IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 23, 1966

Mr. Fogarty introduced the following bill; which was referred to the Committee on Interstate and Foreign Commerce

A BILL

To amend the Public Health Service Act by adding a new title X thereto which will establish a program to protect adult health by providing assistance in the establishment and operation of regional and community health protection centers for the detection of disease, by providing assistance for the training of personnel to operate such centers, and by providing assistance in the conduct of certain research related to such centers and their operation.

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

That this Act may be cited as the "Adult Health Protection Act of 1966".

SEC. 2. The Public Health Service Act is amended by adding at the end thereof the following new title:
"TITLE X—DETECTION OF DISEASES IN ADULTS
THROUGH FACILITIES PROVIDED BY REGIONAL AND COMMUNITY HEALTH PROTECTION CENTERS

"FINDINGS OF FACT

"SEC. 1001. The Congress hereby finds and declares that—

"(1) the Federal Government has a duty to assist the adult population of the United States, particularly the aged and the aging, in protecting, maintaining, and improving their health;

"(2) utilization by individuals on a regular basis of a health appraisal program, which makes full use of appropriate technical facilities in its disease detection procedures, can lead to the prevention of illness and chronic disorders which they would otherwise suffer;

"(3) the early detection of disease is essential to the prompt and effective treatment thereof;

"(4) there presently exists modern equipment and techniques which make possible the efficient and rapid appraisal of large numbers of individuals for indications of many common chronic diseases, including heart and vascular diseases, cancer, diabetes, tuberculosis, glaucoma, and kidney disease;

"(5) the rapid appraisal, by use of such equipment
and techniques, of large numbers of individuals for indications of common chronic diseases in no way constitutes medical treatment nor in any way replaces or obviates the need for regular physical examinations by physicians;

"(6) the making available to physicians caring for individuals who have undergone such an appraisal of properly documented findings resulting therefrom will assist such physicians in conducting, more rapidly and efficiently, complete medical examinations of such individuals; and

"(7) the expansion of facilities providing for the appraisal, by use of modern equipment and techniques, of large numbers of individuals for indications of common chronic diseases, together with the making available to appropriate physicians of the documented findings resulting from the appraisals conducted by such facilities, will assist the medical profession in employing to the fullest extent their knowledge, training, and abilities in preventing illness and in healing the sick.

"DECLARATION OF PURPOSE

"Sec. 1002. It is the purpose of this title—

"(a) to encourage and assist, through grants, in the planning, establishment, and operation of regional health protection centers each of which will provide
health appraisal and disease detection services, on a periodic basis, to any adult who requests such services, if he has attained age fifty and resides within the immediate geographic area, as prescribed by the Surgeon General, within which such center is located, and each of which will assist and support any community health protection centers, which may be located within the geographic area served by it, in carrying out their functions;

“(b) to encourage and assist, through grants, in the planning, establishment, and operation of community health protection centers which will provide health appraisal and disease detection services, on a periodic basis, to any adult who requests such services, if he has attained age fifty and resides within the geographic area served by the center from which he requests such services;

“(c)(1) to provide grants to regional health protection centers (and, under certain circumstances, to community health protection centers), which have received grants under this title to carry out the purposes of subsection (a) or (b), to enable them to provide specialized training in the various functions and activities of such centers, through working intern-
ships in such centers, for physicians, nurses, health counselors, referral specialists, medical technicians, and other professional or technical health personnel; and (2) to enable the Surgeon General to enter into contracts with educational institutions and other appropriate organizations for the development and carrying out of educational programs designed to improve or enhance the effectiveness of professional or technical personnel engaged in (or interested in engaging in) activities involved in the operation of health protection centers; and

“(d) (1) to provide grants to regional health protection centers (and, under certain circumstances, to community health protection centers), which have received grants under this title to carry out the purposes of subsection (a) or (b), to enable them to conduct operational research designed to secure information leading to the improvement of systems, methods, processes, or procedures to be employed by such centers in carrying out their functions, including systems, methods, processes, or procedures relating to the development of counseling, informational, referral, and other activities related to the carrying out of such functions, and (2) to
enable the Surgeon General to enter into contracts with
profitmaking and nonprofitmaking organizations for the
conduct of research designed to improve the operations
of health protection centers.

"AUTHORIZATION OF APPROPRIATIONS"

"Sec. 1003. (a) In order to carry out the purposes of
this Act, there are authorized to be appropriated, for the fiscal
year ending June 30, 1967, $10,000,000; for the fiscal year
ending June 30, 1968, $20,000,000; and for the fiscal year
ending June 30, 1969, $30,000,000.

(b) Any sums appropriated under subsection (a) for
any fiscal year shall, if not expended prior to the end of such
year, remain available for the purpose for which they were
appropriated until expended.

"DEFINITIONS"

"Sec. 1004. As used in this title—

(1) the term ‘Council’ means the National Ad-
visory Council on Adult Health Protection established
by section 1011; and

(2) the term ‘nonprofit institution’ means an in-
stitution owned and operated by one or more corpora-
tions or associations no part of the net earnings of which
inures, or may lawfully inure, to the benefit of any
private shareholder or individual.
"PURPOSE OF REGIONAL AND COMMUNITY HEALTH PROTECTION CENTERS

"Sec. 1005. (a) (1) It shall be the purpose of any regional health protection center to provide, in accordance with the succeeding provisions of this subsection, a health appraisal program for which all adults age fifty or over living within the immediate geographic area, as prescribed by the Surgeon General, within which such center is located will be eligible to participate.

"(2) Such health appraisal program—

"(A) shall be designed to detect, in the most rapid and efficient manner possible, indications, in individuals participating in the program, of common chronic diseases and conditions such as heart and vascular disease, cancer, diabetes, tuberculosis, glaucoma, and kidney disease, and abnormalities or defects in metabolism, organs of special sense, and in the cardiovascular, respiratory, gastrointestinal, genitourinary, and musculoskeletal systems;

"(B) shall include the full and proper use, in its disease, abnormality, and physical defect detection functions, of the most efficient procedures and technical equipment;

"(C) may include the training of professional and
technical personnel in the operation of technical disease
detection procedures and related functions of health pro-
tection centers;

"(D) shall include the carrying out of educational
and informational activities for the benefit of the general
public and of professional health personnel in concepts
of health protection and maintenance; and

"(E) may include the conduct of research into new
means of disease detection and into the development of
new diagnostic equipment.

"(b) In addition to providing (in accordance with the
preceding requirements of this section) a health appraisal
for the residents within the immediate geographic area in
which it is located, it shall be the duty and function of any
regional health protection center to provide support and
assistance to such community health protection centers as
may be established in neighboring geographic areas or which
can be feasibly related to such regional health protection
center. In carrying out such duty and function, each re-
geional health protection center shall maintain a direct work-
ing relationship with each such community health protection
center, and shall disseminate appropriate information among,
and shall coordinate the efforts of, such community health
protection centers. Each regional health protection center
shall have and maintain a full and adequate supply of auto-
mated and other equipment so as to be able to process tests for and otherwise assist all community protection centers which it is to serve.

"(c) (1) It shall be the purpose of any community health protection center to establish a health appraisal program in accordance with the provisions of subsection (a), and to cooperate with the regional health protection centers serving the geographic area in which such community health protection center is located.

"(2) In order that the foregoing purpose may effectively be carried out, each community health protection center shall be designed to serve the people of a well-defined geographic area, as prescribed by the Surgeon General, and shall be designed so as to facilitate the convenient utilization of its services by the greatest possible number of the people residing within such area.

"GRANTS FOR REGIONAL HEALTH PROTECTION CENTERS

"Sec. 1006. (a) The Surgeon General is authorized to make grants to medical schools, community hospitals, health departments, and other appropriate public or non-profit agencies or institutions to assist them in the planning, establishment, and operation of regional health protection centers.

"(b) Grants under this section may be made only upon
application therefor approved by the Surgeon General. Any such application may be approved only if it contains or is supported by reasonable assurances that—

"(1) any regional health protection center, the planning, establishment, or operation of which is assisted by any such grant will be one which, when it is in operation, will fulfill the purposes of regional protection centers as set forth in section 1005 and will comply with the requirements prescribed for any agreement under section 1008;

"(2) Federal funds paid pursuant to any such grant will be used only for the purposes for which paid and in accordance with the applicable provisions of this title and the regulations thereunder;

"(3) the applicant for a grant will provide for such fiscal control and fund accounting procedures as are required by the Surgeon General to assure proper disbursement and accounting for such Federal funds;

"(4) the applicant for such grant will make such reports, in such form and containing such information as the Surgeon General may from time to time reasonably require, and will keep such records and afford such access thereto as the Surgeon General may find necessary to assure the correctness and verification of such reports; and
“(5) any laborer or mechanic employed by any contractor or subcontractor in the performance of work on any construction aided by payments pursuant to any grant under this section will be paid wages at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a—276a-5); and the Secretary of Labor shall have, with respect to the labor standards specified in this paragraph, the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 5 U.S.C. 1332-15) and section 2 of the Act of June 13, 1934, as amended (40 U.S.C. 276c).

"GRANTS FOR COMMUNITY HEALTH PROTECTION CENTERS"

"Sec. 1007. (a) The Surgeon General is authorized to make grants to medical schools, community hospitals, health departments, and other appropriate public or non-profit agencies or institutions to assist them in the planning, establishment, and operation of community health protection centers.

"(b) Grants under this section may be made only upon application therefor approved by the Surgeon General. Any such application may be approved only if it contains or is supported by reasonable assurances that—

"(1) any community health protection center, the
planning, establishment, or operation of which is assisted
by any such grant will be one which, when it is in op-
eration, will fulfill the purposes of community health
protection centers as set forth in section 1005 and will
comply with the requirements prescribed for any agree-
ment under section 1008;

“(2) Federal funds paid pursuant to any such
grant will be used only for the purposes for which paid
and in accordance with the applicable provisions of this
title and the regulations thereunder;

“(3) the applicant for such grant will provide for
such fiscal control and fund accounting procedures as are
required by the Surgeon General to assure proper dis-
bursement of and accounting for such Federal funds;

“(4) the applicant for such grant will make such
reports, in such form and containing such information as
the Surgeon General may from time to time reasonably
require, and will keep such records and afford such
access thereto as the Surgeon General may find neces-
sary to assure the correctness and verification of such
reports; and

“(5) any laborer or mechanic employed by any
contractor or subcontractor in the performance of work
on any construction aided by payments pursuant to any
grant under this section will be paid wages at rates not
less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a–276a–5); and the Secretary of Labor shall have, with respect to the labor standards specified in this paragraph, the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 5 U.S.C. 133z–15) and section 2 of the Act of June 13, 1934, as amended (40 U.S.C. 276c).

"HEALTH PROTECTION CENTERS—FINDINGS OF HEALTH APPRAISALS TO BE REFERRED TO PRIVATE PHYSICIANS"

"Sec. 1008. (a) Each grant made under this title to any health protection center shall be conditioned upon an agreement that such center will refer any and all findings resulting from any health appraisal, test, or examination provided by it for any individual to the private or other physician who is charged with the health care of such individual.

"(b) The Surgeon General shall promulgate regulations specifying the particulars to be included in any agreement referred to in subsection (a) and such regulations shall provide that, in the event an individual, who undergoes a health appraisal, test, or examination provided by a health protection center, does not have a private physician who is charged with the health care of such individual, the findings resulting
from any such appraisal, test, or examination of such indi-
vidual shall be referred in accordance with the practice of
local medical groups in the community where such individual
resides, or, if such individual is medically indigent, shall be
referred in accordance with local practice in such community
with respect to medically indigent individuals.

"(c) Any agreement referred to in subsection (a) shall
provide that any findings resulting from any health appraisal,
test, or examination provided by a health protection center
for any individual, or any research or study involving such
findings, shall be treated with commonly accepted standards
of confidentiality in the medical and health field.

"(d) Any health protection center which has entered
into an agreement referred to in subsection (a) shall not be
eligible to receive any grant or part of a grant under this
title during any period with respect to which the Surgeon
General finds that such center has failed substantially to com-
ply with such agreement.

"TECHNICAL TRAINING OF PERSONNEL FOR HEALTH
PROTECTION CENTERS

"Grants to Health Protection Centers

"Sec. 1009. (a) The Surgeon General may make grants
to regional health protection centers, which have received
grants under section 1006 (and, when the Surgeon General
determines that the purpose of section 1002 (c) can best be
carried out thereby, to community health protection centers
which have received grants under section 1007, to enable
such centers to establish and operate working internship pro-
grams under which physicians, nurses, health counselors,
referral specialists, medical technicians, and other profes-
sional or technical personnel will receive training in per-
forming the activities of health protection centers. No such
grant shall be used to make any such program available to
any individual for a period greater than two years, and no
such grant shall be made to any health protection center
with respect to any period for which such center is not a
recipient of a grant under section 1006 or section 1007.

"Contracts With Institutions and Organizations"

"(b) The Surgeon General may enter into contracts
with educational institutions or other appropriate organiza-
tions for the development and carrying out of educational
programs designed to improve or enhance the effectiveness of
professional or technical personnel engaged in (or interested
in engaging in) activities involved in the operation of health
protection centers.

"OPERATIONAL RESEARCH"

"Grants to Health Protection Centers"

"Sec. 1010. (a) The Surgeon General may make
grants to regional health protection centers, which have re-
ceived grants under section 1006 (and, when the Surgeon
General determines that the purpose of section 1002 (d) can best be carried out thereby, to community health protection centers which have received grants under section 1007), to enable such centers to conduct operational research designed to secure information leading to the improvement of systems, methods, processes, or procedures employed in the detection of disease, in the providing of counseling, informational, referral, and other services, and in other activities of such centers. No grant under this section shall be made to any health protection center prior to the first full year in which such center has been in operation.

"Contracts With Organizations"

"(b) The Surgeon General may enter into contracts with appropriate profitmaking or nonprofit organizations for the purpose of the development or alteration of equipment, communications, processes, systems, or procedures designed (singly or in combination) to improve the effectiveness or efficiency of health protection centers in carrying on the activities for which they were established.

"NATIONAL ADVISORY COUNCIL ON ADULT HEALTH PROTECTION"

"Sec. 1011. (a) The Surgeon General, with the approval of the Secretary, may appoint, without regard to the civil service laws, a National Advisory Council on Adult Health Protection. The Council shall consist of the Surgeon
General, who shall be Chairman, and twelve members, not
otherwise in the regular full-time employ of the United
States, who are leaders in the fields of medicine, dentistry,
optometry, preventive medicine, public health, public wel-
fare, or are representatives of national organizations con-
cerned with the interests of the aging, and shall include one
or more national leaders known for their dedication to the
national interest and the welfare of the Nation's citizens.

"(b) Each appointed member of the Council shall hold
office for a term of four years, except that any member ap-
pointed to fill a vacancy prior to the expiration of the term
for which his predecessor was appointed shall be appointed
for the remainder of such term, and except that the terms of
office of the members first taking office shall expire, as desig-
nated by the Surgeon General at the time of appointment,
four at the end of the first year, four at the end of the second
year, and four at the end of the third year after the date of
appointment. An appointed member shall not be eligible to
serve continuously for more than two terms.

"(c) Appointed members of the Council, while attend-
ing meetings or conferences thereof or otherwise serving on
business of the Council, shall be entitled to receive compen-
sation at rates fixed by the Secretary, but not exceeding $100
per day, including travel time, and while so serving away
from their homes or regular place of business they may be
allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5 of the Administrative Expenses Act of 1946 (5 U.S.C. 73b–2) for persons in the Government service employed intermittently.

“(d) The Council shall advise and assist the Surgeon General in the preparation of regulations for, and as to policy matters arising with respect to, the administration of this title.

“REGULATIONS

“Sec. 1012. The Surgeon General, after consultation with the Advisory Council, shall prescribe general regulations covering the terms and conditions for approving applications for grants under this title and the coordination of programs assisted under this title with the programs, having related purposes, which are authorized under other titles of this Act or other Acts of Congress.

“RECORDS AND AUDIT

“Sec. 1013. (a) Each recipient of a grant under this title shall keep such records as the Surgeon General may prescribe, including records which fully disclose the amount and disposition by such recipient of the proceeds of such grant, the total cost of the project or undertaking in connection with which such grant is made or used, and the amount of that portion of the cost of the project or under-
taking supplied by other sources, and such records as will facilitate an effective audit.

“(b) The Secretary of Health, Education, and Welfare, and the Comptroller General of the United States, or any of their duly authorized representatives, shall have access for the purpose of audit and examination to any books, documents, papers, and records of the recipient of any grant under this title which are pertinent to any such grant.”

Sec. 3. (a) Section 1 of the Public Health Service Act is amended to read as follows:

“SECTION 1. Titles I to X, inclusive, of this Act may be cited as the ‘Public Health Service Act’.”

(b) The Act of July 1, 1944 (58 Stat. 682), as amended, is further amended by renumbering title X (as in effect prior to the enactment of this Act) as title XI, and by renumbering sections 1001 through 1014 (as in effect prior to the enactment of this Act), and references thereto, as sections 1101 through 1114, respectively.