

school. The Secretary shall transmit annually to the Committees on Interior and Insular Affairs of the United States Senate and House of Representatives a report on the educational assistance program conducted pursuant to this section.

Report to congressional committees.

SEC. 209. The assistance provided in this Act for the education of Indians in the public schools of any State is in addition and supplemental to assistance provided under title IV of the Act of June 23, 1972 (86 Stat. 235).

25 USC 458e.

20 USC 241aa note.

Approved January 4, 1975.

Public Law 93-639

AN ACT

To amend certain provisions of Federal law relating to explosives.

January 4, 1975
[S. 1083]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as “Amendments of 1973 to Federal Law Relating to Explosives”.

Amendments of 1973 to Federal Law Relating to Explosives.
18 USC 845 note.

SEC. 101. Section 845(a) of title 18 of the United States Code (relating to exemptions from certain provisions of Federal law relating to explosives) is amended by striking out paragraph (5) and inserting in lieu thereof the following new paragraph:

“(5) commercially manufactured black powder in quantities not to exceed fifty pounds, percussion caps, safety and pyrotechnic fuses, quills, quick and slow matches, and friction primers, intended to be used solely for sporting, recreational, or cultural purposes in antique firearms as defined in section 921(a)(16) of title 18 of the United States Code, or in antique devices as exempted from the term ‘destructive device’ in section 921(a)(4) of title 18 of the United States Code; and”.

SEC. 102. Section 921(a)(4) of title 18 of the United States Code is amended by inserting after the word “sporting” in the last sentence the following: “, recreational or cultural”.

Approved January 4, 1975.

Public Law 93-640

AN ACT

To amend the Public Health Service Act to expand the authority of the National Institute of Arthritis, Metabolism, and Digestive Diseases in order to advance a national attack on arthritis.

January 4, 1975
[S. 2854]

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

National Arthritis Act of 1974.

SHORT TITLE

SECTION 1. This Act may be cited as the “National Arthritis Act of 1974”.

42 USC 289c-1 note.

FINDINGS AND DECLARATION OF PURPOSE

SEC. 2. The Congress makes the following findings—

42 USC 289c-1 note.

(1) Arthritis and related musculoskeletal diseases constitute major health problems in the United States in that they afflict more than twenty million Americans and are the greatest single cause of chronic pain and disability.

(2) The complications of arthritis lead to many other serious

health problems and other severe physical disabilities in persons of all ages with the disease, particularly children and adolescents.

(3) The annual cost of arthritis to the national economy in 1970, from medical care expenses and lost wages, was \$9,200,000,000, and number of workdays lost in that year totaled over 14,500,000.

(4) Uncontrolled arthritis significantly decreases the quality of life and has a major negative economic, social, and psychological impact on the families of its victims and society generally.

(5) Athletic and other types of joint injuries involving trauma can lead to arthritis.

(6) The development of advanced methods of diagnosis and treatment of arthritis and quality trained health professionals in arthritis deserves the highest national priority.

(7) There is a critical shortage of medical facilities and properly trained health professionals and allied health professionals in the United States for arthritis research, prevention, treatment, care, and rehabilitation programs.

(8) The citizens of the United States should have a full understanding of the nature of the human, social, and economic impact of arthritis and should be encouraged to seek early diagnosis and treatment to prevent or mitigate physical disability resulting from arthritis.

(9) There is great potential for making major advances against arthritis in the National Institute of Arthritis, Metabolism, and Digestive Diseases, in concert with other institutes of the National Institutes of Health.

NATIONAL COMMISSION ON ARTHRITIS; ARTHRITIS PLAN

Establishment.
42 USC 289c-1
note.

SEC. 3. (a) The Secretary of Health, Education, and Welfare (hereinafter in this section referred to as the "Secretary"), after consulting with the Director of the National Institutes of Health, shall, within sixty days of the date of the enactment of this section, establish a National Commission on Arthritis and Related Musculoskeletal Diseases (hereinafter in this section referred to as the "Commission").

Membership.

(b) The Commission shall be composed of eighteen members as follows:

(1) Six members appointed by the Secretary who are scientists, physicians, or other health professionals not in the employment of the Federal Government, who represent the various specialties and disciplines involving arthritis and related musculoskeletal diseases (hereinafter in this section collectively referred to as "arthritis"), and of whom at least two are practicing clinical rheumatologists, at least one is an orthopedic surgeon, and at least one is an allied health professional.

(2) Four members appointed by the Secretary from the general public, of whom at least two suffer from arthritis.

(3) One member appointed by the Secretary, from members of the National Arthritis, Metabolism, Digestive Disease Advisory Council, whose primary interest is in the field of rheumatology.

(4) The Director of the National Institutes of Health or his designee, the Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases or his designee, the Directors, or their designees, of the National Institute of Allergy and Infectious Diseases and the National Institute of General Medical Science, the Associate Director for Arthritis and Related Musculoskeletal Diseases of such Institute, and the chief medical officer of the Veterans' Administration and the Secretary of Defense or their designees, each of whom shall serve as ex officio, nonvoting members.

(c) The members of the Commission shall select a chairman from among their own number. The Commission shall first meet on a date specified by the Secretary, not later than 30 days after the Commission is established, and thereafter shall meet at the call of the Chairman of the Commission (but not less often than three times).

Chairman.

(d) The Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases shall—

Director, National Institute of Arthritis, Metabolism, and Digestive Diseases, duties.

(1) designate a member of the staff of such Institute to act as Executive Secretary of the Commission, and

(2) provide the Commission with such full-time professional and clerical staff, such information, and the services of such consultants as may be necessary to assist it in carrying out effectively its function under this section.

(e) Members of the Commission who are officers or employees of the Federal Government shall serve as members of the Commission without compensation in addition to that received in their regular public employment. Members of the Commission who are not officers or employees of the Federal Government shall each receive the daily equivalent of the rate in effect for grade GS-18 of the General Schedule for each day (including traveltime) they are engaged in the performance of their duties as members of the Commission. All members, while so serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by section 5703, title 5, United States Code, for persons in the Government service employed intermittently.

Compensation.

5 USC 5332 note.

(f) The Commission shall survey Federal, State, and local health programs and activities relating to arthritis and assess the adequacy, technical soundness, and coordination of such programs and activities. All Federal departments and agencies administering health programs and activities relating to arthritis shall provide such cooperation and assistance relating to such programs and activities as is reasonably necessary for the Commission to make such survey and assessment.

Federal, State, and local health programs, survey.

(g) The Commission shall formulate a long-range plan (hereinafter in this section referred to as the "Arthritis Plan") with specific recommendations for the use and organization of national resources to combat arthritis. The Arthritis Plan shall be based on a survey investigating the incidence and prevalence of arthritis and its economic and social consequences, and on an evaluation of scientific information respecting, and the national resources capable of dealing with arthritis. The Arthritis Plan shall include a comprehensive program for the National Institute of Arthritis, Metabolism, and Digestive Diseases (hereinafter in this section referred to as the "Institute") and plans for Federal, State, and local programs, which program and programs shall, as appropriate, provide for—

Arthritis Plan.

(1) investigation into the epidemiology, etiology, and prevention and control of arthritis, including the social, environmental, behavioral, nutritional, and biological control of arthritis;

(2) studies and research into the basic biological processes and mechanisms involved with arthritis, including abnormalities of the immune, musculoskeletal, cardiovascular, gastrointestinal, urogenital, pulmonary, and nervous systems, the skin, and the eyes;

(3) research into the development, trial, and evaluation of techniques, orthopedic and other surgical procedures, and drugs (including drugs intended for use by children) used in the diagnosis, early detection, treatment, prevention, and control of arthritis;

(4) programs that will apply scientific and technological methodologies and processes involving biological, physical, and engi-

neering sciences to deal with all facets of arthritis, including traumatic arthritis;

(5) programs for the conduct and direction of field studies large-scale testing, evaluation, and demonstration of preventive, diagnostic, therapeutic, rehabilitative, and control approaches to arthritis, including studies of the effectiveness and use of home care programs, mobile care units, community rehabilitation facilities, and other appropriate community public health and social services;

(6) studies of the feasibility of, and possible benefits accruing from, the organization and training of teams of health and allied health professionals in the treatment and rehabilitation of individuals who suffer from arthritis;

(7) programs to evaluate available resources for the rehabilitation of individuals who suffer from arthritis;

(8) programs to develop new and improved methods of screening and referral for arthritis, and particularly for the early detection of arthritis;

(9) programs to establish standards and criteria for measurement of the severity and rehabilitative potential of disabilities resulting from arthritis;

(10) programs to develop a uniform descriptive vocabulary for use in basic and clinical research and a standardized clinical patient data set for arthritis to standardize collection, storage, and retrieval of research and treatment data in order to facilitate collaborative and comparative studies of large patient populations;

(11) programs to establish a system for the collection, analysis, and dissemination of data useful in the screening, prevention, diagnosis, and treatment of arthritis, including the establishment of a national data storage bank to collect, catalog, and store, and facilitate retrieval and dissemination of information as to the practical application of research and other activities pertaining to arthritis;

(12) programs for the education (including continuing education programs and development of new techniques and curricula) of scientists, bioengineers, physicians engaged in general practice, the practice of family medicine, or other primary care specialties, surgeons, including orthopedic surgeons, and other health and allied health professionals and educators in the fields and specialties requisite to screening, early detection, diagnosis, treatment, and prevention of arthritis and rehabilitation of individuals who suffer from arthritis;

(13) programs for public education and counseling relating to arthritis, including public information campaigns on current developments in diagnostic and treatment procedures and programs to discourage the promotion and use of unapproved and ineffective diagnostic, preventive, treatment, and control methods and unapproved and ineffective drugs and devices;

(14) a program for the acceleration of international cooperation in and exchange of knowledge on research, screening, early detection, diagnosis, treatment, prevention, and control of arthritis; and

(15) coordination of the research programs relevant to arthritis of other Institutes of the National Institutes of Health, the Department of Health, Education, and Welfare, and other Federal and non-Federal entities.

(h) The Commission may hold such hearings, take such testimony, and sit at such time and places as it deems advisable.

(i) (1) The Commission shall prepare for each of the Institutes of the National Institutes of Health whose activities are to be affected by

Research programs, coordination.

Hearings.

Expenditure estimates.

the Arthritis Plan estimates of necessary expenditures to carry out each such Institute's part of the comprehensive program included in the Plan. The estimates shall be prepared for the fiscal year ending June 30, 1976, and for each of the next two fiscal years.

(2) Within five days after the Budget is transmitted by the President to Congress for the fiscal year ending June 30, 1976, and for each of the next two fiscal years, the Secretary shall transmit to the Committees on Appropriations of the House of Representatives and the Senate, the Committee on Labor and Public Welfare of the Senate, and the Committee on Commerce and Health of the United States House of Representatives an estimate of the amounts requested for arthritis research by each of the Institutes for which estimates were prepared under paragraph (1) and a comparison of such amounts with such estimates.

Transmittal to congressional committees.

(j) (1) The Commission shall publish and transmit directly to the Congress (without prior administrative approval or review by the Office of Management and Budget or any other Federal department or agency) the Arthritis Plan within two hundred and ten days after the date on which funds are first appropriated for the Commission.

Arthritis Plan, publication; transmittal to Congress.

(2) The Commission shall cease to exist on the thirtieth day following the date of the submission of the Arthritis Plan pursuant to paragraph (1) of this subsection.

Termination date.

(k) There are authorized to be appropriated, without fiscal year limitation, to carry out the purposes of this section \$2,000,000.

Appropriation.

ARTHRITIS COORDINATING COMMITTEE, DEMONSTRATION PROJECTS, AND COMPREHENSIVE ARTHRITIS CENTERS

Sec. 4. Part D of title IV of the Public Health Service Act is amended by adding at the end thereof the following new sections:

“ARTHRITIS COORDINATING COMMITTEE

“SEC. 437. (a) In order to improve coordination of all activities in the National Institutes of Health, in the Department of Health, Education, and Welfare, and in other departments and agencies of the Federal Government relating to Federal health programs and activities relating to arthritis, the Secretary shall establish an Arthritis Coordinating Committee to be composed of representatives of the Department of Health, Education, and Welfare (including the Food and Drug Administration) and of the Veterans' Administration, the Department of Defense, and other Federal departments and agencies involved in research, health services, or rehabilitation programs affecting arthritis. This committee shall include the Directors (or their designated representatives) of each of the Institutes of the National Institutes of Health involved in arthritis related research. The Committee shall be chaired by the Associate Director established pursuant to section 434 (e) and shall prepare a report not later than sixty days after the end of each fiscal year as possible, for the Secretary detailing the work of the committee in seeking to improve coordination of departmental and interdepartmental activities relating to arthritis during the preceding fiscal year. Such report shall include—

Establishment. 42 USC 289c-4.

Membership.

Post, p. 2224. Report.

Contents.

“(1) a description of the work of the committee in coordinating the research activities of the National Institutes of Health relating to arthritis during the preceding year, and

“(2) a description of the work of the committee in promoting the coordination of Federal health programs and activities relating to arthritis to assure the adequacy of such programs and to provide for the adequate coordination of such programs and activities.

Meetings.

“(b) The Committee shall meet at the call of the chairman, but not less often than four times a year.

“ARTHRITIS SCREENING, DETECTION, PREVENTION, AND REFERRAL DEMONSTRATION PROJECTS; AND DATA BANK

42 USC 289c-5.

“SEC. 438. (a) The Secretary, acting through the Assistant Secretary for Health, may make grants to public and nonprofit entities to establish and support projects for the development and demonstration of methods for arthritis, screening, detection, prevention, and referral, and for the dissemination of these methods to health and allied health professions. Activities under such projects shall be coordinated with (1) Federal, State, local, and regional health agencies, (2) centers assisted under section 439, and (3) the data bank under subsection (c).

Coordination with Federal, State, and other agencies. *Intra.*

“(b) Projects under this section shall include programs which—

“(1) emphasize the development and demonstration of new and improved methods of screening and early detection, referral, and diagnosis of individuals with a risk of developing arthritis, asymptomatic arthritis, or symptomatic arthritis;

“(2) emphasize the development and demonstration of new and improved methods for patient referral from local hospitals and physicians to appropriate centers for early diagnosis and treatment;

“(3) emphasize the development and demonstration of new and improved means of standardizing patient data and recordkeeping; and

“(4) emphasize the development and demonstration of new and improved methods of dissemination of knowledge about the projects and methods referred to in the preceding paragraphs of this subsection to health and allied health professionals.

Arthritis Screening and Detection Data Bank. Establishment.

“(c) (1) As soon as practicable after the date of enactment of this section the Secretary, through the Assistant Secretary for Health, shall establish the Arthritis Screening and Detection Data Bank for the collection, storage, analysis, retrieval, and dissemination of data useful in screening, prevention, and early detection involving patient populations with asymptomatic and symptomatic types of arthritis, including where possible, data involving general populations for the purpose of detection of individuals with a risk of developing arthritis.

Patient data and recordkeeping, standardization.

“(2) The Secretary shall provide for standardization of patient data and recordkeeping for the collection, storage, analysis, retrieval, and dissemination of such data in cooperation with projects under this section and centers assisted under section 439, and other persons engaged in arthritis programs.

Appropriations.

“(d) There are authorized to be appropriated to carry out this section \$2,000,000 for fiscal year ending June 30, 1975, \$3,000,000 for fiscal year ending June 30, 1976, and \$4,000,000 for fiscal year ending June 30, 1977.

“COMPREHENSIVE ARTHRITIS CENTERS

42 USC 289c-6.

“SEC. 439. (a) The Secretary, acting through the Assistant Secretary for Health may, after consultation with the National Advisory Council established under section 434(a) and consistent with the Arthritis Plan developed pursuant to the National Arthritis Act of 1974, provide for the development, modernization, and operation (including staffing and other operating costs such as the costs of patient care required for research) of centers for arthritis research, screening, detection, diagnosis, prevention, control, and treatment, for education related to arthritis, and for rehabilitation of individuals who suffer from arthritis. For purposes of this section, the term ‘modernization’ means the alteration, remodeling, improvement,

42 USC 289c-1.

Ante, p. 2217.

“Modernization.”

expansion, and repair of existing buildings and the provision of equipment for such buildings to the extent necessary to make them suitable for use as centers described in the preceding sentence.

“(b) Each center assisted under this section shall—

“(1) (A) use the facilities of a single institution or a consortium of cooperating institutions, and (B) meet such qualifications as may be prescribed by the Secretary; and

“(2) conduct—

“(A) basic and clinical research into the cause, diagnosis, early detection, prevention, control, and treatment of, arthritis and complications resulting from arthritis, including research into implantable biomaterials and biomechanical and other orthopedic procedures and in the development of other diagnostic and treatment methods;

“(B) training programs for physicians and other health and allied professionals in current methods of diagnosis, screening and early detection, prevention, control, and treatment of arthritis;

“(C) information and continuing education programs for physicians and other health and allied health professionals who provide care for patients with arthritis; and

“(D) programs for the dissemination to the general public of information—

“(i) on the importance of early detection of arthritis, of seeking prompt treatment, and of following an appropriate regimen; and

“(ii) to discourage the promotion and use of unapproved and ineffective diagnostic, preventive, treatment, and control methods and unapproved and ineffective drugs and devices.

“(c) Each center assisted under this section may conduct programs to—

“(1) develop new and improved methods of screening and early detection, referral, and diagnosis of individuals with a risk of developing arthritis, asymptomatic arthritis, or symptomatic arthritis,

“(2) disseminate the results of research, screening, and other activities, and develop means of standardizing patient data and recordkeeping, and

“(3) develop community consultative services to facilitate the referral of patients to centers for treatment.

“(e) The Secretary shall, insofar as practicable, provide for an equitable geographical distribution of centers assisted under this section. The Secretary shall give appropriate consideration to the need for centers especially suited to meeting the needs of children affected by arthritis.

Equitable geographical distribution of centers.

“(f) The Secretary shall evaluate on an annual basis the activities of centers receiving support under this section and shall report to the appropriate committees of Congress the results of his evaluations not later than four months after the end of each fiscal year.

Report to congressional committees.

“(g) No center may receive more than three grants under this section.

Grants, limitation.

“(h) For purposes of this section, there are authorized to be appropriated \$11,000,000 for fiscal year ending June 30, 1975, \$13,000,000

Appropriations.

for fiscal year ending June 30, 1976; and \$15,000,000 for fiscal year ending June 30, 1977. Not less than 20 per centum of the funds appropriated for each fiscal year under this subsection shall be used for the purposes of establishing new centers.”

ASSOCIATE DIRECTOR, ANNUAL REPORT, RESEARCH FUNDING,
ADVISORY COUNCIL

42 USC 289c-1.

SEC. 5. (a) Section 434 of the Public Health Service Act is amended by adding at the end the following new subsections:

“(e) There is established within the Institute the position of Associate Director for Arthritis and Related Musculoskeletal Disease (hereinafter in this part referred to as the ‘Associate Director’), who shall report directly to the Director of such Institute and who, under the supervision of the Director of such Institute, shall be responsible for programs regarding arthritis and related musculoskeletal diseases hereinafter in this part collectively referred to as ‘arthritis’) within such Institute.

Report to President and Congress.

“(f) The Director of the Institute shall, as soon as practicable, but not later than sixty days, after the end of each fiscal year, prepare, in consultation with the National Advisory Council, and submit to the President and to the Congress a report. Such report shall include (1) a proposal for the Institute’s activities under the Arthritis Plan formulated under the National Arthritis Act of 1974 and activities under other provisions of law during the next five years, with an estimate for such additional staff positions and appropriations as may be required to pursue such activities, and (2) a program evaluation section, wherein the activities and accomplishments of the Institute during the preceding fiscal year shall be measured against the Director’s proposal for that year for activities under the Arthritis Plan.”.

42 USC 289a.

(b) Section 431 of such Act is amended by adding at the end thereof the following new subsection:

“(c) Of the sums appropriated for any fiscal year under this Act for the National Institutes of Health, not less than \$500,000 shall be obligated for basic and clinical orthopedic research conducted within the National Institute of Arthritis, Metabolism, and Digestive Diseases which relates to the methods of preventing, controlling and treating arthritis and related musculoskeletal diseases, including research in implantable biomaterials and biomechanical and other orthopedic procedures and research in the development of new and improved orthopedic treatment methods.”

Research projects, grant applications, review.
42 USC 289c-1.

(c) Section 434(b) of such Act is amended by adding at the end thereof the following: “The Advisory Council shall review applications made to the Director for grants for research projects related to arthritis and related musculoskeletal diseases and shall recommend to the Director for approval those applications and contracts which the Council determines will best carry out the purposes of this part. The Advisory Council shall also review and evaluate the arthritis programs under this part and shall recommend to the Director such changes in the administration of such programs as it determines are necessary.”

Approved January 4, 1975.