

Representatives of the United States of America in Congress assembled, That

SEC. 233. (a) (1) Section 1814(a)(2)(C) of the Social Security Act is amended by striking the phrase, "skilled nursing care on a continuing basis" and inserting in lieu thereof, "posthospital institutional care which requires the continuing availability of skilled nursing and related skilled services";

(2) Section 1814 of such Act (as amended by section 226 of this Act) is amended by adding at the end thereof the following new subsections:

"Payment for Posthospital Extended Care Services

"(h) An individual shall be presumed to require the care specified in subsection (a) (2) (C) of this section and payment shall be made to an extended care facility (subject to the provisions of section 1812) for posthospital extended care services which are furnished by such facility to such individual if—

"(1) the certification referred to in subsection (a) (2) (C) of this section is submitted for approval in timely fashion prior to the time of admission of such individual to such extended care facility, and

"(2) such certification is accompanied by (A) a plan of treatment for providing such services, and (B) as may be required by regulations, an estimate of the period for which such services will be required, and

"(3) there has not been a finding prior to or at the time of such admission by a review group designated by the Secretary that such individual does not require the care specified in subsection (a) (2) (C) of this section,

but only for services furnished—

"(4) during the first ten days of the individual's stay in the extended care facility, or

"(5) if less, during such period as may be certified under subparagraph (2) (B) or as may be approved by the review group under paragraph (3).

A similar presumption and payment for services furnished thereafter (for such number of days as are specifically approved by the review group) shall be made pursuant to the preceding sentence if, prior to the third day before the last day for which such payment may be made or (if earlier) a day specified by such review group, appropriate medical and related evidence is submitted on the basis of which such review groups finds that such individual continues to require for a period determined in accordance with paragraph (4) or (5) the care specified in subsection (a) (2) (C) of this section; except that where such evidence is submitted in timely fashion but does not support such a finding, payment may be made for such services as are furnished by such extended care facility before the third day after the day on which such facility receives notice of the review group's determination.

"Payment for Posthospital Home Health Services

"(1) An individual shall be presumed to require the services specified in subsection (a) (2) (D) of this section and payment shall be made to a home health agency (subject to the provisions of section 1812) for posthospital home health services furnished by such agency to such individual if—

"(1) the certification and plan referred to in subsection (a) (2) (D) of this section, accompanied by such estimate of the number of visits which will be required by such individual as may be required in regulations, is submitted in timely fashion prior to the first visit by such agency, and

"(2) there has not been a finding prior to such first visit by a review group designated by the Secretary that such individual does

not require skilled nursing care on an intermittent basis or physical or speech therapy, but only for services furnished—

"(3) during the first ten such visits, or

"(4) if less, for such number of visits as may be certified under paragraph (1) and as may be approved by the review group under paragraph (2).

A similar presumption and payment for services furnished (for such number of visits as are specifically approved by the review group) during subsequent visits by such agency shall be made pursuant to the preceding sentence if, prior to the seventh day before the final visit for which such payment may be made or (if earlier) a day specified by such review group, appropriate medical and related evidence is submitted on the basis of which such review group finds that such individual continues for a number of visits determined in accordance with paragraph (3) or (4) to require skilled nursing care on an intermittent basis or physical or speech therapy; except that where such evidence is submitted in timely fashion, but does not support such a finding, payment may be made for such services as are furnished by such home health agency before the day on which such agency receives notice of the review group's determination."

(3) Section 1835 of such Act is amended by adding at the end thereof the following new subsection:

"(e) An individual shall be presumed to require the services specified in subsection (a) (2) (A) of this section and payment shall be made to a home health agency (subject to the provisions of section 1832) for home health services furnished by such agency to such individual if—

"(1) the certification and plan referred to in subsection (a) (2) (A) of this section, accompanied by such estimate of the number of visits which will be required by such individuals as may be required by regulations, is submitted in timely fashion prior to the first visit by such agency, and

"(2) there has not been a finding prior to such first visit by a review group designated by the Secretary that such individual does not require skilled nursing care on an intermittent basis or physical or speech therapy, but only for services furnished—

"(3) during the first ten such visits, or

"(4) if less, for such a number of such visits as may be certified under paragraph (1) or as may be approved by the review group under paragraph (2).

Payment for services furnished during subsequent visits (for such number of visits as are specifically approved by the review group) by such agency shall be made pursuant to the preceding sentence if, prior to the seventh day before the final visit for which such payment may be made or (if earlier) a day specified by such review group, appropriate medical and related evidence is submitted on the basis of which such review group finds that such individual continues to require for a number of visits determined in accordance with paragraph (3) or (4) skilled nursing care on an intermittent basis or physical or speech therapy; except that where such evidence is submitted in timely fashion, but does not support such a finding, payment may be made for such services or furnished by such home health agency before the day on which such agency receives notice of the review group's determination. The amendments made by this section shall apply to plans of care initiated after June 30, 1971."

PROHIBITION AGAINST REASSIGNMENT OF CLAIMS TO BENEFITS

SEC. 234. (a) Section 1842(b) of the Social Security Act is amended by adding at the end thereof the following new paragraph:

"(5) No payment (226) for a service shall

be made pursuant to an assignment under subparagraph (B) (ii) of paragraph (3) of this subsection or under subsection (f) of section 1870 to anyone other than the physician or other person who furnishes the service, except that payment may be made (A) to the employer of such physician or other person if such physician or other person is required as a condition of his employment to turn over his fee for such service to his employer, or (B) (where the service was provided in a hospital, clinic, or other facility) to the facility in which the service was provided.

By Mr. DOMINICK:

S. 1828. A bill to amend the Public Health Service Act so as to promote the public health by strengthening the national effort to conquer cancer. Referred to the Committee on Labor and Public Welfare.

ACT TO CONQUER CANCER

Mr. DOMINICK. Mr. President, I introduce today a measure which is intended to substantially advance the development of cures for cancer. This morning the President called on the Congress to act on his additional \$100 million to support his expanded campaign against cancer. He also asked the Congress to establish a cancer-cure program within the National Institutes of Health, where it can take the fullest advantage of other wide-ranging research. He noted that it was important that this program be identified as one of the Nation's highest priorities, and that its potential for relieving human suffering not be compromised by the familiar dangers of bureaucracy and redtape. He asked that the Congress give the cancer-cure program independent budgetary status and that it make its director responsible directly to the President.

In the President's message to the Congress on the state of the Union on January 22, 1971, and again in this special message on health concerning a national health strategy on February 18, 1971, the President expressed his determination to wage a successful campaign against cancer. Today's action by the President is another bold step in the determination to make giant strides against cancer and thus, in the President's words "Bringing new hope for all Americans—and indeed for all the world."

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD at the conclusion of my remarks, together with the President's statement on the program dated May 11, 1971.

There being no objection, the bill and statement were ordered to be printed in the RECORD, as follows:

S. 1828

A bill to amend the Public Health Service Act so as to promote the public health by strengthening the national effort to conquer cancer

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

CANCER-CURE PROGRAM ESTABLISHED

SEC. 2. (a) The Public Health Service Act is amended by redesignating sections 401,

402, 403, 404, 405, and 406, and references in such Act thereto, as sections, and references to sections, 404, 405, 406, 407, 408, and 409, respectively; and by inserting, immediately before such redesignated section 404, the following new sections:

"CANCER-CURE PROGRAM"

"Sec. 401. (a) The cancer-cure program is hereby established in the National Institutes of Health. The program, acting in coordination with the other programs and activities of the National Institutes of Health, shall have as its objective the conquest of cancer at the earliest possible time.

"(b) The cancer-cure program shall be administered by a Director who shall be appointed by the President, by and with the advice and consent of the Senate, and who shall serve under the direction of the President and, with respect to such functions as the President may prescribe, under the direction of the Secretary.

"FUNCTIONS OF THE PROGRAM"

"Sec. 402. The program—

"(1) shall administer the authority of the Secretary pursuant to this Act with respect to cancer;

"(2) shall make recommendations to the President to improve and coordinate research and development programs and activities within the executive branch, and within or among other public or private agencies, organizations, and institutions, relating to the prevention, diagnosis, or treatment of cancer;

"(3) is authorized to provide, directly or otherwise, for the production or distribution of specialized biological materials, drugs, or other therapeutic substances, for cancer research;

"(4) is authorized to acquire (by purchase, lease, condemnation, or otherwise), construct, improve, repair, operate, or maintain cancer centers, laboratories, research or other necessary facilities and equipment, and necessary related accommodations, and such other real or personal property (including patents) as the Director deems necessary to carry out the purposes of this part; except that the acquisition by purchase or lease of facilities in or adjacent to the District of Columbia shall be effected through the Administrator of General Services for the use of the program but without regard to the Act of March 3, 1877, 19 Stat. 370; and

"(5) shall perform such other functions as the Secretary, with the approval of the President, may prescribe to encourage or coordinate public or private programs of research or development which show reasonable promise of contributing to the prevention, diagnosis, or treatment of cancer.

"CANCER-CURE ADVISORY COMMITTEE"

"Sec. 403. (a) There is hereby established a Cancer-Cure Advisory Committee. The Committee shall consist of the Secretary, the chairman and members of the National Advisory Cancer Council, the Director of the Office of Science and Technology, and not to exceed ten additional members to be appointed by the President. The Secretary, the chairman and members of the National Advisory Cancer Council, and the Director of the Office of Science and Technology shall serve on the Committee as ex officio members. The remaining members shall hold office for such term or terms as the President may prescribe. Compensation and travel expenses of members of the Committee, other than ex officio members and members who are in the full time employ of the United States, shall be governed by section 208(c).

"(b) The Committee shall advise the President, the Secretary, and the Director of the Cancer-Cure Program on ways and means of conquering cancer and on matters of policy, organization, and management arising in the administration of this Act and relating

to the conquest of cancer, including the development of general criteria for approval of applications under this Act for the award of grants, contracts, and other assistance."

(b) (1) The heading of title IV of the Public Health Service Act is amended to read "TITLE IV—CANCER-CURE PROGRAM; NATIONAL RESEARCH INSTITUTES".

(2) The heading of Part A of title IV of such Act is amended to read "PART A—CANCER-CURE PROGRAM AND NATIONAL CANCER INSTITUTE".

(3) Section 5315 of title 5, United States Code, is amended by adding at the end thereof the following new paragraph:

"(94) Director, Cancer-Cure Program."

NATIONAL CANCER INSTITUTE MADE PART OF CANCER-CURE PROGRAM

SEC. 3. (a) Section 404 (as redesignated by this Act) of the Public Health Service Act is amended to read as follows:

"NATIONAL CANCER INSTITUTE"

"Sec. 404. The National Cancer Institute shall be a part of the Cancer-Cure Program.

(b) Section 405 (as redesignated by this Act) of the Public Health Service Act is amended by striking out all that precedes clause (a) of such section, except the heading thereof, and inserting the following in lieu of such stricken matter:

"Sec. 405. In carrying out the purposes of section 301 with respect to cancer, the Cancer-Cure Program, through the National Cancer Institute and in consultation with the Cancer-Cure Advisory Committee and the National Advisory Cancer Council, shall—

(c) Section 406 (as redesignated by this Act) of the Public Health Service Act is amended (1) (A) by striking out "Surgeon General" wherever it appears in such section and inserting "Cancer-Cure Program" in lieu thereof; (B) by striking out "he" and "him" wherever either appears in such section and inserting "the Program" in lieu thereof; and (C) by striking out "section 402" wherever it appears and inserting "section 402 and section 405" in lieu thereof; and (2) by striking out "Institute" in subsection (b) thereof and inserting in lieu thereof "Program or Institute".

COORDINATION OF FUNCTIONS OF NATIONAL ADVISORY CANCER COUNCIL

"Sec. 4. (a) Subsection (b) of section 406 (as redesignated by this Act), and clause (1) of section 301, of the Public Health Service Act, are amended by striking out "National Cancer Advisory Council" and "National Advisory Cancer Council", respectively, and inserting "Cancer-Cure Advisory Committee" in lieu thereof.

(b) (1) Section 407 (as redesignated by this Act) of the Public Health Service Act is amended by striking out "The council is authorized" preceding clause (a), and inserting in lieu thereof "Subject to such general criteria as the Cancer-Cure Advisory Committee may prescribe, the National Advisory Cancer Council is authorized".

(2) Such section is further amended (A) by striking out "Surgeon General" wherever it may appear and inserting in lieu thereof "Cancer-Cure Program"; (B) in clause (a) thereof by striking out "section 402" and inserting "section 402 or section 405" in lieu thereof; and (C) in clause (d) thereof by striking out all following "Act" and inserting a period in lieu thereof.

REMOVAL OF LIMITATION ON USE OF APPROPRIATIONS FOR CONSTRUCTION

"Sec. 5. Section 408 (as redesignated by this Act) of the Public Health Service Act is amended (A) by striking out "shall be available for the acquisition of land or the erection of buildings only if so specified, but in the absence of express limitation therein", and (B) by striking out "Surgeon General"

and inserting in lieu thereof "Director of the Cancer-Cure Program".

STATEMENT BY THE PRESIDENT

Cancer has become one of mankind's deadliest and most elusive enemies. The conquest of cancer is one of the most important efforts of our time.

Success will test the very limits of our imagination and our resourcefulness. It will require a high sense of purpose and a strong sense of discipline.

In my message to the Congress on the State of the Union on January 22, 1971, and again in my special message to the Congress concerning a National Health Strategy on February 18, 1971, I expressed my determination to wage a successful campaign against this dread disease. I called upon the Congress to appropriate an additional \$100 million to support such an effort. I am pleased that in recent days the Appropriations Committees in both the Senate and the House of Representatives have favorably viewed this request and I am hopeful that the House—which votes today—and the Senate will both follow the Committee recommendations.

FEARS AND HOPES ABOUT CANCER

Across the Nation, there is a growing consensus that our vast scientific and technological resources should promptly be marshaled in an unprecedented attack on this devastating disease.

This consensus springs both from fear and from hope.

Cancer is second only to heart disease in the number of lives it takes in this country. And the nature of its ravages makes it our most feared disease. If the present incidence of cancer were to continue some 52 million Americans who are alive today would contract this disease someday. This means that cancer would strike one out of every four individuals in this country—and two out of every three American families. It would mean that in the next ten years alone, three and a half million Americans would die from cancer. For many of its victims, death is a slow and painful process. And for many of their families, the personal tragedy is compounded by the financial implications of a prolonged disease.

At the same time, however, there is much reason to hope.

New vistas are now opening for further research into the treatment and prevention of cancer, the result of some remarkable advances which have been made during the past ten years as we have multiplied many times over our fundamental knowledge in this area. Virus research, for example, has demonstrated that cancer can be produced in animals by over 110 of the nearly 1,000 viruses that science has identified. We have learned that animal cancers can be induced by over 1,000 chemical substances. Effective measures for preventing cancer have been developed in animals, and scientists have even demonstrated that human cancers can be prevented by avoiding exposure to certain chemicals. Other advances include new surgical procedures, more effective radiation therapy, and techniques for treating cancer with improved combinations of known drugs.

All of these developments have fueled our hopes and provided a broad frontier of possibilities for researchers in the months and years ahead. This is why I was able to suggest in my special health message to the Congress in February that "of all our research endeavors, cancer research may now be in the best position to benefit from a great infusion of resources."

MORE MONEY AND BETTER ORGANIZATION

The time has now come for us to put our money where our hopes are. In the first full

budget developed by this administration last year, an increase of \$20 million was provided for cancer programs. For fiscal year 1972, the administration request for cancer programs is slightly over \$332 million—an increase of \$100 million from the 1971 fiscal year. If these resources are provided by the Congress, we should be able to finance a new and massive assault on cancer. If it should turn out that we need more money, however, I will not hesitate to ask the Congress to provide whatever funds can be effectively utilized. But I would also emphasize this important point: More money alone will not be enough. Money can help set the stage for faster progress, but in the end it is brainpower alone which can lead us to our goals. This means, of course, that we need to mobilize the intelligence and imagination of our doctors and scientists. And it also means that we must do a better job of tapping the Nation's administrative and organizational skills, which can help remove many roadblocks to success. Our capacities for efficient management were instrumental in our efforts to split the atom and travel to the moon. Now we need to apply those same capacities to the conquest of cancer.

This means, for one thing, that a wide variety of research activities in all parts of the country, in many areas of society and in a great number of disciplines must be carefully coordinated. There must be as much cross-fertilization as possible between various scientific pursuits.

In the past, the National Institutes of Health have had considerable success in fostering such coordination and cooperation and, in the process, they have earned both the respect of the scientific community and the gratitude of thousands who live happier and healthier lives because of NIH successes. It is for this reason that I have asked the Congress to establish a Cancer-Cure Program within the National Institutes of Health, where it can take the fullest advantage of other wide ranging research.

At the same time, it is important that this program be identified as one of our highest priorities, and that its potential for relieving human suffering not be compromised by the familiar dangers of bureaucracy and red tape. For this reason, I am asking the Congress to give the Cancer-Cure Program independent budgetary status and to make its Director responsible directly to the President. This effort needs the full weight and support of the Presidency to see to it that it moves toward its goals as expeditiously as possible. I am further recommending that this Director be supported by a strong management group which has as its one goal: the cure of cancer—and which can pursue that goal with single-minded tenacity.

In addition, I am recommending that a new Cancer-Cure Advisory Committee be set up to provide a broad range of advice and assistance for the President and for others who lead the Cancer-Cure Program, particularly as they work to set intelligent priorities for the Nation's efforts in this area.

I am pleased to report that the detailed management and administrative mechanisms for carrying out these plans have been discussed in considerable detail within the National Institutes of Health, with experts in the field outside of Government, and in the Office of the Secretary of the Department of Health, Education and Welfare. As these plans are translated into action, I hope that the Congress will comment on them and suggest additional ways in which we can work toward these significant goals.

I would not want to discuss the subject of cancer research, however, without offering a word of caution. Many of the experts that we consulted with told us that biomedical re-

search is a notoriously unpredictable enterprise. Instant breakthroughs are few and the path of progress is strewn with unexpected obstacles. As we undertake this crusade, we must put on the armor of patience, ready to persist in our efforts through a waiting period of unknown and possibly anguishing duration.

Yet I feel confident that with such funding as I have proposed, with such organizations as we are developing, with the dedicated efforts of thousands of men and women from many disciplines, and with the cooperation of the Congress and the people of the United States, we can make great strides against this terrible enemy, bringing new hope for all Americans—and indeed new hope for all the world.

By Mr. SAXBE:

S. 1829. A bill to amend title II of the Social Security Act to increase from \$70.40 to \$100 the minimum monthly insurance benefit payable thereunder, to provide for the making of supplementary payments to low-income recipients of old-age or disability insurance benefits thereunder, and to increase the annual amount individuals are permitted to earn without suffering deductions from their benefits on account of excess earnings. Referred to the Committee on Finance.

Mr. SAXBE. Mr. President, earlier this year President Nixon signed into law, a bill increasing social security benefits by 10 percent. I was delighted to see this increase actually become law and know the relief it will bring to millions of Americans.

Although the 10-percent increase has now been enacted, there are still some necessary improvements in the social security system; in particular, increased benefits to the elderly. Today I am introducing a bill designed to provide these increased benefits.

My bill would do three things:

First, increase the minimum monthly payment to \$100.

Second, guarantee a minimum income of \$160 a month to an individual, and \$220 a month to a couple.

Third, lift the earnings limitation from \$1,680 to \$2,600 a year.

The first phase of the bill—raising the minimum payment to \$100—is the least we can do for our elderly. The present \$70 minimum is grossly inadequate in today's inflationary spiral. We all feel the effects of inflation, but the ones hardest hit are our older citizens. It is therefore essential for us to raise this minimum monthly payment—at least to bring it in line with the present inflationary scale.

The second portion involves an income assurance plan for social security recipients through supplementary payments. The poverty level for a single elderly individual is presently \$159 a month, according to standards set by the Census Bureau and adjusted to take account of price increases through February 1971. My bill will guarantee all retired and disabled workers an income of \$160 a month, and if he is married, \$200 a month. For example, if a man received the \$100 monthly minimum, as provided in this bill, and had no other income, he would receive an additional payment of

\$60 to reach the guarantee of \$160 a month. Thus, through this provision, our older citizens would at least be lifted to the poverty line.

The third section of my bill involves the earnings limitation feature of the social security bill. There are thousands of our senior citizens who can and do wish to work; but because of a restrictive limit on earnings, these people are penalized for working by a subsequent loss in social security payments. As it stands now, a person can collect Social Security even though he draws huge sums in unearned income; but once he becomes a wage earner, he puts his payments in jeopardy. To me, this is not fair. If a person wants to work, he should be allowed to do so, and to have his social security benefits as well. My bill would lift the earnings limitation from the present level of \$1,680 to \$2,600 a year. A retired person should be allowed to earn it at least that much without forfeiting his rightful benefits.

I ask that the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1829

To amend title II of the Social Security Act to increase from \$70.40 to \$100 the minimum monthly insurance benefit payable thereunder, to provide for the making of supplementary payments to low-income recipients of old-age or disability insurance benefits thereunder, and to increase the annual amount individuals are permitted to earn without suffering deductions from their benefits on account of excess earnings

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) the table in section 215(a) of the Social Security Act is amended by striking out the matter beginning with the line on which appears the following:

“---- \$16.20 \$64.00 ---- \$76 \$70.40 \$105.60”
or less

and continuing through the line on which appears the following:

“26.95 27.46 91.90 114 118 101.10 151.70”
and by inserting in lieu of the matter stricken the following:

“---- \$26.94 90.50 ---- \$113 \$100.00 \$150.00”
or less
\$26.95 27.46 91.90 \$114 118 101.10 151.70”.

(b) The amendments made by this section shall apply with respect to monthly insurance benefits under title II of the Social Security Act for months after the month following the month in which this Act is enacted and with respect to lump-sum death payments under such title in the case of deaths occurring after the date of enactment of this Act.

Sec. 2. (a) Title II of the Social Security Act is amended by adding at the end thereof the following new sections:

“SUPPLEMENTARY PAYMENTS FOR LOW-INCOME RECIPIENTS OF OLD-AGE OR DISABILITY INSURANCE BENEFITS

“Definitions

“Sec. 230. (a) For purposes of this section—

“(1) The term ‘eligible individual’ means an individual who, for any month, is entitled to—

“(A) a monthly insurance benefit under