Public Law 93-353

July 23, 1974
[H. R. 11385]

AN ACT

To amend the Public Health Service Act to revise the programs of health services research and to extend the program of assistance for medical libraries.

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

Health Services Research, Health Statistics, and Medical Libraries Act of 1974.
42 USC 242b note.

SECTION 1. (a) This Act may be cited as the "Health Services Research, Health Statistics, and Medical Libraries Act of 1974".

(b) Unless the context otherwise requires, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Public Health Service Act.

42 USC 201 note.

TITLE I—HEALTH SERVICES RESEARCH AND EVALUATION; HEALTH STATISTICS

Health Services Research and Evaluation and Health Statistics Act of 1974.
42 USC 242b note.

SEC. 101. This title may be cited as the "Health Services Research and Evaluation and Health Statistics Act of 1974".

Repeals.
42 USC 242e, 244, 244a, 245, 247.

SEC. 102. (a) Sections 307, 312, 312a, 313, and 315 are repealed.

42 USC 242d.

(b)(1) Section 306 is amended (A) by striking out "Surgeon General" each place it appears and inserting in lieu thereof "Secretary", (B) by striking out "309" each place it occurs in subsection (d) and inserting in lieu thereof "313", and (C) by striking out subsection (e) and redesignating subsection (f) as subsection (e).

42 USC 244-1.

(2) Section 306 as amended by paragraph (1) is transferred to part B of title III, is redesignated section 312, and is inserted after section 311.

42 USC 242g.

(c)(1) Section 309 is amended (A) by striking out "Surgeon General" each place it occurs and inserting in lieu thereof "Secretary", and (B) by striking out "306(d)" and inserting in lieu thereof "312(d)".

42 USC 245a.

(2) Section 309, as amended by paragraph (1), is transferred to part B of title III, is redesignated section 313, and is inserted immediately before section 314.

42 USC 247d.

(d) Section 310 is transferred to part B of title III, is redesignated section 319, and is inserted after section 318.

42 USC 235.

(e) Section 310A is transferred to title II, is redesignated section 226, and is inserted after section 225.

42 USC 242j.

(f)(1) Section 310B is amended by striking out "304, 305,".

42 USC 236.

(2) Section 310B, as amended by paragraph (1) is transferred to title II, is redesignated section 227, and is inserted after section 226 (inserted by subsection (e) of this section).

42 USC 242b.

SEC. 103. Section 304 is amended to read as follows:

"GENERAL AUTHORITY RESPECTING HEALTH STATISTICS AND HEALTH SERVICES RESEARCH, EVALUATIONS, AND DEMONSTRATIONS

"SEC. 304. (a)(1) The Secretary shall—

"(A) undertake through the National Center for Health Services Research, the National Center for Health Statistics, and such other units of the Department of Health, Education, and Welfare as he may select, and

"(B) support,

health statistical activities and health services research, evaluation, and demonstrations.

"(2) In carrying out paragraph (1), the Secretary shall give appropriate emphasis to research and statistical activities respecting—

"(A) the determinants of an individual's health,

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"(B) the impact of the environment on individual health and on health care,

"(C) the accessibility, acceptability, planning, organization, technology, distribution, utilization, quality, and financing of systems for the delivery of health care, including systems for the delivery of preventive, personal, and mental health care, and

"(D) individual and community knowledge of individual health and the systems for the delivery of health care.

"(b) To implement subsection (a), the Secretary may, in addition to any other authority which under other provisions of this Act or any other law may be used by him to implement such subsection, do the following:

Additional authority.

"(1) Utilize personnel and equipment, facilities, and other physical resources of the Department of Health, Education, and Welfare, permit appropriate (as determined by the Secretary) entities and individuals to utilize the physical resources of such Department, provide technical assistance and advice, make grants to public and nonprofit private entities and individuals, and enter into contracts with public and private entities and individuals, for (A) health services research, evaluation, and demonstrations, and (B) health services research and health statistics training, and (C) health statistical activities.

"(2) Admit and treat at hospitals and other facilities of the Service persons not otherwise eligible for admission and treatment at such facilities.

"(3) Secure, from time to time and for such periods as the Secretary deems advisable, the assistance and advice of experts and consultants from the United States or abroad.

Experts and consultants.

"(4) Acquire, construct, improve, repair, operate, and maintain laboratory, research, and other necessary facilities and equipment, and such other real or personal property (including patents) as the Secretary deems necessary; and acquire, without regard to the Act of March 3, 1877 (40 U.S.C. 34), by lease or otherwise, through the Administrator of General Services, buildings or parts of buildings in the District of Columbia or communities located adjacent to the District of Columbia.

"(c) The Secretary shall coordinate all health services research, evaluation, demonstration, and health statistical activities undertaken and supported through units of the Department of Health, Education, and Welfare. To the maximum extent feasible, such coordination shall be carried out through the National Center for Health Services Research and the National Center for Health Statistics."

Health services and statistical activities, coordination.

SEC. 104. Section 305 is amended to read as follows:

42 USC 242c.

"NATIONAL CENTER FOR HEALTH SERVICES RESEARCH

"SEC. 305. (a) There is established in the Department of Health, Education, and Welfare the National Center for Health Services Research (hereinafter in this section referred to as the 'Center') which shall be under the direction of a Director who shall be appointed by the Secretary and supervised by the Assistant Secretary for Health (or such other officer of the Department as may be designated by the Secretary as the principal adviser to him for health programs).

Establishment.

"(b) In carrying out section 304(a), the Secretary, acting through the Center, may undertake and support research, evaluation, and demonstration projects (which may include and shall be appropriately coordinated with experiments and demonstration activities authorized by the Social Security Act and the Social Security Amendments of 1967) respecting—

Ante, p. 362.

42 USC 1305.

42 USC 302 note.

"(1) the accessibility, acceptability, planning, organization, distribution, technology, utilization, quality, and financing of health services and systems;

"(2) the supply and distribution, education and training, quality, utilization, organization, and costs of health manpower; and

"(3) the design, construction, utilization, organization, and cost of facilities and equipment.

"(c) The Secretary shall afford appropriate consideration to requests of—

"(1) State, regional, and local health planning and health agencies,

"(2) public and private entities and individuals engaged in the delivery of health care, and

"(3) other persons concerned with health services,

to have the Center or other units of the Department of Health, Education, and Welfare undertake research, evaluations, and demonstrations respecting specific aspects of the matters referred to in subsection (b).

New centers, grants to nonprofit entities.

"(d)(1) The Secretary shall, by grants or contracts, or both, assist public or private nonprofit entities in meeting the costs of planning and establishing new centers, and operating existing and new centers, for multidisciplinary health services, research, evaluations, and demonstrations respecting the matters referred to in subsection (b). To the extent practicable, the Secretary shall approve, in accordance with the requirements of this subsection and section 308, a number of applications for grants and contracts under this subsection which will result in at least six of such centers (including two national special emphasis centers, one of which (to be designated as the Health Care Technology Center) shall focus on all forms of technology, including computers and electronic devices, and its applications in health care delivery; and one of which (to be designated as the Health Care Management Center) shall focus on the improvement of management and organization in the health field, the training and retraining of administrators of health care enterprises, and the development of leaders, planners, and policy analysts in the health field) being operational in each fiscal year.

Post, p. 368.

Health Care Technology Center.

Health Care Management Center.

Requirements for aid.

"(2)(A) No grant or contract may be made under this subsection for planning and establishing a center unless the Secretary determines that when it is operational it will meet the requirements listed in subparagraph (B) and no payment shall be made under a grant or contract for operation of a center unless the center meets such requirements.

"(B) The requirements referred to in subparagraph (A) are as follows:

"(i) There shall be a full-time director of the center who possesses a demonstrated capacity for sustained productivity and leadership in health services research, demonstrations, and evaluations, and there shall be such additional full-time professional staff as may be appropriate.

"(ii) The staff of the center shall represent all relevant disciplines.

"(iii) The center shall (I) be located within an established academic or research institution with departments and resources appropriate to the programs of the center, and (II) have working relationships with health service delivery systems where experiments in health services may be initiated and evaluated.

"(iv) The center shall select problems in health services for research, demonstrations, and evaluations on the basis of (I) their regional or national importance, (II) the unique potential

for definitive research on the problem, and (III) opportunities for local application of the research findings.

"(v) Such additional requirements as the Secretary may by regulation prescribe.

"(e) The authority of the Secretary under section 304(b) shall be available to him with respect to the undertaking and support of projects under subsections (b), (c), and (d) of this section."

Ante, p. 362.

SEC. 105. The following new section is inserted in part A of title III after section 305:

Ante, p. 363.

"NATIONAL CENTER FOR HEALTH STATISTICS

"SEC. 306. (a) There is established in the Department of Health, Education, and Welfare the National Center for Health Statistics (hereinafter in this section referred to as the 'Center') which shall be under the direction of a Director who shall be appointed by the Secretary and supervised by the Assistant Secretary for Health (or such other officer of the Department as may be designated by the Secretary as the principal adviser to him for health programs).

Establishment. 42 USC 242k.

"(b) In carrying out section 304(a), the Secretary, acting through the Center, may—

Duties.

"(1) collect statistics on—

"(A) the extent and nature of illness and disability of the population of the United States (or of any groupings of the people included in the population), including life expectancy, the incidence of various acute and chronic illnesses, and infant and maternal morbidity and mortality,

"(B) the impact of illness and disability of the population on the economy of the United States and on other aspects of the well-being of its population (or of such groupings),

"(C) environmental, social, and other health hazards,

"(D) determinants of health,

"(E) health resources, including physicians, dentists, nurses, and other health professionals by specialty and type of practice and the supply of services by hospitals, extended care facilities, home health agencies, and other health institutions,

"(F) utilization of health care, including utilization of (i) ambulatory health services by specialties and types of practice of the health professionals providing such services, and (ii) services of hospitals, extended care facilities, home health agencies, and other institutions,

"(G) health care costs and financing, including the trends in health care prices and cost, the sources of payments for health care services, and Federal, State, and local governmental expenditures for health care services, and

"(H) family formation, growth, and dissolution; and

"(2) undertake and support (by grant or contract) research, demonstrations, and evaluations respecting new or improved methods for obtaining current data on the matters referred to in paragraph (1).

"(c) The Center shall furnish such special statistical compilations and surveys as the Committee on Labor and Public Welfare and the Committee on Appropriations of the Senate and the Committee on Interstate and Foreign Commerce and the Committee on Appropriations of the House of Representatives may request. Such statistical compilations and surveys shall not be made subject to the payment of the actual or estimated cost of the preparation of such compilations and surveys.

Statistical compilations and surveys to congressional committees.

"(d) To insure comparability and reliability of health statistics, the Secretary shall, through the Center, provide adequate technical

Technical aid to States and localities.

assistance to assist State and local jurisdictions in the development of model laws dealing with issues of confidentiality and comparability of data.

"(e) The Secretary shall (1) assist State and local health agencies, and Federal agencies involved in matters relating to health, in the design and implementation of a cooperative system for producing comparable and uniform health information and statistics at the Federal, State, and local levels; (2) coordinate the activities of such Federal agencies respecting the design and implementation of such cooperative system; (3) undertake and support (by grant or contract) research, development, demonstrations, and evaluations respecting such cooperative system; (4) provide the Federal share of the data collection costs under such system; and (5) review statistical activities of the Department of Health, Education, and Welfare to assure that they are consistent with such cooperative system.

Federal-State cooperation.

"(f) To assist in carrying out this section, the Secretary shall cooperate and consult with the Departments of Commerce and Labor and any other interested Federal departments or agencies and with State and local health departments and agencies. For such purpose he shall utilize insofar as possible the services or facilities of any agency of the Federal Government and, without regard to section 3709 of the Revised Statutes (41 U.S.C. 5), of any appropriate State or other public agency, and may, without regard to such section, utilize the services or facilities of any private agency, organization, group, or individual, in accordance with written agreements between the head of such agency, organization, or group and the Secretary or between such individual and the Secretary. Payment, if any, for such services or facilities shall be made in such amounts as may be provided in such agreement.

Data collection forms.

"(g) To secure uniformity in the registration and collection of mortality, morbidity, and other health data, the Secretary shall prepare and distribute suitable and necessary forms for the collection and compilation of such data which shall be published as a part of the health reports published by the Secretary.

Registration area records.

"(h) There shall be an annual collection of data from the records of births, deaths, marriages, and divorces in registration areas. The data shall be obtained only from and restricted to such records of the States and municipalities which the Secretary, in his discretion, determines possess records affording satisfactory data in necessary detail and form. Each State or registration area shall be paid by the Secretary the Federal share of its reasonable costs (as determined by the Secretary) for collecting and transcribing (at the request of the Secretary and by whatever method authorized by him) its records for such data.

United States National Committee on Vital and Health Statistics.

Establishment; membership.

"(i)(1) There is established in the Office of the Secretary a committee to be known as the United States National Committee on Vital and Health Statistics (hereinafter in this subsection referred to as the 'Committee') which shall consist of fifteen members.

"(2)(A) The members of the Committee shall be appointed by the Secretary from among persons who have distinguished themselves in the fields of health statistics, epidemiology, and the provision of health services. Except as provided in subparagraph (B), members of the Committee shall be appointed for terms of three years.

"(B) Of the members first appointed—

"(i) five shall be appointed for terms of one year,

"(ii) five shall be appointed for terms of two years, and

"(iii) five shall be appointed for terms of three years,

as designated by the Secretary at the time of appointment. Any member appointed to fill a vacancy occurring prior to the expiration

of the term for which his predecessor was appointed shall be appointed only for the remainder of such term. A member may serve after the expiration of his term until his successor has taken office.

"(3) Members of the Committee shall be compensated in accordance with section 208(c).

Compensation.

Post, p. 369.

"(4) It shall be the function of the Committee to assist and advise the Secretary—

Functions.

"(A) to delineate statistical problems bearing on health and health services which are of national or international interest;

"(B) to stimulate studies of such problems by other organizations and agencies whenever possible or to make investigations of such problems through subcommittees;

"(C) to determine, approve, and revise the terms, definitions, classifications, and guidelines for assessing health status and health services, their distribution and costs, for use (i) within the Department of Health, Education, and Welfare, (ii) by all programs administered or funded by the Secretary, including the Federal-State-local cooperative health statistics system referred to in subsection (e), and (iii) to the extent possible as determined by the head of the agency involved, by the Veterans' Administration, the Department of Defense, and other Federal agencies concerned with health and health services;

"(D) with respect to the design of and approval of health statistical and health information systems concerned with the collection, processing, and tabulation of health statistics within the Department of Health, Education, and Welfare;

"(E) to review and comment on findings and proposals developed by other organizations and agencies and to make recommendations for their adoption or implementation by local, State, national, or international agencies;

"(F) to cooperate with national committees of other countries and with the World Health Organization and other national agencies in the studies of problems of mutual interest; and

"(G) to issue an annual report on the state of the Nation's health, its health services, their costs and distributions, and to make proposals for improvement of the Nation's health statistics and health information systems.

"(5) In carrying out health statistical activities under this part, the Secretary shall consult with, and seek the advice of, the Committee and other appropriate professional advisory groups."

SEC. 106. Section 308 is redesignated as section 307 and is amended to read as follows:

42 USC 242f.

"INTERNATIONAL COOPERATION

"SEC. 307. (a) For the purpose of advancing the status of the health sciences in the United States (and thereby the health of the American people), the Secretary may participate with other countries in cooperative endeavors in biomedical research and the health services research and statistical activities authorized by sections 304, 305, and 306.

42 USC 242l.

Ante, pp. 362, 363, 365.

"(b) In connection with the cooperative endeavors authorized by subsection (a), the Secretary may—

"(1) make such use of resources offered by participating foreign countries as he may find necessary and appropriate;

"(2) establish and maintain fellowships in the United States and in participating foreign countries;

"(3) make grants to public institutions or agencies and to nonprofit private institutions or agencies in the United States and in participating foreign countries for the purpose of establishing and maintaining the fellowships authorized by paragraph (2);

"(4) make grants or loans of equipment and materials, for use by public or nonprofit private institutions or agencies, or by individuals, in participating foreign countries;

"(5) participate and otherwise cooperate in any international meetings, conferences, or other activities concerned with biomedical research, health services research, or health statistics;

Interchange of scientists and experts.

"(6) facilitate the interchange between the United States and participating foreign countries, and among participating foreign countries, of research scientists and experts who are engaged in experiments and programs of biomedical research, health services research, and health statistical activities, and in carrying out such purpose may pay per diem compensation, subsistence, and travel for such scientists and experts when away from their places of residence at rates not to exceed those provided in section 5703(b) of title 5, United States Code, for persons in the Government service employed intermittently; and

"(7) procure, in accordance with section 3109 of title 5, United States Code, the temporary or intermittent services of experts or consultants.

The Secretary may not, in the exercise of his authority under this section, provide financial assistance for the construction of any facility in any foreign country.".

Ante, p. 367.

SEC. 107. (a) Part A of title III is amended by inserting after section 307 (as so redesignated) the following new sections:

"GENERAL PROVISIONS RESPECTING SECTIONS 304, 305, 306, AND 307

42 USC 242m. Report to Congress. *Ante*, pp. 362, 363, 365, 367.

"SEC. 308. (a)(1) Not later than September 1 of each year, the Secretary shall make a report to Congress respecting (A) the administration of sections 304 through 307 during the preceding fiscal year, and (B) the current state and progress of health services research and health statistics.

Reports to President and Congress.

"(2) The Secretary, acting through the National Center for Health Services Research and the National Center for Health Statistics, shall assemble and submit to the President and the Congress not later than September 1 of each year the following reports:

"(A) A report on health care costs and financing. Such report shall include a description and analysis of the statistics collected under section 306(b)(1)(G).

Ante, p. 365.

"(B) A report on health resources. Such report shall include a description and analysis, by geographic area, of the statistics collected under section 306(b)(1)(E).

"(C) A report on the utilization of health resources. Such report shall include a description and analysis, by age, sex, income, and geographic area, of the statistics collected under section 306(b)(1)(F).

"(D) A report on the health of the Nation's people. Such report shall include a description and analysis, by age, sex, income, and geographic area, of the statistics collected under section 306(b)(1)(A).

OMB review.

"(3) The Office of Management and Budget may review any report required by paragraph (1) or (2) of this subsection before its submission to Congress, but the Office may not revise any such report or delay its submission beyond the date prescribed for its submission, and may submit to Congress its comments respecting any such report.

Application submittal.

"(b)(1) No grant or contract may be made under section 304, 305, 306, or 307 unless an application therefor has been submitted to the Secretary in such form and manner, and containing such information, as the Secretary may by regulation prescribe.

"(2) Each application submitted for a grant or contract under section 304 or 305, in an amount exceeding $35,000 of direct costs and for a health services research, evaluation, or demonstration project, shall be submitted by the Secretary for review for scientific merit to a panel of experts appointed by him from persons who are not officers or employees of the United States and who possess qualifications relevant to the project for which the application was made. A panel to which an application is submitted under this paragraph shall report its findings and recommendations respecting the application to the Secretary in such form and manner as the Secretary shall by regulation prescribe.

Application review panel.
Ante, pp. 362, 363.

Ante, p. 365.

"(3) If an application is submitted under section 304, 305, or 306 for a grant or contract for a project for which a grant or contract may be made or entered into under another provision of this Act, such application may not be approved under section 304, 305, or 306 and funds appropriated under this section may not be obligated for such grant or contract. The applicant who submitted such application shall be notified of the other provision (or provisions) of this Act under which such application may be submitted.

"(c) The aggregate number of grants and contracts made or entered into under sections 304 and 305 for any fiscal year respecting a particular means of delivery of health services or another particular aspect of health services may not exceed twenty; and the aggregate amount of funds obligated under grants and contracts under such sections for any fiscal year respecting a particular means of delivery of health services or another particular aspect of health services may not exceed $5,000,000.

Limited grants.

"(d) No information obtained in the course of activities undertaken or supported under section 304, 305, 306, or 307 may be used for any purpose other than the purpose for which it was supplied unless authorized under regulations of the Secretary; and (1) in the case of information obtained in the course of health statistical activities under section 304 or 306, such information may not be published or released in other form if the particular establishment or person supplying the information or described in it is identifiable unless such establishment or person has consented (as determined under regulations of the Secretary) to its publication or release in other form, and (2) in the case of information obtained in the course of health services research, evaluations, or demonstrations under section 304 or 305, such information may not be published or released in other form if the person who supplied the information or who is described in it is identifiable unless such person has consented (as determined under regulations of the Secretary) to its publication or release in other form.

Information, publication restrictions.
Ante, p. 367.

"(e)(1) Payments of any grant or under any contract under section 304, 305, 306, or 307 may be made in advance or by way of reimbursement, and in such installments and on such conditions, as the Secretary deems necessary to carry out the purposes of such section.

Payment procedures.

"(2) The amounts otherwise payable to any person under a grant or contract made under section 304, 305, 306, or 307 shall be reduced by—

"(A) 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

"(B) 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.

Ante, pp. 362, 363, 365.

"(f) Contracts may be entered into under section 304, 305, or 306 without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5).

Research results, publication.

"(g)(1) The Secretary shall—

"(A) publish, make available and disseminate, promptly in understandable form and on as broad a basis as practicable, the results of health services research, demonstrations, and evaluations undertaken and supported under sections 304 and 305;

"(B) make available to the public data developed in such research, demonstrations, and evaluations; and

Indexing, abstracting, and other services.

"(C) provide indexing, abstracting, translating, publishing, and other services leading to a more effective and timely dissemination of information on health services research, demonstrations, and evaluations in health care delivery to public and private entities and individuals engaged in the improvement of health care delivery and the general public; and undertake programs to develop new or improved methods for making such information available.

Except as provided in subsection (d), the Secretary may not restrict the publication and dissemination of data from, and results of projects undertaken by, centers supported under section 305(d).

Statistics, publication.

"(2) The Secretary shall (A) take such action as may be necessary to assure that statistics developed under sections 304, 305, and 306 are of high quality, timely, comprehensive as well as specific, standardized, and adequately analyzed and indexed, and (B) publish, make available, and disseminate such statistics on as wide a basis as is practicable.

"(h)(1) Except where the Secretary determines that unusual circumstances make a larger percentage necessary in order to effectuate the purposes of section 304, 305, or 306, a grant or contract under section 304, 305, or 306 with respect to any project for construction of a facility or for acquisition of equipment may not provide for payment of more than 50 per centum of so much of the cost of the facility or equipment as the Secretary determines is reasonably attributable to research, evaluation, or demonstration purposes.

Laborers and mechanics, wage rate.

"(2) Laborers and mechanics employed by contractors and subcontractors in the construction of such a facility shall be paid wages at rates not less than those prevailing on similar work in the locality, as determined by the Secretary of Labor in accordance with the Act of March 3, 1931 (40 U.S.C. 267a—267a-5, known as the Davis-Bacon Act); and the Secretary of Labor shall have with respect to any labor standards specified in this paragraph the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (5 U.S.C. Appendix) and section 2 of the Act of June 13, 1934 (40 U.S.C. 276c).

40 USC 276a note.

5 USC app. II.

Regulations.

"(3) Such grants and contracts shall be subject to such additional requirements as the Secretary may by regulation prescribe.

Appropriations.

"(i)(1) For health service research, evaluation, and demonstration activities undertaken or supported under section 304 or 305, there are authorized to be appropriated $65,200,000 for the fiscal year ending June 30, 1975, and $80,000,000 for the fiscal year ending June 30, 1976. Of the funds appropriated under this paragraph for any fiscal year, not less than 25 per centum of such funds shall be made available only for health services research, evaluation, and demonstration activities directly undertaken by the Secretary under such section.

"(2) For health statistical activities undertaken or supported under section 304 or 306, there are authorized to be appropriated $30,000,000 for the fiscal year ending June 30, 1975, and $30,000,000 for the fiscal year ending June 30, 1976.

"HEALTH CONFERENCES

"SEC. 309. A conference of the health authorities in and among the several States shall be called annually by the Secretary. Whenever in his opinion the interests of the public health would be promoted by a conference, the Secretary may invite as many of such health authorities and officials of other State or local public or private agencies, institutions, or organizations to confer as he deems necessary or proper. Upon the application of health authorities of five or more States it shall be the duty of the Secretary to call a conference of all State health authorities joining in the request. Each State represented at any conference shall be entitled to a single vote. Whenever at any such conference matters relating to mental health are to be discussed, the mental health authorities of the respective States shall be invited to attend.

42 USC 242n.

"HEALTH EDUCATION AND INFORMATION

"SEC. 310. From time to time the Secretary shall issue information related to public health, in the form of publications or otherwise, for the use of the public, and shall publish weekly reports of health conditions in the United States and other countries and other pertinent health information for the use of persons and institutions concerned with health services."

42 USC 242o.

(b) The authorizations of appropriations provided by section 308(i) of the Public Health Service Act is extended for the fiscal year ending June 30, 1977, in the amounts authorized for the preceding fiscal year unless before June 30, 1976, Congress has passed legislation repealing this subsection.

Appropriation extension.
42 USC 242m note.
Ante, p. 368.

SEC. 108. (a) Subject to regulations of the President, lightkeepers, assistant lightkeepers, and officers and crews of vessels of the former Lighthouse Service, including any such persons who subsequent to June 30, 1939, were involuntarily assigned to other civilian duty in the Coast Guard, who were entitled to medical relief at hospitals and other stations of the Public Health Service prior to July 1, 1944, and who retired under the provisions of section 6 of the Act of June 20, 1918 (40 U.S.C. 763), shall be entitled to medical, surgical, and dental treatment and hospitalization at hospitals and other stations of the Public Health Service.

Former Lighthouse Service employees, medical service eligibility.
42 USC 253b.
33 USC 763.

(b) Subsection (a) shall be effective from December 28, 1973.

Effective date.

TITLE II—REVISION AND EXTENSION OF MEDICAL LIBRARY ASSISTANCE PROGRAMS

SEC. 201. (a) Effective July 1, 1974, section 390 is amended by adding after subsection (b) the following new subsection:

42 USC 280b.

"(c) For the purpose of grants and contracts under sections 393, 394, 395, 396, and 397, there are authorized to be appropriated $17,500,000 for the fiscal year ending June 30, 1975, and $20,000,000 for the fiscal year ending June 30, 1976."

Appropriation.
42 USC 280b-3 to 280b-8.

(b) The section heading for such section is amended to read as follows:

"DECLARATION OF POLICY, STATEMENT OF PURPOSE, AND AUTHORIZATION OF APPROPRIATIONS".

(c) The authorization of appropriations provided by section 390(c) of the Public Health Service Act is extended for the fiscal year ending June 30, 1977, in the amount authorized for the preceding fiscal year

Extension.
42 USC 280b note.
Supra.

unless before June 30, 1976, Congress has passed legislation repealing this subsection.

42 USC 280b.

SEC. 202. (a) Subsection (b) of section 390 is amended by striking out paragraph (1) and by redesignating paragraphs (2) through (7) as paragraphs (1) through (6), respectively.

42 USC 280b-1.

(b) Section 391 is amended—

(1) by inserting "and" at the end of paragraph (2),

(2) by striking out paragraph (3), and

(3) by redesignating clause (4) as paragraph (3).

42 USC 280b-2.

(c) Section 392(b) is amended to read as follows:

"(b) The Board shall advise and assist the Secretary in the preparation of general regulations and with respect to policy matters arising in the administration of this part."

Repeal.
42 USC 280b-3.
42 USC 280b-8.

(d) Section 393 is repealed.

(e) Section 397(b) is amended—

(1) by inserting "and" at the end of paragraph (4),

(2) by striking out "; and" at the end of paragraph (5) and inserting in lieu thereof a period, and

(3) by striking out paragraph (6).

Repeal.

(f) The first sentence of section 397(d) is repealed.

Repeals.
42 USC 280b-4.

SEC. 203. (a) The first sentence of section 394(a) is repealed; and the second sentence of such section is amended by striking out "Sums made available under this section shall be utilized by the Secretary in making" and inserting in lieu thereof "To carry out the purposes of section 390(b)(1), the Secretary shall make".

Supra.
42 USC 280b-5.

(b)(1) The first and second sentences of section 395(a) are repealed; and the third sentence of such section is amended by striking out "Sums made available under this subsection shall be utilized by the Secretary to" and inserting in lieu thereof "To carry out the purposes of section 390(b)(2), the Secretary shall".

(2) The first and second sentences of section 395(b) are repealed; and the third sentence of such section is amended (A) by striking out "Sums made available under this subsection shall be utilized by the Secretary in making" and inserting in lieu thereof "To carry out the purposes of section 390(b)(3), the Secretary shall make", and (B) by striking out "entering into contracts" and inserting in lieu thereof "enter into contracts".

Supra.

42 USC 280b-7.

(c)(1) The first sentence of section 396(b) is amended by striking out "Sums made available under this section shall be utilized by the Secretary for making" and inserting in lieu thereof "To carry out the purposes of section 390(b)(4), the Secretary shall make".

(2) Clauses (A), (B), (C), and (D) of section 396(b) are redesignated as clauses (1), (2), (3), and (4), respectively.

(3) Subsection (a) of section 396 is repealed and subsections (b) and (c) of such section are redesignated as subsections (a) and (b), respectively.

42 USC 280b-8.

(d)(1) The first sentence of section 397(a) is repealed; and the second sentence of such section is amended by striking out "Sums made available under this section shall be utilized by the Secretary, with the advice of the Board, to make" and inserting in lieu thereof "To carry out the purposes of section 390(b)(5), the Secretary, with the advice of the Board, shall make".

(2) The section heading for section 397 is amended by inserting "AND CONTRACTS" after "GRANTS".

42 USC 280b-9.

(e) The first and second sentences of section 398(a) are repealed; and the third sentence of such section is amended by striking out "Sums made available under this section shall be utilized by the Secretary, with the advice of the Board, in making grants to, and enter-

ing into appropriate contracts" and inserting in lieu thereof "To carry out the purposes of section 390(b)(6), the Secretary, with the advice of the Board, shall make grants to, and enter into appropriate contracts". 42 USC 280b.

SEC. 204. Section 399b is repealed; and sections 394 through 399a are redesignated as sections 393 through 399, respectively. Repeal. 42 USC 280b-12.

SEC. 205. The amendments made by sections 202, 203, and 204 shall apply with respect to appropriations under part J of the Public Health Service Act for fiscal years beginning after June 30, 1974. 42 USC 280b note. 42 USC 280b.

Approved July 23, 1974.

Public Law 93-354

AN ACT

July 23, 1974 [S. 2830]

To amend the Public Health Service Act to provide for greater and more effective efforts in research and public education with regard to diabetes mellitus.

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

National Diabetes Mellitus Research and Education Act.

SHORT TITLE

SECTION 1. This Act may be cited as the "National Diabetes Mellitus Research and Education Act". 42 USC 289c-2 note.

FINDINGS AND DECLARATION OF PURPOSE

SEC. 2. (a) The Congress makes the following findings: 42 USC 289c-2 note.

(1) Diabetes mellitus is a major health problem in the United States which directly affects perhaps as many as ten million Americans and indirectly affects perhaps as many as fifty million Americans who will pass the tendency to develop diabetes mellitus to their children or grandchildren or to both.

(2) Diabetes mellitus is a family of diseases that has an impact on virtually all biological systems of the human body.

(3) Diabetes mellitus is the fifth leading cause of death from disease, and it is the second leading cause of new cases of blindness.

(4) The severity of diabetes mellitus in children and most adolescents is greater than in adults, which in most cases involves greater problems in the management of the disease.

(5) The complications of diabetes mellitus, particularly cardiovascular degeneration, lead to many other serious health problems.

(6) Uncontrolled diabetes mellitus significantly decreases life expectancy.

(7) There is convincing evidence that the known prevalence of diabetes mellitus has increased dramatically in the past decade.

(8) The citizens of the United States should have a full understanding of the nature of the impact of diabetes mellitus.

(9) The attainment of better methods of diagnosis and treatment of diabetes mellitus deserves the highest priority.

(10) The establishment of regional diabetes research and training centers throughout the country is essential for the development of scientific information and appropriate therapies to deal with diabetes mellitus.

(11) In order to provide for the most effective program against diabetes mellitus it is important to mobilize the resources of the National Institutes of Health as well as the public and private organizations capable of the necessary research and public education in the disease.

(b) It is the purpose of this Act to—

(1) expand the authority of the National Institutes of Health to advance the national attack on diabetes mellitus; and

(2) as part of that attack, to establish a long-range plan to—

(A) expand and coordinate the national research effort against diabetes mellitus;

(B) advance activities of patient education, professional education, and public education which will alert the citizens of the United States to the early indications of diabetes mellitus; and

(C) to emphasize the significance of early detection, proper control, and complications which may evolve from the disease.

DIABETES PLAN

National Commission on Diabetes. Establishment. 42 USC 289c-2 note.

SEC. 3. (a) The Director of the National Institutes of Health shall, within sixty days of the date of the enactment of this section, establish a National Commission on Diabetes (hereinafter in this section referred to as the "Commission").

Membership.

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

(1) The Directors of the seven Institutes referred to in subsection (e).

(2) Six members appointed by the Secretary of Health, Education, and Welfare from scientists or physicians who are not in the employment of the Federal Government and who represent the various specialties and disciplines involving diabetes mellitus and related endocrine and metabolic diseases.

(3) Four members appointed by the Secretary of Health, Education, and Welfare from the general public. At least two of the members appointed pursuant to this paragraph shall be diabetics or parents of diabetics.

The members of the Commission shall select a chairman from among their own number.

Director and personnel.

(c) The Commission may appoint an executive director and such additional personnel as it determines are necessary for the performance of the Commission's functions.

Compensation.

(d) Members of the Commission who are officers or employees of the Federal Government shall serve as members of the Commission without compensation in addition to that received in their regular public employment. Members of the Commission who are not officers or employees of the Federal Government shall each receive the daily equivalent of the rate in effect for grade GS-18 of the General Schedule for each day (including traveltime) they are engaged in the performance of their duties as members of the Commission. All members of the Commission shall be entitled to reimbursement for travel, subsistence, and other necessary expenses incurred by them in the performance of their duties as members of the Commission.

5 USC 5332 note.

Travel expenses.

(e) The Commission shall formulate a long-range plan to combat diabetes mellitus with specific recommendations for the utilization and organization of national resources for that purpose. Such a plan shall be based on a comprehensive survey investigating the magnitude of diabetes mellitus, its epidemiology, and its economic and social consequences and on an evaluation of available scientific information and the national resources capable of dealing with the problem. The plan shall include a plan for a coordinated research program encompassing programs of the National Institute of Arthritis, Metabolism, and Digestive Diseases, the National Eye Institute, the National Institute of Neurological Diseases, the National Heart and Lung Institute, the

National Institute of General Medical Sciences, the National Institute of Child Health and Human Development, and the National Institute of Dental Research, and other Federal and non-Federal programs. The coordinated research program shall provide for—

Investigation, studies and research programs.

(1) investigation in the epidemiology, etiology, prevention, and control of diabetes mellitus, including investigation into the social, environmental, behavioral, nutritional, biological, and genetic determinants and influences involved in the epidemiology, etiology, prevention, and control of diabetes mellitus;

(2) studies and research into the basic biological processes and mechanisms involved in the underlying normal and abnormal phenomena associated with diabetes mellitus, including abnormalities of the skin, cardiovascular system, kidneys, eyes, and nervous system, and evaluation of influences of other endocrine hormones on the etiology, treatment, and complications of diabetes mellitus;

(3) research into the development, trial, and evaluation of techniques and drugs used in, and approaches to, the diagnosis, treatment, and prevention of diabetes mellitus;

(4) establishment of programs that will focus and apply scientific and technological efforts involving biological, physical, and engineering science to all facets of diabetes mellitus;

(5) establishment of programs for the conduct and direction of field studies, large-scale testing and evaluation, and demonstration of preventive diagnostic, therapeutic, rehabilitative, and control approaches to diabetes mellitus;

(6) the education and training of scientists, clinicians, educators, and allied health personnel in the fields and specialties requisite to the conduct of programs respecting diabetes mellitus;

(7) a system for the collection, analysis, and dissemination of all data useful in the prevention, diagnosis, and treatment of diabetes mellitus;

(8) appropriate distribution of resources between basic and applied research.

The long-range plan formulated under this subsection shall also include within its scope related endocrine and metabolic diseases and basic biological processes and mechanisms, the better understanding of which is essential to the solution of the problem of diabetes mellitus.

(f) In the development of the long-range plan under subsection (e), attention shall be given to means to assure continued development of knowledge, and dissemination of such knowledge to the public, which would form the basis of future advances in the understanding, treatment, and control of diabetes mellitus.

Hearings.

(g) The Commission may hold such hearings, take such testimony, and sit and act at such time and places as the Commission deems advisable to develop the long-range plan required by subsection (e).

Budget estimates.

(h)(1) The Commission shall prepare for each of the Institutes whose programs are to be encompassed by the plan for a coordinated diabetes research program described in subsection (e) budget estimates for each Institute's part of such program. The budget estimates shall be prepared for the fiscal year ending June 30, 1976, and for each of the next two fiscal years.

Budget estimates from HEW, transmittal to congressional committees.

(2) Within five days after the Budget for the fiscal year ending June 30, 1976, and the Budget for each of the next two fiscal years is transmitted by the President to the Congress the Secretary shall transmit to the Committees on Appropriations of the House of Representatives and the Senate, the Committee on Labor and Public Welfare

of the Senate, and the Committee on Interstate and Foreign Commerce of the House of Representatives an estimate of the amounts requested for each of the Institutes for diabetes research, and a comparison of such amounts with the budget estimates prepared by the Commission under paragraph (1).

Final report to Congress.

(i)(1) The Commission shall publish and transmit directly to the Congress (without prior administrative approval) a final report within nine months after the date funds are first appropriated for the implementation of this section. Such report shall contain the long-range plan required by subsection (e), the budget estimates required by subsection (h), and any recommendations of the Commission for legislation.

Termination.

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

Appropriation.

(j) There are authorized to be appropriated to carry out the purposes of this section $1,000,000.

DIABETES MELLITUS PREVENTION AND CONTROL PROGRAMS

42 USC 247b.

SEC. 4. Section 317 of the Public Health Service Act is amended—

(1) by striking out "communicable disease control" each place it occurs and inserting in lieu thereof "communicable and other disease control";

(2) by striking out "communicable diseases" in subsection (a) and inserting in lieu thereof "communicable or other diseases";

(3) by striking out "communicable disease program" in subsection (a) and inserting in lieu thereof "communicable or other disease control program";

(4) by striking out "communicable disease" in subsection (b)(2)(C)(i) and inserting in lieu thereof "communicable or other disease";

(5) by striking out "Rh disease," in subsection (h)(1) and by inserting "diabetes mellitus and Rh disease and" before "tuberculosis" in that subsection; and

(6) by striking out "COMMUNICABLE" in the section heading.

RESEARCH AND TRAINING CENTERS; DIABETES COORDINATING COMMITTEE AND GENERAL AUTHORITY

SEC. 5. (a) Part D of title IV of the Public Health Service Act is amended by adding at the end thereof the following new sections:

"DIABETES RESEARCH AND TRAINING CENTERS

42 USC 289c-2.

"SEC. 435. (a) Consistent with applicable recommendations of the National Commission on Diabetes, the Secretary shall provide for the development, or substantial expansion, of centers for research and training in diabetes mellitus and related endocrine and metabolic disorders. Each center developed or expanded under this section shall (1) utilize the facilities of a single institution, or be formed from a consortium of cooperating institutions, meeting such research and training qualifications as may be prescribed by the Secretary; and (2) conduct (A) research in the diagnosis and treatment of diabetes mellitus and related endocrine and metabolic disorders and the complications resulting from such disease or disorders, (B) training programs for physicians and allied health personnel in current methods of diagnosis and treatment of such disease, disorders, and complications, and (C) information programs for physicians and allied health personnel who provide primary care for patients with such disease, disorders, or com-