





1. Specifically, what institutions would be eligible for grants? Medical schools? Hospitals? Health departments? Which kinds of grants to what kind of institutions?
2. What organization may apply for diagnostic and treatment station support? The university medical center? Hospital? Health department? Would a proprietary hospital be eligible?
3. In the event of two or more applications from the same community (medical school or hospital) for support, how is a priority established? By whom?
4. What role is contemplated for the Hill-Burton program in supporting H.C.S. facilities? What of the Health Research Facilities Program?
5. What is the relationship of the new Council to the National Cancer Council? Heart Council? Health Research Facilities Council?
6. How is a 90% Federal share justified in this program as contrasted to other PHS grant programs?
7. Is this authority really needed? Can do how much under existing authorities? Should have non-duplication language in new authority? Time limits? Appropriation ceiling?
8. How much flexibility should the law permit at this stage?

9. What organizational unit(s) in PHS would carry out the program(s)?
10. Would a "center" be required to cover at least the 3 major diseases, or just one or two? How about "stations"?
11. How do these differ from regional research centers we have asked for authority to construct and operate? How differ from other centers such as university affiliated mental retardation centers, clinical research centers, contract operated facilities?
12. How would the programs to be carried out through the centers and stations relate to on-going efforts in continuing education of physicians, etc.
13. What "approvals" of applications would be required before we would consider? State or local health departments? Medical societies?
14. What are the primary and secondary purposes of the bill? At the center? At the stations?
15. How total must be the geographic coverage?
16. How guard against the staff at the center being pre-occupied with research and neglecting service?

17. What proportions should be permitted at the centers between teaching, research, and services--at the centers and at the stations?
18. How minimize the fragmenting effect of the categorical centers and stations?
19. What other major diseases would be included? How select?
20. For what period of time will grants be made?
21. Are preliminary planning grants required? Is comprehensive community planning to be required?
22. Advisory committees required? At the center? At the stations? Representation and powers to be given to them?
23. Allowable costs? At the center? At the stations?
24. Limits on the number of stations per center?
25. Differences permitted in allowable costs depending on whether an institution is tax supported or privately supported?
26. Would the centers or stations provide highly expensive treatment (e.g., kidney dialysis) not generally available otherwise? And not in the categorical disease area?