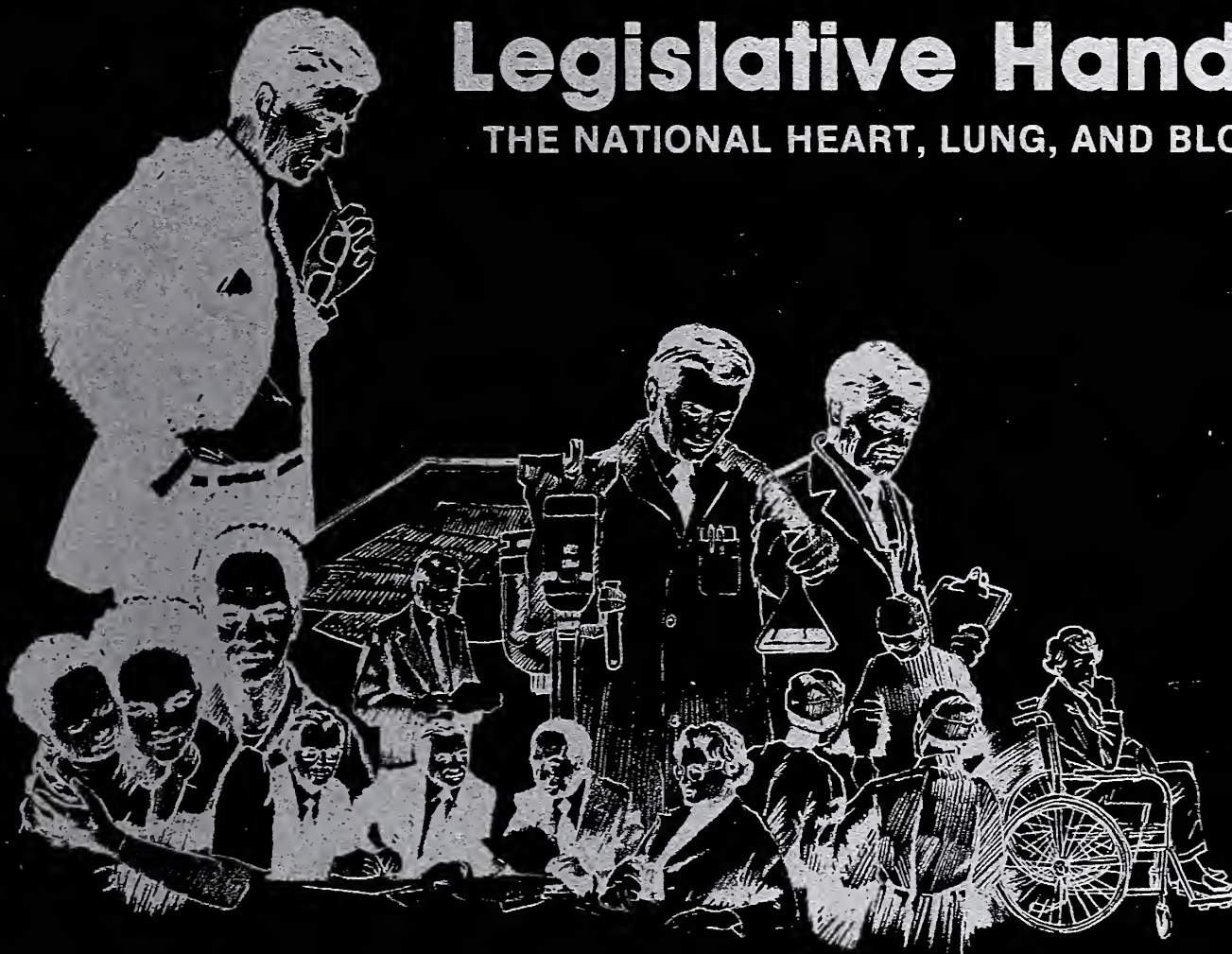


# Legislative Handbook:

THE NATIONAL HEART, LUNG, AND BLOOD INSTITUTE





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*31 5A-50*

# **Legislative Handbook:**

**THE NATIONAL HEART, LUNG, AND BLOOD INSTITUTE**

For information about the program activities and accomplishments of the National Heart, Lung, and Blood Institute, see the annual reports of the Director and the Advisory Council, available through the Institute's Public Inquiries and Reports Branch.

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## Preface

The National Heart, Lung, and Blood Institute is the nation's focus for biomedical research to combat the enormous human and economic costs of heart, lung, and blood diseases. During the 30 years of the Institute's existence, significant advancements have taken place in the detection, diagnosis, treatment, and prevention of these diseases. One encouraging indication of progress during this period is a 31-percent decline in the death rate from cardiovascular diseases in the United States, with two-thirds of the decline occurring during the past 10 years. However, much work remains to be done in the fight against cardiovascular diseases, which are still the nation's number one killer, and against pulmonary and blood diseases, which take their own heavy tolls in death and suffering.

This handbook is a description and record of the dynamic partnership between Congress and the Institute, to further the progress toward overcoming heart, lung, and blood diseases. Legislation plays a key role in authorizing broad programs in areas of public need, and in providing fiscal resources; the Institute translates Congressional mandates into reality.

LEGISLATIVE HANDBOOK: THE NATIONAL HEART, LUNG, AND BLOOD INSTITUTE is intended to provide a historical record of the past, a practical manual for the present, and a reference for legislative proposals in the future.

# How a Bill Becomes a Law

The National Heart, Lung, and Blood Institute was established in 1948 as a result of authorizing legislation enacted by Congress. Because subsequent re-authorizations and legislation in related health areas are instrumental in shaping the ongoing role and responsibilities of the Institute, this section of the handbook explains the process by which Congress enacts legislation.

This process involves committees, agencies, organizations, and individuals participating in a dynamic, interactive system. The process includes many rules and technicalities, but its basic framework can be described as a relatively simple sequence of steps:

- introduction of a bill,
- subcommittee hearings, mark-up, and vote,
- full committee consideration,
- floor debate and vote,
- conference between House and Senate,
- House and Senate vote on the conference version, and
- Presidential action.

As a bill passes through each of the above stages, it is subject to change, with the introduction of new or additional perspectives. The content of an introduced bill evolves, and is tested and revised at each step. Some bills emerge as laws.

## INTRODUCTION OF A BILL

The first step in the legislative process is the introduction of a bill, which is simply a concept for a new law or for a change in existing law expressed in legal language.

The idea for the law can come from a variety of sources:

- any Representative or Senator,
- the Executive Branch,
- organizations,
- private industry,
- private citizens, and
- Congressional staff.

A Representative or Senator who introduces a bill is known as the sponsor and can be joined by additional Representatives or Senators, known as co-sponsors.

Bills are numbered consecutively in both the House and the Senate, starting at the beginning of each Congressional term. Each 2-year term is called a Congress and is divided into two 1-year sessions. A House bill number is preceded by the letters H.R. (for House of Representatives), such as H.R. 12347; A Senate bill number is preceded by the letter S. (for Senate), such as S. 2450.

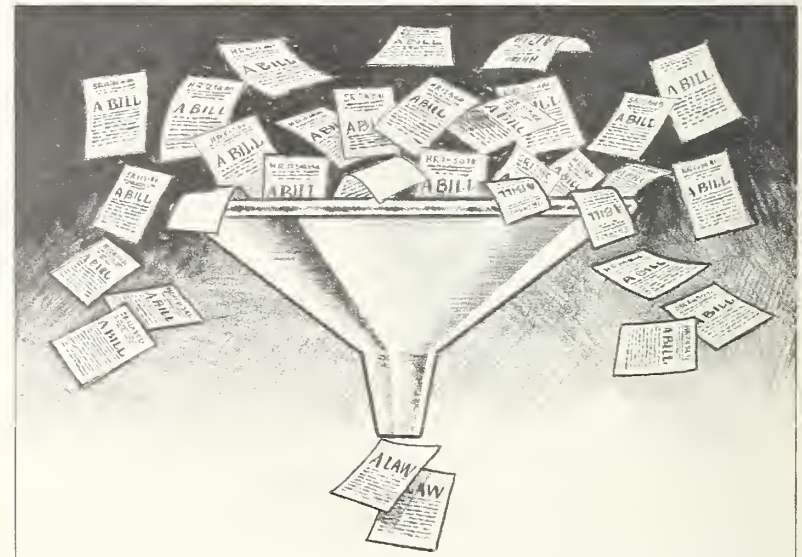
The total number of bills introduced in a Congress is substantial, yet a large number of them never become laws. For example, in the 95th Congress, which ended in 1978, there were

- 18,045 bills introduced, and
- 408 laws passed.

Reasons for this include:

- several bills are introduced on the same topic, which are later combined into a single law;
- bills are introduced to add co-sponsors to an identical piece of legislation;

*Some bills emerge as laws . . .*





- bills are tabled, or stalled, during a succeeding stage of the legislative process; and
- bills are defeated during a succeeding stage of the legislative process.

Legislation can originate in either chamber, except for appropriations bills, which are initiated by the House. In some instances the House and Senate work on similar legislation concurrently. Where a bill is passed by one chamber but no similar bill exists in the other chamber, the passed bill can be referred to the other chamber for action. A law is derived from a combination of House and Senate legislation, compromised through conference if necessary.

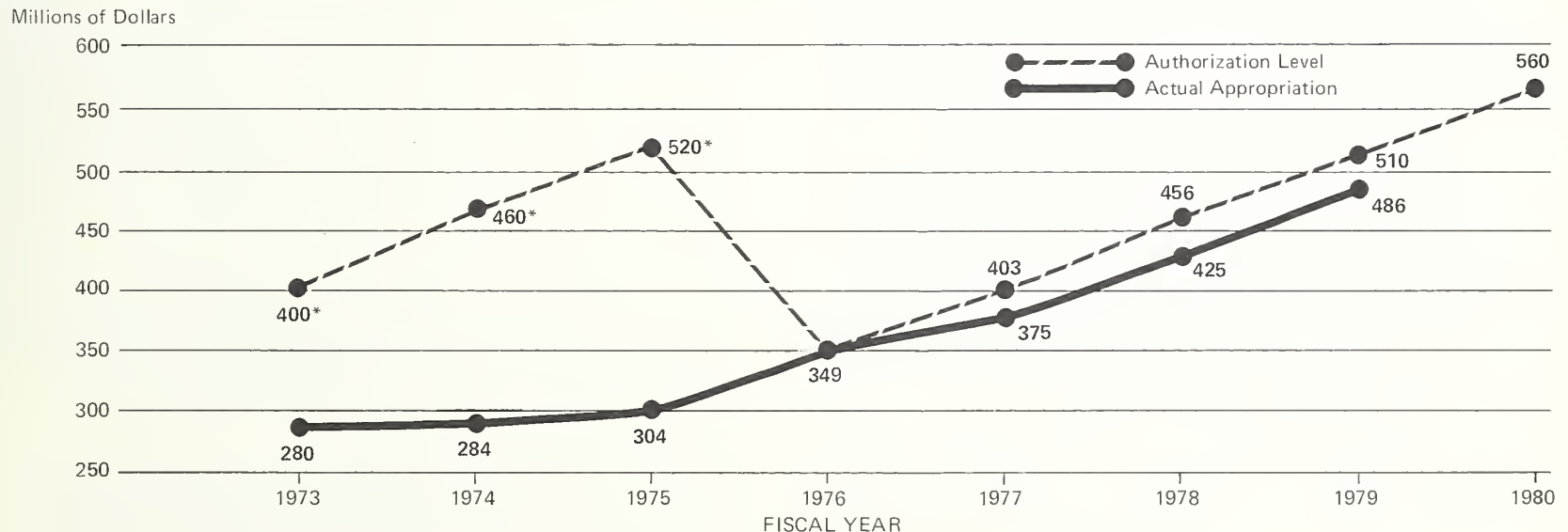
**AUTHORIZATION AND APPROPRIATION.** Authorization legislation establishes new programs or extends the life of existing programs. Appropriations legislation provides the actual funds to support the programs for each fiscal year.

When Congress authorizes a new program, it:

- defines the need for the program,
- establishes the scope of the program,
- assigns the program to a specific agency within the Federal Government,
- determines an authorization level (funding limit) for the program (appropriations cannot exceed the authorization level), and
- establishes the time frame for the initial authorization.

Once the first authorization period has passed, the program must be re-authorized. The program is reviewed by the House and Senate committees which have jurisdiction over it. They recommend additional mandates or other changes, and determine the length of the next re-authorization period (usually 1 to 3 years) and set the authorization level for each year of the extension period.

### Comparison of Authorization and Appropriation Levels for the National Heart, Lung, and Blood Institute (Training Excluded)



\*Includes training funds of approximately \$20 million dollars annually. Other figures do not include funding for training; after 1975, training support has been authorized separately through National Research Service Awards.

In addition to the authorization, each Federal program must also receive an annual "appropriation," or the actual amount of funds voted by Congress to operate that program in that fiscal year.

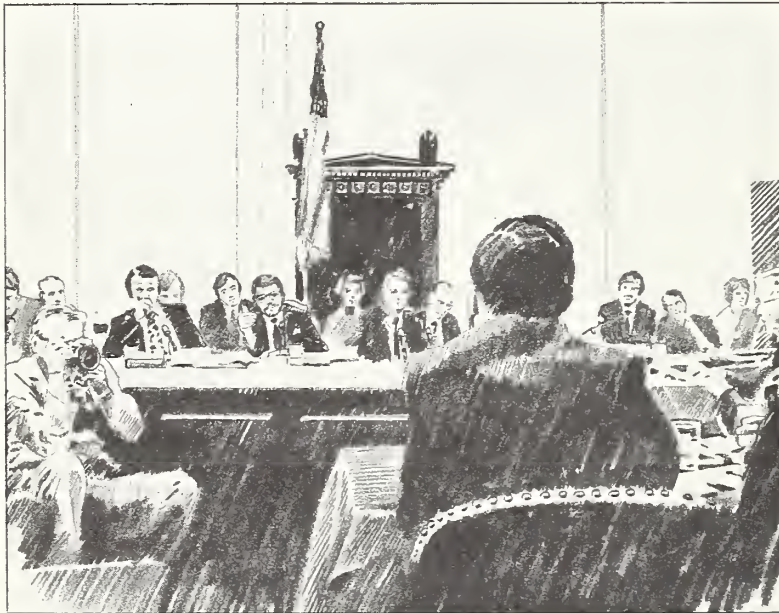
In both the House and the Senate, there are authorization committees and appropriations committees. The appropriations committees review the major programs of every Federal agency each year. While appropriations committees can recommend some program or agency changes, their most important task is to recommend an actual funding level. The appropriation for a given year can equal, but not exceed, the amount that is authorized. In most cases, the appropriation is lower than the authorization.

### **SUBCOMMITTEE HEARINGS, MARK-UP, AND VOTE**

After a bill has been introduced, in the House or the Senate, it is referred to the appropriate committee or committees, whose chairman assigns the bill to the proper subcommittee, where most of the detailed work on it will be accomplished.

**HEARINGS.** The initial action taken by the subcommittee is to hold public hearings on the bill. These hearings provide a forum for

*Committee Hearing*



the presentation of various viewpoints on a bill or bill-related topic and can last anywhere from 1 day to several weeks or months.

Various groups, including those listed below, can be invited to testify:

- representatives of Executive Branch agencies concerned with the subject matter of the bill,
- members of Congress,
- representatives of organizations or businesses potentially affected by the bill,
- experts on the subject matter of the bill, and
- private citizens.

Hearings constitute a formalized investigation of a particular matter. In these forums, members ask questions of the witnesses and of each other to elicit general as well as specific data related to the bill under consideration.

Upon completion of the hearings, a transcript of the entire proceedings is produced, including a verbatim account of what was said, as well as reproduction of all materials submitted "for the record." This transcript becomes part of the bill's "legislative history," and is often referenced at later stages of the bill's development.

**MARK-UP.** The next step in the legislative process consists of "mark-up" subcommittee meetings in which provisions of the bill are literally crossed out and changed to reflect information and analyses developed during the hearing phase. During the mark-up, which constitutes one of the major occasions for negotiation and compromise in the process:

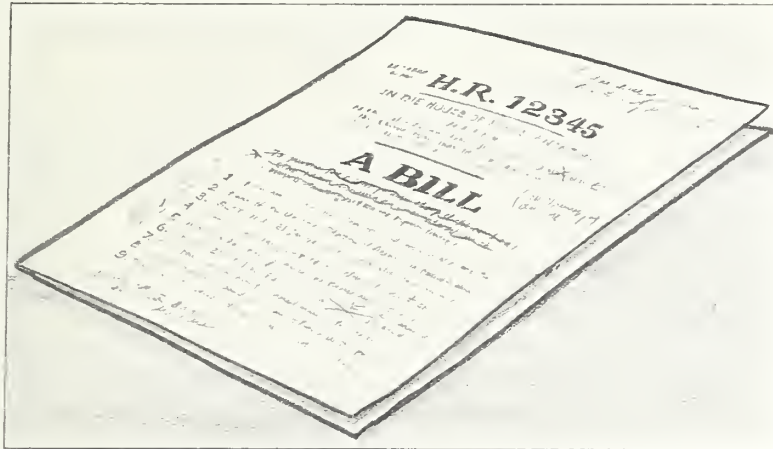
- alternate language is suggested,
- amendments are offered, and
- votes are taken.

**VOTE.** After agreement is reached on all points in dispute, the subcommittee votes to send the bill back to the full committee. If a substantial number of changes have been made, a "clean bill" will be reported to the committee, with a new bill number.

### **FULL COMMITTEE CONSIDERATION**

Once the bill is back in the full committee, there often are additional mark-up sessions, and the chairman will sometimes call for additional hearings. Following consideration of all amendments and changes, the committee will take a final vote. At this point the committee can table the bill and it will not leave the committee at

### Mark-up



that time. The bill also can be sent back to the subcommittee where it can be revised or allowed to stall.

If the vote is favorable, the committee “orders the bill reported” to the full chamber. The bill is actually considered “reported” on the day the committee files its report with the administrative office of its own chamber. The reports are numbered consecutively throughout a Congress; for example, House Report No. 95-104 would be the 104th House report in the 95th Congress. After being numbered, reports are published.

The committee report normally includes:

- the background and need for legislation;
- an explanation of proposed changes, if the bill consists of amendments to existing legislation;
- a section-by-section analysis of the provisions;
- reprints of actual changes in the law, whenever existing legislation is being revised; and
- dissenting views of committee members who did not concur with all or part of the bill.

The committee report is considered one of the most important documents produced in the legislative process, since it reflects “Congressional intent” on a given piece of legislation, i.e., what the committee intended as the objectives and impact of the bill. Federal agencies must use the reports as guidance for promulgating regulations, and the courts occasionally rely on

such reports when points of law are disputed. In addition, the committee report provides a summary and analysis of the bill and surrounding issues for those members who were not in the subcommittee but must vote on the legislation.

All Congressional documents, such as bills, transcripts, and committee reports, are available to the public once they are printed.

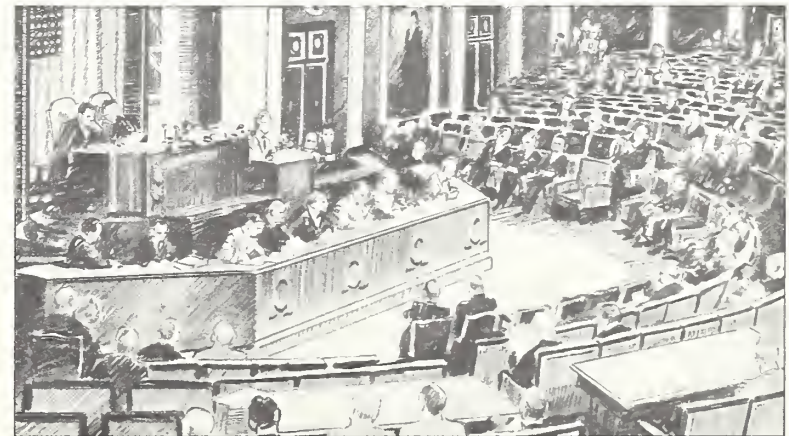
### FLOOR DEBATE AND VOTE

After the committee has favorably completed its consideration, or in some cases, after several committees have jointly considered a bill, the legislation is ready to be debated on the floor of the House or the Senate. In the case of House bills, however, they first pass through the Rules Committee, which establishes rules for debate (such as 1 hour of debate for each political party, with 5 minutes of debate on each amendment to the bill). The House has more complex debate rules because of the size of its membership - 435 potential debate participants, compared to 100 in the Senate.

Both the House and the Senate operate under parliamentary procedure, which is intended to ensure that the bills passing through chambers are considered in an orderly fashion.

During the course of floor debate, new amendments will sometimes be offered, additional discussion of controversial issues will take place, and interest groups will attempt to persuade certain members to cast votes in favor of their particular viewpoints.

### Floor Action



The legislative process operates on the principle that out of a diverse number of interests and points of view, a consensus will be reached on both large and small issues, resulting in legislation that reflects a compromise of varying perspectives.

Once all amendments to a bill have been offered, debated, and voted on, the House or the Senate will vote on the entire bill. Each chamber can choose to:

- pass the bill,
- defeat the bill, or
- recommit the bill to committee.

### CONFERENCE BETWEEN HOUSE AND SENATE

After bills have passed both the House and the Senate on a particular topic, they are ready for the next stage in the process. If it is simple legislation with few differences between the House and the Senate versions, one chamber can unanimously agree to the other's amendments and the bill will be sent directly to the President.

If the differences are substantial, a conference committee will be formed, consisting of representatives from both the House and the Senate subcommittees which considered the original bills. A conference committee usually consists of 12 to 15 members.

The conferees can consider only those points in dispute between the two versions of the bill; they may not interject new material into their discussions. Furthermore, where differing provisions involve levels of funding or the effective periods of the legislation, the conferees must agree to a compromise that falls within the limits set by the highest and lowest figures of such provisions.

Typically, conferees negotiate, choosing between the House and the Senate provisions, sometimes combining them, often splitting the difference on levels of funding or the effective periods of legislation. Conferences can be completed in one meeting or last for several months.

If the conferees are unable to resolve their differences, they must report back to the House and the Senate. Specific instructions can then be given by each chamber to its conferees with respect to the position they must take; in some cases, new conferees can be appointed.

After the conferees reach agreement, a report is prepared which explains the recommendations of the conference committee. This conference version of the bill must subsequently be voted on by

both chambers. If it is rejected by either chamber, the bill returns to conference. If the conference bill is accepted by both the House and the Senate, it is ready for transmittal to the President.

### PRESIDENTIAL ACTION

Under the Constitution, a law must be considered by both the Legislative Branch (the Congress) and the Executive Branch, represented by the President. The interaction between the two can have a marked effect on the success or failure of a piece of legislation.

Once a bill is passed and agreed to by both the House and the Senate, it is sent to the President for his signature. The President can exercise one of the following options:

- sign the bill, or
- veto the bill (whereby he returns it to Congress without his signature, stating his objections).

If the President takes no action on the bill for 10 days (Sundays excepted), it will become law automatically. However, should Congress adjourn within that 10-day period and the President has not acted on the bill, it will not become law. This is known as a "pocket veto."

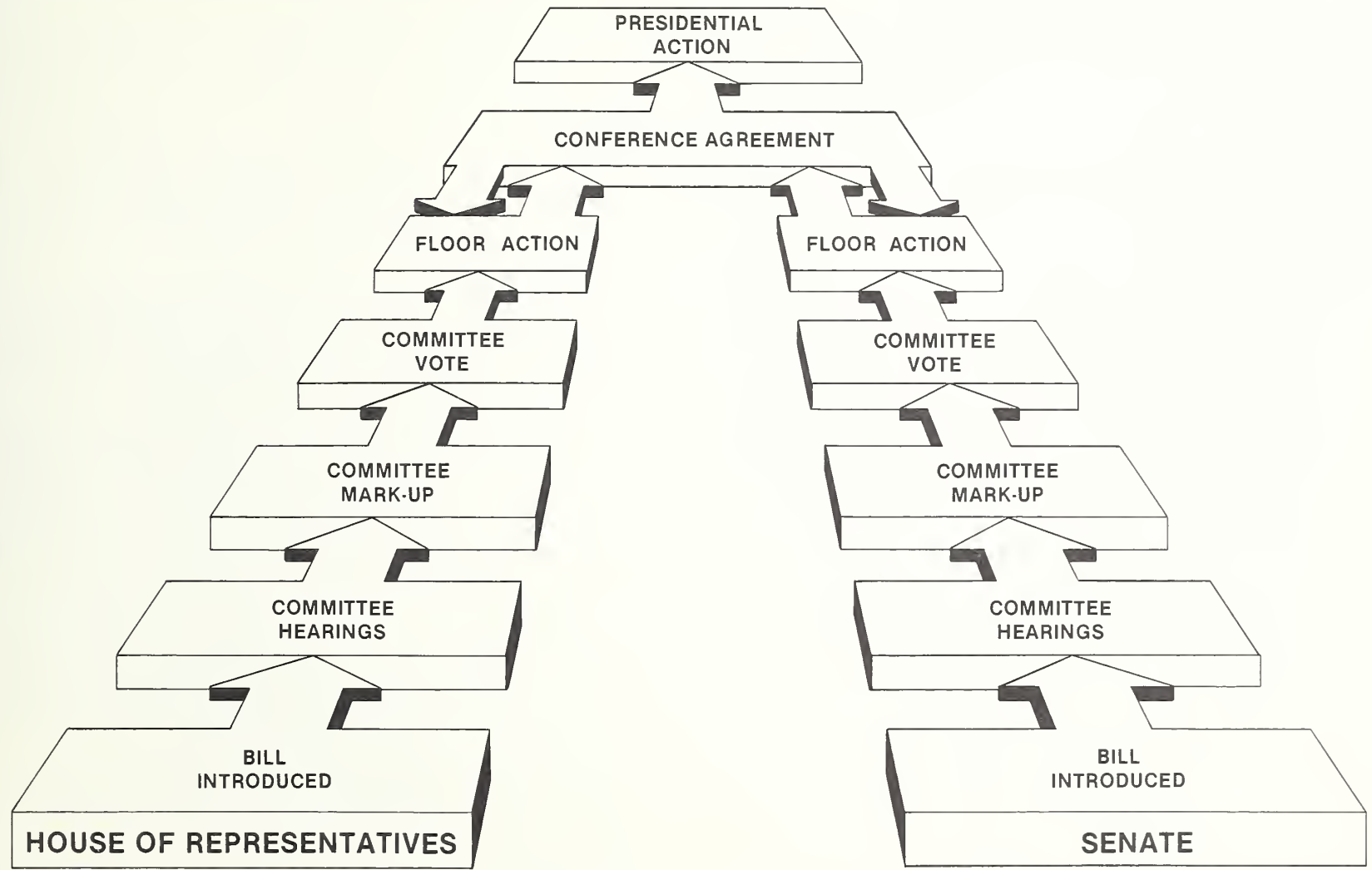
Congress may "override" a Presidential veto with a two-thirds vote of both chambers; however, this is often difficult to accomplish.

In the more common instance in which the President does sign a bill, he applies the word "approved," his signature and the date on the bill, and sends it to be published.

Each piece of enacted legislation is assigned a number, consisting of two sets of figures: the first, for the Congress in which the law was passed, and the second, representing the chronological order or sequence in which it was passed. This number is preceded by the initials "P.L.," for Public Law. For example, the first law of the 95th Congress, which began in January 1977, was listed as P.L. 95-1. The most recent authorization for the National Heart, Lung, and Blood Institute was P.L. 95-622, indicating that it was the 622nd law passed in the 95th Congress.

The illustration on the following page portrays the various stages of the legislative process which have been described in this section of the handbook. It depicts the sequence of steps that must take place before a bill becomes law.

# Steps in the Legislative Process



# Highlights of Authorizing Legislation for the National Heart, Lung, and Blood Institute

In 1948, a forward-looking Congress authorized the establishment of a National Heart Institute, with a mission to support research and training in the prevention, diagnosis, and treatment of cardiovascular diseases. President Truman's signature brought the National Heart Act of 1948 to life, and a series of dynamic events began.

The seeds for the Institute's complex research program can be found in history. In 1798, the Marine Hospital Service was established to aid sick and disabled merchant seamen. Through the years this service expanded, to the point where its effects were so major and far-reaching that in 1912 it was designated the Public Health Service (PHS).

The National Institute of Health, founded in 1930, was incorporated into the PHS with the passage of the Public Health Service Act in 1944 (P.L. 78-410). This landmark legislation revised and consolidated all laws relating to the Public Health Service. In Section 301 of the Act were broad authorizations for the Surgeon General to conduct and support research into human diseases.\*

In 1948, the National Heart Act (P.L. 80-655) established the Institute by adding a new section to the Public Health Service Act.

Title IV of the PHS Act contained provisions for the National Cancer Institute, as "Part A." Authorization for the National Heart Institute found its legislative home as "Title IV, Part B" of the PHS Act, where it remains today.

Since 1948, Congress has re-endorsed the Institute's authorization and expanded its mandate four times. Each re-authorization law has actually been a set of amendments to the basic provisions of the PHS Act, Title IV, Part B; each time, the changes have been incorporated into the existing provisions, forming the basis for the next set of amendments.

The number of Institute programs and the scope of its responsibilities have grown significantly through the passage of re-authorization legislation in:

1972 - National Heart, Blood Vessel, Lung, and Blood Act (P.L. 92-423);

1976 - Health Research and Health Services Amendments (P.L. 94-278);

1977 - Biomedical Research Extension Act (P.L. 95-83); and

1978 - Biomedical Research and Research Training Amendments of 1978 (P.L. 95-622).

## 1948 LEGISLATION

The most significant outcome of the 1948 National Heart Act was the creation of an Institute devoted specifically to cardiovascular research, and the mandate for a national effort to work towards heart disease prevention, diagnosis, and treatment.

The 1948 Act also:

- defined the *responsibilities of the Surgeon General in heart research*, to be carried out by the Institute, including conducting and fostering in-house research, as well as coordinating such research with outside institutions and agencies and providing research grants to outside organizations and individuals;
- established a *National Advisory Heart Council* composed of 16 members, and fixed their terms of office and schedule of reimbursement;
- defined the *Council's functions*, including reviewing proposed heart research projects, research grant applications from institutions and individuals, and training grant applications, and recommending the most promising to the Surgeon General;
- outlined *administrative restrictions*, including the acceptance of donations to aid the Institute's research and investigations; and
- changed the name of the National Institute of Health to the *National Institutes of Health*.

In the years following 1948, heart research programs were developed and expanded. Several national conferences on heart

\*Section 301 remains today as the underlying authority for research conducted by the NHLBI and can be especially important when appropriations legislation needs to progress before re-authorization legislation is finalized. The text of Section 301 can be found in the Appendix at the end of this handbook.

disease were held and, beginning in 1963, February was designated as "American Heart Month."

In 1969 the Institute underwent a major reorganization, one result of which was a change in name to the National Heart and Lung Institute, reflecting increased responsibilities in the important and growing area of pulmonary diseases.

## 1972 LEGISLATION

Through the National Heart, Blood Vessel, Lung, and Blood Act of 1972, Congress strengthened its commitment to the Institute and to research in its disease areas. The name change from National Heart Institute to *National Heart and Lung Institute* was codified into statute and the Institute was given expanded responsibilities which added several new sections to the Public Health Service Act.

To carry out these broadened responsibilities most effectively, the Institute needed a new program strategy. Thus, the law mandated that the Director of the Institute, with the advice of the Council, develop a *National Plan* within 180 days of the law's enactment. A thorough review was undertaken of the state of scientific research in heart, lung, and blood diseases, including input from hundreds of experts in these fields. The resultant plan outlined a comprehensive *National Heart, Blood Vessel, Lung, and Blood Diseases Program* based on responsibilities outlined in the law for:

- research into the *epidemiology, etiology, and prevention* of heart, blood vessel, lung, and blood diseases;
- research into *basic cardiovascular biological processes*;
- development and evaluation of *techniques, drugs, and devices* to aid diagnosis and treatment;
- programs to develop *technological devices* to assist, replace or monitor vital organs;
- *field studies and large-scale tests* relating to those diseases;
- research into *blood diseases and the use of blood resources* in the United States, including such items as collection, preservation, fractionation and distribution;
- *education and training* of scientists and clinicians;
- *public and professional education* programs into all aspects of those diseases;
- programs to research and study heart, lung, blood vessel and blood diseases of children; and

- programs to research and develop *emergency medical services*, including training of paraprofessionals and development of specialized equipment and communications.

The National Program has continued to be the foundation of the Institute's activities, and is updated each year. As a provision of the 1972 legislation, Congress mandated that the *Director of the Institute* submit an *annual report* to the President, for transmittal to Congress, on the accomplishments of the National Program during the preceding year and plans for the next 5 years.

The Act also mandated an *annual report from the Advisory Council* to the President, for transmittal to Congress. Membership on the Council was expanded from 16 to 23 members, including for the first time representatives from the public and from medical residency training programs. Corresponding to the Institute's increased mandates, the Council's functions expanded from concern with heart diseases to concern with heart, blood vessel, lung, and blood diseases.

To complete its expansion of Institute mandates, the 1972 Act:

- established a specific post of *Assistant Director for Health Information*, to provide the public and health professionals with information about cardiovascular and pulmonary diseases, including emphasis on the effects of lifestyle factors such as diet, smoking, exercise and stress;
- required the Institute to establish *prevention and control programs* with other governmental and private health agencies with appropriate emphasis on children's diseases, and delineated authorization of appropriations for that purpose;
- authorized the establishment of up to 30 *National Research and Demonstration Centers* (15 for heart, blood vessel, and blood diseases, and 15 for lung diseases, including lung diseases of children), to foster coordinated programs in basic and clinical research, training, and demonstrations;
- established an *Interagency Technical Committee*, chaired by the Director of the Institute, to coordinate those aspects of all Federal health programs related to heart, blood vessel, lung, and blood diseases and blood resources; and
- specified that a minimum of *15 percent* of appropriated funds must be utilized for programs in lung diseases, and a minimum of *15 percent* for programs in blood diseases and blood resources.

From 1948 until 1972, the Institute received appropriated funds under the general research authority of Public Health Service Act Section 301 (see Highlights introduction), which have no specific disease category allocation or “time and dollar” limits. Beginning with the 1972 legislation, Congress designated a specific authorization level and renewal period for the Institute. (Similar action had taken place regarding the National Cancer Institute, in 1971.) The 1972 Act authorized 3 years of funding; thus, the Institute required re-authorization after June 30, 1975.

### 1975 - 1976 LEGISLATION

Re-authorization legislation for the National Heart and Lung Institute proceeded through Congress during 1975, was delayed into 1976, and was signed in April 1976. It provided for a 2-year renewal period, rather than 3 years, so that the next re-authorization would coincide with that of the National Cancer Institute and with publication of the President’s Biomedical Research Panel Report. Thus, re-authorization in the Health Research and Health Services Amendments of 1976 provided funding authority for fiscal years 1976 and 1977. (Note: During this period, the fiscal year start was shifted from July 1 to October 1 through an act of Congress.)

The significant thrust of the 1975-76 legislation was to emphasize, clarify, and expand the Institute’s role in blood-related areas. This intention took form in several actions, including the following:

- Congress changed the Institute’s name to the *National Heart, Lung, and Blood Institute*; and changed the Council’s name to the *National Heart, Lung, and Blood Advisory Council*.
- In the several Public Health Service Act sections where Institute responsibilities regarded “heart, blood vessel, lung, and blood diseases,” Congress added language about “*the use of blood and blood products and the management of blood resources*.”
- Blood diseases and blood resources were added to cardiovascular and pulmonary diseases, as areas of *information dissemination* mandated for the Institute’s Office of Prevention, Education, and Control.
- The distribution of up to 30 *National Research and Demonstration Centers* was reorganized into ten centers for heart, ten centers for lung, and ten centers for blood.
- Committee report language emphasized that Congress intended the Institute to function as the *locus of coordination* for blood research programs and research in the management of blood resources.

Other notable highlights of the 1975-76 legislation included:

- a new authority for the Advisory Council, to recommend to the Secretary areas of research to be supported by *contracts*, and recommend the percentage of the Institute’s budget to be expended for contracts;
- changes in the annual *Director’s Report*, to be submitted after the end of each fiscal year rather than calendar year, and to include personnel and appropriations estimates for the following 5 years; and
- changes in the annual *Advisory Council Report*, to be transmitted simultaneously to the President and Congress rather than to the President for transmittal to Congress, and to be transmitted by November 30 each year rather than by January 31.

### 1977 LEGISLATION

Because both Congress and a new Administration were interested in undertaking a major review of all biomedical research authorities through extensive “biomedical overview” hearings and reports, the Biomedical Research Extension Act of 1977 was a 1-year renewal.

Congressional hearings began a series of discussions on several substantive issues in the conduct and management of biomedical research, while the legislation was kept to as simple an extension as possible. In the 1977 legislation, Congress:

- *re-affirmed the need for an expanded, intensified, and coordinated National Program*, as mandated in the previous NHLBI authorization laws; and
- included a few *technical amendments* clarifying the role of Research and Demonstration Centers for blood, adding cost-of-living increases for the Centers in general, and reassigning one ex-officio Council membership space from the National Science Foundation back to the newly re-established Office of Science and Technology Policy.

### 1978 LEGISLATION

The Biomedical Research and Research Training Amendments of 1978 resulted from a compromise between two sets of concerns. From the perspective of “biomedical overview,” several major issues were still being explored, and future hearings were being planned; thus, another 1-year simple extension renewal was a possibility. From the perspective of research funding stability and



planning needs, however, a 3-year renewal period was also proposed. The final law re-authorized the Institute for 2 years, FY 1979 and FY 1980, and included several amendments to further increase the effectiveness of the Institute's programs.

The most significant amendments affected the submission of reports and responsibilities for information dissemination.

- Transmittal requirements for the *Director's Report* were changed to correspond to the Council Report route and timing, so that the Secretary transmits both reports, by November 30 of each year, simultaneously to the President and Congress.
- Language was added to the existing information dissemination mandates, requiring that dissemination occur "*on a timely basis.*"
- In the dissemination program of the Office of Prevention, Education, and Control, responsibilities were added for "*nutrition*" (in addition to "diet"), and "*environmental pollutants.*"
- Research and Demonstration Centers were required to have programs of *continuing education* for health and allied health professionals, and *information programs* for the public.

Additional technical amendments included a reimbursement provision for *experts and consultants*.

Authorizations of appropriations in the 1978 law expire on September 30, 1980. During the winter and spring of 1980, Congressional committees will consider re-authorization bills to continue the activities and programs of the National Heart, Lung, and Blood Institute.



# Evolution of Authorizing Legislation for the National Heart, Lung, and Blood Institute: The Public Health Service Act, Sections 411-419

On the following pages is a section-by-section comparison table of Public Health Service Act Sections 411-419, authorities for the National Heart, Lung, and Blood Institute. The titles of these sections, and page numbers where they begin, are as follows:

		Page
<b>Section 411</b>	Establishment of the Institute	16
<b>Section 412</b>	Research and Training Authorities	18
<b>Section 413</b>	National Heart, Blood Vessel, Lung, and Blood Diseases and Blood Resources Program	22
<b>Section 414</b>	Authorization Levels for Prevention and Control Programs	32
<b>Section 415</b>	Research and Demonstration Centers	36
<b>Section 416</b>	Interagency Technical Committee (IATC)	42
<b>Section 417</b>	National Heart, Lung, and Blood Advisory Council	44
<b>Section 418</b>	Functions of the Advisory Council	48
<b>Section 419</b>	Administration, and Authorization Levels for the Research Programs	54

Throughout the table, columns labelled 1948, 1972, 1975-76, 1977, and 1978 display changes in PHS Act language brought about by authorization legislation in those years. The full titles of these laws are (underlining added):

**National Heart Act of 1948** (P.L. 80-655)

**National Heart, Blood Vessel, Lung, and Blood Act of 1972** (P.L. 92-423)

**Health Research and Health Services Amendments of 1976** (P.L. 94-278)

**Biomedical Research Extension Act of 1977** (P.L. 95-83)

**Biomedical Research and Research Training Amendments of 1978** (P.L. 95-622)

See the Highlights chapter of this handbook, beginning on page 10, for a discussion of these laws and their effect on NHLBI authorities.

## INSTRUCTIONS FOR USING THE COMPARISON TABLE

### Key Notes:

Throughout the table, additions to and changes in Public Health Service Act language are indicated by italics. Deletions of language are indicated by brackets.

Public Health Service Act language for 1948 (when the Institute was established) and 1978 (most recent authorities) appears in its entirety in the 1948 and 1978 columns. Language in the 1972, 1975-76, and 1977 columns reflects only those PHS Act sections which were amended by re-authorization laws in those years. As much as possible, the amended paragraphs have been placed in alignment with the corresponding paragraphs of other columns.

Public Health Service Act language appears in the shaded portions of the table. Following each PHS Act section, in unshaded areas, are pertinent excerpts from House and Senate committee reports on the legislation for that column's year. The excerpts are not intended to be exhaustive, but rather to reflect the intent of Congressional committees in proposing amendments.

Key words appear to the right of each 1978 column, highlighting the content areas of each section. The words are specifically keyed to the 1978 Public Health Service Act language, but are generally applicable to language in the other columns.

### To follow the development of a Public Health Service Act section over time:

Locate the section of interest by using the title and page listing at left.

Trace the language horizontally across the columns.

Note words and phrases in italics or brackets.

### To review the changes to sections 411-419 effected by a particular re-authorization law:

Determine the appropriate column year, using the listing of laws at left, if needed.

Begin on page 16, and follow the text vertically in that column, from page to page.

Note words or phrases in italics or brackets.

### To locate Public Health Service Act language on a specific topic:

Skim the key word listings to locate the paragraph(s) of interest.

If the topic of interest does not appear in the key word listings, determine from the section titles (listed at the left of this page) the section(s) in which the topic is most likely to appear, and skim that language. Some topics appear in more than one section.

1948	1972	1975-76
<p>Sec. 411</p> <p>ESTABLISHMENT OF INSTITUTE</p> <p>Sec. 411. There is hereby established in the Public Health Service a National Heart Institute (hereafter in this part referred to as the 'Institute').</p>	<p>Sec. 411</p> <p>ESTABLISHMENT OF INSTITUTE</p> <p>Sec. 411. There is hereby established in the Public Health Service a National Heart <i>and Lung</i> Institute (hereafter in this part referred to as the "Institute").</p>	<p>Sec. 411</p> <p>ESTABLISHMENT OF INSTITUTE</p> <p>Sec. 411. There is hereby established in the Public Health Service a National Heart, Lung, <i>and Blood</i> Institute (hereafter in this part referred to as the "Institute").</p>
<p>HOUSE COMMITTEE REPORT</p> <p>"The bill proposes to amend the Public Health Service Act for the purpose . . . of improving the health of the people of the United States through the conduct of researches, investigations, experiments, and demonstrations relating to the cause, prevention, and methods of diagnosis and treatment of diseases of the heart and circulation; assisting and fostering such researches and other activities by public and private agencies, and promoting the coordination of all such researches and activities and the useful application of their results; providing training in matters relating to heart diseases, including refresher courses for physicians; and developing and assisting the States and other agencies in the use of the most effective methods of prevention, diagnosis, and treatment of heart diseases."</p>	<p>HOUSE COMMITTEE REPORT</p> <p>"The purpose of this bill is to enlarge the authority of the National Heart and Lung Institute in order to advance the national attack against diseases of the heart and blood vessels, the lungs, and blood."</p>	<p>HOUSE COMMITTEE REPORT</p> <p>"The purpose of title I of H.R. 7988 is to extend the authority of the National Heart, Blood Vessel, Lung, and Blood Act of 1972 for two fiscal years, with substantive changes and revised authorization levels. The Committee is particularly concerned that the activities of the National Program—which appear to be developing well—continue without interruption. The two-year continuation is felt to be appropriate in this instance because this timing would cause the legislation to be reviewed again shortly after the President's Biomedical Research Panel has completed its work, and its recommendations on these and related program areas may then be taken into account."</p>
	<p>SENATE COMMITTEE REPORT</p> <p>"This legislation is to enlarge the authority of the National Heart and Lung Institute to advance the national attack upon diseases of the heart and blood vessels, the lungs and blood."</p>	

1977	1978
<p><b>Sec. 411</b></p> <p>No change from previous legislation</p>	<p><b>Sec. 411</b></p> <p><b>ESTABLISHMENT OF INSTITUTE</b></p> <p>Sec. 411. There is hereby established in the Public Health Service a National Heart, Lung, and Blood Institute (hereafter in this part referred to as the "Institute").</p>
<p><b>HOUSE COMMITTEE REPORT</b></p> <p>"The Committee reaffirms the need for an expanded, intensified and coordinated program for heart, blood vessel, lung, and blood diseases, as mandated by Public Law 92-423 in 1972 and Public Law 94-278 in 1976."</p> <p>"Although several recommendations for major legislative modifications in the authorities and for an increased level of financial support for the National Heart, Lung, Blood Vessel, and Blood Diseases Program have been brought to the attention of the Committee, the proposed legislation does not reflect these recommendations by appropriate statutory changes. As previously stated, the Committee will carefully review these and other recommendations during its soon-to-be forthcoming deliberations on substantial revision of the biomedical research authorities."</p>	<p><b>HOUSE COMMITTEE REPORT</b></p> <p>"Titles I-IV of H.R. 12347 reauthorize . . . the appropriations for the medical libraries assistance programs of the National Library of Medicine, the National Heart, Lung, and Blood Institute, the National Cancer Institute, and the National Research Service Awards program.</p> <p>"The committee believes that in order to effectively plan the various programs under consideration in this bill the administering Institutes must have assurances from Congress that these programs will be continued for a reasonable length of time. Effective planning also requires some knowledge in advance of the level of support that each program can expect from Congress."</p>
<p><b>SENATE COMMITTEE REPORT</b></p> <p>"The major purpose of the legislation is to extend for one year, fiscal year 1978, numerous expiring health authorities under the Public Health Service Act."</p> <p>"The committee recognizes that numerous important substantive and, in some respects, conflicting changes in these programs have been proposed by interested parties. Other important substantive proposals have been recommended to the Committee by its members and other Senators. These proposals deserve serious consideration on their merits. Such consideration will be forthcoming in the months ahead when each of these programs is substantively reevaluated by the Committee."</p>	<p><b>SENATE COMMITTEE REPORT</b></p> <p>"Title II of this legislation would extend . . . the research and control programs of the NCI and the NHLBI at levels slightly higher than those provided by the fiscal year 1978 authorization extension (Public Law 95-83). The committee and the Senate realize the need for a full review of these and other biomedical research programs, but while such review is in the process, the funding for these specific authorities cannot be allowed to lapse."</p> <p>"As noted earlier, the committee plans to defer any major amendments or extensions of current authorities until it has completed its oversight review of NIH as a whole. The committee is confident, however, that the Institute will continue the progress reflected in the declines in heart disease mortality and other areas, as reported in the recent testimony of the Assistant Secretary for Health."</p>

**Section 411  
ESTABLISHMENT OF THE INSTITUTE**

1948	1972	1975-76
<p>Sec. 412</p> <p>HEART DISEASE RESEARCH AND TRAINING</p> <p>Sec. 412. In carrying out the purposes of section 301 with respect to heart diseases the Surgeon General, through the Institute and in cooperation with the National Advisory Heart Council (hereinafter in this part referred to as the 'Council'), shall—</p> <p>(a) conduct, assist, and foster researches, investigations, experiments, and demonstrations relating to the cause, prevention, and methods of diagnosis and treatment of heart diseases;</p> <p>(b) promote the coordination of research and control programs conducted by the Institute, and similar programs conducted by other agencies, organizations, and individuals;</p> <p>(c) make available research facilities of the Service to appropriate public authorities, and to health officials and scientists engaged in special studies related to the purposes of this part;</p> <p>(d) make grants-in-aid to universities, hospitals, laboratories, and other public or private agencies and institutions, and to individuals for such research projects relating to heart diseases as are recommended by the Council, including grants to such agencies and institutions for the construction, acquisition, leasing, equipment, and maintenance of such hospital, clinic, laboratory, and related facilities, and for the care of such patients therein, as are necessary for such research;</p> <p>(e) establish an information center on research, prevention, diagnosis, and treatment of heart diseases, and collect and make available, through publications and other appropriate means, information as to, and the practical application of, research and other activities carried on pursuant to this part;</p> <p>(f) secure from time to time, and for such periods as he deems advisable, the assistance and advice of persons from the United States or abroad who are experts in the field of heart diseases;</p> <p>(g) in accordance with regulations and from funds appropriated or donated for the purpose (1) establish and maintain research fellowships in the Institute and elsewhere with such stipends and allowances (including travel and subsistence expenses) as he may deem necessary to train research workers and procure the assistance of the most brilliant and promising research fellows from the United States and abroad, and, in addition, provide for such fellowships through grants, upon recommendation of the Council, to public and other nonprofit institutions; and (2) provide training and instruction and establish and maintain traineeships, in the Institute and elsewhere in matters relating to the diagnosis, prevention, and treatment of heart diseases with such stipends and allowances (including travel and subsistence expenses) for trainees as he may deem necessary, the number of persons receiving</p>	<p>Sec. 412</p> <p><i>RESEARCH AND TRAINING IN DISEASES OF THE HEART, BLOOD VESSELS, LUNG, AND BLOOD</i></p> <p>Sec. 412. In carrying out the purposes of section 301 with respect to <i>heart, blood vessel, lung, and blood diseases</i> the Secretary through the Institute and in cooperation with the <i>National Heart and Lung Advisory Council</i> (hereinafter in this part referred to as the "Council"), shall—</p> <p>(1) conduct, assist, and foster researches, investigations, experiments, and demonstrations relating to the cause, prevention, and methods of diagnosis and treatment of <i>heart, blood vessel, lung, and blood diseases</i>;</p> <p>(2) promote the coordination of research and control programs conducted by the Institute, and similar programs conducted by other agencies, organizations, and individuals;</p> <p>(3) make available research facilities of the Service to appropriate public authorities, and to health officials and scientists engaged in special studies related to the purposes of this part;</p> <p>(4) make grants-in-aid to universities, hospitals, laboratories, and other public or private agencies and institutions, and to individuals for such research projects relating to <i>heart, blood vessel, lung, and blood diseases</i> as are recommended by the Council, including grants to such agencies and institutions for the construction, acquisition, leasing, equipment, and maintenance of such hospital, clinic, laboratory, and related facilities, and for the care of such patients therein, as are necessary for such research;</p> <p>(5) establish an information center on research, prevention, diagnosis, and treatment of <i>heart, blood vessel, lung, and blood diseases</i>, and collect and make available, through publications and other appropriate means, information as to, and the practical application of, research and other activities carried on pursuant to this part;</p> <p>(6) secure from time to time, and for such periods as he deems advisable, the assistance and advice of persons from the United States or abroad who are experts in the field of <i>heart, blood vessel, lung, and blood diseases</i>.</p> <p>(7) in accordance with regulations and from funds appropriated or donated for the purpose (1) establish and maintain research fellowships in the Institute and elsewhere with such stipends and allowances (including travel and subsistence expenses) as he may deem necessary to train research workers and procure the assistance of the most brilliant and promising research fellows from the United States and abroad, and, in addition, provide for such fellowships through grants, upon recommendation of the Council, to public and other nonprofit institutions; and (2) provide training and instruction and establish and maintain traineeships, in the Institute and elsewhere in matters relating to the diagnosis, prevention, and treat-</p>	<p>Sec. 412</p> <p>RESEARCH AND TRAINING IN DISEASES OF THE HEART, BLOOD VESSELS, LUNG, AND BLOOD AND IN THE MANAGEMENT OF BLOOD RESOURCES</p> <p>Sec. 412. In carrying out the purposes of section 301 with respect to heart, blood vessel, lung, and blood diseases <i>and with respect to the use of blood and blood products and the management of blood resources</i> the Secretary through the Institute and in cooperation with the National Heart, Lung, and Blood Advisory Council (hereinafter in this part referred to as the "Council"), shall—</p> <p>(1) conduct, assist, and foster researches, investigations, experiments, and demonstrations relating to the cause, prevention, and methods of diagnosis and treatment of heart, blood vessel, lung, and blood diseases <i>and to the use of blood and blood products and the management of blood resources</i>;</p> <p>(2) promote the coordination of research and control programs conducted by the Institute, and similar programs conducted by other agencies, organizations, and individuals;</p> <p>(3) make available research facilities of the Service to appropriate public authorities, and to health officials and scientists engaged in special studies related to the purposes of this part;</p> <p>(4) make grants-in-aid to universities, hospitals, laboratories, and other public or private agencies and institutions, and to individuals for such research projects relating to heart, blood vessel, lung, and blood diseases <i>and to the use of blood and blood products and the management of blood resources</i> as are recommended by the Council, including grants to such agencies and institutions for the construction, acquisition, leasing, equipment, and maintenance of such hospital, clinic, laboratory, and related facilities, and for the care of such patients therein, as are necessary for such research;</p> <p>(5) establish an information center on research, prevention, diagnosis, and treatment of heart, blood vessel, lung, and blood diseases <i>and on the use of blood and blood products and the management of blood resources</i> and collect and make available, through publications and other appropriate means, information as to, and the practical application of, research and other activities carried on pursuant to this part;</p> <p>(6) secure from time to time, and for such periods as he deems advisable, the assistance and advice of persons from the United States or abroad who are experts in the field of heart, blood vessel, lung, and blood diseases, <i>and the management of blood resources</i>;</p> <p>(7) in accordance with regulations and from funds appropriated or donated for the purpose, provide clinical training and instruction and establish and maintain clinical traineeships, in the Institute and elsewhere in</p>

1977	1978
<p>Sec. 412</p> <p>No change from previous legislation</p>	<p>Sec. 412</p> <p>RESEARCH AND TRAINING IN DISEASES OF THE HEART, BLOOD VESSELS, LUNG, AND BLOOD AND IN THE MANAGEMENT OF BLOOD RESOURCES</p> <p>Sec. 412. In carrying out the purposes of section 301 with respect to heart, blood vessel, lung, and blood diseases and with respect to the use of blood and blood products and the management of blood resources the Secretary through the Institute and in cooperation with the National Heart, Lung, and Blood Advisory Council (hereinafter in this part referred to as the "Council"), shall—</p> <p>(1) conduct, assist, and foster researches, investigations, experiments, and demonstrations relating to the cause, prevention, and methods of diagnosis and treatment of heart, blood vessel, lung, and blood diseases and to the use of blood and blood products and the management of blood resources;</p> <p>(2) promote the coordination of research and control programs conducted by the Institute, and similar programs conducted by other agencies, organizations, and individuals;</p> <p>(3) make available research facilities of the Service to appropriate public authorities, and to health officials and scientists engaged in special studies related to the purposes of this part;</p> <p>(4) make grants-in-aid to universities, hospitals, laboratories, and other public or private agencies and institutions, and to individuals for such research projects relating to heart, blood vessel, lung, and blood diseases and to the use of blood and blood products and the management of blood resources as are recommended by the Council, including grants to such agencies and institutions for the construction, acquisition, leasing, equipment, and maintenance of such hospital, clinic, laboratory, and related facilities, and for the care of such patients therein, as are necessary for such research;</p> <p>(5) establish an information center on research, prevention, diagnosis, and treatment of heart, blood vessel, lung, and blood diseases and on the use of blood and blood products and the management of blood resources, and collect and make available, <i>on a timely basis</i>, through publications and other appropriate means, information as to, and the practical application of, research and other activities carried on pursuant to this part;</p> <p>(6) secure from time to time, and for such periods as he deems advisable, the assistance and advice of persons from the United States or abroad who are experts in the field of heart, blood vessel, lung, and blood diseases and the management of blood resources;</p> <p>(7) in accordance with regulations and from funds appropriated or donated for the purpose, provide clinical training and instruction and establish and maintain</p>

**Section 412  
RESEARCH AND TRAINING MANDATES**

Research and Demonstrations  
Related to Cause, Prevention, Diagnosis  
and Treatment

Coordination of Research and  
Control Programs

Research Facilities

Grants-In-Aid for Research

Information Dissemination

Expert Assistance

Clinical Training

1948	1972	1975-76
<p>such training and instruction, and the number of persons holding such traineeships, to be fixed by the Council, and, in addition, provide for such training, instruction, and traineeships through grants, upon recommendation of the Council, to public and other nonprofit institutions.</p>	<p>ment of heart diseases with such stipends and allowances (including travel and subsistence expenses) for trainees as he may deem necessary, the number of persons receiving such training and instruction, and the number of persons holding such traineeships, to be fixed by the Council, and, in addition, provide for such training, instruction, and traineeships through grants, upon recommendation of the Council, to public and other nonprofit institutions.</p>	<p>matters relating to the diagnosis, prevention, and treatment of heart, blood vessel, lung, and blood diseases <i>and to the use of blood and blood products and the management of blood resources</i> with such stipends and allowances (including travel and subsistence expenses) for trainees as he may deem necessary, the number of persons receiving such training and instruction, and the number of persons holding such traineeships to be fixed by the Council, and, in addition, provide for such training, instruction, and traineeships through grants, upon recommendation of the Council, to public and other nonprofit institutions.</p>
		<p><b>HOUSE COMMITTEE REPORT</b></p> <p>“The principal change made in the 1972 Act by the reported bill involves a series of amendments designed to provide increased emphasis on the need for a coordinated effort between programs in blood research and the use of blood resources. Thus, the reported bill contains provisions which would change the name of the National Heart and Lung Institute to the National Heart, Lung, and Blood Institute, make a comparable change in the name of the Institute’s advisory council, and make it clear that the authority of the Institute extends to the use of blood products and the management of blood resources.”</p> <p>“In adopting amendment providing increased emphasis on research on the use of blood and the management of blood resources, the Committee has demonstrated its belief that the National Heart, Lung, and Blood Institute would be an appropriate locus of coordination for all blood resources activities of the Department, and recommends that necessary delegations of authority be given to the Institute for this purpose. It is intended, however, that HEW agencies with specific capabilities implement activities in their area of expertise. The National Heart, Lung, and Blood Institute— in addition to its general coordinating role—should be the locus for studies and research into the science and management of the Nation’s blood resources.”</p>
		<p><b>SENATE COMMITTEE REPORT</b></p> <p>“The principal change made respecting the authority of Public Law 92-423, the 1972 Act, by the reported bill involves a series of amendments designed to provide increased emphasis on the need for a coordinated effort between programs in blood research and the use of blood resources. Thus, the reported bill contains provisions which would change the name of the National Heart and Lung Institute to the National Heart, Lung, and Blood Institute, make a comparable change in the name of the Institute’s advisory</p>



**Section 412 (Continued)  
RESEARCH AND TRAINING MANDATES**

1977	1978
	<p>clinical traineeships, in the Institute and elsewhere in matters relating to the diagnosis, prevention, and treatment of heart, blood vessel, lung, and blood diseases and to the use of blood and blood products and the management of blood resources with such stipends and allowances (including travel and subsistence expenses) for trainees as he may deem necessary, the number of persons receiving such training and instruction, and the number of persons holding such traineeships, to be fixed by the Council, and, in addition, provide for such training, instruction, and traineeships through grants, upon recommendation of the Council, to public and other nonprofit institutions.</p>
<p><b>HOUSE COMMITTEE REPORT</b></p> <p>“The Committee is pleased that the National Heart, Lung, and Blood Institute has established an NIH Coordinating Committee for Blood Related Activities at NIH. Each of the Institutes and Divisions at NIH having significant programmatic activity related to blood is represented on this Committee. The Committee urges the NIH Coordinating Committee for Blood Related Activities to provide leadership in developing expanded blood related programs in cancer, in heart, lung, and blood diseases and in other disease areas within its purview. The Committee also believes that increased emphasis should be placed on blood research, particularly with respect to basic research in the field of blood clotting.”</p>	<p><b>HOUSE COMMITTEE REPORT</b></p> <p>“A number of distinguished scientists emphasized in testimony presented at the subcommittee’s hearings that Congress should continue and strengthen the capacity of the various divisions of the National Institutes of Health to conduct basic research. The view was expressed that only through high quality basic research will the knowledge be obtained which may ultimately lead to effective prevention, treatment, and cure of the many diseases which afflict our Nation. Basic research on prostaglandins supported by NHLBI . . . has led to results which are directly applicable to disease processes. However, the nature of the disease process in atherosclerosis is still somewhat obscure. And crippling lung diseases such as cystic fibrosis and emphysema still present baffling mysteries to physicians and scientists. Only through a continued strong commitment to basic research can we someday expect these mysteries to be solved.”</p>

1948	1972	1975-76
		<p>council, and make it clear that the authority of the Institute extends to the use of blood products and the management of blood resources.</p> <p>The Committee, however, wishes to emphasize strongly that these amendments respecting blood, blood products and blood resources in no way are intended to set in motion a series of actions by HEW with regard to an overall national blood policy centered in the National Heart, Lung, and Blood Institute. The committee has, as yet, held no hearings and made no legislative record with regard to the creation of a coherent national blood policy in general, including the role of the Federal Government in the implementation of that policy.</p> <p>The committee intends to turn its attention to this vital public policy issue in the context of its overall review of the Nation's biomedical research policy over the period of the next two years."</p>
	<p>Sec. 413</p> <p>NATIONAL HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASE PROGRAM</p> <p>Sec. 413. (a) The Director of the Institute, with the advice of the Council, shall develop a plan for a National Heart, Blood Vessel, Lung, and Blood Disease Program (hereafter in this part referred to as the 'Program') to expand, intensify, and coordinate the activities of the Institute respecting heart, blood vessel, lung, and blood diseases (including its activities under section 412) and shall carry out the Program in accordance with such plan. The Program shall be coordinated with the other research institutes of the National Institutes of Health to the extent that they have responsibilities respecting such diseases and shall provide for—</p> <p>(1) investigation into the epidemiology, etiology, and prevention of all forms and aspects of heart, blood vessel, lung, and blood diseases, including investigations into the social, environmental, behavioral, nutritional, biological, and genetic determinants and influences involved in the epidemiology, etiology, and prevention of such diseases;</p> <p>(2) studies and research into the basic biological processes and mechanisms involved in the underlying normal and abnormal heart, blood vessel, lung, and blood phenomena;</p> <p>(3) research into the development, trial, and evaluation of techniques, drugs, and devices (including computers) used in, and approaches to, the diagnosis, treatment (including emergency medical service), and prevention of heart, blood vessel, lung, and blood diseases and the rehabilitation of patients suffering from such diseases;</p> <p>(4) establishment of programs that will focus and apply scientific and technological efforts involving biological, physical, and engineering sciences to all facets of</p>	<p>Sec. 413</p> <p>NATIONAL HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASES AND BLOOD RESOURCES PROGRAM</p> <p>Sec. 413. (a) The Director of the Institute, with the advice of the Council, shall develop a plan for a National Heart, Blood Vessel, Lung, and Blood Diseases and Blood Resources Program (hereafter in this part referred to as the "Program") to expand, intensify, and coordinate the activities of the Institute respecting heart, blood vessel, lung, and blood diseases and blood resources (including its activities under section 412) and shall carry out the Program in accordance with such plan. The Program shall be coordinated with the other research institutes of the National Institutes of Health to the extent that they have responsibilities respecting such diseases and shall provide for—</p> <p style="text-align: center;">• • •</p>

**Section 412 (Continued)**  
**RESEARCH AND TRAINING MANDATES**

1977	1978
<p><b>Sec. 413</b></p> <p>No change from previous legislation</p>	<p><b>Sec. 413</b></p> <p><b>NATIONAL HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASES AND BLOOD RESOURCES PROGRAM</b></p> <p>Sec. 413. (a) The Director of the Institute, with the advice of the Council, shall develop a plan for a National Heart, Blood Vessel, Lung, and Blood Diseases and Blood Resources Program (hereafter in this part referred to as the "Program") to expand, intensify, and coordinate the activities of the Institute respecting heart, blood vessel, lung, and blood diseases and blood resources (including its activities under section 412) and shall carry out the Program in accordance with such plan. The Program shall be coordinated with the other research institutes of the National Institutes of Health to the extent that they have responsibilities respecting such diseases and shall provide for—</p> <p>(1) investigation into the epidemiology, etiology, and prevention of all forms and aspects of heart, blood vessel, lung, and blood diseases, including investigations into the social, environmental, behavioral, nutritional, biological, and genetic determinants and influences involved in the epidemiology, etiology, and prevention of such diseases;</p> <p>(2) studies and research into the basic biological processes and mechanisms involved in the underlying normal and abnormal heart, blood vessel, lung, and blood phenomena;</p> <p>(3) research into the development, trial, and evaluation of techniques, drugs, and devices (including computers) used in, and approaches to, the diagnosis, treatment (including emergency medical service), and prevention of heart, blood vessel, lung, and blood diseases and the rehabilitation of patients suffering from such diseases;</p> <p>(4) establishment of programs that will focus and apply scientific and technological efforts involving bio-</p>

**Section 413**  
**NATIONAL PROGRAM**

National Plan

Establishment of National Program

Epidemiology, Etiology, and Prevention

Biological Processes and Mechanisms

Techniques, Drugs, and Devices

1948	1972	1975-76
	<p><i>heart, blood vessel, lung, and blood diseases with emphasis on refinement, development, and evaluation of technological devices that will assist, replace, or monitor vital organs and improve instrumentation for detection, diagnosis, and treatment of those diseases;</i></p> <p><i>(5) establishment of programs for the conduct and direction of field studies, large-scale testing and evaluation, and demonstration of preventive, diagnostic, therapeutic, and rehabilitative approaches to, and emergency medical services for, such diseases;</i></p> <p><i>(6) studies and research into blood diseases and blood, and into the use of blood for clinical purposes and all aspects of the management of its resources in this country, including the collection, preservation, fractionation, and distribution of it and its products;</i></p> <p><i>(7) the education and training of scientists, clinicians, and educators, in fields and specialties (including computer sciences) requisite to the conduct of programs respecting heart, blood vessel, lung, and blood diseases;</i></p> <p><i>(8) public and professional education relating to all aspects of such diseases and the use of blood and blood products and the management of blood resources;</i></p> <p><i>(9) establishment of programs for study and research into heart, blood vessel, lung, and blood diseases of children (including cystic fibrosis, hyaline membrane, and hemolytic and hemophilic diseases) and for the development and demonstration of diagnostic, treatment, and preventive approaches to these diseases; and</i></p> <p><i>(10) establishment of programs for study, research, development, demonstrations and evaluation of emergency medical services for people who become critically ill in connection with heart, blood vessel, lung, or blood diseases, which programs shall include programs for (A) the training of paraprofessionals in (i) emergency treatment procedures, and (ii) utilization and operation of emergency medical equipment, (B) the development and operation of (i) mobile critical care units (including helicopters and other airborne units where appropriate), (ii) radio, telecommunications, and other means of communications, and (iii) electronic monitoring systems, and (C) the coordination with other community services and agencies in the joint use of all forms of emergency vehicles, communications systems, and other appropriate services.</i></p> <p><i>The Program shall give special emphasis to the continued development in the Institute of programs relating to atherosclerosis, hypertension, thrombosis, and congenital abnormalities of the blood vessels as causes of stroke, and to effective coordination of such programs with related stroke programs in the National Institute of Neurological Diseases and Stroke.</i></p> <p><i>(b) (1) The plan required by subsection (a) of this section shall (A) be developed within one hundred and eighty days after the effective date of this section. (B) be transmitted to the Congress, and (C) set out the Institute's staff require-</i></p>	<p><i>(7) the education and training of scientists, clinicians, and educators, in fields and specialties (including computer sciences) requisite to the conduct of clinical programs respecting heart, blood vessel, lung, and blood diseases, and blood resources;</i></p> <p style="text-align: center;">• • •</p>

**Section 413 (Continued)  
NATIONAL PROGRAM**

Technology - Application and Evaluation

Field Studies, Large-Scale Testing

Management of Blood Resources

Education and Training

Public and Professional Education

Diseases of Children

Emergency Medical Services

Stroke

Timetable for Plan

1977	1978
No change from previous legislation	<p>logical, physical, and engineering sciences to all facets of heart, blood vessel, lung, and blood diseases with emphasis on refinement, development, and evaluation of technological devices that will assist, replace, or monitor vital organs and improve instrumentation for detection, diagnosis, and treatment of those diseases;</p> <p>(5) establishment of programs for the conduct and direction of field studies, large-scale testing and evaluation, and demonstration of preventive, diagnostic, therapeutic, and rehabilitative approaches to, and emergency medical services for, such diseases;</p> <p>(6) studies and research into blood diseases and blood, and into the use of blood for clinical purposes and all aspects of the management of its resources in this country, including the collection, preservation, fractionation, and distribution of it and its products;</p> <p>(7) the education and training of scientists, clinicians, and educators, in fields and specialties (including computer sciences) requisite to the conduct of clinical programs respecting heart, blood vessel, lung, and blood diseases and blood resources;</p> <p>(8) public and professional education relating to all aspects of such diseases and the use of blood and blood products and the management of blood resources;</p> <p>(9) establishment of programs for study and research into heart, blood vessel, lung, and blood diseases of children (including cystic fibrosis, hyaline membrane, and hemolytic and hemophilic diseases) and for the development and demonstration of diagnostic, treatment, and preventive approaches to these diseases; and</p> <p>(10) establishment of programs for study, research, development, demonstrations and evaluation of emergency medical services for people who become critically ill in connection with heart, blood vessel, lung, or blood diseases, which programs shall include programs for (A) the training of paraprofessionals in (i) emergency treatment procedures, and (ii) utilization and operation of emergency medical equipment, (B) the development and operation of (i) mobile critical care units (including helicopters and other airborne units where appropriate), (ii) radio, telecommunications, and other means of communications, and (iii) electronic monitoring systems, and (C) the coordination with other community services and agencies in the joint use of all forms of emergency vehicles, communications systems, and other appropriate services.</p> <p>The Program shall give special emphasis to the continued development in the Institute of programs relating to atherosclerosis, hypertension, thrombosis, and congenital abnormalities of the blood vessels as causes of stroke, and to effective coordination of such programs with related stroke programs in the National Institute of Neurological and Communicative Disorders and Stroke.</p> <p>(b)(1) The plan required by subsection (a) of this section shall (A) be developed within one hundred and eighty days</p>

1948	1972	1975-76
	<p>ments to carry out the Program and recommendations for appropriations for the Program.</p> <p>(2) The Director of the Institute shall, as soon as practicable after the end of each calendar year, prepare in consultation with the Council and submit to the President for transmittal to the Congress a report on the activities, progress, and accomplishments under the Program during the preceding calendar year and a plan for the Program during the next five years.</p> <p>(c) In carrying out the Program, the Director of the Institute, under policies established by the Director of the National Institutes of Health and after consultation with the Council and without regard to any other provision of this Act, may—</p> <p>(1) if authorized by the Council, obtain (in accordance with section 3109 of title 5, United States Code, but without regard to the limitation in such section on the number of days or the period of such service) the services of not more than fifty experts or consultants who have scientific or professional qualifications;</p> <p>(2) acquire, construct, improve, repair, operate, and maintain heart, blood vessel, lung, and blood disease laboratory, research, training, and other necessary facilities and equipment, and related accommodations as may be necessary, and such other real or personal property (including patents) as the Director deems necessary; and acquire, without regard to the Act of March 3, 1877 (40 U.S.C. 34), by lease or otherwise, through the Administrator of General Services, buildings or parts of buildings in the District of Columbia or communities located adjacent to the District of Columbia for the use of the Institute for a period not to exceed ten years; and</p> <p>(3) enter into such contracts, leases, cooperative agreements, or other transactions, without regard to sections 3648 and 3709 of the Revised Statutes of the United States (31 U.S.C. 529, 41 U.S.C. 5), as may be necessary in the conduct of his functions, with any public agency, or with any person, firm, association, corporation, or educational institution.</p>	<p>(2) The Director of the Institute shall, as soon as practicable after the end of each fiscal year, prepare in consultation with the Council and submit to the President for transmittal to the Congress a report on the activities, progress, and accomplishments under the Program during the preceding fiscal year and a plan for the Program during the next five years. Each such plan shall contain (A) an estimate of the number and type of personnel which will be required by the Institute to carry out the Program during the five years with respect to which the plan is submitted, and (B) recommendations for appropriations to carry out the program during such five years.</p> <p>(c) In carrying out the Program, the Director of the Institute, under policies established by the Director of the National Institutes of Health and after consultation with the Council and without regard to any other provision of this Act, may—</p> <p>(1) if authorized by the Council, obtain (in accordance with section 3109 of title 5, United States Code, but without regard to the limitation in such section on the number or days or the period of such service) the services of not more than one hundred experts or consultants who have scientific or professional qualifications;</p> <p>(2) acquire, construct, improve, repair, operate, alter, renovate, and maintain heart, blood vessel, lung, and blood disease and blood resource laboratory, research, training, and other necessary facilities and equipment, and related accommodations as may be necessary, and such other real or personal property (including patents) as the Director deems necessary; and acquire, without regard to the Act of March 3, 1877 (40 U.S.C. 34), by lease or otherwise, through the Administrator of General Services, buildings or parts of buildings in the District of Columbia or communities located adjacent to the District of Columbia for the use of the Institute for a period not to exceed ten years; and</p>

**Section 413 (Continued)  
NATIONAL PROGRAM**

Annual Director's Report

Experts and Consultants

**Insert:  
Section 479  
PUBLIC HEALTH SERVICE ACT**

1977	1978
No change from previous legislation	<p>after the effective date of this section, (B) be transmitted to the Congress, and (C) set out the Institute's staff requirements to carry out the Program and recommendations for appropriations for the Program.</p> <p>(2) The Director of the Institute shall, as soon as practicable after the end of each fiscal year, prepare in consultation with the Council and submit a report to the Secretary for simultaneous transmittal by the Secretary, not later than November 30 of each year, to the President and to the Congress, on the activities, progress, and accomplishments under the Program during the preceding fiscal year and a plan for the Program during the next five years. Each such plan shall contain (A) an estimate of the number and type of personnel which will be required by the Institute to carry out the Program during the five years with respect to which the plan is submitted, and (B) recommendations for appropriations to carry out the program during such five years.</p> <p>(c) In carrying out the Program, the Director of the Institute, under policies established by the Director of the National Institutes of Health and after consultations with the Council and without regard to any other provision of this Act, may—</p> <p>(1) if authorized by the Council, obtain (in accordance with section 3109 of title 5, United States Code, but without regard to the limitation in such section on the number of days or the period of such service) the services of not more than one hundred experts or consultants who have scientific or professional qualifications;</p> <hr/> <p style="text-align: center;">EXPERTS AND CONSULTANTS</p> <p>Sec. 479. (b)(1) Experts and consultants whose services are obtained under . . . section . . . 413 (c)(1) shall be paid or reimbursed for their expenses associated with traveling to and from their assignment location in accordance with section 5724, 5724(a)(1), 5724a (a)(3), and 5726(c) of title 5, United States Code.</p> <hr/> <p>(2) acquire, construct, improve, repair, operate, alter, renovate, and maintain heart, blood vessel, lung, and blood disease and blood resource laboratory, research, training, and other necessary facilities and equipment, and related accommodations as may be necessary, and such other real or personal property (including patents) as the Director deems necessary; and acquire, without regard to the Act of March 3, 1877 (40 U.S.C. 34), by lease or otherwise, through the Administrator of General Services, buildings or parts of buildings in the District of Columbia or communities located adjacent to the District of Columbia for the use of the Institute for a period not to exceed ten years; and</p>

1948	1972	1975-76
	<p style="text-align: center;">• • •</p> <p><i>(d) There shall be in the Institute an Assistant Director for Health Information Programs who shall be appointed by the Director of the Institute. The Director of the Institute, acting through the Assistant Director for Health Information Programs, shall conduct a program to provide the public and the health professions with health information with regard to cardiovascular and pulmonary diseases. In the conduct of such program, special emphasis shall be placed upon dissemination of information regarding diet, exercise, stress, hypertension, cigarette smoking, weight control, and other factors affecting the prevention of arteriosclerosis and other cardiovascular diseases and of pulmonary diseases.</i></p>	<p style="text-align: center;">• • •</p> <p><i>(d) There shall be in the Institute an Assistant Director for Prevention, Education, and Control who shall be appointed by the Director of the Institute. The Director of the Institute, acting through the Assistant Director for Prevention, Education, and Control, shall conduct a program to provide the public and the health professions with health information with regard to cardiovascular, blood and pulmonary diseases and blood resources. In the conduct of such program, special emphasis shall be placed upon dissemination of information regarding diet, exercise, stress, hypertension, cigarette smoking, weight control, and other factors affecting the prevention of arteriosclerosis and other cardiovascular diseases and of pulmonary and blood diseases.</i></p>
	<p><b>HOUSE COMMITTEE REPORT</b></p> <p>“The Committee finds that there is an urgent need at this time for the development of a national plan, commensurate in scope with the magnitude of the problem, to coordinate and intensify the Nation’s heart, blood vessel, lung and blood disease research effort. The plan, as envisioned by the legislation, would provide for the development and implementation of a national program with well-defined goals and a long-range planning capability.”</p> <p>“The Committee finds that the best location for the planning and administration of the national heart, blood vessel, lung and blood disease program lies with the National Heart and Lung Institute within the National Institutes of Health. For the past twenty-four years, the Institute has demonstrated its competence in directing research in these disorders and has added immeasurably to the accumulation</p>	<p><b>HOUSE COMMITTEE REPORT</b></p> <p>“As is true with all areas of NIH research, the Committee is concerned that the results of research be put into the health care system as rapidly as possible. It is of utmost importance that the knowledge obtained through the National Heart, Blood Vessel, Lung, and Blood Disease Program be effectively evaluated and demonstrated in the community.</p> <p>The utilization of research results in community medical practice is dependent on health education of the public. Much of the current knowledge which increases man’s ability to control diseases necessitates changes in human behavior to actually effect changes in morbidity and mortality. The Committee feels that effective health education is crucial to this effort. It is important to know what educational techniques will work in inducing beneficial changes in perspective and values—and thus ultimately in the behavior of</p>



**Section 413 (Continued)  
NATIONAL PROGRAM**

Contracts, Leases, Cooperative Agreements

Office of Prevention, Education, and Control

Dissemination of Lifestyle and Other Prevention Information

1977	1978
	<p>(3) enter into such contracts, leases, cooperative agreements, or other transactions, without regard to sections 3648 and 3709 of the Revised Statutes of the United States (31 U.S.C. 529, 41 U.S.C. 5), as may be necessary in the conduct of his functions, with any public agency, or with any person, firm, association, corporation, or educational institution.</p> <p>(d) There shall be in the Institute an Assistant Director for Prevention, Education, and Control who shall be appointed by the Director of the Institute. The Director of the Institute, acting through the Assistant Director for Prevention, Education, and Control shall conduct a program to provide <i>on a timely basis</i> the public and the health professions with health information with regard to cardiovascular and, blood and pulmonary diseases and blood resources. In the conduct of such program, special emphasis shall be placed upon dissemination of information, regarding diet and nutrition, environmental pollutants, exercise, stress, hypertension, cigarette smoking, weight control, and other factors affecting the prevention of arteriosclerosis and other cardiovascular diseases and of pulmonary and blood diseases.</p>
<p><b>HOUSE COMMITTEE REPORT</b></p> <p>"The Committee finds that the National Heart, Lung, Blood Vessel, and Blood Program has made significant progress subsequent to the enactment of the 1972 authorizing legislation and thus strongly recommends its continuation and increased support."</p>	<p><b>HOUSE COMMITTEE REPORT</b></p> <p>"The National Heart, Lung, and Blood Institute (NHLBI) has, since the enactment of the National Heart, Blood Vessel, Lung, and Blood Act of 1972, developed a comprehensive program strategy—from acquisition of new knowledge, through validation of promising hypotheses, to application of new and existing knowledge—to promote and restore health, and prevent and treat disease."</p> <p>"... the committee wishes to emphasize the importance of providing information on research results, and on the prevention, diagnosis and the treatment of heart, lung and blood diseases to be made available through publications and other means through the Institute's information center "on a timely basis." These latter words were added in order to emphasize the importance of putting the latest information regarding the nature of heart, blood vessel, lung, and blood</p>

1948	1972	1975-76
	<p>of knowledge regarding their treatment and control. By substantially increasing the financial resources and administrative efficiency of the Heart and Lung Institute, the Committee hopes to hasten the day when diseases of the heart, lungs, blood vessels and blood can no longer be counted among the Nation's leading causes of death and disability."</p> <p>"As part of his expanded authority, the Director of the National Heart and Lung Institute shall conduct a program of education for the public and health professions with regard to heart, blood vessel, lung and blood diseases. Special emphasis is to be placed on informing the public of the effect of reduction of known risk factors in preventing these disorders."</p> <p>"While it is clear that only additional research can provide clarification of the exact role which each of the identified factors may play, it is apparent that the public and health professions are in need of coordinated and comprehensive information regarding the present state of our knowledge about prevention. Accordingly, the legislation establishes a program of heart and lung information within the National Heart and Lung Institute to inform the public and health professions regarding these matters."</p>	<p>the public. Therefore, the Committee is supportive of programs designed to measure the effectiveness of health education techniques and wishes to encourage the National Heart, Lung, and Blood Institute to pursue these activities."</p>
	<p><b>SENATE COMMITTEE REPORT</b></p> <p>"The Committee believes the ten-point program plan contained within the bill constitutes a rational approach to the problem of organizing a national attack against cardiovascular and pulmonary diseases as well as diseases of the blood. Such a plan will provide a coherent program for action and for evaluation. In carrying out the plan, the Committee urges that a maximum effort be made to bridge the gap between the laboratory and the daily use of knowledge in the practice of medicine. The Committee believes that there is an enormous opportunity in respect to the provision of high-quality care for persons who suffer from these diseases which</p>	

**Section 413 (Continued)  
NATIONAL PROGRAM**

1977	1978
	<p>diseases and new methods for their treatment into the hands of health professionals and the public as soon as possible.”</p> <p>“This provision is intended to provide information on those habits in the lifestyle of many Americans and those environmental conditions which aggravate cardiovascular disease, lung diseases, and hypertension. In particular, the statute as amended will include the words “diet” and “environmental pollutants” on the list of factors which may affect these harmful conditions. The list now includes exercise, stress, tension, smoking, and nutrition. In view of the Department of Health, Education, and Welfare’s current statistics that approximately 30 percent of the American people are obese and that more than 30 percent are habituated to smoking cigarettes, the committee believes that an emphasis on these information programs is an absolutely essential activity of the Institute in ultimately preventing and controlling heart, lung and blood diseases. Moreover, information and recommendations on environmental factors should be addressed to local health planning agencies and federal, State, and local environmental regulatory agencies.”</p> <p>“The proposed legislation also clarifies the requirements for the submission of annual reports by the Director and the Advisory Council of NHLBI.”</p> <p>“At present, the Public Health Service Act requires that both the Director of the NHLBI and the Advisory Council of the Institute submit annual reports. The amendments pertaining to the submission of reports in H.R. 12347 reflect the committee’s view that the submission of reports by the Director and Advisory Council should occur in a manner assuring that both the President and the Congress received them at a time appropriate to their budgetary and legislative responsibilities. The proposed legislation requires both to submit an annual report to the Secretary of the Department of Health, Education, and Welfare for the simultaneous transmittal by the Secretary to the President and Congress not later than November 30 of each year.”</p>
	<p><b>SENATE COMMITTEE REPORT</b></p> <p>“One technical amendment in title II of this bill relates to the authority for the NCI and the NHLBI to employ experts and consultants without regard to personnel ceilings or 12-month limitations on consultant services. As originally drafted, the Cancer and Heart Acts provided hiring authority for such consultants, but did not specify certain terms and conditions, (such as for paying their travel expenses, etc.). In the absence of such specific legislative language, it has become necessary to treat these experts and consultants as “shortage category employees”, and the effect has been that the Government may pay for travel expenses to their post of duty, but may not reimburse them for travel or relocation</p>

1948	1972	1975-76
	<p>can be capitalized on in the implementation of the plan authorized by the Committee's bill. The result and techniques which are elucidated by the plan should be expeditiously communicated to medical practitioners throughout the Nation."</p> <p>"The Committee considers the adequate provision of emergency medical services of primary importance in any program established to develop methods of diagnosis, prevention and treatment of cardiovascular and pulmonary diseases. The bill as reported amends the provision requiring the Institute Director to develop a plan for heart, blood vessel, lung and blood disease programs to include the development of emergency medical services both in the programs for research and in the establishment of programs in centers for the demonstration of preventive, diagnostic, therapeutic, and rehabilitative approaches to cardiovascular and pulmonary diseases. Similarly, the provisions establishing the prevention and control program are amended to stress coordination of emergency medical services programs."</p>	
	<p><b>Sec. 414</b></p> <p><i>HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASE PREVENTION AND CONTROL PROGRAMS</i></p> <p><i>Sec. 414. (a) The Director of the Institute, under policies established by the Director of the National Institutes of Health and after consultation with the Council, shall establish programs as necessary for cooperation with other Federal Health agencies, State, local, and regional public health agencies, and nonprofit private health agencies in the diagnosis, prevention, and treatment (including the provision of emergency medical services) of heart, blood vessel, lung, and blood diseases, appropriately emphasizing the prevention, diagnosis, and treatment of such diseases of children.</i></p> <p><i>(b) There is authorized to be appropriated to carry out this section \$25,000,000 for the fiscal year ending June 30, 1973, \$35,000,000 for the fiscal year ending June 30, 1974, and \$45,000,000 for the fiscal year ending June 30, 1975.</i></p>	<p><b>Sec. 414</b></p> <p><b>HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASE PREVENTION AND CONTROL PROGRAMS</b></p> <p>• • •</p> <p>(b) There is authorized to be appropriated to carry out this section \$25,000,000 for the fiscal year ending June 30, 1973, \$35,000,000 for the fiscal year ending June 30, 1974, \$45,000,000 for the fiscal year ending June 30, 1975, \$10,000,000 for fiscal year 1976, and \$30,000,000 for fiscal year 1977.</p>

**Section 413 (Continued)  
NATIONAL PROGRAM**

1977	1978
	<p>expenses at the conclusion of their service. Title II of this bill would correct this situation by making certain provisions of the Intergovernmental Personnel Act, (relating to similar exchanges between Government and the private sector), apply to these experts and consultants.”</p>
<p><b>Sec. 414</b> <b>HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASE PREVENTION AND CONTROL PROGRAMS</b></p> <p style="text-align: center;">• • •</p> <p>(b) There is authorized to be appropriated to carry out this section \$25,000,000 for the fiscal year ending June 30, 1973, \$35,000,000 for the fiscal year ending June 30, 1974, \$45,000,000 for the fiscal year ending June 30, 1975, \$10,000,000 for fiscal year 1976, \$30,000,000 for the fiscal year ending September 30, 1977, and \$30,000,000 for the fiscal year ending September 30, 1978.</p>	<p><b>Sec. 414</b> <b>HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASE PREVENTION AND CONTROL PROGRAMS</b></p> <p>Sec. 414. (a) The Director of the Institute, under policies established by the Director of the National Institutes of Health and after consultation with the Council, shall establish programs as necessary for cooperation with other Federal Health agencies, State, local, and regional public health agencies, and nonprofit private health agencies in the diagnosis, prevention, and treatment (including the provision of emergency medical services) of heart, blood vessel, lung, and blood diseases, appropriately emphasizing the prevention, diagnosis, and treatment of such diseases of children.</p> <p>(b) There is authorized to be appropriated to carry out this section \$25,000,000 for the fiscal year ending June 30, 1973, \$35,000,000 for the fiscal year ending June 30, 1974, \$45,000,000 for the fiscal year ending June 30, 1975, \$10,000,000 for fiscal year 1976, \$30,000,000 for the fiscal year ending September 30, 1977, \$30,000,000 for the fiscal year ending September 30, 1978, \$40,000,000 for the fiscal year ending September 30, 1979, and \$45,000,000 for the fiscal year ending September 30, 1980.</p>

**Section 414  
PREVENTION AND CONTROL PROGRAMS AND AUTHORIZATION OF APPROPRIATIONS \***

Establishment of Prevention and Control Programs

Authorization Levels

\* Note: Total authorization of appropriations for the Institute is the sum of levels of Sections 414 and 419B, for a given fiscal year.

1948	1972	1975-76
	<p><b>HOUSE COMMITTEE REPORT</b></p> <p>“The Committee has also provided new authority for the establishment of heart, blood vessel, lung and blood disease control programs. The Committee sees the development of these programs as the best means of insuring rapid translation of research results to the community. The programs are to be established in cooperation with Federal, State and other health agencies and are to be funded under a separate authorization of \$90 million over the three year period covered by the legislation.”</p> <p>“The Committee recognizes that the most important single factor in the control of any disease is prevention. For this reason, the legislation places special emphasis on those aspects of the national program which will provide information regarding the causes of these diseases and will hasten the application of existing and new knowledge regarding prevention.”</p>	
	<p><b>SENATE COMMITTEE REPORT</b></p> <p>“The Committee further believes that the plan should be carried out in a way so as to place maximum stress on the prevention of these crippling diseases. It is quite obvious from the testimony presented to the Committee by expert witnesses that the enormous toll of human suffering as well as the crippling economic blow of these diseases to the Nation can be substantially lessened through effective prevention of them.”</p>	<p><b>SENATE COMMITTEE REPORT</b></p> <p>“The Committee’s bill authorizes \$10 million for the fiscal year ending June 30, 1976, and \$25 million for fiscal year ending June 30, 1977, for the continuation of the programs to prevent and control heart, blood vessel, lung, and blood diseases. These programs are, in the Committee’s judgment, of vital importance to the nation... It is the Committee’s belief that the NIH, its sister research institutions throughout the nation, and research scientists and clinicians are in the best position to assure that research advances are rapidly translated into improved patient care. The Committee urges HEW, NIH, and the National Heart, Lung, and Blood Institute to effectively implement this authority.”</p>

**Section 414 (Continued)  
PREVENTION AND CONTROL  
PROGRAMS AND AUTHORIZATION  
OF APPROPRIATIONS**

1977	1978
<p><b>HOUSE COMMITTEE REPORT</b></p> <p>“The National Heart, Lung, and Blood Institute is taking a major initiative in promoting prevention, education, and control programs. These programs are the primary means of disseminating information to the public and the health professions concerning important factors in the prevention of these diseases and the Committee strongly believes that these programs should be augmented. For example, the Committee is impressed with the report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure underlining the appropriate treatment for high blood pressure. The report emphasizes that early detection of high blood pressure is only part of the problem and that getting a person to begin and maintain proper treatment represents perhaps an even greater challenge.”</p>	<p><b>HOUSE COMMITTEE REPORT</b></p> <p>“Included in the proposed authorization levels for fiscal year 1979 is a \$10 million increase for the prevention and control programs of the NHLBI. It is widely recognized that cardiovascular disease and hypertension are greatly aggravated by environmental factors and the lifestyles of many Americans.”</p> <p>“The National Heart, Lung, and Blood Institute has taken a major initiative in the control of these diseases. The decline in death rates, which began in the 1960’s and accelerated in 1973 continue the downward trend. Figures from the National Center for Health Statistics indicate that in the years between 1968 and 1976, over 700,000 more deaths would have occurred if death rates had remained at 1968 levels. In fact, cardiovascular mortality rates have fallen by over 10 percent in every adult age grouping, in both sexes, and in both majority and minority populations; and life expectancy projections have turned upward after several decades of flat trend.”</p> <p>“The NHLBI has recently taken major initiatives in promoting prevention, education, and control programs. The NHLBI’s prevention, education, and control efforts have evolved from a primary concern with the efficient dissemination of information to an involvement in research on motivation, health behavior, and alternative educational strategies designed to influence health behavior.</p> <p>The national high blood pressure education program (NHBPEP) represents the Institute’s most extensive effort thus far. The program has had not only tremendous consequences on the control of hypertension, but has also provided us with a useful model to apply to other diseases.”</p>

1948	1972	1975-76
	<p>Sec. 415</p> <p><i>NATIONAL RESEARCH AND DEMONSTRATION CENTERS FOR HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASES</i></p> <p>Sec. 415. (a)(1) The Director of the Institute may provide for the development of—</p> <p>(A) fifteen new centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment methods (including methods of providing emergency medical services) for heart, blood vessel, and blood diseases; and</p> <p>(B) fifteen new centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment methods (including methods of providing emergency medical services) for chronic lung diseases (including bronchitis, emphysema, asthma, cystic fibrosis, and other lung diseases of children).</p> <p>(2) The centers developed under paragraph (1)(A) shall, in addition to being utilized for research, training, and demonstrations, be utilized for the following prevention programs for cardiovascular diseases:</p> <p>(A) Programs to develop improved methods of detecting individuals with a high risk of developing cardiovascular disease.</p> <p>(B) Programs to develop improved methods of intervention against those factors which cause individuals to have a high risk of developing such disease.</p> <p>(C) Programs to develop health professions and allied health professions personnel highly skilled in the prevention of such disease.</p> <p>(D) Programs to develop improved methods of providing emergency medical services for persons with such disease.</p> <p>(3) Centers developed under this subsection may be supported under subsection (b) or under any other applicable provision of law. The research, training, and demonstration activities carried out through any such center may relate to any one or more of the diseases referred to in paragraph (1) of this subsection.</p> <p>(b) The Director of the Institute, under policies established by the Director of the National Institutes of Health and after consultation with the Council, may enter into cooperative agreements with public or nonprofit private agencies or institutions to pay all or part of the cost of planning, establishing, or strengthening, and providing basic operating support for, existing or new centers (including centers established under subsection (a)) for basic or clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment methods for heart, blood vessel, lung, or blood diseases. Funds paid to centers under cooperative agreements under this subsection may be used for—</p>	<p>Sec. 415</p> <p><i>NATIONAL RESEARCH AND DEMONSTRATION CENTERS FOR HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASES AND BLOOD RESOURCES</i></p> <p>Sec. 415. (a)(1) The Director of the Institute may provide for the development of—</p> <p>(A) ten new centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment methods (including methods of providing emergency medical services) for heart diseases and for research in the use of blood and blood products and in the management of blood resources.</p> <p>(B) ten new centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment methods (including methods of providing emergency medical services) for [chronic] lung diseases (including bronchitis, emphysema, asthma, cystic fibrosis, and other lung diseases of children), and</p> <p>(C) ten new centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment methods (including methods of providing emergency medical services) for blood, blood vessel diseases, research in the use of blood products, and research in the management of blood resources.</p> <p>(2) The centers developed under paragraph (1)(A) shall, in addition to being utilized for research, training, and demonstrations, be utilized for the following prevention programs for cardiovascular, pulmonary, and blood diseases:</p> <p>(A) Programs to develop improved methods of detecting individuals with a high risk of developing cardiovascular, pulmonary and blood diseases.</p> <p>(B) Programs to develop improved methods of intervention against those factors which cause individuals to have a high risk of developing such diseases.</p> <p>(C) Programs to develop health professions and allied health professions personnel highly skilled in the prevention of such diseases.</p> <p>(D) Programs to develop improved methods of providing emergency medical services for persons with such diseases.</p> <p>(3) Centers developed under this subsection may be supported under subsection (b) or under any other applicable provision of law. The research, training, and demonstration activities carried out through any such center may relate to any one or more of the diseases referred to in paragraph (1) of this subsection.</p> <p>(b) The Director of the Institute, under policies established by the Director of the National Institutes of Health and after consultation with the Council, may enter</p>



1977	1978
<p>Sec. 415</p> <p>NATIONAL RESEARCH AND DEMONSTRATION CENTERS FOR HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASES AND BLOOD RESOURCES</p> <p>Sec. 415.(a)(1) The Director of the Institute may provide for the development of—</p> <p>(A) ten new centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment methods (including methods of providing emergency medical services) for heart <i>and blood vessel diseases</i>.</p> <p style="text-align: center;">• • •</p> <p>(C) ten new centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment methods (including methods of providing emergency medical services) for <i>blood diseases and research into blood, in the use of blood products and in the management of blood resources</i>.</p> <p style="text-align: center;">• • •</p>	<p>Sec. 415</p> <p>NATIONAL RESEARCH AND DEMONSTRATION CENTERS FOR HEART, BLOOD VESSEL, LUNG, AND BLOOD DISEASES AND BLOOD RESOURCES</p> <p>Sec. 415. (a)(1) The Director of the Institute may provide for the development of—</p> <p>(A) ten new centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment methods (including methods of providing emergency medical services) for heart and blood vessel diseases,</p> <p>(B) ten new centers for basic and clinical research into, training in, and demonstration of advanced diagnostic, prevention, and treatment methods (including methods of providing emergency medical services) for lung diseases (including bronchitis, emphysema, asthma, cystic fibrosis, and other lung diseases of children), and</p> <p>(C) ten new centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment methods (including methods of providing emergency medical services) for blood diseases and research into blood, in the use of blood products and in the management of blood resources.</p> <p>(2) The centers developed under paragraph (1) shall, in addition to being utilized for research, training, and demonstrations, be utilized for the following prevention programs for cardiovascular, pulmonary, and blood diseases:</p> <p>(A) Programs to develop improved methods of detecting individuals with a high risk of developing cardiovascular, pulmonary, and blood diseases.</p> <p>(B) Programs to develop improved methods of intervention against those factors which cause individuals to have a high risk of developing such diseases.</p> <p>(C) Programs to develop health professions and allied health professions personnel highly skilled in the prevention of such diseases.</p> <p>(D) Programs to develop improved methods of providing emergency medical services for persons with such diseases.</p> <p>(E) <i>Programs of continuing education for health and allied health professionals in the diagnosis, prevention, and treatment of such diseases and information programs for the public respecting the prevention and early diagnosis and treatment of such diseases.</i></p> <p>(3) Centers developed under this subsection may be supported under subsection (b) or under any other applicable provision of law. The research, training, and demonstration activities carried out through any such center may relate to any one or more of the diseases referred to in paragraph (1) of this subsection.</p>

**Section 415  
NATIONAL RESEARCH AND  
DEMONSTRATION CENTERS**

For Heart and Blood Vessel Diseases

For Lung Diseases

For Blood, Blood Diseases and  
Blood Resources

Research, Training, Demonstrations,  
and Prevention Programs

1948	1972	1975-76
	<p>(1) construction, notwithstanding section 405,  (2) staffing and other basic operating costs, including such patient care costs as are required for research,  (3) training, including training for allied health professions personnel, and  (4) demonstration purposes.</p> <p>The aggregate of payments (other than payments for construction) made to any center under such an agreement may not exceed \$5,000,000 in any year. Support of a center under this subsection may be for a period of not to exceed five years and may be extended by the Director of the Institute for additional periods of not more than five years each, after review of the operations of such center by an appropriate scientific review group established by the Director. As used in this section, the term 'construction' does not include the acquisition of land.</p>	<p>into cooperative agreements with public or nonprofit private agencies or institutions to pay all or part of the cost of planning, establishing, or strengthening, and providing basic operating support for, existing or new centers (including centers established under subsection (a)) for basic or clinical research into, training in, and demonstration of, <i>the management of blood resources and</i> advanced diagnostic, prevention, and treatment methods for heart, blood vessel, lung, or blood diseases. Funds paid to centers under cooperative agreements under this subsection may be used for—</p> <p>(1) construction, notwithstanding section 405,  (2) staffing and other basic operating costs, including such patient care costs as are required for research,  (3) training, including training for allied health professions personnel, and  (4) demonstration purposes.</p> <p>The aggregate of payments (other than payments for construction) made to any center under such an agreement for its costs (other than indirect costs) described in the first sentence may not exceed \$5,000,000 in any year, except that the aggregate of such payments in any year may exceed such amount to the extent that the excess amount is attributable to increases in such year in appropriate costs as reflected in the Consumer Price Index published by the Bureau of Labor Statistics. Support of a center under this subsection may be for a period of not to exceed five years and may be extended by the Director of the Institute for additional periods of not more than five years each, after review of the operations of such center by an appropriate scientific review group established by the Director. As used in this section, the term "construction" does not include the acquisition of land; and the term "training" does not include research training for which fellowship support may be provided under section 472.</p>
	<p><b>HOUSE COMMITTEE REPORT</b></p> <p>"The Committee has included ample authority for the support of existing basic and clinical research centers as well as authority to establish thirty new centers for research in heart, blood vessel, lung and blood diseases. . . . The committee does not intend that the centers provided in this bill should become treatment centers for the provision of patient care. On the contrary, the committee views these centers as having a role in furthering the objectives of</p>	<p><b>HOUSE COMMITTEE REPORT</b></p> <p>"The reported bill also expands the scope of prevention programs in the national research and demonstration centers to include all heart, lung, blood and related diseases in lieu of the existing, more limited requirement that centers be utilized for prevention programs relating to heart disease. Recent research advances have demonstrated that techniques are available to make prevention programs a worthwhile part of control for pulmonary and blood diseases as well as heart disease."</p>

**Section 415 (Continued)  
NATIONAL RESEARCH AND  
DEMONSTRATION CENTERS**

Funding Support for Centers

1977	1978
<p>The aggregate of payments (other than payments for construction) made to any center under such an agreement for its costs (other than indirect costs) described in the first sentence may not exceed \$5,000,000 in any fiscal year, except that if in any fiscal year there is an increase, as reflected in the Consumer Price Index published by the Bureau of Labor Statistics, in the costs of a center for which payments may be made under such an agreement, the aggregate of payments in such year for such center may exceed \$5,000,000 to include such increase and any such increase in any preceding fiscal year for which payments were made to such center under such an agreement to the extent that such increase resulted in payments in excess of \$5,000,000.</p> <p style="text-align: center;">• • •</p>	<p>(b) The Director of the Institute, under policies established by the Director of the National Institutes of Health and after consultation with the Council, may enter into cooperative agreements with public or nonprofit private agencies or institutions to pay all or part of the cost of planning, establishing, or strengthening, and providing basic operating support for, existing or new centers (including centers established under subsection (a)) for basic or clinical research into, training in, and demonstration of, the management of blood resources and advanced diagnostic, prevention, and treatment methods for heart, blood vessel, lung, or blood diseases. Funds paid to centers under cooperative agreements under this subsection may be used for—</p> <ol style="list-style-type: none"> <li>(1) construction, notwithstanding section 405,</li> <li>(2) staffing and other basic operating costs, including such patient care costs as are required for research,</li> <li>(3) training, including training for allied health professions personnel, and</li> <li>(4) demonstration purposes.</li> </ol> <p>The aggregate of payments (other than payments for construction) made to any center under such an agreement for its costs (other than indirect costs) described in the first sentence may not exceed \$5,000,000 in any fiscal year, except that if in any fiscal year there is an increase, as reflected in the Consumer Price Index published by the Bureau of Labor Statistics, in the costs of a center for which payments may be made under such an agreement, the aggregate of payments in such year for such center may exceed \$5,000,000 to include such increase and any such increase in any preceding fiscal year for which payments were made to such center under such an agreement to the extent that such increase resulted in payments in excess of \$5,000,000. Support of a center under this subsection may be for a period of not to exceed five years and may be extended by the Director of the Institute for additional periods of not more than five years each, after review of the operations of such center by an appropriate scientific review group established by the Director. As used in this section, the term "construction" does not include the acquisition of land; and the term "training" does not include research training for which fellowship support may be provided under section 472.</p>
<p><b>HOUSE COMMITTEE REPORT</b></p> <p>"The Committee well understands the effect of past monetary and personnel limitations on center development and is optimistic that the new Administration will be responsive to the need for an increase in the number and a broader distribution of these centers across the country. As the Committee has stated before, these centers are a most promising setting for both research and the dissemination of the results of such research into the health care delivery</p>	<p><b>HOUSE COMMITTEE REPORT</b></p> <p>"Section 415 of the Public Health Service Act establishes national research and demonstration centers for heart, blood vessel, lung and blood diseases and blood resources. There are now three such centers in existence, one each for heart and blood vessel diseases, lung diseases, and blood diseases. It is the view of the committee that these centers, which are directly involved in research and demonstration activities would be the ideal entities to further the information</p>

1948	1972	1975-76
	<p>research and demonstration. Accordingly, the committee has specifically provided in the bill that the centers shall have as their purpose 'basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment methods for heart, blood vessel, and blood diseases and for chronic lung diseases.' The Committee expects that the Heart and Lung Institute will provide strong leadership in the location, planning, and establishment of these new centers and that special attention will be paid to geographic distribution. The committee intends that research results be communicated as rapidly as possible to the medical practitioner."</p>	
	<p><b>SENATE COMMITTEE REPORT</b></p> <p>"The Committee's bill authorizes the creation of 15 centers for research, advanced diagnosis and treatment, and training in cardiovascular diseases; and 15 centers for research in respect to pulmonary diseases. The Committee in authorizing the creation of these new centers also wishes to emphasize the necessity for the support of existing centers in respect to heart disease and pulmonary disease. Funds authorized by the Committee's bill in this respect are available both for the creation of new services and for the continued strengthening and stabilization of existing centers throughout the Nation. The Committee was particularly impressed with the testimony of expert witnesses who emphasized the very great needs facing the Nation in respect to pulmonary diseases, particularly as they affect children. Therefore, the Committee directs the Department of Health, Education and Welfare to proceed as rapidly as possible in the strengthening of existing centers and the establishment of additional centers in respect to pediatric pulmonary diseases."</p>	<p><b>SENATE COMMITTEE REPORT</b></p> <p>"With the Committee's amendments to increase emphasis on blood, blood products, and blood resources, the Committee has amended Section 415 of the Act so as to permit the creation of ten new centers for basic and clinical research respecting heart disease, ten new centers for basic and clinical research in lung disease, and ten new centers for basic and clinical research for blood and blood vessel diseases.</p> <p>The Committee urges the Administration to implement this authority effectively and expeditiously."</p>

**Section 415 (Continued)  
NATIONAL RESEARCH AND  
DEMONSTRATION CENTERS**

1977	1978
<p>system. The Committee intends to make a careful review of the underlying legislative authority for the support of these centers when it considers legislation to substantially revise biomedical research authorities."</p> <p>"Section 4(b)(1) of the bill would amend section 415(a)(1) of the PHS Act to correct the technical error under existing law of assigning "research in the use of blood and blood products and in the management of blood resources" to heart centers and assigning "blood vessel diseases research" (cardiovascular disease) to blood centers. It would further provide clarification that blood vessel research is an authorized function of heart centers."</p> <p>"Section 4(b)(2) of the bill would amend section 415(b) of the PHS Act to correct technical errors and clarify the provisions of existing law which permit a heart, lung, or blood research and demonstration center to receive support in excess of the \$5 million annual limit for that center by the amount of the increase in the costs of a center as reflected by the Consumer Price Index for that year, including the aggregate of such increases from previous years during which the center exceeded that limit."</p>	<p>program of the National Heart, Lung, and Blood Institute. Therefore, a new subparagraph has been added to section 415 which requires the heart, lung, and blood centers to engage in continuing education programs for physicians and allied health professions personnel in the diagnosis, prevention and treatment of heart, blood vessel, lung, and blood diseases. This subparagraph also requires that these research and demonstration centers engage in information programs for the public respecting the prevention and early diagnosis and treatment of such diseases."</p>

1948	1972	1975-76
	<p><b>Sec. 416</b></p> <p><i>INTERAGENCY TECHNICAL COMMITTEE</i></p> <p><i>Sec. 416. (a) The Secretary shall establish an Interagency Technical Committee on Heart, Blood Vessel, Lung and Blood Diseases and Blood Resources which shall be responsible for coordinating those aspects of all Federal health programs and activities relating to heart, blood vessel, lung, and blood diseases and to blood resources to assure the adequacy and technical soundness of such programs and activities and to provide for the full communication and exchange of information necessary to maintain adequate coordination of such programs and activities.</i></p> <p><i>(b) The Director of the Institute shall serve as Chairman of the Committee and the Committee shall include representation from all Federal departments and agencies whose programs involve health functions or responsibilities as determined by the Secretary.</i></p>	<p><b>Sec. 416</b></p> <p>No change from previous legislation</p>
	<p><b>HOUSE COMMITTEE REPORT</b></p> <p>“Advancement against each of these diseases depends upon the separate but coordinated efforts of all parts of the nation’s biomedical research complex.”</p>	<p><b>HOUSE COMMITTEE REPORT</b></p> <p>“The Committee is generally pleased by the activities of the Interagency Technical Committee established by section 416 of the Act, and, thus, has proposed no amendments to that section. It does feel, however, that the coordination of Federal activities relating to heart, blood vessel, lung, and blood diseases and to blood resources would be better facilitated by the establishment of subcommittees to the Interagency Technical Committee in each of the subject areas, and would urge the Secretary to establish such subgroupings. The subcommittee on lung programs, for example, might include representatives from the Lung Program of the National Heart, Lung, and Blood Institute, the National Institute on Allergy and Infectious Diseases, the Maternal and Child Health program, the National Institute on Occupational Safety and Health, and the Center for Disease Control. In the Committee’s view, such a reorganization would result in an improved coordination of programmatic activities and a valuable exchange of information in each of the subject areas.”</p>
	<p><b>SENATE COMMITTEE REPORT</b></p> <p>“While specific language including related research in emergency medical services was not included in the sections of the bill requiring research into medical devices, the Committee believes that much potential exists in the field of biomedical engineering for the development of devices which can be utilized at the scene of an emergency and in transport vehicles. The Committee also believes that consideration of emergency medical services is an appropriate subject for study by the Interagency Technical Committee established by the proposed new section 416 of the Public Health Service Act.”</p>	<p><b>SENATE COMMITTEE REPORT</b></p> <p>“The Committee also is concerned about the implementation of Section 416 of the Act respecting the Interagency Technical Committee. The Committee wishes to reaffirm its support for such a Committee. The Committee is concerned that there has not been effective coordination of the federal effort respecting heart, lung, and blood research, which spans many federal departments. . . . Therefore, given the breadth of the authority regarding these diseases and the scope of federal departments involved, the Committee urges the Interagency Committee to seriously consider the creation of working sub-groups for each of the major disease areas with special emphasis upon intra-HEW coordination.”</p>

1977	1978
<p>Sec. 416</p> <p>No change from previous legislation</p>	<p>Sec. 416</p> <p>INTERAGENCY TECHNICAL COMMITTEE</p> <p>Sec. 416. (a) The Secretary shall establish an Interagency Technical Committee on Heart, Blood Vessel, Lung and Blood Diseases and Blood Resources which shall be responsible for coordinating those aspects of all federal health programs and activities relating to heart, blood vessel, lung, and blood diseases and to blood resources to assure the adequacy and technical soundness of such programs and activities and to provide for the full communication and exchange of information necessary to maintain adequate coordination of such programs and activities.</p> <p>(b) The Director of the Institute shall serve as Chairman of the Committee and the Committee shall include representation from all Federal departments and agencies whose programs involve health functions or responsibilities as determined by the Secretary.</p>

**Section 416  
INTERAGENCY TECHNICAL COMMITTEE  
(IATC)**

Establishment and Responsibilities

Membership

1948	1972	1975-76
<p>Amendment to Sec. 217, National Advisory Councils (Later, amendment codified as Sec. 417)</p> <p>NATIONAL ADVISORY HEART COUNCIL</p> <p>Sec. 4. (a) Section 217 of such Act is amended by adding at the end thereof the following new subsection:</p> <p>(f) The National Advisory Heart Council shall consist of the Surgeon General or his representative, the chief medical officer of the Veterans' Administration or his representative, the Surgeon General of the Army or his representative, the Surgeon General of the Navy or his representative, who shall be ex officio members, and twelve members appointed without regard to the civil-service laws by the Surgeon General with the approval of the Administrator. The twelve appointed members shall be leaders in the fields of fundamental sciences, medical sciences, education, or public affairs, and six of such twelve shall be selected from leading medical or scientific authorities who are outstanding in the study, diagnosis, or treatment of heart diseases. Each appointed member of the Council shall hold office for a term of four years, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and except that, of the members first appointed, three shall hold office for a term of three years, three shall hold office for a term of two years, and three shall hold office for a term of one year, as designated by the Surgeon General at the time of appointment. None of such twelve members shall be eligible for reappointment until a year has elapsed since the end of his preceding term. Every two years the Council shall elect one member to act as Chairman for the succeeding two-year period.</p> <p>(b) Subsection (b) of section 217 of such Act is amended to read as follows:</p> <p>(b) The National Advisory Health Council shall advise, consult with, and make recommendations to the Surgeon General on matters relating to health activities and functions of the Service. The Surgeon General is authorized to utilize the services of any member or members of the Council and, where appropriate, any member or members of the National Advisory Cancer Council, the National Advisory Mental Health Council, or the National Advisory Heart Council, in connection with matters related to the work of the Service, for such periods, in addition to conference periods, as he may determine.</p> <p>(c) The heading of section 217 of such Act is amended to read as follows: NATIONAL ADVISORY HEALTH, CANCER, HEART, AND MENTAL HEALTH COUNCILS.</p> <p>(d) Subsection (e) of section 208 of such Act is amended to read as follows:</p>	<p>Sec. 417</p> <p>NATIONAL HEART AND LUNG ADVISORY COUNCIL</p> <p>Sec. 417. (a) There is established in the Institute a National Heart and Lung Advisory Council to be composed of twenty-three members as follows:</p> <p>(1) The Secretary, the Director of the National Institutes of Health, the Director of the Office of Science and Technology, and the chief medical officer of the Veterans' Administration (or their designees), and a medical officer designated by the Secretary of Defense, shall be ex officio members of the Council.</p> <p>(2) Eighteen members appointed by the Secretary. Eleven of the appointed members shall be selected from among the leading medical or scientific authorities who are skilled in the sciences relating to diseases of the heart, blood vessels, lungs, and blood; two of the appointed members shall be selected from persons enrolled in residency programs providing training in heart, blood vessel, lung, or blood diseases; and five of the appointed members shall be selected from members of the general public who are leaders in the fields of fundamental or medical sciences or in public affairs.</p> <p>(b)(1) Each appointed member of the Council shall be appointed for a term of four years, except that—</p> <p>(A) any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term; and</p> <p>(B) of the members first appointed after the effective date of this section, five shall be appointed for a term of four years, five shall be appointed for a term of three years, five shall be appointed for a term of two years, and three shall be appointed for a term of one year, as designated by the Secretary at the time of appointment. Appointed members may serve after the expiration of their terms until their successors have taken office.</p> <p>(2) A vacancy in the Council shall not affect its activities, and twelve members of the Council shall constitute a quorum.</p> <p>(3) The Council shall supersede the existing National Advisory Heart Council appointed under section 217, and the appointed members of the National Advisory Heart Council serving on the effective date of this section shall serve as additional members of the National Heart and Lung Advisory Council for the duration of their terms then existing, or for such shorter time as the Secretary may prescribe.</p>	<p>Sec. 417</p> <p>NATIONAL HEART, LUNG, AND BLOOD ADVISORY COUNCIL</p> <p>Sec. 417. (a) There is established in the Institute a National Heart, Lung, and Blood Advisory Council to be composed of twenty-three members as follows:</p> <p>(1) The Secretary, the Director of the National Institutes of Health, the Director of the National Science Foundation, and the chief medical officer of the Veterans' Administration (or their designees), and a medical officer designated by the Secretary of Defense, shall be ex officio members of the Council.</p> <p>(2) Eighteen members appointed by the Secretary.</p> <p>• • •</p> <p>(3) The Council shall supersede the existing National Advisory Heart Council appointed under section 217, and the appointed members of the National Advisory Heart Council serving on the effective date of this section shall serve as additional members of the National Heart, Lung, and Blood Advisory Council for the duration of their terms then existing, or for such shorter time as the Secretary may prescribe.</p> <p>• • •</p>



1977	1978
<p>Sec. 417</p> <p>NATIONAL HEART, LUNG, AND BLOOD ADVISORY COUNCIL</p> <p>Sec. 417. (a) There is established in the Institute a National Heart, Lung, and Blood Advisory Council to be composed of twenty-three members as follows:</p> <p>(1) The Secretary, the Director of the National Institutes of Health, the Director of the <i>Office of Science and Technology Policy</i> and the chief medical officer of the Veterans' Administration (or their designees), and a medical officer designated by the Secretary of Defense, shall be ex officio members of the Council.</p> <p>(2) Eighteen members appointed by the Secretary.</p> <p>• • •</p>	<p>Sec. 417</p> <p>NATIONAL HEART, LUNG, AND BLOOD ADVISORY COUNCIL</p> <p>Sec. 417. (a) There is established in the Institute a National Heart, Lung, and Blood Advisory Council to be composed of twenty-three members as follows:</p> <p>(1) The Secretary, the Director of the National Institutes of Health, the Director of the Office of Science and Technology Policy and the chief medical officer of the Veterans' Administration (or their designees), and a medical officer designated by the Secretary of Defense, shall be ex officio members of the Council.</p> <p>(2) Eighteen members appointed by the Secretary. Eleven of the appointed members shall be selected from among the leading medical or scientific authorities who are skilled in the sciences relating to diseases of the heart, blood vessels, lungs, and blood; two of the appointed members shall be selected from persons enrolled in residency programs providing training in heart, blood vessel, lung, or blood diseases; and five of the appointed members shall be selected from members of the general public who are leaders in the fields of fundamental or medical sciences or in public affairs.</p> <p>(b)(1) Each appointed member of the Council shall be appointed for a term of four years, except that—</p> <p>(A) any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term; and</p> <p>(B) of the members first appointed after the effective date of this section, five shall be appointed for a term of four years, five shall be appointed for a term of three years, five shall be appointed for a term of two years, and three shall be appointed for a term of one year, as designated by the Secretary at the time of appointment. Appointed members may serve after the expiration of their terms until their successors have taken office.</p> <p>(2) A vacancy in the Council shall not affect its activities, and twelve members of the Council shall constitute a quorum.</p> <p>(3) The Council shall supersede the existing National Advisory Heart Council appointed under section 217, and the appointed members of the National Advisory Heart Council serving on the effective date of this section shall serve as additional members of the National Heart, Lung, and Blood Advisory Council for the duration of their terms then existing, or for such shorter time as the Secretary may prescribe.</p> <p>(4) Members of the Council who are not officers or employees of the United States shall receive for each day</p>

**Section 417  
NATIONAL HEART, LUNG, AND BLOOD  
ADVISORY COUNCIL**

Establishment of the Advisory Council

Membership

Administrative Provisions

1948	1972	1975-76
<p>(e) Members of the National Advisory Health Council, members of the National Advisory Mental Health Council, members of the National Advisory Cancer Council, and members of the National Advisory Heart Council other than ex officio members, while attending conferences or meetings of their respective Councils or while otherwise serving at the request of the Surgeon General, shall be entitled to receive compensation at a rate to be fixed by the Administrator, but not exceeding \$50 per diem, and shall also be entitled to receive an allowance for actual and necessary traveling and subsistence expenses while so serving away from their places of residence.</p> <p>(e) Paragraph (d) of section 301 of such Act is amended to read as follows:</p> <p>(d) Make grants-in-aid to universities, hospitals, laboratories, and other public or private institutions, and to individuals for such research projects as are recommended by the National Advisory Health Council, or, with respect to cancer, recommended by the National Advisory Cancer Council, or, with respect to mental health, recommended by the National Advisory Mental Health Council, or, with respect to heart diseases, recommended by the National Advisory Heart Council.</p> <p>(f) Paragraph (g) of such section 301 is amended to read as follows:</p> <p>(g) Adopt, upon recommendation of the National Advisory Health Council, or, with respect to cancer, upon recommendation of the National Advisory Cancer Council, or, with respect to mental health, upon recommendation of the National Advisory Mental Health Council, or, with respect to heart diseases, upon recommendation of the National Advisory Heart Council, such additional means as he deems necessary or appropriate to carry out the purposes of this section.</p>	<p><i>(4) Members of the Council who are not officers or employees of the United States shall receive for each day they are engaged in the performance of the functions of the Council compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS-18 of the General Schedule, including traveltime; and all members, while so serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by section 5703 of title 5, United States Code, for persons in the Government service employed intermittently.</i></p> <p><i>(c) The Secretary (or his designee) shall be the Chairman of the Council.</i></p> <p><i>(d) The Director of the Institute shall (1) designate a member of the staff of the Institute to act as Executive Secretary of the Council and (2) make available to the Council such staff, information, and other assistance as it may require to carry out its functions.</i></p> <p><i>(e) The Council shall meet at the call of the Chairman, but not less often than four times a year.</i></p>	
	<p><b>HOUSE COMMITTEE REPORT</b></p> <p>“The Committee recognizes that it may be in the best interests of research for members of the present Advisory Council to serve on the new Advisory Council rather than for additional new members to be appointed. The Committee has no objection to the Secretary redesignating current members to the new Advisory Council provided the requirements as to composition of the Advisory Council are met.</p> <p>The Committee recognizes that the yearly reports required of the Advisory Council and of the Director, National Heart and Lung Institute, may be duplicative if not prepared cooperatively. The Committee therefore expects that the reports will be prepared concurrently and could be incorporated in one document.”</p>	<p><b>HOUSE COMMITTEE REPORT</b></p> <p>“A minor change proposed in the reported bill has been made as a result of the dissolution of the Office of Science and Technology in 1973. Existing law designates the Director of the Office of Science and Technology, who at the time of enactment of P.L. 92-423 was the President’s principal science advisor, as an ex-officio member of the National Heart and Lung Advisory Council. The legislation would substitute membership for the Director of the National Science Foundation, since the Director of the NSF now serves as the science advisor to the President. Should a new office, such as an Office of Science and Technology Policy, be established in the executive office of the President, the Committee intends to immediately consider substitution of the chief executive of that office for the Director of the National Science Foundation.”</p>

**Section 417 (Continued)  
NATIONAL HEART, LUNG, AND  
BLOOD ADVISORY COUNCIL**

1977	1978
	<p>they are engaged in the performance of the functions of the Council compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS-18 of the General Schedule, including traveltime; and all members, while so serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by section 5703 of title 5, United States Code, for persons in the Government service employed intermittently.</p> <p>(c) The Secretary (or his designee) shall be the Chairman of the Council.</p> <p>(d) The Director of the Institute shall (1) designate a member of the staff of the Institute to act as Executive Secretary of the Council, and (2) make available to the Council such staff, information, and other assistance as it may require to carry out its functions.</p> <p>(e) The Council shall meet at the call of the Chairman, but not less often than four times a year.</p>
<p><b>HOUSE COMMITTEE REPORT</b></p> <p>“Aside from making several technical changes in existing law, section 4 of H.R. 4975 would provide that the Director of the Office of Science and Technology Policy be a member of the National Heart, Lung, and Blood Advisory Council in lieu of the Director of the National Science Foundation. Under the 1972 legislation, the Director of the Office of Science and Technology was designated as a member of the Council. Because the White House Office of Science and Technology was abolished in 1973, the 1976 legislation substituted the Director of the National Science Foundation in that Council membership slot. Since legislation reported by another Committee reestablishing that Office was enacted subsequent to the enactment of the 1976 legislation, the Committee felt it appropriate to return the membership slot to the Director of the newly redesignated Office of Science and Technology Policy.”</p>	

Number of Meetings

1948	1972	1975-76
	<p><b>SENATE COMMITTEE REPORT</b></p> <p>“The Committee was impressed with testimony which indicated that the Advisory Council for the program established by the Committee’s bill should be composed of eminent scientists and physicians as well as laymen. Accordingly, the Advisory Council established by the bill consists of 23 persons. Specifically, the Council consists of the Secretary of HEW, the Director of the NIH, the Director of the Office of Science and Technology, the Chief Medical Officer of the Veterans’ Administration, and a medical officer designated by the Secretary of Defense. In addition, not more than 12 members of the Council shall be appointed from among leading medical or scientific authorities who are skilled in the sciences relating to diseases of the heart, blood vessels, lungs, and blood. And not more than 8 of the appointed members of the Council shall be selected from the general public. The Committee directs that in the appointment of leading scientific and medical experts to the Council that the Secretary assure that there be represented on the Council at all times an adequate representation of specialists who are knowledgeable in the areas of heart disease, lung disease and diseases of the blood. In addition, the Committee directs that in the appointment of members to the Council the Secretary make a maximum effort to assure that there be appointed to the Council at least one fulltime student enrolled in a health professional school.”</p>	
<p><b>Sec. 414 (Later re-numbered as Sec. 418)</b></p> <p><b>FUNCTIONS OF THE COUNCIL</b></p> <p>Sec. 414. The Council is authorized to—</p> <p>(a) review research projects or programs submitted to or initiated by it relating to the study of the cause, prevention, or methods of diagnosis or treatment of heart diseases, and certify approval to the Surgeon General, for prosecution under section 412, any such projects which it believes show promise of making valuable contributions to human knowledge with respect to the cause, prevention, or methods of diagnosis or treatment of heart diseases;</p> <p>(b) review applications from any university, hospital, laboratory, or other institution or agency, whether public or private, or from individuals, for grants-in-aid for research projects relating to heart diseases, and certify to the Surgeon General its approval of grants-in-aid in the cases of such projects which show promise of making valuable contributions to human knowledge with respect to the cause, prevention, or methods of diagnosis or treatment of heart disease;</p>	<p><b>Sec. 418</b></p> <p><b>FUNCTIONS OF THE COUNCIL</b></p> <p>Sec. 418. (a) The Council is authorized to—</p> <p>(1) review research projects or programs submitted to or initiated by it relating to the study of the cause, prevention, or methods of diagnosis or treatment of <i>heart, blood vessel, lung, and blood diseases</i> and certify approval to <i>the Secretary</i> for prosecution under section 412, any such projects which it believes show promise of making valuable contributions to human knowledge with respect to the cause, prevention, or methods of diagnosis or treatment of heart diseases;</p> <p>(2) review applications from any university, hospital, laboratory, or other institution or agency, whether public or private, or from individuals, for grants-in-aid for research projects relating to heart diseases, and certify to the <i>Secretary</i> its approval of grants-in-aid in the cases of such projects which show promise of making valuable contributions to human knowledge with respect to the cause, prevention, or methods of diagnosis or treatment of <i>heart, blood vessel, lung, and blood diseases</i>;</p> <p>(3) review applications from any public or other nonprofit institution for grants-in-aid for training, instruction, and traineeships in matters relating to the diagnosis,</p>	<p><b>Sec. 418</b></p> <p><b>FUNCTIONS OF THE COUNCIL</b></p> <p>Sec. 418. (a) The Council is authorized to—</p> <p>(1) review research projects or programs submitted to or initiated by it relating to the study of the cause, prevention, or methods of diagnosis or treatment of heart, blood vessel, lung, and blood diseases <i>and to the use of blood and blood products and the management of blood resources</i>, and certify approval to the Secretary, for prosecution under section 412, any such projects which it believes show promise of making valuable contributions to human knowledge with respect to the cause, prevention, or methods of diagnosis or treatment of heart, blood vessel, lung, and blood diseases;</p> <p>(2) review applications from any university, hospital, laboratory, or other institution or agency, whether public or private, or from individuals, for grants-in-aid for research projects relating to heart, blood vessel, lung, and blood diseases, <i>and to the use of blood and blood products and the management of blood resources</i> and certify to the Secretary its approval of grants-in-aid in the cases of such projects which show promise of making valuable contributions to human knowledge with respect to the cause, prevention, or methods of diagnosis or</p>

1977	1978
<p>Sec. 418</p> <p>No change from previous legislation</p>	<p>Sec. 418</p> <p><b>FUNCTIONS OF THE COUNCIL</b></p> <p>Sec. 418. (a) The Council is authorized to—</p> <p>(1) review research projects or programs submitted to or initiated by it relating to the study of the cause, prevention, or methods of diagnosis or treatment of heart, blood vessel, lung, and blood diseases and to the use of blood and blood products and the management of blood resources, and certify approval to the Secretary, for prosecution under section 412, any such projects which it believes show promise of making valuable contributions to human knowledge with respect to the cause, prevention, or methods of diagnosis or treatment of heart, blood vessel, lung, and blood diseases and to the use of blood products and the management of blood resources;</p> <p>(2) review applications from any university, hospital, laboratory, or other institution or agency, whether public or private, or from individuals, for grants-in-aid for research projects relating to heart, blood vessel, lung, and blood diseases and to the use of blood and blood products and the management of blood resources, and certify to the Secretary its approval of grants-in-aid in the cases of such projects which show promise of making valuable contributions to human knowledge with respect to the</p>

**Section 417 (Continued)**  
**NATIONAL HEART, LUNG, AND**  
**BLOOD ADVISORY COUNCIL**

**Section 418**  
**FUNCTIONS OF THE COUNCIL**

Research Projects

Grants-In-Aid for Research Projects

1948	1972	1975-76
<p>(c) review applications from any public or other nonprofit institution for grants-in-aid for training, instruction, and traineeships in matters relating to the diagnosis, prevention, and treatment of heart diseases, and certify to the Surgeon General its approval of such applications for grants-in-aid as it determines will best carry out the purposes of this Act;</p> <p>(d) collect information as to studies which are being carried on in the United States or any other country as to the cause, prevention, or methods of diagnosis or treatment of heart diseases, by correspondence or by personal investigation of such studies, and with the approval of the Surgeon General make available such information through appropriate publications for the benefit of health and welfare agencies and organizations (public or private), physicians, or any other scientists, and for the information of the general public;</p> <p>(e) recommend to the Surgeon General for acceptance conditional gifts pursuant to section 501 for carrying out the purposes of this part; and</p> <p>(f) advise, consult with, and make recommendations to the Surgeon General with respect to carrying out the provisions of this part.</p>	<p>prevention, and treatment of heart diseases, and certify to the <i>Secretary</i> its approval of such applications for grants-in-aid as it determines will best carry out the purposes of this act;</p> <p>(4) collect information as to studies which are being carried on in the United States or any other country as to the cause, prevention, or methods of diagnosis or treatment of <i>heart, blood vessel, lung, and blood diseases</i> by correspondence or by personal investigation of such studies, and with the approval of the <i>Secretary</i> make available such information through appropriate publications for the benefit of health and welfare agencies and organizations (public or private), physicians, or any other scientists, and for the information of the general public;</p> <p>(5) recommend to the <i>Secretary</i> for acceptance conditional gifts pursuant to section 501 for carrying out the purposes of this part; and</p> <p>(6) advise, consult with, and make recommendations to the <i>Secretary, the Director of the National Institutes of Health, and the Director of the National Heart and Lung Institute</i>; with respect to carrying out the provisions of this part.</p> <p><i>(b)(1) The Council shall advise and assist the Director of the Institute with respect to the Program established under section 413. The Council may hold such hearings, take such testimony, and sit and act at such times and places, as the Council deems advisable to investigate programs and activities of the Program.</i></p> <p><i>(2) The Council shall submit a report to the President for transmittal to the Congress not later than January 31 of each year on the progress of the Program toward the accomplishment of its objectives.</i></p>	<p>treatment of heart, blood vessel, lung, and blood disease;</p> <p>(3) review applications from any public or other nonprofit institution for grants-in-aid for training, instruction, and traineeships in matters relating to the diagnosis, prevention, and treatment of heart, blood vessel, lung, and blood diseases, <i>and to the use of blood and blood products and the management of blood resources</i> and certify to the <i>Secretary</i> its approval of such applications for grants-in-aid as it determines will best carry out the purposes of this act;</p> <p><i>(4) recommend to the Secretary (A) areas of research in heart, blood vessels, lung, and blood diseases and in the use of blood and blood products and the management of blood resources which it determines should be supported by the awarding of contracts in order to best carry out the purposes of this part, and (B) the percentage of the budget of the Institute which should be expended for such contracts; and</i></p> <p>(5) collect information as to studies which are being carried on in the United States or any other country as to the cause, prevention, or methods of diagnosis or treatment of heart, blood vessel, lung, and blood diseases, <i>and to the use of blood and blood products and the management of blood resources</i> by correspondence or by personal investigation of such studies, and with the approval of the <i>Secretary</i> make available such information through appropriate publications for the benefit of health and welfare agencies and organizations (public or private), physicians, or any other scientists, and for the information of the general public;</p> <p>(6) recommend to the <i>Secretary</i> for acceptance conditional gifts pursuant to section 501 for carrying out the purposes of this part; and</p> <p>(7) advise, consult with, and make recommendations to the <i>Secretary, the Director of the National Institutes of Health, and the Director of the National Heart, Lung, and Blood Institute</i> with respect to carrying out the provisions of this part.</p> <p><i>(b)(1) The Council shall advise and assist the Director of the Institute with respect to the Program established under section 413. The Council may hold such hearings, take such testimony, and sit and act at such times and places, as the Council deems advisable to investigate programs and activities of the Program.</i></p> <p><i>(2) The Council shall submit a report to the Secretary for simultaneous transmittal, not later than November 30 of each year, to the President and to the Congress on the progress of the Program toward the accomplishment of its objectives during the preceding fiscal year.</i></p>

1977	1978
No change from previous legislation	<p>cause, prevention, or methods of diagnosis or treatment of heart, blood vessel, lung, and blood disease;</p> <p>(3) review applications from any public or other nonprofit institution for grants-in-aid for training, instruction, and traineeships in matters relating to the diagnosis, prevention, and treatment of heart, blood vessel, lung, and blood diseases and to the use of blood and blood products and the management of blood resources, and certify to the Secretary its approval of such applications for grants-in-aid as it determines will best carry out the purposes of this act;</p> <p>(4) recommend to the Secretary (A) areas of research in heart, blood vessels, lung, and blood diseases and in the use of blood and blood products and the management of blood resources which it determines should be supported by the awarding of contracts in order to best carry out the purposes of this part, and (B) the percentage of the budget of the Institute which should be expended for such contracts;</p> <p>(5) collect information as to studies which are being carried on in the United States or any other country as to the cause, prevention, or methods of diagnosis or treatment of heart, blood vessel, lung, and blood diseases and to the use of blood and blood products and the management of blood resources, by correspondence or by personal investigation of such studies, and with the approval of the Secretary make available such information through appropriate publications for the benefit of health and welfare agencies and organizations (public or private), physicians, or any other scientists, and for the information of the general public;</p> <p>(6) recommend to the Secretary for acceptance conditional gifts pursuant to section 501 for carrying out the purposes of this part; and</p> <p>(7) advise, consult with, and make recommendations to the Secretary, the Director of the National Institutes of Health, and the Director of the National Heart, Lung, and Blood Institute with respect to carrying out the provisions of this part.</p> <p>(b)(1) The Council shall advise and assist the Director of the Institute with respect to the Program established under section 413. The Council may hold such hearings, take such testimony, and sit and act at such times and places, as the Council deems advisable to investigate programs and activities of the Program.</p> <p>(2) The Council shall submit a report to the Secretary for simultaneous transmittal by the Secretary not later than November 30 of each year, to the President and to the Congress on the progress of the Program toward the accomplishment of its objectives during the preceding fiscal year.</p>

**Section 418 (Continued)**  
**FUNCTIONS OF THE COUNCIL**

Grants-In-Aid for Training

Recommendations for Contracts

Information

Conditional Gifts

Advice to the Secretary (DHEW),  
 Director (NIH), and Director (NHLBI)

Annual Council Report

1948	1972	1975-76
		<p><b>HOUSE COMMITTEE REPORT</b></p> <p>“The Committee feels the duties of the National Heart, Lung, and Blood Advisory Council should include the making of recommendations concerning those portions of the National Program that are conducted under contract awards. . . . It should be noted, however, that the council responsibility in the area of grants is to review and recommend approval or disapproval for funding of grant applications; in the area of contracts, the council is not authorized to review individual contract proposals.”</p> <p>“The Committee has become concerned about the length of time that has been taken in the past for the annual report of the advisory council to become available to the Committee after its completion. . . . For this reason, H.R. 7988 requires that the report be transmitted to the Secretary of Health, Education, and Welfare for simultaneous transmission to the President and the Congress not later than November 30 of each year.”</p>
		<p><b>SENATE COMMITTEE REPORT</b></p> <p>“The Committee feels the duties of the National Heart, Lung, and Blood Advisory Council should include the making of recommendations concerning those portions of the National Program that are conducted under contract awards. Since the membership includes public representatives as well as scientists with diverse areas of expertise, the council has a wide perspective from which to provide advice regarding broad principles of program balance in extramural activities. Thus, the reported bill specifically includes as mandated functions of the advisory council the development of recommendations regarding general areas of research and development suitable for award under contracts, and suggestions as to portions of the Institute budget to be devoted to such research and development areas.”</p>



**Section 418 (Continued)**  
**FUNCTIONS OF THE COUNCIL**

1977	1978
	<p><b>HOUSE COMMITTEE REPORT</b></p> <p>“The proposed legislation also clarifies the requirements for the submission of annual reports by the Director and the Advisory Council of NHLBI.”</p> <p>“At present, the Public Health Service Act requires that both the Director of the NHLBI and the Advisory Council of the Institute submit annual reports. The amendments pertaining to the submission of reports in H.R. 12347 reflect the committee’s view that the submission of reports by the Director and Advisory Council should occur in a manner assuring that both the President and the Congress received them at a time appropriate to their budgetary and legislative responsibilities. The proposed legislation requires both to submit an annual report to the Secretary of the Department of Health, Education, and Welfare for the simultaneous transmittal by the Secretary to the President and Congress not later than November 30 of each year.”</p>

1948	1972	1975-76
<p>Sec. 413 (Later re-numbered as Sec. 419A)</p> <p style="text-align: center;">ADMINISTRATION</p> <p>Sec. 413. (a) In carrying out the provisions of section 412 all appropriate provisions of section 301 shall be applicable to the authority of the Surgeon General, and grants-in-aid for heart disease research and training projects shall be made only after review and recommendation of the Council made pursuant to section 414.</p> <p>(b) The Surgeon General shall recommend to the Administrator acceptance of conditional gifts, pursuant to section 501, for study, investigation, or research into the cause, prevention, or methods of diagnosis or treatment of heart diseases, or for the acquisition of grounds or for the erection, equipment, or maintenance of premises, buildings, or equipment of the Institute. Donations of \$50,000 or over for carrying out the purposes of this part may be acknowledged by the establishment within the Institute of suitable memorials to the donors.</p>	<p>Sec. 419A</p> <p style="text-align: center;">ADMINISTRATION</p> <p>Sec. 419A. (a) In carrying out the provisions of section 412 all appropriate provisions of section 301 shall be applicable to the authority of the <i>Secretary except as provided in subsection (c) grants-in-aid for heart, blood vessel, lung and blood disease research and training projects shall be made only after review and recommendation of the Council made pursuant to section 414.</i></p> <p>(b) <i>The Secretary may in accordance with section 501, accept conditional gifts for study, investigation, or research into the cause, prevention, or methods of diagnosis or treatment of heart, blood vessel, lung and blood diseases or for the acquisition of grounds or for the erection, equipment, or maintenance of premises, buildings, or equipment of the Institute. Donations of \$50,000 or over for carrying out the purposes of this part may be acknowledged by the establishment within the Institute of suitable memorials to the donors.</i></p> <p>(c) <i>Under procedures approved by the Director of the National Institutes of Health, the Director of the National Heart and Lung Institute may approve grants under this Act for research and training in heart, blood vessel, lung, and blood diseases—</i></p> <p><i>(1) in amounts not to exceed \$35,000 after appropriate review for scientific merit but without review and recommendation by the Council, and</i></p> <p><i>(2) in amounts exceeding \$35,000 after appropriate review for scientific merit and recommendation for approval by the Council.</i></p>	<p>Sec. 419A</p> <p style="text-align: center;">ADMINISTRATION</p> <p>Sec. 419A. (a) In carrying out the provisions of section 412 all appropriate provisions of section 301 shall be applicable to the authority of the Secretary, and except as provided in subsection (c), grants-in-aid for heart, blood vessel, lung, and blood disease research and training projects <i>and projects with respect to the use of blood and blood products and the management of blood resources</i> shall be made only after review and recommendation of the Council made pursuant to section 414.</p> <p>(b) The Secretary may, in accordance with section 501, accept conditional gifts for study, investigation, or research into the cause, prevention, or methods of diagnosis or treatment of heart, blood vessel, lung, and blood diseases, <i>and into the use of blood and blood products and the management of blood resources</i> or for the acquisition of grounds or for the erection, equipment, or maintenance of premises, buildings, or equipment of the Institute. Donations of \$50,000 or over for carrying out the purposes of this part may be acknowledged by the establishment within the Institute of suitable memorials to the donors.</p> <p>(c) Under procedures approved by the Director of the National Institutes of Health, the Director of the National Heart, Lung, and Blood Institute may approve grants under this Act for research and training in heart, blood vessel, lung, and blood diseases <i>and for research and training in the use of blood and blood products and the management of blood resources.</i></p> <p><i>(1) if the direct costs of such research and training do not exceed \$35,000, but only after appropriate review for scientific merit but without review and recommendation by the Council, and</i></p> <p><i>(2) if the direct costs of such research and training exceed \$35,000, but only after appropriate review for scientific merit and recommendation for approval by the Council.</i></p>

1977	1978
<p data-bbox="105 184 211 207">Sec. 419A</p> <p data-bbox="325 221 511 243">ADMINISTRATION</p> <p data-bbox="105 267 652 449">Sec. 419A. (a) In carrying out the provisions of section 412 all appropriate provisions of section 301 shall be applicable to the authority of the Secretary, and except as provided in subsection (c), grants-in-aid for heart, blood vessel, lung, and blood disease research and training projects and projects with respect to the use of blood and blood products and the management of blood resources shall be made only after review and recommendation of the Council. [made pursuant to section 414] *</p> <p data-bbox="339 488 397 506">• • •</p> <p data-bbox="105 523 364 544">* out-dated section reference</p>	<p data-bbox="674 186 780 210">Sec. 419A</p> <p data-bbox="848 221 1034 243">ADMINISTRATION</p> <p data-bbox="674 267 1221 428">Sec. 419A. (a) In carrying out the provisions of section 412 all appropriate provisions of section 301 shall be applicable to the authority of the Secretary, and except as provided in subsection (c), grants-in-aid for heart, blood vessel, lung, and blood disease research and training projects and projects with respect to the use of blood and blood products and the management of blood resources shall be made only after review and recommendation of the Council.</p> <p data-bbox="674 428 1221 648">(b) The Secretary may, in accordance with section 501, accept conditional gifts for study, investigation, or research into the cause, prevention, or methods of diagnosis or treatment of heart, blood vessel, lung, and blood diseases and into the use of blood and blood products and the management of blood resources, or for the acquisition of grounds or for the erection, equipment, or maintenance of premises, buildings, or equipment of the Institute. Donations of \$50,000 or over for carrying out the purposes of this part may be acknowledged by the establishment within the Institute of suitable memorials to the donors.</p> <p data-bbox="674 648 1221 789">(c) Under procedures approved by the Director of the National Institutes of Health, the Director of the National Heart, Lung, and Blood Institute may approve grants under this Act for research and training in heart, blood vessel, lung, and blood diseases and for research and training in the use of blood and blood products and the management of blood resources—</p> <ol data-bbox="701 793 1221 954" style="list-style-type: none"> <li>(1) if the direct costs of such research and training do not exceed \$35,000, but only after appropriate review for scientific merit but without review and recommendation by the Council, and</li> <li>(2) if the direct costs of such research and training exceed \$35,000, but only after appropriate review for scientific merit and recommendation for approval by the Council.</li> </ol>

**Section 419A  
ADMINISTRATION**

Relation to Section 301

Acceptance of Gifts

Approval of Grants for  
Research and Training

1948	1972	1975-76
<p>Sec. 415 * (Later revised into PHS Act Sec. 406)</p> <p>OTHER AUTHORITY WITH RESPECT TO HEART DISEASES</p> <p>Sec. 415. This part shall not be construed as superseding or limiting (a) the functions or authority of the Surgeon General or the Service, or of any other officer or agency of the United States, relating to the study of the causes, prevention, or methods of diagnosis or treatment of heart diseases; or (b) the expenditure of money therefor.</p> <p>*This Section of the 1948 law indicated the Institute's role vis-a-vis the over-all Public Health Service authorities established in pre-existing legislation. (See Highlights of Legislation and Appendix regarding PHS Act Sec. 301)</p>	<p>Sec. 419B</p> <p>AUTHORIZATION OF APPROPRIATIONS</p> <p><i>Sec. 419B. For the purpose of carrying out this part (other than section 414), there is authorized to be appropriated \$375,000,000 for the fiscal year ending June 30, 1973, \$425,000,000 for the fiscal year ending June 30, 1974, and \$475,000,000 for the fiscal year ending June 30, 1975. Of the sums appropriated under this section for any fiscal year, not less than 15 per centum of such sums shall be reserved for programs under this part respecting diseases of the lung and not less than 15 per centum of such sums shall be reserved for programs under this part for programs respecting diseases of the blood.</i></p>	<p>Sec. 419B</p> <p>AUTHORIZATION OF APPROPRIATIONS</p> <p>Sec. 419B. For the purpose of carrying out this part (other than section 414), there is authorized to be appropriated \$375,000,000 for the fiscal year ending June 30, 1973, \$425,000,000 for the fiscal year ending June 30, 1974, \$475,000,000 for the fiscal year ending June 30, 1975, \$339,000,000 for fiscal year 1976, and \$373,000,000 for fiscal year 1977. Of the sums appropriated under this section for any fiscal year, not less than 15 per centum of such sums shall be reserved for programs under this part respecting diseases of the lung and not less than 15 per centum of such sums shall be reserved for programs under this part for programs respecting <i>blood diseases and blood resources</i>.</p>
		<p>HOUSE COMMITTEE REPORT</p> <p>"Although the Committee is proposing authorization levels for the next two fiscal years which are lower than those in the 1972 Act, this does not indicate a desire to lower the operating levels of the National Heart, Lung, and Blood Institute. The proposed authorization levels are consistent with the appropriations figures for the first three years of the National Program, with room for some growth. If it is determined that unexpected expenses cause the cost of continuation at current operating levels to exceed these authorizations, such information should be immediately transmitted to the Committee."</p>

1977	1978
<p><b>Sec. 419B</b></p> <p><b>AUTHORIZATION OF APPROPRIATIONS</b></p> <p>Sec. 419B. For the purpose of carrying out this part (other than section 414), there is authorized to be appropriated \$375,000,000 for the fiscal year ending June 30, 1973, \$425,000,000 for the fiscal year ending June 30, 1974, 475,000,000 for the fiscal year ending June 30, 1975, \$339,000,000 for fiscal year 1976, \$373,000,000 for the fiscal year ending September 30, 1977, and \$426,320,000 for the fiscal year ending September 30, 1978. Of the sums appropriated under this section for any fiscal year, not less than 15 per centum of such sums shall be reserved for programs under this part respecting diseases of the lung and not less than 15 per centum of such sums shall be reserved for programs under this part for programs respecting blood diseases and blood resources.</p>	<p><b>Sec. 419B</b></p> <p><b>AUTHORIZATION OF APPROPRIATIONS</b></p> <p>Sec. 419B. For the purpose of carrying out this part (other than section 414), there is authorized to be appropriated \$375,000,000 for the fiscal year ending June 30, 1973, \$425,000,000 for the fiscal year ending June 30, 1974, \$475,000,000 for the fiscal year June 30, 1975, \$339,000,000 for fiscal year 1976, \$373,000,000 for the fiscal year ending September 30, 1977, \$426,320,000 for the fiscal year ending September 30, 1978, \$470,000,000 for the fiscal year ending September 30, 1979, and \$515,000,000 for the fiscal year ending September 30, 1980. Of the sums appropriated under this section for any fiscal year, not less than 15 per centum of such sums shall be reserved for programs under this part respecting diseases of the lung and not less than 15 per centum of such sums shall be reserved for programs under this part for programs respecting blood diseases and blood resources.</p>
<p><b>HOUSE COMMITTEE REPORT</b></p> <p>The purpose of section 4 of H.R. 4975 is to extend the appropriations authorizations for the National Heart, Lung, Blood Vessel and Blood Program for one year, with minor substantive and technical modifications in existing law and revised authorization levels consistent with current budgetary restraints. As previously stated, the Committee believes that the activities of the Heart, Lung, and Blood Institute are of extreme importance and thus the Committee recommends that they continue without interruption."</p>	
<p><b>SENATE COMMITTEE REPORT</b></p> <p>"Section 114 amends section 419B of the act (relating to authorizations for the National Heart, Lung, and Blood Institute) to authorize appropriations of \$446 million for fiscal year 1978."</p> <p>"Because the programs have not been substantively altered by this legislation, the committee believes that it would be inappropriate to make major revisions at this time in the authorization for appropriation levels of the programs. Consequently, the amounts for authorizations have been computed generally by the following formula: the higher of (1) the FY 1977 authorization or (2) the FY 1977 appropriation plus 20% to provide for program growth, to increase intensity of services, and to take account of inflationary factors."</p>	

**Section 419B  
AUTHORIZATION OF  
APPROPRIATIONS \*  
(For Research Program)**

Authorization Levels

15 Percent Provisions for Lung Diseases and Blood Diseases and Blood Resources

\* Note: Total authorization of appropriations for the Institute is the sum of levels in Section 414 and 419B, for a given fiscal year.

Also see additional committee report language accompanying Sec. 411.

## Public Health Service Act Title III - General Powers and Duties of the Public Health Service Part A - Research and Investigation

### In General

Sec. 301.\* (a) The Secretary shall conduct in the Service, and encourage, cooperate with, and render assistance to other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man, including water purification, sewage treatment, and pollution of lakes and streams. In carrying out the foregoing the Secretary is authorized to:

(1) Collect and make available through publications and other appropriate means, information as to, and the practical application of, such research and other activities;

(2) Make available research facilities of the Service to appropriate public authorities, and to health officials and scientists engaged in special study;

(3) Make grants-in-aid to universities, hospitals, laboratories, and other public or private institutions, and to individuals for such research projects as are recommended by the National Advisory Health Council, or with respect to cancer, recommended by the National Cancer Advisory Board, or, with respect to mental health, recommended by the National Advisory Mental Health Council, or with respect to heart, blood vessel, lung, and blood diseases and blood resources, recommended by the National Heart, Lung, and Blood Advisory Council, or with respect to dental diseases and conditions, recommended by the National Advisory Dental Research Council, and include in the grants for any such project grants of penicillin and other antibiotic compounds for use in such project; and make, upon recommendations of the National Advisory Health Council, grants-in-aid to public or nonprofit universities, hospitals, laboratories, and other institutions for the general support of their research: *Provided*, That such uniform percentage, not to exceed 15 per centum, as the Secretary may determine, of the amounts provided for grants for research projects for any fiscal year through the appropriations for the National Institutes of Health may be transferred from such appropriations to a separate account to be available for such research grants-in-aid for such fiscal year;

(4) Secure from time to time and for such periods as he deems advisable, the assistance and advice of experts, scholars, and consultants from the United States or abroad;

(5) For purposes of study, admit and treat at institutions, hospitals, and stations of the Service, persons not otherwise eligible for such treatment;

(6) Make available, to health officials, scientists and appropriate public and other nonprofit institutions and organizations, technical advice and assistance on the application of statistical methods to experiments, studies, and surveys in health and medical fields;

(7) Enter into contracts, including contracts for research in accordance with and subject to the provisions of law applicable to contracts entered into by the military departments under title 10, United States Code, sections 2353 and 2354, except that determination, approval, and certification required thereby shall be by the Secretary of Health, Education, and Welfare; and

(8) Adopt, upon recommendation of the National Advisory Health Council, or, with respect to cancer, upon recommendation of the National Cancer Advisory Board or with respect to mental health, upon recommendation of the National Advisory Mental Health Council, or with respect to heart, blood vessel, lung, and blood diseases and blood resources, upon recommendation of the National Heart, Lung, and Blood Advisory Council, or, with respect to dental diseases and conditions, upon recommendation of the National Advisory Dental Research Council, such additional means as he deems necessary or appropriate to carry out the purposes of this section.

The Secretary may make available to individuals and entities, for biomedical and behavioral research, substances and living organisms. Such substances and organisms shall be made available under such terms and conditions (including payment for them) as the Secretary determines appropriate.

(b)(1) The Secretary shall conduct and may support through grants and contracts studies and testing of substances for

\*Note: PHS Act Section 301 has also undergone several changes through the years. The above language includes all amendments up to and including those of P.L. 95-622 (Biomedical Research and Research Training Amendments of 1978).

carcinogenicity, teratogenicity, mutagenicity, and other harmful biological effects. In carrying out this paragraph, the Secretary shall consult with entities of the Federal Government, outside of the Department of Health, Education, and Welfare, engaged in comparable activities. The Secretary, upon request of such entity and under appropriate arrangements for the payment of expenses, may conduct for such entity studies and testing of substances for carcinogenicity, teratogenicity, mutagenicity, and other harmful biological effects.

(2)(A) The Secretary shall establish a comprehensive program of research into the biological effects of low-level ionizing radiation under which program the Secretary shall conduct such research and may support such research by others through grants and contracts.

(B) The Secretary shall conduct a comprehensive review of Federal programs of research on the biological effects of ionizing radiation.

(3) The Secretary shall conduct and may support through grants and contracts research and studies on human nutrition, with particular emphasis on the role of nutrition in the prevention and treatment of disease and on the maintenance and promotion of health, and programs for the dissemination of information respecting human nutrition to health professionals and the public. In carrying out activities under this paragraph, the Secretary shall provide for the coordination of such of these activities as are performed by the different divisions within the Department of Health, Education, and Welfare and shall consult with entities of the Federal Government, outside of the Department of Health, Education, and Welfare, engaged in comparable activities. The Secretary, upon request of such an entity and under appropriate arrangements for the payment of expenses, may conduct and support such activities for such entity.

(4) The Secretary shall publish an annual report which contains:

(A) a list of all substances (i) which either are known to be carcinogens or may reasonably be anticipated to be carcinogens and (ii) to which a significant number of persons residing in the United States are exposed;

(B) information concerning the nature of such exposure and the estimated number of persons exposed to such substances;

(C) a statement identifying (i) each substance contained in the list under subparagraph (A) for which no effluent, ambient, or exposure

standard has been established by a Federal agency, and (ii) for each effluent, ambient, or exposure standard established by a Federal agency with respect to a substance contained in the list under subparagraph (A), the extent to which, on the basis of available medical, scientific, or other data, such standard, and the implementation of such standard by the agency, decreases the risk to public health from exposure to the substance; and

(D) a description of (i) each request received during the year involved - -

(I) from a Federal agency outside the Department of Health, Education, and Welfare for the Secretary, or

(II) from an entity within the Department of Health, Education, and Welfare to any other entity within the Department, to conduct research into, or testing for, the carcinogenicity of substances or to provide information described in clause (ii) of subparagraph (C), and (ii) how the Secretary and each such other entity, respectively, have responded to each such request.

(5) The authority of the Secretary to enter into any contract for the conduct of any study, testing, program, research, or review, or assessment under this subsection shall be effective for any fiscal year only to such extent or in such amounts as are provided in advance in appropriation Acts.

# Compilation of Congressional Source Documents: National Heart, Lung, and Blood Institute Authorizing Legislation

1948	1972	1975-76
<p><b>P.L. 80-655</b> <b>National Heart Act of 1948</b></p> <p>House Report:</p> <ul style="list-style-type: none"> <li>- No. 2144 accompanying S. 2215 (Committee on Interstate and Foreign Commerce).</li> </ul> <p>Senate Report:</p> <ul style="list-style-type: none"> <li>- No. 1298 accompanying S. 2215 (Committee on Labor and Public Welfare).</li> </ul> <p><b>Congressional Record, Vol. 94 (1948):</b></p> <ul style="list-style-type: none"> <li>- May 24, considered and passed Senate.</li> <li>- June 8, considered and passed House, amended, in lieu of H.R. 6729.</li> <li>- June 9, Senate agreed to House amendments. (No formal conference or report)</li> </ul> <p>Signed June 16, 1948.</p>	<p><b>P.L. 94-423</b> <b>National Heart, Blood Vessel, Lung, and Blood Act of 1972</b></p> <p>House Reports:</p> <ul style="list-style-type: none"> <li>- No. 92-1108 accompanying H.R. 15081 (Committee on Interstate and Foreign Commerce) and No. 92-1349 (Committee of Conference).</li> </ul> <p>Senate Reports:</p> <ul style="list-style-type: none"> <li>- No. 92-733 (Committee on Labor and Public Welfare) and No. 92-1068 (Committee of Conference).</li> </ul> <p><b>Congressional Record, Vol. 118 (1972):</b></p> <ul style="list-style-type: none"> <li>- April 7, considered and passed Senate.</li> <li>- July 18, considered and passed House, amended, in lieu of H.R. 15081.</li> <li>- August 18, House agreed to conference report.</li> <li>- September 6, Senate agreed to conference report.</li> </ul> <p>Weekly Compilation of Presidential Documents, Vol. 8, No. 39:</p> <ul style="list-style-type: none"> <li>- September 20, Presidential statement.</li> </ul> <p>Signed September 19, 1972.</p>	<p><b>P.L. 94-278</b> <b>Health Research and Health Services Amendments of 1976</b></p> <p>House Reports:</p> <ul style="list-style-type: none"> <li>- No. 94-498 (Committee on Interstate and Foreign Commerce) and No. 94-1005 (Committee of Conference).</li> </ul> <p>Senate Reports:</p> <ul style="list-style-type: none"> <li>- No. 94-905 accompanying S. 988 (Committee on Labor and Public Welfare) and No. 94-743 (Committee of Conference).</li> </ul> <p><b>Congressional Record:</b></p> <p>Vol. 121 (1975):</p> <ul style="list-style-type: none"> <li>- October 20, considered and passed House. December 11, considered and passed Senate, amended, in lieu of S. 988.</li> </ul> <p>Vol. 122 (1976):</p> <ul style="list-style-type: none"> <li>- April 12, House and Senate agreed to conference report.</li> </ul> <p>Signed April 22, 1976.</p>



1977	1978
<p><b>P.L. 95-83</b>  <b>Biomedical Research Extension Act of 1977</b></p> <p>House Reports:</p> <ul style="list-style-type: none"> <li>- No. 95-117, No. 95-116 accompanying H.R. 4974, and No. 95-118 accompanying H.R. 4976 (all from Committee on Interstate and Foreign Commerce) and No. 95-500 (Committee of Conference).</li> </ul> <p>Senate Reports:</p> <ul style="list-style-type: none"> <li>- No. 95-102 (Committee on Human Resources) and No. 95-349 (Committee of Conference).</li> </ul> <p><b>Congressional Record</b>, Vol. 123 (1977):</p> <ul style="list-style-type: none"> <li>- March 31, considered and passed House; H.R. 4974 and H.R. 4976 considered and passed House.</li> <li>- May 4, considered and passed Senate, amended.</li> <li>- May 11, House agreed to Senate amendment with an amendment.</li> <li>- July 15, Senate agreed to conference report.</li> <li>- July 20, House agreed to conference report.</li> </ul> <p>Signed August 1, 1977.</p>	<p><b>P.L. 95-622</b>  <b>Biomedical Research and Research Training Amendments of 1978</b></p> <p>House Report:</p> <ul style="list-style-type: none"> <li>- No. 95-1192 accompanying H.R. 12347 (Committee on Interstate and Foreign Commerce).</li> </ul> <p>Senate Report:</p> <ul style="list-style-type: none"> <li>- No. 95-838 accompanying S. 2450 (Committee on Human Resources).</li> </ul> <p><b>Congressional Record</b>, Vol. 124 (1978):</p> <ul style="list-style-type: none"> <li>- June 26, Senate passed S. 2450.</li> <li>- October 14, House suspended rules and passed S. 2450 (amended)</li> <li>- October 14, Senate agreed to House amendments to S. 2450, clearing bill for the President. (No formal conference or report).</li> </ul> <p>Signed November 9, 1978.</p>





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