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93D CONGRESS }
2d Session }

HOUSE OF REPRESENTATIVES

{ REPORT
No. 93-154

HEALTH REVENUE SHARING AND HEALTH SERVICES ACT OF 1974

DECEMBER 5, 1974.—Ordered to be printed

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

CONFERENCE REPORT

[To accompany H.R. 14214]

The committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 14214) to amend the Public Health Service Act and related laws, to revise and extend programs of health revenue sharing and health services, and for other purposes, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

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

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

SHORT TITLE

SECTION 1. This Act may be cited as the "Health Revenue Sharing and Health Services Act of 1974".

TITLE I—HEALTH REVENUE SHARING

SEC. 101. This title may be cited as the "Special Health Revenue Sharing Act of 1974".

SEC. 102. 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 may make grants to State health and mental health authorities to assist in meeting the costs of providing comprehensive public health services under State plans approved under paragraph (3).

"(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 and unless—

"(A) the State has submitted to the Secretary a State plan for the provision of comprehensive public health services and has had the plan initially approved by him under paragraph (3); or

"(B) in the case of a State which has had a State plan initially approved under such paragraph, the Secretary, upon his annual review of the State plan of the State, determines that the plan and the activities undertaken under it continue to meet the requirements of such paragraph.

An application for a grant under paragraph (1) shall be submitted in such form and manner and shall contain such information as the Secretary may require.

"(3) A State plan for the provision of comprehensive public health services shall include such information and assurances as the Secretary may find necessary for approval of the plan and shall be comprised of the following three parts:

"(A) An administrative part setting out a program for the performance of the activities prescribed by the public health service and mental health service parts of the State plan, which program shall—

"(i) provide for administration, or supervision of administration, of such activities by the State health authority or, with respect to mental health activities, by the State mental health authority;

"(ii) set forth policies and procedures to be followed in the expenditure of funds received from grants made under paragraph (1);

"(iii) contain or be supported by assurances satisfactory to the Secretary that (I) the funds paid to the State public and mental health authorities under grants made under paragraph (1) will be used to make a significant contribution toward providing and strengthening public health services in the various political subdivisions of the State; (II) such funds will be made available to other public or nonprofit private agencies, institutions, and organizations, in accordance with criteria which the Secretary determines are designed to secure maximum participation of local, regional, or metropolitan agencies and groups in the provision of such services; (III) such funds will 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 not to supplant such non-Federal funds; and (IV) the plan is compatible with the total health program of the State;

"(iv) provide that the State health authority or, with respect to mental health activities, the State mental health authority, will, from time to time, but not less often than annually, (I) review and evaluate its State plan and submit to

the Secretary appropriate modifications thereof, (II) report to the Secretary (by such categories as the Secretary may prescribe) a description of the services provided pursuant to the public health service and mental health service parts of the State plan in the preceding fiscal year and the amount of funds spent by such categories for the provision of such services, and (III) report to the Secretary the extent to which services provided under the State plan for persons with developmental disabilities and for the prevention and treatment of alcohol and drug abuse are integrated with services provided under the plan through community mental health centers;

"(v) provide that the State health authority or, with respect to mental health activities, the State mental health authority 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 finds necessary to assure the correctness and verification of such reports;

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

"(vii) 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;

"(viii) contain such additional provisions as the Secretary may find necessary for the proper and efficient operation of the State plan.

"(B) A public health service part setting out a plan for the provision within the State of public health services (other than mental health services). Such plan shall be prepared by the State health authority and shall—

"(i) require that such services provided within the State be provided in conformity with the applicable provisions and requirements of any comprehensive State health plan developed with assistance provided under subsection (a) of this section;

"(ii) include an assessment of the most serious public health problems that exist within the State, based upon data pertaining to mortality and morbidity within the State and to the economic impact of public health problems within the State and upon other appropriate information; and

"(iii) provide for programs relating to environmental health, health education, preventive medicine, health manpower and facilities licensure, and, commensurate with the extent of the problem, services for the prevention and treatment of hypertension, drug abuse, drug dependence, alcohol abuse, and alcoholism.

"(C) A mental health service part setting out a plan for the provision within the State of mental health services. Such plan shall be prepared by the State mental health authority and shall—

"(i) require that such services provided within the State be provided in conformity with the applicable provisions and requirements of any comprehensive State health plan developed with assistance provided under subsection (a) of this section;

"(ii) include an assessment of the most serious mental health problems that exist within the State, based upon data pertaining to mortality and morbidity within the State and to the economic impact of mental health problems within the State and upon other appropriate information;

"(iii) include a detailed plan designed to eliminate inappropriate placement of persons with mental health problems in institutions and to improve the quality of care for those with mental health problems for whom institutional care is appropriate;

"(iv) prescribe minimum standards for the maintenance and operation of mental health programs and facilities (including community mental health centers) within the State and for the enforcement of such standards; and

"(v) 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.

The Secretary shall approve a State plan submitted to him which meets the requirements of subparagraphs (A), (B), and (C) of this paragraph and such other requirements as he is authorized to prescribe under this paragraph. The Secretary shall review annually each State plan which has been initially approved by him and the activities undertaken under the plan to determine if the plan and such activities continue to meet the requirements of such subparagraphs.

"(4) In each fiscal year the Secretary shall, 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 pursuant to its State plan, and not less than 22 per centum of a State's allotment under paragraph (4) shall be available only for establishing and maintaining under the State plan programs for the screening, detection, diagnosis, prevention, and detection of hypertension; 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 under the State plan of services in communities of the State.

"(7) For the purpose of making grants under paragraph (1) there are authorized to be appropriated \$160,000,000 for the fiscal year ending June 30, 1975, and \$160,000,000 for the fiscal year ending June 30, 1976."

TITLE II—FAMILY PLANNING PROGRAMS

SEC. 201. This title may be cited as the "Family Planning and Population Research Act of 1974".

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 "1974" the following: "; \$150,000,000 for the fiscal year ending June 30, 1975; and \$175,000,000 for the fiscal year ending June 30, 1976".

(b) Section 1003(b) of such Act is amended (1) by striking out "and" after "1973;" and (2) by inserting after "1974" the following: "; \$4,000,000 for fiscal year ending June 30, 1975; and \$5,000,000 for the fiscal year ending June 30, 1976".

(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 \$60,000,000 for the fiscal year ending June 30, 1975, and \$75,000,000 for the fiscal year ending June 30, 1976.

"(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 "1974" the following: "; \$1,500,000 for the fiscal year ending June 30, 1975; and \$2,000,000 for the fiscal year ending June 30, 1976".

(e) 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. 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 four 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 programs, 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 such report;

"(2) indicate steps being taken to achieve the objectives during the remaining fiscal years of the plan contained in such report and any revisions 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.

TITLE III—COMMUNITY MENTAL HEALTH CENTERS

SEC. 301. This title may be cited as the "Community Mental Health Centers Amendments of 1974".

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 mental 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 subsection (c).

“(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 with respect to the nature of mental health problems and the type 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; 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 in 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 services.

“(B) In the case of a community mental health center which before the date of enactment of the Community Mental Health Centers Amendments of 1974 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 services.

“(C) For purposes of subparagraphs (A) and (B), the term ‘provider of health care services’ means an individual who receives (either directly or through his spouse) more than one-tenth of his gross annual income from fees or other compensation for the provision of health care services or from financial interests in entities engaged in the provision of health care services or in producing or supplying drugs or other articles for use in the provision of such services, or from both such compensation and such interests.

“(2) A center shall have established, in accordance with regulations prescribed by the Secretary, (A) an ongoing quality assurance pro-

gram (including utilization and peer review systems) respecting the center's services, (B) 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, (C) 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 (D) an identifiable administrative unit which shall be responsible for providing the consultation and education services described in subsection (b) (1) (D). The Secretary may waive the requirements of clause (D) 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) may be made for not more than one year, 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) \$5,000,000 for the fiscal year ending June 30, 1975, and \$5,000,000 for the fiscal year ending June 30, 1976.

"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 1974), such center or other entity shall, for purposes of grants under subsection (a), be considered as being 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 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, 40 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 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) \$85,000,000 for the fiscal year ending June 30, 1975, and \$100,000,000 for the fiscal year ending June 30, 1976.

"(2) For the fiscal year ending June 30, 1976, 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 the fiscal year ending June 30, 1975, 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 1974) from appropriations under this title for a fiscal year ending before July 1, 1974, 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 1974 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 provision of the repealed section applicable to the amount of the grant the grantee may receive under this subsection for that year.

"(2) An entity which receives a grant under this subsection may not receive any grant under subsection (a).

"(3) There are authorized to be appropriated for the fiscal year ending June 30, 1975, and for each of the next six fiscal years such sums as may be necessary to make grants in accordance with paragraph (1).

"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, 1974, a staffing grant under section 220 of this title (as in effect before the date of enactment of the Community Mental Centers Amendments of 1974) 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 subsection (a) or (e) of 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 1974),

"(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 Amendments of 1974) 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 \$4,000,000 for the fiscal year ending June 30, 1975, and \$9,000,000 for the fiscal year ending June 30, 1976.

"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 1974. For purposes of this section, the term 'projected operating deficit' with respect to an entity described in the preceding sentence means the excess of its projected costs of operation (including the costs of operation related to the provision of services for which a grant may be made under this subsection) 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 to be collected by the entity during that period.

"(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.

"(c) There are authorized to be appropriated for payments under grants under subsection (a) \$20,000,000 for the fiscal year ending June 30, 1975, and \$20,000,000 for the fiscal year ending June 30, 1976.

"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—

"(1) an application (meeting the requirements of subsection (c)) for such grant has been submitted to, and approved by, the Secretary; and

"(2) the proposed use of grant funds in any area under the jurisdiction of a State or area health planning agency established under the Public Health Service Act has been reviewed to the extent provided by law by such agencies to determine whether such use is consistent with any plans which such agencies have developed for such area, and with respect to—

"(A) the need for a community mental health center in such area;

"(B) the definition of the catchment area to be served, which shall be determined after consideration of any such area previously designated;

"(C) the need for the services to be offered;

"(D) in the case of an applicant described in section 203(a) (1) (B), the applicant's plans for developing comprehensive mental health services;

"(E) the adequacy of the resources of the applicant for the direct provision of mental health services and the adequacy of agreements with the applicant for the indirect provision of such services;

"(F) the adequacy of the applicant's arrangements for the appropriate use of and integration with existing health delivery services and facilities to assure optimum utilization of and nonduplication of such services and facilities and to assure continuity of patient care, including arrangements of the applicant with health maintenance organizations and community health centers serving individuals who reside in or are employed in the area served by the applicant for the provision by the applicant of mental health services for the members and patients of such organizations and centers;

"(G) the adequacy of arrangements of the applicant for the coordination of its services with those of other health and social service agencies including, where appropriate, exchange of staff resources; and

"(H) any other factor which the State or area health planning agency determines to be significant for purposes of planning and coordination of health services for the area within the jurisdiction of such planning agency.

"(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 utilization 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 of the center in 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 bilingual 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 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 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 agency 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 such increased costs.

“(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, determines that 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, that the application contains or is supported by assurances satisfactory to the Secretary that the services of the applicant will, to the extent feasible, be utilized 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 under 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, 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) An application for a grant under section 203, 204, or 205—

“(A) may not be disapproved, and

“(B) may not be approved for a grant which is less than the amount of the grant received by the applicant under such section in the preceding fiscal year,

on the ground that the applicant has not made reasonable efforts to secure payments or reimbursements in accordance with assurances provided under subparagraphs (I), (J), and (K) of subsection (c)(1) unless the Secretary first informs such applicant of the respects in which he has not made such reasonable efforts and the manner in which his performance can be improved and gives the applicant a

reasonable opportunity to respond. Applications disapproved, and applications approved for reduced amounts, on such grounds shall be referred to the National Advisory Mental Health Council for its review and recommendations respecting such approval or disapproval.

"(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 submitted 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 1974.

"(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(a), 203(e), 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 1974) 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; 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 section 201(c).

"(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 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 1974), 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 \$10,000,000 for the fiscal year ending June 30, 1975, and \$15,000,000 for the fiscal year ending June 30, 1976, 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, or constructed 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 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 the fifty States and the District of Columbia.

"(B) The Federal percentages under clause (ii) of subparagraph (A) shall be promulgated by the Secretary between July 1 and September 30 of each even-numbered year, on the basis of the average of the per capita incomes of the States subject to such Federal percentages and of the fifty States and the District of Columbia 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 other nonprofit 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.

“(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 274 of this title (as in effect before the date of the enactment of the Community Mental Health Centers Amendments of 1974) from appropriations for a fiscal year ending before July 1, 1974, 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 construction or remodeling 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) In case an amendment to an approved application is approved or the estimated cost of a construction or remodeling 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 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 remodeled, constructed, or acquired with funds provided under this part is, at any time within twenty years after the completion of such remodeling or construction 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 district court of the United States 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 cost of the construction 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 construction or modernization of a facility for a community mental health center unless the Secretary determines that there are no funds available under this part for the construction or modernization 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 several 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 it for such purpose in the next two fiscal years (and in such years only), in addition to the sums allotted to it 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 \$15,000,000 for the fiscal year ending June 30, 1975, and \$15,000,000 for the fiscal year ending June 30, 1976, for allotments under section 227.

"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 responsible for the mental health service part of a State's plan 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.

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 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,

"(II) motivations of offenders, and

"(III) the impact of the offense on the victim and the family of the victim;

"(v) sexual assaults in correctional institutions;

"(vi) the actual incidence of forcible rape as compared to the reported cases and the reasons therefor; and

"(vii) the effectiveness of existing private and local and State government education and counseling 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) Assist community mental health centers and other qualified public and nonprofit private entities in conducting research and demonstration projects concerning the control and prevention of rape, including projects (i) to research and demonstrate alternative methods of planning, developing, implementing, and evaluating programs used in the prevention and control of rape, the treatment and counseling of victims of rape and their families, and the rehabilitation of offenders; and (ii) involving the application of such methods.

"(F) Assist 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 forcible, statutory, and attempted rape, homosexual assaults, and other criminal assaults.

"(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 is 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 \$10,000,000 for the fiscal year ending June 30, 1975, and \$10,000,000 for the fiscal year ending June 30, 1976.

"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 requiring 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 Federal Hospital Council (established by section 641 of the Public Health Service Act) and 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 planning, operation, or utilization of community mental health centers or other mental health facilities, and (ii) representatives of consumers and providers of the services provided by 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 mental health services part of the State's plan under section 314(d) of the Public Health Service Act;

"(B) set forth a program for community mental health centers within the State (i) which is based on a statewide inventory 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 construction projects 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 shall be paid on condition that there shall be expended from State sources for each year for administration of such provisions of the State plan approved under this section 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 agency of a State which administers or supervises the administration of a State's health planning functions under a State plan approved under section 314(a) 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 of 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'."

SEC. 304. The amendment made by section 303 shall take effect as of July 1, 1974.

SEC. 305. (a) Section 513 of the Public Health Service Act is amended by striking out "or by grants or contracts" and inserting in lieu thereof "or, except in the case of evaluations of programs under the Community Mental Health Centers Act, by grants or contracts".

(b) The amendment made by subsection (a) shall apply with respect to evaluations of programs under the Community Mental Health Centers Act made under such section 513 with appropriations for fiscal years ending after June 30, 1974.

SEC. 306. (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.

TITLE IV—MIGRANT HEALTH CENTERS

MIGRANT HEALTH CENTERS

SEC. 401. (a) Section 310 of the Public Health Service Act is amended to read as follows:

"MIGRANT HEALTH

"SEC. 310. (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, 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 worker' 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 nonprofit 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 the cost of 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 the cost of 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 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 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 agency 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 utilization 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, with 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 bilingual 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 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) \$5,000,000 for the fiscal year ending June 30, 1975, and \$5,000,000 for the fiscal year ending June 30, 1976. Of the funds appropriated under this paragraph for the fiscal year ending June 30, 1975, 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) \$60,000,000 for the fiscal year ending June 30, 1975, and \$65,000,000 for the fiscal year ending June 30, 1976. Of the funds appropriated under the first sentence for the fiscal year ending June 30, 1975, there shall be made available for grants and contracts under subsection (d)(1)(C) an amount equal to 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 the fiscal year ending June 30, 1976, there shall be made available for grants and contracts under subsection (d)(1)(C) an amount equal to 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, 1974. 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 \$10,000,000 for the fiscal year ending June 30, 1975, and \$10,000,000 for the fiscal year ending June 30, 1976."

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

"(g)(1) Within one hundred and twenty days after 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 310.

"(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 310. 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 (herein after 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 this 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 sup-

porting resources or through contracts or cooperative arrangements with other public or private entities provides—

"(1) primary 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, 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 agency 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 utilization 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, with 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 bilingual 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 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 the requirements of subsection (e)(2).

“(g)(1) There are authorized to be appropriated for payments pursuant to grants under subsection (c) \$20,000,000 for the fiscal year ending June 30, 1975, and \$20,000,000 for the fiscal year ending June 30, 1976.

“(2) There are authorized to be appropriated for payments pursuant to grants under subsection (d) \$240,000,000 for the fiscal year ending June 30, 1975, and \$260,000,000 for the fiscal year ending June 30, 1976.”

(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 striking out “\$23,000,000 for the fiscal year ending June 30, 1975” and inserting in lieu thereof “\$38,000,000 for the fiscal year ending June 30, 1975”.

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 \$12,000,000 for the fiscal year ending June 30, 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 demon-

strating 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 \$3,000,000 for the fiscal year ending June 30, 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 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 the fiscal year ending June 30, 1975, \$5,000,000 for the fiscal year ending June 30, 1976.

"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 \$5,000,000 for the fiscal year ending June 30, 1975, and \$5,000,000 for the fiscal year ending June 30, 1976."

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) Section 317(d) of the Public Health Service Act is amended (1) by striking out "communicable and other disease" in paragraphs (1) and (2), and (2) by striking out "communicable and other disease" the second time it occurs in paragraph (3).

And the Senate agree to the same.

HARLEY O. STAGGERS,
PAUL G. ROGERS,
DAVID E. SATTERFIELD III,
PETER N. KYROS,
RICHARDSON L. PREYER,
J. SYMINGTON,
WM. R. ROY,
ANCHER NELSEN,
TIM LEE CARTER,
J. F. HASTINGS,
JOHN HEINZ,
WILLIAM H. HUDNUT III,

Managers on the Part of the House.

EDWARD M. KENNEDY,
HARRISON WILLIAMS,
GAYLORD NELSON,
THOMAS F. EAGLETON,
ALAN CRANSTON,
CLAIBORNE PELL,
WALTER F. MONDALE,
W. D. HATHAWAY,
HAROLD E. HUGHES,
DICK SCHWEIKER,
J. JAVITS,
PETER H. DOMINICK,
J. GLENN BEALL, JR.,
ROBERT TAFT, JR.,
ROBERT T. STAFFORD,

Managers on the Part of the Senate.

JOINT EXPLANATORY STATEMENT OF THE COMMITTEE OF CONFERENCE

The managers on the part of the House and the Senate at the conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 14214) to amend the Public Health Service Act and related laws, to revise and extend programs of health revenue sharing and health services, and for other purposes, submit the following joint statement to the House and the Senate in explanation of the effect of the action agreed upon by the managers and recommended in the accompanying conference report:

The Senate amendment to the text of the bill struck out all of the House bill after the enacting clause and inserted a substitute text.

The House recedes from its disagreement to the amendment of the Senate with an amendment which is a substitute for the House bill and the Senate amendment. The differences between the House bill, the Senate amendment, and the substitute agreed to in conference are noted below, except for clerical corrections, conforming changes made necessary by agreements reached by the conferees, and minor drafting and clarifying changes.

SHORT TITLE

The House bill provides that the short title shall be the "Health Revenue Sharing and Health Services Act of 1974".

The Senate amendment provides that the short title shall be: "Health Services Act of 1974".

The conference substitute adopts the provisions of the House bill.

FINDINGS OF CONGRESS

The House bill has no provision for findings of Congress. The Senate amendment provides that Congress finds that—

(1) the provision of high quality health services in all American communities is a national goal;

(2) no community should be deprived of such services because of the lack of financial resources, location, the limited English-speaking ability of any part of its population, or any other factor;

(3) to the maximum extent possible without compromising the national goal, health services should be provided by providers which are financially independent of Federal support;

(4) to the extent that financial independence cannot be attained under existing public and private health services financing arrangements without compromising this national goal, Federal funds should be made available to support the development and provision of those services under such financing arrangements become adequate; and

(5) this national goal should be pursued on a wholly voluntary basis by providing funds in communities where requested and allowing maximum flexibility in organization and delivery of health care responsive to provider preference and community need.

The conference substitute deletes the provisions of the Senate amendment.

HEALTH REVENUE SHARING

The House bill revises and extends section 314(d) of the Public Health Service Act (relating to grants, through allotments, to State health and mental health authorities for the provision of public health services) for 2 years and authorizes appropriations of \$200 million for fiscal year 1975, and \$220 million for fiscal year 1976. The House bill revises existing requirements relating to State plans for the provision of Comprehensive Public Health Services to require that before grants could be awarded under section 314(d), States would be required to submit plans comprised of 3 parts: an administrative part, a public health service part, and a mental health services part.

The House bill deletes existing "Federal share" provisions of section 314(d) and specifies that the Secretary shall determine the amount of any grant to a State, but that 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 year. It retains provisions of existing law that require that no less than 15 per centum of a State's allotment shall be made to the State mental health authority, and that not less than 70 of the entire allotment shall be made for the provision of services in communities of the State.

The Senate amendment extends existing provisions of section 314(d) for one year and authorizes appropriations of the \$90 million for fiscal year 1975 for formula grants under this section.

In addition, the Senate amendment authorizes for allotments, to States, \$70 million for fiscal year 1975 to assist States in establishing and maintaining programs for the screening, detection, diagnosis, and treatment of hypertension.

The conference substitute adopts the House provisions with the following changes:

(1) The authorizations are reduced to \$160,000,000 for fiscal year 1975 and \$160,000,000 for fiscal year 1976.

(2) 22 percent of each State's allotment must be available to establish and maintain programs for the screening, detection, diagnosis, and treatment of hypertension.

TITLE II—FAMILY PLANNING PROGRAMS

Extension of authorization of appropriations for family planning services project grants and contracts and for training grants and contracts.—The House bill provides for a two-year authorization of appropriations for family planning services project grants and contracts, \$150,000,000 for fiscal year 1975, and \$175,000,000 for fiscal year 1976; and for a two-year authorization of appropriations for training

grants and contracts, \$4,000,000 for fiscal year 1975, and \$5,000,000 for fiscal year 1976.

The Senate amendment contains no comparable provisions.

The conference substitute adopts the provisions of the House bill.

The conferees agree that substantial increases in authorizations are necessary in order for the programs to expand to achieve the expressed goal of providing family planning services to all Americans who want and need them, but cannot afford them, so that they can successfully plan their families.

With the enactment of the Family Planning and Population Research Act of 1970 (Public Law 91-572), Congress provided explicit directions (in a new title X added to the Public Health Service Act) to guarantee that participation in the program be entirely voluntary and free from any form of coercion or pressure. Voluntary participation has remained a basic premise of programs supported by title X funds. The detailed guidelines set forth in the House report on the House bill (House Report No. 93-1161) with regard to informed consent are a logical extension of this premise since such consent is essential to voluntary and informed participation in family planning programs. The conferees believe that the guidelines must be applied with regard to the provision of any medical procedure or service, and in connection with the participation of a patient in any research program authorized under the provisions of the Family Planning and Population Research Act.

The conferees believe that the clear line of authority, under the Act, between the Deputy Assistant Secretary for Population Affairs and the Office of Population Affairs and family planning services and research programs have become eroded and blurred despite statutory requirements. The massive reorganizations which have occurred within H.E.W., both at the national and regional levels, and the reassignment of specialized staffs to general and often multitudinous responsibilities have resulted in a situation which threatens the accountability that should stem from line authority. It is imperative that in each region, in the Health Services Administration and in the Office of Population Affairs, there be sufficient, full-time, specialized staff assigned solely to monitor, evaluate, and assist programs on an on-going basis. The conferees direct that a minimum of one senior staff be assigned solely to this program in each region and that, when warranted (by size, workload, program and fiscal responsibilities of the individual region), they be supplemented by additional full-time specialized staff.

The conferees believe the objective enunciated in the third progress report on the five-year plan submitted in April, 1974 ("consolidating projects to encourage State agencies to take responsibility for grants administration and to obtain the benefits of economies of scale . . .") is in direct opposition to the project grant approach authorized by title X.

The conferees agree that since family planning services projects are established to meet the needs of the residents of the community, consolidation at the State level, and particularly, through a State agency, would place an unnecessary barrier between the administration of the program and the individuals it seeks to serve.

The language which appeared in the House Report (page 19) accurately expresses Congressional intent in this regard.

Although the conferees believe that strict adherence to the directions in the House Report would limit the necessity or applicability of such procedures, the conferees express approval of the written assurance made to the Senate Committee in a letter from the Assistant Secretary for Legislation, Stephen Kurzman, of May 31, 1974, with respect to certain kinds of consolidation activities, as follows:

3. In the future, *prior* to the final sign off in the regional office of any grants awarded which would further consolidate family planning projects, the Regional Health Administrator would advise the Deputy Assistant Secretary of his plan to award a consolidated grant, giving the Office of Population Affairs opportunity to review the decision and comment on it; *the opportunity to review does not give authority to override the Regional Health Administrator's decision prior to his sign off;*

4. The Deputy Assistant Secretary would continue to have the authority to override such a consolidation *after* the fact if it was determined to be unwarranted.

The conferees further believe that it is essential that family planning services programs provide an opportunity for active participation of representatives of the community in the policy-making decisions of the program.

The conferees believe that comprehensive health care programs, particularly those concerned with maternal health, should include family planning in the services they routinely provide and stress that it is essential that there be close coordination and, whenever possible, integration of family planning services into all general health care programs. In addition, the conferees believe that family planning services under title X generally are most effectively provided in a general health setting and thus encourage coordination and integration into programs offering general health care.

Research.—The House bill provides for a two-year authorization of appropriations for the support of research in the biomedical, contraceptive development, behavioral, and program implementation fields related to family planning and population, \$60,000,000 for fiscal year 1975, and \$75,000,000 for fiscal year 1976. The House bill also directs that no funds appropriated under any provision of the Public Health Service Act, other than section 1004, may be used to conduct or support such research. The Senate amendment contains no comparable provisions.

The conference substitute adopts the provisions of the House bill.

The requirement that research in human reproduction and population dynamics be supported under the specific authority created by title X of the Public Health Service Act is intended to foster the program accountability and visibility of these activities and to increase coordination among all authorities in title X and related programs in H.E.W. and other Federal agencies and departments through the Office of the Deputy Assistant Secretary for Population Affairs. With population research a clearly identifiable item in the budget, Congress will be better able to monitor the progress and growth of the program.

Informational and educational materials.—The House bill provides for a two-year authorization of appropriations for grants and contracts to assist in developing and making available family planning and population growth information (including educational materials) to all persons desiring such information (or materials), \$1,500,000 for fiscal year 1975, and \$2,000,000 for fiscal year 1976.

The Senate amendment contains no comparable provision.

The conference substitute adopts the provisions of the House bill.

Income criteria for participation in family planning services programs.—The House bill amends existing law in order to clarify that the criteria used by the Secretary in determining "low-income families" for purposes of determining priority in the furnishing of voluntary family planning services, must be defined by the Secretary so as to insure that economic status shall not be a deterrent to participation in the programs assisted under title X of the Public Health Service Act.

The Senate amendment contains no comparable provision.

The conference substitute adopts the provisions of the House bill.

The conferees reiterate the House's direct mandate that the provision of family planning services not be narrowly restricted to the very poor but be broadly available to all persons who need and want services but have difficulty in gaining access to them for economic or other reasons. The conferees intend that the Secretary in defining "low-income families" for the purposes of this title shall insure that this definition will encompass all persons of marginal low income for whom the cost of preventive services is a particular burden.

Plans and Reports.—The House bill adds as a section of title X of the Public Health Service Act the requirement (presently contained in section 5 of Public Law 91-572) that the Secretary shall make, as soon as possible after the end of each fiscal year, an annual report to Congress setting forth a plan for the succeeding five years for carrying out the purposes of title X and Public Law 91-572, and sets forth explicit areas and issues the plan must cover.

The Senate amendment contains no comparable provisions. The conference substitute adopts the provisions of the House bill with an amendment retaining the applicable provision of present law requiring submission of the annual plan by a date certain—in this case not later than four months after the end of each fiscal year.

The conferees believe that a critical element in the title X programs success to date has been H.E.W.'s ability to project quantitative and detailed service goals. Thus, Congress has received an accurate view of progress from year to year, and local and Federal administrators have been able to evaluate program effectiveness rapidly and with precision. The five-year plan request and the uniform reporting system requirements contained in the initial legislation (Public Law 91-572) have proven to be highly effective tools in this regard, and the conference report extends both requirements. The conferees intend that the next five-year plan and its subsequent revisions address and assess the availability and adequacy of the provision of family planning services for the general population, and identify the deficiencies in the provision of services to certain groups or subgroups. Within this context, the plan and each annual update should delineate which

services needs can and should be met by organized programs generally, and which service needs can be met under this title and under other laws for which the Secretary has responsibility. Both the research and service plans should be designed to provide Congress with projected timetables to meet their stated goals, including the Federal funding projections for this title, and for other laws for which the Secretary has responsibilities, which are necessary for the achievement of the objectives.

The conferees express their displeasure that H.E.W. has failed to meet its January 1 deadlines for plan submission in the past, and, in conformance with the aims of Congressional budget reform, the conferees have required that the next plan and its subsequent revisions be submitted to Congress not later than four months after the end of each fiscal year. The importance of the plan being submitted in accordance with this schedule has been intensified by enactment of the Congressional Budget and Impoundment Control Act of 1974 (Public Law 93-344) which requires legislation authorizing appropriations in the succeeding fiscal year to be reported to the floor of both Houses of Congress by May 15 prior to the commencement of such fiscal year (under that Act moved to October 1). In order to meet this deadline, the Congressional Committees must have the information contained in the plan before them in ample time to give full consideration to any changes in legislation which may be necessitated by information contained in the plan.

COMMUNITY MENTAL HEALTH CENTERS

Congressional Findings

The House bill states congressional findings 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 the 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 which all Americans should enjoy access; and
- (3) that there is a shortage and maldistribution of community mental health resources in the United States.

The Senate amendment states congressional findings that:

- (1) Community care is the most effective and humane form of care for the majority of mentally ill and mentally retarded individuals and individuals with developmental disabilities;

- (2) The federally funded community mental health centers have had a major impact on the improvement of care by:

(A) fostering coordination and cooperation between various agencies resulting in a decrease in overlapping services and a more efficient utilization of available resources, bringing community care to all in need within a specific geographic area regardless of ability to pay, and

(B) by developing a system of care which insures continuity of care for all patients; and

- (3) There is a shortage and maldistribution of community mental health resources in the United States.

The Senate amendment also states that the obligation for insuring the expansion of the community mental health center concept in the United States and the provision of comprehensive community care to all in need rests with the Federal Government, and declares further that Federal funds should continue to be made available for the purposes of initiating new and existing community mental health centers, and initiating new services within existing centers, and for the monitoring and performance of all federally-funded centers to assure their responsiveness to community needs, and national goals relating to community mental health care.

The conference substitute adopts the provisions of the House bill with the addition of the Senate provision declaring that Federal funds should continue to be made available for purposes of initiating new and continuing existing community mental health centers.

Revisions to Current Authority

The House bill revises and amends current authority within the Community Mental Health Centers Act.

The Senate amendment repeals the Community Mental Health Centers Act and replaces it with a new Part C of a new title XIV of the Public Health Service Act.

The conference substitute adopts the provision of the House bill.

Definition of a Community Mental Health Center

The House bill defines a community mental health center as a legal entity—

(1) through which specified comprehensive mental health services are provided in the area (termed the "catchment area") served by the center; and

(2) which coordinates the comprehensive mental health services it offers with the provision of services it offers by other health and social service agencies in the center's catchment area to assure the persons receiving services through the center have access to all such health and social services as they may require.

The House bill provides that the services of a community mental health center—

(1) 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;

(2) should be available and accessible to the residents of the area promptly, as appropriate, and in a manner which assures continuity and which overcomes geographic, cultural, linguistic, or economic barriers through receipt of services; and

(3) where medically necessary, shall be available and accessible 24 hours a day, and 7 days a week.

The House bill further provides that community mental health centers shall establish a governing body which is composed, where practical, of individuals who reside in the center's catchment area, who, as a group, represent the residents of the area, and at least one-half of whom are not providers of health care services; and shall establish organizational arrangements for an ongoing quality assurance program (including utilization and peer review systems), and for maintaining the confidentiality of patient records.

The Senate amendment defines a community mental health center as a public or private nonprofit agency, organization, or institution—

(1) which provides specified comprehensive mental health services—

(A) principally to individuals residing in a defined geographic 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

(2) which coordinates the comprehensive mental health services it offers with the provision of services by other health and social service agencies in 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 Senate amendment further provides that the services of a community mental health center—

(1) may be provided at the center or satellite center through the staff of the center or through appropriate arrangements with health professionals and others in the center's catchment area;

(2) should be available and accessible to the residents of the area promptly, as appropriate, and in a manner which preserves human dignity, assures continuity and high-quality care, and which overcomes geographic, cultural, linguistic, or economic barriers to the receipt of services; and

(3) shall be available and accessible 24 hours a day and 7 days a week.

The conference substitute combines the provisions of the House bill and the Senate amendment.

Services to be Offered

The House bill provides that the comprehensive mental health services which must be provided through a community mental health center include—

(1) services for individuals who are in a hospital or other health services delivery facility, outpatient services, day care and similar partial hospitalization services, and emergency services;

(2) specialized services for the mental health of children;

(3) specialized services for the mental health of the elderly;

(4) consultation and education services for health professionals, schools, state and local law enforcement and correctional agencies, public welfare agencies, health services delivery agencies, and other appropriate entities;

(5) assistance to courts and other public agencies in screening residents in 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 of such persons through the center as an alternative to inpatient treatment at such facility;

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

(7) provision of each of the following service programs other than a service program for which there is not sufficient need in the catchment area or the need for which in the center's catchment area is currently being met:

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

(B) 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.

The Senate amendment provides that the comprehensive mental health services which must be provided by community mental health centers shall include—

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

(2) comprehensive specialized services for the mental health of children;

(3) comprehensive specialized services for the mental health of the elderly;

(4) consultation and education services (including preventive services) for health professionals, law enforcement and correctional agencies, public welfare agencies, and health services delivery agencies;

(5) assistance to courts and other public agencies in screening individuals who are residents of its catchment area, and who are being considered for referral to a mental health facility for treatment to determine whether they should be referred, and provision, where appropriate, of treatment for such individuals through the center as an alternative to treatment at such facility;

(6) followup services to individuals who are residents of its catchment area and who have been discharged from a mental health facility;

(7) provision of each of the following service programs (other than a service program which the center is unable to provide, or for which there is not sufficient need in the center's catchment area, or which should be provided by another public or private nonprofit agency, organization or institution)—

(A) a comprehensive program for the prevention and treatment of alcoholism and alcohol abuse, and for the rehabilitation of alcoholics and alcohol abusers, and

(B) a comprehensive program for the prevention and treatment of drug addiction and abuse for the rehabilitation of drug addicts, drug abusers, and other persons with drug dependency problems; and

(8) a program of community residence and half-way houses serving individuals who are residents of its catchment area, and who have been discharged from a mental health facility.

The conference substitute conforms to the Senate provision with respect to inpatient and outpatient services, and to the House provision with respect to followup care for residents discharged from mental health facilities and provision of service programs for the prevention and treatment of alcoholism and drug abuse. The conference substitute combines the provisions of the House bill and the Senate amendment with respect to specialized services for the mental health of children, specialized services for the mental health of the elderly, consultation and education services, and assistance to courts and other public agencies. In each case the conference substitute merely specifies more explicitly what is intended, in differing language, by both the House bill and the Senate amendment.

The conference substitute conforms to the Senate provision with respect to programs of halfway house services for individuals who are residents of a center's catchment area but eliminates provision for community residence services and specifies that halfway house services are to be "transitional" to emphasize the conferees' intent that these services be designed to assist individuals only in their transition from one level of care (such as inpatient care) to another, and that halfway houses not serve as long-term care institutions. Further, the conference substitute adds the words "mentally ill" to describe the individuals for whom the services are to be provided to emphasize the conferees' intent that these facilities should provide an opportunity for therapeutic assistance only to individuals whose mental health problems make halfway houses an appropriate setting for mental health services.

Grants for Planning Community Mental Health Center Programs

The House bill authorizes the Secretary to make grants to public and nonprofit private entities to carry out projects to develop community mental health center programs and provides that the amount of any grant for a project to develop a community mental health center is to be determined by the Secretary. The House bill authorizes \$5 million for fiscal year 1975 and \$5 million for fiscal year 1976 for such grants.

The Senate amendment authorizes the Secretary to make grants to any public or private nonprofit agency, organization, or institution to carry out any project to plan and develop community mental health center programs. It also provides that the amount of any grant for any project to plan and develop a community mental health center program is to be determined by the Secretary except that no grant may exceed the lesser of: (1) \$75,000, or (2) 100 percent of the cost of the project.

The Senate amendment authorizes \$5 million for fiscal year 1975 and a like amount for the three succeeding fiscal years for such grants.

The conference substitute combines the two provisions. It authorizes \$5 million for fiscal year 1975 and \$5 million for fiscal year 1976 for grants to carry out programs to plan community mental health center programs, and provides that no grant may exceed \$75,000.

Grants for Initial Operation

Length of Grants.—The House bill authorizes grants to community mental health centers to assist them in meeting their cost of operation (other than costs related to construction) during the first five years (or eight years in the case of a community mental health center providing services for persons residing in an area designated by the Secretary as an urban or rural poverty area) after their establishment.

The Senate amendment authorizes grants to—

(1) any community mental health center, or

(2) any public or private nonprofit agency, organization, or institution which is providing mental health services and meets the definition of a community mental health center except that it is not providing all of the required comprehensive mental health services and which has a plan satisfactory to the Secretary for providing comprehensive mental health services within the period during which such grants are available.

The Senate amendment also provides that grants are to be made for the reasonable cost of operation (except the cost of providing consultation and education services) for the first eight years of operation or, in the case of an entity that is not providing comprehensive mental health services, one year, with provision for extension of this period upon a determination by the Secretary that the entity is making reasonable efforts to provide such services or is unable to develop such services.

The conference substitute combines the provisions of the House bill and the Senate amendment. It authorizes no more than eight initial operating grants to community mental health centers and no more than two such grants to entities which do not meet the definition of a community mental health center specified in the conference substitute.

Amount of Grants.—The House bill provides that the amount of a grant for the costs of initial operation of a community mental health center which does not serve an urban or rural poverty area may not exceed 80 percent of such costs for the first year of the center's operation, 65 percent of such costs the second year of its operation, 50 percent of such costs for the third year of its operation, 35 percent of such costs for the fourth year of its operation, and 20 percent of such costs for the fifth year of its operation. Further, it provides that in the case of a community mental health center which provides services for persons in an area designated by the Secretary as an urban or rural poverty area, the amount of any grant for initial operating costs may not exceed 90 percent of such costs for the first year of its operation. This percentage decreases by 10 percent for each of the center's subsequent seven years of operation.

The Senate amendment provides that the amount of a grant for the reasonable costs of operation is to be the lesser of the following:

(1) the difference between—

(A) the grantee's projected reasonable costs of operation for the applicable year, and

(B) the total of State, local, and other funds, and the fees, premiums, and third-party reimbursement payments which the grantee may reasonably be expected to collect for the services it renders; or

(2) 75 percent of the grantee's costs of operation for each of the first two years of its operation, 60 percent of such costs for the third year, 45 percent of such costs for the fourth year, and 30 percent of such costs for each of the next 4 years; except that in the case of any grantee providing services to individuals residing or employed in an area designated by the Secretary as an urban or rural poverty area, 90 percent of the grantee's costs of operation for each of the first two years of its operation, 80 percent of such costs for the third year, 75 percent of such costs for the fourth and fifth years, and 70 percent of such costs for each of the next three years.

The Senate amendment also provides that, for the purposes of determining the year of operation of any grantee which received financial assistance under the Community Mental Health Centers Act as in effect prior to the enactment of the Senate amendment, such grantee is deemed to have been in operation for a number of years equal to the number of grants already received under the Act. The amendment further provides that grantees required to add services to those which it offers on the date of the enactment of the Senate amendment because of the amendment's new definition of a community mental health center are to be considered to be in its first year of operation with respect to such services in the year it begins providing such services.

The conference substitute adopts the provisions of the Senate amendment with respect to determining the amount of the grant, except that, in cases in which the formula of percentages of costs of operation is used, the percentages of allowable support is reduced so that community mental health centers located in poverty areas may receive no more than 90 percent of their operating costs in the first two years, 80 percent in their third year, 70 percent in their fourth year, 60 percent in their fifth year, 50 percent in their sixth year, 40 percent in their seventh year, and 30 percent in their eighth year, and so that community mental health centers in nonpoverty areas may receive a maximum of 80 percent of their operating costs in their first year, 65 percent in their second year, 40 percent in their third year, 35 percent in their fourth year, 30 percent in their fifth and sixth years, and 25 percent in their seventh and eighth years.

The conferees wish to emphasize that these percentages of operating costs represent maximum amounts that may be awarded under the conference substitute, and in no case should an award be made which exceeds the difference between projected operating costs and projected revenues from sources other than the conference substitute. The conferees anticipate that each applicant's financial situation will be reviewed individually and that, in each case, a grant be made only

after a review of reasonable projections with respect to a center's ability to collect fees and revenues from other sources.

The conference substitute adopts the provisions of the Senate amendment with respect to determining the year of operation of entities that received assistance under provisions of the Community Mental Health Centers Act in effect prior to the conference substitute, with the addition of a provision which clarifies that the Secretary shall consider only the first series of grants a center received under section 220 of the Community Mental Health Centers Act and disregard any series of "growth grants" that may have been awarded. Specifically, the conference substitute provides that a center will be construed as being in operation for a number of years equal to the sum of the number of grants in the first series of grants it has received under section 220.

Authorization of Appropriations.—The House bill authorizes appropriations for grants for initial operation as follows: \$85 million for fiscal year 1975 and \$105 million for fiscal year 1976, for initial grants and such sums for fiscal year 1976 and for each of the succeeding seven years as may be necessary to make continuation grants to community mental health centers which first received initial grants under the bill in fiscal year 1975 or fiscal year 1976 and are otherwise eligible for such grants.

The Senate amendment provides the following authorizations for initial operating grants: \$90 million for fiscal year 1975, \$100 million for fiscal year 1976, \$110 million for fiscal year 1977, and \$120 million for fiscal year 1978 for grantees in their first year of operation, and such sums as may be necessary for fiscal year 1975 and each of the ten succeeding years for grantees in their subsequent years of operation.

The conference substitute conforms to the House provisions, except for \$100 million is authorized for fiscal year 1976 for initial grants.

Continuation Grants

The House bill provided that entities which received grants under the Community Mental Health Centers Act as in effect prior to the date of enactment of the House bill are authorized to continue to receive such assistance for a period, in the amount, and in accordance with provisions, prescribed for such grants under applicable provisions of such Act.

The House bill authorized such sums as are necessary for the fiscal year which begins after the date of enactment of the bill and for each of the next six fiscal years for continuation of assistance.

The Senate amendment contained no corresponding provision although community mental health centers which received grants under the Community Mental Health Centers Act as in effect prior to the date of enactment of the Senate amendment would be eligible to receive initial operating grants under the provisions of the amendment.

The conference substitute, in a subsection of the section providing grants for initial operation (section 203(a)), authorizes community mental health centers—

(1) which received staffing grants under section 220, 242, 243, 251, 256, 264, or 271 of the Community Mental Health Centers Act (as in effect prior to the date of enactment of the conference substitute), and

(2) which but for the amendments made by the conference substitute would still be eligible for further grants under such sections,

to continue to receive such grants for the number of years and in the amounts prescribed for such grants with the following exceptions: (A) the grantee under this provision must meet the requirements of the conference substitute for community mental health centers before it may receive more than two grants under this provision, and (B) the total amount received under the "continued" grants may not exceed in any year the excess of the grantee's projected costs of operations (computed, in the case of a grantee which receives a grant under the new section 204 for consultation and education services, without regard to staffing costs for consultation and education services) over its expected collections in that year (computed, in the case of a grantee which receives a grant under the new section 204 for consultation and education services, without regard to the grantee's collections in that year for such services). A grantee under this provision may not receive any grant for initial operation under the new section 203 and any grantee which receives such an initial operation grant may not receive a "continuation" grant under this provision. There are authorized to be appropriated for the fiscal year ending June 30, 1975, and for each of the next six fiscal years such sums as may be necessary to make grants under this provision.

Financial Distress Grants

The House bill authorizes the Secretary to make grants for the operation of community mental health centers which—

(1) received grants under section 220 of the existing Community Mental Health Centers Act prior to the enactment of the House bill, or a continuation of each grant under section 304 of the bill.

(2) because of limitations respecting the period for which such grants may be made are not eligible for additional grants, and

(3) demonstrate that without further assistance, there would be a significant reduction in the type or quality of services provided or there will be an inability to provide comprehensive mental health services required under the bill's new definition of a community mental health center.

The House bill further provides that the amount of the first financial distress grant may not exceed 75 percent of the amount of the last grant made under the Community Mental Health Centers Act prior to enactment of the House bill, and the amount of the second and any subsequent financial distress grant may not exceed 90 percent of the amount of the last financial distress grant.

Further, the House bill contains the following special requirements which must be met prior to the award of financial distress grants: The State in which the center is located must have an approved State plan; the center must agree to requirements respecting financial information, cost analysis studies, financial reform, and the use of funds to conform to definitional requirements; the application must contain assurances respecting reporting information, review of services, cooperation with health maintenance organizations, services to persons unable to pay,

control of fees paid to providers, and a maintenance of financial effort from non-Federal sources.

The Senate amendment authorizes the Secretary to make financial distress grants to—

(1) any community mental health center, or

(2) any public or private nonprofit agency, organization, or institution which is providing mental health services, meets the definition of a community mental health center, except that it is not providing all the specified comprehensive mental health services, which has a plan satisfactory to the Secretary for providing comprehensive mental health services within the period during which such grants are available, and which has received operating grants under the Community Mental Health Centers Act or the new provisions added by the Senate amendment, and which because of limitations on the period for which such grants may be made, is not eligible for further grants.

Grants would be made for the purpose of assisting a grantee in meeting its reasonable cost of operation (except the cost of providing consultation and education services). Grantees would be limited to no more than five financial distress grants.

The Senate amendment provides that the amount of a financial distress grant would be the lesser of—

(1) the difference between—

(A) the grantee's projected reasonable cost of operation for the year for which the grant is made, and

(B) the total of State, local, and other funds and fees, premiums, and third-party reimbursement payments, which the grantee may reasonably be expected to collect through Medicare, Medicaid, and other public and private insurance payments; or

(2) an amount equal to 30 percent of the grantee's reasonable cost of operation, or in the case of any grantee providing services for individuals residing or employed in an area designated as one of urban or rural poverty, an amount equal to 70 percent of the grantee's reasonable cost of operation.

The conference substitute provides that grants may be made for the operation of any community mental health center (1) which received a grant under section 220 of the Community Mental Health Centers Act prior to its amendment by the conference substitute, or an initial operating grant under section 203(a) of the Act as amended by the conference substitute, and which is ineligible for further grants under such sections, and (2) which demonstrates that without support under this section there will be a significant reduction in the types or quality of the services it provides or it will be unable to provide all of the services required of a center under section 201.

The conference substitute adopts the provisions of the House bill respecting requirements applicable to applications for such grants and to grantees under this section.

The conference substitute contains the provision of the Senate amendment specifying that (1) the grant is to be used for the grantee's costs of operation (other than its costs associated with consultation

and education services), (2) each grant is to be made for a year, and (3) no center may receive more than five grants.

The amount of any grant is to be the lesser of—

(1) an amount equal to the amount by which the center's projected costs of operation for the grant 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 the grant year; or

(2) an amount equal to the product of—

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

(i) which was the ceiling on the last grant last made the grantee in the first series of grants it received under the current section 220, or

(ii) prescribed for the grantee's last initial operating grant under the new section 203(a),

whichever grant was made last, and

(B) the grantee's projected costs of operation in the grant year.

The conference substitute authorizes \$10 million for fiscal year 1975 and \$15 million for fiscal year 1976 for financial distress grants.

Facilities Assistance and Conversion Grants

The House bill requires the Secretary to pay, from allotments made to States, 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 25 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 percent of the residents of the center's catchment area are members of low income groups (as determined under regulations prescribed by the Secretary), and

(4) the initial equipment of a facility.

The House bill further provides that payments are not to be made for 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.

The House bill continues, with minor modification, provisions of existing law respecting the maximum Federal share, application procedures, conditions for project approval, payments, recovery of funds, and judicial review.

The House bill authorizes appropriations of \$20 million for fiscal year 1975 and \$25 million for fiscal year 1976 for allotments to States for facilities assistance.

The Senate amendment provides that the Secretary is authorized to make startup grants to any—

(1) community mental health center, or

(2) public or private nonprofit agency, organization, or institution which has a plan satisfactory to the Secretary for providing comprehensive mental health services through a community mental health center, and for complying with conditions for grant approval.

Under the Senate amendment, grants are to be made to assist in meeting the costs of—

(1) the development of comprehensive mental health services, including the addition of new services;

(2) development of the resources in order to achieve compliance with the conditions for approval of grant applications;

(3) acquisition, expansion, and remodeling of existing facilities, and acquisition and construction of new facilities, the acquisition of land associated with such facilities, leasing of facilities, and initial equipment of facilities.

The Senate amendment provides that each startup grant shall be made for a period not to exceed one year and provides that no more than three such grants may be made to any community mental health center.

The Senate amendment further provides that the amount of a startup grant shall not exceed—

(1) 100 percent of the costs of development of comprehensive mental health services or the costs of development of resources in order to achieve compliance with conditions for grant applications; or

(2) 75 percent of the costs incurred in acquisition, expansion, remodeling, acquisition of land, leasing, and initial equipment unless the Secretary waives such limitation upon a finding that there are no other funds available to the applicant to meet such costs.

The Senate amendment provides that any recipients of initial operating grants are authorized to receive startup grants. It further provides that grants for the cost of construction, acquisition, or renovation of facilities are to be available only to entities that have received at least two initial operating grants.

The Senate amendment authorizes \$50 million for fiscal year 1975 and a like amount for the three succeeding fiscal years for startup grants.

The conference substitute conforms to the House bill with respect to facilities assistance, except that the authorization for fiscal year 1976 is reduced to \$15 million.

The conference substitute adopts the provisions of the Senate amendment with respect to startup assistance, except that the provisions for facilities assistance are deleted, and the development of comprehensive mental health services and of resources to comply with conditions of approval of grant applications are modified to apply only to existing centers for the purpose of expanding services to meet the new requirements of the conference substitute. Thus, the Senate provision as modified is termed "conversion grants".

The conference substitute further provides that conversion grants may be made only to centers which have received approved applications for initial operating grants or financial distress grants, and which can reasonably be expected to have an operating deficit for the period in which the conversion grant is made that is greater than the amount of the applicable initial operating grant or financial grant. Conversion grants may not exceed that portion of operating deficits attributable to the provision of new services.

The conference substitute provides that the Secretary may make not more than two conversion grants to any entity.

The conference substitute authorizes appropriations of \$20 million for fiscal year 1975 and \$20 million for fiscal year 1976 for conversion grants.

Grants for Consultation and Educational Services

The House bill authorizes the Secretary to make annual grants for the cost of providing consultation and educational services to—

(1) community mental health centers which were assisted under the existing law and were either in their last year of assistance or had completed their period of assistance;

(2) community mental health centers which are assisted under the proposed legislation and are either in their last year of assistance or have completed their period of assistance; and

(3) public or nonprofit entities which have not received assistance under the community Mental Health Centers Act, but conform to all the requirements respecting the organization and operation of community mental health centers specified in the House bill except for the requirement that they provide consultation and educational services, and are not located in the same catchment area as an assisted center.

The House bill also provides that the amount of any grant for consultation and educational services would be determined by the Secretary, but that no such grant may exceed the lesser of 100 percent of the center's cost of providing such consultation and education services during year for which the grant is made, or amounts calculated on the basis of a two-part formula which includes:

(1) a "capitation payment" based upon the population of the center's catchment area and

(2) an "incentive payment" based upon the amount of funds the center succeeds in collecting from charges to other agencies for its consultation and education services.

The House bill authorizes appropriations for consultation and education services of \$4,000,000 for fiscal year 1975, and \$9,000,000 for fiscal year 1976.

The Senate amendment authorizes the Secretary to make annual grants starting in their first year of operations for the cost of providing consultation and education services to:

(1) community mental health centers; and

(2) public or private nonprofit agencies, organizations or institutions which—

(A) are providing mental health services,

(B) meet the definition of a community mental health center, except that they are not providing all the specified comprehensive mental health services, and

(C) in the case of grantees described under paragraph (b), have plans satisfactory to the Secretary for providing comprehensive mental health services within the period during which grants are available.

The Senate amendment also provides that the amount of any grant for consultation and education services would be determined by the Secretary, but that no such grant may exceed the lesser of the following:

(1) the difference between:

(A) the grantees projected reasonable costs of providing consultation and education services for the year for which the grant is made, and

(B) the total of State, local, and other funds and fees, premiums, and third-party payments which the grantee may reasonably be expected to collect for the provision of consultation and education services, or

(2) \$2 times the number of individuals residing in the catchment area of the grantee, or, in the case of a grantee providing services in an urban or rural poverty area, \$3 times the number of individuals residing in the catchment area of such grantee.

The Senate amendment specified limitations on the numbers of grants which may be awarded to entities not providing all the required comprehensive mental health services.

The Senate amendment authorizes appropriations of such sums as may be necessary for fiscal years 1975 through 1978 for consultation and education services.

The conference substitute specifies that grants for consultation and education services will begin in the fifth year of a center's operation, except that the Secretary shall make available consultation and education grants in the third or fourth years of a center's operation if he determines that as a result of the declining percentage of that center's cost of operations or staffing available to it under its initial operating or staffing grant, it is unable to offer adequate consultation and education services. Any center receiving a consultation and education grant shall not include the cost of providing consultation and education services in the total cost of operations used as a basis for calculating initial operating grants under this Act.

The conferees adopted the provisions of the House bill for calculating the amount of a grant which a center may receive for consultation and education services.

The conference substitute adopts the provisions of the House bill regarding authorizations of appropriations, providing \$4,000,000 for fiscal year 1975 and \$9,000,000 for fiscal year 1976.

The conference substitute adds a requirement to the definition of required consultation and education services that centers offer services which promote the prevention and control of rape and the proper treatment of the victims of rape. This provision is taken from a separate Senate provision, not included in the House bill, concerning rape.

The conferees note that consultation and education are the required indirect services of a community mental health center. Their emphasis is on the achievement, through a variety of means, of prevention of emotional disturbance and the promotion of improved mental health within the catchment area.

Inasmuch as consultation and education services are not reimbursable by third party payors, nor likely to be covered by national health insurance, and return only a portion of their costs when paid for by recipients, they are most vulnerable to erosion as Federal and other funds decline. It is particularly important to ensure the viability of a community mental health approach by promoting the visibility and identifiability of consultation and education services.

Such visibility is best assured through an identifiable and separate grant program. One of the difficulties in developing consultation and education programs has been that the pressure of establishing direct clinical services has resulted in a relative neglect of the indirect services. Without special attention to consultation and education programs, there is no real incentive for centers to develop well articulated and defined program, particularly in the early years of operation.

Basically, consultation involves the provision of mental health assistance, by qualified personnel, to a wide variety of community agents and caregivers, including, but not limited to, schools, courts, police, clergy, and health care personnel such as physicians and public health nurses. In the case of case consultation, this may take the form of collaboration with community agents, enabling them to deal more effectively with certain of their clients who may be experiencing emotional difficulties. In the case of program consultation, the emphasis is not on an individual client, but on the planning and development of mental health related programs in a variety of community agencies. Such consultation may be reflected, for example, in the development of public school classes for emotionally disturbed children, or the development of mental health programs in industrial work situations.

The particular advantage of all forms of consultation is that the impact of mental health personnel is extended to groups of persons who might never reach the community mental health center. A school teacher better able to deal with underachieving or aggressive children, a physician better able to deal with the family of a person with a terminal disease, and a more humane and effective community program for dealing with the emotionally disturbed offender are all reflections of an effective community mental health center consultation program.

The education program of the community mental health center has at least two major functions. First, its goal is to increase the visibility, identifiability, and accessibility of the community mental health center for all residents of the catchment area. A community mental health center cannot serve as an effective community resource if large segments of the population are unaware of its purposes, its functions, its location, or its relevance to community needs.

A second major goal of a community mental health center educational program is to promote mental health and to prevent emotional disturbance through the distribution and dissemination of relevant mental health knowledge. Materials on effective ways of dealing with depression, the mental health aspects of baby and child care, and the impact of life crises on mental health are all appropriate concerns of the "education" part of consultation and education.

The consultation and education service must be coordinated with all other center services. The service, for example, can have marked im-

pact on the appropriate, effective utilization of the center and upon patient flow through the direct services. Through effective consultation and education, the center will receive more appropriate referrals, enable other caregivers to manage their clients more effectively, and enhance continuity of care, as well as extending service to underserved groups in the catchment area.

While consultation and education include a range of activities aimed at promoting coordination among community agencies and developing effective mental health programs throughout the community, it specifically excludes the provision of direct clinical services. All services other than direct clinical services, however, are not appropriately labeled consultation and education. Staff training, community organization, and fund raising activities, for example, may be relevant community mental health center foci, but they are not legitimately defined as consultation and education.

Conditions Applicable to Grants

The House bill provides that, to receive a development, initial operation, or consultation and education services grant, the recipient must be in a State with an approved State plan and must not have received any assistance under existing law.

To receive an initial operation or consultation and education services grant, the application must contain assurances respecting:

- (1) reporting of information,
- (2) review of the responsiveness of the services to community needs,
- (3) cooperation with health maintenance organizations,
- (4) development of adequate non-Federal financial support,
- (5) provision of a reasonable volume of services to persons unable to pay therefor,
- (6) payment to the center for services of its providers,
- (7) use of Federal support to add to or improve provided services,
- (8) maintenance of financial effort,
- (9) compliance with definitional requirements and previous assurances, and
- (10) if the grant amount is based on service to an urban or rural poverty area, provision of services to a significant number of persons in that area.

Applications are also to contain a plan respecting the center's future growth.

To receive a construction grant:

- (1) the project must be in a State with an approved State plan,
- (2) the project must be approved under the approved State plan, and
- (3) the application must contain assurances respecting title, plans, financial support, Davis-Bacon compliance, and the requirements described above.

The Senate amendment requires for applications for grants for planning and development, startup, initial operation, financial distress, and consultation and education services, review by the health planning agency, assurances that services provided with Federal assistance will

be an addition to or an improvement in existing services, and assurances respecting maintenance of financial effort.

For initial operation, financial distress, and consultation and education services grants, there must be assurances respecting:

- (1) reimbursement under titles XVIII and XIX of the Social Security Act,
- (2) fee and discount schedules and collection of fees,
- (3) the governing board for the center,
- (4) a professional advisory board,
- (5) quality assurance and utilization of professional standards review organizations,
- (6) integrated medical records systems,
- (7) availability of services and physician responsibilities,
- (8) dispensing of drugs and biologicals,
- (9) budgets and reporting of information,
- (10) review of catchment areas,
- (11) where appropriate, bilingual services,
- (12) cooperation with health maintenance organizations,
- (13) control of provider fees, and
- (14) expenditures for evaluation of services in an amount equal

to 2 percent of the prior year's operating costs.

To receive a construction grant, the requirements are the same as the House bill except that the Senate amendment does not require a State plan.

The conference substitute merges the provisions of the House bill and of the Senate amendment with the following exceptions:

(1) The Senate provision waiving the requirement for a governing board when a center is operated by a government agency is amended to waive this requirement only for existing centers which have been operated by a governmental agency and have received a staffing grant under the Community Mental Health Center Act prior to fiscal year 1975. Newly started centers, centers receiving their first grant under this Act, or centers first operated by governmental agencies in fiscal year 1975 or later must comply with the governing board requirements in this Act.

(2) The substitute modifies the Senate requirements of quality assurance to eliminate required use of PSRO's.

(3) The conference substitute adopts the Senate provision concerning the needs of populations of limited English-speaking ability served by the community mental health centers with an amendment. The conferees intend that the bilingual individual designated by the center under this requirement shall have as one of his responsibilities a major involvement in the development of the plan and arrangements for assuring adequate services to the limited English-speaking patients. The appropriate staff members to whom he provides guidance on bridging linguistic and cultural differences shall include both salaried staff members of the center and the appropriate staff members of referral agencies.

Miscellaneous Provisions

The House bill contains no miscellaneous provisions.

The Senate amendment contains the following miscellaneous provisions—

(1) The Secretary may provide necessary technical and other nonfinancial assistance to entities eligible to receive grants for planning and development, startup, or initial operation to assist the entity in developing plans for and in becoming a community mental health center and in complying with the requirements of such grants. Two percent of all funds appropriated are earmarked for this purpose.

(2) In making grants, the Secretary shall give priority to (A) applicants which will serve areas with the greatest need for the services of the community mental health centers notwithstanding the ability of any such applicant to become a solvent operation, and (B) applicants which received approval of, but not funding, under applications for staff and grants under section 220 of the Community Mental Health Center Act before June 30, 1974.

(3) Authorizes the Secretary to make payments to professional standards review organizations equal to the amount of expenses reasonably and necessarily incurred as determined by the Secretary by such organizations in carrying out or preparing to carry out their duties and functions under the Senate amendment.

For such purposes the Senate amendment authorizes appropriation of such sums as may be necessary. If the Secretary finds that the review activities of the professional standards review organization are effective and adequate, he may waive the quality assurance activities which the Senate amendment requires of centers.

The conference substitute adopts the Senate provision respecting technical assistance with conforming amendments.

The conferees deleted the Senate amendment concerning priorities for awarding grants but intend that the Secretary give every consideration to applicants for community mental health center grants under the Act who have previously applied and been approved but who have remained unfunded. Such applicants may be required to reapply in a form which demonstrates their compliance with conditions of award or with the definition of a community mental health center under this Act, or both, but the Secretary should nevertheless give every consideration to these previously approved but unfunded applicants.

The conference substitute deletes Senate provisions respecting PSRO's and the promulgation of regulations.

TITLE IV—MIGRANT HEALTH CENTERS

REVISIONS OF CURRENT AUTHORITY

The House bill revises the authority existing in section 310 of the Public Health Service Act.

The Senate amendment repeals section 310 of the Public Health Service Act and replaces it with a new part B of a new title XIV of such Act.

The conference substitute adopts the approach of the House bill.

DEFINITION OF A MIGRANT HEALTH CENTER

The House bill defines a migrant health center as a public and non-profit private agency (1) which provides specified health services:

(A) to agricultural migratory workers and their families (although the number of such workers and their families in the area served by the center is not a definitional requirement, grants for establishment and operation of a center may only be made in a high impact area with at least 6,000 such workers for 2 months in any year), and

(B) to persons (and their families) in the area served by the entity who perform seasonal agricultural work similar to that performed by agricultural migratory workers, if the Secretary finds that the provision of such services to such persons may contribute to the improvement of the health conditions of agricultural migratory workers and their families;

(2) which provides specified health services directly through its staff and supporting resources or through contracts or cooperative arrangements with public or private entities. Primary health services should be available and accessible in the areas served by the center promptly, as appropriate, and in a manner which assures continuity; and (3) which has established a governing body and organizational arrangements for an ongoing quality assurance program (including utilization and peer review systems) and for maintaining the confidentiality of patient files.

The Senate amendment defines a migrant health center as a public or private nonprofit agency, organization, or institution (1) which provides specified health services:

(A) to agricultural migratory and seasonal workers and their families in an area which has not less than 5,000 such workers and their families residing within its boundaries, and

(B) within the limits of its capacity, to any eligible individual regardless of his ability to pay for such services, his current or past health condition, or any other factor.

(2) which provides specified health services directly through its own staff and supporting resources, or indirectly under arrangements with providers designed to assure the patient maximum accessibility to economical and high quality services. A center's services may be provided at the center or satellite centers, and should be available and accessible to the individuals it serves promptly, as appropriate, and in a manner which preserves human dignity, assures continuity and a high quality of care and overcomes geographic, cultural, linguistic, or economic barriers to the receipt of services. A center's services are to be provided for a minimum of 6 months in any calendar year.

The conference substitute adopts the House provisions with amendments specifically providing for the coverage of both migratory agricultural workers and their families and seasonal agricultural workers and their families as eligible recipients of center services.

DEFINITION OF AGRICULTURAL MIGRATORY WORKER

The House bill defines "agricultural migratory worker" to mean an individual whose principal employment is in agriculture on a seasonal basis who has been so employed within the last 24 months, and who establishes for the purposes of such employment a temporary abode.

The Senate amendment defines "agricultural migratory and seasonal workers" as individuals whose principal occupation is in agriculture on a seasonal basis. The Senate amendment defines "agriculture" to mean farming in all its branches including but not limited to cultivation and tillage of the soil, the production, cultivation, growing, and harvesting of any commodity grown on, in, or as an adjunct to or part of an item grown in or on the land, including any practices performed by a farmer or on a farm as an incident to or in conjunction with such farming operations, including preparation and processing for market delivery to storage or to market or to carriers for transportation to market.

The conference substitute adopts the House provision with an amendment to define a "seasonal agricultural worker" as an individual whose principal employment is in agriculture on a seasonal basis and who is not a migratory agricultural worker. The conference substitute adopts the Senate definition of "Agriculture" with a technical amendment.

SERVICES TO BE OFFERED

The House bill specifies the following services which must be provided by a migrant health center:

Primary health services.

As may be appropriate for particular centers, supplemental health services necessary for the adequate support of primary health services.

Referral to providers of supplemental health services and payment as appropriate and feasible for their provision of such services.

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.

As may be appropriate for particular centers infectious and parasitic disease screening and control.

As may be appropriate for particular centers accident prevention, including prevention of excessive pesticide exposure.

Information on the availability and proper use of health services. (Services which promote and facilitate optimal use of primary health services and other services indicated, are included under supplemental health services.)

The Senate amendment specifies as services which must be provided by a migrant health center the same services as the House bill (with technical differences) except that infectious and parasitic disease services, accident prevention and information on the use of services are omitted.

The conference substitute adopts the provisions of the House bill.

DEFINITION OF PRIMARY HEALTH SERVICES

The House bill provides as primary health services:

- (1) services of physicians and where feasible services of physicians assistants and nurse clinicians;
- (2) diagnostic laboratory and radiologic services;
- (3) preventive health services including—
 - (A) children's eye examinations to determine the need for vision correction,
 - (B) perinatal services,
 - (C) well child services,
 - (D) family planning services,
 - (E) infectious and parasitic disease screening and control, and
 - (F) preventive dental services;
- (4) emergency medical services;
- (5) transportation services as required for adequate patient care; and
- (6) preventive dental services.

The Senate amendment provides as essential health services:

- (1) physicians services (including diagnostic treatment consultant and referral services by a physician and followup services) and where feasible services of physician extenders and nurse practitioners;
- (2) diagnostic laboratory and radiologic services;
- (3) preventive health services including—
 - (A) children's eye and ear examinations conducted to determine the need for vision and hearing correction,
 - (B) prenatal and postpartum services,
 - (C) periodic screening for well child care,
 - (D) voluntary family planning services, and infertility services,
 - (E) services for the prevention of malnutrition,
 - (F) screening and immunization programs which include infectious and parasitic disease screening and control, and
 - (G) preventive dental care for children;
- (4) emergency medical services;
- (5) transportation services necessary to overcome difficulties of access to services provided by the migrant health center; and
- (6) information on the availability and use of health services including services of outreach workers fluent in the language of the population served.

The conference substitute adopts the House provision with an amendment to include those additional services contained in the Senate bill which were not in the House bill. Emergency medical services are intended to include emergency dental services.

DEFINITION OF SUPPLEMENTAL HEALTH SERVICES

The House bill specifies a list of supplemental health services including:

- (1) hospital services,
- (2) home health services,
- (3) extended care facility services,
- (4) rehabilitation services,
- (5) dental services,
- (6) mental health services,
- (7) vision services,
- (8) allied health services,
- (9) pharmaceutical services,
- (10) health education services, and
- (11) services which promote and facilitate optimal use of primary health services and the services included in definitions of primary and supplemental health services.

The Senate amendment specifies a list of supplemental health services including:

- (1) in-patient and out-patient hospital services,
- (2) home health services,
- (3) extended care facility services,
- (4) rehabilitative services (including physical therapy and long-term physical medicine),
- (5) dental services,
- (6) mental health services,
- (7) vision care,
- (8) allied health services,
- (9) the provision of prescription drugs,
- (10) health education services,
- (11) public health services (including social services),
- (12) specialized medical services for treatment of nutritional deficiencies and for the treatment of alcohol abuse, alcoholism, and other drug abuse and drug dependence problems,
- (13) therapeutic radiologic services, and
- (14) accident prevention services (including prevention of excessive pesticide exposure).

The conference substitute adopts the House provision with an amendment to include services required by the Senate provision and not by the House bill.

Grants for the Establishment and Operation of Migrant Health Centers

The House bill authorizes the Secretary to make grants to public and nonprofit and private entities to assist in (1) the establishment and initial operation of migrant health centers which will serve one or more high impact areas, and (2) meeting the cost of the continued

operation of migrant health centers serving one or more such areas, including training related to the provision of primary, supplemental and environmental health services and program management.

The House bill defines "high impact area" to mean a county or other political subdivision within a State which has not less than 6,000 agricultural migratory workers residing within its boundaries for more than 2 months in any one calendar year.

The Senate amendment authorizes the Secretary—

(1) To make grants to any public or private nonprofit agency, organization, or institution to carry out any project to plan and develop migrant health center programs.

(2) To make startup grants to any migrant health center or public or private nonprofit agency, organization, or institution which has a plan satisfactory to the Secretary for providing health services through a migrant health center. Grants would be made to assist in meeting the cost of (A) the development of health services, including the addition of new services; (B) the development of resources and techniques to achieve compliance with conditions for approval of initial operating grant applications; and (C) the acquisition, expansion, and remodeling of facilities.

(3) To make initial operating grants for the purpose of assisting an applicant in meeting its reasonable cost of operation and providing such training as may be necessary for the provision of essential, supplemental and environmental health services and program management. Initial operating grants may be awarded to any migrant health center or any public or private nonprofit agency, organization, or institution which (A) is providing health services; (B) meets the definition of a migrant health center, except that it does not provide all of the required essential, supplemental, and environmental health services; and (C) has a plan satisfactory to the Secretary for the provision of the required essential, supplemental, and environmental health services within the period during which grants are available.

The conference substitute defines high impact areas as does the House bill with the inclusion of seasonal agricultural workers and their families. Further, the conference substitute requires the Secretary to provide grants for centers only after establishing priorities among high impact areas, with the highest priority for areas in which reside the greatest number of migratory agricultural workers and their families for the longest period of time. No grant for a center is to go to a high impact area with only seasonal agricultural workers until all such areas with migratory workers have been served. This provision will insure that funds will be concentrated on those home base high impact areas with the greatest number of migrants where the conferees believe the greatest need exists.

The conference substitute compromises the House single grant authority with the Senate three stage authority by authorizing pre-operational grants to plan and develop centers and separate operational grants for centers providing services. Both stages may include support of acquiring and modernizing facilities. Operational grants may include necessary training costs associated with providing serv-

ices and program management. Waiver for up to two years of the service and application requirements is provided at the discretion of the Secretary for operating centers.

CONDITIONS FOR APPROVAL OF GRANT APPLICATIONS

The House bill provides that the following must be established before a grant may be made: (1) appropriate compiling and reporting of information, (2) compliance with accounting procedures and other requirements for solvent operation, (3) arrangements for payments of the center's cost of providing services to persons eligible for medical assistance under title XIX of the Social Security Act, (4) arrangements for the collection and reimbursement under titles XVIII and XIX of the Social Security Act, any other public assistance program, or private health insurance, and (5) a governing body meeting specified requirements.

The Senate amendment provides that the following must be established before a grant may be made: (1) a budget and appropriate compiling and reporting of information, (2) arrangements for payment of a center's cost of providing services to persons eligible for medical assistance under title XIX of the Social Security Act, (3) arrangements for collection and reimbursement under titles XVIII and XIX, any other public assistance program, or private health insurance, (4) as a condition for construction grants, a description of the site, a copy of the plans, and the title to the land, (5) review by the Secretary of the use of the grant and assurances that services will constitute an addition to or an improvement of existing services, and that the State shall maintain its efforts with regard to financing of the projects, (6) schedules of fees and discounts and efforts to secure payments, (7) limitations on expenditures for environmental health services to an amount not in excess of 10 percent of that expended in the prior year for operating costs, (8) an integrated medical records system, (9) compliance with requirements respecting physician's services, (10) compliance with requirements respecting drugs and biologicals, (11) bilingual assistance, (12) a continuing evaluation program, (13) compliance with any other requirements the Secretary imposes, and (14) a governing body meeting specified requirements different from those in the House bill.

The conference substitute includes all the House requirements except that it follows the Senate provision respecting governing bodies, and the substitute adds Senate requirements respecting the use of fee and discount schedules, and preparation of a budget. The conference adopted the Senate provision concerning the needs of populations with limited English-speaking abilities served by the Migrant Health Centers, Community Mental Health Centers and Community Health Centers with an amendment. The bilingual individual designated by the center under this amendment is to have as one of his responsibilities a major involvement in the development of the plan and arrangements for assuring adequate services to the limited English-speaking consumers. The appropriate staff members to whom he provides guidance on bridging linguistic and cultural differences shall include both salaried staff members of the center and the appropriate staff members of referral agencies.

PROVISIONS RESPECTING PERIODS AND AMOUNTS OF GRANTS

The House bill has no provision with regard to the period and amount of grants.

The Senate amendment requires that planning and development grants be made for a period not to exceed one year, and that not more than one grant may be made with respect to any project.

The Senate amendment provides that start-up grants may be made for a period not to exceed one year and not more than three grants may be made for any center. Grants for facilities may not exceed 75 percent of costs unless waived by the Secretary. Funds under a grant available for facilities not obligated within two years may be required to be returned to the Secretary for the purpose of making other grants for other facilities.

The Senate amendment with regard to initial operating grants requires that such grants may be made for a period not to exceed one year. Grantees which are not qualified as centers may receive up to two grants with provision for one more grant in special cases. The amount of any grant shall be the difference between the grantees projected reasonable cost of operation and training, and the expected reasonable State and local contributions and income from the delivery of services.

A grantee may spend no more than 5 percent of an initial operation grant for training purposes.

The conference substitute follows the House bill except that no more than two planning and development grants are to be made to any project and no more than two operating grants are to be made to projects which do not fully qualify as centers.

GRANTS AND CONTRACTS IN AREAS NOT SERVED BY MIGRANT HEALTH CENTERS

The House bill authorizes the Secretary to make grants to public and nonprofit private entities and to enter into contracts with public and private entities in areas in which no migrant health center exists, and which are not high impact areas (1) for the provision for emergency care to migratory agricultural workers and their families; (2) for the provision of primary care to such workers and their families; (3) for the development of arrangements with the existing facilities to provide primary health services to such workers and their families; and (4) for activities which improve the health of such migratory workers and their families.

The Senate amendment authorizes grants and contracts to any public or nonprofit private agency, organization, or institution for the provision of health services to migrants in areas where migrant health centers cannot be funded because fewer than the required number of workers and their families are residing. These grants and contracts would be awarded for the purpose of:

- (1) planning, developing or providing any or all essential, supplemental, and environmental health services described to migratory and seasonal agricultural workers and their families,
- (2) developing arrangements with existing providers of health care services, and
- (3) developing other projects designed to improve the health conditions of such workers and their families.

A grant would be made for reasonable cost of operations in one year. The amount of a grant would be the difference between the grantees projected reasonable cost of operation, and expected State and local contributions and income from the provision of services by third-party payors. A grantee must make satisfactory bilingual arrangements where appropriate, and may not expend more than 10 percent of the grant for environmental health services.

The conference substitute adopts the House provisions with an amendment to provide that no more than one grant or contract may be provided for planning and development of projects in areas in which no migrant health center exists and in which no more than six thousand migratory agricultural workers and their families reside for more than two months. The conference substitute also provides that grants and contracts for the operation of programs in such areas may include training and the costs of acquisition and modernization of existing buildings. It is the intent of the conferees that these costs be limited and the bulk of the funds be used for the delivery of services.

AUTHORIZATION OF APPROPRIATIONS

The House bill authorizes appropriations for grants and contracts for the several purposes of the bill. \$50 million for the fiscal year 1975, and \$55 million for the fiscal year 1976. The House bill also specifies that, for the fiscal year 1975, not more than 30 percent of the funds appropriated can be used for grants and contracts in areas which are not high impact areas and where no migrant health centers exist, and that not more than 20 percent of such funds should be used for such purpose during any succeeding fiscal year. The House bill also specifies that not more than 10 percent of appropriated funds can be used for contracts for environmental health standards enforcement and for studies of environmental health problems faced by agricultural migratory workers.

The Senate amendment has the following authorizations of appropriations:

[In millions of dollars]

| Fiscal year: | Planning and development, sec. 1422 | Start-up, sec. 1423 | Initial operating, ¹ Secs. 1424, 1426 | Hospitali- zation, ¹ Secs. 1424 and 1426 | Total |
|-------------------|---|------------------------|---|--|---------------|
| 1975..... | 0.25 | 15 | 120 | 35 | 170.25 |
| 1976..... | .25 | 15 | 135 | 40 | 190.25 |
| 1977..... | .25 | 15 | 150 | 45 | 210.25 |
| 1978..... | .25 | 15 | 165 | 50 | 230.25 |
| Total..... | 1.00 | 60 | 570 | 170 | 801.00 |

¹ For both migrant health centers under sec. 1424 and other programs under sec. 1426. Sec. 1426 is intended to receive the 1974 appropriation plus up to 20 percent of any excess over the 1974 figure.

The Senate amendment requires that one percent of amounts appropriated for planning and developing, startup, and initial operating grants for any fiscal year, be used by the Secretary to evaluate programs assisted by this legislation and two percent of such amounts be used by the Secretary to provide, through the Department of Health, Education, and Welfare, or by contract, technical assistance to grantees.

The conference substitute provides:

(In millions of dollars)

| | Planning and development grants | Operating grants | Hospitaliza- tion | Total |
|--------------|---------------------------------------|---------------------|----------------------|-------|
| Fiscal year: | | | | |
| 1975..... | 15 | 1260 | 10 | 75 |
| 1976..... | 15 | 1365 | 10 | 80 |
| Total..... | 10 | 125 | 20 | 155 |

¹ Not more than 30 percent in 1975 and 25 percent in 1976 of appropriated funds are to be used for projects other than migrant health centers except that if it represents a greater amount, 90 percent of what such projects received in the previous year for operating grants may be used in each year.

² Not more than 10 percent of appropriated funds under this section are to be used for environmental control activities.

This conference substitute otherwise conforms to the House bill.

ENVIRONMENTAL HEALTH STANDARDS

The House bill authorizes the Secretary to 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 programs; and

(2) conduct projects and studies to assist the several States in the assessment of problems related to camp and field sanitation, pesticide hazards, and other environmental health problems faced by agricultural migrant workers.

The Senate amendment contains no corresponding provision with regard to environmental health standards.

The conference substitute adopted the provisions of the House bill with an amendment to include assistance for entities receiving grants or contracts as migrant health programs in the assessment of environmental health hazards.

GOVERNING BOARDS OF MIGRANT HEALTH CENTERS

The House bill provides that in order to be a migrant health center, an entity must establish a governing body which meets at least once a month, establishes general policies for the center, approves the center's budget, and approves the selection of a director for the center. The composition and the manner of selection of the members of the governing body would be prescribed by regulations of the Secretary, except that there should be on a governing body of a center an equitable representation of consumers of health services from the center, providers of health services, and the general public.

The Senate amendment provides as a condition for approval of an initial operating grant, that the applicant must establish a governing board which:

(1) is composed of individuals, a majority of whom are being served by the applicant, and who, as a group, represent the individuals being served by the applicant, and

(2) includes at least three members experienced in the delivery of health services of the type provided by the applicant, and knowledgeable with respect to the health needs of the population served by the applicant, and

(3) meets regularly throughout the year, establishes general policies for the applicant (including the selection of services to be provided by the applicant and a schedule of hours during which services would be provided), and approves the applicant's annual budget and the selection of the program's director.

The conference substitute adopts the Senate provisions regarding the composition of the board and provides that the board shall establish general policies for the center, approve the annual budget and approve the selection of a director for the center.

QUALITY ASSURANCE PROGRAM

The House bill provides that in order to meet the definition of a migrant health center, an entity must have organizational arrangements, established in accordance with regulations prescribed by the Secretary for—

(1) an ongoing quality assurance program (including utilization and peer review systems) respecting the center's services, and

(2) maintaining the confidentiality of patient records.

The Senate amendment provides, among the conditions specified for approval of initial operating grants, the following:

(1) The applicant must establish organizational arrangements for an ongoing quality assurance program, including utilization and peer review systems.

(2) The applicant must establish an integrated medical records system (including a drug use profile) which is designed to provide access to all past and current information regarding the health status of each patient and which maintains safeguards to preserve confidentiality and protect the rights of the patient.

The conference substitute adopts the provisions of the House bill.

STUDY OF MIGRANT HOUSING CONDITIONS

The House bill requires the Secretary to conduct or arrange for the conduct of a study of—

(1) 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;

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

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

In conducting or arranging for the conduct of such study, the Secretary of the Department of Health, Education, and Welfare would be required to consult with the Secretary of the Department of Housing and Urban Development.

The Senate amendment contains no corresponding provision with regard to a study of migrant housing conditions.

The conference substitute adopts the provisions of the House bill.

NATIONAL ADVISORY COUNCIL ON MIGRANT HEALTH

The House bill contains no provision establishing a National Advisory Council on Migrant Health.

The Senate amendment requires the Secretary to appoint and organize a National Advisory Council on Migrant Health which would advise, consult with, and make recommendations to the Secretary on matters concerning the organization, operation, selection and funding of migrant health centers and other grantees.

The conference substitute adopts the provisions of the Senate amendment with an amendment providing that all members of the Council shall be named by the Secretary.

TECHNICAL ASSISTANCE

The House bill has no provision requiring technical assistance.

The Senate amendment authorizes the Secretary to provide all necessary technical and other financial assistance to grantees to assist them in developing plans for achieving migrant health center status and necessary for their compliance with the conditions for approval of initial operating grant applications.

The conference substitute adopts the provisions of the Senate amendment with a technical amendment.

PRIORITIES IN AWARDING GRANTS

The House bill has no provision with regard to priorities in the awarding of grants.

The Senate amendment requires the Secretary, in awarding grants, to accord priority to those applicants which are community-based agencies, organizations, and institutions and

(1) which received financial assistance during the fiscal year 1974 under section 310 of the Public Health Services Act, or

(2) which are new applicants which will serve areas with the greatest need for health services of the type offered by migrant health centers, without regard to the ability of any such applicant to become a solvent operation. Community-based agencies, organizations or institutions are those which are representative of the population to be served or of a significant segment thereof.

The conference substitute compromises and gives priority to projects which will serve the largest number of migrant workers for the longest period and to community based organizations.

REGULATIONS AND ADMINISTRATION

The House bill has no provision with regard to regulations and administration.

The Senate amendment requires the Secretary, within 6 months after the date of enactment of this legislation, and, after consultation with the National Advisory Council on Migrant Health, to prescribe

regulations to implement this program, including regulations concerning conditions for approving applications, eligibility for grants, and determination of reasonable cost with respect to which grants may be made.

The conference substitute adopts the provisions of the House bill.

COMMUNITY HEALTH CENTERS

Revisions of Current Authority

The House bill repeals section 314(e) of the Public Health Service Act and amends part C of title III of that Act by adding after section 329 a new section 330.

The Senate amendment repeals section 314(e) of the Public Health Service Act and replaces it with a new part A of a new title XIV of such Act. The conference substitute adopts the approach of the House bill.

Definition of a Community Health Center

The House bill provides that a Community Health Center means an entity (public and nonprofit private)—

(1) which provides specified health services to all residents of an area it serves (referred to as a "catchment area");

(2) which provides specified health services directly through its staff and supporting resources or through contracts or cooperative arrangements with public or private entities and which makes health services available and accessible in the area served by the center promptly, as appropriate, and in a manner which assures continuity;

(3) which has established a governing body; and

(4) which has established organizational arrangements for an on-going quality assurance program and for maintaining the confidentiality of patient records.

The Senate amendment provides that a Community Health Center means a public or private nonprofit agency, organization, or institution—

(1) which provides specified health services—

(A) principally to a medically underserved population, (B) within the limits of its capacity, to any individual in such population regardless of his ability to pay for such services, his current or past health condition, or any factors.

(2) which provides specified health services directly through its own professional staff and supporting resources, or indirectly under agreements with providers designed to assure the patient maximum accessibility to economical and high quality services, which provides services at the center or satellite center, and which make services available and accessible to the individuals it serves promptly, as appropriate, and in a manner which preserves human dignity, assures continuity and high quality care, and overcomes geographic, cultural, linguistic and economic barriers to the receipt of services.

The conference substitute adopts the provisions of the House bill but with the deletion of provisions requiring establishment of a governing body and of organizational arrangements for ongoing quality assurance as part of the definition of a community health center. Simi-

lar provisions are made conditions of approval of applications for operating grants.

Services to be Provided

The House bill provides that the following services are to be provided by a Community Mental Center:

- (1) primary health services,
- (2) as may be appropriate for particular centers, supplemental health services as necessary for the adequate support of primary health services,
- (3) referral to providers of supplemental health services and payments, as appropriate and feasible, for their provision of such services,
- (4) as may be appropriate for particular centers, environmental health services, and
- (5) informational services.

The Senate amendment provides that a community health center shall provide the same services as are required under the House bill, except that informational services are considered primary health services under the Senate amendment.

The conference substitute adopts the provisions of the House bill.

Definition of Primary Health Services

The House bill provides that primary health services shall include—

- (1) services of physicians and, where feasible, services of physicians assistants and nurse clinicians;
- (2) diagnostic laboratory and radiologic service;
- (3) preventive health services including—
 - (A) children's eye examinations to determine the need for vision correction,
 - (B) perinatal services,
 - (C) well child services, and
 - (D) family planning services;
- (4) emergency medical services;
- (5) transportation services as required for adequate patient care; and
- (6) preventive dental services.

The Senate amendment provides that primary health services shall include—

- (1) physicians services (including diagnostic treatment, consultant and referral services by a physician and, where feasible, services of physician extenders and nurse practitioners);
- (2) diagnostic laboratory and radiologic services;
- (3) preventive health services including—
 - (A) children's eye and ear examinations conducted to determine the need for vision and hearing correction,
 - (B) prenatal and post partum services,
 - (C) periodic screening for well child care,
 - (D) voluntary family planning and infertility services,
 - (E) consultation and education programs for mental health of children,
 - (F) immunization programs, and
 - (G) preventive dental care for children;

- (4) emergency medical services;
- (5) transportation services necessary to overcome special difficulties of access to services provided by the community health center; and
- (6) informational services.

The Conference substitute adopts the House provision with the addition of the Senate provision that includes children's ear examinations within the list of services to be considered as preventive health services. The conference substitute deletes the Senate requirement for consultation and education programs for mental health of children, immunization programs, and information services. The conferees construe immunization programs as an essential part of well child services which are covered in the conference substitute. The conferees construe information services as one of the basic services required of all centers under the conference substitute.

The conferees found that the House and Senate provisions with respect to primary services were identical in intent except for these items mentioned above.

Definition of Supplemental Health Services

The House bill specifies a list of supplemental health services as follows—

- (1) hospital services,
- (2) rehabilitation services,
- (3) pharmaceutical services,
- (4) service which promote and facilitate optimal use of primary and supplemental health services,
- (5) home health services,
- (6) extended care for facility services,
- (7) dental services,
- (8) mental health services,
- (9) vision care services,
- (10) allied health services, and
- (11) health education services.

The Senate amendment specifies a list of supplemental health services as follows—

- (1) in-patient and out-patient hospital services,
- (2) rehabilitative services (including physical therapy) and long-term physical medicine,
- (3) the provision of prescription drugs,
- (4) public health services (including nutrition, education and social services),
- (5) specialized medical services for treatment of alcohol abuse, alcoholism, and other drug abuse and drug dependents problems,
- (6) therapeutic radiologic services,
- (7) home health services,
- (8) extended care for facility services,
- (9) dental services,
- (10) mental health services,
- (11) vision care services,
- (12) allied health services, and
- (13) health education services.

The conference substitute adopts the House provisions with the addition of public health services and therapeutic radiologic services from the Senate amendment. The substitute also clarifies that rehabilitation services include physical therapy and long-term physical medicine as provided in the Senate amendment.

INFORMATION SERVICES

The House bill provides that a community health center is to provide information on the availability and proper use of health services.

The Senate amendment includes as part of primary health services, services which provide information on the availability of health services and which promote and facilitate optimal use of available health services, including in those cases where a substantial number of individuals in the population served are of limited English-speaking ability, the services of outreach workers fluent in the language spoken by a predominant number of such individuals.

The Conference substitute retains the provisions of the House bill under the definition of a community health center and includes the provision of the Senate amendment as a supplemental health service.

Grants for the Establishment and Operation of Community Centers

The House bill authorizes the Secretary to make grants to public and nonprofit private entities to assist in—

- (1) the establishment and initial operation of community health centers which will serve a medically underserved population,
- (2) meeting the cost of continued operation of community health centers serving such a population,
- (3) organizing and coordinating such centers serving such populations, and
- (4) providing training related to the provision of primary, supplemental health, and environmental health services and program management.

The Senate amendment authorizes the Secretary—

- (1) to make grants to any public or nonprofit private agency, organization, or institution to carry out any project to plan and develop community health center programs.
- (2) to make start-up grants to any (A) community health center, or (B) public or private nonprofit agency, organization, or institution which has a plan satisfactory to the Secretary for providing health services through a community health center to assist in meeting the costs of (i) development of health services, including the addition of new services; (ii) development of resources and techniques to achieve compliance with conditions for approval of initial operating grant applications; and (iii) acquisition, expansion, and remodeling of facilities.
- (3) to make initial operating grants for the purpose of assisting any grantee in meeting his reasonable cost of (A) operation and (B) providing training related to the provision of primary, supplemental, and environmental health services and program management. Initial operating grants may be awarded to any

community health center or public or private nonprofit agency, organization, or institution which (i) is providing health services, (ii) meets the definition of a community health center, except that it does not provide in all of the required primary, supplemental, and environmental health services; and (iii) has a plan satisfactory to the Secretary for providing the required essential, supplemental, and environmental health services which it does not provide within the period during which grants are available.

The conference substitute provides for two programs of grant support to community health centers or to entities planning to initiate or develop into community health centers. In both cases grants can only be made to centers or entities which serve medically underserved populations.

First, the Secretary may award up to two grants to public and nonprofit private entities to plan and develop community health centers. Such grants may include the cost of acquisition and modernization of existing buildings, including the cost of amortizing the principal of and paying the interest on loans.

Second, the Secretary may make grants to cover the costs of operations of community health centers and public and nonprofit private entities for providing primary and supplemental health services. There is no limitation on the number of operating grants that a community health center may receive if it meets all the conditions of grant awards, but a public or private nonprofit entity which does not meet the definition of a community health center and cannot meet the conditions of award for operating grants (described below) specified in the bill can receive no more than two such operating grants. If such an entity is able at any point to meet these conditions and the definition of a center, it may receive additional operating grants.

Review of Catchment Areas

The House bill specifies that each community health center which receives a grant should review periodically its catchment area to (1) 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, (2) insure that the boundaries of such area 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 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, and its economic and social groupings, and available transportation.

The Senate amendment provides as a condition for the approval of an initial operating grant, that the applicant must review periodically the boundaries of the area which it serves to—

- (1) insure that the size of such area is such that the services to be provided through the applicant (including its satellites) are available and accessible to the individuals it serves promptly, as appropriate, and

(2) insure that the boundaries of such area eliminate, to the extent possible, barriers to access to the services of the applicant, including barriers resulting from the area's physical characteristics, its residential patterns, its economic and social groupings, and available transportation.

The conference substitute adopts the provisions of the House bill.

Conditions for Approval of Grant Applications

The House bill provides that entities must meet certain conditions before a grant may be made. These conditions include:

(1) compilation and reporting of certain information respecting cost, use of services, and availability of services,

(2) compliance with accounting procedures and other requirements that insure solvent operation,

(3) arrangements with State agencies for payment of a center's costs in providing services to persons eligible for medical assistance under title XIX of the Social Security Act, and

(4) arrangements for collection of reimbursement under titles XVIII and XIX of the Social Security Act or of any other public assistance program or under private health insurance.

The Senate amendment in addition to the provisions required under the House bill requires as a condition for approval of applications for construction grants a description of site, plans, and title.

The Senate amendment also provides as a condition for approval of all grants:

(A) prior review by health planning agencies with regard to the use of the grant,

(B) assurances that services will constitute an addition to or an improvement of services, and

(C) that there will be a maintenance of financial effort on the part of States.

The Senate amendment also provides as conditions for initial operating grants:

(A) preparation of a schedule of fees and efforts to secure payment for services,

(B) establishment of an advisory board,

(C) requirements respecting availability of physicians services,

(D) requirements respecting the dispensing of drugs and biologicals,

(E) development of a prospective budget and a financial plan,

(F) provision of services in appropriate language and cultural contexts, and

(G) a program of continuing evaluation.

The conference substitute adopts the House provisions as conditions for operating grants as defined in the conference substitute. In addition, the conference substitute includes conditions for operating grants originally contained in the Senate amendment with respect to preparation of schedules of fees and efforts to secure payment for health services, preparation of prospective budgets and financial plans, and provision of services in appropriate language and cultural contexts. The latter provision includes a requirement that, with respect to a center which serves substantial proportions of individuals of limited English-speaking ability the center develop a plan responsive to the needs of

such individuals and identify an individual on a center's staff who is bilingual to guide such individuals and the center's staff with respect to linguistic and cultural differences. The conferees intend that the bilingual individuals designated by the centers under this condition have as one of their major responsibilities a major involvement in the development of the required plan and provision for assuring adequate services to limited English-speaking patients. The staff members to whom he provides guidance on bridging linguistic and cultural differences should include both salaried staff members of the Center and staff members of referral agencies.

The conference substitute also includes, as a condition for approval of grants for the costs of modernizing buildings, a requirement for a description of the site, plans and specifications for modernization, and assurances with respect to wage rates of all laborers and mechanics employed by contractors or subcontractors in performance of the work.

Provisions Respecting Period and Amount of Grants

The House bill has no provision with respect to the period and amount of grants.

The Senate amendment provides with regard to planning and development grants that such a grant may be made for a period not to exceed one year and not more than one grant may be made with respect to any project.

The Senate amendment provides with regard to startup grants that such a grant may be made for a period not to exceed one year and not more than three such grants may be made to any grantee. Grants for facilities may not exceed 75 percent of costs of acquisition, expansion and remodeling, unless this requirement is waived by the Secretary. Funds under a grant for facilities not obligated within two years may be required to be returned to the Secretary for other grants for other facilities.

The Senate amendment further provides with regard to initial operating grants that such grants may be made for a period not to exceed one year, and up to eight grants may be made to a grantee. Grantees which are not centers may receive up to three grants with provision for award of three more grants at the discretion of the Secretary, or in special cases an unlimited number of grants is authorized. The amount of any such grant shall be the difference between the grantees' projected reasonable cost of operation and training and the expected State and local contributions and third party payments for the delivery of services.

The conference substitute provides that up to two grants for planning and development may be made. It also authorizes the award of grants to community health centers for their costs of operation with no limitation upon the total number of grants that a center may receive. Public and private nonprofit entities which do not meet the definition of a center or do not meet the conditions for receipt of an operating grant specified in the conference substitute may receive only two grants for their costs of operation.

The conferees did not adopt the Senate provision that required that grants may be made only for periods not to exceed one year because they were advised that HEW regulations already provide for such limitations on grants authorized to be awarded by the Department.

Authorization of Appropriations

The House bill authorizes appropriations of \$220,000,000 for fiscal year 1975 and \$240,000,000 for the fiscal year 1976 for grants for establishment and initial operation of community health centers.

The Senate amendment authorizes (1) \$500,000 for fiscal year 1975 and for each of the three subsequent fiscal years for planning and development grants; (2) \$30,000,000 for fiscal year 1975 and for each of the three subsequent fiscal years for start up grants; and (3) \$270,000,000 for fiscal year 1975, \$290,000,000 for fiscal year 1976, \$310,000,000 for fiscal year 1977, and \$330,000,000 for fiscal year 1978 for initial operating grants.

The Senate amendment also requires that one percent of the amounts appropriated for planning and development, start up and initial operating grants for any fiscal year be used by the Secretary to evaluate programs assisted by such grants. The Senate amendment also requires that two percent of such amounts be used by the Secretary to provide, either through the Department of Health, Education and Welfare or by grant and contract, technical assistance to grantees.

The conference substitute provides authorizations of \$20,000,000 for fiscal year 1975 and \$20,000,000 for fiscal year 1976 for planning and development grants, and \$240,000,000 for fiscal year 1975 and \$260,000,000 for fiscal year 1976 for grants for the cost of operation.

The conferees deleted the provisions of the Senate amendment that required that fixed percentages of appropriations be set aside for evaluation and technical assistance.

Governing Boards of Community Health Centers

The House bill provides that in order to meet the definitional requirements of a community health center, a center must establish a governing body which meets at least once a month, establishes general policies for the center, approves the center's annual budget, and approves the selection of a director for the center. The composition and the manner of selection of the members of the governing body would be prescribed by regulations of the Secretary, except that the governing body of a center must have an equitable representation of consumers of health services from the center, providers of health services, and the general public.

The Senate amendment provides as a condition for approval of an initial operating grant that the applicant must establish a governing board which (1) is composed of individuals, a majority of whom are being served by the applicant and who, as a group, represent the individuals being served by the applicant, and (2) meets at least once a month, establishes general policies for the applicant (including a schedule of hours during which services will be provided), approves the applicant's annual budget, and approves the selection of a director for the applicant.

The conference substitute adopts the provisions of the Senate amendment.

Quality Assurance Programs

The House bill provides that in order to meet the definitional requirements of a community health center, a center would be required to have organizational arrangements, established in accordance with regulations prescribed by the Secretary for—

- (1) an ongoing quality assurance program (including utilization and peer review systems) respecting the center's services, and
- (2) maintaining the confidentiality of patient records.

The Senate amendment requires as conditions for approval of initial operating grant applications the following:

- (1) the applicant must establish organizational arrangements for an ongoing quality assurance program, including utilization and peer review systems, in accordance with regulations prescribed by the Secretary and must have arrangements to utilize the services of the Professional Standards Review Organization responsible for reviewing services in the area to perform applicable review and other functions described in title XI of the Social Security Act, and

- (2) the applicant must establish an integrated medical records system (including a drug use profile) which is designed to provide access to all past and current information regarding the health status of each patient, and which maintains safeguards to preserve the confidentiality and protect the rights of the patient.

The conference substitute adopts the provisions of the House bill.

National Advisory Council on Community Health Centers

The House bill has no provision with regard to the establishment of a National Advisory Council on Community Health Centers.

The Senate amendment requires the Secretary to appoint and organize a National Advisory Council on Community Health Centers which would advise, consult, and make recommendations to the Secretary on matters concerning the organization, operation, and funding of community health centers and other grantees.

The conference substitute deletes the provisions of the Senate amendment.

Technical Assistance

The House bill has no provision with regard to technical assistance.

The Senate amendment authorizes the Secretary to provide either directly, or by grant or contract all necessary technical and other non-financial assistance to grantees to assist them in developing plans to become community health centers and complying with conditions for approval of initial operating grant applications.

The conference substitute adopts the provisions of the Senate amendment.

Priorities in Awarding Grants

The House bill has no provision with regard to providing priorities in the awarding of grants.

The Senate amendment requires the Secretary, in awarding grants, to accord priority to (1) applicants which received financial assistance during the fiscal year 1974 under section 314(e) of the Public Health Service Act, the Community Mental Health Centers Act, or title V of the Social Security Act, and (2) new applicants which will serve areas with the greatest need for health services of the type offered by community health centers, without regard to the ability of any such applicant to become a solvent operation.

The conference substitute deletes the provisions of the Senate amendment.

Professional Standards Review Organizations

The House bill has no provision with respect to agreements with Professional Standards Review Organizations.

The Senate amendment provides that the professional standards review organization designation agreements under the Social Security Act require review of services of community health centers. The Senate amendment authorizes the Secretary to make payments to professional standards review organizations equal to the amount of expenses incurred by such organizations in carrying out or preparing to carry out such review. For such purposes the Senate amendment authorizes such sums as may be necessary. The Senate amendment provides further that if the Secretary finds that the review activities of the professional standards review organizations are effective and adequate, he may waive the quality assurance activities which the Senate amendments otherwise require of community health centers.

The conference substitute deletes the provisions of the Senate amendment.

Regulations and Administration

The House bill has no provision with respect to regulations and administration.

The Senate amendment requires the Secretary, within six months after the enactment of the Senate amendment and, after consultation with the National Advisory Council on Community Health Centers, to prescribe regulations to implement the program provided by the Senate amendment, including regulations concerning conditions for approving applications, eligibility for grants, and determination of reasonable costs with respect to which grants may be made.

The conference substitute deletes the provisions of the Senate amendment.

PROGRAMS FOR THE CONTROL OF DISEASES BORNE BY RODENTS

The House bill contains no provision for a program for the control of diseases borne by rodents.

The Senate amendment amends section 317 of the Public Health Service Act to expand the types of disease control programs to be conducted under such section to include programs for the control of diseases borne by rodents. It increases the existing fiscal year 1975 authorization for section 317 by \$15 million for this purpose. Such control programs formerly have been funded under section 314(e) of such Act, which is repealed.

The Conference substitute adopts the provisions of the Senate amendment.

HOME HEALTH SERVICES

The House bill contains no provision with regard to home health services.

The Senate amendment provides grants to assist in the establishment and initial operation of, and expansion of services of, agencies providing home health services; and grants to public and private agencies and institutions to train professional and paraprofessional personnel to provide home health services. The Senate amendment au-

thorizes appropriations of \$15 million for fiscal year 1975, \$18 million for fiscal year 1976, \$21 million for fiscal year 1977, and \$24 million for fiscal year 1978 for grants for the development and expansion of the services of home health service agencies. For grants for the training of professional and paraprofessional personnel to provide home health services, there are authorized to be appropriated \$5 million for fiscal year 1975, \$6 million for fiscal year 1976, \$7 million for fiscal year 1977, and \$8 million for fiscal year 1978.

The Conference substitute adopts the Senate provisions with the following changes:

- (1) Funds are authorized for fiscal year 1976 only, at levels of \$12 million for development grants and \$3 million for training grants;
- (2) Grants are to be made only for demonstration purposes.

COMMISSION ON MENTAL HEALTH AND ILLNESS OF THE ELDERLY

The House bill contains no provision with regard to a Commission on Mental Health and Illness of the Elderly.

The Senate amendment proposes the establishment of a temporary Commission on the Mental Health and Illness of the Elderly which would—

- (1) develop a national policy for the proper maintenance of mental health for aged and aging persons as well as a policy for the care and treatment of mental illness of such persons;
- (2) undertake studies to assess future needs for mental health facilities, manpower, research, and training to meet the mental health care needs of the elderly;
- (3) submit to the President for transmittal to the Congress an annual report describing major developments concerning the treatment and care for elderly persons suffering from mental illness;
- (4) evaluate existing mental health programs to determine whether such programs are responsive to the needs of the aged and aging persons;
- (5) develop priorities for programs designed to increase knowledge about various aspects of mental illness among aged and aging persons; and
- (6) cooperate with the executive and legislative branches in implementing the policy proposals recommended at the 1971 White House Conference on Aging.

The Senate amendment also establishes an Advisory Council on Mental Health and Illness of the Elderly which would advise the Commission on policy matters relating to mental health and illness.

The conference substitute provides for the Secretary of Health, Education and Welfare to appoint a Committee on Mental Health and Illness of the Elderly to study and make recommendations respecting future facility, manpower, research and training needs for supplying mental health care to the elderly, the appropriate care and disposition of elderly patients released from mental hospitals, and proposals for implementing recommendations of the 1971 White House conference on aging. The report is to be submitted to the Committee on Labor

and Public Welfare of the Senate and the Committee on Interstate and Foreign Commerce of the House of Representatives within one year of the date of enactment.

The Committee is to be composed of nine representatives of the various professional fields involved in mental health care of the elderly.

COMMISSION FOR THE CONTROL OF EPILEPSY

The House bill has no provision for the establishment of a Commission for the Control of Epilepsy.

The Senate amendment would establish a temporary Commission for the Control of Epilepsy and Its Consequences to study the current state of medical and social management of epilepsy; to make recommendations for the proper roles of the Federal, State, and private agencies in the prevention and research of epilepsy and in the treatment and rehabilitation of persons with epilepsy; to develop a comprehensive national plan for the control of epilepsy and its consequences; and to report to the President and the Congress its recommendations within one year from the date of enactment of this Act.

The Conference substitute adopts the provisions of the Senate amendment.

NATIONAL HUNTINGTON'S DISEASE PROGRAMS CONTROL

The House bill has no provision for the establishment of programs relating to Huntington's disease.

The Senate amendment authorizes the Secretary to make grants and enter into contracts for projects for the establishment and operation, primarily through other existing health programs, of Huntington's disease screening, treatment, and counseling programs. For such purposes there is authorized \$500,000 for fiscal year 1975 and for each of the next 2 fiscal years. The Senate amendment authorizes the Secretary to make grants and enter into contracts for projects for research and diagnosis, treatment and prevention of Huntington's disease. For such purposes there is authorized to be appropriated \$1.5 million for fiscal year 1975 and for each of the next 2 fiscal years. For grants and contracts to develop information and educational materials relating to Huntington's disease and to disseminate such information and materials to persons providing health care and to the public generally there is authorized to be appropriated \$150,000 for the fiscal year 1975 and for each of the next 2 fiscal years. The Senate amendment also directs the Secretary to establish a program within the Public Health Service to provide for voluntary Huntington's disease screening, counseling, and treatment.

The Conference substitute authorizes a Commission for the Control of Huntington's Disease with provisions identical to those governing the Commission for Control of Epilepsy established by this report. Thus, the provision of the Senate amendment authorizing appropriations for grants and contracts with respect to Huntington's disease are deleted.

HEMOPHILIA PROGRAMS

The House bill has no provision with regard to the establishment of hemophilia programs.

The Senate amendment authorized the Secretary to make grants to public and nonprofit private entities and to enter into competitive contracts with public and private entities for projects for the establishment of no less than 15 new hemophilia centers for the diagnosis and treatment of individuals suffering from hemophilia. These centers would emphasize outpatient care; provide, in addition to necessary medical services, social and vocational counseling; and serve as training centers for professional and paraprofessional personnel in hemophilia research, diagnosis, and treatment. The Senate amendment authorizes \$5 million for fiscal year 1975, \$10 million for fiscal year 1976, and \$15 million for fiscal year 1977 for the establishment of treatment centers. The Senate amendment also proposes assistance for the development and expansion of blood separation centers. For grants and contracts for such blood separation centers, the Senate amendment authorizes \$5 million for fiscal year 1975, \$10 million for fiscal year 1976, and \$15 million for fiscal year 1977. The Senate amendment would in addition entitle any individual who is a resident of the United States and who is suffering from hemophilia to have payment made for specified items and services required for the treatment and diagnosis of hemophilia. The funding of such entitlements would be appropriated on a "such sums as may be necessary" basis. The Senate amendment would also establish a National Hemophilia Advisory Board to develop treatment guidelines, to make recommendations to the Secretary with respect to the scope of benefits not specified under the entitlements provisions of this title, to make recommendations regarding the shortage of blood fractions, and to submit an annual report to the President on the scope of activities conducted under this program.

The conference substitute adopts the provisions of the Senate amendment with the following changes:

- (1) the program of entitlement to treatment is deleted;
- (2) the provision establishing a National Hemophilia Advisory Board is deleted;
- (3) the authorizations for treatment centers are reduced to \$3,000,000 for fiscal year 1975 and \$5,000,000 for fiscal year 1976;
- (4) the authorizations for blood separation centers are reduced to \$5,000,000 for fiscal year 1975 and \$5,000,000 for fiscal year 1976.

The House Conferees acknowledge the great need for personal health services for the victims of hemophilia and hope to address hearings to this need in the context of health services and national health insurance next year.

RAPE PREVENTION AND CONTROL

The House bill has no provision with regard to rape prevention and control programs.

The Senate amendment proposes the establishment of a National Center for the Control and Prevention of Rape within the National

Institute of Mental Health. The Center would conduct research into the legal, social and medical aspects of rape and would be charged with the responsibility of disseminating information and providing training materials related to rape prevention and control. For these purposes the Senate amendment authorizes to be appropriated \$1 million for the fiscal year 1975 and for each of the 3 succeeding fiscal years. The Senate amendment also directs the Secretary of Health, Education, and Welfare, through the Center, to make grants to community mental health centers, nonprofit private organizations, and public agencies for the purpose of conducting research and demonstration projects concerning the control and prevention of rape. For this purpose there is authorized to be appropriated \$9 million for fiscal year 1975, \$10 million for fiscal year 1976, \$11 million for fiscal year 1977, and \$12 million for fiscal year 1978.

The conference substitute adopts the provisions of the Senate bill with the following changes:

(1) the program is reduced from 4 years to 2 years, with an authorization of \$10,000,000 per year for fiscal year 1975 and fiscal year 1976.

(2) the authorization of \$1,000,000 for operations of the center is deleted.

HARLEY O. STAGGERS,
PAUL G. ROGERS,
DAVID E. SATTERFIELD III,
PETER N. KYROS,
RICHARDSON L. PREYER,
J. SYMINGTON,
WM. R. ROY,
ANCHER NELSEN,
TIM LEE CARTER,
J. F. HASTINGS,
JOHN HEINZ,
WILLIAM H. HUDNUT III,

Managers on the Part of the House.

EDWARD M. KENNEDY,
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J. JAVITS,
PETER H. DOMINICK,
J. GLENN BEALL, JR.,
ROBERT TAFT, JR.,
ROBERT T. STAFFORD,

Managers on the Part of the Senate.

HEALTH REVENUE SHARING AND HEALTH
SERVICES ACT OF 1974

DECEMBER 5, 1974.—Ordered to be printed

MR. KENNEDY, from the committee of conference,
submitted the following

CONFERENCE REPORT

[To accompany H.R. 14214]

The committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 14214) to amend the Public Health Service Act and related laws, to revise and extend programs of health revenue sharing and health services, and for other purposes, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

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

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

SHORT TITLE

SECTION 1. This Act may be cited as the "Health Revenue Sharing and Health Services Act of 1974".

TITLE I—HEALTH REVENUE SHARING

SEC. 101. This title may be cited as the "Special Health Revenue Sharing Act of 1974".

SEC. 102. 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 may make grants to State health and mental health authorities to assist in meeting the costs of providing comprehensive public health services under State plans approved under paragraph (3).

Institute of Mental Health. The Center would conduct research into the legal, social and medical aspects of rape and would be charged with the responsibility of disseminating information and providing training materials related to rape prevention and control. For these purposes the Senate amendment authorizes to be appropriated \$1 million for the fiscal year 1975 and for each of the 3 succeeding fiscal years. The Senate amendment also directs the Secretary of Health, Education, and Welfare, through the Center, to make grants to community mental health centers, nonprofit private organizations, and public agencies for the purpose of conducting research and demonstration projects concerning the control and prevention of rape. For this purpose there is authorized to be appropriated \$9 million for fiscal year 1975, \$10 million for fiscal year 1976, \$11 million for fiscal year 1977, and \$12 million for fiscal year 1978.

The conference substitute adopts the provisions of the Senate bill with the following changes:

(1) the program is reduced from 4 years to 2 years, with an authorization of \$10,000,000 per year for fiscal year 1975 and fiscal year 1976.

(2) the authorization of \$1,000,000 for operations of the center is deleted.

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JOHN HEINZ,
WILLIAM H. HUDNUT III,

Managers on the Part of the House.

HEALTH REVENUE SHARING AND HEALTH SERVICES
ACT OF 1974

JUNE 27, 1974.—Committed to the Committee of the Whole House on the State
of the Union and ordered to be printed

Mr. STAGGERS, from the Committee on Interstate and Foreign
Commerce, submitted the following

REPORT

together with

MINORITY AND ADDITIONAL VIEWS

[To accompany H.R. 14214]

The Committee on Interstate and Foreign Commerce, to whom was referred the bill (H.R. 14214) to amend the Public Health Service Act and related laws, to revise and extend programs of health revenue sharing and health services, and for other purposes, having considered the same, report favorably thereon with amendments and recommend that the bill as amended do pass.

The amendments (stated in terms of the page and line numbers of the introduced bill) are as follows:

Page 17, line 8, insert "linguistic," after "cultural,".

Page 17, strike out lines 12 through 14 and insert in lieu thereof the following:

"(c) (1) The governing body of a community mental health center shall, where practicable, be composed of individuals who reside in the center's catchment area and shall be composed of individuals who, as a group, represent

Page 17, line 16, strike out "and place of residence" and insert "place of residence, and other demographic characteristics".

Page 28, line 3, strike out "such a grant" and insert in lieu thereof "a grant under section 203".

Page 29, strike out "and" at the end of line 9.

Page 32, insert after line 2, the following:

"(f) For purposes of subsections (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 204(a) (2).

Page 35, line 16, strike out "the catchment areas of which" and insert in lieu thereof "the centers' catchment areas".

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HEALTH SERVICES ACT OF 1974

SEPTEMBER 5, 1974.—Ordered to be printed



Mr. KENNEDY, from the Committee on Labor and Public Welfare,
submitted the following

REPORT

[To accompany S. 3280]

The Committee on Labor and Public Welfare, to which was referred the bill (S. 3280) to amend the Public Health Service Act to revise and extend programs of health delivery and health revenue sharing, and for other purposes, having considered the same, reports favorably thereon with an amendment in the nature of a substitute and recommends that the bill do pass.

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