

**The original documents are located in Box 67, folder “1976/10/19 S2910 Arthritis Diabetes and Digestive Disease Amendments of 1976” of the White House Records Office:
Legislation Case Files at the Gerald R. Ford Presidential Library.**

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THE WHITE HOUSE
WASHINGTON

October 20, 1976

Mr. President:

You approved this legislation last evening. It is now recommended that we issue a signing statement today announcing your action.

Jack Marsh contacted Dr. Carter last night. He is announcing your action on this bill this morning in Miami. He was most appreciative.

Jim Cavanaugh

THE WHITE HOUSE

WASHINGTON

October 19, 1976

ACTION

MEMORANDUM FOR THE PRESIDENT

FROM:

JIM CANNON



SUBJECT:

S. 2910 - Arthritis, Diabetes and Digestive
Diseases Amendments of 1976

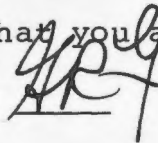
Attached for your consideration is a proposed signing statement for S. 2910, Arthritis, Diabetes and Digestive Diseases Amendments of 1976.

The attached statement has been cleared by Jack Marsh, OMB (O'Neill) Counsel's Office (Kilberg) and Doug Smith.

Recommendation

I recommend that you approve the signing statement at Tab A.

Approve



Disapprove _____

STATEMENT BY THE PRESIDENT

I have signed S. 2910, the Arthritis, Diabetes, and Digestive Diseases Amendments of 1976. Arthritis, diabetes, and diseases of the digestive tract affect millions of Americans and claim an inestimable toll in human suffering and disability among our citizens and their families.

A major purpose of S. 2910 is the establishment of national advisory boards for diabetes and arthritis, and a National Commission on Digestive Diseases to develop a long-range plan for the control of digestive diseases.

Since S. 2910 will clearly provide appropriate support of our efforts to solve the problems associated with these diseases, it has my enthusiastic endorsement. The state of the art study and development of the long-range plan by the National Commission on Digestive Diseases, for example, will be very helpful to the Department of Health, Education, and Welfare in planning its programs in this area.

The enactment of S. 2910 will aid the Government's efforts to alleviate the problems of those afflicted with these serious and disabling diseases. I am happy to approve it.

APPROVED
OCT 19 1976
Statement
issued
10/20/76

8 10/19/76

THE WHITE HOUSE

ACTION

WASHINGTON

October 19, 1976

Last Day: October 23

MEMORANDUM FOR

THE PRESIDENT

FROM:

JIM CANNON

Jim Cannon

SUBJECT:

S. 2910 - Arthritis, Diabetes and
Digestive Disease Amendments of 1976

Attached for your consideration is S. 2910, sponsored by
Senator Schweiker and two others.

The enrolled bill would:

- extend the arthritis demonstration projects, arthritis centers and the arthritis data system originally authorized by the National Arthritis Act of 1974 for three years through fiscal year 1980. It also provides for a three-year extension through 1980 of diabetes research and training centers originally authorized by the National Diabetes Mellitus Research and Education Act.
- establish a new National Commission on Digestive Diseases, an interagency Coordinating Committee on Digestive Diseases, a National Arthritis Board and a National Diabetes Advisory Board.

A detailed discussion of the provisions of the enrolled bill, including arguments for approval and disapproval, is provided in OMB's enrolled bill report at Tab A.

Agency Recommendations

HEW, while recognizing the bill's deficiencies, recommends approval of S. 2910, largely to "affirm in the eyes of many Americans this Administration's strong commitment to alleviating the national health problems associated with arthritis, diabetes and digestive disorders."



Posted
10/20/76
Archives
10/20/76

OMB recommends approval of the bill, stating:

"While we believe in principle that the creation of statutory groups is an inappropriate way to stress our commitment to biomedical research, we recognize that arthritis, diabetes and digestive diseases are areas of increasing public concern. We believe that the problem of unnecessary boards and commissions should be addressed comprehensively. We plan to review the problem and develop recommendations for your consideration early next year. Accordingly, we recommend approval of S. 2910. Given the bill's deficiencies, we recommend that no signing statement be issued."

Staff Recommendations

Max Friedersdorf, Counsel's Office (Kilberg) and Bill Seidman recommend approval of the enrolled bill. Bill Seidman recommends that no signing statement be issued.

I recommend that you sign S. 2910 without a statement. (Tab B)

Katie --

The statement is up with Cavanaugh.

Trudy 11 A. M. 10/20/76

THE WHITE HOUSE
WASHINGTON

October 19, 1976

Mr. President:

Congressman Tim Lee Carter is making an appearance tomorrow at 9 a.m. before the American Public Health Association meeting in Miami to discuss the Republican Party's health platform.

If you have the opportunity to act on this bill prior to his appearance, he would like to mention it during his presentation.

Jim Cavanaugh

OK - Carter notified.
JHC/cv



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

OCT 18 1976

MEMORANDUM FOR THE PRESIDENT

Subject: Enrolled Bill S. 2910 - Arthritis, Diabetes and
Digestive Disease Amendments of 1976
Sponsor - Sen. Schweiker (R) Pennsylvania and two others

Last Day for Action

October 23, 1976 - Saturday

Purpose

Amends and extends Public Health Service Act authorizations for arthritis and diabetes research activities; establishes a new study commission and an interagency coordinating committee for digestive diseases, and two new advisory boards for arthritis and diabetes.

Agency Recommendations

Office of Management and Budget	Approval
Department of Health, Education, and Welfare	Approval (Signing statement attached)
Veterans Administration	Defers to HEW
Department of Defense	Defers to HEW

Discussion

Program extensions. S. 2910 extends the arthritis demonstration projects, arthritis centers and the arthritis data system originally authorized by the National Arthritis Act of 1974 for 3 years through fiscal year 1980. It also provides for a 3-year extension through 1980 of diabetes research and training centers originally authorized by the National Diabetes Mellitus Research and Education Act. The Administration did not favor the extension of these categorical authorities, since arthritis and diabetes activities are already being conducted by the National Institute of Arthritis, Metabolism and Digestive Diseases under its general research authority.



Establishment of a commission and advisory boards. S. 2910 establishes a new National Commission on Digestive Diseases, an Interagency Coordinating Committee on Digestive Diseases, a National Arthritis Board, and a National Diabetes Advisory Board.

The National Commission on Digestive Diseases would be required to conduct a comprehensive study of digestive diseases--their impact, the resources available to work on such diseases, and programs for improvement in the management of digestive diseases. The Commission would also develop within 18 months a long-range plan for the use of national resources to deal with digestive diseases.

The Interagency Coordinating Committee on Digestive Diseases established by S. 2910 would consist of designated representatives from appropriate Federal agencies and would report annually to the HEW Secretary on its coordinating activities.

The 24-member National Arthritis Advisory Board would review and evaluate the implementation of the arthritis plan developed under the National Arthritis Act of 1974 and would advise and make recommendations to the Congress, the Secretary of HEW and the heads of Federal agencies with respect to the plan and Federal activities relating to arthritis.

The 23-member National Diabetes Advisory Board would have identical functions with regard to the diabetes plan formulated by the National Commission on Diabetes. Both boards would submit annual reports to the Secretary and the Congress on activities, progress and Federal expenditures in their respective disease areas, and recommendations for changes in the plans. Both boards would expire on September 30, 1980.

The Administration strongly opposed the creation of the proposed commission and advisory boards as unnecessary to the conduct of an effective research program in these areas.

Costs

S. 2910 authorizes \$1.5 million for the National Commission on Digestive Diseases and \$300,000 annually for each of the arthritis and diabetes advisory boards. Program authorizations in S. 2910 are compared to existing authorization and appropriation levels in the table below:

(Fiscal years, \$ in millions)

	Present Law		S. 2910		
	Auth.	Approp.	1978	1979	1980
Arthritis demonstration projects and data bank	4	2	4	5	7
Arthritis centers	15	3	19	19	20
Diabetes centers	<u>20</u>	<u>6</u>	<u>12</u>	<u>20</u>	<u>20</u>
Total	39	11	35	44	47

In addition, \$108 million in other basic research related to these diseases was appropriated for work throughout the National Institutes of Health.

Arguments in Favor of Approval

1. Both Houses of Congress view arthritis, diabetes, and digestive diseases as important national health problems requiring special Federal attention. Approval of S. 2910 would provide a public manifestation of Presidential concern in these areas.

2. While the appropriation authorization levels are excessive, past experience indicates that Congress is likely to appropriate considerably lesser amounts. In addition, prudent management can keep additional outlays to a minimum.

3. In its final form, S. 2910 does not contain all of the objectionable features it contained in earlier versions, e.g., a new distinguished scientist grant program and authority for the National Diabetes Advisory Board to fund activities directly. By deleting these, Congress believes it has met some of the Administration's objections.

4. The bill does not directly create any new categories for Federal activities, but merely expands activities in existing categorical programs. As enrolled, it would not require HEW to make any fundamental change in the approach, organization, or overall conduct of its research programs in the areas addressed by S. 2910.

Arguments in Favor of Disapproval

1. The authorities and mechanisms proposed in S. 2910 are not necessary to achieve sound biomedical research. Adequate legislative authority already exists to continue to support the multifaceted research and training activities being conducted by the National Institutes of Health.

2. The appropriations authorization levels are excessive. The bill's authorizations in 1978 are more than three times as large as the 1977 appropriation and will likely result in pressure for increased spending in these areas.

3. S. 2910 would perpetuate the practice of having non-Federal committees make budgetary and legislative recommendations for single disease areas. In addressing single disease areas, special advocacy groups have not been able or motivated to take into account the relative importance of other research areas.

4. This legislation continues and reinforces the congressional approach of using special commissions and advisory boards to deal with individual disease problems. As a result of their lack of accountability and special reporting relationships, the boards severely constrain Federal management flexibility to treat these diseases as part of a comprehensive research strategy. In addition, this approach creates false hopes and expectations that reliable, proven cures for an individual disease are or will shortly be available.

5. The creation of advisory boards and commissions could set an unwieldy and expensive precedent that other categorical interests relating to kidney disease, epilepsy, Huntington's disease, nutrition and others may attempt to follow.

Recommendations

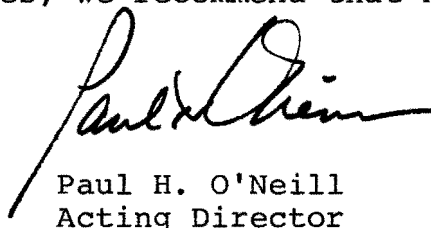
HEW, while recognizing the bill's deficiencies, recommends approval of S. 2910, largely to "affirm in the eyes of many Americans this Administration's strong commitment to alleviating the national health problems associated with arthritis, diabetes and digestive disorders."

* * * * *

While we believe in principle that the creation of statutory groups is an inappropriate way to stress our commitment to biomedical research, we recognize that arthritis, diabetes and

digestive diseases are areas of increasing public concern. We believe that the problem of unnecessary boards and commissions should be addressed comprehensively. We plan to review the problem and develop recommendations for your consideration early next year. Accordingly, we recommend approval of S. 2910.

Given the bill's deficiencies, we recommend that no signing statement be issued.



Paul H. O'Neill
Acting Director

Enclosures



THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

LOG NO.:

Date: October 18

Time: 900pm

FOR ACTION: Spencer Johnson *sign no SS*
 Max Friedersdorf
 Bobbie Kilberg
 Robert Hartmann
 Bill Seidman *sign no SS*

cc (for information): Jack Marsh
 Ed Schmults
 Steve McConahey
 Mike Duval

FROM THE STAFF SECRETARY

DUE: Date:

October 19

Time:

100pm

SUBJECT:

S.2910-Arthritis, Diabetes and Digestive Diseases Amendments of 1976

ACTION REQUESTED:

For Necessary Action

For Your Recommendations

Prepare Agenda and Brief

Draft Reply

For Your Comments

Draft Remarks

REMARKS:

please return to judy johnston, ground floor west wing

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately.

K. R. COLE, JR.
For the President

STATEMENT BY THE PRESIDENT

I have signed S. 2910, the Arthritis, Diabetes, and Digestive Diseases Amendments of 1976. Arthritis, diabetes, and diseases of the digestive tract affect millions of Americans and claim an inestimable toll in human suffering and disability among our citizens and their families.

A major purpose of S. 2910 is the establishment of national advisory boards for diabetes and arthritis, and a National Commission on Digestive Diseases to develop a long-range plan for the control of digestive diseases.

Since S. 2910 will clearly provide appropriate support of our efforts to solve the problems associated with these diseases, it has my enthusiastic endorsement. The state of the art study and development of the long-range plan by the National Commission on Digestive Diseases, for example, will be very helpful to the Department of Health, Education, and Welfare in planning its programs in this area.

The enactment of S. 2910 will aid the Government's efforts to alleviate the problems of those afflicted with these serious and disabling diseases. I am happy to approve it.

DRAFT SIGNING STATEMENT FOR S. 2910

Today I have signed S. 2910, the Arthritis, Diabetes, and Digestive Diseases Amendments of 1976. Arthritis, diabetes, and diseases of the digestive tract affect millions of Americans and claim an inestimable toll in human suffering and ~~debilitation, as well as economically~~ ^{disability} among our citizens and their families.

A major purpose of S. 2910 is the establishment of national advisory boards for diabetes and arthritis, and a National Commission on Digestive Diseases to develop a long-range plan for the control of digestive diseases.

Since S. 2910 will clearly provide appropriate support of our efforts to solve the problems associated with these diseases, it has my enthusiastic endorsement. The state-of-the-art study and development of the long-range plan by the National Commission on Digestive Diseases, for example, will be very helpful to the Department of Health, Education, and Welfare in planning its programs in this area.

The enactment of S. 2910 will aid the Government's efforts to alleviate the problems of those afflicted with these serious and disabling diseases. I am happy to approve it.

OK modified
JR

orig, stencil →

DRAFT SIGNING STATEMENT FOR S. 2910

✓ gm

Today I have signed S. 2910, the Arthritis, Diabetes, and Digestive Diseases Amendments of 1976. Arthritis, diabetes, and diseases of the digestive tract affect millions of Americans and claim an inestimable toll in human suffering and debilitation, as well as economically ^{hardship} ~~hardship~~ among our citizens and their families.

A major purpose of S. 2910 is the establishment of national advisory boards for diabetes and arthritis, and a National Commission on Digestive Diseases to develop a long-range plan for the control of digestive diseases.

Since S. 2910 will clearly provide appropriate support of our efforts to solve the problems associated with these diseases, it has my enthusiastic endorsement. The state-of-the-art study and development of the long-range plan by the National Commission on Digestive Diseases, for example, will be very helpful to the Department of Health, Education, and Welfare in planning its programs in this area.

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A major purpose of S. 2910 is the establishment of national advisory boards for diabetes and arthritis, and a National Commission on Digestive Diseases to develop a long-range plan for the control of digestive diseases.

Since S. 2910 will clearly provide appropriate support of our efforts to solve the problems associated with these diseases, it has my enthusiastic endorsement. The state-of-the-art study and development of the long-range plan by the National Commission on Digestive Diseases, for example, will be very helpful to the Department of Health, Education, and Welfare in planning its programs in this area.

The enactment of S. 2910 will aid the Government's efforts to alleviate the problems of those afflicted with these serious and disabling diseases. I am happy to approve it.

OK modified
[Signature]

10/19/76 - 8:30 am
11 n

ACTION MEMORANDUM

LOG NO.:

Date: October 18

Time: 900pm

FOR ACTION: Spencer Johnson
Max Friedersdorf
Bobbie Kilberg
Robert Hartmann
Bill Seidman

cc (for information): Jack Marsh
Ed Schmults
Steve McConahey
Mike Duval

FROM THE STAFF SECRETARY

DUE: Date:

October 19

Time:

100pm

SUBJECT:

S.2910-Arthritis, Diabetes and Digestive Diseases Amendments
of 1976

ACTION REQUESTED:

For Necessary Action

For Your Recommendations

Prepare Agenda and Brief

Draft Reply

For Your Comments

Draft Remarks

REMARKS:

please return to judy johnston, ground floor west wing

10/19 - Copy sent for researching. nm
10/19 - Researched Copy returned. nm

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately.

James M. Cannon
For the President



THE WHITE HOUSE

10/19/76 - 8:30 am

ACTION MEMORANDUM

WASHINGTON

LOG NO.:

Date: October 18

Time: 900pm

ok/jud

FOR ACTION: Spencer Johnson
Max Friedersdorf
Bobbie Kilberg
Robert Hartmann
Bill Seidman

cc (for information): Jack Marsh
Ed Schmults
Steve McConahey
Mike Duval

*411
to PWS 9:30
10/19 GAm*

*to DJS
10/19 11:05*

FROM THE STAFF SECRETARY

DUE: Date: October 19

Time: 100pm

GAm

SUBJECT:

S.2910-Arthritis, Diabetes and Digestive Diseases Amendments
of 1976

ACTION REQUESTED:

For Necessary Action

For Your Recommendations

Prepare Agenda and Brief

Draft Reply

For Your Comments

Draft Remarks

REMARKS:

please return to judy johnston, ground floor west wing

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately.

James M. Cannon
For the President

ok

ok

by adding a bureaucratic layer to and duplicating existing activities. The boards may falsely raise the expectations of the American public and could tend to encourage interested groups for the over 100 other categorical disease entities to press for similar legislation. In signing this Act, I would ask the Congress not to establish any more such boards for these or other categorical diseases until we have a chance to assess their impact.

Although I would have preferred to have the Secretary establish advisory committees on the basis of his existing authorities, I recognize the need for moving forward in these areas.

Accordingly, based on my judgment that enactment of S. 2910 taken as a whole will create more benefit than harm, and that it will aid the Government's efforts to alleviate the problems of those afflicted with these serious and disabling diseases, I have approved it.

THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

LOG NO.:

11

Date: October 18

Time: 900pm

FOR ACTION: Spencer Johnson
Max Friedersdorf
Bobbie Kilberg
Robert Hartmann
Bill Seidman

cc (for information): Jack Marsh
Ed Schmults
Steve McConahey
Mike Duval

FROM THE STAFF SECRETARY

DUE: Date:

October 19

Time:

100pm

SUBJECT:

S.2910-Arthritis, Diabetes and Digestive Diseases Amendments
of 1976

ACTION REQUESTED:

For Necessary Action

For Your Recommendations

Prepare Agenda and Brief

Draft Reply

For Your Comments

Draft Remarks

REMARKS:

please return to judy johnston, ground floor west wing

No objection

*Bobbie Kilberg
10/19/76*

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately.

James M. Cannon
For the President



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

OCT 18 1976

To: Johnston
10-18-76
6:30 p.m.

MEMORANDUM FOR THE PRESIDENT

Subject: Enrolled Bill S. 2910 - Arthritis, Diabetes and Digestive Disease Amendments of 1976
Sponsor - Sen. Schweiker (R) Pennsylvania and two others

Last Day for Action

October 23, 1976 - Saturday

Purpose

Amends and extends Public Health Service Act authorizations for arthritis and diabetes research activities; establishes a new study commission and an interagency coordinating committee for digestive diseases, and two new advisory boards for arthritis and diabetes.

Agency Recommendations

Office of Management and Budget	Approval
Department of Health, Education, and Welfare	Approval (Signing statement attached)
Veterans Administration	Defers to HEW
Department of Defense	Defers to HEW

Discussion

Program extensions. S. 2910 extends the arthritis demonstration projects, arthritis centers and the arthritis data system originally authorized by the National Arthritis Act of 1974 for 3 years through fiscal year 1980. It also provides for a 3-year extension through 1980 of diabetes research and training centers originally authorized by the National Diabetes Mellitus Research and Education Act. The Administration did not favor the extension of these categorical authorities, since arthritis and diabetes activities are already being conducted by the National Institute of Arthritis, Metabolism and Digestive Diseases under its general research authority.

Date: October 18

Time: 900pm

FOR ACTION: Spencer Johnson
Max Friedersdorf
Bobbie Kilberg
Robert Hartmann
Bill Seidman

cc (for information): Jack Marsh
Ed Schmults
Steve McConahey
Mike Duval

FROM THE STAFF SECRETARY

DUE: Date:

October 19

Time:

100pm

SUBJECT:

S.2910-Arthritis, Diabetes and Digestive Diseases Amendments
of 1976

ACTION REQUESTED:

For Necessary Action

For Your Recommendations

Prepare Agenda and Brief

Draft Reply

For Your Comments

Draft Remarks

REMARKS:

please return to judy johnston, ground floor west wing

*Concern with OMB recmd -- approval
w/ no signing statement -- if we can't
say anything nice on such an insignificant
bill, don't say anything!*

Sej

** Please let Sarah
know when it
is signed so*

*she can call interested
folks.*

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately.

James W. Cannon
For the President

Thanks



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

OCT 15 1976

The Honorable James T. Lynn
Director, Office of Management
and Budget
Washington, D. C. 20503

Dear Mr. Lynn:

This is in response to your request for a report on S. 2910, an enrolled bill "To amend the Public Health Service Act to revise and extend provisions respecting arthritis, diabetes, and digestive diseases."

In summary, we recommend that the President sign the enrolled bill because he would thereby affirm in the eyes of many Americans this Administration's strong commitment to alleviating the national health problems associated with arthritis, diabetes, and digestive disorders.

The enrolled bill would extend through fiscal year 1980 the authorizations for arthritis demonstration projects, an arthritis data system, and multipurpose arthritis centers, and would direct the Secretary to appoint a National Arthritis Advisory Board to exist through fiscal year 1980. S. 2910 would authorize arthritis appropriations of \$23 million for FY 1978 (we have requested \$2.4 million), \$24.6 million for FY 1979, and \$26.8 million for FY 1980. The enrolled bill would also extend the authorizations for diabetes research and training centers through FY 1980, and direct the Secretary to appoint a National Diabetes Advisory Board to exist through FY 1980, with appropriation authorizations for diabetes of \$12.3 million for FY 1978 (we have requested \$1.0 million), and \$20.3 million for each of the fiscal years 1979 and 1980. Finally, the enrolled bill would direct the Secretary to appoint a National Commission on Digestive Diseases, which would within eighteen months develop a national plan for dealing with digestive diseases, and a Coordinating Committee for Digestive Diseases, which would coordinate Federal activities in the digestive diseases area. The bill would authorize a total appropriation of \$1.5 million for the National Commission on Digestive Diseases (we have not requested any funds).

During the consideration of the bill by the Congress, we consistently opposed as unnecessary the provisions which would establish the National Arthritis Advisory Board, the National Diabetes Advisory Board, and the National Commission on Digestive Diseases. These authorities would duplicate ongoing or newly mandated activities of the National Institutes of Health and in particular of the National Institute of Arthritis, Metabolism, and Digestive Diseases. Further, these provisions could set an unwieldy and expensive precedent that other categorical interest groups concerned with such diseases as kidney disease, epilepsy, and Huntington's disease might attempt to follow. The enrolled bill in its final form, however, does not contain certain other provisions which we opposed, such as a provision establishing distinguished scientist grants and one authorizing the National Diabetes Advisory Board itself to sponsor activities and provide technical assistance.

We also opposed the appropriation authorizations for diabetes research and training centers as both expensive and duplicative of other existing authorities. We would work within the appropriations process to hold overall actual funding to a reasonable level.

The enrolled bill is viewed by many persons afflicted with arthritis, diabetes, and diseases of the digestive tract; Congressmen; and others concerned with these conditions as a statement of a Federal commitment to combat these health problems. The bill has received strong bipartisan support. The President's approval of this bill would, we believe, reaffirm the Administration's concern for and interest in these important areas.

For the reasons given, and in spite of our reservations, we recommend that the President approve the enrolled bill. We enclose at Tab A a draft signing statement.

Sincerely,


Under Secretary

Enclosure

DRAFT SIGNING STATEMENT

I am today signing into law, S. 2910, the Arthritis, Diabetes, and Digestive Diseases Amendments of 1976. Arthritis, diabetes, and diseases of the digestive tract afflict millions of Americans and claim an inestimable toll economically, and in terms of human suffering and debilitation among our contrymen and their families.

A major purpose of S. 2910 is the establishment of national advisory boards for diabetes and arthritis, and a National Commission on Digestive Diseases to develop a long-range plan for the control of digestive diseases.

To the extent that there are features of this Act which will clearly provide appropriate support of our efforts to solve the problems associated with these diseases, it has my enthusiastic endorsement. The state of the art study and development of the long-range plan by the National Commission on Digestive Diseases, for example, will be very helpful to the Department of Health, Education, and Welfare in planning its programs in this area.

Other aspects of the bill, I believe, are less desirable and in the long run, if we are not careful, may prove to be counter-productive to our efforts. Specifically, the diabetes and the arthritis advisory boards established by S. 2910 are two new statutorily mandated administrative mechanisms which I feel have the potential for creating confusion in the administration of these important programs

by adding a bureaucratic layer to and duplicating existing activities. The boards may falsely raise the expectations of the American public and could tend to encourage interested groups for the over 100 other categorical disease entities to press for similar legislation. In signing this Act, I would ask the Congress not to establish any more such boards for these or other categorical diseases until we have a chance to assess their impact.

Although I would have preferred to have the Secretary establish advisory committees on the basis of his existing authorities, I recognize the need for moving forward in these areas.

Accordingly, based on my judgment that enactment of S. 2910 taken as a whole will create more benefit than harm, and that it will aid the Government's efforts to alleviate the problems of those afflicted with these serious and disabling diseases, I have approved it.



VETERANS ADMINISTRATION
OFFICE OF THE ADMINISTRATOR OF VETERANS AFFAIRS
WASHINGTON, D.C. 20420



October 14, 1976

The Honorable
James T. Lynn
Director, Office of
Management and Budget
Washington, D. C. 20503

Dear Mr. Lynn:

This will respond to the request of the Assistant Director for Legislative Reference for the views of the Veterans Administration on the enrolled enactment of S. 2910, 94th Congress, a bill "To amend the Public Health Service Act to revise and extend provisions respecting arthritis, diabetes, and digestive diseases."

The subject bill affects programs under the jurisdiction of the Department of Health, Education, and Welfare, and would not have any significant impact on the operations of the Department of Medicine and Surgery. We have no objection to provisions of the bill which specify that the Chief Medical Director or his designee will be an ex-officio member of the National Arthritis Advisory Board, the National Diabetes Advisory Board, and the National Commission on Digestive Diseases.

Although the above represents our general comments on S. 2910, we defer to the Department of Health, Education, and Welfare as to recommendations regarding Presidential action on the enrolled enactment.

Sincerely,

Deputy Administrator - in the absence of

RICHARD L. ROUDEBUSH
Administrator



DEPARTMENT OF THE ARMY
WASHINGTON, D.C. 20310

14 OCT 1976

Honorable James T. Lynn

Director, Office of Management and Budget

Dear Mr. Lynn:

The Secretary of Defense has delegated responsibility to the Department of the Army for reporting the views of the Department of Defense on enrolled enactment S. 2910, 94th Congress, "To amend the Public Health Service Act to revise and extend provisions respecting arthritis, diabetes, and digestive diseases."

This act provides for technical amendments to the Public Health Service Act, appropriations for certain programs, and establishment of a National Arthritis Advisory Board, a National Diabetes Advisory Board, a National Commission on Digestive Diseases, and a Coordinating Committee for Digestive Diseases.

Inasmuch as the enrolled bill would not affect the operations of the Department of Defense, the Department of the Army on behalf of the Department of Defense defers to the views of the Department of Health, Education and Welfare as the agency having primary interest in this matter.

The fiscal effects of this legislation are not known to the Department of Defense.

This report has been coordinated within the Department of Defense in accordance with procedures prescribed by the Secretary of Defense.

Sincerely,

A handwritten signature in cursive script that reads "Norman R. Augustine".

Norman R. Augustine
Acting Secretary of the Army

THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

LOG NO.: 11

Date: October 18

Time: 900pm

FOR ACTION: Spencer Johnson
Max Friedersdorf
Bobbie Kilberg
Robert Hartmann
Bill Seidman

cc (for information): Jack Marsh
Ed Schmults
Steve McConahey
Mike Duval

FROM THE STAFF SECRETARY

DUE: Date:

October 19

Time:

100pm

SUBJECT:

S.2910-Arthritis, Diabetes and Digestive Diseases Amendments
of 1976

ACTION REQUESTED:

For Necessary Action

For Your Recommendations

Prepare Agenda and Brief

Draft Reply

For Your Comments

Draft Remarks

REMARKS:

please return to judy johnston, ground floor west wing

*Recommend
Approval today.
me*

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately.

James M. Cannon
For the President

THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

LOG NO.:

11

Date: October 18

Time: 900pm

FOR ACTION: Spencer Johnson
Max Friedersdorf
Bobbie Kilberg
Robert Hartmann
Bill Seidman ✓

cc (for information): Jack Marsh
Ed Schmults
Steve McConahey
Mike Duval

FROM THE STAFF SECRETARY

DUE: Date:

October 19

Time:

100pm

SUBJECT:

S.2910-Arthritis, Diabetes and Digestive Diseases Amendments
of 1976

ACTION REQUESTED:

___ For Necessary Action

___ For Your Recommendations

___ Prepare Agenda and Brief

___ Draft Reply

X For Your Comments

___ Draft Remarks

REMARKS:

please return to judy johnston, ground floor west wing

*APPROVE - AGREE THAT THERE SHOULD
BE NO SIGNING STATEMENT.*

LWS

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately.

James M. Cannon
For the President

Ninety-fourth Congress of the United States of America

AT THE SECOND SESSION

*Begun and held at the City of Washington on Monday, the nineteenth day of January,
one thousand nine hundred and seventy-six*

An Act

To amend the Public Health Service Act to revise and extend provisions respecting arthritis, diabetes, and digestive diseases.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) this Act may be cited as the "Arthritis, Diabetes, and Digestive Disease Amendments of 1976".

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

TITLE I—ARTHRITIS AND RELATED MUSCULO-SKELETAL DISEASES

ARTHRITIS DEMONSTRATION PROJECTS AND DATA SYSTEM

SEC. 101. (a) Section 438(a) is amended—

- (1) by striking out "prevention,"; and
- (2) by striking out "data bank" and inserting in lieu thereof "data system".

(b) Section 438(b) is amended—

- (1) by striking out "and" at the end of paragraph (3);
- (2) by striking out the period at the end of paragraph (4) and inserting in lieu thereof "; and"; and
- (3) by adding after paragraph (4) the following new paragraph:

"(5) emphasize the development and demonstration of new and improved methods for the dissemination to the general public of information—

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

"(B) to discourage the promotion and use of unapproved and ineffective diagnostic, preventive, treatment, and control methods for arthritis and unapproved and ineffective drugs and devices for arthritis."

(c) Section 438(c) (1) is amended—

- (1) by striking out "Screening and Detection Data Bank" and inserting in lieu thereof "Data System"; and
- (2) by striking out "useful in screening, prevention, and early detection involving" and inserting in lieu thereof "derived from".

(d) Section 438(d) is amended—

- (1) by inserting "(1)" after "(d)"; and
- (2) by inserting at the end thereof the following new paragraphs:

“(2) There are authorized to be appropriated to carry out subsections (a) and (b) \$3,000,000 for the fiscal year ending September 30, 1978, \$4,000,000 for the fiscal year ending September 30, 1979, and \$5,000,000 for the fiscal year ending September 30, 1980.

“(3) There are authorized to be appropriated to carry out subsection (c) \$1,000,000 for the fiscal year ending September 30, 1978, \$1,250,000 for the fiscal year ending September 30, 1979, and \$1,500,000 for the fiscal year ending September 30, 1980.”

(e) The heading to section 438 is amended to read as follows: “ARTHRITIS DEMONSTRATION PROJECTS AND DATA SYSTEM”.

MULTIPURPOSE ARTHRITIS CENTERS

SEC. 102. Section 439 is amended—

(1) by inserting “, and in research in arthritis” in subsection (b) (2) (B) before the semicolon at the end thereof;

(2) by amending subsection (f) to read as follows:

“(f) Support of a center under this section may be for a period of not to exceed three years and may be extended by the Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases for additional periods of not more than three years each, after review of the operations of such center by an appropriate scientific review group established by the Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases.”;

(3) by inserting “the” before “fiscal year” each place it appears in subsection (g);

(4) by striking out “and” in subsection (g) before “\$20,000,000”;

(5) by inserting “\$18,700,000 for the fiscal year ending September 30, 1978, \$19,000,000 for the fiscal year ending September 30, 1979, and \$20,000,000 for the fiscal year ending September 30, 1980” before the period at the end of the first sentence of subsection (g); and

(6) by amending the heading to read as follows: “MULTIPURPOSE ARTHRITIS CENTERS”.

NATIONAL ARTHRITIS ADVISORY BOARD

SEC. 103. (a) Part D of title IV is amended by inserting after section 439 the following new section:

“NATIONAL ARTHRITIS ADVISORY BOARD

“SEC. 440. (a) The Secretary shall establish a National Arthritis Advisory Board (hereinafter in this section referred to as the ‘Board’) to be composed of twenty-four members as follows:

“(1) Eight members shall be appointed by the Secretary from individuals who are scientists, physicians, or other health professionals, who are not employed by the Federal Government, and who represent the various specialties and disciplines involved in arthritis. Of the members appointed pursuant to this paragraph, three shall be clinical rheumatologists, two shall be orthopedic surgeons, two shall be rheumatology investigators, and one shall be an allied health professional.

“(2) Six members shall be appointed by the Secretary from individuals, who are not employed by the Federal Government,

with an interest in arthritis and who as a group have knowledge and experience in the fields of medical education, nursing, community program development, health education, data systems, and public information.

“(3) One member shall be appointed by the Secretary from individuals who are members of the National Arthritis, Metabolism, and Digestive Diseases Advisory Council and who are expert in the field of arthritis.

“(4) Four members shall be appointed by the Secretary from the general public. At least two of such members shall be persons who have arthritis and one shall be the parent of a child who has arthritis.

“(5) The Assistant Secretary of Health or his designee, the Director of the National Institutes of Health or his designee, the Associate Director for Arthritis of the National Institute of Arthritis, Metabolism, and Digestive Diseases or his designee, the Chief Medical Director of the Veterans’ Administration or his designee, and the Secretary of Defense or his designee shall each be ex officio members.

“(b) The members of the Board shall select a Chairperson from among the appointed members.

“(c) The Secretary shall, after consultation with and consideration of the recommendations of the Board, provide the Board with an executive director and one other professional staff member. In addition, the Secretary shall, after consultation with and consideration of the recommendations of the Board, provide the Board with such additional professional staff members, such clerical staff members, and (through contracts or other arrangements) with such administrative support services and facilities, such information, and such services of consultants, as the Secretary determines are necessary for the Board to carry out its functions.

“(d) Members of the Board who are officers or employees of the Federal Government shall serve as members of the Board without compensation in addition to that received in their regular public employment. Other members of the Board 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 Board. While away from their homes or regular places of business in the performance of services for the Board, members of the Board 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.

“(e) The appointed members of the Board shall be appointed to serve until the expiration of the Board (as provided in subsection (1)).

“(f) The Board shall—

“(1) review and evaluate the implementation of the Arthritis Plan (formulated under section 3(g) of the National Arthritis Act of 1974); and

“(2) for the purpose of assuring the most effective utilization and organization of arthritis resources, advise and make recommendations to Congress, the Secretary, and the heads of other appropriate Federal agencies with respect to the Arthritis Plan

and with respect to the guidelines, policies and procedures of Federal programs relating to arthritis.

“(g) The Board may collect such data as it deems advisable and necessary to enable it to perform the functions required by subsection (f).”

“(h) The Board may, from time to time, establish Subcommittees. Such Subcommittees may be composed of Board members and non-member consultants with expertise in the particular area addressed by such Subcommittees.

“(i) The full Board shall hold regular quarterly meetings. In addition, the full Board or any of its Subcommittees may hold such additional meetings as are necessary in order to enable the Board to carry out its activities.

“(j) One year after the date of its establishment and each year thereafter the Board shall submit to the Secretary and to the Congress a report—

“(1) which describes the Board’s activities during the year for which the report is made;

“(2) which describes and evaluates the progress made in such year in arthritis research, treatment, education, and training;

“(3) which summarizes and analyzes expenditures made by the Federal Government for arthritis-related activities during the year for which the report is made; and

“(4) which contains the Board’s recommendations (if any) for changes in the Arthritis Plan.

The annual arthritis report shall be made available to the public at the same time it is transmitted to Congress and the Secretary.

“(k) There are authorized to be appropriated to carry out the purposes of this section \$300,000 for the fiscal year ending September 30, 1978, \$300,000 for the fiscal year ending September 30, 1979, and \$300,000 for the fiscal year ending September 30, 1980.

“(l) The Board shall expire on September 30, 1980.”

(b) The Secretary of Health, Education, and Welfare shall establish the National Arthritis Advisory Board (established by the amendment made by subsection (a)) not later than ninety days after the date of enactment of this section.

TITLE II—DIABETES

NATIONAL DIABETES ADVISORY BOARD

SEC. 201. (a) Part D of title IV is amended by inserting after section 436 the following new section:

“NATIONAL DIABETES ADVISORY BOARD

“SEC. 436A. (a) The Secretary shall establish a National Diabetes Advisory Board (hereinafter in this section referred to as the ‘Board’) to be composed of twenty-three members as follows:

“(1) The following ex officio members: The Assistant Secretary for Health or his designee, the Director of the National Institutes of Health or his designee, the Director of the National Institute of Arthritis, Metabolism and Digestive Disease or his designee, the Director of the National Heart, Lung, and Blood Institute or his designee, the Director of the National Eye Institute or his designee, the Director of the Center for Disease

Control or his designee, the Administrator of the Health Services Administration or his designee, the Administrator of the Health Resources Administration or his designee, the Associate Director for Diabetes of the National Institute of Arthritis, Metabolism, and Digestive Diseases or his designee, the Chief Medical Director of the Veterans' Administration or his designee, and the Secretary of Defense or his designee.

“(2) Seven members shall be appointed by the Secretary from individuals who are not in the employ of the Federal Government and who are health and allied health professionals or scientists representing the various specialties and disciplines involved with diabetes mellitus and related endocrine and metabolic diseases.

“(3) Five members shall be appointed by the Secretary from the general public, including at least one person with diabetes and two persons each of whom is a parent of a diabetic child.

“(b) The members of the Board shall select a Chairperson from among the appointed members.

“(c) The Secretary shall, after consultation with and consideration of the recommendations of the Board, provide the Board with an executive director and one other professional staff member. In addition, the Secretary shall, after consultation with and consideration of the recommendations of the Board, provide the Board with such additional professional staff members, such clerical staff members, and (through contracts or other arrangements) with such administrative support services and facilities, such information, and such services of consultants, as the Secretary determines are necessary for the Board to carry out its functions.

“(d) Members of the Board who are officers or employees of the Federal Government shall serve as members of the Board without compensation in addition to that received in their regular public employment. Other members of the Board 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 Board. While away from their homes or regular places of business in the performance of services for the Board, members of the Board 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.

“(e) The appointed members of the Board shall be appointed to serve until the expiration of the Board (as provided in subsection (1)).

“(f) The Board shall—

“(1) review and evaluate the implementation of the long range plan to combat diabetes mellitus (hereinafter in this section referred to as the “Diabetes Plan”) formulated by the National Commission on Diabetes under section 3(e) of the National Diabetes Mellitus Research and Education Act, and

“(2) for the purpose of assuring the most effective utilization and organization of diabetes resources, advise and make recommendations to Congress, the Secretary, and the heads of other appropriate Federal agencies with respect to the Diabetes Plan and with respect to the guidelines, policies and procedures of Federal programs relating to diabetes.

“(g) The Board may collect such data as it deems advisable and necessary to enable it to perform the functions required by subsection (f).”

“(h) The Board may, from time to time, establish Subcommittees. Such Subcommittees may be composed of Board members and non-member consultants with expertise in the particular area addressed by such Subcommittees.

“(i) The full Board shall hold regular quarterly meetings. In addition, the full Board or any of its Subcommittees may hold such additional meetings as are necessary in order to enable the Board to carry out its activities.

“(j) One year after the date of its establishment and each year thereafter the Board shall submit to the Secretary and to the Congress a report—

“(1) which describes the Board’s activities during the year for which the report is made;

“(2) which describes and evaluates the progress made in such year in diabetes research, treatment, education, and training;

“(3) which summarizes and analyzes expenditures made by the Federal Government for diabetes-related activities during the year for which the report is made; and

“(4) which contains the Board’s recommendations (if any) for changes in the Diabetes Plan.

The annual diabetes report shall be made available to the public at the same time it is transmitted to Congress and the Secretary.

“(k) There are authorized to be appropriated to carry out the purposes of this section \$300,000 for the fiscal year ending September 30, 1978, \$300,000 for the fiscal year ending September 30, 1979, and \$300,000 for the fiscal year ending September 30, 1980.

“(l) The Board shall expire on September 30, 1980.”

(b) The Secretary of Health, Education, and Welfare shall establish the National Diabetes Advisory Board (established by the amendment made by subsection (a)) not later than ninety days after the date of enactment of this section.

DIABETES RESEARCH AND TRAINING CENTERS

SEC. 202. Section 435 (c) is amended—

(1) by striking out “and” after “1976,” and

(2) by inserting before the period at the end thereof “, \$12,000,000 for the fiscal year ending September 30, 1978, \$20,000,000 for the fiscal year ending September 30, 1979, and \$20,000,000 for the fiscal year ending September 30, 1980”.

TITLE III—DIGESTIVE DISEASES

NATIONAL COMMISSION ON DIGESTIVE DISEASES

SEC. 301. (a) The Secretary of Health, Education, and Welfare (hereafter in this section referred to as the “Secretary”) after consulting with the Director of the National Institutes of Health, shall, within sixty days of the date of enactment of this section, establish a National Commission on Digestive Diseases (hereafter in this section referred to as the “Commission”).

(b) The Commission shall be composed of twenty-six members as follows:

(1) Ten members, appointed by the Secretary from scientists, physicians, and other health professionals, not in the employment of the Federal Government, as follows: Two shall be practicing clinical gastroenterologists, two shall be gastroenterologists involved primarily in research on digestive diseases, one shall be a surgeon, one shall be an expert in liver disease, one shall be an epidemiologist, one shall be an allied health professional, and two shall be basic biomedical scientists (such as biochemists, physiologists, microbiologists, nutritionists, pharmacologists, or immunologists).

(2) Six members, appointed by the Secretary from the general public, of whom at least three shall have personal or close family experience with digestive diseases.

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

(4) The Director of the National Institutes of Health or his designee; the Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases or his designee; the Directors, or their designees, of the National Institute of Allergy and Infectious Diseases, the National Cancer Institute, the National Institute of General Medical Sciences; the Associate Director for Digestive Diseases and Nutrition of the National Institute of Arthritis, Metabolism, and Digestive Diseases; the Director of the Center for Disease Control or his designee; the Chief Medical Director of the Veterans' Administration or his designee; and the Secretary of Defense or his designee shall each be ex officio members of the Commission.

(c) The members of the Commission shall select a Chairperson from among the appointed members of the Commission.

(d) The Commission shall first meet as directed by the Secretary, not later than sixty days after the Commission is established, and thereafter shall meet at the call of the Chairperson of the Commission, but not less often than three times during the life of the Commission. The Commission may hold such hearings, take such testimony, and sit and act at such time and places as the Commission deems advisable.

(e) (1) The Commission may appoint and fix the pay of an executive secretary to effectively carry out its functions. The executive secretary shall be appointed subject to the provisions of title 5, United States Code, governing appointments in the competitive service, and shall be paid in accordance with the provisions of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates.

(2) The Secretary shall provide the Commission with such additional professional and clerical staff, such information, and the services of such consultants as the Secretary determines to be necessary for the Commission to carry out effectively its functions.

(f) Members of the Commission who are officers or employees of the Federal Government shall serve as members of the Commission without compensation in addition to that received in their regular public employment. Members of the Commission who are not officers or employees of the Federal Government shall receive compensation at a rate 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 Commission. All members, while serving away from their homes or regular places of business in the performance of services for the Commission, shall be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by section 5703 of title 5, United States Code, for persons in Government service employed intermittently.

(g) (1) The Commission shall—

(A) conduct a comprehensive study of the present state of knowledge of the incidence, duration, and morbidity of, and mortality rates resulting from, digestive diseases and of the social and economic impact of such diseases;

(B) evaluate the public and private facilities and resources (including trained personnel and research activities) for the diagnosis, prevention, and treatment of, and research in, such diseases; and

(C) identify programs (including biological, behavioral, nutritional, environmental, and social programs) in which, and the means by which, improvement in the management of digestive diseases can be accomplished.

Each Federal entity administering health programs and activities related to digestive diseases shall, upon request, assist the Commission in carrying out its duties under this paragraph.

(2) Based on the study, evaluation, and identification made pursuant to paragraph (1), the Commission shall develop and recommend a long-range plan for the use and organization of national resources to effectively deal with digestive diseases. The plan shall provide for—

(A) research studies into the basic biological processes and mechanisms related to digestive diseases;

(B) investigations into the epidemiology, etiology, diagnosis, treatment, prevention, and control of digestive diseases;

(C) development of preventive measures (including education programs, programs for the elimination of environmental hazards related to digestive diseases, and clinical programs) to be taken against digestive diseases;

(D) detection of digestive diseases in the presymptomatic stages and development and evaluation of new and improved methods of screening for digestive diseases;

(E) development of criteria for the diagnosis and the clinical management and control of digestive diseases;

(F) development of coordinated health care systems for dealing with digestive diseases;

(G) education and training (including continuing education programs) of scientists, clinicians, educators, and allied health professionals in the fields and specialties requisite to the conduct of programs related to digestive diseases with special emphasis on training for careers in research, teaching, and all aspects of patient care;

(H) the conduct and direction of field studies and clinical trials for testing, evaluating, and demonstrating preventive, diagnostic, therapeutic, rehabilitative, and control measures in digestive diseases;

(I) establishment of a standardized nomenclature of all digestive diseases for use in basic and clinical research and to facilitate collaborative studies; and

(J) establishment of a system of periodic surveillance of the research potential and research needs in digestive diseases corre-

sponding with the recently completed survey organized by the National Institute of Arthritis, Metabolism, and Digestive Diseases.

The long-range plan formulated under this paragraph shall also include within its scope related nutritional disorders and basic biological processes and mechanisms in nutrition which are related to digestive diseases.

(h) The Commission shall recommend for each of the Institutes of the National Institutes of Health whose activities are to be affected by the long-range plan estimates of the expenditures needed to carry out each Institute's part of the overall program. Such estimates shall be prepared for the fiscal year beginning immediately after completion of the Commission's plan and for each of the next two fiscal years.

(i)(1) Within eighteen months following its initial meeting (as prescribed by subsection (d)), the Commission shall publish and transmit directly to the Congress a final report respecting its activities under this section. The report shall contain (A) the long-range plan required by subsection (g), (B) the expenditure estimates required by subsection (h), and (C) any recommendations of the Commission for legislation.

(2) The Commission shall cease to exist on the thirtieth day following the date of submission of the final report to Congress.

(j) There are authorized to be appropriated without fiscal year limitation \$1,500,000 to carry out the purposes of this section.

COORDINATING COMMITTEE FOR DIGESTIVE DISEASES

SEC. 302. Part D of title IV is amended by adding after section 440 (as added by section 103 of this Act) the following new section:

"COORDINATING COMMITTEE FOR DIGESTIVE DISEASES

"SEC. 440A. (a) The Secretary shall establish a Coordinating Committee for Digestive Diseases (hereafter in this section referred to as the 'Committee') to be composed of the Directors (or their designated representatives) of each of the Institutes of the National Institutes of Health involved in digestive disease research; and the head (or his designated representative) of the Alcohol, Drug Abuse and Mental Health Administration, the National Institute of Occupational Safety and Health, the Food and Drug Administration, the Department of Medicine and Surgery of the Veterans' Administration, the Center for Disease Control, the Department of Defense, the Department of Agriculture, the Health Services Administration, the Health Resources Administration, the Social Security Administration, and the Institute of Medicine of the National Academy of Sciences. The Committee shall be chaired by the Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases and the Associate Director for Digestive Diseases and Nutrition of that Institute shall serve as vice chairman. The Committee shall meet at the call of the Chairman, but not less often than three times a year.

S. 2910—10

“(b) The Committee shall be responsible for the coordination of the activities of the entities represented on the Committee respecting digestive diseases. The Committee shall submit to the Secretary an annual report detailing the manner in which the Committee has coordinated such activities.”.

Speaker of the House of Representatives.

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

Office of the White House Press Secretary

THE WHITE HOUSE

STATEMENT BY THE PRESIDENT

I have signed S. 2910, the Arthritis, Diabetes, and Digestive Diseases Amendments of 1976. Arthritis, diabetes, and diseases of the digestive tract affect millions of Americans and claim an inestimable toll in human suffering and disability among our citizens and their families.

A major purpose of S. 2910 is the establishment of national advisory boards for diabetes and arthritis, and a National Commission on Digestive Diseases to develop a long-range plan for the control of digestive diseases.

Since S. 2910 will clearly provide appropriate support of our efforts to solve the problems associated with these diseases, it has my enthusiastic endorsement. The state of the art study and development of the long-range plan by the National Commission on Digestive Diseases, for example, will be very helpful to the Department of Health, Education, and Welfare in planning its programs in this area.

The enactment of S. 2910 will aid the Government's efforts to alleviate the problems of those afflicted with these serious and disabling diseases. I am happy to approve it.

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