

95TH CONGRESS
2D SESSION

H. R. 12584

IN THE HOUSE OF REPRESENTATIVES

MAY 4, 1978

Mr. ROGERS (for himself, Mr. PREYER, Mr. SCHEUER, Mr. WAXMAN, Mr. FLORIO, Mr. MAGUIRE, Mr. MARKEY, Mr. OTTINGER, Mr. WALGREN, and Mr. CARTER) introduced the following bill; which was referred to the Committee on Interstate and Foreign Commerce

A BILL

To amend the Public Health Service Act to revise and extend the authorities under that Act relating to health services research and health statistics and to establish a National Center for Health Care Technology, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 SHORT TITLE, REFERENCE TO ACT

4 SECTION. 1. (a) This Act may be cited as the "Health
5 Services Research, Health Statistics, and Health Care Tech-
6 nology Act of 1978".

7 (b) Whenever in this Act (other than in section 11)
8 an amendment or repeal is expressed in terms of an amend-
9 ment or repeal is expressed in terms of an amendment to, or

1 a comma and the following: "\$60,000,000 for the fiscal
 2 year ending September 30, 1979, \$75,000,000 for the fiscal
 3 year ending September 30, 1980, and \$80,000,000 for the
 4 fiscal year ending September 30, 1981", (3) by adding

5 at the end the following: "Of the amount appropriated
 6 under the preceding sentence for any fiscal year, at least
 7 \$1,000,000 in the fiscal year ending September 30, 1979,
 8 \$2,000,000 in the fiscal year ending September 30, 1980,
 9 and \$2,000,000 in the fiscal year ending September 30,
 10 1981, shall be available only for health statistics training
 11 in epidemiology and biostatistics under section 304 (b)
 12 (1) (B)."

13 **GENERAL AUTHORITY**
 14 (Sec. 304 (a) Subsection (a) (2) of section 304 is
 15 amended: (1) by striking out "and" at the end of subpara-
 16 graph (C), (2) by striking out the period at the end of
 17 subparagraph (D) and inserting in lieu thereof ", and",
 18 and (3) by adding at the end the following new subpara-
 19 graph:

20 "(E) health care costs, increases in such costs, and
 21 the reasons for such increases."

22 (b) Subsection (b) (1) (B) of such section is amended
 23 by inserting after "training" the following: "through the
 24 National Center for Health Services Research and the
 25 National Center for Health Statistics".

1 end of paragraph (2) and inserting in lieu thereof “; and”,
 2 and (5) by adding after paragraph (2) the following:
 3 “(3) may collect, furnish, tabulate, and analyze
 4 health statistics, and prepare studies, on matters referred to
 5 in paragraph (1) upon request of public and nonprofit
 6 and private entities under arrangements (under which the
 7 entities will pay the cost of the service provided.

8 Amounts appropriated to the Secretary from payments made
 9 under arrangements made under paragraph (3) shall be
 10 available to the Secretary for obligation until expended.”

11 (b) (1) Subsection (e) of section 306 is amended to
 12 read as follows:
 13 “(e) (1) The Secretary, acting through the Center,
 14 shall by regulation establish standardized means for the col-
 15 lection of health information and statistics under laws admin-
 16 istered by the Secretary.

17 “(2) For the purpose of producing comparable and
 18 uniform health information (and statistics, there is established
 19 the Cooperative Health Statistical System. The Secretary,
 20 acting through the Center, shall—
 21 “(A) coordinate the activities of Federal agencies
 22 involved in the design and implementation of the
 23 System;

24 “(B) undertake and support (by grant or con-

(1) (c) The first sentence of subsection (f) of section 306
 (2) is amended by inserting “, acting through the Center,” after
 (3) “the Secretary”.

(4) (d) Paragraph (2) (A) of subsection (i) of section
 (5) 306 is amended by inserting “health planning,” after
 (6) “health statistics.”

(7) (e) Section 306 is amended by redesignating subsec-
 (8) tion (i) as subsection (k) and by inserting after subsection
 (9) (h) the following new subsection:

(10) “(i) The Center may provide to public and nonprofit
 (11) private entities engaged in health planning activities tech-
 (12) nical assistance in the effective use in such activities of
 (13) statistics collected or compiled by the Center.”

(14) (f) Section 306 is amended by adding after subsection
 (15) (i) (added by subsection (e) of this section) the following:

(16) “(j) (1) (A) The Secretary, acting through the Center,
 (17) shall, by regulation, establish, not later than two years after
 (18) the date of the enactment of this subsection, guidelines for
 (19) the collection, compilation, analysis, publication, and dis-
 (20) tribution of statistics and information necessary for determin-
 (21) ing the effects of conditions of employment and indoor and
 (22) outdoor environmental conditions on the public health.

(23) Guidelines established under this subsection shall not (i)
 (24) authorize or require the disclosure of any matter described in

1 “(v) to assure greater responsiveness by the De-
2 partment of Health, Education, and Welfare and other
3 executive departments in meeting informational and
4 analytical needs for determining the effects of employ-
5 ment and indoor and outdoor environmental conditions
6 on public health.

7 “(C) In establishing and revising guidelines under sub-
8 paragraph (A) the Secretary shall consult with and take
9 into consideration any recommendations of the Task Force
10 on Environmental Cancer and Heart and Lung Disease, the
11 Administrator of the Environmental Protection Agency, the
12 Secretary of Labor, the Consumer Product Safety Commis-
13 sion, the United States National Committee on Vital and
14 Health Statistics, and the National Academy of Sciences
15 through its Institute of Medicine.

16 “(D) For purposes of this subsection, the term
17 “guidelines” means the guidelines, either as initially estab-
18 lished or as thereafter revised, in effect under this
19 subsection.

20 “(2) The Center shall serve as a clearinghouse for
21 statistics and information with respect to which guidelines
22 have been established under paragraph (1) and shall
23 assist executive departments in obtaining such statistics
24 and information for purposes of administering laws under

1 is amended by inserting after "unless authorized" the follow-
2 ing: "by guidelines in effect under section 306 (j) or".

3 STUDY OF COSTS OF DISEASES AND CONDITIONS WHICH ARE
4 ENVIRONMENTALLY RELATED

5 SEC. 6. (a) Section 304 is amended by adding at the
6 end the following:

7 "(d) (1) The Secretary, in cooperation with the Ad-
8 ministrator of the Environmental Protection Agency, the
9 Secretary of Labor, the Consumer Product Safety Commis-
10 sion, the Council of Economic Advisers, the Council on
11 Wage and Price Stability, the Council on Environmental
12 Quality, and other entities of the Federal Government which
13 the Secretary determines have expertise in the subject of the
14 study prescribed by this subsection, shall conduct an ongoing
15 study of the present and projected future costs of diseases
16 and conditions which are environmentally related. The first
17 report on such study shall be made to the Congress by the
18 Secretary not later than eighteen months after the date of
19 enactment of this subsection. Subsequent reports on the
20 study shall be made by the Secretary to the Congress every
21 two years after the date the first report is submitted. Each
22 report shall include (A) an identification of the effects re-
23 lated to the diseases and conditions studies, the costs of
24 which cannot reasonably be quantified, (B) recommenda-
25 tions for such legislative actions as the Secretary, the Ad-

1 as the Secretary or the Administrator of the Environ-
2 mental Protection Agency determines, after consultation
3 with the Director of the National Institutes of Health,
4 to be environmentally related; and

5 “(B) the term ‘costs of diseases and conditions
6 which are environmentally related’ means the direct and
7 indirect costs of diseases and conditions which are en-
8 vironmentally related, including the costs of preventing
9 such diseases and conditions, the costs of the diagnosis,
10 treatment, cure, convalescence, and rehabilitation of per-
11 sons afflicted by such diseases and conditions, costs rea-
12 sonably attributable to pain and suffering from such
13 diseases and conditions, loss of income and future earn-
14 ings resulting from such diseases and conditions, adverse
15 effects on productivity (and thus increases in production
16 costs and consumer prices) resulting from such diseases
17 and conditions, loss of tax revenues resulting from such
18 decreases in earnings and productivity, costs to the wel-
19 fare and unemployment compensation systems and the
20 programs of health benefits under titles XVIII and
21 XIX of the Social Security Act resulting from such
22 diseases and conditions, the overall inflationary impact
23 of such diseases and conditions, and other related direct
24 and indirect costs.”.

1 NATIONAL CENTER FOR HEALTH CARE TECHNOLOGY; I

2 HEALTH CARE TECHNOLOGY ADVISORY COMMITTEE

3 SEC. 8. (a) Section 309 is amended—

4 (1) by amending the section heading to read as
5 follows:

6 "HEALTH CONFERENCES AND HEALTH EDUCATION

7 INFORMATION";

8 (2) by inserting "(a)" before "A conference";

9 and

10 (3) by striking out "309" and inserting in lieu

11 thereof "310".

12 (b) Section 310 is amended—

13 (1) by striking out the section heading; and

14 (2) by striking out "SEC. 310." and inserting in

15 lieu thereof "(b)".

16 (c) Part A of title III is amended by adding after

17 section 308 the following new section:

18 "NATIONAL CENTER FOR HEALTH CARE TECHNOLOGY

19 HEALTH CARE TECHNOLOGY ADVISORY COMMITTEE

20 SEC. 309. (a) There is established in the Depart-

21 ment of Health, Education, and Welfare the National Center

22 for Health Care Technology (hereinafter in this section re-

23 ferred to as the "Center") which shall be under the direction

24 of a Director who shall be appointed by the Secretary and

25 supervised by the Assistant Secretary for Health (or such

1 fields and only after the Health Care Technology Advisory
 2 Committee has had an opportunity to review the project
 3 with respect to which the grant or contract is to be made.

4 (1) "(2) The Secretary, acting through the Center, shall
 5 undertake and support (by grant or contract) research in,
 6 and demonstrations and evaluations of— (8) "

7 "(A) the factors that affect the use of health care
 8 technologies in the United States; and

9 "(B) methods for disseminating information on
 10 health care technologies to health professionals.

11 "(3) The Center shall make recommendations to the
 12 Secretary respecting health care technology issues in the
 13 administration of the laws under the Secretary's jurisdic-
 14 tion, including recommendations with respect to reimburse-
 15 ments under titles XVIII and XIX of the Social Security
 16 Act.

17 "(c) (1) Not later than December 1, 1979, and De-
 18 cember 1 of each succeeding year, the Secretary shall report
 19 to Congress, a comprehensive description of the activities
 20 of the Center under subsection (b) during the preceding
 21 fiscal year.

22 "(2) Not later than two years after the date of the
 23 enactment of the Health Services Research, Health Statis-
 24 tics, and Health Care Technology Act of 1978, the Secretary
 25 shall submit a report to the Committee on Interstate and

1 reimbursement, and in such installments and on such condi-
 2 tions, as the Secretary may prescribe.

3 “(e) (1) There is established the Health Care Tech-
 4 nology Advisory Committee (hereinafter in this subsection
 5 referred to as the ‘Committee’) to advise the Secretary and
 6 the Director of the Center with respect to the performance
 7 of the functions prescribed by subsection (b), including the
 8 establishment of priorities for the assessments to be under-
 9 taken or supported under paragraph (1) of such subsection.

10 “(2) The Committee shall consist of—
 11 (A) the Director of the National Institutes of
 12 Health, the Chief Medical Officer of the Veterans’ Ad-
 13 ministration, the Assistant Secretary for Health and
 14 Environment of the Department of Defense, the Chair-
 15 man of the National Professional Standards Review
 16 Council, the Chairman of the National Council on
 17 Health Planning and Development (established under
 18 section 1503), the Director of the Office of Science and
 19 Technology Policy, the Commissioner (of the Food and
 20 Drug Administration (or the successor to such entity)),
 21 the Director of the Center for Disease Control (or the
 22 successor to such entity), and the head of the Health
 23 Care Financing Administration (or the successor to
 24 such entity) who (or their designees) shall be ex
 25 officio members, and

1 of the enactment of this section, four shall be appointed
2 for a term of four years, four shall be appointed for a term
3 of three years, four shall be appointed for a term of two
4 years, and four shall be appointed for a term of one year,
5 as designated by the Secretary at the time of appoint-
6 ment.

7 Appointed members may serve after the expiration of their
8 terms until their successors have taken office.

9 “(B) Members of the Committee who are not officers
10 or employees of the United States shall receive for each
11 day they are engaged in the performance of the functions
12 of the Committee compensation at rates not to exceed the
13 daily equivalent of the annual rate in effect for grade GS-18
14 of the General Schedule, including traveltime; and all mem-
15 bers, while so serving away from their homes or regular
16 places of business, may be allowed travel expenses, including
17 per diem in lieu of subsistence, in the same manner as such
18 expenses are authorized by section 5703 of title 5, United
19 States Code, for persons in the Government service employed
20 intermittently.

21 “(4) The Committee shall annually elect one of its ap-
22 pointed members to serve as Chairman until the next
23 election.

24 “(5) The Committee shall meet at the call of the Chair-
25 man, but not less often than four times a year.

1 them in obtaining appropriate medical care and
2 treatment.

3 In conducting such study, the Committee shall consult with
4 the Administrator of the Environmental Protection Agency,
5 the Director of the National Cancer Institute, the Council on
6 Environmental Quality, the Director of the National Institute
7 on Environmental Health Sciences, the Director of the
8 National Institute for Occupational Safety and Health, the
9 Secretary of Labor, and the head of the Occupational Safety
10 and Health Administration, and the Committee may consult
11 with any other public and private entity which it determines
12 has expertise in any matter to be considered in the study.

13 (b) Not later than one year after the date of enact-
14 ment of this Act, the Committee shall complete the study
15 required by subsection (a) and report to the Congress the
16 results of the study and any recommendations for legislation
17 or administrative action.

18 SEC. 10. (a) Subsection (g) of section 208 is amended
19 (1) by striking out "one hundred and fifty-five" and insert-
20 ing in lieu thereof "one hundred and seventy-nine", (2) by
21 striking out "and not less than" and inserting in lieu thereof
22 "not less than", and (3) by inserting after "alcoholism,"
23 the following: "not less than ten shall be for the National
24 Center for Health Services Research, not less than twelve
25 shall be for the National Center for Health Statistics, and

1 other funds received by or allocated to the project or under-
 2 taking for which such grant or contract was made. For pur-
 3 poses of assuring accurate, current, and complete disclosure
 4 of the disposition or use of the funds received, each such audit
 5 shall be conducted in accordance with such requirements con-
 6 cerning the individual or agency which conducts the audit,
 7 and such standards applicable to the performance of the audit,
 8 as the Secretary may by regulation provide. A report of each
 9 such audit shall be filed with the Secretary at such time and
 10 in such manner as he may require."

11 (d) Section 771(d) is amended by adding at the end the
 12 following:

13 (5) The Secretary may waive (in whole or in part)
 14 application to a school of dentistry of the requirement of any
 15 paragraph of this subsection if the Secretary determines, after
 16 receiving the written recommendation of the appropriate
 17 accreditation body or bodies (approved for such purpose by
 18 the Commissioner of Education) that compliance by such
 19 school with such requirement will prevent it from maintaining
 20 its accreditation."

21 **HEALTH PROFESSIONS REPORTS.**

22 SEC. 11. (a) Section 708(d) is amended (1) by strik-
 23 ing out "not later than September 1 of each year"; and (2)
 24 by inserting at the end the following: "Such report shall be

1 lieu thereof "not later than October 1, 1979, and October 1
2 of each odd-numbered year thereafter".

3 (i) (1) Section 702 (d) of the Health Professions Edu-
4 cational Assistance Act of 1976 is amended by striking out
5 "not later than two years after the date of enactment of this
6 Act" and inserting in lieu thereof "not later than October 1,
7 1979".

8 (2) Section 903 (a) (2) of the Health Professions Edu-
9 cational Assistance Act of 1976 is amended by striking out
10 "January 1, 1979" and inserting in lieu thereof "April 1,
11 1979".

to create
this committee
H. R. 15284

15284

1977-1-10-12

95TH CONGRESS
2D SESSION

H. R. 12584

A BILL

To amend the Public Health Service Act to revise and extend the authorities under that Act relating to health services research and health statistics and to establish a National Center for Health Care Technology, and for other purposes.

By Mr. ROGERS, Mr. PREYER, Mr. SCHEUER, Mr. WAXMAN, Mr. FLORIO, Mr. MAGUIRE, Mr. MARKEY, Mr. OTTINGER, Mr. WALGREN, and Mr. CARTER

MAY 4, 1978

Referred to the Committee on Interstate and Foreign Commerce

1 submitted biennially, and the first such report shall be due
2 not later than October 1, 1979.”

3 (b) Section 709(b) is amended by striking out “Jan-
4 uary 1, 1979” and inserting in lieu thereof “February 1,
5 1980”.

6 (c) Section 751 (i) is amended by striking out “De-
7 cember” and inserting in lieu thereof “March”.

8 (d) Section 771 (b) (2) (B) is amended by striking
9 out “45 days after the date for which the determination is
10 made” and inserting in lieu thereof “the first December 31
11 occurring after the date for which the determination is
12 made”.

13 (e) Section 782 (c) is amended by striking out “Sep-
14 tember 30, 1979” and inserting in lieu thereof “March 1,
15 1980”.

16 (f) Section 788 (b) (6) is amended by striking out
17 “September 30, 1978” and inserting in lieu thereof “Oc-
18 tober 1, 1979”.

19 (g) Section 793 (c) is amended: (1) by striking out
20 “annually” and inserting in lieu thereof “biennially”; and
21 (2) by striking out “December 1, 1978” and inserting in
22 lieu thereof “October 1, 1979”.

23 (h) Section 951 (b) of the Nurse Training Act of 1975
24 is amended by striking out “not later than February 1, 1977,
25 and February 1 of each succeeding year” and inserting in

1 not less than seven shall be for the National Center for Health
2 Care Technology,”.

3 (b) Section 453 is amended by adding at the end the
4 following: “The Secretary, through the Institute, may,
5 without regard to section 405, carry out a program of grants
6 for public and nonprofit private vision research facilities.”.

7 (c) (1) The second sentence of subsection (a) of sec-
8 tion 705 is amended to read as follows: “Such records shall
9 include records which fully disclose (A) the amount and
10 disposition by such entity of the funds paid to it under
11 such grant, loan, loan guarantee, interest subsidy, or con-
12 tract, (B) the total cost of the project or undertaking for
13 which such grant, loan, loan guarantee, interest subsidy, or
14 contract is made, (C) the amount of that portion of the cost
15 of the project or undertaking received by or allocated to such
16 entity from other sources, and (D) such other records as
17 will facilitate an audit conducted in accordance with gener-
18 ally accepted auditing standards.”.

19 (2) Subsection (b) of section 705 is amended to read as
20 follows:

21 “(b) Each entity which received a grant or entered into
22 a contract under this title shall provide for a biennial financial
23 audit of any books, accounts, financial records, files, and other
24 papers and property which relate to the disposition or use of
25 the funds received under such grant or contract and such

1 (B) sixteen members appointed by the Secretary.

2 The Secretary shall make his initial appointments to the
 3 Committee within one hundred and twenty days of the date
 4 of the enactment of this section. Seven of the appointed
 5 members shall be selected from individuals who are dis-
 6 tinguished in the fields of medicine, engineering, or sci-
 7 ence (including social science). Of such seven members,
 8 at least two shall be physicians. Two of the appointed
 9 members shall be selected from individuals who are hospital
 10 administrators, two of the appointed members shall be
 11 selected from individuals who are distinguished in the field
 12 of economics, two of the appointed members shall be
 13 selected from individuals who are distinguished in the field
 14 of law, one of the appointed members shall be selected
 15 from individuals who are distinguished in the field of
 16 ethics, and two of the appointed members shall be selected
 17 from members of the general public who represent the
 18 interests of consumers of health care.

19 (3) (A) Each appointed member of the Committee
 20 shall be appointed for a term of four years, except that—

21 (i) any member appointed to fill a vacancy occur-
 22 ring prior to the expiration of the term for which his
 23 predecessor was appointed shall be appointed for the
 24 remainder of such term; and

25 (ii) of the members first appointed after the date

1 Foreign Commerce of the House of Representatives and the
2 Committee on Human Resources of the Senate—

3 “(A) describing the various types of activities
4 undertaken and supported under subsection (b) (1) for
5 the assessment of health care technology,

6 “(B) describing the recommendations made under
7 subsection (b) (3) and the action taken with respect to
8 such recommendations, and

9 “(C) describing any additional authority or orga-
10 nizational changes which the Secretary determines are
11 required to more effectively carry out the functions pre-
12 scribed by subsection (b).

13 The Office of Management and Budget may review the re-
14 port required by this paragraph before its submission to the
15 Committee on Interstate and Foreign Commerce and the
16 Committee on Human Resources, but the Office may not re-
17 vise such report or delay its submission beyond the date
18 prescribed for its submission and may submit to Congress
19 its comments respecting the report.

20 “(d) (1) No grant or contract may be made under
21 this section unless an application therefor has been submitted
22 to the Secretary in such manner, and containing such infor-
23 mation, as the Secretary may by regulation prescribe.

24 “(2) Payments of any grant or under any contract
25 under this section may be made in advance or by way of

1 other officer of the Department as may be designated by the
2 Secretary as the principal adviser to him for health pro-
3 grams).

4 “(b) (1) (A). The Secretary, acting through the Center,
5 shall undertake and support (by grant or contract) compre-
6 hensive assessments of health care technology. Such assess-
7 ments shall take into account the safety, effectiveness, and
8 cost effectiveness of, and the social, ethical, and economic
9 impact of health care technologies. In determining if the
10 assessment of a particular health care technology should be
11 given priority, emphasis shall be placed on—

12 “(i) the actual or potential risks and the actual
13 or potential benefits to patients associated with the use
14 of the technology,

15 “(ii) the actual or potential cost of the technology,

16 “(iii) the actual or potential rate of its use, and

17 “(iv) the stage of development of the technology.

18 “(B). The Secretary may by grant or contract assist
19 public and private nonprofit entities in meeting the costs of
20 planning, establishing, and operating centers to assess health
21 care technology.

22 “(C). Any grant or contract under this paragraph, the
23 direct cost of which will exceed \$35,000, may be made or
24 entered into only after appropriate review for scientific merit
25 by peer review groups composed of experts in the relevant

1 TASK FORCE ON ENVIRONMENTAL CANCER AND HEART
2 AND LUNG DISEASE

3 SEC. 7 (a) The Directors of the National Center for
4 Health Statistics and the Center for Disease Control (or the
5 successor to such entity) shall serve as members of the Task
6 Force on Environmental Cancer and Heart and Lung Dis-
7 ease established under section 402 of Public Law 95-95.

8 (b) The Task Force referred to in subsection (a) shall
9 conduct a study to identify the need for and recommend
10 guidelines for the collection, compilation, analysis, publica-
11 tion, and distribution of statistics and information necessary
12 for determining (1) the extent to which conditions of em-
13 ployment and indoor and outdoor environmental conditions
14 may reasonably be anticipated to cause, contribute to, aggra-
15 vate, or increase susceptibility to cancer or heart or lung
16 diseases, and (2) the other effects on the public health which
17 may reasonably be anticipated to result from such conditions.
18 Within eighteen months of the date of the enactment of this
19 subsection, the Task Force shall complete the study pre-
20 scribed by this subsection and report the results of the study
21 to the Congress, the Administrator of the Environmental
22 Protection Agency, the Secretary of Health, Education, and
23 Welfare, the Secretary of Labor, and the Consumer Product
24 Safety Commission.

1 administrator of the Environmental Protection Agency, the
 2 Secretary of Labor, or the Consumer Product Safety Commis-
 3 sion determines are required to reduce the costs of diseases
 4 and conditions which are environmentally related, and (C) a
 5 description of the administrative actions proposed to be
 6 taken by the Secretary, the Administrator, the Secretary of
 7 Labor, or the Consumer Product Safety Commission to re-
 8 duce such costs. In conducting the study under this sub-
 9 section, the Secretary shall seek assistance from public and
 10 private health financing entities.

11 (2) For the purpose of paragraph (1)—

12 (A) the term 'diseases and conditions which are
 13 environmentally related' means any disease, impairment,
 14 disability, or condition (i) which may reasonably be
 15 anticipated to result, in part or whole, from exposure to
 16 contaminants or other hazards in the work, home, or
 17 other indoor environment or in the ambient environ-
 18 ment; (ii) to which persons may become more suscep-
 19 tible as a result of such exposure; or (iii) the effects of
 20 which may become more severe as a result of such ex-
 21 posure; and such term includes, to the extent they may
 22 be environmentally related, cancer, birth defects, genet-
 23 ic damage, emphysema, asthma, chronic bronchitis, and
 24 other respiratory illnesses, heart disease, mental illness
 25 and impairment, and such other diseases and conditions

1 their jurisdiction relating to environmental health protec-
2 tion or the safety and health of employees.

3 “(3) (A) Each executive department shall comply
4 with the substantive and procedural requirements of the
5 guidelines.

6 “(B) The President shall by Executive order require
7 each executive department to comply with requests, made
8 in accordance with the guidelines, by the Secretary, the
9 Administrator of the Environmental Protection Agency, the
10 Consumer Product Safety Commission, or the Secretary of
11 Labor for statistics and information.

12 “(C) The President may by Executive order exempt
13 any executive department from compliance with a require-
14 ment of the guidelines respecting specific statistics or other
15 information if the President determines that the exemption
16 is necessary in the interest of national security.

17 “(4) In carrying out his duties under this subsection,
18 the Secretary, acting through the Center, shall, insofar as
19 practicable, provide for coordination of his activities with
20 those of other Federal agencies and interagency task forces
21 relating to the collection, analysis, publication, or distribution
22 of statistics and information necessary for determining the
23 effects of conditions of employment and indoor and outdoor
24 environmental conditions on the public health.”

25 (g) The first sentence of subsection (d) of section 308

1 section 552 (b) (6) of title 5, United States Code, and (ii)
2 authorize or require the disclosure of any statistics or other
3 information which is exempt from disclosure pursuant to sub-
4 section (a) of section 552 of title 5, United States Code, by
5 reason of subsection (b) (4) of such section. The guidelines
6 shall be reviewed and, if appropriate, revised at least every
7 three years after the date they are initially established.
8 Guidelines shall take effect on the date of the promulgation
9 of the regulation establishing or revising the guidelines or
10 such later date as may be specified in the guidelines.

11 (B) The guidelines shall be designed—

12 (i) to improve coordination of environmental and
13 health studies, statistics, and information, and to prevent
14 overlap and unnecessary duplication with respect to
15 such studies, statistics, and information;

16 (ii) to assure that such studies, statistics, and
17 information will be available to executive departments
18 responsible for the administration of laws relating to the
19 protection of the public health and safety or the
20 environment;

21 (iii) to encourage the more effective use by ex-
22 ecutive departments of such studies, statistics, and
23 information;

24 (iv) to improve the statistical validity and reli-
25 ability of such studies, statistics, and information; and

1 (b) (1) (tract) research, development, demonstrations, and eval-
 2 uations respecting the System; (c) (5) has
 3 (b) (1) (C) make grants to State and local health agen-
 4 cies to assist them in meeting the costs of data collection
 5 (b) (1) (C) carried out under the System; and (b) (1) (D)
 6 (b) (1) (D) review the statistical activities of the Depart-
 7 ment of Health, Education, and Welfare to assure that
 8 (b) (1) (D) they are consistent with the System.
 9 States participating in the System shall designate a State
 10 agency to administer or be responsible for the administration
 11 of the statistical activities within the State under the System.
 12 The Secretary, acting through the Center, shall prescribe the
 13 types of organization systems (including consortia of en-
 14 tities which use health information and statistics and
 15 entities which produce health information and statistics)
 16 for statistical activities which may be used by States par-
 17 ticipating in the System.
 18 (2) Paragraph (4) (D) of subsection (i) of section
 19 306 is amended by inserting before the semicolon the follow-
 20 ing: ", with respect to the Cooperative Health Statistics
 21 System established under subsection (e) (2), and with re-
 22 spect to the standardized means for the collection of health
 23 information and statistics to be established by the Secretary
 24 under subsection (e) (1)".

1 NATIONAL CENTER FOR HEALTH SERVICES RESEARCH
 2 SEC. 4. (a) Subsection (b) of section 305 is amended—
 3 (1) by striking out “may undertake and support”
 4 and inserting in lieu thereof “shall undertake and sup-
 5 port”; and
 6 (2) by striking out “construction,” in paragraph
 7 (3).
 8 (b) Subsection (e) of section 305 is redesignated as
 9 subsection (g) and the following new subsections are in-
 10 serted after subsection (d):
 11 “(e) No application for a grant or contract for health
 12 services research under a law administered by the Secre-
 13 tary may be approved before the Center and the Health
 14 Care Financing Administration (or its successor) has been
 15 given a reasonable opportunity to review the application for
 16 technical competence.
 17 “(f) To avoid unnecessary duplication, the Secretary
 18 shall coordinate all health services research undertaken or
 19 supported under laws administered by the Secretary.”

20 NATIONAL CENTER FOR HEALTH STATISTICS
 21 SEC. 5. (a) Subsection (b) of section 306 is amended
 22 (1) by striking out “may” (2) by inserting “shall” after
 23 “(1)” and after “(2)”, (3) by striking out “and” at the
 24 end of paragraph (1), (4) by striking out the period at the

1 repeal of, a section or other provision, the reference shall be
 2 considered to be made to a section or other provision of the
 3 Public Health Service Act.

4 EXTENSION OF AUTHORIZATIONS

5 SEC. 2. (a) Section 308(i) (1) is amended—

6 (1) in the first sentence (A) by striking out “and”
 7 after “1976,” and (B) by inserting before the period a
 8 comma and the following: “\$36,000,000 for the fiscal
 9 year ending September 30, 1979, \$44,000,000 for the
 10 fiscal year ending September 30, 1980, and \$49,000,000
 11 for the fiscal year ending September 30, 1981”; and

12 (2) by striking out the second sentence and insert-
 13 ing in lieu thereof the following: “At least 20 per centum
 14 of the amount appropriated under the preceding sentence
 15 for any fiscal year or \$6,000,000, whichever is less, shall
 16 be available only for health services research evaluation
 17 and demonstration activities directly undertaken by the
 18 Center. There are authorized to be appropriated \$2,000,-
 19 000 for the fiscal year ending September 30, 1979,
 20 \$4,000,000 for the fiscal year ending September 30,
 21 1980, and \$4,000,000 for the fiscal year ending Septem-
 22 ber 30, 1981, for health services research training under
 23 section 304 (b) (1) (B).”.

24 (b) Section 308(i) (2) is amended (1) by striking
 25 out “and” after “1976,” (2) by inserting before the period