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Status Report: Regional Medical Programs Legislation

Legislation extending and amending Regional Medical Programs passed in the House on October 13 and the Senate on October 14 and is now awaiting the President's signature.

Included for your information on the current status and major changes in the new legislation are the following items:

- (1) Chronology of Legislative Action for Regional Medical Programs Extension of 1970.
- (2) Summary of Major Changes in New RMP Legislation.
- (3) Copy of the Conference Report on H.R. 17570, listing actual changes (Pages 1-4 and 17-18 of the Conference Report pertain directly to RMP.)
- (4) Copy of the 1968 legislative extension for purposes of comparison.

Chronology of Legislative Action
for Regional Medical Programs Extension of 1970

Of the 14 bills introduced concerning the extension of Regional Medical Programs, action centered on two, namely:

- . S. 3355 - Sen. Ralph W. Yarborough (D.-Texas) Jan. 29, 1970
- . H.R. 17570 - Rep. John Jarman (D.-Oklahoma) May 11, 1970

Action Taken in House - H.R. 17570

1. Legislation introduced May 11, 1970
2. Hearings before the Subcommittee on Public Health and Welfare of the House Committee on Interstate and Foreign Commerce. June 1, 2, 3, 4, 1970
3. Subcommittee approved for full committee action H.R. 17570 amended June 16, 1970
4. House Committee on Interstate and Foreign Commerce ordered favorably reported H.R. 17570. July 13, 1970
(Report No. 91-1297)
5. Passed in House by vote of 365-0 August 12, 1970

Action Taken in Senate - S. 3355

1. Legislation introduced January 29, 1970
2. Hearings before the Health Subcommittee of the Senate Committee on Labor and Public Welfare. February 17, 18, 1970
3. Subcommittee approved for full Senate committee consideration, with amendments, S. 3355 June 4, 1970
4. Senate Committee ordered favorably reported, with amendments, S. 3355 June 11, 1970
5. Senate Report issued. (Report No. 91-1090) August 11, 1970
6. Senate inserted the text of S. 3355 and then passed its version of H.R. 17570 by a vote of 56-1. September 9, 1970

Conference

1. Conference Report submitted (H. Report 91-1590) October 8, 1970
2. House agrees to Conference Report on H.R. 17570 October 13, 1970
3. Senate agrees to Conference Report on H.R. 17570 October 14, 1970

Presidential Action

Major Changes in New RMP Legislation

	Present Legislation P.L. 89-239; P.L. 90-574	Legislation as passed in House and Senate
1. <u>Categorical Emphasis</u>	Heart disease, cancer, stroke and related diseases.	Adds kidney disease, and other related diseases.
2. <u>Additional Emphases</u>	Emphasis on making available the latest advances in diagnosis and treatment, and on cooperative arrangements for research, training and related demonstrations of patient care.	<ul style="list-style-type: none"> . Promotes medical data exchange as well as research, training, and demonstrations of patient care; medical data exchange relates directly to kidney transplants to include data exchange between tissue typing banks and, on a regional basis, among medical schools, hospitals and other institutions and providers. . Adds prevention and rehabilitation explicitly. . Gives additional emphasis to regionalization of health care resources and services in order to strengthen and improve (1) primary care and (2) the relationship between primary care and specialized care. . Concerned with increasing capacity as well as quality, and with areas with limited health services.
3. <u>Construction Authority</u>	Limited to "alteration, major repair, remodeling and renovation of existing buildings... and replacement of obsolete built-in equipment of existing buildings," up to 90% of cost.	Adds authority to include "new construction of facilities for demonstrations, research and training when necessary to carry out Regional Medical Programs."

	Present Legislation P.L. 89-239; P.L. 90-574	Legislation as Passed in House and Senate						
4. <u>Relationships to Comprehensive Health Planning</u>	None specified in law.	Requires that the appropriate regional, metropolitan, or local areawide comprehensive health planning agency 314(b), have an opportunity to consider operational grant proposals before the RAG may recommend approval.						
5. <u>Duration - Authorization Levels (in Millions)</u>		<p>Three-year extension</p> <table> <tr> <td>FY'71</td> <td>\$125</td> </tr> <tr> <td>FY'72</td> <td>150</td> </tr> <tr> <td>FY'73</td> <td>250</td> </tr> </table> <p>Includes provision that no more than \$15 million shall be available for kidney disease activities in FY'71, and also includes a \$5 million discretionary earmarking for new construction.</p>	FY'71	\$125	FY'72	150	FY'73	250
FY'71	\$125							
FY'72	150							
FY'73	250							
6. <u>Funding Mechanism</u>	Grants, with two-year availability of funds.	Adds contract authority as well as RMP grant authority, and would permit Regions to obtain services in-kind from Federal agencies. One-year availability of funds.						
7. <u>Regional Advisory Groups</u>	<p><u>Composition:</u> Requirement there must include "practicing physicians, medical center officials, hospital administrators, representatives from appropriate medical societies, voluntary health..." and other health-related agencies..." and members of the public..."familiar with health needs.</p>	<p>Requires official health and health planning agency representation on such advisory groups; requires that public members include persons familiar with the financing of, as well as the need for services, and that such public members be sufficient in number to insure adequate community orientation.</p> <p>Also includes a representative of the Veteran's administration as an ex officio member, if there is a VA institution in the Region.</p>						

	Present Legislation P.L. 89-239; P.L. 90-574	Legislation as Passed in House and Senate
8. <u>National Advisory Council</u>	Advisory Council responsible for RMP matters. Sixteen members - leaders in fields of fundamental sciences, medical sciences, or public affairs. At least 2 practicing physicians, one expert each for heart disease, cancer and stroke.	Provides that the Assistant Secretary for Health and Scientific Affairs of HEW shall be Chairman, replacing the Surgeon General in this position. Makes the Chief Medical Director of the Veterans' Administration an ex officio member of the Council. Increases the size of the Council from 16-20 members. Provides for: (1) one member who is outstanding in the study or care of kidney disease; (2) leaders in the field of health care administration as well as the fundamental and medical sciences; (3) two members outstanding in the field of prevention of heart disease, cancer, stroke or kidney disease; (4) four of the twenty should be members of the public.
9. <u>Listing of Advanced Facilities</u>	Lists of facilities equipped and staffed to provide the most advanced methods of diagnosis and treatment in heart disease, cancer and stroke are to be established.	Adds a similar requirement for kidney disease.

	Present Legislation P.L. 89-239; P.L. 90-574	Legislation as passed in House and Senate
10. <u>Multiprogram Services - Section 910</u>	Provides for grants for services needed by, or which will be of substantial use to, any two or more regional medical programs.	Provides for both grants and contracts for a broad variety of activities including: activities of use to two or more regional medical programs, development or demonstration projects, collection of epidemiologic data, development of training, and conduct of cooperative clinical field trials. Also authorizes assistance in meeting the costs of special projects for improving or developing new means for the delivery of health services concerned with the diseases included in this title. Authorizes support for research, studies, investigations, training and demonstrations designed to maximize the utilization of manpower in the delivery of health services.
11. <u>General Authorities</u>	All authorities and determinations under Title IX, including the awarding of grants to Regional Medical Programs, are exercised by the Surgeon General of the Public Health Service.	Authorities and determinations exercised by Secretary rather than Surgeon General.
12. <u>Joint Funding</u>	None specified in law	When a single project receives grants from two or more sources within certain parts of HSMHA, the Secretary may issue regulation under which administrative functions with respect to such projects will be performed by a single administrative unit; applications may be consolidated; and duplicative requirements revised

	Present Legislation P.L. 89-239; P.L. 90-574	Legislation as passed in House and Senate
12. Joint Funding (continued)		Limited to projects funded under Sections 304 and 314 and Title IX of the Public Health Service Act. This includes Regional Medical Programs, Comprehensive Health Planning and Services, National Center for Health Services Research and Development.
13. <u>Annual Report</u>	None specified in law.	<p>Provides for an Annual Report from the Secretary on the activities carried on by the program covered in this legislation.* It will cover an evaluation of the effectiveness of the programs, relationship between Federal and non-Federal financing, and recommendations for changes in program legislation.</p> <p>* Rather than a compilation of separate reports, this is designed to be an overall integrated report covering the coordinated range of activities of Regional Medical Programs, Comprehensive Health Planning and Services, National Center for Health Service Research and Development, and the National Center for Health Statistics.</p> <p>** In addition, the Conference Report calls for a separate study and report on the appropriate scope of Regional Medical Programs in relation to disease coverage, i.e. whether or not the scope of the program should be expanded to cover "other major diseases and conditions."</p>

REGIONAL MEDICAL PROGRAMS AND COMPREHENSIVE
HEALTH PLANNING AND SERVICES ACT OF 1970

OCTOBER 8, 1970.—Ordered to be printed

Mr. STAGGERS, from the committee of conference,
submitted the following

CONFERENCE REPORT

[To accompany H.R. 17570]

The committee of conference on the disagreeing votes of the two Houses on the amendments of the Senate to the bill (H.R. 17570) to amend title IX of the Public Health Service Act so as to extend and improve the existing program relating to education, research, training, and demonstrations in the fields of heart disease, cancer, stroke, and other related diseases, and for other purposes, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

That the House recede from its disagreement to the amendment of the Senate to the text of the bill and agree to the same with an amendment as follows:

In lieu of the matter proposed to be inserted by the Senate amendment insert the following:

**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".

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

"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."

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."

(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".

(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—

(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 nonprofit 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".

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 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."

(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.

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

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

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".

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—

(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--

"(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 socio-economic 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

“(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.

“(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 (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.

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—

(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.”

(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.”

(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”.

(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--

(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)"; and

(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 areawide 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".

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 (iv)" and inserting in lieu thereof "(iii)" and (2) by inserting before the semicolon at the end thereof the following: "; and (v) the plan is compatible with the total health program of the State".

PART G—PROJECT GRANTS FOR HEALTH SERVICES DEVELOPMENT

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)."

(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 II--ADMINISTRATION OF GRANTS IN CERTAIN MULTIGRANT PROJECTS

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—

"(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

"§10B. 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."

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

"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.

"(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.

"(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 95-18 of the general schedule, including travel-time, 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.

"(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."

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

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

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

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—

"(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;

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.*

(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.*

(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.*

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.

(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.

(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.

(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.

(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.

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

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

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

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

"(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 travel-time; 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."

(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.

(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".

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

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

"(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."

(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."

(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 travel-time; 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."

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".

And the Senate agree to same.

That the House recede from its disagreement to the amendment of the Senate to the title of the bill and agree to the same.

HARLEY O. STAGGERS,
JOHN JARMAN,
PAUL G. ROGERS,
WILLIAM L. SPRINGER,
ANCHER NELSEN,
Managers on the Part of the House.
RALPH YARBOROUGH,
HARRISON A. WILLIAMS, Jr.,
EDWARD M. KENNEDY,
THOMAS F. EAGLETON,
ALAN CRANSTON,
HAROLD E. HUGHES,
CLAIBORNE PELL,
PETER H. DOMINICK,
JACOB K. JAVITS,
GEORGE MURPHY,
WINSTON L. PROUTY,
WILLIAM B. SAXBE,
Managers on the Part of the Senate.

STATEMENT OF THE MANAGERS ON THE PART OF THE HOUSE

The managers on the part of the House at the conference on the disagreeing votes of the two Houses on the amendments of the Senate to the bill (H.R. 17570) to amend title IX of the Public Health Service Act so as to extend and improve the existing program relating to education, research, training, and demonstrations in the fields of heart disease, cancer, stroke, and other related diseases, and for other purposes, submit the following statement in explanation of the effect of the action agreed upon by the conferees and recommended in the accompanying conference report:

The Senate amendment to the text of the bill struck out all of the House bill after the enacting clause and inserted a substitute amendment. The committee of conference has agreed to a substitute for both the House bill and the Senate amendment to the text of the bill. Except for technical, clarifying, and conforming changes, the following statement explains the differences between the House bill and the substitute agreed to in conference.

The House has passed two separate bills dealing with the subjects embraced in the Senate amendment; H.R. 17570, and H.R. 18110, a bill extending and expanding the program of comprehensive health planning and research and demonstrations relating to the delivery of health services. The Senate amendment deals with the programs contained in both House bills.

REGIONAL MEDICAL PROGRAMS

Scope of program

Both the House bill and the Senate amendment expanded the scope of the program to include kidney disease as well as heart disease, cancer, and stroke. However, the Senate amendment changed coverage of *other related diseases to other major diseases and conditions*.

The conference substitute is the same as the House bill. The Managers for both Houses were in doubt as to whether the scope of the program should be limited (as in the House bill) to diseases related to heart disease, kidney disease, cancer, and stroke or whether it should be limited (as in the Senate amendment) to major diseases and conditions other than heart disease, kidney disease, cancer, and stroke and expect the Secretary of Health, Education, and Welfare to conduct a study of the scope of the regional medical program and to report to the appropriate committees of Congress his recommendations.

Construction

The Senate amendment contained a provision not in the House bill which expanded assistance for construction to include assistance for new construction of facilities for demonstrations, research, and training when necessary to carry out regional medical programs.

The conference substitute is identical with the Senate amendment except that it is provided that not more than \$5 million may be made available in any fiscal year for grants for such new construction.

Participation of Veterans' Administration personnel

The Senate amendment contained a provision not in the House bill which would (1) make the Chief Medical Director of the Veterans' Administration an ex officio member of the National Advisory Council for the regional medical program, and (2) require local advisory groups to include as an ex officio member the person designated from the local Veterans' Administration health facility.

JOINT ADMINISTRATION OF PROJECTS

The House bill¹ would amend the Public Health Service Act to provide that in the case of projects funded under more than one Federal law, one agency could be designated to administer financial assistance for such projects, single non-Federal share requirements for such projects could be established, and conflicting grant or contract requirement could be deleted.

The Senate amendment contained a similar provision. The authority in the Senate amendment would be limited to projects funded under title III or IX of the Public Health Service Act and no authority for a single non-Federal share requirement or for waiver of conflicting requirements required by law or by regulations required by law would be provided.

The conference substitute is identical with the provision of the Senate amendment.

RESEARCH AND DEMONSTRATIONS RELATING TO HEALTH FACILITIES AND SERVICES

Authorization of appropriations

The House bill would extend for three fiscal years (through fiscal year 1973) the authorization of appropriations for the programs of Federal financial assistance under section 304 of the Public Health Service Act (relating to research and demonstrations). The following amounts would be authorized: \$58 million for fiscal year 1971, \$79 million for fiscal year 1972, and \$94 million for fiscal year 1973.

The Senate amendment would extend such program for five years (through fiscal year 1975) and would authorize the following amounts: \$80 million for fiscal year 1971, \$85 million for fiscal year 1972, \$94 million for fiscal year 1973, \$110 million for fiscal year 1974, and \$130 million for fiscal year 1975.

The conference substitute would extend such programs for three years (through fiscal year 1973) and would authorize the following amounts to be appropriated for such program: \$69 million for fiscal year 1971, \$82 million for fiscal year 1972, and \$94 million for fiscal year 1973.

Research, etc., on delivery of health services

The Senate amendment contained a provision not in the House bill which would authorize grants and contracts under such section

¹The reference to the House bill in the discussion of this and the succeeding provisions is to H. R. 18110, as passed the House.

304 for research, experiments, and demonstrations, relating to the effective combination or coordination of methods or systems for the delivery of health services.

The conference substitute contains the provision of the Senate amendment.

Home health services

The Senate amendment contained a provision not in the House bill which would authorize grants and contracts under such section 304 for projects for research and demonstrations in the provision of home health services.

The conference substitute contains the provision of the Senate amendment.

Analysis of national health care plans

The Senate amendment contained a provision not in the House bill which would amend such section 304 to direct the Secretary of Health, Education, and Welfare to develop, through utilization of systems analysis method alternative plans for health care systems designed adequately to meet the health needs of the American people and to report to Congress not later than June 30, 1971, on such plans. Under the amendment, the Secretary would also study bills introduced in the 91st Congress which propose a national health insurance plan or similar plan to determine the costs of such plans and their adequacy. The Secretary would report to Congress not later than December 31, 1970, the results of such study. \$4 million would be authorized for fiscal year 1971 for the development of such plans and for the conduct of such study.

The conference substitute is the same as the Senate amendment except that (1) it is made clear that the Secretary is to develop more than one plan for health care systems, (2) the Secretary's report with respect to plans for health care systems is to be made not later than September 30, 1971, (3) the Secretary's report on bills introduced in the 91st Congress is to be made not later than March 31, 1971, and (4) \$2 million is authorized for fiscal year 1971.

THE NATIONAL HEALTH SURVEYS AND STUDIES

The House bill would amend section 305 of the Public Health Service Act to extend for three years (through fiscal year 1973) the program of national health surveys and studies and would authorize for such program the following amounts: \$10 million for fiscal year 1971, \$21 million for fiscal year 1972, and \$22 million for fiscal year 1973.

The Senate amendment would continue the open-ended authorization for such program.

The conference substitute extends such program for three fiscal years and authorizes the following amounts: \$15 million for fiscal year 1971, \$20 million for fiscal year 1972, and \$25 million for fiscal year 1973.

REPORT ON ACTIVITIES UNDER TITLES III AND IX OF THE PUBLIC HEALTH SERVICE ACT

The Senate amendment contained a provision not in the House bill which would amend the Public Health Service Act to direct that on or before January 1 of each year the Secretary of Health, Educa-

tion, and Welfare report to Congress on activities under titles III and IX of the Public Health Service Act with (1) an evaluation of the effectiveness of such activities in improving the efficiency and effectiveness in research in, planning for, and delivery of, health services, (2) an analysis of the relationship between Federal and local financing, and (3) such recommendations as the Secretary deems appropriate.

The conference substitute is identical with the Senate amendment.

COMPREHENSIVE HEALTH PLANNING

STATE HEALTH PLAN

Authorization of appropriations

The House bill would amend section 314(a) of the Public Health Service Act to extend for three years (through fiscal year 1973) the program of grants to States for comprehensive State health planning and would authorize the following amounts: \$10 million for fiscal year 1971, \$15 million for fiscal year 1972, and \$20 million for fiscal year 1973.

The Senate amendment would extend such program through fiscal year 1975 and would authorize the following amounts: \$15 million for fiscal year 1971, \$17 million for fiscal year 1972, \$20 million for fiscal year 1973, \$30 million for fiscal year 1974, and \$35 million for fiscal year 1975.

The conference substitute extends such program through fiscal year 1973 and authorizes the following amounts: \$15 million for fiscal year 1971, \$17 million for fiscal year 1972, and \$20 million for fiscal year 1973.

Veterans' Administration representation on State health planning council

The Senate amendment contained a provision not in the House bill which would provide that the State plan under such section 314(a) would include State planning for home health care.

The conference substitute contains the provision of the Senate amendment.

PROJECT GRANTS FOR AREAWIDE HEALTH PLANNING

Authorization of appropriations

The House bill would amend section 314(b) of the Public Health Service Act to extend through fiscal year 1973 the program of project grants for areawide health planning and would authorize the following amounts: \$15 million for fiscal year 1971, \$25 million for fiscal year 1972, and \$40 million for fiscal year 1973.

The Senate amendment would extend such program through fiscal year 1975 and would authorize the following amounts: \$20 million for fiscal year 1971, \$30 million for fiscal year 1972, \$40 million for fiscal year 1973, \$50 million for fiscal year 1974, and \$60 million for fiscal year 1975.

The conference substitute extends such program through fiscal year 1973 and authorizes the following amounts: \$20 million for fiscal year 1971, \$30 million for fiscal year 1972, and \$40 million for fiscal year 1973.

Home health care

The Senate amendment contained a provision not in the House bill which would provide that area plans under such section 314(b) would include home health care services.

The conference substitute is identical with the Senate amendment.

Grants to State agency

The Senate amendment contained a provision not in the House bill which would provide that under certain circumstances the State planning agency could receive a grant under such section 314(b).

The conference substitute is identical with the Senate amendment.

Area-wide health planning council

The House bill would amend such section 314(b) to provide that the area-wide health planning council would include representatives of consumers of health services.

The Senate amendment would require that a majority of the membership of such council be representatives of consumers of health services.

The conference substitute is identical with the Senate amendment.

GRANTS FOR COMPREHENSIVE PUBLIC HEALTH SERVICES

Authorization of appropriations

The House bill would extend through fiscal year 1973 the program under section 314(d) of the Public Health Service Act for grants for comprehensive public health services and would authorize the following amounts: \$125 million for fiscal year 1971, \$140 million for fiscal year 1972, and \$160 million for fiscal year 1973.

The Senate amendment would extend such program through fiscal year 1975 and would authorize the following amounts: \$130 million for fiscal year 1971, \$145 million for fiscal year 1972, \$165 million for fiscal year 1973, \$180 million for fiscal year 1974, and \$200 million for fiscal year 1975.

The conference substitute extends such program through fiscal year 1973 and authorizes the following amounts: \$130 million for fiscal year 1971, \$145 million for fiscal year 1972, and \$165 million for fiscal year 1973.

PROJECT GRANTS FOR HEALTH SERVICES DEVELOPMENT

Both the Senate and House bills, and the conference substitute, provide a continuation of the existing program of project grants for health services development under section 314(e) of the Public Health Service Act, with authorizations for fiscal year 1971 of \$109,500,000, \$135 million for fiscal year 1972, and \$157 million for fiscal year 1973. The conference substitute does not contain the further authorization of appropriations for fiscal years 1974 and 1975 contained in the Senate version.

The conference substitute also authorizes the use of funds appropriated for section 314(e) for meeting obligations heretofore incurred with respect to certain facilities of the Office of Economic Opportunity which have been, or are in the process of being, transferred to the jurisdiction of the Department of Health, Education, and Welfare.

REGULATION OF CERTAIN BIOLOGICAL PRODUCTS

The Senate amendment contained an amendment to section 35 of the Public Health Service Act making clear that the authority of that section includes authority to license vaccines, blood, blood components or derivatives, and allergenic products. This amendment is identical to the provision of H. R. 15961, already passed by the House.

With respect to this amendment, the conference substitute is the same as the Senate version.

AUTHORITY FOR GROUP PRACTICE

The Senate amendment contained a provision not in the House bill which would authorize the Secretary of Health, Education, and Welfare to authorize insurance carriers, which are parties to, or which participate in the carrying out of, contracts relating to health benefits for active or retired Federal employees, to issue in any State contracts entitling beneficiaries to receive comprehensive medical services from a group practice unit with which the carrier has arranged for the provision of such services.

The conference substitute contains the provision of the Senate amendment.

RECEIPT OF INCREASED STAFFING GRANTS FOR CURRENTLY FUNDED COMMUNITY MENTAL HEALTH CENTERS

The Senate amendment contained a provision not in the House bill to change the application of the maintenance of effort requirements under the Community Mental Health Centers Act to facilitate receipt by currently funded community mental health centers of the increased Federal share of staffing costs provided under the Community Mental Health Centers Amendments of 1970 (Public Law 91-211).

The conference substitute contains the provision of the Senate amendment.

COMPENSATION OF ADVISORY COUNCIL MEMBERS, ETC.

The Senate amendment contained a provision not in the House bill which would amend the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act to provide uniform rules on compensation of advisory council members and to authorize committees to be established where there is authority to establish advisory councils. The conference substitute contains the provision of the Senate amendment.

RESEARCH CONTRACTING AUTHORITY

The Senate amendment contained a provision not in the House bill which would amend section 301(h) of the Public Health Service Act to eliminate the fiscal year limitation (fiscal year 1971) on the research contracting authority of the Secretary of Health, Education, and Welfare. The conference substitute extends such authority through fiscal year 1973.

TRAINING AUTHORITY OF NATIONAL INSTITUTE OF GENERAL MEDICAL
SCIENCES

The Senate amendment contained a provision not in the House bill which would amend section 442 of the Public Health Service Act to provide that the National Institute of General Medical Sciences could conduct and support clinical as well as research training. The conference substitute is identical to the Senate amendment.

STUDY RELATING TO ENVIRONMENTAL POLLUTION

The Senate amendment contained a provision not in the House bill which directed the Secretary to study (1) the health and safety hazards presented by environmental pollution, (2) medical and other assistance available to persons affected by such pollution, and (3) measures, other than abatement, that can be taken to avoid effect of such pollution on human health.

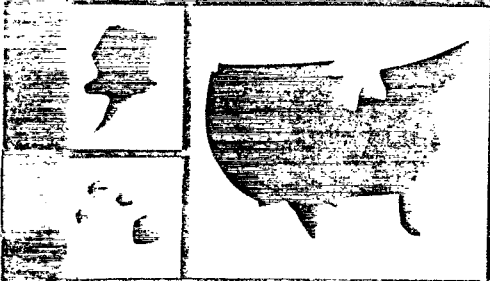
The conference substitute is the same as the Senate amendment except that the study is to be conducted by the President.

HARLEY O. STAGGERS,
JOHN JARMAN,
PAUL G. ROGERS,
W. L. SPRINGER,
ANCHER NELSEN,

Managers on the Part of the House.



division of
regional
medical
programs



NEWS
information
data

A communication device
designed to speed
the exchange of news,
information and data on
Regional Medical Programs

December 9, 1968
LEGISLATION EXTENDED AND AMENDED By The Congress
For Regional Medical Programs

On October 15, 1968, the President signed Public Law 90-574 which extends and amends the original Regional Medical Programs legislation.

To reflect the details of this action, a copy of Title I of the new law (Public Law 90-574) which refers to Regional Medical Programs, is reproduced on the inside front cover of this issue. To indicate how the total Regional Medical Programs law now reads as part of the Public Health Service Act, all changes have been interpolated into the original law (Public Law 89-239) on the pages that follow.



An Act

82 STAT. 1005

To amend the Public Health Service Act so as to extend and improve the provisions relating to regional medical programs, to extend the authorization of grants for health of migratory agricultural workers, to provide for specialized facilities for alcoholics and narcotic addicts, 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,
amendment.

TITLE I—REGIONAL MEDICAL PROGRAMS

EXTENSION OF REGIONAL MEDICAL PROGRAMS

SEC. 101. Section 901(a) of the Public Health Service Act (42 U.S.C. 299a) is amended by striking out "and" before "\$200,000,000" and by inserting after "June 30, 1968," the following: "\$65,000,000 for the fiscal year ending June 30, 1969, and \$120,000,000 for the next fiscal year." Appropriations.
79 Stat., 926.

EVALUATION OF REGIONAL MEDICAL PROGRAMS

SEC. 102. Section 901(a) of the Public Health Service Act is further amended by inserting at the end thereof the following new sentence: "For any fiscal year ending after June 30, 1969, such portion of the appropriations pursuant to this section as the Secretary may determine, but not exceeding 1 per centum thereof, shall be available to the Secretary for evaluation (directly or by grants or contracts) of the program authorized by this title."

INCLUSION OF TERRITORIES

SEC. 103. Section 902(a) (1) of the Public Health Service Act (42 U.S.C. 299b) is amended by inserting after "States" the following: "(which for purposes of this title includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Trust Territory of the Pacific Islands)".

COMBINATIONS OF REGIONAL MEDICAL PROGRAM AGENCIES

SEC. 104. Section 903(a) and section 904(a) of the Public Health Service Act (42 U.S.C. 299c, 299d) are each amended by inserting after "other public or nonprofit private agencies and institutions" the following: ", and combinations thereof."

ADVISORY COUNCIL MEMBERS

SEC. 105. (a) Section 905(a) of the Public Health Service Act (42 U.S.C. 299e) is amended by striking out "twelve" and inserting in lieu thereof "sixteen".

(b) Section 905(b) of such Act is amended by striking out "and four at the end of the third year" and inserting in lieu thereof "four at the end of the third year, and four at the end of the fourth year". Term of
office.

MULTIPROGRAM SERVICES

SEC. 106. Title IX of the Public Health Service Act is further amended by adding at the end thereof the following new section: 42 USC 900-
909.

"PROJECT GRANTS FOR MULTIPROGRAM SERVICES

"SEC. 910. Funds appropriated under this title shall also be available for grants to any public or nonprofit private agency or institution for services needed by, or which will be of substantial use to, any two or more regional medical programs."

CLARIFYING AND TECHNICAL AMENDMENTS

SEC. 107. (a) Section 901(c) of the Public Health Service Act is amended by inserting before the period at the end thereof "or, where appropriate, a practicing dentist". 79 Stat., 926.
42 USC 299a.

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

"(d) Grants under this title to any agency or institution, or combination thereof, for a regional medical program may be used by it to assist in meeting the cost of participation in such program by any Federal hospital."



Public Law 89-239
89th Congress, S. 596
October 6, 1965

As amended by
Public Law 90-574

An Act

79 STAT. 926

To amend the Public Health Service Act to assist in combating heart disease, cancer, stroke, and related diseases.

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 the "Heart Disease, Cancer, and Stroke Amendments of 1965".

Heart Disease,
Cancer, and
Stroke Amend-
ments of 1965.
58 Stat. 682.
42 USC 201 note.

SEC. 2. The Public Health Service Act (42 U.S.C., ch. 6A) is amended by adding at the end thereof the following new title:

"TITLE IX—EDUCATION, RESEARCH, TRAINING, AND DEMONSTRATIONS IN THE FIELDS OF HEART DISEASE, CANCER, STROKE, AND RELATED DISEASES

"PURPOSES

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

"(a) Through grants, 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) and for related demonstrations of patient care in the fields of heart disease, cancer, stroke, and 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 diagnosis and treatment of these diseases; and

"(c) By these means, to improve generally the health manpower and facilities available to the Nation, 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.

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 901. (a) There are authorized to be appropriated \$50,000,000 for the fiscal year ending June 30, 1966, \$90,000,000 for the fiscal year ending June 30, 1967, \$200,000,000 for the fiscal year ending June 30, 1968, \$65,000,000 for the fiscal year ending June 30, 1969, and \$120,000,000 for the next fiscal year, for grants to assist public or nonprofit private universities, medical schools, research institutions, and other public or nonprofit private institutions and agencies in planning, in conducting feasibility studies, and in operating pilot projects for the establishment, of regional medical programs of research, training, and demonstration activities for carrying out the purposes of this title. Sums appropriated under this section for any fiscal year shall remain available for making such grants until the end of the fiscal year following the fiscal year for which the appropriation is made. For any fiscal year ending after June 30, 1969, such portion of the appropriations pursuant to this section as the Secretary may determine, but not exceeding 1 per centum thereof, shall be available to the Secretary for evaluation (directly or by grants or contracts) of the program authorized by this title.

"(b) A grant under this title shall be for part or all of the cost of the planning or other activities with respect to which the application is made, except that any such grant with respect to construction of, or provision of built-in (as determined in accordance with regulations) equipment for, any facility may not exceed 90 per centum of the cost of such construction or equipment.

"(c) Funds appropriated pursuant to this title shall not be available to pay the cost of hospital, medical, or other care of patients

except to the extent it is, as determined in accordance with regulations, incident to those research, training, or demonstration activities which are encompassed by the purposes of this title. No patient shall be furnished hospital, medical, or other care at any facility incident to research, training, or demonstration activities carried out with funds appropriated pursuant to this title, unless he has been referred to such facility by a practicing physician or, where appropriate, a practicing dentist.

"(d) Grants under this title to any agency or institution, or combination thereof, for a regional medical program may be used by it to assist in meeting the cost of participation in such program by any Federal hospital.

"DEFINITIONS

"SEC. 902. For the purposes of this title—

"(a) The term 'regional medical program' means a cooperative arrangement among a group of public or nonprofit private institutions or agencies engaged in research, training, diagnosis, and treatment relating to heart disease, cancer, or stroke, and, at the option of the applicant, related disease or diseases; but only if such group—

"(1) is situated within a geographic area, composed of any part or parts of any one or more States, (which for purposes of this title includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Trust Territory of the Pacific Islands)

which the Surgeon General determines, in accordance with regulations, to be appropriate for carrying out the purposes of this title;

"(2) consists of one or more medical centers, one or more clinical research centers, and one or more hospitals; and

"(3) has in effect cooperative arrangements among its component units which the Surgeon General finds will be adequate for effectively carrying out the purposes of this title.

"(b) The term 'medical center' means a medical school or other medical institution involved in postgraduate medical training and one or more hospitals affiliated therewith for teaching, research, and demonstration purposes.

"(c) The term 'clinical research center' means an institution (or part of an institution) the primary function of which is research, training of specialists, and demonstrations and which, in connection therewith, provides specialized, high-quality diagnostic and treatment services for inpatients and outpatients.

"(d) The term 'hospital' means a hospital as defined in section 625(c) or other health facility in which local capability for diagnosis and treatment is supported and augmented by the program established under this title.

"(e) The term 'nonprofit' as applied to any institution or agency means an institution or agency which is owned and operated by one or more nonprofit corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

"(f) The term 'construction' includes alteration, major repair (to the extent permitted by regulations), remodeling and renovation of existing buildings (including initial equipment thereof), and replacement of obsolete, built-in (as determined in accordance with regulations) equipment of existing buildings.

"GRANTS FOR PLANNING

"SEC. 903. (a) The Surgeon General, upon the recommendation of the National Advisory Council on Regional Medical Programs established by section 905 (hereafter in this title referred to as the 'Council'), is authorized to make grants to public or nonprofit private universities, medical schools, research institutions, and other public or nonprofit private agencies and institutions and combinations thereof, to assist them in planning the development of regional medical programs.

"(b) Grants under this section may be made only upon application therefor approved by the Surgeon General. Any such application may be approved only if it contains or is supported by—

"(1) reasonable assurances that Federal funds paid pursuant to any such grant will be used only for the purposes for which paid and in accordance with the applicable provisions of this title and the regulations thereunder;

"(2) reasonable assurances that the applicant will provide for such fiscal control and fund accounting procedures as are required by the Surgeon General to assure proper disbursement of and accounting for such Federal funds;

"(3) reasonable assurances that the applicant will make such reports, in such form and containing such information as the Surgeon General may from time to time reasonably require, and will keep such records and afford such access thereto as the Surgeon General may find necessary to assure the correctness and verification of such reports; and

"(4) a satisfactory showing that the applicant has designated an advisory group, to advise the applicant (and the institutions and agencies participating in the resulting regional medical program) in formulating and carrying out the plan for the establishment and operation of such regional medical program, which advisory group includes practicing physicians, medical center officials, hospital administrators, representatives from appropriate medical societies, voluntary health agencies, and representatives of other organizations, institutions, and agencies concerned with activities of the kind to be carried on under the program and members of the public familiar with the need for the services provided under the program.

"GRANTS FOR ESTABLISHMENT AND OPERATION OF REGIONAL MEDICAL PROGRAMS

"SEC. 904. (a) The Surgeon General, upon the recommendation of the Council, is authorized to make grants to public or nonprofit private universities, medical schools, research institutions, and other public or nonprofit private agencies and institutions

and combinations thereof, to assist in establishment and operation of regional medical programs, including construction and equipment of facilities in connection therewith.

"(b) Grants under this section may be made only upon application therefor approved by the Surgeon General. Any such application may be approved only if it is recommended by the advisory group described in section 903(b)(4) and contains or is supported by reasonable assurances that—

"(1) Federal funds paid pursuant to any such grant (A) will be used only for the purposes for which paid and in accordance with the applicable provisions of this title and the regulations thereunder, and (B) will not supplant funds that are otherwise available for establishment or operation of the regional medical program with respect to which the grant is made;

"(2) the applicant will provide for such fiscal control and fund accounting procedures as are required by the Surgeon General to assure proper disbursement of and accounting for such Federal funds;

"(3) the applicant will make such reports, in such form and containing such information as the Surgeon General may from time to time reasonably require, and will keep such records and

afford such access thereto as the Surgeon General may find necessary to assure the correctness and verification of such reports; and

49 Stat. 1011;
78 Stat. 238.

64 Stat. 1267.
63 Stat. 108.

"(4) any laborer or mechanic employed by any contractor or subcontractor in the performance of work on any construction aided by payments pursuant to any grant under this section will be paid wages at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a-276a-5); and the Secretary of Labor shall have, with respect to the labor standards specified in this paragraph, the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 5 U.S.C. 1337-15) and section 2 of the Act of June 13, 1934, as amended (40 U.S.C. 276c).

"NATIONAL ADVISORY COUNCIL ON REGIONAL MEDICAL PROGRAMS

Appointment of
members.

"Sec. 905. (a) The Surgeon General, with the approval of 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 Surgeon General, who shall be the chairman, and sixteen 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, or public affairs. At least two of the appointed members shall be practicing physicians, one shall be outstanding in the study, diagnosis, or treatment of heart disease, one shall be outstanding in the study, diagnosis, or treatment of cancer, and one shall be outstanding in the study, diagnosis, or treatment of stroke.

Term of office.

"(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 Surgeon General 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.

Compensation.

"(c) Appointed members of the Council, while attending meetings or conferences thereof or otherwise serving on business of the Council, shall be entitled to receive compensation at rates fixed by the Secretary, but not exceeding \$100 per day, 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 5 of the Administrative Expenses Act of 1946 (5 U.S.C. 73b-2) for persons in the Government service employed intermittently.

60 Stat. 808;
75 Stat. 339, 340.
Applications for
grants, recom-
mendations.

"(d) The Council shall advise and assist the Surgeon General in the preparation of regulations for, and as to policy matters arising with respect to, the administration of this title. The Council shall consider all applications for grants under this title and shall make recommendations to the Surgeon General with respect to approval of applications for and the amounts of grants under this title.

42 USC 201
note.

(L) The Act of July 1, 1944 (58 Stat. 682), as amended, is further amended by renumbering title IX (as in effect prior to the enactment of this Act) as title X, and by renumbering sections 901 through 914 (as in effect prior to the enactment of this Act), and references thereto, as sections 1001 through 1014, respectively.

Approved October 6, 1965, 10:15 a. m.

"PROJECT GRANTS FOR MULTIPROGRAM SERVICES

"SEC. 910. Funds appropriated under this title shall also be available for grants to any public or nonprofit private agency or institution for services needed by, or which will be of substantial use to, any two or more regional medical programs.

LEGISLATIVE HISTORY: P.L. 89-239

HOUSE REPORT No. 963 accompanying H. R. 3140 (Comm. on Interstate & Foreign Commerce).

SENATE REPORT No. 368 (Comm. on Labor & Public Welfare).

CONGRESSIONAL RECORD, Vol. 111 (1965):

June 25: Considered in Senate.

June 28: Considered and passed Senate.

Sept. 23: H. R. 3140 considered in House.

Sept. 24: Considered and passed House, amended, in lieu of H. R. 3140.

Sept. 29: Senate concurred in House amendments.

LEGISLATIVE HISTORY: P.L. 90-574

HOUSE REPORTS: No. 1536 (Comm. on Interstate & Foreign Commerce) and No. 1924 (Comm. of Conference).

SENATE REPORT No. 1454 (Comm. on Labor & Public Welfare).

CONGRESSIONAL RECORD, Vol. 114 (1968):

July 12: Considered and passed House.

July 27: Considered and passed Senate, amended.

Sept. 27: Senate agreed to conference report.

Oct. 1: House agreed to conference report.