

112TH CONGRESS
1ST SESSION

S. 66

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

IN THE SENATE OF THE UNITED STATES

JANUARY 25 (legislative day, JANUARY 5), 2011

Mr. INOUE 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 2011”.

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.

“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) IN GENERAL.—Congress finds that—

8 “(1) Native Hawaiians begin their story with
9 the Kūmulipo, 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 land and
6 seas;

7 “(4) the long-range economic and social
8 changes in Hawai‘i during the 19th and early 20th
9 centuries have been devastating to the health and
10 well-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 Hawai‘i;

1 “(8) the constitution and statutes of the State
2 of Hawai‘i—

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 Hawai‘i in 1778, the Native
12 Hawaiian people lived in a highly organized, self-suf-
13 ficient, 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 Hawai‘i;

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

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

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 Hawai‘i, 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 Kingdom
11 of Hawai‘i;

12 “(13) in pursuance of that conspiracy—

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

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

1 “(i) treaties between the Kingdom of
2 Hawai‘i and the United States; and

3 “(ii) international law;

4 “(14) in a message to Congress on December
5 18, 1893, President Grover Cleveland—

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

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

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

17 “(15) Queen Lili‘uokalani, the lawful monarch
18 of the Kingdom of Hawai‘i, and the Hawaiian Patri-
19 otic League, representing the aboriginal citizens of
20 Hawai‘i, promptly petitioned the United States for
21 redress of those wrongs and restoration of the indig-
22 enous government of the Kingdom of Hawai‘i, but
23 no action was taken on that petition;

24 “(16) in 1993, Congress enacted Public Law
25 103–150 (107 Stat. 1510), in which Congress—

1 “(A) acknowledged the significance of
2 those events; and

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

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

16 “(18) despite Native Hawaiian protests, in
17 1898, the United States—

18 “(A) annexed Hawai‘i through Resolution
19 55 (commonly known as the ‘Newlands Resolu-
20 tion’) (30 Stat. 750), without the consent of, or
21 compensation to, the indigenous people of
22 Hawai‘i or the sovereign government of those
23 people; and

24 “(B) denied those people the mechanism
25 for expression of their inherent sovereignty

1 through self-government and self-determination
2 of their land and ocean resources;

3 “(19) through the Newlands Resolution and the
4 Act of April 30, 1900 (commonly known as the
5 ‘1900 Organic Act’) (31 Stat. 141, chapter 339), the
6 United States—

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

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

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

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

24 “(B) affirmed the trust relationship be-
25 tween the United States and Native Hawaiians,

1 as expressed by Secretary of the Interior
2 Franklin K. Lane, who was cited in the Com-
3 mittee Report of the Committee on Territories
4 of the House of Representatives as stating,
5 ‘One thing that impressed me . . . was the fact
6 that the natives of the islands . . . for whom
7 in a sense we are trustees, are falling off rap-
8 idly in numbers and many of them are in pov-
9 erty.’;

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

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

16 “(B) to permit fishing in the area ‘only by
17 native Hawaiian residents of said area or of ad-
18 jacent villages and by visitors under their guid-
19 ance’;

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

23 “(A) transferred responsibility for the ad-
24 ministration of the Hawaiian home lands to the
25 State; but

1 “(B) reaffirmed the trust relationship that
2 existed between the United States and the Na-
3 tive Hawaiian people by retaining the exclusive
4 power to enforce the trust, including the power
5 to approve land exchanges and legislative
6 amendments affecting the rights of beneficiaries
7 under that Act;

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

10 “(A) transferred responsibility for adminis-
11 tration over portions of the ceded public lands
12 trust not retained by the United States to the
13 State; but

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

20 “(24) in 1978, the people of the State of
21 Hawai‘i—

22 “(A) amended the constitution of the State
23 of Hawai‘i to establish the Office of Hawaiian
24 Affairs; and

1 “(B) assigned to that Office the author-
2 ity—

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

6 “(ii) to receive payments from the
7 State owed to the Native Hawaiian people
8 in satisfaction of the pro rata share of the
9 proceeds of the public land trust estab-
10 lished by section 5(f) of the Act of March
11 18, 1959 (48 U.S.C. prec. 491 note; 73
12 Stat. 6);

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

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

18 “(25) the authority of Congress under the Con-
19 stitution to legislate in matters affecting the aborigi-
20 nal or indigenous people of the United States in-
21 cludes the authority to legislate in matters affecting
22 the native people of the States of Alaska and
23 Hawai‘i;

24 “(26) the United States has recognized the au-
25 thority of the Native Hawaiian people to continue to

1 work toward an appropriate form of sovereignty, as
2 defined by the Native Hawaiian people in provisions
3 set forth in legislation returning the Hawaiian Is-
4 land of Kaho‘olawe to custodial management by the
5 State in 1994;

6 “(27) in furtherance of the trust responsibility
7 for the betterment of the conditions of Native Ha-
8 waiians, the United States has established a pro-
9 gram for the provision of comprehensive health pro-
10 motion and disease prevention services to maintain
11 and improve the health status of the Hawaiian peo-
12 ple;

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

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

22 “(A) providing comprehensive disease pre-
23 vention;

24 “(B) providing health promotion activities;

25 and

1 “(C) increasing the number of Native Ha-
2 waiians in the health and allied health profes-
3 sions;

4 “(30) the accomplishments described in para-
5 graph (29) have been achieved through implementa-
6 tion of—

7 “(A) the Native Hawaiian Health Care Act
8 of 1988 (Public Law 100–579; 102 Stat.
9 2916); and

10 “(B) the reauthorization of that Act under
11 section 9168 of the Department of Defense Ap-
12 propriations Act, 1993 (Public Law 102–396;
13 106 Stat. 1948);

14 “(31) the historical and unique legal relation-
15 ship between the United States and Native Hawai-
16 ians has been consistently recognized and affirmed
17 by Congress through the enactment of more than
18 160 Federal laws that extend to the Native Hawai-
19 ian people the same rights and privileges accorded to
20 American Indian, Alaska Native, Eskimo, and Aleut
21 communities, including—

22 “(A) the Native American Programs Act of
23 1974 (42 U.S.C. 2991 et seq.);

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

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

3 “(D) the Native American Graves Protec-
4 tion and Repatriation Act (25 U.S.C. 3001 et
5 seq.);

6 “(32) the United States has recognized and re-
7 affirmed the trust relationship to the Native Hawai-
8 ian people through Federal laws that authorize the
9 provision of services to Native Hawaiians, specifi-
10 cally—

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

13 “(B) the Developmental Disabilities Assist-
14 ance and Bill of Rights Act Amendments of
15 1987 (Public Law 100–146; 101 Stat. 840);

16 “(C) the Veterans’ Benefits and Services
17 Act of 1988 (Public Law 100–322; 102 Stat.
18 487);

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

21 “(E) the Native Hawaiian Health Care Act
22 of 1988 (Public Law 100–579; 102 Stat.
23 2916);

1 “(F) the Health Professions Reauthoriza-
2 tion Act of 1988 (Public Law 100–607; 102
3 Stat. 3122);

4 “(G) the Nursing Shortage Reduction and
5 Education Extension Act of 1988 (Public Law
6 100–607; 102 Stat. 3153);

7 “(H) the Handicapped Programs Technical
8 Amendments Act of 1988 (Public Law 100–
9 630; 102 Stat. 3289);

10 “(I) the Indian Health Care Amendments
11 of 1988 (Public Law 100–713; 102 Stat.
12 4784); and

13 “(J) the Disadvantaged Minority Health
14 Improvement Act of 1990 (Public Law 101–
15 527; 104 Stat. 2311);

16 “(33) the United States has affirmed the his-
17 torical and unique legal relationship to the Hawaiian
18 people by authorizing the provision of services to
19 Native Hawaiians to address problems of alcohol
20 and drug abuse under the Anti-Drug Abuse Act of
21 1986 (Public Law 99–570);

22 “(34) in addition, the United States—

23 “(A) has recognized that Native Hawai-
24 ians, as aboriginal, indigenous, native people of
25 the State of Hawai‘i, are a unique population

1 group in the State and in the continental
2 United States; and

3 “(B) has so declared in—

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

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

10 “(II) ‘Provisional Guidance on
11 the Implementation of the 1997
12 Standards for Federal Data on Race
13 and Ethnicity’ and dated December
14 15, 2000;

15 “(ii) the document entitled ‘Guidance
16 on Aggregation and Allocation of Data on
17 Race for Use in Civil Rights Monitoring
18 and Enforcement’ (Bulletin 00–02 to the
19 Heads of Executive Departments and Es-
20 tablishments) and dated March 9, 2000;

21 “(iii) the document entitled ‘Questions
22 and Answers when Designing Surveys for
23 Information Collections’ (Memorandum for
24 the President’s Management Council) and
25 dated January 20, 2006;

1 “(iv) Executive Order 13125 (64 Fed.
2 Reg. 31105; relating to increasing partici-
3 pation of Asian Americans and Pacific Is-
4 landers in Federal programs) (June 7,
5 1999);

6 “(v) the document entitled ‘HHS
7 Tribal Consultation Policy’ and dated Jan-
8 uary 2005; and

9 “(vi) the Department of Health and
10 Human Services Intradepartment Council
11 on Native American Affairs, Revised Char-
12 ter, dated March 7, 2005; and

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

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

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

23 “(b) FINDING OF UNMET NEEDS AND HEALTH DIS-
24 PARITIES.—Congress finds that the unmet needs and seri-

1 ous health disparities that adversely affect the Native Ha-
2 waiian people include the following:

3 “(1) CHRONIC DISEASE AND ILLNESS.—

4 “(A) CANCER.—

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

7 “(I) as an underlying cause of
8 death in the State, the cancer mor-
9 tality rate of Native Hawaiians (218.3
10 deaths per 100,000 residents) is 50
11 percent higher than the rate for the
12 total population of the State (145.4
13 deaths per 100,000 residents);

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

19 “(III) Native Hawaiian females
20 have the highest cancer mortality
21 rates in the State for cancers of the
22 lung, breast, colon, rectum, pancreas,
23 stomach, ovary, liver, cervix, kidney,
24 and uterus, and for all cancers com-
25 bined; and

1 “(IV) for the period of 1995
2 through 2000—

3 “(aa) the cancer mortality
4 rate for all cancers for Native
5 Hawaiian males (217 deaths per
6 100,000 residents) was 22 per-
7 cent higher than the rate for all
8 males in the State (179 deaths
9 per 100,000 residents); and

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

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

19 “(I) Native Hawaiians have the
20 highest mortality rate in the State
21 from breast cancer (30.79 deaths per
22 100,000 residents), which is 33 per-
23 cent higher than the rate for Cauca-
24 sian Americans (23.07 deaths per
25 100,000 residents) and 106 percent

1 higher than the rate for Chinese
2 Americans (14.96 deaths per 100,000
3 residents); and

4 “(II) nationally, Native Hawai-
5 ians have the third-highest mortality
6 rate as a result of breast cancer (25.0
7 deaths per 100,000 residents), behind
8 African-Americans (31.4 deaths per
9 100,000 residents) and Caucasian
10 Americans (27.0 deaths per 100,000
11 residents).

12 “(iii) CANCER OF THE CERVIX.—Na-
13 tive Hawaiians have the highest mortality
14 rate as a result of cancer of the cervix in
15 the State (3.65 deaths per 100,000 resi-
16 dents), followed by Filipino Americans
17 (2.69 deaths per 100,000 residents) and
18 Caucasian Americans (2.61 deaths per
19 100,000 residents).

20 “(iv) LUNG CANCER.—Native Hawai-
21 ian males and females have the highest
22 mortality rates as a result of lung cancer
23 in the State (74.79 deaths per 100,000
24 and 47.84 deaths per 100,000, respec-
25 tively) which are higher than the rates for

1 the total population of the State by 48 per-
2 cent for males and 93 percent for females.

3 “(v) PROSTATE CANCER.—Native Ha-
4 waiian males have the third-highest mor-
5 tality rate as a result of prostate cancer in
6 the State (21.48 deaths per 100,000 resi-
7 dents), with Caucasian Americans having
8 the highest mortality rate as a result of
9 prostate cancer (23.96 deaths per 100,000
10 residents).

11 “(B) DIABETES.—With respect to diabe-
12 tes, in 2004—

13 “(i) Native Hawaiians had the highest
14 mortality rate as a result of diabetes
15 mellitis (28.9 deaths per 100,000 resi-
16 dents) in the State, which is 119 percent
17 higher than the rate for all racial groups
18 in the State (13.2 deaths per 100,000 resi-
19 dents);

20 “(ii) the prevalence of diabetes for
21 Native Hawaiians was 12.7 percent, which
22 is 87 percent higher than the total preva-
23 lence for all residents of the State of 6.8
24 percent; and

1 “(iii) a higher percentage of Native
2 Hawaiians with diabetes experienced dia-
3 betic retinopathy, as compared to other
4 population groups in the State.

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

7 “(i) in 2004, mortality rates for Na-
8 tive Hawaiians (31.6 deaths per 100,000
9 residents) from chronic lower respiratory
10 disease were 52 percent higher than rates
11 for the total population of the State (20.8
12 deaths per 100,000 residents); and

13 “(ii) in 2005, the prevalence of cur-
14 rent asthma in Native Hawaiian adults
15 (12.8 percent) was 71 percent higher than
16 the prevalence of asthma in the total popu-
17 lation of the State (7.5 percent).

18 “(D) CIRCULATORY DISEASES.—

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

21 “(I) in 2004, the mortality rate
22 for Native Hawaiians as a result of
23 heart disease (305.5 deaths per
24 100,000 residents) was 86 percent
25 higher than the rate for the total pop-

1 ulation of the State (164.3 deaths per
2 100,000 residents); and

3 “(II) in 2005, the prevalence of a
4 heart attack for Native Hawaiians
5 (4.4 percent) was 22 percent higher
6 than the prevalence of a heart attack
7 for the total population of the State
8 (3.6 percent).

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

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

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

21 “(iii) OTHER CIRCULATORY DIS-
22 EASES.—With respect to other circulatory
23 diseases (including high blood pressure and
24 atherosclerosis)—

1 “(I) in 2004, the mortality rate
 2 for Native Hawaiians (20.6 deaths per
 3 100,000 residents) was 46 percent
 4 higher than the rate for the total pop-
 5 ulation of the State (14.1 deaths per
 6 100,000 residents); and

7 “(II) in 2005, the prevalence of
 8 high blood pressure for Native Hawai-
 9 ians (26.7 percent) was 10 percent
 10 higher than the prevalence for the
 11 total population of the State (24.2
 12 percent).

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

15 “(A) in 1998, Native Hawaiians comprised
 16 20 percent of all deaths resulting from infec-
 17 tious diseases in the State for all ages; and

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

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

24 “(A) the mortality rate for Native Hawai-
 25 ians as a result of injuries (32 deaths per

1 100,000 residents) is 16 percent higher than
2 the rate for the total population of the State
3 (27.5 deaths per 100,000 residents);

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

7 “(C) the 2 primary causes of Native Ha-
8 waiian deaths in that age group were motor ve-
9 hicle accidents (30 percent) and intentional self-
10 harm (39 percent).

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

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

18 “(B) the prevalence rate of dental caries in
19 the primary (baby) teeth of Native Hawaiian
20 children aged 5 to 9 years of 4.2 per child is
21 more than twice the national average rate of
22 1.9 per child in that age range;

23 “(C) 81.9 percent of Native Hawaiian chil-
24 dren aged 6 to 8 have 1 or more decayed teeth,
25 as compared to—

1 “(i) 53 percent for children in that
2 age range in the continental United States;
3 and

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

6 “(D) 21 percent of Native Hawaiian chil-
7 dren aged 5 demonstrate signs of baby bottle
8 tooth decay, which is generally characterized as
9 severe, progressive dental disease in early child-
10 hood and associated with high rates of dental
11 disorders, as compared to 5 percent for children
12 of that age in the continental United States.

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

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

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

22 “(C) the life expectancy calculation for
23 1990 shows Native Hawaiian life expectancy at
24 birth (74.27 years) to be approximately 5 years

1 less than that of the total State population
2 (78.85 years); and

3 “(D) except as provided in the life expect-
4 ancy calculation for 1920, Native Hawaiians
5 have had the shortest life expectancy of all
6 major ethnic groups in the United States since
7 1910.

8 “(6) MATERNAL AND CHILD HEALTH.—

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

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

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

17 “(iii) Native Hawaiian infant mor-
18 tality rates (9.8 deaths per 1,000 live
19 births) are—

20 “(I) the highest in the State; and

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

24 “(iv) Native Hawaiians have 1 of the
25 highest infant mortality rates in the

1 United States, second only to the rate for
2 African-Americans of 13.6 deaths per
3 1,000 live births.

4 “(B) PRENATAL CARE.—With respect to
5 prenatal care—

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

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

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

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

22 “(C) BIRTHS.—With respect to births, in
23 2005—

24 “(i) 45.2 percent of live births to Na-
25 tive Hawaiian women were to single moth-

1 ers, putting the affected infants at higher
2 risk of low birth weight and infant mor-
3 tality;

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

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

11 “(D) TEEN PREGNANCIES.—With respect
12 to births, in 2005—

13 “(i) Native Hawaiians had the highest
14 rate of births to mothers under the age of
15 18 years (5.8 percent), as compared to the
16 rate of 2.7 percent for the total population
17 of the State; and

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

21 “(E) FETAL MORTALITY.—With respect to
22 fetal mortality, in 2005—

23 “(i) Native Hawaiians had the highest
24 number of fetal deaths in the State, as

1 compared to Caucasian, Japanese, and Fil-
2 ipino residents; and

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

6 “(II) 43.5 percent of those Native
7 Hawaiian mothers were under the age of
8 25 years.

9 “(7) BEHAVIORAL HEALTH.—

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

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

17 “(II) 53 percent of Native Hawaiians
18 reported having smoked at least 100 ciga-
19 rettes in their lifetime, as compared to
20 43.3 percent for the total population of the
21 State;

22 “(ii) 33 percent of Native Hawaiians
23 in grade 8 have smoked cigarettes at least
24 once in their lifetimes, as compared to—

1 “(I) 22.5 percent for all youth in
2 the State; and

3 “(II) 28.4 percent of residents of
4 the United States in grade 8;

5 “(iii) Native Hawaiians have the high-
6 est prevalence of binge drinking (19.9 per-
7 cent), which is 21 percent higher than the
8 prevalence for the total population of the
9 State (16.5 percent);

10 “(iv) the prevalence of heavy drinking
11 among Native Hawaiians (10.1 percent) is
12 36 percent higher than the prevalence for
13 the total population of the State (7.4 per-
14 cent);

15 “(v)(I) in 2003, 17.2 percent of Na-
16 tive Hawaiians in grade 6, 45.1 percent of
17 Native Hawaiians in grade 8, 68.9 percent
18 of Native Hawaiians in grade 10, and 78.1
19 percent of Native Hawaiians in grade 12
20 reported using alcohol at least once in
21 their lifetimes, as compared to 13.2, 36.8,
22 59.1, and 72.5 percent, respectively, of all
23 adolescents in the State; and

24 “(II) 62.1 percent Native Hawaiians
25 in grade 12 reported being drunk at least

1 once, which is 20 percent higher than the
2 percentage for all adolescents in the State
3 (51.6 percent);

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

9 “(I) 46.9 percent of all adoles-
10 cents in the State; and

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

13 “(vii) on entering grade 12, 58.2 per-
14 cent of Native Hawaiian adolescents re-
15 ported having used marijuana at least
16 once, which is 31 percent higher than the
17 rate of other adolescents in the State (44.4
18 percent);

19 “(viii) in 2006, Native Hawaiians rep-
20 resented 40 percent of the total admissions
21 to substance abuse treatment programs
22 funded by the State Department of Health;
23 and

24 “(ix) in 2003, Native Hawaiian ado-
25 lescents reported the highest prevalence for

1 methamphetamine use in the State, fol-
2 lowed by Caucasian and Filipino adoles-
3 cents.

4 “(B) CRIME.—With respect to crime—

5 “(i) during the period of 1992 to
6 2002, Native Hawaiian arrests for violent
7 crimes decreased, but the rate of arrest re-
8 mained 38.3 percent higher than the rate
9 of the total population of the State;

10 “(ii) the robbery arrest rate in 2002
11 among Native Hawaiian juveniles and
12 adults was 59 percent higher (6.2 arrests
13 per 100,000 residents) than the rate for
14 the total population of the State (3.9 ar-
15 rests per 100,000 residents);

16 “(iii) in 2002—

17 “(I) Native Hawaiian men com-
18 prised between 35 percent and 43 per-
19 cent of each security class in the State
20 prison system;

21 “(II) Native Hawaiian women
22 comprised between 38.1 percent to
23 50.3 percent of each class of female
24 prison inmates in the State;

1 “(III) Native Hawaiians com-
2 prised 39.5 percent of the total incar-
3 cerated population of the State; and

4 “(IV) Native Hawaiians com-
5 prised 40 percent of the total sen-
6 tenced felon population in the State,
7 as compared to 25 percent for Cauca-
8 sians, 12 percent for Filipinos, and 5
9 percent for Samoans;

10 “(iv) Native Hawaiians are overrepre-
11 sented in the State prison population;

12 “(v) of the 2,260 incarcerated Native
13 Hawaiians, 70 percent are between 20 and
14 40 years of age; and

15 “(vi) based on anecdotal information,
16 Native Hawaiians are estimated to com-
17 prise between 60 percent and 70 percent of
18 all jail and prison inmates in the State.

19 “(C) DEPRESSION AND SUICIDE.—With re-
20 spect to depression and suicide—

21 “(i)(I) in 1999, the prevalence of de-
22 pression among Native Hawaiians was 15
23 percent, as compared to the national aver-
24 age of approximately 10 percent; and

1 “(II) Native Hawaiian females had a
2 higher prevalence of depression (16.9 per-
3 cent) than Native Hawaiian males (11.9
4 percent);

5 “(ii) in 2000—

6 “(I) Native Hawaiian adolescents
7 had a significantly higher suicide at-
8 tempt rate (12.9 percent) than the
9 rate for other adolescents in the State
10 (9.6 percent); and

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

14 “(iii) in 2006, the prevalence of obses-
15 sive compulsive disorder among Native Ha-
16 waiian adolescent girls was 17.7 percent,
17 as compared to a rate of—

18 “(I) 9.2 percent for Native Ha-
19 waiian boys and non-Hawaiian girls;
20 and

21 “(II) a national rate of 2 percent.

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

24 “(A) during the period of 2000 through
25 2003, Native Hawaiian males and females had

1 the highest age-adjusted prevalence rates for
2 obesity in the State (40.5 and 32.5 percent, re-
3 spectively), which was—

4 “(i) with respect to individuals of full
5 Native Hawaiian ancestry, 145 percent
6 higher than the rate for the total popu-
7 lation of the State (16.5 per 100,000); and

8 “(ii) with respect to individuals with
9 less than 100 percent Native Hawaiian an-
10 cestry, 97 percent higher than the total
11 population of the State; and

12 “(B) for 2005, the prevalence of obesity
13 among Native Hawaiians (43.1 percent) was
14 119 percent higher than the prevalence for the
15 total population of the State (19.7 percent).

16 “(9) FAMILY AND CHILD HEALTH.—With re-
17 spect to family and child health—

18 “(A) in 2000, the prevalence of single-par-
19 ent families with minor children was highest
20 among Native Hawaiian households, as com-
21 pared to all households in the State (15.8 per-
22 cent and 8.1 percent, respectively);

23 “(B) in 2002, nonmarital births accounted
24 for 56.8 percent of all live births among Native

1 Hawaiians, as compared to 34 percent of all
2 live births in the State;

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

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

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

16 “(ii) Native Hawaiians residing in the
17 State and the continental United States have a
18 higher rate of uninsurance than other ethnic
19 groups in the State and continental United
20 States (14.5 percent and 9.5 percent, respec-
21 tively).

22 “(10) HEALTH PROFESSIONS EDUCATION AND
23 TRAINING.—With respect to health professions edu-
24 cation and training—

1 “(A) in 2003, adult Native Hawaiians had
2 a higher rate of high school completion, as com-
3 pared to the total adult population of the State
4 (49.4 percent and 34.4 percent, respectively);

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

8 “(C) in 2004, Native Hawaiians com-
9 prised—

10 “(i) 11.25 percent of individuals who
11 earned bachelor’s degrees;

12 “(ii) 6 percent of individuals who
13 earned master’s degrees;

14 “(iii) 3 percent of individuals who
15 earned doctorate degrees;

16 “(iv) 7.9 percent of the credited stu-
17 dent body at the University of Hawai‘i;

18 “(v) 0.4 percent of the instructional
19 faculty at the University of Hawai‘i at
20 Manoa; and

21 “(vi) 8.4 percent of the instructional
22 faculty at the University of Hawai‘i Com-
23 munity Colleges.

24 **“SEC. 3. DEFINITIONS.**

25 “In this Act:

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

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

6 “(A) immunizations;

7 “(B) control of high blood pressure;

8 “(C) control of sexually transmittable dis-
9 eases;

10 “(D) prevention and control of chronic dis-
11 eases;

12 “(E) control of toxic agents;

13 “(F) occupational safety and health;

14 “(G) injury prevention;

15 “(H) fluoridation of water;

16 “(I) control of infectious agents; and

17 “(J) provision of mental health care.

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

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

22 “(B) cessation of tobacco smoking;

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

25 “(D) improvement of nutrition;

1 “(E) improvement in physical fitness;

2 “(F) family planning;

3 “(G) control of stress;

4 “(H) reduction of major behavioral risk
5 factors and promotion of healthy lifestyle prac-
6 tices; and

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

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

13 “(A) a service provided by a physician,
14 physician’s assistant, nurse practitioner, nurse,
15 dentist, or other health professional;

16 “(B) a diagnostic laboratory or radiologic
17 service;

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

24 “(D) an emergency medical service, includ-
25 ing a service provided by a first responder,

1 emergency medical technician, or mobile inten-
2 sive care technician;

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

5 “(F) a preventive dental service;

6 “(G) a pharmaceutical and medicament
7 service;

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

11 “(I) a genetic counseling service;

12 “(J) a health administration service, in-
13 cluding a service provided by a health program
14 administrator;

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

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

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

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

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

12 “(A) genealogical records;

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

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

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

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

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

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

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

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

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

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

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

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

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

1 “(7) NATIVE HAWAIIAN HEALTH CENTER.—The
2 term ‘Native Hawaiian Health Center’ means any
3 organization that is a primary health care provider
4 that—

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

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

11 “(C) serves a patient population that—

12 “(i) is made up of individuals, at least
13 50 percent of whom are Native Hawaiian;
14 or

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

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

20 “(8) NATIVE HAWAIIAN HEALTH TASK
21 FORCE.—The term ‘Native Hawaiian Health Task
22 Force’ means a task force established by the State
23 Council of Hawaiian Homestead Associations to im-
24 plement health and wellness strategies in Native Ha-
25 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 Hawai‘i State Constitu-
16 tion; 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 Hawai‘i;

11 “(V) the Hawai‘i State Depart-
12 ment of Health;

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

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

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

20 “(IX) Ho‘ola Lahui Hawai‘i, 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 Hawai'i (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 Hawai‘i.

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 Hawai‘i resulting from the unique
9 and historical relationship between the United States and
10 the indigenous people of Hawai‘i—

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 2020 to at least the levels
4 described in the goals contained within Healthy
5 People 2020 (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 Ha-
19 waiians;

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 “(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.—As a condition of re-
16 ceiving a grant under this section, in carrying
17 out paragraph (1), Papa Ola Lokahi and the
18 Office of Hawaiian Affairs shall consult with
19 representatives of—

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

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

24 “(iii) the Native Hawaiian commu-
25 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 2011, 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 and consulta-
21 tion 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.**

2 “(a) IN GENERAL.—Papa Ola Lokahi—

3 “(1) shall be responsible for—

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

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

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

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

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

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

25 “(B) addressing the health care needs of
26 Native Hawaiians; and

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

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

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

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

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

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

15 “(b) CONSULTATION.—

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

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

20 “(B) provide Papa Ola Lokahi and the Of-
21 fice of Hawaiian Affairs, at least once annually,
22 an accounting of funds and services provided by
23 the Secretary to assist in accomplishing the
24 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 benefitting 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 shall
9 provide statewide infrastructure for technical support and
10 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 federally funded
24 program or implementing any new federally
25 funded program relating to Native Hawaiian

1 health, the State shall engage in meaningful
2 consultation with representatives 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.; 1396 et seq.;
24 1397aa et seq.) for the payment of all
25 or a part of the health care services

1 provided to Native Hawaiians who are
 2 eligible for medical assistance under
 3 the State plan or waiver; or

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

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

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

15 “(II) the scope of services; or

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

21 “(3) TRADITIONAL HEALERS.—

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

1 including the Department of Veterans Affairs)
 2 may include the services of—

3 “(i) traditional Native Hawaiian heal-
 4 ers; or

5 “(ii) traditional healers providing tra-
 6 ditional health care practices.

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

11 “(i) the Joint Commission on Accredi-
 12 tation of Healthcare Organizations; and

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

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

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

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

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

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

6 “(b) PLANNING GRANT OR CONTRACT.—In addition

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

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

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

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

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

22 “(i) Native Hawaiian health care
23 practitioners;

24 “(ii) community outreach workers;

25 “(iii) counselors;

1 “(iv) cultural educators; and

2 “(v) other disease prevention pro-
3 viders;

4 “(C) services of individuals providing
5 health services;

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

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

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

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

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

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

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

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

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

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

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

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

23 “(3) to purchase major medical equipment.

24 “(g) LIMITATION ON CHARGES FOR SERVICES.—The
25 Secretary shall not make a grant to, or enter into a con-

1 tract with, an entity under subsection (a) unless the entity
2 agrees that, whether health services are provided directly
3 or under a contract—

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

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

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

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

15 “(h) AUTHORIZATION OF APPROPRIATIONS.—

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

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

24 “(3) HEALTH SERVICES.—There are authorized
25 to be appropriated such sums as are necessary to

1 carry out subsection (c) for each of fiscal years 2011
2 through 2016.

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

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

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

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

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

16 “(4) a clearinghouse function for—

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

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

22 “(C) the availability of Native Hawaiian
23 project funds, research projects, and publica-
24 tions;

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

4 “(6) the coordination of the health care pro-
5 grams and services provided to Native Hawaiians;
6 and

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

8 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
9 are authorized to be appropriated such sums as are nec-
10 essary to carry out subsection (a) for each of fiscal years
11 2011 through 2016.

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

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

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

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

24 “(1) agrees to establish such procedures for fis-
25 cal control and fund accounting as the Secretary de-

1 termines are necessary to ensure proper disburse-
2 ment and accounting with respect to the grant or
3 contract;

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

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

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

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

20 “(4) with respect to health services that are
21 covered under a program under title XVIII, XIX, or
22 XXI of the Social Security Act (42 U.S.C. 1395 et
23 seq.; 1396 et seq.; 1397aa et seq.) (including any
24 State plan), or under any other Federal health in-
25 surance plan—

1 “(A) if the entity will provide under the
2 grant or contract any of those health services
3 directly—

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

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

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

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

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

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

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

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

25 “(d) CONTRACT EVALUATION.—

1 “(1) DETERMINATION OF NONCOMPLIANCE.—
2 If, as a result of evaluations conducted by the Sec-
3 retary, the Secretary determines that an entity has
4 not complied with or satisfactorily performed a con-
5 tract entered into under section 7, the Secretary
6 shall, before renewing the contract—

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

9 “(B) modify the contract to prevent future
10 occurrences of the noncompliance or unsatisfac-
11 tory performance.

12 “(2) NONRENEWAL.—If the Secretary deter-
13 mines that the noncompliance or unsatisfactory per-
14 formance described in paragraph (1) with respect to
15 an entity cannot be resolved and prevented in the fu-
16 ture, the Secretary—

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

19 “(B) may enter into a contract under sec-
20 tion 7 with another entity referred to in section
21 7(a)(2) that provides services to the same popu-
22 lation of Native Hawaiians served by the entity
23 the contract with which was not renewed by
24 reason of this paragraph.

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

6 “(4) APPLICATION OF FEDERAL LAWS.—Each
7 contract entered into by the Secretary under this
8 Act shall be in accordance with all Federal con-
9 tracting laws (including regulations), except that, in
10 the discretion of the Secretary, such a contract
11 may—

12 “(A) be negotiated without advertising;
13 and

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

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

18 “(A) may be made—

19 “(i) in advance;

20 “(ii) by means of reimbursement; or

21 “(iii) in installments; and

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

25 “(e) REPORT.—

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

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

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

10 “(C) such other information as the Sec-
11 retary may request.

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

15 “(A) the Secretary;

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

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

20 “(f) ANNUAL PRIVATE AUDIT.—The Secretary shall
21 allow as a cost of any grant made or contract entered into
22 under this Act the cost of an annual private audit con-
23 ducted by a certified public accountant to carry out this
24 section.

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

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

7 “(1) conducting research; or

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

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

17 **“SEC. 11. NATIVE HAWAIIAN HEALTH SCHOLARSHIPS AND**
18 **FELLOWSHIPS.**

19 “(a) ELIGIBILITY.—Subject to the availability of
20 amounts appropriated under subsection (c), the Secretary
21 shall provide to Papa Ola Lokahi, through a direct grant
22 or a cooperative agreement, funds for the purpose of pro-
23 viding scholarship and fellowship assistance, counseling,
24 and placement service assistance to students who are Na-
25 tive Hawaiians.

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

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

5 “(2) the Native Hawaiian Health Centers.

6 “(c) TERMS AND CONDITIONS.—

7 “(1) SCHOLARSHIP ASSISTANCE.—

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

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

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

22 “(D) OBLIGATED SERVICE REQUIRE-
23 MENT.—

24 “(i) IN GENERAL.—An obligated serv-
25 ice requirement for each scholarship recipi-

1 ent (except for a recipient receiving assist-
2 ance under paragraph (2)) shall be fulfilled
3 through service, in order of priority, in—

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

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

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

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

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

21 “(VI) any of the uniformed serv-
22 ices of the United States.

23 “(ii) ASSIGNMENT.—The placement
24 service for a scholarship shall assign each
25 Native Hawaiian scholarship recipient to 1

1 or more appropriate sites for service in ac-
2 cordance with clause (i).

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

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

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

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

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

21 “(ii) the Native Hawaiians health cen-
22 ters.

23 “(G) DISTANCE LEARNING RECIPIENTS.—
24 A scholarship may be provided to a Native Ha-
25 waiian who is enrolled in an appropriate dis-

1 tance learning program offered by an accredited
2 educational institution.

3 “(2) FELLOWSHIPS.—

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

8 “(i) a Native Hawaiian community
9 health representative, outreach worker, or
10 health program administrator in a profes-
11 sional training program;

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

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

20 “(B) TYPES OF ASSISTANCE.—Assistance
21 under subparagraph (A) may include a stipend
22 for, or reimbursement for costs associated with,
23 participation in a program described in that
24 paragraph.

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

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

14 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
15 are authorized to be appropriated such sums as are nec-
16 essary to carry out subsections (a) and (c)(2) for each of
17 fiscal years 2011 through 2016.

18 **“SEC. 12. REPORT.**

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

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

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

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

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

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

1 learning, in health and allied health programs
2 in healing practices, including Native Hawaiian
3 healing practices;

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

7 “(D) the use of telehealth and tele-
8 communications in—

9 “(i) chronic and infectious disease
10 management; and

11 “(ii) health promotion and disease
12 prevention;

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

16 “(i) the provision of culturally com-
17 petent health services;

18 “(ii) related activities focusing on
19 wellness concepts;

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

22 “(iv) the development of financial
23 mechanisms and collaborative relationships
24 leading to universal access to health care;
25 and

1 “(F) the establishment of—

2 “(i) a Native Hawaiian Center of Ex-
3 cellence for Nursing at the University of
4 Hawai‘i at Hilo;

5 “(ii) a Native Hawaiian Center of Ex-
6 cellence for Mental Health at the Univer-
7 sity of Hawai‘i at Manoa;

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

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

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

19 “(3) CENTERS OF EXCELLENCE.—Papa Ola
20 Lokahi, and any centers established under para-
21 graph (2)(F), shall be considered to be qualified as
22 Centers of Excellence under sections 464z-4 and
23 903(b)(2)(A) of the Public Health Service Act (42
24 U.S.C. 285t-1, 299a-1).

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

9 **“SEC. 15. RULE OF CONSTRUCTION.**

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

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

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

20 **“SEC. 17. SEVERABILITY.**

21 “If any provision of this Act, or the application of
22 any such provision to any person or circumstance, is deter-
23 mined by a court of competent jurisdiction to be invalid,
24 the remainder of this Act, and the application of the provi-
25 sion to a person or circumstance other than that to which

- 1 the provision is held invalid, shall not be affected by that
- 2 holding.”.

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