MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTE OF HEALTH

FJB
ACK
NJL

TO : Dr. Seymour Perry
Associate Director for
Medical Applications of Research
Through: Acting Director, DLA

DATE: November 27, 1978

PATENT BRANCH, OGC
DHEW

NOV 30 1978

copy to
Mr. Lather

FROM : Anne S. Houser
Program Analyst, DLA

SUBJECT: Conference Language on Patent Policy

The Division of Legislative Analysis, in cooperation with the NIH Policy Development and Implementation Committee, is in the process of examining recently passed legislation for laws requiring direct implementation by the NIH and others impacting indirectly on NIH programs. The recently passed P.L. 95-623 (S. 2466), the "Health Services, Health Statistics, and Health Care Technology Act of 1978," has certain language in the Conference Report which may be of interest to the NIH Patent Committee. As you know, there was much debate in the Senate, initiated primarily by Senator Dole, concerning the DHEW patent policy. It was reflected late in the session in a Senate-passed amendment to S. 2466 which would have transferred all functions of the Office of General Counsel relating to patent administration and administration of invention reports to the Office of Health Technology. Although the House bill contained no similar language and this amendment was eliminated from the conference bill, the conferees voiced their concerns about patent administration in DHEW in their report (No. 95-1783, p. 29) as follows:

> The conferees strongly urge the Department to review the manner in which patents are currently administered within the Department. The conferees are aware of expressed dissatisfaction with the pace at which patent applications are currently processed within HEW. Unnecessary delays in determining rights to inventions developed with Federal dollars deprive taxpayers of the potential benefits of research and development financed with Federal monies. The conferees wish to note that they intend to give a thorough review to patent proceedings in the near future.

This is merely for your information as NIH Patent Officer, but, should you have any questions or comments, please do not hesitate to contact either Mary Miers or Dr. Malone.

cc:
PDI Committee
Dr. Perpich

made for health service research, evaluation, and demonstration activity undertaken or supported by the National Center for Health Services Research: $35,000,000 for fiscal year 1979, $40,000,000 for fiscal year 1980, and $45,000,000 for fiscal year 1981. At least 20 percent of the amount appropriated for any fiscal year or $6,000,000, whichever is less, is required to be made available only for activities directly undertaken by the Center. At least 5 percent of the amount appropriated in any fiscal year or $1,000,000, whichever is less, is required to be made available only for dissemination activities directly undertaken by the Center. The conference substitute contains no line-item authorization for health services research training.

AUTHORIZATION OF APPROPRIATIONS FOR THE NATIONAL CENTER FOR HEALTH STATISTICS

Under the Senate bill, the following authorizations of appropriations were made for health statistical activities: $43,400,000 for fiscal year 1979, $47,000,000 for fiscal year 1980, and $50,000,000 for fiscal year 1981. Of the funds appropriated for any fiscal year, at least 15 percent was required to be available only for health statistical and epidemiological activities directly undertaken by the Center.

Under the House amendment, authorizations of appropriations for health statistical activities of the Center were as follows: $60,000,000 for fiscal year 1979, $75,000,000 for fiscal year 1980, and $80,000,000 for fiscal year 1981. In addition, under the House amendment, of the amount appropriated, at least $1,000,000 in fiscal year 1979, $2,000,000 in fiscal year 1980, and $2,000,000 in fiscal year 1981 was required to be made available for health statistics training.

Under the conference substitute, the following appropriations are authorized for health statistical activities undertaken or supported by the National Center for Health Statistics: $50,000,000 for fiscal year 1979, $65,000,000 for fiscal year 1980, and $70,000,000 for fiscal year 1981. The conference substitute does not include a requirement that a certain percentage of funds must be made available only for activities undertaken by the Center, nor does it contain an earmark of funds for health statistics training.

AUTHORIZATIONS OF APPROPRIATIONS FOR RESEARCH, DEMONSTRATIONS AND EVALUATIONS BY THE NATIONAL CENTER FOR HEALTH CARE TECHNOLOGY

Under the Senate bill, the following appropriations were authorized for activities respecting health care technology: $15,000,000 for fiscal year 1979, $25,000,000 for fiscal year 1980, and $30,000,000 for fiscal year 1981. Beginning in fiscal year 1981, of such funds, at least 15 percent was required to be made available only for activities directly undertaken by the Center.

Under the House amendment, the following appropriations were authorized for the Center for Health Care Technology: $15,000,000 for fiscal year 1979, $25,000,000 for fiscal year 1980, and $35,000,000 for fiscal year 1981. Beginning in fiscal year 1981, not less than 20 percent of amounts appropriated was to be obligated for assessments directly undertaken by the Secretary.

Under the conference substitute the following appropriations are authorized for the Center for Health Care Technology: $15,000,000 for fiscal year 1979, $25,000,000 for fiscal year 1980, and $33,000,000 for fiscal year 1981. Beginning in fiscal year 1981, not less than 15 percent of amount appropriated is to be obligated for assessments directly undertaken through the Center.

NATIONAL RESEARCH SERVICE AWARDS

Under the Senate bill, the authority of the Secretary to provide National Research Service Awards was extended to authorize research at the National Center for Health Services Research, the National Center for Health Statistics and the Center for Health Care Technology, as well as training at such centers.

The House amendment contained no comparable provision.

The conference substitute conforms to the Senate bill.

TECHNOLOGIES UNDER DEVELOPMENT

Under the Senate bill, the Director of the National Institute of Health, on an annual basis, was required to make available to the proposed Office of Health Technology and its Council a list of all technologies which the Director is aware are under development and that appear likely to be used in medical practice in the near future.

The House amendment contained no comparable provision.

The conference substitute includes the provisions of the Senate bill, with technical amendments.

HEALTH STATUS OF THE MEMBERS OF UNITED MINE WORKERS

Under the Senate bill, the Secretary, acting through the National Center for Health Services Research, was required to arrange for a study to evaluate the impact upon the utilization of health services by and the health status of members of the United Mine Workers and their dependents as a result of changes in the United Mine Workers collective-bargaining agreements of March 1978.

The House amendment contained no comparable provision.

The conference substitute conforms to the Senate bill.

EFFECT OF THE ENVIRONMENT ON HEALTH

The Senate bill required the Secretary to develop a plan for the collection and coordination of statistical and epidemiological data on the effects of the environment on health.

The House amendment required the Secretary to establish guidelines for the collection, compilation, analysis, publication and distribution of statistics and information necessary for determining the effects of conditions of employment and indoor and outdoor environmental conditions on the public health.

In addition, the House amendment required the Secretary to conduct a study focusing on the costs of environmentally related diseases.

The conference substitute combines and integrates the provisions of the Senate bill and the House amendment. Although the form of the Senate bill was altered slightly, the conferees agreed with the Senate's intent that the study should be undertaken in close cooperation with the Administrator of the Environmental Protection Agency and the Secretary of Labor.

HEW PATENT POLICY

Under the Senate bill, the Assistant Secretary for Health was granted responsibility for (1) developing the policies of the Department of HEW with respect to the rights to inventions of its employees, grantees and contractors; (2) issuing invention and patent administration policies and procedures; (3) administering the receipt and processing of invention reports by employees, grantees, and contractors of the Department; (4) making determinations of rights to inventions and patents involving inventions of employees, grantees and contractors of the Department; and (5) making determinations with respect to applications for licenses, under patent applications and patents owned by the United States. In addition, all functions of the Office of the General Counsel relating to patent administration and administration of invention reports were transferred to the Office of Health Technology. However, all legal services and functions relating to patent inventions were to remain in the Office of the General Counsel.

The House amendment contained no comparable provision, and the conference substitute conforms to the House amendment.

The conferees strongly urge the Department to review the manner in which patents are currently administered within the Department. The conferees are aware of expressed dissatisfaction with the pace at which patent applications are currently processed within HEW. Unnecessary delays in determining rights to inventions developed with Federal dollars deprive taxpayers of the potential benefits of research and development financed with Federal monies. The conferees wish to note that they intend to give a thorough review to patent proceedings in the near future.

STUDY OF HAZARDOUS SUBSTANCES ON HUMANS

The House amendment contained a provision, not included in the Senate bill, that required the Committee on Vital and Health Statistics to conduct a study of the issues respecting establishing a Federal system to facilitate studies of the effects of hazardous substances on humans and to assist Federal, State and other entities in locating individuals who have been exposed to hazardous substances to determine the effect on their health of such exposure and to assist them in obtaining appropriate medical care.

The conference substitute conforms essentially to the House amendment, except that (1) the study is incorporated into the larger study of costs of environmentally related diseases and is to be conducted by the Secretary of HEW, acting through the National Center for Health Statistics; (2) a consolidated consultation provision has been included; and (3) the National Committee on Vital and Health Statistics is included among those groups which must be consulted.

POSITIONS FOR SPECIALLY QUALIFIED PERSONNEL

The House amendment authorized the establishment of twenty-four new positions within the Public Health Service for specially qualified scientific, professional and administrative personnel. These positions were to be for the National Center for Health Services Research, the National Center for

MEMORANDUM

DEPART[illegible] Dr. Latker [illegible]ARE

NATIONAL INSTITUTE OF HEALTH

TO : Associate Director for
Medical Applications of Research
Through: Acting Director, DLA

DATE: October 18, 1978

PATENT BRANCH, OGC
DHEW

OCT 20 1978

FROM : Anne S. Houser
Division of Legislative Analysis

SUBJECT: Health Technology Legislation

Before adjourning, the 95th Congress passed and sent to the President for signature the Conference Report on S. 2466 (see attachment), "Health Services Research, Health Statistics, and Health Care Technology Act of 1978."

Salient features of the bill for those familiar with the previous House and Senate measures are the following:

1. The National Center for Health Care Technology (NCHCT) was established with authorities reflecting the House language, specifically requiring the Center to "undertake and support (by grant or contract) assessments of health care technology. Such assessments shall take into account the safety, effectiveness, and cost effectiveness of, and the social, ethical, and economic impact of health care technologies."

2. The National Council on Health Care Technology reflects the Senate provision to advise the Secretary on the impacts of health care technologies "after consultation with appropriate . . . entities; develop, when appropriate and to the extent practicable, exemplary standards, norms, and criteria concerning the use of particular health care technologies; and promptly publish and disseminate, through the National Library of Medicine, standards, norms, and criteria . . . ." This Council now includes individuals who are representatives of business entities engaged in the development or production of health care technology.

The legislation directs that the Secretary make his "initial appointments to the Council within one hundred and twenty days of enactment of this section," and, once formed, it shall meet at the call of the Chairman, "but not less often than four times a year."

3. The provision of the original Senate bill with respect to training under NRSA's in health services research, health statistics, and health care technology is required in the legislation, but no additional funding was authorized or appropriated.

4. The provision of the Senate bill requiring the establishment of extramural centers, presumably within established schools of public health, survived and requires that "three such centers shall be operational by September 1, 1981."

5. The Senate provision to transfer patent administration to NCHCT did not survive; however, the conferees "wish to note that they intend to give a thorough review to patent proceedings in the near future."

6. The Director, NIH, is required on an annual basis to make available to OHT (now the Center) a "list of all technologies which the Director is aware are under development and that appear likely to be used in medical practice in the near future."

7. The funding authorized for NCHCT is as follows:

$15 million for FY 1979
$25 million for FY 1980
$33 million for FY 1981

8. Fifteen experts who have "appropriate scientific or professional qualifications" have been authorized for the NCHCT, as well as seven 208(g)'s. However, recent changes in the status of 208(g) appointments resulting from the Civil Service Reform Act of 1978 may complicate the implementation of this portion of the legislation.

Attachment

cc:
Dr. Fredrickson
Director, DMP
Dr. Malone
Dr. Perpich
Mr. Schwartz
Mr. Whaley
Mr. Peart

ANSWERED "PRESENT"—29

Akaka	Burton, Phillip	Miller, Calif.
Alexander	Carney	Ottinger
Anderson, Calif.	Chisholm	Price
	Danielson	Runnels
Bellenson	Dellums	Ryan
Biaggi	Duncan, Oreg.	Sikes
Boggs	Edwards, Calif.	Spellman
Broomfield	Harrington	Stark
Brown, Calif.	Johnson, Calif.	Van Deerlin
Burton, John	Leggett	Wilson, C. H.

NOT VOTING—31

Ammerman	Flood	Quie
Armstrong	Frey	Rudd
Badham	Hammer-schmidt	Sarasin
Burke, Calif.		Shipley
Cochran	Hyde	Skubitz
Crane	Lujan	Smith, Nebr.
Dent	McFall	Teague
Dickinson	Marlenee	Waxman
Diggs	Moss	Whitehurst
Eilberg	Patten	Young, Tex.
Evans, Del.	Pettis	

Mr. AKAKA changed his vote from "aye" to "present."

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

CONFERENCE REPORT ON S. 2466, HEALTH SERVICES RESEARCH, HEALTH STATISTICS, AND HEALTH CARE TECHNOLOGY ACT OF 1978

Mr. STAGGERS submitted the following conference report and statement on the Senate bill (S. 2466) to amend the Public Health Service Act to extend and revise the assistance programs for health services research and health statistics; to establish the Office of Health Technology, and for other purposes:

CONFERENCE REPORT (H. REPT. 95-1783)

The committee of conference on the disagreeing votes of the two Houses on the amendments of the House to the bill (S. 2466) to amend the Public Health Service Act to extend and revise the assistance programs for health services research and health statistics; to establish the Office of Health Technology, and for other purposes, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

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

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

SHORT TITLE, REFERENCE TO ACT

SECTION 1. (a) This Act may be cited as the "Health Services Research, Health Statistics, and Health Care Technology Act of 1978".

(b) Whenever in this Act (other than in sections 12 and 13) an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Public Health Service Act.

EXTENSION OF AUTHORIZATIONS

SEC. 2. (a) Section 308(i)(1) is amended—

(1) in the first sentence (A) by striking out "and" after "1976,", and (B) by inserting before the period a comma and the following: "$35,000,000 for the fiscal year ending September 30, 1979, $40,000,000 for the fiscal year ending September 30, 1980, and $45,000,000 for the fiscal year ending September 30, 1981"; and

(2) by striking out the second sentence and inserting in lieu thereof the following: "At least 20 per centum of the amount appropriated under the preceding sentence for any fiscal year or $6,000,000, whichever is less, shall be available only for health services research, evaluation and demonstration activities directly undertaken through the National Center for Health Services Research, and at least 5 per centum of such amount or $1,000,000, whichever is less, shall be available only for dissemination activities directly undertaken through such Center.".

(b) Section 308(i)(2) is amended (1) by inserting "and epidemiological" after "statistical", (2) by striking out "and" after "1976,", and (3) by inserting before the period a comma and the following: "$50,000,000 for the fiscal year ending September 30, 1979, $65,000,000 for the fiscal year ending September 30, 1980, and $70,000,000 for the fiscal year ending September 30, 1981".

GENERAL AUTHORITY

SEC. 3. (a) Subsection (a) of section 304 is amended to read as follows:

"(a)(1) The Secretary, acting through the National Center for Health Services Research, the National Center for Health Statistics, and the National Center for Health Care Technology, shall conduct and support research, demonstrations, evaluations, and statistical and epidemiological activities for the purpose of improving the effectiveness, efficiency, and quality of health services in the United States.

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

"(A) the accessibility, acceptability, planning, organization, distribution, utilization, and financing of systems for the delivery of health care,

"(B) alternative methods for measuring and evaluating the quality of systems for the delivery of health care,

"(C) the collection, analysis, and dissemination of health related statistics,

"(D) alternative methods to improve and promote health statistical and epidemiological activities,

"(E) the safety, efficacy, effectiveness, cost effectiveness, and social, economic, and ethical impacts of health care technologies,

"(F) alternative methods for disseminating knowledge concerning health and health related activities,

"(G) the special health problems of low income and minority groups and the elderly to insure that these problems are assessed on a periodic regular basis,

"(H) the prevention of illness, disability, and premature deaths in the United States,

"(I) health care costs, increases in such costs, and the reasons for such increases, and

"(J) the impact of the environment on individual health and on health care.

"(3) The Secretary shall, through the National Center for Health Services Research, the National Center for Health Statistics, and the National Center for Health Care Technology and using National Research Service Awards and other appropriate authorities, undertake and support training programs to provide for an expanded and continuing supply of individuals qualified to perform the research, examination, and demonstration projects set forth in sections 305, 306, and 309.".

(b) Paragraph (1) of section 304(b) is amended (1) by inserting ", when appropriate," before "enter into contracts", and (2) by striking out all after "entities and individuals" the second time it appears and inserting in lieu thereof a period.

(c) Subsection (c) of section 304 is amended to read as follows:

"(c)(1) The Secretary shall coordinate all health services research, evaluations, and demonstrations, all health statistical and epidemiological activities, and all research, evaluations, and demonstrations respecting the assessment of health care technology undertaken and supported through units of the Department of Health, Education, and Welfare. To the maximum extent feasible such coordination shall be carried out through the National Center for Health Services Research, the National Center for Health Statistics, and the National Center for Health Care Technology.

"(2) The Secretary shall coordinate the health services research, evaluation, and demonstrations, the health statistical and (where appropriate) epidemiological activities, and the research, evaluations, and demonstrations respecting the assessment of health care technology authorized by this Act through the National Center for Health Services Research, the National Center for Health Statistics, and the National Center for Health Care Technology.".

(d) Section 304(d)(3) is amended (1) by striking out "experts and", (2) by inserting "but in accordance with section 3109 of title 5, United States Code" after "advisable", and (3) by adding at the end the following: "The Secretary may, for the purpose of carrying out the functions set forth in sections 305, 306, and 309, obtain (in accordance with section 3109 of title 5 of the United States Code, but without regard to the limitation in such section on the number of days or the period of service) for each of the centers the services of not more than fifteen experts who have appropriate scientific or professional qualifications.".

(e) The heading for section 304 is amended to read as follows:

"GENERAL AUTHORITY RESPECTING RESEARCH, EVALUATIONS, AND DEMONSTRATIONS IN HEALTH STATISTICS, HEALTH SERVICES AND HEALTH CARE TECHNOLOGY".

NATIONAL CENTER FOR HEALTH SERVICES RESEARCH

SEC. 4. Subsection (b) of section 305 is amended—

(1) by striking out "may undertake and support" and inserting in lieu thereof "shall undertake and support";

(2) by striking out "construction," in paragraph (3);

(3) striking "and" at the end of paragraph (2);

(4) striking the period in paragraph (3) and inserting in lieu thereof ", and"; and

(5) adding at the end thereof the following new paragraph:

"(4) the uses of computer science in health services delivery and medical information systems.".

NATIONAL CENTER FOR HEALTH STATISTICS

SEC. 5. (a) Subsection (b) of section 306 is amended (1) by striking out "may", (2) by inserting "shall" after "(1)" and after "(2)", (3) by striking out "and" at the end of paragraph (1), (4) by striking out the period at the end of paragraph (2) and inserting in lieu thereof a semicolon, and (5) by adding after paragraph (2) the following:

"(3) may undertaken and support by grant or contract) epidemiological research, demonstrations, and evaluations on the matters referred to in paragraph (1); and

"(4) may collect, furnish, tabulate, and analyze statistics, and prepare studies, on matters referred to in paragraph (1) upon request of public and nonprofit private entities under arrangements under which the entities will pay the cost of the service provided.

Amounts appropriated to the Secretary from payments made under arrangements made under paragraph (4) shall be available to the Secretary for obligation until expended.".

(b) Section 306(c) is amended by—

(1) inserting "and epidemiological" after "statistical" each place it occurs; and

(2) striking "Labor and Public Welfare" and inserting in lieu thereof "Human Resources".

(c)(1) Subsection (e) of section 306 is amended to read as follows:

"(e) For the purpose of producing comparable and uniform health information and statistics, there is established the Cooperative Health Statistics System. The Secretary, acting through the Center, shall—

"(1) coordinate the activities of Federal agencies involved in the design and implementation of the System;

"(2) undertake and support (by grant or contract) research, development, demonstrations, and evaluations respecting the System;

"(3) make grants to and enter into contracts with State and local health agencies to assist them in meeting the costs of data collection carried out under the System; and

"(4) review the statistical activities of the Department of Health, Education, and Welfare to assure that they are consistent with the System.

States participating in the System shall designate a State agency to administer or be responsible for the administration of the statistical activities within the State under the System. The Secretary, acting through the Center, shall prescribe guidelines to assure that statistical activities within States participating in the system produce uniform and timely data and assure appropriate access to such data.".

(2) Paragraph (4)(D) of subsection (i) of section 306 is amended by inserting before the semicolon the following: ", with respect to the Cooperative Health Statistics System established under subsection (e), and with respect to the standardized means for the collection of health information and statistics to be established by the Secretary under subsection (j)(1)".

(d) The first sentence of subsection (f) of section 306 is amended by inserting ", acting through the Center," after "the Secretary".

(e)(1) Section 306(i)(1) is amended by striking out "United States".

(2) Paragraph (2)(A) of section 306(i) is amended by inserting "health planning," after "health statistics,".

(f) Section 306 is amended by redesignating subsection (i) as subsection (k) and by inserting after subsection (h) the following new subsections:

"(i) The Center may provide to public and nonprofit private entities engaged in health planning activities technical assistance in the effective use in such activities of statistics collected or compiled by the Center.

"(j) In carrying out the requirements of section 304(c) and paragraph (1) of subsection (e) of this section, the Secretary shall coordinate health statistical and epidemiological activities of the Department of Health, Education, and Welfare by—

"(1) establishing standardized means for the collection of health information and statistics under laws administered by the Secretary;

"(2) developing, in consultation with the National Committee on Vital and Health Statistics, and maintaining the minimum sets of data needed on a continuing basis to fulfill the collection requirements of subsection (b)(1);

"(3) after consultation with the National Committee on Vital and Health Statistics, establishing standards to assure the quality of health statistical and epidemiological data collection, processing, and analysis;

"(4) in the case of proposed health data collections of the Department which are required to be reviewed by the Director of the Office of Management and Budget under section 3509 of title 44, United States Code, reviewing such proposed collection to determine whether they conform with the minimum sets of data and the standards promulgated pursuant to paragraph (2) and (3), and if any such proposed collection is found not to be in conformance, by taking such action as may be necessary to assure that it will conform to such sets of data and standards, and

"(5) periodically reviewing ongoing health data collections of the Department, subject to review under such section 3509, to determine if the collections are being conducted in accordance wtih the minimum sets of data and the standards promulgated pursuant to paragraphs (2) and (3) and, if any such collection is found not to be in conformance, by taking such action as may be necessary to assure that the collection will conform to such sets of data and standards not later than the ninetieth day after the date of the completion of the review of the collection.".

NATIONAL CENTER FOR HEALTH CARE TECHNOLOGY; NATIONAL COUNCIL ON HEALTH CARE TECHNOLOGY

SEC. 6. (a) Section 309 is amended—

(1) by amending the section heading to read as follows:

"HEALTH CONFERENCES AND HEALTH EDUCATION INFORMATION";

(2) by inserting "(a)" before "A conference"; and

(3) by striking out "309" and inserting in lieu thereof "310".

(b) Section 310 (as in effect before the date of the enactment of this Act) is amended—

(1) by striking out the section heading; and

(2) by striking out "SEC. 310." and inserting in lieu thereof "(b)".

(c) Part A of title III is amended by adding after section 308 the following new section:

"NATIONAL CENTER FOR HEALTH CARE TECHNOLOGY; NATIONAL COUNCIL ON HEALTH CARE TECHNOLOGY

"SEC. 309. (a) There is established in the Department of Health, Education, and Welfare the National Center for Health Care Technology (hereinafter in this section referred to as the 'Center') which shall be under the direction of a Director who shall be appointed by the Secretary and supervised by the Assistant Secretary for Health (or such other officer of the Department as may be designated by the Secretary as the principal adviser to him for health programs).

"(b)(1) The Secretary, acting through the Center, shall undertake and support (by grant or contract) assessments of health care technology. Such assessments shall take into acount the safety, effectiveness, and cost effectiveness of, and the social, ethical, and economic impact of health care technologies.

"(2) The Secretary, acting through the Center, shall encourage, undertake, and support (by grant or contract) research, demonstrations, and evaluations respecting—

"(A) the factors that affect the use of health care technologies in the United States;

"(B) methods for diseminating information on health care technologies; and

"(C) the effectiveness, cost effectiveness, and social, ethical, and economic impacts of particular medical technologies.

"(3) The Secretary, acting through the Center, shall encourage and support (by grant or contract) research, evaluations, and demonstrations respecting the safety and efficacy of particular health care technologies.

"(4) The Secretary, acting through the Center and in consultation with the National Council on Health Care Technology, shall establish priorities for the activities prescribed by paragraphs (1), (2), and (3). In determining if an activity respecting a particular health care technology should be given priority, emphasis shall be place on—

"(A) the actual or potential risks and the actual or potential benefits to patients associated with the use of the technology,

"(B) the actual or potential cost of the technology,

"(C) the actual or potential rate of its use, and

"(D) the stage of development of the technology.

"(5) The Center may make recommendations to the Secretary respecting health care technology issues in the administration of the laws under the Secretary's jurisdiction, including recommendations with respect to reimbursement policy.

"(c)(1) The Secretary, acting through the Center, shall, by grant or contract, assist public and private nonprofit entities in meeting the costs of planning and establishing new centers, and operating existing and new centers, for assessments, multidisciplinary research, evaluations, and demonstrations respecting the matters referred to in paragraphs (1) and (2) of subsection (b). To the extent practicable, the Secretary shall take such actions, in accordance with the requirements of this subsection and section 308, to assure that three such centers shall be operational by September 1, 1981.

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

"(B) Each center shall meet the following requirements:

"(i) There shall be a full-time director of the center who possesses a demonstrated capacity for sustained productivity and leadership in asssesments, research, demonstrations, and evaluations respecting the matters referred to in paragraphs (1) and (2) of subsection (b), and there shall be such additional professional staff as may be appropriate.

"(ii) The staff of the center shall have expertise in the various disciplines needed to conduct assessments, multidisciplinary research, evaluations and demonstrations repecting the matters referred to in paragraphs (1) and (2) of subsection (b).

"(iii) The center shall be located within an established academic or research institution with departments and resources appropriate to the programs of the center.

"(iv) Each center shall meet such additional requirements as the Secretary may by regulation prescribe.

"(d) Any grant or contract under subsection (b) or (c), the direct cost of which will exceed $35,000, may be made or entered into only after appropriate review for scientific merit by peer review groups composed of experts in the relevant fields and only after the National Council on Health Care Technology has had an opportunity to review the project with respect to which the grant or contract is to be made or entered into.

"(e) To assist in carrying out this section, the Secretary, acting through the Center, shall cooperate and consult with the National Institutes of Health, the Veterans' Administration, and any other interested Federal departments or agencies and with State and local health departments and agencies.

"(f)(1) There is established the National Council on Health Care Technology (hereinafter in this subsection referred to as the 'Council'). The Council shall—

"(A) advise the Secretary and the Director of the Center with respect to the perform-

ance of the functions prescribed by this section;

"(B) review applications for grants and contracts under this section in excess of $35,000 and provide the Secretary its recommendation respecting the approval of such applications;

"(C) after consultation with appropriate public and private entities, advise the Secretary respecting the safety, efficacy, effectiveness, cost effectiveness, and the social and economic impacts of particular health care technologies;

"(D) after consultation with appropriate public and private entities, develop, when appropriate and to the extent practicable exemplary standards, norms, and criteria concerning the use of particular health care technologies; and

"(E) promptly publish, disseminate, and otherwise make available, through the National Library of Medicine, standards, norms, and criteria developed under subparagraph (D).

"(2) The Council shall consist of—

"(A) the Director of the National Institutes of Health, the Chief Medical Officer of the Veterans' Administration, the Assistant Secretary for Health and Environment of the Department of Defense, the Chairman of the National Professional Standards Review Council, a member of the National Council on Health Planning and Development (established under section 1503), the Director of the Office of Science and Technology Policy, the head of the Food and Drug Administration (or the successor to such entity) who head of the Center for Disease Control (or the successor to such entity), and the head of the Health Care Financing Administration (or the successor to such entity), the (or their designees) shall be ex officio members, and

"(B) eighteen members appointed by the Secretary.

The Secretary shall make his initial appointments to the Council within one hundred and twenty days of the date of the enactment of this section. Six of the appointed members shall be selected from individuals who are distinguished in the fields of medicine, engineering, or science (including social science). Of such six members, at least two shall be selected from individuals who are representatives of business entities engaged in the development or production of health care technology. Two of the appointed members shall be physicians, two of the appointed members shall be selected from individuals who are hospital administrators, two of the appointed members shall be selected from individuals who are distinguished in the field of economics, two of the appointed members shall be selected from individuals who are distinguished in the field of law, one of the appointed members shall be selected from individuals who are distinguished in the field of ethics, and three of the appointed members shall be selected from members of the general public who represent the interests of consumers of health care.

"(3)(A) Each appointed member of the Council shall be appointed for a term of four years, except that—

"(i) any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term; and

"(ii) of the members first appointed after the date of the enactment of this section, four shall be appointed for a term of four years, four shall be appointed for a term of three years, four shall be appointed for a term of two years, and four shall be appointed for a term of one year, as designated by the Secretary at the time of appointment.

Appointed members may serve after the expiration of their terms until their successors have taken office.

"(B) Members of the Council who are not officers or employees of the United States shall receive for each day they are engaged in the performance of the functions of the Council compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS-18 of the General Schedule, including traveltime; and all members, while so serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by section 5703 of title 5, United States Code, for persons in the Government service employed intermittently.

"(4) The Council shall annually elect one of its apointed members to serve as Chairman until the next election.

"(5) The Council shall meet at the call of the Chairman, but not less often than four times a year.

"(6) The Director of the Center shall (1) designate a member of the staff of the Center to act as Executive Secretary of the Council, and (2) make available to the Council such staff, information, and other assistance as it may require to carry out its functions.

"(7) The Council shall be subject to the Federal Advisory Committee Act except that the Council shall terminate September 30, 1981.

"(g) The Director of the National Institutes of Health, the head of the Food and Drug Administration (or the successor to such entity), the head of the Center for Disease Control (or the successor to such entity), the head of the Health Care Financing Administration (or the successor to such entity), and the head of any other entity of the Department of Health, Education, and Welfare designated by the Secretary shall each make available annually to the Center and the Council a listing of all health care technologies of which he is aware that are under development and appear likely to be used in the practice of medicine.

"(h) For purposes of this section, the term 'health care technology' means any discrete and identifiable regimen or modality used to diagnose and treat illness, prevent disease, maintain patient well-being, or facilitate the provision of health care services.

"(i) There are authorized to be appropriated to carry out this section $15,000,000 for the fiscal year ending September 30, 1979, $25,000,000 for the fiscal year ending September 30, 1980, and $33,000,000 for the fiscal year ending September 30, 1981. Not less than 15 per centum of the amount appropriated for the fiscal year ending September 30, 1981, shall be obligated for assessments, research, demonstrations, and evaluations directly undertaken from the Center under paragraph (1) or (2) of subsection (b).".

(d)(1) Subsection (a)(1) of section 308 is amended (A) by inserting "and section 309" after "307", and (B) by striking out "health statistics" and inserting in lieu thereof ", health statistics, and health care technology".

(2) Subsection (b)(1) of such section is amended by striking out "or 307" and inserting in lieu thereof "307, or 309".

(3) Subsection (d) of such section is amended (A) by striking out "or 307" and inserting in lieu thereof "307, or 309", and (B) by inserting "or epidemiological" after "statistical" in clause (1).

(4) Subsection (e) of such section is amended by striking out "or 307" each place it occurs and inserting in lieu thereof "307, or 309".

(5) Subsection (f) of such section is amended by striking out "or 306" and inserting in lieu thereof "306, or 309".

(6) Subsection (g)(2) of such section is amended by striking out "and 306" and inserting in lieu thereof "306, and 309".

(7) Subsection (h)(1) of such section is amended by striking out "or 306" each place it occurs and inserting in lieu thereof "306, or 309".

(8) The heading for such section is amended by striking out "AND 307" and inserting in lieu thereof "307, AND 309".

STUDY OF COSTS OF DISEASES AND ADVERSE EFFECTS ON HUMANS WHICH ARE ENVIRONMENTALLY RELATED

SEC. 7. Section 304 (as amended by section 3(d)) is amended by adding at the end the following:

"(e)(1) The Secretary and the National Academy of Sciences (acting through the Institute of Medicine and other appropriate units) shall, jointly and in cooperation with the Administrator of the Environmental Protection Agency, the Secretary of Labor, the Consumer Product Safety Commission, the Council of Economic Advisers, the Council on Wage and Price Stability, the Council on Environmental Quality, and other entities of the Federal Government which the Secretary determines have the expertise in the subject of the study prescribed by this paragraph, conduct, with funds appropriated under section 308(1)(2), an ongoing study of the present and projected future health costs of pollution and other environmental conditions resulting from human activity (including human activity in any place in the indoor or outdoor environment, including places of employment and residence). In conducting the study, the Secretary and the National Academy of Sciences (hereinafter in this subsection referred to as the 'Academy') shall, to the extent feasible—

"(A) identify the pollution (and the pollutants responsible for the pollution) and other environmental conditions which are, or may reasonably be anticipated to be, responsible for causing, contributing to, increasing susceptibility to, or aggravating human diseases and adverse effects on humans;

"(B) identify each such disease and adverse effect on humans and specifically determine whether cancer, birth defects, genetic damage, emphysema, asthma, bronchitis, and other respiratory diseases, heart disease, stroke, and mental illness and impairment are such a disease or effect;

"(C) identify (on a national, regional, or other geographical basis) the source or sources of such pollutants and conditions and estimate the portion of each pollutant and the extent of each condition which can be traced to a specific type of source;

"(D) ascertain (i) the extent to which the pollutants and conditions identified under subparagraph (A) are, or may reasonably be anticipated to be, responsible, individually or collectively, for causing, contributing to, increasing susceptibility to, or aggravating the diseases and effects identified under subparagraph (B), and (ii) the effect upon the incidence or severity of specific diseases and effects of individual or collective, as appropriate, incremental reductions in the pollutants and changes in such conditions; and

"(E) quantify (i) the present and projected future health costs of the diseases and effects identified under subparagraph (B), and (ii) the reduction in health costs which would result from each incremental reduction and change referred to in subparagraph (D)(ii).

"(2) The Secretary shall enter into appropriate arrangements with the Academy under which the Secretary shall be responsible for expenses incurred by the Academy in connection with the study prescribed by paragraph (1).

"(3) The first report on the study prescribed by paragraph (1) shall be made to the Committee on Human Resources of the Senate and the Committee on Interstate and Foreign Commerce of the House of Representatives by the Secretary and the Academy not later than eighteen months after the date of the enactment of this subsection.

Subsequent reports on the study shall be made by the Secretary and the Academy every two years after the date the first report is submitted. Each report shall (A) identify deficiencies and limitations in the data on the matters considered in the study and recommend actions which may be taken to eliminate such deficiencies and limitations, (B) include such recommendations for legislation as the Secretary determines appropriate, (C) include recommendations for facilitating studies of the effects of hazardous substances on humans, and (D) include a description of any administrative action proposed to be taken by the Secretary, the Administrator of the Environmental Protection Agency, the Secretary of Labor, and the Consumer Product Safety Commission to reduce the costs which have been quantified under paragraph (1)(E)(i). In conducting the study, the Secretary and the Academy shall seek assistance from public and private health financing entities in securing the data needed for the study.

"(4) For purposes of paragraph (1), the term 'health costs of pollution and other environmental conditions' means the costs of human diseases and other adverse effects on humans which pollution and other environmental conditions are, or may reasonably be anticipated to be, responsible for causing, contributing to, increasing susceptibility to, or aggravating, including the costs of preventing such diseases and effects, the costs of the treatment, cure, convalescence, and rehabilitation of persons afflicted by such diseases, costs reasonably attributable to pain and suffering from such diseases and effects, loss of income and future earnings resulting from such diseases and effects, adverse effects on productivity (and thus increases in production costs and consumer prices) resulting from such diseases and effects, loss of tax revenues resulting from such decreases in earnings and productivity, costs to the welfare and unemployment compensation systems and the programs of health benefits under titles XVIII and XIX of the Social Security Act resulting from such diseases and effects, the overall increases in costs throughout the economy resulting from such diseases and effects, and other related direct and indirect costs.".

INFORMATION ON EFFECTS ON HEALTH OF THE ENVIRONMENT AND EMPLOYMENT CONDITIONS

SEC. 8. (a) Section 306 (as amended by section 5) is amended by inserting after subsection (k) the following new subsection:

"(l)(1) The Secretary, acting through the Center, shall develop a plan for the collection and coordination of statistical and epidemiological data on the effects of the environment on health. Such plan shall include a review of the data now available on health effects, deficiencies in such data, and methods by which existing data deficiencies can be corrected. The Secretary shall submit such plan to the Congress not later than January 1, 1980.

"(2)(A) The Secretary, acting through the Center, shall establish, not later than two years after the date of the enactment of this subsection, guidelines for the collection, compilation, analysis, publication, and distribution of statistics and information necessary for determining the effects of conditions of employment and indoor and outdoor environmental conditions on the public health. Guidelines established under this subparagraph shall not (i) authorize or require the disclosure of any matter described in section 552(b)(6) of title 5, United States Code, and (ii) authorize or require the disclosure of any statistics or other information which is exempt from disclosure pursuant to subsection (a) of section 552 of title 5, United States Code, by reason of subsection (b)(4) of such section. The guidelines shall be reviewed and, if appropriate, revised at least every three years after the date they are initially established. Guidelines shall take effect on the date of the promulgation of the regulation establishing or revising the guidelines or such later date as may be specified in the guidelines.

"(B) The guidelines shall be designed—

"(i) to improve coordination of environmental and health studies, statistics, and information, and to prevent overlap and unnecessary duplication with respect to such sudies, statistics, and information;

"(ii) to assure that such studies, statistics, and information will be available to executive departments responsible for the administration of laws relating to the protection of the public health and safety or the environment;

"(iii) to encourage the more effective use by executive departments of such studies, statistics, and information;

"(iv) to improve the statistical validity and reliability of such studies, statistics, and information; and

"(v) to assure greater responsiveness by the Department of Health, Education, and Welfare and other executive departments in meeting informational and analytical needs for determining the effects of employment and indoor and outdoor environmental conditions on public health.

"(C) In establishing and revising guidelines under subparagraph (A), the Secretary shall take into consideration the plan developed pursuant to paragraph (1).

"(D) The Center shall serve as a clearinghouse for statistics and information with respect to which guidelines have been established under subparagraph (A) and shall assist executive departments in obtaining such statistics and information for purposes of administering laws under their jurisdiction relating to environmental health protection or the safety and health of employees.

"(E)(i) Each executive department shall comply with the substantive and procedural requirements of the guidelines.

"(ii) The President shall by Executive order require each executive department to comply with requests, made in accordance with the guidelines, by the Secretary, the Administrator of the Environmental Protection Agency, the Consumer Product Safety Commission, or the Secretary of Labor for statistics and information.

"(iii) The President may by Executive order exempt any executive department from compliance with a requirement of the guidelines respecting specific statistics or other information if the President determines that the exemption is necessary in the interest of national security.

"(F) In carrying out his duties under this paragraph, the Secretary, acting through the Center, shall, insofar as practicable, provide for coordination of his activities with those of other Federal agencies and interagency task forces relating to the collection, analysis, publication, or distribution of statistics and information necessary for determining the effects of conditions of employment and indoor and outdoor environmental conditions on the public health.".

"(G) For purposes of this paragraph, the term 'guidelines' means the guidelines, either as initially established or as revised, in effect under this paragraph.

(b) The first sentence of subsection (d) of section 308 is amended by inserting after "unless authorized" the following: "by guidelines in effect under section 306(l)(2) or".

"(3) The Secretary, acting through the Center, shall conduct a study of the issues respecting, and the recommendations for, establishing a Federal system to assist, in a manner designed to avoid invasion of personal privacy, Federal, State, and other entities in locating individuals who have been or may have been exposed to hazardous substances to determine the effect on their health of such exposure and to assist them in obtaining appropriate medical care and treatment. In conducting such study, the Secretary may consult with any public and private entity which it determines has expertise on any matter to be considered in the study. Not later than one year after the date of the enactment of this subsection, the Secretary shall complete the study and report to the Congress the results of the study and any recommendations for legislation or administrative action.

"(4) In carrying out paragraphs (1), (2), and (3), the Secretary shall consult with and take into consideration any recommendations of the Task Force on Environmental Cancer and Heart and Lung Disease, the Administrator of the Environmental Protection Agency, the Secretary of Labor, the Consumer Product Safety Commission, the Council on Environmental Quality, the National Committee on Vital and Health Statistics, and the National Academy of Sciences (including the Institute of Medicine and any other unit of the Academy)."

TASK FORCE ON ENVIRONMENTAL CANCER AND HEART AND LUNG DISEASE

SEC. 9. The Director of the National Center for Health Statistics and the head of the Center for Disease Control (or the successor to such entity) shall each serve as members of the Task Force on Environmental Cancer and Heart and Lung Disease established under section 402 of Public Law 95-95.

MINE WORKERS STUDY

SEC. 10. The Secretary, acting through the National Center for Health Services Research, shall arrange for the conduct of a study to evaluate the impact upon the utilization of health services by and the health status of members of the United Mine Workers and their dependents as a result of changes in the United Mine Workers' collective-bargaining agreements of March 1978, that require copayments for health services. Such study and a report thereon shall be completed and submitted to the Secretary, the Committee on Human Resources, the Committee on Appropriations, and the Committee on Finance of the Senate, and the Committee on Ways and Means, the Committee on Appropriations, and the Committee on Interstate and Foreign Commerce of the House of Representatives no later than thirty months after the date of enactment of this section. Not more than $1,000,000 of the sums authorized to be appropriated for health services research, evaluation, and demonstration activities by section 308(i)(1) of the Public Health Service Act shall be made available for such study.

AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT

SEC. 11. (a) Subsection (g) of section 208 is amended (1) by striking out "one hundred and fifty-five" and inserting in lieu thereof "one hundred and seventy-nine", (2) by striking out "and not less than" and inserting in lieu thereof ", not less than", and (3) by inserting after "alcoholism," the following: "not less than ten shall be for the National Center for Health Services Research, not less than twelve shall be for the National Center for Health Statistics, and not less than seven shall be for the National Center for Health Care Technology,".

(b) Part K of title III is repealed.

(c) Section 453 is amended by adding at the end the following: "The Secretary, through the Institute, may, effective October 1, 1978, and without regard to section 405, carry out a program of grants for public and nonprofit private vision research facilities.".

(d)(1) Section 472(a)(1)(A) is amended—

(A) by striking out "and" at the end of clause (iii),

(B) by redesignating clause (iv) as clause (vii),

(C) by inserting after clause (iii) the following:

"(iv) research at the National Center for Health Services Research, the National Center for Health Statistics, and the National Center for Health Care Technology,

"(v) training at such Centers to undertake such research,

"(vi) research on the matters set forth in section 304(a)(2) at public institutions and at nonprofit private institutions, and", and

(D) by striking out "such research" in clause (vii) (as so redesignated) and inserting in lieu thereof "biomedical and behavioral research and the research described in clause (vi)".

(2) Section 472(a)(1)(B) is amended by striking out "such research" and inserting in lieu thereof "biomedical and behavioral research and the research described in subparagraph (A)(vi)".

(e) Title V is amended by adding at the end the following:

"CONTRACT AUTHORITY

"SEC. 514. The authority of the Secretary to enter into contracts under this Act shall be effective for any fiscal year only to such extent or in such amounts as are provided in advance by appropriation Acts.".

(f)(1) The second sentence of subsection (a) of section 705 is amended to read as follows: "Such records shall include records which fully disclose (A) the amount and disposition by such entity of the funds paid to it under such grant, loan, loan guarantee, interest subsidy, or contract, (B) the total cost of the project or undertaking for which such grant, loan, loan guarantee, interest subsidy, or contract is made, (C) the amount of that portion of the cost of the project or undertaking received by or allocated to such entity from other sources, and (D) such other records as will facilitate an audit conducted in accordance with generally accepted auditing standards.".

(2) Subsection (b) of section 705 is amended to read as follows:

"(b) Each entity which received a grant or entered into a contract under this title shall provide for a biennial financial audit of any books, accounts, financial records, files, and other papers and property which relate to the disposition or use of the funds received under such grant or contract and such other funds received by or allocated to the project or undertaking for which such grant or contract was made. For purposes of assuring accurate, current, and complete disclosure of the disposition or use of the funds received, each such audit shall be conducted in accordance with such requirements concerning the individual or agency which conducts the audit, and such standards applicable to the performance of the audit, as the Secretary may by regulation provide. A report of each such audit shall be filed with the Secretary at such time and in such manner as he may require.".

(g) Section 771(d) is amended by adding at the end the following:

"(5) The Secretary may waive (in whole or in part) application to a school of dentistry of the requirement of any paragraph of this subsection if the Secretary determines, after receiving the written recommendation of the appropriate accreditation body or bodies (approved for such purpose by the Commissioner of Education) that compliance by such school with such requirement will prevent it from maintaining its accreditation.".

HEALTH PROFESSIONS REPORTS AND PROGRAMS

SEC. 12. (a) Section 708(d) of the Public Health Service Act is amended (1) by striking out "not later than September 1 of each year", and (2) by inserting at the end the following: "Such report shall be submitted biennially, and the first such report shall be due not later than October 1, 1979.".

(b) Section 709(b) of such Act is amended by striking out "January 1, 1979" and inserting in lieu thereof "February 1, 1980".

(c) Section 751(1) of such Act is amended by striking out "December" and inserting in lieu thereof "March".

(d) Section 771(b)(2)(B) of such Act is amended by striking out "45 days after the date for which the determination is made" and inserting in lieu thereof "the first December 31 occurring after the date for which the determination is made".

(e) Section 782(c) of such Act is amended by striking out "September 30, 1979" and inserting in lieu thereof "March 1, 1980".

(f) Section 788(b)(6) of such Act is amended by striking out "September 30, 1978" and inserting in lieu thereof "October 1, 1979".

(g) Section 793(c) of such Act is amended (1) by striking out "annually" and inserting in lieu thereof "biennially", and (2) by striking out "December 1, 1978" and inserting in lieu thereof "October 1, 1979".

(h) Section 951(b) of the Nurse Training Act of 1975 is amended by striking out "Not later than February 1, 1977, and February 1 of each succeeding year" and inserting in lieu thereof "Not later than October 1, 1979, and October 1 of each odd-numbered year thereafter".

(i)(1) Section 702(d) of the Health Professions Educational Assistance Act of 1976 is amended by striking out "not later than two years after the date of enactment of this Act" and inserting in lieu thereof "not later than October 1, 1979".

(2) Section 903(a)(2) of the Health Professions Educational Assistance Act of 1976 is amended by striking out "January 1, 1979" and inserting in lieu thereof "April 1, 1979".

(j) Section 772(e) of the Public Health Service Act is amended by inserting before the period a comma and the following: "except that a student who, for other than academic reasons, withdraws from a year class before the end of an academic year or does not complete an academic year shall not be considered as having been enrolled in a year class in that academic year".

MISCELLANEOUS

SEC. 13. (a)(1) Section 111(h) (42 U.S.C. 7411) of the Act of July 14, 1955, as amended by Public Law 95-95, is amended by adding the following at the end thereof:

"(5) Any design, equipment, work practice, or operational standard, or any combination thereof, described in this subsection shall be treated as a standard of performance for purposes of the provisions of this Act (other than the provisions of subsection (a) and this subsection).".

(2) Subsections (d)(1)(A) and (g)(4)(B) of such section are each amended by striking out "under subsection (b)" and inserting in lieu thereof "under this section".

(3) Subsection (j) of such section is amended by striking out "subsection (b) of" in paragraphs (1)(A) and (2)(A) thereof.

(b) Section 112(e) of such Act (42 U.S.C. 7412) is amended by adding the following at the end thereof:

"(5) Any design, equipment, work practice, or operational standard, or any combination thereof, described in this subsection shall be treated as an emission standard for purposes of the provisions of this Act (other than the provisions of this subsection)."

(c) Section 117(c)(3) of such Act (42 U.S.C. 7417) is amended by striking out "(b)(1)(B)" in each place it appears.

(d) Section 317(a)(1) of such Act (42 U.S.C. 7617) is amended by striking out "(b)".

And the House agree to the same.

That the Senate recede from its disagreement to the amendment of the House to the title of the bill and agree to the same.

HARLEY O. STAGGERS,
PAUL G. ROGERS,
DAVID SATTERFIELD,
RICHARDSON PREYER,
JAMES H. SCHEUER,
TIM LEE CARTER,
JAMES T. BROYHILL,
Managers on the Part of the House.

EDWARD KENNEDY,
GAYLORD NELSON,
CLAIBORNE PELL,
WILLIAM D. HATHAWAY,
HARRISON A. WILLIAMS, JR.,
RICHARD S. SCHWEIKER,
J. K. JAVITS,
JOHN CHAFEE,
Managers on the Part of the Senate.

JOINT EXPLANATORY STATEMENT OF THE COMMITTEE OF CONFERENCE

The managers on the part of the House and the Senate at the conference on the disagreeing votes of the two Houses on the amendment of the House to the bill (S. 2466) to amend the Public Health Service Act to extend and revise the assistance programs for health services research and health statistics; to establish the Office of Health Technology, and for other purposes, submit the following joint statement to the House and the Senate in explanation of the effect of the action agreed upon by the managers and recommended in the accompanying conference report:

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

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

SHORT TITLE; REFERENCE TO ACT

The Senate bill provided that the Act may be cited as the "National Institutes of Health Care Research Act of 1978."

The House amendment provided that the Act may be cited as the "Health Service Research, Health Statistics, and Health Care Technology Act of 1978."

The conference substitute conforms to the House amendment.

NATIONAL CENTER FOR HEALTH CARE TECHNOLOGY

Both the Senate bill and the House amendment established an entity to conduct assessments of and other activities with respect to health technology.

Under the Senate bill, the entity was named the Office of Health Technology.

Under the House amendment, the entity was named the National Center for Health Care Technology.

The conference substitute conforms to the House amendment.

GENERAL AUTHORITY OF THE SECRETARY

The Senate bill provided that, in carrying out his responsibilities under section 304 of the Public Health Service Act, the Secretary was to give appropriate emphasis to (1) the accessibility, acceptability, planning, organization, distribution, utilization, and financing of systems for the delivery of health care; (2) alternative methods for measuring

and evaluating the quality of systems for the delivery of health care; (3) the collection, analysis and dissemination of health-related statistics; (4) alternative methods to improve and promote health statistical and epidemiological activities; (5) the safety, efficacy, effectiveness, cost effectiveness, and social, economic and ethical impacts of medical technologies; (6) alternative methods for disseminating knowledge concerning health and health-related activities; (7) the special problems of low-income and minority groups and the elderly; and (8) the prevention of illness, disability and premature deaths in the United States.

The House amendment provided that, in addition to his existing responsibilities under section 304, the Secretary is to give appropriate emphasis to health care costs, increases in such costs and the reasons for such increases.

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

MANPOWER TRAINING PROGRAMS

The Senate bill required the Secretary (through National Research Service Awards) to undertake and support manpower training programs to provide for an expanded and continuing supply of individuals qualified to support research, evaluation and demonstration projects with respect to health services research, health statistics and health care technology.

The House amendment required that the health services research and health statistics training authorized to be conducted under section 304 of the Public Health Service Act be conducted through the National Center for Health Services Research and the National Center for Health Statistics.

Under the provisions of the conference substitute, the Secretary is required, through the National Center for Health Services Research, the National Center for Health Statistics and the National Center for Health Care Technology and using National Research Service Awards and other appropriate authorities, to undertake and support manpower training programs to provide for an expanded and continuing supply of individuals qualified to perform the research, evaluation and demonstration projects with respect to health services research, health statistics and health care technology.

EXPERTS AND CONSULTANTS

The Senate bill authorized the Director of the National Center for Health Services Research and the Director of the National Center for Health Statistics each to obtain the services of not more than 15 experts or consultants who have appropriate scientific or professional qualifications.

The House amendment contained no comparable provision.

The conference substitute conforms to the provisions of the Senate bill, with a technical amendment.

COORDINATION OF ACTIVITIES

Existing law requires that all health services research, evaluation, demonstration and health statistical activities undertaken and supported through units of the Department of Health, Education, and Welfare be coordinated by the Secretary. In addition, existing law requires that, to the maximum extent feasible, such coordination should be carried out through the National Center for Health Services Research and the National Center for Health Statistics.

The Senate bill retained the provisions of existing law except that it included epidemiological activities and required that the coordination also be carried out through the proposed Office of Health Technology, as well as the two existing Centers.

The House amendment changed existing law to require coordination of health services research, evaluation, demonstration and health statistical activities through the two existing Centers, but only those activities authorized by the Public Health Service Act.

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

In directing the Secretary to coordinate activities in the area of health services research, health statistics, epidemiology, and the assessment of health care technologies, the conferees do not intend to prevent other agencies within the Department from pursuing programs which are directly relevant to their mandates. The conferees feel strongly that the Secretary should provide sufficient direction through the Centers to reduce to a minimum any overlap and duplication in the areas of health services research, health statistics, epidemiology and the evaluation of health care technologies. However, the conferees recognize fully that the National Institutes of Health, the Food and Drug Administration, the Center for Disease Control, and the Health Care Financing Administration, among other agencies, must pursue research and demonstration activities necessary to administer their individual programs and to fulfill legislative mandates. The Secretary will naturally have to exercise careful judgement in determining where such activties should be better coordinated and where the individual agencies should be granted substantial independence. For example, the conferees would not find it appropriate for the National Center for Health Statistics to coordinate epidemiological activities undertaken at the National Institutes of Health, unless the Secretary finds that the NIH lacks the capacity to perform that coordinating role for itself.

AMENDMENTS WITH RESPECT TO THE NATIONAL CENTER FOR HEALTH SERVICES RESEARCH

The Senate bill (1) deleted the authority for the National Center for Health Services Research to support research with respect to technology, (2) authorized the Center to conduct research with respect to the uses of computer science and health services delivery and medical information systems.

Under the House amendment (1) the Center was required, as opposed to authorized, to undertake and support research activities, (2) the existing authority to conduct research with respect to construction was deleted, and (3) no application for a grant or contract for health services research under a law administered by the Secretary of HEW could be approved before the National Center and the Health Care Financing Administration had been given a reasonable opportunity to review the application for technical competence.

Under the conference substitute, the Center is afforded authority to conduct research with respect to computer science and its authority to support research with respect to technology is retained. In addition, the conference substitute includes the provision of the House amendment which requires certain research to be conducted as well as the provision which deletes authority with respect to construction. The conference substitute does not include the requirement with respect to review of applications by the Center and the Health Care Financing Administration.

In retaining the mandate of the National Center for Health Services Research to undertake and support experiments and demonstrations respecting the "technology" of health services and systems, the conferees wish to make clear that they do not intend the NCHSR to compete with the new National Center for Health Care Technology in conducting assessments, research, evaluations and demonstrations respecting the efficacy, safety, effectiveness, cost-effectiveness and social, economic and ethical impacts of health care technologies. The conferees intend, rather, to make certain that the National Center for Health Services Research can continue to undertake and support development programs concerning new technologies directly relevant to the organization and delivery of health care services. The NCHSR should be free to undertake and support work relevant to designing, developing, and demonstrating such new technologies. The NCHSR should also have authority to evaluate the results of studies concerning the design, development, and demonstration of these technologies.

Evaluating and assessing the effectiveness, cost-effectiveness, social, ethical and economic implications of health care technologies should be the primary responsibility of the National Center for Health Care Technology. The conferees recognize that distinguishing the precise boundaries of the activities of the National Center for Health Services Research and the National Center for Health Care Technology may be difficult in some situations and expect the two centers to work closely together to minimize duplication of effort.

AMENDMENTS WITH RESPECT TO THE NATIONAL CENTER FOR HEALTH STATISTICS

The Senate bill (1) authorized the Secretary to undertake and support epidemiological research, demonstrations and evaluations, (2) required that surveys provided to relevant committees of Congress include epidemiological surveys, (3) changed the reference to the Senate Committee on Labor and Public Welfare to the Senate Committee on Human Resources, (4) formally named the Cooperative Health Statistical System, (5) correctly named the National Committee on Vital and Health Statistics and (6) required that the Secretary, in consultation with the National Committee on Vital and Health Statistics, maintain needed minimum sets of data and establish standards to assure the quality of health statistics and epidemiological data collection, and properly coordinate data collections.

The House amendment (1) required as opposed to existing law's permissive authority, the Center to collect statistics and to undertake and support certain activities, (2) authorized the Center to collect statistics and prepare studies upon request of pubic and non-profit private entities under arrangements under which the entities will pay the cost of the services provided, (3) required the establishment of standardized means for the collection of health information and statistics in laws administered by the Secretary of Health, Education, and Welfare, (4) formally established the Cooperative Health Statistical System and delineated the activities of the Center with respect to the system, (5) specified that the unit of HEW which is to cooperate with other Federal agencies in carrying out statistical activities is to be the Center, (6) added health planning as a field from which persons may be appointed to the National Committee on Vital and Health Statistics, and (7) authorized the Center to provide to public and non-profit private entities engaged in health planning activities, technical assistance in the effective use in such activities of statistics selected or compiled by the Center.

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

HEALTH CARE TECHNOLOGY

Duties of the National Center for Health Technology

The Senate bill required the Secretary, acting through the proposed Office of Health Technology, to: 1) establish priorities for research, demonstrations, and evaluations of medical technologies; 2) undertake and support, by grant or contract, research, demon-

strations, and evaluations concerning the safety, efficacy, effectiveness, cost-effectiveness, and social and ethical impacts of medical technologies; and 3) undertake and support similar studies respecting the factors that affect the utilization of medical technologies, alternative methods for disseminating information on medical technologies, alternative methods for measuring the quality of health services, and other matters.

The House amendment required the Secretary, acting through the Center, to undertake and support comprehensive assessments of health care technology. In determining if the assessment of a particular technology should be given priority, the Center was to consider a number of factors including the actual or potential risks and the actual or potential benefits to patients associated with the use of the technology, the actual or potential cost of the technology, the actual or potential rate of its use, and the stage of development of the technology.

The conference substitute combines provisions of House and Senate bills. The Secretary is required, acting through the Center, to undertake and support assessments of health care technology. In addition, the Secretary is required, acting through the Center, to undertake and support research in, and demonstrations and evaluations of 1) the factors that affect the use of health care technologies in the United States; 2) methods for disseminating information on health care technologies; and 3) the effectiveness, cost-effectiveness, and social, ethical and economic impacts of particular medical technologies. The Secretary is also required to encourage and support research evaluations, and demonstrations respecting the safety and efficacy of particular medical technologies. In determining if an activity respecting a particular technology is to be given priority, the Secretary is instructed to place emphasis on those factors which were emphasized in the House amendment.

The conferees feel that the National Center for Health Care Technology should have at least two primary missions. First, it should stimulate increased scrutiny of new and existing health care technologies to insure that their safety, efficacy, cost-effectiveness, social, ethical and economic impacts are more completely explored. Secondly, and just as important, the new Center should encourage the rapid dissemination of newly developed health care technologies which have proved their worth in terms of safety, efficacy, cost-effectiveness. The work of the Center and its Council should act, therefore, both to identify those health care technologies which have been insufficiently evaluated and to spur more rapid adoption of practices, procedures and devices whose usefulness has been demonstrated. The conferees feel strongly that the Center should be even-handed and balanced in fulfilling these two missions.

COOPERATION

Under the Senate bill, the Secretary was required to cooperate and consult with the National Institutes of Health, the Veterans Administration and any other interested Federal department with respect to health care technology.

The House amendment contained no comparable provision.

The conference substitute conforms to the Senate bill.

ESTABLISHMENT OF CENTERS TO ASSESS HEALTH CARE TECHNOLOGY

The Senate bill required the Secretary to assist public and private non-profit entities in meeting the costs of planning and establishing new, and operating existing and new, centers for research, evaluation and demonstrations respecting health care technologies. The Senate bill established the following requirements with respect to each such center: (1) a full-time Director and additional professional staff, (2) a staff with expertise in the various disciplines needed to conduct multi-disciplinary research, (3) location with an established academic or research institution, and (4) such additional requirements as may be prescribed by regulation.

The House amendment authorized the Secretary to assist public and private non-profit entities in meeting the costs of planning, establishing, and operating centers to assess health care technology.

The conference substitute conforms to the provisions of the Senate bill.

REVIEW OF GRANTS AND CONTRACTS

Under the House amendment, any grant or contract awarded for research, demonstrations and evaluation of health care technology, the direct cost of which would exceed $35,000, could only be made or entered into after appropriate review for scientific merit by peer review groups composed by experts in the relevant fields.

The Senate bill required the National Council for the Evaluation of Medical Technology to review and approve any grant or contract the direct cost of which exceeded $35,000.

The conference substitute includes the provision of the House amendment but also provides that no grant or contract in excess of $35,000 may be made or entered into unless it has first been reviewed by the National Council on Health Care Technology and the Council's recommendations respecting approval has been provided to the Secretary.

RECOMMENDATIONS RESPECTING HEALTH CARE TECHNOLOGY ISSUES

Under the House amendment, the National Center for Health Care Technology was required to make recommendations to the Secretary respecting health care technology issues in the administration of laws under the Secretary's jurisdiction including recommendations with respect to reimbursements under Titles XVIII and XIX of the Social Security Act.

The Senate bill contained no comparable provision.

Under the conference substitute, the Center is authorized to make recommendations to the Secretary respecting health care technology issues in the administration of the laws under the Secretary's jurisdiction, including recommendations with respect to reimbursement policy.

REPORTS

The Senate bill required the Secretary to include in his annual report to the Congress on the administration of section 304 through 307 and the current state and progress of health services research and health statistics, comparable information respecting health care technology.

Under the House amendment, the Secretary of HEW was required, not later than December 1 of each year, to report to Congress a comprehensive description of the activities of the Center for Health Care Technology during the preceding fiscal year.

The conference substitute conforms to the provisions of the Senate bill.

SPECIAL REPORT

The House amendment included a provision, not contained in the Senate bill, which required the Secretary of HEW, within two years after the date of the enactment of the proposed legislation, to submit a report to the relevant Committees of Congress describing the various types of activities undertaken and supported for the assessment of health care technology, describing recommendations and action taken with respect to reimbursement policy, and describing any additional authority or organizational changes necessary to more effectively carry out functions of the Center.

The Senate bill did not include a comparable provision and the conference substitute conforms to the Senate bill.

NATIONAL COUNCIL FOR THE EVALUATION OF MEDICAL TECHNOLOGY

The Senate bill established a National Council for the Evaluation of Medical Technology consisting of employees of government, and members of the public. Such Council was authorized to consult with and make recommendations to the Secretary with respect to the safety, efficacy, effectiveness, cost effectiveness, and the social and economic impacts of particular medical technologies and, when appropriate, after consultation with appropriate public and private entities, develop standards, norms and criteria concerning the utilization of particular medical technologies. In addition, the Council was required to disseminate the standards, norms and criteria it had developed.

Under the House amendment, a Health Care Technology Advisory Committee, consisting of governmental and private members, was established. The Committee was to advise the Secretary and the Director of the Center for Health Care Technology with respect to health care technology functions, including the establishment of priorities for assessments to be undertaken or supported by the Center.

The conference substitute conforms to the provisions of the Senate bill, with technical amendments.

The managers did not limit the Council to developing standards, norms and criteria based solely on assessments undertaken by the Center. But not doing so, however, it is not the intent of the conferees that the work of the Council not be closely tied to the activities of the Center. Thus, the conferees would expect the Council, wherever practicable, to use assesments undertaken or supported by the Center in developing standards, norms, and criteria respecting health care technology.

AUTHORIZATION OF APPROPRIATIONS FOR THE NATIONAL CENTER FOR HEALTH SERVICES RESEARCH

The Senate bill provided the following authorizations for health services research, evaluation, and demonstration activities undertaken or supported by the National Center for Health Services Research: $32,600,000 for fiscal year 1979, $35,000,000 for fiscal year 1980, and $40,000,000 for fiscal year 1981. In addition, at least 15 percent of such funds or $6,000,000, whichever is less, was required to be made available only for activities directly undertaken by the Center, and at least 5 percent of such funds or $1,000,000, whichever is less, was to be made available only for dissemination activities directly undertaken by the Center.

Under the House amendment, appropriations of $36,000,000 for fiscal year 1979, $44,000,000 for fiscal year 1980 and $49,000,000 for 1981 were authorized for the health services research, evaluation, and demonstration activities undertaken by the Center. In addition, at least 20 percent of the amount appropriated for any fiscal year or $6,000,000 whichever is less, was required to be made available for health services research and demonstration activities directly undertaken by the Center. The House amendment also authorized $2,000,000 for fiscal year 1979, $4,000,000 for fiscal year 1980, and $4,000,000 for 1981 for health services research training.

Under the conference substitute, the following authorizations of appropriations are

made for health service research, evaluation, and demonstration activity undertaken or supported by the National Center for Health Services Research: $35,000,000 for fiscal year 1979, $40,000,000 for fiscal year 1980, and $45,000,000 for fiscal year 1981. At least 20 percent of the amount appropriated for any fiscal year or $6,000,000, whichever is less, is required to be made available only for activities directly undertaken by the Center. At least 5 percent of the amount appropriated in any fiscal year or $1,000,000, whichever is less, is required to be made available only for dissemination activities directly undertaken by the Center. The conference substitute contains no line-item authorization for health services research training.

AUTHORIZATION OF APPROPRIATIONS FOR THE NATIONAL CENTER FOR HEALTH STATISTICS

Under the Senate bill, the following authorizations of appropriations were made for health statistical activities: $43,400,000 for fiscal year 1979, $47,000,000 for fiscal year 1980, and $50,000,000 for fiscal year 1981. Of the funds appropriated for any fiscal year, at least 15 percent was required to be available only for health statistical and epidemiological activities directly undertaken by the Center.

Under the House amendment, authorizations of appropriations for health statistical activities of the Center were as follows: $60,000,000 for fiscal year 1979, $75,000,000 for fiscal year 1980, and $80,000,000 for fiscal year 1981. In addition, under the House amendment, of the amount appropriated, at least $1,000,000 in fiscal year 1979, $2,000,000 in fiscal year 1980, and $2,000,000 in fiscal year 1981 was required to be made available for health statistics training.

Under the conference substitute, the following appropriations are authorized for health statistical activities undertaken or supported by the National Center for Health Statistics: $50,000,000 for fiscal year 1979, $65,000,000 for fiscal year 1980, and $70,000,000 for fiscal year 1981. The conference substitute does not include a requirement that a certain percentage of funds must be made available only for activities undertaken by the Center, nor does it contain an earmark of funds for health statistics training.

AUTHORIZATIONS OF APPROPRIATIONS FOR RESEARCH, DEMONSTRATIONS AND EVALUATIONS BY THE NATIONAL CENTER FOR HEALTH CARE TECHNOLOGY

Under the Senate bill, the following appropriations were authorized for activities respecting health care technology: $15,000,000 for fiscal year 1979, $25,000,000 for fiscal year 1980, and $30,000,000 for fiscal year 1981. Beginning in fiscal year 1981, of such funds, at least 15 percent was required to be made available only for activities directly undertaken by the Center.

Under the House amendment, the following appropriations were authorized for the Center for Health Care Technology: $15,000,000 for fiscal year 1979, $25,000,000 for fiscal year 1980, and $35,000,000 for fiscal year 1981. Beginning in fiscal year 1981, not less than 20 percent of amounts appropriated was to be obligated for assessments directly undertaken by the Secretary.

Under the conference substitute the following appropriations are authorized for the Center for Health Care Technology: $15,000,000 for fiscal year 1979, $25,000,000 for fiscal year 1980, and $33,000,000 for fiscal year 1981. Beginning in fiscal year 1981, not less than 15 percent of amount appropriated is to be obligated for assessments directly undertaken through the Center.

NATIONAL RESEARCH SERVICE AWARDS

Under the Senate bill, the authority of the Secretary to provide National Research Service Awards was extended to authorize research at the National Center for Health Services Research, the National Center for Health Statistics and the Center for Health Care Technology, as well as training at such centers.

The House amendment contained no comparable provision.

The conference substitute conforms to the Senate bill.

TECHNOLOGIES UNDER DEVELOPMENT

Under the Senate bill, the Director of the National Institute of Health, on an annual basis, was required to make available to the proposed Office of Health Technology and its Council a list of all technologies which the Director is aware are under development and that appear likely to be used in medical practice in the near future.

The House amendment contained no comparable provision.

The conference substitute includes the provisions of the Senate bill, with technical amendments.

HEALTH STATUS OF THE MEMBERS OF UNITED MINE WORKERS

Under the Senate bill, the Secretary, acting through the National Center for Health Services Research, was required to arrange for a study to evaluate the impact upon the utilization of health services by and the health status of members of the United Mine Workers and their dependents as a result of changes in the United Mine Workers collective-bargaining agreements of March 1978.

The House amendment contained no comparable provision.

The conference substitute conforms to the Senate bill.

EFFECT OF THE ENVIRONMENT ON HEALTH

The Senate bill required the Secretary to develop a plan for the collection and coordination of statistical and epidemiological data on the effects of the environment on health.

The House amendment required the Secretary to establish guidelines for the collection, compilation, analysis, publication and distribution of statistics and information necessary for determining the effects of conditions of employment and indoor and outdoor environmental conditions on the public health.

In addition, the House amendment required the Secretary to conduct a study focusing on the costs of environmentally related diseases.

The conference substitute combines and integrates the provisions of the Senate bill and the House amendment. Although the form of the Senate bill was altered slightly, the conferees agreed with the Senate's intent that the study should be undertaken in close cooperation with the Administrator of the Environmental Protection Agency and the Secretary of Labor.

HEW PATENT POLICY

Under the Senate bill, the Assistant Secretary for Health was granted responsibility for (1) developing the policies of the Department of HEW with respect to the rights to inventions of its employees, grantees and contractors; (2) issuing invention and patent administration policies and procedures; (3) administering the receipt and processing of invention reports by employees, grantees, and contractors of the Department; (4) making determinations of rights to inventions and patents involving inventions of employees, grantees and contractors of the Department; and (5) making determinations with respect to applications for licenses, under patent applications and patents owned by the United States. In addition, all functions of the Office of the General Counsel relating to patent administration and administration of invention reports were transferred to the Office of Health Technology. However, all legal services and functions relating to patent inventions were to remain in the Office of the General Counsel.

The House amendment contained no comparable provision, and the conference substitute conforms to the House amendment.

The conferees strongly urge the Department to review the manner in which patents are currently administered within the Department. The conferees are aware of expressed dissatisfaction with the pace at which patent applications are currently processed within HEW. Unnecessary delays in determining rights to inventions developed with Federal dollars deprive taxpayers of the potential benefits of research and development financed with Federal monies. The conferees wish to note that they intend to give a thorough review to patent proceedings in the near future.

STUDY OF HAZARDOUS SUBSTANCES ON HUMANS

The House amendment contained a provision, not included in the Senate bill, that required the Committee on Vital and Health Statistics to conduct a study of the issues respecting establishing a Federal system to facilitate studies of the effects of hazardous substances on humans and to assist Federal, State and other entities in locating individuals who have been exposed to hazardous substances to determine the effect on their health of such exposure and to assist them in obtaining appropriate medical care.

The conference substitute conforms essentially to the House amendment, except that (1) the study is incorporated into the larger study of costs of environmentally related diseases and is to be conducted by the Secretary of HEW, acting through the National Center for Health Statistics; (2) a consolidated consultation provision has been included; and (3) the National Committee on Vital and Health Statistics is included among those groups which must be consulted.

POSITIONS FOR SPECIALLY QUALIFIED PERSONNEL

The House amendment authorized the establishment of twenty-four new positions within the Public Health Service for specially qualified scientific, professional and administrative personnel. These positions were to be for the National Center for Health Services Research, the National Center for

Health Statistics and the National Center for Health Technology.

The Senate bill contained no comparable provision.

The conference substitute conforms to the House amendment.

VISION RESEARCH FACILITIES

The House amendment authorized the Secretary to carry out a program of grants for public and non-profit private vision research facilities.

The Senate bill contained no comparable provision.

The conference substitute conforms to the House amendment.

INTERAGENCY TASK FORCE ON ENVIRONMENTAL CANCER HEART AND LUNG DISEASE

The House amendment to the Senate bill contained provisions expanding the membership of the Interagency Task Force established by P.L. 95-95 and directing it to study and make recommendations on environmental data guidelines.

The conference substitute retains the membership expansion provision. In light of the consultation provision requiring the Secretary of HEW to cooperate with the Task Force in developing its guidelines, the conference substitute deleted the second part of the House provision as redundant.

AMENDMENTS TO OTHER LAWS

The House amendment contained technical and minor substantive amendments to the Health Professions Educational Assistance Act of 1976, and to P.L. 95-95.

The Senate bill contained no comparable provisions.

The conference substitute conforms to the House amendment.

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NOTICE

Incomplete record of House proceedings. House proceedings for today will be continued in the next issue of the Record.