Public Law 94–573
94th Congress

An Act

To revise and extend the provisions of title XII of the Public Health Services Act relating to emergency medical services systems, and for other purposes.

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

SHORT TITLE AND REFERENCES IN ACT

SECTION 1. (a) This Act may be cited as the "Emergency Medical Services Amendments of 1976".
(b) Except as otherwise specifically provided in this Act, 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.

DEFINITIONS

Sec. 2. Paragraphs (4) and (5) of section 1201 are amended to read as follows:
“(4) The term ‘section 1521 State health planning and development agency’ means the agency of a State designated under section 1521 (b) (3).”
“(5) The term ‘section 1515 health systems agency’ means a health systems agency designated under section 1515, and the term ‘health systems plan’ means a health systems plan referred to in section 1513 (b) (2).”.

STUDY AND PLANNING GRANTS

Sec. 3. (a) Section 1202 is amended—
(1) by inserting “(1)” in subsection (a) after “(a)”;
(2) by striking out “projects” in subsection (a) and all that follows through “such a system” and inserting in lieu thereof “projects which include both studying the feasibility of and planning (A) the establishment and operation of an emergency medical services system, (B) the expansion and improvement of such a system, or (C) both”;
(3) by redesignating subsection (b) as paragraph (2) of subsection (a);
(4) by striking out “this section” each place it appears in paragraph (2) (as so redesignated) of subsection (a) and inserting in lieu thereof “paragraph (1)” ; and
(5) by inserting after subsection (a) the following new subsection:
“(b) (1) The Secretary may make a grant to or enter into a contract with an eligible entity (as defined in section 1206(a)) with respect to an emergency medical services system for the purpose of enabling the entity—
“(A) to study the feasibility of, or plan for, the expansion and improvement of such system to provide for the use in such system of advanced life-support techniques, or
"(B) if such system is the system of a State for which system a study and planning grant or contract has been made or entered into under subsection (a) and if the entity is that State, to update the plan of such system to improve the delivery of emergency medical services in rural areas and to medically underserved populations of the State.

"(2) If the Secretary makes a grant or enters into a contract under paragraph (1) respecting an emergency medical services system for a particular geographical area, the Secretary may not make any other grant or enter into any other contract under paragraph (1) respecting such system, or respecting any other such system for the same area or for an area which includes (in whole or substantial part) such area."

(b) Section 1202 is amended—

(1) by amending subsection (c) to read as follows:

“(c) An eligible entity which has received a grant from or entered into a contract with the Secretary under this section shall submit to the Secretary and the Interagency Committee on Emergency Medical Services (established under section 1209) a report on the results of such grant or contract at such intervals as the Secretary may prescribe, and shall submit to the Secretary and such Committee a final report on the results of such grant or contract not later than one year after the date the grant was made or the contract was entered into, as the case may be.”;

(2) by amending paragraph (1) of subsection (d) to read as follows:

“(1) demonstrate to the satisfaction of the Secretary the need of the area for the emergency medical services system for which the application is made;”;

(3) by amending clause (A) of subsection (d) (3) to read as follows: “(A) with each section 1515 health systems agency whose health systems plan covers or will cover (in whole or in part) such area, and”;

(4) by adding at the end thereof the following new subsection:

“(f) The Secretary may not obligate or expend in any fiscal year for grants and contracts made or entered into under subsection (b) (1) an amount greater than 50 per centum of the sums appropriated in such year for grants and contracts made or entered into under this section.”.

INITIAL OPERATION AND ESTABLISHMENT GRANTS

Sec. 4. Section 1203 is amended—

(1) by inserting “at least” in subsection (c) (2) before “nine months’”;

(2) by striking out “his” in such subsection and inserting in lieu thereof “its”;

(3) by striking out “June 30, 1976” in subsection (c) (3) and inserting in lieu thereof “September 30, 1979”;

(4) by adding at the end thereof the following new subsections:

“(d) A grant or contract may not be made to or entered into with an entity under this section with respect to an emergency medical services system unless the entity submits with its application for such grant or contract assurances of the participation in and support of the system by the public, private, and volunteer organizations and entities which are associated with and involved in activities essential to the effective provision of emergency medical services in the system’s service area.

“(e) (1) A first grant or contract may not be made to or entered into with an entity under this section with respect to an emergency medical services system unless the entity submits with its application for such grant or contract assurances, from the executive or legisla-
tive governmental bodies of political subdivisions located in the system's service area which govern a substantial proportion of the population residing in such area, of each such bodies' support of and cooperation with the system.

"(2) A second grant or contract may not be made to or entered into with an entity under this section with respect to an emergency medical services system unless—

"(A) the Secretary has made the required determination under subsection (c)(2);

"(B) the application for such grant or contract includes specific plans for the step-by-step achievement of compliance with each of the requirements of section 1206(b)(4)(C) within the period specified in section 1206(b)(4)(B)(i); and

"(C) the application for such grant or contract includes assurances, evidenced by copies of formal resolutions, proclamations, or other acts of the executive or legislative governmental bodies of political subdivisions located in the system's service area which govern a substantial proportion of the population residing in such area, of such bodies—

"(i) continued support and cooperation with the system, and

"(ii) financial support of the system, in the year after the conclusion of the period of support under the grant or contract, sufficient to maintain the system at the level at which such system is to be maintained during the period of the grant or contract.

"(f) An eligible entity which has received a grant from or has entered into a contract with the Secretary under this section shall submit to the Secretary and the Interagency Committee on Emergency Medical Services (established under section 1209) a report on the results of such grant or contract at such intervals as the Secretary may prescribe, and shall submit to the Secretary and such Committee a final report on the results of grants made to or contracts entered into with the entity under this section not later than one year after the completion of the second such grant or contract under this section.".

EXPANSION AND IMPROVEMENT GRANTS

Sec. 5. Section 1204 is amended by striking out subsection (b) and inserting in lieu thereof the following:

"(b)(1) Each grant or contract for a project under this section shall be made for the project's costs of expansion and improvement in the year for which the grant or contract is made or entered into. If a grant or contract is made or entered into under this section for a system, the Secretary may make one additional grant or contract for that system if he determines, after a review of at least the first nine months' activities of the applicant carried out under the first grant or contract, that the applicant is satisfactorily progressing in the expansion and improvement of the system in accordance with the plan contained in its application (pursuant to section 1206(b)(4)) for the first grant or contract.

"(2) Subject to section 1206(f)—

"(A) the amount of the first grant or contract under this section for an emergency medical services system may not exceed (i) 50 per centum of the expansion and improvement costs (as determined pursuant to regulations of the Secretary) of the system for the year for which the grant or contract is made, or (ii)
Second grant or contract, cost limitation.

in the case of applications which demonstrate an exceptional need for financial assistance, 75 per centum of such costs for such year; and

“(B) the amount of the second grant or contract under this section for a system may not exceed (i) 25 per centum of the expansion and improvement costs (as determined pursuant to regulations of the Secretary) of the system for the year for which the grant or contract is made, or (ii) in the case of applications which demonstrate an exceptional need for financial assistance, 50 per centum of such costs for such year.

“(c) A grant or contract may not be made to or entered into with an entity under this section with respect to an emergency medical services system unless the entity submits with its application for such grant or contract assurances of the participation and support of the system by the public, private, and volunteer organizations and entities which are associated with and involved in activities essential to the effective provision of emergency medical services in the system’s service area.

“(d) (1) A grant or contract may not be made to or entered into with an entity under this section with respect to an emergency medical services system unless—

“(A) the application for such grant or contract includes specific plans for the step-by-step achievement of compliance with each of the requirements of section 1206(b) (4) (C) within the period specified in section 1206(b) (4) (B) (i); and

“(B) the application for such grant or contract includes assurances, evidenced by copies of formal resolutions, proclamations, or other acts of the executive or legislative governmental bodies of political subdivisions located in the system’s service area which govern a substantial proportion of the population residing in such area, of—

“(i) support and cooperation with the system, and

“(ii) endorsement and support of a specific financial plan which provides for the maintenance of the financial support of the system, after the conclusion of the period of the grant or contract, at the level required to maintain the level of expanded or improved activity to be achieved during the period of the grant or contract.

“(2) A second grant or contract may not be made to or entered into with an entity under this section with respect to an emergency medical services system unless—

“(A) the Secretary has made the required determination under subsection (b) (1), and

“(B) the application for such grant or contract includes assurances, of the executive or legislative governmental bodies of political subdivisions located in the system’s service area which govern a substantial proportion of the population residing in such area, that substantial progress is being made toward achieving the financial support to implement the plan described in paragraph (1) (B) (ii).

“(e) An eligible entity which has received a grant from or has entered into a contract with the Secretary under this section shall submit to the Secretary and the Interagency Committee on Emergency Medical Services (established under section 1209) a report on the results of such grant or contract at such intervals as the Secretary
may prescribe, and shall submit to the Secretary and such Committee a final report on the results of grants made to or contracts entered into with the entity under this section not later than one year after the completion of the second such grant or contract under this section."

**RESEARCH GRANTS**

Sec. 6. Section 1205 is amended—

(1) by inserting “and enter into contracts with” in subsection (a) before “public”;

(2) by inserting “and especially research which emphasizes the identification and utilization of techniques and methods to apply the results of such research to improve the delivery of emergency medical services in such areas” in subsection (a) after “in rural areas”;

(3) by inserting at the end of subsection (c) the following new sentence: “Such reports shall contain recommendations and a plan of action for applying the results of the research assisted by such grant or contract to improve the delivery of emergency medical services.”; and

(4) by adding at the end thereof the following new subsection:

“(d) (1) Before any grant or contract may be made or entered into by the Secretary under this section the Secretary shall consult, concerning such grant or contract, with the identifiable administrative unit described in section 1208.

“(2) No regulation, guideline, funding priority, or application form shall be established under this section without the full participation in the development of such regulation, guideline, priority, or form, by the identifiable administrative unit described in section 1208.”.

**GENERAL PROVISIONS**

Sec. 7. Section 1206 is amended—

(1) by inserting “(A)” in subsection (b)(1) before “No grant”;

(2) by inserting after subsection (b)(1) the following new subparagraph:

“(B) No applicant may receive more than a total of five years of grant or contract assistance under this part, except that, in determining the number of years of grant or contract assistance which an applicant received under this part, the Secretary shall not include any period during which the applicant received grant or contract assistance under section 1202(b)(1) or section 1205.”;

(3) by amending clauses (i) and (ii) of subsection (b)(3)(D) to read as follows:

“(i) section 1521 State health planning and development agency of each State in which the service area of the emergency medical services system for which the application is submitted will be located, and

“(ii) section 1515 health systems agency whose health systems plan covers or will cover (in whole or in part) the service area of such system,”;

(4) by striking out “An” in subsection (b)(4)(A) and inserting in lieu thereof “No”, and by striking out “not” after “section 1203 or 1204 may” in such subsection;

(5) by inserting “the respective section and of” in subsection (b)(4)(A)(i) after “requirements of”;
23 USC 401 et seq.

(6) by striking out "(A)" in subsection (b) (4) (B) (i) and inserting in lieu thereof "(C)";
(7) by striking out "the period of the grant or contract for which application is made" in subsection (b) (4) (B) (i) and inserting in lieu thereof "the total period of eligibility for assistance under the section for which the application for assistance is made";
(8) by striking out "and" before "(III)" in clause (iii) of subsection (b) (4) (C), and by inserting before the semicolon at the end of such clause the following: "(IV) will have the capability to communicate with individuals having auditory handicaps and to communicate in the language of the predominant population groups with limited English-speaking ability in the system's service area, and (V) makes maximum use of communications equipment and systems acquired under any highway safety program approved under chapter 4 of title 23, United States Code, and of such equipment and system acquired under title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 2701 et seq.)";
(9) by inserting "(making maximum use of vehicles acquired under any highway safety program approved under chapter 4 of title 23, United States Code)" in subsection (b) (4) (C) (iv) after "include";
(10) by striking out "standardized" in subsection (b) (4) (C) (xi) and inserting in lieu thereof "coordinated";
(11) by amending clause (xiii) of subsection (b) (4) (C) to read as follows:
"(xiii) provide the Secretary with such information as he may require to conduct periodic, comprehensive, and independent reviews and evaluations of the extent and quality of the emergency health care services provided in the system's service area, and submit to the Secretary the results of any review or evaluation which may be conducted by such system of the extent and quality of the emergency health care services provided in the system's service area;"
(12) by striking out "section 1207 or title VII" in subsection (e) and inserting in lieu thereof "section 301, title IV, title VII, section 1207, or section 1221";
(13) by striking out "1207" in clause (1) of subsection (e) and inserting in lieu thereof "1207 (a)";
(14) by inserting "(other than basic training of emergency medical technicians, training of paramedics, and short-term specialized training or retraining of physicians, nurses, and other health care professionals)" in subsection (f) (2) after "training program";
(15) by inserting "(A) has" in subsection (f) (2) after "unless the applicant"; and
(16) by inserting before the period at the end of paragraph (2) of subsection (f) the following: "or (B) has demonstrated to the satisfaction of the Secretary that the filing of such an application would be futile or unreasonably burdensome".

AUTHORIZATION OF APPROPRIATIONS

42 USC 300d-6.

Sec. 8. (a) Subsection (a) of section 1207 is amended—
(1) by striking out "and" after "1974," and inserting after "1975" the following: ", $35,000,000 for the fiscal year ending
June 30, 1976, $5,083,000 for the period beginning July 1, 1976, and ending September 30, 1976, $45,000,000 for the fiscal year ending September 30, 1977, and $55,000,000 for the fiscal year ending September 30, 1978; 

(2) by striking out “for the fiscal year ending June 30, 1976, there are authorized to be appropriated $70,000,000” and inserting in lieu thereof “there are authorized to be appropriated $70,000,000 for the fiscal year ending September 30, 1979”; and 

(3) by adding at the end thereof the following new paragraph:

“(5) (A) Of the sums appropriated under paragraph (1) for the fiscal year ending September 30, 1977, and for the succeeding fiscal year, at least 2½ per centum but not more than 5 per centum of such sums for each such fiscal year shall be used for grants and contracts under section 1202. 

(B) Of the sums appropriated under paragraph (1) for the fiscal year ending September 30, 1977, and for each of the two succeeding fiscal years, (i) not less than 20 per centum of such sums for each such fiscal year shall be used for grants and contracts under section 1203, and (ii) not less than 20 per centum of such sums for each such fiscal year shall be used for grants and contracts under section 1204.”. 

(b) Section 1207(b) is amended by striking out “two” and inserting in lieu thereof “five”. 

ADMINISTRATION

Sec. 9. Section 1208 is amended to read as follows:

“Sec. 1208. (a) The Secretary shall administer the program of grants and contracts (except for grants and contracts under section 1205) authorized by this part through an identifiable administrative unit specializing in emergency medical services within the Department of Health, Education, and Welfare. 

(1) be responsible for collecting, analyzing, cataloging, and disseminating all data useful in the development and operation of emergency medical services systems, including data derived from reviews and evaluations of emergency medical services systems assisted under sections 1202, 1203, and 1204; 

(2) publish suggested criteria for collecting necessary information for the evaluation of projects and programs funded under this title; 

(3) participate fully in the development of regulations, guidelines, funding priorities, and application forms relating to activities carried out under sections 776, 1205, and 1221; 

(4) be consulted in advance of the awarding of grants and contracts under sections 776, 1205, and 1221; 

(5) be consulted in advance of the issuance of regulations, guidelines, and funding priorities relating to research or training in the area of emergency medical services carried out under any other authority of this Act; 

(6) provide technical assistance (with special consideration for applicants in rural areas) and monitoring with respect to grant and contract activities under sections 1202, 1203, 1204, and 1221; and 

(7) provide for periodic, independent evaluations of the effectiveness of, and coordination between, the programs carried out
under this part and the programs carried out under sections 776 and 1221.

"(c) In addition, such administrative unit shall, through the Inter-agency Committee on Emergency Medical Services (established under section 1209) —

"(1) study on a continuing basis (including evaluating the adequacy, technical soundness, and redundancy of) the roles, resources, and responsibilities of all Federal programs and activities relating to emergency medical services;

"(2) annually update (A) the Federal emergency medical services funding and resource-sharing plan, (B) the description of sources of Federal support, and (C) the recommended uniform standards with respect to emergency medical services equipment and training, all initially developed and published by the Committee under section 1209(b);

"(3) make recommendations to the Secretary respecting steps he might take, using the authorities available to him, to encourage States to implement the recommended uniform standards described in paragraph (2)(C); and

"(4) make recommendations to the Secretary respecting the administration of, and regulations under, the programs of grants and contracts under this title.

Such unit shall report to the Congress the results of studies made under paragraph (1). The first such report shall be made not later than June 15, 1977, the second such report shall be made not later than February 1, 1978, and subsequent reports shall be made not later than February 1 of each year after 1978.”.

**INTERAGENCY COMMITTEE**

Sec. 10. (a) The second sentence of subsection (a) of section 1209 is amended to read as follows: “The Committee shall coordinate and provide for the communication and exchange of information among all Federal programs and activities relating to emergency medical services, and shall carry out its responsibilities under section 1208(c).”.

(b) Section 1209(b) is amended by striking out “the National Academy of Sciences,” and inserting “and from the National Academy of Sciences” after “Education, and Welfare)”.

(c) Section 1209(e) is amended by striking out “1203” and inserting in lieu thereof “1202, 1203,”.

(d) Section 1209 is amended by redesignating subsections (b), (c), (d), and (e) as subsections (c), (d), (e), and (f), respectively, and by inserting after subsection (a) the following new subsection:

“(b) The Committee shall, not later than July 1, 1977, develop and publish:

"(1) A coordinated, comprehensive Federal emergency medical services funding and resource-sharing plan, designed to promote the coordination between, and enhance the effectiveness of, Federal, State, and local funding and operation of programs and agencies relating to emergency medical services and related activities (including communication and transportation systems of public safety agencies).

"(2) A description of sources of Federal support for the purchase of vehicles and communications equipment and for training activities related to emergency medical services.
“(3) Recommended uniform standards of quality, health, and safety with respect to all equipment (including communications and transportation equipment) and training related to emergency medical services. The plan described in paragraph (1) shall include a report containing recommendations for any legislation which would enhance the capability of Federal, State, and local governments to provide an integrated response in medical emergencies. The description described in paragraph (3) shall be disseminated to the regional offices of Federal agencies which provide financial support in the purchase of vehicles and equipment or in training activities related to emergency medical services for distribution to appropriate entities and the public.”

ANNUAL REPORTS

Sec. 11. Section 1210 is amended by inserting at the end thereof the following: “The report under this section covering the fiscal year ending June 30, 1976, shall also cover the period beginning July 1, 1976, and ending September 30, 1976, and shall be submitted to Congress not later than February 1, 1977. The report under this section covering the fiscal year ending September 30, 1977, and each report covering each subsequent fiscal year, shall be submitted to Congress not later than February 1, in the fiscal year following each such fiscal year.”

TRAINING GRANTS

Sec. 12. (a) Section 776(a) is amended—
(1) by inserting “(1)” after “(a)”;
(2) by inserting “hospitals having training programs which meet requirements established by the Secretary,” before “schools of medicine”;
(3) by striking out “and” before “other appropriate”;
(4) by inserting “, and other appropriate public entities (as defined in paragraph (2))” after “educational entities”;
(5) by inserting “and to assist in meeting the cost of training, and establishment of programs for the training, of physicians in emergency medicine” after “ambulance service”); and
(6) by adding at the end thereof the following new paragraph:
“(2) For the purposes of paragraph (1), the term ‘other appropriate public entity’ means a State, unit of general local government, or any other public entity which—
(A) has established an emergency medical services system (as defined in section 1201 (1)), and
(B) except with respect to the basic training of emergency medical technicians, has entered into an agreement with an appropriate educational entity for a training program under this section.”.

(b) Section 776 is amended—
(1) by redesignating subsection (e) as subsection (g) and amending such subsection (as so redesignated)—
(A) by inserting “(1)” after “(g)”;
(B) by inserting “, and each of the next five fiscal years” after “1974”; and
(C) by inserting at the end thereof the following new paragraph:
“(2) Not less than 30 percent of the funds appropriated under paragraph (1) for any fiscal year shall be used in that fiscal year to
assist in meeting the cost of training, and of establishment of programs for the training of physicians in emergency medicine;” and

(2) by inserting after subsection (d) the following new subsections:

“(e) No regulation, guideline, funding priority, or application form shall be established with respect to this section without the full participation in the development of such regulation, guideline, priority, or form, by the administrative unit described in section 1208.

“(f) To the maximum extent practicable, the Secretary shall establish a uniform funding cycle so as to coordinate the submission and review of applications for grants and contracts under title XII and under this section and to coordinate funding policies among programs carried out under such authorities.”.

EXPENSES OF ADMINISTRATION

SEC. 13. Not later than 60 days after the date of enactment of the annual appropriations Act making appropriations for the programs under title XII of the Public Health Service Act for each fiscal year ending after September 30, 1976, the Secretary of Health, Education, and Welfare shall allocate an amount of expenditures and a number of personnel positions sufficient for the identifiable administrative unit (described in section 1208 of such Act) to—

(1) provide support (including salaries of unit personnel and costs of administration, data gathering and dissemination, technical assistance, monitoring, and independent evaluation) for it to carry out its functions under title XII of such Act for such fiscal year; and

(2) provide support for the Interagency Committee on Emergency Medical Services established under section 1209 of such Act for such fiscal year,

and shall immediately report to the appropriate Committees of Congress a statement of the amount of expenditures and the number of personnel positions so allocated for such fiscal year.

BURN INJURY PROGRAM AND CONFORMING AMENDMENTS

SEC. 14. Title XII is amended—

(1) by inserting “PART A—ASSISTANCE FOR EMERGENCY MEDICAL SERVICES SYSTEMS” after the heading for the title;

(2) by striking out “this title” each place it appears in section 1201 and in subsections (b) and (e) of section 1206 and inserting in lieu thereof “this part”; and

(3) by inserting after section 1210 the following new part:

“PART B—BURN INJURIES

PROGRAMS RELATING TO BURN INJURIES

“SEC. 1221. (a) (1) The Secretary may make grants to, and enter into contracts with, public or private nonprofit entities for the support of, and may conduct, programs for the establishment, operation, and improvement of activities to (A) demonstrate the effectiveness of different methods for the treatment and rehabilitation of individuals injured by burns, (B) conduct research in the treatment and rehabilitation of such individuals, and (C) provide training in such treatment and rehabilitation and in such research.
(2) The Secretary may enter into contracts with entities and individuals for the support of research in the treatment and rehabilitation of individuals injured by burns.

(b) No grant or contract may be made or entered into under subsection (a) unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be submitted in such form and manner and contain such information as the Secretary may require. In considering applications under this section, the Secretary shall give priority to applications for programs which (1) will provide services within a geographical area in which services are not currently being adequately provided, and (2) are in or accessible to the service area of an emergency medical services system (as defined in section 1201(1)).

(c) For purposes of carrying out subsection (a), there are authorized to be appropriated $5,000,000 for the fiscal year ending September 30, 1977, $7,500,000 for the fiscal year ending September 30, 1978, and $10,000,000 for the fiscal year ending September 30, 1979.

TRANSFER OF EQUIPMENT

Sec. 15. Notwithstanding any other provision of law, the Secretary of Health, Education, and Welfare may vest title to equipment purchased—
(1) with funds under the seven contracts for emergency medical services demonstration projects entered into in 1972 and 1973 under section 304 of the Public Health Service Act (as in effect at the time the contracts were entered into), and
(2) by contractors with the United States under such contracts or subcontractors under such contracts, in such contractors or subcontractors without further obligation to the Government or on such terms as the Secretary considers appropriate.

UNIFORM PATIENT REPORTING SYSTEM

Sec. 16. The Secretary of Health, Education, and Welfare shall conduct studies to identify the categories of patients which should be included in a uniform reporting system to be used to evaluate the effectiveness of emergency medical services systems and burn injury programs supported under title XII of the Public Health Service Act in reducing death and disability. Not later than 18 months after the date of enactment of this Act, the Secretary shall report to the Congress the results of such studies. Such report shall include such recommendations for legislation relating to such a uniform reporting system as the Secretary determines are appropriate.

EXTENSION OF ARTHRITIS COMMISSION

Sec. 17. Section 3(j)(2) of the National Arthritis Act of 1974 (Public Law 93-640) is amended to read as follows:
(2) The Commission shall cease to exist on December 31, 1976.

EXTENSION OF THE COMMISSION FOR THE PROTECTION OF HUMAN SUBJECTS

Sec. 18. (a) Section 204(d) of the National Research Act (Public Law 93-348) is amended by striking out "24-month period" each place it appears and inserting in lieu thereof "36-month period".

42 USC 300d. Appropriation authorization.

42 USC 242b note.

42 USC 300d-9 note.

42 USC 289c-1 note.
(b) Section 811(b) of such Act is amended by striking out "January 1, 1977" and inserting in lieu thereof "January 1, 1978".

**REVIEW OF ALCOHOLISM GRANTS**

Sec. 19. (a) Section 811(c)(2) of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (42 U.S.C. 4577) is amended—

1. by inserting "(A)" after "(2)";
2. by striking out the last two sentences thereof; and
3. by inserting at the end thereof the following new subparagraph:

"(B) (i) Except as provided in clause (ii), each application for a grant under this section shall be submitted by the Secretary to the National Advisory Council on Alcohol Abuse and Alcoholism for his review. The Secretary may approve an application for a grant under this section only if it is recommended for approval by such Council.

(ii) Clause (i) shall not apply to an application for a grant under this section for a project or program for any period of 12 consecutive months for which period payments under such grant will be less than $250,000, if an application for a grant under this section for such project or program and for a period of time which includes such 12-month period has been submitted to, and approved by, the Secretary."

(b) The amendment made by subsection (a) shall apply with respect to applications for grants under section 811 of such Act after June 30, 1976.

**EFFECTIVE DATE**

Sec. 20. Amendments and repeals made to the Public Health Service Act by this Act shall not apply with respect to grants made or contracts entered into before the date of enactment of this Act, except that the amendments made by sections 4(3) and 5 of this Act with respect to adding a new subsection (f) to section 1203 and a new subsection (e) to section 1204, respectively, of the Public Health Service Act shall apply to grants made and contracts entered into after June 1, 1976.

Approved October 21, 1976.

**LEGISLATIVE HISTORY:**

HOUSE REPORT No. 94–1089 accompanying H.R. 12664 (Comm. on Interstate and Foreign Commerce).

SENATE REPORT No. 94–889 (Comm. on Labor and Public Welfare).

CONGRESSIONAL RECORD, Vol. 122 (1976):

June 10, considered and passed Senate.
Aug. 24, considered and passed House, amended, in lieu of H.R. 12664.
Oct. 1, Senate agreed to House amendments with an amendment; House agreed to Senate amendment.