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STATUS OF THE IMPLEMENTATION OF THE RECOMMENDATIONS
OF THE PRESIDENT'S COMMISSION ON
HEART DISEASE, CANCER, AND STROKE

In seeking to develop a national program for the immediate reduction and ultimate conquest of heart disease, cancer, and stroke, the President's Commission accepted a complex challenge. There was a need for documentation of the dimensions of the problem and for an assessment of the potential of the Nation's resources to achieve these stated goals. On the one hand, the recommendations had to be comprehensive to encompass the magnitude of the problem; on the other hand, they had to be sufficiently specific to serve as a blueprint for action. The Regional Medical Programs, as authorized in Public Law 89-239, deal with the innovative thrust of the first three recommendations of the Report of the President's Commission.

The other sections of the Report concern the basic resources of the Nation which must be utilized and enhanced to accomplish a significant reduction in the toll now exacted by our three major killing diseases. These resources are health manpower at all levels, health care and health research facilities, animal resources, communications systems, and the development of new knowledge and its application to patient care. In addition, the Commission concerned itself with broad questions of organization and mechanisms to better carry out the health goals set for our Nation.

These other functions which are discussed in the Report will be carried out by other components of the Public Health Service and other constituent agencies of the Department as well, in close coordination with the Regional Medical Programs. The thirty-five recommendations and the status of their implementation are described briefly in the attached document.

RECOMMENDATIONS
ON THE PRESIDENT'S COMMISSION
ON HEART DISEASE, CANCER, AND STROKE

December 1964

<u>Recommendation</u>	<u>Page</u>
1. <u>Regional Centers for Heart Disease, Cancer, and Stroke.</u> The Commission recommends the establishment of a national network of Regional Heart Disease, Cancer, and Stroke Centers for clinical investigation, teaching, and patient care, in universities, hospitals, and research institutes and other institutions across the country.	29
2. <u>Diagnostic and Treatment Stations.</u> The Commission recommends the establishment of a national network of Diagnostic and Treatment Stations in communities across the nation, to bring the highest medical skills in heart disease, cancer, and stroke within reach of every citizen.	32
3. <u>Development of Medical Complexes.</u> The Commission recommends that a broad and flexible program of grant support be undertaken to stimulate the formation of medical complexes whereby university medical schools, hospitals, and other health care and research agencies and institutions work in concert.	34
4. <u>Development of Additional Centers of Excellence.</u> The Commission recommends a program of developmental grants to medical schools to enable these institutions to improve their total capability for both academic and research programs for the ultimate purpose of creating a greatly increased number of true "centers of excellence" in medical education and research.	35
5. <u>A National Stroke Program Unit.</u> The Commission recommends the establishment of a National Stroke Program directed by an administrative unit to be created within the appropriate unit of the Public Health Service to coordinate the numerous existing and proposed activities in the field of stroke.	36

<u>Recommendation</u>	<u>Page</u>
6. <u>Community Planning Grants.</u> The Commission recommends a special program of incentive grants to communities to stimulate the development of a system for the planning and coordination of health activities.	39
7. <u>Community Health Research and Demonstration.</u> The Commission recommends that greatly increased emphasis and support be given to programs of community health research and research training within the Public Health Service, and that the program of demonstration projects under the Community Health Services and Facilities Act of 1961 be freed from existing appropriations ceilings, more adequately funded, and more liberally interpreted.	39
8. <u>Support of Community Programs.</u> The Commission recommends that appropriate units of the Public Health Service be given authority and funds for programs of project grants to community agencies, such as public health departments, voluntary agencies, and others, and that the Vocational Rehabilitation Administration launch a 5-year development program to expand its rehabilitation programs for victims of heart disease, cancer, and stroke.	40
9. <u>Statewide Programs for Heart Disease Control.</u> The Commission recommends that the Public Health Service be given authority and funds to establish and maintain coordinated Statewide laboratory facilities necessary for heart disease control programs.	41
10. <u>National Cervical Cancer Detection Program.</u> The Commission recommends the development of a national program for the early detection of cervical cancer.	42
11. <u>Continuing Education of the Health Professions.</u> The Commission recommends that appropriate units of the Public Health Service, and the Vocational Rehabilitation Administration, be provided with funds and any additional authority that may be necessary to spearhead a national program for the continuing education of the health professions.	43
12. <u>Public Information on Heart Disease, Cancer, and Stroke.</u> The Commission recommends that the Federal government, primarily through the Public Health Service, recognize that public information is a primary responsibility and a major instrument for the prevention and control of disease, and that this activity be encouraged and supported on a scale commensurate with its importance.	44

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13. <u>Biomedical Research Institutes.</u> The Commission recommends the establishment of 25 non-categorical biomedical research institutes at qualified institutions throughout the country.	47
14. <u>Specialized Research Centers.</u> The Commission recommends the establishment of Specialized Research Centers for intensive study of specific aspects of heart disease, cancer, and stroke to supplement the research and training efforts of the regional centers previously described.	48
15. <u>Research Project Grants.</u> The Commission endorses the existing system of review of research project grants by study sections and advisory councils at the National Institutes of Health and recommends intensified and expanded support of research in heart disease, cancer, and stroke.	50
16. <u>Contracting Authority for Research and Development.</u> The Commission recommends that existing Public Health Service authority to contract for research and development be broadened and special funds be earmarked for the use of this mechanism.	51
17. <u>General Support for Research.</u> The Commission recommends that the existing General Research Support Grants Program of the National Institutes of Health be expanded as rapidly as possible to a level of 15 percent of the total NIH research and training budget and that the program be altered to increase its effectiveness.	52
18. <u>Standard Policy for Payment of Research Grant Awards.</u> The Commission recommends that the Federal Government develop a standard Government-wide policy for payment of the full costs attributable to research grant awards.	52
19. <u>Expansion of Resources for Preparation of Health Manpower.</u> The Commission recommends that legislation be sought to permit forthright support of medical education, this program to include formula grants to the health professions schools. Immediately, there should be full utilization of the Health Professions Educational Assistance Act of 1963 and the Nurse Training Act of 1964. The Commission further recommends substantially greater and more diversified Federal support of programs designed to increase the supply of physicians, dentists, and medical scientists.	53

<u>Recommendation</u>	<u>Page</u>
20. <u>Recruitment for the Health Professions.</u> The Commission recommends programs designed to attract young people into the health professions and related disciplines.	4 54
21. <u>Undergraduate Training in Medical and Dental Schools.</u> The Commission recommends the continuation and expansion of existing grant programs to support undergraduate training in medical schools in heart disease; undergraduate training in medical and dental schools in cancer; and medical undergraduate training in rehabilitation. In addition it recommends the development of an undergraduate training support program in stroke, administered by the National Institute of Neurological Diseases and Blindness.	55
22. <u>Training for Research.</u> The Commission recommends that the national program of research training grants be enlarged and expanded at a rate commensurate with the training capacity of organizations so engaged and the national pool of young investigators desirous of such training.	57
23. <u>Support of Clinical Training.</u> The Commission recommends the establishment of clinical fellowships and full-time clinical investigatorships in heart disease and stroke, the expansion of clinical training programs in cancer, and the establishment of clinical fellowships in rehabilitation.	59
24. <u>Stabilization of Academic Positions.</u> The Commission recommends the establishment of full-time career awards in universities and other institutions, not only for research personnel but also for clinical investigators and clinical professors.	60
25. <u>Training of Health Technicians.</u> The Commission recommends greatly increased effort and investment in the recruitment and training of health technicians and other paramedical personnel whose skills are essential to the control of heart disease; cancer, and stroke.	60
26. <u>Training of Specialists in Health Communications.</u> The Commission recommends that the Office of Information and Publications in the Office of the Surgeon General be allocated a specific annual sum of \$1 million solely for training specialists in health communications.	61

<u>Recommendation</u>	<u>Page</u>
27. <u>Continuous Assessment of Health Manpower Needs.</u> The Commission recommends the establishment in the Bureau of State Services (Community Health) of the Public Health Service of a health manpower unit, comparable to the research manpower unit of the National Institutes of Health, responsible for continuous assessment of national manpower requirements for health services.	61
28. <u>Expanding Patient Care Facilities.</u> The Commission wholeheartedly endorses the 1964 Amendments to the Hospital and Medical Facilities Construction (Hill-Burton) Act and urges their full implementation. It is further recommended that more funds be made available for the expansion of long-term care facilities affiliated with hospitals.	63
29. <u>Strengthening the Federal Hospital Program.</u> The Commission recommends that existing Federal hospital systems administered by the Veterans Administration and the Public Health Service be given authority and funds which will enable them to augment their contribution to research, training, and patient care in heart disease, cancer, and stroke.	64
30. <u>Medical Libraries.</u> The Commission recommends that the National Library of Medicine be authorized and adequately supported to serve its logical and necessary function as the primary source for strengthening the nation's medical library system.	64
31. <u>National Medical Audiovisual Center.</u> The Commission recommends that the Public Health Service Audiovisual Facility be enlarged in scope and strengthened so that it may become a National Medical Audiovisual Center.	65
32. <u>Statistical Programs.</u> The Commission recommends improved systems for the collection, interpretation, and dissemination of statistics essential to the understanding and efficient control of heart disease, cancer, and stroke.	66
33. <u>Animal Resources for Biomedical Research.</u> The Commission recommends additional appropriations and authority as needed to enable the Division of Research Facilities and Resources, NIH, to support an improved national program of construction of laboratory animal facilities, to construct special regional facilities, and to support the training of specialists in the care of animals needed for biomedical research.	67

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34. A Clearinghouse for Drug Information. 68
The Commission endorses current proposals for the establishment of a National Drug Information Clearinghouse, in association with the National Library of Medicine, serving and supporting governmental and nongovernmental drug information units.
35. International Research and Training Programs. 68
The Commission endorses the principle that support of research outside the United States by competent foreign nationals, collaborative research involving American and foreign laboratories, training of American scientists in foreign laboratories and of foreign scientists in American laboratories are in our national interest, and endorses programs designed to achieve such ends.

RECOMMENDED CHANGES IN LEGISLATION AND ORGANIZATION

<u>Recommendation</u>	<u>Page</u>
1. <u>Revision of the Public Health Service Act.</u> It is recommended that the Department of Health, Education, and Welfare establish a task force to develop a comprehensive revision and recodification of the Public Health Service Act by November 1, 1965.	70
2. <u>Expansion of Resources for Preparation of Health Manpower.</u> The Commission recommends that legislation be sought to permit forthright support of medical education, this program to include formula grants to the health professions schools. Immediately, there should be full utilization of the Health Professions Educational Assistance Act of 1963 and the Nurse Training Act of 1964. The Commission further recommends substantially greater and more diversified Federal support of programs designed to increase the supply of physicians, dentists, and medical scientists.	71
3. <u>Construction and Operation of Health Research Facilities.</u> A. There should be an increase in the annual appropriation authorization for health research facility construction from the present \$50 million to at least \$150 million. B. The participation by the Federal Government should be increased from 50 to 75 percent. C. New substantive authority should be given to construct, on a nonmatching basis, and to provide for the operation of, by contract or otherwise, research facilities for national regional research purposes.	71
4. <u>Construction and Operation of Facilities for the Application of the Fruits of Research.</u> New substantive authority should be given for initial construction, renovation, equipment, and development of regionally oriented diagnostic and treatment stations and to provide necessary incentive through partial operating grant support for a nucleus of highly qualified staff in these stations.	72
5. <u>Authorization for Necessary Transfer of Program Funds within an Institute, and for Limited Transfer of Funds between Institutes.</u> A. It is recommended that the Institute Directors, after appropriate consultation, be given the authority to transfer funds within their overall annual Institute appropriation. B. The previous authority of the Director of the National Institutes of Health to transfer limited funds from one Institute to another should be reinstated.	72

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6. More Effective and Flexible Use of Grants and Contracts for Research and Development. 73
- A. The Public Health Service should be given basic authority in research contracts to:
1. Commit support for extended periods of time, e.g., up to 5 years and advance payments;
 2. Provide for construction when such is essential to the accomplishment of the contract purposes;
 3. Contract for clinical and domiciliary care where necessary to achieve research purposes;
 4. Provide for the design and conduct of broad and comprehensive research and development programs in which the contractor has wide latitude for action in achieving a given objective.
- B. The Public Health Service should be given multiple-year fund availability for research and development activities.
7. Project Grant Authority for Heart Disease Control, Cancer Control, and Chronic Disease Programs, and for the National Center for Health Statistics. 74
- It is recommended that the Heart Disease Control, Cancer Control, and Chronic Disease Programs, and the National Center for Health Statistics be authorized to make project grants.
8. Authorization for a Program for the Support and Stimulation of a National Medical Libraries Network. 75
- A legislative proposal should be developed and enacted providing for the support and stimulation of a National Medical Libraries Network. Particular attention should be given to authorizations relating to recommendations of the President's Commission on Heart Disease, Cancer, and Stroke concerning the establishment of a network of medical libraries including a limited number of regional libraries; library facility construction; training for medical librarians; and a program of research designed to improve systems and methods of handling medical literature.
9. Establishment of Revolving Fund for the National Medical Audiovisual Center. 75
- It is recommended that authorization for the establishment of a revolving fund with any necessary authorities to permit the sale or rental of medical audiovisual productions as appropriate be given to permit the National Medical Audiovisual Center of the CDC to carry out its function with maximum efficiency.

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10. Comprehensive Amendment to the Vocational Rehabilitation Act 75
It is recommended that the Department of Health, Education, and Welfare establish a task force to develop a comprehensive revision of the Vocational Rehabilitation Act by November 1, 1965.
11. Amendment of the Community Health Services and Facilities Act. 76
That the Community Health Services and Facilities Act be amended to eliminate the phrase restricting projects to those pertaining to "outside the hospital particularly for chronically ill or aged persons" and suspension of the appropriations ceiling pending overall amendment of the Public Health Service Act.
12. Reorganization. 77
The Commission recommends that a reorganization of the Department of Health, Education, and Welfare be effected to provide specific high-level policy, direction, and coordination of health programs, with adequate supporting policy positions.

STATUS OF THE IMPLEMENTATION
OF THE
RECOMMENDATIONS OF THE PRESIDENT'S COMMISSION

<u>Recommendation of President's Commission</u>	<u>Administration Proposal</u>	<u>Final Action by Congress</u>
1. Network of Regional Centers for Heart Disease, Cancer, and Stroke	Modified version incorporated in S. 596 and H.R. 3140 as part of Regional Medical Complex	P.L. 89-239
2. Diagnostic and Treatment Stations	Modified version incorporated in S. 596 and H.R. 3140 as part of Regional Medical Complex	Deleted from P.L. 89-239
3. Development of Medical Complexes	Modified version incorporated in S. 596 and H.R. 3140	P.L. 89-239
4. Development of Additional Centers of Excellence	Use of General Research Support Program for: Health Sciences Advance. Awards and Biomedical Sciences Support Grants.	No action required
	Health Professions Educational Assistance Program	P.L. 89-129 and P.L. 89-290
5. National Stroke Program Unit	Not incorporated in Administration proposal	None
6. Community Planning Grants	H.R. 10586, FY 1966 Supplemental Appropriation \$1.2 million for research and training grants	P.L. 89-199 (1st HEW Supplemental Appropriation Act) \$1.2 million - CH
7. Community Health Research and Demonstration	Same as above	P.L. 89-199
8. Support of Community Programs and Rehabilitation	H.R. 10586, FY 1966 Supplemental Appropriation	P.L. 89-199
	Community Health Practice \$1.2 million (same as 6 & 7)	\$1.2 million - CH
	VRA \$2 million--research and demonstration \$.6 million--training \$2.5 million--special centers program	\$6.1 million - VRA

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|-----|--|---|--|
| 9. | Statewide Programs for Heart Disease Control | H.R. 10586, FY 1966 Supp. Approp. \$2.5 million - CH | P.L. 89-199
\$2.5 million - CH |
| 10. | National Cervical Cancer Detection Program | H.R. 10586, FY 1966 Supp. Approp. - \$5 million for hospital based demonstrations | P.L. 89-199
\$5 million - CH |
| 11. | Continued Education of Health Professions | S. 596 and H.R. 3140

H.R. 10586, FY 1966 Supp. - \$1 million for Health Communications - CH | P.L. 89-239 - CH

P.L. 89-199
\$1 million |
| 12. | Public Information on Heart Disease, Cancer, and Stroke | No new program | None |
| 13. | Biomedical Research Institutes | No proposal | None |
| 14. | Specialized Research Centers | H.R. 10586, FY 1966 Supp. - additional funds for categorical research centers | P.L. 89-199 |
| 15. | Expanded Support of Research Project Grants in Heart Disease, Cancer, and Stroke | H.R. 10586, FY 1966 Supp. Appropriation
\$2.3 million - NCI
\$2.3 million - NHI
\$1.0 million - NIGMS
\$2.3 million - NINDB | P.L. 89-199
\$7.9 million for NIH |
| 16. | Contract Authority for Research and Development | H.R. 2984 - S. 512
Proposed language in Health Research Facilities Amendments of 1965 | P.L. 89-115 |
| 17. | General Support for Research | H.R. 10586
\$.2 million additional General Research Support Funds for FY 1966 | P.L. 89-156
\$.2 million |
| 18. | Standard Policy for Full Payment of Research Grants Costs | Long-standing proposal | P.L. 89-156--Sec. 203.
"None of the funds provided herein shall be used to pay any recipient of a grant.. the entire cost of such project." |

19. Expansion of Resources for Preparation of Health Manpower	H.R. 3141, S. 595 Health Professions Amendments of 1965	P.L. 89-290
20. Recruitment for Health Professions	"Science and Cancer" series for high school science courses and program for improvement of college science curricula	No action required
21. Undergraduate Training in Medical and Dental Schools	Further proposal under study	P.L. 89-159, \$2 million reinstated for NCI Undergraduate Training Program
22. Training for Research	\$19 million additional over FY 1965 for Fellowships and Training Grants (of which \$4 million is for research career development awards) (H.R. 7765)	P.L. 89-156, total of \$26 million addi- tional for regular FY 1966 - NIH
	H.R. 10586, \$7 million addl.	P.L. 89-199, \$11 million additional
		Total: \$37 million addl. training funds for total FY 1966--NIH
23. Support of Clinical Training	New Cancer Clinical Training Grants	\$3 million approx. P.L. 89-199
	NIGMS--Postgraduate Training	\$1.25 million, P.L. 89-156
	Addl. funds for postgradu- ate training in Surgery, Anesthes., Radiology	\$2.5 million, P.L. 89-199
	NCI--Undergraduate Training Program	\$2 million, P.L. 89-156
	BSS/CH--Specialized Training	\$3 million, P.L. 89-199
	H.R. 3140 - S. 596	P.L. 89-239
24. Stabilization of Academic Positions	Modification of program of research career support	No action required
	No proposal for support of clinical faculty	None

25.	Training of Health Technicians	H.R. 10586, FY 1966 Supp. Approp. \$1 million for Cancer Control Program	P.L. 89-199, \$1 million - CH
26.	Training of Specialists in Health Communication	No proposal	None
27.	Continuous Assessment of Health Manpower Needs in PHS-CH	H.R. 10586, FY 1966 Supp. Approp. \$.5 million	P.L. 89-199, \$.5 million
28.	Expanding Long-term Care Facilities	H.R. 7765, \$.8 million for a study of current state of nursing homes and their services	P.L. 89-156, \$.8 million
29.	Strengthening Federal Hospital Program to Augment Their Contribution to Research, Training, and Patient Care	No proposal	Required maintaining of certain of the hospitals
30.	Medical Libraries	Administration endorsement of Congressional proposal	P.L. 89-291
31.	National Medical Audiovisual Center	No proposal	None
32.	Statistical Programs	No new proposal	None
33.	Animal Resources for	Proposed by NIH in August 1964--not yet transmitted to Congress	House hearings September 30, 1965 (to be resumed)
34.	Clearinghouse for Drug Information	No proposal	No action
35.	International Research and Training Programs	\$.150 million increase proposed for OIR in FY 1967 (total of \$6.147 million for 1967)	None

RECOMMENDED CHANGES IN LEGISLATION AND ORGANIZATION

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|----|---|---|--|
| 1. | Revision of PHS Act | Study by Surgeon General and Department Advisory Group | Hearings by Rogers Committee, Interstate & Foreign Com. Commission |
| 2. | Expansion of Resources | H.R. 3141, S. 595, Health Professions Amendments of 1965 | P.L. 89-290 |
| 3. | Construction & Operation of Health Research Facilities (75-25 matching) | H.R. 2984, S. 512 (50-50 matching) | P.L. 89-115
\$280 million for 3 years (50-50 matching) |
| 4. | Construction & Operation of Facilities for the application of Fruits of Research | H.R. 2984, S. 512, Health Research Facilities Amendments of 1965-"Regional & National Facilities" authority | Deleted by House from final version of P.L. 89-115 |
| 5. | Authorization for Necessary Transfer of Program Funds within an Institute, and for Limited Transfer of Funds between Institutes | H.R. 7765, FY 1966.Pres. Budget-under "General Research & Services" | Deleted |
| 6. | More Effective & Flexible Use of R&D Grants & Contracts. | | |
| | A. Research Contract Authority: | | |
| | 1. extended periods | | |
| | a. 5 yr. commitments | No proposal | No action |
| | b. advance payments | Delegated authority rests with Secretary | No action required |
| | 2. Essential construction | H.R. 2984, S. 512 | P.L. 89-115 |
| | 3. clinical & domiciliary care for research purposes | General Counsel indicated in May 1965 that this should be proposed to Congress | No action |

4. wide latitude for contractor in achieving R&D objectives	Administratively possible now	No action required
B. Multiple Year Funds for Research & Development	Some programs--Regional Medical Programs	P.L. 89-239, 2 year funds authorized, 1½ year funds allowed
	Medical Libraries	P.L. 89-291, 2-year
7. Project Grant Authority for Heart Disease & Cancer Control Programs, Chronic Disease Programs & National Center for Health Statistics	H.R. 10586, FY 66 Supp. Approp. \$8 million in Cancer Control Project Grants	P.L. 89-199 \$8 million
	No proposal for other areas	
8. National Medical Libraries Network	Administration endorsement of Congressional proposal	P.L. 89-291
9. Revolving Fund for National Medical Audio-visual Center	No proposal	No action
10. Comprehensive Revision to Vocational Rehab. Act by Nov. 1, 1965 (Task Force)	No Task Force H.R. 6476 - Partial revision proposed by Administration	P.L. 89-333 (H.R. 6476 plus Committee amendments)
11. Amendment of Community Health Services Facilities Act to eliminate provision concerning "outside the hospital particularly for chronically ill or aged" stipulation	No proposal	No action
12. Reorganization of DHEW	Study by Surgeon General and Advisory Group	House hearings of Rogers Committee of Committee on Interstate & Foreign Commerce

HEART DISEASE, CANCER AND STROKE 1966 SUPPLEMENTAL*

NIH - \$20,250,000

- \$ 7.9 - Research Grants
- \$11.05 - Specialized Training Grants and Fellowships
- \$ 1.3 - Program Direction
- \$5.15 NCI
- 5.05 NHI
- 4.55 NIGMS
- 5.50 NINDB

Also - Increased for support of clinical research facilities - NIH
 Residency and post-graduate training in radiology, anesthesiology, and surgery - NIGMS

VRA - \$6,100,000

- \$2.0 - Research and demonstration in HDCS
- 1.6 - Training
- 2.5 - Special Center program - for rehab. research and training in HDCS

Community Health

Chronic Diseases - \$12,800,000

- \$1.0 - Research grants
- 2.5 - Heart disease control (formula)
- 8.0 - Cancer Control Project Grants
- \$5.0 - Hospital-based cervical cancer control
- 3.0 - Clinical training (residents, g.p., and technicians)
- 0.8 - Other
- 0.430 - Administration of cancer control
- 0.070 - Care and preventive services

Community Health Practice - \$2,700,000

- \$1.0 - Research grants
- 0.2 - Research training grants
- 1.0 - Health communications
- 0.5 - Community health manpower

* 1966 HEW Supplemental Appropriation to provide funds for those activities related to the recommendations of the President's Commission which could be supported under legislative authority existing prior to the passage of P.L. 89-239.