

**The original documents are located in Box 27, folder “7/26/75 S66 Health Services National Health Services Corps and Nurse Training (vetoed) (3)” of the White House Records Office: Legislation Case Files at the Gerald R. Ford Presidential Library.**

### **Copyright Notice**

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Gerald R. Ford donated to the United States of America his copyrights in all of his unpublished writings in National Archives collections. Works prepared by U.S. Government employees as part of their official duties are in the public domain. The copyrights to materials written by other individuals or organizations are presumed to remain with them. If you think any of the information displayed in the PDF is subject to a valid copyright claim, please contact the Gerald R. Ford Presidential Library.

Exact duplicates within this folder were not digitized.



S. 66

# Ninety-fourth Congress of the United States of America

AT THE FIRST SESSION

*Begun and held at the City of Washington on Tuesday, the fourteenth day of January,  
one thousand nine hundred and seventy-five*

## An Act

To amend the Public Health Service Act and related health laws to revise and extend the health revenue sharing program, the family planning programs, the community mental health centers program, the program for migrant health centers and community health centers, the National Health Service Corps program, and the programs for assistance for nurse training, and for other purposes.

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

### TITLE I—HEALTH REVENUE SHARING

SEC. 101. This title may be cited as the "Special Health Revenue Sharing Act of 1975".

SEC. 102. Effective with respect to grants made under section 314(d) of the Public Health Service Act from appropriations under that section for fiscal years beginning after June 30, 1975, section 314(d) of the Public Health Service Act is amended to read as follows:

#### "Comprehensive Public Health Services

"(d)(1) From allotments made pursuant to paragraph (4), the Secretary shall make grants to State health and mental health authorities to assist in meeting the costs of providing comprehensive public health services.

"(2) No grant may be made under paragraph (1) to the State health or mental health authority of any State unless an application therefor has been submitted to and approved by the Secretary. Such an application shall be submitted in such form and manner and shall contain such information as the Secretary may require, and shall contain or be supported by assurances satisfactory to the Secretary that—

"(A) the comprehensive public health services provided within the State will be provided in accordance with the State plan prepared in accordance with section 1524(c)(2) or the State plan approved under section 314(a), whichever is applicable;

"(B) funds received under grants under paragraph (1) will (i) be used to supplement and, to the extent practical, to increase the level of non-Federal funds that would otherwise be made available for the purposes for which the grant funds are provided, and (ii) not be used to supplant such non-Federal funds;

"(C) the State health authority, and, with respect to mental health activities, the State mental health authority will—

"(i) provide for such fiscal control and fund accounting procedures as may be necessary to assure the proper disbursement of and accounting for funds received under grants under paragraph (1);

"(ii) from time to time, but not less often than annually, report to the Secretary (through a uniform national reporting system and by such categories as the Secretary may prescribe) a description of the comprehensive public health services provided in the State in the fiscal year for which the grant applied for is made and the amount of funds obligated in such



fiscal year for the provision of each such category of services; and

“(iii) make such reports (in such form and containing such information as the Secretary may prescribe) as the Secretary may reasonably require, and keep such records and afford such access thereto as the Secretary may find necessary to assure the correctness of, and to verify, such reports;

“(D) the State mental health authority will—

“(i) establish and carry out a plan which—

“(I) is designed to eliminate inappropriate placement in institutions of persons with mental health problems, to insure the availability of appropriate noninstitutional services for such persons, and to improve the quality of care for those with mental health problems for whom institutional care is appropriate; and

“(II) shall include fair and equitable arrangements (as determined by the Secretary after consultation with the Secretary of Labor) to protect the interests of employees affected by actions described in subclause (I), including arrangements designed to preserve employee rights and benefits and to provide training and retraining of such employees where necessary and arrangements under which maximum efforts will be made to guarantee the employment of such employees;

“(ii) prescribe and provide for the enforcement of minimum standards for the maintenance and operation of mental health programs and facilities (including community mental health centers) with the State; and

“(iii) provide for assistance to courts and other public agencies and to appropriate private agencies to facilitate (I) screening by community mental health centers (or, if there are no such centers, other appropriate entities) of residents of the State who are being considered for inpatient care in a mental health facility to determine if such care is necessary, and (II) provision of followup care by community mental health centers (or if there are no such centers, by other appropriate entities) for residents of the State who have been discharged from mental health facilities.

“(3) The Secretary shall review annually the activities undertaken by each State with an approved application to determine if the State complied with the assurances provided with the application. The Secretary may not approve an application submitted under paragraph (2) if the Secretary determines—

“(A) that the State for which the application was submitted did not comply with assurances provided with a prior application under paragraph (2), and

“(B) that he cannot be assured that the State will comply with the assurances provided with the application under consideration.

“(4) For the purpose of determining the total amount of grants that may be made to the State health and mental authorities of each State, the Secretary shall, in each fiscal year and in accordance with regulations, allot the sums appropriated for such year under paragraph (7) among the States on the basis of the population and the financial need of the respective States. The populations of the States shall be determined on the basis of the latest figures for the population of the States available from the Department of Commerce.

“(5) The Secretary shall determine the amount of any grant under paragraph (1); but the amount of grants made in any fiscal year to the public and mental health authorities of any State may not exceed the amount of the State’s allotment available for obligation in such fiscal year. Payments under such grants may be made in advance or by way of reimbursement, and at such intervals and on such conditions, as the Secretary finds necessary.

“(6) In any fiscal year—

“(A) not less than 15 per centum of a State’s allotment under paragraph (4) shall be made available only for grants under paragraph (1) to the State’s mental health authority for the provision of mental health services; and

“(B) not less than—

“(i) 70 per centum of the amount of a State’s allotment which is made available for grants to the mental health authority, and

“(ii) 70 per centum of the remainder of the State’s allotment,

shall be available only for the provision services in communities of the State.

“(7) (A) For payments under grants under paragraph (1) there are authorized to be appropriated \$100,000,000 for fiscal year 1976, and \$110,000,000 for fiscal year 1977.

“(B) For payments under grants under paragraph (1) for establishing and maintaining programs, described in applications under paragraph (2), for the screening, detection, diagnosis, prevention, and referral for treatment of hypertension there are authorized to be appropriated \$15,000,000 for fiscal year 1976, and \$15,000,000 for fiscal year 1977.”

## TITLE II—FAMILY PLANNING PROGRAMS

Sec. 201. This title may be cited as the “Family Planning and Population Research Act of 1975”.

Sec. 202. (a) Section 1001(c) of the Public Health Service Act is amended (1) by striking out “and” after “1973;” and (2) by inserting after “1975” the following: “; \$115,000,000 for fiscal year 1976; and \$115,000,000 for fiscal year 1977”.

(b) Section 1003(b) of such Act is amended (1) by striking out “and” after “1973;” and (2) by inserting after “1975” the following: “; \$4,000,000 for fiscal year 1976; and \$5,000,000 for fiscal year 1977”.

(c) Section 1004 of such Act is amended to read as follows:

### “RESEARCH

“Sec. 1004. (a) The Secretary may—

“(1) conduct, and

“(2) make grants to public or nonprofit private entities and enter into contracts with public or private entities and individuals for projects for, research in the biomedical, contraceptive development, behavioral, and program implementation fields related to family planning and population.

“(b) (1) To carry out subsection (a) there are authorized to be appropriated \$55,000,000 for fiscal year 1976, and \$60,000,000 for fiscal year 1977.



“(2) No funds appropriated under any provision of this Act (other than this subsection) may be used to conduct or support the research described in subsection (a).”

(d) Section 1005(b) of such Act is amended (1) by striking out “and” after “1973;” and (2) by inserting after “1975” the following: “; \$2,000,000 for fiscal year 1976; and \$2,500,000 for fiscal year 1977”.

SEC. 203. (a) Title X of such Act is amended by inserting after section 1008 the following new section:

“PLANS AND REPORTS

“SEC. 1009. (a) Not later than seven months after the close of each fiscal year, the Secretary shall make a report to the Congress setting forth a plan to be carried out over the next five fiscal years for—

“(1) extension of family planning services to all persons desiring such services,

“(2) family planning and population research programs,

“(3) training of necessary manpower for the programs authorized by this title and other Federal laws for which the Secretary has responsibility and which pertain to family planning, and

“(4) carrying out the other purposes set forth in this title and the Family Planning Services and Population Research Act of 1970.

“(b) Such a plan shall, at a minimum, indicate on a phased basis—

“(1) the number of individuals to be served by family planning programs under this title and other Federal laws for which the Secretary has responsibility, the types of family planning and population growth information and educational materials to be developed under such laws and how they will be made available, the research goals to be reached under such laws, and the manpower to be trained under such laws;

“(2) an estimate of the costs and personnel requirements needed to meet the purposes of this title and other Federal laws for which the Secretary has responsibility and which pertain to family planning programs; and

“(3) the steps to be taken to maintain a systematic reporting system capable of yielding comprehensive data on which service figures and program evaluations for the Department of Health, Education, and Welfare shall be based.

“(c) Each report submitted under subsection (a) shall—

“(1) compare results achieved during the preceding fiscal year with the objectives established for such year under the plan contained in the previous such report;

“(2) indicate steps being taken to achieve the objectives during the fiscal years covered by the plan contained in such report and any revisions to plans in previous reports necessary to meet these objectives; and

“(3) make recommendations with respect to any additional legislative or administrative action necessary or desirable in carrying out the plan contained in such report.”

(b) Section 5 of the Family Planning Services and Population Research Act of 1970 is repealed.

SEC. 204. (a) Section 1001(a) of the Public Health Service Act is amended by striking out “family planning projects” and inserting in lieu thereof “family planning projects which shall offer a broad range of acceptable and effective family planning methods (including natural family planning methods)”.



(b) Section 1001(b) of such Act is amended by adding at the end thereof the following new sentence: "Local and regional entities shall be assured the right to apply for direct grants and contracts under this section, and the Secretary shall by regulation fully provide for and protect such right."

(c) Section 1006(a) of such Act is amended by adding at the end thereof the following new sentence: "The amount of any grant under any section of this title shall be determined by the Secretary; except that no grant under any such section for any program or project for a fiscal year beginning after June 30, 1975, may be made for less than 90 per centum of its costs (as determined under regulations of the Secretary) unless the grant is to be made for a program or project for which a grant was made (under the same section) for the fiscal year ending June 30, 1975, for less than 90 per centum of its costs (as so determined), in which case a grant under such section for that program or project for a fiscal year beginning after that date may be made for a percentage which shall not be less than the percentage of its costs for which the fiscal year 1975 grant was made."

(d) The last sentence of section 1006(c) of such Act is amended by inserting immediately before the period the following: "so as to insure that economic status shall not be a deterrent to participation in the programs assisted under this title".

SEC. 205. Any—

- (1) officer or employee of the United States,
  - (2) officer or employee of any State, political subdivision of a State, or any other entity, which administers or supervises the administration of any program receiving Federal financial assistance, or
  - (3) person who receives, under any program receiving Federal financial assistance, compensation for services,
- who coerces or endeavors to coerce any person to undergo an abortion or sterilization procedure by threatening such person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving Federal financial assistance shall be fined not more than \$1,000 or imprisoned for not more than one year, or both.

### TITLE III—COMMUNITY MENTAL HEALTH CENTERS

SEC. 301. This title may be cited as the "Community Mental Health Centers Amendments of 1975".

SEC. 302. (a) The Congress finds that—

- (1) community mental health care is the most effective and humane form of care for a majority of mentally ill individuals;
- (2) the federally funded community mental health centers have had a major impact on the improvement of mental health care by—

(A) fostering coordination and cooperation between various agencies responsible for mental health care which in turn has resulted in a decrease in overlapping services and more efficient utilization of available resources,

(B) bringing comprehensive community mental health care to all in need within a specific geographic area regardless of ability to pay, and

(C) developing a system of care which insures continuity of care for all patients,

and thus are a national resource to which all Americans should enjoy access; and



(3) there is currently a shortage and maldistribution of quality community health care resources in the United States.

(b) The Congress further declares that Federal funds should continue to be made available for the purposes of initiating new and continuing existing community mental health centers and initiating new services within existing centers, and for the monitoring of the performance of all federally funded centers to insure their responsiveness to community needs and national goals relating to community mental health care.

SEC. 303. The Community Mental Health Centers Act is amended to read as follows:

“TITLE II—COMMUNITY MENTAL HEALTH CENTERS

“PART A—PLANNING AND OPERATIONS ASSISTANCE

“REQUIREMENTS FOR COMMUNITY MENTAL HEALTH CENTERS

“SEC. 201. (a) For purposes of this title (other than part B thereof), the term ‘community mental health center’ means a legal entity (1) through which comprehensive mental health services are provided—

“(A) principally to individuals residing in a defined geographic area (referred to in this title as a ‘catchment area’),

“(B) within the limits of its capacity, to any individual residing or employed in such area regardless of his ability to pay for such services, his current or past health condition, or any other factor, and

“(C) in the manner prescribed by subsection (b), and (2) which is organized in the manner prescribed by subsections (c) and (d).

“(b) (1) The comprehensive mental health services which shall be provided through a community mental health center shall include—

“(A) inpatient services, outpatient services, day care and other partial hospitalization services, and emergency services;

“(B) a program of specialized services for the mental health of children, including a full range of diagnostic, treatment, liaison, and followup services (as prescribed by the Secretary);

“(C) a program of specialized services for the mental health of the elderly, including a full range of diagnostic, treatment, liaison, and followup services (as prescribed by the Secretary);

“(D) consultation and education services which—

“(i) are for a wide range of individuals and entities involved with mental health services, including health professionals, schools, courts, State and local law enforcement and correctional agencies, members of the clergy, public welfare agencies, health services delivery agencies, and other appropriate entities; and

“(ii) include a wide range of activities (other than the provision of direct clinical services) designed to (I) develop effective mental health programs in the center’s catchment area, (II) promote the coordination of the provision of mental health services among various entities serving the center’s catchment area, (III) increase the awareness of the residents of the center’s catchment area of the nature of mental health problems and the types of mental health services available, and (IV) promote the prevention and control of rape and the proper treatment of the victims of rape;



“(E) assistance to courts and other public agencies in screening residents of the center’s catchment area who are being considered for referral to a State mental health facility for inpatient treatment to determine if they should be so referred and provision, where appropriate, of treatment for such persons through the center as an alternative to inpatient treatment at such a facility;

“(F) provision of followup care for residents of its catchment area who have been discharged from a mental health facility;

“(G) a program of transitional half-way house services for mentally ill individuals who are residents of its catchment area and who have been discharged from a mental health facility or would without such services require inpatient care in such a facility; and

“(H) provision of each of the following service programs (other than a service program for which there is not sufficient need (as determined by the Secretary) in the center’s catchment area, or the need for which in the center’s catchment area the Secretary determines is currently being met):

“(i) A program for the prevention and treatment of alcoholism and alcohol abuse and for the rehabilitation of alcohol abusers and alcoholics.

“(ii) A program for the prevention and treatment of drug addiction and abuse and for the rehabilitation of drug addicts, drug abusers, and other persons with drug dependency problems.

“(2) The provision of comprehensive mental health services through a center shall be coordinated with the provision of services by other health and social service agencies (including State mental health facilities) in or serving residents of the center’s catchment area to insure that persons receiving services through the center have access to all such health and social services as they may require. The center’s services (A) may be provided at the center or satellite centers through the staff of the center or through appropriate arrangements with health professionals and others in the center’s catchment area, (B) shall be available and accessible to the residents of the area promptly, as appropriate, and in a manner which preserves human dignity and assures continuity and high quality care and which overcomes geographic, cultural, linguistic, and economic barriers to the receipt of services, and (C) when medically necessary, shall be available and accessible twenty-four hours a day and seven days a week.

“(c) (1) (A) The governing body of a community mental health center (other than a center described in subparagraph (B)) shall (i) be composed, where practicable, of individuals who reside in the center’s catchment area and who, as a group, represent the residents of that area taking into consideration their employment, age, sex, and place of residence, and other demographic characteristics of the area, and (ii) meet at least once a month, establish general policies for the center (including a schedule of hours during which services will be provided), approve the center’s annual budget, and approve the selection of a director for the center. At least one-half of the members of such body shall be individuals who are not providers of health care.

“(B) In the case of a community mental health center which before the date of enactment of the Community Mental Health Centers Amendments of 1975 was operated by a governmental agency and received a grant under section 220 (as in effect before such date), the requirements of subparagraph (A) shall not apply with respect to





such center, but the governmental agency operating the center shall appoint a committee to advise it with respect to the operations of the center, which committee shall be composed of individuals who reside in the center's catchment area, who are representative of the residents of the area as to employment, age, sex, place of residence, and other demographic characteristics, and at least one-half of whom are not providers of health care.

“(2) For purposes of subparagraphs (A) and (B) of paragraph (1), the term ‘provider of health care’ means an individual—

“(A) who is a direct provider of health care (including a physician, dentist, nurse, podiatrist, or physician assistant) in that (i) the individual's primary current activity is the provision of health care to individuals or the administration of facilities or institutions (including hospitals, long-term care facilities, outpatient facilities, and health maintenance organizations) in which such care is provided, and (ii) when required by State law, the individual has received professional training in the provision of such care or in such administration and is licensed or certified for such provision or administration; or

“(B) who is an indirect provider of health care in that the individual—

“(i) holds a fiduciary position with, or has a fiduciary interest in, any entity described in subclause (II) or (IV) of clause (ii);

“(ii) receives (either directly or through his spouse) more than one-tenth of his gross annual income from any one or combination of the following:

“(I) Fees or other compensation for research into or instruction in the provision of health care.

“(II) Entities engaged in the provision of health care or in such research or instruction.

“(III) Producing or supplying drugs or other articles for individuals or entities for use in the provision of, in research into, or instruction in the provision of, health care.

“(IV) Entities engaged in producing drugs or such other articles.

“(iii) is a member of the immediate family of an individual described in subparagraph (A) or in clause (i), (ii), or (iv) of subparagraph (B); or

“(iv) is engaged in issuing any policy or contract of individual or group health insurance or hospital or medical service benefits.

“(d) A center shall have established, in accordance with regulations prescribed by the Secretary, (1) an ongoing quality assurance program (including utilization and peer review systems) respecting the center's services, (2) an integrated medical records system (including a drug use profile) which, in accordance with applicable Federal and State laws respecting confidentiality, is designed to provide access to all past and current information regarding the health status of each patient and to maintain safeguards to preserve confidentiality and to protect the rights of the patient, (3) a professional advisory board, which is composed of members of the center's professional staff, to advise the governing board in establishing policies governing medical and other services provided by such staff on behalf of the center, and (4) an identifiable administrative unit which shall be responsible for providing the consultation and education services described in sub-



section (b)(1)(D). The Secretary may waive the requirements of clause (4) with respect to any center if he determines that because of the size of such center or because of other relevant factors the establishment of the administrative unit described in such clause is not warranted.

“GRANTS FOR PLANNING COMMUNITY MENTAL HEALTH CENTER PROGRAMS

“SEC. 202. (a) The Secretary may make grants to public and non-profit private entities to carry out projects to plan community mental health center programs. In connection with a project to plan a community mental health center program for an area the grant recipient shall (1) assess the needs of the area for mental health services, (2) design a community mental health center program for the area based on such assessment, (3) obtain within the area financial and professional assistance and support for the program, and (4) initiate and encourage continuing community involvement in the development and operation of the program. The amount of any grant under this subsection may not exceed \$75,000.

“(b) A grant under subsection (a) for a project shall be made for its costs for the one-year period beginning on the first day of the month in which the grant is made; and, if a grant is made under such subsection for a project, no other grant may be made for such project under such subsection.

“(c) The Secretary shall give special consideration to applications submitted for grants under subsection (a) for projects for community mental health centers programs for areas designated by the Secretary as urban or rural poverty areas. No applications for a grant under subsection (a) may be approved unless the application is recommended for approval by the National Advisory Mental Health Council.

“(d) There are authorized to be appropriated for payments under grants under subsection (a) \$3,750,000 for the fiscal year 1976, and \$3,750,000 for the fiscal year 1977.

“GRANTS FOR INITIAL OPERATION

“SEC. 203. (a) (1) The Secretary may make grants to—

“(A) public and nonprofit private community mental health centers, and

“(B) any public or nonprofit private entity which—

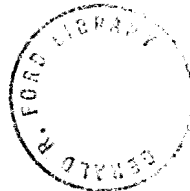
“(i) is providing mental health services,

“(ii) meets the requirements of section 201 except that it is not providing all of the comprehensive mental health services described in subsection (b)(1) of such section, and

“(iii) has a plan satisfactory to the Secretary for the provision of all such services within two years after the date of the receipt of the first grant under this subsection,

to assist them in meeting their costs of operation (other than costs related to construction).

“(2) Grants under subsection (a) may only be made for a grantee's costs of operation during the first eight years after its establishment. In the case of a community mental health center or other entity which received a grant under section 220 (as in effect before the date of enactment of the Community Mental Health Centers Amendments of 1975), such center or other entity shall, for purposes of grants under subsection (a), be considered as having been in operation for a number of years equal to the sum of the number of grants in the first series



of grants it received under such section and the number of grants it has received under this subsection.

“(b) (1) Each grant under subsection (a) to a community mental health center or other entity shall be made for the costs of its operation for the one-year period beginning on the first day of the month in which such grant is made.

“(2) No community mental health center may receive more than eight grants under subsection (a). No entity described in subsection (a) (1) (B) may receive more than two grants under subsection (a). In determining the number of grants that a community mental health center has received under subsection (a), there shall be included any grants which the center received under such subsection as an entity described in paragraph (1) (B) of such subsection.

“(c) The amount of a grant for any year made under subsection (a) shall be the lesser of the amounts computed under paragraph (1) or (2) as follows:

“(1) An amount equal to the amount by which the grantee’s projected costs of operation for that year exceed the total of State, local, and other funds and of the fees, premiums, and third-party reimbursements which the grantee may reasonably be expected to collect in that year.

“(2) (A) Except as provided in subparagraph (B), an amount equal to the following percentages of the grantee’s projected costs of operation: 80 per centum of such costs for the first year of its operation, 65 per centum of such costs for the second year of its operation, 50 per centum of such costs for the third year of its operation, 35 per centum of such costs for the fourth year of its operation, 30 per centum of such costs for the fifth and sixth years of its operation, and 25 per centum of such costs for the seventh and eighth years of its operation.

“(B) In the case of a grantee providing services for persons in an area designated by the Secretary as an urban or rural poverty area, an amount equal to the following percentages of the grantee’s projected costs of operation: 90 per centum of such costs for the first two years of its operation, 80 per centum of such costs for the third year of its operation, 70 per centum of such costs for the fourth year of its operation, 60 per centum of such costs for the fifth year of its operation, 50 per centum of such costs for the sixth year of its operation, 40 per centum of such costs for the seventh year of its operation, and 30 per centum of such costs for the eighth year of its operation.

In any year in which a grantee receives a grant under section 204 for consultation and education services, the costs of the grantee’s operation for that year attributable to the provision of such services and its collections in that year for such services shall be disregarded in making a computation under paragraph (1) or (2) respecting a grant under subsection (a) for that year.

“(d) (1) There are authorized to be appropriated for payments under initial grants under subsection (a) \$50,000,000 for fiscal year 1976, and \$55,000,000 for fiscal year 1977.

“(2) For fiscal year 1977, and for each of the succeeding seven fiscal years, there are authorized to be appropriated such sums as may be necessary to make payments under continuation grants under subsection (a) to community mental health centers and other entities which first received an initial grant under this section for fiscal year 1976, or the next fiscal year and which are eligible for a grant under this section

in a fiscal year for which sums are authorized to be appropriated under this paragraph.

“(e) (1) Any entity which has not received a grant under subsection (a), which received a grant under section 220, 242, 243, 251, 256, 264, or 271 of this title (as in effect before the date of enactment of the Community Mental Health Centers Amendments of 1975) from appropriations under this title for a fiscal year ending before July 1, 1975, and which would be eligible for another grant under such section from an appropriation for a succeeding fiscal year if such section were not repealed by the Community Mental Health Centers Amendments of 1975 may, in lieu of receiving a grant under subsection (a) of this section, continue to receive a grant under each such repealed section under which it would be so eligible for another grant—

“(A) for the number of years and in the amount prescribed for the grant under each such repealed section, except that—

“(i) the entity may not receive under this subsection more than two grants under any such repealed section unless it meets the requirements of section 201, and

“(ii) the total amount received for any year (as determined under regulations of the Secretary) under the total of the grants made to the entity under this subsection may not exceed the amount by which the entity’s projected costs of operation for that year exceed the total collections of State, local, and other funds and of the fees, premiums, and third-party reimbursements which the entity may reasonably be expected to make in that year; and

“(B) in accordance with any other terms and conditions applicable to such grant.

In any year in which a grantee under this subsection receives a grant under section 204 for consultation and education services, the staffing costs of the grantee for that year which are attributable to the provision of such services and the grantee’s collections in that year for such services shall be disregarded in applying subparagraph (A) and the provisions of the repealed section applicable to determining the amount of the grant the grantee may receive under this subsection for that year.

“(2) An entity which receives a grant the authority for which is provided by this subsection may not receive any grant under subsection (a).

“(3) There are authorized to be appropriated for fiscal year 1976, and for each of the next six fiscal years such sums as may be necessary to make grants in accordance with paragraph (1).

“(f) Unless otherwise specifically provided, a reference in this title to a grant under section 203 includes a grant under subsection (a) of this section and a grant the authority for which is provided by subsection (e) of this section.

“GRANTS FOR CONSULTATION AND EDUCATION SERVICES

“Sec. 204. (a) (1) The Secretary may make annual grants to any community mental health center for the costs of providing the consultation and education services described in section 201(b)(1)(D) if the center—

“(A) received from appropriations for a fiscal year ending before July 1, 1975, a staffing grant under section 220 of this title (as in effect before the date of enactment of the Community Mental Health Centers Amendments of 1975) and may not because

of limitations respecting the period for which grants under that section may be made receive under section 203(e) an additional grant under such section 220; or

“(B) has received or is receiving a grant under section 203 and the number of years in which the center has been in operation (as determined in accordance with section 203(a)(2)) is not less than four (or is not less than two if the Secretary determines that the center will be unable to adequately provide the consultation and education services described in section 201(b)(1)(D) during the third or fourth years of its operation without a grant under this subsection).

“(2) The Secretary may also make annual grants to a public or non-profit private entity—

“(A) which has not received any grant under this title (other than a grant under this section as amended by the Community Mental Health Centers Amendments of 1975),

“(B) which meets the requirements of section 201 except, in the case of an entity which has not received a grant under this section, the requirement for the provision of consultation and education services described in section 201(b)(1)(D), and

“(C) the catchment area of which is not within (in whole or in part) the catchment area of a community mental health center, for the costs of providing such consultation and education services.

“(b) The amount of any grant made under subsection (a) shall be determined by the Secretary, but no such grant to a center may exceed the lesser of 100 per centum of such center's costs of providing such consultation and education services during the year for which the grant is made or—

“(1) in the case of each of the first two years for which a center receives such grant, the sum of (A) an amount equal to the product of \$0.50 and the population of the center's catchment area, and (B) the lesser of (i) one-half the amount determined under clause (A), or (ii) one-half of the amount received by the center in such year from charges for the provision of such services;

“(2) in the case of the third year for which a center receives such a grant, the sum of (A) an amount equal to the product of \$0.50 and the population of the center's catchment area, and (B) the lesser of (i) one-half the amount determined under clause (A), or (ii) one-fourth of the amount received by the center in such year from charges for the provision of such services; and

“(3) (A) except as provided in subparagraph (B), in the case of the fourth year and each subsequent year thereafter for which a center receives such a grant, the lesser of (i) the sum of (I) an amount equal to the product of \$0.125 and the population of the center's catchment area, and (II) one-eighth of the amount received by the center in such year from charges for the provision of such services, or (ii) \$50,000; or

“(B) in the case of the fourth year and each subsequent year for which a center receives such a grant, the sum of (i) an amount equal to the product of \$0.25 and the population of the center's catchment area, and (ii) the lesser of (I) the amount determined under clause (i) of this subparagraph, or (II) one-fourth of the amount received by the center in such year from charges for the provision for such services if the amount of the last grant received by the center under section 220 of this title (as in effect before the date of the enactment of the Community Mental Health Centers Amendments of 1975) or section 203 of this title, as the case



may be, was determined on the basis of the center providing services to persons in an area designated by the Secretary as an urban or rural poverty area.

For purposes of this subsection, the term 'center' includes an entity which receives a grant under subsection (a) (2).

“(c) There are authorized to be appropriated for payments under grants under this section \$10,000,000 for fiscal year 1976, and \$15,000,000 for fiscal year 1977.

“CONVERSION GRANTS

“SEC. 205. (a) The Secretary may make not more than two grants to any public or nonprofit entity which—

“(1) has an approved application for a grant under section 203 or 211, and

“(2) can reasonably be expected to have an operating deficit, for the period for which a grant is or will be made under such application, which is greater than the amount of the grant the entity is receiving or will receive under such application, for the entity's reasonable costs in providing mental health services which are described in section 201(b) (1) but which the entity did not provide before the date of the enactment of the Community Mental Health Centers Amendments of 1975.

“(b) (1) Each grant under subsection (a) to an entity shall be made for the same period as the period for which the grant under section 203 or 211 for which the entity had an approved application is or will be made.

“(2) The amount of any grant under subsection (a) to any entity shall be determined by the Secretary, but no such grant may exceed that part of the entity's projected operating deficit for the year for which the grant is made which is reasonably attributable to its costs of providing in such year the services with respect to which the grant is made. For purposes of this paragraph, the term 'projected operating deficit' means the excess of an entity's projected costs of operation (including the costs of operation related to the provision of services for which a grant may be made under subsection (a)) for a particular period over the total of the amount of State, local, and other funds (including funds under a grant under section 203, 204, or 211) received by the entity in that period and the fees, premiums, and third-party reimbursements which the entity may reasonably be expected to collect during that period.

“(c) There are authorized to be appropriated for payments under grants under subsection (a) \$20,000,000 for fiscal year 1976, and \$20,000,000 for fiscal year 1977.

“GENERAL PROVISIONS RESPECTING GRANTS UNDER THIS PART

“SEC. 206. (a) (1) No grant may be made under this part to any entity or community mental health center in any State unless a State plan for the provision of comprehensive mental health services within such State has been submitted to, and approved by, the Secretary under section 237.

“(b) No grant may be made under this part unless an application (meeting the requirements of subsection (c)) for such grant has been submitted to, and approved by, the Secretary.

“(c) (1) An application for a grant under this part shall be submitted in such form and manner as the Secretary shall prescribe and shall

contain such information as the Secretary may require. Except as provided in paragraph (3), an application for a grant under section 203, 204, or 205 shall contain or be supported by assurances satisfactory to the Secretary that—

“(A) the community mental health center for which the application is submitted will provide, in accordance with regulations of the Secretary (i) an overall plan and budget that meets the requirements of section 1861(z) of the Social Security Act, and (ii) an effective procedure for developing, compiling, evaluating, and reporting to the Secretary statistics and other information (which the Secretary shall publish and disseminate on a periodic basis and which the center shall disclose at least annually to the general public) relating to (I) the cost of the center’s operation, (II) the patterns of use of its services, (III) the availability, accessibility, and acceptability of its services, (IV) the impact of its services upon the mental health of the residents of its catchment area, and (V) such other matters as the Secretary may require;

“(B) such community mental health center will, in consultation with the residents of its catchment area, review its program of services and the statistics and other information referred to in subparagraph (A) to assure that its services are responsive to the needs of the residents of the catchment area;

“(C) to the extent practicable, such community mental health center will enter into cooperative arrangements with health maintenance organizations serving residents of the center’s catchment area for the provision through the center of mental health services for the members of such organizations under which arrangements the charges to the health maintenance organizations for such services shall be not less than the actual costs to the center of providing such services;

“(D) in the case of a community mental health center serving a population including a substantial proportion of individuals of limited English-speaking ability, the center has (i) developed a plan and made arrangements responsive to the needs of such population for providing services to the extent practicable in the language and cultural context most appropriate to such individuals, and (ii) identified an individual on its staff who is fluent in both that language and English and whose responsibilities shall include providing guidance to such individuals and to appropriate staff members with respect to cultural sensitivities and bridging linguistic and cultural differences;

“(E) such community mental health center has (i) established a requirement that the health care of every patient must be under the supervision of a member of the professional staff, and (ii) provided for having a member of the professional staff available to furnish necessary mental health care in case of an emergency;

“(F) such community mental health center has provided appropriate methods and procedures for the dispensing and administering of drugs and biologicals;

“(G) in the case of an application for a grant under section 203 for a community mental health center which will provide services to persons in an area designated by the Secretary as an urban or rural poverty area, the applicant will use the additional grant funds it receives, because it will provide services to persons in such an area, to provide services to persons in such area who are unable to pay therefor;



“(H) such community mental health center will develop a plan for adequate financial support to be available, and will use its best efforts to insure that adequate financial support will be available, to it from Federal sources (other than this part) and non-Federal sources (including, to the maximum extent feasible, reimbursement from the recipients of consultation and education services and screening services provided in accordance with sections 201(b)(1)(D) and 201(b)(1)(E)) so that the center will be able to continue to provide comprehensive mental health services when financial assistance provided under this part is reduced or terminated, as the case may be;

“(I) such community mental health center (i) has or will have a contractual or other arrangement with the agency of the State, in which it provides services, which administers or supervises the administration of a State plan approved under title XIX of the Social Security Act for the payment of all or a part of the center’s costs in providing health services to persons who are eligible for medical assistance under such a State plan, or (ii) has made or will make every reasonable effort to enter into such an arrangement;

“(J) such community mental health center has made or will make and will continue to make every reasonable effort to collect appropriate reimbursement for its costs in providing health services to persons who are entitled to insurance benefits under title XVIII of the Social Security Act, to medical assistance under a State plan approved under title XIX of such Act, or to assistance for medical expenses under any other public assistance program or private health insurance program;

“(K) such community mental health center (i) has prepared a schedule of fees or payments for the provision of its services designed to cover its reasonable costs of operation and a corresponding schedule of discounts to be applied to the payment of such fees or payments which discounts are adjusted on the basis of the patient’s ability to pay; (ii) has made and will continue to make every reasonable effort (I) to secure from patients payment for services in accordance with such approved schedules, and (II) to collect reimbursement for health services to persons described in subparagraph (J) on the basis of the full amount of fees and payments for such services without application of any discount, and (iii) has submitted to the Secretary such reports as he may require to determine compliance with this subparagraph; and

“(L) such community mental health center will adopt and enforce a policy (i) under which fees for the provision of mental health services through the center will be paid to the center, and (ii) which prohibits health professionals who provide such services to patients through the center from providing such services to such patients except through the center.

An application for a grant under section 203 shall also contain a long-range plan for the expansion of the program of the community mental health center for which the application is submitted for the purpose of meeting anticipated increases in demand by residents of the center’s catchment area for the comprehensive mental health services described in section 201(b)(1). Such a plan shall include a description of planned growth in the programs of the center, estimates of increased costs arising from such growth, estimates of the portion of such increased costs to be paid from Federal funds, and anticipated



sources of non-Federal funds to pay the portion of such increased costs not to be paid from Federal funds.

“(2) The Secretary may approve an application for a grant under section 203, 204, or 205 only if the application is recommended for approval by the National Advisory Mental Health Council, the application meets the requirements of paragraph (1), and, except as provided in paragraph (3), the Secretary—

“(A) determines that the facilities and equipment of the applicant under the application meet such requirements as the Secretary may prescribe;

“(B) determines that—

“(i) the application contains or is supported by satisfactory assurances that the comprehensive mental health services (in the case of an application for a grant under section 203 or 205) or the consultation and education services (in the case of an application for a grant under section 204) to be provided by the applicant will constitute an addition to, or a significant improvement in quality (as determined in accordance with criteria of the Secretary) of, services that would otherwise be provided in the catchment area of the applicant;

“(ii) the application contains or is supported by satisfactory assurances that Federal funds made available under section 203, 204, or 205, as the case may be, will (I) be used to supplement and, to the extent practical, increase the level of State, local, and other non-Federal funds, including third-party health insurance payments, that would in the absence of such Federal funds be made available for the applicant's comprehensive mental health services, and (II) in no event supplant such State, local, and other non-Federal funds;

“(iii) in the case of an applicant which received a grant from appropriations for the preceding fiscal year, during the year for which the grant was made the applicant met, in accordance with the section under which such grant was made, the requirements of section 201 and complied with the assurances which were contained in or supported the applicant's application for such grant; and

“(iv) in the case of an application for a grant the amount of which is or may be determined under section 203(c)(2)(B) or 204(b)(3)(B) or under a provision of a repealed section of this title referred to in section 203(e) which authorizes an increase in the ceiling on the amount of a grant to support services to persons in areas designated by the Secretary as urban or rural poverty areas, the application contains or is supported by assurances satisfactory to the Secretary that the services of the applicant will, to the extent feasible, be used by a significant number of persons residing in an area designated by the Secretary as an urban or rural poverty area and requiring such services.

“(3) In the case of an application—

“(A) for the first grant under section 203(a) for an entity described in section 203(a)(1)(B), or

“(B) for the first grant the authority for which is provided by section 203(e),

the Secretary may approve such application without regard to the assurances required by the second sentence of paragraph (1) of this subsection and without regard to the determinations required of the Secretary under paragraph (2) of this subsection if the application

contains or is supported by assurances satisfactory to the Secretary that the applicant will undertake, during the period for which such first grant is to be made, such actions as may be necessary to enable the applicant, upon the expiration of such period, to make each of the assurances required by paragraph (1) and to enable the Secretary, upon the expiration of such period, to make each of the determinations required by paragraph (2).

“(4) In each fiscal year for which a community mental health center receives a grant under section 203, 204, or 205, such center shall obligate for a program of continuing evaluation of the effectiveness of its programs in serving the needs of the residents of its catchment area and for a review of the quality of the services provided by the center not less than an amount equal to 2 per centum of the amount obligated by the center in the preceding fiscal year for its operating expenses.

“(5) The costs for which grants may be made under section 203(a), 204, or 205 shall be determined in the manner prescribed in regulations of the Secretary issued after consultation with the National Advisory Mental Health Council.

“(6) If the Secretary determines under section 203, 204, or 205 that an applicant for a grant under such section—

“(A) has not made reasonable efforts to secure payments or reimbursements in accordance with assurances provided under subparagraph (I), (J), or (K) of subsection (c) (1), or

“(B) is capable of increasing the amount of payments or reimbursements described in any such subparagraph, the Secretary shall, in the case of a determination described in subparagraph (A), inform the applicant of the respects in which the applicant has not made such reasonable efforts and the manner in which the applicant's performance can be improved and, in the case of a determination described in subparagraph (B), inform the applicant of the manner in which the applicant can increase the amount of such payments. The Secretary shall give to an applicant a reasonable opportunity to respond, before the amount of the grant the applicant is applying for is determined, to a determination described in the preceding sentence. A determination of the Secretary referred to in the first sentence shall be referred to the National Advisory Mental Health Council for its review and recommendations.

“(d) An application for a grant under this part which is submitted to the Secretary shall at the same time be submitted to the State mental health authority for the State in which the project or community mental health center for which the application is submitted is located. A State mental health authority which receives such an application under this subsection may review it and submit its comments to the Secretary within the forty-five-day period beginning on the date the application was received by it. The Secretary shall take action to require an applicant to revise his application or to approve or disapprove an application within the period beginning on the date the State mental health authority submits its comments or on the expiration of such forty-five-day period, whichever occurs first, and ending on the ninetieth day following the date the application was submitted to him.

“(e) Not more than 2 per centum of the total amount appropriated under sections 203, 204, and 205 for any fiscal year shall be used by the Secretary to provide directly through the Department technical assistance for program management and for training in program management to community mental health centers which received grants under such sections or to entities which received grants under section 220 of

this title in a fiscal year beginning before the date of the enactment of the Community Mental Health Centers Amendments of 1975.

“(f) For purposes of subsections (b), (c), (d), and (e) of this section, the term ‘community mental health center’ includes an entity which applies for or has received a grant under section 203 or 204 (a) (2).

“PART B—FINANCIAL DISTRESS GRANTS

“GRANT AUTHORITY

“SEC. 211. The Secretary may make grants for the operation of any community mental health center which—

“(1) (A) received a grant under section 220 of this title (as in effect before the date of enactment of the Community Mental Health Centers Amendments of 1975) and, because of limitations in such section 220 respecting the period for which the center may receive grants under such section 220, is not eligible for further grants under that section for a fiscal year beginning after June 30, 1975; or

“(B) received a grant or grants under section 203(a) of this title and, because of limitations respecting the period for which grants under such section may be made, is not eligible for further grants under that section; and

“(2) demonstrates that without a grant under this section there will be a significant reduction in the types or quality of services provided or there will be an inability to provide the services described in section 201(b).

“GRANT REQUIREMENTS

“SEC. 212. (a) No grant may be made under section 211 to any community mental health center in any State unless a State plan for the provision of comprehensive mental health services within such State has been submitted to, and approved by, the Secretary under section 237. Any grant under section 211 may be made upon such terms and conditions as the Secretary determines to be reasonable and necessary, including requirements that the community mental health center agree (1) to disclose any financial information or data deemed by the Secretary to be necessary to determine the sources or causes of that center's financial distress, (2) to conduct a comprehensive cost analysis study in cooperation with the Secretary, (3) to carry out appropriate operational and financial reforms on the basis of information obtained in the course of the comprehensive cost analysis study or on the basis of other relevant information, and (4) to use a grant received under section 211 to enable it to provide (within such period as the Secretary may prescribe) the comprehensive mental health services described in section 201(b) and to revise its organization to meet the requirements of sections 201(c) and 201(d).

“(b) An application for a grant under section 211 must contain or be supported by the assurances prescribed by subparagraphs (A), (B), (C), (D), (E), (F), (G), (I), (J), (K), and (L) of section 206(c) (1) and assurances satisfactory to the Secretary that the applicant will expend for its operation as a community mental health center, during the year for which such grant is sought, an amount of funds (other than funds for construction, as determined by the Secretary) from non-Federal sources which is at least as great as the average annual

amount of funds expended by such applicant for such purpose (excluding expenditures of a nonrecurring nature) in the three years immediately preceding the year for which such grant is sought. The Secretary may not approve such an application unless it has been recommended for approval by the National Advisory Mental Health Council. The requirements of section 206(d) respecting opportunity for review of applications by State mental health authorities and time limitations on actions by the Secretary on applications shall apply with respect to applications submitted for grants under section 211.

“(c) Each grant under this section to a grantee shall be made for the projected costs of operation (except the costs of providing the consultation and education services described in section 201(b)(1)(D)) of such grantee for the one-year period beginning on the first day of the first month in which such grant is made. No community mental health center may receive more than three grants under section 211.

“(d) The amount of a grant for a community mental health center under section 211 for any year shall be the lesser of the amounts computed under paragraph (1) or (2) as follows:

“(1) An amount equal to the amount by which the center’s projected costs of operation for that year exceed the total of State, local, and other funds and of the fees, premiums, and third-party reimbursements which the center may reasonably be expected to collect in that year.

“(2) An amount equal to the product of—

“(A) 90 per centum of the percentage of costs—

“(i) which was the ceiling on the grant last made to the center in the first series of grants it received under section 220 of this title (as in effect before the date of the enactment of the Community Mental Health Centers Amendments of 1975), or

“(ii) prescribed by subsection (c)(2) of section 203 for computation of the last grant to the center under such section,

whichever grant was made last, and

“(B) the center’s projected costs of operation in the year for which the grant is to be made under section 211.

#### “AUTHORIZATION OF APPROPRIATIONS

“SEC. 213. There are authorized to be appropriated \$15,000,000 for fiscal year 1976, and \$15,000,000 for fiscal year 1977 for payments under grants under section 211.

#### “PART C—FACILITIES ASSISTANCE

##### “ASSISTANCE AUTHORITY

“SEC. 221. (a) From allotments made under section 227 the Secretary shall pay, in accordance with this part, the Federal share of projects for (1) the acquisition or remodeling, or both, of facilities for community mental health centers, (2) the leasing (for not more than twenty-five years) of facilities for such centers, (3) the construction of new facilities or expansion of existing facilities for community mental health centers if not less than 25 per centum of the residents of the centers’ catchment areas are members of low-income groups (as determined under regulations prescribed by the Secretary), and (4) the initial equipment of a facility acquired, remodeled, leased, con-



structed, or expanded with financial assistance provided under payments under this part. Payments shall not be made for the construction of a new facility or the expansion of an existing one unless the Secretary determines that it is not feasible for the recipient to acquire or remodel an existing facility.

“(b) (1) For purposes of this part, the term ‘Federal share’ with respect to any project described in subsection (a) means the portion of the cost of such project to be paid by the Federal Government under this part.

“(2) The Federal share with respect to any project described in subsection (a) in a State shall be the amount determined by the State agency of the State, but, except as provided in paragraph (3), the Federal share for any such project may not exceed  $66\frac{2}{3}$  per centum of the costs of such project or the State’s Federal percentage, whichever is the lower. Prior to the approval of the first such project in a State during any fiscal year, the State agency shall give the Secretary written notification of (A) the maximum Federal share, established pursuant to this paragraph, for such projects in such State which the Secretary approves during such fiscal year, and (B) the method for determining the specific Federal share to be paid with respect to any such project; and such maximum Federal share and such method of Federal share determination for such projects in such State during such fiscal year shall not be changed after the approval of the first such project in the State during such fiscal year.

“(3) In the case of any community mental health center which provides or will, upon completion of the project for which application has been made under this part, provide services for persons in an area designated by the Secretary as an urban or rural poverty area, the maximum Federal share determined under paragraph (2) may not exceed 90 per centum of the costs of the project.

“(4) (A) For purposes of paragraph (2), the Federal percentage for (i) Puerto Rico, Guam, American Samoa, and the Virgin Islands shall be  $66\frac{2}{3}$  per centum, and (ii) any other State shall be 100 per centum less that percentage which bears the same ratio to 50 per centum as the per capita income of such State bears to the average per capita income of all such other States.

“(B) The Federal percentages under clause (ii) of subparagraph (A) shall be promulgated by the Secretary, between October 1 and December 31 of each even-numbered year, on the basis of the average of the per capita incomes of each of the States subject to such Federal percentages and of all the States subject to such percentages for the three most recent consecutive years for which satisfactory data are available from the Department of Commerce. Such promulgation shall be conclusive for each of the two fiscal years in the period beginning July 1 next succeeding such promulgation.

“APPROVAL OF PROJECTS

“SEC. 222. (a) For each project for a community mental health center facility pursuant to a State plan approved under section 237, there shall be submitted to the Secretary, through the State agency of the State, an application by the State or a political subdivision thereof or by a public or other nonprofit agency. If two or more such agencies join in the project, the application may be filed by one or more of such agencies. Such application shall set forth—

“(1) a description of the site for such project;

“(2) plans and specifications therefor in accordance with the regulations prescribed by the Secretary under section 236;

“(3) except in the case of a leasing project, reasonable assurance that title to such site is or will be vested in one or more of the agencies filing the application or in a public or nonprofit private agency which is to operate the community mental health center;

“(4) reasonable assurance that adequate financial support will be available for the project and for its maintenance and operation when completed;

“(5) reasonable assurance that all laborers and mechanics employed by contractors or subcontractors in the performance of work on a construction or remodeling project 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 Act of March 3, 1931 (40 U.S.C. 276a—276a-5, known as the Davis-Bacon Act), and the Secretary of Labor shall have with respect to such labor standards the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 5 U.S.C. Appendix) and section 2 of the Act of June 13, 1934 (40 U.S.C. 276c);

“(6) a certification by the State agency of the Federal share for the project; and

“(7) the assurances described in section 206(c) (2).

Each applicant shall be afforded an opportunity for a hearing before the State agency respecting its application. For purposes of paragraph (3), the term ‘title’ means a fee simple or such other estate or interest (including a leasehold on which the rental does not exceed 4 per centum of the value of the land) as the Secretary finds sufficient to assure for a period of not less than fifty years undisturbed use and possession for the purposes of acquisition, remodeling, construction, or expansion of a facility and its operation.

“(b) The Secretary shall approve an application submitted in accordance with subsection (a) if—

“(1) sufficient funds to pay the Federal share for the project for which the application was submitted are available from the allotment to the State;

“(2) the Secretary finds that the application meets the applicable requirements of subsection (a) and the community mental health center for which the application was submitted will meet the requirements of the State plan (under section 237) of the State in which the project is located; and

“(3) the Secretary finds that the application has been approved and recommended by the State agency and is entitled to priority over other projects within the State, as determined under the State plan.

No application shall be disapproved by the Secretary until he has afforded the State agency an opportunity for a hearing. The Secretary may not approve an application under this part for a project for a facility for a community mental health center or other entity which received a grant under section 220, 242, 243, 251, 256, 264, or 271 of this title (as in effect before the date of the enactment of the Community Mental Health Centers Amendments of 1975) from appropriations for a fiscal year ending before July 1, 1975, unless the Secretary determines that the application is for a project for a center or entity which upon completion of such project will be able to significantly expand its services and which demonstrates exceptional financial need



for assistance under this part for such project. Amendment of any approved application shall be subject to approval in the same manner as an original application.

“PAYMENTS

“SEC. 223. (a) (1) Upon certification to the Secretary by the State agency, based upon inspection by it, that work has been performed upon a remodeling, construction, or expansion project, or purchases for such a project have been made, in accordance with the approved plans and specifications, and that payment of an installment is due to the applicant, such installment shall be paid to the State, from the applicable allotment of such State, except that (1) if the State is not authorized by law to make payments to the applicant, the payment shall be made directly to the applicant, (2) if the Secretary, after investigation or otherwise, has reason to believe that any act (or failure to act) has occurred requiring action pursuant to subsection (c) of this section, payment may, after he has given the State agency notice of opportunity for hearing pursuant to such section, be withheld in whole or in part, pending corrective action or action based on such hearing, and (3) the total payments with respect to such project may not exceed an amount equal to the Federal share of the cost of such project.

“(2) If an amendment to an approved application is approved or the estimated cost of a remodeling, construction, or expansion project is revised upward, any additional payment with respect thereto may be made from the applicable allotment of the State for the fiscal year in which such amendment or revision is approved.

“(b) Payments from a State allotment for acquisition and leasing projects shall be made in accordance with regulations which the Secretary shall promulgate.

“(c) (1) If the Secretary finds that—

“(A) a State agency is not substantially complying with the provisions required by section 237 to be in a State plan or with regulations issued under section 236;

“(B) any assurance required to be in an application filed under section 222 is not being carried out;

“(C) there is substantial failure to carry out plans and specifications approved by the Secretary under section 222; or

“(D) adequate State funds are not being provided annually for the direct administration of a State plan approved under section 237,

the Secretary may take the action authorized under paragraph (2) of this subsection if the finding was made after reasonable notice and opportunity for hearing to the involved State agency.

“(2) If the Secretary makes a finding described in paragraph (1), he may notify the involved State agency, which is the subject of the finding or which is connected with a project or State plan which is the subject of the finding, that—

“(A) no further payments will be made to the State from allotments under section 227; or

“(B) no further payments will be made from allotments under section 227 for any project or projects designated by the Secretary as being affected by the action or inaction referred to in subparagraph (A), (B), (C), or (D) of paragraph (1),

as the Secretary may determine to be appropriate under the circumstances; and, except with regard to any project for which the application has already been approved and which is not directly affected, further payments from such allotments may be withheld, in whole or



S. 66—23

in part, until there is no longer any failure to comply (or to carry out the assurance or plans and specifications or to provide adequate State funds, as the case may be) or, if such compliance (or other action) is impossible, until the State repays or arranges for the repayment of Federal moneys to which the recipient was not entitled.

“JUDICIAL REVIEW

“Sec. 224. If—

“(1) the Secretary refuses to approve an application for a project submitted under section 222, the State agency through which such application was submitted, or

“(2) any State is dissatisfied with the Secretary’s action under section 223(c) or 237(c), such State, may appeal to the United States court of appeals for the circuit in which such State agency or State is located, by filing a petition with such court within sixty days after such action. A copy of the petition shall be forthwith transmitted by the clerk of the court to the Secretary, or any officer designated by him for that purpose. The Secretary thereupon shall file in the court the record of the proceedings on which he based his action, as provided in section 2112 of title 28, United States Code. Upon the filing of such petition, the court shall have jurisdiction to affirm the action of the Secretary or to set it aside, in whole or in part, temporarily or permanently, but, until the filing of the record, the Secretary may modify or set aside his order. The findings of the Secretary as to the facts, if supported by substantial evidence, shall be conclusive, but the court, for good cause shown, may remand the case to the Secretary to take further evidence, and the Secretary may thereupon make new or modified findings of facts and may modify his previous action, and shall file in the court the record of the further proceedings. Such new or modified findings of fact shall likewise be conclusive if supported by substantial evidence. The judgment of the court affirming or setting aside, in whole or in part, any action of the Secretary shall be final, subject to review by the Supreme Court of the United States upon certiorari or certification as provided in section 1254 of title 28, United States Code. The commencement of proceedings under this section shall not, unless so specifically ordered by the court, operate as a stay of the Secretary’s action.

“RECOVERY

“Sec. 225. If any facility of a community mental health center acquired, remodeled, constructed, or expanded with funds provided under this part is, at any time within twenty years after the completion of such remodeling, construction, or expansion or after the date of its acquisition with such funds—

“(1) sold or transferred to any person or entity (A) which is not qualified to file an application under section 222, or (B) which is not approved as a transferee by the State agency of the State in which such facility is located, or its successor; or

“(2) not used by a community mental health center in the provision of comprehensive mental health services, and the Secretary has not determined that there is good cause for termination of such use,

the United States shall be entitled to recover from either the transferor or the transferee in the case of a sale or transfer or from the owner in the case of termination of use an amount bearing the same ratio to the





then value (as determined by the agreement of the parties or by action brought in the United States district court for the district in which the center is situated) of so much of such facility or center as constituted an approved project or projects, as the amount of the Federal participation bore to the acquisition, remodeling, construction, or expansion cost of such project or projects. Such right of recovery shall not constitute a lien upon such facility or center prior to judgment.

“NONDUPLICATION

“SEC. 226. No grant may be made under the Public Health Service Act for the remodeling, construction, or expansion of a facility for a community mental health center unless the Secretary determines that there are no funds available under this part for the remodeling, construction, or expansion of such facility.

“ALLOTMENTS TO STATES

“SEC. 227. (a) In each fiscal year, the Secretary shall, in accordance with regulations, make allotments, from the sums appropriated under section 228, to the States (with State plans approved under section 237) on the basis of (1) the population, (2) the extent of the need for community mental health centers, and (3) the financial need, of the respective States; except that no such allotment to any State, other than the Virgin Islands, American Samoa, Guam, and the Trust Territory of the Pacific Islands, in any fiscal year may be less than \$100,000. Sums so allotted to a State other than the Virgin Islands, American Samoa, Guam, and the Trust Territory of the Pacific Islands, in a fiscal year and remaining unobligated at the end of such year shall remain available to such State for such purpose in the next fiscal year (and in such year only), in addition to the sums allotted for such State in such next fiscal year. Sums so allotted to the Virgin Islands, American Samoa, Guam, or the Trust Territory of the Pacific Islands in a fiscal year and remaining unobligated at the end of such year shall remain available to such State for such purpose in the next two fiscal years (and in such years only), in addition to the sums allotted to such State for such purpose in each of such next two fiscal years.

“(b) The amount of an allotment under subsection (a) to a State in a fiscal year which the Secretary determines will not be required by the State during the period for which it is available for the purpose for which allotted shall be available for reallocation by the Secretary from time to time, on such date or dates as he may fix, to other States with respect to which such a determination has not been made, in proportion to the original allotments of such States for such fiscal year, but with such proportionate amount for any of such other States being reduced to the extent it exceeds the sum the Secretary estimates such State needs and will be able to use during such period; and the total of such reductions shall be similarly reallocated among the States whose proportionate amounts were not so reduced. Any amount so reallocated to a State in a fiscal year shall be deemed to be a part of its allotment under subsection (a) in such fiscal year.

“AUTHORIZATION OF APPROPRIATIONS

“SEC. 228. There are authorized to be appropriated \$5,000,000 for fiscal year 1976, and \$5,000,000 for fiscal year 1977, for allotments under section 227.



“PART D—RAPE PREVENTION AND CONTROL

“RAPE PREVENTION AND CONTROL

“SEC. 231. (a) The Secretary shall establish within the National Institute of Mental Health an identifiable administrative unit to be known as the National Center for the Prevention and Control of Rape (hereinafter in this section referred to as the ‘Center’).

“(b) (1) The Secretary, acting through the Center, may, directly or by grant, carry out the following:

“(A) A continuing study of rape, including a study and investigation of—

“(i) the effectiveness of existing Federal, State, and local laws dealing with rape;

“(ii) the relationship, if any, between traditional legal and social attitudes toward sexual roles, the act of rape, and the formulation of laws dealing with rape;

“(iii) the treatment of the victims of rape by law enforcement agencies, hospitals or other medical institutions, prosecutors, and the courts;

“(iv) the causes of rape, identifying to the degree possible—

“(I) social conditions which encourage sexual attacks, and

“(II) the motives of offenders, and

“(v) the impact of rape on the victim and the family of the victim;

“(vi) sexual assaults in correctional institutions;

“(vii) the actual incidence of forcible rape as compared to the reported incidence of forcible rape and the reasons for any difference in such incidences; and

“(viii) the effectiveness of existing private and local and State government educational, counseling, and other programs designed to prevent and control rape.

“(B) The compilation, analysis, and publication of summaries of the continuing study conducted under subparagraph (A) and the research and demonstration projects conducted under subparagraph (E). The Secretary shall annually submit to the Congress a summary of such study and projects together with recommendations where appropriate.

“(C) The development and maintenance of an information clearinghouse with regard to—

“(i) the prevention and control of rape;

“(ii) the treatment and counseling of the victims of rape and their families; and

“(iii) the rehabilitation of offenders.

“(D) The compilation and publication of training materials for personnel who are engaged or intend to engage in programs designed to prevent and control rape.

“(E) Assistance to community mental health centers and other qualified public and nonprofit private entities in conducting research and demonstration projects concerning the prevention and control of rape, including projects (i) for the planning, developing, implementing, and evaluating of alternative methods used in the prevention and control of rape, the treatment and counseling of the victims of rape and their families, and the rehabilitation of offenders; (ii) for the application of such alternative



methods; and (iii) for the promotion of community awareness of the specific locations in which, and the specific social and other conditions under which, sexual attacks are most likely to occur.

“(F) Assistance to community mental health centers in meeting the costs of providing consultation and education services respecting rape.

“(2) For purposes of this subsection, the term ‘rape’ includes statutory and attempted rape and any other criminal sexual assault (whether homosexual or heterosexual) which involves force or the threat of force.

“(c) The Secretary shall appoint an advisory committee to advise, consult with, and make recommendations to him on the implementation of subsection (b). The Secretary shall appoint to such committee persons who are particularly qualified to assist in carrying out the functions of the committee. A majority of the members of the committee shall be women. Members of the advisory committee shall receive compensation at rates, not to exceed the daily equivalent of the annual 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 advisory committee and, while so serving away from their homes or regular places of business, each member shall be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as authorized by section 5703 of title 5, United States Code, for persons in Government service employed intermittently.

“(d) For the purpose of carrying out subsection (b), there are authorized to be appropriated \$7,000,000 for fiscal year 1976, and \$10,000,000 for fiscal year 1977.

#### “PART E—GENERAL PROVISIONS

##### “DEFINITIONS

“SEC. 235. For purposes of this title—

“(1) The term ‘State’ includes the Commonwealth of Puerto Rico, Guam, American Samoa, the Virgin Islands, the Trust Territory of the Pacific Islands, and the District of Columbia.

“(2) The term ‘State agency’ means the State mental health authority for which grants are authorized under section 314(d) of the Public Health Service Act.

“(3) The term ‘Secretary’ means the Secretary of Health, Education, and Welfare.

“(4) The term ‘National Advisory Mental Health Council’ means the National Advisory Mental Health Council established under section 217 of the Public Health Service Act.

##### “REGULATIONS

“SEC. 236. Regulations issued by the Secretary for the administration of this title shall include provisions applicable uniformly to all the States which—

“(1) prescribe the general manner in which the State agency of a State shall determine the priority of projects for community mental health centers on the basis of the relative need of the different areas of the State for such centers and their services and require special consideration for projects on the basis of the extent to which a center to be assisted or established upon completion of a

project (A) will, alone or in conjunction with other centers owned or operated by the applicant for the project or affiliated or associated with such applicant, provide comprehensive mental health services for residents of a particular community or communities, or (B) will be part of or closely associated with a general hospital;

“(2) prescribe general standards for facilities and equipment for centers of different classes and in different types of location; and

“(3) require that the State plan of a State submitted under section 237 provide for adequate community mental health centers for people residing in the State, and provide for adequate community mental health centers to furnish needed services for persons unable to pay therefor.

The National Advisory Mental Health Council shall be consulted by the Secretary before the issuance of regulations under this section.

“STATE PLAN

“SEC. 237. (a) A State plan for the provision of comprehensive mental health services within a State shall be comprised of the following two parts:

“(1) An administrative part containing provisions respecting the administration of the plan and related matters. Such part shall—

“(A) provide for the designation of a State advisory council to consult with the State agency in administering such plan, which council shall include (i) representatives of non-government organizations or groups, and of State agencies, concerned with the planning, operation, or use of community mental health centers or other mental health facilities, and (ii) representatives of consumers and providers of the services of such centers and facilities who are familiar with the need for such services;

“(B) provide that the State agency will make such reports in such form and containing such information as the Secretary may from time to time reasonably require, and will keep such records and afford such access thereto as the Secretary may find necessary to assure the correctness and verification of such reports;

“(C) provide that the State agency will from time to time, but not less often than annually, review the State plan and submit to the Secretary appropriate modifications thereof which it considers necessary; and

“(D) include provisions, meeting such requirements as the Civil Service Commission may prescribe, relating to the establishment and maintenance of personnel standards on a merit basis.

“(2) A services and facilities part containing provisions respecting services to be offered within the State by community mental health centers and provisions respecting facilities for such centers. Such part shall—

“(A) be consistent with the provisions of the State plan prepared in accordance with section 1524(c)(2) of the Public Health Service Act or the State plan approved under section 314(a) of such Act, whichever is applicable, relating to the provision of mental health services;

“(B) set forth a program for community mental health centers within the State (i) which is based on a statewide inven-



tory of existing facilities and a survey of need for the comprehensive mental health services described in section 201(b); (ii) which conforms with regulations prescribed by the Secretary under section 236; and (iii) which shall provide for adequate community mental health centers to furnish needed services for persons unable to pay therefor;

“(C) set forth the relative need, determined in accordance with the regulations prescribed under section 236, for the projects included in the program described in subparagraph (B), and, in the case of projects under part C, provide for the completion of such projects in the order of such relative need;

“(D) emphasize the provision of outpatient services by community mental health centers as a preferable alternative to inpatient hospital services; and

“(E) provide minimum standards (to be fixed in the discretion of the State) for the maintenance and operation of centers which receive Federal aid under this title and provide for enforcement of such standards with respect to projects approved by the Secretary under this title.

“(b) The State agency shall administer or supervise the administration of the State plan.

“(c) A State shall submit a State plan in such form and manner as the Secretary shall by regulation prescribe. The Secretary shall approve any State plan (and any modification thereof) which complies with the requirements of subsection (a). The Secretary shall not finally disapprove a State plan except after reasonable notice and opportunity for a hearing to the State.

“(d) (1) At the request of any State, a portion of any allotment or allotments of such State under section 227 for any fiscal year shall be available to pay one-half (or such smaller share as the State may request) of the expenditures found necessary by the Secretary for the proper and efficient administration of the provisions of the State plan approved under this section which relate to projects under part C for facilities for community mental health centers; except that not more than 5 per centum of the total of the allotments of such State for any fiscal year, or \$50,000, whichever is less, shall be available for such purpose. Amounts made available to any State under this paragraph from its allotment or allotments under section 227 for any fiscal year shall be available only for such expenditures (referred to in the preceding sentence) during such fiscal year or the following fiscal year. Payments of amounts due under this paragraph may be made in advance or by way of reimbursement, and in such installments, as the Secretary may determine.

“(2) Any amount paid under paragraph (1) to any State for any fiscal year for administration of the provisions of an approved State plan shall be paid on condition that there shall be expended from State sources for each year for administration of such provisions not less than the total amount expended for such purposes from such sources during the fiscal year ending June 30, 1968.

“CATCHMENT AREA REVIEW

“SEC. 238. Each State health planning and development agency designated for a State under section 1521 of the Public Health Service Act shall, in consultation with that State's mental health authority, periodically review the catchment areas of the community mental health centers located in that State to (1) insure that the sizes of

such areas are such that the services to be provided through the centers (including their satellites) serving the areas are available and accessible to the residents of the areas promptly, as appropriate, (2) insure that the boundaries of such areas conform, to the extent practicable, with relevant boundaries of political subdivisions, school districts, and Federal and State health and social service programs, and (3) insure that the boundaries of such areas eliminate, to the extent possible, barriers to access to the services of the centers serving the areas, including barriers resulting from an area's physical characteristics, its residential patterns, its economic and social groupings, and available transportation.

“STATE CONTROL OF OPERATIONS

“SEC. 239. Except as otherwise specifically provided, nothing in this title shall be construed as conferring on any Federal officer or employee the right to exercise any supervision or control over the administration, personnel, maintenance, or operation of any community mental health center with respect to which any funds have been or may be expended under this title.

“RECORDS AND AUDIT

“SEC. 240. (a) Each recipient of assistance under this title shall keep such records as the Secretary shall prescribe, including records which fully disclose the amount and disposition by such recipient of the proceeds of such assistance, the total cost of the project or undertaking in connection with which such assistance is given or used, and the amount of that portion of the cost of the project or undertaking supplied by other sources, and such other records as will facilitate an effective audit.

“(b) The Secretary and the Comptroller General of the United States, or any of their duly authorized representatives, shall have access for the purpose of audit and examination to any books, documents, papers, and records of the recipients that are pertinent to the assistance received under this title.

“NONDUPLICATION

“SEC. 241. In determining the amount of any grant under part A, B, or C for the costs of any project there shall be excluded from such costs an amount equal to the sum of (1) the amount of any other Federal grant which the applicant for such grant has obtained, or is assured of obtaining, with respect to such project, and (2) the amount of any non-Federal funds required to be expended as a condition of such other Federal grant.

“DETERMINATION OF POVERTY AREA

“SEC. 242. For purposes of any determination by the Secretary under this title as to whether any urban or rural area is a poverty area, the Secretary may not determine that an area is an urban or rural poverty area unless—

“(1) such area contains one or more subareas which are characterized as subareas of poverty;

“(2) the population of such subarea or subareas constitutes a substantial portion of the population of such rural or urban area; and

“(3) the project, facility, or activity, in connection with which such determination is made, does, or (when completed or put into operation) will, serve the needs of the residents of such subarea or subareas.

“PROTECTION OF PERSONAL RIGHTS

“SEC. 243. In making grants under parts A and B, the Secretary shall take such steps as may be necessary to assure that no individual shall be made the subject of any research involving surgery which is carried out (in whole or in part) with funds under such grants unless such individual explicitly agrees to become a subject of such research.

“REIMBURSEMENT

“SEC. 244. The Secretary shall, to the extent permitted by law, work with States, private insurers, community mental health centers, and other appropriate entities to assure that community mental health centers shall be eligible for reimbursement for their mental health services to the same extent as general hospitals and other licensed providers.

“SHORT TITLE

“SEC. 245. This title may be cited as the ‘Community Mental Health Centers Act’.”

REPORT

SEC. 304. (a) Not later than one year after the date of the enactment of this Act the Secretary of Health, Education, and Welfare shall make a report to the Committee on Interstate and Foreign Commerce of the House of Representatives and the Committee on Labor and Public Welfare of the Senate setting forth a plan, to be carried out in a period of five years, for the extension of comprehensive mental health services through community mental health centers to persons in all areas in which there is a demonstrated need for such services. Such plan shall, at a minimum, indicate on a phased basis the number of persons to be served by such services and an estimate of the cost and personnel requirements needed to provide such services.

(b) Not later than eighteen months after the date of the enactment of this Act the Secretary of Health, Education, and Welfare shall submit to the Committee on Interstate and Foreign Commerce of the House of Representatives and the Committee on Labor and Public Welfare of the Senate a report setting forth (1) national standards for care provided by community mental health centers, and (2) criteria for evaluation of community mental health centers and the quality of the services provided by the centers.

CONFORMING AMENDMENTS

SEC. 305. (a) Section 401 of the Mental Retardation Facility and Community Mental Health Centers Construction Act of 1963 is amended—

(1) by striking out paragraph (c);

(2) by amending paragraph (d) to read as follows:

“(d) The terms ‘nonprofit facility for persons with developmental disabilities’ and ‘nonprofit private institution of higher learning’ mean, respectively, a facility for persons with developmental disabilities and an institution of higher learning 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; and the term 'nonprofit private agency or organization' means an agency or organization which is such a corporation or association or which is owned and operated by one or more of such corporations or associations."; and

- (3) by—
- (A) striking out "or part A of title II" in paragraph (h) (1),
  - (B) by striking out in paragraph (h) (2) "(A)" and "; and (B) for any project under part A of title II may not exceed 66 $\frac{2}{3}$  per centum of the costs of construction of such project or the State's Federal percentage, whichever is the lower", and
  - (C) by striking out "or under part A of title II" in paragraph (h) (3).
- (b) Section 403 of such Act is amended—
- (1) by striking out ", or section 204 in the case of a community mental health center," in subsection (a),
  - (2) by striking out "or section 206, as the case may be," in such subsection,
  - (3) by striking out "or 205" in subsection (b), and
  - (4) by striking out the second sentence of subsection (c) (1).
- (c) Section 404 is amended by striking out "or 205", "or 204 (b)", and "or 206".
- (d) Section 405 is amended—
- (1) by striking out "or 205" in paragraph (1) (A),
  - (2) by striking out "or section 204 (in case of a community mental health center)" in such paragraph,
  - (3) by striking out "or community mental health center, as the case may be," in paragraph (2),
  - (4) by striking out "or such center as a community mental health center" in such paragraph,
  - (5) by striking out "or center" each place it occurs in the matter following paragraph (2), and
  - (6) by striking out "or community mental health center" in such matter.
- (e) Section 406 is amended by striking out "or community mental health center".

#### TITLE IV—MIGRANT HEALTH CENTERS

##### MIGRANT HEALTH CENTERS

SEC. 401. (a) Section 319 of the Public Health Service Act is amended to read as follows:

##### "MIGRANT HEALTH

- "SEC. 319. (a) For purposes of this section:
- "(1) The term 'migrant health center' means an entity which either through its staff and supporting resources or through contracts or cooperative arrangements with other public or private entities provides—
- "(A) primary health services,
  - "(B) as may be appropriate for particular centers, supplemental health services necessary for the adequate support of primary health services,



“(C) referral to providers of supplemental health services and payment, as appropriate and feasible, for their provision of such services,

“(D) environmental health services, including, as may be appropriate for particular centers, the detection and alleviation of unhealthful conditions associated with water supply, sewage treatment, solid waste disposal, rodent and parasitic infestation, field sanitation, housing, and other environmental factors related to health,

“(E) as may be appropriate for particular centers, infectious and parasitic disease screening and control,

“(F) as may be appropriate for particular centers, accident prevention programs, including prevention of excessive pesticide exposure, and

“(G) information on the availability and proper use of health services,

for migratory agricultural workers, seasonal agricultural workers, and the members of the families of such migratory and seasonal workers, within the area it serves (referred to in this section as a ‘catchment area’).

“(2) The term ‘migratory agricultural worker’ means an individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last twenty-four months, and who establishes for the purposes of such employment a temporary abode.

“(3) The term ‘seasonal agricultural workers’ means an individual whose principal employment is in agriculture on a seasonal basis and who is not a migratory agricultural worker.

“(4) The term ‘agriculture’ means farming in all its branches, including—

“(A) cultivation and tillage of the soil,

“(B) the production, cultivation, growing, and harvesting of any commodity grown on, in, or as an adjunct to or part of a commodity grown in or on, the land, and

“(C) any practice (including preparation and processing for market and delivery to storage or to market or to carriers for transportation to market) performed by a farmer or on a farm incident to or in conjunction with an activity described in subparagraph (B).

“(5) The term ‘high impact area’ means a health service area or other area which has not less than six thousand migratory agricultural workers and seasonal agricultural workers residing within its boundaries for more than two months in any calendar year. In computing the number of workers residing in an area, there shall be included as workers the members of the families of such workers.

“(6) The term ‘primary health services’ means—

“(A) services of physicians and, where feasible, services of physicians’ assistants and nurse clinicians;

“(B) diagnostic laboratory and radiologic services;

“(C) preventive health services (including children’s eye and ear examinations to determine the need for vision and hearing correction, perinatal services, well child services, and family planning services);

“(D) emergency medical services;

“(E) transportation services as required for adequate patient care; and

“(F) preventive dental services.



“(7) The term ‘supplemental health services’ means services which are not included as primary health services and which are—

- “(A) hospital services;
- “(B) home health services;
- “(C) extended care facility services;
- “(D) rehabilitative services (including physical therapy) and long-term physical medicine;
- “(E) mental health services;
- “(F) dental services;
- “(G) vision services;
- “(H) allied health services;
- “(I) pharmaceutical services;
- “(J) therapeutic radiologic services;
- “(K) public health services (including nutrition education and social services);
- “(L) health education services; and
- “(M) services which promote and facilitate optimal use of primary health services and the services referred to in the preceding subparagraphs of this paragraph, including, if a substantial number of the individuals in the population served by a migrant health center are of limited English-speaking ability, the services of outreach workers fluent in the language spoken by a predominant number of such individuals.

“(b) (1) The Secretary shall assign to high impact areas and any other areas (where appropriate) priorities for the provision of assistance under this section to projects and programs in such areas. The highest priorities for such assistance shall be assigned to areas in which reside the greatest number of migratory agricultural workers and the members of their families for the longest period of time.

“(2) No application for a grant under subsection (c) or (d) for a project in an area which has no migratory agricultural workers may be approved unless grants have been provided for all approved applications under such subsections for projects in areas with migratory agricultural workers.

“(c) (1) (A) The Secretary may, in accordance with the priorities assigned under subsection (b) (1), make grants to public and non-profit private entities for projects to plan and develop migrant health centers which will serve migratory agricultural workers, seasonal agricultural workers, and the members of the families of such migratory and seasonal workers, in high impact areas. A project for which a grant may be made under this subparagraph may include the cost of the acquisition and modernization of existing buildings (including the costs of amortizing the principal of, and paying the interest on, loans) and the costs of providing training related to the management of migrant health center programs, and shall include—

“(i) an assessment of the need that the workers (and the members of the families of such workers) proposed to be served by the migrant health center for which the project is undertaken have for primary health services, supplemental health services, and environmental health services;

“(ii) the design of a migrant health center program for such workers and the members of their families, based on such assessment;

“(iii) efforts to secure, within the proposed catchment area of such center, financial and professional assistance and support for the project; and

“(iv) initiation and encouragement of continuing community involvement in the development and operation of the project.

“(B) The Secretary may make grants to or enter into contracts with public and nonprofit private entities for projects to plan and develop programs in areas in which no migrant health center exists and in which not more than six thousand migratory agricultural workers and their families reside for more than two months—

“(i) for the provision of emergency care to migratory agricultural workers, seasonal agricultural workers, and the members of families of such migratory and seasonal workers;

“(ii) for the provision of primary care (as defined in regulations of the Secretary) for such workers and the members of their families;

“(iii) for the development of arrangements with existing facilities to provide primary health services (not included as primary care as defined under regulations under clause (ii)) to such workers and the members of their families; or

“(iv) which otherwise improve the health of such workers and their families.

Any such program may include the acquisition and modernization of existing buildings and providing training related to the management of programs assisted under this subparagraph.

“(2) Not more than two grants may be made under paragraph (1) (A) for the same project, and if a grant or contract is made or entered into under paragraph (1) (B) for a project, no other grant or contract under that paragraph may be made or entered into for the project.

“(3) The amount of any grant made under paragraph (1) for any project shall be determined by the Secretary.

“(d) (1) (A) The Secretary may, in accordance with priorities assigned under subsection (b) (1), make grants for the costs of operation of public and nonprofit private migrant health centers in high impact areas.

“(B) The Secretary may, in accordance with priorities assigned under subsection (b) (1), make grants for the costs of the operation of public and nonprofit entities which intend to become migrant health centers, which provide health services in high impact areas to migratory agricultural workers, seasonal agricultural workers, and the members of the families of such migratory and seasonal workers, but with respect to which he is unable to make each of the determinations required by subsection (f) (2). Not more than two grants may be made under this subparagraph for any entity.

“(C) The Secretary may make grants to and enter into contracts with public and nonprofit private entities for projects for the operation of programs in areas in which no migrant health center exists and in which not more than six thousand migratory agricultural workers and their families reside for more than two months—

“(i) for the provision of emergency care to migratory agricultural workers, seasonal agricultural workers, and the members of the families of such migratory and seasonal workers;

“(ii) for the provision of primary care (as defined in regulations of the Secretary) for such workers and the members of their families;

“(iii) for the development of arrangements with existing facilities to provide primary health services (not included as primary care as defined under regulations under clause (ii)) to such workers and the members of their families; or



“(iv) which otherwise improve the health of such workers and the members of their families.  
Any such program may include the acquisition and modernization of existing buildings and providing training related to the management of programs assisted under this subparagraph.

“(2) The costs for which a grant may be made under paragraph (1) (A) or (1) (B) may include the costs of acquiring and modernizing existing buildings (including the costs of amortizing the principal of, and paying the interest on, loans); and the costs for which a grant or contract may be made under paragraph (1) may include the costs of providing training related to the provision of primary health services, supplemental health services, and environmental health services, and to the management of migrant health center programs.

“(3) The amount of any grant made under paragraph (1) shall be determined by the Secretary.

“(e) The Secretary may enter into contracts with public and private entities to—

“(1) assist the States in the implementation and enforcement of acceptable environmental health standards, including enforcement of standards for sanitation in migrant labor camps and applicable Federal and State pesticide control standards; and

“(2) conduct projects and studies to assist the several States and entities which have received grants or contracts under this section in the assessment of problems related to camp and field sanitation, pesticide hazards, and other environmental health hazards to which migratory agricultural workers, seasonal agricultural workers, and members of their families are exposed.

“(f) (1) No grant may be made under subsection (c) or (d) and no contract may be entered into under subsection (c) (1) (B), (d) (1) (C), or (e) unless an application therefore is submitted to, and approved by, the Secretary. Such an application shall be submitted in such form and manner and shall contain such information as the Secretary shall prescribe. An application for a grant or contract which will cover the costs of modernizing a building shall include, in addition to other information required by the Secretary—

“(A) a description of the site of the building,

“(B) plans and specifications for its modernization, and

“(C) reasonable assurance that all laborers and mechanics employed by contractors or subcontractors in the performance of work on the modernization of the building will 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. 276a—276a-5, known as the Davis-Bacon Act).

The Secretary of Labor shall have with respect to the labor standards referred to in subparagraph (C) the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 5 U.S.C. Appendix) and section 2 of the Act of June 13, 1934 (40 U.S.C. 276c).

“(2) The Secretary may not approve an application for a grant under subsection (d) (1) (A) unless the Secretary determines that the entity for which the application is submitted is a migrant health center (within the meaning of subsection (a) (1)) and that—

“(A) the primary health services of the center will be available and accessible in the center's catchment area promptly, as appropriate, and in a manner which assures continuity;

“(B) the center will have organizational arrangements, established in accordance with regulations of the Secretary, for (i) an ongoing quality assurance program (including utilization and peer review systems) respecting the center’s services, and (ii) maintaining the confidentiality of patient records;

“(C) the center will demonstrate its financial responsibility by the use of such accounting procedures and other requirements as may be prescribed by the Secretary;

“(D) the center (i) has or will have a contractual or other arrangement with the agency of the State, in which it provides services, which administers or supervises the administration of a State plan approved under title XIX of the Social Security Act for the payment of all or a part of the center’s costs in providing health services to persons who are eligible for medical assistance under such a State plan, or (ii) has made or will make every reasonable effort to enter into such an arrangement;

“(E) the center has made or will make and will continue to make every reasonable effort to collect appropriate reimbursement for its costs in providing health services to persons who are entitled to insurance benefits under title XVIII of the Social Security Act, to medical assistance under a State plan approved under title XIX of such Act, or to assistance for medical expenses under any other public assistance program or private health insurance program;

“(F) the center (i) has prepared a schedule of fees or payments for the provision of its services designed to cover its reasonable costs of operation and a corresponding schedule of discounts to be applied to the payment of such fees or payments, which discounts are adjusted on the basis of the patient’s ability to pay, (ii) has made and will continue to make every reasonable effort (I) to secure from patients payment for services in accordance with such schedules, and (II) to collect reimbursement for health services to persons described in subparagraph (E) on the basis of the full amount of fees and payments for such services without application of any discount, and (iii) has submitted to the Secretary such reports as he may require to determine compliance with this subparagraph;

“(G) the center has established a governing board which (i) is composed of individuals a majority of whom are being served by the center and who, as a group, represent the individuals being served by the center, and (ii) establishes general policies for the center (including the selection of services to be provided by the center and a schedule of hours during which services will be provided), approves the center’s annual budget, and approves the selection of a director for the center;

“(H) the center has developed, in accordance with regulations of the Secretary, (i) an overall plan and budget that meets the requirements of section 1861(z) of the Social Security Act, and (ii) an effective procedure for compiling and reporting to the Secretary such statistics and other information as the Secretary may require relating to (I) the costs of its operations, (II) the patterns of use of its services, (III) the availability, accessibility, and acceptability of its services, and (IV) such other matters relating to operations of the applicant as the Secretary may, by regulation, require;

“(I) the center will review periodically its catchment area to (i) insure that the size of such area is such that the services to be provided through the center (including any satellite) are available and accessible to the migratory agricultural workers, seasonal agricultural workers, and the members of the families of such migratory and seasonal workers, in the area promptly and as appropriate, (ii) insure that the boundaries of such area conform, to the extent practicable, to relevant boundaries of political subdivisions, school districts, and Federal and State health and social service programs, and (iii) insure that the boundaries of such area eliminate, to the extent possible, barriers to access to the services of the center, including barriers resulting from the area’s physical characteristics, its residential patterns, its economic and social groupings, and available transportation; and

“(J) in the case of a center which serves a population including a substantial proportion of individuals of limited English-speaking ability, the center has (i) developed a plan and made arrangements responsive to the needs of such population for providing services to the extent practicable in the language and cultural context most appropriate to such individuals, and (ii) identified an individual on its staff who is fluent in both that language and English and whose responsibilities shall include providing guidance to such individuals and to appropriate staff members with respect to cultural sensitivities and bridging linguistic and cultural differences.

“(3) In considering applications for grants and contracts under subsection (c) or (d)(1)(C), the Secretary shall give priority to applications submitted by community-based organizations which are representative of the populations to be served through the projects, programs, or centers to be assisted by such grants or contracts.

“(4) Contracts may be entered into under this section without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5).

“(g) The Secretary may provide (either through the Department of Health, Education, and Welfare or by grant or contract) all necessary technical and other nonfinancial assistance (including fiscal and program management assistance and training in such management) to any migrant health center or to any public or private nonprofit entity to assist it in developing plans for, and in operating as, a migrant health center, and in meeting the requirements of subsection (f)(2).

“(h)(1) There are authorized to be appropriated for payments pursuant to grants and contracts under subsection (c)(1) \$4,000,000 for fiscal year 1976, and \$4,000,000 for fiscal year 1977. Of the funds appropriated under this paragraph for fiscal year 1976, not more than 30 per centum of such funds may be made available for grants and contracts under subsection (c)(1)(B), and of the funds appropriated under this paragraph for the next fiscal year, not more than 25 per centum of such funds may be made available for grants and contracts under such subsection.

“(2) There are authorized to be appropriated for payments pursuant to grants and contracts under subsection (d)(1) (other than for payments under such grants and contracts for the provision of inpatient and outpatient hospital services) and for payments pursuant to contracts under subsection (e) \$30,000,000 for fiscal year 1976, and \$35,000,000 for fiscal year 1977. Of the funds appropriated under the

first sentence for fiscal year 1976, there shall be made available for grants and contracts under subsection (d)(1)(C) an amount not exceeding the greater of 30 per centum of such funds or 90 per centum of the amount of grants made under this section for the preceding fiscal year for programs described in subsection (d)(1)(C). Of the funds appropriated under the first sentence for fiscal year 1977, there shall be made available for grants and contracts under subsection (d)(1)(C) an amount not exceeding the greater of 25 per centum of such funds or 90 per centum of the amount of grants made under this section for the preceding fiscal year for programs described in subsection (d)(1)(C) which received grants under this section for the fiscal year ending June 30, 1975. Of the funds appropriated under this paragraph for any fiscal year, not more than 10 per centum of such funds may be made available for contracts under subsection (e).

“(3) There are authorized to be appropriated for payments under grants and contracts under subsection (d)(1) for the provision of inpatient and outpatient hospital services \$5,000,000 for fiscal year 1976, and \$5,000,000 for fiscal year 1977.”

(b) Section 217 of the Public Health Service Act is amended by adding after the subsection (f) added by Public Law 93-248 the following new subsection:

“(g)(1) Within 120 days of the date of the enactment of this subsection, the Secretary shall appoint and organize a National Advisory Council on Migrant Health (hereinafter in this subsection referred to as the ‘Council’) which shall advise, consult with, and make recommendations to, the Secretary on matters concerning the organization, operation, selection, and funding of migrant health centers and other entities under grants and contracts under section 319.

“(2) The Council shall consist of fifteen members, at least twelve of whom shall be members of the governing boards of migrant health centers or other entities assisted under section 319. Of such twelve members who are members of such governing boards, at least nine shall be chosen from among those members of such governing boards who are being served by such centers or grantees and who are familiar with the delivery of health care to migratory agricultural workers and seasonal agricultural workers. The remaining three Council members shall be individuals qualified by training and experience in the medical sciences or in the administration of health programs.

“(3) Each member of the Council shall hold office for a term of four years, except that (A) any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term; and (B) the terms of the members first taking office after the date of enactment of this subsection shall expire as follows: four shall expire four years after such date, four shall expire three years after such date, four shall expire two years after such date, and three shall expire one year after such date, as designated by the Secretary at the time of appointment.

“(4) Section 14(a) of the Federal Advisory Committee Act shall not apply to the Council.”

(c)(1) The Secretary of Health, Education, and Welfare (hereinafter in this subsection referred to as the “Secretary”) shall conduct or arrange for the conduct of a study of—

(A) the quality of housing which is available to agricultural migratory workers in the United States during the period of their employment in seasonal agricultural activities while away from their permanent abodes;

(B) the effect on the health of such workers of deficiencies in their housing conditions during such period; and

(C) Federal, State, and local government standards respecting housing conditions for such workers during such period and the adequacy of the enforcement of such standards.

In conducting or arranging for the conduct of such study, the Secretary shall consult with the Secretary of Housing and Urban Development.

(2) Such study shall be completed and a report detailing the findings of the study and the recommendations of the Secretary for Federal action (including legislation) respecting such housing conditions shall be submitted to the Committee on Interstate and Foreign Commerce of the House of Representatives and the Committee on Labor and Public Welfare of the Senate within eighteen months of the date of the enactment of the first Act making appropriations for such study.

## TITLE V—COMMUNITY HEALTH CENTERS

### COMMUNITY HEALTH CENTERS

SEC. 501. (a) Part C of title III of the Public Health Service Act is amended by adding after section 329 the following new section:

#### “COMMUNITY HEALTH CENTERS

“SEC. 330. (a) For purposes of this section, the term ‘community health center’ means an entity which either through its staff and supporting resources or through contracts or cooperative arrangements with other public or private entities provides—

“(1) primarily health services,

“(2) as may be appropriate for particular centers, supplemental health services necessary for the adequate support of primary health services,

“(3) referral to providers of supplemental health services and payment, as appropriate and feasible, for their provision of such services,

“(4) as may be appropriate for particular centers, environmental health services, and

“(5) information on the availability and proper use of health services,

for all residents of the area it serves (referred to in this section as a ‘catchment area’).

“(b) For purposes of this section:

“(1) The term ‘primary health services’ means—

“(A) services of physicians and, where feasible, services of physicians’ assistants and nurse clinicians;

“(B) diagnostic laboratory and radiologic services;

“(C) preventive health services (including children’s eye and ear examinations to determine the need for vision and hearing correction, perinatal services, well child services, and family planning services);

“(D) emergency medical services;

“(E) transportation services as required for adequate patient care; and

“(F) preventive dental services.





“(2) The term ‘supplemental health services’ means services which are not included as primary health services and which are—

“(A) hospital services;

“(B) home health services;

“(C) extended care facility services;

“(D) rehabilitative services (including physical therapy) and long-term physical medicine;

“(E) mental health services;

“(F) dental services;

“(G) vision services;

“(H) allied health services;

“(I) pharmaceutical services;

“(J) therapeutic radiologic services;

“(K) public health services (including nutrition education and social services);

“(L) health education services; and

“(M) services which promote and facilitate optimal use of primary health services and the services referred to in the preceding subparagraphs of this paragraph, including, if a substantial number of the individuals in the population served by a community health center are of limited English-speaking ability, the services of outreach workers fluent in the language spoken by a predominant number of such individuals.

“(3) The term ‘medically underserved population’ means the population of an urban or rural area designated by the Secretary as an area with a shortage of personal health services or a population group designated by the Secretary as having a shortage of such services.

“(c) (1) The Secretary may make grants to public and nonprofit private entities for projects to plan and develop community health centers which will serve medically underserved populations. A project for which a grant may be made under this subsection may include the cost of the acquisition and modernization of existing buildings (including the costs of amortizing the principal of, and paying the interest on, loans) and shall include—

“(A) an assessment of the need that the population proposed to be served by the community health center for which the project is undertaken has for primary health services, supplemental health services, and environmental health services;

“(B) the design of a community health center program for such population based on such assessment;

“(C) efforts to secure, within the proposed catchment area of such center, financial and professional assistance and support for the project; and

“(D) initiation and encouragement of continuing community involvement in the development and operation of the project.

“(2) Not more than two grants may be made under this subsection for the same project.

“(3) the amount of any grant made under this subsection for any project shall be determined by the Secretary.

“(d) (1) (A) The Secretary may make grants for the costs of operation of public and nonprofit private community health centers which serve medically underserved populations.

“(B) The Secretary may make grants for the costs of the operation of public and nonprofit private entities which provide health services to medically underserved populations but with respect to which he is unable to make each of the determinations required by subsection (e) (2).



“(2) The costs for which a grant may be made under paragraph (1) may include the costs of acquiring and modernizing existing buildings (including the costs of amortizing the principal of, and paying interest on, loans) and the costs of providing training related to the provision of primary health services, supplemental health services and environmental health services, and to the management of community health center programs.

“(3) Not more than two grants may be made under paragraph (1) (B) for the same entity.

“(4) The amount of any grant made under paragraph (1) shall be determined by the Secretary.

“(e) (1) No grant may be made under subsection (e) or (d) unless an application therefor is submitted to, and approved by, the Secretary. Such an application shall be submitted in such form and manner and shall contain such information as the Secretary shall prescribe. An application for a grant which will cover the costs of modernizing a building shall include, in addition to other information required by the Secretary—

“(A) a description of the site of the building,

“(B) plans and specifications for its modernization, and

“(C) reasonable assurance that all laborers and mechanics employed by contractors or subcontractors in the performance of work on the modernization of the building will 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. 276a—276a-5, known as the Davis-Bacon Act).

The Secretary of Labor shall have with respect to the labor standards referred to in subparagraph (C) the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176, 5 U.S.C. Appendix) and section 2 of the Act of June 13, 1934 (40 U.S.C. 276c).

“(2) Except as provided in subsection (d) (1) (B), the Secretary may not approve an application for a grant under subsection (d) unless the Secretary determines that the entity for which the application is submitted is a community health center (within the meaning of subsection (a)) and that—

“(A) the primary health services of the center will be available and accessible in the center's catchment area promptly, as appropriate, and in a manner which assures continuity;

“(B) the center will have organizational arrangements, established in accordance with regulations prescribed by the Secretary, or (i) an ongoing quality assurance program (including utilization and peer review systems) respecting the center's services, and (ii) maintaining the confidentiality of patient records;

“(C) the center will demonstrate its financial responsibility by the use of such accounting procedures and other requirements as may be prescribed by the Secretary;

“(D) the center (i) has or will have a contractual or other arrangement with the agency of the State, in which it provides services, which administers or supervises the administration of a State plan approved under title XIX of the Social Security Act for the payment of all or a part of the center's costs in providing health services to persons who are eligible for medical assistance under such a State plan, or (ii) has made or will make every reasonable effort to enter into such an arrangement;

“(E) the center has made or will make and will continue to make every reasonable effort to collect appropriate reimbursement for its costs in providing health services to persons who are entitled to insurance benefits under title XVIII of the Social Security Act, to medical assistance under a State plan approved under title XIX of such Act, or to assistance for medical expenses under any other public assistance program or private health insurance program;

“(F) the center (i) has prepared a schedule of fees or payments for the provision of its services designed to cover its reasonable costs of operation and a corresponding schedule of discounts to be applied to the payment of such fees or payments, which discounts are adjusted on the basis of the patient's ability to pay, (ii) has made and will continue to make every reasonable effort (I) to secure from patients payment for services in accordance with such schedules, and (II) to collect reimbursement for health services to persons described in subparagraph (E) on the basis of the full amount of fees and payments for such services without application of any discount, and (iii) has submitted to the Secretary such reports as he may require to determine compliance with this subparagraph;

“(G) the center has established a governing board which (i) is composed of individuals a majority of whom are being served by the center and who, as a group, represent the individuals being served by the center, and (ii) meets at least once a month, establishes general policies for the center (including the selection of services to be provided by the center and a schedule of hours during which services will be provided), approves the center's annual budget, and approves the selection of a director for the center;

“(H) the center has developed, in accordance with regulations of the Secretary, (i) an overall plan and budget that meets the requirements of section 1861(z) of the Social Security Act, and (ii) an effective procedure for compiling and reporting to the Secretary such statistics and other information as the Secretary may require relating to (I) the costs of its operations, (II) the patterns of use of its services, (III) the availability, accessibility, and acceptability of its services, and (IV) such other matters relating to operations of the applicant as the Secretary may, by regulation, require;

“(I) the center will review periodically its catchment area to (i) insure that the size of such area is such that the services to be provided through the center (including any satellite) are available and accessible to the residents of the area promptly and as appropriate, (ii) insure that the boundaries of such area conform, to the extent practicable, to relevant boundaries of political subdivisions, school districts, and Federal and State health and social service programs, and (iii) insure that the boundaries of such area eliminate, to the extent possible, barriers to access to the services of the center, including barriers resulting from the area's physical characteristics, its residential patterns, its economic and social groupings, and available transportation; and

“(J) in the case of a center which serves a population including a substantial proportion of individuals of limited English-speaking ability, the center has (i) developed a plan and made arrangements responsive to the needs of such population for

providing services to the extent practicable in the language and cultural context most appropriate to such individuals, and (ii) identified an individual on its staff who is fluent in both that language and in English and whose responsibilities shall include providing guidance to such individuals and to appropriate staff members with respect to cultural sensitivities and bridging linguistic and cultural differences.

“(f) The Secretary may provide (either through the Department of Health, Education, and Welfare or by grant or contract) all necessary technical and other nonfinancial assistance (including fiscal and program management assistance and training in such management) to any public or private nonprofit entity to assist it in developing plans for, and in operating as, a community health center, and in meeting requirements of subsection (e) (2).

“(g) (1) There are authorized to be appropriated for payments pursuant to grants under subsection (c) \$5,000,000 for fiscal year 1976, and \$5,000,000 for fiscal year 1977.

“(2) There are authorized to be appropriated for payments pursuant to grants under subsection (d) \$215,000,000 for fiscal year 1976, and \$235,000,000 for fiscal year 1977.”

(b) Section 314(e) of the Public Health Service Act is repealed.

## TITLE VI—MISCELLANEOUS

### DISEASES BORNE BY RODENTS

SEC. 601. (a) Section 317(h) (1) of the Public Health Service Act is amended by striking out “and RH disease” and inserting in lieu thereof “, RH disease, and diseases borne by rodents”.

(b) Section 317(d) (3) of such Act is amended by adding at the end thereof the following: “There is authorized to be appropriated for fiscal year 1976 \$20,000,000 for grants under this section for communicable and other disease control programs for diseases borne by rodents.”

### HOME HEALTH SERVICES

SEC. 602. (a) (1) For the purpose of demonstrating the establishment and initial operation of public and nonprofit private agencies (as defined in section 1861(o) of the Social Security Act) which will provide home health services (as defined in section 1861(m) of the Social Security Act) in areas in which such services are not otherwise available, the Secretary of Health, Education, and Welfare may, in accordance with the provisions of this section, make grants to meet the initial costs of establishing and operating such agencies and expanding the services available through existing agencies, and to meet the costs of compensating professional and paraprofessional personnel during the initial operation of such agencies or the expansion of services of existing agencies.

(2) In making grants under this subsection, the Secretary shall consider the relative needs of the several States for home health services and preference shall be given to areas within a State in which a high percentage of the population proposed to be served is composed of individuals who are elderly, medically indigent, or both.

(3) Applications for grants under this subsection shall be in such form and contain such information as the Secretary shall prescribe by regulation.

(4) Payment of grants under this subsection may be made in advance or by way of reimbursement or in installments as the Secretary may determine.

(5) There are authorized to be appropriated \$8,000,000 for fiscal year 1976 for payments under grants under this subsection.

(b) (1) The Secretary of Health, Education, and Welfare may make grants to public and nonprofit private entities to assist them in demonstrating the training of professional and paraprofessional personnel to provide home health services (as defined in section 1861(m) of the Social Security Act).

(2) Applications for grants under this subsection shall be in such form and contain such information as the Secretary shall by regulations, prescribe.

(3) Payment of grants under this section may be made in advance or by way of reimbursement, or in installments, as the Secretary shall determine.

(4) There is authorized to be appropriated \$2,000,000 for fiscal year 1976 for payments under grants under this subsection.

COMMITTEE ON MENTAL HEALTH AND ILLNESS OF THE ELDERLY

SEC. 603. (a) The Secretary of Health, Education, and Welfare shall appoint a Committee on Mental Health and Illness of the Elderly (hereinafter in this section referred to as the "Committee") to make a study of and recommendations respecting—

(1) the future needs for mental health facilities, manpower, research, and training to meet the mental health care needs of elderly persons,

(2) the appropriate care of elderly persons who are in mental institutions or who have been discharged from such institutions, and

(3) proposals for implementing the recommendations of the 1971 White House Conference on Aging respecting the mental health of the elderly.

(b) Within one year from the date of enactment of this Act the Secretary shall report to the Committee on Labor and Public Welfare of the Senate and the Committee on Interstate and Foreign Commerce of the House of Representatives the findings of the Committee under the study under subsection (a) and the Committee's recommendations under such subsection.

(c) (1) The Committee shall be composed of nine members appointed by the Secretary of Health, Education, and Welfare. The Committee shall include at least one member from each of the fields of psychology, psychiatry, social science, social work, and nursing. Each member of the Committee shall by training, experience, or attainments be exceptionally qualified to assist in carrying out the functions of the Committee.

(2) Members of the Committee shall receive compensation at a rate to be fixed by the Secretary, but not exceeding the daily equivalent of the annual rate of basic pay in effect for grade GS-18 of the General Schedule, for each day (including traveltime) during which they are engaged in the actual performance of duties vested in the Committee. While away from their homes or regular places of business in the performance of services for the Committee, members of the Committee shall be allowed travel expenses, including per diem in lieu

of subsistence, in the same manner as persons employed intermittently in the Government service are allowed expenses under section 5703(b) of title 5 of the United States Code.

(d) The Committee shall cease to exist thirty days after the submission of the report pursuant to subsection (b).

COMMISSION FOR CONTROL OF EPILEPSY

SEC. 604. (a) The Secretary of Health, Education, and Welfare shall establish a temporary commission to be known as the Commission for the Control of Epilepsy and Its Consequences (hereinafter referred to in this section as the "Commission").

(b) It shall be the duty of the Commission to—

(1) make a comprehensive study of the state of the art of medical and social management of the epilepsies in the United States;

(2) investigate and make recommendations concerning the proper roles of Federal and State governments and national and local public and private agencies in research, prevention, identification, treatment, and rehabilitation of persons with epilepsy;

(3) develop a comprehensive national plan for the control of epilepsy and its consequences based on the most thorough, complete, and accurate data and information available on the disorder; and

(4) transmit to the President and the Committee on Labor and Public Welfare of the Senate and the Committee on Interstate and Foreign Commerce of the House of Representatives, not later than one year after the date of enactment of this Act, a report detailing the findings and conclusions of the Commission, together with recommendations for legislation and appropriations, as it deems advisable.

(c) (1) The Commission shall be composed of nine members to be appointed by the Secretary of Health, Education, and Welfare. Such members shall be persons, including consumers of health services, who, by reason of experience or training in the medical, social, or educational aspects of the epilepsies, are especially qualified to serve on such Commission.

(2) the Secretary shall designate one of the members of the Commission to serve as Chairman and one to serve as Vice Chairman. Vacancies shall be filled in the same manner in which the original appointments were made. Any vacancy in the Commission shall not affect its powers.

(3) Any member of the Commission who is otherwise employed by the Federal Government shall serve without compensation in addition to that received in his regular employment, but shall be entitled to reimbursement for travel, subsistence, and other necessary expenses incurred by him in the performance of his duties on the Commission.

(4) Members of the Commission, other than those referred to in paragraph (3), shall receive compensation at rates, not to exceed the daily equivalent of the annual 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 and, while so serving away from their homes or regular places of business, each member shall be allowed travel expenses, including per diem in lieu of subsistence in the same manner as is authorized by section 5703 of title 5, United



States Code, for persons in Government service employed intermittently.

(d) The Commission shall cease to exist thirty days after the submission of the final report required by subsection (b) (4).

COMMISSION FOR CONTROL OF HUNTINGTON'S DISEASE

SEC. 605. (a) The Secretary of Health, Education, and Welfare shall establish a temporary commission to be known as the Commission for the Control of Huntington's Disease and Its Consequences (hereinafter referred to in this section as the "Commission").

(b) It shall be the duty of the Commission to—

(1) make a comprehensive study of the state of the art of medical and social management of Huntington's disease in the United States;

(2) investigate and make recommendations concerning the proper roles of Federal and State governments and national and local public and private agencies in research, prevention, identification, treatment, and rehabilitation of persons with Huntington's disease;

(3) develop a comprehensive national plan for the control of Huntington's disease and its consequences based on the most thorough, complete, and accurate data and information available on the disorder; and

(4) transmit to the President and the Committee on Labor and Public Welfare of the Senate and the Committee on Interstate and Foreign Commerce of the House of Representatives, not later than one year after the date of enactment of this Act, a report detailing the findings and conclusions of the Commission, together with recommendations for legislation and appropriations, as it deems advisable.

(c) (1) The Commission shall be composed of nine members to be appointed by the Secretary of Health, Education, and Welfare. Such members shall be persons, including consumers of health services, who, by reason of experience or training in the medical, social, or educational aspects of Huntington's disease, are especially qualified to serve on such Commission.

(2) The Secretary shall designate one of the members of the Commission to serve as Chairman and one to serve as Vice Chairman. Vacancies shall be filled in the same manner in which the original appointments were made. Any vacancy in the Commission shall not affect its powers.

(3) Any member of the Commission who is otherwise employed by the Federal Government shall serve without compensation in addition to that received in his regular employment, but shall be entitled to reimbursement for travel, subsistence, and other necessary expenses incurred by him in the performance of his duties on the Commission.

(4) Members of the Commission, other than those referred to in paragraph (3), shall receive compensation at rates, not to exceed the daily equivalent of the annual 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 and, while so serving away from their homes or regular places of business, each member shall be allowed travel expenses, including per diem in lieu of subsistence in the same manner as is authorized by section 5703 of title 5, United

States Code, for persons in Government service employed intermittently.

(d) The Commission shall cease to exist thirty days after the submission of the final report required by subsection (b) (4).

HEMOPHILIA PROGRAMS

SEC. 606. Title XI of the Public Health Service Act is amended by adding after part C the following new part:

“PART D—HEMOPHILIA PROGRAMS

“TREATMENT CENTERS

“SEC. 1131. (a) The Secretary may make grants to and enter into contracts with public and nonprofit private entities for projects for the establishment of comprehensive hemophilia diagnostic and treatment centers. A center established under this subsection shall provide—

“(1) access to the services of the center for all individuals suffering from hemophilia who reside within the geographic area served by the center;

“(2) programs for the training of professional and paraprofessional personnel in hemophilia research, diagnosis, and treatment;

“(3) a program for the diagnosis and treatment of individuals suffering from hemophilia who are being treated on an outpatient basis;

“(4) a program for association with providers of health care who are treating individuals suffering from hemophilia in areas not conveniently served directly by such center but who are more conveniently (as determined by the Secretary) served by it than by the next geographically closest center;

“(5) programs of social and vocational counseling for individuals suffering from the hemophilia; and

“(6) individualized written comprehensive care programs for each individual treated by or in association with such center.

“(b) No grant or contract may be made under subsection (a) unless an application therefor has been submitted to and approved by the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe.

“(c) An application for a grant or contract under subsection (a) shall contain assurances satisfactory to the Secretary that the applicant will serve the maximum number of individuals that its available and potential resources will enable it to effectively serve.

“(d) In considering applications for grants and contracts under subsection (a) for projects to establish hemophilia diagnostic and treatment centers, the Secretary shall—

“(1) take into account the number of persons to be served by the programs to be supported by such centers and the extent to which rapid and effective use will be made by such centers of funds under such grants and contracts, and

“(2) give priority to projects for centers which will operate in areas which the Secretary determines have the greatest number of persons in need of the services provided by such centers.



“(e) Contracts may be entered into under subsection (a) without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5).

“(f) There are authorized to be appropriated to make payments under grants and contracts under subsection (a) \$3,000,000 for fiscal year 1976, and \$4,000,000 for fiscal year 1977.

“BLOOD SEPARATION CENTERS

“SEC. 1132. (a) The Secretary may make grants to and enter into contracts with public and nonprofit private entities for projects to develop and expand, within existing facilities, blood-separation centers to separate and make available for distribution blood components to providers of blood services and manufacturers of blood fractions. For purposes of this section—

“(1) the term ‘blood components’ means those constituents of whole blood which are used for therapy and which are obtained by physical separation processes which result in licensed products such as red blood cells, platelets, white blood cells, AHF-rich plasma, fresh-frozen plasma, cryoprecipitate, and single unit plasma for infusion; and

“(2) the term ‘blood fractions’ means those constituents of plasma which are used for therapy and which are obtained by licensed fractionation processes presently used in manufacturing which result in licensed products such as normal serum albumin, plasma, protein fraction, prothrombin complex, fibrinogen, AHF concentrate, immune serum globulin, and hyperimmune globulins.

“(b) In the event the Secretary finds that there is an insufficient supply of blood fractions available to meet the needs for treatment of persons suffering from hemophilia, and that public and other nonprofit private centers already engaged in the production of blood fractions could alleviate such insufficiency with assistance under this subsection, he may make grants not to exceed \$500,000 to such centers for the purposes of alleviating the insufficiency.

“(c) No grant or contract may be made under subsection (a) or (b) unless an application therefor has been submitted to and approved by the Secretary. Such an application shall be in such form, submitted in such manner, and contain such information as the Secretary shall by regulation prescribe.

“(d) Contracts may be entered into under subsection (a) without regard to section 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5).

“(e) For the purpose of making payments under grants and contracts under subsections (a) and (b), there are authorized to be appropriated \$4,000,000 for fiscal year 1976, and \$5,000,000 for fiscal year 1977.”

TECHNICAL AMENDMENTS

SEC. 607. (a) Section 399c of the Public Health Service Act (added by Public Law 93-222) is redesignated as section 399A.

(b) The section 472 of the Public Health Service Act entitled “Peer Review of Grant Applications and Control Projects” is redesignated as section 475.

(c) The amendments made by subsections (a) and (b) shall take effect on the date of the enactment of this Act.

## EFFECTIVE DATE

SEC. 608. Except as may otherwise be specifically provided, the amendments made by this title and by titles I, II, III, IV, and V of this Act shall take effect July 1, 1975. The amendments made by this title and by such titles to the provisions of law amended by this title and by such titles are made to such provisions as amended by title VII of this Act.

## TITLE VII—EXTENSION OF CURRENT AUTHORITIES THROUGH FISCAL YEAR 1975

SEC. 701. (a) Section 314(d)(1) of the Public Health Service Act (relating to grants for comprehensive public health services) is amended by striking out “for the fiscal year ending June 30, 1974” and inserting in lieu thereof “each for the fiscal years ending June 30, 1974, and June 30, 1975”.

(b)(1) The first sentence of section 314(e) of such Act (relating to project grants for health services development) is amended by striking out “for the fiscal year ending June 30, 1974” and inserting in lieu thereof “each for the fiscal years ending June 30, 1974, and June 30, 1975”.

(2) The next to last sentence of such section is amended (A) by striking out “1974” and inserting “1975”, and (B) by striking out “title I of the Health Programs Extension Act of 1973” and inserting in lieu thereof “title VII of the Health Revenue Sharing and Health Services Act of 1975”.

(c) Section 319 of such Act (relating to migrant health) is amended by striking out “for the fiscal year ending June 30, 1974” and inserting in lieu thereof “each for the fiscal years ending June 30, 1974, and June 30, 1975”.

(d) Section 1001(c), 1003(b), 1004(b), and 1005(b) of title X of such Act (relating to population research and family planning) are each amended by striking out “for the fiscal year ending June 30, 1974” and inserting in lieu thereof “each for the fiscal years ending June 30, 1974, and June 30, 1975”.

(e)(1) Section 201 of the Community Mental Health Centers Act (relating to grants for construction) is amended by striking out “for the fiscal year ending June 30, 1974” and inserting in lieu thereof “each for the fiscal years ending June 30, 1974, and June 30, 1975”.

(2) Section 207 of such Act is amended by striking out “1974” and inserting “1975”.

(3) Section 221(b) of such Act is amended by striking out “1974” each place it occurs and inserting in lieu thereof “1975”.

(4) Section 224(a) of such Act (relating to staffing grants) is amended by striking out “for the fiscal year ending June 30, 1974” and inserting in lieu thereof “each for the fiscal years ending June 30, 1974, and June 30, 1975”.

(5)(A) Section 246 of such Act (relating to alcoholism programs) is amended by striking out “1974” and inserting in lieu thereof “1975”.

(B) Section 247(d) of such Act is amended by striking out “and June 30, 1974” and inserting in lieu thereof “June 30, 1974, and June 30, 1975”.

(6)(A) Section 252 of such Act (relating to drug abuse programs) is amended by striking out “1974” and inserting in lieu thereof “1975”.

(B) Section 253(d) is amended by striking out “for the fiscal year ending June 30, 1974” and inserting in lieu thereof “each for the fiscal years ending June 30, 1974, and June 30, 1975”.

(C) Section 256(e) of such Act is amended by striking out “for the fiscal year ending June 30, 1974” and inserting in lieu thereof “each for the fiscal years ending June 30, 1974, and June 30, 1975”.

(7) Section 261 of such Act (relating to authorizations for alcoholism and drug abuse programs) is amended (A) by striking out “for the fiscal year ending June 30, 1974” in subsection (a) and inserting in lieu thereof “each for the fiscal years ending June 30, 1974, and June 30, 1975”, and (B) by striking out “1974” in subsection (b) and inserting in lieu thereof “1975”.

(8) Section 271(d) of such Act (relating to mental health of children) is amended (A) by striking out “for the fiscal year ending June 30, 1974” in paragraph (1) and inserting in lieu thereof “each for the fiscal years ending June 30, 1974, and June 30, 1975”, and (B) by striking out “1974” in paragraph (2) and inserting in lieu thereof “1975”.

## TITLE VIII—NATIONAL HEALTH SERVICE CORPS

### EXTENSION OF CURRENT AUTHORITY THROUGH FISCAL YEAR 1976

SEC. 801. Subsection (h) of section 329 of the Public Health Service Act is amended—

(1) by striking out “and” after “1973;”, and

(2) by adding before the period at the end the following: “; \$16,000,000 for the fiscal year ending June 30, 1975; and \$30,000,000 for the fiscal year ending June 30, 1976”.

### GRANTS AND SALES OR TRANSFERS OF PROPERTY

SEC. 802. Subsection (d) of such section is amended by redesignating paragraph (2) as paragraph (4) and inserting after paragraph (1) the following new paragraphs:

“(2) The Secretary may make a grant to any applicant with an approved application for the assignment of Corps personnel to assist the entity in meeting the costs of establishing medical practice management systems for Corps personnel, acquiring supplies and equipment for their use in providing health services, and other expenses related to the provision of health services. Not more than one grant may be made with respect to any one health manpower shortage area designated under subsection (b) (1). No grant may be made under this paragraph unless an application therefor is submitted to, and approved by, the Secretary. The amount of any grant shall be determined by the Secretary, except that no grant may exceed \$25,000.

“(3) Upon the expiration of the assignment of Corps personnel to provide health services for the residents of a critical health manpower shortage area, the Secretary (notwithstanding any other provision of law) may (A) sell (at fair market value (as determined by the Secretary)) to the entity which submitted the last approved application for the assignment of Corps personnel for such area equipment and supplies of the United States utilized by such personnel in providing health services or (B) if the Secretary determines that the entity is financially unable to purchase such supplies or equipment at their fair market value, sell to such entity such supplies or equipment at less than fair market value or transfer such supplies or equipment to the entity.”.



THIRD PARTY PAYMENT COLLECTIONS

SEC. 803. Paragraph 2 of subsection (b) of such section is amended (1) by striking out the last 2 sentences of subparagraph (C), and (2) by adding after subparagraph (C) the following new subparagraph:

“(D) (i) The Secretary shall require as a condition to the approval of an application for the assignment of Corps personnel that the entity which submits the application enter into an appropriate arrangement with the Secretary under which the entity shall take such action as may be reasonable for the collection of payments for health services provided by Corps personnel, including if a Federal agency, an agency of a State or local government, or other third party would be responsible for payment of all or part of the cost of such health services if it had not been provided by Corps personnel under this section, the collection, on a fee-for-service or other basis, from such agency or third party the portion of such cost for which it would be so responsible (and in determining the amount of such cost which such agency or third party would be responsible, the health services provided by Corps personnel shall be considered as being provided by private practitioners).

“(ii) Any funds collected by an entity under clause (i) shall be paid to the Secretary for deposit in the Treasury as miscellaneous receipts. Such funds shall be disregarded in determining (I) the amounts of appropriations to be requested under subsection (h), and (II) the amounts to be made available from appropriations under such subsection to carry out this section. The Secretary may waive in whole or in part the application of the requirement of the first sentence to an entity if he determines that compliance with such requirement would unduly limit the ability of the entity to maintain the quality or level of health services provided by Corps personnel.”

TITLE IX—NURSE TRAINING

SHORT TITLE; REFERENCE TO ACT

SEC. 901. (a) This title may be cited as the “Nurse Training Act of 1975”.

(b) Whenever in this title 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.

PART A—ONE-YEAR EXTENSION

EXTENSION OF EXISTING AUTHORITIES THROUGH FISCAL YEAR 1975

SEC. 902. (a) Section 801 (relating to construction grants) is amended by striking out “for the fiscal year ending June 30, 1974” and inserting in lieu thereof “each for the fiscal years ending June 30, 1974, and June 30, 1975”.

(b) Section 806(i) (relating to capitation grants) is amended by striking out “for the fiscal year ending June 30, 1974” and inserting in lieu thereof “each for the fiscal years ending June 30, 1974, and June 30, 1975”.

(c) Section 808 (relating to special project grants and contracts and financial distress grants) is amended by striking out “for the fiscal year ending June 30, 1974” each place it occurs and inserting

in lieu thereof “each for the fiscal years ending June 30, 1974, and June 30, 1975”.

(d) Section 809 (relating to loan guarantees and interest subsidies) is amended—

(1) by striking out “1974” in subsections (a) and (b) and inserting in lieu thereof “1975”, and

(2) by striking out “in the fiscal year ending June 30, 1974” in subsection (e) and inserting in lieu thereof “in the fiscal year ending June 30, 1974, or in the next fiscal year”.

(e) Section 810(d) (relating to start-up grants) is amended by striking out “for the fiscal year ending June 30, 1974” and inserting in lieu thereof “each for the fiscal years ending June 30, 1974, and June 30, 1975”.

(f) Section 850 (relating to scholarships) is amended—

(1) by striking out “next two fiscal year” in subsection (b) and inserting in lieu thereof “next three fiscal years”,

(2) by striking out “1975” in that subsection and inserting in lieu thereof “1976”,

(3) by striking out “1974” in that subsection and inserting in lieu thereof “1975”,

(4) by striking out “the next two fiscal years” in subsection (c)(1)(A) and inserting in lieu thereof “the next three fiscal years”,

(5) by striking out “1974” in subsection (c)(1)(B) and inserting in lieu thereof “1975”, and

(6) by striking out “1975” in that subsection and inserting in lieu thereof “1976”.

(g) Section 868(b) (relating to recruitment programs) is amended by striking out “for the fiscal year ending June 30, 1974” and inserting in lieu thereof “each for the fiscal years ending June 30, 1974, and June 30, 1975”.

PART B—REVISION AND EXTENSION OF PROGRAMS THROUGH  
FISCAL YEAR 1978

Subpart 1—Effective Date

EFFECTIVE DATE

SEC. 905. Except as may otherwise be specifically provided, the amendments made by this part shall take effect July 1, 1975. The amendments made by this part to provisions of title VIII of the Public Health Service Act (hereinafter in this part referred to as the “Act”) are made to such provisions as amended by part A of this title.

Subpart 2—Construction Assistance

EXTENSION OF GRANTS AND LOAN GUARANTEES AND INTEREST SUBSIDIES

SEC. 910. (a)(1) Section 801 is amended by striking out “and” after “1973,”; and by inserting before the period a comma and the following: “\$20,000,000 for fiscal year 1976, \$20,000,000 for fiscal year 1977, and \$20,000,000 for fiscal year 1978”.

(2) Effective with respect to grants for construction projects under part A of title VIII of the Act made from appropriations under section 801 of the Act, section 802(c)(1)(A) is amended (A) by inserting “(i)” after “proposed facilities”, and (B) by inserting before the semi-

colon “, or (ii) in expanding the capacity of the school to provide graduate training”.

(b) (1) (A) Subsections (a) and (b) of section 809 are each amended by striking out “June 30, 1975” and inserting in lieu thereof “September 30, 1978”.

(B) (i) The last sentence of subsection (a) of section 809 is amended (I) by striking out “(1)” and (II) by striking out all after “the project” and inserting in lieu thereof a period.

(ii) The amendment made by clause (i) shall apply with respect to loans guaranteed under subpart I of part A of title VIII of the Act after the date of the enactment of this Act.

(2) The second sentence of subsection (e) of such section is amended (A) by striking out “and” after “1973,” and (B) by inserting after “the next fiscal year” a comma and the following: “\$1,000,000 in fiscal year 1976, \$1,000,000 in fiscal year 1977, and \$1,000,000 in fiscal year 1978”.

(c) (1) Subsection (a) of section 809 is amended by inserting “or the Federal Financing Bank” and “non-Federal lenders”.

(2) Subsection (b) of section 809 is amended by inserting “or the Federal Financing Bank” after “non-Federal lender”.

#### TECHNICAL AMENDMENTS

SEC. 911. (a) (1) Title VIII is amended by inserting after the heading for part A the following:

“Subpart I—Construction Assistance”.

(2) The heading for part A is amended by striking out “GRANTS” and inserting in lieu thereof “ASSISTANCE”.

(b) Section 809 is inserted after section 804 and is redesignated as section 805.

#### Subpart 3—Capitation Grants

#### EXTENSION AND REVISION OF CAPITATION GRANTS

SEC. 915. (a) Section 806(a) is amended by striking out paragraphs (1) and (2) and inserting in lieu thereof the following:

“(1) Each collegiate school of nursing shall receive \$400 for each undergraduate full-time student enrolled in each of the last two years of such school in such year.

“(2) Each associate degree school of nursing shall receive (A) the product of \$275 and one-half of the number of full-time students enrolled in the first year of such school in such year, and (B) \$275 for each full-time student enrolled in the last year of such school in such year.

“(3) Each diploma school of nursing shall receive \$250 for each full-time student enrolled in such school in such year.”

(b) Subsections (c), (d), (e), and (f) of section 806 are repealed and the following new subsection is inserted after subsection (b):

“(c) (1) REQUIREMENTS FOR GRANTS.—The Secretary shall not make a grant under subsection (a) to any school of nursing in a fiscal year beginning after June 30, 1975, unless the application for such grant contains or is supported by reasonable assurances satisfactory to the Secretary that—

“(A) the first-year enrollment of full-time students in the school in the school year beginning after the fiscal year in which the grant

applied for is to be made will not be less than the first-year enrollment of such students in the school in the preceding school year; and

“(B) that the school will expend in carrying out its function as a school of nursing, during the fiscal year for which such grant is sought, an amount of funds (other than funds for construction as determined by the Secretary) from non-Federal sources which is at least as great as the average amount of funds expended by such applicant for such purposes (excluding expenditures of a nonrecurring nature) in the three fiscal years immediately preceding the fiscal year for which such grant is sought.

The requirement of subparagraph (A) shall be in addition to the requirements of section 802(b)(2)(D), where applicable.

“(2) The Secretary shall not make a grant under subsection (a) to any school of nursing in a fiscal year beginning after June 30, 1975, unless one of the following requirements is met:

“(A) The application for such grant shall contain or be supported by reasonable assurances satisfactory to the Secretary that for the school year beginning after the close of the fiscal year in which such grant is to be made and for each school year thereafter beginning in a fiscal year in which such a grant is made the first year enrollment of full-time students in such school will exceed the number of such students enrolled in the school year beginning during the fiscal year ending June 30, 1975—

“(i) by 10 per centum of such number if such number was not more than one hundred, or

“(ii) by 5 per centum of such number, or ten students, whichever is greater, if such number was more than one hundred.

“(B) The school has provided reasonable assurance satisfactory to the Secretary that it will carry out, in accordance with a plan submitted by the school to the Secretary and approved by him, at least two of the following programs in the school year beginning after the close of the fiscal year in which such grant is to be made and in each school year thereafter beginning in a fiscal year in which such a grant is made:

“(i) In the case of collegiate schools of nursing, a program for the training of nurse practitioners (as defined in section 822).

“(ii) A program under which students enrolled in a school of nursing will receive a significant portion of their clinical training in community health centers, long-term care facilities, and ambulatory care facilities geographically remote from the main site of the teaching facilities of the school.

“(iii) A program for the continuing education of nurses which meets needs identified by appropriate State, regional, or local health or educational entities (including health systems agencies).

“(iv) A program to identify, recruit, enroll, retain, and graduate individuals from disadvantaged backgrounds (as determined in accordance with criteria prescribed by the Secretary) under which program at least 10 per centum of each year's entering class (or ten students, whichever is greater) is comprised of such individuals.”.

(c) (1) Section 806(i) (1) is amended by striking out "and" after "1973," and by inserting before "for grants" the following: "\$50,000,000 for fiscal year 1976, \$55,000,000 for fiscal year 1977, and \$55,000,000 for fiscal year 1978".

(d) For fiscal year 1976, and for each of the next two fiscal years, there are authorized to be appropriated such sums as may be necessary to continue to make annual grants to schools of nursing under section 806(a) of the Act (as in effect on June 30, 1975) based on the number of enrollment bonus students (determined in accordance with subsections (c) and (d) of section 806 of the Act (as so in effect)) enrolled in such schools who were first-year students in such schools for school years beginning before June 30, 1975.

TECHNICAL AMENDMENTS

SEC. 916. (a) Subsections (g), (h), and (i) of section 806 are redesignated as subsections (d), (e), and (f), respectively.

(b) Subsection (b) of such section is amended by striking out "subsection (i)" and inserting in lieu thereof "subsection (f)".

(c) Title VIII is amended by inserting after section 805 (as so redesignated by section 102(b) of this Act) the following:

"Subpart II—Capitation Grants".

EFFECTIVE DATE

SEC. 917. The amendments made by this subpart shall take effect with respect to grants made under section 806 (redesignated as section 810 by part C of this title) of the Act from appropriations under such section for fiscal years beginning after June 30, 1975.

Subpart 4—Financial Distress Grants

EXTENSION OF FINANCIAL DISTRESS GRANT PROGRAM

SEC. 921. Title VIII is amended by inserting after section 807 the following:

"Subpart III—Financial Distress Grants

"FINANCIAL DISTRESS GRANTS

"SEC. 815. (a) The Secretary may make grants to assist public or non-profit private schools of nursing which are in serious financial straits to meet operational costs required to maintain quality educational programs or which have special need for financial assistance to meet accreditation requirements. Any such grant may be made upon such terms and conditions as the Secretary determines to be reasonable and necessary, including requirements that the school agree (1) to disclose any financial information or data deemed by the Secretary to be necessary to determine the sources or causes of that school's financial distress, (2) to conduct a comprehensive cost analysis study in cooperation with the Secretary, and (3) to carry out appropriate operational and financial reforms on the basis of information obtained in the course of the comprehensive cost analysis study or on the basis of other relevant information.



“(b) (1) No grant may be made under subsection (a) unless an application therefor is submitted to and approved by the Secretary. The Secretary may not approve or disapprove such an application except after consultation with the National Advisory Council on Nurse Training.

“(2) An application for a grant under subsection (a) must contain or be supported by assurances satisfactory to the Secretary that the applicant will expend in carrying out its functions as a school of nursing, during the fiscal year for which such grant is sought, an amount of funds (other than funds for construction as determined by the Secretary) from non-Federal sources which is at least as great as the average amount of funds expended by such applicant for such purpose (excluding expenditures of a nonrecurring nature) in the three fiscal years immediately preceding the fiscal year for which such grant is sought. The Secretary may, after consultation with the National Advisory Council on Nurse Training, waive the requirement of the preceding sentence with respect to any school if he determines that the application of such requirement to such school would be inconsistent with the purposes of subsection (a).

“(c) For payments under grants under this section there are authorized to be appropriated \$5,000,000 for fiscal year 1976, \$5,000,000 for fiscal year 1977, and \$5,000,000 for fiscal year 1978.”

TECHNICAL AMENDMENT

SEC. 922. Sections 805 and 808 (as in effect on June 30, 1975) are repealed.

Subpart 5—Special Project Assistance

SPECIAL PROJECT GRANTS AND CONTRACTS

SEC. 931. (a) Title VIII is amended by inserting after subpart III of part A (as added by section 921 of this title) the following:

“Subpart IV—Special Projects

“SPECIAL PROJECT GRANTS AND CONTRACTS

“SEC. 820. (a) The Secretary may make grants to public and non-profit private schools of nursing and other public or nonprofit private entities, and enter into contracts with any public or private entity, to meet the costs of special projects to—

“(1) assist in—

“(A) mergers between hospital training programs or between hospital training programs and academic institutions, or

“(B) other cooperative arrangements among hospitals and academic institutions, leading to the establishment of nurse training programs;

“(2) (A) plan, develop, or establish new nurse training programs or programs of research in nursing education, or

“(B) significantly improve curricula of schools of nursing (including curriculums of pediatric nursing and geriatric nursing) or modify existing programs of nursing education;

“(3) increase nursing education opportunities for individuals from disadvantaged backgrounds, as determined in accordance with criteria prescribed by the Secretary, by—

“(A) identifying, recruiting, and selecting such individuals,

“(B) facilitating the entry of such individuals into schools of nursing,

“(C) providing counseling or other services designed to assist such individuals to complete successfully their nursing education.

“(D) providing, for a period prior to the entry of such individuals into the regular course of education at a school of nursing, preliminary education designed to assist them to complete successfully such regular course of education,

“(E) paying such stipends (including allowances for travel and dependents) as the Secretary may determine for such individuals for any period of nursing education, and

“(F) publicizing, especially to licensed vocational or practical nurses, existing sources of financial aid available to persons enrolled in schools of nursing or who are undertaking training necessary to qualify them to enroll in such schools;

“(4) provide continuing education for nurses;

“(5) provide appropriate retraining opportunities for nurses who (after periods of professional inactivity) desire again actively to engage in the nursing profession;

“(6) help to increase the supply or improve the distribution by geographic area or by specialty group of adequately trained nursing personnel (including nursing personnel who are bilingual) needed to meet the health needs of the Nation, including the need to increase the availability of personal health services and the need to promote preventive health care;

“(7) provide training and education to upgrade the skills of licensed vocational or practical nurses, nursing assistants, and other paraprofessional nursing personnel; or

“(8) assist in meeting the costs of developing short-term (not to exceed 6 months) in-service training programs for nurses aides and orderlies for nursing homes, which programs emphasize the special problems of geriatric patients and include training for monitoring the well-being and feeding and cleaning of the patients in nursing homes, emergency procedures, drug properties and interactions, and fire safety techniques.

Contracts may be entered into under this subsection without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5).

“(b) The Secretary may, with the advice of the National Advisory Council on Nurse Training, provide assistance to the heads of other departments and agencies of the Government to encourage and assist in the utilization of medical facilities under their jurisdiction for nurse training programs.

“(c) No grant or contract may be made under this section unless an application therefor has been submitted to and approved by the Secretary. The Secretary may not approve or disapprove such an application except after consultation with the National Advisory Council on Nurse Training. Such an application shall provide for such fiscal control and accounting procedures and reports, and access to the records of the applicant, as the Secretary may require to assure proper disbursement of and accounting for Federal funds paid to the applicant under this section.

“(d) For payments under grants and contracts under this section there are authorized to be appropriated \$15,000,000 for fiscal year 1976, \$15,000,000 for fiscal year 1977, and \$15,000,000 for fiscal year 1978. Not less than 10 per centum of the funds appropriated under this subsection for any fiscal year shall be used for payments under grants and contracts to meet the costs of the special projects described in subsection (a) (3).

“ADVANCED NURSE TRAINING PROGRAMS

“SEC. 821. (a) (1) The Secretary may make grants to and enter into contracts with public and nonprofit private collegiate schools of nursing to meet the costs of projects to—

“(A) plan, develop, and operate,

“(B) significantly expand, or

“(C) maintain existing,

programs for the advanced training of professional nurses to teach in the various fields of nurse training, to serve in administrative or supervisory capacities, or to serve in other professional nursing specialties (including service as nurse clinicians) determined by the Secretary to require advanced training.

“(b) For payments under grants and contracts under this section there are authorized to be appropriated \$15,000,000 for fiscal year 1975, \$20,000,000 for fiscal year 1977, and \$25,000,000 for fiscal year 1978.

“NURSE PRACTITIONER PROGRAMS

“SEC. 822. (a) (1) The Secretary may make grants to and enter into contracts with public or nonprofit private schools of nursing, medicine, and public health, public or nonprofit private hospitals, and other public or nonprofit private entities to meet the cost of projects to—

“(A) plan, develop, and operate,

“(B) significantly expand, or

“(C) maintain existing,

programs for the training of nurse practitioners. The Secretary shall give special consideration to applications for grants or contracts for programs for the training of nurse practitioners which emphasize training respecting the special problems of geriatric patients and training to meet the particular needs of nursing home patients.

“(2) (A) For purposes of this section, the term ‘programs for the training of nurse practitioners’ means educational programs for registered nurses (irrespective of the type of school of nursing in which the nurses received their training) which meet guidelines prescribed by the Secretary in accordance with subparagraph (B) and which have as their objective the education of nurses (including pediatric and geriatric nurses) who will, upon completion of their studies in such programs, be qualified to effectively provide primary health care, including primary health care in homes and in ambulatory care facilities, long-term care facilities, and other health care institutions.

“(B) After consultation with appropriate educational organizations and professional nursing and medical organizations, the Secretary shall prescribe guidelines for programs for the training of nurse practitioners. Such guidelines shall, as a minimum, require that such a program—

“(i) extend for at least one academic year and consist of—

“(I) supervised clinical practice, and

“(II) at least four months (in the aggregate) of classroom instruction,  
directed toward preparing nurses to deliver primary health care;  
and

“(ii) have an enrollment of not less than eight students.

“(b) No grant may be made or contract entered into for a project to plan, develop, and operate a program for the training of nurse practitioners unless the application for the grant or contract contains assurances satisfactory to the Secretary that the program will upon its development meet the guidelines which are in effect under subsection (a) (2) (B); and no grant may be made or contract entered into for a project to expand or maintain such a program unless the application for the grant or contract contains assurances satisfactory to the Secretary that the program meets the guidelines which are in effect under such subsection.

“(c) The costs for which a grant or contract under this section may be made may include costs of preparation of faculty members in order to conform to the guidelines established under subsection (a) (2) (B).

“(d) For payments under grants and contracts under this section there are authorized to be appropriated \$15,000,000 for fiscal year 1976, \$20,000,000 for fiscal year 1977, and \$25,000,000 for fiscal year 1978.”

(b) Sections 810 and 868 are repealed.

#### GUIDELINES FOR NURSE PRACTITIONER TRAINING PROGRAMS

SEC. 932. The Secretary of Health, Education, and Welfare shall within ninety days of the date of the enactment of this Act prescribe the guidelines for nurse practitioner programs specified in section 822(a) of the Act (as added by section 931 of this title).

#### Subpart 6—Assistance to Nursing Students

##### EXTENSION OF TRAINEESHIPS

SEC. 935. (a) Subsection (a) of section 821 (as in effect on June 30, 1975) is amended to read as follows:

“(a) There are authorized to be appropriated \$15,000,000 for fiscal year 1976, \$20,000,000 for fiscal year 1977, and \$25,000,000 for fiscal year 1978, to cover the costs of traineeships for the training of professional nurses—

“(1) to teach in the various fields of nurse training (including practical nurse training),

“(2) to serve in administrative or supervisory capacities,

“(3) to serve as nurse practitioners, or

“(4) to serve in other professional nursing specialties determined by the Secretary to require advanced training.”

(b) Effective with respect to grants under section 821 of the Act from appropriations under such section for fiscal years beginning after June 30, 1975, subsection (b) of section 821 (as so in effect) is amended by adding at the end thereof the following: “In making grants for traineeships under this section, the Secretary shall give special consideration to applications for traineeship programs which conform to guidelines established by the Secretary under section 822(a) (2) (B).”

##### EXTENSION OF STUDENT LOAN PROGRAM

SEC. 936. (a) Section 822(b) (4) (as in effect on June 30, 1975) is amended by striking out “July 1, 1975” and inserting in lieu thereof “October 1, 1978”.

(b) Effective with respect to periods of training to be a nurse anesthetist undertaken on or after the date of the enactment of this Act, section 823(b)(2)(B) is amended by inserting “(or training to be a nurse anesthetist)” after “professional training in nursing”.

(c) Section 824 is amended to read as follows:

“AUTHORIZATION OF APPROPRIATIONS FOR STUDENT LOAN FUNDS

“SEC. 824. There are authorized to be appropriated for allotments under section 825 to schools of nursing for Federal capital contributions to their student loan funds established under section 822, \$25,000,000 for fiscal year 1976, \$30,000,000 for fiscal year 1977, and \$35,000,000 for fiscal year 1978. For fiscal year 1979, and for each of the next two succeeding fiscal years there are authorized to be appropriated such sums as may be necessary to enable students who have received a loan for any academic year ending before October 1, 1978, to continue or complete their education.”

(d) Section 826 is amended (1) by striking out “June 30, 1977” each place it occurs and inserting in lieu thereof “September 30, 1980”, and (2) by striking out “September 30, 1977” in subsection (b) and inserting in lieu thereof “December 31, 1980”.

(e) (1) Section 827 is repealed.

(2) The nurse training fund created within the Treasury by section 827(d)(1) of the Act shall remain available to the Secretary of Health, Education, and Welfare for the purpose of meeting his responsibilities respecting participations in obligations acquired under section 827 of the Act. The Secretary shall continue to deposit in such fund all amounts received by him as interest payments or repayments of principal on loans under such section 827. If at any time the Secretary determines the moneys in the funds exceed the present and any reasonable prospective further requirements of such fund, such excess may be transferred to the general fund of the Treasury.

(3) There are authorized to be appropriated without fiscal year limitation such sums as may be necessary to enable the Secretary to make payments under agreements entered into under section 827(b) of the Act before the date of the enactment of this Act.

EXTENSION OF SCHOLARSHIP PROGRAM

SEC. 937. Section 860 is amended—

(1) by striking out “1972, and for each of the next three fiscal years” in subsection (b) and in subsection (c)(1)(A) inserting in lieu thereof “1976, and for each of the next two fiscal years”;

(2) by striking out “June 30, 1976” in the second sentence of subsection (b) and in subsection (c)(1)(B) and inserting in lieu thereof “September 30, 1979”; and

(3) by striking out “July 1, 1975” in the second sentence of subsection (b) and in subsection (c)(1)(B) and inserting in lieu thereof “October 1, 1978”.

PART C—TECHNICAL AND CONFORMING AMENDMENTS

TECHNICAL AND CONFORMING AMENDMENTS

SEC. 941. (a) (1) Section 802 is amended—

(A) by striking out “this part” each place it occurs and inserting in lieu thereof “this subpart”;

(B) by striking out "subsection 806(e) of this Act" in subsection (b) (2) and inserting in lieu thereof "section 810(c)";

(C) by striking out paragraph (5) of subsection (b) and inserting in lieu thereof the following:

"(5) the application contains or is supported by adequate assurances that all laborers and mechanics employed by contractors or subcontractors in the performance of work on a project 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 Act of March 3, 1931 (40 U.S.C. 276a—276a-5, known as the Davis-Bacon Act), and the Secretary of Labor shall have with respect to such labor standards the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 5 U.S.C. Appendix) and section 2 of the Act of June 13, 1934 (40 U.S.C. 276c).";

(D) by striking out "section 841 (hereinafter in this part referred to as the 'Council')" in the first sentence following paragraph (5) of subsection (b) and inserting in lieu thereof "section 851";

(E) by striking out the second sentence following such paragraph; and

(F) by striking out "above in paragraph (A)" in subsection (c) (1) (B) and inserting in lieu thereof "in subparagraph (A)".

(b) (1) Subsection (a) of section 803 is amended to read as follows:

"(a) The amount of any grant for a construction project under this subpart shall be such amount as the Secretary determines to be appropriate after obtaining the advice of the National Advisory Council on Nurse Training; except that—

"(1) in the case of a grant—

"(A) for a project for a new school,

"(B) for a project for new facilities for an existing school in cases where such facilities are of particular importance in providing a major expansion of training capacity, as determined in accordance with regulations, or

"(C) for a project for major remodeling or renovation of an existing facility where such project is required to meet an increase in student enrollment,

the amount of such grant may not exceed 75 per centum of the necessary cost of construction, as determined by the Secretary, of such project; and

"(2) in the case of a grant for any other project, the amount of such grant may not, except where the Secretary determines that unusual circumstances make a larger percentage (which may in no case exceed 75 per centum) necessary in order to effectuate the purposes of this subpart, exceed 67 per centum of the necessary cost of construction, as so determined, of the project with respect to which the grant is made."

(2) Subsections (b) and (c) of section 803 are each amended by striking out "this part" and inserting in lieu thereof "this subpart".

(c) Section 804 is amended (1) by striking out "this part" and inserting in lieu thereof "this subpart", and (2) by redesignating paragraphs (a), (b), and (c) as paragraphs (1), (2), and (3), respectively.

(d) Section 805 (as redesignated by section 911(b)) is amended by striking out "this part" each place it occurs and inserting in lieu thereof "this subpart".

- (e) Section 806 is redesignated as section 810.
- (f) Section 807 is redesignated as section 811 and is amended—
  - (1) by striking out “section 805, 806, or 810” in subsections (a) and (c) and inserting in lieu thereof “this subpart”;
  - (2) by striking out “part” in subsection (b) and inserting in lieu thereof “subpart”;
  - (3) by amending paragraph (1) of subsection (c) to read as follows:
    - “(1) is from a public or nonprofit private school of nursing;” ;
    - and
    - (4) by striking out “those sections” each place it occurs in paragraphs (2) and (3) of such subsection and inserting in lieu thereof “this subpart”.
- (g) (1) Title VIII is amended by inserting after the heading for part B the following:

“Subpart I—Traineeships”.

- (2) Section 821 (as so designated on the day before the date of the enactment of this Act) is redesignated as section 830.
- (3) Title VIII is amended by inserting after section 830 (as so redesignated) the following:

“Subpart II—Student Loans”.

- (h) Sections 822, 823, 825, 826, 828, and 830 (as so designated on the day before the date of the enactment of this Act) are amended as follows:
  - (1) Sections 822(a), 823, 825, 826, and 828 are each amended by striking out “this part” each place it occurs and inserting in lieu thereof “this subpart”.
  - (2) Sections 822(a), 823(b), 823(c), 825(b)(2), and 826(a)(1) are each amended by striking out “of Health, Education, and Welfare”.
  - (3) Section 822(b)(2)(A) is amended by striking out “under this part” and inserting in lieu thereof “from allotments under section 838”.
  - (4) (A) Section 825 is amended—
    - (i) by striking out “(whether as Federal capital contributions or as loans to schools under section 827)” in subsection (a); and
    - (ii) by striking out “, and for loans pursuant to section 827.” in subsection (b)(1).
  - (B) Section 826(b) is amended by striking out “(other than so much of such fund as relates to payments from the revolving fund established by section 827(d))”.
  - (C) Section 828 is amended by striking out “or loans.”
- (5) Section 830 is—
  - (A) transferred to section 823 and inserted after subsection (i) of such section; and
  - (B) is amended by striking out “Sec. 830. (a)” and inserting in lieu thereof “(j)”.
- (i) (1) Sections 822, 823, 824, 825, 826, 828, and 829 (as so designated on the day before the date of the enactment of this Act) are redesignated as sections 835, 836, 837, 838, 839, 840, and 841, respectively.

(2) Section 835 (as so redesignated) is amended (A) by striking out "829" each place it occurs and inserting in lieu thereof "841", and (B) by striking out "823" and inserting in lieu thereof "836".

(3) Section 837 (as so redesignated) is amended (A) by striking out "825" and inserting in lieu thereof "838", and (B) by striking out "822" and inserting in lieu thereof "835".

(4) Section 838 (as so redesignated) is amended by striking out "824" each place it occurs and inserting in lieu thereof "837".

(5) Section 839 (as so redesignated) is amended by striking out "822" each place it occurs and inserting in lieu thereof "835".

(6) Section 841 (as so redesignated) is amended (A) by striking out "822" and inserting in lieu thereof "835", and (B) by striking out "part D" and inserting in lieu thereof "subpart III of this part".

(j) (1) Part D of title VIII is inserted after subpart II of part B of such title; sections 860 and 861 are redesignated as sections 845 and 846, respectively; and the heading for such part is amended to read as follows:

"Subpart III—Scholarship Grants to Schools of Nursing".

(2) Section 845(a) (as so redesignated) is amended by striking out "this part" and inserting in lieu thereof "this section".

(3) Section 846 (as so redesignated) is amended (A) by striking out "this part" the first time it occurs and inserting in lieu thereof "section 845", and (B) by striking out "to the sums available to the school under this part for (and to be regarded as) Federal capital contributions, to be used for the same purpose as such sums" and inserting in lieu thereof "to the student loan fund of the school established under an agreement under section 835. Funds transferred under this section to such a student loan fund shall be considered as part of the Federal capital contributions to such fund".

(4) Section 869 is repealed.

(k) (1) Sections 841, 842, 843, 844, and 845 (as so designated on the day before the date of the enactment of this Act) are redesignated as sections 851, 852, 853, 854, and 855, respectively.

(2) Section 851 (as so redesignated) is amended (A) by striking out "part A of applications under section 805" in subsection (a) (2) and inserting in lieu thereof "subpart I of part A, of applications under section 805, and of applications under subpart III of part A"; (B) by striking out subsection (b); (C) by striking out "(a) (1)" and inserting in lieu thereof "(a)"; and (D) by striking out "(2)" and inserting in lieu thereof "(b)".

(3) Section 853 (as so redesignated) is amended—

(A) by striking out "part A" in paragraph (f) and inserting in lieu thereof "subpart I of part A";

(B) by striking out "806" in paragraph (f) and inserting in lieu thereof "810";

(C) by striking out "part B" each place it occurs in paragraph (f) and inserting in lieu thereof "section 835";

(D) by striking out "825" in paragraph (f) and inserting in lieu thereof "838";

(E) by redesignating paragraphs (a) through (j) as paragraphs (1) through (10) respectively;

(F) by redesignating clauses (1), (2), and (3) of paragraph (6) (as so redesignated) as clauses (A), (B), and (C), respectively.



- (G) by redesignating subclauses (A) and (B) of such paragraph (6) as subclauses (i) and (ii), respectively; and
  - (H) by redesignating clauses (1) and (2) of paragraph (9) (as so redesignated) as clauses (A) and (B), respectively.
- (4) Part C is amended by adding at the end thereof the following:

“DELEGATION

“SEC. 856. The Secretary may delegate the authority to administer any program authorized by this title to the administrator of a central or regional office or offices in the Department of Health, Education, and Welfare, except that the authority—

- “(1) to review, and prepare comments on the merit of, any application for a grant or contract under any program authorized by this title for purposes of presenting such application to the National Advisory Council on Nurse Training, or
  - “(2) to make such a grant or enter into such a contract,
- shall not be further delegated to any administrator of, or officer in, any regional office or offices in the Department.”.

EFFECTIVE DATE

SEC. 942. The amendments made by section 941 shall take effect July 1, 1975. Except as otherwise specifically provided, the amendments made by section 941 to provisions of title VIII of the Act are made to such provisions as in effect July 1, 1975, and as amended by part B of this title.

PART D—MISCELLANEOUS

INFORMATION RESPECTING THE SUPPLY AND DISTRIBUTION OF AND  
REQUIREMENTS FOR NURSES

SEC. 951. (a) (1) Using procedures developed in accordance with paragraph (3), the Secretary of Health, Education, and Welfare (hereinafter in this section referred to as the “Secretary”) shall determine on a continuing basis—

- (A) the supply (both current and projected and within the United States and within each State) of registered nurses, licensed practical and vocational nurses, nurse’s aides, registered nurses with advanced training or graduate degrees, and nurse practitioners;
  - (B) the distribution, within the United States and within each State, of such nurses so as to determine (i) those areas of the United States which are oversupplied or undersupplied, or which have an adequate supply of such nurses in relation to the population of the area, and (ii) the demand for the services which such nurses provide; and
  - (C) the current and future requirements for such nurses, nationally and within each State.
- (2) The Secretary shall survey and gather data, on a continuing basis, on—
- (A) the number and distribution of nurses, by type of employment and location of practice;
  - (B) the number of nurses who are practicing full time and those who are employed part time, within the United States and within each State;

(C) the average rates of compensation for nurses, by type of practice and location of practice;

(D) the activity status of the total number of registered nurses within the United States and within each State;

(E) the number of nurses with advanced training or graduate degrees in nursing, by specialty, including nurse practitioners, nurse clinicians, nurse researchers, nurse educators, and nurse supervisors and administrators; and

(F) the number of registered nurses entering the United States annually from other nations, by country of nurse training and by immigrant status.

(3) Within six months of the date of the enactment of this Act, the Secretary shall develop procedures for determining (on both a current and projected basis) the supply and distribution of and requirements for nurses within the United States and within each State.

(b) Not later than February 1, 1977, and February 1 of each succeeding year, the Secretary shall report to the Congress—

(1) his determinations under subsection (a) (1) and the data gathered under subsection (a) (2);

(2) an analysis of such determination and data; and

(3) recommendations for such legislation as the Secretary determines, based on such determinations and data, will achieve (A) an equitable distribution of nurses within the United States and within each State, and (B) adequate supplies of nurses within the United States and within each State.

(c) The Office of Management and Budget may review the Secretary's report under subsection (b) before its submission to the Congress, but the Office may not revise the report or delay its submission, and it may submit to the Congress its comments (and those of other departments or agencies of the Government) respecting such report.

*Speaker of the House of Representatives.*

*Vice President of the United States and  
President of the Senate.*

July 17, 1975

Dear Mr. Director:

The following bill was received at the White House on July 17th:

S. 66 ✓

Please let the President have reports and recommendations as to the approval of this bill as soon as possible.

Sincerely,

Robert D. Linder  
Chief Executive Clerk



The Honorable James T. Lynn  
Director  
Office of Management and Budget  
Washington, D. C.