The original documents are located in Box 1, folder "Aging (2)" of the Spencer C. Johnson Files at the Gerald R. Ford Presidential Library.

BLUE SHIELD'S POSITION ON FEDERAL DE-REGULATION

Blue Shield Plans are subject to federal regulation principally as Medicare Part B carriers. In that capacity 32 of our member Plans process and pay claims for physicians' services to nearly 12 million program beneficiaries, and perform related technical and administrative duties in accordance with P.L.89-97.

P.L.89-97, it should be noted, explicitly provides for the use of private carriers "in order to provide for the administration of (Medicare benefits) with maximum efficiency and convenience for individuals entitled to benefits ...and providers of services...to such individuals...." (Section 1842a)

At the same time, of course, P.L.89-97 vests ultimate responsibility for the Medicare program in the Secretary of Health, Education and Welfare, who in turn delegates regulatory responsibilities to the Social Security Administration's Bureau of Health Insurance.

On the whole, Blue Shield carriers have enjoyed excellent relations with SSA and BHI. Together, the public and private sectors have demonstrated a basically successful "partnership" approach to an enormously difficult task.

Following inception of the Medicare program, however, questions and issues arose with respect to appropriate carrier management latitude within the federal regulatory framework. These concerns culminated, in 1973, in the appointment of a prestigious HEW Advisory Committee to "advise the Secretary and the Commissioner of Social Security concerning broad organizational and operational matters, contract formulation and reimbursement principles applicable to Medicare contracts and subcontracts."

The central thesis of the Advisory Committee's June 1974 Report was that "the pluralistic system created by Congress in 1965 for the administration of Medicare has continuing advantages" and that "SSA should reduce its role in carrier decision-making and rely on its capacity to test carrier performance by results."

In reaching these important conclusions, the Advisory Committee articulated quite remarkably the same basis and impetus for federal de-regulation which is so prevalent in America today. Indeed, we are struck by the similarity between certain features and recommendations in the Advisory Committee's 1974 Report, on the one hand, and the more recent findings of the Domestic Council's Public Forums, on the other.

We believe BHI, for its part, has responded positively to the bulk of the Advisory Committee's many recommendations. Some differences exist between BHI and our Plans with respect to carrier electronic data subcontracting prerogatives.

In this specific context, the Advisory Committee urged "that BHI adopt the philosophy that unwise carrier decisions as to data processing subcontracts will show up in the results of carrier performance, and that BHI will put its faith in the capacity to measure results rather than in attempting to guide carrier decisions."

Nevertheless, Medicare carriers seeking to improve their performance through major data processing management decisions must first obtain prior approval from BHI if any contemplated changes will exceed a certain dollar threshold.

In some instances, BHI's delay and indecisiveness in approving such Plan requests has resulted in higher administrative costs and poorer beneficiary services, rather than the economies and improved performance sought by the carrier. As the Advisory Committee observed: "Unreasonable delay is one of the worst features of Government procurement..."

Thus, bonafide de-regulation of the carrier EDP subcontracting function, with a concomitant emphasis on measuring carrier performance by results, will go a long way toward fulfilling contemporary economic and Congressional health care objectives.

March 1, 1976

file

Daily News
April 1, 1976 p.69

Catastrophic illness: For the sick and old, the financial burden is crushing

By KEN McKENNA
First of two articles

Benjamin R., 65 and weakened by a severe respiratory illness, entered the Bronx's St. Barnabas Hospital in the spring of 1973, not worrying about medical expenses. He qualified for Medicare and had a fat bank account and other assets worth more than $80,000.

By the time of his discharge last November, he was a virtual pauper. After his Medicare benefits expired, he paid the medical bills himself for a year. When he had emptied his bank account of $73,000 for hospital expenses, he was almost penniless and qualified for Medicaid. Medicaid officials, however, stipulated that he give the hospital $233 a month from his Social Security check, leaving him $7 a week for personal spending during his hospital stay.

Such a lengthy period in the hospital is extraordinary but its financial consequences are not. Thanks to modern medical technology and soaring hospital costs, more Americans every year undergo treatment that at the least severely strains their financial stability and sometimes forces their families deeply into debt.

Financially disastrous

At the worst, a prolonged hospital stay can turn an individual into a poverty-line case dependent on government or private charity. In today's medical parlance, a "catastrophic" illness is not only life-threatening but financially disastrous.

In Congress and in state legislatures, a galaxy of bills have been introduced that would provide aid to individuals with so-called catastrophic illness along with other forms of national health insurance. One Congressional bill zeroes in specifically on the problem of huge medical costs with a program that would cost $3.6 billion a year.

In the case of one disease, the federal government, in effect, already is funding a program to aid victims of whopping medical bills. In 1972, Congress extended Medicare coverage to persons with kidney failure, which turned out to be a $500 million annual commitment for 20,000 persons taking dialysis treatments in 700 centers around the country.

The kidney project illustrates the intrinsic problems in helping chronically ill persons: relatively few individuals treated at enormously high costs. No one is sure how many Americans suffer catastrophic illnesses that result in ruinous medical bills. One study put the number at a million a year. Another estimated that 0.8 per cent of the population, or 1.7 million persons, had $5,000 in medical expenses in any year.

Most think they're covered

The expense figure did not impress Sylvia Weissman, an official at Cancer Care Inc., a private group that aids cancer patients. "Most people think they're covered, that they have enough insurance," she said. "The other day I talked to a woman whose husband had terminal cancer. She told me they had $5,000 in insurance. My heart dropped, $5,000 could go in a week."

For most Americans, a prolonged illness in the family imposes an impossible financial burden. Most private insurance plans have limits. Some companies have introduced plans that boost the allowable benefits to $250,000 and beyond, but the price tag is high and the elderly, the most likely victims, mostly are ineligible. Medicare runs out after 90 days while Medicaid requires an individual to be at the poverty level in order to qualify.

At Montefiore Hospital in the Bronx, Myra Eisen, who works in social services, told of a woman, a retired city employe, who had just learned that her husband must enter a nursing home. The woman's savings and city pension put her above the Medicaid level but were not enough to finance an open-ended stay in a nursing home. "Now she's going to have to reduce herself to a welfare budget for the rest of her life. Here's a middle class lady with a middle class standard of living that will be gone forever," the social service worker said.

The Health Insurance Association of America estimates that 144 million persons are protected under major medical plans but, with astronomical medical bills, individuals have difficulties in handling even a small percentage of the cost of a long hospital seizure.

A Nassau couple's 10-year-old girl was hospitalized for leukemia and built up a $20,000 hospital bill. The couple had major medical which left them with $3,000 to pay themselves. They did not have the money.

Cancer Care's Sylvia Weissman pointed out, "Everybody's overextended these days. Many people just don't have $2,000 or $3,000 to spare. And that's a mountain of money when you don't have it."

Cancer Care officials have found that the middle class families they serve are nearly drained of resources when they appeal for help. "They're in worse shape today than they were a few years ago," said Mary Overton, assistant executive director. "They've exhausted their savings. It's a combination of inflation, the high cost of medical care and lack of adequate insurance."

Emotional strain

These illnesses have a ripple effect on the entire family of the victim. First, the family finances are drained, often unendingly. Then, the emotional strain of family members is corrosive. With older persons, the pressure can lead to other illnesses such as heart attacks.

"The emotional effect can be worse than the financial thing," Mrs. Overton said. "We had one case where a man whose wife had terminal cancer couldn't hold a job. He couldn't focus his attention on it. He wanted to be home with his wife."

In another case, a garment industry cutter became accident prone while his wife was undergoing treatment for cancer. He almost severed his finger in one mishap before his son realized how distracted his father was and forced him to stop working.

Mrs. Magda Bondy, of the Visiting Nurse Service of New York, described a typical situation when the wife is crippled or chronically ill. "The children have to fill in where possible and the husband has to be there almost always. Everything in the household centers around the wife. There's little left for the rest of the family."

Cancer Care is paying a portion of the medical bills for a mechanic, 39, who was operated on for cancer three years ago. The cancer spread from the lung to other parts of his body and he is now disoriented and almost in a coma. The family has seven children, the oldest 13.

Mrs. Weissman observed, "His wife on a conscious level wants him to live but on an unconscious level, she wants him to go. So she can start her life again."

Many children of elderly, sick parents face a wrenching struggle with their consciences over the extent to which they are willing to sacrifice both their time and their financial resources. In some cases, a family already is burdened with expenses they are barely handling.

An unmarried, highly successful millinery designer made the extreme decision of giving up her job to care for her mother, who was in her 80s, partially blind and had a heart condition.

The daughter, 44, felt a strong obligation. She had promised her father on his death bed that she would take care of her mother. In three years, her $50,000 in savings was spent and she sought out the Visiting Nurse Service of New York for a home care worker so she could return to work.

In a twist that demonstrates the legalities that bedevil financial benefits for the chronically ill, the mother was rejected for Medicaid. Over the years, the daughter had maintained a joint bank account with her mother, even though she herself was the main contributor. Medicaid regarded the money as her mother's property and would not qualify her for benefits until the savings were almost depleted.

Realistic reaction

A young man whose mother-in-law was undergoing a series of operations was more realistic in his reaction. "You get to thinking about the money. You try not to. You want to do everything you can for her. But despite yourself, you can't help thinking about how much all this is going to cost."

The municipal hospital system accepts indigent patients and then tries to get reimbursed for their outlays through welfare or some federal program that might cover the patient. A Bellevue Hospital spokesman explained, "They get the same services as everyone else, the same care or lack of care. A nurse would have no knowledge about a patient's financial resources. She may consider some nice patients, some she may consider bastards. But who does and doesn't pay his bills doesn't really affect her."

Wash. Star
April 2, 1976 p.B1

Retarded Lack Supplies That Sit in Forest Haven Warehouse

By Diane Brockett
Washington Star Staff Writer

Some of the mentally retarded residents of Forest Haven had, until this morning, been using communal toothbrushes. Lacking toothpaste, their mouths had been treated to a daily scrubbing with the same soap used for their showers.

Abundant supplies of both are stored in the warehouse in Forest Haven, the District's institution for the mentally retarded, but apparently someone didn't bother to requisition them.

The toothbrush and toothpaste shortage was found at the Curley Building, which houses 200 severely and profoundly retarded persons. Reports differ on the extent of the shortage, but officials admitted yesterday that some of the residents have been sharing toothbrushes.

MOST OF THE residents at Curley are unable to brush their own teeth, so it is done for them by the direct care staff. One counselor said she uses soap when there isn't any toothpaste "because I can't stand the smell."

A member of a team of surveyors from the D.C.'s Department of Licensing and Inspection, which currently is looking at the institution, reported to Supt. Rowland Queene yesterday that the Curley Building was short six toothbrushes. Howeer, employes who care for the residents at the institution told The Star on Wednesday that the Curley Building had from six to 10 toothbrushes on each 19-person ward.

An October study of the institution by federal officials also cited the problem. "In one unit only one toothbrush was visible; in another an aide was scrubbing the residents' teeth," the study reported.

Queene, who ordered toothbrushes sent to the building after hearing from the D.C. inspector, promised an accurate report on the problem later today. In response to an inquiry from a reporter, Queene said he had no knowledge of a toothpaste shortage, but would investigate it.

EMPLOYES SAID late yesterday there was no toothpaste at Curley.

In an interview over a year ago, just after Queene came to head the troubled institution, the superintendent said that one of the ways he measured the humaneness of an institution was whether the institution was careful to provide each patient with his own toothbrush.

Yesterday Queene said there was no excuse for the situation. "An employe just needs to requisition it through his or her supervisor and the requisition is automatically processed. We've had trouble but things have never been so low we can't get toothbrushes. I think it just goes back to institutionalization," Queene said.

"Sometimes employes just don't treat the residents like human beings."

Queene said the cottages are able to order personal supplies such as toothpaste and deodorant for the residents monthly, with supplies received in 10 to 20 days.

One employe at Curley said that she cares for 19 persons each day but has only 10 toothbrushes and no toothpaste. "But that's better than when I first came three years ago," the employe said. "Then I had three brushes."

At one point, the employe said, there were enough toothbrushes to go around but as they have worn out, no replacements have been provided.

The employe used to buy such items as toothpaste for the residents, he said, but "you just get tired of it."

Quickie Improvements at D.C. Institution Delay Cutoff of Medicaid Funds

By Diane Brockett
Washington Star Staff Writer

District officials have at least delayed a threatened cutoff of federal Medicaid funds at Forest Haven with some quickie improvements at the institution for the mentally retarded.

But if the District hoOes to hang onto its $1.7 million in annual Medicaid payments at the institution, according to a report sent this week to Mayor Walter E. Washington, it must provide more than $4 million in new services and personnel at Forest Haven.

A copy of the report was obtained by The Star.

THE $4 MILLION in new funds is needed to add 300 new employes to the staff, half again as many as the current staff of 600, along with $154,000 in new equipment. These improvements are necessary to bring the institution, home to about 1,000 mentally retarded persons, up to the federal standards required for institutions which care for Medicaid-financed patients.

The Department of Health, Education and Welfare had threatened to cut off Medicaid funds to Forest Haven early in March unless the institution made immediate improvements to meet federal standards which have been in effect for two years.

The additional $4 million in improvements is needed to meet even stricter standards which go into effect in 1977.

In addition, the federal Office of Long Term Care Standards Enforcement has outlined several other areas where the District must come up to snuff before the federal government will renew the institution's Medicaid funding agreement. The current agreement expires in May. Thjose areas still needing improvements include linen supply, clothing for patients, transportation for residents in emergency situations and laboratory services.

THERE HAS been no decision yet on how the additional services and personnel will be financed, although it is expected D.C. will seek the $4 million as a supplemental request to the 1977 budget. Congress is scheduled to begin hearings on that budget proposal next week.

An HEW study in October criticized the institution for providing only "simple custodial care" and concluded it should never have been certified to receive Medicaid payments in the first place.

The improvements of the past two months involve primarily record-keeping and lines of authority and supervision. Most of the substantial changes will have to await the $4 million in new funds. Federal officials are scheduled to make another survey of the institution next week to determine whether the complex's funding agreement can be renewed in May.

Medicaid funds are not paid directly to Forest Haven. They go into the District Medicaid Trust Fund, which is used to support the 180,000 D.C. residents who receive Medicaid.

House District Committee Chairman Charles Diggs has been exploring the possibility of holding hearings on all of Forest Haven's problems next month.

THE WHITE HOUSE
WASHINGTON

DATE 3/8/76

TO: Spence

FROM: SARAH MASSENGALE

Please throw away the last copy I sent you.

Thanks.

THE PRESIDENT'S COUNCIL ON PHYSICAL FITNESS
AND SPORTS

Attached is the revised version
of the aging testimony.

THE PRESIDENT'S COUNCIL ON PHYSICAL FITNESS AND SPORTS

WASHINGTON, D.C. 20201

April 9, 1976

MEMORANDUM FOR

Spencer Johnson
Associate Director
Domestic Council
The White House

Attached is a copy of my testimony, on the subject of "The Role of Physical Fitness in Reducing Health and Long-Term Care of the Elderly," to be delivered before the joint Subcommittees on Health and Long-Term Care, and Federal, State, and Community Relations. The hearing will be held on April 14, 1976, at 9:30 am, in room H-139, the Capitol.

I think you will find these remarks well illustrative of the role physical fitness can play in a disease prevention public health strategy.

If you have any questions regarding my remarks, please give me a call.

Attachment

Richard O. Keelor, Ph.D.
Director
Program Development

TESTIMONY TO THE JOINT HEARING

HELD BY SUBCOMMITTEES ON:

HEALTH AND LONG-TERM CARE
FEDERAL, STATE, AND COMMUNITY RELATIONS

SELECT COMMITTEE ON AGING

The Role of Physical Fitness in Reducing Health and Long-Term Care of the Elderly

By

Richard O. Keelor, Ph.D.
Director of Program Development
President's Council on Physical
Fitness and Sports

April 14, 1976

Honorable Claude Pepper

Honorable Spark M. Matsunaga

Chairmen

Regular exercise has emerged as one of the key factors in reducing chronic physical degeneration associated with living in our highly sedentary society.

In testimony before the Senate Subcommittee on Aging one year ago, Frederick C. Swartz, MD, Chairman of the American Medical Association's Committee on Aging, called the lack of physical fitness our nation's greatest health problem. He went on to say that, "Here the answer is the simplest and the cheapest, and has the greatest application, and its reflection on the reduction of morbidity and mortality rates would be immediate and tremendous." In reference to exercise for older Americans, this authority on aging for the AMA said, "We are convinced that participation in regular exercise programs increases the confidence and a feeling of well-being of the individual and helps him stay off dependency by preventing or softening the shaky hand and tottering gait syndrome."

While there are still a few misinformed individuals who view regular exercise as some kind of fad or passing fancy, and "fitness freak" can still be heard to describe a person who is intelligently managing his life style with regular exercise, we believe that by and large, Americans are slowly waking up to the physiological need of the human body for regular physical activity.

An even more dramatic demonstration of what we call the

"physical fitness renaissiance" in America can be found in business and industry, and in the government. Facing the growing human and financial cost of health care and the effects of chronic physical degeneration on employees, these groups are clearly moving towards a preventive strategy. Within this strategy physical fitness has emerged as one of the cheapest and most immediate remedies in preventing the severe and predictable consequences of sedentary living.

Now, how does all this apply to our older population? We believe that many of the health problems and the disability, dependency, and deterioration now associated with aging are "acquired changes" resulting from poor personal health practices rather than simply the result of the passage of time. A social attitude has evolved in this country which suggests because of a person's age he is expected to have these changes. Therefore, we should sit back and wait until they appear and then take the necessary steps as a humanitarian society to care for them when they develop.

We further believe that many of the problems noted in older prople which we attribute to aging are the direct result of disuse, and are not just the normal ravages of time. There is clear evidence of loss of muscle cells if they are not used, just as there is evidence that the amount of muscle mass can be increased with appropriate exercise. Disuse of bodily systems not only affects skeletal muscles but can

affect the heart muscle, decreasing the heart's capacity. It can affect the lungs' capacity and almost every bodily system. Nature seems to follow a simple principle: "If you don't use it, you lose it."

As an example of this, let us consider atherosclerosis. Atherosclerosis is the accumulation of fatty deposits in the arteries. This can occur anywhere in the body. If it affects the arteries to the heart muscle, it causes heart disease; to the brain, it causes strokes; to the legs, it interferes with walking; to the kidneys, it can alter their normal function. Because atherosclerosis leads to blockage of the arteries, it interferes with circulation. Cells will then be deficient in oxygen and nutrients and accumulate end products of metabolism like carbon dioxide. These adverse effects on the cells limit their capacity to regenerate and hinder their growth and response to use, thereby contributing to the disuse problem. In their extreme form they can result in cell death.

Through causing heart attacks, strokes, and kidney disease and its multiple problems, atherosclerosis accounts for approximately one half of the deaths in the United States. It occasions untold numbers of cases of senility because of brain damage and a host of other medical problems. The amount of fatty deposits in the arteries clearly increases with age, and it was therefore once assumed that atherosclerosis was an aging phenomenon. This is obviously a false

assumption, since atherosclerosis also occurs in young people particularly in the arteries to the heart in men as young as 22 years of age and in sufficient amounts to cause heart attacks in these individuals. Nevertheless, because it increases with age, the changes it brings about are often considered as aging. They are, of course, acquired changes.

There is no argument about the application of this principle to muscle tissue. The commonly observed decrease in the size of muscles with increasing age is not all time related. The muscle mass can be influenced by the amount and type of physical activity. A person with relatively small muscles can develop large muscles with a properly carried out weight training program. Exercise which causes the muscles to have to contract firmly or against force will gradually increase the size of the muscles. Older individuals who have continued forms of physical activity that constantly work the muscles often have retained a larger muscle mass than much younger individuals who follow no physical fitness program. The range of possibility of development of muscle mass is so great that there is a very obvious overlap between the physically active older person and the inactive young person. Not that the very old person by physical activity alone can retain the maximum amount of muscular development that the human body is able to achieve. But physical activity is a major factor in maintaining muscle mass, and its absence is a major factor in

failure to develop or maintain muscle mass.

Because physical activity progressively declines in individuals with increasing years, or sometimes with material success, there is a tendency toward a gradual change in body composition so that a large portion of the muscle mass is replaced with fat tissue. This is a main reason for the change in body configuration attributed to aging. It is often said that as a person gets older his chest falls. The largest dimension is no longer around the chest but around the waist and buttocks.

The commonly observed loss of muscle mass in advancing years affects some muscle groups more than others. Muscle tissue is typically lost between the bones in the hand, leading to the development of the "bony hand" of older individuals. By appropriate hand exercises these muscles can be at least partially maintained. Similarly, the muscle fibers in the arms and legs tend to shrink, so that the size of the muscles in the extremities is decreased. The loss in size and strength of the abdominal muscle results in the relaxed abdomen which is a major factor in the familiar "bay window."

The muscles along the entire spine are likely to weaken, as are those between the shoulders. These and other changes are responsible for the posture and physical appearance of the bodies of older people. There is a constant battle against gravity to maintain upright posture. As the muscles weaken, the battle is lost and the body begins to sag. Just as an old tree gradually bends to the earth, the human body bends

more and more; its muscles can no longer keep the skeleton in its optimal, upright position.

We commonly think of youth as being associated with supple bodies with good muscles and strong bones capable of a wide range of physical activity and endurance. We think of age, by contrast, as being associated with loss of muscles, weak and brittle bones, and loss of body suppleness. Certainly within our framework of living patterns these concepts are true. Yet in many parts of the world older individuals continue to be physically vigorous with strong muscles, strong bones, and supple bodies.

It is interesting to note that much of the deconditioning accepted as a normal by-product of aging can be induced in young, well-conditioned men by the simple expedient of enforced bed rest in as little as three weeks.

The Foundation for Optimal Health and Longevity in California has done international research in exercise, diet, and longevity to determine why some individuals and population groups are able to maintain vigor of mind and body with advancing age, whereas the majority follow the course of progressive deterioration cited above. These studies were done in Ecuador, the Caucausus of Southern USSR, Hunzaland in Kashmir, and California over a five year period.

These studies revealed that diet and prolonged physical activity as a part of an individual's life style are a major factor in the maintenance of physical and mental vigor many

years beyond the usual retirement age. Furthermore, regular endurance activity at appropriate levels of stress, in properly supervised programs, can allow older individuals to maintain physical and mental vigor, lower the incident rate of hypertension and cardiovascular disease, reduce blood cholestrol and triglyceride levels, and help them maintain slender, well muscled bodies. They concluded by observing that mental and physical deterioration so commonly seen in older individuals in the USA is not a part of the normal process of aging, and therefore not inevitable. It is due to specific diseases or is a consequence of many years of insufficient use of mental and physical faculties. Furthermore, they concluded that properly designed and supervised exercise programs based on endurance activities appear to be a practical substitute for the physical activities which are a part of the life style of long-lived individuals in more physically active cultures than our own.

A variety of other research, too extensive to cite here, has demonstrated a number of health benefits that accrue as the result of physical conditioning of the older individual, including improved muscle strength and increased joint flexibility, increased total blood volume, and a regression in EKG abnormalities.

A rather well-known study conducted in California by Dr. Herbert DeVries of the University of Southern California's School of Gerontology, which was supported by Federal funds, clearly demonstrated the trainability of older persons with regard to physical fitness.

I can personally testify, having traveled throughout the country extensively as a clinician and lecturer on the subject of physical fitness, that the elderly are as responsive and interested in improving their overall physical capacities as any single group in our population. After all, they realize as well as anyone the frightful price their bodies have paid for years of sedentary living and, most of all, they desire to regain all vigor and function possible in order to maintain their independence and enjoy their remaining years. I would invite anyone of you to join me in observing first-hand the several exercise programs for the elderly in the greater Maryland Area, many of which have been a direct result of the demonstration project conducted by the National Association of Human Development in cooperation with the President's Council on Physical Fitness and Sports. Observe the movements of these vigorous, upright and enthusiastic people, many of whom have built themselves up to a point where they are into jogging and vigorous calisthenics.

It is a moot question whether they are active because of their enthusiasm, or enthusiastic and interested because of their activity. The two characteristics unquestionably go hand in hand. It may be significant that if one of these healthy older individuals is compelled to remain inactive for a prolonged period, by accident or illness, deterioration will set in and a steady downhill course will ensue unless the individual can be stimulated to return to the greatest degree of activity possible.

The major issue confronting individuals and agencies interested in reducing degeneration and dependence through improved levels of physical fitness of older Americans is: where do we find the leadership to conduct the programs and how can we afford to conduct them? In the demonstration program we believe it was clearly shown that laymen can be trained to conduct mild, low stress exercise programs in already existing social service centers. Furthermore, with very low comparative cost, volunteer leaders can be organized to assist and develop these programs throughout the country.

Central to any effort in improving the physical fitness of older people is a total approach of health education which recruits, educates, and motivates a basic life style from physical dependence to physical self-management.

In summary, the President's Council on Physical Fitness and Sports is of the opinion that it would be both productive and economical in reducing the human and financial costs associated with the health and intensive care of the elderly to encourage the development of both immediate and long-range programs to assist older Americans to attain and maintain improved physical fitness. This opinion is based upon the following beliefs:

1. Regular exercise at appropriate levels of stress can improve the function of the heart and circulatory system, increase flexibility and range of motion, and increase muscular strength in otherwise deconditioned older people.

2. Appropriate levels of physical activity can reduce the effects of physical degeneration and dependence normally associated with older persons.

3. A state of improved physical fitness enhances the quality of life for the elderly by increasing independence. The ability to "go places and do things" without being dependent on others, provides a strong psychological lift which is conducive to good mental health.

4. The benefits of regular physical activity are not exclusive to already active older people. The frail, feeble, and even bed-ridden individuals can profit to some degree from appropriate levels of exercise conducted by competent persons;

5. All levels of Government and concerned individuals should encourage activities of health education and leadership training to develop specialists capable of conducting and supervising fitness activities for the elderly;

6. It is only when adequate recognition is given to the important role of physical fitness in changing the destructive life style of our people that we can fully expect to reduce the cost of health and intensive care of the elderly.

It would seem that we may have no alternatives. Aren't we already spending one of every eight dollars we make on health care? Isn't this cost continuing to go up at an astronomical rate? We can't accommodate ourselves to a situation like that. We have to prevent its development.

That is the humane course, it's the practical course, and it's probably the only course we can afford.

When adequate programs are developed and applied we believe that we will be able to document financial savings to the American people above the costs of such programs, not to speak of the psychological and physiological benefits that will be derived by individuals and society through having more healthy, happy, and independent older Americans.

The American people spend billions on health care and the search for answers to medical riddles. Why not spend a million or so to put into effect the answers we have in a preventative approach?

I will be glad to answer any questions, and I thank you for the privilege of appearing before you.

Washington Post 4/3/76 Nutrition for Ags

HEW to Free Nutrition Funds For Elderly

Associated Press

The Department of Health, Education and Welfare said yesterday it will spend the full $87.5 million appropriated for nutrition programs for the elderly this year, as sought by an anti-hunger organization's lawsuit.

The result of the decision will be to release $37.5 million for nutrition programs during April, May and June, an HEW spokesman said.

THE WHITE HOUSE
WASHINGTON

File in Medicare
Catastrophic
proposal
State of Union

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

OFFICE OF THE SECRETARY

WASHINGTON, D.C. 20201

24 MAR 1976

NOTE TO SPENCER JOHNSON

Subject: Congressional Reaction to the Administration's Medicare Proposal (Per your Request)

Sufficient experience has now been gained to permit us to gage preliminary Congressional reaction to the Administration's Medicare catastrophic proposal. Essentially this proposal consists of three parts: 1) a 7 percent and 4 percent cap on inflationary hospital and practitioner charges, respectively; 2) a dynamic deductible and 10 percent coinsurance charge to beneficiaries; and 3) a $500 and $250 annual "catastrophic" cap on hospital and practitioner charges to beneficiaries.

Shortly before the bill's introduction, three days of hearings were held before Congressman Rostenkowski's Subcommittee on Health (Ways and Means) during which every witness, except for the Secretary of DHEW, opposed the measure on one or more grounds (see attached summaries). The 7 percent and 4 percent caps were attacked as unrealistic and unattainable. Increased costs, it is claimed, would merely be shifted to non-Medicare patients. Although the catastrophic benefit was thought to be of value for a few, the cost sharing imposed on all 25 million Medicare beneficiaries was regarded as a greatly disproportionate burden. Individually, each Medicare beneficiary would pay a substantially increased cost in exchange for coverage of a relatively remote risk. The beneficiary population as a whole would be paying approximately $.4 billion more in costs than the value of the new benefit received.

Following the hearing, statements were issued to the press which indicated interest in the expanded benefit, exclusive of the 7 percent and 4 percent cap and cost sharing features. The Subcommittee subsequently notified the Congressional Budget Committee of its desire to ear mark $200 million for the "start-up" of a possible Medicare catastrophic benefit.

Obtaining introduction of the Administration's proposal has proven difficult. Congressman Duncan (ranking minority member on the Rostenkowski Subcommittee) was asked and agreed to do so, but unexpectedly reversed himself and introduced it by request. Congressman Martin (R-N.C.) also declined to introduce the measure. Senators Curtis, Roth and Fannin were each approached and declined to introduce it, except by request.

Subsequently, further meetings were arranged with Congressman Martin and his staff; Congressman Cotter (D-Conn.) and Harvey Pies, Minority Counsel for the Subcommittee. The information derived from the multiplicity of these contacts and communications may be summarized as follows:

1) There is some bi-partisan interest in the House for consideration of a hospital and practitioner cap, though at a percentage level higher than recommended by the Administration.

2) There is a bi-partisan consensus in the House, and in the Senate, that the cost sharing features proposed by the Administration are either unacceptable or too high.

3) There is bi-partisan interest in the House for enactment of the catastrophic benefit proposed by the Administration.

In view of the above information, it is now necessary to determine whether the Administration's posture is sufficiently flexible to encourage House action on the bill and to permit negotiation as to its contents. If enactment of the measure is to be actively sought, then appropriate discussions should be organized as soon as possible.

Gene

Gene R. Haislip
Deputy Assistant Secretary
for Legislation (Health)

Attachment

COMMITTEE ON WAYS AND MEANS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515

TELEPHONE (202) 225-3625

April 6, 1976

MEMORANDUM

To: Members of the Subcommittee on Health

From: Dan Rostenkowski, Chairman

On January 21, 1976, the Subcommittee on Health met to discuss an agenda for the second session of the 94th Congress. At that time, we decided to defer further discussion of specific medicare legislation until after hearings on the President's medicare proposals.

As a result of those February hearings, other testimony that was taken on medicare amendments last fall, and certain work in the medicare area by the Oversight Subcommittee, I have developed an outline of a proposal responsive to some of the more pressing problems in the medicare area. This outline is enclosed for your consideration. I would request that all members submit to the Subcommittee staff by April 16, 1976, comments on this outline, including alternatives or additional amendments that they might want to propose.

It is my intention to have the staff develop from this outline and comments received from individual Subcommittee members a working document that would become the basis for and define the scope of a Subcommittee markup beginning in the early part of May. In addition to the enclosed outline and alternatives that may be proposed, the document will include background material in much the same manner as was done for full Committee consideration of the first phase of tax reform.

In either endorsing aspects of this proposal or in developing alternatives to it, I would only like to caution the members that whatever legislation is eventually

developed must be fashioned in such a balanced manner as to show a strong awareness of the fiscal year 1977 budgetary targets that will soon be established for the medicare program. At present, the House Budget Committee has agreed to our recommendation for medicare spending at a level of $200 million over present law.

Members of the Subcommittee staff will of course be available not only to assist individual members in the analysis of the tentative proposals, but also to assist in the preparation of any supplemental or alternative proposals related to the agenda that members feel should be included in the Committee Print for markup.

DR/sm

4/6/76

OUTLINE OF POSSIBLE MEDICARE PROPOSALS

1. Catastrophic Insurance Protection for Medicare Beneficiaries

(a) Hospital Insurance Provisions--Under present law, an individual pays a deductible (presently $104) toward the cost of his first hospitalization in a benefit period. After payment of this $104 inpatient hospital deductible, medicare covers all other hospital costs for the first sixty days of hospitalization in that benefit period. From the 61st day through the 90th day, an individual pays a coinsurance amount equal to one-fourth of the inpatient hospital deductible (presently $26) for each day he is hospitalized. If an individual requires hospitalization after the 90th day of hospitalization in a benefit period, he may elect to utilize part of his lifetime reserve of sixty additional days of hospital coverage for which he must pay a coinsurance amount (presently $52) per day. Unlike the first 90 days of coverage which become available again at the outset of a new benefit period, lifetime reserve days cannot be replaced. An individual can begin a new benefit period each time when for a period of sixty consecutive days he is neither an inpatient in a hospital or in a skilled nursing facility.

The proposal would eliminate the present restriction on use of hospital days in a benefit period and set an annual maximum amount that an individual would be required to pay in any calendar year for covered hospital services. This annual limit would equal $500 for 1977 and would be adjusted upward in the future years to keep pace with increases in social security cash benefits. An individual under the proposal would pay the inpatient hospital deductible no more than once in a year. He would also pay the coinsurance amounts for hospital days after day 60 in that year until he has paid a maximum of $500 in deductibles and coinsurance. After that, all covered hospital services would be covered in full for the remainder of the calendar year. In addition to the deductible and coinsurance amounts for hospital care, the deductible and coinsurance amounts for a revised skilled nursing facility benefit would be applied toward the same $500 annual maximum. (See section 2(a) for revised skilled nursing benefit.)

(b) Medical Insurance Provisions--Under present law, medicare part B currently pays (after an annual deductible) 80 percent of the reasonable charge for physician services. Beneficiaries only pay a 20 percent coinsurance after the annual deductible amount has been met.

The proposal would set an annual maximum amount that an individual would have to pay in deductible and coinsurance payments for physician services under part B. This limit would equal $250 for 1977 and would be adjusted upward in future years to keep pace with increases in social security cash benefits. As in the Administration's catastrophic proposal, charges made by physicians in excess of the reasonable charge (which are presently not covered by medicare) would not be included in this ceiling.

2. Improvements in the Skilled Nursing Facility and Home Health Benefits

The proposed provision would eliminate the present requirement that a covered stay in a skilled nursing facility, or use of the home health benefit, must be related to and follow an inpatient hospital stay of at least three days. Elimination of this requirement would mean that the existence of any condition which requires care in a skilled nursing facility or use of the skilled services of the home health benefit would be the basis of eligibility for these services.

Since the skilled nursing facility benefit would no longer be subject to the prior hospitalization requirement, a deductible equal to one-half the hospital deductible would be imposed at the beginning of each new benefit period (see Item #1 for explanation of benefit period). The total amount paid for deductibles (hospital and skilled nursing facility) which an individual would have to pay in a single calendar year, however, would not exceed the amount of the hospital deductible for that year ($104 in 1976).

In addition, the skilled nursing facility deductible and any skilled nursing facility coinsurance incurred would be applied to the annual part A maximum amount a beneficiary would have to pay ($500 in 1977). The present skilled nursing facility coinsurance requirements (one-eighth of the hospital deductible amount per day for the 21st through 100th day) and the present limitation of 100 days of skilled nursing facility care per spell of illness would remain.

The proposal would also liberalize the home health benefit by moving the 100 visits available under part B to part A so that these 100 visits are no longer subject to the annual part B deductible. Thus, 200 home health visits would be available under part A with no requirements for prior hospitalization or cost-sharing.

3. Limitation on Increases in Hospital Costs

The rising cost of hospital care continues to be the major factor driving up medicare expenditures. Between FY 1971 and FY 1977, total medicare expenditures increased from $7.8 billion to an estimated $21.7 billion. Hospital care expenditures under medicare (part A) for FY 1977 will exceed $15 billion, an increase of almost $3 billion over FY 1976 expenditures. Only about 18 percent of this increase is attributable to growth in the number of beneficiaries; about 80 percent of this increase is the result of higher costs per patient day.

Moreover, it is expected that in the absence of any restraints hospital costs will increase next year by about 15 percent. (If hospital wages were held to the same rate of increase as general wage levels and if prices paid by hospitals for goods and services increased at the same rate expected for the economy generally, hospital costs would only go up by about eight percent.) Although the drastic limitation proposed by the Administration (limiting increases in hospital costs to seven percent) would probably adversely affect services to beneficiaries, it seems clear that some reasonable restraints are necessary to assure the stability of the medicare program.

The proposal would deal with this cost problem by providing for a limitation in the range of 9-1/2 to 10 percent on increases in hospital costs recognized as reasonable by medicare and by initiating steps designed to lead to the implementation over time of a prospective reimbursement system. The proposed limitation would allow for reasonable increases in hospital wage levels and for necessary improvements in services. The limitation would be applied on a national basis, with provision for adjustments on a local basis where appropriate, and provision for an exception procedure to take account of unique individual circumstances. The Secretary would be required to issue guidelines for exceptions that would, for example, recognize new construction or renovation approved by planning agencies, large wage agreements negotiated prior to enactment, and documented changes in patient mix.

The proposal would also direct the Secretary to develop a plan for implementing a prospective reimbursement system that includes: (1) a uniform hospital accounting, reporting and cost allocation system; (2) a hospital classification system with reimbursement limits set prospectively for each class of institution and offering financial incentives for efficient performance; and (3) appropriate provisions for an appeals process, for adjustment of prospective rates to take account of contingencies beyond the hospital's control, for participation of planning agencies in the evaluation of proposed capital expenditures and for periodic congressional review of operating experience. The proposed prospective reimbursement system when approved by the Congress would be implemented over a three-to-four-year period and when fully implemented, would supersede the transitional limitation described above.

4. Incentives to Encourage Physicians' Use of Assignment

Under present law, physicians may agree to accept assignment of a medicare claim and thereby agree to accept, as payment in full, whatever medicare determines is the reasonable charge for the service provided. When the physician accepts assignment, he may bill the beneficiary only for the coinsurance (20 percent of the medicare-determined reasonable charge) plus any portion of the annual deductible the beneficiary has not yet met.

It is in the interest of the beneficiary for the physician to accept assignment, otherwise the physician bills the patient directly for the actual charge. The actual charge is often greater than the medicare reasonable charge for the service and the beneficiary must then make up the difference out-of-pocket. Under the present system, beneficiaries generally do not know whether a physician will accept assignment on any particular claim until the service is provided.

The proposed provision would create incentives for physicians to become "participating physicians" who would, by formal arrangement, agree to accept assignment of medicare claims in all cases. This would allow beneficiaries to "shop around" for a physician they could be sure would accept assignment of their claims. The incentives to become a participating physician could include such things as streamlining the billing process through use of multiple billing forms on which physicians could claim reimbursement for services furnished to many beneficiaries (instead of submitted a separate claim for each patient), and more expeditious payment of claims that would improve cash flow for the physician.

Any participating physician who decided to terminate his participating physician agreement could do so by giving notice to his medicare carrier. Those physicians who do not choose to become participating physicians would continue to accept assignment on the present "all, some, or none" basis.

5. Improvements in Renal Dialysis Provisions

Under present law, medicare coverage is provided for individuals with chronic renal disease without regard to age. Entitlement to benefits for such individuals, which includes coverage of costly services related to kidney transplantation and dialysis, generally begins after a three-month waiting period and ends 12 months after transplantation or termination of dialysis.

The proposal would deal with several problem areas disclosed in the course of extensive Oversight Subcommittee hearings. Certain inequitable effects of the entitlement requirements would be overcome by extending post-transplant coverage and by reducing the waiting period in cases of early hospitalization for transplantation. Incentives would be provided to undertake less costly and generally more effective home dialysis (as opposed to facility dialysis) by expanding coverage of supplies necessary to perform dialysis at home, authorizing earlier entitlement to benefits for patients who undergo home dialysis training and assuring the availability of home dialysis training programs. The proposal would clarify congressional intent to reimburse dialysis facilities on a cost-related basis and provide for a study of reimbursement for physician services to renal patients. Additionally, the proposal would correct certain technical deficiencies in the present provisions relating to determinations of eligibility, costs incurred by kidney donors and reports to Congress on developments in the program.

6. Revision of Durable Medical Equipment

Two recurring problems have been encountered in connection with the durable medical equipment provisions of the medicare law. One concerns the uneconomical use of durable medical equipment arising from extended periods of rental of such equipment even where less costly purchase would have been justified by the period of need estimated by the patient's physician. (Under present law, beneficiaries make their own arrangements to acquire such equipment and may either rent or purchase it.) The difficulty is the lack of incentives in present law, for both beneficiaries and suppliers, to choose purchase rather than rental. In 1972, Congress authorized the Secretary to experiment with alternative approaches but little progress has been made to date.

The second problem concerns the present prohibition on coverage of durable medical equipment rented or purchased by a beneficiary residing or confined in a facility which meets part of the basic statutory definition of a skilled nursing facility, even if that facility does not meet all the statutory and regulatory requirements for medicare participation and is, in fact, not a skilled nursing facility by medicare standards.

The proposal would address the prolonged rental problem by authorizing (and encouraging) lump sum reimbursement procedures for the purchase of durable medical equipment where long-term need has been certified by the patient's physician and where cumulative rental charges would exceed the allowable purchase price, including the use of financial incentives where used equipment is available and where suppliers are willing to enter into rental purchase-conversion arrangements. The proposal would deal with the second problem by modifying the durable medical equipment coverage limitation with respect to facilities that are not designed to meet medicare requirements for skilled nursing facilities and are, in fact, established with the primary purpose of serving as custodial or residential facilities.

7. Elimination of Waiting Period for Reentitled Disability Insurance Beneficiaries

Under present law, medicare protection is provided for individuals after they have been receiving social security cash benefits on the basis of disability for 24 consecutive months. Should the individual recover sufficiently to engage in gainful employment, he loses his social security benefits and his medicare coverage. If the individual becomes disabled a second time within five years, he automatically regains his cash social security benefits, but he must once again satisfy the 24-month waiting period requirement before he can return to the medicare rolls.

There is a widespread concern that this provision works an undue hardship on the individual who has tried but failed to return to work. Also, in some cases, it could serve as a disincentive to trying full-time employment.

The proposal would eliminate the 24-month waiting period for reentitlement. Medicare coverage would be provided for disabled individuals from the first month of their reentitlement to disability benefits in cases where the individual becomes reentitled within 5 years of his previous coverage period, thus conforming medicare to the cash social security program in this respect.

8. Revisions To Assure Cost-Effectiveness and Administrative Efficiency

(a) Relating Part B Deductible to Increases in Social Security Cash Benefits--The proposal would increase the annual part B medicare deductible in the same manner that cash social security benefits increase. The deductible would increase from $60 to $65 in 1977 and automatically increase in future years to keep pace with increases in social security cash benefits. This proposal would help to reduce the program cost of the $250 ceiling on beneficiary cost-sharing liability for part B that is proposed in section 1(b). For beneficiaries as a group, the modest increase in the deductible would be more than offset by the value to them of the $250 annual ceiling on deductible and coinsurance.

(b) Use of State Planning Agency Determinations for Medicare Approval of Participating Health Facilities--The enactment of the National Health Planning and Resources Development Act of 1974 reflected congressional concern about the need to assure the orderly growth of health facilities and to deter the proliferation of duplicative or unnecessary services. Present medicare law also supports this concept in that it includes provision for withholding a portion of a health facility's reimbursement under medicare for capital expenditures determined by the state planning agency to be inconsistent with area wide or state plans. However, some services, such as home health services, are not covered by these provisions of law and concern has been expressed about the possibility of uncontrolled proliferation of such agencies with concomitant adverse cost and manpower effects. To meet this potential problem, the proposal would provide authority, with respect to medicare, for the Secretary to require planning agency approval of the need for additional or expanded services and agencies.

(c) Improvement in the Detection of Fraud and Abuse in the Medicare Program--The proposal would direct the Secretary of Health, Education, and Welfare to designate an organizational unit devoted solely to the detection and prevention of fraud and abuse in the medicare program. This unit would be charged with the following responsibilities:

(1) the operation of an expanded program to detect and combat patterns of fraud and abuse;

(2) the preparation of materials to assist the Department of Justice and, as appropriate, State agencies, in the development and prosecution of cases arising out of criminal violations involving the operation of the medicare program; and

(3) the preparation of an annual report of this organizational unit to the Committee on Ways and Means and the Committee on Finance detailing:

(A) the activities of the office during the previous 12-month period;

(B) the disposition of recommendations for prosecution submitted to the Department of Justice through the various United States Attorneys;

(C) recommended changes in statutory medicare provisions to better promote the integrity of the program; and

(D) recommended changes in existing administrative practices, including the levels of funding and personnel resources devoted to audit activities, which would better facilitate the discovery of potential fraud and abuse problems.

In developing this statutory unit, the Secretary shall make appropriate use of the existing manpower and other resources presently assigned to similar functions within the Bureau of Health Insurance and assign such additional personnel to such unit as would be appropriate considering the monies and the unique administrative complexities involved in a health insurance program of this scope.

The activities of this new medicare unit will be coordinated with the General Office of Investigations which has recently been established on a department-wide basis within HEW.

(d) Clarification of PSRO Provisions--Controversy about the acceptability of the PSRO program has given way in considerable degree to concern about delays in implementation, the cost-effectiveness of the program (and its effects on the quality and delivery of care), and the collection of necessary data. The medicare bill passed last year addressed the major part of the implementation problem by assuring the funding needed for prompt nationwide implementation. Still to be confronted is the data collection issue which involves both the acquisition and confidentiality of medical data, and the accumulation of PSRO cost and operational data needed by Congress to assess the overall effectiveness of the program.

The proposal would require the Secretary to begin reporting regularly to the Congress on the total program costs incurred in implementing the PSRO provisions, the effects of PSRO activities on the utilization, quality and cost of services furnished to beneficiaries, and the operational experience acquired in administering the program. The proposal would also clarify the congressional intent to make use of the most efficient and reliable data collection system so as to assure (1) the collection, analysis and use of comparative data in bringing about improvements in the quality and utilization of services furnished to medicare beneficiaries, and (2) the maintenance of appropriate safeguards against improper disclosure.

(e) Reasonableness of Provider Costs Related to Overhead Costs--Overhead costs incurred by medicare providers rendering similar services, such as home health agencies, vary significantly. To assure that such variations are attributable to necessary operating costs, the proposal would explicitly direct the Secretary to include consideration of the relationship between overhead costs and the direct costs of the provision of services in the determination of a medicare provider's overall reasonable cost.

(f) Study of Reimbursement Methods for Physician Services Under Medicare--There is a present and growing concern that the method of determining the medicare reasonable charge for a service rendered by a physician often results in payments which are neither rational nor equitable.

The medicare prevailing charge (the ceiling on what medicare will recognize as a reasonable charge) varies regionally to a much greater degree than can be easily justified and tends to vary inversely with distribution of physicians--doing nothing to improve the distribution of physicians and perhaps aggravating current problems. Urban-rural differentials are especially difficult to justify. Questions may also be raised about the variations in prevailing charges for the same procedure between general practitioners and specialists.

There is, however, a general lack of knowledge about factors which are needed to determine the best way to reimburse for physician services. The proposal is to mandate a study aimed at providing the information necessary to allow equitable reimbursement for the physician; prevent rapid inflation in fees recognized by the program; provide the maximum protection for beneficiaries; and have a more positive effect on the health care delivery system.

9. Coverage Provisions and Other Technical Changes Involving Negligible Cost

(a) Coverage of Pap Smears Under Part B--Coverage of services under part B of medicare (medical insurance) is restricted to those services which are reasonable and medically necessary for diagnosis and treatment of an illness, injury, or malformed body member. Services which are routine in nature (including routine diagnostic tests) are specifically excluded. Accordingly, coverage of Pap smears is currently restricted to instances where they are taken for the diagnosis of a suspected condition.

There is considerable evidence, however, that Pap smears as a routine diagnostic test are effective in early detection of uterine and cervical cancer. This early detection cannot only possibly save a life but can minimize the scope of services necessary to treat the illness. The proposed provision would, therefore, cover Pap smears, under regulations to be prescribed by the Secretary.

(b) Revised Payment Method for Physician Services When Patient Has Died--Under present law, a beneficiary who has received physician services which are reimbursable under medicare part B can either (1) send medicare an itemized, unpaid bill and be reimbursed directly, or (2) assign the right to receive payment to the physician who provided the service.

In the case where a beneficiary dies and has not executed an assignment of the bill, payment may be made directly to the physician if he agrees to accept the medicare reasonable charge as payment in full. The physician can then bill the survivor or the estate only for the coinsurance and deductible amounts which medicare is not obligated to pay.

However, if the physician does not agree to this procedure, present law authorizes medicare reimbursement only if the bill has already been paid rather than on the basis of an unpaid bill. This often results in a large financial burden for survivors of the deceased beneficiary.

The proposed provision would eliminate the potential hardship by allowing medicare to pay, in the case of a deceased beneficiary, on the basis of an itemized, unpaid bill.

(c) Eliminate 5-year Residency Requirement for Voluntary Enrollment in Medicare by Aliens--Individuals over age 65 who have not become eligible for coverage under medicare part A (hospital insurance) through entitlement to social security cash benefits can obtain medicare coverage by enrolling on a voluntary basis and paying a monthly premium. Also, individuals who wish protection under part B (voluntary medical insurance), regardless of whether they are automatically entitled to part A, may enroll and a pay a monthly premium.

However, for aliens, one of the requirements for enrollment in either of these plans is that the person must have been lawfully admitted for permanent residence and have resided in the United States continuously for at least five years prior to enrollment. The equity of the five-year requirement has been questioned generally, and declared unconstitutional by a three-judge District Court panel (Diaz vs. Weinberger, 361 F. Supp. 1 (S.D. Fla. 1973)). An appeal from that decision has been made to the U.S. Supreme Court but no decision on the case has yet been handed down.

The proposed provision would eliminate the five-year residency requirement.

THE WHITE HOUSE

WASHINGTON

T/D
SCHEDULE BD.
DATE RECEIVED

MAY 5 1976

MESSAGE
SPEAKERS BUREAU
OTHER

APPOINTMENT OFFICE

April 28, 1976

MEMORANDUM FOR: BILL NICHOLSON

FROM: SPENCE JOHNSON

SUBJECT: Memorandum regarding Greater Grand Rapids Hospital Council

A letter dated April 13, 1976, from the Greater Grand Rapids Hospital Council to the President indicated a desire to discuss the impact of Medicare/ Medicaid programs on hospitals.

Such an issue would fall within my area and I would be glad to talk with them as you think appropriate.

filed under "M" - Marshall

W. B. MARSHALL Executive Director

THE PRESIDENT'S COUNCIL ON PHYSICAL FITNESS
AND SPORTS

Spence –

For your info

arabinoside and of thioguanine. Most patients in this age range should have a course of intensive chemotherapy.

Differences in survival do not appear to be related to improved treatment (antibiotics, transfusions, and platelet concentrates) or to the type of hospital offering treatment. When appropriately trained physicians and required resources are available, it may not be necessary to send patients to specialized centers for treatment.

Sixty-four of 93 patients over age 50 with acute granulocytic leukemia received cytosine arabinoside and thioguanine. Twenty-eight patients (44 percent) attained a complete remission, and seven patients (11 percent) had a partial remission. Excluding patients treated for less than 30 days, the complete remission rate was 51 percent. Of 29 patients treated with other agents, only three (10 percent) evidenced a complete remission. Complete remission was defined as absence of disease-related symptoms, normal results of physical examination, less than 5 percent blasts in the bone marrow, hemoglobin greater than 10 gm per 100 ml, leukocyte count more than 3,000 per cubic millimeter, platelet count greater than 100,000 per cubic millimeter, and no blasts on peripheral smear. If some but not all of these criteria were met, the patient was considered in partial remission.

After cytosine arabinoside and thioguanine treatment, the median survival time was 19 months for patients with a complete remission, eight months for those who had a partial remission, and two months for nonresponders. Forty percent of patients with a complete remission were alive 25 months after treatment; one has been free of disease for 36 months. Patients between ages 50 and 59 at the time of diagnosis appeared to have slightly longer survival times than those in later decades, but there were too few patients in each age group for statistical comparison.

Remission rates and survival did not differ significantly for patients treated in a community hospital, cancer center, or university hospital.

VICTOR GRANN, M.D., ROBERT ERICHSON, M.D., JOHN FLANNERY, B.S., STUART FINCH, M.D., and BAYARD CLARKSON, M.D., Southern Connecticut Association for Study of Blood, Stamford, Conn., and Memorial Sloan-Kettering Cancer Center, New York. The therapy of acute granulocytic leukemia in patients more than fifty years old. Ann Intern Med 80:15-20, 1974.

Exercise sharpens cognitive skills of mental patients

Mild exercise significantly improves the cognitive abilities of institutionalized geriatric mentally ill patients. Physical activity stimulates the entire brain, whereas patients can "shut out" social therapy through lack of interest. Improvements in mental function apparently are accompanied by slight negative behavioral trends. Cognitive improvements may evoke expressions of independence and possibly reflect antagonism toward hospitalization.

Thirty institutionalized geriatric mental patients were placed in exercise therapy, social therapy, or control groups utilizing a randomized block design to equalize age, sex, and ward residence among the groups. The average age of the 17 female patients was 71.9 years and of the 13 male patients 66.1 years. All patients underwent three tests of mental function and two behavioral assessments before the study, after eight weeks, and at the end of the 12 week program. Statistical measures were used to avoid misinterpreting a possible "practice effect."

Patients in the exercise group took brisk walks at the beginning and end of each session of calisthenics and rhythmic body movements. To control the possible psychologic effects of attention and changes in routine, a second treatment group was given games, arts and crafts, and music and social therapy. Groups met for one hour daily, five days a week, for three months.

After 12 weeks, only the exercise group had significantly improved scores on two cognitive tests (Wechsler Memory Scale, Raven's Progressive Matrices) requiring recall, logical thinking, and reasonably sound reality orientation. The third cognitive test used (Graham and Kendall's Memory-for-Designs) showed no significant positive change in any group, perhaps because it reportedly measures relatively irreversible changes due to organic brain damage.

No statistically significant behavioral changes in any group were found by the Geriatric Assessment Scale or by the Nurses Observation Scale for Inpatient Evaluation. The somewhat negative trends (such as a decline in neatness and an increase in irritability) in the exercise group might have reflected expressions of independence that could be interpreted as an improvement from an apathetic state.

Patients with hypertension, a heart condition requiring medication, or debilitating arthritis were excluded from the study, as were severely regressed, noncommunicative patients who would have been unable to complete evaluative tests.

RICHARD R. POWELL, PH.D., University of Maine at Presque Isle. Psychological effects of exercise therapy upon institutionalized geriatric mental patients. J Gerontol 29:157-161, 1974. □

FOR IMMEDIATE RELEASE MAY 23, 1976

OFFICE OF THE WHITE HOUSE PRESS SECRETARY
(Laguna Hills, California)

THE WHITE HOUSE

REMARKS OF THE PRESIDENT
AT
ROSSMOOR LEISURE WORLD

7:30 P.M. PDT

And I add, as many of you I am sure know, I recommended in my budget for the next fiscal year the full cost of living increase in Social Security benefits. I think this is the proper thing, the move that is required if we are to keep faith with those in our society who have earned and retired.

And let me say, I have also proposed major improvements in the Medicare program to make it serve you better. One of the most important improvements would provide for the full payment of all but a very small fraction of the cost of catastrophic illness and extended care.

There is no reason whatsoever that older Americans should have to go broke just to get well or to stay well in the United States of America.

MORE

Under my proposals the individual contribution to Medicare would go up slightly. But consider what the increase would provide. Nobody eligible for Medicare would have to pay more than $500 a year for hospital or nursing home care or more than $250 a year for physician service. Medicare would pay the rest.

Whether it was $1,000, $10,000 or $50,000, I think it is a good program, and I would appreciate your support.

Our problem is the Congress. The ruinous economic burden of catastrophic illness is one thing, if this passes, you will never have to worry about again. You deserve it, and the country ought to enact it, and it ought to be on the statute books.

FOR IMMEDIATE RELEASE MAY 26, 1976

OFFICE OF THE WHITE HOUSE PRESS SECRETARY
(Columbus, Ohio)

THE WHITE HOUSE

REMARKS OF THE PRESIDENT
AT THE
OHIO GOVERNORS' CONFERENCE ON AGING

THE STATE FAIRGROUNDS

4:24 P.M. EDT

Jim, distinguished members of the Ohio delegation--and let me personally introduce each and every one of them to you because they are old and very dear friends of mine. They are strong supporters of what all of you are interested in. Would you please stand up and remain standing while I introduce the others, Andy Devine, Bill Harsha, Chuck Mosher, Bud Brown, Chalmers Wiley, Tennyson Guyer, and Tom Kindness.

They are great people, they have been invaluable in their aid and assistance to me, and I thank each and every one of them. Of course, we have on the platform here a man who spoke from the heart to you just a few moments ago and who has been a tremendous asset to me as a member of my Cabinet, Earl Butz. Earl, come on, get up again.

Then it is great to be in the City of Columbus and Tom Moody, it is nice to see you, your great, great Mayor here in the City of Columbus. May I also thank the Walnut Ridge Band -- great music. You play that Victors very well.

In 1952, Winston Churchill, then a mere 77 years old, had been called into the service of his country for a second term as Prime Minister of Great Britain, and smiling somewhat impishly he told the British Commons, and I quote, "Everyone has his day, and some days last longer than others."

Today, I welcome this great opportunity to be a part of your annual Governors' Conference, and I congratulate Jim Rhodes for undertaking it back in 1968, a conference concerned with the many, many Americans whose days have lasted longer than others.

MORE

The careers of Winston Churchill, as well as others who rose to prominence in later years, reminds all of us -- if we need to be reminded -- that advancing years need not mean a retreat from active, even future enjoyable life, nor should advancing years be the certain barrier of poor health, meager income or social isolation.

The ancient philosophers taught us that the measure of a civilization's advancement and greatness can be found in its proper treatment of the elderly.

Let me say that here in Ohio you have demonstrated your concern in a very solid and a very practical way.

This conference is but just one example of your ongoing commitment. I congratulate Jim and all those associated with him for initiating it in 1968 and continuing it in his term at the present time.

You all know, and so do those of us from outside of Ohio, that this State has pioneered in providing senior citizens' centers that offer a very broad range of services to the elderly.

The two golden age villages constructed by your State provide a model alternative to institutional care at a very reasonable cost.

Now let me thank and commend Jim Rhodes for my participation in the Golden Buckeye program, which was begun some three months ago.

I am told that in the very short span of 90 days 178,000 Ohioans have signed up and now it is 178,001. (Laughter)

Obviously, I am very proud of the fact that the Federal Government was able to make a contribution to the Golden Buckeye program, making it a reality by providing to the Governor's office for use as he saw fit -- through the comprehensive education and training legislaton -- and I have been so impressed with the program as a whole.

MORE

When I get back to Washington, we are going to take a real good look to see if we can't, on a national scale, implement something comparable to this. We have to, of course, see what the law says, what the money is, but the concept is good and we are going to do our best to expand it beyond the borders of the State of Ohio.

For more than 40 years, through the vehicle of Social Security and other programs, the Federal Government has made a firm commitment of support for older citizens of our society. I pledge to you that I will continue without hesitation, reservation, to uphold that commitment.

In recent years there has been some very dramatic progress to meet the needs of America's older generation. I want to do better and, with your help and with the help of a responsible Congress, I will, and we will. And this is something that all of us owe to this great generation of Americans, those at the present and those that are to follow. And as President of the United States, I will do everything possible in my power to help our Nation demonstrate its deep, deep concern for the dignity, for the well-being of our older generations.

The Social Security program, the largest of its kind in the world, will pay almost $83 billion to more than 32 million Americans in this next fiscal year. This is more -- and I emphasize more -- than a $10 billion increase over the current year. And, of course, I suspect many of you know -- but I want to reemphasize it to show my commitment -- in my budget for the next fiscal year, which begins October 1, 1976, I am recommending that the full cost of living increase in Social Security benefits be paid in that year.

As you also know, however, there are problems facing our Social Security system. Next year, unless my reforms are adopted, the Social Security Trust Fund will run a deficit of nearly $3-1/2 billion, and the next 12 months after that, if we don't follow a responsible course as I have proposed, the deficit will be $4 billion in a 12-month period.

But let me assure you very emphatically, my Administration intends to preserve the integrity and the solvency of the Social Security for your benefit and that of all working Americans now as well as in the future. As long as I am President, we are going to keep our Social Security protection and every other retirement program strong, sound and certain.

In addition to the Social Security program, we are continuing our commitment to benefit programs for more than 3 million railroad, military and Federal Government employees.

MORE

After many, many years of sacrifice and hard work, these Americans have contributed much to our great Nation. They have earned our respect as well as our admiration. They have earned more than the prospect of poverty in their retirement years.

In my budget, the Supplemental Security Income program, or SSI, will pay almost $6 billion in Federal benefits to more than 5 million disabled and disadvantaged older Americans in 1977, 140,000 of them right here in the great State of Ohio.

In the field of health care, the Federal Medicare program, in 1976, will provide more than $17 billion for the health care of 24 million older and disabled Americans, 1,200,000 again right here in the great State of Ohio.

Now, there are some flaws in this program, which actually help raise the cost of your medical care and which fail, unfortunately, to provide or to protect you adequately against the economic burdens of a prolonged illness. I have proposed major improvements in the Medicare program to make it serve you better. One of the most important improvements would provide for the payment of all but a very small fraction of the catastrophic costs of complex or extended care as well as treatment.

I don't have to tell you that medical treatment is very, very expensive these days. If you have to stay in a hospital or in a nursing home or under a doctor's care for a very long, long time, it puts an incredible strain on your lifetime savings or on your peace of mind, and that strain is felt by your loved ones just as well as yourself. All of us know cases -- a friend, a neighbor, a part of your family -- in which someone has been stricken with an illness that lingers on and on and on. We know of the pain, we know of the heartache associated with a prolonged and expensive illness. We know that being sick and bedridden for an extended period of time is bad enough without having a person's income and life savings dwindling as the medical bills keep piling up.

This must not continue and I, as President, will not permit it to continue and, therefore, I recommended what I think is a good program to solve the problem. There is no reason that older Americans should have to go broke just to get well or stay well in the United States of America. Under my proposal, the individual's contribution to Medicare would go up very slightly, but consider what the increase would provide to you and to the other 24 million who would be covered. Nobody eligible for Medicare would have to pay more than $500 per year for hospital or nursing home care or more than $250 a year for a physician's services. Medicare would pay the rest, whether it is $1,000, $10,000 or $50,000.

MORE

That is good protection, and I think it is a good program, and I hope you will support it. This proposal provides the full protection so vitally needed by older Americans and, if the Congress passes it, the ruinous economic burden of catastrophic illness is one thing America's older citizens will never have to worry about again.

Another of my programs would consolidate 16 Federal health programs, including Medicare, into a single $10 billion block grant program to the States. If we can consolidate these programs, we can make them far more humane and far more effective.

We can improve the services that they provide to you and millions like you, and we can get those services to more people who really need them. Programs of this kind, despite some abuses, do a tremendous amount of good. They provide food services and health care for many of our older citizens. For some of our elderly neighbors, they provide the means for life itself.

MORE

I know it is all too easy to say that the Federal Government is too big, that this program and that program ought to be cut out of the Federal budget, tossed back to the States to cope with it if their taxpayers will permit it.

Jim Rhodes knows and I think most of you know it is not that simple. I know it and anyone who has thought it out knows it very, very well. The programs -- if I can put it this way -- the problems and the challenges discussed at this conference will center on the needs of Ohio's older citizens. They are often very, very special needs.

But, the elderly of our nation are also vitally affected by the problems and concerns that face all of the 215 million Americans. Perhaps the greatest of these are the problems of inflation. During 1974, August 9 to be precise, when I became President, inflation was ranging at an annual rate of 12 percent or higher, eating away at everybody's buying power, but absolutely devouring the livelihood of people on fixed incomes.

Americans living on fixed incomes could see their purchasing power eroding with each visit to the supermarket. I knew that something had to be done to bring the situation under control as quickly and as effectively as possible. I knew that deficit spending by the Federal Government was a major contributor to inflation, that slowing the growth of Federal spending was essential to solve the problem. In short, I believe our Government should spend less and our Government should tax less.

I am proud to say to each and every one of you, I am proud of the sound and steady policies of my Administration that have succeeded. In the last four months -- from January through the month of April -- the rate of inflation on an annual basis is less than 3 percent, and that is a 75 percent reduction from what it was when I became President.

It is a victory for all Americans because inflation is no respecter of age. The old as well as the young suffer. What I want -- and I think all of us want, young or old, black or white, rich or poor -- is to live in dignity, to live in security and to live in peace.

If we continue making the progress America has made in the last 12 months, we will see that goal achieved. If I had to sum up the record of my Administration in just a very few words, it would be peace, prosperity and trust.

MORE

Today, America is at peace. There are no American boys fighting anywhere on the face of the earth, and I intend to keep it that way. I will continue my policies of cutting your taxes, expanding the private economy, reducing bureaucracy and useless regulation and restraining Federal spending.

My policies have brought us from the depths of a recession to a sustained recovery, and will insure that runaway inflation never again robs us or our loved ones of the rewards of honest work and lifetime savings.

Finally, I want to finish the most important job -- the restoration of trust in the Presidency itself. As your President, I will promise no more than I can deliver and I will deliver everything that I promise.

I need your support to insure peace, prosperity and trust for the future, the good, secure, fulfilling future that we owe to our children and to our grandchildren. Americans have always wanted a life to be better for our children than what it was for us because life for us has been better than it was for our parents.

Now, what do I see for this great country of ours in the future? I see a strong and confident America, secure in a strength that cannot alone be counted in megatons, a nation rejoicing in riches or blessings that cannot be eroded by inflation or by taxation.

I see an America where life is valued for its quality as well as for its comfort, where the individual is inviolate in his constitutional right, where the Government serves and the people rule.

Thank you very, very much.

END (AT 4:44 P.M. EDT)

Medicare

of intangibles, deferral on foreign income, DISC, and tax cut extension. Pages S10632–S10635, S10696

Presidential Message: Senate received a message from the President transmitting annual reports on administration of the Highway Safety and National Traffic and Motor Vehicle Safety Acts of 1966—referred to Committee on Appropriations. Page S10662

Presidential Communications: Senate received communications from the President as follows:

Transmitting amendment to the fiscal year 1977 budget in the amount of $381,000 for the Department of Justice—referred to Committee on Appropriations and ordered printed as S. Doc. 94–223; and

Transmitting amendment to the fiscal year 1977 budget in the amount of $23,430,000 for the Department of the Interior—referred to Committee on Appropriations and ordered printed as S. Doc. 94–224. Page S10663

Time Limitation Agreement: By unanimous consent it was agreed that when Senate considers on Saturday, June 26, H.R. 14233, making appropriations for Department of Housing and Urban Development, debate thereon be limited to one hour, with 30 minutes on amendments. Pages S10632, S10696

Committee Authority to Sit: Committee on Government Operations was authorized to sit during the session of the Senate on July 1, and Committee on Commerce was authorized to sit during the session of the Senate on June 30, 1976. Page S10632

Confirmations: Senate confirmed the nominations of Alan M. Lovelace, of Maryland, to be Deputy Administrator of the National Aeronautics and Space Administration; and

Kay Bailey, of Texas, to be a member of the National Transportation Safety Board. Page S10696

Record Votes: Five record votes were taken today (total—345). Pages S10569, S10575, S10581, S10607, S10613–S10614

Recess: Senate met at 9 a.m. and recessed at 7:39 p.m., until 9 a.m. on Saturday, June 26. (For program for Saturday, see last page of today's Record.) Page S10696

Committee Meetings

(*Committees not listed did not meet*)

NOMINATION

Committee on Aeronautical and Space Sciences: Committee ordered favorably reported the nomination of Alan M. Lovelace, of Maryland, to be Deputy Administrator of the National Aeronautics and Space Administration, after the nominee testified and answered questions on his own behalf.

FOOD MARKETING COMMISSION

Committee on Agriculture and Forestry: Subcommittee on Agricultural Production, Marketing, and Stabilization of Prices continued hearings on S. 3004 and S. 3045, to create a temporary national commission to study the broad area of food marketing, receiving testimony from Dr. Kenneth R. Farrell, Deputy Administrator for Food and Fiber Economics, Economic Research Service, Department of Agriculture; Robert Lewis, National Farmers Union, Washington, D.C.; Kenneth D. Naden, National Council of Farmer Cooperatives, Washington, D.C.; and Charles J. Carey, National Canners Association, accompanied by H. Edmund Dunkelberger, Counsel, Washington, D.C.

Hearings were adjourned subject to call.

NOMINATIONS

Committee on Commerce: Committee concluded hearings on the nominations of Edward O. Vetter, of Texas, to be Under Secretary of Commerce, and Leonard S. Matthews, of Illinois, to be an Assistant Secretary of Commerce, after the nominees testified and answered questions on their own behalf.

COMMITTEE BUSINESS

Committee on Finance: Committee ordered favorably reported the following business items:

H.R. 9401, to continue until June 30, 1978, suspension of the import duty on certain horses;

H.R. 12033, to continue until June 30, 1979, suspension of duty on manganese ore (including ferruginous ore) and related products;

H.R. 14114, increasing to $700 billion through September 30, 1977, the temporary limit on the public debt, (with an amendment providing that to the extent that the Tax Reform Act of 1976 involves a revenue loss exceeding $15.3 billion—the target figure in the first budget resolution—spending in fiscal year 1977 will be reduced by an equivalent amount); and

H.R. 13501 (amended) to extend or remove certain time limitations and to make other administrative improvements in the conduct of the medicare program. (Committee amendment would give the Secretary of HEW discretion to increase reimbursement for care in nursing homes in Alaska which previously cared for or currently care for Medicare patients).

Prior to these actions, Committee held hearings on the nomination of Jules G. Korner III, of Maryland, to be a Judge of the United States Tax Court, where the nominee testified and answered questions on his own behalf.

COMMITTEE BUSINESS

Committee on Interior and Insular Affairs: Committee ordered favorably reported the following business items:

H.R. 9460, to provide for the establishment of a constitution for the Virgin Islands (amended);

the functional targets is strictly your prerogative and I trust you will cover the reasonable needs of CSA.

Sincerely,

PETE V. DOMENICI,
U.S. Senator.

COMMITTEE ON APPROPRIATIONS,
Washington, D.C., June 16, 1976.

Hon. PETE V. DOMENICI,
U.S. Senate,
Washington, D.C.

DEAR SENATOR DOMENICI: Thank you for your letter indicating that a $534 million appropriation is needed for the Community Services Administration in fiscal year 1977, if this agency is to continue to function.

The Senate Labor-HEW Appropriations Subcommittee has recommended an appropriation of $558.5 million for the Community Services Administration for fiscal 1977. This is an increase of $62.5 million over the $496 million House Appropriations Committee allowance. After passage by the full Senate and House, a conference will be necessary to settle the differences between the two versions of this bill. The final conference agreement will probably be much closer to the $534 million appropriation you recommend.

I appreciate receiving your views on the proper funding levels for Federal anti-poverty programs, particularly in view of your active participation in determining the budget ceiling in this area.

Best regards.

Sincerely,

WARREN G. MAGNUSON,
Chairman, Subcommittee on Labor-Health, Education, and Welfare.

Mr. MAGNUSON. Mr. President, I do not see any further amendments on the horizon.

The PRESIDING OFFICER. Are there any further amendments pending? The bill is open to further amendment. If there be no further amendment to be proposed, the question is on the engrossment of the amendments and the third reading of the bill.

The amendments were ordered to be engrossed and the bill to be read a third time.

The bill was read the third time.

The PRESIDING OFFICER. All time has been yielded back.

The bill having been read the third time, the question is, Shall it pass? On this question, the yeas and nays have been ordered, and the clerk will call the roll.

The second assistant legislative clerk called the roll.

Mr. ROBERT C. BYRD. I announce that the Senator from Mississippi (Mr. EASTLAND), the Senator from Alaska (Mr. GRAVEL), the Senator from Arkansas (Mr. MCCLELLAN), the Senator from California (Mr. CRANSTON), the Senator from Colorado (Mr. HASKELL), and the Senator from California (Mr. TUNNEY) are necessarily absent.

I further announce that, if present and voting, the Senator from California (Mr. TUNNEY) would vote "yea."

Mr. GRIFFIN. I announce that the Senator from Arizona (Mr. GOLDWATER) is necessarily absent.

I further announce that the Senator from New York (Mr. BUCKLEY) is absent due to illness.

I further announce that, if present and voting, the Senator from Arizona (Mr. GOLDWATER) would vote "nay."

The result was announced—yeas 75, nays 17, as follows:

[Rollcall Vote No. 368 Leg.]

YEAS—75

Abourezk	Hartke	Moss
Bayh	Hatfield	Muskie
Beall	Hathaway	Nelson
Bellmon	Hollings	Nunn
Bentsen	Hruska	Packwood
Biden	Huddleston	Pastore
Brooke	Humphrey	Pearson
Bumpers	Inouye	Pell
Burdick	Jackson	Percy
Byrd, Robert C.	Javits	Randolph
Cannon	Johnston	Ribicoff
Case	Kennedy	Schweiker
Chiles	Leahy	Scott, Hugh
Church	Long	Sparkman
Clark	Magnuson	Stafford
Culver	Mansfield	Stennis
Dole	Mathias	Stevens
Domenici	McClure	Stevenson
Durkin	McGee	Stone
Eagleton	McGovern	Symington
Fong	McIntyre	Taft
Ford	Metcalf	Talmadge
Glenn	Mondale	Weicker
Hart, Gary	Montoya	Williams
Hart, Philip A.	Morgan	Young

NAYS—17

Allen	Fannin	Roth
Baker	Garn	Scott, William L.
Bartlett	Griffin	Thurmond
Brock	Hansen	Tower
Byrd, Harry F., Jr.	Helms	
Curtis	Laxalt	
	Proxmire	

NOT VOTING—8

Buckley	Goldwater	McClellan
Cranston	Gravel	Tunney
Eastland	Haskell	

So the bill (H.R. 14232), as amended, was passed.

Mr. MAGNUSON. Mr. President, I move that the Senate insist on its amendments and request a conference with the House on the disagreeing votes thereon and that the Chair be authorized to appoint conferees on the part of the Senate.

The motion was agreed to, and the presiding officer (Mr. PHILIP A. HART) appointed Mr. MAGNUSON, Mr. STENNIS, Mr. ROBERT C. BYRD, Mr. PROXMIRE, Mr. MONTOYA, Mr. HOLLLINGS, Mr. EAGLETON, Mr. BAYH, Mr. CHILES, Mr. MCCLELLAN, Mr. BROOKE, Mr. CASE, Mr. FONG, Mr. STEVENS, Mr. SCHWEIKER, and Mr. YOUNG, conferees on the part of the Senate.

APPOINTMENT BY THE VICE PRESIDENT

The PRESIDING OFFICER (Mr. WILLIAMS). The Chair, on behalf of the Vice President, appoints the Senator from Rhode Island (Mr. PASTORE) and the Senator from Tennessee (Mr. BAKER) to attent the 20th session of the general conference of the International Atomic Energy Agency, to be held in Rio de Janiero, Brazil, September 21–28, 1976.

PRIVILEGE OF THE FLOOR—H.R. 14114 AND H.R. 10612

Mr. BELLMON. Mr. President, I ask unanimous consent that Mr. Jim Verdier of the Congressional Budget Office be granted privilege of the floor during Senate consideration of H.R. 14114, the debt ceiling bill, and H.R. 10612, the Tax Reform Act of 1976.

The PRESIDING OFFICER. Without objection, it is so ordered.

ORDER FOR CONSIDERATION OF CERTAIN MEASURES

Mr. MANSFIELD. Mr. President, I ask unanimous consent that instead of the military procurement bill coming up this afternoon, because the House is still considering it, that it will follow the medical manpower bill tomorrow morning and, in turn, that we can work with a reasonable time limitation, that will be followed by nominations on the Calendar.

The PRESIDING OFFICER. Without, objection, it is so ordered.

Mr. MANSFIELD. Mr. President, I ask unanimous consent that in place of the military procurement bill, the Senate this afternoon turn to the consideration of the foreign aid bill, which had been scheduled for tomorrow, to be followed by the debt ceiling bill, to be followed then by the tax bill.

Mr. STENNIS. Mr. President, reserving the right to object——

Mr. ALLEN. Reserving the right to object——

Mr. MANSFIELD. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. MANSFIELD. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

ORDER TO POSTPONE INDEFINITELY S. 3622

Mr. MANSFIELD. Mr. President, I ask unanimous consent that Calendar No. 934, S. 3622, a bill to amend the Solid Waste Disposal Act to authorize State program and implementation grants, to provide incentives for the recovery of resources from solid wastes to control the disposal of hazardous wastes, and for other purposes, be indefinitely postponed.

The PRESIDING OFFICER. Without objection it is so ordered.

CONSIDERATION OF CERTAIN MEASURES ON THE CALENDAR

Mr. MANSFIELD. Mr. President, I ask unanimous consent that the Senate turn to the consideration of Calendar Nos. 939, 948, and 951.

The PRESIDING OFFICER. Without objection, it is so ordered.

MEDICARE EXTENSION AMENDMENTS

The Senate proceeded to consider the bill (H.R. 13501) to extend or remove certain time limitations and make other administrative improvements in the medicare program under title XVIII of the Social Security Act, which had been reported from the Committee on Finance with an amendment on page 3, beginning with line 6, insert the following new section:

FOR IMMEDIATE RELEASE July 19, 1976

Office of the White House Press Secretary

THE WHITE HOUSE

STATEMENT BY THE PRESIDENT

I have signed H.R. 13501, the "Medicare Extension Amendments." Although this bill would, for the most part, simply extend certain technical provisions of the Medicare law, other portions of the bill will increase Medicare payments for physicians' services above the level recommended in my budget without meeting the urgent needs of Medicare beneficiaries and taxpayers. These deficiencies in Medicare benefits can be corrected if the Congress will promptly consider and enact the needed reforms proposed in my "Medicare Improvements of 1976" which was submitted in February.

My proposal would provide catastrophic protection against large medical bills for all of the 25 million aged and disabled who are insured by the Medicare program. These beneficiaries would be entitled to unlimited hospital and nursing home care and would not have to pay any costs above $500 per year for hospital and nursing home care and $250 per year for doctors' fees. This catastrophic protection would reduce payments for hospital or physician services for 3 million persons in 1977. The comprehensive reforms in the "Medicare Improvements of 1976" also include moderate cost-sharing to encourage economical use of services, and a limit on Federal reimbursements for hospital and physician services in order to help control health cost inflation. In total, my proposal would improve insurance against really large medical bills while also saving the taxpayers $1.5 billion in fiscal year 1977.

The Congress has also recognized the high priority that must be given to economies in the Medicare program. The congressional concurrent budget resolution for fiscal year 1977 calls for $300 million of net savings in Medicare.

I am keenly sensitive to the burdens borne by some of our elderly and disabled in meeting their medical expenses. I believe we should take positive steps to provide better protection against catastrophic health costs and inflation in health costs.

Once again, therefore, I urge the Congress to turn its attention to meeting the real needs of the aged and of the taxpayer and enact the "Medicare Improvements of 1976" before it adjourns this year.

# # # #

July 23, 1976

Johnson

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

94th Congress - 2nd Session

HEARINGS

COMMITTEE	SUBJECT	DATE	WITNESS
Subcommittee on Health & Environment (Rogers) House Interstate & Foreign Commerce Committee	Swine Flu	7/23/76	Drs. Cooper, Sencer, Krause & Meyer Mr. Taft
Subcommittee on Health (Talmadge) Senate Finance Committee	S. 3205, Medicare - Medicaid Reform	7/26/76	Secretary Dr. Cooper Messrs. Morrill & Cardwell
Select Committee on Nutrition & Human Needs (McGovern)	Nutrition (Oversight)	7/27/76	Drs. Cooper, Burton, Lowe Mr. Haislip
Subcommittee on Consumer Protection & Finance (Murphy) House Interstate & Foreign Commerce Committee	H.R. 882, H.R. 884, Prescription Drug Labeling	7/28/76	Drs. Dickson & Levanthal Messrs. Merrill & Haislip
Subcommittee on Legislative Oversight (Vanik) House Ways & Means Committee	Publicity for Earned Income Tax Credit Provision	7/28/76	Mr. Simmons
Subcommittee on Energy Research, Development & Demonstration (Heckler) House Science & Technology Committee	Health & Coal Mine Safety (Oversight)	7/28/76	Messrs. Baier & Merchant

HEARINGS (Continued)

COMMITTEE	SUBJECT	DATE	WITNESS
Subcommittee on Legislative Oversight (Stark) House Ways & Means Committee	Administrative Costs & Charges by Medicare Intermediaries (Oversight)	8/2/76	Mr. Tierney Invited Mr. Stepnik
Subcommittee on Health (Rostenkowski) House Ways & Means Committee	Revision of Medicare Hospital Reimbursement	8/3/76	No Formal Request
Subcommittee on Retirement & Employees Benefits (White) House Post Office & Civil Service Committee	Preventative Health Services for Federal Employees	8/3, 8/10, 8/24 or 8/31/76	Dr. Cooper Invited
Subcommittee on Communications (Van Deerlin) House Interstate & Foreign Commerce Committee	Equal Employment in Public Broadcasting (Oversight)	8/9/76	Mr. Gerry Mr. Cameron
Subcommittee on Legislative Oversight (Vanik) House Ways & Means Committee	End Stage Renal Dialysis Regulations (Oversight)	8/23/76	Mr. Tierney Invited

POSSIBLE HEARINGS

COMMITTEE	SUBJECT	DATE	WITNESS
Senate Special Committee on Aging (Church)	Legal Services for the Elderly	Possible August	Dr. Flemming
House Agriculture Committee (Foley)	Labeling of Fats & Oils	Possible	No Formal Request
Subcommittee on Health (Kennedy) Senate Labor & Public Welfare Committee	S. 2696, S. 2697, FDA Reorganization	Possible	Drs. Cooper & Schmidt
Subcommittee on Health (Kennedy) Senate Labor & Public Welfare Committee	Swine Flu Indemnification	Possible	No Formal Request
Subcommittee on Oversight & Investigation (Moss) House Interstate & Foreign Commerce Committee	Utilization Review	Possible	No Formal Request
Senate Finance Committee (Long)	SSI	Possible	No Formal Request
Subcommittee on Health(Rostenkowski) Subcommittee on Legislative Oversight(Vanik) House Ways & Means Committee	Home Health Services Under Medicare	Possible	No Formal Request
Subcommittee on Health (Talmadge) Senate Finance Committee	EPSDT Program	Possible	No Formal Request
Subcommittee on Health & Environment (Rogers) House Interstate & Foreign Commerce Committee	S. 2515, Protection of Human Subjects (Senate Passed 5/25/76)	Possible	No Formal Request
Subcommittee on Intergovernmental Relations & Human Resources (Fountain) House Government Operations Committee	National Cancer Institute	Possible	No Formal Request
Permanent Subcommittee on Investigations (Jackson) Senate Government Operations Committee	Medicaid Fraud	Possible	Secretary Requested
" "	Hearing Aids	Possible	No Formal Request

POSSIBLE HEARINGS (Continued)

COMMITTEE	SUBJECT	DATE	WITNESS
Subcommittee on Constitutional Rights (Tunney) Senate Judiciary Committee	Privacy of Drug Treatment	Possible	No Formal Request
" "	Rights of Prisoners	Possible	No Formal Request
Subcommittee on Alcoholism & Narcotics (Hathaway) Senate Labor & Public Welfare Committee	Domestic Council Report on Drug Abuse	Possible	No Formal Request
Subcommittee on Consumer Protection & Finance (Van Deerlin) House Interstate & Foreign Commerce Committee	Generic Drugs	Possible	No Formal Request
Subcommittee on Legislative Oversight (Vanik) House Ways & Means Committee	SSI Outreach & Services (NYC) (Oversight)	Possible September	Mr. Kelly
Subcommittee on Select Education (Brademas) House Education & Labor Committee	Rehabilitation Research	Possible	No Formal Request
Subcommittee on Health & Environment (Rogers) House Interstate & Foreign Commerce Committee	S. 1191, Lister Hill Scholarships (Senate Passed 6/12/75)	Possible	No Formal Request
" "	NIH (Oversight)	Possible	No Formal Request
Subcommittee on Administrative Practices & Procedures (Kennedy) Senate Judicial Committee	Freedom of Information: Agencies' Inability to Cover Costs for Pharmaceutical Requests	Possible	No Formal Request
House Select Committee on Aging (Randall)	Education & Training for the Aged	Possible	Dr. Flemming
Subcommittee on Legislative Oversight (Vanik) House Ways & Means Committee	Implementation of SSI Study Group Regulations	Possible September	No Formal Request

EXECUTIVE SESSIONS

COMMITTEE	SUBJECT	DATE
Public Assistance Subcommittee (Corman) House Ways & Means Committee	SSI: Keys Amendment Title IVD Child Support Amendments	7/26/76
Subcommittee on Intergovernmental & Human Resources (Fountain) House Government Operations Committee	H.R. 14761, Office of Inspector General	7/27/76
Subcommittee on Labor (Williams) Senate Labor & Public Welfare Committee	S. 3183, H.R. 10760, Black Lung	Week of 7/26/76
House Rules Committee (Madden)	H.R. 12048, Congressional Veto of Regulations (Judiciary Filed Report 4/8/76)	Unknown
Senate Labor & Public Welfare Committee (Williams)	S. 1325, Drug Compendium	Unknown
Senate Labor & Public Welfare Committee (Williams)	S. 1282, National Center for Clinical Pharmacology	Unknown
House Interstate & Foreign Commerce Committee (Staggers)	H.R. 14319, Clinical Laboratories (Senate Passed S. 1737 on 4/29/76)	Unknown
Subcommittee on Health (Kennedy) Senate Lavor and Public Welfare Committee	S. 2910, Diabetes	Unknown
Senate Finance Committee (Long)	H.R. 13272, AFDC-UI (House Passed 5/19/76)	Unknown
Subcommittee on Health (Rogers) House Ways & Means Committee	H.R. 14437, H.R. 14569, Swine Flu Indemnification	Unknown
Senate Government Operations Committee (Ribicoff)	S. 2812, Federal Regulatory Reform (OMB Lead Agency)	Unknown

EXECUTIVE SESSIONS (Continued)

COMMITTEE	SUBJECT	DATE
Subcommittee on Health (Rostenkowski) House Ways & Means Committee	H.R. 12082, Medicare Catastrophic Health Insurance	Unknown
Subcommittee on Reports, Accounting & Management (Metcalf) Senate Government Operations Committee	S. 2947, Federal Advisory Committee Amendments (OMB Lead Agency)	Unknown
Subcommittee on Administrative Practice & Procedure (Kennedy) Senate Judiciary Committee	S. 1210, Freedom of Information Amendments (CSC Lead Agency)	Unknown
" "	S. 3297, Congressional Veto of Regulations	Unknown
Subcommittee on Health (Talmadge) Senate Finance Committee	H.R. 12961, S. 3292, Consent to Suit Under Medicaid (House Passed H.R. 12961, 5/12/76)	Unknown
Subcommittee on Health (Kennedy) Senate Labor & Public Welfare Committee	S. 118, S. 215, S. 482, Medical Malpractice Insurance	Unknown
Subcommittee on Indian Affairs (Abourezk) Senate Interior & Insular Affairs Committee	S. 2801, Siletz Restoration (Interior Lead Agency)	Unknown
Senate Government Operations Committee (Ribicoff)	S. 2925, Zero-based Budget (OMB Lead Agency)	Possible Week of 7/26/76
Senate Judiciary Committee (Eastland)	S. 1289, Open Communications Act (OMB Lead Agency)	Unknown

EXECUTIVE SESSIONS (Continued)

COMMITTEE	SUBJECT	DATE
Subcommittee on Health & Environment (Rogers) House Interstate & Foreign Commerce Committee	H.R.13794,H.R.13020,H.R.13265, H.R.14255, PHS Personnel	Unknown
Subcommittee on Health (Kennedy) Senate Labor & Public Welfare Committee	S. 2902, National Health Research & Development (Cigarette Tax)	Unknown
Subcommittee on Health & Environment (Rogers) House Interstate & Foreign Commerce Committee	S. 963, Prohibition of DES	Unknown
" "	H.R. 559, Radiological Health	Unknown
	H.R. 14289 FDA Amendments	Unknown
" "	H.R. 12082, Medicare Catastrophic Health Insurance	Unknown
Subcommittee on Immigration & Naturalization (Eastland) Senate Judiciary Committee	S. 3074, Illegal Aliens (Justice Lead Agency)	Unknown
Subcommittee on Dairy & Poultry (Jones) House Agriculture Committee	H.R. 397, H.R. 1321, H.R. 1342, H.R. 2722, H.R. 4692, H.R. 10742, Inspection & Labeling of Imported Dairy Products	Unknown
Subcommittee on Public Assistance (Corman) House Ways & Means Committee	H.R. 12175, Social Service Block Grant	Unknown
Subcommittee on Higher Education (O'Hara) House Education & Labor Committee	S. 972, Scholarships to Dependents of Public Safety Officers (Senate Passed 7/20/76)	Unknown

BILLS ORDERED REPORTED

COMMITTEE	SUBJECT	DATE
Senate Labor & Public Welfare Committee (Williams)	S. 1681, Cosmetic Safety	2/26/76

FLOOR ACTION

HOUSE	DATE
Conference Report on S. 2145, Vietnamese Refugees Education Assistance	Week of 7/26/76
H.R. 8911, SSI Amendments	Unknown
H.R. 13502, AFDC Formula (Medicaid)	Unknown
H.R. 5970, Emergency Health Insurance (S. 625)	Unknown
H.R. 8713, Illegal Aliens (Justice Lead Agency)	Unknown
H.R. 12664, EMS & Burns Centers (S. 2548, Passed by Senate 6/10/76)	Unknown
H.R. 2525, Indian Health (Senate Passed S. 522, 5/16/75)	7/29/76
H.R. 11656, Government in the Sunshine-FOI Amendments (OMB Lead Agency)	7/28/76
H.R. 14070, GSL Amendments	8/3/76
H.R. 14514 SSI-Food Stamp Cash Out (S. 3656, Passed by Senate 7/2/76)	7/27/76
H.R. 14032, Toxic Substances (EPA Lead Agency)	Unknown
H.R. 5465, Indian Health Service Employees (Senate Amended 7/20/76)	Unknown

SENATE	
S. 422, Youth Camp Safety (House Passed H.R. 46, 4/17/75)	Unknown
S. 625, Health Insurance for Unemployed	Unknown
S. 2657, Education Amendments of 1976 (House Passed H.R. 12835, H.R. 12851, 5/11/76, 5/12/76)	8/3/76
S. 2715, Attorneys' Fees for Citizens Participating in Agency Hearings (Justice Lead Agency)	Unknown
Conference Report on H.R. 12455, Title XX Eligibility/Day Care (House Agreed 7/1/76)	Unknown

BILLS IN CONFERENCE

SUBJECT	DATE
H.R. 7575 (S. 200), Consumer Advocacy (Not Yet Requested) (OMB Lead Agency)	Unknown
H.R. 12838, Arts & Humanities (Senate Acts First) (NEH/A Lead Agency)	7/29/76
H.R. 9019, HMO Amendments (Senate Acts First)	Current
H.R. 14232, Labor-HEW Appropriations (House Acts First)	Current
H.R. 5546, Health Manpower (Not Yet Requested)	Unknown

ENROLLED BILLS

SUBJECT	DATE
S. 586, Coastal Zone Management (Shellfish)	7/26/76
S. 3184, Alcoholism Extension	7/26/76
H.R. 14231, Interior Approprations (IHS)	8/3/76

NOMINATIONS

COMMITTEE	
Senate Labor & Public Welfare Committee (Williams)	Bertha Adkins, Mrs. John William Devereau, John Martin, Harry Holland, & Nat T. Winston, Jr. were nominated on 1/26/76 to be Members of the Federal Council on Aging.
Senate Finance Committee	Thomas Lias was nominated on 6/17/76 to be Assistant Secretary for Legislation

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY

TO : The Honorable Max Friedersdorf
Assistant to the President for
Legislative Affairs

DATE: July 23, 1976

FROM : Assistant Secretary for Legislation

SUBJECT: Department of Health, Education, and Welfare
Weekly Activity Report

WELFARE

Black Lung

Staff from the Office of Legislation and the Social Security Administration met this week with Senate minority staff members to discuss the Senate's committee print of the black lung bill. In its current form, the bill entitles anyone with 25 years of coal mine work to receive benefits. A number of amendments, both liberalizing and de-liberalizing, are expected to be offered during mark-up by the Subcommittee on Labor. Although the schedule is uncertain, mark-up sessions could begin during the week of July 26.

Decoupling Briefing

On Wednesday, July 21, the Office of Welfare Legislation provided a briefing for the legislative assistants and staff of the Ways and Means Committee members. Don Hirsch of the Office of General Counsel Legislation Division explained H.R. 14430, The Social Security Benefit Indexing Act (Decoupling), and its effect on the long-range financing of the Social Security.

HEARING HELD

Decoupling

On Friday, July 23, the Social Security Subcommittee, chaired by Congressman Burke, heard testimony on Decoupling from four interest groups. The speakers were Preston C. Bassett of the Chamber of Commerce for the United States, Nelson H. Cruikshank of the National Council of Senior Citizens, Issac Fine of the National Retired Teachers Association and the American Association of Retired Persons, and Walter E. Klint of the National Association of Manufacturers. All of the speakers supported the principle of decoupling; however, they each recommended specific changes to the pending legislation

which would alleviate the short-term financial problem. Chairman Burke commented that the inflexibility of these groups with regard to their specific recommendations to and/or reservations about the decoupling bill makes it impossible for the subcommittee to draft legislation that will "fly in Congress," and he cautioned them to reconsider their individual positions with that in mind. Chairman Burke also said that something should be done this year in relation to the short-term problem, but he added, "I would rather have something go through than nothing." The Subcommittee will continue its hearings on Monday, July 26, at 10 o'clock.

HEALTH

HEARINGS HELD

FDA Investigation

The Senate Subcommittees' in Health and in Administrative Practice and Procedure continued hearings this week on procedures used by the Food and Drug Administration for testing new drugs. Commissioner Alexander Schmidt, the lead witness, gave an update of the Agency's scientific investigations of private and commercial laboratories. He told the members that while the Agency's inspections of animal toxicity laboratories are continuing, a number of major deficiencies in testing procedures have been revealed. The Commissioner further stated that FDA has documented the validity of the Committee's concerns and the need to do something about it. As a result of these occurrences, Dr. Schmidt stated that the FDA will have additional resources to support a comprehensive Bio-research Monitoring Program.

Subsequently, Secretary David Mathews, testified before the joint session focussing on the work of the Review Panel on New Drug Regulation. Other witnesses prepared to testify included the Chairman, former Chairman and representatives of the Panel. Senator Kennedy and Senator Javits worked out a general agreement with the witnesses to extend the termination date of the Panel in order for the Panel to complete its investigation of FDA employee allegations and to report on their examination of specific issues and policies of new drug regulation.

National Influenza Immunization Program

The House Subcommittee on Health and the Environment resumed hearings on July 20 on the National Influenza Immunization Program. The Assistant Secretary for Health, Dr. Theodore Cooper, testified before the Committee, giving a status report on the program. He stated that the scientific work for the vaccine is on schedule and even though there has been no outbreak of "swine flu " since last February, the Administration is still committed to the program. In addition, Dr. Cooper told the members that the manufacturers of the vaccine have not been able to obtain liability insurance and the Administration is now proposing to set a precise, insurable limit of funds for baseless suits, using the indemnification powers in the Department's proposed legislation (H.R. 14409) to pay for legal costs of suits. The members were not receptive of this proposal and Congressman Rogers stated that he will request all parties involved in the program to appear before the Committee later on in the week.

Subsequently, the Subcommittee met with representatives from HEW and the insurance and drug industries in an effort to find a solution to the current dilemma involving the insurance industry's unwillingness to provide insurance coverage for swine flu. The following determinations were made: 1) A meeting of insurance companies and HEW representatives will take place on Monday, July 26 for the purpose of discussing ways in which the companies might pool risk in order to provide necessary protection. 2) Drug manufacturers agreed to continue to produce the vaccine for another five days in hopes that at the end of that time, the issue will be resolved.

HOURS OF TESTIMONY

Hours of testimony for the reported period are:

Principal Witnesses	5
Support Witnesses	25
TOTAL	30

Mary Jane Fiske

Attachments

July 23, 1976

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

94TH CONGRESS, 1ST AND 2ND SESSION

Pending Bills:

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

94th CONGRESS, 1ST AND 2ND SESSION

Pending Bills: Page

C. HEALTH (Continued)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

94TH CONGRESS, 1ST AND 2ND SESSION

FIRST SESSION

P. L. 94-7 (signed 3/14/75)	Continuing Appropriations for FY '75
P. L. 94-12 (signed 3/29/75)	Tax Reduction Act
P. L. 94-23 (signed 5/23/75)	Vietnamese Refugee Assistance Act
P. L. 94-24 (signed 5/23/75)	Vietnamese Refugee Appropriations
P. L. 94-32 (signed 6/12/75)	Supplemental Appropriations for FY '75
P. L. 94-41 (signed 6/27/75)	Continuing Appropriation for FY '76
P. L. 94-43 (signed 6/28/75)	College Work Study
P. L. 94-44 (signed 6/28/75)	Assistance for Repatriated Americans
P. L. 94-45 (signed 6/30/75)	Unemployment Compensation
P. L. 94-46 (signed 6/30/75)	Tariff on Istle (Title IV-D delay)
P. L. 94-48 (signed 7/1/75)	Medicaid Amendments
P. L. 94-63 (enacted 7/29/75)	Nurse Training and Health Services
P. L. 94-88 (signed 8/9/75)	Tariff on Watches; Child Support
P. L. 94-94 (enacted 9/10/75)	Education Appropriations for FY 76
P. L. 94-103 (signed 10/4/75)	Developmental Disabilities
P. L. 94-120 (signed 10/21/75)	Duty on Graphite - Day Care Staffing Requirement Delay
P. L. 94-122 (signed 10/21/75)	Agriculture Appropriations (FDA)
P. L. 94-135 (signed 11/28/75)	Older Americans
P. L. 94-142 (signed 11/29/75)	Education for the Handicapped
P. L. 94-157 (signed 12/18/75)	Supplemental Appropriations for FY '76

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC LAWS OF THE 94TH CONGRESS (Continued)

FIRST SESSION

P. L. 94-159 (signed 12/20/75)	Continuing Appropriations for FY '76
P. L. 94-182 (signed 12/31/75)	Medicare Amendments
P. L. 94-194 (signed 12/13/75)	Reading Improvements Amendments
P. L. 94-203 (signed 1/2/76)	Hearings and Appeals

SECOND SESSION

P. L. 94-206 (enacted 1/28/76)	Labor-HEW Appropriations for FY '76
P. L. 94-224 (signed 2/27/76)	White House Conference on the Handicapped
P. L. 94-230 (signed 3/15/76)	Vocational Rehabilitation Amendments
P. L. 94-230 (signed 3/19/76)	SAODAP Extension
P. L. 94-266 (signed 4/15/76)	Emergency Appropriations for Swine Flu Prevention
P. L. 94-273 (signed 4/21/76)	Fiscal Year Adjustment (Title I, ESEA Amendment)
P. L. 94-277 (signed 4/21/76)	Allen J. Ellender Fellowships
P. L. 94-278 (signed 4/22/76)	Heart and Lung, Research Award
P. L. 94-279 (signed 4/22/76)	Animal Welfare Act (USDA Lead Agency)
P. L. 94-287 (signed 5/21/76)	Designation of Helen Keller Deaf-Blind Centers
P. L. 94-295 (signed 5/28/76)	Medical Devices
P. L. 94-303 (signed 6/1/76)	Second Supplemental Appropriation for FY 76
P. L. 94-308 (signed 6/4/76)	D.C. Health Manpower
P. L. 94-313 (signed 6/21/76)	Indochinese Refugees Assistance (Laotions)
P. L. 94-317 (signed 6/25/76)	Health Education & Communicable Diseases

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC LAWS OF THE 94TH CONGRESS (Continued)

SECOND SESSION (Continued)

P. L. 94-328 (signed 6/30/76)	Emergency Guaranteed Student Loan Amendments
P. L. 94-345 (signed 7/8/76)	Canal Zone Alcohol Regulation
P. L. 94-351 (signed 7/12/76)	USDA Appropriations (FDA)
P. L. 94-361 (signed 7/14/76)	Military Procurement (Variable Incentive Pay)
P. L. 94-365 (signed 7/14/76)	SSI-June 30 Extension
P. L. 94-368 (signed 7/16/76)	Medicare Amendments

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Black Lung

SENATE BILLS : S. 1302, introduced by Senator Williams on 3/21/75.
S. 3183, introduced by Senator Haskell on 3/18/75.

HOUSE BILLS : H.R. 7, introduced by Mr. Perkins on 1/14/75. (E&L)
H.R. 8, introduced by Mr. Dent on 1/14/75. (E&L)
H.R. 3333, introduced by Mr. Perkins on 2/19/75. (E&L)
H.R. 10760, introduced by Mr. Dent on 11/14/75 (E&L)

PROVISIONS :

SENATE STATUS: 3/26/76 - Stephen Kurzman, Assistant Secretary for Legislation, testified before the Subcommittee on Labor, Labor and Public Welfare Committee on H.R. 10760.
6/25/76 - Subcommittee on Labor held an executive session on S. 3183.

HOUSE STATUS : 3/13/75 - Bruce Cardwell, Commissioner for Social Security Administration, and Stephen Kurzman, Assistant Secretary for Legislation, testified before the Subcommittee on Labor Standards on H.R. 7, H.R. 8 and H.R. 3333.
11/12/75 - Subcommittee on Labor Standards ordered H.R. 8 reported, with amendment.
12/9/75 - Committee on Education and Labor ordered H.R. 10760 reported (for H.R. 8).
12/31/75 - Committee on Education and Labor filed H.R. 10760 (Rept. 94-770).
2/25/76 - Committee on rules granted a two hour debate, open rule.
3/2/76 - House passed H.R. 10760 by a vote of 210-183.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT: : Allied Services

SENATE BILLS : S. 2489, introduced by Senators Curtis and Javits on 10/7/75. (Finance, LPW)

HOUSE BILLS : H.R. 9981, introduced by Mr. Quie, Mr. Perkins, Mr. Brademas and Mr. Bell on 10/2/75. (Administration Bill)

PROVISIONS : To encourage and assist States and localities to develop, demonstrate, and evaluate means of imposing the utilization and effectiveness of human services through integrated planning, management and delivery.

SENATE STATUS:

HOUSE STATUS :

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Social Security Cost Control

SENATE BILLS : S. 1720, introduced by Senator Curtis on 5/13/75. (Administration Bill) (Finance)

HOUSE BILLS : H.R. 4820, introduced by Mr. Staggers and Mr. Devine on 3/12/75. (Administration Bill) (IFC)

PROVISIONS : To improve and control the cost of the program of old-age survivors and disability insurance, AFDC and Medicare.

SENATE STATUS:

HOUSE STATUS :

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Social Service Block Grant

SENATE BILLS : S. 3061, introduced by Senators Curtis, Fannin, Hansen and Roth on 3/2/76. (Administration Bill) (Finance)

HOUSE BILLS : H.R. 12175, introduced by Messrs. Vander Jagt, Schneebeli, Bafalis on 2/26/76. (Administration Bill) (W&M)

PROVISIONS : To amend Title XX of the Social Security Act and to strengthen the ability of States to support social services.

SENATE STATUS:

HOUSE STATUS : 5/21/76 - Secretary Mathews, testified before the Sub-committee on Public Assistance of Ways and Means Committee on H.R. 12175. He was accompanied by Stephen Kurzman, Assistant Secretary for Legislation and William Morrill, Assistant Secretary for Planning and Evaluation.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Social Security Amendments of 1976

SENATE BILLS: S. 3092, introduced by Senator Curtis on 3/9/76 (Administration Bill) (Finance)

HOUSE BILLS : H.R. 13770, introduced by Mr. Steiger (Wisc.) by request on May 13, 1976. (Administration Bill) (W&M)

PROVISIONS : To amend the Social Security Act to increase FICA and self-employment taxes; to revise retroactive payment and retirement provisions and to phase out student benefits under OASDI.

SENATE STATUS:

HOUSE STATUS :

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Day Care Penalties

SENATE BILLS : S. 2466, introduced by Senator Fannin by request on 10/2/75. (Finance) (Administration Bill)

HOUSE BILLS : H.R. 10386, introduced by Mr. Litton on 10/28/75. (W&M) (Administration Bill)

PROVISIONS : To amend Title XX of the Social Security Act to require that state social service plans comply with Federal Interagency day care requirements, subject to existing penalities in cases on non-compliance.

SENATE STATUS:

HOUSE STATUS ;

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Title XX Means Test-Day Care Suspension

SENATE BILLS :

HOUSE BILLS : H.R. 12014, introduced by Mr. Corman et. al., on 2/23/76. (W&M)
H.R. 12455, introduced by Mr. Corman, et. al., on 3/11/76. (Administration position) (W&M)

PROVISIONS : To extend until October 1, 1976 the maximum period during which those Title XX recipients who were eligible on 9/30/75 may receive benefits without individual determination (H.R. 12014 provided for greater flexibility by the States with regard to the means test.)

SENATE STATUS: 5/11/76 - Committee on Finance ordered H.R. 12455 reported with amendments, including to suspend day care staffing requlations until October 1, 1977.
5/13/76 - H.R. 12455 was filed (Rept. 94-857).
5/20/76 - H.R. 12455 was passed by a vote of 48-16.
6/10/76 - Senate agreed to conference.

HOUSE STATUS : 3/4/76 - Stephen Kurzman, Assistant Secretary for Legislation, testified before the Subcommittee on Public Assistance on the Administration's position on the means test and its position on H.R. 12014.
3/15/76 - Ways and Means Committee filed H.R. 12455 (Rept. 94-903). H.R. 12455 reflected the Administration's position.
3/16/76 - House passed H.R. 12455 by a vote of 383-0.
5/26/76 - House disagreed with Senate amendment and requested conference.
6/30/76 - Conference Report was filed. Representative Vander Jagt refused to sign the conference; later he testified before the House Rules Committee.

HOUSE STATUS : 7/1/76 - House adopted conference report by a vote of 281-71.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Child Support Amendments

Bill Transmitted 6/26/75.

SENATE BILLS :

HOUSE BILLS :

PROVISIONS :

SENATE STATUS:

HOUSE STATUS :

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : AFDC Amendments

Bill Transmitted 4/12/76.

SENATE BILLS :

HOUSE BILLS : H.R. 13472, introduced by Mr. Vandee Jagt on April 29, 1976. (Administration Bill) (W&M)

PROVISIONS :

SENATE STATUS:

HOUSE STATUS ;

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Rehabilitation Service Delivery

SENATE BILLS : S. 3034, introduced by Senator Stafford by request on 2/25/76. (Administration Bill)

HOUSE BILLS :

PROVISIONS : To provide for demonstration of alternative organization plans for delivery of rehabilitation services.

SENATE STATUS:

HOUSE STATUS :

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Child Abuse Prevention and Treatment Bill Transmitted 5/19/76.

SENATE BILLS :

HOUSE BILLS : H.R. 14727, introduced by Mr. Quie on 7/19/76 by request. (Administration Bill)

PROVISIONS : To amend and extend the programs authorized by the Child Abuse Prevention and Treatment Act.

SENATE STATUS:

HOUSE STATUS :

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Child Abuse Prevention and Treatment Bill Transmitted 5/19/76.

SENATE BILLS :

HOUSE BILLS :

PROVISIONS :

SENATE STATUS:

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Food Stamps - SSI

Bill T nsmitted 6/11/76.

SENATE BILLS : S. 3656, introduced by Senator Mansfield for Senator Long.

HOUSE BILLS : H.R. 14514, introduced by Mr. Corman on 6/23/76. (Administration Bill)

PROVISIONS : To amend P.L. 92-233 to extend certain temporary provisions of law affecting food stamp eligibility of supplemental security income recipients and to amend Title XVI of the Social Security Act to make permanent the temporary program of reimbursement to States for interim assistance payments.

SENATE STATUS: 7/21/76 - Senate took from the desk and passed S. 3656 by voice vote.

HOUSE STATUS : 6/23/76 - Ways and Means Committee ordered H.R. 14514 reported.
6/28/76 - H.R. 14514 was filed (Rept. 94-1310).

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : SSA Totalization (International Social Security Agreement Act).

SENATE BILLS : S. 3598 introduced by Senator Curtis on 6/21/76. (Finance) (Administration Bill)

HOUSE BILLS : H.R. 14429, introduced by request by Mr. Burke and Mr. Archer on 6/17/76. (W&M) (Administration Bill)
H.R. 14440, introduced by Mr. Archer et. al on 6/17/76 (W&M)

PROVISIONS :

SENATE STATUS:

HOUSE STATUS:

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Social Security Decoupling

SENATE BILLS :

HOUSE BILLS : H.R. 14430, introduced by Mr. Burke and Mr. Archer on 6/17/76. (W&M) (Administration Bill)

PROVISIONS :

SENATE STATUS:

HOUSE STATUS : 6/18/76 - Secretary David Mathews, accompanied by James Cardwell, Commissioner of Social Security testified before the Subcommittee on Public Assistance, Ways and Means Committee on the Administration proposal.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Career Education School Health and Nutrition Program Environmental Education Act Alcohol and Drug Abuse Education Act

Bill Transmitted 6/9/76.

SENATE BILLS :

HOUSE BILLS :

Provisions : Extends authority for State Career Education planning grants one year (through FY '78) and repeals the Alcohol and Drug Abuse Education Act, the Environmental Education, and the School Health and Nutrition Program.

SENATE STATUS:

HOUSE STATUS :

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Repeal of 2nd Morrill Act

Bill Transmitted 3/3/75.

SENATE BILLS :

HOUSE BILLS :

PROVISIONS :

SENATE STATUS:

HOUSE STATUS :

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Impact Aid

Bill Transmitted on 3/2/76.

SENATE BILLS :

HOUSE BILLS :

PROVISIONS :

SENATE STATUS:

HOUSE STATUS :

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Higher Education Act Extension

SENATE BILLS: S. 2657, introduced by Senator Pell on 11/21/75. (LPW) (Omnibus Education Amendments).
S. 2497, introduced by Senator Mondale (relating to LifeTime Learning). (LPW)
S. 972, introduced by Senator Moss on 3/4/75 (Scholarships to children of public service officers killed on duty) (LPW)
S. 3190, introduced by Senator Beall on 3/22/76. (Administrative Bill) (LPW)

HOUSE BILLS : H.R. 3470, H.R. 3471, introduced by Mr. O"Hara on 2/20/75. (E&L) (H.R. 3470 deals with non-student aid provisions, H.R. 3471 deals with student aid provisions).
H.R. 11939, introduced by Mr. Erlenborn on 2/18/76. (Administration Bill) (E&L)
H.R. 10965, introduced by Mr. Fraser on 12/3/75. (E&L) (relating to LifeTime Learning).
H.R. 12851, introduced by Mr. O'Hara on 3/29/76.

PROVISIONS : To amend and extend the Higher Education Act of 1965.

SENATE STATUS: 7/23/75 - Dr. Virginia Trotter, Assistant Secretary for Education testified before the Subcommittee on Education on student assistance. She was accompanied by John Philips, Acting Deputy Commissioner for Postsecondary Education.
12/2/75 - Subcommittee on Education discussed provisions
12/10/75 - of S. 2657 in absence of a quorum.
1/22, 2/2/76 - Subcommittee on Education met in Executive Session on S. 2657.
2/3/76 - Subcommittee on Education ordered S. 2657 reported to full committee.
3/23/76 - Labor and Public Welfare Committee held executive session and adopted S. 972 by 9-4.
3/30, 3/31/76 - Labor and Public Welfare Committee held executive sessions on S. 2657.
4/6/76 - Labor and Public Welfare Committee ordered S. 2657 reported by unaminous vote.
5/12/76 - S. 972 was filed (Rept. 94-822).
7/20/76 - senate passed S. 972 by voice vote.

HOUSE STATUS : 4/8/75 - Virginia Trotter, Assistant Secretary for Education, testified before the Subcommittee on Postsecondary Education, Education and Labor Committee, on the Administration's position on student assistance. Commissioner of Education Bell, testified to the specification of H.R. 3471.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE (Continued)

11/13/76 - Executive session on H.R. 3471 began. Subcommittees failed to obtain a quorum during December. One Executive session held in January.

2/4/76 - Dr. Bell, et. al., testified before the Subcommittee on Postsecondary Education on the shortfall in BEOG funding, increase in GSL interest rate, and impact of various proposals to increase BEOG benefits.

2/24/76- Dr. Virginia Trotter, et. al., testified before the Subcommittee on Postsecondary Education on the Administration's Higher Education Amendments of 1976.

3/24/76 - Subcommittee on Postsecondary Education unanimously ordered reported a clean bill for H.R. 3470, with amendments, to full committee.

4/13/76 - Education and Labor Committee ordered H.R. 12851 reported.

5/4/76 - H.R. 12851 was filed (Rept. 94-1086).

5/12/76 - H.R. 12851 was passed by the House by a vote of 388-7 with eight floor amendments.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Vocational Education

SENATE BILLS : S. 939, S. 940, S. 941, S. 942, and S. 945, introduced by Senator Pell and Senator Beall on 3/4/75. (L&PW)
S. 1863, introduced by Senator Beall and Senator Pell on 6/4/75. (Administration Bill) (L&PW)
S. 2657, introduced by Senator Pell on 11/12/75 (LPW)
S. 2603, introduced by Senator Mondale on 11/3/75. (LPW)
S. 1338, introduced by Senator Percy on 3/26/75. (LPW)
(N.B. Latter two relate only to sex sterotyping)

HOUSE BILLS : H.R. 19 and H.R. 20, introduced by Mr. Perkins on 1/14/75.
H.R. 3036, introduced by Mr. Perkins and 19 others on 2/6/75. (identical bill H.R. 329, introduced by Mr. Perkins and Mr. Quie on 3/19/75.
H.R. 3037, introduced by Mr. Perkins and 19 others on 2/6/75. (identical bill H.R. 3271, introduced by Mr. Perkins and Mr. Quie on 3/19/75.
H.R. 3270, introduced by Mr. Perkins and Mr. Quie on 2/19/75.
H.R. 3990 (substitute for H.R. 19 and H.R. 20) introduced by Mr. Perkins and Mr. Patman on 2/27/75.
H.R. 3991 (substitute for H.R. 3036) introduced by Mr. Perkins and ten others on 2/27/75.
H.R. 3992 (substitute for H.R. 3037) introduced by Mr. Perkins and ten others on 2/27/75.
H.R. 3993 (substitute for H.R. 3270) introduced by Mr. Perkins and 18 others on 2/27/75.
H.R. 4797, introduced by Mr. Perkins and Mr. Quie on 3/12/75.
H.R. 6251 (Administration Bill) introduced by Mr. Quie (by request) on 4/22/75.
H.R. 12835, introduced by Mr. Perkins, et. al. on 3/29/76.

PROVISIONS : S. 2657, to extend the Vocational Educational Act of 1963, through FY '82 and to make numerous revisions. Major changes are (1) to mandate broad-based planning commissions at the State level (2) to increase authorizations by FY '82 90% over FY '76 levels (3) to add three new categories to program.

SENATE STATUS: 3/3/75 - Subcommittee on Education, Labor and Public Welfare Committee, held hearings on GAO report on Vocational Education. Testimony was heard from Commissioner of Education Bell, accompanied by William Pierce and Charles Cooke.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE (Continued)

SENATE STATUS: 5/8/75 - Subcommittee on Education, Labor and Public Welfare Committee, held hearings on the Administration bill. Testimony was heard from Commissioner of Education Bell, accompanied by William Pierce and Charles Cooke.

12/2/75 - Subcommittee on Education met in Executive session
12/10/75 - in absence of a quorum.

1/22/76 - Subcommittee on Education met in Executive session
2/2,2/3 - on S. 2657. Major decisions on Vocational Education deferred to full committee.

2/3/76 - Subcommittee on Education ordered S. 2657 reported to full committee.

3/23/76 - Labor and Public Welfare Committee held an executive session on S. 2657.

4/6/76 - Labor and Public Welfare Committee ordered S. 2657 reported.

HOUSE STATUS : 2/19/76 - Subcommittee on Elementary, Secondary, and Vocational Education held hearings on the GAO report on Vocational Education, testimony was heard from Dr. T. H. Bell, Commissioner of Education, accompanied by Dr. William Pierce Deputy Commissioner for Occupational and Adult Education, OE, Dr. Charles Buzzell, Acting Associate Commissioner, BOAE, OE and Charles M. Cooke, Jr.

4/8/76 - Subcommittee on Elementary, Secondary, and Vocational Education held hearings on research and development efforts in vocational education. Testomony was heard from William Pierce, Deputy Commissioner for Occupational and Adult Education and Emerson Elliott, Acting Director of NIE, accompanied by Susan Hause.

4/28/76 - Subcommittee on Elementary, Secondary and Vocational Education held hearings on sex sterotyping in vocational education. Testimony was heard from Peter Holmes, Director, Office of Civil Rights, William Pierce, Deputy Commissioner for Occupational and Adult Education, Corinne Rieder, Director of Career Education, NIE, accompanied by Susan Hause.

6/25/75 - Subcommittee on Elementary, Secondary, and Vocational Education held hearings on positive accomplishments of the vocational education program. Testimony was heard from Dr. William Pierce, Deputy Commissioner for Occupational and Adult Education, OE, accompanied by Mr. Richard A. Hastings.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE (Continued)

HOUSE STATUS : 5/14/75 - Subcommittee on Elementary, Secondary, and Vocational Education held hearings on the Administration vocational education proposal. Testimony was heard from Commissioner or Education of Education, T. H. Bell, Dr. William Pierce, Deputy Commissioner for Occupational and Adult Education, Dr. Charles Buzzell, Acting Associate Commissioner, OE, and Charles Cooke, Jr.

3/23/76 - Subcommittee on Elementary, Secondary, and Vocational Education held executive sessions on H.R. 19.

4/1/76 - Subcommittee on Elementary, Secondary, and Vocational Education ordered clean bill H.R. 12835 reported to full committee.

4/8/76 - Education and Labor ordered H.R. 12835 reported.

4/13/76 - Education and Labor reconsidered H.R. 12835 and ordered it reported, incorporating provisions of H.R. 5988 NIE reauthorization and H.R. 3801 technical amendments.

5/4/76 - H.R. 12835 was filed (Rept. 94-1085).

5/11/76 - H.R. 12835 was passed by a vote of 390-3, with 12 floor amendments.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Repeal of Sec. 411 (b) (4) of Higher Education Act of 1965

SENATE BILLS :

HOUSE BILLS : H.R. 6025, introduced by Mr. Eshleman on 4/16/75. (Administration Bill) (E&L)

PROVISIONS : Repeals section prohibiting payments of BEOG's unless appropriations for certain other programs are at least equal to specified level.

SENATE STATUS:

HOUSE STATUS :

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Extension of NIE

SENATE BILLS: S. 1498, introduced by Senator Beall, by request, on 4/22/75. (Administration Bill) (L&PW)
S. 2657, introduced by Senator Pell on 11/12/75. (LPW)

HOUSE BILLS : H.R. 5988, introduced by Mr. Brademas and Mr. Quie with 24 co-sponsors, on 4/15/75. (Administration Bill) (E&L)

PROVISIONS : To extend and amend section 405 of the General Education Provisions Act. S. 2657 contains provisions relating to reorganization but not extension.

SENATE STATUS: 7/22/75 - Dr. Virginia Trotter, Assistant Secretary for Education and Dr. Harold Hodgkinson, Director of NIE, testified before the Subcommittee on Education.
Sec. S. 2657, Higher Education Act.

HOUSE STATUS : 7/30/75 - Dr. Virginia Trotter and Dr. Harold Hodgkinson, Director of NIE testified before the Select Committee on Education regarding reauthorization of the Institute.
11/6/75 - Dr. Trotter and Dr. Hodkinson returned to testify further on NIE.
12/16/75 - Subcommittee on Select Education ordered H.R. 5988 reported to full committee.
1/27/76 - Education and Labor ordered H.R. 5988 reported.
4/13/76 - Education and Labor Committee reconsidered H.R. 12835, incorporated H.R. 5988 and ordered H.R. 12835 reported.
See H.R. 12835, Vocational Education

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Student Loan Amendments of 1975 (Reduce Default Rate Under GSL Program)

SENATE BILLS : S. 1229, introduced by Senator Beall on 3/18/75. (Administration Bill) (LPW)

HOUSE BILLS : H.R. 4376, introduced by Mr. Eshleman, Mr. Erlenborn and Mr. Quie on 3/6/75. (Administration Bill) (E&L)
H.R. 31 and H.R. 32, introduced by Mr. Edwards and Wiggings on 1/14/75. (Judiciary Committee) (These bills are omnibus amendments to the Bankruptcy Act and contain provisions on discharge of GSL debts in bankruptcy.
H.R. 14070, introduced by Mr. O'Hara on 5/27/76. (E&L)

PROVISIONS :

SENATE STATUS:
3/5/75 - Subcommittee on Education, Labor and Public Welfare Committee held hearings on Administration's bill. Commissioner of Education T. H. Bell testified; accompanied by Edward York, Kenneth Kohl, and Charles Cooke.
1/22/76 - Major portions of S. 1229 incorporated into S. 2657.
2/3/76 - S. 2657 ordered reported by the Subcommittee on Education to the full committee.
SEE ACTION ON S. 2657, under higher education amendments.

HOUSE STATUS :
1/29/76 - Mr. Edward T. York, Deputy Commissioner for Management, OE, testified before Edwards Subcommittee on Civil and Constitutional Rights, Judiciary Committee, on H.R. 31 and H.R. 32 to exclude discharge in bankruptcy of GSL for five years after a student leaves school.
5/27/76 - Subcommittee on Postsecondary Education ordered clean bill reported to full committee.
6/2/76 - Education and Labor ordered H.R. 14070 reported.
6/8/76 - H.R.14070 was filed. (Rept. 94-1232)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Technical and Perfecting Amendments to P.L. 93-380

SENATE BILLS :

HOUSE BILLS : H.R. 3801, introduced by Mr. Quie on 2/26/75. (Administration Bill) (E&L)
H.R. 7121, introduced by Mr. Benitez on 5/20/75. (E&L)
H.R. 8273, introduced by Mr. Matsunaga on 6/26/75 (E&L)
H.R. 9228, introduced by Mr. Jeffords on 8/1/75. (E&L)

PROVISIONS : To clarify and correct certain provisions of P.L. 93-380, Education Amendments of 1974, and to change deadlines for nandated studies and make other technical changes.

SENATE STATUS: 12/31/75 - The portions of the bill relating to reading was incorporated into P.L. 94-194, Reading Improvement Amendments.

HOUSE STATUS : 6/4/75 - Subcommittee on Elementary, Secondary and Vocational Education, Education and Labor Committee held hearings on H.R. 3801. Other proposed amendments to P. L. 93-380 was heard from Dr. Duane Mattheis, Executive Deputy Commissioner, Office of Education.
7/28/75 - A letter was sent by Dr. Bell requesting expeditions or consideration..
12/31/75 - The portions of the bill relating to reading was incorporated in P. L. 94-194, Reading Improvement Amendments.
4/13/76 - Education and Labor Committee adopted amended version of the Administration bill and incorporated it as Title III of H.R. 12835. See H.R. 12835 - Vocational-NIE Amendments.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Educational Assistance for Indochinese Refugees

SENATE BILLS : S. 2145, introduced by Senator Cranston on 7/21/75. (LPW)

HOUSE BILLS : H.R. 7897, introduced by Mr. Roybal, et. al.; on 6/13/75. (E&L)

PROVISIONS : To assist State and local school systems for providing educational Indochinese refugees.

SENATE STATUS: 10/22/75 - Labor and Public Welfare filed S. 2145,
10/29/75 - Senate passed S. 2145 by voice vote.
4/1/76 - Senate disagreed with House amendments and requested conference with the House.
6/17/76 - Conferees met and reached agreement.

HOUSE STATUS : 11/5/75 - Dr. Terrell H. Bell, Commissioner of Education testified before the Subcommittee on Elementary, Secondary and Vocational Education on H.R. 7897.
11/12/75 - Subcommittee on Elementary, Secondary, and Vocational Education ordered H.R. 7897 reported to full committee.
12/9/75 - Committee on Education and Labor ordered H.R. 7897 reported.
12/12/75 - H.R. 7897 was filed (Rept. 94-719).
12/17/75 - H.R. 7897 granted an open rule for consideration and one hour of general debate.
1/19/76 - House passed H.R. 7897 by a vote of 311-75; subsequently vacated passage and passed Senate companion measure S. 2145, substituting language of H.R. 7897. This bill contained an amendment that disallowed administrative costs.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Minor Admendments to the Education Amendments of 1974

SENATE BILLS :

HOUSE BILLS :

PROVISIONS : Makes six minor amendments to P. L. 93-380, includes repeal of provisions requiring Secretary to fill vacancies on advisory councils if President fails to act in timely fashion.

SENATE STATUS: No committee action yet.

HOUSE STATUS : 6/4/75 - Subcommittee on Elementary, Secondary, and Vocational Education, Education and Labor Committee held hearings on minor amendments to P. L. 93-380, Dr. Duane Mattheis, Deputy Commissioner, OE testified on Department's behalf.

4/13/76 - Education and Labor Committee adopted amended version of the Administration bill and incorporated it as Title III of H.R. 12835. See H.R. 12835-Vocational and NIE amendments.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Indian Post-Secondary Education (Community Colleges)

SENATE BILLS : S. 2634, introduced by Senator Abourezk and Senator McGovern on 11/6/75. (Interior)
Amendment to be proposed by Senator Gravel to S. 2634.

HOUSE BILLS : H.R. 11220, introduced by Mr. Abnor on 12/17/75. (E&L)

PROVISIONS : Authorizes $75 million through FY '81 for grants to ten specified Indian controlled community colleges to support their operating and other expenses.

SENATE STATUS: 3/15/76 - Duane Mattheis, Deputy Commissioner of Education testified before the Subcommittee on Indian Affairs, Interior and Insular Affairs Committee in opposition to S. 2634.

HOUSE STATUS :

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Extension of the Library Services and Construction Act

SENATE BILLS :

HOUSE BILLS : H.R. 11233, introduced by Mr. Brademas on 12/18/75.

PROVISIONS : Extension of all titles of LSCA.

SENATE STATUS:

HOUSE STATUS : 12/16/76 - Subcommittee on Select Education ordered reported H.R. 11233 to full committee with amendments.
1/27/76 - Education and Labor ordered H.R. 11233 reported.
2/10/76 - H.R. 11233, was filed (Rept. 94-817).
2/17/76 - House suspended the rules and passed H.R. 11233 by a vote of 342-48.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Career Education Act of 1976

SENATE BILLS : S. 2657, introduced by Senator Pell on 11/21/75. (Title V Career Development Guidance Counseling Programs)

HOUSE BILLS : H.R. 11023, introduced by Mr. Perkins on 12/4/75. (E&L)

PROVISIONS : Authorizes for FY '77 $5 million for the development of State plans to infuse career education into education programs. Authorizes for FY '78-81 $250 million for grants to LEAs, through the States, to implement career education programs.

SENATE STATUS: See S. 2657

HOUSE STATUS : 2/2/76 - Subcommittee on Elementary, Secondary, and Vocational Education held a hearing with public witnesses.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Education Block Grant

SENATE BILLS : S. 3166, introduced by Senator Beall on 3/17/76. (Administration Bill) (LPW)

HOUSE BILLS : H.R. 12196, introduced by Mr. Quie on 3/1/76. (Administration Bill) (E&L)

PROVISIONS : To consolidate the administration of certain programs of financial assistance to States for educationl services.

SENATE STATUS:

HOUSE STATUS : 6/9/76 - The Secretary, accompanied by Dr. Virginia Trotter, Assistant Secretary for Education, Stephen Kurzman, Assistant Secretary for Legislation, and Dr. Terrel Bell, Commissioner of Education, testified before the Subcommittee on Elementary, Secondary, and Vocational Education of the Education and Labor Committee on H.R. 12196.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Museum Services Act

SENATE BILLS : S. 1800 (Title II, part A), introduced by Senators Pell and Javits on 5/21/75. (LPW)
S. 3440, introduced by Senator Pellon on 5/17/76.

HOUSE BILLS : H.R. 12838 (Title II), introduced by Brademas, et. al., on 3/29/76.

PROVISIONS : Creates an Institute of Museum Services within HEW to administer a program of general institutional assistance to museums.

SENATE STATUS: 4/28/76 - Subcommittee on Arts and Humanities ordered reported a clean bill on arts and humanities to full committee.
5/12/76 - Labor and Public Welfare Committee ordered a clean bill reported. This version placed the Institute of Museum Service in NEH/NEA.
5/20/76 - Senate passed H.R. 12838 after inserting provisions of S. 3440 as amended by voice vote.
6/30/76 - Senate agrees to conference.

HOUSE STATUS : 4/6/76 - Education and Labor Committee ordered H.R. 12838 reported by a unaminous vote.
4/9/76 - H.R. 12838 was filed (Rept. 94-1024).
4/26/76 - H.R. 12838 was passed 279-59.
6/18/76 - House requested conference with the Senate.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Clinical Laboratories

SENATE BILLS : S. 1737, introduced by Senator Javits on 5/14/76.

HOUSE BILLS : H.R. 11341, introduced by Mr. Rogers on 12/19/75.
H.R. 12611, introduced by Mr. Scheuer on 3/17/76.

PROVISIONS : To amend Public Health Service Act to encourage uniform standards for nursing and regulation of clinical laboratories. H.R. 12611 deals with clinical laboratory services for Medicaid.

SENATE STATUS:
9/8/75 - Dr. Theodore Cooper, Assistant Secretary for Health, testified before the Subcommittee on Health in opposition to S. 1737.
2/17/76 - Subcommittee on Health ordered S. 1737 reported to full committee.
2/26/76 - Labor and Public Welfare Committee ordered S. 1737 reported to Senate.
4/26/76 - S. 1737 was filed (Rept. 94-764).
4/29/76 - Senate passed S. 1737, amended, by a vote of 64-11.

HOUSE STATUS :
3/23/76 - Subcommittee on Health and Environment on H.R. 11341 and H.R. 12611 Dr. James Dickson, Deputy Assistant Secretary for Health, testified in opposition to H.R. 11341.
5/27/76 - Subcommittee on Health and Environment began series of executive sessions on H.R. 11341 and H.R. 12611.
6/8/76 - Subcommittee on Health and Environment ordered a clean bill reported to full committee.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Health Insurance for Unemployed

SENATE BILLS : S. 625, introduced by Senator Mondale on 2/7/75. (L&PW)
S. 496, introduced by Senator Bentsen on 1/30/75. (Finance)
S. 970, introduced by Senator Hartke on 3/5/75. (Finance)

HOUSE BILLS : H.R. 3208, introduced by Mr. Corman on 2/19/75. (W&M)
H.R. 4004, introduced by Mr. Rogers on 2/27/75. (IFC)
H.R. 5000, introduced by Mr. Rostenkowski on 3/17/75. (W&M)
H.R. 5970, introduced by Mr. Rogers on 4/15/75 (W&M)

PROVISIONS : To revise and extend the programs of assistance under Titles VII and VIII of PHS Act.

SENATE STATUS: 9/16/75 - Dr. Theodore Cooper, Assistant Secretary for Health testified on Administration's position. Hearing with non-government witnesses were held through December.

HOUSE STATUS : 3/10/75 - Subcommittee on Health and Environment, Interstate and Foreign Commerce Committee heard testimony from the Secretary on H.R. 4004.
3/10/75 - Subcommittees on Health of House Ways and Means Committee heard testimony from the Secretary on H.R. 3208.
3/19/75 - Subcommittee on Health approved H.R. 5000 for full committee action (W&M).
4/22/75 - Ways and Means filed clean bill, H.R. 5970, which was then referred to the Interstate and Foreign Commerce Committee. (Rept. 94-171 Part I)
4/29/75 - Interstate and Foreign Commerce Committee ordered H.R. 5970 adversely reported and approved a Committee amendment (an amended version of H.R. 4004) which will be offered in nature of a substitute when H.R. 5970 is considered by the House.
5/7/75 - H.R. 5970 was filed (Rept. 94-171 Part II).

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Health Manpower

SENATE BILLS : S. 966, introduced by Senator Schweiker, by request, on 3/6/75. (Administration Bill) (L&PW)
S. 990, and S. 992, introduced by Senator Kennedy on 3/6/75. (L&PW)
S. 2748, introduced by Senators Kennedy, Javits and Schweiker on 12/5/75. (Administration Bill) (L&PW)
S. 3239, introduced by Senator Kennedy on 4/1/76.

HOUSE BILLS : H.R. 2956, introduced by Mr. Rogers on 2/6/75. (IFC)
H.R. 4717, introduced by Mr. Staggers, and Mr. Devine, by request, on 3/12/75. (Administration Bill) (IFC)
H.R. 5546, introduced by Mr. Rogers on 3/7/75.
H.R. 11119, introduced by Mr. Staggers and Mr. Devine on 12/11/75. (Administration Bill) (IFC)

PROVISIONS : To revise and extend the programs of assistance under Titles VII and VIII of PHS Act.

SENATE STATUS: 9/16/75 - Dr. Theodore Cooper, Assistant Secretary for Health testified on Administration's position. Hearing with non-government witnesses were held through December.
3/31/76 - Subcommittee on Health approved H.R. 5546 with amendments.
4/7/76 - Labor and Public Welfare ordered H.R. 5546 reported.
5/14/76 - H.R. 5546 was filed (Rept. 94-886).
7/1/76 - Senate passed H.R. 5546, substituting pervisions of S. 3239 by vote of 88-0.

HOUSE STATUS : 2/20/76 - Secretary testified on the issue before the Subcommittee on Health and Environment Interstate and Foreign Commerce Committee.
3/7/75 - Subcommittee on Health & Environment approved a clean bill in lieu of H.R. 2956 for full committee action (H.R. 5546).
5/15/75 - Committee on Interstate and Foreign Commerce ordered H.R. 5546 reported.
6/7/75 - H.R. 5546 was filed, Rept. 94-266.
7/11/75 - House passed H.R. 5546, 296-58, after adopting amendments, including Broyhill amendment deleting residency control provisions.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Maternal and Child Health Crippled Children and Medicaid Cost Control

SENATE BILLS : S. 1721, introduced by Senator Curtis on 5/13/75. (Finance) (Administration Bill)

HOUSE BILLS : H.R. 4821, introduced by Mr. Staggers and Mr. Devine on 3/12/75. (IFC) (Administration Bill)

PROVISIONS : To amend Title X and Title XIX of Social Security Act, to improve and control the cost of these programs.

SENATE STATUS:

HOUSE STATUS :

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Youth Camp Safety

SENATE BILLS : S. 298, introduced by Senator Taft on 1/21/75. (L&PW)
S. 422, introduced by Senator Mondale on 1/27/75. (L&PW)

HOUSE BILLS : H.R. 46, introduced by Mr. Daniels on 1/15/75. (E&L)

PROVISIONS : To provide for development and implementation of programs for Youth Camp Safety.

SENATE STATUS: 9/10/75 - Subcommittee on Children and Youth ordered S. 422 reported.
10/7/75 - Labor and Public Welfare Committee ordered S. 422 reported.
11/20/75 - S. 422 was filed (Rept. 94-486).

HOUSE STATUS : 3/20/75 - H.R. 46 was filed (Rept. 94-27).
4/17/75 - House passed H.R. 46 by a vote of 197-174.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Health Block Grant

SENATE BILLS : S. 3137 introduced by Senator Curtis on 3/15/76. (Administration Bill) (Finance/LPW)

HOUSE BILLS : H.R. 12233, introduced by Mr. Staggers and Mr. Devine by request on 3/2/76. (Administration Bill) (IFC)

PROVISIONS : To consolidate Federal financial assistance to the States for programs in field of health, to focus on the needy, and to eliminate unnecessary restrictions on the expense of States responsiblity for program administration. This bill covers Medicaid 12 categorical health service programs, health planning, medical facilities, construction and developmental disabilities.

SENATE STATUS:

HOUSE STATUS :

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Emergency Medical Services

SENATE BILLS : S. 2011, introduced by Senators Schweiker, and Javits (by request) on 6/25/75. (Administration Bill) (LPW)
S. 2548, introduced by Senator Cranston on 10/22/75.
S. 2673, introduced by Senator Randolph on 11/14/75.

HOUSE BILLS : H.R. 1480, introduced by Mr. Staggers and Mr. Devine on 5/22. (Administration Bill) (IFC)
H.R. 11327, introduced by Mr. Florio, Mr. Rogers, and Mr. Mollohan on 12/19/76.
H.R. 12664, introduced by Mr. Florio, et. al., on 3/18/76.

PROVISIONS :

SENATE STATUS: 11/23/76 - Subcommittee on Health heard testimony from Dr. Theodore Cooper, Assistant Secretary for Health on S. 2011, S. 2548 and S. 2673.
5/6/76 - Subcommittee on Health ordered S. 2548
5/12/76 - Labor and Public Welfare Committee ordered S. 2548 reported.
5/14/76 - S. 2548 was filed (Rept. 94-889).
6/10/76 - S. 2548 was passed by voice vote.

HOUSE STATUS : 1/27/76 - Subcommittee on Health and Environment heard testimony from Dr. Theodore Cooper, Assistant Secretary for Health on H.R. 11327.
3/17/76 - Subcommittee on Health ordered a clean bill for H.R. 11327 reported to full committee.
3/24/76 - Interstate and Foreign Commerce ordered H.R. 12664 reported.
5/5/76 - H.R. 12664 was filed (Rept. 94-109).

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

SUBJECT : Indian Health

SENATE BILLS : S. 522, introduced by Senator Jackson, et. al., on 2/3/76. (IIA)

HOUSE BILLS : H.R. 2525, introduced by Mr. Meeds on 1/31/75. (IIA)

PROVISIONS : To extend and amend the Indian Health Act.

SENATE STATUS: 4/13/75 - Interior and Insular Affairs Committee filed S. 522 (Rept. 94-133).
4/16/75 - Senate passed S. 522.

HOUSE STATUS : 9/25/75 - Dr. James Dickson, Deputy Assistant Secretary for Health, Dr. Robert Van Hoek, Acting Administrator of HSA and Emery Johnson, Director of Indian Health Service testified before Subcommittee on Indian Affairs on H.R. 2525.
12/9/75 - Subcommittee on Indian Affairs ordered H.R. 2525 reported to full committee.
3/3/76 - Interior and Insular Affairs Committee ordered H.R. 2525 reported.
4/9/76 - Interior and Insular Affairs filed H.R. 2525 (Rept. 94-1026, Part I) and referred bill to Ways and Means Committee and Interstate and Foreign Commerce Committee.
5/4/76 - Ways and Means ordered an amendment on Medicare reported.
5/6/76 - Subcommittee on Health and Environment ordered H.R. 2525 reported to full committee. Then InterState and Foreign Commerce Committee ordered H.R. 2525 reported to the House.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

HOUSE STATUS: (Continued)

5/10/76 - Ways and Means Committee filed H.R. 2525 (Rept. 94-1026 Part II).

5/12/76 - Interstate and Foreign Commerce Committee filed H.R. 2525 (Rept. 94-1026 Part III).

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : HMO Amendments

SENATE BILLS : S. 1926, introduced by Senators Schweiker, Mondale, and Javits on 6/12/75.

HOUSE BILLS : H.R. 7847, introduced by Mr. Rogers on 6/12/75.
H.R. 9019, introduced by Mr. Rogers on 9/4/75. (IFC)

PROVISIONS : To revise and extend the Health Maintenance Organization Act.

SENATE STATUS:
11/21/75 - Dr. Theodore Cooper, Assistant Secretary for Health, testified before the Subcommittee on Health S. 1926.
1/29/76 - Subcommittee on Health began a series of executive sessions.
2/26/76 - Labor and Public Welfare ordered S. 1926 reported.
5/14/76 - S. 1926 was filed (Rept. 94-844).
6/14/76 - Senate passed H.R. 9019, after substituting provisions of S. 1926 by a vote of 80-8.
6/21/76 - Senate agreed to conference.

HOUSE STATUS :
7/14/75 - Dr. Theodore Cooper, Assistant Secretary for Health, testified before the Subcommittee on Health and Environment on H.R. 7847.
9/4/75 - Committee on Interstate and Foreign Commerce ordered clean bill H.R. 9019 reported.
9/26/75 - H.R. 9019 was filed, Rept. 94-518.
11/7/75 - House passed H.R. 9019, 345-1.
6/18/76 - House disagreed to Senate amendments and requested conference.
7/22/76 - Conference agenda.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Medicare Improvement Act

SENATE BILLS :

HOUSE BILLS : H.R. 12082, introduced by Mr. Duncan by request on 2/25/76. (Administration Bill) (W&M, IFC)

PROVISIONS : To extend Medicare to include catastrophic coverage, to reform hospital insurance and supplementary medical insurance coinsurance to make the SMI deductible dynamic, to place a ceiling on reasonable charges and costs and to eliminate trust fund financing for State capital expenditure review activities.

SENATE STATUS:

HOUSE STATUS: 2/11/76 - Secretary David Mathews testified before Subcommittee on Health, Ways and Means Committee on the Administration's proposal.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Medicaid Reimbursement Amendments

SENATE BILLS : Transmitted 5/19/76.

HOUSE BILLS :

PROVISIONS :

SENATE STATUS:

HOUSE STATUS :

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Transfer & Closing of PHS Hospitals

SENATE BILLS :

HOUSE BILLS : H.R. 14499, introduced by request by Mr. Staggers and

PROVISIONS :

SENATE STATUS:

HOUSE STATUS :

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Swine Flu Indemnification

SENATE BILLS :

HOUSE BILLS : H.R. 14409, introduced by Dr. Carter and Mr. Madigan on 6/16/75.
H.R. 14437, introduced by Mr. Staggers and Mr. Devine by request on 6/17/76. (Administration Bill) (IFC)
H.R. 14569, introduced by Dr. Carter on 6/25/76, by request. (IFC).

PROVISIONS :

SENATE STATUS:

HOUSE STATUS :

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : Utilization Control Amendments (Medicaid)

SENATE BILLS :

HOUSE BILLS : H.R. 14438, introduced by request by Mr. Staggers and Mr. Devine on 6/17/76. (Administration Bill) (IFC)

PROVISIONS :

SENATE STATUS:

HOUSE STATUS :

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SUBJECT : FDA Amendments

SENATE BILLS :

HOUSE BILLS : H.R. 14289, introduced by Mr. Rogers on 6/9/76. (Certain Administration Provisions) (IFC)

PROVISIONS :

SENATE STATUS:

HOUSE STATUS : 6/22/76 - Dr. Theodore Cooper, Assistant Secretary for Health, testified before the Subcommittee on Health on H.R. 14289.

THE WHITE HOUSE
WASHINGTON

SSV

Side is agreed

1/18/76

To: Mr. Johnson

From: Bill Nicodemus

EMBARGOED FOR RELEASE

Office of the White House Press Secretary

THE WHITE HOUSE

FACT SHEET

H.R. 10210 amends in a significant way the Unemployment Compensation program and makes changes in the Supplemental Security Income (SSI) program.

The Unemployment Provisions of H.R. 10210:

Stabilizes Financing of the Unemployment Program:

- By permanently increasing the wage base on which employers pay Federal Unemployment Insurance tax from $4,200 to $6,000 beginning with wages paid in calendar year 1978.

- By temporarily increasing effective in calendar year 1977 the net Federal tax rate from 0.5 percent to 0.7 percent until all advances from general revenues to the extended Unemployment Compensation account, to the Federal unemployment account, and loans to State accounts have been repaid at which time the tax rate will revert to 0.5 percent.

Outstanding advances from general revenues to the Unemployment Compensation program total $10 billion. These amendments will help repay those advances and restore the fiscal integrity of the Unemployment Compensation system.

Extends Coverage

- To agricultural workers on any farm employing 10 or more persons in each of 20 weeks during a calendar year or paying $20,000 or more in wages during a calendar quarter.

- To domestics working for an employer who paid $1,000 or more for such services in any calendar quarter.

- To all State and local government employees except major non-tenured policymakers and advisers, elected officers, judges, legislators, National Guardsmen, and emergency disaster relief workers.

The Special Unemployment Assistance (SUA) Program Provisions of H.R. 10210:

- Extend SUA, which provides Unemployment Compensation for workers who were not eligible for benefits under any other law, for 1 year, to December 31, 1977, providing a transitional step during the implementation of extended coverage described above.

In Addition H.R. 10210:

- Establishes a 13-member National Commission on Unemployment Compensation to study the long-range needs of the Unemployment Insurance system. The Commission will issue an interim report on March 31, 1978 and a final report on January 1, 1979.

- Brings the Virgin Islands within the Federal-State Unemployment Insurance system.

Other Major Unemployment Provisions in H.R. 10210:

- Amend the trigger provisions for Federal-State extended benefits.

- Require States to assume the full cost of extended benefits for State and local workers, but the Federal Government will continue to pay the administrative costs involved in covering these workers.

- Deny Unemployment Compensation benefits to illegal aliens. Also deny benefits to professional athletes, teachers and other professional school employees between sports seasons and academic terms.

- Repeal the "finality" clause which provided that findings of fact by a Federal agency in Unemployment Compensation cases respecting employees leaving the Federal service were final, thereby subjecting the compensation claims of Federal employees to the same administrative procedures that apply to other workers.

- Amend the Social Security Act to require (subject to denial of benefits) that an applicant under the Aid to Families with Dependent Children-Unemployed Fathers (AFDC-UF) program apply for and accept any Unemployment Compensation benefits to which he would be entitled, but those benefits would be reduced by the amount of the Unemployment Compensation benefits which he receives. It will reduce AFDC-UF expenditures by approximately $47 million, which will be absorbed by the Unemployment Insurance Trust fund, and thus financed by an employer tax rather than general revenues.

- Require State employment offices, at the request of a State or local AFDC or child support agency, to furnish certain information including whether an individual is receiving, has received, or has applied for Unemployment Compensation, whether the individual has refused an offer of employment, and his home address.

The Supplemental Security Income (SSI) Provisions of H.R. 10210:

- Amend SSI eligibility criteria to permit full SSI benefits to be paid to individuals in public non-Medicaid institutions serving 16 or less residents.

- Require, effective October 1, 1977, that State or local authorities ensure the enforcement of mandated standards at institutions where a significant number (determined by the State) of SSI recipients are living.

- Require that the Federal Government pay twice, in effect, for cost-of-living increases in the Federal SSI benefit in the three remaining "hold harmless" States (Massachusetts, Wisconsin and Hawaii).

- Provide that no recipient of Federal SSI benefits or State SSI supplementary payments will lose "categorical eligibility" for Medicaid solely as the result of a cost-of-living increase under Title II of the Social Security Act.

- Provide new procedures and funding for State services to disabled children under the age of 16 who are receiving SSI benefits through a new formula grant program.

- Provide that, for any full month during which a spouse is in an institution, the couple involved would be treated as individuals for purposes of computing their eligibility and SSI benefit amount.

NADMEC

National Affiliation of Durable Medical Equipment Companies

5023 Ventura Canyon Avenue ▪ Sherman Oaks, California 91403 ▪ Phone (213) 981-0234

October 8, 1976

Mr. Spencer C. Johnson
Associate Director Domestic Council
Executive Office Building - White House
Washington, D.C.

Good morning, Mr. Johnson!

It was a great pleasure to have the opportunity to spend a few minutes with you when I was in Washington last week.

I feel I must thank you again for taking time out of a busy day to listen to Shelly Herman and me review some of the problems of the Durable Medical Equipment providers.

If I can be of any service to you related to the Durable Medical Equipment sections of the Medicare Program, please do not hesitate to call upon me.

Cordially,

Edward E. Roseman

Edward E. Roseman
Executive Director
NADMEC

ER/sc

c.c. Sheldon Herman

A NON-PROFIT ORGANIZATION

THE WHITE HOUSE
WASHINGTON

DATE 10/14/76

TO: JIM CANNON

FROM: SARAH MASSENGALE

There is an event tentatively scheduled for Thursday, October 21 that I feel we should encourage -- that is the swearing-in of six new members of the Federal Council on Aging. (Baroody has submitted a schedule proposal). The President has not addressed the "aging" population at all; this provides him an opportunity to make some remarks.

I recommend that you encourage the President's participation.

Thank you.

cc: Art Quern
Allen Moore
Spence Johnson