Public Law 94–562
94th Congress

An Act

To amend the Public Health Service Act to revise and extend provisions respecting arthritis, diabetes, and digestive diseases.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

(a) This Act may be cited as the "Arthritis, Diabetes, and Digestive Disease Amendments of 1976".

(b) Whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Public Health Service Act.

TITLE I—ARTHRITIS AND RELATED MUSCULO-SKELETAL DISEASES

ARTHRITIS DEMONSTRATION PROJECTS AND DATA SYSTEM

Sec. 101. (a) Section 438(a) is amended—

1. by striking out "prevention,"; and
2. by striking out "data bank" and inserting in lieu thereof "data system".

(b) Section 438(b) is amended—

1. by striking out "and" at the end of paragraph (3);
2. by striking out the period at the end of paragraph (4) and inserting in lieu thereof "and";
3. by adding after paragraph (4) the following new paragraph:

"(5) emphasize the development and demonstration of new and improved methods for the dissemination to the general public of information—

(A) on the importance of early detection of arthritis, of seeking prompt treatment, and of following an appropriate regimen; and

(B) to discourage the promotion and use of unapproved and ineffective diagnostic, preventive, treatment, and control methods for arthritis and unapproved and ineffective drugs and devices for arthritis."

(c) Section 438(c)(1) is amended—

1. by striking out "Screening and Detection Data Bank" and inserting in lieu thereof "Data System"; and
2. by striking out "useful in screening, prevention, and early detection involving" and inserting in lieu thereof "derived from".

(d) Section 438(d) is amended—

1. by inserting "(1)" after "(d)"; and
2. by inserting at the end thereof the following new paragraphs:
Appropriation authorization.

"(2) There are authorized to be appropriated to carry out subsections (a) and (b) $3,000,000 for the fiscal year ending September 30, 1978, $4,000,000 for the fiscal year ending September 30, 1979, and $5,000,000 for the fiscal year ending September 30, 1980.

"(3) There are authorized to be appropriated to carry out subsection (c) $1,000,000 for the fiscal year ending September 30, 1978, $1,250,000 for the fiscal year ending September 30, 1979, and $1,500,000 for the fiscal year ending September 30, 1980."

42 USC 289c-5.

(e) The heading to section 438 is amended to read as follows: "ARTHRITIS DEMONSTRATION PROJECTS AND DATA SYSTEM".

MULTIPURPOSE ARTHRITIS CENTERS

42 USC 289c-6. SEC. 102. Section 439 is amended—

(1) by inserting", and in research in arthritis” in subsection (b)(2)(B) before the semicolon at the end thereof;

(2) by amending subsection (f) to read as follows:

"(f) Support of a center under this section may be for a period of not to exceed three years and may be extended by the Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases for additional periods of not more than three years each, after review of the operations of such center by an appropriate scientific review group established by the Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases.”;

(3) by inserting “the” before “fiscal year” each place it appears in subsection (g);

(4) by striking out “and” in subsection (g) before “$20,000,000”;

(5) by inserting “$18,700,000 for the fiscal year ending September 30, 1978, $19,000,000 for the fiscal year ending September 30, 1979, and $20,000,000 for the fiscal year ending September 30, 1980” before the period at the end of the first sentence of subsection (g); and

(6) by amending the heading to read as follows: "MULTIPURPOSE ARTHRITIS CENTERS”.

NATIONAL ARTHRITIS ADVISORY BOARD

SEC. 103. (a) Part D of title IV is amended by inserting after section 439 the following new section:

"NATIONAL ARTHRITIS ADVISORY BOARD

SEC. 440. (a) The Secretary shall establish a National Arthritis Advisory Board (hereinafter in this section referred to as the ‘Board’) to be composed of twenty-four members as follows:

(1) Eight members shall be appointed by the Secretary from individuals who are scientists, physicians, or other health professionals, who are not employed by the Federal Government, and who represent the various specialties and disciplines involved in arthritis. Of the members appointed pursuant to this paragraph, three shall be clinical rheumatologists, two shall be orthopedic surgeons, two shall be rheumatology investigators, and one shall be an allied health professional.

(2) Six members shall be appointed by the Secretary from individuals, who are not employed by the Federal Government,
with an interest in arthritis and who as a group have knowledge and experience in the fields of medical education, nursing, community program development, health education, data systems, and public information.

“(3) One member shall be appointed by the Secretary from individuals who are members of the National Arthritis, Metabolism, and Digestive Diseases Advisory Council and who are expert in the field of arthritis.

“(4) Four members shall be appointed by the Secretary from the general public. At least two of such members shall be persons who have arthritis and one shall be the parent of a child who has arthritis.

“(5) The Assistant Secretary of Health or his designee, the Director of the National Institutes of Health or his designee, the Associate Director for Arthritis of the National Institute of Arthritis, Metabolism, and Digestive Diseases or his designee, the Chief Medical Director of the Veterans’ Administration or his designee, and the Secretary of Defense or his designee shall each be ex officio members.

“(b) The members of the Board shall select a Chairperson from among the appointed members.

“(c) The Secretary shall, after consultation with and consideration of the recommendations of the Board, provide the Board with an executive director and one other professional staff member. In addition, the Secretary shall, after consultation with and consideration of the recommendations of the Board, provide the Board with such additional professional staff members, such clerical staff members, and (through contracts or other arrangements) with such administrative support services and facilities, such information, and such services of consultants, as the Secretary determines are necessary for the Board to carry out its functions.

“(d) Members of the Board who are officers or employees of the Federal Government shall serve as members of the Board without compensation in addition to that received in their regular public employment. Other members of the Board shall receive compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS-18 of the General Schedule for each day (including traveltime) they are engaged in the performance of their duties as members of the Board. While away from their homes or regular places of business in the performance of services for the Board, members of the Board shall be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as persons employed intermittently in the Government service are allowed expenses under section 5703(b) of title 5 of the United States Code.

“(e) The appointed members of the Board shall be appointed to serve until the expiration of the Board (as provided in subsection (1)).

“(f) The Board shall—

“(1) review and evaluate the implementation of the Arthritis Plan (formulated under section 3(g) of the National Arthritis Act of 1974); and

“(2) for the purpose of assuring the most effective utilization and organization of arthritis resources, advise and make recommendations to Congress, the Secretary, and the heads of other appropriate Federal agencies with respect to the Arthritis Plan.
Subcommittees.

The Board may, from time to time, establish Subcommittees. Such Subcommittees may be composed of Board members and non-member consultants with expertise in the particular area addressed by such Subcommittees.

The full Board shall hold regular quarterly meetings. In addition, the full Board or any of its Subcommittees may hold such additional meetings as are necessary in order to enable the Board to carry out its activities.

One year after the date of its establishment and each year thereafter the Board shall submit to the Secretary and to the Congress a report—

(1) which describes the Board's activities during the year for which the report is made;

(2) which describes and evaluates the progress made in such year in arthritis research, treatment, education, and training;

(3) which summarizes and analyzes expenditures made by the Federal Government for arthritis-related activities during the year for which the report is made; and

(4) which contains the Board's recommendations (if any) for changes in the Arthritis Plan.

The annual arthritis report shall be made available to the public at the same time it is transmitted to Congress and the Secretary.

There are authorized to be appropriated to carry out the purposes of this section $300,000 for the fiscal year ending September 30, 1978, $300,000 for the fiscal year ending September 30, 1979, and $300,000 for the fiscal year ending September 30, 1980.

The Board shall expire on September 30, 1980.
Control or his designee, the Administrator of the Health Services Administration or his designee, the Administrator of the Health Resources Administration or his designee, the Associate Director for Diabetes of the National Institute of Arthritis, Metabolism, and Digestive Diseases or his designee, the Chief Medical Director of the Veterans’ Administration or his designee, and the Secretary of Defense or his designee.

“(2) Seven members shall be appointed by the Secretary from individuals who are not in the employ of the Federal Government and who are health and allied health professionals or scientists representing the various specialties and disciplines involved with diabetes mellitus and related endocrine and metabolic diseases.

“(3) Five members shall be appointed by the Secretary from the general public, including at least one person with diabetes and two persons each of whom is a parent of a diabetic child.

“(b) The members of the Board shall select a Chairperson from among the appointed members.

“(c) The Secretary shall, after consultation with and consideration of the recommendations of the Board, provide the Board with an executive director and one other professional staff member. In addition, the Secretary shall, after consultation with and consideration of the recommendations of the Board, provide the Board with such additional professional staff members, such clerical staff members, and (through contracts or other arrangements) with such administrative support services and facilities, such information, and such services of consultants, as the Secretary determines are necessary for the Board to carry out its functions.

“(d) Members of the Board who are officers or employees of the Federal Government shall serve as members of the Board without compensation in addition to that received in their regular public employment. Other members of the Board shall receive compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS–18 of the General Schedule for each day (including traveltime) they are engaged in the performance of their duties as members of the Board. While away from their homes or regular places of business in the performance of services for the Board, members of the Board shall be allowed travel expenses including per diem in lieu of subsistence, in the same manner as persons employed intermittently in the Government service are allowed expenses under section 5703(b) of title 5 of the United States Code.

“(e) The appointed members of the Board shall be appointed to serve until the expiration of the Board (as provided in subsection (1)).

“(f) The Board shall—

“(1) review and evaluate the implementation of the long range plan to combat diabetes mellitus (hereinafter in this section referred to as the “Diabetes Plan”) formulated by the National Commission on Diabetes under section 3(e) of the National Diabetes Mellitus Research and Education Act, and

“(2) for the purpose of assuring the most effective utilization and organization of diabetes resources, advise and make recommendations to Congress, the Secretary, and the heads of other appropriate Federal agencies with respect to the Diabetes Plan and with respect to the guidelines, policies and procedures of Federal programs relating to diabetes.
Subcommittees.

The Board may establish Subcommittees, which Subcommittees may be composed of Board members and nonmember consultants with expertise in the particular area addressed by such Subcommittees.

Report to Secretary of HEW and Appropriation authorization.


"(g) The Board may collect such data as it deems advisable and necessary to enable it to perform the functions required by subsection (f).

"(h) The Board may, from time to time, establish Subcommittees. Such Subcommittees may be composed of Board members and nonmember consultants with expertise in the particular area addressed by such Subcommittees.

"(i) The full Board shall hold regular quarterly meetings. In addition, the full Board or any of its Subcommittees may hold such additional meetings as are necessary in order to enable the Board to carry out its activities.

"(j) One year after the date of its establishment and each year thereafter the Board shall submit to the Secretary and to the Congress a report—

1. which describes the Board's activities during the year for which the report is made;
2. which describes and evaluates the progress made in such year in diabetes research, treatment, education, and training;
3. which summarizes and analyzes expenditures made by the Federal Government for diabetes-related activities during the year for which the report is made; and
4. which contains the Board's recommendations (if any) for changes in the Diabetes Plan.

The annual diabetes report shall be made available to the public at the same time it is transmitted to Congress and the Secretary.

"(k) There are authorized to be appropriated to carry out the purposes of this section $300,000 for the fiscal year ending September 30, 1978, $300,000 for the fiscal year ending September 30, 1979, and $300,000 for the fiscal year ending September 30, 1980.

"(l) The Board shall expire on September 30, 1980."

(b) The Secretary of Health, Education, and Welfare shall establish the National Diabetes Advisory Board (established by the amendment made by subsection (a)) not later than ninety days after the date of enactment of this section.

DIABETES RESEARCH AND TRAINING CENTERS

42 U.S.C. 289c-2. Sec. 202. Section 435(c) is amended—

(1) by striking out "and" after "1976," and
(2) by inserting before the period at the end thereof "

$12,000,000 for the fiscal year ending September 30, 1978,
$20,000,000 for the fiscal year ending September 30, 1979,
$20,000,000 for the fiscal year ending September 30, 1980."

TITLE III—DIGESTIVE DISEASES

NATIONAL COMMISSION ON DIGESTIVE DISEASES

Sec. 301. (a) The Secretary of Health, Education, and Welfare (hereafter in this section referred to as the "Secretary") after consulting with the Director of the National Institutes of Health, shall, within sixty days of the date of enactment of this section, establish a National Commission on Digestive Diseases (hereafter in this section referred to as the "Commission").

(b) The Commission shall be composed of twenty-six members as follows:

(1) Ten members, appointed by the Secretary from scientists, physicians, and other health professionals, not in the employment of the Federal Government, as follows: Two shall be practicing clinical gastroenterologists, two shall be gastroenterologists involved primarily in research on digestive diseases, one shall be a surgeon, one shall be an expert in liver disease, one shall be an epidemiologist, one shall be an allied health professional, and two shall be basic biomedical scientists (such as biochemists, physiologists, microbiologists, nutritionists, pharmacologists, or immunologists).

(2) Six members, appointed by the Secretary from the general public, of whom at least three shall have personal or close family experience with digestive diseases.

(3) One member, appointed by the Secretary from the members of the National Arthritis, Metabolism, and Digestive Diseases Advisory Council whose primary interest is in the field of digestive diseases.

(4) The Director of the National Institutes of Health or his designee; the Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases or his designee; the Directors, or their designees, of the National Institute of Allergy and Infectious Diseases, the National Cancer Institute, the National Institute of General Medical Sciences; the Associate Director for Digestive Diseases and Nutrition of the National Institute of Arthritis, Metabolism, and Digestive Diseases; the Director of the Center for Disease Control or his designee; the Chief Medical Director of the Veterans' Administration or his designee; and the Secretary of Defense or his designee shall each be ex officio members of the Commission.

(e) The members of the Commission shall select a Chairperson from among the appointed members of the Commission.

(d) The Commission shall first meet as directed by the Secretary, not later than sixty days after the Commission is established, and thereafter shall meet at the call of the Chairperson of the Commission, but not less often than three times during the life of the Commission. The Commission may hold such hearings, take such testimony, and sit and act at such time and places as the Commission deems advisable.

(e) (1) The Commission may appoint and fix the pay of an executive secretary to effectively carry out its functions. The executive secretary shall be appointed subject to the provisions of title 5, United States Code, governing appointments in the competitive service, and shall be paid in accordance with the provisions of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates.

(2) The Secretary shall provide the Commission with such additional professional and clerical staff, such information, and the services of such consultants as the Secretary determines to be necessary for the Commission to carry out effectively its functions.

(f) Members of the Commission who are officers or employees of the Federal Government shall serve as members of the Commission without compensation in addition to that received in their regular public employment. Members of the Commission who are not officers or employees of the Federal Government shall receive compensation at a rate not to exceed the daily equivalent of the annual rate in effect for Grade GS-18 of the General Schedule for each day (including traveltime) they are engaged in the performance of their duties.
Travel expenses. as members of the Commission. All members, while serving away from their homes or regular places of business in the performance of services for the Commission, shall 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 Government service employed intermittently.

Duties.

(g) (1) The Commission shall—

(A) conduct a comprehensive study of the present state of knowledge of the incidence, duration, and morbidity of, and mortality rates resulting from, digestive diseases and of the social and economic impact of such diseases;

(B) evaluate the public and private facilities and resources (including trained personnel and research activities) for the diagnosis, prevention, and treatment of, and research in, such diseases; and

(C) identify programs (including biological, behavioral, nutritional, environmental, and social programs) in which, and the means by which, improvement in the management of digestive diseases can be accomplished.

Each Federal entity administering health programs and activities related to digestive diseases shall, upon request, assist the Commission in carrying out its duties under this paragraph.

(2) Based on the study, evaluation, and identification made pursuant to paragraph (1), the Commission shall develop and recommend a long-range plan for the use and organization of national resources to effectively deal with digestive diseases. The plan shall provide for—

(A) research studies into the basic biological processes and mechanisms related to digestive diseases;

(B) investigations into the epidemiology, etiology, diagnosis, treatment, prevention, and control of digestive diseases;

(C) development of preventive measures (including education programs, programs for the elimination of environmental hazards related to digestive diseases, and clinical programs) to be taken against digestive diseases;

(D) detection of digestive diseases in the presymptomatic stages and development and evaluation of new and improved methods of screening for digestive diseases;

(E) development of criteria for the diagnosis and the clinical management and control of digestive diseases;

(F) development of coordinated health care systems for dealing with digestive diseases;

(G) education and training (including continuing education programs) of scientists, clinicians, educators, and allied health professionals in the fields and specialties requisite to the conduct of programs related to digestive diseases with special emphasis on training for careers in research, teaching, and all aspects of patient care;

(H) the conduct and direction of field studies and clinical trials for testing, evaluating, and demonstrating preventive, diagnostic, therapeutic, rehabilitative, and control measures in digestive diseases;

(I) establishment of a standardized nomenclature of all digestive diseases for use in basic and clinical research and to facilitate collaborative studies; and

(J) establishment of a system of periodic surveillance of the research potential and research needs in digestive diseases corre-
spending with the recently completed survey organized by the National Institute of Arthritis, Metabolism, and Digestive Diseases.

The long-range plan formulated under this paragraph shall also include within its scope related nutritional disorders and basic biological processes and mechanisms in nutrition which are related to digestive diseases.

(h) The Commission shall recommend for each of the Institutes of the National Institutes of Health whose activities are to be affected by the long-range plan estimates of the expenditures needed to carry out each Institute's part of the overall program. Such estimates shall be prepared for the fiscal year beginning immediately after completion of the Commission's plan and for each of the next two fiscal years.

(i)(1) Within eighteen months following its initial meeting (as prescribed by subsection (d)), the Commission shall publish and transmit directly to the Congress a final report respecting its activities under this section. The report shall contain (A) the long-range plan required by subsection (g), (B) the expenditure estimates required by subsection (h), and (C) any recommendations of the Commission for legislation.

(2) The Commission shall cease to exist on the thirtieth day following the date of submission of the final report to Congress.

(j) There are authorized to be appropriated without fiscal year limitation $1,500,000 to carry out the purposes of this section.

COORDINATING COMMITTEE FOR DIGESTIVE DISEASES

Sec. 302. Part D of title IV is amended by adding after section 440 (as added by section 103 of this Act) the following new section:

"COORDINATING COMMITTEE FOR DIGESTIVE DISEASES

"Sec. 440A. (a) The Secretary shall establish a Coordinating Committee for Digestive Diseases (hereafter in this section referred to as the 'Committee') to be composed of the Directors (or their designated representatives) of each of the Institutes of the National Institutes of Health involved in digestive disease research; and the head (or his designated representative) of the Alcohol, Drug Abuse and Mental Health Administration, the National Institute of Occupational Safety and Health, the Food and Drug Administration, the Department of Medicine and Surgery of the Veterans' Administration, the Center for Disease Control, the Department of Defense, the Department of Agriculture, the Health Services Administration, the Health Resources Administration, the Social Security Administration, and the Institute of Medicine of the National Academy of Sciences. The Committee shall be chaired by the Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases and the Associate Director for Digestive Diseases and Nutrition of that Institute shall serve as vice chairman. The Committee shall meet at the call of the Chairman, but not less often than three times a year."
“(b) The Committee shall be responsible for the coordination of the activities of the entities represented on the Committee respecting digestive diseases. The Committee shall submit to the Secretary an annual report detailing the manner in which the Committee has coordinated such activities.”

Approved October 19, 1976.