

The original documents are located in Box 52, folder “7/26/76 S3184 Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act Amendments of 1976” of the White House Records Office: Legislation Case Files at the Gerald R. Ford Presidential Library.

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7/26/76

To: Records

This is o.k. to go. Mr. Linder has checked it out -- omission of approval of statement accompanying bill an oversight by the President.

per Katie

15/ 7/26/76

APPROVED
JUL 26 1976

Statement issued
1/27/76

THE WHITE HOUSE
WASHINGTON
July 21, 1976

ACTION

Last Day: July 26

Posted

7/27/76

MEMORANDUM FOR

THE PRESIDENT

FROM:

JIM CANNO

SUBJECT:

S. 3184 - Comprehensive Alcohol Abuse
and Alcoholism Prevention, Treatment
and Rehabilitation Act Amendments of
1976

Archives
7/27/76

Attached for your consideration is S. 3184, sponsored by Senator Hathaway.

The enrolled bill extends through FY 1979, with amendments, HEW's legislative authorities for categorical programs of assistance to States and communities under the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970. The authorities for these programs expired on June 30, 1976.

A summary of the major provisions of the bill and arguments for approval and disapproval are provided in Jim Lynn's enrolled bill report at Tab A.

OMB, Max Friedersdorf, Counsel's Office (Lazarus) and I recommend approval of the enrolled bill and the proposed signing statement which has been cleared by the White House Editorial Office (Smith).

RECOMMENDATION

That you sign S. 3184 at Tab B.

That you approve the signing statement at Tab C.

Approve _____

Disapprove _____





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

JUL 20 1976

MEMORANDUM FOR THE PRESIDENT

Subject: Enrolled Bill S. 3184 - Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1976
Sponsor - Sen. Hathaway (D) Maine

Last Day for Action

July 26, 1976 - Monday

Purpose

Extends for three fiscal years, and expands, the categorical Federal alcoholism programs of the Department of Health, Education, and Welfare (HEW), including authorization of new alcoholism research programs.

Agency Recommendations

Office of Management and Budget	Approval (Signing statement attached)
Department of Health, Education, and Welfare	Approval
Veterans Administration	Approval
Department of Defense	Defers to HEW

Discussion

S. 3184 would extend through fiscal year 1979, with amendments, HEW's legislative authorities for categorical programs of assistance to States and communities under the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970. The authorities for these programs expired on June 30, 1976.

The alcoholism programs that S. 3184 would authorize are included among the sixteen health programs which your 1977 Budget proposed to consolidate into a single health block

grant. That proposal, the "Financial Assistance for Health Care Act," was submitted to the Congress in February 1976 and was designed to provide States with flexibility to determine priorities of health care in alcoholism and other areas.

The Administration strongly opposed S. 3184 as directly contrary to the concept of the health block grant. In addition to continuing the alcoholism programs under separate authorities, the bill would impose more specific requirements on States in contrast to allowing them greater latitude in determining health care priorities. The Congress did not make an effort to accommodate our objections. The House passed the original version by a vote of 271-3 and the conference version by 386-6; the Senate passed both versions by voice vote.

Major Provisions of S. 3184

State formula and project grants. S. 3184 would extend the State formula and project grant programs for alcoholism at substantially higher authorization levels than recommended in the 1977 Budget. In addition, the bill would modify or add new requirements for grants and contracts.

With respect to State formula grants, it would:

-- require HEW, within 6 months after enactment, to establish a method to determine the nature and extent of a State's need for alcoholism funds;

-- impose new requirements for State plans which must be met prior to receiving formula grant money, e.g., preparation of a complete inventory of all public and private resources available for the treatment of alcoholism in the State, and a description of how States will assure that hospitals and other institutions receiving Federal funds from any source do not deny care to alcoholics;

-- require States to add at least one representative of the Statewide Health Coordinating Council established under the recently-enacted National Health Planning and Resources Development Act (P.L. 93-641) to State alcoholism advisory councils.

S. 3184 would also add new requirements and specify new conditions for project grants. Among other things, it would:

-- provide that special emphasis be given to projects designed to serve racial and ethnic minorities, teenagers, and female alcoholics,

-- require that special assistance be given to persons not fluent in the English language,

-- authorize education and training to enable treatment personnel to meet public or private accreditation and licensure requirements, and

-- authorize projects designed to provide for the coordination of all alcoholism diagnosis, treatment, prevention and research services in health planning areas.

S. 3184 would also increase the funding level and the funding period--from three to six years--for incentive grants to States, which are designed to encourage States to implement the basic provisions of the model Uniform Alcoholism and Intoxication Treatment Act.

Alcoholism research. S. 3184 would add a new title to the alcoholism act authorizing new specific research authorities to expand the research program of the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The new title would also authorize the establishment of up to six National Alcohol Research Centers in various parts of the country.

According to Senator Hathaway, the bill's sponsor, the new specific authorities are intended to supplant the general research authority in the Public Health Service (PHS) Act which is used by HEW to conduct current alcoholism research programs. The Senator indicated that a principal reason for enacting the new specific authorities is to make "a congressional demand for a stronger commitment within HEW to such research."

Other provisions. S. 3184 would also:

-- give the HEW Secretary--acting through the Administrator of the Alcohol, Drug Abuse and Mental Health Administration--authority to evaluate and recommend the coordination of education and prevention activities carried out by the various HEW agencies concerned with alcoholism and drug abuse,

-- require peer review of all NIAAA grant and contract applications to the maximum extent possible and specific approval by the National Alcoholism Advisory Council for each grant made by NIAAA,

-- extend the provisions prohibiting hospitals from discriminating against the admission and treatment of alcoholics to outpatient facilities, e.g., group practices and community health centers, and

-- amend the Drug Abuse Office and Treatment Act of 1972 to include a requirement that special emphasis be given to females and teenagers in drug abuse programs.

Budget implications. S. 3184 would authorize \$181 million for fiscal year 1977, which is \$7 million below the authorization in current law for fiscal year 1976, but is \$78 million above the Administration's funding request for 1977. The Administration's 1977 request was based on a then pending 1976 proposal, later rejected by the Congress, to reduce grant funding about 20% below the requested 1975 level. Accordingly, the 1977 request in the block grant is below the actual appropriated level for 1976.

The following table compares the authorizations in S. 3184 with those for fiscal year 1976, and indicates the appropriation levels.

<u>Activity</u>	(\$ in millions)					
	<u>1976</u>		<u>1977</u>		<u>1978</u>	<u>1979</u>
	<u>Appn.</u>	<u>Auth.</u>	<u>Admin. request</u>	<u>S. 3184</u>	<u>S. 3184</u>	<u>S. 3184</u>
State formula grants	56	80	46	70	77	85
Project grants and contracts	58	108	47	85	91	103
Alcohol research	12	Indef	10	20	24	28
Alcohol Research Centers	--	--	--	6	6	6
	126	188	103	181	198	222

The actual 1975 appropriation for these programs was \$118 million compared to appropriations authorizations of \$173 million.

Arguments for approval

1. Enactment of the proposed Financial Assistance for Health Care Act does not appear likely in this session of Congress. S. 3184 would provide necessary authorities to continue HEW existing community alcoholism programs until the Administration's block grant proposal can be effected.

2. Disapproval of S. 3184 could be viewed as Administration insensitivity to the serious alcoholism and alcohol abuse problem in this country, and an abandonment of national leadership to help deal with this major health problem. Moreover, alcoholism treatment and prevention programs are "politically weaker" and smaller than other health programs proposed for consolidation and would suffer in competing for funds in the health block grant.

3. Although the authorization levels in S. 3184 are higher than requested for fiscal year 1977 or projected for 1978 and 1979, the total 1977 authorization is below the level for 1976. If Congress follows the pattern of recent years, appropriations probably would be below the authorizations.

4. The research provisions in the bill, while duplicating existing authorities, would not disrupt HEW organizational structure or require HEW to carry out a research program different from that currently being carried out.

5. Although the States would have a greater reporting burden, the additional State plan requirements are intended by Congress to improve State performance by making them more accountable for coordination of their alcoholism programs and use of the Federal formula grant funds.

6. HEW's administrative burdens resulting from the grant approval requirements in S. 3184 are not excessive. HEW already uses or would like to use peer review for most of its grant and contract applications. Likewise, in the past, HEW Secretaries have seldom approved an application unless it has been recommended for approval by the National Alcoholism Advisory Council.

Arguments against approval

1. S. 3184 is the second bill recently passed by the Congress that runs directly counter to your effort to

consolidate the many fragmented health programs administered by HEW and increase the State-local role in the health area. You approved the first of these--S. 1466, the "National Consumer Health Information and Health Promotion Act of 1976"--which contained three small categorical communicable disease programs, venereal diseases, rat control, and immunization, and apparently represented a negotiated compromise with the Congress. S. 3184 not only authorizes a much larger categorical program, but would further undermine your commitment to the enactment of the Administration's health block grant proposal. Disapproval of S. 3184, even if your veto is overridden, might cause Congress to go slower on other pending bills which extend and expand categorical health programs, e.g., emergency medical services.

2. Extension of the appropriation authorizations to continue the alcoholism programs pending enactment of the health block grant is not necessary. These programs would continue to operate at current levels under a continuing resolution without new authorizations. Disapproval of the enrolled bill could help maintain pressure on the Congress to enact the block grant proposal and would, at the same time, keep funding of the programs at lower levels under the continuing resolution than might be provided under the authorizations in the bill.

3. Over the next three years, the authorizations in S. 3184 totaling about \$600 million are two times the funding levels recommended in the 1977 Budget. They exceed the comparable 1976 appropriation of \$126 million by \$55 million in fiscal year 1977, \$72 million in 1978, and \$96 million in 1979. If the authorizations were fully funded for 1977, outlays would be increased by about \$14 million in 1977 and about \$51 million in 1978.

4. The specific alcohol research authorities are duplicative and unnecessary, and will create pressures to expand excessively the research program of the NIAAA. The establishment of research centers would commit the Federal Government to a funding level of up to \$6 million annually and support of a concept that has not yet been documented as cost effective.

5. Approval of S. 3184--by sharply expanding the States' administrative burdens--would detract from the basic philosophy that States should determine with minimal

Federal red tape how their formula grant funds are to be utilized. Likewise, the revised project grant authorities highlight more special populations and will probably increase the already over-categorized array of HEW substance abuse projects.

6. The advisory committee requirements would further hinder the Administration's efforts to reduce the numbers of advisory committees. Department heads should have the management flexibility to structure advisory committees according to need and to approve applications without being bound by an advisory body's advice.

Recommendation

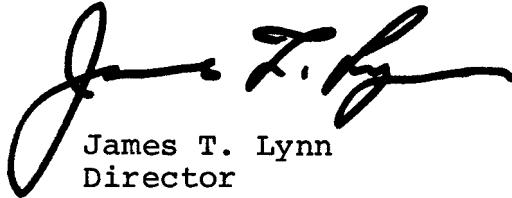
HEW recommends approval of S. 3184 because it believes that the benefits from continuing Federal support of alcohol abuse prevention, treatment and rehabilitation activities outweigh the objectionable features of the bill.

* * * * *

S. 3184 has several undesirable aspects, as described above. It goes in the wrong direction by adding a new research authority and placing more Federal requirements on the States. In addition, the authorization levels are excessive, although not as troublesome as they appear in view of recent appropriation history.

The main problem with the bill, however, is that it goes counter to the block grant approach. In light of your recent approval of P.L. 94-317, the "National Consumer Health Information and Health Promotion Act of 1976," it would be difficult to explain a veto of S. 3184. Moreover, it is highly unlikely that a veto could be sustained, in view of the strong support for the bill in both houses.

On balance, therefore, we recommend that you approve this bill. At the same time, I continue to believe we should make your block grant proposal a major issue, as we discussed last week. We have attached a draft signing statement which urges the Congress to consider and act on that proposal.



James T. Lynn
Director

Enclosures

STATEMENT BY THE PRESIDENT



I have today signed into law S. 3184, a bill which would extend and expand the authorities for providing Federal assistance to States and communities for alcohol prevention and treatment programs. I have done so because I am concerned about the serious problems of alcoholism and drug abuse in this country, which this bill attempts to address.

We need to find new ways to prevent alcoholism and drug abuse and to assist the rehabilitation and cure of the victims of these cruel diseases. In extending the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, S. 3184 continues the State grants on alcoholism, and provides special new authorities for Federal research on alcoholism.

In approving this legislation, however, I must register my concern that this is far from the best way to reduce the tragic toll of alcoholism and alcohol abuse.

S. 3184 is based on a policy of perpetuating the maze of categorical Federal health programs and adding even more to the Federal requirements in these programs. This approach is a disservice to those who need effective delivery of health care and to those who must pay the bills -- the taxpayers.

In my 1977 Budget, I proposed a consolidation of 16 existing Federal health programs, including grants for alcohol prevention and treatment programs, into a single block grant which would enable States and localities to assure that people in need receive comprehensive health care.

The Congress has, however, not seen fit even to hold hearings on my proposal. That proposal is based on the proposition that Federal regulation of programs should be reduced and more reliance should be placed upon State and local governments in analyzing the problems and determining priorities for spending the taxpayers' money. The Congress' refusal to consider this approach is irresponsible.

Fewer Federal programs and a reduction in the number of rules and regulations accompanying each of them would allow States and local governments to respond more quickly and sensibly to the health needs of their residents. Consolidation of funding into a single block grant with a more equitable distribution formula would better direct Federal health assistance to those most in need throughout the nation. The mountain of Federal requirements and red tape imposed upon States and localities prevents them from using limited health resources in the most effective way and adds needlessly to administrative costs.

I urge the Congress to enact my proposed "Financial Assistance for Health Care Act." I firmly believe that is the right way to meet our health needs and the sound way to develop health systems that work for the American people.

In the meantime, I have signed S. 3184 so that in the interim assistance will be provided for these important programs.

*J. Cavanaugh
10-
7-20-76
6-30-76*

EXECUTIVE OFFICE OF THE PRESIDENT

OFFICE OF MANAGEMENT AND BUDGET

WASHINGTON, D.C. 20503

JUL 20 1976

MEMORANDUM FOR THE PRESIDENT

Subject: Enrolled Bill S. 3184 - Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1976
Sponsor - Sen. Hathaway (D) Maine

Last Day for Action

July 26, 1976 - Monday



Purpose

Extends for three fiscal years, and expands, the categorical Federal alcoholism programs of the Department of Health, Education, and Welfare (HEW), including authorization of new alcoholism research programs.

Agency Recommendations

Office of Management and Budget

Approval (Signing statement attached)

Department of Health, Education,
and Welfare

Approval

Veterans Administration

Approval

Department of Defense

Defers to HEW

Discussion

S. 3184 would extend through fiscal year 1979, with amendments, HEW's legislative authorities for categorical programs of assistance to States and communities under the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970. The authorities for these programs expired on June 30, 1976.

The alcoholism programs that S. 3184 would authorize are included among the sixteen health programs which your 1977 Budget proposed to consolidate into a single health block

THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

LOG NO.:

Date: July 21

Time: 1000am

FOR ACTION:

Spencer Johnson *ok*
Max Friedersdorf, *ok*
Ken Lazarus *ok*
Robert Hartmann *ok*
David Lissy *ok*
Steve McConahey *ok*

cc (for information):

Jack Marsh
Jim Cavanaugh
Ed Schmults

FROM THE STAFF SECRETARY

DUE: Date:

July 22

Time:

930am

SUBJECT:

S. 3184 - Comprehensive Alcohol Abuse and Alcoholism
Prevention, Treatment and Rehabilitation Act
Amendments of 1976

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

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

TO THE SENATE

I have today signed into law S. 3184, a bill which would extend and expand the authorities for providing Federal assistance to States and communities for alcohol prevention and treatment programs. I have done so because I am concerned about the serious problems of alcoholism and drug abuse in this country, which this bill attempts to address.

We need to find new ways to prevent alcoholism and drug abuse and to assist the rehabilitation and cure of the victims of these cruel diseases. In extending the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, S. 3184 continues the State grants on alcoholism, and provides special new authorities for Federal research on alcoholism.

In approving this legislation, however, I must register my concern that this is far from the best way to reduce the tragic toll of alcoholism and alcohol abuse.

S. 3184 is based on a policy of perpetuating the maze of categorical Federal health programs and adding even more to the Federal requirements in these programs. This approach is a disservice to those who need effective delivery of health care and those who must pay the bills--the taxpayers.

In my 1977 Budget, I proposed a consolidation of 16 existing Federal health programs, including grants for alcohol prevention and treatment programs, into a single block grant which would enable States and localities to assure that people in need receive comprehensive health care.

To date the Congress has not seen fit even to hold hearings on my proposal. That proposal is based on the principle that Federal regulation of programs should be reduced and that we should rely more on State and local governments to analyze the problems and needs of their citizens and to determine the priorities for spending the taxpayers' money. This is a straightforward and sound principle. The Congress's refusal to consider it is unjustifiable.

Fewer Federal programs and a reduction in the various rules and regulations accompanying each of them would allow States and local governments to respond more quickly and more sensibly to the particular health needs of their residents. Consolidation into a block grant with a more equitable distribution formula will also better target Federal health assistance on those with low incomes, and distribute Federal funds to those most in need throughout the nation.

In addition, the mountain of Federal requirements and red tape imposed upon States and localities prevents them from using scarce health resources in the most efficient or effective way and adds needlessly to their administrative costs. If the proposed health block grant were enacted instead of bills such as S. 3184, more Federal health dollars could go toward providing health services for our citizens rather than for the cost of burdensome administration to meet Washington requirements.

I urge the Congress to hold hearings and rapidly enact my proposed "Financial Assistance for Health Care Act." I firmly believe that my proposal is the right way to meet

our health needs and a sound way to develop health systems that work for the American people.

In the meantime, I have signed S. 3184. I am not going to hold hostage the victims of alcoholism while we wait for the Congress to act. But act they should.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

The Honorable James T. Lynn
Director, Office of Management
and Budget
Washington, D. C. 20503

JUL 20 1976

Dear Mr. Lynn:

This is in response to your request for a report on S. 3184, an enrolled bill "To amend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, and for other purposes."

In summary, we recommend that the President sign the enrolled bill because the benefits in continuing Federal support of alcohol abuse prevention, treatment, and rehabilitation activities outweigh the undesirable features of the bill: the authorization of funds in an amount substantially greater than the amount recommended by the Administration for the area of alcoholism, the failure to provide a greater State and local role in the alcoholism area, and a duplicative authority for alcoholism research which could restrict our flexibility in carrying out alcoholism research.

The enrolled bill would extend through fiscal year 1979 our authority to make alcoholism formula grants, alcoholism project grants, and grants to implement the Uniform Alcoholism and Intoxication Treatment Act. Appropriations of \$70 million for fiscal year 1977, \$77 million for FY 1978, and \$85 million for FY 1979 would be authorized for formula grants; appropriations of \$85 million for FY 1977, \$91 million for FY 1978, and \$102.5 million would be authorized for project and Uniform Act implementation grants. The Administration has recommended a total appropriation of \$93 million for FY 1977 in these areas (including \$14 million to be spent through the Indian Health Service).

The enrolled bill would also enact a redundant authority for alcoholism research, with authorizations of \$20 million for

FY 1977, \$24 million for FY 1978, and \$28 million for FY 1979, and additional authorizations of \$6 million for each of those fiscal years for the support of National Alcohol Research Centers. The Administration has requested an appropriation of \$10 million for alcoholism research for FY 1977.

Certain considerations argue against approval of the enrolled bill. The bill would authorize for fiscal year 1977 funds exceeding by \$78 million the amount recommended by the Administration for alcoholism activities, and would authorize even greater amounts in the two succeeding fiscal years. Such high authorizations are not desirable in this period of fiscal restraint, even though the actual funding could be held at an acceptable level through the appropriations process. In addition, the bill is not in keeping with the Administration's approach of increasing the State and local role in the health area. The bill would also enact a research authority which would duplicate existing law and would provide for a special categorical program for alcohol research centers, thereby restricting our flexibility in administering the alcoholism research program, unless we were able through the appropriations process to prevent funding of the centers authority.

We consistently and clearly indicated our difficulties with this legislation to both Houses of Congress through testimony and through reports on S. 3184 and H.R. 12677, the House alcoholism bill. The Congress did not make an effort to accommodate our objections.

Other considerations, however, suggest that the bill should be approved. Alcohol abuse is a major health problem in the United States, with large costs in both human and economic terms. The Administration supports the objectives of alcohol abuse prevention, treatment, and rehabilitation. During the last five years awareness of the nature and magnitude of the alcohol abuse problem appears to have increased and innovative treatment and prevention programs have been developed. Federal support of activities in alcohol abuse prevention, treatment, and rehabilitation can continue only if the enrolled bill becomes law.

It should be noted that the conference report was passed by the Senate by voice vote and by the House by a vote of 386 to 6. Congress would probably not sustain a presidential veto.

On balance, we feel that the benefits in continuing Federal support of alcohol abuse prevention, treatment, and rehabilitation activities outweigh the drawbacks of the enrolled bill. We therefore recommend that the President approve the enrolled bill.

Sincerely,

Marjorie Lynch
UnderSecretary



VETERANS ADMINISTRATION
OFFICE OF THE ADMINISTRATOR OF VETERANS AFFAIRS
WASHINGTON, D.C. 20420
July 2, 1976



The Honorable
James T. Lynn
Director, Office of
Management and Budget
Washington, D. C. 20503

Dear Mr. Lynn:

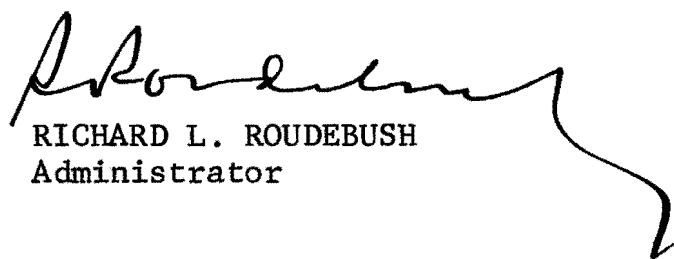
This will respond to the request of the Assistant Director for Legislative Reference for the views of the Veterans Administration on the enrolled enactment of S. 3184, 94th Congress, a bill "To amend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, and for other purposes."

The subject bill is designed to approach alcohol abuse and alcoholism from a comprehensive community care standpoint through Federal, State, and local planning for, and effective use of, Federal assistance to States. Methods would be developed for diverting problem drinkers from criminal justice systems into prevention and treatment programs.

The bill would increase the Federal commitment to research and would establish a methodology to assess and determine the incidence and prevalence of alcohol abuse within the States. States would be required to report to the Secretary of Health, Education, and Welfare an assessment of the progress of the State in the implementation of the State plan for the treatment, prevention, and rehabilitation of alcohol abuse and alcoholism. The Secretary would be authorized to make grants to public and non-profit private entities, and may enter into contracts with public and private entities, and with individuals, for the purposes of the Act. The Secretary would also be authorized to designate National Alcohol Research Centers for the purpose of interdisciplinary research relating to alcoholism, and other alcohol problems.

The Veterans Administration supports this bill without reservation. Accordingly, I recommend that the President approve S. 3184.

Sincerely,



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

RICHARD L. ROUDEBUSH
Administrator



GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE

WASHINGTON, D. C. 20301

2 July 1976

Honorable James T. Lynn
Director, Office of Management
and Budget
Washington, D.C. 20503

Dear Mr. Lynn:

Reference is made to your request for the views of the Department of Defense with respect to the enrolled enactment of S. 3184, 94th Congress, an Act "To amend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, and for other purposes".

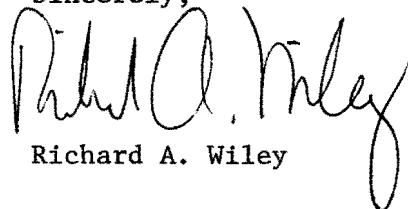
The purpose of the act is to amend and extend for three fiscal years the programs of assistance under the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970. The act has the following provisions:

- extends the authorization for project grants and contracts for alcoholism programs;
- authorizes the designation of national alcohol research centers to conduct inter-disciplinary research on alcoholism and other alcohol problems;
- amends the provisions with respect to State plans requiring special consideration for women and youth;
- requires Secretary of Health, Education and Welfare to give special consideration to project grants and contract applications for programs involving women and youth;
- requires the Secretary of Health, Education and Welfare to issue regulations enforcing non-discrimination in hospitals and outpatient facilities in admission and treatment of alcoholics and alcohol abusers;
- amends the provisions of the Drug Abuse Office and Treatment Act of 1972 with respect to State plans requiring special attention to women and youth;
- provides authority for the appropriation of funds to support the program for FY 1977, 78 and 79.

None of the provisions of this act directly affect the Department of Defense. The Department of Defense is sympathetic with the basic purpose of the act, but defers to the views of the Department of Health, Education and Welfare regarding the desirability and feasibility of achieving these goals through the specific provisions of this act.

This enactment should not result in an increase in budgetary requirements within the Department of Defense.

Sincerely,

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

Richard A. Wiley

THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

LOG NO.:

Date: July 21

Time: 1000am

FOR ACTION: Spencer Johnson
 Max Friedersdorf
 Ken Lazarus
 Robert Hartmann
 David Lissy
 Steve McConahey

FROM THE STAFF SECRETARY

cc (for information): Jack Marsh
 Jim Cavanaugh
 Ed Schmults

DUE: Date: July 22

Time: 930am

SUBJECT:

S. 3184 - Comprehensive Alcohol Abuse and Alcoholism
 Prevention, Treatment and Rehabilitation Act
 Amendments of 1976

ACTION REQUESTED:

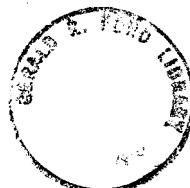
- For Necessary Action
 Prepare Agenda and Brief
 For Your Comments

- For Your Recommendations
 Draft Reply
 Draft Remarks

REMARKS:

please return to judy johnston, ground floor west wing

7/21
*Recommended Approval.
 Refer to Spencer on contents
 of the statement.*



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.

James E. Callahan
 For the President

THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

LOG NO.:

Date: July 21

Time: 1000am

FOR ACTION: Spencer Johnson
Max Friedersdorf
Ken Lazarus
Robert Hartmann
David Lissy
✓Steve McConahey
FROM THE STAFF SECRETARY

cc (for information): Jack Marsh
Jim Cavanaugh
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DUE: Date: July 22

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SUBJECT:

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Prevention, Treatment and Rehabilitation Act
Amendments of 1976

ACTION REQUESTED:

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

REMARKS:

please return to judy jhhnston, ground floor west wing

OK MA
fr
SGM

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.

James M. Cannon
For the President

Fewer Federal programs and a reduction in the number of rules and regulations accompanying each of them would allow States and local governments to respond more quickly and sensibly to the health needs of their residents. Consolidation of funding into a single block grant with a more equitable distribution formula would better direct Federal health assistance to those most in need throughout the nation. The mountain of Federal requirements and red tape imposed upon States and localities prevents them from using limited health resources in the most effective way and adds needlessly to administrative costs.

I urge the Congress to enact my proposed "Financial Assistance for Health Care Act." I firmly believe that is the right way to meet our health needs and the sound way to develop health systems that work for the American people.

In the meantime, I have signed S. 3184 so that in the interim assistance will be provided for these important programs.

THE WHITE HOUSE

WASHINGTON

July 22, 1976

MEMORANDUM FOR: JIM CAVANAUGH
FROM: MAX L. FRIEDERSDORF *M.L.F.*
SUBJECT: S. 3184 - Comprehensive Alcohol Abuse and
Alcoholism Prevention, Treatment and
Rehabilitation Act Amendments of 1976

The Office of Legislative Affairs concurs with the agencies
that the subject bill be signed.

Attachments

THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

LOG NO.:

Date: July 21

Time: 1000am

FOR ACTION: Spencer Johnson
Max Friedersdorf
Ken Lazarus
Robert Hartmann
David Lissy
Steve McConahey

FROM THE STAFF SECRETARY

cc (for information): Jack Marsh
Jim Cavanaugh
Ed Schmults

DUE: Date: July 22

Time: 930am

SUBJECT:

S. 3184 - Comprehensive Alcohol Abuse and Alcoholism
Prevention, Treatment and Rehabilitation Act
Amendments of 1976

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

No objection -- Barry Roth for Ken Lazarus 7/22/76

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.

James M. Cannon
For the President

THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

LOG NO.:

Date: July 21

Time: 1000am

FOR ACTION: Spencer Johnson
 Max Friedersdorf
 Ken Lazarus
 Robert Hartmann
 David Lissy
 Steve McConahey

FROM THE STAFF SECRETARY

cc (for information): Jack Marsh
 Jim Cavanaugh
 Ed Schmults

DUE: Date: July 22

Time: 930am

SUBJECT:

S. 3184 - Comprehensive Alcohol Abuse and Alcoholism
 Prevention, Treatment and Rehabilitation Act
 Amendments of 1976

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

Recommend approval

SCV
 SCAP

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 delay in submitting the required material, please
 telephone the Staff Secretary immediately.

Jeanne M. Cannon
 For the President

~~TO THE SENATE~~

*to. John
J. D. B.*
fr

I have today signed into law S. 3184, a bill which would extend and expand the authorities for providing Federal assistance to States and communities for alcohol prevention and treatment programs. I have done so because I am concerned about the serious problems of alcoholism and drug abuse in this country, which this bill attempts to address.

We need to find new ways to prevent alcoholism and drug abuse and to assist the rehabilitation and cure of the victims of these cruel diseases. In extending the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, S. 3184 continues the State grants on alcoholism, and provides special new authorities for Federal research on alcoholism.

In approving this legislation, however, I must register my concern that this is far from the best way to reduce the tragic toll of alcoholism and alcohol abuse.

S. 3184 is based on a policy of perpetuating the maze of categorical Federal health programs and adding even more to the Federal requirements in these programs. This approach is a disservice to those who need effective ~~delivery~~ ^{care} health care and ^{to} those who must pay the bills--the taxpayers.

In my 1977 Budget, I proposed a consolidation of 16 existing Federal health programs, including grants for alcohol prevention and treatment programs, into a single block grant which would enable States and localities to assure that people in need receive comprehensive health care.

to date the Congress has not seen fit even to hold hearings on my proposal. That proposal is based on the principle that Federal regulation of programs should be reduced and more reliance should be placed upon governments ~~in analyzing~~ ^{to} the problems and needs of their citizens and to determine the priorities for spending the taxpayers' money. This is a straightforward and sound principle. The Congress's refusal to consider it is unjustifiable. responsible

Fewer Federal programs and a reduction in the number ~~of~~ rules and regulations accompanying each of them would allow States and local governments to respond more quickly and more sensibly to the particular health needs of their residents. Consolidation ~~into~~ ^{of funding in the single} a block grant with a more equitable distribution formula ~~would be better~~ ^{direct} ~~Federal health assistance~~ ^{to} ~~for those with low incomes and~~ distribute Federal funds to those most in need throughout the nation.

In addition, the mountain of Federal requirements and red tape imposed upon States and localities prevents them from using ~~some~~ ^{limited} health resources in the most efficient or effective way and adds needlessly to their administrative costs. If the proposed health block grant were enacted, instead of bills such as S. 3184, more Federal health dollars could go toward providing health services for our citizens rather than for the cost of burdensome administration ~~to meet Washington requirements.~~

I urge the Congress to hold hearings and rapidly enact my proposed "Financial Assistance for Health Care Act." I firmly believe that my proposal is the right way to meet

our health needs and ^{the} sound way to develop health systems that work for the American people.

In the meantime, I have signed S. 3184 ^{I am not} ~~so that in the meantime~~
~~assistance will be provided for these important programs~~
~~going to hold hostage the victims of alcoholism while we~~
~~wait for the Congress to act. But act they should.~~



THE WHITE HOUSE
WASHINGTON

7/23/76

Please note that although Domestic Council now recommends approval, the memorandum records Max Friedersdorf's opposition to the rescission.

Judy J.

John's statement
this statement typed in
has been final
fully

TO THE SENATE

Statement

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wait for the Congress to act. But act they should.



Doug appr.

Rec. 7/21/76 - 12:20 pm

THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

LOG NO.: *MF*

Date: July 21

Time: 1000am

FOR ACTION: Spencer Johnson
Max Friedersdorf
Ken Lazarus
Robert Hartmann
David Lissy
Steve McConahey
FROM THE STAFF SECRETARY

cc (for information): *(996)* Jack Marsh
Jim Cavanaugh
Ed Schmults

DUE: Date: July 22

Time: 930am

SUBJECT:

S. 3184 - Comprehensive Alcohol Abuse and Alcoholism
Prevention, Treatment and Rehabilitation Act
Amendments of 1976

ACTION REQUESTED:

For Necessary Action

For Your Recommendations

Prepare Agenda and Brief

Draft Reply

For Your Comments

Draft Remarks

REMARKS:

please return to judy jhhnston, ground floor west wing

mWB -

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James M. Cannon
For the President

Rec. 7/21/76 - 12:20 PM

THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

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Date: July 21

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For Your Recommendations

Prepare Agenda and Brief

Draft Reply

For Your Comments

Draft Remarks

REMARKS:

please return to judy johnston, ground floor west wing

7/21 - copy sent for researching. nm

7/22 - Researched copy returned. nm

OK ✓ *Edward M. Schmults* 7/21/76

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James M. Cannon
For the President

TO THE SENATE

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We need to find new ways to prevent alcoholism and drug abuse and to assist the rehabilitation and cure of the victims of these cruel diseases. In extending the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, S. 3184 continues the State grants on alcoholism, and provides special new authorities for Federal research on alcoholism.

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S. 3184 is based on a policy of perpetuating the maze of categorical Federal health programs and adding even more to the Federal requirements in these programs. This approach is a disservice to those who need effective delivery of health care and those who must pay the bills--the taxpayers.

In my 1977 Budget, I proposed a consolidation of 16 existing Federal health programs, including grants for alcohol prevention and treatment programs, into a single block grant which would enable States and localities to assure that people in need receive comprehensive health care.

*Seventy
Seven
1
FJ 1/3*

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Fewer Federal programs and a reduction in the various rules and regulations accompanying each of them would allow States and local governments to respond more quickly and more sensibly to the particular health needs of their residents. Consolidation into a block grant with a more equitable distribution formula will also better target Federal health assistance on those with low incomes, and distribute Federal funds to those most in need throughout the nation.

In addition, the mountain of Federal requirements and red tape imposed upon States and localities prevents them from using scarce health resources in the most efficient or effective way and adds needlessly to their administrative costs. If the proposed health block grant were enacted instead of bills such as S. 3184, more Federal health dollars could go toward providing health services for our citizens rather than for the cost of burdensome administration to meet Washington requirements.

I urge the Congress to hold hearings and rapidly enact my proposed "Financial Assistance for Health Care Act." I firmly believe that my proposal is the right way to meet

our health needs and a sound way to develop health systems that work for the American people.

In the meantime, I have signed S. 3184. I am not going to hold hostage the victims of alcoholism while we wait for the Congress to act. But act they should.

Ninety-fourth 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-six*

An Act

To amend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act be cited as the "Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1976".

SEC. 2. Section 2(b) of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (hereinafter in this Act referred to as "the Act") is amended to read as follows:

"(b) It is the policy of the United States and the purpose of this Act to approach alcohol abuse and alcoholism from a comprehensive community care standpoint, and to meet the problems of alcohol abuse and alcoholism through—

"(1) comprehensive Federal, State, and local planning for, and effective use of, Federal assistance to States, and direct Federal assistance to community-based programs to meet the urgent needs of special populations, in coordination with all other governmental and nongovernmental sources of assistance;

"(2) the development of methods for diverting problem drinkers from criminal justice systems into prevention and treatment programs; and

"(3) increased Federal commitment to research into the behavioral and biomedical etiology of, the treatment of, and the mental and physical health and social and economic consequences of, alcohol abuse and alcoholism."

SEC. 3. (a) Section 301 of the Act is amended (1) by striking out "and" after "1975," and (2) by inserting after "1976," the following: "\$70,000,000 for the fiscal year ending September 30, 1977, \$77,000,000 for the fiscal year ending September 30, 1978, and \$85,000,000 for the fiscal year ending September 30, 1979,".

(b) Section 302(a) of the Act is amended by adding at the end thereof the following new sentence: "In determining the extent of a State's need for more effective prevention, treatment, and rehabilitation of alcohol abuse and alcoholism, the Secretary shall (within 180 days after the date of enactment of this sentence) by regulation establish a methodology to assess and determine the incidence and prevalence of alcohol abuse within the States."

SEC. 4. (a) Section 304(b) of the Act is amended by striking out the last sentence thereof.

(b) Effective July 1, 1976, section 304(c) of the Act is amended by—

(1) striking out "10 per centum" and substituting "20 percent"; and

(2) striking out "\$100,000" and substituting "\$150,000".

(c) Effective July 1, 1976—

(1) sections 304(d) and 311(d) of the Act are repealed,

(2) section 304 of the Act (A) is transferred to part B of the Act, (B) is inserted before section 311, and (C) is redesignated as section 310, and

S. 3184—2

(3) part B of the Act is amended by inserting after section 311 the following new section :

“AUTHORIZATIONS OF APPROPRIATIONS

“SEC. 312. For purposes of sections 310 and 311, there are authorized to be appropriated \$85,000,000 for the fiscal year ending September 30, 1977, \$91,000,000 for the fiscal year ending September 30, 1978, and \$102,500,000 for the fiscal year ending September 30, 1979.”.

(d) Section 310(a) of the Act (as so redesignated) is amended (1) by striking out “September 30, 1977” and inserting in lieu thereof “September 30, 1979”, and (2) by striking out “three grants” and inserting in lieu thereof “six grants”.

Sec. 5. (a) Section 303(a)(3) of the Act is amended by inserting “and at least one representative of the Statewide Health Coordinating Council established pursuant to section 1524 of the Public Health Service Act,” after “alcoholism.”.

(b) (1) Section 303(a) of the Act is further amended by striking out “and” at the end of paragraph (10), by redesignating paragraph (11) as paragraph (16) and by inserting after paragraph (10) the following:

“(11) contain, to the extent feasible, a complete inventory of all public and private resources available in the State for the purpose of alcohol abuse and alcoholism treatment, prevention, and rehabilitation, including but not limited to programs funded under State and local laws, occupational programs, voluntary organizations, education programs, military and Veterans’ Administration resources, and available public and private third-party payment plans;

“(12) provide assurance that the State agency will coordinate its planning with local alcoholism and alcohol abuse planning agencies and with other State and local health planning agencies;

“(13) provide assurance that State certification, accreditation, or licensure requirements, if any, applicable to alcohol abuse and alcoholism treatment facilities and personnel take into account the special nature of such programs and personnel, including the need to encourage the development of nonmedical modes of treatment and the need to acknowledge previous experience when assessing the adequacy of treatment personnel;

“(14) provide reasonable assurance that prevention or treatment projects or programs supported by funds made available under section 302 have provided to the State agency a proposed performance standard or standards to measure, or research protocol to determine, the effectiveness of such prevention or treatment programs or projects;

“(15) provide that the State agency will review admissions to hospitals and outpatient facilities to assist the Secretary in determining the compliance of such hospitals and facilities with the requirement of section 321 and shall make periodic reports to the Secretary respecting such review; and”.

(2) The amendments made by paragraph (1) shall apply with respect to State plan requirements for allotments under section 302 of the Act after June 30, 1976.

(c) (1) Section 303 of the Act is further amended by inserting at the end thereof the following new subsection:

“(c) The Secretary shall by regulation require, as a condition to the approval of the State plan, that the State for which such plan was submitted report to the Secretary (in such form and manner as the Secretary shall prescribe) an assessment of the progress of the State in the implementation of its State plan. After making an initial such

report, a State shall make additional reports every third year thereafter in which it receives an allotment under this part. The reporting requirement shall first apply with respect to State plans submitted for allotments for fiscal years beginning after September 30, 1977.”.

(2) Section 303(a)(4) of the Act is amended by inserting “(A)” after “(4)” and by inserting after such section the following:

“(B) include in the survey conducted pursuant to subparagraph (A) an identification of the need for prevention and treatment of alcohol abuse and alcoholism by women and by individuals under the age of eighteen and provide assurance that prevention and treatment programs within the State will be designed to meet such need;”.

SEC. 6. (a) Section 311(a) of the Act is amended to read as follows: “SEC. 311(a) The Secretary, acting through the Institute, may make grants to public and nonprofit private entities and may enter into contracts with public and private entities and with individuals—

“(1) to conduct demonstration and evaluation projects, including projects designed to develop methods for the effective coordination of all alcoholism treatment, training, prevention, and research resources available within a health service area established under section 1511 of the Public Health Service Act,

“(2) to provide treatment and prevention services, with special emphasis on currently underserved populations, such as racial and ethnic minorities, native Americans, youth, female alcoholics, and individuals in geographic areas where such services are not otherwise adequately available,

“(3) to provide education and training, which may include additional training to enable treatment personnel to meet certification requirements of public or private accreditation or licensure, or requirements of third-party payors, and

“(4) to provide programs and services, including education and counseling services, in cooperation with law enforcement personnel, schools, courts, penal institutions, and other public agencies,

for the prevention and treatment of alcohol abuse and alcoholism and for the rehabilitation of alcohol abusers and alcoholics.”.

(b) Section 311(b) of the Act is amended by redesignating clause (2) as clause (3) and inserting a new clause (2) after “individuals;” as follows: “(2) where a substantial number of the individuals in the population served by the project or program are of limited English-speaking ability, utilize the services of outreach workers fluent in the language spoken by a predominant number of such individuals and develop a plan and make arrangements responsive to the needs of such population for providing services to the extent practicable in the language and cultural context most appropriate to such individuals, and identify an individual employed by the project or program, or who is available to the project or program on a full-time basis, who is fluent both in that language and English and whose responsibilities shall include providing guidance to the individuals of limited English speaking ability and to appropriate staff members with respect to cultural sensitivities and bridging linguistic and cultural differences;”.

(c) Section 311(c) of the Act is amended by adding after paragraph (3) the following new paragraphs:

“(4) The Secretary shall give special consideration to applications under this section for programs and projects for prevention and treatment of alcohol abuse and alcoholism by women and for programs and projects for prevention and treatment of alcohol abuse and alcoholism by individuals under the age of eighteen.

S. 3184—4

“(5) Each applicant, upon filing its application with the Secretary for a grant or contract to provide prevention or treatment services, shall provide a proposed performance standard or standards to measure, or research protocol to determine, the effectiveness of such services.”.

SEC. 7. The Act is further amended by redesignating title V and references thereto as title VI and by inserting after title IV the following:

“TITLE V—RESEARCH

“ENCOURAGEMENT OF RESEARCH

“SEC. 501. (a) The Secretary, acting through the Institute, shall carry out a program of research, investigations, experiments, demonstrations, and studies, directly and by grant or contract, into—

“(1) the behavioral and biomedical etiology of,

“(2) treatment of,

“(3) mental and physical health consequences of, and

“(4) social and economic consequences of,

alcohol abuse and alcoholism.

“(b) In carrying out the program described in subsection (a) of this section, the Secretary, acting through the Institute, is authorized to—

“(1) collect and make available through publications and other appropriate means, information as to, and the practical application of, the research and other activities under the program;

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

“(3) make grants to universities, hospitals, laboratories, and other public or nonprofit institutions, and to individuals for such research projects as are recommended by the National Advisory Council on Alcohol Abuse and Alcoholism;

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

“(5) promote the coordination of research programs conducted by the Institute, and similar programs conducted by other agencies, organizations, and individuals, including all National Institutes of Health research activities which are or may be related to the problems of individuals suffering from alcoholism or alcohol abuse;

“(6) conduct an intramural program of biomedical and behavioral research, including research into the most effective means of treatment and service delivery, and including research involving human subjects, which is—

“(A) located in an institution capable of providing all necessary medical care for such human subjects, including complete 24-hour medical diagnostic services by or under the supervision of physicians, acute and intensive medical care, including 24-hour emergency care, psychiatric care, and such other care as is determined to be necessary for individuals suffering from alcoholism and alcohol abuse; and

“(B) associated with an accredited medical or research training institution;

“(7) for purposes of study, admit and treat at institutions, hospitals, and stations of the Public Health Service, persons not otherwise eligible for such treatment;

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

“(9) enter into contracts under this title without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5); and

“(10) adopt, upon recommendation of the National Advisory Council on Alcohol Abuse and Alcoholism, such additional means as he deems necessary or appropriate to carry out the purposes of this section.

“SCIENTIFIC PEER REVIEW

“SEC. 502. The Secretary, acting through the Institute, shall, by regulation, provide for review of all research grants and contracts, training, treatment, and prevention activity grants, and programs over which he has authority under this Act by utilizing, to the maximum extent possible, appropriate peer review groups, composed principally of non-Federal scientists and other experts in the field of alcoholism.

“AUTHORIZATION OF APPROPRIATIONS

“SEC. 503. There are authorized to be appropriated for carrying out the purposes of section 501 and 502 \$20,000,000 for the fiscal year ending September 30, 1977, \$24,000,000 for the fiscal year ending September 30, 1978, and \$28,000,000 for the fiscal year ending September 30, 1979.

“NATIONAL ALCOHOL RESEARCH CENTERS

“SEC. 504. (a) The Secretary acting through the Institute may designate National Alcohol Research Centers for the purpose of interdisciplinary research relating to alcoholism and other alcohol problems. No entity may be designated as a Center unless an application therefor has been submitted to, and approved by, the Secretary. Such an application shall be submitted in such manner and contain such information as the Secretary may reasonably require. The Secretary may not approve such an application unless—

“(1) the application contains or is supported by reasonable assurances that—

“(A) the applicant has the experience, or capability, to conduct, through biomedical, behavioral, social, and related disciplines, long-term research on alcoholism and other alcohol problems and to provide coordination of such research among such disciplines;

“(B) the applicant has available to it sufficient laboratory facilities and reference services (including reference services that will afford access to scientific alcohol literature);

“(C) the applicant has facilities and personnel to provide training in the prevention and treatment of alcoholism and other alcohol problems;

“(D) the applicant has the capacity to train predoctoral and postdoctoral students for careers in research on alcoholism and other alcohol problems; and

“(E) the applicant has the capacity to conduct courses on alcohol problems and research on alcohol problems for undergraduate and graduate students, and for medical and osteopathic students and physicians;

“(2) the application contains a detailed five-year plan for research relating to alcoholism and other alcohol problems.

“(b) The Secretary shall, under such conditions as the Secretary may reasonably require, make annual grants to Centers which have been designated under this section. No annual grant to any Center may exceed \$1,000,000. No funds provided under a grant under this subsection may be used for the purchase or rental of any land or the rental, purchase, construction, preservation, or repair of any building. For the purposes of the preceding sentence, the term ‘construction’ has the meaning given that term by section 702(2) of the Public Health Service Act (42 U.S.C. 292a).

“(c) There are authorized to be appropriated to carry out the purposes of this section \$6,000,000 for the fiscal year ending September 30, 1977, and for each of the next two succeeding fiscal years.”.

SEC. 8. Section 201 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1974 is amended by adding at the end thereof the following new subsection:

“(d) The Secretary of Health, Education, and Welfare, acting through the Administration, shall evaluate and make recommendations regarding improved, coordinated activities, where appropriate, for public education and other prevention programs with respect to the abuse of alcohol and other substances.”.

SEC. 9. The first sentence of section 217(d) of the Public Health Service Act (42 U.S.C. 218) is amended by adding before the period at the end thereof the following: “, including policies and priorities with respect to grants and contracts”.

SEC. 10. (a)(1) Section 409(e)(5) of the Drug Abuse Office and Treatment Act of 1972 is amended by inserting “(A)” after “(5)” and by inserting after such section the following:

“(B) include in the survey conducted pursuant to subparagraph (A) an identification of the need for prevention and treatment of drug abuse and drug dependence by women and by individuals under the age of eighteen and provide assurance that prevention and treatment programs within the State will be designed to meet such need.”.

(2) The amendment made by paragraph (1) shall apply with respect to State plans submitted for grants under section 401 of the Drug Abuse Office and Treatment Act of 1972 after June 30, 1976.

(b)(1) Section 409(c)(1)(A) of such Act is amended by striking out “an allotment for a fiscal year in an amount not less than \$150,000, the allotment for such State for such fiscal year may not be less than \$150,000 multiplied by such fraction” and substituting “a minimum allotment in excess of \$100,000, multiplied by such fraction, the minimum allotment for such State may be increased by up to 50 percent in accordance with such demonstrated need”.

(2) The amendment made by paragraph (1) shall apply with respect to allotments under section 409(c) of the Drug Abuse Office and Treatment Act of 1972 after June 30, 1976.

(c)(1) Section 410 of such Act is amended by redesignating subsection (d) as subsection (e) and by adding after subsection (c) the following:

“(d) The Secretary shall give special consideration to applications under this section for programs and projects for prevention and treatment of drug abuse and drug dependence by women and for programs and projects for prevention and treatment of drug abuse and drug dependence by individuals under the age of eighteen.”.

S. 3184—7

(2) The amendment made by paragraph (1) shall apply with respect to applications submitted for grants or contracts under section 410 of the Drug Abuse Office and Treatment Act of 1972 after June 30, 1976.

SEC. 11. (a) Section 321(a) of the Act is amended by inserting “, or outpatient facility (as defined in section 1633(6) of the Public Health Service Act)” after “hospital”.

(b) Section 321(b)(1) of the Act as amended by—

(1) inserting “and outpatient facilities” after “hospitals”;

(2) inserting “or outpatient facility” after “hospital” each time it appears; and

(3) striking out “is authorized to make regulations” in the first sentence and inserting in lieu thereof “shall issue regulations not later than December 31, 1976”.

(c)(1) The heading for part C of the Act is amended by striking out “HOSPITALS” and inserting in lieu thereof “HOSPITALS AND OUT-PATIENT FACILITIES”.

(2) The heading for section 321 of the Act is amended by striking out “HOSPITALS” and inserting in lieu thereof “HOSPITALS AND OUT-PATIENT FACILITIES”.

SEC. 12. (a) Section 311(c)(2) of the Act is amended by inserting at the end thereof the following: “Each application for a grant under this section shall be submitted by the Secretary to the National Advisory Council on Alcohol Abuse and Alcoholism for its review. The Secretary may approve an application for a grant under this section only if it is recommended for approval by such Council.”

(b) The amendment made by subsection (a) shall apply with respect to applications for grants under section 311 of the Act after June 30, 1976.

Speaker of the House of Representatives.

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

JULY 27, 1976

Office of the White House Press Secretary

THE WHITE HOUSE

STATEMENT BY THE PRESIDENT

I have signed into law S. 3184, a bill which would extend and expand the authorities for providing Federal assistance to States and communities for alcohol prevention and treatment programs. I have done so because I am concerned about the serious problems of alcoholism and drug abuse in this country, which this bill attempts to address.

We need to find new ways to prevent alcoholism and drug abuse and to assist the rehabilitation and cure of the victims of these cruel diseases. In extending the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, S. 3184 continues the State grants on alcoholism, and provides special new authorities for Federal research on alcoholism.

In approving this legislation, however, I must register my concern that this is far from the best way to reduce the tragic toll of alcoholism and alcohol abuse.

S. 3184 is based on a policy of perpetuating the maze of categorical Federal health programs and adding even more to the Federal requirements in these programs. This approach is a disservice to those who need effective delivery of health care and to those who must pay the bills -- the taxpayers.

In my 1977 Budget, I proposed a consolidation of 16 existing Federal health programs, including grants for alcohol prevention and treatment programs, into a single block grant which would enable States and localities to assure that people in need receive comprehensive health care.

The Congress has, however, not seen fit even to hold hearings on my proposal. That proposal is based on the proposition that Federal regulation of programs should be reduced and more reliance should be placed upon State and local governments in analyzing the problems and determining priorities for spending the taxpayers' money. The Congress' refusal to consider this approach is irresponsible.

Fewer Federal programs and a reduction in the number of rules and regulations accompanying each of them would allow States and local governments to respond more quickly and sensibly to the health needs of their residents. Consolidation of funding into a single block grant with a more equitable distribution formula would better direct Federal health assistance to those most in need throughout the nation. The mountain of Federal requirements and red tape imposed upon States and localities prevents them from using limited health resources in the most effective way and adds needlessly to administrative costs.

I urge the Congress to enact my proposed "Financial Assistance for Health Care Act." I firmly believe that is the right way to meet our health needs and the sound way to develop health systems that work for the American people.

In the meantime, I have signed S. 3184 so that in the interim assistance will be provided for these important programs.