



E0006B1

II. A. 2. LEGISLATIVE HISTORY OF REGIONAL MEDICAL PROGRAMS

- February, 1964 - In a Special Health Message to Congress, President Johnson stated: "I am establishing a Commission on Heart Disease, Cancer, and Stroke to recommend steps to reduce the incidence of these diseases through new knowledge and more complete utilization of the medical knowledge we already have." The Commission, made up of distinguished physicians, scientists, and informed citizens, collected information from a broad variety of agencies and institutions concerned with these diseases through a series of staff visits, surveys, and hearings.
- December, 1964 - The Report of the President's Commission on Heart Disease, Cancer and Stroke was issued. The Commission presented 35 recommendations aimed at the development across the nation of regional complexes of medical facilities and resources. These would function as coordinated systems to provide specialized services for the benefit of physicians and patients in the several geographic areas.
- January 7, 1965 - President Johnson's first legislative message to the 89th Congress called for a broad health-care program, including regional medical complexes to combat heart disease, cancer, stroke and other major illnesses.
- January 19, 1965 - Companion administration bills--S.596 and H.R. 3140-- were introduced in the Senate by Senator Lister Hill (D.-Ala.), and in the House by Representative Oren Harris (D.-Ark.), giving concrete, legislative form to the President's proposals.
- June 28, 1965 - After being reported with amendments by the Committee on Labor and Public Welfare, the Senate passed the bill. The Senate version stayed closer to the original Administration bill than did the House version, providing for regional medical complexes, and a four-year authorization.
- September 24, 1965 - The House passed the bill after being reported with amendments by the Committee on Interstate and Foreign Commerce and further floor amendments. The House version emphasized regional medical programs, defined as cooperative arrangements for research, training, diagnosis and treatment related to heart disease, cancer, stroke and related diseases, and a three-year authorization. Greater emphasis was put on supplying assistance through physicians, rather than directly to patients.
- September 29, 1965 - As the House-passed version of the bill was more acceptable to the medical community than the Senate-passed version, the Senate agreed to the House amendments, clearing the bill for the President.
- October 6, 1965 - President Johnson signed P.L. 89-239 into law.

December, 1965 - National Advisory Council on Regional Medical Programs meets for the first time to advise on initial plans and policies.

February, 1966 - Dr. Robert Q. Marston appointed as first Director of the Division of Regional Medical Programs and Associate Director of the National Institutes of Health.

April, 1966 - First planning grants approved for award by the National Advisory Council.

February, 1967 - First operational grants approved for award by the National Advisory Council.

June, 1967 - As required by Section 908 of P.L. 89-239, the Surgeon General submitted the Report on Regional Medical Programs to the President and the Congress, which summarized the activities and progress of the program to date, and made recommendations with respect to extension and modification of the authorizing legislation.

March 5, 1968 - Companion bills to extend Regional Medical Programs were introduced in the House by Representative Harley O. Staggers (D.-W.Va) (H.R. 15758) and in the Senate by Senator Lister Hill (D.-Ala) (S.3094), and referred to the appropriate committees.

July 12, 1968 - After hearings and being reported by the Committee on June 10, 1968, the House passed H.R. 15758, authorizing a two-year extension.

July 27, 1968 - After hearings and being reported by the Committee on July 24, the Senate passed H.R. 15758, authorizing a three-year extension with higher authorization levels than the House.

October 1, 1968 - After being adopted by the Senate on September 27, 1968, the House voted to adopt the Conference Report, authorizing a two-year extension, and with a compromise level of funding.

October 15, 1968 - The President signed P.L. 90-574 into law. Among changes from P.L. 89-239 were provisions to:

- . permit evaluation by Office of the Secretary of HEW
- . include areas outside of the 50 States
- . increase membership of the National Advisory Council
- . permit funding of joint activities

- . permit dentists to refer patients
- . permit participation of Federal hospitals.

January-May, 1969 - Several meetings of the Ad Hoc Committee on Assessment of Regional Medical Programs Progress and its Legislative Subcommittee.

CURRENT LEGISLATIVE PROPOSALS

- October 9, 1969 - The first new bill for extension of RMP legislation (H.R. 14284) was introduced by Representative Harley O. Staggers (D.-W.Va), and referred to the House Committee on Interstate and Foreign Commerce.
- October 23, 1969 - The second new bill for RMP extension (H.R. 14486) was introduced by Representative Paul G. Rogers (D.-Fla.), and referred to Committee.
- December 8, 1969 - Representative William C. Cramer (R.-Fla.) introduced H.R. 15135, identical to H.R. 14284.
- January 29, 1970 - Senator Ralph W. Yarborough (D.-Texas) introduced S.3355, which was referred to the Senate Committee on Labor and Public Welfare.
- February 16, 1970 - Senator Jacob K. Javits (R.-N.Y.) introduced S.3443 - "Health Services Improvement Act of 1970," covering RMP, CHP and NCHSR&D.
- February 17, 1970 - Representative Harley O. Staggers (D.-W.Va.) introduced H.R. 15960 - "Health Services Improvement Act of 1970," to match S.3443, previously introduced by Senator Javits.
- February 24, 1970 - Representative Howard W. Robison (R.-N.Y.) introduced H.R. 16147 - the "Health Services Improvement Act of 1970," identical to H.R. 15960.