

The original documents are located in Box 1, folder “Pocket Veto - 12/25/70 S3418 Family Practice of Medicine (1)” of the White House Records Office: Legislation Case Files at the Gerald R. Ford Presidential Library.

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RECEIVED VETO
EFF. 12/25/70 MINIST.
MEMO OF DISAPPROVAL DATED 12/24/70
175083 12/26/70

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

DEC 21 1970

MEMORANDUM FOR THE PRESIDENT

Subject: Enrolled Bill S. 3418 - Family Practice of Medicine
Sponsor - Sen. Yarborough (D) Texas, and 32 others

Last Day for Action

December 25, 1970 - Friday



Purpose

Authorizes a three-year program of grants to medical schools and hospitals to assist them in establishing special departments and programs to encourage training of personnel in the field of family practice; provides for a study of malnutrition.

Agency Recommendations

| | |
|---------------------------------|-------------------------------------|
| Office of Management and Budget | Disapproval (Veto message attached) |
|---------------------------------|-------------------------------------|

Department of Health,
Education, and Welfare

Disapproval (Memorandum of disapproval attached)

Office of Science and Technology
Department of Labor
Department of Agriculture

Disapproval
No objection
No objection

Description of the Bill

S. 3418 originated in the Congress and passed both Houses with overwhelming majorities, despite Administration opposition. Its main objective is to have the Federal Government provide targeted funds for planning and operating programs, construction, and student assistance designed to increase the number of medical personnel in the field of family practice.

On behalf of Senator John D. Stennis and Rep. Edith Green (both John Lewis Friends) this bill was handled as follows: also in December 1970 the World Health Organization in support of the

The bill would authorize the Secretary of HEW, during fiscal years 1971, 1972, and 1973, to make grants to public or private, nonprofit accredited medical schools to:

- operate separate departments of family practice,
- construct necessary facilities for family practice training programs, and
- operate or participate in special programs for training department heads, teachers, and paramedical personnel in family medicine.

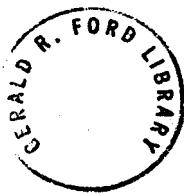
The bill would also authorize grants to public or private, nonprofit hospitals which train medical students, interns, or residents to:

- operate special family medicine training programs for medical and paramedical personnel.
- construct necessary facilities for these programs, and
- provide scholarships, fellowships, or stipends to interns, residents, or other medical personnel who need such assistance to participate in family medicine training programs and who plan careers in that field.

Medical schools and hospitals would, in addition, be eligible for grants for planning and developing programs or projects to carry out the purposes of the bill.

A twelve-member Advisory Council on Family Medicine would be appointed by the Secretary to advise the Secretary on policies and to make recommendations on the grants made under the bill.

Appropriations of \$50 million would be authorized for fiscal year 1971, \$75 million for fiscal year 1972, and \$100 million for fiscal year 1973. Up to \$8 million of these amounts in each year could be used for planning and development grants.



Finally, the bill would require the Secretary to make a study of the feasibility of establishing, at schools training health professionals, courses dealing with nutrition and problems related to malnutrition, and report the results by July 1, 1972 to the President and the Congress. In connection with the study, the Secretary would be authorized to make grants to such schools for planning and pilot projects. A separate \$5 million appropriation authorization is provided for these purposes.



Arguments for a Veto

1. The bill would add still another categorical grant program in the health area when the real need is for grant simplification and consolidation. A veto could serve to reinforce the Administration's opposition to categorization stated in the recent manpower veto message.

2. The new grant program provided under the bill would simply add to present grant complications since it largely duplicates existing broader authorities directed at the same objectives. For example:

. Under the Health Professions Educational Assistance Act, some of the formula and special project grants have been used for family medicine programs and construction funds have been used for space for family practice activities.

. The Physician Augmentation Program provides grants to medical schools, including a number which are giving added emphasis to teaching family medicine.

. Hill-Burton support includes ambulatory care facilities of the type required for family medicine teaching programs.

. The nurse training and allied health professions personnel authorities provide for training and construction which can be used to develop personnel to assist in providing family medicine.

3. The bill does not necessarily offer the best approach to training family physicians and other medical personnel in family medicine.

. It is intended to lead to the establishment of separate departments in medical schools, which is only one -- and not necessarily the best -- way of meeting the desired objective.

. The concepts and character of family practice are in an evolutionary stage and flexibility, experimentation, and alternative approaches are needed to find the most effective methods of providing family medicine suited to changing patterns of organization of medical services. The 1972 budget allowance for HEW reflects this general strategy.

4. Some professionals in the field contend that physicians in the broad specialties of medicine, i.e., internists and pediatricians, will become the "primary physicians" of the future. Their feeling is that physicians of this type, working in the framework of group practice, would provide a higher level of family medicine than would be provided by the type of physician developed under the enrolled bill.

5. The bill inappropriately provides assistance for interns and residents, whose salaries are now met largely out of payments for patient services, including reimbursements under medicare, medicaid, and other third-party plans.

6. The bill contains authorization levels which are excessive relative to possible funding levels and are out of line with funding for the already existing authorities cited above.

. The authorization levels of \$50 million for fiscal year 1971 and \$75 million for 1972 for family practice alone would compare with total estimated appropriations for special project and construction grants to medical schools and teaching hospitals of \$141 million for fiscal year 1971 and \$168 million for 1972.



. The authorizations create pressures for higher appropriations which would be subject to the "mandatory spending" provision in section 601 of the Hill-Burton bill enacted this year.

7. In reports and testimony while Congress was considering this bill, HEW recommended against its enactment and pointed out to the Committees most of the problems indicated above.



Arguments for Approval

1. The strong bipartisan votes for the bill in Congress point to the clear possibility of overriding a veto. They may also be considered indicative of public support for the view noted in the Senate Committee report that there is a "very great need to supplement this country's highly specialized medical manpower with physicians who have a more broadly based educational program."

2. The Health Professions Education Assistance Act, under which some of the purposes of the bill are now being accomplished, expires on June 30, 1971. HEW is now putting together a package for extending and improving this Act. That package could recommend an appropriate merger with the new authorities provided in S. 3148, thus avoiding a veto confrontation with the Congress at this time.

3. Several recent health and education bills containing duplicatory and categorical grant features have been signed into law. A veto of this measure could project an anti-health image, strictly on budgetary grounds, which would be unfortunate when the Administration wants to make health a major thrust next year.

4. The authorizations in the bill do not represent actual funding and could be used only on an "as needed" basis to complement the funding of already existing programs if the authorities are not merged in the upcoming health manpower proposals, as suggested above.

5. The aim of the bill -- to place emphasis on and expand the number of physicians in the field of family practice -- is one of the recommendations of the recent report by the Carnegie Commission entitled Higher Education and the Nation's Health and has considerable support from various segments of the medical profession.



Recommendation

HEW recommends disapproval, noting that it "would find any course other than disapproval difficult to reconcile with our consistently expressed opposition to the proposal, both in the House and in the Senate, and with this Administration's strong opposition to further proliferation of categorical grant programs."

OST also recommends disapproval because (1) the effectiveness of the family medicine practitioner has not been evaluated and demonstrated, (2) the enrolled bill would institutionalize the family medicine approach and give it the Federal Government's endorsement, and (3) the bill constitutes a major intervention by the Federal Government in determining the kind of practitioner that will be available in abundance in the future.

OMB concurs in the recommendation for disapproval, primarily because a new and duplicatory health manpower grant program is undesirable and because the Federal Government should not be in the position of, in effect, legislating the internal structure of medical schools. We believe a broader, more flexible approach to the objective of increasing various types of health manpower is needed and can be more readily achieved under the kinds of general authorities already available than through the narrow approach of the enrolled bill. A draft veto message is attached.

George P. Shultz

Director

Enclosures

January 29, 1975

In accordance with a directive from William E. Casselman II,
Counsel to the President, S. 3418 of the 91st Congress, 2nd
Session, is hereby transmitted to the Office of the Federal
Register, National Archives, General Services Administration,
for compliance with the provisions of 1 U.S.C. 106a.



Thomas M. Jones

Thomas M. Jones
Chief, White House Records
Office

Delivered by received W.H messenger to Fred J Emery,
Director Office of the Federal Register, National Archives,
1100 L St., NW. Rec'd 401 1/29/75



WASHINETON Post 8/6/73

Pocket Veto In Recess Ruled Illegal

By Donald P. Baker,
Washington Post Staff Writer

A pocket veto by President Nixon during a congressional Christmas recess in 1970 was ruled unconstitutional yesterday by U.S. District Court Judge Joseph C. Waddy.

The President's action had been challenged by Sen. Edward M. Kennedy (D-Mass.), who personally argued the case before Judge Waddy last Feb. 28.

Waddy ruled on the narrow question of whether the President has the right to pocket-veto—refuse to sign a measure

Nixon's 1970 Pocket Veto During Recess Held Illegal

VETO, From Al
ments to encourage the prac-
tice of family medicine.

It was approved in the Senate by a vote of 64 to 1 and in

the House by 346 to 2, and presented to the President on Dec. 14, 1970. On Dec. 22, Congress adjourned for five days for the Christmas holiday. Two days later, Mr. Nixon issued a memorandum of disapproval, announcing that he was withholding his signature.

Waddy ruled that the President's action did not fall within the bounds of Article I, Section 7, Clause 2 of the Constitution, which provides for a so-called pocket veto. The pocket veto is intended to permit a President to reject a bill during an adjournment of

Senate Subcommittee on Health and a co-sponsor of the bill, had indicated earlier that he was prepared to carry his argument to the Supreme Court if necessary.

He had called the bill "the most important piece of legislation" ever to be pocket-vetoed, and the five-day recess the shortest in which a pocket veto had been used.

In arguing his own case, Kennedy said Presidents have exercised their pocket veto authority—approximately 70 times, and that 90 per cent of them have occurred since World War II, and then primarily for private or minor bills.

Waddy, saying his court "declines to swim in waters that the Supreme Court pointedly avoided" in two previous

Waddy also rejected that, saying the order sought by Kennedy "requires no action by the President."

Named as defendants in the action were Arthur F. Sampson, acting administrator of the GSA, and Thomas M. Jones, chief of White House records. The court's order requires Jones to turn over the Sampson the papers necessary for GSA to publish the bill as law.

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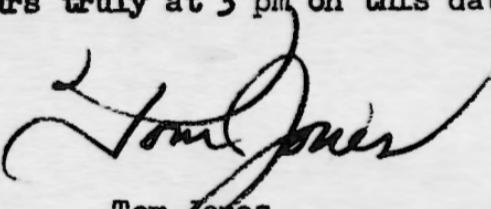
NOTTINGHAM, Eng-
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THE WHITE HOUSE
WASHINGTON

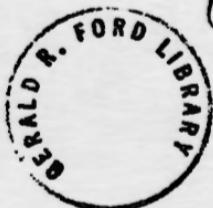
January 28, 1975

FOR THE RECORD:

In response to the attached request, the bill S. 3418, a copy of which is attached here, was handed to Barry Roth of Mr. Casselman's staff personally by yours truly at 3 pm on this date.



Tom Jones
Chief of the
White House Records
Office



THE WHITE HOUSE

WASHINGTON

January 28, 1975

MEMORANDUM FOR: TOM JONES

FROM: BILL CASSELMAN *RF*

Referencing your conversation with Barry Roth of this office, this is to request that you deliver to my office the original enrolled bill for S. 3418 (91st Congress, 2d Session), the Family Practice of Medicine Act. In view of the decision by the Solicitor General not to take a further appeal in Kennedy v. Sampson, et al., I have been requested by GSA, and the Department of Justice, to provide them with the enrolled bill for prompt publication by the National Archives.

Your assistance is appreciated.



MEMORANDUM OF DISAPPROVAL

I am withholding my signature from S. 3418, a bill designed to promote training in family medicine. The authority provided in this bill is unnecessary and represents the wrong approach to the solution of the nation's health problems.

In my press conference on December 10, I stated that a health program will be one of the highest priority proposals I will submit to the Congress next year. We will propose a broad pattern of reforms to deal with the nation's health problems and needs on a systematic and comprehensive basis. In contrast, the piecemeal bill I am rejecting today simply continues the traditional approach of adding more programs to the almost unmanageable current structure of Federal Government health efforts.

The Federal Government already has at least four programs on the books that provide funds which can be used to promote the training of family medicine practitioners. Moreover, the entire concept of American medicine is in an evolutionary stage. There are differing opinions on how best to organize and train personnel to provide comprehensive and continuing care to individuals and families.

Under these circumstances, I do not believe it wise to place heavy emphasis on the establishment of separate departments of family medicine in medical schools, as S. 3418 would do. This is only one -- and not necessarily the most efficient -- method of achieving our national health care objectives, and should not be fixed in law.



A handwritten signature in black ink, appearing to read "Richard Nixon".

THE WHITE HOUSE,
December 24, 1970.

FOR IMMEDIATE RELEASE

DECEMBER 26, 1970

Office of the White House Press Secretary

THE WHITE HOUSE

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/S/ RICHARD NIXON

The White House

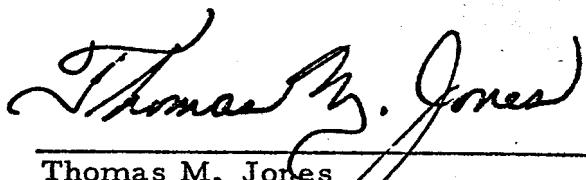


December 24, 1970

#

January 29, 1975

In accordance with a directive from William E. Casselman II,
Counsel to the President, S. 3418 of the 91st Congress, 2nd
Session, is hereby transmitted to the Office of the Federal
Register, National Archives, General Services Administration,
for compliance with the provisions of 1 U.S.C. 106a.

A handwritten signature in cursive script that reads "Thomas M. Jones".

Thomas M. Jones
Chief, White House Records
Office

THE WHITE HOUSE

WASHINGTON

1/31/75

Tom -

Thought you would want a
copy of this for your records.

Bamy



UNITED STATES OF AMERICA
GENERAL SERVICES ADMINISTRATION

Office of General Counsel
Washington, D.C. 20405



JAN 13 1975

Honorable Philip W. Buchen
Counsel to the President
The White House
Washington, DC 20500

Dear Mr. Buchen:

In accordance with the decision of the United States Court of Appeals for the District of Columbia Circuit in Kennedy v. Sampson, et al., (C.A.D.C. Nos. 73-2121 and 2122), which decision may no longer be appealed to the Supreme Court, this is to request that you transmit to the Administrator of General Services (Office of the Federal Register) the original of S. 3418, passed by the 91st Congress and the subject matter of the cited litigation.

In accordance with the Administrator's authority under sections 106a and 112 of title 1, United States Code, we will publish the bill as an addendum to the public laws enacted by the 91st Congress.

Irving Jaffe, Deputy Assistant Attorney General, Civil Division, Department of Justice, has concurred in this action in a telephone conversation of this date with Steven Garfinkel of this office.

Sincerely,

Harold S. Trimmer
HAROLD S. TRIMMER, JR.
General Counsel



Ninety-first Congress of the United States of America

AT THE SECOND SESSION

Begun and held at the City of Washington on Monday, the nineteenth day of January, one thousand nine hundred and seventy



An Act

To amend the Public Health Service Act to provide for the making of grants to medical schools and hospitals to assist them in establishing special departments and programs in the field of family practice, and otherwise to encourage and promote the training of medical and paramedical personnel in the field of family medicine and to provide for a study relating to causes and treatment of malnutrition.

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

TITLE I—FAMILY MEDICINE

SEC. 101. Part D of title VII of the Public Health Service Act is amended to read as follows:

“PART D—GRANTS TO PROVIDE PROFESSIONAL AND TECHNICAL TRAINING IN THE FIELD OF FAMILY MEDICINE

“DECLARATION OF PURPOSE

“SEC. 761. It is the purpose of this part to provide for the making of grants to assist—

“(1) public and private nonprofit medical schools—

“(A) to operate, as an integral part of their medical education program, separate and distinct departments devoted to providing teaching and instruction (including continuing education) in all phases of family practice;

“(B) to construct such facilities as may be appropriate to carry out a program of training in the field of family medicine whether as a part of a medical school or as separate outpatient or similar facility;

“(C) to operate, or participate in, special training programs for paramedical personnel in the field of family medicine; and

“(D) to operate, or participate in, special training programs to teach and train medical personnel to head departments of family practice or otherwise teach family practice in medical schools; and

“(2) public and private nonprofit hospitals which provide training programs for medical students, interns, or residents—

“(A) to operate, as an integral part of their medical training programs, special professional training programs (including continuing education) in the field of family medicine for medical students, interns, residents, or practicing physicians;

“(B) to construct such facilities as may be appropriate to carry out a program of training in the field of family medicine whether as a part of a hospital or as a separate outpatient or similar facility;

“(C) to provide financial assistance (in the form of scholarships, fellowships, or stipends) to interns, residents, or other medical personnel who are in need thereof, who are participants in a program of such hospital which provides special training (accredited by a recognized body or bodies approved for such purpose by the Commissioner of Education) in the field of family medicine, and who plan to specialize or work in the practice of family medicine; and



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“(D) to operate, or participate in, special training programs for paramedical personnel in the field of family medicine.

“AUTHORIZATION OF APPROPRIATIONS

“SEC. 762. (a) For the purpose of making grants to carry out the purposes of this part, there are authorized to be appropriated \$50,000,000 for the fiscal year ending June 30, 1971, \$75,000,000 for the fiscal year ending June 30, 1972, and \$100,000,000 for the fiscal year ending June 30, 1973.

“(b) Sums appropriated pursuant to subsection (a) for any fiscal year shall remain available for the purpose for which appropriated until the close of the fiscal year which immediately follows such year.

“GRANTS BY SECRETARY

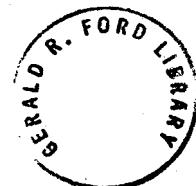
“SEC. 763. (a) From the sums appropriated pursuant to section 762, the Secretary is authorized to make grants, in accordance with the provisions of this part, to carry out the purposes of section 761.

“(b) No grant shall be made under this part unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall have prescribed by regulations which have been promulgated by him and published in the Federal Register not later than six months after the date of enactment of this part.

“(c) Grants under this part shall be in such amounts and subject to such limitations and conditions as the Secretary may determine to be proper to carry out the purposes of this part.

“(d) In the case of any application for a grant any part of which is to be used for major construction or remodeling of any facility, the Secretary shall not approve the part of the grant which is to be so used unless the recipient of such grant enters into appropriate arrangements with the Secretary which will equitably protect the financial interests of the United States in the event such facility ceases to be used for the purpose for which such grant or part thereof was made prior to the expiration of the twenty-year period which commences on the date such construction or remodeling is completed.

“(e) Grants made under this part shall be used only for the purpose for which made and may be paid in advance or by way of reimbursement, and in such installments, as the Secretary may determine.



“ELIGIBILITY FOR GRANTS

“SEC. 764. (a) In order for any medical school to be eligible for a grant under this part, such school—

- “(1) must be a public or other nonprofit school of medicine; and
- “(2) must be accredited as a school of medicine by a recognized body or bodies approved for such purpose by the Commissioner of Education, except that the requirements of this clause shall be deemed to be satisfied, if (A) in the case of a school of medicine which by reason of no, or an insufficient, period of operation is not, at the time of application for a grant under this part, eligible for such accreditation, the Commissioner finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school will meet the accreditation standards of such body or bodies prior to the beginning of the academic year

following the normal graduation date of students who are in their first year of instruction at such school during the fiscal year in which the Secretary makes a final determination as to approval of the application.

"(b) In order for any hospital to be eligible for a grant under this part, such hospital—

- "(1) must be a public or private nonprofit hospital; and
- "(2) must conduct or be prepared to conduct in connection with its other activities (whether or not as an affiliate of a school of medicine) one or more programs of medical training for medical students, interns, or residents, which is accredited by a recognized body or bodies, approved for such purpose by the Commissioner of Education.

"APPROVAL OF GRANTS

"SEC. 765. (a) The Secretary, upon the recommendation of the Advisory Council on Family Medicine, is authorized to make grants under this part upon the determination that—

- "(1) the applicant meets the eligibility requirements set forth in section 764;
- "(2) the applicant has complied with the requirements of section 763;
- "(3) the grant is to be used for one or more of the purposes set forth in section 761;
- "(4) it contains such information as the Secretary may require to make the determinations required of him under this section and such assurances as he may find necessary to carry out the purposes of this part;
- "(5) it provides for such fiscal control and accounting procedures and reports, and access to the records of the applicant, as the Secretary may require (pursuant to regulations which shall have been promulgated by him and published in the Federal Register) to assure proper disbursement of and accounting for all Federal funds paid to the applicant under this part; and

"(6) the application contains or is supported by adequate assurance that any laborer or mechanic employed by any contractor or subcontractor in the performance of work on the construction of the facility will be paid wages at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a-276a5). The Secretary of Labor shall have, with respect to the labor standards specified in this paragraph, the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 65 Stat. 1267), and section 2 of the Act of June 13, 1934, as amended (40 U.S.C. 276c).

"(b) The Secretary shall not approve any grant to—

"(1) a school of medicine to establish or operate a separate department devoted to the teaching of family medicine unless the Secretary is satisfied that—

"(A) such department is (or will be, when established) of equal standing with the other departments within such school which are devoted to the teaching of other medical specialty disciplines; and

"(B) such department will, in terms of the subjects offered and the type and quality of instruction provided, be designed to prepare students thereof to meet the standards established for specialists in the specialty of family practice by a recog-



nized body approved by the Commissioner of Education; or
“(2) a hospital to establish or operate a special program for medical students, interns, or residents in the field of family medicine unless the Secretary is satisfied that such program will, in terms of the type of training provided, be designed to prepare participants therein to meet the standards established for specialists in the field of family medicine by a recognized body approved by the Commissioner of Education.

“(c) The Secretary shall not approve any grant under this part unless the applicant therefor provides assurances satisfactory to the Secretary that funds made available through such grant will be so used as to supplement and, to the extent practical, increase the level of non-Federal funds which would, in the absence of such grant, be made available for the purpose for which such grant is requested.

“PLANNING AND DEVELOPMENTAL GRANTS

“SEC. 766. (a) For the purpose of assisting medical schools and hospitals (referred to in section 761) to plan or develop programs or projects for the purpose of carrying out one or more of the purposes set forth in such section, the Secretary is authorized for any fiscal year (prior to the fiscal year which ends June 30, 1973) to make planning and developmental grants in such amounts and subject to such conditions as the Secretary may determine to be proper to carry out the purposes of this section.

“(b) From the amounts appropriated in any fiscal year (prior to the fiscal year ending June 30, 1973) pursuant to section 762(a), the Secretary may utilize such amounts as he deems necessary (but not in excess of \$8,000,000 for any fiscal year) to make the planning and developmental grants authorized by subsection (a).



“ADVISORY COUNCIL ON FAMILY MEDICINE

“SEC. 767. (a) The Secretary shall appoint an Advisory Council on Family Medicine (hereinafter in this section referred to as the ‘Council’). The Council shall consist of twelve members, four of whom shall be physicians engaged in the practice of family medicine, four of whom shall be physicians engaged in the teaching of family medicine, three of whom shall be representatives of the general public, and one of whom shall, at the time of his appointment, be an intern in family medicine. Members of the Council shall be individuals who are not otherwise in the regular full-time employ of the United States.

“(b)(1) Except as provided in paragraph (2), each member of the Council shall hold office for a term of four years, except that any member appointed to fill a vacancy 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 the terms of office of the members first taking office shall expire, as designated by the Secretary at the time of appointment, three at the end of the first year, three at the end of the second year, three at the end of the third year, and three at the end of the fourth year, after the date of appointment.

“(2) The member of the Council appointed as an intern in family medicine shall serve for one year.

“(3) A member of the Council shall not be eligible to serve continuously for more than two terms.

“(c) Members of the Council shall be appointed by the Secretary without regard to the provisions of title 5, United States Code, gov-

erning appointments in the competitive service. Members of the Council, while attending meetings and conferences thereof or otherwise serving on business of the Council, shall be entitled to receive compensation at rates fixed by the Secretary, but not exceeding \$100 per day, including traveltine, and while so serving away from their homes or regular places of business they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703 of title 5, United States Code, for persons in Government service, employed intermittently.

"(d) The Council shall advise and assist the Secretary in the preparation of regulations for, and as to policy matters arising with respect to, the administration of this part. The Council shall consider all applications for grants under this part and shall make recommendations to the Secretary with respect to approval of applications for, and of the amount of, grants under this part.

"DEFINITIONS

"SEC. 768. For purposes of this part—

"(1) the term 'nonprofit' as applied to any hospital or school of medicine means a school of medicine or hospital which is owned and operated by one or more nonprofit corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual;

"(2) the term 'family medicine' means those certain principles and techniques and that certain body of medical, scientific, administrative, and other knowledge and training, which especially equip and prepare a physician to engage in the practice of family medicine;

"(3) the term 'practice of family medicine' and the term 'practice', when used in connection with the term 'family medicine', mean the practice of medicine by a physician (licensed to practice medicine and surgery by the State in which he practices his profession) who specializes in providing to families (and members thereof) comprehensive, continuing, professional care and treatment of the type necessary or appropriate for their general health maintenance; and

"(4) the term 'construction' includes construction of new buildings, acquisition, expansion, remodeling, and alteration of existing buildings, and initial equipment of any such buildings, including architects' fees, but excluding the cost of acquisition of lands or offsite improvements."

TITLE II—MALNUTRITION

SEC. 201. (a) The Secretary of Health, Education, and Welfare shall conduct a study, in cooperation with schools training health professional manpower, of the feasibility and desirability of establishing at such schools courses dealing with nutrition and problems related to malnutrition, and of establishing research programs and pilot projects in the field of nutrition and problems of malnutrition.

(b) The Secretary is authorized to make grants to health professional schools, in connection with the study provided for by subsection (a), for the planning of programs at such schools, and for the conduct of pilot projects at such schools, to assist such schools in the establishment of courses dealing with nutrition and problems related to malnutrition.



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(c) The Secretary shall report to the President and to Congress by July 1, 1972, the results of such study, together with such recommendations as he deems advisable.

(d) There is authorized to be appropriated \$5,000,000 to carry out the purposes of this section.

John McCormack
Speaker of the House of Representatives.

Harold E. Hughes
~~Vice President of the United States~~
Acting President of the Senate pro Tempore