grant to,
5 or enter into a contract with, an entity under subsection
6 (a) unless the entity agrees that amounts received under
7 such grant or contract will not, directly or through con-
8 tract, be expended—

9 “(1) for any services other than the services de-
10 scribed in subsection (c)(1);

11 “(2) to provide inpatient services;

12 “(3) to make cash payments to intended recipi-
13 ents of health services; or

14 “(4) to purchase or improve real property
15 (other than minor remodeling of existing improve-
16 ments to real property) or to purchase major med-
17 ical equipment.

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

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

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

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

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

8 “(h) AUTHORIZATION OF APPROPRIATIONS.—

9 “(1) GENERAL GRANTS.—There is authorized
10 to be appropriated such sums as may be necessary
11 for each of fiscal years 2000 through 2010 to carry
12 out subsection (a).

13 “(2) PLANNING GRANTS.—There is authorized
14 to be appropriated such sums as may be necessary
15 for each of fiscal years 2000 through 2010 to carry
16 out subsection (b).

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

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

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

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

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

5 “(4) the development of an action plan out-
6 lining the contributions that each member organiza-
7 tion of Papa Ola Lokahi will make in carrying out
8 the policy of this Act;

9 “(5) a clearinghouse function for—

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

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

15 “(C) the availability of Native Hawaiian
16 project funds, research projects and publica-
17 tions;

18 “(6) the coordination of the health care pro-
19 grams and services provided to Native Hawaiians;
20 and

21 “(7) the administration of special project funds.

22 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
23 is authorized to be appropriated such sums as may be nec-
24 essary for each of fiscal years 2000 through 2010 to carry
25 out subsection (a).

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

2 “(a) **TERMS AND CONDITIONS.**—The Secretary shall
3 include in any grant made or contract entered into under
4 this Act such terms and conditions as the Secretary con-
5 siderers necessary or appropriate to ensure that the objec-
6 tives of such grant or contract are achieved.

7 “(b) **PERIODIC REVIEW.**—The Secretary shall peri-
8 odically evaluate the performance of, and compliance with,
9 grants and contracts under this Act.

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

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

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

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

24 “(A) has developed and has the ability to
25 carry out a reasonable plan to provide health
26 services under the grant or contract through in-

1 individuals who are able to communicate with the
2 population involved in the language and cultural
3 context that is most appropriate; and

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

7 “(4) with respect to health services that are
8 covered in the plan of the State of Hawaii approved
9 under title XIX of the Social Security Act—

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

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

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

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

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

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

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

8 “(d) CONTRACT EVALUATION.—

9 “(1) DETERMINATION OF NONCOMPLIANCE.—

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

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

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

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

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

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

24 “(e) LIMITATION ON USE OF FUNDS FOR ADMINIS-
25 TRATIVE EXPENSES.—Except with respect to grants and

1 contracts under section 8, the Secretary may not make
2 a grant to, or enter into a contract with, an entity under
3 this Act unless the entity agrees that the entity will not
4 expend more than 15 percent of the amounts received pur-
5 suant to this Act for the purpose of administering the
6 grant or contract.

7 “(f) REPORT.—

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

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

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

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

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

1 zation with experience in the administration of educational
2 scholarships or placement services for the purpose of pro-
3 viding scholarship assistance to students who—

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

7 “(2) are Native Hawaiians.

8 “(b) TERMS AND CONDITIONS.—

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

16 “(A) the provision of scholarships in each
17 type of health care profession training shall cor-
18 respond to the need for each type of health care
19 professional to serve the Native Hawaiian
20 health care systems identified by Papa Ola
21 Lokahi;

22 “(B) to the maximum extent practicable,
23 the Secretary shall select scholarship recipients
24 from a list of eligible applicants submitted by
25 the Kamehameha Schools Bishop Estate or the

1 Native Hawaiian organization administering the
2 program;

3 “(C) the obligated service requirement for
4 each scholarship recipient (except for those re-
5 ceiving assistance under paragraph (2)) shall be
6 fulfilled through service, in order of priority,
7 in—

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

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

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

21 “(E) financial assistance may be provided
22 to scholarship recipients in those health profes-
23 sions designated in such section 338A while
24 they are fulfilling their service requirement in

1 any one of the Native Hawaiian health care sys-
2 tems or community health centers.

3 “(2) FELLOWSHIPS.—Financial assistance
4 through fellowships may be provided to Native Ha-
5 waiian applicants accepted and participating in a
6 certificated program provided by a traditional Native
7 Hawaiian healer in traditional Native Hawaiian
8 healing practices including lomi-lomi, la‘au lapa‘au,
9 and ho‘oponopono. Such assistance may include a
10 stipend or reimbursement for costs associated with
11 participation in the program.

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

18 “(4) NO INCLUSION OF ASSISTANCE IN GROSS
19 INCOME.—Financial assistance provided to scholar-
20 ship recipients for tuition, books and other school-re-
21 lated expenditures under this section shall not be in-
22 cluded in gross income for purposes of the Internal
23 Revenue Code of 1986.

24 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
25 is authorized to be appropriated such sums as may be nec-

1 essary for each of fiscal years 2000 through 2010 for the
2 purpose of funding the scholarship assistance program
3 under subsection (a).

4 **“SEC. 12. REPORT.**

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

16 **“SEC. 13. DEMONSTRATION PROJECTS OF NATIONAL SIG-
17 NIFICANCE.**

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

24 “(1) the education of health professionals, and
25 other individuals in institutions of higher learning,

1 in health and allied health programs in complemen-
2 tary healing practices, including Native Hawaiian
3 healing practices;

4 “(2) the integration of Western medicine with
5 complementary healing practices including tradi-
6 tional Native Hawaiian healing practices;

7 “(3) the use of tele-wellness and telecommuni-
8 cations in chronic disease management and health
9 promotion and disease prevention;

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

18 “(5) the development of a centralized database
19 and information system relating to the health care
20 status, health care needs, and wellness of Native
21 Hawaiians; and

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

1 waii at Manoa, a Native Hawaiian Center of Excel-
 2 lence for Maternal Health and Nutrition at the
 3 Waimanalo Health Center, and a Native Hawaiian
 4 Center of Excellence for Research, Training, and In-
 5 tegrated Medicine at Molokai General Hospital.

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

13 **“SEC. 14. NATIONAL BIPARTISAN COMMISSION ON NATIVE**
 14 **HAWAIIAN HEALTH CARE ENTITLEMENT.**

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

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

21 “(1) CONGRESSIONAL MEMBERS.—

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

1 “(i) two members shall be from the
2 House of Representatives and shall be ap-
3 pointed by the Majority Leader;

4 “(ii) two members shall be from the
5 House of Representatives and shall be ap-
6 pointed by the Minority Leader;

7 “(iii) two members shall be from the
8 Senate and shall be appointed by the Ma-
9 jority Leader; and

10 “(iv) two members shall be from the
11 Senate and shall be appointed by the Mi-
12 nority Leader.

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

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

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

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

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

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

10 “(D) one member shall be appointed by the
11 State Council of Hawaiian Homestead Associa-
12 tions;

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

15 “(F) two members shall be appointed by
16 the Association of Hawaiian Civic Clubs and
17 shall represent Native Hawaiian populations on
18 the United States continent.

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

24 “(c) TERMS.—

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

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

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

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

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

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

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

8 “(A) to the extent necessary to carry out
9 its duties, collect and compile data necessary to
10 understand the extent of Native Hawaiian
11 needs with regards to the provision of health
12 services, including holding hearings and solici-
13 titing the views of Native Hawaiians and Native
14 Hawaiian organizations, and which may include
15 authorizing and funding feasibility studies of
16 various models for all Native Hawaiian bene-
17 ficiaries and their families, including those that
18 live on the United States continent;

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

1 whom such health services are to be provided
2 and the cost and mechanisms for funding of the
3 health services to be provided;

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

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

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

24 “(F) report regularly to the full Commis-
25 sion regarding the findings and recommenda-

1 tions developed by the committee in the course
2 of carrying out its duties under this section.

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

15 “(e) ADMINISTRATIVE PROVISIONS.—

16 “(1) COMPENSATION AND EXPENSES.—

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

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

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

19 “(2) MEETINGS AND QUORUM.—

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

22 “(B) QUORUM.—A quorum of the Commis-
23 sion shall consist of not less than 12 members,
24 of which—

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

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

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

10 “(3) DIRECTOR AND STAFF.—

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

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

22 “(C) APPLICABILITY OF CIVIL SERVICE
23 LAWS.—The staff of the Commission shall be
24 appointed without regard to the provisions of
25 title 5, United States Code, governing appoint-

1 ments in the competitive service, and shall be
2 paid without regard to the provisions of chapter
3 51 and subchapter III of chapter 53 of such
4 title (relating to classification and General
5 Schedule pay rates).

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

11 “(E) FACILITIES.—The Administrator of
12 the General Services Administration shall locate
13 suitable office space for the operations of the
14 Commission in the State of Hawaii. The facili-
15 ties shall serve as the headquarters of the Com-
16 mission and shall include all necessary equip-
17 ment and incidentals required for the proper
18 functioning of the Commission.

19 “(f) POWERS.—

20 “(1) HEARINGS AND OTHER ACTIVITIES.—For
21 purposes of carrying out its duties, the Commission
22 may hold such hearings and undertake such other
23 activities as the Commission determines to be nec-
24 essary to carry out its duties, except that at least 8
25 hearings shall be held on each of the Hawaiian Is-

1 lands and 3 hearings in the continental United
2 States in areas where large numbers of Native Ha-
3 waiians are present. Such hearings shall be held to
4 solicit the views of Native Hawaiians regarding the
5 delivery of health care services to such individuals.
6 To constitute a hearing under this paragraph, at
7 least 4 members of the Commission, including at
8 least 1 member of Congress, must be present. Hear-
9 ings held by the study committee established under
10 subsection (d)(3) may be counted towards the num-
11 ber of hearings required under this paragraph.

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

17 “(3) COST ESTIMATES.—

18 “(A) IN GENERAL.—The Director of the
19 Congressional Budget Office or the Chief Actu-
20 ary of the Health Care Financing Administra-
21 tion, or both, shall provide to the Commission,
22 upon the request of the Commission, such cost
23 estimates as the Commission determines to be
24 necessary to carry out its duties.

1 “(B) REIMBURSEMENTS.—The Commis-
2 sion shall reimburse the Director of the Con-
3 gressional Budget Office for expenses relating
4 to the employment in the office of the Director
5 of such additional staff as may be necessary for
6 the Director to comply with requests by the
7 Commission under subparagraph (A).

8 “(4) DETAIL OF FEDERAL EMPLOYEES.—Upon
9 the request of the Commission, the head of any Fed-
10 eral agency is authorized to detail, without reim-
11 bursement, any of the personnel of such agency to
12 the Commission to assist the Commission in car-
13 rying out its duties. Any such detail shall not inter-
14 rupt or otherwise affect the civil service status or
15 privileges of the Federal employees.

16 “(5) TECHNICAL ASSISTANCE.—Upon the re-
17 quest of the Commission, the head of any Federal
18 agency shall provide such technical assistance to the
19 Commission as the Commission determines to be
20 necessary to carry out its duties.

21 “(6) USE OF MAILS.—The Commission may use
22 the United States mails in the same manner and
23 under the same conditions as Federal agencies and
24 shall, for purposes of the frank, be considered a

1 commission of Congress as described in section 3215
2 of title 39, United States Code.

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

11 “(8) SUPPORT SERVICES.—Upon the request of
12 the Commission, the Administrator of General Serv-
13 ices shall provide to the Commission on a reimburs-
14 able basis such administrative support services as
15 the Commission may request.

16 “(9) PRINTING.—For purposes of costs relating
17 to printing and binding, including the cost of per-
18 sonnel detailed from the Government Printing Of-
19 fice, the Commission shall be deemed to be a com-
20 mittee of Congress.

21 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated \$1,500,000 to carry out
23 this section. The amount appropriated under this sub-
24 section shall not result in a reduction in any other appro-

1 priation for health care or health services for Native Ha-
2 waiians.

3 **“SEC. 15. RULE OF CONSTRUCTION.**

4 “Nothing in this Act shall be construed to restrict
5 the authority of the State of Hawaii to license health prac-
6 titioners.

7 **“SEC. 16. COMPLIANCE WITH BUDGET ACT.**

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

14 **“SEC. 17. SEVERABILITY.**

15 “If any provision of this Act, or the application of
16 any such provision to any person or circumstances is held
17 to be invalid, the remainder of this Act, and the applica-
18 tion of such provision or amendment to persons or cir-
19 cumstances other than those to which it is held invalid,
20 shall not be affected thereby.”

○