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

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Native Hawaiian Health Care Improvement Reauthorization Act of 2011”.

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

The Native Hawaiian Health Care Improvement Act (42 U.S.C. 11701 et seq.) is amended to read as follows:
“SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

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

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

Sec. 1. Short title; table of contents.
Sec. 2. Findings.
Sec. 3. Definitions.
Sec. 4. Declaration of national Native Hawaiian health policy.
Sec. 5. Comprehensive health care master plan for Native Hawaiians.
Sec. 6. Functions of Papa Ola Lokahi.
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. 15. Rule of construction.
Sec. 16. Compliance with Budget Act.
Sec. 17. Severability.

“SEC. 2. FINDINGS.

“(a) IN GENERAL.—Congress finds that—

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

“(2) Native Hawaiians—

“(A) are a distinct and unique indigenous people with a historical continuity to the original in-
habitants of the Hawaiian archipelago within Ke Moananui, the Pacific Ocean; and
“(B) have a distinct society that was first organized almost 2,000 years ago;

“(3) the health and well-being of Native Hawaiians are intrinsically tied to the deep feelings and attachment of Native Hawaiians to their land and seas;

“(4) the long-range economic and social changes in Hawai‘i during the 19th and early 20th centuries have been devastating to the health and well-being of Native Hawaiians;

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

“(6) the Native Hawaiian people are determined to preserve, develop, and transmit to future generations, in accordance with their own spiritual and traditional beliefs, their customs, practices, language, social institutions, ancestral territory, and cultural identity;

“(7) in referring to themselves, Native Hawaiians use the term ‘Kanaka Maoli’, a term frequently used in the 19th century to describe the native people of Hawai‘i;
“(8) the constitution and statutes of the State of Hawai‘i—

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

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

“(9) at the time of the arrival of the first non-indigenous people in Hawai‘i in 1778, the Native Hawaiian people lived in a highly organized, self-sufficient, subsistence social system based on communal land tenure with a sophisticated language, culture, and religion;

“(10) a unified monarchical government of the Hawaiian Islands was established in 1810 under Ka-mehameha I, the first King of Hawai‘i;

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

“(A) recognized the independence of the Kingdom of Hawai‘i;

“(B) extended full and complete diplomatic recognition to the Hawaiian Government; and
“(C) entered into treaties and conventions with the Hawaiian monarchs to govern commerce and navigation in 1826, 1842, 1849, 1875, and 1887;

“(12) in 1893, John L. Stevens, the United States Minister assigned to the sovereign and independent Kingdom of Hawai‘i, conspired with a small group of non-Hawaiian residents of the Kingdom, including citizens of the United States, to overthrow the indigenous and lawful government of Kingdom of Hawai‘i;

“(13) in pursuance of that conspiracy—

“(A) the United States Minister and the naval representative of the United States caused armed forces of the United States Navy to invade the sovereign Kingdom of Hawai‘i in support of the overthrow of the indigenous and lawful Government of Hawai‘i; and

“(B) after the overthrow, the United States Minister extended diplomatic recognition of a provisional government formed by the conspirators without the consent of the native people of Hawai‘i or the lawful Government of Hawai‘i, in violation of—
“(i) treaties between the Kingdom of Hawai‘i and the United States; and

“(ii) international law;

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

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

“(B) acknowledged that by those acts, described by the President as acts of war, the government of a peaceful and friendly people was overthrown; and

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

“(15) Queen Lili‘uokalani, the lawful monarch of the Kingdom of Hawai‘i, and the Hawaiian Patriotic League, representing the aboriginal citizens of Hawai‘i, promptly petitioned the United States for redress of those wrongs and restoration of the indigenous government of the Kingdom of Hawai‘i, but no action was taken on that petition;

“(16) in 1993, Congress enacted Public Law 103–150 (107 Stat. 1510), in which Congress—
“(A) acknowledged the significance of those events; and

“(B) apologized to Native Hawaiians on behalf of the people of the United States for the overthrow of the Kingdom of Hawai‘i with the participation of agents and citizens of the United States, and the resulting deprivation of the rights of Native Hawaiians to self-determination;

“(17) between 1897 and 1898, when the total Native Hawaiian population in Hawai‘i was less than 40,000, more than 38,000 Native Hawaiians signed petitions (commonly known as ‘Ku‘e Petitions’) protesting annexation by the United States and requesting restoration of the monarchy;

“(18) despite Native Hawaiian protests, in 1898, the United States—

“(A) annexed Hawai‘i through Resolution 55 (commonly known as the ‘Newlands Resolution’) (30 Stat. 750), without the consent of, or compensation to, the indigenous people of Hawai‘i or the sovereign government of those people; and

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

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

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

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

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

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

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

“(21) in 1938, Congress again acknowledged the unique status of the Native Hawaiian people by including in the Act of June 20, 1938 (52 Stat. 781, chapter 530), a provision—

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

“(B) to permit fishing in the area ‘only by native Hawaiian residents of said area or of adjacent villages and by visitors under their guidance’;

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

“(A) transferred responsibility for the administration of the Hawaiian home lands to the State; but
“(B) reaffirmed the trust relationship that existed between the United States and the Native Hawaiian people by retaining the exclusive power to enforce the trust, including the power to approve land exchanges and legislative amendments affecting the rights of beneficiaries under that Act;

“(23) under the Act referred to in paragraph (22), the United States—

“(A) transferred responsibility for administration over portions of the ceded public lands trust not retained by the United States to the State; but

“(B) reaffirmed the trust relationship that existed between the United States and the Native Hawaiian people by retaining the legal responsibility of the State for the betterment of the conditions of Native Hawaiians under section 5(f) of that Act (73 Stat. 6);

“(24) in 1978, the people of the State of Hawai’i—

“(A) amended the constitution of the State of Hawai’i to establish the Office of Hawaiian Affairs; and
“(B) assigned to that Office the authority—

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

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

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

“(iv) to formulate policy on affairs relating to the Native Hawaiian people;

“(25) the authority of Congress under the Constitution to legislate in matters affecting the aboriginal or indigenous people of the United States includes the authority to legislate in matters affecting the native people of the States of Alaska and Hawai‘i;

“(26) the United States has recognized the authority of the Native Hawaiian people to continue to
work toward an appropriate form of sovereignty, as defined by the Native Hawaiian people in provisions set forth in legislation returning the Hawaiian Island of Kaho‘olawe to custodial management by the State in 1994;

“(27) in furtherance of the trust responsibility for the betterment of the conditions of Native Hawaiians, the United States has established a program for the provision of comprehensive health promotion and disease prevention services to maintain and improve the health status of the Hawaiian people;

“(28) the program described in paragraph (27) is conducted by the Native Hawaiian Health Care Systems and Papa Ola Lokahi;

“(29) health initiatives implemented by the Native Hawaiian Health Care Systems, Papa Ola Lokahi, and other health institutions and agencies using Federal assistance have been responsible for reducing the century-old morbidity and mortality rates of Native Hawaiian people by—

“(A) providing comprehensive disease prevention;

“(B) providing health promotion activities; and
“(C) increasing the number of Native Hawaiians in the health and allied health professions;
“(30) the accomplishments described in paragraph (29) have been achieved through implementation of—
“(A) the Native Hawaiian Health Care Act of 1988 (Public Law 100–579; 102 Stat. 2916); and
“(B) the reauthorization of that Act under section 9168 of the Department of Defense Appropriations Act, 1993 (Public Law 102–396; 106 Stat. 1948);
“(31) the historical and unique legal relationship between the United States and Native Hawaiians has been consistently recognized and affirmed by Congress through the enactment of more than 160 Federal laws that extend to the Native Hawaiian people the same rights and privileges accorded to American Indian, Alaska Native, Eskimo, and Aleut communities, including—
“(A) the Native American Programs Act of 1974 (42 U.S.C. 2991 et seq.);
“(B) the American Indian Religious Freedom Act (42 U.S.C. 1996);
“(C) the National Museum of the American Indian Act (20 U.S.C. 80q et seq.); and

“(D) the Native American Graves Protection and Repatriation Act (25 U.S.C. 3001 et seq.);

“(32) the United States has recognized and reaffirmed the trust relationship to the Native Hawaiian people through Federal laws that authorize the provision of services to Native Hawaiians, specifically—

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

“(B) the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1987 (Public Law 100–146; 101 Stat. 840);

“(C) the Veterans’ Benefits and Services Act of 1988 (Public Law 100–322; 102 Stat. 487);

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

“(E) the Native Hawaiian Health Care Act of 1988 (Public Law 100–579; 102 Stat. 2916);
“(F) the Health Professions Reauthorization Act of 1988 (Public Law 100–607; 102 Stat. 3122);

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

“(H) the Handicapped Programs Technical Amendments Act of 1988 (Public Law 100–630; 102 Stat. 3289);

“(I) the Indian Health Care Amendments of 1988 (Public Law 100–713; 102 Stat. 4784); and

“(J) the Disadvantaged Minority Health Improvement Act of 1990 (Public Law 101–527; 104 Stat. 2311);

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

“(34) in addition, the United States—

“(A) has recognized that Native Hawaiians, as aboriginal, indigenous, native people of the State of Hawai‘i, are a unique population
group in the State and in the continental United States; and

“(B) has so declared in—

“(i) the documents of the Office of Management and Budget entitled—

“(I) ‘Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity’ and dated October 30, 1997; and


“(ii) the document entitled ‘Guidance on Aggregation and Allocation of Data on Race for Use in Civil Rights Monitoring and Enforcement’ (Bulletin 00–02 to the Heads of Executive Departments and Establishments) and dated March 9, 2000;

“(iii) the document entitled ‘Questions and Answers when Designing Surveys for Information Collections’ (Memorandum for the President’s Management Council) and dated January 20, 2006;
“(iv) Executive Order 13125 (64 Fed. Reg. 31105; relating to increasing participation of Asian Americans and Pacific Islanders in Federal programs) (June 7, 1999);

“(v) the document entitled ‘HHS Tribal Consultation Policy’ and dated January 2005; and

“(vi) the Department of Health and Human Services Intradepartment Council on Native American Affairs, Revised Charter, dated March 7, 2005; and

“(35) despite the United States having expressed in Public Law 103–150 (107 Stat. 1510) the commitment of the United States to a policy of reconciliation with the Native Hawaiian people for past grievances—

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

“(B) the health status of the Native Hawaiian people continues to be far below that of the general population of the United States.

“(b) Finding of Unmet Needs and Health Disparities.—Congress finds that the unmet needs and ser-
ous health disparities that adversely affect the Native Hawaiian people include the following:

“(1) CHRONIC DISEASE AND ILLNESS.—

“(A) CANCER.—

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

“(I) as an underlying cause of death in the State, the cancer mortality rate of Native Hawaiians (218.3 deaths per 100,000 residents) is 50 percent higher than the rate for the total population of the State (145.4 deaths per 100,000 residents);

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

“(III) Native Hawaiian females have the highest cancer mortality rates in the State for cancers of the lung, breast, colon, rectum, pancreas, stomach, ovary, liver, cervix, kidney, and uterus, and for all cancers combined; and
“(IV) for the period of 1995 through 2000—

“(aa) the cancer mortality rate for all cancers for Native Hawaiian males (217 deaths per 100,000 residents) was 22 percent higher than the rate for all males in the State (179 deaths per 100,000 residents); and

“(bb) the cancer mortality rate for all cancers for Native Hawaiian females (192 deaths per 100,000 residents) was 64 percent higher than the rate for all females in the State (117 deaths per 100,000 residents).

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

“(I) Native Hawaiians have the highest mortality rate in the State from breast cancer (30.79 deaths per 100,000 residents), which is 33 percent higher than the rate for Caucasian Americans (23.07 deaths per 100,000 residents) and 106 percent
higher than the rate for Chinese Americans (14.96 deaths per 100,000 residents); and

“(II) nationally, Native Hawaiians have the third-highest mortality rate as a result of breast cancer (25.0 deaths per 100,000 residents), behind African-Americans (31.4 deaths per 100,000 residents) and Caucasian Americans (27.0 deaths per 100,000 residents).

“(iii) CANCER OF THE CERVIX.—Native Hawaiians have the highest mortality rate as a result of cancer of the cervix in the State (3.65 deaths per 100,000 residents), followed by Filipino Americans (2.69 deaths per 100,000 residents) and Caucasian Americans (2.61 deaths per 100,000 residents).

“(iv) LUNG CANCER.—Native Hawaiian males and females have the highest mortality rates as a result of lung cancer in the State (74.79 deaths per 100,000 and 47.84 deaths per 100,000, respectively) which are higher than the rates for
the total population of the State by 48 percent for males and 93 percent for females.

“(v) PROSTATE CANCER.—Native Hawaiian males have the third-highest mortality rate as a result of prostate cancer in the State (21.48 deaths per 100,000 residents), with Caucasian Americans having the highest mortality rate as a result of prostate cancer (23.96 deaths per 100,000 residents).

“(B) DIABETES.—With respect to diabetes, in 2004—

“(i) Native Hawaiians had the highest mortality rate as a result of diabetes mellitus (28.9 deaths per 100,000 residents) in the State, which is 119 percent higher than the rate for all racial groups in the State (13.2 deaths per 100,000 residents);

“(ii) the prevalence of diabetes for Native Hawaiians was 12.7 percent, which is 87 percent higher than the total prevalence for all residents of the State of 6.8 percent; and
“(iii) a higher percentage of Native Hawaiians with diabetes experienced diabetic retinopathy, as compared to other population groups in the State.

“(C) ASTHMA.—With respect to asthma and lower respiratory disease—

“(i) in 2004, mortality rates for Native Hawaiians (31.6 deaths per 100,000 residents) from chronic lower respiratory disease were 52 percent higher than rates for the total population of the State (20.8 deaths per 100,000 residents); and

“(ii) in 2005, the prevalence of current asthma in Native Hawaiian adults (12.8 percent) was 71 percent higher than the prevalence of asthma in the total population of the State (7.5 percent).

“(D) CIRCULATORY DISEASES.—

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

“(I) in 2004, the mortality rate for Native Hawaiians as a result of heart disease (305.5 deaths per 100,000 residents) was 86 percent higher than the rate for the total pop-
ulation of the State (164.3 deaths per
100,000 residents); and

“(II) in 2005, the prevalence of a
heart attack for Native Hawaiians
(4.4 percent) was 22 percent higher
than the prevalence of a heart attack
for the total population of the State
(3.6 percent).

“(ii) CEREBROVASCULAR DISEASES.—
With respect to cerebrovascular diseases—

“(I) the mortality rate from cere-
brovascular diseases for Native Ha-
waiians (75.6 percent) was 64 percent
higher than the rate for the total pop-
ulation of the State (46 percent); and

“(II) in 2005, the prevalence for
stroke for Native Hawaiians (4.9 per-
cent) was 69 percent higher than the
prevalence for the total population of
the State (2.9 percent).

“(iii) OTHER CIRCULATORY DIS-
EASES.—With respect to other circulatory
diseases (including high blood pressure and
atherosclerosis)—
“(I) in 2004, the mortality rate for Native Hawaiians (20.6 deaths per 100,000 residents) was 46 percent higher than the rate for the total population of the State (14.1 deaths per 100,000 residents); and

“(II) in 2005, the prevalence of high blood pressure for Native Hawaiians (26.7 percent) was 10 percent higher than the prevalence for the total population of the State (24.2 percent).

“(2) INFECTIOUS DISEASE AND ILLNESS.—With respect to infectious disease and illness—

“(A) in 1998, Native Hawaiians comprised 20 percent of all deaths resulting from infectious diseases in the State for all ages; and

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

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

“(A) the mortality rate for Native Hawaiians as a result of injuries (32 deaths per
100,000 residents) is 16 percent higher than the rate for the total population of the State (27.5 deaths per 100,000 residents);

“(B) 32 percent of all deaths of individuals between the ages of 18 and 24 years resulting from injuries were Native Hawaiian; and

“(C) the 2 primary causes of Native Hawaiian deaths in that age group were motor vehicle accidents (30 percent) and intentional self-harm (39 percent).

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

“(A) Native Hawaiian children experience significantly higher rates of dental caries and unmet treatment needs as compared to other children in the continental United States and other ethnic groups in the State;

“(B) the prevalence rate of dental caries in the primary (baby) teeth of Native Hawaiian children aged 5 to 9 years of 4.2 per child is more than twice the national average rate of 1.9 per child in that age range;

“(C) 81.9 percent of Native Hawaiian children aged 6 to 8 have 1 or more decayed teeth, as compared to—
“(i) 53 percent for children in that age range in the continental United States; and

“(ii) 72.7 percent of other children in that age range in the State; and

“(D) 21 percent of Native Hawaiian children aged 5 demonstrate signs of baby bottle tooth decay, which is generally characterized as severe, progressive dental disease in early childhood and associated with high rates of dental disorders, as compared to 5 percent for children of that age in the continental United States.

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

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

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

“(C) the life expectancy calculation for 1990 shows Native Hawaiian life expectancy at birth (74.27 years) to be approximately 5 years
less than that of the total State population (78.85 years); and

“(D) except as provided in the life expectancy calculation for 1920, Native Hawaiians have had the shortest life expectancy of all major ethnic groups in the United States since 1910.

“(6) Maternal and Child Health.—

“(A) In General.—With respect to maternal and child health, in 2000—

“(i) 39 percent of all deaths of children under the age of 18 years in the State were Native Hawaiian;

“(ii) perinatal conditions accounted for 38 percent of all Native Hawaiian deaths in that age group;

“(iii) Native Hawaiian infant mortality rates (9.8 deaths per 1,000 live births) are—

“(I) the highest in the State; and

“(II) 151 percent higher than the rate for Caucasian infants (3.9 deaths per 1,000 live births); and

“(iv) Native Hawaiians have 1 of the highest infant mortality rates in the
United States, second only to the rate for
African-Americans of 13.6 deaths per
1,000 live births.

“(B) Prenatal care.—With respect to
prenatal care—

“(i) as of 2005, Native Hawaiian
women have the highest prevalence (20.9
percent) of having had no prenatal care
during the first trimester of pregnancy, as
compared to the 5 largest ethnic groups in
the State;

“(ii) of the mothers in the State who
received no prenatal care in the first tri-
merster, 33 percent were Native Hawaiian;

“(iii) in 2005, 41 percent of mothers
with live births who had not completed
high school were Native Hawaiian; and

“(iv) in every region of the State, Na-
tive Hawaiian newborns begin life in a po-
tentially hazardous circumstance at a far
higher rate than any other racial group.

“(C) Births.—With respect to births, in
2005—

“(i) 45.2 percent of live births to Na-
tive Hawaiian women were to single moth-
ers, putting the affected infants at higher risk of low birth weight and infant mortality;

“(ii) of the 2,934 live births to Native Hawaiian single mothers, 9 percent of the children had low birth weight (defined as a weight of less than 2,500 grams); and

“(iii) 43.7 percent of all low birth-weight infants born to single mothers in the State were Native Hawaiian.

“(D) Teen pregnancies.—With respect to births, in 2005—

“(i) Native Hawaiians had the highest rate of births to mothers under the age of 18 years (5.8 percent), as compared to the rate of 2.7 percent for the total population of the State; and

“(ii) nearly 62 percent of all mothers in the State under the age of 19 years were Native Hawaiian.

“(E) Fetal mortality.—With respect to fetal mortality, in 2005—

“(i) Native Hawaiians had the highest number of fetal deaths in the State, as
compared to Caucasian, Japanese, and Filipino residents; and

“(ii)(I) 17.2 percent of all fetal deaths in the State were associated with expectant Native Hawaiian mothers; and

“(II) 43.5 percent of those Native Hawaiian mothers were under the age of 25 years.

“(7) Behavioral health.—

“(A) Alcohol and drug abuse.—With respect to alcohol and drug abuse—

“(i)(I) in 2005, Native Hawaiians had the highest prevalence of smoking (27.9 percent), which is 64 percent higher than the rate for the total population of the State (17 percent); and

“(II) 53 percent of Native Hawaiians reported having smoked at least 100 cigarettes in their lifetime, as compared to 43.3 percent for the total population of the State;

“(ii) 33 percent of Native Hawaiians in grade 8 have smoked cigarettes at least once in their lifetimes, as compared to—
“(I) 22.5 percent for all youth in the State; and
“(II) 28.4 percent of residents of the United States in grade 8;
“(iii) Native Hawaiians have the highest prevalence of binge drinking (19.9 percent), which is 21 percent higher than the prevalence for the total population of the State (16.5 percent);
“(iv) the prevalence of heavy drinking among Native Hawaiians (10.1 percent) is 36 percent higher than the prevalence for the total population of the State (7.4 percent);
“(v)(I) in 2003, 17.2 percent of Native Hawaiians in grade 6, 45.1 percent of Native Hawaiians in grade 8, 68.9 percent of Native Hawaiians in grade 10, and 78.1 percent of Native Hawaiians in grade 12 reported using alcohol at least once in their lifetimes, as compared to 13.2, 36.8, 59.1, and 72.5 percent, respectively, of all adolescents in the State; and
“(II) 62.1 percent Native Hawaiians in grade 12 reported being drunk at least
once, which is 20 percent higher than the percentage for all adolescents in the State (51.6 percent);

“(vi) on entering grade 12, 60 percent of Native Hawaiian adolescents reported having used illicit drugs, including inhalants, at least once in their lifetime, as compared to—

“(I) 46.9 percent of all adolescents in the State; and

“(II) 52.8 of adolescents in the United States;

“(vii) on entering grade 12, 58.2 percent of Native Hawaiian adolescents reported having used marijuana at least once, which is 31 percent higher than the rate of other adolescents in the State (44.4 percent);

“(viii) in 2006, Native Hawaiians represented 40 percent of the total admissions to substance abuse treatment programs funded by the State Department of Health; and

“(ix) in 2003, Native Hawaiian adolescents reported the highest prevalence for
methamphetamine use in the State, followed by Caucasian and Filipino adolescents.

“(B) CRIME.—With respect to crime—

“(i) during the period of 1992 to 2002, Native Hawaiian arrests for violent crimes decreased, but the rate of arrest remained 38.3 percent higher than the rate of the total population of the State;

“(ii) the robbery arrest rate in 2002 among Native Hawaiian juveniles and adults was 59 percent higher (6.2 arrests per 100,000 residents) than the rate for the total population of the State (3.9 arrests per 100,000 residents);

“(iii) in 2002—

“(I) Native Hawaiian men comprised between 35 percent and 43 percent of each security class in the State prison system;

“(II) Native Hawaiian women comprised between 38.1 percent to 50.3 percent of each class of female prison inmates in the State;
“(III) Native Hawaiians comprised 39.5 percent of the total incarcerated population of the State; and

“(IV) Native Hawaiians comprised 40 percent of the total sentenced felon population in the State, as compared to 25 percent for Caucasians, 12 percent for Filipinos, and 5 percent for Samoans;

“(iv) Native Hawaiians are overrepresented in the State prison population;

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

“(vi) based on anecdotal information, Native Hawaiians are estimated to comprise between 60 percent and 70 percent of all jail and prison inmates in the State.

“(C) DEPRESSION AND SUICIDE.—With respect to depression and suicide—

“(i)(I) in 1999, the prevalence of depression among Native Hawaiians was 15 percent, as compared to the national average of approximately 10 percent; and
“(II) Native Hawaiian females had a higher prevalence of depression (16.9 percent) than Native Hawaiian males (11.9 percent);

“(ii) in 2000—

“(I) Native Hawaiian adolescents had a significantly higher suicide attempt rate (12.9 percent) than the rate for other adolescents in the State (9.6 percent); and

“(II) 39 percent of all Native Hawaiian adult deaths were due to suicide; and

“(iii) in 2006, the prevalence of obsessive compulsive disorder among Native Hawaiian adolescent girls was 17.7 percent, as compared to a rate of—

“(I) 9.2 percent for Native Hawaiian boys and non-Hawaiian girls; and

“(II) a national rate of 2 percent.

“(8) OVERWEIGHTNESS AND OBESITY.—With respect to overweightness and obesity—

“(A) during the period of 2000 through 2003, Native Hawaiian males and females had
the highest age-adjusted prevalence rates for obesity in the State (40.5 and 32.5 percent, respectively), which was—

“(i) with respect to individuals of full Native Hawaiian ancestry, 145 percent higher than the rate for the total population of the State (16.5 per 100,000); and

“(ii) with respect to individuals with less than 100 percent Native Hawaiian ancestry, 97 percent higher than the total population of the State; and

“(B) for 2005, the prevalence of obesity among Native Hawaiians (43.1 percent) was 119 percent higher than the prevalence for the total population of the State (19.7 percent).

“(9) FAMILY AND CHILD HEALTH.—With respect to family and child health—

“(A) in 2000, the prevalence of single-parent families with minor children was highest among Native Hawaiian households, as compared to all households in the State (15.8 percent and 8.1 percent, respectively);

“(B) in 2002, nonmarital births accounted for 56.8 percent of all live births among Native
Hawaiians, as compared to 34 percent of all live births in the State;

“(C) the rate of confirmed child abuse and neglect among Native Hawaiians has consistently been 3 to 4 times the rates of other major ethnic groups, with a 3-year average of 63.9 cases, as compared to 12.8 cases for the total population of the State;

“(D) spousal abuse or abuse of an intimate partner was highest for Native Hawaiians, as compared to all cases of abuse in the State (4.5 percent and 2.2 percent, respectively); and

“(E)(i) ½ of uninsured adults in the State have family incomes below 200 percent of the Federal poverty level; and

“(ii) Native Hawaiians residing in the State and the continental United States have a higher rate of uninsurance than other ethnic groups in the State and continental United States (14.5 percent and 9.5 percent, respectively).

“(10) HEALTH PROFESSIONS EDUCATION AND TRAINING.—With respect to health professions education and training—
“(A) in 2003, adult Native Hawaiians had a higher rate of high school completion, as compared to the total adult population of the State (49.4 percent and 34.4 percent, respectively);
“(B) Native Hawaiian physicians make up 4 percent of the total physician workforce in the State; and
“(C) in 2004, Native Hawaiians comprised—
“(i) 11.25 percent of individuals who earned bachelor’s degrees;
“(ii) 6 percent of individuals who earned master’s degrees;
“(iii) 3 percent of individuals who earned doctorate degrees;
“(iv) 7.9 percent of the credited student body at the University of Hawai‘i;
“(v) 0.4 percent of the instructional faculty at the University of Hawai‘i at Manoa; and
“(vi) 8.4 percent of the instructional faculty at the University of Hawai‘i Community Colleges.

SEC. 3. DEFINITIONS.

“In this Act:
“(1) DEPARTMENT.—The term ‘Department’ means the Department of Health and Human Services.

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

“(A) immunizations;

“(B) control of high blood pressure;

“(C) control of sexually transmittable diseases;

“(D) prevention and control of chronic diseases;

“(E) control of toxic agents;

“(F) occupational safety and health;

“(G) injury prevention;

“(H) fluoridation of water;

“(I) control of infectious agents; and

“(J) provision of mental health care.

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

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

“(B) cessation of tobacco smoking;

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

“(D) improvement of nutrition;
“(E) improvement in physical fitness;
“(F) family planning;
“(G) control of stress;
“(H) reduction of major behavioral risk factors and promotion of healthy lifestyle practices; and
“(I) integration of cultural approaches to health and well-being (including traditional practices relating to the atmosphere (lewa lani), land (‘aina), water (wai), and ocean (kai)).
“(4) HEALTH SERVICE.—The term ‘health service’ means—
“(A) a service provided by a physician, physician’s assistant, nurse practitioner, nurse, dentist, or other health professional;
“(B) a diagnostic laboratory or radiologic service;
“(C) a preventive health service (including a perinatal service, well child service, family planning service, nutrition service, home health service, sports medicine and athletic training service, and, generally, any service associated with enhanced health and wellness);
“(D) an emergency medical service, including a service provided by a first responder,
emergency medical technician, or mobile intensive care technician;

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

“(F) a preventive dental service;

“(G) a pharmaceutical and medicament service;

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

“(I) a genetic counseling service;

“(J) a health administration service, including a service provided by a health program administrator;

“(K) a health research service, including a service provided by an individual with an advanced degree in medicine, nursing, psychology, social work, or any other related health program;

“(L) an environmental health service, including a service provided by an epidemiologist, public health official, medical geographer, or medical anthropologist, or an individual specializing in biological, chemical, or environmental health determinants;
“(M) a primary care service that may lead
to specialty or tertiary care; and

“(N) a complementary healing practice, in-
cluding a practice performed by a traditional
Native Hawaiian healer.

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

“(A) genealogical records;

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

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

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

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

“(B) provides or arranges for the provision
of health services for Native Hawaiians in the
State;
“(C) is a public or nonprofit private entity;

“(D) has Native Hawaiians significantly participating in the planning, management, provision, monitoring, and evaluation of health services;

“(E) addresses the health care needs of the Native Hawaiian population of an island in the State; and

“(F) is recognized by Papa Ola Lokahi—

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

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

“(I) the contract that each Native Hawaiian health care system enters into with the Secretary under this Act; or

“(II) the grant each Native Hawaiian health care system receives from the Secretary under this Act.
“(7) Native Hawaiian Health Center.—The term ‘Native Hawaiian Health Center’ means any organization that is a primary health care provider that—

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

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

“(C) serves a patient population that—

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

or

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

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

“(8) Native Hawaiian Health Task Force.—The term ‘Native Hawaiian Health Task Force’ means a task force established by the State Council of Hawaiian Homestead Associations to implement health and wellness strategies in Native Hawaiian communities.
“(9) NATIVE HAWAIIAN ORGANIZATION.—The term ‘Native Hawaiian organization’ means any organization that—

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

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

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

“(10) OFFICE OF HAWAIIAN AFFAIRS.—The term ‘Office of Hawaiian Affairs’ means the governmental entity that—

“(A) is established under article XII, sections 5 and 6, of the Hawai‘i State Constitution; and

“(B) charged with the responsibility to formulate policy relating to the affairs of Native Hawaiians.

“(11) PAPA OLA LOKAHI.—

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

“(i) is composed of public agencies and private organizations focusing on im-
proving the health status of Native Hawaiians; and

“(ii) governed by a board, the members of which may include representation from—

“(I) E Ola Mau;

“(II) the Office of Hawaiian Affairs;

“(III) Alu Like, Inc.;

“(IV) the University of Hawai‘i;

“(V) the Hawai‘i State Department of Health;

“(VI) the Native Hawaiian Health Task Force;

“(VII) the Hawai‘i State Primary Care Association;

“(VIII) Ahahui O Na Kauka, the Native Hawaiian Physicians Association;

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

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

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

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

“(XIII) Hui Malama Ola Na ‘Oiwi, or a health care system serving
the island of Hawai‘i (which may be
composed of as many health care cen-
ters as are necessary to meet the
health care needs of the Native Ha-
waiians of that island);

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

and

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

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

“(i) clearly defined goals and objec-
tives for the contributions the organization
will make to—
“(I) Native Hawaiian health care systems; and

“(II) the national policy described in section 4; and

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

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

“(13) STATE.—The term ‘State’ means the State of Hawai‘i.

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

“(A) who—

“(i) is of Native Hawaiian ancestry;

and

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

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

“(i) direct practical association with Native Hawaiian elders; and
“(ii) oral traditions transmitted from generation to generation.

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

“(a) DECLARATION.—Congress declares that it is the policy of the United States, in fulfillment of special responsibilities and legal obligations of the United States to the indigenous people of Hawai‘i resulting from the unique and historical relationship between the United States and the indigenous people of Hawai‘i—

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

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

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

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

“(A) raise the health status of Native Hawaiians by the year 2020 to at least the levels described in the goals contained within Healthy People 2020 (or successor standards); and

“(B) incorporate within health programs in the United States activities defined and identified by Kanaka Maoli, such as—

“(i) incorporating and supporting the integration of cultural approaches to health and well-being, including programs using traditional practices relating to the atmosphere (lewa lani), land (‘aina), water (wai), or ocean (kai);

“(ii) increasing the number of Native Hawaiian health and allied-health providers who provide care to, or have an impact on the health status of, Native Hawaiians;

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

“(I) the diets and dietary preferences of people, including those of students; and

“(II) school feeding programs;
“(iv) identifying and instituting Native Hawaiian cultural values and practices within the corporate cultures of organizations and agencies providing health services to Native Hawaiians;

“(v) facilitating the provision of Native Hawaiian healing practices by Native Hawaiian healers for individuals desiring that assistance;

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

“(vii) demonstrating the integration of health services for Native Hawaiians, particularly those that integrate mental, physical, and dental services in health care.

“(c) REPORT.—The Secretary shall submit to the President, for inclusion in each report required to be submitted to Congress under section 12, a report on the progress made toward meeting the national policy described in this section.

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

“(a) DEVELOPMENT.—
“(1) IN GENERAL.—The Secretary may make a grant to, or enter into a contract with, Papa Ola Lokahi for the purpose of coordinating, implementing, and updating a Native Hawaiian comprehensive health care master plan that is designed—

“(A) to promote comprehensive health promotion and disease prevention services;

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

“(C) to support community-based initiatives that are reflective of holistic approaches to health.

“(2) CONSULTATION.—

“(A) IN GENERAL.—As a condition of receiving a grant under this section, in carrying out paragraph (1), Papa Ola Lokahi and the Office of Hawaiian Affairs shall consult with representatives of—

“(i) the Native Hawaiian health care systems;

“(ii) the Native Hawaiian health centers; and

“(iii) the Native Hawaiian community.
“(B) Memoranda of Understanding.—

Papa Ola Lokahi and the Office of Hawaiian Affairs may enter into memoranda of understanding or agreement for the purpose of acquiring joint funding, or for such other purposes as are necessary, to accomplish the objectives of this section.

“(3) Health care financing study report.—

“(A) In general.—Not later than 18 months after the date of enactment of the Native Hawaiian Health Care Improvement Reauthorization Act of 2011, Papa Ola Lokahi, in cooperation with the Office of Hawaiian Affairs and other appropriate agencies and organizations in the State (including the Department of Health and the Department of Human Services of the State) and appropriate Federal agencies (including the Centers for Medicare and Medicaid Services), shall submit to Congress a report that describes the impact of Federal and State health care financing mechanisms and policies on the health and well-being of Native Hawaiians.
“(B) COMPONENTS.—The report shall in-
clude—

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

“(I) cultural competency;

“(II) risk assessment data;

“(III) eligibility requirements
 and exemptions; and

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

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

“(iii) recommendations for submission
to the Secretary, for review and consulta-
tion with the Native Hawaiian community.

“(b) AUTHORIZATION OF APPROPRIATIONS.—There
are authorized to be appropriated such sums as are nec-
essary to carry out subsection (a).
“SEC. 6. FUNCTIONS OF PAPA OLA LOKAHI.

“(a) In General.—Papa Ola Lokahi—

“(1) shall be responsible for—

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

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

“(C) the identification of and research (in-
cluding behavioral, biomedical, epidemiological,
and health service research) into the diseases
that are most prevalent among Native Hawai-
i ans; and

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

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

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

“(B) addressing the health care needs of
Native Hawaiians; and
“(3) shall serve as a clearinghouse for—

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

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

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

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

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

“(b) CONSULTATION.—

“(1) IN GENERAL.—The Secretary and the Secretary of each other applicable Federal agency shall—

“(A) consult with Papa Ola Lokahi; and

“(B) provide Papa Ola Lokahi and the Office of Hawaiian Affairs, at least once annually, an accounting of funds and services provided by the Secretary to assist in accomplishing the purposes described in section 4.
“(2) COMPONENTS OF ACCOUNTING.—The accounting under paragraph (1)(B) shall include an identification of—

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

“(B) the number of Native Hawaiians affected by those funds;

“(C) the collaborations between the applicable Federal agency and Native Hawaiian groups and organizations in the expenditure of those funds; and

“(D) the amount of funds used for—

“(i) Federal administrative purposes;

and

“(ii) the provision of direct services to Native Hawaiians.

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

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

“(2) COORDINATION.—Papa Ola Lokahi shall, to the maximum extent practicable, coordinate and assist the health care programs and services pro-
vided to Native Hawaiians under this Act and other Federal laws.

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

“(d) TECHNICAL SUPPORT.—Papa Ola Lokahi shall provide statewide infrastructure for technical support and coordination of training and technical assistance to—

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

“(2) the Native Hawaiian health centers.

“(e) RELATIONSHIPS WITH OTHER AGENCIES.—

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

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

“(B) resources or services for the implementation of the national policy described in section 4.

“(2) HEALTH CARE FINANCING.—
“(A) Federal consultation.—

“(i) In general.—Before adopting any policy, rule, or regulation that may affect the provision of services or health insurance coverage for Native Hawaiians, a Federal agency that provides health care financing and carries out health care programs (including the Centers for Medicare and Medicaid Services) shall consult with representatives of—

“(I) the Native Hawaiian community;

“(II) Papa Ola Lokahi; and

“(III) organizations providing health care services to Native Hawaiians in the State.

“(ii) Identification of effects.—Any consultation by a Federal agency under clause (i) shall include an identification of the effect of any policy, rule, or regulation proposed by the Federal agency.

“(B) State consultation.—Before making any change in an existing federally funded program or implementing any new federally funded program relating to Native Hawaiian
health, the State shall engage in meaningful consultation with representatives of—

“(i) the Native Hawaiian community;
“(ii) Papa Ola Lokahi; and
“(iii) organizations providing health care services to Native Hawaiians in the State.

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

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

“(I) the Centers for Medicare and Medicaid Services;
“(II) the agency of the State that administers or supervises the administration of the State plan or waiver approved under title XVIII, XIX, or XXI of the Social Security Act (42 U.S.C. 1395 et seq.; 1396 et seq.; 1397aa et seq.) for the payment of all or a part of the health care services
provided to Native Hawaiians who are eligible for medical assistance under the State plan or waiver; or “(III) any other Federal agency providing full or partial health insurance to Native Hawaiians.

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

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

“(II) the scope of services; or

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

“(3) TRADITIONAL HEALERS.—

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

“(i) traditional Native Hawaiian healers; or

“(ii) traditional healers providing traditional health care practices.

“(B) EXEMPTION.—Services described in subparagraph (A) shall be exempt from national accreditation reviews, including reviews conducted by—

“(i) the Joint Commission on Accreditation of Healthcare Organizations; and

“(ii) the Commission on Accreditation of Rehabilitation Facilities.

“SEC. 7. NATIVE HAWAIIAN HEALTH CARE.

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

“(1) GRANTS AND CONTRACTS.—The Secretary, in consultation with Papa Ola Lokahi, may make grants to, or enter into contracts with 1 or more Native Hawaiian health care systems for the purpose of providing comprehensive health promotion and disease prevention services, as well as other health services, to Native Hawaiians who desire and are committed to bettering their own health.
“(2) LIMITATION ON NUMBER OF ENTITIES.—

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

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

“(c) HEALTH SERVICES TO BE PROVIDED.—

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

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

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

“(i) Native Hawaiian health care practitioners;

“(ii) community outreach workers;

“(iii) counselors;
“(iv) cultural educators; and

“(v) other disease prevention providers;

“(C) services of individuals providing health services;

“(D) collection of data relating to the prevention of diseases and illnesses among Native Hawaiians; and

“(E) support of culturally appropriate activities that enhance health and wellness, including land-based, water-based, ocean-based, and spiritually based projects and programs.

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

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

“(1) treated as if the individual were a member of the Public Health Service; and
“(2) subject to section 224 of the Public Health Service Act (42 U.S.C. 233).

“(e) Site for Other Federal Payments.—

“(1) In General.—A Native Hawaiian health care system that receives funds under subsection (a) may serve as a Federal loan repayment facility.

“(2) Remission of Payments.—A facility described in paragraph (1) shall be designed to enable health and allied-health professionals to remit payments with respect to loans provided to the professionals under any Federal loan program.

“(f) Restriction on Use of Grant and Contract Funds.—The Secretary shall not make a grant to, or enter into a contract with, an entity under subsection (a) unless the entity agrees that amounts received under the grant or contract will not, directly or through contract, be expended—

“(1) for any service other than a service described in subsection (c)(1);

“(2) to purchase or improve real property (other than minor remodeling of existing improvements to real property); or

“(3) to purchase major medical equipment.

“(g) Limitation on Charges for Services.—The Secretary shall not make a grant to, or enter into a con-
tract with, an entity under subsection (a) unless the entity agrees that, whether health services are provided directly or under a contract—

“(1) any health service under the grant or contract will be provided without regard to the ability of an individual receiving the health service to pay for the health service; and

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

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

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

“(h) AUTHORIZATION OF APPROPRIATIONS.—

“(1) GENERAL GRANTS.—There are authorized to be appropriated such sums as are necessary to carry out subsection (a) for each of fiscal years 2011 through 2016.

“(2) PLANNING GRANTS.—There are authorized to be appropriated such sums as are necessary to carry out subsection (b) for each of fiscal years 2011 through 2016.

“(3) HEALTH SERVICES.—There are authorized to be appropriated such sums as are necessary to
carry out subsection (c) for each of fiscal years 2011 through 2016.

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

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

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

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

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

“(4) a clearinghouse function for—

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

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

“(C) the availability of Native Hawaiian project funds, research projects, and publications;
“(5) the establishment and maintenance of an institutional review board for all health-related research involving Native Hawaiians;

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

“(7) the administration of special project funds.

“(b) Authorization of Appropriations.—There are authorized to be appropriated such sums as are necessary to carry out subsection (a) for each of fiscal years 2011 through 2016.

“SEC. 9. ADMINISTRATION OF GRANTS AND CONTRACTS.

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

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

“(c) Administrative Requirements.—The Secretary shall not make a grant or enter into a contract under this Act with an entity unless the entity—

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

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

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

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

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

“(4) with respect to health services that are
covered under a program under title XVIII, XIX, or
XXI of the Social Security Act (42 U.S.C. 1395 et
seq.; 1396 et seq.; 1397aa et seq.) (including any
State plan), or under any other Federal health in-
surance plan—
“(A) if the entity will provide under the grant or contract any of those health services directly—

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

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

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

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

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

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

“(A) describes the use and costs of health services provided under the grant or contract (including the average cost of health services per user); and

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

“(d) CONTRACT EVALUATION.—
“(1) **DETERMINATION OF NONCOMPLIANCE.**—

If, as a result of evaluations conducted by the Secretary, the Secretary determines that an entity has not complied with or satisfactorily performed a contract entered into under section 7, the Secretary shall, before renewing the contract—

“(A) attempt to resolve the areas of noncompliance or unsatisfactory performance; and

“(B) modify the contract to prevent future occurrences of the noncompliance or unsatisfactory performance.

“(2) **NONRENEWAL.**—If the Secretary determines that the noncompliance or unsatisfactory performance described in paragraph (1) with respect to an entity cannot be resolved and prevented in the future, the Secretary—

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

“(B) may enter into a contract under section 7 with another entity referred to in section 7(a)(2) that provides services to the same population of Native Hawaiians served by the entity the contract with which was not renewed by reason of this paragraph.
“(3) CONSIDERATION OF RESULTS.—In determining whether to renew a contract entered into with an entity under this Act, the Secretary shall consider the results of the evaluations conducted under this section.

“(4) APPLICATION OF FEDERAL LAWS.—Each contract entered into by the Secretary under this Act shall be in accordance with all Federal contracting laws (including regulations), except that, in the discretion of the Secretary, such a contract may—

“(A) be negotiated without advertising; and

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

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

“(A) may be made—

“(i) in advance;

“(ii) by means of reimbursement; or

“(iii) in installments; and

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

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

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

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

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

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

“(A) the Secretary;

“(B) the Inspector General of the Department of Health and Human Services; and

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

“(f) ANNUAL PRIVATE AUDIT.—The Secretary shall allow as a cost of any grant made or contract entered into under this Act the cost of an annual private audit conducted by a certified public accountant to carry out this section.
“SEC. 10. ASSIGNMENT OF PERSONNEL.

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

“(1) conducting research; or

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

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

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

“(a) ELIGIBILITY.—Subject to the availability of amounts appropriated under subsection (c), the Secretary shall provide to Papa Ola Lokahi, through a direct grant or a cooperative agreement, funds for the purpose of providing scholarship and fellowship assistance, counseling, and placement service assistance to students who are Native Hawaiians.
“(b) PRIORITY.—A priority for scholarships under subsection (a) may be provided to employees of—

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

“(2) the Native Hawaiian Health Centers.

“(c) TERMS AND CONDITIONS.—

“(1) SCHOLARSHIP ASSISTANCE.—

“(A) IN GENERAL.—The scholarship assistance under subsection (a) shall be provided in accordance with subparagraphs (B) through (G).

“(B) NEED.—The provision of scholarships in each type of health profession training shall correspond to the need for each type of health professional to serve the Native Hawaiian community in providing health services, as identified by Papa Ola Lokahi.

“(C) ELIGIBLE APPLICANTS.—To the maximum extent practicable, the Secretary shall select scholarship recipients from a list of eligible applicants submitted by Papa Ola Lokahi.

“(D) OBLIGATED SERVICE REQUIREMENT.—

“(i) IN GENERAL.—An obligated service requirement for each scholarship recipi-
ent (except for a recipient receiving assistance under paragraph (2)) shall be fulfilled through service, in order of priority, in—

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

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

“(III) 1 or more health professions shortage areas, medically underserved areas, or geographic areas or facilities similarly designated by the Public Health Service in the State;

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

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

“(VI) any of the uniformed services of the United States.

“(ii) ASSIGNMENT.—The placement service for a scholarship shall assign each Native Hawaiian scholarship recipient to 1
or more appropriate sites for service in accordance with clause (i).

“(E) COUNSELING, RETENTION, AND SUPPORT SERVICES.—The provision of academic and personal counseling, retention, and other support services—

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

“(ii) shall be made available to recipients of other scholarship and financial aid programs enrolled in appropriate health professions training programs.

“(F) FINANCIAL ASSISTANCE.—After consultation with Papa Ola Lokahi, financial assistance may be provided to a scholarship recipient during the period that the recipient is fulfilling the service requirement of the recipient in any of—

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

“(ii) the Native Hawaiians health centers.

“(G) DISTANCE LEARNING RECIPIENTS.—A scholarship may be provided to a Native Hawaiian who is enrolled in an appropriate dis-
tance learning program offered by an accredited educational institution.

“(2) FELLOWSHIPS.—

“(A) IN GENERAL.—Papa Ola Lokahi may provide financial assistance in the form of a fellowship to a Native Hawaiian health professional who is—

“(i) a Native Hawaiian community health representative, outreach worker, or health program administrator in a professional training program;

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

“(iii) a Native Hawaiian enrolled in a certificated program provided by traditional Native Hawaiian healers in any of the traditional Native Hawaiian healing practices (including lomi-lomi, la'au lapa‘au, and ho‘oponopono).

“(B) TYPES OF ASSISTANCE.—Assistance under subparagraph (A) may include a stipend for, or reimbursement for costs associated with, participation in a program described in that paragraph.
“(3) Rights and Benefits.—An individual who is a health professional designated in section 338A of the Public Health Service Act (42 U.S.C. 254l) who receives a scholarship under this subsection while fulfilling a service requirement under that Act shall retain the same rights and benefits as members of the National Health Service Corps during the period of service.

“(4) No Inclusion of Assistance in Gross Income.—Financial assistance provided under this section shall be considered to be qualified scholarships for the purpose of section 117 of the Internal Revenue Code of 1986.

“(d) Authorization of Appropriations.—There are authorized to be appropriated such sums as are necessary to carry out subsections (a) and (e)(2) for each of fiscal years 2011 through 2016.


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

“(1) a review of programs established or assisted in accordance with this Act; and
“(2) an assessment of and recommendations for additional programs or additional assistance necessary to provide, at a minimum, health services to Native Hawaiians, and ensure a health status for Native Hawaiians, that are at a parity with the health services available to, and the health status of, the general population.

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

“(a) In General.—The Secretary shall permit an organization that enters into a contract or receives grant under this Act to use in carrying out projects or activities under the contract or grant all existing facilities under the jurisdiction of the Secretary (including all equipment of the facilities), in accordance with such terms and conditions as may be agreed on for the use and maintenance of the facilities or equipment.

“(b) Donation of Property.—The Secretary may donate to an organization that enters into a contract or receives grant under this Act, for use in carrying out a project or activity under the contract or grant, any personal or real property determined to be in excess of the needs of the Department or the General Services Administration.
“(c) Acquisition of Surplus Property.—The Secretary may acquire excess or surplus Federal Government personal or real property for donation to an organization under subsection (b) if the Secretary determines that the property is appropriate for use by the organization for the purpose for which a contract entered into or grant received by the organization is authorized under this Act.

“SEC. 14. DEMONSTRATION PROJECTS OF NATIONAL SIGNIFICANCE.

“(a) Authority and Areas of Interest.—

“(1) In General.—The Secretary, in consultation with Papa Ola Lokahi, may allocate amounts made available under this Act, or any other Act, to carry out Native Hawaiian demonstration projects of national significance.

“(2) Areas of Interest.—A demonstration project described in paragraph (1) may relate to such areas of interest as—

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

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

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

“(D) the use of telehealth and telecommunications in—

“(i) chronic and infectious disease management; and

“(ii) health promotion and disease prevention;

“(E) the development of appropriate models of health care for Native Hawaiians and other indigenous people, including—

“(i) the provision of culturally competent health services;

“(ii) related activities focusing on wellness concepts;

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

“(iv) the development of financial mechanisms and collaborative relationships leading to universal access to health care; and
“(F) the establishment of—

“(i) a Native Hawaiian Center of Excellence for Nursing at the University of Hawai‘i at Hilo;

“(ii) a Native Hawaiian Center of Excellence for Mental Health at the University of Hawai‘i at Manoa;

“(iii) a Native Hawaiian Center of Excellence for Maternal Health and Nutrition at the Waimanalo Health Center;

“(iv) a Native Hawaiian Center of Excellence for Research, Training, Integrated Medicine at Molokai General Hospital; and

“(v) a Native Hawaiian Center of Excellence for Complementary Health and Health Education and Training at the Waianae Coast Comprehensive Health Center.

“(3) CENTERS OF EXCELLENCE.—Papa Ola Lokahi, and any centers established under paragraph (2)(F), shall be considered to be qualified as Centers of Excellence under sections 464z–4 and 903(b)(2)(A) of the Public Health Service Act (42 U.S.C. 285t–1, 299a–1).
“(b) NONREDUCTION IN OTHER FUNDING.—The allocation of funds for demonstration projects under subsection (a) shall not result in any reduction in funds required by the Native Hawaiian health care systems, the Native Hawaiian Health Centers, the Native Hawaiian Health Scholarship Program, or Papa Ola Lokahi to carry out the respective responsibilities of those entities under this Act.

“SEC. 15. RULE OF CONSTRUCTION.

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

“SEC. 16. COMPLIANCE WITH BUDGET ACT.

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

“SEC. 17. SEVERABILITY.

“If any provision of this Act, or the application of any such provision to any person or circumstance, is determined by a court of competent jurisdiction to be invalid, the remainder of this Act, and the application of the provision to a person or circumstance other than that to which
the provision is held invalid, shall not be affected by that holding.”.