

108TH CONGRESS
1ST SESSION

S. 702

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

IN THE SENATE OF THE UNITED STATES

MARCH 25, 2003

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 that 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 Reauthorization Act of 2003”.

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

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

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

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

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

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

“Sec. 2. Findings.

“Sec. 3. Definitions.

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

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

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

“Sec. 7. Native Hawaiian health care.

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

“Sec. 9. Administration of grants and contracts.

“Sec. 10. Assignment of personnel.

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

“Sec. 12. Report.

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

“Sec. 14. Demonstration projects of national significance.

“Sec. 15. Rule of construction.

“Sec. 16. Compliance with Budget Act.

“Sec. 17. Severability.

6 **“SEC. 2. FINDINGS.**

7 “(a) GENERAL FINDINGS.—Congress finds that—

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

12 “(2) Native Hawaiians—

13 “(A) are a distinct and unique indigenous
14 people with a historical continuity to the origi-
15 nal inhabitants of the Hawaiian archipelago
16 within Ke Moananui, the Pacific Ocean; and

1 “(B) have a distinct society that was first
2 organized almost 2,000 years ago;

3 “(3) the health and well-being of Native Hawai-
4 ians are intrinsically tied to the deep feelings and at-
5 tachment of Native Hawaiians to their lands and
6 seas;

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

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

16 “(6) the Native Hawaiian people are deter-
17 mined to preserve, develop, and transmit to future
18 generations, in accordance with their own spiritual
19 and traditional beliefs, their customs, practices, lan-
20 guage, social institutions, ancestral territory, and
21 cultural identity;

22 “(7) in referring to themselves, Native Hawai-
23 ians use the term ‘Kanaka Maoli’, a term frequently
24 used in the 19th century to describe the native peo-
25 ple of Hawaii;

1 “(8) the constitution and statutes of the State
2 of Hawaii—

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

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

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

16 “(10) a unified monarchical government of the
17 Hawaiian Islands was established in 1810 under Ka-
18 mehameha I, the first King of Hawaii;

19 “(11) throughout the 19th century until 1893,
20 the United States—

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

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

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

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

11 “(13) in pursuance of that conspiracy—

12 “(A) the United States Minister and the
13 naval representative of the United States
14 caused armed forces of the United States Navy
15 to invade the sovereign Hawaiian Nation in
16 support of the overthrow of the indigenous and
17 lawful Government of Hawaii; and

18 “(B) after that overthrow, the United
19 States Minister extended diplomatic recognition
20 of a provisional government formed by the con-
21 spirators without the consent of the native peo-
22 ple of Hawaii or the lawful Government of Ha-
23 warii, in violation of—

24 “(i) treaties between the Government
25 of Hawaii and the United States; and

1 “(ii) international law;

2 “(14) in a message to Congress on December
3 18, 1893, President Grover Cleveland—

4 “(A) reported fully and accurately on those
5 illegal actions;

6 “(B) acknowledged that by those acts, de-
7 scribed by the President as acts of war, the
8 government of a peaceful and friendly people
9 was overthrown; and

10 “(C) concluded that a ‘substantial wrong
11 has thus been done which a due regard for our
12 national character as well as the rights of the
13 injured people required that we should endeavor
14 to repair’;

15 “(15) Queen Lili‘uokalani, the lawful monarch
16 of Hawaii, and the Hawaiian Patriotic League, rep-
17 resenting the aboriginal citizens of Hawaii, promptly
18 petitioned the United States for redress of those
19 wrongs and restoration of the indigenous govern-
20 ment of the Hawaiian nation, but no action was
21 taken on that petition;

22 “(16) in 1993, Congress enacted Public Law
23 103–150 (107 Stat. 1510), in which Congress—

24 “(A) acknowledged the significance of
25 those events; and

1 “(B) apologized to Native Hawaiians on
2 behalf of the people of the United States for the
3 overthrow of the Kingdom of Hawaii with the
4 participation of agents and citizens of the
5 United States, and the resulting deprivation of
6 the rights of Native Hawaiians to self-deter-
7 mination;

8 “(17) in 1898, the United States—

9 “(A) annexed Hawaii through Resolution
10 No. 55 (commonly known as the ‘Newlands
11 Resolution’) (30 Stat. 750), without the consent
12 of, or compensation to, the indigenous people of
13 Hawaii or the sovereign government of those
14 people; and

15 “(B) denied those people the mechanism
16 for expression of their inherent sovereignty
17 through self-government and self-determination
18 of their lands and ocean resources;

19 “(18) through the Newlands Resolution and the
20 Act of April 30, 1900 (commonly known as the
21 ‘1900 Organic Act’) (31 Stat. 141, chapter 339),
22 Congress—

23 “(A) received 1,750,000 acres of land for-
24 merly owned by the Crown and Government of
25 the Hawaiian Kingdom; and

1 “(B) exempted the land from then-existing
2 public land laws of the United States by man-
3 dating that the revenue and proceeds from that
4 land be ‘used solely for the benefit of the inhab-
5 itants of the Hawaiian Islands for education
6 and other public purposes’, thereby establishing
7 a special trust relationship between the United
8 States and the inhabitants of Hawaii;

9 “(19) in 1921, Congress enacted the Hawaiian
10 Homes Commission Act, 1920 (42 Stat. 108, chap-
11 ter 42), which—

12 “(A) designated 200,000 acres of the
13 ceded public land for exclusive homesteading by
14 Native Hawaiians; and

15 “(B) affirmed the trust relationship be-
16 tween the United States and Native Hawaiians,
17 as expressed by Secretary of the Interior
18 Franklin K. Lane, who was cited in the Com-
19 mittee Report of the Committee on Territories
20 of the House of Representatives as stating,
21 ‘One thing that impressed me . . . was the fact
22 that the natives of the islands . . . for whom in
23 a sense we are trustees, are falling off rapidly
24 in numbers and many of them are in poverty.’;

1 “(20) in 1938, Congress again acknowledged
2 the unique status of the Native Hawaiian people by
3 including in the Act of June 20, 1938 (52 Stat.
4 781), a provision—

5 “(A) to lease land within the extension to
6 Native Hawaiians; and

7 “(B) to permit fishing in the area ‘only by
8 native Hawaiian residents of said area or of ad-
9 jacent villages and by visitors under their guid-
10 ance’;

11 “(21) under the Act of March 18, 1959 (48
12 U.S.C. prec. 491 note; 73 Stat. 4), the United
13 States—

14 “(A) transferred responsibility for the ad-
15 ministration of the Hawaiian home lands to the
16 State; but

17 “(B) reaffirmed the trust relationship that
18 existed between the United States and the Na-
19 tive Hawaiian people by retaining the exclusive
20 power to enforce the trust, including the power
21 to approve land exchanges and legislative
22 amendments affecting the rights of beneficiaries
23 under that Act;

24 “(22) under the Act referred to in paragraph
25 (21), the United States—

1 “(A) transferred responsibility for adminis-
2 tration over portions of the ceded public lands
3 trust not retained by the United States to the
4 State; but

5 “(B) reaffirmed the trust relationship that
6 existed between the United States and the Na-
7 tive Hawaiian people by retaining the legal re-
8 sponsibility of the State for the betterment of
9 the conditions of Native Hawaiians under sec-
10 tion 5(f) of that Act (73 Stat. 6);

11 “(23) in 1978, the people of Hawaii—

12 “(A) amended the constitution of Hawaii
13 to establish the Office of Hawaiian Affairs; and

14 “(B) assigned to that Office the author-
15 ity—

16 “(i) to accept and hold in trust for the
17 Native Hawaiian people real and personal
18 property transferred from any source;

19 “(ii) to receive payments from the
20 State owed to the Native Hawaiian people
21 in satisfaction of the pro rata share of the
22 proceeds of the public land trust estab-
23 lished by section 5(f) of the Act of March
24 18, 1959 (48 U.S.C. prec. 491 note; 73
25 Stat. 6);

1 “(iii) to act as the lead State agency
2 for matters affecting the Native Hawaiian
3 people; and

4 “(iv) to formulate policy on affairs re-
5 lating to the Native Hawaiian people;

6 “(24) the authority of Congress under the Con-
7 stitution to legislate in matters affecting the aborigi-
8 nal or indigenous people of the United States in-
9 cludes the authority to legislate in matters affecting
10 the native people of Alaska and Hawaii;

11 “(25) the United States has recognized the au-
12 thority of the Native Hawaiian people to continue to
13 work toward an appropriate form of sovereignty, as
14 defined by the Native Hawaiian people in provisions
15 set forth in legislation returning the Hawaiian Is-
16 land of Kaho‘olawe to custodial management by the
17 State in 1994;

18 “(26) in furtherance of the trust responsibility
19 for the betterment of the conditions of Native Ha-
20 waiians, the United States has established a pro-
21 gram for the provision of comprehensive health pro-
22 motion and disease prevention services to maintain
23 and improve the health status of the Hawaiian peo-
24 ple;

1 “(27) that program is conducted by the Native
2 Hawaiian Health Care Systems and Papa Ola
3 Lokahi;

4 “(28) health initiatives implemented by those
5 and other health institutions and agencies using
6 Federal assistance have been responsible for reduc-
7 ing the century-old morbidity and mortality rates of
8 Native Hawaiian people by—

9 “(A) providing comprehensive disease pre-
10 vention;

11 “(B) providing health promotion activities;
12 and

13 “(C) increasing the number of Native Ha-
14 waiians in the health and allied health profes-
15 sions;

16 “(29) those accomplishments have been
17 achieved through implementation of—

18 “(A) the Native Hawaiian Health Care Act
19 of 1988 (Public Law 100–579); and

20 “(B) the reauthorization of that Act under
21 section 9168 of the Department of Defense Ap-
22 propriations Act, 1993 (Public Law 102–396;
23 106 Stat. 1948);

24 “(30) the historical and unique legal relation-
25 ship between the United States and Native Hawai-

1 ians has been consistently recognized and affirmed
2 by Congress through the enactment of more than
3 160 Federal laws that extend to the Native Hawai-
4 ian people the same rights and privileges accorded to
5 American Indian, Alaska Native, Eskimo, and Aleut
6 communities, including—

7 “(A) the Native American Programs Act of
8 1974 (42 U.S.C. 2991 et seq.);

9 “(B) the American Indian Religious Free-
10 dom Act (42 U.S.C. 1996);

11 “(C) the National Museum of the Amer-
12 ican Indian Act (20 U.S.C. 80q et seq.); and

13 “(D) the Native American Graves Protec-
14 tion and Repatriation Act (25 U.S.C. 3001 et
15 seq.);

16 “(31) the United States has recognized and re-
17 affirmed the trust relationship to the Native Hawai-
18 ian people through legislation that authorizes the
19 provision of services to Native Hawaiians, specifi-
20 cally—

21 “(A) the Older Americans Act of 1965 (42
22 U.S.C. 3001 et seq.);

23 “(B) the Developmental Disabilities Assist-
24 ance and Bill of Rights Act Amendments of
25 1987 (42 U.S.C. 6000 et seq.);

1 “(C) the Veterans’ Benefits and Services
2 Act of 1988 (Public Law 100–322);

3 “(D) the Rehabilitation Act of 1973 (29
4 U.S.C. 701 et seq.);

5 “(E) the Native Hawaiian Health Care Act
6 of 1988 (42 U.S.C. 11701 et seq.);

7 “(F) the Health Professions Reauthoriza-
8 tion Act of 1988 (Public Law 100–607; 102
9 Stat. 3122);

10 “(G) the Nursing Shortage Reduction and
11 Education Extension Act of 1988 (Public Law
12 100–607; 102 Stat. 3153);

13 “(H) the Handicapped Programs Technical
14 Amendments Act of 1988 (Public Law 100–
15 630);

16 “(I) the Indian Health Care Amendments
17 of 1988 (Public Law 100–713); and

18 “(J) the Disadvantaged Minority Health
19 Improvement Act of 1990 (Public Law 101–
20 527);

21 “(32) the United States has affirmed that his-
22 torical and unique legal relationship to the Hawaiian
23 people by authorizing the provision of services to
24 Native Hawaiians to address problems of alcohol

1 and drug abuse under the Anti-Drug Abuse Act of
2 1986 (21 U.S.C. 801 note; Public Law 99–570);

3 “(33) in addition, the United States—

4 “(A) has recognized that Native Hawai-
5 ians, as aboriginal, indigenous, native people of
6 Hawaii, are a unique population group in Ha-
7 waii and in the continental United States; and

8 “(B) has so declared in Office of Manage-
9 ment and Budget Circular 15 in 1997 and
10 Presidential Executive Order No. 13125, dated
11 June 7, 1999; and

12 “(34) despite the United States having ex-
13 pressed in Public Law 103–150 (107 Stat. 1510) its
14 commitment to a policy of reconciliation with the
15 Native Hawaiian people for past grievances—

16 “(A) the unmet health needs of the Native
17 Hawaiian people remain severe; and

18 “(B) the health status of the Native Ha-
19 waiian people continues to be far below that of
20 the general population of the United States.

21 “(b) FINDING OF UNMET NEEDS AND HEALTH DIS-
22 PARITIES.—Congress finds that the unmet needs and seri-
23 ous health disparities that adversely affect the Native Ha-
24 waiian people include the following:

25 “(1) CHRONIC DISEASE AND ILLNESS.—

1 “(A) CANCER.—

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

4 “(I) Native Hawaiians have the
5 highest cancer mortality rates in the
6 State (216.8 out of every 100,000
7 male residents and 191.6 out of every
8 100,000 female residents), rates that
9 are 21 percent higher than the rate
10 for the total State male population
11 (179.0 out of every 100,000 residents)
12 and 64 percent higher than the rate
13 for the total State female population
14 (117.0 per 100,000);

15 “(II) Native Hawaiian males
16 have the highest cancer mortality
17 rates in the State for cancers of the
18 lung, colon, rectum, and colorectum,
19 and for all cancers combined;

20 “(III) Native Hawaiian females
21 have the highest cancer mortality
22 rates in the State for cancers of the
23 lung, liver, pancreas, breast, corpus
24 uteri, stomach, colon, and rectum, and
25 for all cancers combined;

1 “(IV) Native Hawaiian males
2 have 8.7 years of productive life lost
3 as a result of cancer in the State, the
4 highest years of productive life lost in
5 that State, as compared with 6.4
6 years for all males; and

7 “(V) Native Hawaiian females
8 have 8.2 years of productive life lost
9 as a result of cancer in the State as
10 compared with 6.4 years for all fe-
11 males in the State.

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

14 “(I) Native Hawaiians have the
15 highest mortality rate in the State
16 from breast cancer (30.79 out of
17 every 100,000 residents), a rate that
18 is 33 percent higher than that for
19 Caucasian Americans (23.07 out of
20 every 100,000 residents) and 106 per-
21 cent higher than that for Chinese
22 Americans (14.96 out of every
23 100,000 residents); and

24 “(II) nationally, Native Hawai-
25 ians have the third highest mortality

1 rate as a result of breast cancer (25.0
2 out of every 100,000 residents), be-
3 hind African Americans (31.4 out of
4 every 100,000 residents) and Cauca-
5 sian Americans (27.0 out of every
6 100,000 residents).

7 “(iii) CANCER OF THE CERVIX.—Na-
8 tive Hawaiians have the highest mortality
9 rate as a result of cancer of the cervix in
10 the State (3.65 out of every 100,000 resi-
11 dents), followed by Filipino Americans
12 (2.69 out of every 100,000 residents) and
13 Caucasian Americans (2.61 out of every
14 100,000 residents).

15 “(iv) LUNG CANCER.—Native Hawai-
16 ian males and females have the highest
17 mortality rates as a result of lung cancer
18 in the State, at 74.79 per 100,000 for
19 males and 47.84 per 100,000 females,
20 which rates are higher than the rates for
21 the total State population by 48 percent
22 for males and 93 percent for females.

23 “(v) PROSTATE CANCER.—Native Ha-
24 waiian males have the third highest mor-
25 tality rate as a result of prostate cancer in

1 the State (21.48 out of every 100,000 resi-
2 dents), with Caucasian Americans having
3 the highest mortality rate as a result of
4 prostate cancer (23.96 out of every
5 100,000 residents).

6 “(B) DIABETES.—With respect to diabe-
7 tes, in 2000—

8 “(i) Native Hawaiians had the highest
9 mortality rate as a result of diabetes
10 mellitis (38.8 out of every 100,000 resi-
11 dents) in the State, which rate is 138 per-
12 cent higher than the statewide rate for all
13 racial groups (16.3 out of every 100,000
14 residents); and

15 “(ii) full-blood Hawaiians had a mor-
16 tality as a result of diabetes mellitis of
17 93.3 out of every 100,000 residents, which
18 is 518 percent higher than the rate for the
19 statewide population of all other racial
20 groups.

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

22 “(i) in 1990, Native Hawaiians com-
23 prised 44 percent of all asthma cases in
24 the State for those 18 years of age and

1 younger, and 35 percent of all asthma
2 cases reported; and

3 “(ii) in 1999, the Native Hawaiian
4 prevalence rate for asthma was 129.6 out
5 of every 1,000 residents, which was 69 per-
6 cent higher than the rate for all others
7 combined in the State (76.7 out of every
8 1,000 residents).

9 “(D) CIRCULATORY DISEASES.—

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

12 “(I) the mortality rate for Native
13 Hawaiians as a result of heart disease
14 (372.3 out of every 100,000 residents)
15 is 68 percent higher than the rate for
16 the entire State (221.9 out of every
17 100,000 residents); and

18 “(II) Native Hawaiian males
19 have the greatest years of productive
20 life lost in the State, because Native
21 Hawaiian males lose an average of
22 15.5 years and Native Hawaiian fe-
23 males lose an average of 8.2 years as
24 a result of heart disease, as compared

1 with 7.5 years for all males, and 6.4
2 years for all females, in the State.

3 “(ii) HYPERTENSION.—With respect
4 to hypertension—

5 “(I) the mortality rate for Native
6 Hawaiians as a result of hypertension
7 (3.5 out of every 100,000 residents) is
8 84 percent higher than that for the
9 entire State (1.9 out of every 100,000
10 residents);

11 “(II) Native Hawaiians have sub-
12 stantially higher prevalence rates of
13 hypertension than—

14 “(aa) those observed state-
15 wide; and

16 “(bb) those of any other eth-
17 nic group in Hawaii; and

18 “(III) the prevalence rate of hy-
19 pertension for Native Hawaiians is
20 37.9 percent, 11 percent higher than
21 that for all others in the State (34.1
22 percent).

23 “(iii) STROKE.—The mortality rate
24 for Native Hawaiians as a result of stroke
25 (72.0 out of every 100,000 residents) is 20

1 percent higher than that for the entire
2 State (60 out of every 100,000 residents).

3 “(2) INFECTIOUS DISEASE AND ILLNESS.—

4 With respect to infectious disease and illness—

5 “(A) in 1998, Native Hawaiians comprised
6 20 percent of all deaths resulting from infec-
7 tious diseases in the State for all ages; and

8 “(B) the incidence of acquired immune de-
9 ficiency syndrome for Native Hawaiians is at
10 least twice as high per 100,000 residents (10.5
11 percent) than that for any other non-Caucasian
12 group in the State.

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

14 “(A) the mortality rate for Native Hawai-
15 ians as a result of injuries (32.0 out of every
16 100,000 residents) is 16 percent higher than
17 that for the entire State (27.5 out of every
18 100,000 residents);

19 “(B) 32 percent of all deaths of individuals
20 between the ages of 18 and 24 years of age re-
21 sulting from injuries were Native Hawaiian;
22 and

23 “(C) the 2 primary causes of Native Ha-
24 waiian deaths in that age group were motor ve-

1 hicle accidents (30 percent) and intentional self-
2 harm (39 percent).

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

5 “(A) Native Hawaiian children exhibit
6 among the highest rates of dental caries in the
7 United States, and the highest in the State as
8 compared with the 5 other major ethnic groups
9 in the State;

10 “(B) the average number of decayed or
11 filled primary teeth for Native Hawaiian chil-
12 dren aged 5 through 9 years was 4.3, as com-
13 pared with 3.7 for all children in the State and
14 1.9 for all children in the United States; and

15 “(C) the proportion of Native Hawaiian
16 children aged 5 through 12 years with unmet
17 dental treatment needs (defined as having ac-
18 tive dental caries requiring treatment) is 40
19 percent, as compared with 33 percent for all
20 other racial groups in the State.

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

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

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

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

9 “(6) MATERNAL AND CHILD HEALTH.—

10 “(A) IN GENERAL.—With respect to ma-
11 ternal and child health, for 2000—

12 “(i) 39 percent of all deaths of chil-
13 dren under the age of 18 years in the
14 State were Native Hawaiian; and

15 “(ii) perinatal conditions accounted
16 for 38 percent of all Native Hawaiian
17 deaths in that age group.

18 “(B) PRENATAL CARE.—With respect to
19 prenatal care—

20 “(i) as of 1998, Native Hawaiian
21 women have the highest prevalence (24
22 percent) of having had no prenatal care
23 during the first trimester of pregnancy, as
24 compared with the 5 largest ethnic groups
25 in the State;

1 “(ii) of the mothers in the State who
2 received no prenatal care throughout their
3 pregnancies in 1996, 44 percent were Na-
4 tive Hawaiian;

5 “(iii) more than 65 percent of the re-
6 ferrals to Healthy Start in fiscal years
7 1996 and 1997 were Native Hawaiian
8 newborns; and

9 “(iv) in every region of the State,
10 many Native Hawaiian newborns begin life
11 in a potentially hazardous circumstance,
12 far higher than any other racial group.

13 “(C) BIRTHS.—With respect to births—

14 “(i) in 1996, 45 percent of the live
15 births to Native Hawaiian mothers were
16 infants born to single mothers, a cir-
17 cumstance which statistics indicate puts in-
18 fants at higher risk of low birth weight and
19 infant mortality;

20 “(ii) in 1996, of the births to Native
21 Hawaiian single mothers, 8 percent were
22 low birth weight (defined as a weight of
23 less than 2,500 grams); and

1 “(iii) of all low birth weight infants
2 born to single mothers in the State, 44
3 percent were Native Hawaiian.

4 “(D) TEEN PREGNANCIES.—With respect
5 to births—

6 “(i) in 1993 and 1994, Native Hawai-
7 ians had the highest percentage of teen
8 (individuals who were less than 18 years of
9 age) births (8.1 percent), as compared with
10 the rate for all other racial groups in the
11 State (3.6 percent);

12 “(ii) in 1998, nearly 49 percent of all
13 mothers in the State under 19 years of age
14 were Native Hawaiian;

15 “(iii) in 1998, Native Hawaiians com-
16 prised 31 percent (1,425) of all live births
17 to mothers with medical risk factors in the
18 State (4,559); and

19 “(iv) lower rates of abortion (approxi-
20 mately 33 percent lower than for the state-
21 wide population) among Hawaiian women
22 may account, in part, for that higher per-
23 centage of live births.

24 “(E) FETAL MORTALITY.—With respect to
25 fetal mortality—

1 “(i) in 2000, Native Hawaiians had
2 the highest number of fetal deaths in the
3 State; and

4 “(ii)(I) 21 percent all fetal deaths in
5 the State were associated with expectant
6 Native Hawaiian mothers; and

7 “(II) 37 percent of those Native Ha-
8 waiian mothers were under the age of 25
9 years.

10 “(7) MENTAL HEALTH.—

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

13 “(i) Native Hawaiians represent 38
14 percent of the total admissions to sub-
15 stance abuse treatment programs funded
16 by the Department of Health, Alcohol,
17 Drugs and Other Drugs of the State;

18 “(ii) in 2000, the prevalence of ciga-
19 rette smoking by Native Hawaiians was
20 31.0 percent, a rate that is 57 percent
21 higher than that for the total population in
22 the State, which is 19.7 percent;

23 “(iii) Native Hawaiians have the high-
24 est prevalence rate of acute alcohol drink-
25 ing (19.6 percent), a rate that is 40 per-

1 cent higher than that for the total popu-
2 lation in the State;

3 “(iv) the chronic alcohol drinking rate
4 among Native Hawaiians is 54 percent
5 higher than that for all other racial groups
6 in the State;

7 “(v) in 1991, 40 percent of Native
8 Hawaiian adults surveyed reported having
9 used marijuana, as compared with 30 per-
10 cent for all other racial groups in the
11 State; and

12 “(vi) 9 percent of the Native Hawai-
13 ian adults surveyed reported that they use
14 or have used marijuana within the year
15 preceding the survey, as compared with 6
16 percent for all other racial groups in the
17 State.

18 “(B) CRIME.—With respect to crime—

19 “(i) in 1998, of the 7,789 arrests that
20 were made for property crimes in the
21 State, arrests of Native Hawaiians com-
22 prised 23 percent;

23 “(ii) Native Hawaiians comprised 40
24 percent of juvenile arrests in 1998, the

1 largest percentage of all juvenile arrests in
2 that year;

3 “(iii) in the period of 1996 through
4 1998, the overrepresentation of Native Ha-
5 waiian juvenile arrests for index crimes
6 and Part II offenses increased by 6 per-
7 cent and 2 percent, respectively;

8 “(iv) in 1998, Native Hawaiians rep-
9 resented 22 percent of the 2,423 adults ar-
10 rested for drug-related offenses in the
11 State;

12 “(v) Native Hawaiians are overrepre-
13 sented in the prison population in the
14 State;

15 “(vi) of the 2,260 incarcerated Native
16 Hawaiians, 70 percent are between 20 and
17 40 years of age;

18 “(vii) in 1995 and 1996, Native Ha-
19 waiians comprised 36.5 percent of the sen-
20 tenced felon prison population in Hawaii,
21 as compared with 20.5 percent for Cauca-
22 sian Americans, 3.7 percent for Japanese
23 Americans, and 6 percent for Chinese
24 Americans;

1 “(viii) in 2002, Native Hawaiians
2 comprised 40 percent of the total sen-
3 tenced felon population in the State, as
4 compared with 25 percent for Caucasian
5 Americans, 12 percent for Filipino Ameri-
6 cans, 6 percent for Japanese Americans,
7 and 5 percent for Samoans; and

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

13 “(8) OBESITY.—Native Hawaiians have the
14 highest prevalence rate of overweightness and obe-
15 sity (69.4 percent), a rate that is 38 percent higher
16 than that for the total State population (50.2 per-
17 cent).

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

21 “(A)(i) Native Hawaiians who are at least
22 25 years of age have a comparable rate of high
23 school completion as compared with all people
24 in the State who are at least 25 years of age;
25 but

1 “(ii) the rate of baccalaureate degree
2 achievement among Native Hawaiians is 6.9
3 percent, which is less than the average in the
4 State (15.76 percent);

5 “(B) Native Hawaiian physicians make up
6 4 percent of the total physician workforce in the
7 State; and

8 “(C)(i) in fiscal year 1999, Native Hawai-
9 ians comprised—

10 “(I) 9 percent of those individuals
11 who earned Bachelor’s degrees;

12 “(II) 15 percent of those individuals
13 who earned 2-year diplomas; and

14 “(III) 6 percent of those individuals
15 who earned Master’s degrees; and

16 “(ii) in 1997, Native Hawaiians comprised
17 less than 1 percent of individuals who earned
18 doctoral degrees at the University of Hawaii.

19 **“SEC. 3. DEFINITIONS.**

20 “In this Act:

21 “(1) DEPARTMENT.—The term ‘Department’
22 means the Department of Health and Human Serv-
23 ices.

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

- 1 “(A) immunizations;
- 2 “(B) control of high blood pressure;
- 3 “(C) control of sexually transmittable dis-
- 4 eases;
- 5 “(D) prevention and control of chronic dis-
- 6 eases;
- 7 “(E) control of toxic agents;
- 8 “(F) occupational safety and health;
- 9 “(G) injury prevention;
- 10 “(H) fluoridation of water;
- 11 “(I) control of infectious agents; and
- 12 “(J) provision of mental health care.

13 “(3) HEALTH PROMOTION.—The term ‘health

14 promotion’ includes—

- 15 “(A) pregnancy and infant care, including
- 16 prevention of fetal alcohol syndrome;
- 17 “(B) cessation of tobacco smoking;
- 18 “(C) reduction in the misuse of alcohol and
- 19 harmful illicit drugs;
- 20 “(D) improvement of nutrition;
- 21 “(E) improvement in physical fitness;
- 22 “(F) family planning;
- 23 “(G) control of stress;

1 “(H) reduction of major behavioral risk
2 factors and promotion of healthy lifestyle prac-
3 tices; and

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

8 “(4) HEALTH SERVICE.—The term ‘health serv-
9 ice’ means—

10 “(A) service provided by a physician, phy-
11 sician’s assistant, nurse practitioner, nurse,
12 dentist, or other health professional;

13 “(B) a diagnostic laboratory or radiologic
14 service;

15 “(C) a preventive health service (including
16 a perinatal service, well child service, family
17 planning service, nutrition service, home health
18 service, sports medicine and athletic training
19 service, and, generally, any service associated
20 with enhanced health and wellness);

21 “(D) emergency medical service, including
22 a service provided by a first responder, emer-
23 gency medical technician, or mobile intensive
24 care technician;

1 “(E) a transportation service required for
2 adequate patient care;

3 “(F) a preventive dental service;

4 “(G) a pharmaceutical and medical service;

5 “(H) a mental health service, including a
6 service provided by a psychologist or social
7 worker;

8 “(I) a genetic counseling service;

9 “(J) a health administration service, in-
10 cluding a service provided by a health program
11 administrator;

12 “(K) a health research service, including a
13 service provided by an individual with an ad-
14 vanced degree in medicine, nursing, psychology,
15 social work, or any other related health pro-
16 gram;

17 “(L) an environmental health service, in-
18 cluding a service provided by an epidemiologist,
19 public health official, medical geographer, or
20 medical anthropologist, or an individual special-
21 izing in biological, chemical, or environmental
22 health determinants;

23 “(M) a primary care service that may lead
24 to specialty or tertiary care; and

1 “(N) a complimentary healing practice, in-
2 cluding a practice performed by a traditional
3 Native Hawaiian healer.

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

10 “(A) genealogical records;

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

13 “(C) birth records of the State or any
14 other State or territory of the United States.

15 “(6) NATIVE HAWAIIAN HEALTH CARE SYS-
16 TEM.—The term ‘Native Hawaiian health care sys-
17 tem’ means any of up to 8 entities in the State
18 that—

19 “(A) is organized under the laws of the
20 State;

21 “(B) provides or arranges for the provision
22 of health services for Native Hawaiians in the
23 State;

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

1 “(D) has Native Hawaiians significantly
2 participating in the planning, management, pro-
3 vision, monitoring, and evaluation of health
4 services;

5 “(E) addresses the health care needs of an
6 island’s Native Hawaiian population; and

7 “(F) is recognized by Papa Ola Lokahi—

8 “(i) for the purpose of planning, con-
9 ducting, or administering programs, or
10 portions of programs, authorized by this
11 Act for the benefit of Native Hawaiians;
12 and

13 “(ii) as having the qualifications and
14 the capacity to provide the services and
15 meet the requirements under—

16 “(I) the contract that each Na-
17 tive Hawaiian health care system en-
18 ters into with the Secretary under this
19 Act; and

20 “(II) the grant each Native Ha-
21 waiian health care system receives
22 from the Secretary under this Act.

23 “(7) NATIVE HAWAIIAN HEALTH CENTER.—The
24 term ‘Native Hawaiian Health Center’ means any

1 organization that is a primary health care provider
2 that—

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

6 “(B) has demonstrated cultural com-
7 petency in a predominantly Native Hawaiian
8 community;

9 “(C) serves a patient population that—

10 “(i) is made up of individuals at least
11 50 percent of whom are Native Hawaiian;
12 or

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

15 “(D) is recognized by Papa Ola Lokahi has
16 having met each of the criteria described in
17 subparagraphs (A) through (C).

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

1 “(9) NATIVE HAWAIIAN ORGANIZATION.—The
2 term ‘Native Hawaiian organization’ means any or-
3 ganization that—

4 “(A) serves the interests of Native Hawai-
5 ians; and

6 “(B)(i) is recognized by Papa Ola Lokahi
7 for planning, conducting, or administering pro-
8 grams authorized under this Act for the benefit
9 of Native Hawaiians; and

10 “(ii) is a public or nonprofit private entity.

11 “(10) OFFICE OF HAWAIIAN AFFAIRS.—The
12 term ‘Office of Hawaiian Affairs’ means the govern-
13 mental entity that—

14 “(A) is established under article XII, sec-
15 tions 5 and 6, of the Hawaii State Constitution;
16 and

17 “(B) charged with the responsibility to for-
18 mulate policy relating to the affairs of Native
19 Hawaiians.

20 “(11) PAPA OLA LOKAHI.—

21 “(A) IN GENERAL.—The term ‘Papa Ola
22 Lokahi’ means an organization that—

23 “(i) is composed of public agencies
24 and private organizations focusing on im-

1 proving the health status of Native Hawai-
2 ians; and

3 “(ii) governed by a board the mem-
4 bers of which may include representation
5 from—

6 “(I) E Ola Mau;

7 “(II) the Office of Hawaiian Af-
8 fairs;

9 “(III) Alu Like, Inc.;

10 “(IV) the University of Hawaii;

11 “(V) the Hawaii State Depart-
12 ment of Health;

13 “(VI) the Native Hawaiian
14 Health Task Force;

15 “(VII) the Hawaii State Primary
16 Care Association;

17 “(VIII) Ahahui O Na Kauka, the
18 Native Hawaiian Physicians Associa-
19 tion;

20 “(IX) Ho‘ola Lahui Hawaii, or a
21 health care system serving the islands
22 of Kaua‘i or Ni‘ihau (which may be
23 composed of as many health care cen-
24 ters as are necessary to meet the

1 health care needs of the Native Ha-
2 waiians of those islands);

3 “(X) Ke Ola Mamo, or a health
4 care system serving the island of
5 O‘ahu (which may be composed of as
6 many health care centers as are nec-
7 essary to meet the health care needs
8 of the Native Hawaiians of that is-
9 land);

10 “(XI) Na Pu‘uwai or a health
11 care system serving the islands of
12 Moloka‘i or Lana‘i (which may be
13 composed of as many health care cen-
14 ters as are necessary to meet the
15 health care needs of the Native Ha-
16 waiians of those islands);

17 “(XII) Hui No Ke Ola Pono, or
18 a health care system serving the is-
19 land of Maui (which may be composed
20 of as many health care centers as are
21 necessary to meet the health care
22 needs of the Native Hawaiians of that
23 island);

24 “(XIII) Hui Malama Ola Na
25 ‘Oiwi, or a health care system serving

1 the island of Hawaii (which may be
2 composed of as many health care cen-
3 ters as are necessary to meet the
4 health care needs of the Native Ha-
5 waiians of that island);

6 “(XIV) such other Native Hawai-
7 ian health care systems as are cer-
8 tified and recognized by Papa Ola
9 Lokahi in accordance with this Act;
10 and

11 “(XV) such other member orga-
12 nizations as the Board of Papa Ola
13 Lokahi shall admit from time to time,
14 based on satisfactory demonstration of
15 a record of contribution to the health
16 and well-being of Native Hawaiians.

17 “(B) EXCLUSION.—The term ‘Papa Ola
18 Lokahi’ does not include any organization de-
19 scribed in subparagraph (A) for which the Sec-
20 retary has made a determination that the orga-
21 nization has not developed a mission statement
22 that includes—

23 “(i) clearly-defined goals and objec-
24 tives for the contributions the organization
25 will make to—

1 “(I) Native Hawaiian health care
2 systems; and

3 “(II) the national policy de-
4 scribed in section 4; and

5 “(ii) an action plan for carrying out
6 those goals and objectives.

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

9 “(13) STATE.—The term ‘State’ means the
10 State of Hawaii.

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

14 “(A) who—

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

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

20 “(B) the knowledge, skills, and experience
21 of whom are based on demonstrated learning of
22 Native Hawaiian healing practices acquired
23 by—

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

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

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

5 “(a) DECLARATION.—Congress declares that it is the
6 policy of the United States, in fulfillment of special re-
7 sponsibilities and legal obligations of the United States to
8 the indigenous people of Hawaii resulting from the unique
9 and historical relationship between the United States and
10 the indigenous people of Hawaii—

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

13 “(2) to provide Native Hawaiian health care
14 programs with all resources necessary to effectuate
15 that policy.

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

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

1 “(2) the United States—

2 “(A) raise the health status of Native Ha-
3 waiians by the year 2010 to at least the levels
4 described in the goals contained within Healthy
5 People 2010 (or successor standards); and

6 “(B) incorporate within health programs in
7 the United States activities defined and identi-
8 fied by Kanaka Maoli, such as—

9 “(i) incorporating and supporting the
10 integration of cultural approaches to health
11 and well-being, including programs using
12 traditional practices relating to the atmos-
13 phere (lewa lani), land (’aina), water (wai),
14 or ocean (kai);

15 “(ii) increasing the number of Native
16 Hawaiian health and allied-health pro-
17 viders who provide care to or have an im-
18 pact on the health status of Native Hawai-
19 ians;

20 “(iii) increasing the use of traditional
21 Native Hawaiian foods in—

22 “(I) the diets and dietary pref-
23 erences of people, including those of
24 students; and

25 “(II) school feeding programs;

1 “(iv) identifying and instituting Na-
2 tive Hawaiian cultural values and practices
3 within the corporate cultures of organiza-
4 tions and agencies providing health serv-
5 ices to Native Hawaiians;

6 “(v) facilitating the provision of Na-
7 tive Hawaiian healing practices by Native
8 Hawaiian healers for individuals desiring
9 that assistance;

10 “(vi) supporting training and edu-
11 cation activities and programs in tradi-
12 tional Native Hawaiian healing practices
13 by Native Hawaiian healers; and

14 “(vii) demonstrating the integration of
15 health services for Native Hawaiians, par-
16 ticularly those that integrate mental, phys-
17 ical, and dental services in health care.

18 “(c) REPORT.—The Secretary shall submit to the
19 President, for inclusion in each report required to be sub-
20 mitted to Congress under section 12, a report on the
21 progress made toward meeting the national policy de-
22 scribed in this section.

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

25 “(a) DEVELOPMENT.—

1 “(1) IN GENERAL.—The Secretary may make a
2 grant to, or enter into a contract with, Papa Ola
3 Lokahi for the purpose of coordinating, imple-
4 menting, and updating a Native Hawaiian com-
5 prehensive health care master plan that is de-
6 signed—

7 “(A) to promote comprehensive health pro-
8 motion and disease prevention services;

9 “(B) to maintain and improve the health
10 status of Native Hawaiians; and

11 “(C) to support community-based initia-
12 tives that are reflective of holistic approaches to
13 health.

14 “(2) CONSULTATION.—

15 “(A) IN GENERAL.—In carrying out this
16 section, Papa Ola Lokahi and the Office of Ha-
17 waiian Affairs shall consult with representatives
18 of—

19 “(i) the Native Hawaiian health care
20 systems;

21 “(ii) the Native Hawaiian health cen-
22 ters; and

23 “(iii) the Native Hawaiian commu-
24 nity.

1 “(B) MEMORANDA OF UNDERSTANDING.—
2 Papa Ola Lokahi and the Office of Hawaiian
3 Affairs may enter into memoranda of under-
4 standing or agreement for the purpose of ac-
5 quiring joint funding, or for such other pur-
6 poses as are necessary, to accomplish the objec-
7 tives of this section.

8 “(3) HEALTH CARE FINANCING STUDY RE-
9 PORT.—

10 “(A) IN GENERAL.—Not later than 18
11 months after the date of enactment of the Na-
12 tive Hawaiian Health Care Improvement Reau-
13 thorization Act of 2003, Papa Ola Lokahi, in
14 cooperation with the Office of Hawaiian Affairs
15 and other appropriate agencies and organiza-
16 tions in the State (including the Department of
17 Health and the Department of Human Services
18 of the State) and appropriate Federal agencies
19 (including the Centers for Medicare and Med-
20 icaid Services), shall submit to Congress a re-
21 port that describes the impact of Federal and
22 State health care financing mechanisms and
23 policies on the health and well-being of Native
24 Hawaiians.

1 “(B) COMPONENTS.—The report shall in-
2 clude—

3 “(i) information concerning the im-
4 pact on Native Hawaiian health and well-
5 being of—

6 “(I) cultural competency;

7 “(II) risk assessment data;

8 “(III) eligibility requirements
9 and exemptions; and

10 “(IV) reimbursement policies and
11 capitation rates in effect as of the
12 date of the report for service pro-
13 viders;

14 “(ii) such other similar information as
15 may be important to improving the health
16 status of Native Hawaiians, as that infor-
17 mation relates to health care financing (in-
18 cluding barriers to health care); and

19 “(iii) recommendations for submission
20 to the Secretary, for review in consultation
21 with the Native Hawaiian community.

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

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

3 “(a) IN GENERAL.—Papa Ola Lokahi—

4 “(1) shall be responsible for—

5 “(A) the coordination, implementation, and
6 updating, as appropriate, of the comprehensive
7 health care master plan under section 5;

8 “(B) the training and education of individ-
9 uals providing health services;

10 “(C) the identification of and research (in-
11 cluding behavioral, biomedical, epidemiological,
12 and health service research) into the diseases
13 that are most prevalent among Native Hawai-
14 ians; and

15 “(D) the development and maintenance of
16 an institutional review board for all research
17 projects involving all aspects of Native Hawai-
18 ian health, including behavioral, biomedical, epi-
19 demiological, and health service research;

20 “(2) may receive special project funds (includ-
21 ing research endowments under section 736 of the
22 Public Health Service Act (42 U.S.C. 293)) made
23 available for the purpose of—

24 “(A) research on the health status of Na-
25 tive Hawaiians; or

1 “(B) addressing the health care needs of
2 Native Hawaiians; and

3 “(3) shall serve as a clearinghouse for—

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

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

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

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

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

17 “(b) CONSULTATION.—

18 “(1) IN GENERAL.—The Secretary and the Sec-
19 retary of each other Federal agency shall—

20 “(A) consult with Papa Ola Lokahi; and

21 “(B) provide Papa Ola Lokahi and the Of-
22 fice of Hawaiian Affairs, at least once annually,
23 an accounting of funds and services provided by
24 the Secretary to assist in accomplishing the
25 purposes described in section 4.

1 “(2) COMPONENTS OF ACCOUNTING.—The ac-
2 counting under paragraph (1)(B) shall include an
3 identification of—

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

6 “(B) the number of Native Hawaiians af-
7 fected by those funds;

8 “(C) the collaborations between the appli-
9 cable Federal agency and Native Hawaiian
10 groups and organizations in the expenditure of
11 those funds; and

12 “(D) the amount of funds used for—

13 “(i) Federal administrative purposes;

14 and

15 “(ii) the provision of direct services to

16 Native Hawaiians.

17 “(c) FISCAL ALLOCATION AND COORDINATION OF
18 PROGRAMS AND SERVICES.—

19 “(1) RECOMMENDATIONS.—Papa Ola Lokahi
20 shall provide annual recommendations to the Sec-
21 retary with respect to the allocation of all amounts
22 made available under this Act.

23 “(2) COORDINATION.—Papa Ola Lokahi shall,
24 to the maximum extent practicable, coordinate and
25 assist the health care programs and services pro-

1 vided to Native Hawaiians under this Act and other
2 Federal laws.

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

8 “(d) TECHNICAL SUPPORT.—Papa Ola Lokahi pro-
9 vide statewide infrastructure to provide technical support
10 and coordination of training and technical assistance to—

11 “(1) the Native Hawaiian health care systems;
12 and

13 “(2) the Native Hawaiian health centers.

14 “(e) RELATIONSHIPS WITH OTHER AGENCIES.—

15 “(1) AUTHORITY.—Papa Ola Lokahi may enter
16 into agreements or memoranda of understanding
17 with relevant institutions, agencies, or organizations
18 that are capable of providing—

19 “(A) health-related resources or services to
20 Native Hawaiians and the Native Hawaiian
21 health care systems; or

22 “(B) resources or services for the imple-
23 mentation of the national policy described in
24 section 4.

25 “(2) HEALTH CARE FINANCING.—

1 “(A) FEDERAL CONSULTATION.—

2 “(i) IN GENERAL.—Before adopting
3 any policy, rule, or regulation that may af-
4 fect the provision of services or health in-
5 surance coverage for Native Hawaiians, a
6 Federal agency that provides health care
7 financing and carries out health care pro-
8 grams (including the Centers for Medicare
9 and Medicaid Services) shall consult with
10 representatives of—

11 “(I) the Native Hawaiian com-
12 munity;

13 “(II) Papa Ola Lokahi; and

14 “(III) organizations providing
15 health care services to Native Hawai-
16 ians in the State.

17 “(ii) IDENTIFICATION OF EFFECTS.—

18 Any consultation by a Federal agency
19 under clause (i) shall include an identifica-
20 tion of the effect of any policy, rule, or
21 regulation proposed by the Federal agency.

22 “(B) STATE CONSULTATION.—Before mak-
23 ing any change in an existing program or im-
24 plementing any new program relating to Native
25 Hawaiian health, the State shall engage in

1 meaningful consultation with representatives
2 of—

3 “(i) the Native Hawaiian community;

4 “(ii) Papa Ola Lokahi; and

5 “(iii) organizations providing health
6 care services to Native Hawaiians in the
7 State.

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

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

16 “(I) the Centers for Medicare
17 and Medicaid Services;

18 “(II) the agency of the State that
19 administers or supervises the adminis-
20 tration of the State plan or waiver ap-
21 proved under title XVIII, XIX, or
22 XXI of the Social Security Act (42
23 U.S.C. 1395 et seq.) for the payment
24 of all or a part of the health care
25 services provided to Native Hawaiians

1 who are eligible for medical assistance
2 under the State plan or waiver; or

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

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

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

14 “(II) the scope of services; or

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

20 “(3) TRADITIONAL HEALERS.—

21 “(A) IN GENERAL.—The provision of
22 health services under any program operated by
23 the Department or another Federal agency (in-
24 cluding the Department of Veterans Affairs)
25 may include the services of—

1 “(i) traditional Native Hawaiian heal-
2 ers; or

3 “(ii) traditional healers providing tra-
4 ditional health care practices (as those
5 terms are defined in section 4 of the In-
6 dian Health Care Improvement Act (25
7 U.S.C. 1603).

8 “(B) EXEMPTION.—Services described in
9 subparagraph (A) shall be exempt from national
10 accreditation reviews, including reviews con-
11 ducted by—

12 “(i) the Joint Accreditation Commis-
13 sion on Health Organizations; and

14 “(ii) the Rehabilitation Accreditation
15 Commission.

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

17 “(a) COMPREHENSIVE HEALTH PROMOTION, DIS-
18 EASE PREVENTION, AND OTHER HEALTH SERVICES.—

19 “(1) GRANTS AND CONTRACTS.—The Secretary,
20 in consultation with Papa Ola Lokahi, may make
21 grants to, or enter into contracts with 1 or more Na-
22 tive Hawaiian health care systems for the purpose of
23 providing comprehensive health promotion and dis-
24 ease prevention services, as well as other health serv-

1 ices, to Native Hawaiians who desire and are com-
 2 mitted to bettering their own health.

3 “(2) LIMITATION ON NUMBER OF ENTITIES.—

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

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

16 “(c) HEALTH SERVICES TO BE PROVIDED.—

17 “(1) IN GENERAL.—Each recipient of funds
 18 under subsection (a) may provide or arrange for—

19 “(A) outreach services to inform and assist
 20 Native Hawaiians in accessing health services;

21 “(B) education in health promotion and
 22 disease prevention for Native Hawaiians that,
 23 wherever practicable, is provided by—

24 “(i) Native Hawaiian health care
 25 practitioners;

1 “(ii) community outreach workers;

2 “(iii) counselors;

3 “(iv) cultural educators; and

4 “(v) other disease prevention pro-
5 viders;

6 “(C) services of individuals providing
7 health services;

8 “(D) collection of data relating to the pre-
9 vention of diseases and illnesses among Native
10 Hawaiians; and

11 “(E) support of culturally appropriate ac-
12 tivities that enhance health and wellness, in-
13 cluding land-based, water-based, ocean-based,
14 and spiritually-based projects and programs.

15 “(2) TRADITIONAL HEALERS.—The health care
16 services referred to in paragraph (1) that are pro-
17 vided under grants or contracts under subsection (a)
18 may be provided by traditional Native Hawaiian
19 healers, as appropriate.

20 “(d) FEDERAL TORT CLAIMS ACT.—An individual
21 who provides a medical, dental, or other service referred
22 to in subsection (a)(1) for a Native Hawaiian health care
23 system, including a provider of a traditional Native Ha-
24 waiian healing service, shall be—

1 “(1) treated as if the individual were a member
2 of the Public Health Service; and

3 “(2) subject to section 224 of the Public Health
4 Service Act (42 U.S.C. 233).

5 “(e) SITE FOR OTHER FEDERAL PAYMENTS.—

6 “(1) IN GENERAL.—A Native Hawaiian health
7 care system that receives funds under subsection (a)
8 may serve as a Federal loan repayment facility.

9 “(2) REMISSION OF PAYMENTS.—A facility de-
10 scribed in paragraph (1) shall be designed to enable
11 health and allied-health professionals to remit pay-
12 ments with respect to loans provided to the profes-
13 sionals under any Federal loan program.

14 “(f) RESTRICTION ON USE OF GRANT AND CON-
15 TRACT FUNDS.—The Secretary shall not make a grant to,
16 or enter into a contract with, an entity under subsection
17 (a) unless the entity agrees that amounts received under
18 the grant or contract will not, directly or through contract,
19 be expended—

20 “(1) for any service other than a service de-
21 scribed in subsection (c)(1);

22 “(2) to purchase or improve real property
23 (other than minor remodeling of existing improve-
24 ments to real property); or

25 “(3) to purchase major medical equipment.

1 “(g) LIMITATION ON CHARGES FOR SERVICES.—The
2 Secretary shall not make a grant to, or enter into a con-
3 tract with, an entity under subsection (a) unless the entity
4 agrees that, whether health services are provided directly
5 or under a contract—

6 “(1) any health service under the grant or con-
7 tract will be provided without regard to the ability
8 of an individual receiving the health service to pay
9 for the health service; and

10 “(2) the entity will impose for the delivery of
11 such a health service a charge that is—

12 “(A) made according to a schedule of
13 charges that is made available to the public;
14 and

15 “(B) adjusted to reflect the income of the
16 individual involved.

17 “(h) AUTHORIZATION OF APPROPRIATIONS.—

18 “(1) GENERAL GRANTS.—There are authorized
19 to be appropriated such sums as are necessary to
20 carry out subsection (a) for each of fiscal years 2004
21 through 2009.

22 “(2) PLANNING GRANTS.—There are authorized
23 to be appropriated such sums as are necessary to
24 carry out subsection (b) for each of fiscal years 2004
25 through 2009.

1 “(3) HEALTH SERVICES.—There are authorized
2 to be appropriated such sums as are necessary to
3 carry out subsection (c) for each of fiscal years 2004
4 through 2009.

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

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

9 “(1) coordination, implementation, and updat-
10 ing (as appropriate) of the comprehensive health
11 care master plan developed under section 5;

12 “(2) training and education for providers of
13 health services;

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

18 “(4) a clearinghouse function for—

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

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

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

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

7 “(6) the coordination of the health care pro-
8 grams and services provided to Native Hawaiians;
9 and

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

11 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
12 are authorized to be appropriated such sums as are nec-
13 essary to carry out subsection (a) for each of fiscal years
14 2004 through 2009.

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

16 “(a) TERMS AND CONDITIONS.—The Secretary shall
17 include in any grant made or contract entered into under
18 this Act such terms and conditions as the Secretary con-
19 siders necessary or appropriate to ensure that the objec-
20 tives of the grant or contract are achieved.

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

1 “(c) ADMINISTRATIVE REQUIREMENTS.—The Sec-
2 retary shall not make a grant or enter into a contract
3 under this Act with an entity unless the entity—

4 “(1) agrees to establish such procedures for fis-
5 cal control and fund accounting as the Secretary de-
6 termines are necessary to ensure proper disburse-
7 ment and accounting with respect to the grant or
8 contract;

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

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

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

22 “(B) has designated at least 1 individual
23 who is fluent in English and the appropriate
24 language to assist in carrying out the plan;

1 “(4) with respect to health services that are
2 covered under a program under title XVIII, XIX, or
3 XXI of the Social Security Act (42 U.S.C. 1395 et
4 seq.) (including any State plan), or under any other
5 Federal health insurance plan—

6 “(A) if the entity will provide under the
7 grant or contract any of those health services
8 directly—

9 “(i) has entered into a participation
10 agreement under each such plan; and

11 “(ii) is qualified to receive payments
12 under the plan; and

13 “(B) if the entity will provide under the
14 grant or contract any of those health services
15 through a contract with an organization—

16 “(i) ensures that the organization has
17 entered into a participation agreement
18 under each such plan; and

19 “(ii) ensures that the organization is
20 qualified to receive payments under the
21 plan; and

22 “(5) agrees to submit to the Secretary and
23 Papa Ola Lokahi an annual report that—

24 “(A) describes the use and costs of health
25 services provided under the grant or contract

1 (including the average cost of health services
2 per user); and

3 “(B) provides such other information as
4 the Secretary determines to be appropriate.

5 “(d) CONTRACT EVALUATION.—

6 “(1) DETERMINATION OF NONCOMPLIANCE.—

7 If, as a result of evaluations conducted by the Sec-
8 retary, the Secretary determines that an entity has
9 not complied with or satisfactorily performed a con-
10 tract entered into under section 7, the Secretary
11 shall, before renewing the contract—

12 “(A) attempt to resolve the areas of non-
13 compliance or unsatisfactory performance; and

14 “(B) modify the contract to prevent future
15 occurrences of the noncompliance or unsatisfac-
16 tory performance.

17 “(2) NONRENEWAL.—If the Secretary deter-
18 mines that the noncompliance or unsatisfactory per-
19 formance described in paragraph (1) with respect to
20 an entity cannot be resolved and prevented in the fu-
21 ture, the Secretary—

22 “(A) shall not renew the contract with the
23 entity; and

24 “(B) may enter into a contract under sec-
25 tion 7 with another entity referred to in section

1 7(a)(3) that provides services to the same popu-
2 lation of Native Hawaiians served by the entity
3 the contract with which was not renewed by
4 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.—Each
11 contract entered into by the Secretary under this
12 Act shall be in accordance with all Federal con-
13 tracting laws (including regulations), except that, in
14 the discretion of the Secretary, such a contract
15 may—

16 “(A) be negotiated without advertising;
17 and

18 “(B) be exempted from subchapter III of
19 chapter 31, United States Code.

20 “(5) PAYMENTS.—A payment made under any
21 contract entered into under this Act—

22 “(A) may be made—

23 “(i) in advance;

24 “(ii) by means of reimbursement; or

25 “(iii) in installments; and

1 “(B) shall be made on such conditions as
2 the Secretary determines to be necessary to
3 carry out this Act.

4 “(e) REPORT.—

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

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

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

14 “(C) such other information as the Sec-
15 retary may request.

16 “(2) AUDITS.—The reports and records of any
17 entity concerning any grant or contract under this
18 Act shall be subject to audit by—

19 “(A) the Secretary;

20 “(B) the Inspector General of the Depart-
21 ment of Health and Human Services; and

22 “(C) the Comptroller General of the
23 United States.

24 “(f) ANNUAL PRIVATE AUDIT.—The Secretary shall
25 allow as a cost of any grant made or contract entered into

1 under this Act the cost of an annual private audit con-
 2 ducted by a certified public accountant to carry out this
 3 section.

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

5 “(a) IN GENERAL.—The Secretary may enter into an
 6 agreement with Papa Ola Lokahi or any of the Native Ha-
 7 waiian health care systems for the assignment of personnel
 8 of the Department of Health and Human Services with
 9 relevant expertise for the purpose of—

10 “(1) conducting research; or

11 “(2) providing comprehensive health promotion
 12 and disease prevention services and health services
 13 to Native Hawaiians.

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

20 **“SEC. 11. NATIVE HAWAIIAN HEALTH SCHOLARSHIPS AND**
 21 **FELLOWSHIPS.**

22 “(a) ELIGIBILITY.—Subject to the availability of
 23 amounts appropriated under subsection (c), the Secretary
 24 shall provide to Papa Ola Lokahi, through a direct grant
 25 or a cooperative agreement, funds for the purpose of pro-

1 viding scholarship assistance to students who are Native
2 Hawaiians.

3 “(b) PRIORITY.—A priority for scholarships under
4 subsection (a) may be provided to employees of—

5 “(1) the Native Hawaiian Health Care Systems;
6 and

7 “(2) the Native Hawaiian Health Centers.

8 “(c) TERMS AND CONDITIONS.—

9 “(1) SCHOLARSHIP ASSISTANCE.—

10 “(A) IN GENERAL.—The scholarship as-
11 sistance under subsection (a) shall be provided
12 in accordance with subparagraphs (B) through
13 (G).

14 “(B) NEED.—The provision of scholar-
15 ships in each type of health profession training
16 shall correspond to the need for each type of
17 health professional to serve the Native Hawai-
18 ian community in providing health services, as
19 identified by Papa Ola Lokahi.

20 “(C) ELIGIBLE APPLICANTS.—To the max-
21 imum extent practicable, the Secretary shall se-
22 lect scholarship recipients from a list of eligible
23 applicants submitted by Papa Ola Lokahi.

24 “(D) OBLIGATED SERVICE REQUIRE-
25 MENT.—

1 “(i) IN GENERAL.—An obligated serv-
2 ice requirement for each scholarship recipi-
3 ent (except for a recipient receiving assist-
4 ance under paragraph (2)) shall be fulfilled
5 through service, in order of priority, in—

6 “(I) any of the Native Hawaiian
7 health care systems;

8 “(II) any of the Native Hawaiian
9 health centers;

10 “(III) 1 or more health profes-
11 sions shortage areas, medically under-
12 served areas, or geographic areas or
13 facilities similarly designated by the
14 Public Health Service in the State;

15 “(IV) a Native Hawaiian organi-
16 zation that serves a geographical area,
17 facility, or organization that serves a
18 significant Native Hawaiian popu-
19 lation;

20 “(V) any public agency or non-
21 profit organization providing services
22 to Native Hawaiians; or

23 “(VI) any of the uniformed serv-
24 ices of the United States.

1 “(ii) ASSIGNMENT.—The placement
2 service for a scholarship shall assign each
3 Native Hawaiian scholarship recipient to 1
4 or more appropriate sites for service in ac-
5 cordance with clause (i).

6 “(E) COUNSELING, RETENTION, AND SUP-
7 PORT SERVICES.—The provision of academic
8 and personal counseling, retention and other
9 support services—

10 “(i) shall not be limited to scholarship
11 recipients under this section; and

12 “(ii) shall be made available to recipi-
13 ents of other scholarship and financial aid
14 programs enrolled in appropriate health
15 professions training programs.

16 “(F) FINANCIAL ASSISTANCE.—After con-
17 sultation with Papa Ola Lokahi, financial as-
18 sistance may be provided to a scholarship re-
19 cipient during the period that the recipient is
20 fulfilling the service requirement of the recipi-
21 ent in any of—

22 “(i) the Native Hawaiian health care
23 systems; or

24 “(ii) the Native Hawaiians health cen-
25 ters.

1 “(G) DISTANCE LEARNING RECIPIENTS.—

2 A scholarship may be provided to a Native Ha-
3 waiian who is enrolled in an appropriate dis-
4 tance learning program offered by an accredited
5 educational institution.

6 “(2) FELLOWSHIPS.—

7 “(A) IN GENERAL.—Papa Ola Lokahi may
8 provide financial assistance in the form of a fel-
9 lowship to a Native Hawaiian health profes-
10 sional who is—

11 “(i) a Native Hawaiian community
12 health representative, outreach worker, or
13 health program administrator in a profes-
14 sional training program;

15 “(ii) a Native Hawaiian providing
16 health services; or

17 “(iii) a Native Hawaiian enrolled in a
18 certificated program provided by tradi-
19 tional Native Hawaiian healers in any of
20 the traditional Native Hawaiian healing
21 practices (including lomi-lomi, la‘au
22 lapa‘au, and ho‘oponopono).

23 “(B) TYPES OF ASSISTANCE.—Assistance
24 under subparagraph (A) may include a stipend
25 for, or reimbursement for costs associated with,

1 participation in a program described in that
2 paragraph.

3 “(3) RIGHTS AND BENEFITS.—An individual
4 who is a health profession designated in section
5 338A of the Public Health Service Act (42 U.S.C.
6 254*l*) who receives a scholarship under this sub-
7 section while fulfilling a service requirement under
8 that Act shall retain the same rights and benefits as
9 members of the National Health Service Corps dur-
10 ing the period of service.

11 “(4) NO INCLUSION OF ASSISTANCE IN GROSS
12 INCOME.—Financial assistance provided under this
13 section shall be considered to be qualified scholar-
14 ships for the purpose of section 117 of the Internal
15 Revenue Code of 1986.

16 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated such sums as are nec-
18 essary to carry out subsections (a) and (c)(2) for each of
19 fiscal years 2004 through 2009.

20 **“SEC. 12. REPORT.**

21 “For each fiscal year, the President shall, at the time
22 at which the budget of the United States is submitted
23 under section 1105 of title 31, United States Code, submit
24 to Congress a report on the progress made in meeting the
25 purposes of this Act, including—

1 “(1) a review of programs established or as-
2 sisted in accordance with this Act; and

3 “(2) an assessment of and recommendations for
4 additional programs or additional assistance nec-
5 essary to provide, at a minimum, health services to
6 Native Hawaiians, and ensure a health status for
7 Native Hawaiians, that are at a parity with the
8 health services available to, and the health status of,
9 the general population.

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

12 “(a) IN GENERAL.—The Secretary shall permit an
13 organization that enters into a contract or receives grant
14 under this Act to use in carrying out projects or activities
15 under the contract or grant all existing facilities under the
16 jurisdiction of the Secretary (including all equipment of
17 the facilities), in accordance with such terms and condi-
18 tions as may be agreed on for the use and maintenance
19 of the facilities or equipment.

20 “(b) DONATION OF PROPERTY.—The Secretary may
21 donate to an organization that enters into a contract or
22 receives grant under this Act, for use in carrying out a
23 project or activity under the contract or grant, any per-
24 sonal or real property determined to be in excess of the

1 needs of the Department or the General Services Adminis-
2 tration.

3 “(c) ACQUISITION OF SURPLUS PROPERTY.—The
4 Secretary may acquire excess or surplus Federal Govern-
5 ment personal or real property for donation to an organi-
6 zation under subsection (b) if the Secretary determines
7 that the property is appropriate for use by the organiza-
8 tion for the purpose for which a contract entered into or
9 grant received by the organization is authorized under this
10 Act.

11 **“SEC. 14. DEMONSTRATION PROJECTS OF NATIONAL SIG-**
12 **NIFICANCE.**

13 “(a) AUTHORITY AND AREAS OF INTEREST.—

14 “(1) IN GENERAL.—The Secretary, in consulta-
15 tion with Papa Ola Lokahi, may allocate amounts
16 made available under this Act, or any other Act, to
17 carry out Native Hawaiian demonstration projects of
18 national significance.

19 “(2) AREAS OF INTEREST.—A demonstration
20 project described in paragraph (1) may relate to
21 such areas of interest as—

22 “(A) the development of a centralized
23 database and information system relating to the
24 health care status, health care needs, and
25 wellness of Native Hawaiians;

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

6 “(C) the integration of Western medicine
7 with complementary healing practices, including
8 traditional Native Hawaiian healing practices;

9 “(D) the use of telewellness and tele-
10 communications in—

11 “(i) chronic and infectious disease
12 management; and

13 “(ii) health promotion and disease
14 prevention;

15 “(E) the development of appropriate mod-
16 els of health care for Native Hawaiians and
17 other indigenous people, including—

18 “(i) the provision of culturally com-
19 petent health services;

20 “(ii) related activities focusing on
21 wellness concepts;

22 “(iii) the development of appropriate
23 kupuna care programs; and

24 “(iv) the development of financial
25 mechanisms and collaborative relationships

1 leading to universal access to health care;

2 and

3 “(F) the establishment of—

4 “(i) a Native Hawaiian Center of Ex-
5 cellence for Nursing at the University of
6 Hawaii at Hilo;

7 “(ii) a Native Hawaiian Center of Ex-
8 cellence for Mental Health at the Univer-
9 sity of Hawaii at Manoa;

10 “(iii) a Native Hawaiian Center of
11 Excellence for Maternal Health and Nutri-
12 tion at the Waimanalo Health Center;

13 “(iv) a Native Hawaiian Center of Ex-
14 cellence for Research, Training, Integrated
15 Medicine at Molokai General Hospital; and

16 “(v) a Native Hawaiian Center of Ex-
17 cellence for Complementary Health and
18 Health Education and Training at the
19 Waianae Coast Comprehensive Health
20 Center.

21 “(3) CENTERS OF EXCELLENCE.—Papa Ola
22 Lokahi, and any centers established under para-
23 graph (2)(F), shall be considered to be qualified as
24 Centers of Excellence under sections 485F and

1 903(b)(2)(A) of the Public Health Service Act (42
2 U.S.C. 287c–32, 299a–1).

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

11 **“SEC. 15. RULE OF CONSTRUCTION.**

12 “Nothing in this Act restricts the authority of the
13 State to require licensing of, and issue licenses to, health
14 practitioners.

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

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

22 **“SEC. 17. SEVERABILITY.**

23 “If any provision of this Act, or the application of
24 any such provision to any person or circumstance, is deter-
25 mined by a court of competent jurisdiction to be invalid,

1 the remainder of this Act, and the application of the provi-
2 sion to a person or circumstance other than that to which
3 the provision is held invalid, shall not be affected by that
4 holding.”.

○