

111TH CONGRESS
1ST SESSION

H. R. 4024

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

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 4, 2009

Ms. HIRONO (for herself and Mr. ABERCROMBIE) introduced the following bill;
which was referred to the Committee on Energy and Commerce

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 2009”.

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 **“SEC. 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 Kumulipo, which details the creation and inter-
10 relationship of all things, including the evolvement of
11 Native Hawaiians as healthy and well people;

12 “(2) Native Hawaiians—

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

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

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

7 “(4) the long-range economic and social
8 changes in Hawai’i over 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 Hawaiian Nation;

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

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

5 “(12) in 1893, John L. Stevens, the United
6 States Minister assigned to the sovereign and inde-
7 pendent Kingdom of 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 Hawai’i;

11 “(13) in pursuance of that conspiracy—

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

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

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

1 “(ii) international law;

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

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

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

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

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

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

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

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

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

14 “(18) despite Native Hawaiian protests, in
15 1898, the United States—

16 “(A) annexed Hawai’i through Resolution
17 No. 55 (commonly known as the ‘Newlands
18 Resolution’) (30 Stat. 750), without the consent
19 of, or compensation to, the indigenous people of
20 Hawai’i or the sovereign government of those
21 people; and

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

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

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

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

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

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

22 “(B) affirmed the trust relationship be-
23 tween the United States and Native Hawaiians,
24 as expressed by Secretary of the Interior
25 Franklin K. Lane, who was cited in the Com-

1 mittee Report of the Committee on Territories
2 of the House of Representatives as stating,
3 ‘One thing that impressed me . . . was the fact
4 that the natives of the islands . . . for whom in
5 a sense we are trustees, are falling off rapidly
6 in numbers and many of them are in poverty.’;

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

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

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

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

20 “(A) transferred responsibility for the ad-
21 ministration of the Hawaiian home lands to the
22 State; but

23 “(B) reaffirmed the trust relationship that
24 existed between the United States and the Na-
25 tive Hawaiian people by retaining the exclusive

1 power to enforce the trust, including the power
2 to approve land exchanges and legislative
3 amendments affecting the rights of beneficiaries
4 under that Act;

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

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

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

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

18 “(A) amended the constitution of Hawai’i
19 to establish the Office of Hawaiian Affairs; and

20 “(B) assigned to that Office the author-
21 ity—

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

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

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

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

13 “(25) the authority of Congress under the Con-
14 stitution to legislate in matters affecting the aborigi-
15 nal or indigenous people of the United States in-
16 cludes the authority to legislate in matters affecting
17 the native people of Alaska and Hawai’i;

18 “(26) the United States has recognized the au-
19 thority of the Native Hawaiian people to continue to
20 work toward an appropriate form of sovereignty, as
21 defined by the Native Hawaiian people in provisions
22 set forth in legislation returning the Hawaiian Is-
23 land of Kaho‘olawe to custodial management by the
24 State in 1994;

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

8 “(28) that program is conducted by the Native
9 Hawaiian Health Care Systems and Papa Ola
10 Lokahi;

11 “(29) health initiatives implemented by those
12 and other health institutions and agencies using
13 Federal assistance have been responsible for reduc-
14 ing the century-old morbidity and mortality rates of
15 Native Hawaiian people by—

16 “(A) providing comprehensive disease pre-
17 vention;

18 “(B) providing health promotion activities;
19 and

20 “(C) increasing the number of Native Ha-
21 waiians in the health and allied health profes-
22 sions;

23 “(30) those accomplishments have been
24 achieved through implementation of—

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

3 “(B) the reauthorization of that Act under
4 section 9168 of the Department of Defense Ap-
5 propriations Act, 1993 (Public Law 102–396;
6 106 Stat. 1948);

7 “(31) the historical and unique legal relation-
8 ship between the United States and Native Hawai-
9 ians has been consistently recognized and affirmed
10 by Congress through the enactment of more than
11 160 Federal laws that extend to the Native Hawai-
12 ian people the same rights and privileges accorded to
13 American Indian, Alaska Native, Eskimo, and Aleut
14 communities, including—

15 “(A) the Native American Programs Act of
16 1974 (42 U.S.C. 2991 et seq.);

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

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

21 “(D) the Native American Graves Protec-
22 tion and Repatriation Act (25 U.S.C. 3001 et
23 seq.);

24 “(32) the United States has recognized and re-
25 affirmed the trust relationship to the Native Hawai-

1 ian people through legislation that authorizes the
2 provision of services to Native Hawaiians, specifi-
3 cally—

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

6 “(B) the Developmental Disabilities Assist-
7 ance and Bill of Rights Act Amendments of
8 1987 (42 U.S.C. 6000 et seq.);

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

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

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

15 “(F) the Health Professions Reauthoriza-
16 tion Act of 1988 (Public Law 100–607; 102
17 Stat. 3122);

18 “(G) the Nursing Shortage Reduction and
19 Education Extension Act of 1988 (Public Law
20 100–607; 102 Stat. 3153);

21 “(H) the Handicapped Programs Technical
22 Amendments Act of 1988 (Public Law 100–
23 630);

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

1 “(J) the Disadvantaged Minority Health
2 Improvement Act of 1990 (Public Law 101–
3 527);

4 “(33) the United States has affirmed that his-
5 torical and unique legal relationship to the Hawaiian
6 people by authorizing the provision of services to
7 Native Hawaiians to address problems of alcohol
8 and drug abuse under the Anti-Drug Abuse Act of
9 1986 (21 U.S.C. 801 note; Public Law 99–570);

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

11 “(A) has recognized that Native Hawai-
12 ians, as aboriginal, indigenous, native people of
13 Hawai’i, are a unique population group in Ha-
14 wai’i and in the continental United States; and

15 “(B) has so declared in—

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

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

22 “(II) ‘Provisional Guidance on
23 the Implementation of the 1997
24 Standards for Federal Data on Race

1 and Ethnicity’ and dated December
2 15, 2000;

3 “(ii) the document entitled ‘Guidance
4 on Aggregation and Allocation of Data on
5 Race for Use in Civil Rights Monitoring
6 and Enforcement’ (Bulletin 00–02 to the
7 Heads of Executive Departments and Es-
8 tablishments) and dated March 9, 2000;

9 “(iii) the document entitled ‘Questions
10 and Answers when Designing Surveys for
11 Information Collections’ (Memorandum for
12 the President’s Management Council) and
13 dated January 20, 2006;

14 “(iv) Executive Order Number 13125
15 (64 Fed. Reg. 31105; relating to increas-
16 ing participation of Asian-Americans and
17 Pacific Islanders in Federal programs)
18 (June 7, 1999);

19 “(v) the document entitled ‘HHS
20 Tribal Consultation Policy’ and dated Jan-
21 uary 2005; and

22 “(vi) the Department of Health and
23 Human Services Intradepartment Council
24 on Native American Affairs, Revised Char-
25 ter, dated March 7, 2005; and

1 “(35) despite the United States having ex-
2 pressed in Public Law 103–150 (107 Stat. 1510) its
3 commitment to a policy of reconciliation with the
4 Native Hawaiian people for past grievances—

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

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

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

14 “(1) CHRONIC DISEASE AND ILLNESS.—

15 “(A) CANCER.—

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

18 “(I) as an underlying cause of
19 death in the State, the cancer mor-
20 tality rate of Native Hawaiians of
21 218.3 per 100,000 residents is 50 per-
22 cent higher than the rate for the total
23 population of the State of 145.4 per
24 100,000 residents;

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

6 “(III) Native Hawaiian females
7 have the highest cancer mortality
8 rates in the State for cancers of the
9 lung, breast, colon, rectum, pancreas,
10 stomach, ovary, liver, cervix, kidney,
11 and uterus, and for all cancers com-
12 bined; and

13 “(IV) for the period of 1995
14 through 2000—

15 “(aa) the cancer mortality
16 rate for all cancers for Native
17 Hawaiian males of 217 per
18 100,000 residents was 22 percent
19 higher than the rate for all males
20 in the State of 179 per 100,000
21 residents; and

22 “(bb) the cancer mortality
23 rate for all cancers for Native
24 Hawaiian females of 192 per
25 100,000 residents was 64 percent

1 higher than the rate for all fe-
2 males in the State of 117 per
3 100,000 residents.

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

6 “(I) Native Hawaiians have the
7 highest mortality rate in the State
8 from breast cancer (30.79 per
9 100,000 residents), which is 33 per-
10 cent higher than the rate for Cauca-
11 sian-Americans (23.07 per 100,000
12 residents) and 106 percent higher
13 than the rate for Chinese-Americans
14 (14.96 per 100,000 residents); and

15 “(II) nationally, Native Hawai-
16 ians have the third-highest mortality
17 rate as a result of breast cancer (25.0
18 per 100,000 residents), behind Afri-
19 can-Americans (31.4 per 100,000
20 residents) and Caucasian-Americans
21 (27.0 per 100,000 residents).

22 “(iii) CANCER OF THE CERVIX.—Na-
23 tive Hawaiians have the highest mortality
24 rate as a result of cancer of the cervix in
25 the State (3.65 per 100,000 residents), fol-

1 lowed by Filipino-Americans (2.69 per
2 100,000 residents) and Caucasian-Ameri-
3 cans (2.61 per 100,000 residents).

4 “(iv) LUNG CANCER.—Native Hawai-
5 ian males and females have the highest
6 mortality rates as a result of lung cancer
7 in the State, at 74.79 per 100,000 for
8 males and 47.84 per 100,000 females,
9 which are higher than the rates for the
10 total population of the State by 48 percent
11 for males and 93 percent for females.

12 “(v) PROSTATE CANCER.—Native Ha-
13 waiian males have the third-highest mor-
14 tality rate as a result of prostate cancer in
15 the State (21.48 per 100,000 residents),
16 with Caucasian-Americans having the high-
17 est mortality rate as a result of prostate
18 cancer (23.96 per 100,000 residents).

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

21 “(i) Native Hawaiians had the highest
22 mortality rate as a result of diabetes
23 mellitus (28.9 per 100,000 residents) in the
24 State, which is 119 percent higher than

1 the rate for all racial groups in the State
2 (13.2 per 100,000 residents);

3 “(ii) the prevalence of diabetes for
4 Native Hawaiians was 12.7 percent, which
5 is 87 percent higher than the total preva-
6 lence for all residents of the State of 6.8
7 percent; and

8 “(iii) a higher percentage of Native
9 Hawaiians with diabetes experienced dia-
10 betic retinopathy, as compared to other
11 population groups in the State.

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

14 “(i) in 2004, mortality rates for Na-
15 tive Hawaiians (31.6 per 100,000 resi-
16 dents) from chronic lower respiratory dis-
17 ease were 52 percent higher than rates for
18 the total population of the State (20.8 per
19 100,000 residents); and

20 “(ii) in 2005, the prevalence of cur-
21 rent asthma in Native Hawaiian adults
22 was 12.8 percent, which is 71 percent
23 higher than the prevalence of the total
24 population of the State of 7.5 percent.

25 “(D) CIRCULATORY DISEASES.—

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

3 “(I) in 2004, the mortality rate
4 for Native Hawaiians as a result of
5 heart disease (305.5 per 100,000 resi-
6 dents) was 86 percent higher than the
7 rate for the total population of the
8 State (164.3 per 100,000 residents);
9 and

10 “(II) in 2005, the prevalence for
11 heart attack was 4.4 percent for Na-
12 tive Hawaiians, which is 22 percent
13 higher than the prevalence for the
14 total population of 3.6 percent.

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

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

22 “(II) in 2005, the prevalence for
23 stroke was 4.9 percent for Native Ha-
24 waiians, which is 69 percent higher

1 than the prevalence for the total pop-
2 ulation of the State (2.9 percent).

3 “(iii) OTHER CIRCULATORY DIS-
4 EASES.—With respect to other circulatory
5 diseases (including high blood pressure and
6 atherosclerosis)—

7 “(I) in 2004, the mortality rate
8 for Native Hawaiians of 20.6 per
9 100,000 residents was 46 percent
10 higher than the rate for the total pop-
11 ulation of the State of 14.1 per
12 100,000 residents; and

13 “(II) in 2005, the prevalence of
14 high blood pressure for Native Hawai-
15 ians was 26.7 percent, which is 10
16 percent higher than the prevalence for
17 the total population of the State of
18 24.2 percent.

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

21 “(A) in 1998, Native Hawaiians comprised
22 20 percent of all deaths resulting from infec-
23 tious diseases in the State for all ages; and

24 “(B) the incidence of acquired immune de-
25 ficiency syndrome for Native Hawaiians is at

1 least twice as high per 100,000 residents (10.5
2 percent) than the incidence for any other non-
3 Caucasian group in the State.

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

5 “(A) the mortality rate for Native Hawai-
6 ians as a result of injuries (32 per 100,000
7 residents) is 16 percent higher than the rate for
8 the total population of the State (27.5 per
9 100,000 residents);

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

13 “(C) the 2 primary causes of Native Ha-
14 waiian deaths in that age group were motor ve-
15 hicle accidents (30 percent) and intentional self-
16 harm (39 percent).

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

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

24 “(B) the prevalence rate of dental caries in
25 the primary (baby) teeth of Native Hawaiian

1 children aged 5 to 9 years of 4.2 per child is
2 more than twice the national average rate of
3 1.9 per child in that age range;

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

7 “(i) 53 percent for children in that
8 age range in the continental United States;
9 and

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

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

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

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

24 “(B) between 1910 and 1980, the life ex-
25 pectancy of Native Hawaiians from birth has

1 ranged from 5 to 10 years less than that of the
2 overall State population average;

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

8 “(D) except as provided in the life expect-
9 ancy calculation for 1920, Native Hawaiians
10 have had the shortest life expectancy of all
11 major ethnic groups in the United States since
12 1910.

13 “(6) MATERNAL AND CHILD HEALTH.—

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

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

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

22 “(iii) Native Hawaiian infant mor-
23 tality rates (9.8 per 1,000 live births)
24 are—

25 “(I) the highest in the State; and

1 “(II) 151 percent higher than the
2 rate for Caucasian infants (3.9 per
3 1,000 live births); and

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

9 “(B) PRENATAL CARE.—With respect to
10 prenatal care—

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

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

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

23 “(iv) in every region of the State,
24 many Native Hawaiian newborns begin life

1 in a potentially hazardous circumstance,
2 far higher than any other racial group.

3 “(C) BIRTHS.—With respect to births, in
4 2005—

5 “(i) 45.2 percent of live births to Na-
6 tive Hawaiian mothers were nonmarital,
7 putting the affected infants at higher risk
8 of low birth weight and infant mortality;

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

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

16 “(D) TEEN PREGNANCIES.—With respect
17 to births, in 2005—

18 “(i) Native Hawaiians had the highest
19 rate of births to mothers under the age of
20 18 years (5.8 percent), as compared to the
21 rate of 2.7 percent for the total population
22 of the State; and

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

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

3 “(i) Native Hawaiians had the highest
4 number of fetal deaths in the State, as
5 compared to Caucasian, Japanese, and Fil-
6 ipino residents; and

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

10 “(II) 43.5 percent of those Native
11 Hawaiian mothers were under the age of
12 25 years.

13 “(7) BEHAVIORAL HEALTH.—

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

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

21 “(II) 53 percent of Native Hawaiians
22 reported having smoked at least 100 ciga-
23 rettes in their lifetime, as compared to
24 43.3 percent for the total population of the
25 State;

1 “(ii) 33 percent of Native Hawaiians
2 in grade 8 have smoked cigarettes at least
3 once in their lifetime, as compared to—

4 “(I) 22.5 percent for all youth in
5 the State; and

6 “(II) 28.4 percent of residents of
7 the United States in grade 8;

8 “(iii) Native Hawaiians have the high-
9 est prevalence of binge drinking of 19.9
10 percent, which is 21 percent higher than
11 the prevalence for the total population of
12 the State (16.5 percent);

13 “(iv) the prevalence of heavy drinking
14 among Native Hawaiians (10.1 percent) is
15 36 percent higher than the prevalence for
16 the total population of the State (7.4 per-
17 cent);

18 “(v)(I) in 2003, 17.2 percent of Na-
19 tive Hawaiians in grade 6, 45.1 percent of
20 Naive Hawaiians in grade 8, 68.9 percent
21 of Native Hawaiians in grade 10, and 78.1
22 percent of Native Hawaiians in grade 12
23 reported using alcohol at least once in
24 their lifetime, as compared to 13.2, 36.8,

1 59.1, and 72.5 percent, respectively, of all
2 adolescents in the State; and

3 “(II) 62.1 percent Native Hawaiians
4 in grade 12 reported being drunk at least
5 once, which is 20 percent higher than the
6 percentage for all adolescents in the State
7 (51.6 percent);

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

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

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

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

23 “(viii) in 2006, Native Hawaiians rep-
24 resented 40 percent of the total admissions
25 to substance abuse treatment programs

1 funded by the State Department of Health;
2 and

3 “(ix) in 2003, Native Hawaiian ado-
4 lescents reported the highest prevalence for
5 methamphetamine use in the State, fol-
6 lowed by Caucasian and Filipino adoles-
7 cents.

8 “(B) CRIME.—With respect to crime—

9 “(i) during the period of 1992 to
10 2002, Native Hawaiian arrests for violent
11 crimes decreased, but the rate of arrest re-
12 mained 38.3 percent higher than the rate
13 of the total population of the State;

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

20 “(iii) in 2002—

21 “(I) Native Hawaiian men com-
22 prised between 35 percent and 43 per-
23 cent of each security class in the State
24 prison system;

1 “(II) Native Hawaiian women
2 comprised between 38.1 percent to
3 50.3 percent of each class of female
4 prison inmates in the State;

5 “(III) Native Hawaiians com-
6 prised 39.5 percent of the total incar-
7 cerated population of the State; and

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

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

16 “(v) of the 2,260 incarcerated Native
17 Hawaiians, 70 percent are between 20 and
18 40 years of age; and

19 “(vi) based on anecdotal information,
20 Native Hawaiians are estimated to com-
21 prise between 60 percent and 70 percent of
22 all jail and prison inmates in the State.

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

1 “(i)(I) in 1999, the prevalence of de-
2 pression among Native Hawaiians was 15
3 percent, as compared to the national aver-
4 age of approximately 10 percent; and

5 “(II) Native Hawaiian females had a
6 higher prevalence of depression (16.9 per-
7 cent) than Native Hawaiian males (11.9
8 percent);

9 “(ii) in 2000—

10 “(I) Native Hawaiian adolescents
11 had a significantly higher suicide at-
12 tempt rate (12.9 percent) than the
13 rate for other adolescents in the State
14 (9.6 percent); and

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

18 “(iii) in 2006, the prevalence of obses-
19 sive compulsive disorder among Native Ha-
20 waiian adolescent girls was 17.7 percent,
21 as compared to a rate of—

22 “(I) 9.2 percent for Native Ha-
23 waiian boys and non-Hawaiian girls;
24 and

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

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

3 “(A) during the period of 2000 through
4 2003, Native Hawaiian males and females had
5 the highest age-adjusted prevalence rates for
6 obesity (40.5 and 32.5 percent, respectively),
7 which was—

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

12 “(ii) with respect to individuals with
13 less than 100 percent Native Hawaiian an-
14 cestry, 97 percent higher than the total
15 population of the State; and

16 “(B) for 2005, the prevalence of obesity
17 among Native Hawaiians was 43.1 percent,
18 which was 119 percent higher than the preva-
19 lence for the total population of the State (19.7
20 percent).

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

23 “(A) in 2000, the prevalence of single-par-
24 ent families with minor children was highest
25 among Native Hawaiian households, as com-

1 pared to all households in the State (15.8 per-
2 cent and 8.1 percent, respectively);

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

7 “(C) the rate of confirmed child abuse and
8 neglect among Native Hawaiians has consist-
9 ently been 3 to 4 times the rates of other major
10 ethnic groups, with a 3-year average of 63.9
11 cases in 2002, as compared to 12.8 cases for
12 the total population of the State;

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

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

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

1 “(10) HEALTH PROFESSIONS EDUCATION AND
2 TRAINING.—With respect to health professions edu-
3 cation and training—

4 “(A) in 2003, adult Native Hawaiians had
5 a higher rate of high school completion, as com-
6 pared to the total adult population of the State
7 (49.4 percent and 34.4 percent, respectively);

8 “(B) Native Hawaiian physicians make up
9 4 percent of the total physician workforce in the
10 State; and

11 “(C) in 2004, Native Hawaiians com-
12 prised—

13 “(i) 11.25 percent of individuals who
14 earned bachelor’s degrees;

15 “(ii) 6 percent of individuals who
16 earned master’s degrees;

17 “(iii) 3 percent of individuals who
18 earned doctorate degrees;

19 “(iv) 7.9 percent of the credited stu-
20 dent body at the University of Hawai’i;

21 “(v) 0.4 percent of the instructional
22 faculty at the University of Hawai’i at
23 Manoa; and

1 “(vi) 8.4 percent of the instructional
2 faculty at the University of Hawai'i Com-
3 munity Colleges.

4 **“SEC. 3. DEFINITIONS.**

5 “In this Act:

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

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

11 “(A) immunizations;

12 “(B) control of high blood pressure;

13 “(C) control of sexually transmittable dis-
14 eases;

15 “(D) prevention and control of chronic dis-
16 eases;

17 “(E) control of toxic agents;

18 “(F) occupational safety and health;

19 “(G) injury prevention;

20 “(H) fluoridation of water;

21 “(I) control of infectious agents; and

22 “(J) provision of mental health care.

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

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

3 “(B) cessation of tobacco smoking;

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

6 “(D) improvement of nutrition;

7 “(E) improvement in physical fitness;

8 “(F) family planning;

9 “(G) control of stress;

10 “(H) reduction of major behavioral risk
11 factors and promotion of healthy lifestyle prac-
12 tices; and

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

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

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

22 “(B) a diagnostic laboratory or radiologic
23 service;

24 “(C) a preventive health service (including
25 a perinatal service, well child service, family

1 planning service, nutrition service, home health
2 service, sports medicine and athletic training
3 service, and, generally, any service associated
4 with enhanced health and wellness);

5 “(D) emergency medical service, including
6 a service provided by a first responder, emer-
7 gency medical technician, or mobile intensive
8 care technician;

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

11 “(F) a preventive dental service;

12 “(G) a pharmaceutical and medicament
13 service;

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

17 “(I) a genetic counseling service;

18 “(J) a health administration service, in-
19 cluding a service provided by a health program
20 administrator;

21 “(K) a health research service, including a
22 service provided by an individual with an ad-
23 vanced degree in medicine, nursing, psychology,
24 social work, or any other related health pro-
25 gram;

1 “(L) an environmental health service, in-
2 cluding a service provided by an epidemiologist,
3 public health official, medical geographer, or
4 medical anthropologist, or an individual special-
5 izing in biological, chemical, or environmental
6 health determinants;

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

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

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

18 “(A) genealogical records;

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

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

23 “(6) NATIVE HAWAIIAN HEALTH CARE SYS-
24 TEM.—The term ‘Native Hawaiian health care sys-

1 tem’ means any of up to 8 entities in the State
2 that—

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

5 “(B) provides or arranges for the provision
6 of health services for Native Hawaiians in the
7 State;

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

9 “(D) has Native Hawaiians significantly
10 participating in the planning, management, pro-
11 vision, monitoring, and evaluation of health
12 services;

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

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

16 “(i) for the purpose of planning, con-
17 ducting, or administering programs, or
18 portions of programs, authorized by this
19 Act for the benefit of Native Hawaiians;
20 and

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

24 “(I) the contract that each Na-
25 tive Hawaiian health care system en-

1 ters into with the Secretary under this
2 Act; or

3 “(II) the grant each Native Ha-
4 waiian health care system receives
5 from the Secretary under this Act.

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

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

13 “(B) has demonstrated cultural com-
14 petency in a predominantly Native Hawaiian
15 community;

16 “(C) serves a patient population that—

17 “(i) is made up of individuals at least
18 50 percent of whom are Native Hawaiian;
19 or

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

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

1 “(8) NATIVE HAWAIIAN HEALTH TASK
2 FORCE.—The term ‘Native Hawaiian Health Task
3 Force’ means a task force established by the State
4 Council of Hawaiian Homestead Associations to im-
5 plement health and wellness strategies in Native Ha-
6 waiian communities.

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

10 “(A) serves the interests of Native Hawai-
11 ians; and

12 “(B)(i) is recognized by Papa Ola Lokahi
13 for planning, conducting, or administering pro-
14 grams authorized under this Act for the benefit
15 of Native Hawaiians; and

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

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

20 “(A) is established under article XII, sec-
21 tions 5 and 6, of the Hawai’i State Constitu-
22 tion; and

23 “(B) charged with the responsibility to for-
24 mulate policy relating to the affairs of Native
25 Hawaiians.

1 “(11) PAPA OLA LOKAHI.—

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

4 “(i) is composed of public agencies
5 and private organizations focusing on im-
6 proving the health status of Native Hawai-
7 ians; and

8 “(ii) governed by a board the mem-
9 bers of which may include representation
10 from—

11 “(I) E Ola Mau;

12 “(II) the Office of Hawaiian Af-
13 fairs;

14 “(III) Alu Like, Inc.;

15 “(IV) the University of Hawaii;

16 “(V) the Hawai’i State Depart-
17 ment of Health;

18 “(VI) the Native Hawaiian
19 Health Task Force;

20 “(VII) the Hawai’i State Primary
21 Care Association;

22 “(VIII) Ahahui O Na Kauka, the
23 Native Hawaiian Physicians Associa-
24 tion;

1 “(IX) Ho‘ola Lahui Hawaii, or a
2 health care system serving the islands
3 of Kaua‘i or Ni‘ihau (which may be
4 composed of as many health care cen-
5 ters as are necessary to meet the
6 health care needs of the Native Ha-
7 waiians of those islands);

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

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

22 “(XII) Hui No Ke Ola Pono, or
23 a health care system serving the is-
24 land of Maui (which may be composed
25 of as many health care centers as are

1 necessary to meet the health care
2 needs of the Native Hawaiians of that
3 island);

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

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

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

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

1 nization has not developed a mission statement
2 that includes—

3 “(i) clearly defined goals and objec-
4 tives for the contributions the organization
5 will make to—

6 “(I) Native Hawaiian health care
7 systems; and

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

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

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

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

16 “(14) TRADITIONAL NATIVE HAWAIIAN HEAL-
17 ER.—The term ‘traditional Native Hawaiian healer’
18 means a practitioner—

19 “(A) who—

20 “(i) is of Native Hawaiian ancestry;
21 and

22 “(ii) has the knowledge, skills, and ex-
23 perience in direct personal health care of
24 individuals; and

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

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

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

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

11 “(a) DECLARATION.—Congress declares that it is the
12 policy of the United States, in fulfillment of special re-
13 sponsibilities and legal obligations of the United States to
14 the indigenous people of Hawai’i resulting from the unique
15 and historical relationship between the United States and
16 the indigenous people of Hawaii—

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

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

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

24 “(1) health care programs having a dem-
25 onstrated effect of substantially reducing or elimi-

1 nating the overrepresentation of Native Hawaiians
2 among those suffering from chronic and acute dis-
3 ease and illness, and addressing the health needs of
4 Native Hawaiians (including perinatal, early child
5 development, and family-based health education
6 needs), shall be established and implemented; and

7 “(2) the United States—

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

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

15 “(i) incorporating and supporting the
16 integration of cultural approaches to health
17 and well-being, including programs using
18 traditional practices relating to the atmos-
19 phere (lewa lani), land (’aina), water (wai),
20 or ocean (kai);

21 “(ii) increasing the number of Native
22 Hawaiian health and allied-health pro-
23 viders who provide care to or have an im-
24 pact on the health status of Native Hawai-
25 ians;

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

3 “(I) the diets and dietary pref-
4 erences of people, including those of
5 students; and

6 “(II) school feeding programs;

7 “(iv) identifying and instituting Na-
8 tive Hawaiian cultural values and practices
9 within the corporate cultures of organiza-
10 tions and agencies providing health serv-
11 ices to Native Hawaiians;

12 “(v) facilitating the provision of Na-
13 tive Hawaiian healing practices by Native
14 Hawaiian healers for individuals desiring
15 that assistance;

16 “(vi) supporting training and edu-
17 cation activities and programs in tradi-
18 tional Native Hawaiian healing practices
19 by Native Hawaiian healers; and

20 “(vii) demonstrating the integration of
21 health services for Native Hawaiians, par-
22 ticularly those that integrate mental, phys-
23 ical, and dental services in health care.

24 “(c) REPORT.—The Secretary shall submit to the
25 President, for inclusion in each report required to be sub-

1 mitted to Congress under section 12, a report on the
2 progress made toward meeting the national policy de-
3 scribed in this section.

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

6 “(a) DEVELOPMENT.—

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

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

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

17 “(C) to support community-based initia-
18 tives that are reflective of holistic approaches to
19 health.

20 “(2) CONSULTATION.—

21 “(A) IN GENERAL.—In carrying out this
22 section, Papa Ola Lokahi and the Office of Ha-
23 waiian Affairs shall consult with representatives
24 of—

1 “(i) the Native Hawaiian health care
2 systems;

3 “(ii) the Native Hawaiian health cen-
4 ters; and

5 “(iii) the Native Hawaiian commu-
6 nity.

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

14 “(3) HEALTH CARE FINANCING STUDY RE-
15 PORT.—

16 “(A) IN GENERAL.—Not later than 18
17 months after the date of enactment of the Na-
18 tive Hawaiian Health Care Improvement Reau-
19 thorization Act of 2009, Papa Ola Lokahi, in
20 cooperation with the Office of Hawaiian Affairs
21 and other appropriate agencies and organiza-
22 tions in the State (including the Department of
23 Health and the Department of Human Services
24 of the State) and appropriate Federal agencies
25 (including the Centers for Medicare and Med-

1 icaid Services), shall submit to Congress a re-
2 port that describes the impact of Federal and
3 State health care financing mechanisms and
4 policies on the health and well-being of Native
5 Hawaiians.

6 “(B) COMPONENTS.—The report shall in-
7 clude—

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

11 “(I) cultural competency;

12 “(II) risk assessment data;

13 “(III) eligibility requirements
14 and exemptions; and

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

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

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

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

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

8 “(a) IN GENERAL.—Papa Ola Lokahi—

9 “(1) shall be responsible for—

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

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

15 “(C) the identification of and research (in-
16 cluding behavioral, biomedical, epidemiological,
17 and health service research) into the diseases
18 that are most prevalent among Native Hawai-
19 ians; and

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

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

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

7 “(B) addressing the health care needs of
8 Native Hawaiians; and

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

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

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

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

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

20 “(E) the timely dissemination of informa-
21 tion pertinent to the Native Hawaiian health
22 care systems.

23 “(b) CONSULTATION.—

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

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

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

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

10 “(A) the amount of funds expended explic-
11 itly for and benefitting Native Hawaiians;

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

14 “(C) the collaborations between the appli-
15 cable Federal agency and Native Hawaiian
16 groups and organizations in the expenditure of
17 those funds; and

18 “(D) the amount of funds used for—

19 “(i) Federal administrative purposes;
20 and

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

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

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

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

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

15 “(d) TECHNICAL SUPPORT.—Papa Ola Lokahi shall
16 provide statewide infrastructure to provide technical sup-
17 port and coordination of training and technical assistance
18 to—

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

21 “(2) the Native Hawaiian health centers.

22 “(e) RELATIONSHIPS WITH OTHER AGENCIES.—

23 “(1) AUTHORITY.—Papa Ola Lokahi may enter
24 into agreements or memoranda of understanding

1 with relevant institutions, agencies, or organizations
2 that are capable of providing—

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

6 “(B) resources or services for the imple-
7 mentation of the national policy described in
8 section 4.

9 “(2) HEALTH CARE FINANCING.—

10 “(A) FEDERAL CONSULTATION.—

11 “(i) IN GENERAL.—Before adopting
12 any policy, rule, or regulation that may af-
13 fect the provision of services or health in-
14 surance coverage for Native Hawaiians, a
15 Federal agency that provides health care
16 financing and carries out health care pro-
17 grams (including the Centers for Medicare
18 and Medicaid Services) shall consult with
19 representatives of—

20 “(I) the Native Hawaiian com-
21 munity;

22 “(II) Papa Ola Lokahi; and

23 “(III) organizations providing
24 health care services to Native Hawai-
25 ians in the State.

1 “(ii) IDENTIFICATION OF EFFECTS.—

2 Any consultation by a Federal agency
3 under clause (i) shall include an identifica-
4 tion of the effect of any policy, rule, or
5 regulation proposed by the Federal agency.

6 “(B) STATE CONSULTATION.—Before mak-
7 ing any change in an existing program or im-
8 plementing any new program relating to Native
9 Hawaiian health, the State shall engage in
10 meaningful consultation with representatives
11 of—

12 “(i) the Native Hawaiian community;

13 “(ii) Papa Ola Lokahi; and

14 “(iii) organizations providing health
15 care services to Native Hawaiians in the
16 State.

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

19 “(i) IN GENERAL.—The Office of Ha-
20 waiian Affairs, in collaboration with Papa
21 Ola Lokahi, may develop consultative, con-
22 tractual, or other arrangements, including
23 memoranda of understanding or agree-
24 ment, with—

1 “(I) the Centers for Medicare
2 and Medicaid Services;

3 “(II) the agency of the State that
4 administers or supervises the adminis-
5 tration of the State plan or waiver ap-
6 proved under title XVIII, XIX, or
7 XXI of the Social Security Act (42
8 U.S.C. 1395 et seq.) for the payment
9 of all or a part of the health care
10 services provided to Native Hawaiians
11 who are eligible for medical assistance
12 under the State plan or waiver; or

13 “(III) any other Federal agency
14 providing full or partial health insur-
15 ance to Native Hawaiians.

16 “(ii) CONTENTS OF ARRANGE-
17 MENTS.—An arrangement under clause (i)
18 may address—

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

24 “(II) the scope of services; or

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

6 “(3) TRADITIONAL HEALERS.—

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

12 “(i) traditional Native Hawaiian heal-
13 ers; or

14 “(ii) traditional healers providing tra-
15 ditional health care practices (as those
16 terms are defined in section 4 of the In-
17 dian Health Care Improvement Act (25
18 U.S.C. 1603).

19 “(B) EXEMPTION.—Services described in
20 subparagraph (A) shall be exempt from national
21 accreditation reviews, including reviews con-
22 ducted by—

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

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

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

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

6 “(1) GRANTS AND CONTRACTS.—The Secretary,
7 in consultation with Papa Ola Lokahi, may make
8 grants to, or enter into contracts with 1 or more Na-
9 tive Hawaiian health care systems for the purpose of
10 providing comprehensive health promotion and dis-
11 ease prevention services, as well as other health serv-
12 ices, to Native Hawaiians who desire and are com-
13 mitted to bettering their own health.

14 “(2) LIMITATION ON NUMBER OF ENTITIES.—
15 The Secretary may make a grant to, or enter into
16 a contract with, not more than 8 Native Hawaiian
17 health care systems under this subsection for any
18 fiscal year.

19 “(b) PLANNING GRANT OR CONTRACT.—In addition
20 to grants and contracts under subsection (a), the Sec-
21 retary may make a grant to, or enter into a contract with,
22 Papa Ola Lokahi for the purpose of planning Native Ha-
23 waiian health care systems to serve the health needs of
24 Native Hawaiian communities on each of the islands of

1 O‘ahu, Moloka‘i, Maui, Hawai‘i, Lana‘i, Kaua‘i,
2 Kaho‘lawe, and Ni‘ihau in the State.

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

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

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

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

11 “(i) Native Hawaiian health care
12 practitioners;

13 “(ii) community outreach workers;

14 “(iii) counselors;

15 “(iv) cultural educators; and

16 “(v) other disease prevention pro-
17 viders;

18 “(C) services of individuals providing
19 health services;

20 “(D) collection of data relating to the pre-
21 vention of diseases and illnesses among Native
22 Hawaiians; and

23 “(E) support of culturally appropriate ac-
24 tivities that enhance health and wellness, in-

1 including land-based, water-based, ocean-based,
2 and spiritually based projects and programs.

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

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

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

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

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

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

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

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

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

9 “(2) to purchase or improve real property
10 (other than minor remodeling of existing improve-
11 ments to real property); or

12 “(3) to purchase major medical equipment.

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

18 “(1) any health service under the grant or con-
19 tract will be provided without regard to the ability
20 of an individual receiving the health service to pay
21 for the health service; and

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

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

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

6 “(h) AUTHORIZATION OF APPROPRIATIONS.—

7 “(1) GENERAL GRANTS.—There are authorized
8 to be appropriated such sums as are necessary to
9 carry out subsection (a) for each of fiscal years 2009
10 through 2014.

11 “(2) PLANNING GRANTS.—There are authorized
12 to be appropriated such sums as are necessary to
13 carry out subsection (b) for each of fiscal years 2009
14 through 2014.

15 “(3) HEALTH SERVICES.—There are authorized
16 to be appropriated such sums as are necessary to
17 carry out subsection (c) for each of fiscal years 2009
18 through 2014.

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

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

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

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

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

7 “(4) a clearinghouse function for—

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

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

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

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

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

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

23 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated such sums as are nec-

1 essary to carry out subsection (a) for each of fiscal years
2 2009 through 2014.

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

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

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

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

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

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

23 “(3) with respect to providing health services to
24 any population of Native Hawaiians, a substantial

1 portion of which has a limited ability to speak the
2 English language—

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

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

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

17 “(A) if the entity will provide under the
18 grant or contract any of those health services
19 directly—

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

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

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

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

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

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

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

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

18 “(d) CONTRACT EVALUATION.—

19 “(1) DETERMINATION OF NONCOMPLIANCE.—

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

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

3 “(B) modify the contract to prevent future
4 occurrences of the noncompliance or unsatisfac-
5 tory performance.

6 “(2) NONRENEWAL.—If the Secretary deter-
7 mines that the noncompliance or unsatisfactory per-
8 formance described in paragraph (1) with respect to
9 an entity cannot be resolved and prevented in the fu-
10 ture, the Secretary—

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

13 “(B) may enter into a contract under sec-
14 tion 7 with another entity referred to in section
15 7(a)(3) that provides services to the same popu-
16 lation of Native Hawaiians served by the entity
17 the contract with which was not renewed by
18 reason of this paragraph.

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

24 “(4) APPLICATION OF FEDERAL LAWS.—Each
25 contract entered into by the Secretary under this

1 Act shall be in accordance with all Federal con-
2 tracting laws (including regulations), except that, in
3 the discretion of the Secretary, such a contract
4 may—

5 “(A) be negotiated without advertising;

6 and

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

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

11 “(A) may be made—

12 “(i) in advance;

13 “(ii) by means of reimbursement; or

14 “(iii) in installments; and

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

18 “(e) REPORT.—

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

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

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

3 “(C) such other information as the Sec-
4 retary may request.

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

8 “(A) the Secretary;

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

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

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

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

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

24 “(1) conducting research; or

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

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

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

12 “(a) ELIGIBILITY.—Subject to the availability of
13 amounts appropriated under subsection (c), the Secretary
14 shall provide to Papa Ola Lokahi, through a direct grant
15 or a cooperative agreement, funds for the purpose of pro-
16 viding scholarship and fellowship assistance, counseling,
17 and placement service assistance to students who are Na-
18 tive Hawaiians.

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

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

23 “(2) the Native Hawaiian Health Centers.

24 “(c) TERMS AND CONDITIONS.—

25 “(1) SCHOLARSHIP ASSISTANCE.—

1 “(A) IN GENERAL.—The scholarship as-
2 sistance under subsection (a) shall be provided
3 in accordance with subparagraphs (B) through
4 (G).

5 “(B) NEED.—The provision of scholar-
6 ships in each type of health profession training
7 shall correspond to the need for each type of
8 health professional to serve the Native Hawai-
9 ian community in providing health services, as
10 identified by Papa Ola Lokahi.

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

15 “(D) OBLIGATED SERVICE REQUIRE-
16 MENT.—

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

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

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

1 “(III) 1 or more health profes-
2 sions shortage areas, medically under-
3 served areas, or geographic areas or
4 facilities similarly designated by the
5 Public Health Service in the State;

6 “(IV) a Native Hawaiian organi-
7 zation that serves a geographical area,
8 facility, or organization that serves a
9 significant Native Hawaiian popu-
10 lation;

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

14 “(VI) any of the uniformed serv-
15 ices of the United States.

16 “(ii) ASSIGNMENT.—The placement
17 service for a scholarship shall assign each
18 Native Hawaiian scholarship recipient to 1
19 or more appropriate sites for service in ac-
20 cordance with clause (i).

21 “(E) COUNSELING, RETENTION, AND SUP-
22 PORT SERVICES.—The provision of academic
23 and personal counseling, retention and other
24 support services—

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

3 “(ii) shall be made available to recipi-
4 ents of other scholarship and financial aid
5 programs enrolled in appropriate health
6 professions training programs.

7 “(F) FINANCIAL ASSISTANCE.—After con-
8 sultation with Papa Ola Lokahi, financial as-
9 sistance may be provided to a scholarship re-
10 cipient during the period that the recipient is
11 fulfilling the service requirement of the recipi-
12 ent in any of—

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

15 “(ii) the Native Hawaiians health cen-
16 ters.

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

22 “(2) FELLOWSHIPS.—

23 “(A) IN GENERAL.—Papa Ola Lokahi may
24 provide financial assistance in the form of a fel-

1 lowship to a Native Hawaiian health profes-
2 sional who is—

3 “(i) a Native Hawaiian community
4 health representative, outreach worker, or
5 health program administrator in a profes-
6 sional training program;

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

9 “(iii) a Native Hawaiian enrolled in a
10 certificated program provided by tradi-
11 tional Native Hawaiian healers in any of
12 the traditional Native Hawaiian healing
13 practices (including lomi-lomi, la‘au
14 lapa‘au, and ho‘oponopono).

15 “(B) TYPES OF ASSISTANCE.—Assistance
16 under subparagraph (A) may include a stipend
17 for, or reimbursement for costs associated with,
18 participation in a program described in that
19 paragraph.

20 “(3) RIGHTS AND BENEFITS.—An individual
21 who is a health professional designated in section
22 338A of the Public Health Service Act (42 U.S.C.
23 254*l*) who receives a scholarship under this sub-
24 section while fulfilling a service requirement under
25 that Act shall retain the same rights and benefits as

1 members of the National Health Service Corps dur-
2 ing the period of service.

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

8 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
9 are authorized to be appropriated such sums as are nec-
10 essary to carry out subsections (a) and (c)(2) for each of
11 fiscal years 2009 through 2014.

12 **“SEC. 12. REPORT.**

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

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

20 “(2) an assessment of and recommendations for
21 additional programs or additional assistance nec-
22 essary to provide, at a minimum, health services to
23 Native Hawaiians, and ensure a health status for
24 Native Hawaiians, that are at a parity with the

1 health services available to, and the health status of,
2 the general population.

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

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

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

20 “(c) ACQUISITION OF SURPLUS PROPERTY.—The
21 Secretary may acquire excess or surplus Federal Govern-
22 ment personal or real property for donation to an organi-
23 zation under subsection (b) if the Secretary determines
24 that the property is appropriate for use by the organiza-
25 tion for the purpose for which a contract entered into or

1 grant received by the organization is authorized under this
2 Act.

3 **“SEC. 14. DEMONSTRATION PROJECTS OF NATIONAL SIG-**
4 **NIFICANCE.**

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

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

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

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

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

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

1 “(D) the use of telehealth and tele-
2 communications in—

3 “(i) chronic and infectious disease
4 management; and

5 “(ii) health promotion and disease
6 prevention;

7 “(E) the development of appropriate mod-
8 els of health care for Native Hawaiians and
9 other indigenous people, including—

10 “(i) the provision of culturally com-
11 petent health services;

12 “(ii) related activities focusing on
13 wellness concepts;

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

16 “(iv) the development of financial
17 mechanisms and collaborative relationships
18 leading to universal access to health care;
19 and

20 “(F) the establishment of—

21 “(i) a Native Hawaiian Center of Ex-
22 cellence for Nursing at the University of
23 Hawai’i at Hilo;

1 “(ii) a Native Hawaiian Center of Ex-
2 cellence for Mental Health at the Univer-
3 sity of Hawai’i at Manoa;

4 “(iii) a Native Hawaiian Center of
5 Excellence for Maternal Health and Nutri-
6 tion at the Waimanalo Health Center;

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

10 “(v) a Native Hawaiian Center of Ex-
11 cellence for Complementary Health and
12 Health Education and Training at the
13 Waianae Coast Comprehensive Health
14 Center.

15 “(3) CENTERS OF EXCELLENCE.—Papa Ola
16 Lokahi, and any centers established under para-
17 graph (2)(F), shall be considered to be qualified as
18 Centers of Excellence under sections 485F and
19 903(b)(2)(A) of the Public Health Service Act (42
20 U.S.C. 287c–32, 299a–1).

21 “(b) NONREDUCTION IN OTHER FUNDING.—The al-
22 location of funds for demonstration projects under sub-
23 section (a) shall not result in any reduction in funds re-
24 quired by the Native Hawaiian health care systems, the
25 Native Hawaiian Health Centers, the Native Hawaiian

1 Health Scholarship Program, or Papa Ola Lokahi to carry
2 out the respective responsibilities of those entities under
3 this Act.

4 **“SEC. 15. RULE OF CONSTRUCTION.**

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

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

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

15 **“SEC. 17. SEVERABILITY.**

16 “If any provision of this Act, or the application of
17 any such provision to any person or circumstance, is deter-
18 mined by a court of competent jurisdiction to be invalid,
19 the remainder of this Act, and the application of the provi-
20 sion to a person or circumstance other than that to which
21 the provision is held invalid, shall not be affected by that
22 holding.”.

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