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# SUPPLEMENTAL APPROPRIATIONS FOR 1966

# HEARINGS

BEFORE

## SUBCOMMITTEES OF THE COMMITTEE ON APPROPRIATIONS UNITED STATES SENATE

EIGHTY-NINTH CONGRESS

FIRST SESSION

Printed for the use of the Committee on Appropriations

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# STATEMENTS OF DR. STUART M. SESSOMS, DEPUTY DIRECTOR, NATIONAL INSTITUTES OF HEALTH; DR. WILLIAM H. STEWART, SURGEON GENERAL; HARRY L. DORAN, CHIEF FINANCE OFFICER; AND JAMES F. KELLY, DEPARTMENT COMPTROLLER

## APPROPRIATION ESTIMATE

"REGIONAL MEDICAL PROGRAMS

*"To carry out Title IX of the Public Health Service Act, $25,000,000, of which $24,000,000 shall remain available until June 30, 1967, for grants pursuant to such title."*

*Amounts available for obligation*

| | 1966 presently available | 1966 revised estimate |
|---|---|---|
| Appropriation | | $25,000,000 |

*Obligations by activities*

| | 1966 | | | | Increase or decrease | |
|---|---|---|---|---|---|---|
| | Presently available | | Revised estimate | | | |
| | Positions | Amount | Positions | Amount | Positions | Amount |
| Grants for regional medical programs | | | | $24,000,000 | | $24,000,000 |
| Direct operations | | | 100 | 1,000,000 | 100 | 1,000,000 |
| Total obligations | | | 100 | 25,000,000 | 100 | 25,000,000 |

*Obligations by object*

| | | 1966 presently available | 1966 revised estimate | Increase |
|---|---|---|---|---|
| | Total number of permanent positions | | 100 | 100 |
| | Full-time equivalent of other positions | | 1 | 1 |
| | Average number of all employees | | 41 | 41 |
| 11 | Personnel compensation: | | | |
| | Permanent positions | | 424,000 | 424,000 |
| | Positions other than permanent | | 25,000 | 25,000 |
| | Other personnel compensation | | 4,000 | 4,000 |
| | Total personnel compensation | | 453,000 | 453,000 |
| 12 | Personnel benefits | | 37,000 | 37,000 |
| 21 | Travel and transportation of persons | | 50,000 | 50,000 |
| 22 | Transportation of things | | 2,000 | 2,000 |
| 23 | Rent, communications, and utilities | | 26,000 | 26,000 |
| 24 | Printing and reproduction | | 24,000 | 24,000 |
| 25 | Other services | | 115,000 | 115,000 |
| | Payment to "National Institutes of Health management fund" | | 230,000 | 230,000 |
| 26 | Supplies and materials | | 13,000 | 13,000 |
| 31 | Equipment | | 50,000 | 50,000 |
| 41 | Grants, subsidies, and contributions | | 24,000,000 | 24,000,000 |
| | Total obligations by object | | 25,000,000 | 25,000,000 |

*Summary of changes*

| | |
|---|---|
| 1966 presently available | |
| 1966 revised estimate | $25,000,000 |
| Total change | 25,000,000 |
| Increases: | |
| 1. Grants for regional medical programs | 24,000,000 |
| 2. Direct operations | 1,000,000 |
| Total net change requested | 25,000,000 |

JUSTIFICATION

A separate operating entity, the Division of Regional Medical Programs, will be established to carry out the provisions of title IX of the Public Health Service Act in relation to regional medical programs. The purposes of these programs involving education, research, training, and demonstrations of patient care in the fields of heart disease, cancer, stroke, and other related diseases are as follows:

1. Through grants, to encourage and assist in the establishment of regional cooperative arrangements among medical schools, research institutions, and hospitals for research and training and for demonstrations of patient care in the fields of heart disease, cancer, stroke, and other related diseases;

2. To afford to the medical profession and the medical institutions of the Nation, through such cooperative arrangements, a more abundant opportunity of making available to their patients the latest advances in the diagnosis and treatment of these diseases, and

3. To accomplish these ends in cooperation with practicing physicians, medical center officials, hospital administrators, and representatives of public and private organizations, and without interfering with the patterns or the methods of financing of patient care or professional practice, or with the administration of hospitals.

It is expected that $24 million in grants will be awarded during fiscal year 1966 to regional groups that include medical schools, hospitals, and other medical institutions and organizations. Administrative costs of the program are estimated at $1 million.

*Grants*

The authorizing legislation provides for the use of grants for planning and feasibility studies, and for the operation of pilot projects.

Funds in this category will provide for: (1) planning and/or feasibility grants to pay the expenses of staff, consultants and other expenses necessary to arrive at workable organization and facility proposals for regional medical programs of the type and scope contemplated in the authorization, and (2) the operation of pilot projects designed to take advantage of existing resources and capabilities with a view to the development of sound, long-range programs. Included in the latter grants will be provision for the renovation and equipping of space, administrative costs, support of staff, education and training, patient care costs incident to research and teaching, data gathering and recordkeeping systems, supplies, and other needs incident to the successful operation of the project concerned.

*Direct operations*

The separate organization to be created within NIH with the responsibility for the regional medical programs will be under the direction of an Associate Director of NIH reporting, on both a staff and operating basis, to the Director, NIH.

It is estimated that the administration of the programs will require $1 million in fiscal year 1966 to meet the initial needs of the regional groups for technical assistance in the development of plans and proposals. This function will require extensive activities in the field in order to provide the necessary close contact with the organizations and institutions developing these programs. The establishment and operation of a program review function is also required to evaluate and process the grant applications prior to Advisory Council review, to be submitted by the regional planning groups. An initial and continuing program planning and evaluation of the total program will be necessary. Additionally, there will be a need to coordinate existing PHS–DHEW activities which will be interested in and be contributing to the regional medical programs. Also the need for timely and expert legal and financial advice on all aspects of the program will be critical to its success. Continuing grants management and procedural studies to be carried out either by contract or with in-house staff will also be required, as will normal administrative and clerical functions. These functions and responsibilities described above will require an estimated 100 positions, which, along with the Office of the Chief, will be organized so as to provide branches or groups for interagency coordination, program review, technical assistance, grants management and program planning and evaluation. The distribution of positions by grade in this estimate reflects administrative regulations which restrict grade levels to a maximum of GS–15. However, higher graded positions are required and will be requested during the operating year in order to provide adequate leadership for this new and complex program.



AUTHORIZING LEGISLATION

PUBLIC LAW 89-239

Amendment to the Public Health Service Act (42 U.S.C. ch. 6A) adding the following title:

"TITLE IX—EDUCATION, RESEARCH, TRAINING, AND DEMONSTRATIONS IN THE FIELDS OF HEART DISEASE, CANCER, STROKE, AND RELATED DISEASES

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 901. (a) There are authorized to be appropriated $50,000,000 for the fiscal year ending June 30, 1966, $90,000,000 for the fiscal year ending June 30, 1967, and $200,000,000 for the fiscal year ending June 30, 1968, for grants to assist public or nonprofit private universities, medical schools, research institutions, and other public or nonprofit private institutions and agencies in planning, in conducting feasibility studies, and in operating pilot projects for the establishment, of regional medical programs of research, training, and demonstration activities for carrying out the purposes of this title. Sums appropriated under this section for any fiscal year shall remain available for making such grants until the end of the fiscal year following the fiscal year for which the appropriation is made."

*New positions requested in 1966*

| | Number | Grade | Salary |
|---|---|---|---|
| Assistant Surgeon General | 1 | CO | $16,790 |
| Assistant director | 1 | GS-15 | 16,460 |
| Administrative officer | 1 | GS-15 | 16,460 |
| Attorney | 1 | GS-15 | 16,460 |
| Chief, application review | 1 | GS-15 | 16,460 |
| Chief, program planning and evaluation | 1 | GS-15 | 16,460 |
| Chief, program review | 1 | GS-15 | 16,460 |
| Chief statistician | 1 | GS-15 | 16,460 |
| Chief, technical assistance | 1 | GS-15 | 16,460 |
| Clinical research administrator | 1 | GS-15 | 16,460 |
| Deputy Director | 1 | GS-15 | 16,460 |
| Economist | 1 | GS-15 | 16,460 |
| Educator | 1 | GS-15 | 16,460 |
| Engineer | 1 | GS-15 | 16,460 |
| Financial operations officer | 2 | GS-15 | 32,920 |
| Information specialist | 1 | GS-15 | 16,460 |
| Organization and methods examiner | 1 | GS-15 | 16,460 |
| Public health program specialist | 4 | GS-15 | 65,840 |
| Research scientist administrator | 1 | GS-15 | 16,460 |
| Senior coordinator | 1 | GS-15 | 16,460 |
| Accountant | 5 | GS-14 | 70,850 |
| Administrative officer | 1 | GS-14 | 14,170 |
| Organization and methods examiner | 1 | GS-14 | 14,170 |
| Public health program specialist | 9 | GS-14 | 127,530 |
| Accountant | 2 | GS-13 | 24,150 |
| Budget officer | 1 | GS-13 | 12,075 |
| Public health program specialist | 13 | GS-13 | 156,975 |
| Staff assistant | 2 | GS-12 | 20,500 |
| Budget analyst | 1 | GS-11 | 8,650 |
| Administrative assistant | 2 | GS-9 | 14,440 |
| Secretary | 1 | GS-9 | 7,220 |
| Secretary | 12 | GS-7 | 72,600 |
| Files supervisor | 2 | GS-6 | 11,010 |
| Secretary | 9 | GS-6 | 49,545 |
| Clerk-stenographer | 2 | GS-5 | 10,000 |
| Secretary | 3 | GS-5 | 15,000 |
| Clerk-stenographer | 2 | GS-4 | 8,960 |
| Clerk-typist | 3 | GS-4 | 13,440 |
| File clerk | 1 | GS-4 | 4,480 |
| Clerk | 1 | GS-3 | 4,005 |
| Clerk-typist | 3 | GS-3 | 12,015 |

### Grants for Heart Disease, Cancer, and Stroke Programs

Senator Hill. Doctor Sessoms, we are glad to have you back here, and you may proceed now, sir.

Dr. Sessoms. Thank you, Mr. Chairman.

It is a pleasure to have this opportunity to appear before you and your committee, and to request an initial appropriation to be used in implementing the regional medical programs for heart disease, cancer, and stroke.

Also, I might say that it is a pleasure to have on my immediate right our Surgeon General, who has been close to this legislation from its beginning, and whom we were fortunate enough to have with us for a few brief weeks as Director of the Heart Institute.

### Research, Training, and Demonstration of Patient Care

Senator Hill. The Surgeon General is with us. You got one of the pens, didn't you, Doctor?

Dr. Stewart. I certainly did.

Dr. Sessoms. On October 6, the President signed this legislation, which authorized grants for planning, feasibility studies, and organization of pilot projects for the establishment of regional medical programs of research, training, and demonstrations of patient care in the field of heart disease, cancer, stroke, and related diseases.

### President's Commission on Heart Disease, Cancer, and Stroke

This important new authority is an outgrowth of the major recommendations of the President's Commission on Heart Disease, Cancer, and Stroke, which consisted of 28 outstanding physicians and public-spirited citizens.

The Commission was appointed for the purpose of recommending ways to reduce the toll of death and disability caused by these terrible diseases. The authority which would be funded by these appropriations embodies the thrust of the Commission's major recommendations.

And if I may, I would like to describe very briefly the purposes and provisions of this legislation.

Senator Hill. All right, sir.

### Regional Cooperative Arrangements

Dr. Sessoms. The basic purpose of the grants under this authority would be to encourage and assist in the planning and establishment of regional cooperative arrangements among medical schools, research institutions, and hosiptals which will afford to the medical profession a more abundant opportunity of making available to their patients the latest advances in the diagnosis and treatment of these major diseases.

These regional cooperative arrangements will be planned and operated locally, and the legislation contains a number of provisions that emphasize local initiative and the cooperation of the medical profession and existing medical institutions and agencies.

Within the general guidelines provided in the law, the specific content of a regional medical program will be determined by this local action, according to the needs, opportunities, and resources which are peculiar to that region.



### Stimulating Links Between Medical Centers and Local Practice of Medicine

A variety of programs can be supported under the terms of this legislation, and these funds will stimulate the development of creative approaches to establishing effective links between the medical centers—where new advances of medical science are applied to the diagnosis and treatment of diseases—and the practice of medicine in the local communities, which will remain the first line in the battle against disease.

### Proposed Activities for Inclusion in Medical Program

The types of activities which will be included in a regional medical program include continuing education for medical personnel, interchange of personnel among the institutions participating in the regional program, support for the wider distribution of the latest diagnostic and treatment techniques, including the necessary equipment and trained personnel, and the development of new approaches to the problems of clinical training and clinical research.

### Use of Funds Under Medical Program

Under the provisions of the law, the funds being requested today will not be used to interfere with the local patterns of patient care, professional practice, or the administration of hospitals. These funds can be used to pay the costs of only that patient care incident to research, teaching, and demonstration.

These funds will not replace or absorb existing Federal health programs. This assistance will provide a framework at the regional level which will increase the effectiveness of present programs as well as provide increased emphasis on the difficult problems involved in translating research results into higher quality patient care.

### Grants for Planning and Feasibility Studies

The $25 million being requested today represents a modest beginning toward the implementation of this important new program. Although the distribution of these funds will not be known exactly until we have received applications and these applications have been considered by the National Advisory Council on Regional Medical Programs, it is our expectation that the initial emphasis will be on grants for planning and feasibility studies.

The widespread interest in this program already evident throughout the country, and the existence of present efforts to accomplish some of the purposes of this legislation, gives every hope that these funds can be used effectively during the coming months in launching the program.

### Availability of Funds

It is our sincere belief that the benefits to the health of the American people which will stem from these regional medical programs make the funds requested a very sound investment.

Senator Hill. This is the De Bakey Commission?

Dr. Sessoms. Yes, sir.

Senator HILL. It is my understanding that these funds will be available, not only for the rest of this fiscal year, but also for the fiscal year 1967.

Dr. SESSOMS. The fiscal year after; yes, sir.

Senator HILL. Is that correct?

Dr. SESSOMS. Yes.

Senator HILL. Questions, Senator?

Senator BYRD. No.

Senator HILL. Thank you very much, Doctor.

Dr. SESSOMS. Thank you, sir.



## STATEMENTS OF DR. STANLEY F. YOLLES, DIRECTOR, NATIONAL INSTITUTE OF MENTAL HEALTH; DR. STUART M. SESSOMS, DEPUTY DIRECTOR, NATIONAL INSTITUTES OF HEALTH; DR. PHILLIP L. SIROTKIN, ASSISTANT TO THE DIRECTOR, NATIONAL INSTITUTE OF MENTAL HEALTH; B. J. SADESKY, EXECUTIVE OFFICER, NATIONAL INSTITUTE OF MENTAL HEALTH; LELAND B. MAY, HEAD, BUDGET MANAGEMENT SECTION, NATIONAL INSTITUTES OF HEALTH; DR. WILLIAM H. STEWART, SURGEON GENERAL; HARRY L. DORAN, CHIEF FINANCE OFFICER; AND JAMES F. KELLY, DEPARTMENT COMPTROLLER

### APPROPRIATION ESTIMATE

"NATIONAL INSTITUTE OF MENTAL HEALTH

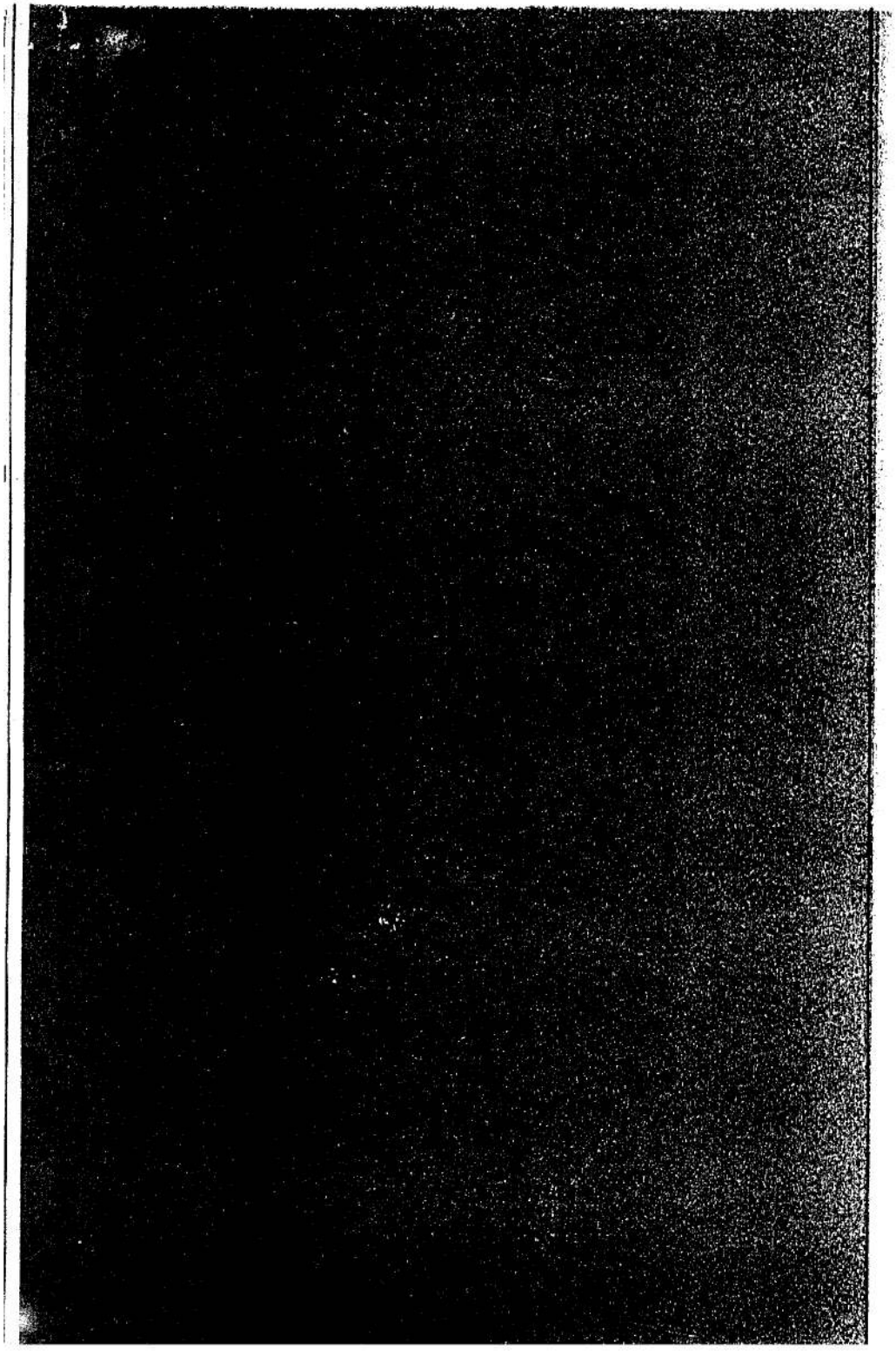
"For an additional amount for 'National Institute of Mental Health', $19,700,000, *of which $19,500,000 shall be to carry out the provisions of Part B of Title II of the Mental Retardation Facilities and Community Mental Health Centers Construction Act.*"

*Amounts available for obligation*

| | 1966 presently available | 1966 revised estimate |
|---|---|---|
| Appropriation | $212,469,000 | $232,169,000 |

*Obligations by activity*

| | 1966 presently available | | 1966 revised estimate | | Increase or decrease | |
|---|---|---|---|---|---|---|
| | Position | Amount | Position | Amount | Position | Amount |
| Grants: | | | | | | |
| Research | ------ | $84,730,000 | ------ | $84,730,000 | ------ | ---------- |
| (Additional indirect costs) | ------ | (811,000) | ------ | (811,000) | ------ | ---------- |
| (General research support) | ------ | (5,829,000) | ------ | (5,829,000) | ------ | ---------- |
| (Categorical clinical research centers) | ------ | (1,750,000) | ------ | (1,750,000) | ------ | ---------- |
| (Scientific evaluation and planning) | ------ | (215,000) | ------ | (215,000) | ------ | ---------- |
| Fellowships | ------ | 8,364,000 | ------ | 8,364,000 | ------ | ---------- |
| Training | ------ | 86,231,000 | ------ | 86,231,000 | ------ | ---------- |
| State control program | ------ | 6,750,000 | ------ | 6,750,000 | ------ | ---------- |
| Staffing, mental health facilities | ------ | ---------- | ------ | 19,500,000 | ------ | +$19,500,000 |
| Direct operations: | | | | | | |
| Research | 517 | 11,620,000 | 517 | 11,620,000 | ------ | ---------- |
| Collaborative studies | 165 | 3,864,000 | 165 | 3,864,000 | ------ | ---------- |
| Training activities | 85 | 1,390,000 | 85 | 1,390,000 | ------ | ---------- |
| Professional and technical assistance | 323 | 5,157,000 | 343 | 5,357,000 | +20 | +200,000 |
| Review and approval of grants | 197 | 3,499,000 | 197 | 3,499,000 | ------ | ---------- |
| Program direction | 55 | 864,000 | 55 | 864,000 | ------ | ---------- |
| Total obligations | 1,342 | 212,469,000 | 1,362 | 232,169,000 | +20 | +19,700,000 |



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## APPROPRIATION ESTIMATE

"REGIONAL MEDICAL PROGRAMS

*"To carry out Title IX of the Public Health Service Act, $25,000,000, of which $24,000,000 shall remain available until June 30, 1967, for grants pursuant to such title."*

*Amounts available for obligation*

| | 1966 presently available | 1966 revised estimate |
|---|---|---|
| Appropriation | ---------- | $25,000,000 |

*Obligations by activities*

| | 1966 | | | | Increase or decrease | |
|---|---|---|---|---|---|---|
| | Presently available | | Revised estimate | | | |
| | Positions | Amount | Positions | Amount | Positions | Amount |
| Grants for regional medical programs | ---------- | ---------- | ---------- | $24,000,000 | ---------- | $24,000,000 |
| Direct operations | ---------- | ---------- | 100 | 1,000,000 | 100 | 1,000,000 |
| Total obligations | ---------- | ---------- | 100 | 25,000,000 | 100 | 25,000,000 |

*Obligations by object*

| | 1966 presently available | 1966 revised estimate | Increase |
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| Total number of permanent positions | ---------- | 100 | 100 |
| Full-time equivalent of other positions | ---------- | 1 | 1 |
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| 41 Grants, subsidies, and contributions | ---------- | 24,000,000 | 24,000,000 |
| Total obligations by object | ---------- | 25,000,000 | 25,000,000 |

*Summary of changes*

| | |
|---|---|
| 1966 presently available | |
| 1966 revised estimate | $25,000,000 |
| Total change | 25,000,000 |
| Increases: | |
| 1. Grants for regional medical programs | 24,000,000 |
| 2. Direct operations | 1,000,000 |
| Total net change requested | 25,000,000 |

JUSTIFICATION

A separate operating entity, the Division of Regional Medical Programs, will be established to carry out the provisions of title IX of the Public Health Service Act in relation to regional medical programs. The purposes of these programs involving education, research, training, and demonstrations of patient care in the fields of heart disease, cancer, stroke, and other related diseases are as follows:

1. Through grants, to encourage and assist in the establishment of regional cooperative arrangements among medical schools, research institutions, and hospitals for research and training and for demonstrations of patient care in the fields of heart disease, cancer, stroke, and other related diseases;

2. To afford to the medical profession and the medical institutions of the Nation, through such cooperative arrangements, a more abundant opportunity of making available to their patients the latest advances in the diagnosis and treatment of these diseases, and

3. To accomplish these ends in cooperation with practicing physicians, medical center officials, hospital administrators, and representatives of public and private organizations, and without interfering with the patterns or the methods of financing of patient care or professional practice, or with the administration of hospitals.

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*Grants*

The authorizing legislation provides for the use of grants for planning and feasibility studies, and for the operation of pilot projects.

Funds in this category will provide for: (1) planning and/or feasibility grants to pay the expenses of staff, consultants and other expenses necessary to arrive at workable organization and facility proposals for regional medical programs of the type and scope contemplated in the authorization, and (2) the operation of pilot projects designed to take advantage of existing resources and capabilities with a view to the development of sound, long-range programs. Included in the latter grants will be provision for the renovation and equipping of space, administrative costs, support of staff, education and training, patient care costs incident to research and teaching, data gathering and recordkeeping systems, supplies, and other needs incident to the successful operation of the project concerned.

*Direct operations*

The separate organization to be created within NIH with the responsibility for the regional medical programs will be under the direction of an Associate Director of NIH reporting, on both a staff and operating basis, to the Director, NIH.

It is estimated that the administration of the programs will require $1 million in fiscal year 1966 to meet the initial needs of the regional groups for technical assistance in the development of plans and proposals. This function will require extensive activities in the field in order to provide the necessary close contact with the organizations and institutions developing these programs. The establishment and operation of a program review function is also required to evaluate and process the grant applications prior to Advisory Council review, to be submitted by the regional planning groups. An initial and continuing program planning and evaluation of the total program will be necessary. Additionally, there will be a need to coordinate existing PHS–DHEW activities which will be interested in and be contributing to the regional medical programs. Also the need for timely and expert legal and financial advice on all aspects of the program will be critical to its success. Continuing grants management and procedural studies to



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AUTHORIZING LEGISLATION

PUBLIC LAW 89–239

Amendment to the Public Health Service Act (42 U.S.C. ch. 6A) adding the following title:

"TITLE IX—EDUCATION, RESEARCH, TRAINING, AND DEMONSTRATIONS IN THE FIELDS OF HEART DISEASE, CANCER, STROKE, AND RELATED DISEASES

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*New positions requested in 1966*

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| Clerk-typist | | | |

### Grants for Heart Disease, Cancer, and Stroke Programs

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Dr. Sessoms. Thank you, Mr. Chairman.

It is a pleasure to have this opportunity to appear before you and your committee, and to request an initial appropriation to be used in implementing the regional medical programs for heart disease, cancer, and stroke.

Also, I might say that it is a pleasure to have on my immediate right our Surgeon General, who has been close to this legislation from its beginning, and whom we were fortunate enough to have with us for a few brief weeks as Director of the Heart Institute.

### Research, Training, and Demonstration of Patient Care

Senator Hill. The Surgeon General is with us. You got one of the pens, didn't you, Doctor?

Dr. Stewart. I certainly did.

Dr. Sessoms. On October 6, the President signed this legislation, which authorized grants for planning, feasibility studies, and organization of pilot projects for the establishment of regional medical programs of research, training, and demonstrations of patient care in the field of heart disease, cancer, stroke, and related diseases.

### President's Commission on Heart Disease, Cancer, and Stroke

This important new authority is an outgrowth of the major recommendations of the President's Commission on Heart Disease, Cancer, and Stroke, which consisted of 28 outstanding physicians and public-spirited citizens.

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And if I may, I would like to describe very briefly the purposes and provisions of this legislation.

Senator Hill. All right, sir.

### Regional Cooperative Arrangements

Dr. Sessoms. The basic purpose of the grants under this authority would be to encourage and assist in the planning and establishment of regional cooperative arrangements among medical schools, research institutions, and hospitals which will afford to the medical profession a more abundant opportunity of making available to their patients the latest advances in the diagnosis and treatment of these major diseases.

These regional cooperative arrangements will be planned and operated locally, and the legislation contains a number of provisions that emphasize local initiative and the cooperation of the medical profession and existing medical institutions and agencies.

Within the general guidelines provided in the law, the specific content of a regional medical program will be determined by this local action, according to the needs, opportunities, and resources which are peculiar to that region.



### Stimulating Links Between Medical Centers and Local Practice of Medicine

A variety of programs can be supported under the terms of this legislation, and these funds will stimulate the development of creative approaches to establishing effective links between the medical centers—where new advances of medical science are applied to the diagnosis and treatment of diseases—and the practice of medicine in the local communities, which will remain the first line in the battle against disease.

### Proposed Activities for Inclusion in Medical Program

The types of activities which will be included in a regional medical program include continuing education for medical personnel, interchange of personnel among the institutions participating in the regional program, support for the wider distribution of the latest diagnostic and treatment techniques, including the necessary equipment and trained personnel, and the development of new approaches to the problems of clinical training and clinical research.

### Use of Funds Under Medical Program

Under the provisions of the law, the funds being requested today will not be used to interfere with the local patterns of patient care, professional practice, or the administration of hospitals. These funds can be used to pay the costs of only that patient care incident to research, teaching, and demonstration.

These funds will not replace or absorb existing Federal health programs. This assistance will provide a framework at the regional level which will increase the effectiveness of present programs as well as provide increased emphasis on the difficult problems involved in translating research results into higher quality patient care.

### Grants for Planning and Feasibility Studies

The $25 million being requested today represents a modest beginning toward the implementation of this important new program. Although the distribution of these funds will not be known exactly until we have received applications and these applications have been considered by the National Advisory Council on Regional Medical Programs, it is our expectation that the initial emphasis will be on grants for planning and feasibility studies.

The widespread interest in this program already evident throughout the country, and the existence of present efforts to accomplish some of the purposes of this legislation, gives every hope that these funds can be used effectively during the coming months in launching the program.

### Availability of Funds

It is our sincere belief that the benefits to the health of the American people which will stem from these regional medical programs make the funds requested a very sound investment.

Senator Hill. This is the De Bakey Commission?

Dr. Sessoms. Yes, sir.

Senator HILL. It is my understanding that these funds will be available, not only for the rest of this fiscal year, but also for the fiscal year 1967.

Dr. SESSOMS. The fiscal year after; yes, sir.

Senator HILL. Is that correct?

Dr. SESSOMS. Yes.

Senator HILL. Questions, Senator?

Senator BYRD. No.

Senator HILL. Thank you very much, Doctor.

Dr. SESSOMS. Thank you, sir.



## STATEMENTS OF DR. STANLEY F. YOLLES, DIRECTOR, NATIONAL INSTITUTE OF MENTAL HEALTH; DR. STUART M. SESSOMS, DEPUTY DIRECTOR, NATIONAL INSTITUTES OF HEALTH; DR. PHILLIP L. SIROTKIN, ASSISTANT TO THE DIRECTOR, NATIONAL INSTITUTE OF MENTAL HEALTH; B. J. SADESKY, EXECUTIVE OFFICER, NATIONAL INSTITUTE OF MENTAL HEALTH; LELAND B. MAY, HEAD, BUDGET MANAGEMENT SECTION, NATIONAL INSTITUTES OF HEALTH; DR. WILLIAM H. STEWART, SURGEON GENERAL; HARRY L. DORAN, CHIEF FINANCE OFFICER; AND JAMES F. KELLY, DEPARTMENT COMPTROLLER

### APPROPRIATION ESTIMATE

"NATIONAL INSTITUTE OF MENTAL HEALTH

"For an additional amount for 'National Institute of Mental Health', $19,700,000, *of which $19,500,000 shall be to carry out the provisions of Part B of Title II of the Mental Retardation Facilities and Community Mental Health Centers Construction Act.*"

*Amounts available for obligation*

| | 1966 presently available | 1966 revised estimate |
|---|---|---|
| Appropriation | $212,469,000 | $232,169,000 |

*Obligations by activity*

| | 1966 presently available | | 1966 revised estimate | | Increase or decrease | |
|---|---|---|---|---|---|---|
| | Position | Amount | Position | Amount | Position | Amount |
| Grants: | | | | | | |
| Research | ..... | $84,730,000 | ..... | $84,730,000 | ..... | ..... |
| (Additional indirect costs) | ..... | (811,000) | ..... | (811,000) | ..... | ..... |
| (General research support) | ..... | (5,829,000) | ..... | (5,829,000) | ..... | ..... |
| (Categorical clinical research centers) | ..... | (1,750,000) | ..... | (1,750,000) | ..... | ..... |
| (Scientific evaluation and planning) | ..... | (215,000) | ..... | (215,000) | ..... | ..... |
| Fellowships | ..... | 8,364,000 | ..... | 8,364,000 | ..... | ..... |
| Training | ..... | 86,231,000 | ..... | 86,231,000 | ..... | ..... |
| State control program | ..... | 6,750,000 | ..... | 6,750,000 | ..... | ..... |
| Staffing, mental health facilities | ..... | ..... | ..... | 19,500,000 | ..... | +$19,500,000 |
| Direct operations: | | | | | | |
| Research | 517 | 11,620,000 | 517 | 11,620,000 | ..... | ..... |
| Collaborative studies | 165 | 3,864,000 | 165 | 3,864,000 | ..... | ..... |
| Training activities | 85 | 1,390,000 | 85 | 1,390,000 | ..... | ..... |
| Professional and technical assistance | 323 | 5,157,000 | 343 | 5,357,000 | +20 | +200,000 |
| Review and approval of grants | 197 | 3,499,000 | 197 | 3,499,000 | ..... | ..... |
| Program direction | 55 | 864,000 | 55 | 864,000 | ..... | ..... |
| Total obligations | 1,342 | 212,469,000 | 1,362 | 232,169,000 | +20 | +19,700,000 |