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COMMITTEE OF TESTIMONY BEFORE SENATE HEARING ON HEALTH  
OF THE SENATE LABOR AND PUBLIC WELFARE COMMITTEE ON  
S.595 - HEALTH CARE, CANCER AND STROKE AMENDMENTS  
OF 1965

First Day of Hearings - February 9, 1965

TESTIMONY BY DEPARTMENT OF HEW WITNESSES

The Department was represented at the hearings by Secretary Celebrezze, Dr. Dempsey, Special Assistant to the Secretary (Health and Medical Affairs) and Dr. Price (Assistant Surgeon General).

Manpower

Senator Kennedy (Mass.) asked about the relationship between this bill and S.595, the Administration's Health Professions Education Assistance Act amendments. Medical schools in Massachusetts are concerned that establishment of the medical complexes might divert their resources from their major responsibility, the training of medical manpower. Department witnesses acknowledged the existence of a critical shortage of manpower but stated that these complexes should make possible the more efficient utilization of available manpower. Moreover, it is expected that the complexes themselves will be able to assist in training additional personnel.

Senator Hill underlined the interrelationships between this bill, and the Health Professions bill (S.596) and the medical library assistance bills in providing essential basic and continuing education for medical manpower necessary for the staffing of the complexes.

Costs

Both Senator Kennedy (Mass.) and Senator Javits raised questions about the anticipated cost of this program and the absence of 5-year cost estimates. The Department replied: (1) that the Commission report was submitted in December, 1964, when all 1966 budgets had been submitted; and (2) that experience is needed before a clear idea of costs can be obtained. Those complexes established initially will be in the nature of demonstrations and will provide an opportunity to launch the program, evaluate it and then make more informed estimates of cost.

Senator Javits made clear his intention to press for future year estimates for appropriation authorization ceilings, so that the substantive committee, not the appropriations committee, will set the authorization limits. He said he would be asking for the Secretary's assistance in estimating future year costs.

Kennedy also pressed for 5 year projections and for estimates of costs of a single center, and the number of centers to be established in the next 5 years. Senator Hill also raised questions regarding the comparative amounts to be spent on construction, staffing, equipment, planning, etc.

#### Administration

Senator Hill asked where in the Public Health Service the responsibility for administering the program would be vested. Department witnesses stated that no decision has been made yet. Recognized the strong sentiment to put it at NIH, but pointed out that NIH is primarily oriented toward research. A task force is being established to study the matter. ✓

#### Report

Senator Javits noted that the bill calls for a report to the President and Congress by June 30, 1969, evaluating activities authorized by it. Since testimony by Department witnesses placed strong emphasis upon evaluation before arriving at cost estimates, Senator Javits wondered whether it would be unduly taxing to ask for annual reports. Department witnesses answered that such reports could be prepared but suggested they be delayed at least until the end of the second year, since the first year would be devoted primarily to planning.

#### Patents and Copyrights

Senator Javits asked the Department to furnish for the record its position on the Long amendment on patents recently added to S.4 (the Water Pollution bill). Senator Javits anticipates Senator Long may want such an amendment added to this and other health bills. (This amendment would require patents, etc., resulting from research financed with Federal funds to be freely available to the public.) ✓

#### Recapture Provisions

Senator Javits noted that the construction provision of the bill contained no provision for recapture of facilities which cease to be used for the authorized purposes. The Department replied that such a provision was not deemed necessary since construction would be so small a part of the total program. The Senator asked that the Department reevaluate its position.

#### "Other Major Diseases"

Senator Kennedy (N.Y.) asked what "other major diseases" might be encompassed by the bill, particularly whether it would cover mental retardation. Department witnesses replied that initially, we would concentrate on the three specific diseases before extending to others. Although mental retardation is not precluded, a lot is already being done in the field under other legislation.

Association of American Medical Colleges -- Dr. George Wolf, President

The witnesses from this organization generally urged that the program proceed cautiously, aware of the many delicate relationships involved and permitting as natural an evolution as possible. They spoke also of the need for extensive planning and warned of the dangers of providing substantial support without planning. In view of the crucial problems of manpower and communications which logically arise in considering a comprehensive program of this kind, the AAMC feels that it is essential that the Health Professions amendments (S.595) and the Medical Library bill (S.597) be enacted together with S.596. When asked where in the PHS they would recommend lodging responsibility for administering the bill, Dr. Turner replied that under the bill, this would be an administrative decision and that the association does not oppose this.

American Heart Association -- Dr. Charleton B. Chapman, President

Witnesses for this organization also underscored the importance of planning grants, but they were equally concerned about staffing, training and manpower problems generally. The organization recommends that responsibility for administering the program be at NIH because it has (1) intimate contact with medical schools, (2) experience in clinical areas, (3) councils mechanisms, and (4) a categorical nature. It also urges that careful thought be given at the outset to fiscal limitations. The Association endorses S.597 (the medical library bill) as essential to this program.

American Cancer Association -- Dr. Murray M. Copeland, President

Witnesses, referring to one of the DHEW charts showing a "complex" wanted to see a categorical research institution which was not a medical school (Ex. Roswell Park type center) included as a central component of a complex. They made a strong plea for administration by NIH, especially with close ties to the cancer institute and its council. They stressed the need for prevention control measures (e.g. smoking control clinics to prevent lung cancer) as well as the treatment centers stressed in this bill.

Summary of Testimony Before Subcommittee on Health of  
the Senate Labor and Public Welfare Committee on S. 596 --  
Second day of hearings, February 10, 1965

The testimony by the Chairman of the subcommittee of the President's Commission on Heart Disease, Cancer and Stroke contained general agreement that S. 596 is a beginning toward implementing the recommendations contained in the Commission's report.

Deficiencies in the Bill

Individual subcommittee chairmen pinpointed certain deficiencies which they asked the Committee to consider in its evaluation of the bill.

(1) Mr. Marion Folsom (Manpower) suggested the bill

- contain specific provision that local and state health departments be represented on advisory committees for centers and otherwise be brought into the program on a consulting basis
- specify that expenditures for construction be coordinated with the Hill-Burton and health research facilities construction programs
- regard 10% required local contribution toward construction costs as a minimum and, wherever possible, have greater local contributions.

Mr. Folsom also urged that the Congress consider measures recommended by the Commission to meet the need for more highly trained doctors. He favors the proposal for Federal scholarships to medical students.

(2) Dr. Irving Wright (Heart Disease) believes the bill needs to be broadened to provide, in addition to the Folsom recommendations

- more money for training programs
- more emphasis on the development of communications programs
- authority for developing research animal facilities along with the medical complexes
- authority to establish laboratories in states for certain tests which will work closely with the diagnostic stations.

(3) Dr. Howard A. Rusk (Rehabilitation) urged modifying the bill to require that the advisory committees for centers include at least one person skilled in or concerned with rehabilitation.

Dr. John S. Meyer (Stroke) recommended modifying the bill to make the National Advisory Council on Medical Complexes mandatory.

Senator Javits asked Mr. DeBakey for a memo for the record specifically pinpointing those deficiencies in the bill which the Committee should consider.

#### Administration of the Program

There was general agreement among the Commission members present that NIH should administer the program. At the very least, the medical centers should be under NIH. As to the diagnostic and treatment stations, they could have a closer relationship to BSS-type programs and agencies. Mr. Folsom was the lone dissenter. He believes that administration of the programs should be closely tied in with BSS programs relating to community planning, facilities construction and manpower training, since these complexes will be focused not so much on research as on training, communication of knowledge, coordination of planning activities and care of patients.

Other members of the Commission countered Mr. Folsom's opinion, stating that the programs proposed by the bill are but a building-on and enlargement of programs already in existence at NIH. Dr. Farber expressed the opinion that the existence of the medical complexes will make possible research on a scale not now possible and that research as well as training must be emphasized. This indicated to him that NIH should administer the program. Dr. DeBakey commented that the major thrust of S. 596 is to extend and coordinate efforts already in operation. The proposed centers are a natural extension of on-going research and training programs of NIH. They would combine research, training and patient-care and provide the best medium for transferring knowledge gained from research to patient care and to training. The thrust is not just that of medical care.

#### Manpower Requirements

Although there was general recognition of the manpower shortage and the need to obtain more highly trained personnel, there seemed also to be agreement that establishment of the regional complexes that this bill proposes would not aggravate the manpower situation. Rather, it seemed to be felt that this program will make possible the more efficient use of both manpower and facilities. The Commission does, however, strongly recommend legislation which will greatly broaden existing training programs. Mr. Folsom specifically endorsed the proposal for Federal scholarships to medical students.

Dr. Wright urged that NIH training programs be oriented not only toward research but also toward patient care.

#### Narcotics Addiction

In response to a question by Senator Javits, Dr. Wright said that the Commission should consider this problem since it was not included in the categorical funding bill. The Commission has used the categorical bill as a vehicle for this problem should be the subject of a major study and a separate bill.

Costs

Various of the speakers cited 5-year cost estimates from the Commission's report. The estimates pertained to centers and stations for heart disease, cancer and stroke, separately. There was no discussion of the cost of the total program as proposed in S. 596.

Planning

Mr. Folsom referred to community planning of health services and facilities as one of the greatest public health needs. He urged that planning agencies should be established involving both public and voluntary agencies and institutions. To this and he believes that S. 596 and the Commission's report would

- use planning agencies to define regional needs
- help minimize costs and duplications and generally coordinate efforts
- require medical complexes to work closely with planning agencies.

Closing Comments

Attempting to summarize the hearings, Senator Hill said that they point to two big problems --

## Costs

## Administration (how and where)

Dr. DeBakey agreed to submit a supplementary statement summarizing the Commission's views on these two questions, among others.

In Senator Hill's opinion, most of the program should be administered at NIH.

He announced that the reports of the Commission Subcommittees will be printed as part of the record of the hearings.