

SEC. 2. The first sentence of section 3(a) of such Act of May 20, 1964 (16 U.S.C. 1083), is amended to read as follows: "Enforcement of the provisions of this Act is the joint responsibility of the Secretary of the Interior, the Secretary of the Treasury, and the Secretary of the Department in which the Coast Guard is operating, and each such Secretary may, by agreement with any other Federal department or agency, utilize the equipment (including aircraft and vessels) of that department or agency to carry out such enforcement."

Enforcement
responsibility.
78 Stat. 195.

SEC. 3. Such Act of May 20, 1964 (16 U.S.C. 1081-1085), is further amended by adding at the end thereof the following new subsection:

Informers, reward.

"SEC. 6. The Secretary of the Treasury may pay to any person, other than an officer of the United States or a person authorized to function as a Federal law enforcement agent under this Act, compensation of not more than \$5,000 if such person submits to any such officer or authorized person original information concerning any violation, perpetrated or contemplated, of this Act and such information leads to any penalty or forfeiture incurred for violation of this Act."

Approved October 27, 1970.

Public Law 91-515

AN ACT

October 30, 1970
[H. R. 17570]

To amend titles III and IX of the Public Health Service Act so as to revise, extend, and improve the programs of research, investigation, education, training, and demonstrations authorized thereunder, and for other purposes.

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

Public Health
Service Act,
amendments.

TITLE I—AMENDMENTS TO TITLE IX OF THE PUBLIC HEALTH SERVICE ACT

SEC. 101. This title may be cited as the "Heart Disease, Cancer, Stroke, and Kidney Disease Amendments of 1970".

Citation of
title.

SEC. 102. Section 900 of the Public Health Service Act is amended to read as follows:

79 Stat. 926.
42 USC 299.

"PURPOSES

"SEC. 900. The purposes of this title are—

"(a) through grants and contracts, to encourage and assist in the establishment of regional cooperative arrangements among medical schools, research institutions, and hospitals for research and training (including continuing education), for medical data exchange, and for demonstrations of patient care in the fields of heart disease, cancer, stroke, and kidney disease, and other related diseases;

“(b) to afford to the medical profession and the medical institutions of the Nation, through such cooperative arrangements, the opportunity of making available to their patients the latest advances in the prevention, diagnosis, and treatment and rehabilitation of persons suffering from these diseases;

“(c) to promote and foster regional linkages among health care institutions and providers so as to strengthen and improve primary care and the relationship between specialized and primary care; and

“(d) by these means, to improve generally the quality and enhance the capacity of the health manpower and facilities available to the Nation and to improve health services for persons residing in areas with limited health services, and to accomplish these ends without interfering with the patterns, or the methods of financing, of patient care or professional practice, or with the administration of hospitals, and in cooperation with practicing physicians, medical center officials, hospital administrators, and representatives from appropriate voluntary health agencies.”

Appropriations.

79 Stat. 926;
82 Stat. 1005.
42 USC 299a.

SEC. 103. (a) (1) The first sentence of section 901(a) of such Act is amended by striking out “and” immediately after “June 30, 1969,” and by inserting immediately before “, for grants” the following: “, \$125,000,000 for the fiscal year ending June 30, 1971, \$150,000,000 for the fiscal year ending June 30, 1972, and \$250,000,000 for the fiscal year ending June 30, 1973”.

(2) Such first sentence is further amended by striking out the period after “title” and inserting in lieu thereof “and for contracts to carry out the purposes of this title.”

Funds, limitation.

(3) Such section 901(a) is amended by striking out the second sentence and inserting in lieu thereof the following: “Of the sums appropriated under this section for the fiscal year ending June 30, 1971, not more than \$15,000,000 shall be available for activities in the field of kidney disease. Of the sums appropriated under this section for any fiscal year ending after June 30, 1970, not more than \$5,000,000 may be made available in any such fiscal year for grants for new construction.”

(b) Section 901 of such Act is further amended by adding at the end thereof the following new subsection:

“(e) At the request of any recipient of a grant under this title, the payments to such recipient may be reduced by the fair market value of any equipment, supplies, or services furnished by the Secretary to such recipient and by the amount of the pay, allowance, traveling expenses, and any other costs in connection with the detail of an officer or employee of the Government to the recipient when such furnishing or such detail, as the case may be, is for the convenience of and at the request of such recipient and for the purpose of carrying out the regional medical program to which the grant under this title is made.”

SEC. 104. Section 902(a) of such Act is amended by striking out “training, diagnosis, and treatment relating to heart disease, cancer, or stroke, and, at the option of the applicant, related disease or diseases” and inserting in lieu thereof “training, prevention, diagnosis, treatment, and rehabilitation relating to heart disease, cancer, stroke, or kidney disease and, at the option of the applicant, other related diseases”.

79 Stat. 927;
82 Stat. 1005.
42 USC 299b.

(b) Section 902(f) is amended by striking out “includes” and inserting in lieu thereof “means new construction of facilities for demonstrations, research, and training when necessary to carry out regional medical programs”.

SEC. 105. Section 903(b)(4) of such Act is amended—

42 USC 299c.

(1) by striking out “voluntary health agencies, and” and inserting in lieu thereof “voluntary or official health agencies, health planning agencies, and”;

(2) by inserting immediately after “under the program”, where it first appears therein, the following: “(including as an ex officio member, if there is located in such region one or more hospitals or other health facilities of the Veterans’ Administration, the individual whom the Administrator of Veterans’ Affairs shall have designated to serve on such advisory group as the representative of the hospitals or other health care facilities of such Administration which are located in such region)”; and

(3) by striking out “need for the services provided under the program” and inserting in lieu thereof “need for and financing of the services provided under the program, and which advisory group shall be sufficient in number to insure adequate community orientation (as determined by the Secretary)”.

SEC. 106. That part of the second sentence of section 904(b) of such Act preceding paragraph (1) is amended by striking out “section 903(b)(4) and” and inserting in lieu thereof the following: “section 903(b)(4), if opportunity has been provided, prior to such recommendation, for consideration of the application by each public or non-profit private agency or organization which has developed a comprehensive regional, metropolitan area, or other local area plan referred to in section 314(b) covering any area in which the regional medical program for which the application is made will be located, and if the application”.

42 USC 299d.

SEC. 107. (a) Section 905(a) of such Act is amended to read as follows:

“SEC. 905. (a) The Secretary may appoint, without regard to the civil service laws, a National Advisory Council on Regional Medical Programs. The Council shall consist of the Assistant Secretary of Health, Education, and Welfare for Health and Scientific Affairs, who

National Ad-
visory Council on
Regional Medical
Programs.
42 USC 299e.

shall be the Chairman, the Chief Medical Director of the Veterans' Administration who shall be an ex officio member, and twenty members, not otherwise in the regular full-time employ of the United States, who are leaders in the fields of the fundamental sciences, the medical sciences, health care administration, or public affairs. At least two of the appointed members shall be practicing physicians, one shall be outstanding in the study or health care of persons suffering from heart disease, one shall be outstanding in the study or health care of persons suffering from cancer, one shall be outstanding in the study or health care of persons suffering from stroke, one shall be outstanding in the study or health care of persons suffering from kidney disease, two shall be outstanding in the field of prevention of heart disease, cancer, stroke, or kidney disease, and four shall be members of the public."

Term of office.
Ante, p. 1299.

(b) Of the persons first appointed under section 905(a) of the Public Health Service Act to serve as the four additional members of the National Advisory Council on Regional Medical Programs authorized by the amendment made by subsection (a) of this section—

- (1) one shall serve for a term of one year,
- (2) one shall serve for a term of two years,
- (3) one shall serve for a term of three years, and
- (4) one shall serve for a term of four years,

as designated by the Secretary of Health, Education, and Welfare at the time of appointment.

(c) Members of the National Advisory Council on Regional Medical Programs (other than the Surgeon General) in office on the date of enactment of this Act shall continue in office in accordance with the term of office for which they were last appointed to the Council.

79 Stat. 930.
42 USC 299g.

SEC. 108. Section 907 of such Act is amended by striking out "or stroke," and inserting in lieu thereof "stroke, or kidney disease,".

42 USC 299l.

SEC. 109. Section 909(a) of such Act is amended by inserting "or contract" after "grant" each place it appears therein.

82 Stat. 1006.
42 USC 299j.

SEC. 110. (a) Section 910 of such Act is amended to read as follows:

"MULTIPROGRAM SERVICES

"SEC. 910. (a) To facilitate interregional cooperation, and develop improved national capability for delivery of health services, the Secretary is authorized to utilize funds appropriated under this title to make grants to public or nonprofit private agencies or institutions or combinations thereof and to contract for—

"(1) programs, services, and activities of substantial use to two or more regional medical programs;

"(2) development, trial, or demonstration of methods for control of heart disease, cancer, stroke, kidney disease, or other related diseases;

"(3) the collection and study of epidemiologic data related to any of the diseases referred to in paragraph (2);

"(4) development of training specifically related to the prevention, diagnosis, or treatment of any of the diseases referred to in paragraph (2), or to the rehabilitation of persons suffering from any of such diseases; and for continuing programs of such training where shortage of trained personnel would otherwise limit application of knowledge and skills important to the control of any of such diseases; and

"(5) the conduct of cooperative clinical field trials.

"(b) The Secretary is authorized to assist in meeting the costs of special projects for improving or developing new means for the delivery of health services concerned with the diseases with which this title is concerned.

“(c) The Secretary is authorized to support research, studies, investigations, training, and demonstrations designed to maximize the utilization of manpower in the delivery of health services.”

SEC. 111. (a) The heading to title IX of such Act is amended by striking out “STROKE, AND RELATED DISEASES” and inserting in lieu thereof “STROKE, KIDNEY DISEASE, AND OTHER RELATED DISEASES”.

(b) Sections 902(a), 903(a), 903(b), 904(a), 904(b), 905(b), 905(d), 906, 907, and 909 (a) of such Act (as amended by the preceding provisions of this Act) are each further amended by striking out “Surgeon General”, each place it appears therein and inserting in lieu thereof “Secretary”.

42 USC 299b-
299g, 299i.

TITLE II—AMENDMENTS TO TITLE III OF THE PUBLIC HEALTH SERVICE ACT

PART A—RESEARCH AND DEMONSTRATIONS RELATING TO HEALTH FACILITIES AND SERVICES

SEC. 201. (a) (1) Section 304(a) of the Public Health Service Act is amended—

81 Stat. 534.
42 USC 242b.

(A) by inserting “(1)” immediately after “Sec. 304. (a)”;

(B) by redesignating clauses (1) and (2) as clauses (A) and (B), respectively; and

(C) by redesignating clauses (A), (B), and (C) as clauses (i), (ii), and (iii), respectively.

(2) Section 304(b) of such Act is amended—

(A) by striking out “(b)” and inserting in lieu thereof “(2)”;

and
(B) by striking out “this section” each place it appears therein and inserting in lieu thereof “this subsection”.

(3) Section 304(c) of such Act is amended—

(A) by striking out “(c)” and inserting in lieu thereof “(3)”;

and
(B) by striking out “this section” each place it appears therein and inserting in lieu thereof “this subsection”.

(b) Section 304 of such Act is further amended by adding after the provision thereof redesignated as paragraph (3) by subsection (a) (3) (A) of this section the following new subsection:

“Systems Analysis of National Health Care Plans

“(b) (1) (A) The Secretary shall develop, through utilization of the systems analysis method, plans for health care systems designed adequately to meet the health needs of the American people. For purposes of the preceding sentence, the systems analysis method means the analytical method by which various means of obtaining a desired result or goal is associated with the costs and benefits involved.

“(B) The Secretary shall complete the development of the plans referred to in subparagraph (A), within such period as may be necessary to enable him to submit to the Congress not later than September 30, 1971, a report thereon which shall describe each plan so developed in terms of—

Report to Con-
gress.

“(i) the number of people who would be covered under the plan;

“(ii) the kind and type of health care which would be covered under the plan;

“(iii) the cost involved in carrying out the plan and how such costs would be financed;

“(iv) the number of additional physicians and other health care personnel and the number and type of health care facilities needed to enable the plan to become fully effective;

“(v) the new and improved methods, if any, of delivery of health care services which would be developed in order to effectuate the plan;

“(vi) the accessibility of the benefits of such plan to various socioeconomic classes of persons;

“(vii) the relative effectiveness and efficiency of such plan as compared to existing means of financing and delivering health care; and

“(viii) the legislative, administrative, and other actions which would be necessary to implement the plan.

“(C) In order to assure that the advice and service of experts in the various fields concerned will be obtained in the plans authorized by this paragraph and that the purposes of this paragraph will fully be carried out—

“(i) the Secretary shall utilize, whenever appropriate, personnel from the various agencies, bureaus, and other departmental subdivisions of the Department of Health, Education, and Welfare;

“(ii) the Secretary is authorized, with the consent of the head of the department or agency involved, to utilize (on a reimbursable basis) the personnel and other resources of other departments and agencies of the Federal Government; and

“(iii) the Secretary is authorized to consult with appropriate State or local public agencies, private organizations, and individuals.

“Cost and Coverage Report on Existing Legislative Proposals

National health insurance plan legislation, study.

“(2) (A) The Secretary shall, in accordance with this paragraph, conduct a study of each legislative proposal which is introduced in the Senate or the House of Representatives during the Ninety-first Congress, and which undertakes to establish a national health insurance plan or similar plan designed to meet the needs of health insurance or for health services of all or the overwhelming majority of the people of the United States.

“(B) In conducting such study with respect to each such legislative proposal, the Secretary shall evaluate and analyze such proposal with a view to determining—

“(i) the costs of carrying out the proposal; and

“(ii) the adequacy of the proposal in terms of (I) the portion of the population covered by the proposal, (II) the type health care provided, paid for, or insured against under the proposal, (III) whether, and if so, to what extent, the proposal provides for the development of new and improved methods for the delivery of health care and services.

Report to Congress.

“(C) Not later than March 31, 1971, the Secretary shall submit to the Congress a report on each legislative proposal which he has been directed to study under this paragraph, together with an analysis and evaluation of such proposal.”

(c) Subsection (d) of section 304 of such Act is hereby redesignated as subsection (c) and is amended to read as follows:

“(c) (1) There are authorized to be appropriated for payment of grants or under contracts under subsection (a), and for purposes of carrying out the provisions of subsection (b), \$71,000,000 for the fiscal year ending June 30, 1971 (of which not less than \$2,000,000 shall be available only for purposes of carrying out the provisions of subsection

Appropriation.
81 Stat. 534;
Ante, p. 352.
42 USC 242b.

(b)), \$82,000,000 for the fiscal year ending June 30, 1972, and \$94,000,000 for the fiscal year ending June 30, 1973.

“(2) In addition to the funds authorized to be appropriated under paragraph (1) to carry out the provisions of subsection (b) there are hereby authorized to be appropriated to carry out such provisions for each fiscal year such sums as may be necessary.”

(d) The amendments made by subsection (c) of this section shall be effective only with respect to fiscal years ending after June 30, 1970.

Effective date.

SEC. 202. That provision of section 304 of the Public Health Service Act redesignated by section 201(a) of this Act as paragraph (3) of subsection (a) is further amended—

Ante, p. 1301.

(1) by inserting “(A)” immediately after “(3)”; and

(2) by adding after and below such provision the following new subparagraph:

“(B) The amounts otherwise payable to any person under a grant or contract made under this subsection shall be reduced by—

“(i) amounts equal to the fair market value of any equipment or supplies furnished to such person by the Secretary for the purpose of carrying out the project with respect to which such grant or contract is made, and

“(ii) amounts equal to the pay, allowances, traveling expenses, and related personnel expenses attributable to the performance of services by an officer or employee of the Government in connection with such project, if such officer or employee was assigned or detailed by the Secretary to perform such services,

but only if such person requested the Secretary to furnish such equipment or supplies, or such services, as the case may be.”

SEC. 203. That provision of section 304 of the Public Health Service Act redesignated by section 201(a) of this Act as paragraph (1) of subsection (a) is further amended by—

(1) striking out the period at the end thereof and inserting in lieu thereof “, and”; and

(2) adding after and below the clause thereof redesignated by such section 201(a) as clause (iii) the following new clauses:

“(iv) projects for research, experiments, and demonstrations dealing with the effective combination or coordination of public, private, or combined public-private methods or systems for the delivery of health services at regional, State, or local levels, and

“(v) projects for research and demonstrations in the provision of home health services.”

PART B—NATIONAL HEALTH SURVEYS AND STUDIES

SEC. 210. (a) (1) Clause (1) of subsection (a) of section 305 of the Public Health Service Act is amended by striking out “and” before “(E)”, and by inserting after the semicolon at the end of such clause the following: “(F) health care resources; (G) environmental and social health hazards; and (H) family formation, growth, and dissolution;”

70 Stat. 490.
42 USC 242c.

(2) Such subsection is further amended by adding at the end thereof the following new sentence: “No information obtained in accordance with this paragraph may be used for any purpose other than the statistical purposes for which it was supplied except pursuant to regulations of the Secretary; nor may any such information be published if the particular establishment or person supplying it is identifiable except with the consent of such establishment or person.”

(b) Section 305 is further amended by redesignating subsections (b), (c), and (d) as subsections (c), (d), and (e), respectively, and by adding after subsection (a) the following new subsection:

“(b) The Secretary is authorized, directly or by contract, to undertake research, development, demonstration, and evaluation, relating to the design and implementation of a cooperative system for producing comparable and uniform health information and statistics at the Federal, State, and local levels.”

Appropriation.

(c) The subsection of such section 305 redesignated (by subsection (b) of this section) as subsection (d) is amended to read as follows:

“(d) There are authorized to be appropriated to carry out this section \$15,000,000 for the fiscal year ending June 30, 1971, \$20,000,000 for the fiscal year ending June 30, 1972, and \$25,000,000 for the fiscal year ending June 30, 1973.”

PART C—GRANTS TO STATES FOR COMPREHENSIVE STATE HEALTH PLANNING

SEC. 220. (a) (1) The first sentence of section 314(a) (1) of the Public Health Service Act is amended by striking out “June 30, 1970” and inserting in lieu thereof “June 30, 1973”.

80 Stat. 1181;
81 Stat. 533.
42 USC 246.

(2) The second sentence of such section 314(a) (1) is amended by striking out “and \$15,000,000 for the fiscal year ending June 30, 1970” and inserting in lieu thereof the following: “\$15,000,000 for the fiscal year ending June 30, 1970, \$15,000,000 for the fiscal year ending June 30, 1971, \$17,000,000 for the fiscal year ending June 30, 1972, and \$20,000,000 for the fiscal year ending June 30, 1973”.

(b) Section 314(a) (2) (B) of such Act is amended by striking out “State and local agencies” and inserting in lieu thereof “Federal, State, and local agencies (including as an ex officio member, if there is located in such State one or more hospitals or other health care facilities of the Veterans’ Administration, the individual whom the Administrator of Veterans’ Affairs shall have designated to serve on such council as the representative of the hospitals or other health care facilities of such Administration which are located in such State)”.

(c) Section 314(a) (2) (B) of such Act (as amended by subsection (b) of this section) is further amended by inserting “(including representation of the regional medical program or programs included in whole or in part within the State)” immediately after “concerned with health”.

(d) Section 314(a) (2) (C) of such Act is amended (1) by inserting “and including home health care” immediately after “private”, and (2) by inserting immediately before the semicolon at the end thereof the following: “and including environmental considerations as they relate to public health”.

PART D—PROJECT GRANTS FOR AREAWIDE HEALTH PLANNING

SEC. 230. Section 314(b) of the Public Health Service Act is amended—

Ante, p. 340.

(1) by striking out, in the first sentence thereof, “June 30, 1970” and inserting in lieu thereof “June 30, 1973”;

(2) by inserting after the word “services” the second place it appears therein, the phrase “and including the provision of such services through home health care”;

(3) by striking out, in the second sentence thereof, “and \$15,000,000 for the fiscal year ending June 30, 1970” and inserting in lieu thereof the following: “\$15,000,000 for the fiscal year ending June 30, 1970, \$20,000,000 for the fiscal year ending June 30, 1971, \$30,000,000 for the fiscal year ending June 30, 1972, and \$40,000,000 for the fiscal year ending June 30, 1973”;

(4) by inserting “(1) (A)” immediately after “(b)”;

(5) by adding after and below the existing language contained therein the following:

“(B) Project grants may be made by the Secretary under subparagraph (A) to the State agency administering or supervising the administration of the State plan approved under subsection (a) with respect to a particular region or area, but only if (i) no application for such a grant with respect to such region or area has been filed by any other agency or organization qualified to receive such a grant, and (ii) such State agency certifies, and the Secretary finds, that ample opportunity has been afforded to qualified agencies and organizations to file application for such a grant with respect to such region or area and that it is improbable that, in the foreseeable future, any agency or organization which is qualified for such a grant will file application therefor.

“(2) (A) In order to be approved under this subsection, an application for a grant under this subsection must contain or be supported by reasonable assurances that there has been or will be established, in or for the area with respect to which such grant is sought, an areawide health planning council. The membership of such council shall include representatives of public, voluntary, and nonprofit private agencies, institutions, and organizations concerned with health (including representatives of the interests of local government, of the regional medical program for such area, and of consumers of health services). A majority of the members of such council shall consist of representatives of consumers of health services.

“(B) In addition, an application for a grant under this subsection must contain or be supported by reasonable assurances that the area-wide health planning agency has made provision for assisting health care facilities in its area to develop a program for capital expenditures for replacement, modernization, and expansion which is consistent with an overall State plan which will meet the needs of the State and the area for health care facilities, equipment, and services without duplication and otherwise in the most efficient and economical manner.”

PART E—PROJECT GRANTS FOR TRAINING, STUDIES AND DEMONSTRATIONS

SEC. 240. Section 314(c) of the Public Health Service Act is amended—

(1) by striking out, in the first sentence thereof, “June 30, 1970” and inserting in lieu thereof “June 30, 1973”; and

(2) by striking out, in the second sentence thereof, “and \$7,500,000 for the fiscal year ending June 30, 1970” and inserting in lieu thereof the following: “\$7,500,000 for the fiscal year ending June 30, 1970, \$8,000,000 for the fiscal year ending June 30, 1971, \$10,000,000 for the fiscal year ending June 30, 1972, and \$12,000,000 for the fiscal year ending June 30, 1973”.

80 Stat. 1183;
81 Stat. 533.
42 USC 246.

PART F—GRANTS FOR COMPREHENSIVE PUBLIC HEALTH SERVICES

SEC. 250. (a) Section 314(d) (1) of the Public Health Service Act is amended by striking out “and \$100,000,000 for the fiscal year ending June 30, 1970” and inserting in lieu thereof “\$100,000,000 for the fiscal year ending June 30, 1970, \$130,000,000 for the fiscal year ending June 30, 1971, \$145,000,000 for the fiscal year ending June 30, 1972, and \$165,000,000 for the fiscal year ending June 30, 1973”.

(b) Section 314(d) (2) (C) of such Act is amended (1) by striking out “and (iii)” and inserting in lieu thereof “(iii)” and (2) by inserting before the semicolon at the end thereof the following: “; and (iv) the plan is compatible with the total health program of the State”.

PART G—PROJECT GRANTS FOR HEALTH SERVICES DEVELOPMENT

80 Stat. 1186;
81 Stat. 534.
42 USC 246.

SEC. 260. (a) Section 314(e) of the Public Health Service Act is amended by striking out “and” immediately after “June 30, 1969,” and by inserting after “June 30, 1970,” the following: “\$109,500,000 for the fiscal year ending June 30, 1971, \$135,000,000 for the fiscal year ending June 30, 1972, and \$157,000,000 for the fiscal year ending June 30, 1973.”

(b) The first sentence of 314(e) is further amended by inserting immediately after “cost” the following: “(including equity requirements and amortization of loans on facilities acquired from the Office of Economic Opportunity or construction in connection with any program or project transferred from the Office of Economic Opportunity)”.

(c) (1) The second sentence of such section is amended to read as follows: “Any grant made under this subsection may be made only if the application for such grant has been referred for review and comment to the appropriate areawide health planning agency or agencies (or, if there is no such agency in the area, then to such other public or nonprofit private agency or organization (if any) which performs similar functions) and only if the services assisted under such grant will be provided in accordance with such plans as have been developed pursuant to subsection (a).”

Effective date.

(2) The amendment made by paragraph (1) shall be effective with respect to grants under section 314(e) of the Public Health Service Act which are made after the date of enactment of this Act.

PART H—ADMINISTRATION OF GRANTS IN CERTAIN MULTIGRANT PROJECTS

58 Stat. 691;
76 Stat. 592.
42 USC 241-
242h.

SEC. 270. Part A of title III of the Public Health Service Act is amended by adding at the end thereof the following new section:

“Administration of Grants in Certain Multigrant Projects

“SEC. 310A. For the purpose of facilitating the administration of, and expediting the carrying out of the purposes of, the programs established by title IX, and sections 304, 314(a), 314(b), 314(c), 314(d), and 314(e) of this Act in situations in which grants are sought or made under two or more of such programs with respect to a single project, the Secretary is authorized to promulgate regulations—

Ante, pp. 1297,
1301, 1304.

“(1) under which the administrative functions under such programs with respect to such project will be performed by a single administrative unit which is the administrative unit charged with the administration of any of such programs or is the administrative unit charged with the supervision of two or more of such programs;

“(2) designed to reduce the number of applications, reports, and other materials required under such programs to be submitted with respect to such project, and otherwise to simplify, consolidate, and make uniform (to the extent feasible), the data and information required to be contained in such applications, reports, and other materials; and

“(3) under which inconsistent or duplicative requirements imposed by such programs will be revised and made uniform with respect to such project;

except that nothing in this section shall be construed to authorize the Secretary to waive or suspend, with respect to any such project, any requirement with respect to any of such programs if such requirement is imposed by law or by any regulation required by law.”

PART I—ANNUAL REPORT, NATIONAL ADVISORY COUNCIL, ETC.

SEC. 280. Part A of title III of the Public Health Service Act is further amended by adding after section 310A thereof (as added by section 270 of this Act) the following new section:

“Annual Report

“310B. On or before January 1 of each year, the Secretary shall transmit to the Congress a report of the activities carried on under the provisions of title IX of this Act and sections 304, 305, 314(a), 314(b), 314(c), 314(d), and 314(e) of this title together with (1) an evaluation of the effectiveness of such activities in improving the efficiency and effectiveness of the research, planning, and delivery of health services in carrying out the purposes for which such provisions were enacted, (2) a statement of the relationship between Federal financing and financing from other sources of the activities undertaken pursuant to such provisions (including the possibilities for more efficient support of such activities through use of alternate sources of financing after an initial period of support under such provisions), and (3) such recommendations with respect to such provisions as he deems appropriate.”

Ante, pp. 1297,
1301, 1304.

SEC. 281. Title III of the Public Health Service Act is amended by adding after section 315 thereof the following new section:

58 Stat. 691.
42 USC 241.

“NATIONAL ADVISORY COUNCIL ON COMPREHENSIVE HEALTH PLANNING PROGRAMS

“SEC. 316. (a) The Secretary shall appoint, without regard to the civil service laws, a National Advisory Council on Comprehensive Health Planning Programs. The Council shall consist of the Secretary or his designee, who shall be the chairman, and sixteen members, not otherwise in the regular full-time employ of the United States, who are (1) leaders in the fields of the fundamental sciences, the medical sciences, or the organization, delivery, and financing of health care, (2) officials in State and areawide health planning agencies, (3) leaders in health care administration, or State or community or other public affairs, who are State or local officials, or (4) representatives of consumers of health care. At least six of the appointed members shall be individuals representing the consumers of health care, one shall be an official of a State health planning agency, one shall be an official of an areawide health planning agency, and one shall be a member of the National Advisory Council on Regional Medical Programs.

Appointment.

Members.

“(b) Each appointed member of the Council shall hold office for a term of four years, except that any member appointed to fill a vacancy prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and except that the terms of office of the members first taking office shall expire, as designated by the Secretary at the time of appointment, four at the end of the first year, four at the end of the second year, four at the end of the third year, and four at the end of the fourth year after the date of appointment. An appointed member shall not be eligible to serve continuously for more than two terms.

Term.

“(c) Appointed members of the Council, while attending meetings or conferences thereof or otherwise serving on the business of the Council, shall be entitled to receive compensation at rates fixed by the Secretary, but at rates not exceeding the daily equivalent of the rate specified at the time of service for GS-18 of the general schedule,

Ante, p. 198-1.

including traveltime, and while so serving away from their homes or regular places of business they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703(b) of title 5 of the United States Code for persons in the Government service employed intermittently.

80 Stat. 499;
83 Stat. 190.

Ante, p. 1304.

“(d) The Council shall advise and assist the Secretary in the preparation of general regulations for, and as to policy matters arising with respect to, the administration of section 314 of this title, with increased emphasis on cooperation in the coordination of programs thereunder with the National Advisory Council on Regional Medical Programs, with particular attention to the relationship between the improved organization and delivery of health services and the financing of such services; and shall, in carrying out such functions, review, not less often than annually, the grants made under section 314 to determine their effectiveness in carrying out its purposes.”

58 Stat. 693.
42 USC 243.

SEC. 282. Part B of title III of the Public Health Service Act is amended by striking out “Surgeon General” each place it appears and inserting in lieu thereof “Secretary”.

PART J—REGULATION OF VACCINES, BLOOD, BLOOD COMPONENTS, AND ALLERGENIC PRODUCTS

58 Stat. 702.
42 USC 262.

SEC. 291. Section 351 of the Public Health Service Act is amended by inserting, after “antitoxin”, each time such word appears, the following: “vaccine, blood, blood component or derivative, allergenic product,”.

PART K—EXTENSION OF RESEARCH CONTRACT AUTHORITY

79 Stat. 448;
81 Stat. 540.
42 USC 241.

SEC. 292. Paragraph (h) of section 301 of the Public Health Service Act is amended by striking out “five succeeding fiscal years” and inserting in lieu thereof “eight succeeding fiscal years”.

TITLE III—COMMUNITY MENTAL HEALTH CENTERS

Ante, p. 56.

SEC. 301. Section 201 of the Community Mental Health Centers Amendments of 1970 is amended by adding at the end thereof the following new subsection:

“(c) In the case of any community mental health center—

79 Stat. 428.
42 USC 2688.

“(1) for which a staffing grant was made under Part B of the Community Mental Health Centers Act for any period which began on or before June 30, 1970; and

“(2) (A) with respect to which the portion of the costs (as described in section 220(a) of such Act) which may be met from funds under a grant under such part B is increased (by reason of the enactment of the preceding subsections of this section) for any period after June 30, 1970; or

“(B) with respect to which the period during which a grant under such part B may be made is extended by reason of the enactment of subsection (a) of this section;

Ante, p. 57.

the provisions of section 221(a) (4) of such Act shall be deemed to have been complied with for any period after June 30, 1970, if the Secretary determines that there is satisfactory assurance that the amount of total costs, Federal and non-Federal (as described in section 220(a) of such Act), which will be incurred by such center for staffing purposes for any period after June 30, 1970, will not be less than the amount of such total costs for the period which last commenced on or before June 30, 1970, except that the grantee shall not be required to increase the amount contributed as the non-Federal share in the event the amount of the Federal participation is reduced.”

TITLE IV—AUTHORITY FOR GROUP PRACTICE

SEC. 401. (a) The Secretary of Health, Education, and Welfare may, in accordance with the provisions of this section, authorize any carrier, which is a party to a contract entered into under chapter 89 of title 5, United States Code (relating to health benefits for Federal employees), or under the Retired Federal Employees Health Benefits Act, or which participates in the carrying out of any such contract, to issue in any State contracts entitling any person as a beneficiary to receive comprehensive medical services (as defined in subsection (b)) from a group practice unit or organization (as defined in subsection (c)) with which such carrier has contracted or otherwise arranged for the provision of such services.

Ante, p. 869.

(b) As used in this section, the term “comprehensive medical services” means comprehensive preventive, diagnostic, and therapeutic medical services (as defined in regulations of the Secretary), furnished on a prepaid basis; and may include, at the option of a carrier, such other health services including mental health services, and equipment and supplies, furnished on such terms and conditions with respect to copayment and other matters, as may be authorized in regulations of the Secretary.

Definitions.

(c) As used in this section:

(1) The term “group practice unit or organization” means a non-profit agency, co-operative, or other organization undertaking to provide, through direct employment of, or other arrangements with the members of a medical group, comprehensive medical services (or such services and other health services) to members, subscribers, or other persons protected under contracts of carriers.

(2) The term “medical group” means a partnership or other association or group of persons who are licensed to practice medicine in a State (or of such persons and persons licensed to practice dentistry or optometry) who (A) as their principal professional activity and as a group responsibility, engage in the coordinated practice of their profession primarily in one or more group practice facilities, (B) pool their income from practice as members of the group and distribute it among themselves according to a prearranged plan, or enter into an employment arrangement with a group practice unit or organization for the provision of their services, (C) share common overhead expenses (if and to the extent such expenses are paid by members of the group), medical and other records, and substantial portions of the equipment and professional, technical, and administrative staff, and (D) include within the group at least such professional personnel, and make available at least such health services, as may be specified in regulations of the Secretary.

(d) Nothing in this section shall preclude any State or State agency from regulating the amounts charged for contracts issued pursuant to subsection (a) or the manner of soliciting and issuing such contracts, or from regulating any carrier issuing such contracts in any manner not inconsistent with the provisions of this section.

Contract charges,
State regulation.

TITLE V—STUDY RELATING TO ENVIRONMENTAL POLLUTION

SEC. 501. (a) The Congress finds that there is general agreement that air, water, and other common environmental pollution may be hazardous to the health of individuals resident in the United States, but that despite the existence of various research papers and other technical reports on the health hazards of such pollution, there is no authoritative source of information about (1) the nature and gravity

of these hazards, (2) the availability of medical and other assistance to persons affected by such pollution, especially when such pollution reaches emergency levels, and (3) the measures, other than those relating solely to abatement of the pollution, that may be taken to avoid or reduce the effects of such pollution on the health of individuals.

Presidential
study.

(b) The President shall immediately commence (1) a study of the nature and gravity of the hazards to human health and safety created by air, water, and other common environmental pollution, (2) a survey of the medical and other assistance available to persons affected by such pollution, especially when such pollution reaches emergency levels, and (3) a survey of the measures, other than those relating solely to abatement of the pollution, that may be taken to avoid or reduce the effects of such pollution on the health of individuals.

Report to Con-
gress.

(c) The President shall, within nine months of the enactment of this Act, transmit to the Congress a report of the study and surveys required by subsection (b) of this section, including (1) his conclusions regarding the nature and gravity of the hazards to human health and safety created by environmental pollution, (2) his evaluation of the medical and other assistance available to persons affected by such pollution, especially when such pollution reaches emergency levels, (3) his assessment of the measures, other than those relating solely to abatement of the pollution, that may be taken to avoid or reduce the effects of such pollution on the health of individuals, and (4) such legislative or other recommendations as he may deem appropriate.

Report supple-
ments.

(d) The President shall, within one year of his transmittal to the Congress of the report required by subsection (c) of this section, and annually thereafter, supplement that report with such new data, evaluations, or recommendations as he may deem appropriate.

Appropriation.

(e) There are authorized to be appropriated such sums as may be necessary to carry out the provisions of this section.

TITLE VI—MISCELLANEOUS

NATIONAL ADVISORY COUNCIL

SEC. 601. (a) (1) Sections 217(b), 432(a), 443(b), and 703(c) of the Public Health Service Act are amended by inserting "or committees" after "councils" wherever it appears therein.

42 USC 218,
289b, 289f, 292b.

(2) Sections 431, 432(b), 433, 443, and 452 of such Act are amended by inserting "or committee" after "council" wherever it appears therein.

42 USC 289a-
289c, 289j.

(3) Subsections (b) and (c) of section 222 of such Act are amended by inserting "council or" before "committee" wherever it appears therein.

76 Stat. 1073.
42 USC 217a.

(4) Such section is further amended by inserting in the heading thereof "COUNCILS OR" before "COMMITTEES".

Compensation.

(b) (1) Subsection (c) of section 208 of the Public Health Service Act is amended to read:

64 Stat. 447.
42 USC 210.

"(c) Members of the National Advisory Health Council and members of other national advisory or review councils or committees established under this Act, including members of the Technical Electronic Product Radiation Safety Standards Committee and the Board of Regents of the National Library of Medicine, but excluding ex officio members, while attending conferences or meetings of their respective councils or committees or while otherwise serving at the request of the Secretary, shall be entitled to receive compensation at rates to be fixed by the Secretary, but at rates not exceeding the daily equivalent of the rate specified at the time of such service for grade GS-18 of the General Schedule, including traveltime; and while away from their homes or regular places of business they may be allowed travel ex-

Ante, p. 198-1.

penses, including per diem in lieu of subsistence, as authorized by section 5703(b) of title 5 of the United States Code for persons in the Government service employed intermittently.”

80 Stat. 499;
83 Stat. 190.

(2) The second sentence of subsection (d) of section 306, the second sentence of subsection (d) of section 307, the first sentence of paragraph (2) of subsection (f) of section 358, subsection (d) of section 373, subsection (e) of section 641, subsection (d) of section 703, subsection (d) of section 725, subsection (d) of section 774, subsection (c) of section 841, and subsection (c) of section 905 of such Act are deleted.

42 USC 242d.
42 USC 242e.
42 USC 263f.

Anfe, pp. 66,
344,
42 USC 292b,
42 USC 293e,
295f-4, 298, 299e.

(3) Paragraph (2) of subsection (f) of section 358 is further amended by striking out “under this subsection” in the second sentence thereof and by inserting in lieu thereof “to members of the Committee who are not officers or employees of the United States pursuant to subsection (c) of section 208 of this Act”.

82 Stat. 1179.

(4) Subsection (d) of section 905 of such Act is redesignated as subsection (c).

79 Stat. 929.

(c)(1) Subsection (a) of section 222 of such Act is amended to read:

76 Stat. 1073,
42 USC 217a.

“(a) The Secretary may, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates, from time to time, appoint such advisory councils or committees (in addition to those authorized to be established under other provisions of law), for such periods of time, as he deems desirable with such period commencing on a date specified by the Secretary for the purpose of advising him in connection with any of his functions.”

80 Stat. 443,
467,
5 USC 5101,
5331.
Anfe, p. 198-1.

(2) Subsection (c) of such section is amended by inserting “or programs” after “projects”.

(d)(1) Subsection (g) of section 408 of the Food, Drug, and Cosmetic Act is amended by striking out “as compensation for their services a reasonable per diem, for time actually spent in the work of the committee, and shall in addition be reimbursed for their necessary traveling and subsistence expenses while so serving away from their places of residence.” after “shall receive” and by inserting in lieu thereof “compensation and travel expenses in accordance with subsection (b)(5)(D) of section 706.”

68 Stat. 511.
21 USC 346a.

(2) Subparagraph (D) of paragraph (5) of subsection (b) of section 706 of such Act is amended by striking out the third sentence thereof and by inserting in lieu thereof the following new sentence: “Members of any advisory committee established under this Act, while attending conferences or meetings of their committees or otherwise serving at the request of the Secretary, shall be entitled to receive compensation at rates to be fixed by the Secretary but at rates not exceeding the daily equivalent of the rate specified at the time of such service for grade GS-18 of the General Schedule, including traveltime; and while away from their homes or regular places of business they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703(b) of title 5 of the United States Code for persons in the Government service employed intermittently.”

74 Stat. 399.
21 USC 376.

TRAINING AUTHORITY OF INSTITUTE OF GENERAL MEDICAL SCIENCES

SEC. 602. Section 442 of the Public Health Service Act is amended by striking out “research” before “training”.

76 Stat. 1072.
42 USC 289e.

Approved October 30, 1970.