

89TH CONGRESS
2^D SESSION

H. R. 12976

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.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 That this Act may be cited as the "Adult Health Protection
4 Act of 1966".

5 SEC. 2. The Public Health Service Act is amended by
6 adding at the end thereof the following new title:

1 "TITLE X—DETECTION OF DISEASES IN ADULTS
2 THROUGH FACILITIES PROVIDED BY RE-
3 GIONAL AND COMMUNITY HEALTH PROTEC-
4 TION CENTERS

5 "FINDINGS OF FACT

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

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

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

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

19 "(4) there presently exists modern equipment and
20 techniques which make possible the efficient and rapid
21 appraisal of large numbers of individuals for indications
22 of many common chronic diseases, including heart and
23 vascular diseases, cancer, diabetes, tuberculosis, glau-
24 coma, and kidney disease;

25 "(5) the rapid appraisal, by use of such equipment

1 and techniques, of large numbers of individuals for indi-
2 cations of common chronic diseases in no way constitutes
3 medical treatment nor in any way replaces or obviates
4 the need for regular physical examinations by physi-
5 cians;

6 “(6) the making available to physicians caring for
7 individuals who have undergone such an appraisal of
8 properly documented findings resulting therefrom will
9 assist such physicians in conducting, more rapidly and
10 efficiently, complete medical examinations of such indi-
11 viduals; and

12 “(7) the expansion of facilities providing for the
13 appraisal, by use of modern equipment and techniques,
14 of large numbers of individuals for indications of com-
15 mon chronic diseases, together with the making avail-
16 able to appropriate physicians of the documented find-
17 ings resulting from the appraisals conducted by such
18 facilities, will assist the medical profession in employing
19 to the fullest extent their knowledge, training, and abil-
20 ities in preventing illness and in healing the sick.

21 “DECLARATION OF PURPOSE

22 “SEC. 1002. It is the purpose of this title—

23 “(a) to encourage and assist, through grants, in
24 the planning, establishment, and operation of regional
25 health protection centers each of **which** will provide

1 health appraisal and disease detection services, on a
2 periodic basis, to any adult who requests such services,
3 if he has attained age fifty and resides within the
4 immediate geographic area, as prescribed by the Surgeon
5 General, within which such center is located, and each
6 of which will assist and support any community health
7 protection centers, which may be located within the
8 geographic area served by it, in carrying out their
9 functions;

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

18 “(c) (1) to provide grants to regional health pro-
19 tection centers (and, under certain circumstances, to
20 community health protection centers), which have
21 received grants under this title to carry out the pur-
22 poses of subsection (a) or (b), to enable them to
23 provide specialized training in the various functions
24 and activities of such centers, through working intern-

1 ships in such centers, for physicians, nurses, health coun-
2 selors, referral specialists, medical technicians, and other
3 professional or technical health personnel; and (2) to
4 enable the Surgeon General to enter into contracts with
5 educational institutions and other appropriate organiza-
6 tions for the development and carrying out of educa-
7 tional programs designed to improve or enhance the
8 effectiveness of professional or technical personnel en-
9 gaged in (or interested in engaging in) activities in-
10 volved in the operation of health protection centers;
11 and

12 “(d) (1) to provide grants to regional health pro-
13 tection centers (and, under certain circumstances, to
14 community health protection centers), which have re-
15 ceived grants under this title to carry out the purposes
16 of subsection (a) or (b), to enable them to conduct
17 operational research designed to secure information lead-
18 ing to the improvement of systems, methods, processes,
19 or procedures to be employed by such centers in carry-
20 ing out their functions, including systems, methods, proc-
21 esses, or procedures relating to the development of coun-
22 seling, informational, referral, and other activities re-
23 lated to the carrying out of such functions, and (2) to

1 enable the Surgeon General to enter into contracts with
2 profitmaking and nonprofitmaking organizations for the
3 conduct of research designed to improve the operations
4 of health protection centers.

5 "AUTHORIZATION OF APPROPRIATIONS

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

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

15 "DEFINITIONS

16 "SEC. 1004. As used in this title—

17 "(1) the term 'Council' means the National Ad-
18 visory Council on Adult Health Protection established
19 by section 1011; and

20 "(2) the term 'nonprofit institution' means an in-
21 stitution owned and operated by one or more corpora-
22 tions or associations no part of the net earnings of which
23 inures, or may lawfully inure, to the benefit of any
24 private shareholder or individual.

1 "PURPOSE OF REGIONAL AND COMMUNITY HEALTH
2 PROTECTION CENTERS

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

10 "(2) Such health appraisal program—

11 "(A) shall be designed to detect, in the most rapid
12 and efficient manner possible, indications, in individuals
13 participating in the program, of common chronic diseases
14 and conditions such as heart and vascular disease, can-
15 cer, diabetes, tuberculosis, glaucoma, and kidney dis-
16 ease, and abnormalities or defects in metabolism, organs
17 of special sense, and in the cardiovascular, respiratory,
18 gastrointestinal, genitourinary, and musculoskeletal sys-
19 tems;

20 "(B) shall include the full and proper use, in its
21 disease, abnormality, and physical defect detection func-
22 tions, of the most efficient procedures and technical
23 equipment;

24 "(C) may include the training of professional and

1 technical personnel in the operation of technical disease
2 detection procedures and related functions of health pro-
3 tection centers;

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

8 “(E) may include the conduct of research into new
9 means of disease detection and into the development of
10 new diagnostic equipment.

11 “(b) In addition to providing (in accordance with the
12 preceding requirements of this section) a health appraisal
13 for the residents within the immediate geographic area in
14 which it is located, it shall be the duty and function of any
15 regional health protection center to provide support and
16 assistance to such community health protection centers as
17 may be established in neighboring geographic areas or which
18 can be feasibly related to such regional health protection
19 center. In carrying out such duty and function, each re-
20 gional health protection center shall maintain a direct work-
21 ing relationship with each such community health protection
22 center, and shall disseminate appropriate information among,
23 and shall coordinate the efforts of, such community health
24 protection centers. Each regional health protection center
25 shall have and maintain a full and adequate supply of auto-

1 mated and other equipment so as to be able to process tests
2 for and otherwise assist all community protection centers
3 which it is to serve.

4 “(c) (1) It shall be the purpose of any community
5 health protection center to establish a health appraisal pro-
6 gram in accordance with the provisions of subsection (a),
7 and to cooperate with the regional health protection center
8 serving the geographic area in which such community health
9 protection center is located.

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

17 “GRANTS FOR REGIONAL HEALTH PROTECTION CENTERS

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

24 “(b) Grants under this section may be made only upon

1 application therefor approved by the Surgeon General. Any
2 such application may be approved only if it contains or is
3 supported by reasonable assurances that—

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

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

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

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

1 “(5) any laborer or mechanic employed by any
2 contractor or subcontractor in the performance of work
3 on any construction aided by payments pursuant to any
4 grant under this section will be paid wages at rates not
5 less than those prevailing on similar construction in the
6 locality as determined by the Secretary of Labor in
7 accordance with the Davis-Bacon Act, as amended (40
8 U.S.C. 276a—276a-5); and the Secretary of Labor
9 shall have, with respect to the labor standards specified
10 in this paragraph, the authority and functions set forth
11 in Reorganization Plan Numbered 14 of 1950 (15 F.R.
12 3176; 5 U.S.C. 133z-15) and section 2 of the Act of
13 June 13, 1934, as amended (40 U.S.C. 276c).

14 “GRANTS FOR COMMUNITY HEALTH PROTECTION CENTERS

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

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

25 “(1) any community health protection center, the

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

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

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

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

22 “(5) any laborer or mechanic employed by any
23 contractor or subcontractor in the performance of work
24 on any construction aided by payments pursuant to any
25 grant under this section will be paid wages at rates not

1 less than those prevailing on similar construction in the
2 locality as determined by the Secretary of Labor in ac-
3 cordance with the Davis-Bacon Act, as amended (40
4 U.S.C. 276a—276a-5) ; and the Secretary of Labor shall
5 have, with respect to the labor standards specified in
6 this paragraph, the authority and functions set forth in
7 Reorganization Plan Numbered 14 of 1950 (15 F.R.
8 3176; 5 U.S.C. 133z-15) and section 2 of the Act of
9 June 13, 1934, as amended (40 U.S.C. 276c).

10 “HEALTH PROTECTION CENTERS—FINDINGS OF HEALTH
11 APPRAISALS TO BE REFERRED TO PRIVATE PHYSICIANS

12 “SEC. 1008. (a) Each grant made under this title to
13 any health protection center shall be conditioned upon an
14 agreement that such center will refer any and all findings
15 resulting from any health appraisal, test, or examination pro-
16 vided by it for any individual to the private or other phy-
17 sician who is charged with the health care of such indi-
18 vidual.

19 “(b) The Surgeon General shall promulgate regulations
20 specifying the particulars to be included in any agreement
21 referred to in subsection (a) and such regulations shall pro-
22 vide that, in the event an individual, who undergoes a health
23 appraisal, test, or examination provided by a health protec-
24 tion center, does not have a private physician who is charged
25 with the health care of such individual, the findings resulting

1 from any such appraisal, test, or examination of such indi-
2 vidual shall be referred in accordance with the practice of
3 local medical groups in the community where such individual
4 resides, or, if such individual is medically indigent, shall be
5 referred in accordance with local practice in such community
6 with respect to medically indigent individuals.

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

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

19 “TECHNICAL TRAINING OF PERSONNEL FOR HEALTH
20 PROTECTION CENTERS

21 “Grants to Health Protection Centers

22 “SEC. 1009. (a) The Surgeon General may make grants
23 to regional health protection centers, which have received
24 grants under section 1006 (and, when the Surgeon General
25 determines that the purpose of section 1002 (c) can best be

1 carried out thereby, to community health protection centers
2 which have received grants under section 1007), to enable
3 such centers to establish and operate working internship pro-
4 grams under which physicians, nurses, health counselors,
5 referral specialists, medical technicians, and other profes-
6 sional or technical personnel will receive training in per-
7 forming the activities of health protection centers. No such
8 grant shall be used to make any such program available to
9 any individual for a period greater than two years, and no
10 such grant shall be made to any health protection center
11 with respect to any period for which such center is not a
12 recipient of a grant under section 1006 or section 1007.

13 "Contracts With Institutions and Organizations

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

21 "OPERATIONAL RESEARCH

22 "Grants to Health Protection Centers

23 "SEC. 1010. (a) The Surgeon General may make
24 grants to regional health protection centers, which have re-
25 ceived grants under section 1006 (and, when the Surgeon

1 General determines that the purpose of section 1002 (d) can
2 best be carried out thereby, to community health protec-
3 tion centers which have received grants under section 1007),
4 to enable such centers to conduct operational research de-
5 signed to secure information leading to the improvement of
6 systems, methods, processes, or procedures employed in the
7 detection of disease, in the providing of counseling, informa-
8 tional, referral, and other services, and in other activities of
9 such centers. No grant under this section shall be made to
10 any health protection center prior to the first full year in
11 which such center has been in operation.

12 "Contracts With Organizations

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

20 "NATIONAL ADVISORY COUNCIL ON ADULT HEALTH

21 PROTECTION

22 "SEC. 1011. (a) The Surgeon General, with the ap-
23 proval of the Secretary, may appoint, without regard to the
24 civil service laws, a National Advisory Council on Adult
25 Health Protection. The Council shall consist of the Surgeon

1 General, who shall be Chairman, and twelve members, not
2 otherwise in the regular full-time employ of the United
3 States, who are leaders in the fields of medicine, dentistry,
4 optometry, preventive medicine, public health, public wel-
5 fare, or are representatives of national organizations con-
6 cerned with the interests of the aging, and shall include one
7 or more national leaders known for their dedication to the
8 national interest and the welfare of the Nation's citizens.

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

20 “(c) Appointed members of the Council, while attend-
21 ing meetings or conferences thereof or otherwise serving on
22 business of the Council, shall be entitled to receive compen-
23 sation at rates fixed by the Secretary, but not exceeding \$100
24 per day, including travel time, and while so serving away
25 from their homes or regular place of business they may be

1 taking supplied by other sources, and such records as will
2 facilitate an effective audit.

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

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

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

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