

The original documents are located in Box 21, folder “1975/01/04 S2854 National Arthritis Act of 1974” of the White House Records Office: Legislation Case Files at the Gerald R. Ford Presidential Library.

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APPROVED
JAN 4-1975

THE WHITE HOUSE
WASHINGTON

ACTION

LAST DAY: January 4

December 31, 1974

POSTED 1/4/75

TO ARCHIVES
1/6/75

MEMORANDUM FOR THE PRESIDENT

FROM: KEN COLE

SUBJECT: Enrolled Bill S. 2854 -- National Arthritis Act of 1974

BACKGROUND

This legislation is the result of Congressional interest in recognizing arthritis as a major health problem in the U.S. and an attempt to give it higher priority in the competition for Federal health research funds.

The enrolled bill would: (1) establish an eight-month National Commission to survey Federal, State, and local health activities relating to arthritis and develop a plan to combat the disease, and (2) amend the Public Health Service Act to provide a specific focus to federally-supported arthritis research activities. Included would be the development of comprehensive screening, detection, treatment and rehabilitation centers to be disbursed throughout the country.

S. 2854 would authorize \$15 million in FY '75 and \$18 million in FY '76 for demonstration projects and arthritis centers. Arthritis research at the National Institute for Arthritis, Metabolism, and Digestive Diseases (NIAMDD) now exceeds \$14 million annually. In addition, research in areas related to arthritis is extensively supported throughout the NIH institutes.

Additional information is provided in Paul O'Neill's enrolled bill report (Tab A).



CURRENT SITUATION

Despite Administration opposition, S. 2854 was approved by voice vote in both Houses. Seventy-eight Senators cosponsored the bill. Its support was widely bipartisan, and Tim Lee Carter, next year's ranking minority health subcommittee member, and Peggy Heckler have both called to request that you sign it.

In opposition to the bill both HEW and OMB have said that adequate legislative authority already exists to support a multifaceted program of arthritis research, and such a program is now being carried out under existing authorities. Ever since the National Cancer Act there has been an increasing trend toward separate categorical legislation for specific diseases, such as the Heart Act, the Diabetes Act, and one for digestive diseases.

In January, you will be appointing a Congressionally mandated Presidential Biomedical Research Panel to examine carefully overall national health research priorities. It is important to have in hand the Panel's recommendations, which will be based on a comprehensive view of NIH's operations, before broadening the NIH mission or changing its organization in individual programs such as arthritis.

OPTIONS

1. Sign the bill.

PRO: Would be recognition of the importance both Houses attach to combating this disease. The authorizations are relatively modest, and the bill would not require HEW to make any fundamental changes in its overall conduct of arthritis research programs.

CON: Could lead to increased pressures from other narrow categorical health interest groups for similar programs for other diseases. Also, could produce substantial pressure to increase disease control activities at the expense of the basic research mission at NIH.

2. Withhold your approval from the bill and issue the attached memorandum of disapproval.

PRO: Would be consistent with the Administration's objective of moving away from categorical health legislation toward a more comprehensive approach.

CON: Could be politically unpopular, and would be saving relatively little money.

RECOMMENDATIONS

HEW (Weinberger): Disapproval -- "The bill is inflationary and unnecessary."

OMB (O'Neill): Disapproval -- "We believe that approval of S. 2854 would only encourage...similar legislative authority for other specific diseases."

Friedersdorf: Disapproval
(Vern Loen)

Areeda: Approval -- "Unless the President believes vetoes are necessary to force Congress to give weight to the unsoundness of categorical programs in the health field."

Cole: Disapproval -- We have to start drawing the line on these "disease of the month" bills. Also we should await the recommendations of the new Biomedical Research Panel.

DECISION: S 2854


Sign
(Tab C)

— Pocket Veto
(Sign Memorandum of
Disapproval at Tab B)



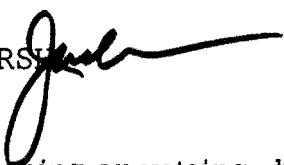
APPROVED
JAN 4-1975

THE WHITE HOUSE
WASHINGTON

January 3, 1975

MEMORANDUM FOR: THE PRESIDENT

FROM: JACK MARSH



A good case can be made for either signing or vetoing, but I come down on the side for signing for the following reasons:

1. If the Congress wishes to proceed on an individual disease basis that is a legislative prerogative and reflects an attitude of the populace.
2. Twenty million people suffer from arthritis which costs over \$9 billion in medical expenses and wages.
3. It targets on a major medical problem which I think can lead to quicker solution, also there are other specialized disease programs underway.
4. I would recommend the veto message giving a signal of caution about future specialized disease programs but make an exception in this case because nearly ten percent of the population suffer from arthritis.



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

DEC 29 1974

MEMORANDUM FOR THE PRESIDENT

Subject: Enrolled Bill S. 2854 - National Arthritis Act
of 1974
Sponsor - Sen. Cranston (D) California and 77 others

Last Day for Action

January 4, 1975 - Saturday

Purpose

Authorizes the establishment of a National Commission on Arthritis and provides specific legislative authority to expand arthritis research and treatment activities by the National Institutes of Health.

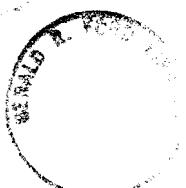
Agency Recommendations

Office of Management and Budget Disapproval (Memorandum of Disapproval attached)

Department of Health, Education,
and Welfare Disapproval (Memorandum of Disapproval attached)

Discussion

S. 2854 is the result of congressional interest in recognizing arthritis as a major health problem in the U.S. and giving it higher priority in the competition for Federal health research funds. The approach taken by the enrolled bill is two-pronged: (1) it would establish an 8-month National Commission on Arthritis to survey Federal, State and local health activities relating to arthritis and formulate a long-range plan to combat the disease, and (2) it would amend the Public Health Service (PHS) Act to provide a more specific focus on Federally-supported arthritis research activities.



Although the Administration opposed S. 2854, the bill was approved by voice vote in both houses of Congress in the waning days of the 93rd Congress.

National Commission on Arthritis. S. 2854 would require the HEW Secretary to establish, within 60 days after enactment, an 18-member National Commission on Arthritis and Related Musculoskeletal Diseases to develop a national arthritis research plan with specific recommendations for the organization and utilization of national resources to combat the disease. The Commission's membership would include representatives from NIH, VA, DOD and the National Arthritis, Metabolism, Digestive Disease Advisory Council; six non-Federal scientists, physicians or other health professionals representing arthritis specialties; and four public members.

The Commission would be required to submit its final report directly to the Congress "without prior administrative approval or review by the Office of Management and Budget or any other Federal department or agency" within seven months from the date funds are appropriated. It would cease to exist 30 days after submitting its final report.

The required arthritis plan would provide for:

- investigations, studies and research into all aspects of arthritis (e.g., medical, scientific, social, environmental),
- the establishment of field studies, large-scale testing, and demonstration of various approaches to deal with arthritis,
- the education and training of health personnel,
- a system for the collection, analysis and dissemination of information concerning the prevention, diagnosis, and treatment of arthritis,
- programs to develop new screening and detection methods as well as public education and counseling,
- acceleration of international cooperation in arthritis activities, and
- coordination of NIH arthritis research programs with those of other Federal and non-Federal entities.



In conjunction with developing the national plan, S. 2854 would require the Commission to survey and assess the adequacy of Federal, State, and local health activities relating to arthritis.

S. 2854 would also require the Commission to prepare budget estimates for each of the next three fiscal years for arthritis activities conducted by each of the NIH Institutes involved in the national arthritis plan. The Secretary of HEW would be required to furnish to the appropriate Congressional committees for the same years within five days of the budget transmittal, an estimate of the budget request for arthritis research compared with the amounts recommended by the Commission.

Expanded Arthritis Program Initiatives. S. 2854 would amend the PHS Act to identify arthritis as a major national health problem and to expand Federally-supported research activities. Specifically, the enrolled bill would:

- authorize the development of comprehensive centers, geographically disbursed throughout the country, to conduct a broad range of arthritis activities, ranging from research to screening, detection, treatment and rehabilitation,
- authorize HEW to make project grants to public and nonprofit entities for the development and demonstration of arthritis detection and prevention activities,
- establish an Arthritis Screening and Detection Data Bank in HEW,
- require the HEW Secretary to establish an Arthritis Coordinating Committee to coordinate all Federal arthritis activities,
- authorize the establishment of a statutory position of Associate Director for Arthritis and Related Musculoskeletal Disease in the National Institute for Arthritis, Metabolism and Digestive Diseases (NIAMDD), and
- earmark at least \$500,000 of NIAMDD research funds for orthopedic research related to arthritis, require an annual report on NIAMDD activities and require Advisory Council review of arthritis research grant applications.



Costs. S. 2854 would authorize \$2 million for the National Commission on Arthritis. In addition, the bill contains the following authorizations:

	(Fiscal years. \$ in millions)		
	<u>1975</u>	<u>1976</u>	<u>1977</u>
Demonstration projects and data bank	2	3	4
Comprehensive Arthritis Centers	<u>11</u>	<u>13</u>	<u>15</u>
Total	<u>13</u>	<u>16</u>	<u>19</u>

Arthritis research at NIAMDD now exceeds \$14 million annually. In addition, research in areas related to arthritis, such as tissue biology and basic immunology, is extensively supported throughout the NIH institutes.

Arguments in Favor of Approval

1. Both Houses of Congress view arthritis as an important national health problem requiring special Federal attention. S. 2854 would provide a national focus to this disease which, according to the Congress, affects more than 20 million Americans and costs the nation over \$9 billion annually in medical expenses and lost wages.
2. As enrolled, the bill would not require HEW to make any fundamental change in its approach, organization or overall conduct of arthritis research programs. Most of the research activities authorized by S. 2854 are already being conducted by NIH and would continue to be supported by NIAMDD and the other NIH institutes.
3. The appropriations authorized by S. 2854 are relatively modest compared to amounts authorized by other categorical health legislation. Although there would probably be some additional budget outlays, prudent management could keep the added outlays to a minimum.
4. Similar legislation dealing with digestive diseases (P.L. 92-305) and diabetes (P.L. 93-354) was approved and has been implemented without any apparent adverse effect on the management of research by NIH in these areas.

Arguments in Favor of Disapproval

1. There is no need for the authority which the enrolled bill would provide. Adequate legislative authority

already exists to support a multifaceted program of arthritis research and such a program is already being carried out under existing authorities and the general direction of NIAMDD.

2. S. 2854 would single out arthritis as a specific disease requiring preferential legislative treatment, although there are many other diseases which are equally or more debilitating. This particularistic approach runs counter to the Administration's long-held objective of moving away from categorical legislation toward a more comprehensive perspective from which to judge relative health research priorities.

3. Preparation and publication of budgetary estimates for a single disease research area, as part of a national commission study, is inappropriate. By concentrating on a particular disease, such a study group is separated from the need to arrive at a balanced allocation of research funds on a comprehensive basis and is normally not able or motivated to take into account the relative importance of other research areas.

4. To the extent that the recommended estimates for arthritis result in fixed totals for the research related to this disease, limits are placed on the exercise of management choices and scientific judgement of the biomedical research administrators who must oversee the allocation of research resources between different disease categories.

5. The establishment of a network of national arthritis centers will, in all probability, require the commitment of Federal funds beyond the years authorized in S. 2854. In addition, it will lead to increased pressures from other narrow categorical health interest groups for similar centers for other diseases.

6. The bill would produce substantial pressure to increase disease control activities at the expense of the basic research mission of the NIH.

Recommendations

In its letter recommending disapproval of the enrolled bill, HEW states:

"The bill is inflationary and unnecessary. We believe existing statutory authority is adequate for Federal support of arthritis programs and that consequently no new legislation is required. The establishment of a Commission to develop a long-range "Arthritis Plan" is a device to exert pressure on the Administration to increase funding for arthritis activities."

* * * * *

S. 2854 represents an increasing tendency in Congress to address an individual health problem through legislation. By singling out a specific disease for preferential legislative treatment at the expense of other research priorities, it is inconsistent with the overall objective of seeking a balanced approach in identifying health research priorities.

The previous Administration approved similar legislation dealing with digestive diseases and diabetes. Nevertheless, we believe that approval of S. 2854 would only encourage other health interest groups to seek similar legislative authority for other specific diseases in an effort to garner higher Federal funding levels.

S. 2854 duplicates existing research authority and mandates new planning and reporting requirements. In addition, it represents an undesirable approach to legislating particular disease research for which there exists no basis for preferential legislative treatment. For these reasons, we recommend its disapproval.

A memorandum of disapproval is attached.

Paul H. Green
for Director



Enclosures



DEPARTMENT OF THE ARMY
WASHINGTON, D.C. 20310

27 DEC 1974

Honorable Roy L. Ash
Director, Office of Management and Budget

Dear Mr. Ash:

The Secretary of Defense has delegated responsibility to the Department of the Army for reporting the views of the Department of Defense on enrolled enactment S. 2854, 93d Congress, "To amend the Public Health Service Act to expand the authority of the National Institute of Arthritis, Metabolism, and Digestive Diseases in order to advance a national attack on arthritis."

The Department of the Army on behalf of the Department of Defense interposes no objection to the approval of the enrolled enactment.

This act provides for a National Commission on Arthritis and Related Musculoskeletal Diseases under the Secretary of Health, Education, and Welfare, defines its duties, and provides for coordination with other elements of the Department of Health, Education, and Welfare.

The enactment of this measure would not affect the operations of the Department of Defense. The only interest of the Department of Defense in this act is that the Secretary of Defense or his designee would serve as an ex-officio non-voting member of the commission.

Approval of the enactment would cause no apparent increase in budgetary requirements of the Department of Defense.

This report has been coordinated within the Department of Defense in accordance with procedures prescribed by the Secretary of Defense.

Sincerely,

Howard H. Callaway
Howard H. Callaway
Secretary of the Army



MEMORANDUM OF DISAPPROVAL

I have withheld my approval from S. 2854, the National Arthritis Act of 1974. This legislation would amend the Public Health Service Act to expand the authority of the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD).

The stated purpose of this bill is to step up our national attack on arthritis. The bill would establish a temporary commission to develop a long-range arthritis plan. It would authorize programs of screening, detection and prevention demonstration projects, and of arthritis research centers. It would require the Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases to develop and submit to Congress annually a five-year plan for the Institute's activities and would require several annual reports to Congress from the Secretary of Health, Education, and Welfare.

I realize that many people suffer the ravages of arthritis, but this legislation is not going to help them. It is not only unnecessary, but it could prove harmful to promising research efforts already underway. It would impede current productive activities by requiring scientists and administrators to orient their activities toward administrative categories rather than inquire into the most fruitful research. S. 2854 would also place an extremely heavy reporting burden on the scientists who are presently engaged in purposeful activities.

Just recently, Congress enacted legislation creating the President's Biomedical Research Panel to examine overall national health research priorities. The Panel was given

18 months to complete its work, which will include a comprehensive look at the operations of the National Institutes of Health. It is important to receive the Panel's recommendations before broadening the NIH mission or changing individual programs such as arthritis. This bill, by forcing a narrow individualistic review, would be contrary to the sound management of research resources.

THE WHITE HOUSE,

THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

LOG NO.: 900

Date: December 29, 1974

Time: 7:00 p.m.

FOR ACTION: Pam Needham
Max Friedersdorf *Veto*
Phil Areeda *sign - comments*
Paul Theis

cc (for information): Warren Hendriks
Jerry Jones
Jack Marsh

FROM THE STAFF SECRETARY.

DUE: Date: Monday, December 30

Time: 1:00 p.m.

SUBJECT:
National Arthritis Act of 1974

ACTION REQUESTED:

- For Necessary Action
 Prepare Agenda and Brief
 For Your Comments

- For Your Recommendations
 Draft Reply
 Draft Remarks

REMARKS:

Please return to Judy Johnston, Ground Floor West Wing

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately.

K. R. COLE, JR.
For the President





DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

DEC 27 1974

Honorable Roy L. Ash
Director, Office of Management
and Budget
Washington, D. C. 20503

Dear Mr. Ash:

This is in response to Mr. Rommel's request for a report on S. 2854, an enrolled bill "To amend the Public Health Service Act to expand the authority of the National Institute of Arthritis, Metabolism, and Digestive Diseases in order to advance a national attack on arthritis."

The bill would direct the Secretary of Health, Education, and Welfare to establish the National Commission on Arthritis and Related Musculoskeletal Diseases. The Commission would be composed of eleven voting members as follows: six persons who represent the various specialties and disciplines relevant to arthritis; four members from the general public (including two arthritis patients); and a rheumatologist from the National Arthritis, Metabolism, and Digestive Diseases Advisory Council. In addition, seven government officials (including the Director of the National Institutes of Health or his designee) would sit as nonvoting members of the Commission. The Commission would be required to develop, within 210 days of the enactment of its appropriation, a long-range "Arthritis Plan". This plan would provide for an overall national strategy for dealing with arthritis and related musculoskeletal diseases, with detailed recommendations in various areas, such as research, health delivery, and the dissemination of information. Two million dollars would be authorized for the Commission, without fiscal year limitation.

The enrolled bill would authorize the Secretary to make grants "to establish and support projects for the development and demonstration of methods for arthritis screening, detection, prevention, and referral, and for the dissemination of these methods to health and allied health professions."

For this purpose there would be authorized to be appropriated \$2 million for fiscal year 1975, \$3 million for fiscal year 1976, and \$4 million for fiscal year 1977.

The bill would also authorize the Secretary to "provide for the development, modernization, and operation of centers for arthritis research, screening, detection, diagnosis, prevention, control, and treatment, for education related to arthritis, and for rehabilitation of individuals who suffer from arthritis." Eleven million dollars for fiscal year 1975, \$13 million for fiscal year 1976, and \$15 million for fiscal year 1977 would be authorized for these centers.

The bill would establish the Arthritis Coordinating Committee to improve coordination of all arthritis activities within the Federal Government. The bill would also establish the position of Associate Director of Arthritis within the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD).

The appropriations authorizations contained in the bill are all in addition to funds in the President's budget. The bill would also earmark \$500,000 of NIH funds each year for orthopedic research, to be conducted within NIAMDD.

We feel, as do the supporters of the enrolled bill, that arthritis and related musculoskeletal diseases represent a serious and widespread health problem in the United States, and that attainment of better methods of treatment of this disease deserves high priority. To that effect, the Department is supporting a research attack on arthritis and related musculoskeletal and connective tissue diseases through the National Institutes of Health. The enrolled bill would be of no aid in this effort.

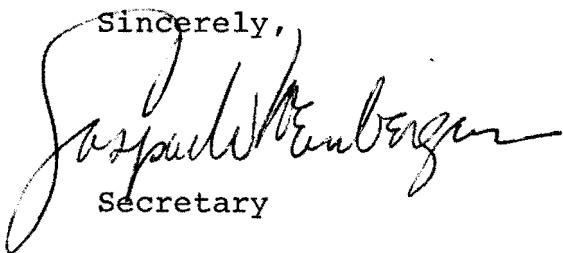
The bill is inflationary and unnecessary. We believe existing statutory authority is adequate for Federal support of arthritis programs and that consequently no new legislation is required. The establishment of a Commission to develop a long-range "Arthritis Plan" is a device to exert pressure on the Administration to increase funding for arthritis activities.

The establishment of narrow, categorical grant programs singling out a specific disease restricts the flexibility of the Department to shift emphasis with changing scientific knowledge and health priorities. Similarly, the establishment by statute of yet another coordinating committee and an associate director for an institute does little but further rigidify our ability to deal with the real health problems which we face. In addition, such structures tend to exert pressure to increase funding.

It should be noted that the enrolled bill has enjoyed widespread bipartisan support in both Houses of Congress. The bill was co-sponsored by 78 Senators.

We recommend that the enrolled bill not be approved, and enclose a draft veto message.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Paul Weynberg".

Secretary

Enclosure

THE WHITE HOUSE
WASHINGTON

Veto

MEMORANDUM FOR: WARREN HENDRIKS
FROM: *Verfassen für* MAX L. FRIEDERSDORF
SUBJECT: Action Memorandum - Log No. 900
National Arthritis Act of 1974

The Office of Legislative Affairs concurs in the attached proposal and has no additional recommendations.

Attachment

THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

LOG NO.: 900

Date: December 29, 1974

Time: 7:00 p.m.

FOR ACTION: Pam Needham
Max Friedersdorf
Phil Areeda ✓
Paul Theis

cc (for information): Warren Hendriks
Jerry Jones
Jack Marsh

FROM THE STAFF SECRETARY

DUE: Date: Monday, December 30 Time: 1:00 p.m.

SUBJECT: National Arthritis Act of 1974

ACTION REQUESTED:

- For Necessary Action For Your Recommendations
 Prepare Agenda and Brief Draft Reply
 For Your Comments Draft Remarks

REMARKS:

Please return to Judy Johnston, Ground Floor West Wing

Affirmative reason # 2 (page 4 of OMB memo)
Affirmative reason # 2 (page 4 of OMB memo)
argues for signing. I recommend signing unless
the President believes that Veto's are necessary
to force Congress to give weight to the importance (in our
view) of categorical programs in the health field.

P. Areeda

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a
delay in submitting the required material, please
telephone the Staff Secretary immediately.

Warren K. Hendriks _____
For the President

THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

LOG NO.: 900

Date: December 29, 1974

Time: 7:00 p.m.

FOR ACTION: Pam Needham
Max Friedersdorf
Phil Areeda
Paul Theis

cc (for information): Warren Hendriks
Jerry Jones
Jack Marsh

JL 12/30/74

OK/AAT

FROM THE STAFF SECRETARY

DUE: Date: Monday, December 30

Time: 1:00 p.m.

SUBJECT:
National Arthritis Act of 1974

ACTION REQUESTED:

- For Necessary Action For Your Recommendations
 Prepare Agenda and Brief Draft Reply
 For Your Comments Draft Remarks

REMARKS:

Please return to Judy Johnston, Ground Floor West Wing

1974 DEC 30 AM 8 45

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately.

Warren K. Hendriks
For the President

MEMORANDUM OF DISAPPROVAL

To the Congress:

I am withholding my approval of S. 2854, the National Arthritis Act of 1974, which would amend the Public Health Service Act to expand the authority of the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD).

The bill's stated purpose is to escalate our national attack on arthritis. However, an aggressive research effort is already underway under existing legislative authority.

While the NIAMDD bears the major responsibility for research in arthritis within the National Institutes of Health, many other NIH Institutes are contributing to the expansion of this knowledge. Since its establishment in 1950, the NIAMDD has supported major efforts in arthritis research and research training related to arthritis. In fiscal year 1974, the NIAMDD expended \$14 million in arthritis, most of which was used to fund research at university centers, medical schools, and hospitals throughout the country. In addition, the NIAMDD and other Institutes at the NIH expended considerable sums in support of arthritis related orthopedic surgery research and fundamental research which was in varying degrees, directly and indirectly relate to arthritis.

S. 2854 would authorize the establishment of comprehensive arthritis centers. Categorical Federal support for arthritis activities through these centers is not needed. The programmatic basis for singling out arthritis for a new Federal effort has not been established. We expect that new initiatives in the Professional Standards Review Organizations and national health insurance will assure high quality

care at the community level. We are generally concerned with increasing the categorical disease control programs as part of the mandated mission of the NIH. These activities could detract from the basic research mission of the NIH. In any event, we have ample legislative authority to carry out such activities if a need develops.

Additionally, this legislation would create an arthritis screening, early detection, prevention, and control program. There are serious doubts that any early detection and screening programs would enhance our ability to treat these diseases at this time, and, therefore, the expense of establishing these programs is not warranted.

S. 2854 would also require the Secretary to establish a National Commission on Arthritis and Related Musculoskeletal Diseases to formulate a long-range plan to combat arthritis and related musculoskeletal diseases. The plan's success would be largely dependent on new research ideas and advances. Since these disorders are not well understood and their long-term clinical effects are still not adequately controllable, such a plan is of very limited value.

The authorizations in S. 2854 are also unnecessary since under current law there are no specific limits on the appropriations that can be made for arthritis related activities.

There is a final important reason for not accepting this legislation. The President's Biomedical Research Panel

will, within the next year and a half, be carefully examining overall national health research priorities. It would be important to have in hand the Panel's recommendations, which will be based on a comprehensive view of NIH's operations, before broadening the NIH mission or changing its organization in individual programs such as arthritis.

Accordingly, I am withholding my approval from S. 2854.



THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

LOG NO.: 920

Date: December 30, 1974

Time: 8:30 p.m.

FOR ACTION: Paul Theis *ok*cc (for information): Warren Hendriks
Paul O'Neill*All in my office
Tuesday after*

FROM THE STAFF SECRETARY

DUE: Date: Tuesday, December 31

Time: 1:00 p.m.

SUBJECT:

Memorandum of Disapproval : S. 2854, National Arthritis Act

ACTION REQUESTED:

 For Necessary Action For Your Recommendations Prepare Agenda and Brief Draft Reply For Your Comments Draft Remarks

REMARKS:

Attached is a revised memorandum of disapproval. I am also attaching Paul Theis' edited version of the first draft.

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately.

K. R. COLE, JR.
For the President

MEMORANDUM OF DISAPPROVAL

To the Congress:

I am withholding my approval of S. 2854, the National Arthritis Act of 1974, which would amend the Public Health Service Act to expand the authority of the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD).

The bill's stated purpose is to escalate our national attack on arthritis. However, an aggressive research effort is already underway under existing legislative authority. While the NIAMDD bears the major responsibility for research in arthritis within the National Institutes of Health, many other NIH Institutes are contributing to the expansion of this knowledge. Since its establishment in 1950, the NIAMDD has supported major efforts in arthritis research and research training related to arthritis. In Fiscal Year 1974, the NIAMDD expended \$14 million in arthritis, most of which was used to fund research at university centers, medical schools, and hospitals throughout the country. In addition, the NIAMDD and other Institutes at the NIH expended considerable sums in support of arthritis related orthopedic surgery research and fundamental research which was in varying degrees, directly and indirectly related to arthritis.

This legislation is not only unnecessary; it could prove harmful to ongoing and promising research efforts. By singling out a specific disease for preferential legislative treatment at the expense of other research priorities, it is inconsistent with this Administration's overall objective of seeking a balanced approach in identifying health research priorities.

Just recently, Congress enacted legislation creating the President's Biomedical Research Panel to examine carefully overall national health research priorities. The Panel was given 18 months to complete its work. It is important to have in hand the Panel's recommendations, which will be based on a comprehensive view of NIH's operations, before broadening the NIH mission or changing its organization in individual programs such as arthritis. Such a perspective is essential in order to arrive at intelligent conclusions as to the relative worth of alternative research opportunities both between and within certain disease fields. This bill, by forcing a narrow particularistic review, would undermine sound management of research resources.

THE WHITE HOUSE
December 30, 1974

THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

LOG NO.: 920

Date: December 30, 1974

Time: 8:30 p.m.

FOR ACTION: Paul Theis /-8c 1/3/74
Paul O'Neill
Phil Areeda
Max Friedersdorf

cc (for information): Warren Hendriks
Jerry Jones

OK/AT

FROM THE STAFF SECRETARY

DUE: Date: Tuesday, December 31

Time: 1:00 p.m.

SUBJECT:

Memorandum of Disapproval : S. 2854, National Arthritis Act

ACTION REQUESTED:

 For Necessary Action For Your Recommendations Prepare Agenda and Brief Draft Reply For Your Comments Draft Remarks

REMARKS:

Attached is a revised memorandum of disapproval.

1974 DEC 31 AM 8 31

Please return to Judy Johnston

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately.

Warren K. Hendriks
For the President

MEMORANDUM OF DISAPPROVAL

To the Congress:

I am withholding my approval of S. 2854, the National Arthritis Act of 1974, which would amend the Public Health Service Act to expand the authority of the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD).

The bill's stated purpose is to ~~escalate~~ our national attack on arthritis. However, an aggressive research effort is already underway under existing legislative authority. While the NIAMDD bears the major responsibility for research in arthritis within the National Institutes of Health, many other NIH Institutes are contributing to ~~the expansion of~~ this knowledge. Since its establishment in 1950, the NIAMDD has supported major efforts in arthritis research and research training related to arthritis. In Fiscal Year 1974, the NIAMDD expended \$14 million ~~on~~ arthritis, most of ~~which was in~~ used to fund research at university centers, medical schools, and hospitals throughout the country. In addition, the NIAMDD and other Institutes at the NIH ~~expended~~ considerable sums in support of arthritis-related orthopedic surgery research and ~~other~~ fundamental research ~~which was in varying degrees, directly related and indirectly related to arthritis.~~

This legislation is not only unnecessary, it could prove harmful to ~~ongoing and~~ promising research efforts. ~~singling out a specific disease for preferential legislative treatment at the expense of other research priorities~~ is inconsistent with this Administration's overall objective of ~~making a balanced approach in funding health research priorities.~~

Just recently, Congress enacted legislation creating the President's Biomedical Research Panel to examine ~~carefully~~ overall national health research priorities. The Panel was given 18 months to complete its work. It is important to ~~have in~~ receive ~~hand~~ the Panel's recommendations, which will be based on a comprehensive view of NIH's operations, before broadening the NIH mission or changing its organization in individual programs such as arthritis. Such a perspective is essential in order to arrive at intelligent conclusions ~~as to the relative worth of~~ alternative research opportunities ~~both between and within~~ certain disease fields. This bill, by forcing a narrow particularistic review, would ~~undermine~~ sound management of research resources.

THE WHITE HOUSE

December 30, 1974

THE WHITE HOUSE

WASHINGTON

December 31, 1974

MEMORANDUM FOR:

WARREN HENDRIKS

FROM: *Warren Hendriks*

MAX L. FRIEDERSDORF

SUBJECT:

Action Memorandum - Log No. 920

The Office of Legislative Affairs concurs with the Agencies
that the enrolled bill should be vetoed.

Attachments

THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

LOG NO.: 920

Date: December 30, 1974

Time: 8:30 p.m.

FOR ACTION: Paul Theis
Paul O'Neill
Phil Areeda
Max Friedersdorf✓cc (for information): Warren Hendriks
Jerry Jones

FROM THE STAFF SECRETARY

DUE: Date: Tuesday, December 31

Time: 1:00 p.m.

SUBJECT:

Memorandum of Disapproval : S. 2854, National Arthritis Act

ACTION REQUESTED:

 For Necessary Action For Your Recommendations Prepare Agenda and Brief Draft Reply For Your Comments Draft Remarks

REMARKS:

Attached is a revised memorandum of disapproval.

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately.

Warren K. Hendriks
For the President

THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

LOG NO.: 920

Date: December 30, 1974

Time: 8:30 p.m.

FOR ACTION: Paul Theis
Paul O'Neill
Phil Areeda ✓
Max Friedersdorfcc (for information): Warren Hendriks
Jerry Jones

FROM THE STAFF SECRETARY

DUE: Date: Tuesday, December 31

Time: 1:00 p.m.

SUBJECT:

Memorandum of Disapproval : S. 2854, National Arthritis Act

ACTION REQUESTED:

 For Necessary Action For Your Recommendations Prepare Agenda and Brief Draft Reply For Your Comments Draft Remarks

REMARKS:

Attached is a revised memorandum of disapproval.

2 have no objection to this
message of the Pres. needs to review
P. Areeda

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a
delay in submitting the required material, please
telephone the Staff Secretary immediately.

Warren K. Hendriks
For the President

*T.
Karen Nadeau
12-29-74*

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

DEC 29 1974

MEMORANDUM FOR THE PRESIDENT

Subject: Enrolled Bill S. 2854 - National Arthritis Act
of 1974
Sponsor - Sen. Cranston (D) California and 77 others

Last Day for Action

January 4, 1975 - Saturday

Purpose

Authorizes the establishment of a National Commission on Arthritis and provides specific legislative authority to expand arthritis research and treatment activities by the National Institutes of Health.

Agency Recommendations

Office of Management and Budget

Disapproval (Memorandum
of Disapproval attached)

Department of Health, Education,
and Welfare

Disapproval (Memorandum
of Disapproval attached)

Discussion

S. 2854 is the result of congressional interest in recognizing arthritis as a major health problem in the U.S. and giving it higher priority in the competition for Federal health research funds. The approach taken by the enrolled bill is two-pronged: (1) it would establish an 8-month National Commission on Arthritis to survey Federal, State and local health activities relating to arthritis and formulate a long-range plan to combat the disease, and (2) it would amend the Public Health Service (PHS) Act to provide a more specific focus on Federally-supported arthritis research activities.

MEMORANDUM OF DISAPPROVAL

I have withheld my approval from S. 2854, the National Arthritis Act of 1974, ~~This legislation~~ which would amend the Public Health Service Act to expand the authority of the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD). ~~The~~ ^{of this bill} ~~is~~ stated purpose is to ~~accelerate~~ ^{step up} our national attack on arthritis. The bill would establish a temporary commission to develop a long-range arthritis plan. It would authorize programs of screening, detection and prevention demonstration projects, and of arthritis research centers. It would require the Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases to develop and submit to Congress annually a five-year plan for the Institute's activities and would require several annual reports to Congress from the Secretary of Health, Education and Welfare.

~~This legislation~~ is not only unnecessary, ~~it~~ could prove harmful to ongoing and promising research efforts ~~already underway~~. ~~an aggressive research effort is already underway under existing legislative authorities.~~ ~~It~~ ~~current productive activities~~ ~~efforts already underway~~, by requiring ~~these~~ scientists and administrators ~~engaged in productive activities~~ to orient their activities toward administrative categories rather than ~~inquire~~ ~~follow their inquiry~~ into the most fruitful ~~avenues of~~ research. S. 2854 would also place an extremely heavy reporting burden on the scientists who are presently engaged in purposeful activities, ~~and would require them to develop~~ ~~unnecessary, formal plans.~~

Just recently, Congress enacted legislation creating the President's Biomedical Research Panel to examine ~~carefully~~ overall national health research priorities.

which will include a
comprehensive look at the
operations of the National
Institutes of Health.

The Panel was given 18 months to complete its work. It
is important to ~~have in hand~~ receive the Panel's recommendations.

~~This bill will be based on a comprehensive view of NIH operations before broadening the NIH mission or changing its concentration in individual programs such as arthritis.~~

~~Such a perspective is essential in order to arrive at intelligent conclusions as to the relative worth of alternative research opportunities both between and within certain disease fields.~~

~~This bill, by forcing a narrow particularistic review, would be contrary to the sound management of research resources.~~

THE WHITE HOUSE

December , 1974

Calendar No. 1184

93d CONGRESS } SENATE } REPORT
2d Session } { No. 93-1251

NATIONAL ARTHRITIS ACT

OCTOBER 9, 1974.—Ordered to be printed

Mr. KENNEDY, from the Committee on Labor and Public Welfare,
submitted the following

REPORT

[To accompany S. 2854]

The Committee on Labor and Public Welfare, to which was referred the bill (S. 2854) to amend the Public Health Service Act to expand the authority of the National Institute of Arthritis, Metabolism, and Digestive Diseases in order to advance a national attack on arthritis, having considered the same, reports favorably thereon with amendments and recommends that the bill as amended do pass.

COMMITTEE AMENDMENTS

The Committee made several technical amendments of a clarifying nature, and three sets of amendments of a more substantive nature. Amendments were made in the following provisions within section 3 of the reported bill: sections 437; 437(a)(2), (b)(9), (11), and (12), (c)(1) and (2) and (i); 438; 438(c) and (d); 439A; 439A(b)(5) and (6), and (e); 439B; 439B(b), (d), and (e); 439C; and 439C(d) and (e). The substantive amendments are described below:

(1) The first set of amendments add as a charge to the National Task Force on Arthritis, and include within the scope of arthritis screening, early detection, prevention, and control programs, the development of programs for the regular dissemination of information on diagnostic and treatment procedures to discourage the promotion of unapproved and ineffective diagnostic, prevention, treatment, and control methods and therapeutic drugs and devices. These amendments are intended to counter the substantial exploitation of victims of arthritis by promoters of ineffective or quack remedies.

(2) The second set of amendments strengthen coordination of Departmental programs affecting arthritis. These amendments add the Director of the National Institute of General Medical Sciences or his designee to the governmental representatives on the National Task

Force on Arthritis, and establish an Intradepartmental Arthritis Coordinating Committee to be composed of representatives of all agencies within the Department of Health, Education, and Welfare involved in programs affecting arthritis. This provision would ensure that the rehabilitation programs of the Rehabilitation Services Administration, the drug testing programs of the Food and Drug Administration, the health services programs of the Health Services Administration, the training programs of the Health Resources Administration, among others, would be coordinated and information exchanged on activities related to arthritis.

(3) The third set of amendments add a new provision directing the establishment of an Arthritis Screening and Detection Data Bank for the collection and processing of all data useful to screening, prevention, treatment, and control programs and the dissemination of the data in cooperation with centers and programs developed under authorities of S. 2854, or other appropriate means.

Thus, the text of the bill as reported is as follows: (Strike out the material in linetype and insert the material in italic):

SHORT TITLE

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "National Arthritis Act".

FINDINGS AND DECLARATION OF PURPOSE

SEC. 2. (a) The Congress hereby finds and declares that—

(1) arthritis and related musculoskeletal and other related diseases represent one of the most serious and widespread health problems in the United States in that they afflict more than twenty million Americans;

(2) arthritis is the greatest single cause of chronic pain and disability;

(3) the complications of arthritis lead to many other serious health problems;

(4) uncontrolled arthritis significantly decreases the quality of life and has a major negative economic, social, and psychological impact on the families of its victims and society generally;

(5) the severity of arthritis in children and most adolescents is greater than in adults and this involves greater problems in the management of the disease;

(6) athletic and other types of joint injuries can lead to arthritis;

(7) the annual cost to the national economy in 1970 due to arthritis, in medical care bills and lost wages, was \$9,200,000,000;

(8) the workdays lost due to disability caused by arthritis totaled over 14,500,000 in 1970;

(9) although today's currently available therapy and surgical techniques for improving the functional state of millions of arthritics are significantly more effective

than those of a decade ago, they remain stopgap measures which neither prevent nor cure the disease; and therefore the attainment of better methods of diagnosis and treatment of arthritis through research and through education of health professionals and allied health professionals deserves the highest national priority;

(10) there are inadequate numbers of medical facilities and of properly trained personnel to provide treatment and rehabilitation for persons suffering from arthritis, and inadequate numbers of properly trained personnel to train other health personnel interested in pursuing either a research or clinical career in rheumatology;

(11) the citizens of the United States should have a full understanding of the nature of the human, social, and economic impact of arthritis and should be encouraged to seek early diagnosis and treatment to prevent or lessen disability resulting from arthritis; and

(12) there is great potential for making major advances against arthritis in the National Institute of Arthritis, Metabolism, and Digestive Diseases, in concert with other Institutes of the National Institutes of Health, and public and private organizations capable of necessary research and public education in arthritis.

(b) It is therefore the purpose of this Act to expand the authority of the National Institute of Arthritis, Metabolism, and Digestive Diseases in order to advance a national attack on arthritis.

NATIONAL ARTHRITIS PROGRAM

SEC. 3. Part D of title IV of the Public Health Service Act is amended by adding ~~after section 434 at the end thereof~~ the following new sections:

"NATIONAL TASK FORCE ON ARTHRITIS

"SEC. 435. 437. (a) The Secretary, within sixty days after the date of enactment of this section, shall establish a National Task Force on Arthritis (hereinafter in this part referred to as the 'Task Force') to formulate a long-range plan (hereinafter in this part referred to as the 'Arthritis Plan') to combat arthritis and related musculoskeletal and other related diseases (hereinafter in this part referred to as 'arthritis'). The Arthritis Plan shall include recommendations for the utilization and organization of national resources for the campaign against arthritis, and a program for the National Institute of Arthritis, Metabolism, and Digestive Diseases (hereinafter in this part referred to as the 'Institute') as a major participant in the campaign against arthritis.

"(b) The Arthritis Plan developed by the Task Force shall provide for—

"(1) programs for investigation into the epidemiology, etiology, and prevention and control of arthritis,

including investigation into the social, environmental, behavioral, nutritional, biological, and genetic determinants and influences involved in the epidemiology, etiology, prevention, and control of arthritis;

"(2) studies and research into the basic biological processes and mechanisms involved in the underlying normal and abnormal phenomena associated with arthritis, including, but not limited to, abnormalities of the immune, musculoskeletal, cardiovascular, and nervous systems, the skin, the gastrointestinal tract, the kidneys, the lungs, and the eyes; *eyes*;

"(3) research into the development, trial, and evaluation of techniques, including surgical procedures and drugs, used in, and approaches to, the diagnosis, early detection, treatment, prevention, and control of arthritis;

"(4) establishment of programs that will focus and apply scientific and technological methodologies and processes involving biological, physical, and engineering science to deal with all facets of arthritis, including traumatic arthritis;

"(5) establishment of programs for the conduct and direction of field studies, large-scale testing, evaluation, and demonstration of preventive, diagnostic, therapeutic, rehabilitative, and control approaches to arthritis, including studies of the effectiveness of home-care programs, the use of mobile care units, community rehabilitation facilities, and other appropriate community public health and social services;

"(6) studies of the feasibility and possible benefits accruing from team training of health and allied health professionals in the treatment and rehabilitation of individuals suffering from arthritis;

"(7) programs to evaluate the current resources for the rehabilitation of the arthritis patient and establish criteria for the potential for rehabilitation of the patient;

"(8) programs to investigate alternative screening possibilities to define more adequately the arthritis population and to detect early cases of rehabilitative arthritis;

"(9) programs for the education and training of scientists, bioengineers, *primary care physicians*, clinicians, surgeons, including orthopedic surgeons, and other health and allied health professionals and educators in the fields and specialties requisite to the conduct of programs regarding arthritis;

"(10) programs for the continuing education of health and allied health professionals in the diagnosis, treatment, and rehabilitation of individuals suffering from arthritis;

"(11) programs for public education relating to all aspects of arthritis; *arthritis, including periodic public information programs on the most current developments*

in diagnostic and treatment procedures with a view to discouraging the promotion and utilization of unapproved and ineffective diagnostic, prevention, treatment, and control methods and unapproved and ineffective therapeutic drugs and devices;

"(12) programs to establish standards of measurement of the severity and rehabilitative responsiveness of disabilities resulting from arthritis;

"(13) the development of a common descriptive vocabulary in basic and clinical research in arthritis for the purpose of standardizing collection, storage, and retrieval of research and treatment data to facilitate collaborative and comparative studies of large patient populations;

"(14) the development of a national data storage bank on arthritis research, diagnosis, prevention, control and treatment, to collect and make available information as to the practical application of research and other activities pursuant to this part; and

"(15) a plan for international cooperation in and exchange of knowledge on all aspects of research, diagnosis, treatment, prevention, and control of arthritis.

"(c) The Task Force shall be composed of ~~sixteen~~ seventeen members who are eminently qualified to serve on such Task Force, as follows:

"(1) the Secretary or his designee, the Director of the National Institutes of Health or his designee, the Associate Director for Arthritis of the Institute (as established by section 436 438), the Director of the National Institute of General Medical Sciences or his designee, the Chief Medical Director of the Veterans Administration, and the Secretary of Defense or his designee, who shall serve as ex officio members;

"(2) seven members who shall be scientists or physicians representing the various specialties and disciplines pertinent to arthritis, of whom at least two are practicing clinical *rheumatologists*; *rheumatologists and one is an orthopedic surgeon*;

"(3) three members from the general public, of whom at least two are arthritis sufferers; and

"(4) one member of the National Arthritis, Metabolism, and Digestive Diseases Advisory Council (hereinafter referred to as the National Advisory Council) whose primary interest is in the field of rheumatology.

"(d) The Secretary shall designate one member of the Task Force as Chairman of the Task Force. The Task Force shall first meet at the call of the Secretary and thereafter at the call of the Chairman of the Task Force, and shall meet not less than three times.

"(e) (1) The Task Force shall publish and transmit to the Director of the Institute the Arthritis Plan not later than nine months after the date of enactment of this section.

"(2) No later than sixty days after the Task Force transmits the Arthritis Plan to the Director of the Institute, the Director shall submit to Congress the Arthritis Plan, his proposals for Institute activities under this part for the first five years under the Arthritis Plan, and an estimate of such additional staff positions and appropriations (including increased appropriations authorizations) as may be required to carry out such activities. If the plan and subsequent reports to be submitted pursuant to subsection (e) (1) and (2) of this section are submitted, prior to submission to the Congress, for review by the Office of Management and Budget or any other Federal department or agency or official thereof, (1) the plan or report submitted to the Congress shall specify the changes and the reasons therefor made during any such review process, and (2) if any such review process delays the submission of such plan or report to the Congress beyond the date established for such submission by this section, the Director shall immediately on such date submit to the Congress the plan or report in exactly the form it was submitted to such review process.

"(f) The Task Force may hold such hearings, take such testimony, and sit and act at such times and places as the Task Force deems advisable to develop the Arthritis Plan.

"(g) The Director of the Institute shall—

(1) designate a member of the staff of such Institute to act as Executive Secretary of the Task Force; and

(2) provide the Task Force with such full-time professional and clerical staff, such information, and the services of such consultants as may be necessary to assist the Task Force to carry out effectively its functions under this section.

"(h) Members of the Task Force 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 Task Force compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS-18 of the General Schedule, including traveltimes; 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, title 5, United States Code, for person in the Government service employed intermittently.

"(i) In addition to sums appropriated pursuant to section 301 and other sums appropriated for research on arthritis pursuant to title IV, part D, there is authorized to be appropriated \$500,000 for the fiscal years ending June 30, 1974, 1975, and June 30, 1975, 1976, to carry out the purposes of this section, and such sums shall remain available until expended.

"ASSOCIATE DIRECTOR FOR ARTHRITIS AND ESTABLISHMENT OF COMMITTEES

"SEC. 436. 438. (a) There is established within the Institute the position of Associate Director for Arthritis (hereinafter in this part referred to as the 'Associate Director'), who shall report directly to the Director of such Institute and who, under the supervision of the Director of such Institute, shall be responsible for programs regarding arthritis within such Institute.

"(b) In order to improve coordination of the total National Institutes of Health research activities relating to arthritis, the Director of the National Institutes of Health shall establish an Inter-Institute Arthritis Coordinating Committee to be composed of representatives who can make policy commitments for each of the Institutes and divisions involved in arthritis-related research. The committee will be chaired by the Associate Director and will prepare a report as soon (but not later than sixty days) after the end of each fiscal year as possible for the Director of the National Institutes of Health detailing the work of the committee in coordinating the research activities of the National Institutes of Health relating to arthritis during the preceding year.

"(c) In order to improve coordination of all activities in the Department of Health, Education, and Welfare relating to arthritis, the Secretary shall establish an Intradepartmental Arthritis Coordinating Committee to be composed of representatives who can make policy commitments for each of the administrations, agencies, and divisions within the Department involved in research (including approval of drugs and devices), health services, or rehabilitation programs affecting arthritis. The committee will be chaired by the Associate Director and will prepare a report, as soon (but not later than sixty days) after the end of each fiscal year as possible for the Secretary, detailing the work of the committee in seeking to improve coordination of departmental activities relating to arthritis during the preceding fiscal year.

"(e)(1) "(d) (1) There is established within the Federal Government an Interagency Technical Committee on Arthritis which shall be responsible for promoting the coordination of those aspects of all Federal health programs and activities relating to arthritis 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.

"(2) The Director and Associate Director for Arthritis of the Institute shall serve as chairman and co-chairman respectively, of such Committee, and such Committee shall include

representation from the Veterans Administration, the Department of Defense, and all other Federal departments and agencies administering programs involving health functions or responsibilities as determined by the Secretary.

"(3) The Committee shall meet at the call of the chairman, but not less often than four times a year.

"ARTHRITIS SCREENING, EARLY DETECTION, PREVENTION, AND CONTROL PROGRAMS

"SEC. 437. 439A. (a) The Director of the *Institute Institute*, under policies established by the Director of the National Institutes of Health, and after consultation with the National Advisory Council and consistent with the Arthritis Plan, 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 screening, detection, prevention, and control of arthritis which emphasize the development of new diagnostic and treatment methods for arthritis, and the dissemination of the knowledge about these methods to the health professions.

"(b) Screening, detection, prevention, and control programs under this part shall include—

"(1) programs to develop improved methods of detecting individuals with a risk of developing arthritis;

"(2) programs to develop improved methods of intervention against those factors which cause individuals to have a high risk of developing arthritis;

"(3) programs to develop health professions and allied health professions personnel highly skilled in the control of arthritis, including continuing education of such personnel;

"(4) community consultative services to facilitate new and problem patient referral from local hospitals and physicians to Arthritis Consultation Boards of the centers for diagnostic workup, including laboratory analyses, and consultations with primary physicians on preferred rehabilitation management; and

"(5) programs to disseminate the results of research and to develop means of standardizing patient data and recordkeeping, recordkeeping; and

"(6) programs (A) to educate the general public and persons suffering from arthritis, which shall include the dissemination of information on the importance of early detection and recognition of signs and symptoms and of seeking prompt followup treatment, on the importance of self-discipline and on compliance with medical directives, and (B) to discourage the promotion and utilization of unapproved and ineffective diagnostic prevention, treatment, and control methods and unapproved and ineffective therapeutic drugs and devices.

"(c) The programs supported under this section may also carry out projects and programs funded under other provisions of law related to the programs and projects authorized under this section.

"(d) In addition to sums appropriated pursuant to section 301 and other sums appropriated for research on arthritis pursuant to title IV, part D, there are authorized to be appropriated to carry out this section \$5,000,000 for the fiscal year ending June 30, 1975, \$10,000,000 for the fiscal year ending June 30, 1976, and \$15,000,000 for the fiscal year ending June 30, 1977.

"(e)(1) As soon as practicable after the date of enactment of this section, the Director of the Institute shall establish the Arthritis Screening and Detection Data Bank for the collection, storage, analysis, retrieval, and dissemination of all data useful in screening, prevention, control, and early detection for patient populations with asymptomatic and symptomatic types of arthritis, including, where possible, data involving general populations collected for the purpose of detection of individuals with a risk of developing arthritis.

"(2) The Secretary shall provide for standardization of patient data and recordkeeping for the collection, storage, analysis, retrieval, and dissemination of such data in cooperation with the centers and programs established or supported under section 439B and this section and with other persons engaged in arthritis programs.

"NATIONAL ARTHRITIS RESEARCH AND DEMONSTRATION CENTERS

"SEC. 438. 439B. (a) The Director of the Institute, under policies established by the Director of the National Institutes of Health, and after consultation with the National Advisory Council and consistent with the Arthritis Plan, will provide for the development of centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, control, and treatment methods for arthritis, including research into implantable biomaterials and orthopedic procedures; and 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 such centers.

"(b) The centers developed under this section shall, in addition to carrying out research, training, and demonstration projects, carry out screening, detection, treatment, prevention, and control programs, as described under subsection (b) of section 437 439A. Funds paid to centers under this section may be used for—

"(1) staffing and other basic operating costs, including such patient care costs as are required for research;

"(2) training, including training for allied health profession personnel;

"(3) demonstration purposes; and

"(4) the extension, alteration, remodeling, improvement, or repair of buildings and structures (including the provision of equipment) to the extent necessary to make them suitable for use as research and demonstration centers.

Support of a center under this subsection may be for a period of not to exceed three years and may be extended by the Director of the Institute, with the approval of the National Advisory Council, for additional periods of up to three years each.

"(c) The centers supported under this section may also carry out projects and programs funded under other provisions of law related to the programs and projects authorized under this section.

"(d) *The Director of the Institute shall, insofar as practicable, provide for an equitable geographical distribution of centers developed under this section with appropriate attention to the need for centers having the capability of conducting research, training, treatment, and rehabilitation programs especially suited to meeting the needs of children affected by arthritis.*

~~(d)~~ (e) In addition to sums appropriated pursuant to section 301 and other sums appropriated for research on arthritis pursuant to title IV, part D, there is authorized to be appropriated to carry out this section \$10,000,000 for the fiscal year ending June 30, 1975, \$15,000,000 for the fiscal year ending June 30, 1976, and \$20,000,000 for the fiscal year ending June 30, 1977.

"ANNUAL REPORTS

"**SEC. 439. 439C.** The Director of the Institute shall, as soon as practicable, but not later than sixty days, after the end of each calendar year, prepare, in consultation with the National Advisory Council, and submit to the President and to the Congress a report. Such report shall include (1) a proposal for the Institute's activities under the Arthritis Plan under this part and other provisions of law during the next five years, with an estimate for such additional staff positions and appropriations (including increased appropriations authorizations) as may be required to pursue such activities, and (2) a program evaluation section, wherein the activities and accomplishments of the Institute during the preceding calendar year shall be measured against the Director's proposal for that year for activities under the Arthritis Plan."

SUMMARY OF BILL AS REPORTED

S. 2854 provides for the establishment of a National Task Force on Arthritis to formulate a long-range "Arthritis Plan" to combat arthritis and related musculoskeletal and other related diseases. The Plan includes recommendations for the utilization and organization of appropriate national resources in a campaign against arthritis as well

as a program, specifically to be carried out by the National Institute of Arthritis, Metabolism, and Digestive Diseases, as a major focal point for a concerted attack against arthritis.

S. 2854 also provides for the establishment, insofar as it is consistent with the Arthritis Plan, of screening, early detection, prevention, and control programs in cooperation with other federal health agencies, and state, local, and regional public health agencies and entities. The bill also provides for the development, again consistent with the Arthritis Plan, of research and demonstration centers, to provide an opportunity for intensive, interdisciplinary arthritis research and training in and demonstration of advanced diagnostic, prevention, treatment, and control methods for arthritis.

In addition, certain provisions in the bill would establish administrative mechanisms within the Department of Health, Education, and Welfare, to ensure the interaction and coordination of all programs related to arthritis. S. 2854 establishes the position of Associate Director for Arthritis within the National Institute for Arthritis, Metabolism, and Digestive Diseases, who, under the supervision of the Director of the Institute is given responsibility for administering programs regarding arthritis within that Institute.

To provide greater coordination of programs within the National Institutes of Health, an Inter-Institute Arthritis Coordinating Committee is established composed of representatives of each of the Institutes and divisions involved in arthritis-related research; and an Intra-departmental Arthritis Coordinating Committee is established to coordinate programs within the Department which would impact upon the research, including approval of drugs and devices, health services, or rehabilitation programs affecting arthritis.

To achieve the optimum advantage of all Federal programs affecting arthritis research, treatment, or rehabilitation, an Interagency Technical Committee on Arthritis is established with representatives of all federal departments and agencies having health functions or responsibilities related to such functions.

INTRODUCTION

S. 2854 was introduced on December 21, 1973, by Senator Cranston, Senator Javits, and Senator Williams. Since that time an additional 75 Senators have cosponsored the bill. The Subcommittee on Health conducted hearings on September 10, 1974, on S. 2854 and heard testimony from Senator Church and Senator Roth; representatives of the Department of Health, Education, and Welfare; a panel representing The Arthritis Foundation; a panel representing the American Academy of Orthopedic Surgeons; a representative of the American Academy of Pediatrics; and representatives of the National Council of Senior Citizens. In addition, written testimony was received from the American Association of Retired Persons, the American Congress of Rehabilitation Medicine, and the American Academy of Physical Medicine and Rehabilitation.

All witnesses, with the exception of the Administration witnesses, urged enactment of S. 2854, and several offered recommendations which have been incorporated into the bill as reported from Committee.

The bill was reported from Subcommittee by a unanimous vote conducted by poll and in Executive Session on October 2, 1974, the bill, with amendments, was unanimously approved and ordered reported.

NEED FOR LEGISLATION

IMPACT OF ARTHRITIS ON THE POPULATION

Arthritis is a blanket term covering more than 100 forms of diseases that attack the body's moveable joints and connective tissues of the body sometimes resulting in systemic complications with critical damage to major organs. Over 50 million Americans have some form of arthritis. Twenty million suffer from arthritis severe enough that they seek a physician's help.

The following charts indicate the impact of arthritis by age group and sex and by age group and family income.

TABLE I.—ESTIMATES OF ARTHRITIS BY AGE AND SEX (U.S. PUBLIC HEALTH INTERVIEW SURVEY: 1969-70)

Age	Total	Male	Female
All ages.....	20,230,000	7,188,000	13,042,000
Under 17.....	75,000	136,000	139,000
17 to 24.....	374,000	128,000	246,000
25 to 44.....	2,941,000	1,048,000	1,893,000
45 to 64.....	9,184,000	3,362,000	5,822,000
65 to 74.....	4,536,000	1,636,000	2,900,000
75 plus.....	3,120,000	978,000	2,142,000

¹ Estimate.

TABLE II.—ARTHRITIS PREVALENCE RATES PER 1,000 CIVILIAN NONINSTITUTIONAL POPULATION BY FAMILY INCOME AND AGE, 1969

Age	Income rate per 1,000 population		
	Under \$5,000	\$5,000 to \$9,999	\$10,000 plus
0 to 25.....	7.5	5.4	2.9
25 to 44.....	90.1	60.5	58.6
45 to 54.....	254.5	178.2	157.9
55 to 64.....	369.6	276.2	227.8
65 to 74.....	426.0	369.0	308.2
75 plus.....	478.3	393.0	376.5

Mr. Walter Jones, a member of the Executive Board of the National Council of Senior Citizens, expressed the view of the millions of Americans who are afflicted with arthritis in his testimony to the Committee. He said:

Doctors helplessly prescribe aspirin. It may not help or it helps very little—but what else is there? So many days, I sit at home, depending on the service of others when, in my soul, I wish to be doing the serving.

In my mind I feel I could render many useful services to other people or organizations, such as the good National

Council of Senior Citizens, but just getting down here today was not easy.

If we are ever to provide some relief for arthritic people, we must begin now. I hope that as my children and grandchildren reach my age that they will not have to bear the onset of arthritis as I have.

If we begin now, a cure and means of prevention could help the generations yet to come.

The two most common forms of arthritis are rheumatoid arthritis and osteoarthritis.

RHEUMATOID ARTHRITIS

Rheumatoid arthritis affects about 5 million people in the United States today, and is the most devastating and crippling form of arthritis.

It is a chronic disease that leads to permanent joint deformities and life-long disability. Rheumatoid arthritis is especially insidious because it can also damage other organs, such as the eyes, heart, and lungs.

The majority of the victims of rheumatoid arthritis are young and middle-aged adults in their most productive years, between 20 and 45 years of age. Women, particularly, are victims of this disease, with an incidence triple that of men.

The cause of rheumatoid arthritis is unknown. Although currently available therapy and surgical techniques for improving the functional state of millions of arthritics are significantly more effective than those of a decade ago, they remain stopgap measures which neither prevent nor cure the disease.

Children are also a major and often overlooked factor in arthritis. Juvenile rheumatoid arthritis is estimated to afflict about 250,000 children in the United States. As in the case of cancer and heart conditions, when the chronic disease of arthritis strikes a child it can often be much more severe than an adult case. Juvenile rheumatoid arthritis can stunt growth, blind, cripple, deform, and disable, and, of course, it can kill since it is a systemic disease.

In addition to the 250,000 children suffering from juvenile rheumatoid arthritis, there are probably an equal number of children who develop arthritis from other causes, such as rheumatic fever, lupus erythematosus, dermatomyositis, and many others. Many of these diseases are closely related to juvenile rheumatoid arthritis and crippling may result from these diseases as well.

Dr. Virgil Hanson of Children's Hospital, Los Angeles, advised the Committee that about thirty percent of the children that develop rheumatoid arthritis will reach adult life with severe to very severe crippling. Many of these are affected by an unrelenting rapidly progressive destruction of the bone and joint tissue.

OSTEOARTHRITIS

Osteoarthritis is the most common form of arthritis. About 13 million Americans have osteoarthritis severe enough to cause painful problems affecting their ability to function comfortably and actively. Osteoarthritis is associated with aging and degeneration of joint tissues. X-ray surveys have shown some degenerative joint disease in most cases of osteoarthritis, in over half of all Americans aged 55 to 64. It usually develops more slowly and, in comparison to the severity of rheumatoid arthritis, is milder and less painful, although it can in its later stages produce extreme pain and disability.

GOUTY ARTHRITIS

About 1,000,000 Americans, most of them men, suffer from gout, an acute and very painful and sometimes destructive form of arthritis. This type of arthritis is an inherited metabolic disorder resulting from the body's failure to secrete adequately excess uric acid, which, as it accumulates in the body, deposits a byproduct, sodium salt, under the skin or in and around joints resulting in severe inflammation, pain, and eventually if untreated, leading to destruction of the joints with accompanying crippling. Destruction of the kidneys can also result.

Research has led to the development of drugs which are highly effective in controlling gout. This is one of the few real successes to date in arthritis research.

OTHER FORMS OF ARTHRITIS

Systemic Lupus Erythematosus (SLE), like rheumatoid arthritis, affects the connective tissue. About 50,000 new patients fall victim to SLE each year, most frequently people in the twenty to forty year old age group. Women are particularly susceptible to this very destructive form of arthritis.

Although there is no known specific curative agent available at the moment, there is a high rate of spontaneous remission, and many critically ill patients can be successfully treated with recently developed drug therapy if the therapy is provided at the onset of the disease before irreparable damage has occurred to the kidneys. The pessimistic prognosis of a decade ago of a twenty to thirty percent survival rate is now much improved.

From eight to ten percent of patients with psoriasis, a fairly common skin disease, are also affected by arthritis. While the cause of psoriasis is not known, there is some evidence that it may be hereditary as well as evidence that it may be a metabolic disorder.

Ankylosing spondylitis is a form of arthritis affecting men in their late adolescent or early adult years. It centers on the spinal joints leading to a progressive loss of function.

IMPACT OF ARTHRITIS ON THE ECONOMY

While the cost in human pain and suffering is great, the cost in economic terms to the nation in medical and lost wages is estimated at over \$9.2 billion. Following is a breakdown of this figure:

Table III—The annual cost of arthritis

1. Wages lost due to inability to be employed through disability	\$2, 981, 166, 750
2. Wages lost due to activity limitations	530, 867, 808
3. Homemakers services lost	974, 051, 130
4. Loss to Federal, State, and local governments of income taxes	772, 647, 000
5. Disability insurance payments	316, 000, 000
6. Aid to the permanently and totally disabled	132, 000, 000
7. Hospitalization (255,000 cases)	854, 000, 000
8. Physicians office visits (32.9 million)	493, 500, 000
9. Amount spent on quackery products (estimated)	435, 000, 000
10. Amount spent on non-prescription drugs (estimated)	500, 000, 000
11. Amount spent on prescription drugs (estimated)	600, 000, 000
12. Earnings loss due to premature death	194, 000, 000
13. Other than physician services	50, 000, 000
14. VA compensation and disability	394, 430, 000
15. Federal and private programs for arthritis	26, 000, 000
Total	9, 253, 662, 688

ARTHRITIS RESEARCH

The cause of arthritis is not known.

A national committee composed of leading rheumatologists, orthopedic surgeons, and other leaders in the medical professions, developed a list of major research goals in the study of arthritis and related diseases, in a report made to The Arthritis Foundation in 1972.

The report began by stating that the initial step must be to find the underlying mechanisms which cause the disease, and recommended six major targets in accomplishing this. They are:

1972 ARTHRITIS REPORT RECOMMENDATIONS

- I. Identification of a possible viral agent as the cause of arthritis.
- II. Pinpointing of the involvement of the immune system in the chain reaction process which leads to rheumatoid arthritis.
- III. Clarification of the mechanisms of inflammation, the first major manifestation of most forms of arthritis.
- IV. Broadening of joint replacement by design of joints other than the hip, experimentation with new materials, and development of improved anchorage techniques.
- V. A definitive definition of cartilage, especially its mechanical structure and the manner in which articular cartilage repairs itself.
- VI. Epidemiological studies of rheumatoid arthritis, systemic lupus, and osteoarthritis to compare characteristics of arthritis population to those of non-arthritis, and to explain higher mortality rates of rheumatoid arthritis population.

REPORT JUSTIFICATION

The Report submitted the following justification for its recommendations:

I. *Identification of viral agent.*—One of the most important lines of further study in arthritis research should be directed towards identification of a possible viral agent. Identification of an infectious agent

as the cause of arthritis—an infection that might be then treated by means of a simply developed antibiotic or warded off by means of a vaccine—would result in one of the biggest pay-offs in research. It is essential, therefore, to expand immediately the study of rheumatoid joint material, the use of tissue culture methods, and the application of all the techniques in modern virological research, including viral rescue and identification of neoantigens.

II. Pinpointing malfunction of immune defense system.—Closely allied to the possibility that an infectious agent is involved in arthritis is the now virtual certainty that a malfunction of the immune defense system of the body takes place in the chain reaction which leads to an arthritic condition. The pinpointing of this involvement should be regarded as a major research goal possible of being attained within the next five years, provided that adequate funding is made available. Major efforts should also be directed at clarifying the precise mechanisms for localization of immune complexes in the kidney and small blood vessels. This knowledge could provide therapeutic opportunities to block the processes of renal and vascular injury and thereby reduce fatalities and body impairment.

III. Clarification of the mechanisms of inflammation.—The first major manifestation of most forms of arthritis—could lead to the discovery of chemical substances capable of inhibiting degenerative or osteoarthritis. Emphasis should be placed on (a) continued elaboration of the relationships between prostaglandins and cyclic AMP, a new "family of hormones" which can reveal a great deal about inflammation and how to treat it; (b) identifying the enzymes responsible for destruction of cartilage; and (c) an expanded probing of the inflammatory process in both animal models and tissue culture systems.

IV. Expand joint replacement technique.—The concept of total hip replacement must be broadened to other joints—knee, shoulder and elbow in particular. This entails design of replacement joints based on a clear understanding of normal joint mechanics experimentation in the use of new materials, and development of improved anchorage techniques. As a specific example, the methylmethacrylate cement now used in hip replacements should be replaced by polymers which have a porous undersurface, thereby permitting ingrowth of bone-forming tissue into the implant and insuring permanent anchorage.

V. Analysis of cartilage.—A definitive analysis of cartilage, its mechanical structure, the effect of aging, of trauma, of weight, the lubrication mechanisms of joints, and how articular cartilage repairs itself could lead to drugs which would stimulate cartilage repair.

VI. Epidemiologic studies.—Epidemiologic studies are desperately needed in rheumatoid arthritis, both adult and juvenile, in systemic lupus, and in osteoarthritis. Follow-up studies of rheumatoid case populations have revealed an increased mortality which cannot be attributed to complications of treatment and indicate again the general constitutional effects of this disease. Adults with early rheumatoid arthritis, and children with juvenile rheumatoid arthritis should be followed in research protocols to determine those characteristics which distinguish rheumatoid arthritis patients from persons without arthritis as well as those factors which influence the course and prognosis of rheumatoid arthritis.

Explanation should be sought for the anomalous distribution of females to males in systemic lupus—5:1 as an average, increasing to 15:1 during the childbearing ages, and decreasing to about 2:1 among older age groups—and why Black women are three times as susceptible than the White female.

In osteoarthritis, factors should be searched for which contribute to this widespread disease, other than age, sex, and occupation. The question remains unanswered as to why two of every five Americans over 65 have moderate to severe osteoarthritis, while three of every five have only minor symptoms or none at all.

BACKGROUND ON REPORT RECOMMENDATIONS

I. Infectious nature of arthritis.—Rheumatoid arthritis has long been regarded as an infectious disease. However, after the failure of many attempts to isolate bacteria as a causative factor of arthritis in the early 1920's and 30's, and the inability of ordinary antibiotic therapy to ameliorate the disease, interest in the microbiological hypothesis waned. Today, however, the emergence of new findings and new ideas brought into being by a concentrated effort in virological research has once again raised the investigation of infection as a major factor in arthritis to the forefront. This renewed interest in the possible infectious nature of arthritis is attributable to the following five factors:

Factor 1.—Rheumatic fever, which used to maim and kill thousands of children annually, chiefly by attacking heart valves, was discovered to be a complication of a simple streptococcal infection. Today, rheumatic fever is a relatively minor problem because a causative agent—a streptococcus—responded to antibiotics. This is a tangible example of the dramatic fruits which basic research can bear, provided that research is properly and adequately nourished.

Factor 2.—Chronic infections have been discovered to result often in the appearance of rheumatoid factor, a blood substance believed to be specifically associated with rheumatoid disease.

Factor 3.—Chronic infections have been discovered to result often in viruses" that "hide" inside the cells of the body in a dormant state before causing damage.

Factor 4.—Animal diseases that resemble human rheumatic diseases and that are known to be associated with infectious agents have recently been discovered. The most striking of these are the various forms of arthritis in swine, which are a late consequence of a bacterial or mycoplasmic infection: a systemic lupus-like disease developed by a species of New Zealand black mice and Aleutian mink disease.

Factor 5.—The unsophisticated techniques used by the previous generation of microbe hunters have been replaced with the marvels of our new age of technology in microbiology research which has attracted a new group of young and talented researchers.

II. Immunity factors.—The immune system, which is supposed to react each time a foreign substance invades the body, is very complex. In the past, immunity was believed to have only positive results, but it has now been learned that as in the case of water used to extinguish a fire, the immune system can sometimes cause extensive damage. Recent investigation indicates the immune system to be divided into two sub-systems: cellular immunity and humoral immunity, both of which

play a role in the rheumatic diseases. Humoral immunity is the name given to the system of antibodies created by the immune system to fight off a foreign invader known as an antigen. When reacting normally, antibodies capture and immobilize antigens and the battlefield is then cleaned up by specialized white blood cells. However, in certain forms of arthritis, as well as in other related diseases, this cleaning up process does not proceed according to plan and the antibody-antigen aggregates, which are called "immune complexes", damage the small tubules of the kidney and small blood vessels. This damage then triggers a series of irreversible events including destruction of connective tissue of the joints which is a major debilitating process of arthritis.

RESEARCH IN TREATMENT METHODOLOGIES

Another major target of research is that of treatment of arthritis. Drugs are presently available to block the immune response and the inflammatory reaction in rheumatoid arthritis, but each of the potent agents has serious toxic reactions. A major effort needs to be undertaken in finding a successful drug therapy, as well as further research into surgical procedures which can reconstruct joints damaged by arthritis.

Despite the widespread incidence of arthritis and our current inability to alleviate its pain and crippling effects, there have been a few plusses in treatment of arthritic conditions. One is successful treatment of gout. Another is the promise held out by surgical procedures.

Dr. Harlan C. Amstutz, Chief of the Division of Arthropedic Surgery at the University of California at Los Angeles, School of Medicine, testified before the Committee on the great promise of orthopedic research in correcting disabilities caused by arthritis. He said:

As the senior citizen population increases, so does the number of individuals within this group whose function is impaired or limited by arthritis. Not all of these suffer such severe pain or loss of function as to need surgery, yet because the disease is degenerative, millions of people suffer its ultimate course and effects of pain and total joint destruction. More than 135,120 total hip joint replacements have been performed in the last two years [1972 and 1973]. . . .

It is too early to determine whether a plateau in number of implanted prostheses has been reached, but even if the population of aged arthritic patients stabilizes, increased success with hip replacements will certainly encourage their use in younger patients who have limited joint function.

The population of young people who have received joint replacements is growing. The increased stresses which this group applies to the total joint replacements will result in new problems of prosthesis durability, structural integrity, and wear characteristics. . . .

. . . The prospect of rehabilitating those not able to work towards a level of near-normal physical function and independence is a reasonable goal. However, in addition, it is within the reach of our technology to return many of our patients to gainful employment. With the exception of the

hip joints and that on a short term basis, present reconstructive procedures are not satisfactory at restoring anatomy and physiology for the joint to such an extent as to permit job performance which demands either heavy activity, lifting, or full weight bearing for the working day.

Additional research, suitably organized and completed is needed to improve existing surgical techniques as well as to expand the function and life expectancy of implants. . . .

Major advances have also been made in diagnosis of arthritis. And acupuncture for certain types of arthritis offers considerable potential as a therapy.

Much more needs to be done, however. The effects of physical measures and corrective exercises in interrupting the development of deformities and in correcting those already present must be evaluated in a systematic manner.

New scientific developments bring promise of effective screening programs to identify individuals with a susceptibility to developing arthritis. Early intervention in some forms of arthritis can alleviate the damage done by this disease. One disease affecting children is associated with antinuclear antibodies and chronic inflammation of the eyes. With early detection and early treatment, prevention of blindness can be achieved. Better methods of identifying high risk individuals will result in more patients entering treatment programs, and providing a broader data base upon which to record remissions and exacerbations. This data can provide critically needed information on the natural history of these diseases and enable the medical community to evaluate the results of various treatment regimens.

FUNDING OF ARTHRITIS RESEARCH

Support for research and research training in arthritis and related diseases has remained at the same level in dollar amounts over the past four years. However, when the inflation factor is taken into consideration, the actual level in terms of value has been considerably reduced. Concurrently, the support of arthritis training grants has been severely reduced as the Department of Health, Education, and Welfare has put into implementation its plan to phase out support for all training grants. This reduction in the level of arthritis research support comes at a time when important breakthroughs seem most likely.

The Committee wishes to emphasize that the programs provided in the reported bill are not intended to replace the existing basic research support provided by the Institute, nor to replace the peer review mechanisms which have been developed in evaluating the quality of research proposals. It is hoped the report of the Task Force would seek to preserve that system.

Rather, the programs authorized by S. 2854 are intended to expand or enlarge existing efforts against arthritis. The Committee does not believe this expansion should be at the expense of support provided other research areas, but intends it to be in addition to or supplementary and complementary to existing programs.

The 1972 Arthritis Foundation Committee report expressed the importance of an increased and better organized research program in the field of arthritis. The panel reported:

The field of rheumatic disease seems to be gaining in pace and momentum at the same time that other important fields of biomedical research show encouraging signs of progress. Because, however, of the biological complexity of the field of rheumatic diseases, there exists a surprising number of apparently separate and distinct lines of research approaches, each of which offers some prospect of clarifying important aspects of disease mechanisms. Breakthroughs seem imminent in future lines of rheumatic disease research, particularly those concerning rheumatoid arthritis and systemic lupus. This research must by necessity cover many of the disciplines of general biological research and will follow or parallel lines of research used in many other specialties. There is no doubt that rheumatology will derive benefit from basic research in areas other than those directly related to the rheumatic diseases, but as has been the case in the past, in which a significant part of the original impetus for the launching of today's advances in the broad areas of immunology and immunopathology derived from research on the rheumatic diseases, so too will advances in our field continue to contribute to solutions or better understanding of problems in other biomedical research areas.

TRAINING OF HEALTH PROFESSIONALS

To carry out these programs effectively, a broad range of health professionals need to be trained in the various disciplines involved in total treatment and rehabilitation programs for the arthritic patient. During training in the schools of the health professions, medical students should be made more aware of the symptoms and treatment of arthritis and of the effectiveness of early treatment and therapy, postgraduate physicians should be trained in rheumatology, orthopedics, and rehabilitation.

Complex emotional and vocational problems, resulting from chronic disability, often require the attention of psychologists, social workers, vocational specialists, and, of course, there is a great need for physical therapists and occupational therapists in a comprehensive treatment program of an arthritic patient. In addition the family physician should be kept up to date on new treatment procedures and screening devices through continuing education programs.

In the overall management of the disease, all these specialists must work in close cooperation with each other if best results are to be achieved.

DISCUSSION OF BILL AS REPORTED

NEED FOR PRIORITY FOCUS ON ARTHRITIS

The Committee feels there is full justification for singling out arthritis as a disease to which special efforts should be directed to find its causes, its cure, and, if possible, a means of preventing its occurrence in the first place.

The large numbers of individuals affected by arthritis, as well as the long term crippling effects of the disease and its impact on the quality of the life of those who must live with its pain and disability, make a concerted effort to reduce its incidence and its effects a high priority.

Recognition of this priority was given in 1964 when the Surgeon General of the United States summoned a special workshop on prevention of disability from arthritis, stating "Arthritis is the Nation's number one crippler".

The recommendations of that workshop were:

1. That the Surgeon General designate arthritis a major health threat that must be surmounted.
2. That facilities for the diagnosis and treatment of arthritis be maintained, improved, and created according to geographic, population, and community needs.
3. That recruitment programs and undergraduate, graduate, and continuing education programs for the physician and for associated health personnel be improved and expanded in the area of the rheumatic diseases.
4. That training for and support of better clinical investigation be encouraged by all available means.
5. That all agencies that are concerned with crippling arthritis dramatically improve and expand programs of public education and information.
6. That a substantial portion of Federal grants for the chronically ill and aged be earmarked for comprehensive community service programs for the arthritic.

In 1966 arthritis was selected by the Department of Health, Education, and Welfare, as one of the five diseases subjected to intensive analysis to determine a quantitative basis for making judgments of fund allocations among competing disease control programs. The other four were motor vehicle safety, syphilis, cancer, and tuberculosis. That study indicated that in terms of benefit/cost ratios, an arthritis control program would have been the second in effectiveness, falling below only a motor vehicle safety campaign.

Furthermore, the areas in research which current knowledge indicates offer the most promise in combatting arthritis, also are areas of great promise in other diseases. These areas fall well within the areas of basic research which can be applied to other critical research needs.

Dr. Frank Austen, Physician-in-Chief of Robert Breck Brigham Hospital in Boston, Massachusetts, has advised the Committee:

I should also point out that rheumatologists who are concerned with the clinical application of new knowledge have made important contributions to the basic science of immunology itself. Much of the early work on the structure and function of immunoglobulins, that is, the proteins which represent antibodies, came from the rheumatology laboratories. Workers interested in arthritis and related problems played a major role in developing an understanding of the mechanisms by which antigen-antibody complexes produce disease and activate those protein sequences such as the complement system which contribute to tissue injury. The exciting new developments in immunogenetics with considerable implications for understanding of susceptibility to a variety of diseases including neurologic, dermatologic and oncologic, disorders have evolved from rheumatology divisions within departments of medicine.

There has not only been significant progress in our understanding of arthritic diseases in terms of basic and applied knowledge, but the workers concerned with developing such understanding have contributed to basic science and clinical medicine on a broad front. There is thus every reason to be optimistic about future significant progress through implementation of the National Arthritis Act.

The training of sufficient personnel to provide the full range of care—from early detection through prevention, treatment, and control, to rehabilitation—so vitally needed to provide total care for the arthritis victim in an important objective. Without a targeted strategy in training, this objective will not be attained.

NATIONAL TASK FORCE ON ARTHRITIS LONG-RANGE PLAN

To encourage the best use of national resources in combatting arthritis from all aspects, the bill as reported requires the establishment of a National Task Force on Arthritis to develop a long-range plan to combat arthritis and related musculoskeletal and other related diseases. The Committee believes the plan should define an orderly progression towards attaining specific goals within the limits of existing knowledge, point out the areas holding most promise of being pursued, the existing resources with which such areas can be explored, and the additional resources which are needed to follow through on such promises.

The Committee believes the Task Force should, within the scope of the plan, provide for epidemiological studies; biomedical research, both basic and clinical; research into improved means of arthritis detection, treatment, prevention, and control; programs to determine how best to train the personnel needed to treat and rehabilitate individuals suffering from arthritis, including continuing education; programs to identify the maximum potential which exists in rehabilitation programs and how best to apply rehabilitation programs to

achieve these maximum benefits; programs for public information and education; and programs which would develop a common descriptive vocabulary for the purpose of standardizing collection, storage, and retrieval of research and treatment data in order to facilitate collaborative and comparative studies of large patient populations.

SCREENING, EARLY DETECTION, PREVENTION, AND CONTROL PROGRAMS

Testimony presented to the Committee substantiated the need for incentives for the development of arthritis screening, detection, prevention, and control programs.

Early detection of arthritis, followed by appropriate treatment procedures can save years of disability and pain.

Dr. Ephraim Engleman of the University of California Medical School in San Francisco, California, advised the Committee that

Improper or delayed diagnosis and treatment usually leads to crippling with serious disability. In many instances the damage to internal organs may be equally disabling. And yet as many as 12 million of the 20 million individuals with arthritis in the country make little or no effort to obtain medical attention!

Dr. Roland Moskowitz of the Case Western Reserve University School of Medicine, Cleveland, Ohio, testified before the Subcommittee on Health:

New scientific discoveries now make possible the development and testing of effective screening programs to identify not only those persons with early arthritis, but also those with a susceptibility to the development of arthritis. Detection of these persons will then allow early intervention with therapy, and alleviation of damage done by these diseases. Identification of the high risk individuals will result in more patients entering treatment programs at the earliest possible stage of the disease which can curb the progressive nature of arthritis by taking advantage of improvements in disease therapy.

In addition, the epidemiologic information which would result from an organized screening, detection, prevention, and control program would provide the medical community with invaluable data on the natural history of the arthritic disorders and enable that community to evaluate the effectiveness of various treatment programs. This epidemiologic information would also provide a valuable base of research information in efforts to improve the classification of arthritic diseases, and, in addition, provide guidance in the direction of research efforts.

The bill as reported provides for the establishment of programs, as necessary, for cooperation with other Federal health agencies, State, local, and regional public health agencies, and nonprofit private health agencies in the screening, detection, prevention, and control of arthritis. The Committee views these programs as serving as a catalyst

in disseminating knowledge about new diagnostic and treatment methods for arthritis, in addition to providing needed screening and detection programs in the community.

The Committee has been dissatisfied with the performance of the National Institutes of Health in implementing the screening and detection programs mandated by the National Sickle Cell Anemia Control Act, P.L. 92-294, and hopes that the following statement by the Administration does not indicate a similar lack of commitment to implementing the new authority contained in the reported bill:

We are generally concerned with increasing the categorical disease control programs as part of the mandated mission of the NIH. The Department is concerned that these activities may detract from the basic research mission of the NIH.

The Committee intends to provide continuing oversight to the Department's support of screening, detection, prevention, and control programs authorized by S. 2854.

DATA BANK

The reported bill directs the establishment of an Arthritis Screening and Detection Data Bank for the collection and dissemination of information useful in developing improved screening, prevention, and control programs. This program would be carried out in cooperation with the programs for screening and prevention authorized by the reported bill as well as in cooperation with the research and demonstration centers authorized by the reported bill.

EFFORTS TO PREVENT QUACKERY

The Committee is particularly concerned by data indicating that \$435 million is spent each year on arthritis quackery. This figure is merely the visible measure of the magnitude of this problem. Unfortunately, the serious effects of the use of ineffective and potentially harmful remedies can exacerbate arthritis or cause increased and unnecessary disabilities as well as death.

In 1964, as Chairman of the Subcommittee on Frauds and Misrepresentations Affecting the Elderly of the Committee on Aging, Chairman Williams conducted intensive hearings on frauds perpetrated against the elderly. Those hearings demonstrated that frauds related to arthritis "cures" were among the most prevalent types of frauds experienced by aging Americans. Arthritis education programs conducted under the auspices of the National Retired Teachers Association and the American Association of Retired Persons have been developed to bring accurate information about cures and treatments of arthritis to older persons. The enthusiastic reception this program has received is an indication of the need for additional education programs.

The bill as reported thus requires that screening, detection, prevention, and control programs shall include public information programs to discourage the promotion and utilization of unapproved and ineffective diagnostic or treatment procedures, including ineffective drugs and devices. In addition, the National Arthritis Task Force is directed

to develop a program of periodic dissemination of information on the status of arthritis treatment and control procedures with a view toward discouraging the exploitation of the arthritis victim by unscrupulous promoters of false remedies.

The Committee believes it is essential in combatting arthritis quackery for organized medicine to become an advocate in the legislative process to defuse the false hopes offered by ineffective and possibly dangerous remedies and not to leave the responsibility to protect the public solely to public officials who do not have the medical expertise to evaluate alleged "cures."

NATIONAL ARTHRITIS RESEARCH AND DEMONSTRATION CENTERS

The reported bill authorizes the establishment of national arthritis research and demonstration centers which would serve as focal points within a geographical area to increase the application of the available knowledge about arthritis, to serve as training centers, and to provide an opportunity for collaboration between the basic researcher and the clinical researcher, and to demonstrate innovations in patient care on both an inpatient and outpatient basis.

The limited capacity of medical schools to train medical students, interns, and house staff in rheumatology, the brief encounter with arthritis of the orthopedic surgeon during his residency training, and the lack of on-the-job training programs for allied health personnel, calls for a focal point for the interdisciplinary training of health personnel to treat arthritis sufferers. The Committee believes the center concept offers an excellent opportunity for such training. Dr. Clement B. Sledge, Orthopedic Surgeon in Chief at the Robert Breck Brigham Hospital, the only Arthritis Teaching Hospital in the country, testified before the Subcommittee:

I stress the need for arthritis centers on two counts: The nature of rheumatoid arthritis, which involves all ages, all body systems, and all anatomical areas, and the fact that it is a uniquely human disease.

The protean manifestations of rheumatoid arthritis demand the services of rheumatologists, internists, cardiologists, neurologists, pediatricians, orthopedic surgeons, physical therapists, occupational therapists and rehabilitation nurses. All must have particular knowledge of the disease and its manifestations as well as a knowledge of what the other members of the team have to offer to the patient with a chronic disabling disease. This special kind of knowledge and team work lie outside the usual training format of these specialties. It becomes a specialty in and of itself and must be perpetuated through education of succeeding generations. Medical students and residents in training must be exposed to this integrated team approach to the arthritic, carried out in centers which are large enough to bring together a critical mass of educators in the respective fields involved. These health care professionals can interact most effectively in the format of a center, where all parties have a common interest in taking care of people with arthritis; where the facility is

designed to make their care most effective; and where clinicians and investigators can interact at all levels for the benefit of these patients.

These centers can provide the locale for specialized inpatient care, but, because arthritis is a long-term chronic disease, the centers would also have to be heavily oriented towards outpatient care. Convincing testimony was presented to the Subcommittee as to the excellent opportunity such centers would provide for continuing education programs for physicians in the community, as well as for general public information and education programs for the community at large.

Dr. Harlan C. Amstutz, Chief of the Division of Orthopedic Surgery at the University of California at Los Angeles School of Medicine, testified to the great value to orthopedic and prosthetic research of a large number of patients such as could be amassed in arthritic centers. Further, he stated:

Total joint replacement research must be an interdisciplinary effort such as could be accomplished in arthritis centers bringing together the skills and experience of clinicians, pathologists, materials engineers, mechanical engineers and electrical engineers to define problem areas and develop specific projects to study them.

All disciplines are necessary to observe the progress of a program from its inception through all development stages including facilities and personnel to examine the materials available, study the appropriate design, verify the structural integrity of the device, apply it under controlled clinical conditions to the patient, and finally, maintain careful follow-up procedures to determine the long-term characteristics of the implant.

Although some of these individual steps in the development of implant design could possibly be performed in an institution without all the resources, the effectiveness of such a program would be minimal without continuous interplay and testing of ideas. This integration can occur only in an organization which provides the disciplines and facilities needed to investigate problems relevant to the whole design and implantation.

The centers also, through contact with large numbers of patients, would be presented with an excellent opportunity for cooperative studies on a broad range of treatment procedures. These cooperative studies would be facilitated by the data bank established by the reported bill.

Dr. Virgil Hanson, the American Academy of Pediatrics stated:

It is important that research be an integral part of the program of the arthritis centers and particularly is this true in childhood arthritis. Many of the childhood syndromes of arthritis remain to be thoroughly defined and the physiology of the growing human organism gives rise to problems distinct from those seen in the mature state. Furthermore, the discipline of research provides the needed critical approach required for the development and evaluation of new modes of therapy.

The Committee believes research in and treatment of those arthritic disorders affecting children is essential and included in the bill a direction to give appropriate attention to the development of centers capable of answering to their special needs.

INSTITUTE ASSOCIATE DIRECTOR FOR ARTHRITIS

The reported bill provides for the establishment of the position of Associate Director for Arthritis within the National Institute of Arthritis, Metabolism and Digestive Diseases. Both the House (No. 93-1140) and the Senate (No. 93-1146) Committee reports on H.R. 15580, the FY 1975 Labor-H.E.W. Appropriations Act, urged the establishment of such an Associate Director position (Sen. Rep., p. 49).

The reported bill gives the Associate Director, under the supervision of the Director of the Institute, the responsibility for programs regarding arthritis within that Institute.

The Committee urges the Director and the Associate Director to give full consideration to the need to place an appropriate emphasis on orthopedic research and orthopedic procedures in the implementation of programs authorized by S. 2854, as well as in programs authorized under the Public Health Service Act general research authorities of the Institute. The Committee believes that orthopedic research is a very important component of arthritis research and is concerned with the minimum support given orthopedic research as it relates to arthritis in the Institute.

COORDINATING COMMITTEES

The Committee also believes that formal mechanisms to ensure the coordination of programs related to arthritis within the National Institutes of Health and the Department of Health, Education, and Welfare, as well as within the Federal government in general, are essential. For that reason, the bill as reported provides for coordinating committees at each level.

The Committee believes programs supported by other Federal agencies would impact substantially on the expanded mission of the Institute which will result from enactment of S. 2854. The mechanism—an Interagency Technical Committee on Arthritis—for routine and periodic exchange of information authorized by the reported bill will facilitate coordination of related programs.

VETERANS ADMINISTRATION ACTIVITY IN ARTHRITIS

The programs conducted by the Veterans Administration provide a unique opportunity to share the results of basic and clinical research as well as the effectiveness of new treatment methods.

Arthritis is a common problem among the patients of the Veterans Administration. In fiscal year 1973, arthritis was the principal diagnosis of 15,323 hospitalized patients and an associated diagnosis in 30,674 other cases. Of the total, about 33,000 suffered from osteoarthritis, some 8,000 from rheumatoid arthritis and allied conditions and 5,000 from other forms of arthritis. An even larger number of arthritic patients were seen in VA clinics.

As the veteran population ages, arthritis will become an even larger problem. The Department of Medicine and Surgery for many years has conducted research on various aspects of arthritis. At present, 56 projects are related to some aspect of rheumatoid arthritis, 15 to osteoarthritis, 19 to gout and pseudogout, and 9 to other forms of arthritis.

The current research ranges from study of the fundamental changes in bone, cartilage, and immunological mechanisms to evaluation of treatment methods. Not all of these projects deal exclusively with arthritis so that it is impossible to assign an absolute figure for VA research expenditures in the field; it is estimated, however, that about \$500,000 annually can be ascribed to VA arthritis research.

The increasing emphasis on aging by the VA research program on aging will include arthritis studies. This disease group is recognized as especially important since the VA is interested in improving the quality of life—rather than simply in prolonging the life—of elderly veterans.

COST ESTIMATE PURSUANT TO SECTION 252 OF THE LEGISLATIVE REORGANIZATION ACT OF 1970

In accordance with section 252(a) of the Legislative Reorganization Act of 1970 (P.L. 91-510), the Committee estimates that, if all funds authorized were appropriated during fiscal year 1975 and the two succeeding fiscal years, the three-year costs occasioned by S. 2854 as reported, would be as follows:

TABLE IV.—NATIONAL ARTHRITIS ACT (AS REPORTED)

[In millions of dollars]

	Fiscal year—		
	1975	1976	1977
Sec. 437(i)—National Task Force on Arthritis.....	\$0.5	\$0.5
Sec. 439A(d)—Arthritis screening, early detection, prevention, and control programs.....	5.0	10.0	15
Sec. 439B(e)—National Arthritis Research and Demonstration Center.....	10.0	15.0	20
Yearly total.....	15.5	25.5	35
Grand total (3 years).....	75.5	

TABULATION OF VOTES CAST IN COMMITTEE

Pursuant to section 133(b) of the Legislative Reorganization Act of 1946, as amended, the Committee reports that there were no tabulations of votes on S. 2854. The Committee unanimously adopted the amendments, and unanimously ordered the bill, as amended, reported favorably.

SECTION-BY-SECTION ANALYSIS

Section 1.—Establishes the title of the proposed Act as the “National Arthritis Act”.

Section 2.—Sets forth twelve findings and declarations by the Congress with respect to: the severity and prevalence of arthritis; the cost of arthritis to the national economy; the need for improved treatment,

diagnostic procedures, training, and research in arthritis; the need for facilities with properly trained personnel to provide treatment and rehabilitation for persons suffering from arthritis; the need for public education programs; and the special potential and unique ability of the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD) to play a major role in a national attack on arthritis.

Section 3.—Amends Part D of title IV of the Public Health Service Act by adding new sections 437 through 439C.

New Section 437.—Subsection (a) directs the Secretary of Health, Education, and Welfare, to establish, within 60 days of enactment of the proposed National Arthritis Act, a National Task Force on Arthritis to formulate a long-range Arthritis Plan to combat arthritis; and specifies that the Plan shall include recommendations for the utilization and organization of national resources for the campaign against arthritis and a program for the NIAMDD to act as a major participant in the campaign against arthritis.

Subsection (b) of the new section 437 directs that the Arthritis Plan shall provide for investigation in the epidemiology and etiology of arthritis; research in the basic biological processes and mechanisms underlying arthritis, and in techniques of diagnosis, early detection, treatment, and prevention of arthritis; programs to evaluate and demonstrate preventive, diagnostic, therapeutic, rehabilitative, and control approaches to arthritis; programs for the education and continuing education of scientists, bioengineers, primary care physicians, clinicians, other health and allied health professionals, and educators in the fields and specialties relating to arthritis; programs for public education relating to arthritis (including periodic public information programs on the most current developments in diagnostic and treatment procedures to discourage the promotion of unapproved and ineffective treatment methods); the development of a common descriptive vocabulary in basic and clinical arthritis research; the development of a national data storage bank on arthritis research, diagnosis, prevention, control, and treatment; and a plan for international cooperation in and exchange of knowledge on all aspects of research, diagnosis, treatment, prevention, and control, of arthritis.

Subsection (c) of the new section 437 provides that the membership of the Task Force shall consist of the Secretary or his designee, the Director of the National Institutes of Health or his designee, the Associate Director for Arthritis (established by the proposed Act), the Director of the National Institute of General Medical Sciences, the Chief Medical Director of the Veterans Administration, and the Secretary of Defense or his designee, as *ex officio* members, and seven arthritis-oriented scientists or physicians (of whom at least 2 shall be practicing clinical rheumatologists and one an orthopedic surgeon), three representatives of the general public (of whom at least two are arthritis sufferers); and one member of the National Advisory Council of the NIAMDD.

Subsection (d) of the new section 437 directs the Secretary to designate one member of the Task force as Chairman, provides that the Task Force shall first meet at the call of the Secretary and thereafter at the call of the Chairman, and directs that the Task Force shall meet not less than three times.

Subsection (e) (1) of the new section 437 requires the Task Force to publish and transmit the Arthritis Plan to the Director of the Institute not later than nine months after the date of enactment of the proposed National Arthritis Act.

Subsection (e) (2) of the new section 437 requires that, not later than 60 days after the Task Force transmits the Arthritis Plan to the Director, the Director shall submit the Plan to Congress with his proposals for Institute activities for the first five years under the Arthritis Plan, and an estimate of the additional staff and appropriations needed to carry out such activities. Provision is included that if the Plan is submitted for review by any Federal agency, the plan or report submitted to Congress shall specify any changes and the reasons for them made during any such review process, and, if review of the Plan delays its submission to Congress, the plan shall be submitted to Congress in the form it was submitted to such review process by the time specified in the new section 437.

Subsection (f) of the new section 437 authorizes the Task Force to hold hearings, take testimony, and sit and act at such times and places as the Task Force deems advisable in order to develop the Arthritis Plan.

Subsection (g) of the new section 437 directs the Director of the Institute to designate a member of the staff of the Institute to act as Executive Secretary of the Task Force and to provide the Task Force with such staff and information and the services of consultants as may be necessary to assist the Task Force to carry out its functions.

Subsection (h) of the new section 437 authorizes appropriate travel and a GS-18 rate of per diem compensation for members of the Task Force who are not officers or employees of the Federal Government.

Subsection (i) of the new section 437 authorizes the appropriation of \$500,000 for FY 1975 and FY 1976 to carry out the purposes of new section 437 and specifies that the sums shall remain available until expended and are in addition to amounts appropriated for arthritis research pursuant to the general appropriation to the NIAMDD.

New section 438.—Subsection (a) establishes, in the Institute, the position of Associate Director for Arthritis, who shall report to the Director of the Institute and be responsible for programs with regard to arthritis within such Institute (including those carried out under preexisting NIAMDD authority).

Subsection (b) of the new section 438 directs the establishment of an Inter-Institute Arthritis Coordinating Committee composed of representatives of each of the Institutes and divisions involved in arthritis-related research, to be chaired by the Associate Director for Arthritis. The Committee is to prepare an annual report for the Director of the National Institute of Health detailing the work of the committee in coordinating the research activities of NIH relating to arthritis during the preceding year.

Subsection (c) of the new section 438 establishes an Intradepartmental Arthritis Coordinating Committee composed of representatives of each of the DHEW agencies involved in research services, or rehabilitation programs affecting arthritis, to be chaired by the Associate Director for Arthritis. The Committee is to prepare an annual report for the Secretary describing the Committee's work in coordinating programs during the preceding year.

Subsection (d) (1) of the new section 438 establishes an Interagency Technical Committee on Arthritis which shall be responsible for promoting the coordination of Federal health programs and activities relating to arthritis.

Subsection (d) (2) of the new section 438 provides that the Director of the Institute and the Associate Director for Arthritis shall serve as chairman and cochairman respectively of the Committee and that the Committee shall include appropriate health official representation from the Veterans Administration, the Department of Defense, and all other Federal agencies with programs involving health functions or responsibilities, as determined by the Secretary.

Subsection (d) (3) of the new section 438 provides that the Interagency Technical Committee shall meet at the call of the Chairman, but not less often than four times a year.

New section 439A.—Subsection (a) provides for the establishment of arthritis screening, early detection, prevention, and control programs, in cooperation with other Federal health agencies, State, local, and regional public health agencies, and non-profit private health agencies.

These include:

(1) programs to develop improved methods of detecting individuals with a risk of developing arthritis;

(2) programs to develop improved methods of intervention against those factors which cause individuals to have a high risk of developing arthritis;

(3) programs to develop health professions and allied health professions personnel highly skilled in the control of arthritis including continuing education of such personnel;

(4) community consultative services to facilitate new and problem patient referral from local hospitals and physicians to Arthritis Consultation Boards of the centers for diagnostic workup, including laboratory analyses and consultations with primary physicians on preferred rehabilitation management;

(5) programs to disseminate the results of research and to develop means of standardizing patient data and recordkeeping; and

(6) public information programs to include the dissemination of information on the importance of early detection of signs and symptoms and of seeking prompt treatment, and to discourage the promotion and utilization of unapproved and ineffective treatment methods.

Subsection (c) of the new section 439A provides that programs supported under new section 439A may also carry out projects and programs funded under other provisions of law related to programs and projects authorized under new section 439A.

Subsection (d) of the new section 439A authorizes the appropriation of \$5,000,000 for fiscal year 1975, \$10,000,000 for fiscal year 1976, and \$15,000,000 for fiscal year 1977 to carry out section 439A, and specifies that such authorizations are in addition to sums appropriated for arthritis research pursuant to the general appropriation to the NIAMDD.

New section 439B.—Subsection (a) directs the development of centers for basic and clinical research into, training in, and demonstration of advanced diagnostic, prevention, control, and treatment meth-

ods for arthritis, including research into implantable biomaterials and orthopedic procedures; and authorizes cooperative agreements with public or non-profit 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 such centers.

Subsection (b) of new section 439B directs that centers developed under new section 439B, in addition to carrying out research, training, and demonstration projects, shall carry out screening, detection, prevention, and control programs, as described in new section 439A, and specifies that funds under new section 439B may be used for staffing and other basic operating costs, including such patient care costs as are required for research training; training for allied health professions personnel; demonstration purposes; and certain renovation of buildings and structures to the extent necessary to make them suitable for use as research and demonstration centers. Specifies that support may be for a period of not to exceed three years and may be extended for additional periods of up to three years each.

Subsection (c) of the new section 439B provides that centers supported under new section 439B may also carry out projects and programs funded under other provisions of law related to programs and projects authorized under the new section 439B.

Subsection (d) of the new section 439B directs that, insofar as practicable, the Director shall provide for an equitable geographic distribution of centers with appropriate attention to the need for centers having the capability to respond to the special needs of children affected by arthritis.

Subsection (e) of the new section 439B authorizes the appropriation of \$10,000,000 for fiscal year 1975, \$15,000,000 for fiscal year 1976, and \$20,000,000 for fiscal year 1977 to carry out section 439B, and specifies that such authorizations are in addition to sums appropriated for arthritis research pursuant to existing research authorities of the Public Health Service Act.

New section 439C directs the Director of the Institute to submit an annual report to the President and to Congress which report shall include a proposal for the Institute's activities under the Arthritis Plan for the succeeding five years with an estimate of additional appropriations and staff positions, including increased appropriations authorizations, as may be required to pursue activities and a program evaluation of the activities of the Institute during the preceding calendar year, as measured against the proposal for that year for activities under the Arthritis Plan.

AGENCY REPORTS

The Committee requested reports from the Department of Health, Education, and Welfare, the General Accounting Office, the Veterans Administration, the Department of Defense, and the Office of Management and Budget. As of the date of filing of this report, agency reports have been submitted to the Committee by the General Accounting Office, the Department of the Army, the Department of Health, Education, and Welfare, and the Office of Management and Budget. The reports follow:

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,

July 8, 1974.

Hon. HARRISON A. WILLIAMS, Jr.,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN: This is in response to your request of January 4, 1974, for a report on S. 2854, a bill "To amend the Public Health Service Act to expand the authority of the National Institute of Arthritis, Metabolism, and Digestive Diseases in order to advance a national attack on arthritis."

The bill would require the Secretary of Health, Education, and Welfare to establish a National Task Force on Arthritis to formulate a long-range plan to combat arthritis and related musculoskeletal and other related diseases. This task force would be composed of 16 qualified members as follows: the Secretary or his designee, the Associate Director for Arthritis of the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD), the Chief Medical Director of the Veterans Administration, and the Secretary of Defense or his designee; seven scientists and physicians representing the various specialities and disciplines relevant to arthritis, including two practicing rheumatologists; three members from the general public including at least two patients with arthritis; and one member of the National Arthritis, Metabolism, and Digestive Advisory Council.

The Arthritis Plan developed by the Task Force shall provide for broad programs of research related to numerous facets of arthritis, encompassing fundamental studies, social, environmental and epidemiological investigations, clinical studies, and therapeutic trials and investigations of how to provide optimal service to arthritis patients on a community level. In addition, there would be provision for programs for the education and training of relevant professionals, for continuing education of health and allied health professionals, and for the development of a national data storage bank on arthritis.

The bill would also establish the position of Associate Director for Arthritis within the National Institute of Arthritis, Metabolism, and Digestive Diseases, an Inter-Institute Arthritis Coordinating Committee within the National Institutes of Health, and an Interagency Technical Committee on Arthritis within the Federal Government.

The bill would also authorize the establishment of arthritis screening, early detection, prevention, and control programs, with authorizations of \$5, \$10, and \$15 million for fiscal years 1975-1977, respectively, and National Arthritis Research and Demonstration Centers, with additional authorizations of \$10, \$15, and \$20 million for fiscal years 1975-1977, respectively. In addition, the Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases shall submit an annual report to the President and to the Congress which includes a five-year plan and an evaluation of the program.

The Department is in agreement that arthritis and related musculoskeletal diseases represent a serious and widespread health problem in the United States, and that attainment of better methods of treatment of this disease deserves high priority. To that effect, the Department is supporting a well-financed research attack on arthritis and related

musculoskeletal and connective tissue diseases through the National Institutes of Health. The lead Institute in this effort is the National Institute of Arthritis, Metabolism, and Digestive Diseases, with a budget for arthritis and related research of \$13.94 million in fiscal year 1974 and a request of \$13.86 million for fiscal year 1975.

We have been advised by knowledgeable experts on arthritis that at present the research advance against this serious disorder is slowed down primarily by the difficult nature of the subject matter under study. Future breakthroughs in our knowledge of arthritis may well have to depend on multiple general advances on a broad front of our biomedical knowledge ranging from the most fundamental aspects of tissue biology on a cellular level and basic immunology through applied clinical advances in orthopedic surgery.

Given the present state of knowledge, the effectiveness of a formalized long-range plan of how to combat this serious health problem is doubtful and would itself be dependent on new research ideas and advances. Without these, and since outright prevention of the disease is impossible at the present state of our knowledge, most plans would have to address themselves primarily to socio-economic aspects of bringing the best currently available treatment to the greatest number of patients afflicted with the disease.

Adequate legislative authority already exists for the creation of the position of Associate Director for Arthritis within the National Institute of Arthritis, Metabolism, and Digestive Diseases, and we therefore see no need to establish it statutorily. Moreover, as a general rule, we are opposed to the creation of positions by statute because it reduces the Secretary's flexibility to manage effectively in the face of changing priority.

With respect to the proposed arthritis control programs and research and demonstration centers, again no special legislative authority is required. Likewise, the creation of an Inter-Institute Arthritis Coordinating Committee within the National Institutes of Health and an Interagency Technical Committee on Arthritis within the Federal Government requires no special legislative authorization. Moreover, we see no need for the creation of these committees because there are already numerous effective informal communications among the NIH institutes on this subject as well as with other Federal Departments, including those specified in S. 2854.

Although the intended objectives of S. 2854 are shared by the Department, we believe existing statutory authority is adequate for an effective Federal support of arthritis programs and that no new legislation is required. It is our feeling that through the National Institute of Arthritis, Metabolism, and Digestive Diseases the Government already possesses the essential capabilities to carry out the programs specified in S. 2854.

For these and other reasons enumerated above, we recommend that S. 2854 not be enacted into law.

We are advised by the Office of Management and Budget that there is no objection to the presentation of this report from the standpoint of the Administration's program.

Sincerely,

CASPAR W. WEINBERGER, *Secretary.*

EXECUTIVE OFFICE OF THE PRESIDENT,
OFFICE OF MANAGEMENT AND BUDGET,
Washington, D.C., July 8, 1974.

Hon. HARRISON A. WILLIAMS, Jr.
*Chairman, Committee on Labor and Public Welfare, U.S. Senate,
Washington, D.C.*

DEAR MR. CHAIRMAN: This is in response to your request of January 4, 1973 for the views of this Office on S. 2854, a bill "To amend the Public Health Service Act to expand the authority of the National Institute of Arthritis, Metabolism, and Digestive Diseases in order to advance a national attack on arthritis."

In its report to your Committee, the Department of Health, Education, and Welfare states its reasons for recommending against enactment of S. 2854. HEW believes existing statutory authority is adequate for an effective Federal support of arthritis programs and that no new legislation is required. Furthermore, HEW states that through the National Institute of Arthritis, Metabolism, and Digestive Diseases the Federal Government already possesses the essential capabilities to carry out the programs specified in S. 2854.

We concur with the views expressed by the Department in its report. Accordingly, we recommend against enactment of S. 2854.

Sincerely,

WILFRED H. ROMMEL,
*Assistant Director for
Legislative Reference.*

DEPARTMENT OF THE ARMY,
Washington, D.C., June 24, 1974.

Hon. HARRISON A. WILLIAMS,
*Chairman, Committee on Labor and Public Welfare, U.S. Senate,
Washington, D.C.*

DEAR MR. CHAIRMAN: Reference is made to your request to the Secretary of Defense for the views of the Department of Defense on S. 2854, 93d Congress, a bill "To amend the Public Health Service to expand the authority of the National Institute of Arthritis, Metabolism, and Digestive Diseases in order to advance a National attack on arthritis." The Department of the Army has been assigned responsibility for expressing the views of the Department of Defense on this bill. The title of the bill states its purpose.

Inasmuch as enactment of the bill would not affect the operations of the Department of Defense, the Department of the Army on behalf of the Department of Defense defers to the views of the Department of Health, Education and Welfare as the agency having primary interest in this matter.

The enactment of this bill would cause no apparent increase in the budgetary requirements of the Department of Defense.

This report has been coordinated within the Department of Defense in accordance with procedures prescribed by the Secretary of Defense.

The Office of Management and Budget advises that, from the stand-point of the Administration's program, there is no objection to the presentation of this report for the consideration of the Committee.

Sincerely,

HOWARD H. CALLAWAY,
Secretary of the Army.

COMPTROLLER GENERAL OF THE UNITED STATES,
Washington, April 18, 1974.

Hon. HARRISON A. WILLIAMS, JR.,
*Chairman, Committee on Labor and Public Welfare,
U.S. Senate.*

DEAR MR. CHAIRMAN: Reference is made to your request for our comments on S. 2854, 93d Congress, which, if enacted, would be cited as the "National Arthritis Act." The stated purpose of the bill is to expand the authority of the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD) in order to advance a national attack on arthritis.

Section 3 of the bill proposes to amend part D of title IV, of the Public Health Service Act by adding sections 435, 436, 437, 438, and 439.

Part D of title IV of the Public Health Service Act does not contain provisions (1) requiring recipients of Federal financial assistance to maintain records relating thereto, and (2) authorizing the Secretary of Health, Education, and Welfare and the Comptroller General to have access to such records for the purposes of audit and examination. We recommend that part D of title IV be amended by adding an additional section to read as follows:

"(a) Each recipient of Federal assistance under this Part, pursuant to grants, subgrants, contracts, subcontracts, loans or other arrangements, entered into other than by formal advertising, and which are otherwise authorized by this Part, shall keep such records as the Secretary shall prescribe, including records which fully disclose the amount and disposition by such recipient of the proceeds of such assistance, the total cost of the project or undertaking in connection with which such assistance is given or used, the amount of that portion of the cost of the project or undertaking supplied by other sources, and such other records as will facilitate an effective audit.

"(b) The Secretary and the Comptroller General of the United States, or any of their duly authorized representatives, shall, until the expiration of three years after completion of the project or undertaking referred to in subsection (a) of this section, have access for the purpose of audit and examination to any books, documents, papers and records of such recipients which in the opinion of the Secretary or the Comptroller General may be related or pertinent to the grants, contracts, subcontracts, subgrants, loans, or other arrangements referred to in subsection (a)."

Section 439 would require the Director of NIAMDD to submit a report to the President and to the Congress not later than sixty days after the end of each calendar year. The report would include (1) a

proposal for NIAMDD's activities under the Arthritis Plan during the next 5 years, with an estimate for additional staff positions and appropriations, and (2) a program evaluation section, wherein the activities and accomplishments of the Institute during the preceding calendar year would be measured against the proposal of the Director, NIAMDD, for that year for the activities under the Arthritis Plan.

The Committee may wish to consider the desirability of (1) providing that the annual report be submitted to the President and to the Congress through the Director of the National Institutes of Health and the Secretary of the Department of Health, Education, and Welfare with a provision that the report submitted shall stipulate the substantive changes made during the review process and the reasons for so doing (this will be consistent with section 435(e)(2)), and (2) changing the reporting period from a calendar-year to a fiscal-year basis so that progress and accomplishments of the program can more readily be compared to amounts budgeted and obligated.

Sincerely yours,

B. F. KELLER,
Deputy Comptroller General of the United States.

CHANGES IN EXISTING LAW

In compliance with subsection (4) of rule XXIX of the Standing Rules of the Senate, changes in existing law made by S. 2854, as reported, are shown as follows (existing law in which no change is proposed is shown in roman, new matter is printed in italic) :

PUBLIC HEALTH SERVICE ACT, AS AMENDED

* * * * *

TITLE IV—NATIONAL RESEARCH INSTITUTES

* * * * *

PART D—NATIONAL INSTITUTE ON ARTHRITIS, RHEUMATISM, AND METABOLIC DISEASES, NATIONAL INSTITUTE OF NEUROLOGICAL DISEASES AND STROKE, AND OTHER INSTITUTES

ESTABLISHMENT OF INSTITUTES

SEC. 431. (a) The Surgeon General shall establish in the Public Health Service an institute for research on arthritis, rheumatism, and metabolic diseases,¹ and an institute for research on neurological diseases (including epilepsy, cerebral palsy, and multiple sclerosis) and blindness, and he shall also establish a national advisory council or committee for each such institute to advise, consult with, and make recommendations to him with respect to the activities of the institute with which each council or committee is concerned.

(b) The Surgeon General is authorized with the approval of the Secretary to establish in the Public Health Service one or more additional institutes to conduct and support scientific research and pro-

fessional training relating to the cause, prevention, and methods of diagnosis and treatment of other particular diseases or groups of diseases (including poliomyelitis and leprosy) whenever the Surgeon General determines that such action is necessary to effectuate fully the purposes of section 301 with respect to such disease or diseases. Any institute established pursuant to this subsection may in like manner be abolished and its functions transferred elsewhere in the Public Health Service upon a finding by the Surgeon General that a separate institute is no longer required for such purposes. In lieu of the establishment pursuant to this subsection of an additional institute with respect to any disease or diseases, the Surgeon General may expand the functions of any institute established under subsection (a) of this section or under any other provision of this Act so as to include functions with respect to such disease or diseases and to terminate such expansion and transfer the functions given such institute elsewhere in the Service upon a finding by the Surgeon General that such expansion is no longer necessary. In the case of any such expansion of an existing institute, the Surgeon General may change the title thereof so as to reflect its new functions.

ESTABLISHMENT OF NATIONAL ADVISORY COUNCILS

SEC. 432. (a) The Surgeon General is also authorized with the approval of the Secretary to establish additional national advisory councils or committees to advise, consult with, and make recommendations to the Surgeon General on matters relating to the activities of any institute established under subsection (b) of section 431, or relating to the conduct and support of research and training in such disease or group of diseases (except a disease or group of diseases for which an institute is established under any provision of this title other than section 431(b)) as he may designate. Any such council, and each of the two councils or committees established under section 413(a), shall consist of the Surgeon General, who shall be chairman, the chief medical officer of the Veterans' Administration or his representative and a medical officer designated by the Secretary of Defense, who shall be ex officio members, and of twelve members appointed without regard to the civil service laws by the Surgeon General with the approval of the Secretary. The twelve appointed members shall be leaders in the field 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 the disease or diseases to which the activities of the institute are directed. 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.

(b) In lieu of appointment of an additional advisory council or committee upon the establishment pursuant to subsection (b) of section 431 of an additional institute or upon expansion pursuant to such subsection of the functions of an institute, the Surgeon General may expand the functions of an advisory council or committee established under section 431 (a) of any other provisions of this Act so as to include functions with respect to the particular disease or diseases to which the activities of the additional institute or the expanded activities of the existing institute are directed. In the case of any such expansion of an existing council or committee, the membership thereof representing persons outstanding in activities with which the council or committee is concerned may be changed or increased so as to include some persons outstanding in the new activities. Any new council or committee established under subsection (a) of this section or any expansion of an existing council or committee under this subsection may be terminated by the Surgeon General at, before, or after the termination of the new institute or expansion of the existing institute which occasioned such new council or committee or expansion of an existing council or committee. In the case of any such expansion of an existing council or committee, the Surgeon General may change the title thereof so as to reflect its new functions.

FUNCTIONS

SEC. 433. (a) Where an institute has been established under this part, the Surgeon General shall carry out the purposes of section 301 with respect to the conduct and support of research relating to the disease or diseases to which the activities of the institute are directed, through such institute and in cooperation with the national advisory council or committee established or expanded by reason of the establishment of such institute. In addition, the Surgeon General is authorized to provide training and instruction and establish and maintain traineeships and fellowships, in such institute and elsewhere, in matters relating to the diagnosis, prevention, and treatment of such disease or diseases with such stipends and allowances (including travel and subsistence expenses) for trainees and fellows as he may deem necessary, and, in addition, provide for such training, instruction, and traineeships and for such fellowships through grants to public and other nonprofit institutions. The provisions of this subsection shall also be applicable to any institute established by any other provision of this Act to the extent that such institute does not already have the authority conferred by this subsection.

(b) Upon the appointment of a national advisory council or committee for an institute established under this part or the expansion of an existing institute pursuant to this part, such council or committee shall assume the duties, functions, and powers of the National Advisory Health Council with respect to grants-in-aid for research and training projects relating to the disease or diseases to which the activities of the institute are directed.

NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM, AND DIGESTIVE DISEASES.

Sec. 434. (a) The Research Institute on Arthritis, Rheumatism, and Metabolic Diseases established under section 431(a) is designated the "National Institute of Arthritis, Metabolism, and Digestive Diseases", and the Advisory Council established under section 432 to advise the Secretary with respect to the activities of the Institute is designated the "National Arthritis, Metabolism, and Digestive Diseases Advisory Council". There shall be in the Institute an Associate Director for Digestive Diseases.

(b) There is established in the National Arthritis, Metabolism, and Digestive Diseases Advisory Council a committee to advise the Director of the Institute respecting the activities of the Institute concerning digestive diseases. The committee shall be composed of those members of the Advisory Council who are outstanding in the diagnosis, prevention, and treatment of digestive diseases. The committee shall review applications made to the Director for grants for research projects relating to the diagnosis, prevention, and treatment of digestive diseases and shall recommend to the Director for approval those applications and contracts which the committee determines will best carry out the purposes of this part.

(c) The Director of the Institute, acting through the Associate Director for Digestive Diseases, shall (1) carry out, at the facilities of the Institute, a program of research in the diagnosis, prevention, and treatment of digestive diseases; and (2) carry out programs of support for research and training in the diagnosis, prevention, and treatment of digestive diseases, including support for training in medical schools, graduate clinical training, epidemiology studies, clinical trials, and interdisciplinary research programs.

(d) The Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases, working through the Associate Director for Diabetes (if that position is established), shall (1) carry out programs of support for research and training in the diagnosis, prevention, and treatment of diabetes mellitus and related endocrine and metabolic diseases, and (2) establish programs of evaluation, planning, and dissemination of knowledge related to research and training in diabetes mellitus and related endocrine and metabolic diseases.

DIABETES RESEARCH AND TRAINING CENTERS

SEC. 435. (a) Consistent with applicable recommendations of the National Commission on Diabetes, the Secretary shall provide for the development, or substantial expansion, of centers for research and training in diabetes mellitus and related endocrine and metabolic disorders. Each center developed or expanded under this section shall (1) utilize the facilities of a single institution, or be formed from a consortium of cooperating institutions, meeting such research and training qualifications as may be prescribed by the Secretary; and (2) conduct (A) research in the diagnosis and treatment of diabetes mellitus and related endocrine and metabolic disorders and the complications resulting from such disease or disorders, (B) training programs for physicians and allied health personnel in current methods of diagnosis and treatment of such disease, disorders, and complications, and (C) infor-

mation programs for physicians and allied health personnel who provide primary care for patients with such disease, disorders, or complications. Insofar as practicable, centers developed or expanded under this section shall be located geographically on the basis of population density throughout the United States and in environments with proven research capabilities.

(b) The Secretary shall evaluate on an annual basis the activities of centers developed or expanded under this section and shall report to the Congress (on or before June 30 of each year) the results of his evaluation.

(c) There are authorized to be appropriated to carry out this section \$8,000,000 for fiscal year ending June 30, 1975, \$12,000,000 for fiscal year ending June 30, 1976, and \$20,000,000 for fiscal year ending June 30, 1977.

DIABETES COORDINATING COMMITTEE

SEC. 436. For the purpose of—

(1) better coordination of the total National Institutes of Health research activities relating to diabetes mellitus; and

(2) coordinating those aspects of all Federal health programs and activities relating to diabetes mellitus 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,

the Director of the National Institutes of Health shall establish a Diabetes Mellitus Coordinating Committee. The Committee shall be composed of the Directors (or their designated representatives) of each of the Institutes and divisions involved in diabetes-related research and shall include representation from all Federal departments and agencies whose programs involve health functions or responsibilities as determined by the Secretary. The Committee shall be chaired by the Director of the National Institutes of Health (or his designated representative). The Committee shall prepare a report as soon after the end of each fiscal year as possible for the Director of the National Institutes of Health detailing the work of the Committee in carrying out the coordinating activities described in paragraphs (1) and (2).

NATIONAL TASK FORCE ON ARTHRITIS

SEC. 437.(a) The Secretary, within sixty days after the date of enactment of this section, shall establish a National Task Force on Arthritis (hereinafter in this part referred to as the "Task Force") to formulate a long-range plan (hereinafter in this part referred to as the "Arthritis Plan") to combat arthritis and related musculoskeletal and other related diseases (hereinafter in this part referred to as "arthritis"). The Arthritis Plan shall include recommendations for the utilization and organization of national resources for the campaign against arthritis, and a program for the National Institute of Arthritis, Metabolism, and Digestive Diseases (hereinafter in this part referred to as the "Institute") as a major participant in the campaign against arthritis.

(b) The Arthritis Plan developed by the Task Force shall provide for—

(1) programs for investigation into the epidemiology, etiology, and prevention and control of arthritis, including investigation into the social, environmental, behavioral, nutritional, biological, and genetic determinants and influences involved in the epidemiology, etiology, prevention, and control of arthritis;

(2) studies and research into the basic biological processes and mechanisms involved in the underlying normal and abnormal phenomena associated with arthritis, including, but not limited to, abnormalities of the immune, musculoskeletal, cardiovascular, and nervous systems, the skin, the gastrointestinal tract, the kidneys, the lungs, and the eyes;

(3) research into the development, trial, and evaluation of techniques, including surgical procedures and drugs, used in, and approaches to, the diagnosis, early detection, treatment, prevention, and control of arthritis;

(4) establishment of programs that will focus and apply scientific and technological methodologies and processes involving biological, physical, and engineering science to deal with all facets of arthritis, including traumatic arthritis;

(5) establishment of programs for the conduct and direction of field studies, large-scale testing, evaluation, and demonstration of preventive, diagnostic, therapeutic, rehabilitative, and control approaches to arthritis, including studies of the effectiveness of home-care programs, the use of mobile care units, community rehabilitation facilities, and other appropriate community public health and social services;

(6) studies of the feasibility and possible benefits accruing from team training of health and allied health professionals in the treatment and rehabilitation of individuals suffering from arthritis;

(7) programs to evaluate the current resources for the rehabilitation of the arthritis patient and establish criteria for the potential for rehabilitation of the patient;

(8) programs to investigate alternative screening possibilities to define more adequately the arthritis population and to detect early cases of rehabilitative arthritis;

(9) programs for the education and training of scientists, bio-engineers, primary care physicians, clinicians, surgeons, including orthopedic surgeons, and other health and allied health professionals and educators in the fields and specialties requisite to the conduct of programs regarding arthritis;

(10) programs for the continuing education of health and allied health professionals in the diagnosis, treatment, and rehabilitation of individuals suffering from arthritis;

(11) programs for public education relating to all aspects of arthritis, including periodic public information programs on the most current developments in diagnostic and treatment procedures with a view to discouraging the promotion and utilization of unapproved and ineffective diagnostic, prevention, treatment, and control methods and unapproved and ineffective therapeutic drugs and devices;

(12) programs to establish standards of measurement of the severity and rehabilitative responsiveness of disabilities resulting from arthritis;

(13) the development of a common descriptive vocabulary in basic and clinical research in arthritis for the purpose of standardizing collection, storage, and retrieval of research and treatment data to facilitate collaborative and comparative studies of large patient populations;

(14) the development of a national data storage bank on arthritis research, diagnosis, prevention, control and treatment, to collect and make available information as to the practical application of research and other activities pursuant to this part; and

(15) a plan for international cooperation in and exchange of knowledge on all aspects of research, diagnosis, treatment, prevention, and control of arthritis.

(c) The Task Force shall be composed of seventeen members who are eminently qualified to serve on such Task Force, as follows:

(1) the Secretary or his designee, the Director of the National Institutes of Health or his designee, the Associate Director for Arthritis of the Institute (as established by section 438, the Director of the National Institute of General Medical Sciences or his designee, the Chief Medical Director of the Veterans Administration, and the Secretary of Defense or his designee, who shall serve as ex officio members;

(2) seven members who shall be scientists or physicians representing the various specialties and disciplines pertinent to arthritis, of whom at least two are practicing clinical rheumatologists and one is an orthopedic surgeon;

(3) three members from the general public, of whom at least two are arthritis sufferers; and

(4) one member of the National Arthritis, Metabolism, and Digestive Diseases Advisory Council (hereinafter referred to as the National Advisory Council) whose primary interest is in the field of rheumatology.

(d) The Secretary shall designate one member of the Task Force as Chairman of the Task Force. The Task Force shall first meet at the call of the Secretary, and thereafter at the call of the Chairman of the Task Force, and shall meet not less than three times.

(e) (1) The Task Force shall publish and transmit to the Director of the Institute the Arthritis Plan not later than nine months after the date of enactment of this section.

(2) No later than sixty days after the Task Force transmits the Arthritis Plan to the Director of the Institute, the Director shall submit to Congress the Arthritis Plan, his proposals for Institute activities under this part for the first five years under the Arthritis Plan, and an estimate of such additional staff positions and appropriations (including increased appropriations authorizations) as may be required to carry out such activities. If the plan and subsequent reports to be submitted pursuant to subsection (e) (1) and (2) of this section are submitted, prior to submission to the Congress, for review by the Office of Management and Budget or any other Federal department or agency or official thereof, (1) the plan or report submitted to the Con-

gress shall specify the changes and the reasons therefor made during any such review process, and (2) if any such review process delays the submission of such plan or report to the Congress beyond the date established for such submission by this section, the Director shall immediately on such date submit to the Congress the plan or report in exactly the form it was submitted to such review process.

(f) The Task Force may hold such hearings, take such testimony, and sit and act at such times and places as the Task Force deems advisable to develop the Arthritis Plan.

(g) The Director of the Institute shall—

(1) designate a member of the staff of such Institute to act as Executive Secretary of the Task Force; and

(2) provide the Task Force with such full-time professional and clerical staff, such information, and the services of such consultants as may be necessary to assist the Task Force to carry out effectively its functions under this section.

(h) Members of the Task Force 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 Task Force compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS-18 of the General Schedule, including traveltine; 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, title 5, United States Code, for persons in the Government service employed intermittently.

(i) In addition to sums appropriated pursuant to section 301 and other sums appropriated for research on arthritis pursuant to title IV, part D, there is authorized to be appropriated \$500,000 for the fiscal years ending June 30, 1975, June 30, 1976, to carry out the purposes of this section, and such sums shall remain available until expended.

ASSOCIATE DIRECTOR FOR ARTHRITIS AND ESTABLISHMENT OF COMMITTEES

SEC. 438. (a) There is established within the Institute the position of Associate Director for Arthritis (hereinafter in this part referred to as the "Associate Director"), who shall report directly to the Director of such Institute and who, under the supervision of the Director of such Institute, shall be responsible for programs regarding arthritis within such Institute.

(b) In order to improve coordination of the total National Institutes of Health research activities relating to arthritis, the Director of the National Institutes of Health shall establish an Inter-Institute Arthritis Coordinating Committee to be composed of representatives who can make policy commitments for each of the Institutes and divisions involved in arthritis-related research. The committee will be chaired by the Associate Director and will prepare a report as soon (but not later than sixty days) after the end of each fiscal year as possible for the Director of the National Institutes of Health detailing the work of the committee in coordinating the research activities of the National Institutes of Health relating to arthritis during the preceding year.

(c) In order to improve coordination of all activities in the Department of Health, Education, and Welfare relating to arthritis, the Secretary shall establish an Intradepartmental Arthritis Coordinating Committee to be composed of representatives who can make policy commitments for each of the administrations, agencies, and divisions within the Department involved in research (including approval of drugs and devices), health services, or rehabilitation programs affecting arthritis. The committee will be chaired by the Associate Director and will prepare a report, as soon (but not later than sixty days) after the end of each fiscal year as possible for the Secretary, detailing the work of the committee in seeking to improve coordination of departmental activities relating to arthritis during the preceding fiscal year.

(d) (1) There is established within the Federal Government an Interagency Technical Committee on Arthritis which shall be responsible for promoting the coordination of those aspects of all Federal health programs and activities relating to arthritis 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.

(2) The Director and Associate Director for Arthritis of the Institute shall serve as chairman and co-chairman respectively, of such Committee, and such Committee shall include representation from the Veterans Administration, the Department of Defense, and all other Federal departments and agencies administering programs involving health functions or responsibilities as determined by the Secretary.

(3) The Committee shall meet at the call of the chairman, but not less often than four times a year.

ARTHRITIS SCREENING, EARLY DETECTION, PREVENTION, AND CONTROL PROGRAMS

SEC. 439A. (a) The Director of the Institute, under policies established by the Director of the National Institutes of Health, and after consultation with the National Advisory Council and consistent with the Arthritis Plan, 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 screening, detection, prevention, and control of arthritis which emphasize the development of new methods and the dissemination of the knowledge about these methods to the health professions.

(b) Screening, detection, prevention, and control programs under this part shall include—

(1) programs to develop improved methods of detecting individuals with a risk of developing arthritis;

(2) programs to develop improved methods of intervention against those factors which cause individuals to have a high risk of developing arthritis;

(3) programs to develop health professions and allied health professions personnel highly skilled in the control of arthritis, including continuing education of such personnel;

(4) community consultative services to facilitate new and problem patient referral from local hospitals and physicians to Arthritis Consultation Boards of the centers for diagnostic workup, including laboratory analyses, and consultations with primary physicians on preferred rehabilitation management;

(5) programs to disseminate the results of research and to develop means of standardizing patient data and recordkeeping; and

(6) programs (A) to educate the general public and persons suffering from arthritis, which shall include the dissemination of information on the importance of early detection and recognition of signs and symptoms and of seeking prompt followup treatment, on the importance of self-discipline and on compliance with medical directives, and (B) to discourage the promotion and utilization of unapproved and ineffective diagnostic, prevention, treatment, and control methods and unapproved and ineffective therapeutic drugs and devices.

(c) The programs supported under this section may also carry out projects and programs funded under other provisions of law related to the programs and projects authorized under this section.

(d) In addition to sums appropriated pursuant to section 301 and other sums appropriated for research on arthritis pursuant to title IV, part D, there are authorized to be appropriated to carry out this section \$5,000,000 for the fiscal year ending June 30, 1975, \$10,000,000 for the fiscal year ending June 30, 1976, and \$15,000,000 for the fiscal year ending June 30, 1977.

(e) (1) As soon as practicable after the date of enactment of this section, the Director of the Institute shall establish the Arthritis Screening and Detection Data Bank for the collection, storage, analysis, retrieval, and dissemination of all data useful in screening, prevention, control, and early detection for patient populations with asymptomatic and symptomatic types of arthritis, including, where possible, data involving general populations collected for the purpose of detection of individuals with a risk of developing arthritis.

(2) The Secretary shall provide for standardization of patient data and recordkeeping for the collection, storage, analysis, retrieval, and dissemination of such data in cooperation with the centers and programs established or supported under section 439B and this section and with other persons engaged in arthritis programs.

NATIONAL ARTHRITIS RESEARCH AND DEMONSTRATION CENTERS

SEC. 439B. (a) The Director of the Institute, under policies established by the Director of the National Institutes of Health, and after consultation with the National Advisory Council and consistent with the Arthritis Plan, will provide for the development of centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, control, and treatment methods for arthritis, including research into implantable biomaterials and orthopedic procedures; and 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 such centers.

(b) The centers developed under this section shall, in addition to carrying out research, training, and demonstration projects, carry out screening, detection, treatment, prevention, and control programs, as described under subsection (b) of section 439A. Funds paid to centers under this section may be used for—

(1) staffing and other basic operating costs, including such patient care costs as are required for research;

(2) training, including training for allied health professions personnel;

(3) demonstration purposes; and

(4) the extension, alteration, remodeling, improvement, or repair of buildings and structures (including the provision of equipment) to the extent necessary to make them suitable for use as research and demonstration centers.

Support of a center under this subsection may be for a period of not to exceed three years and may be extended by the Director of the Institute, with the approval of the National Advisory Council, for additional periods of up to three years each.

(c) The centers supported under this section may also carry out projects and programs funded under other provisions of law related to the programs and projects authorized under this section.

(d) The Director of the Institute shall, insofar as practicable, provide for an equitable geographical distribution of centers developed under this section with appropriate attention to the need for centers having the capability of conducting research, training, treatment, and rehabilitation programs especially suited to meeting the needs of children affected by arthritis.

(e) In addition to sums appropriated pursuant to section 301 and other sums appropriated for research on arthritis pursuant to title IV, part D, there is authorized to be appropriated to carry out this section \$10,000,000 for the fiscal year ending June 30, 1975, \$15,000,000 for the fiscal year ending June 30, 1976, and \$20,000,000 for the fiscal year ending June 30, 1977.

ANNUAL REPORTS

SEC. 439C. The Director of the Institute shall, as soon as practicable, but not later than sixty days, after the end of each calendar year, prepare, in consultation with the National Advisory Council, and submit to the President and to the Congress a report. Such report shall include (1) a proposal for the Institute's activities under the Arthritis Plan under this part and other provisions of law during the next five years, with an estimate for such additional staff positions and appropriations (including increased appropriations authorizations) as may be required to pursue such activities, and (2) a program evaluation section, wherein the activities and accomplishments of the Institute during the preceding calendar year shall be measured against the Director's proposal for that year for activities under the Arthritis Plan.



Ninety-third Congress of the United States of America

AT THE SECOND SESSION

*Begun and held at the City of Washington on Monday, the twenty-first day of January,
one thousand nine hundred and seventy-four*

An Act

To amend the Public Health Service Act to expand the authority of the National Institute of Arthritis, Metabolism, and Digestive Diseases in order to advance a national attack on arthritis.

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

SHORT TITLE

SECTION 1. This Act may be cited as the "National Arthritis Act of 1974".

FINDINGS AND DECLARATION OF PURPOSE

SEC. 2. The Congress makes the following findings—

(1) Arthritis and related musculoskeletal diseases constitute major health problems in the United States in that they afflict more than twenty million Americans and are the greatest single cause of chronic pain and disability.

(2) The complications of arthritis lead to many other serious health problems and other severe physical disabilities in persons of all ages with the disease, particularly children and adolescents.

(3) The annual cost of arthritis to the national economy in 1970, from medical care expenses and lost wages, was \$9,200,000,000, and number of workdays lost in that year totaled over 14,500,000.

(4) Uncontrolled arthritis significantly decreases the quality of life and has a major negative economic, social, and psychological impact on the families of its victims and society generally.

(5) Athletic and other types of joint injuries involving trauma can lead to arthritis.

(6) The development of advanced methods of diagnosis and treatment of arthritis and quality trained health professionals in arthritis deserves the highest national priority.

(7) There is a critical shortage of medical facilities and properly trained health professionals and allied health professionals in the United States for arthritis research, prevention, treatment, care, and rehabilitation programs.

(8) The citizens of the United States should have a full understanding of the nature of the human, social, and economic impact of arthritis and should be encouraged to seek early diagnosis and treatment to prevent or mitigate physical disability resulting from arthritis.

(9) There is great potential for making major advances against arthritis in the National Institute of Arthritis, Metabolism, and Digestive Diseases, in concert with other institutes of the National Institutes of Health.

NATIONAL COMMISSION ON ARTHRITIS; ARTHRITIS PLAN

SEC. 3. (a) The Secretary of Health, Education, and Welfare (hereinafter 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 the enactment of this section, establish a

National Commission on Arthritis and Related Musculoskeletal Diseases (hereinafter in this section referred to as the "Commission").

(b) The Commission shall be composed of eighteen members as follows:

(1) Six members appointed by the Secretary who are scientists, physicians, or other health professionals not in the employment of the Federal Government, who represent the various specialties and disciplines involving arthritis and related musculoskeletal diseases (hereinafter in this section collectively referred to as "arthritis"), and of whom at least two are practicing clinical rheumatologists, at least one is an orthopedic surgeon, and at least one is an allied health professional.

(2) Four members appointed by the Secretary from the general public, of whom at least two suffer from arthritis.

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

(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 and the National Institute of General Medical Science, the Associate Director for Arthritis and Related Musculoskeletal Diseases of such Institute, and the chief medical officer of the Veterans' Administration and the Secretary of Defense or their designees, each of whom shall serve as ex officio, nonvoting members.

(c) The members of the Commission shall select a chairman from among their own number. The Commission shall first meet on a date specified by the Secretary, not later than 30 days after the Commission is established, and thereafter shall meet at the call of the Chairman of the Commission (but not less often than three times).

(d) The Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases shall—

(1) designate a member of the staff of such Institute to act as Executive Secretary of the Commission, and

(2) provide the Commission with such full-time professional and clerical staff, such information, and the services of such consultants as may be necessary to assist it in carrying out effectively its function under this section.

(e) 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 each receive the daily equivalent of the rate in effect for grade GS-18 of the General Schedule for each day (including traveltine) they are engaged in the performance of their duties as members of the Commission. 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 subsist-

ence, in the same manner as such expenses are authorized by section 5703, title 5, United States Code, for persons in the Government service employed intermittently.

(f) The Commission shall survey Federal, State, and local health programs and activities relating to arthritis and assess the adequacy, technical soundness, and coordination of such programs and activities. All Federal departments and agencies administering health programs and activities relating to arthritis shall provide such cooperation and assistance relating to such programs and activities as is reasonably necessary for the Commission to make such survey and assessment.

(g) The Commission shall formulate a long-range plan (hereinafter in this section referred to as the "Arthritis Plan") with specific recommendations for the use and organization of national resources to combat arthritis. The Arthritis Plan shall be based on a survey investigating the incidence and prevalence of arthritis and its economic and social consequences, and on an evaluation of scientific information respecting, and the national resources capable of dealing with arthritis. The Arthritis Plan shall include a comprehensive program for the National Institute of Arthritis, Metabolism, and Digestive Diseases (hereinafter in this section referred to as the "Institute") and plans for Federal, State, and local programs, which program and programs shall, as appropriate, provide for—

(1) investigation into the epidemiology, etiology, and prevention and control of arthritis, including the social, environmental, behavioral, nutritional, and biological control of arthritis;

(2) studies and research into the basic biological processes and mechanisms involved with arthritis, including abnormalities of the immune, musculoskeletal, cardiovascular, gastrointestinal, urogenital, pulmonary, and nervous systems, the skin, and the eyes;

(3) research into the development, trial, and evaluation of techniques, orthopedic and other surgical procedures, and drugs (including drugs intended for use by children) used in the diagnosis, early detection, treatment, prevention, and control of arthritis;

(4) programs that will apply scientific and technological methodologies and processes involving biological, physical, and engineering sciences to deal with all facets of arthritis, including traumatic arthritis;

(5) programs for the conduct and direction of field studies large-scale testing, evaluation, and demonstration of preventive, diagnostic, therapeutic, rehabilitative, and control approaches to arthritis, including studies of the effectiveness and use of home care programs, mobile care units, community rehabilitation facilities, and other appropriate community public health and social services;

(6) studies of the feasibility of, and possible benefits accruing from, the organization and training of teams of health and allied health professionals in the treatment and rehabilitation of individuals who suffer from arthritis;

(7) programs to evaluate available resources for the rehabilitation of individuals who suffer from arthritis;

(8) programs to develop new and improved methods of screening and referral for arthritis, and particularly for the early detection of arthritis;

(9) programs to establish standards and criteria for measurement of the severity and rehabilitative potential of disabilities resulting from arthritis;

(10) programs to develop a uniform descriptive vocabulary for use in basic and clinical research and a standardized clinical patient data set for arthritis to standardize collection, storage, and retrieval of research and treatment data in order to facilitate collaborative and comparative studies of large patient populations;

(11) programs to establish a system for the collection, analysis, and dissemination of data useful in the screening, prevention, diagnosis, and treatment of arthritis, including the establishment of a national data storage bank to collect, catalog, and store, and facilitate retrieval and dissemination of information as to the practical application of research and other activities pertaining to arthritis;

(12) programs for the education (including continuing education programs and development of new techniques and curricula) of scientists, bioengineers, physicians engaged in general practice, the practice of family medicine, or other primary care specialties, surgeons, including orthopedic surgeons, and other health and allied health professionals and educators in the fields and specialties requisite to screening, early detection, diagnosis, treatment, and prevention of arthritis and rehabilitation of individuals who suffer from arthritis;

(13) programs for public education and counseling relating to arthritis, including public information campaigns on current developments in diagnostic and treatment procedures and programs to discourage the promotion and use of unapproved and ineffective diagnostic, preventive, treatment, and control methods and unapproved and ineffective drugs and devices;

(14) a program for the acceleration of international cooperation in and exchange of knowledge on research, screening, early detection, diagnosis, treatment, prevention, and control of arthritis; and

(15) coordination of the research programs relevant to arthritis of other Institutes of the National Institutes of Health, the Department of Health, Education, and Welfare, and other Federal and non-Federal entities.

(h) The Commission may hold such hearings, take such testimony, and sit at such time and places as it deems advisable.

(i)(1) The Commission shall prepare for each of the Institutes of the National Institutes of Health whose activities are to be affected by the Arthritis Plan estimates of necessary expenditures to carry out each such Institute's part of the comprehensive program included in the Plan. The estimates shall be prepared for the fiscal year ending June 30, 1976, and for each of the next two fiscal years.

(2) Within five days after the Budget is transmitted by the President to Congress for the fiscal year ending June 30, 1976, and for each of the next two fiscal years, the Secretary shall transmit to the Committees on Appropriations of the House of Representatives and the Senate, the Committee on Labor and Public Welfare of the Senate, and the Committee on Commerce and Health of the United States House of Representatives an estimate of the amounts requested for arthritis research by each of the Institutes for which estimates were

prepared under paragraph (1) and a comparison of such amounts with such estimates.

(j) (1) The Commission shall publish and transmit directly to the Congress (without prior administrative approval or review by the Office of Management and Budget or any other Federal department or agency) the Arthritis Plan within two hundred and ten days after the date on which funds are first appropriated for the Commission.

(2) The Commission shall cease to exist on the thirtieth day following the date of the submission of the Arthritis Plan pursuant to paragraph (1) of this subsection.

(k) There are authorized to be appropriated, without fiscal year limitation, to carry out the purposes of this section \$2,000,000.

ARTHRITIS COORDINATING COMMITTEE, DEMONSTRATION PROJECTS, AND COMPREHENSIVE ARTHRITIS CENTERS

SEC. 4. Part D of title IV of the Public Health Service Act is amended by adding at the end thereof the following new sections:

“ARTHRITIS COORDINATING COMMITTEE

“SEC. 437. (a) In order to improve coordination of all activities in the National Institutes of Health, in the Department of Health, Education, and Welfare, and in other departments and agencies of the Federal Government relating to Federal health programs and activities relating to arthritis, the Secretary shall establish an Arthritis Coordinating Committee to be composed of representatives of the Department of Health, Education, and Welfare (including the Food and Drug Administration) and of the Veterans’ Administration, the Department of Defense, and other Federal departments and agencies involved in research, health services, or rehabilitation programs affecting arthritis. This committee shall include the Directors (or their designated representatives) of each of the Institutes of the National Institutes of Health involved in arthritis related research. The Committee shall be chaired by the Associate Director established pursuant to section 434(e) and shall prepare a report not later than sixty days after the end of each fiscal year as possible, for the Secretary detailing the work of the committee in seeking to improve coordination of departmental and interdepartmental activities relating to arthritis during the preceding fiscal year. Such report shall include—

“(1) a description of the work of the committee in coordinating the research activities of the National Institutes of Health relating to arthritis during the preceding year, and

“(2) a description of the work of the committee in promoting the coordination of Federal health programs and activities relating to arthritis to assure the adequacy of such programs and to provide for the adequate coordination of such programs and activities.

“(b) The Committee shall meet at the call of the chairman, but not less often than four times a year.

“ARTHRITIS SCREENING, DETECTION, PREVENTION, AND REFERRAL DEMONSTRATION PROJECTS; AND DATA BANK

“SEC. 438. (a) The Secretary, acting through the Assistant Secretary for Health, may make grants to public and nonprofit entities to establish and support projects for the development and demonstration of methods for arthritis, screening, detection, prevention, and referral,

and for the dissemination of these methods to health and allied health professions. Activities under such projects shall be coordinated with (1) Federal, State, local, and regional health agencies, (2) centers assisted under section 439, and (3) the data bank under subsection (c).

“(b) Projects under this section shall include programs which—

“(1) emphasize the development and demonstration of new and improved methods of screening and early detection, referral, and diagnosis of individuals with a risk of developing arthritis, asymptomatic arthritis, or symptomatic arthritis;

“(2) emphasize the development and demonstration of new and improved methods for patient referral from local hospitals and physicians to appropriate centers for early diagnosis and treatment;

“(3) emphasize the development and demonstration of new and improved means of standardizing patient data and recordkeeping; and

“(4) emphasize the development and demonstration of new and improved methods of dissemination of knowledge about the projects and methods referred to in the preceding paragraphs of this subsection to health and allied health professionals.

“(c)(1) As soon as practicable after the date of enactment of this section the Secretary, through the Assistant Secretary for Health, shall establish the Arthritis Screening and Detection Data Bank for the collection, storage, analysis, retrieval, and dissemination of data useful in screening, prevention, and early detection involving patient populations with asymptomatic and symptomatic types of arthritis, including where possible, data involving general populations for the purpose of detection of individuals with a risk of developing arthritis.

“(2) The Secretary shall provide for standardization of patient data and recordkeeping for the collection, storage, analysis, retrieval, and dissemination of such data in cooperation with projects under this section and centers assisted under section 439, and other persons engaged in arthritis programs.

“(d) There are authorized to be appropriated to carry out this section \$2,000,000 for fiscal year ending June 30, 1975, \$3,000,000 for fiscal year ending June 30, 1976, and \$4,000,000 for fiscal year ending June 30, 1977.

“COMPREHENSIVE ARTHRITIS CENTERS

“SEC. 439. (a) The Secretary, acting through the Assistant Secretary for Health may, after consultation with the National Advisory Council established under section 434(a) and consistent with the Arthritis Plan developed pursuant to the National Arthritis Act of 1974, provide for the development, modernization, and operation (including staffing and other operating costs such as the costs of patient care required for research) of centers for arthritis research, screening, detection, diagnosis, prevention, control, and treatment, for education related to arthritis, and for rehabilitation of individuals who suffer from arthritis. For purposes of this section, the term ‘modernization’ means the alteration, remodeling, improvement, expansion, and repair of existing buildings and the provision of equipment for such buildings to the extent necessary to make them suitable for use as centers described in the preceding sentence.

“(b) Each center assisted under this section shall—

“(1)(A) use the facilities of a single institution or a consortium of cooperating institutions, and (B) meet such qualifications as may be prescribed by the Secretary; and

“(2) conduct—

“(A) basic and clinical research into the cause, diagnosis, early detection, prevention, control, and treatment of, arthritis and complications resulting from arthritis, including research into implantable biomaterials and biomechanical and other orthopedic procedures and in the development of other diagnostic and treatment methods;

“(B) training programs for physicians and other health and allied professionals in current methods of diagnosis, screening and early detection, prevention, control, and treatment of arthritis;

“(C) information and continuing education programs for physicians and other health and allied health professionals who provide care for patients with arthritis; and

“(D) programs for the dissemination to the general public of information—

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

“(ii) to discourage the promotion and use of unapproved and ineffective diagnostic, preventive, treatment, and control methods and unapproved and ineffective drugs and devices.

“(c) Each center assisted under this section may conduct programs to—

“(1) develop new and improved methods of screening and early detection, referral, and diagnosis of individuals with a risk of developing arthritis, asymptomatic arthritis, or symptomatic arthritis,

“(2) disseminate the results of research, screening, and other activities, and develop means of standardizing patient data and recordkeeping, and

“(3) develop community consultative services to facilitate the referral of patients to centers for treatment.

“(e) The Secretary shall, insofar as practicable, provide for an equitable geographical distribution of centers assisted under this section. The Secretary shall give appropriate consideration to the need for centers especially suited to meeting the needs of children affected by arthritis.

“(f) The Secretary shall evaluate on an annual basis the activities of centers receiving support under this section and shall report to the appropriate committees of Congress the results of his evaluations not later than four months after the end of each fiscal year.

“(g) No center may receive more than three grants under this section.

“(h) For purposes of this section, there are authorized to be appropriated \$11,000,000 for fiscal year ending June 30, 1975, \$13,000,000 for fiscal year ending June 30, 1976, and \$15,000,000 for fiscal year ending June 30, 1977. Not less than 20 per centum of the funds appropriated for each fiscal year under this subsection shall be used for the purposes of establishing new centers.”

ASSOCIATE DIRECTOR, ANNUAL REPORT, RESEARCH FUNDING,
ADVISORY COUNCIL

SEC. 5. (a) Section 434 of the Public Health Service Act is amended by adding at the end the following new subsections:

“(e) There is established within the Institute the position of Associate Director for Arthritis and Related Musculoskeletal Disease

(hereinafter in this part referred to as the 'Associate Director'), who shall report directly to the Director of such Institute and who, under the supervision of the Director of such Institute, shall be responsible for programs regarding arthritis and related musculoskeletal diseases hereinafter in this part collectively referred to as 'arthritis' within such Institute.

"(f) The Director of the Institute shall, as soon as practicable, but not later than sixty days, after the end of each fiscal year, prepare, in consultation with the National Advisory Council, and submit to the President and to the Congress a report. Such report shall include (1) a proposal for the Institute's activities under the Arthritis Plan formulated under the National Arthritis Act of 1974 and activities under other provisions of law during the next five years, with an estimate for such additional staff positions and appropriations as may be required to pursue such activities, and (2) a program evaluation section, wherein the activities and accomplishments of the Institute during the preceding fiscal year shall be measured against the Director's proposal for that year for activities under the Arthritis Plan."

(b) Section 431 of such Act is amended by adding at the end thereof the following new subsection :

"(c) Of the sums appropriated for any fiscal year under this Act for the National Institutes of Health, not less than \$500,000 shall be obligated for basic and clinical orthopedic research conducted within the National Institute of Arthritis, Metabolism, and Digestive Diseases which relates to the methods of preventing, controlling and treating arthritis and related musculoskeletal diseases, including research in implantable biomaterials and biomechanical and other orthopedic procedures and research in the development of new and improved orthopedic treatment methods."

(c) Section 434(b) of such Act is amended by adding at the end thereof the following: "The Advisory Council shall review applications made to the Director for grants for research projects related to arthritis and related musculoskeletal diseases and shall recommend to the Director for approval those applications and contracts which the Council determines will best carry out the purposes of this part. The Advisory Council shall also review and evaluate the arthritis programs under this part and shall recommend to the Director such changes in the administration of such programs as it determines are necessary."

Speaker of the House of Representatives.

*Vice President of the United States and
President of the Senate.*

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December 24, 1974

Dear Mr. Director:

The following bills were received at the White House on December 24th:

S.J. Res. 40	S. 3481 ✓	H.R. 8958 ✓	H.R. 14600 ✓
S.J. Res. 133 ✓	S. 3548 ✓	H.R. 8981 ✓	H.R. 14689 ✓
S.J. Res. 262 ✓	S. 3934 ✓	H.R. 9182 ✓	H.R. 14718 ✓
S. 251 ✓	S. 3943 ✓	H.R. 9199 ✓	H.R. 15173 ✓
S. 356 ✓	S. 3976 ✓	H.R. 9588 ✓	H.R. 15223 ✓
S. 521 ✓	S. 4073 ✓	H.R. 9654 ✓	H.R. 15229 ✓
S. 544 ✓	S. 4206 ✓	H.R. 10212 ✓	H.R. 15322 ✓
S. 663 ✓	H.J. Res. 1178 ✓	H.R. 10701 ✓	H.R. 15977 ✓
S. 754 ✓	H.J. Res. 1180 ✓	H.R. 10710 ✓	H.R. 16045 ✓
S. 1017 ✓	H.R. 421 ✓	H.R. 10827 ✓	H.R. 16215 ✓
S. 1083 ✓	H.R. 1715 ✓	H.R. 11144 ✓	H.R. 16596 ✓
S. 1296 ✓	H.R. 1820 ✓	H.R. 11273 ✓	H.R. 16925 ✓
S. 1418 ✓	H.R. 2208 ✓	H.R. 11796 ✓	H.R. 17010 ✓
S. 2149 ✓	H.R. 2933 ✓	H.R. 11802 ✓	H.R. 17045 ✓
S. 21446 ✓	H.R. 3203 ✓	H.R. 11847 ✓	H.R. 17085 ✓
S. 2807 ✓	H.R. 3339 ✓	H.R. 11897 ✓	H.R. 17468 ✓
S. 2854 ✓	H.R. 5264 ✓	H.R. 12044 ✓	H.R. 17558 ✓
S. 2888 ✓	H.R. 5463 ✓	H.R. 12113 ✓	H.R. 17597 ✓
S. 2994 ✓	H.R. 5773 ✓	H.R. 12427 ✓	H.R. 17628 ✓
S. 3022 ✓	H.R. 7599 ✓	H.R. 12884 ✓	H.R. 17655 ✓
S. 3289 ✓	H.R. 7684 ✓	H.R. 13022 ✓	
S. 3358 ✓	H.R. 7767 ✓	H.R. 13296 ✓	
S. 3359 ✓	H.R. 8214 ✓	H.R. 13869 ✓	
S. 3394 ✓	H.R. 8322 ✓	H.R. 14449 ✓	
S. 3433 ✓	H.R. 8591 ✓	H.R. 14461 ✓	

Please let the President have reports and recommendations as to the approval of these bills as soon as possible.

Sincerely,

Robert D. Linder
Chief Executive Clerk

The Honorable Roy L. Ash
Director
Office of Management and Budget
Washington, D. C.