Social Legislation Information Service

This Bulletin reports impartially on federal social legislation and the activities of federal agencies affecting family life, children, and community services in the areas of health, education, welfare, housing, employment and recreation. The Service takes no position for or against legislation.

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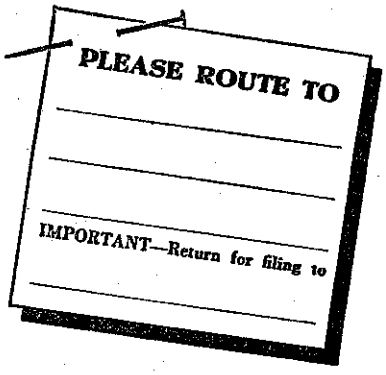

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LOCAL PUBLIC HEALTH SERVICES BILL
(S. 2189)

A bipartisan bill (Senate bill 2189) to have the federal government assist states and localities in providing better public health services was introduced jointly by Senators Saltonstall (R-Mass.), Cordon (R-Ore.), and Hill (D-Ala.). The bill was referred to the Senate Committee on Labor and Public Welfare for consideration. Senator Saltonstall stated to the Senate:

> "The purpose of the bill is to have the federal government assist states and localities in providing better public health services. At present less than 10,000,000 of our total population live in areas served by local units which meet basic requirements of public health standards, while more than 40,000,000 persons in the United States live in areas not served by any local public health units. I believe that this fact alone calls for careful consideration by Congress.
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> "This bill has been favorably acted upon by the National Congress of Parents and Teachers. It has been approved by the Association of State and Territorial Health Officers . . . In principle, the bill has been approved by some 65 representatives of national organizations, acting in their individual capacities. The individuals, naturally, cannot commit their organizations."

The Senator added that he was "not specifically in favor of all the details contained in this bill" but since the Senate Committee on Labor and Public Welfare is now engaged in active consideration of proposed health legislation he feels it important that consideration should be given to the problem which this bill seeks to solve.

Brief Digest: In brief, the bill would provide federal aid to encourage and assist each state in establishing and maintaining a network of local public health units organized to provide basic full-time public health services in all areas of the state. The Surgeon General of the U.S. Public Health Service is given broad discretionary powers to determine the types of health services,

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5. Hygiene of maternity, infancy, and childhood, including supervision of the health of the school child.

6. Health education of the general public so far as not covered by the functions of the department of education.

This listing does not imply that the public health services in any given community should be limited to these six basic functions. Actually, there is no general agreement as to the boundaries of public health practice. One of the major objectives of this legislation is to help raise the level of public health services so that all areas of the nation might at least have basic full-time public health services.

Development of Local Health Units: The provision of local health services on a county basis is of relatively recent origin. It was not until 1908 that the first full-time county health department came into being. By 1936 the number had increased to 811. Then, with the assistance of federal funds the number of full-time county units increased until in 1946 there were 1,841 counties receiving the benefit of some sort of local public health service. Thus, of the 3,070 counties in this country there are some 1,229 which do not now have a full-time county health unit. In other words, of the 140,000,000 people living in the United States, 40,000,000 live in areas which have no public health services. The greater part of these unserved persons live in small towns and in rural areas. Perhaps the major objective of this bill is to help overcome this lack of full-time local public health units. Before a state could qualify for federal aid under this bill, it is required to set forth a program for the extension of local public health services so as to assure coverage of all areas in the state.

Public Health Personnel: The American Public Health Association issued a report in 1945 entitled, "Local Health Units for the Nation" in which it is reported that considerable additional public health personnel would be needed to provide basic minimum health protection to the nation. As against a total of 40,782 persons so employed in 1942 (of whom more than 25 percent were part-time workers), the Association recommended that at least 63,865 persons are needed (of whom about 15 percent would be part-time workers) to provide basic minimum local health services to cover the entire area of continental United States:

Existing (1942) and Suggested Personnel for Local Health Services

	Existing (1942)	Suggested (minimum)
Health officers - full time	1,202	1,197
" " - part time	4,317	- - -
Other medical administrators	1,065	866
Clinicians - part time	4,656	6,145
Public health nurses - full time	13,742	26,390
" " " - part time	532	- - -
Sanitary personnel	5,504	5,807
Clerical workers	5,279	8,933
Laboratory workers	1,350	3,535
Dentists - full time	307	447
" - part time	959	3,342
Dental hygienists	372	4,267
Health educators	44	543
Others	1,453	2,393
TOTAL	40,782	63,865

This bill seeks to overcome this shortage of public health personnel in a number of ways. Before a state can qualify for federal funds it is required to set forth in its state plan that each local health unit will employ at least the minimum number and types of full-time personnel prescribed by the Surgeon General as needed for the efficient administration of basic public health services. In addition to meeting part of the cost of salaries, the bill provides for the training of needed personnel.

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SUMMARY OF LOCAL PUBLIC HEALTH SERVICES BILL

Need: In the preamble of the bill, there is set forth the following three findings as to the need for this legislation:

1. "Adequate protection of the Nation's health is essential to the security and well-being of our country and cannot be achieved unless basic public-health services are available in every locality through adequately staffed and properly equipped local public-health units.

2. "At present more than forty-million persons in the United States live in areas not served by local public-health units and less than ten million persons live in areas served by units which meet basic minimum public-health standards.

3. "Many areas cannot support local public-health units staffed and equipped to the extent necessary for the provision of the basic public-health services essential to the well-being of the community."

Purpose: In the light of these findings, the bill declares that the purpose of this act is two-fold:

1. To assist the states in developing and maintaining local public-health units organized to provide basic full-time public-health services in all areas of the nation.

2. To assist the states in the training of all types of personnel for local public-health-unit work.

The term "state" means a state, the District of Columbia, Alaska, Hawaii, Puerto Rico, or the Virgin Islands.

"Basic Public Health Services": While the bill authorizes federal grants to aid local public-health units to provide "basic full-time public health services", it does not contain a definition of the types of health services for which federal funds may be expended pursuant to this legislation. The bill directs the Surgeon General (after consultation with a conference of state health authorities) to issue regulations defining the types of health services which shall be included in this program.

Comment: The following definition of the term "public health services" appears in the regulations promulgated by the Surgeon General in connection with the Hospital Survey and Construction Program:

> "Public health services. Services provided through organized community effort in the endeavor to prevent disease, prolong life, and maintain a high degree of physical and mental efficiency. In addition to the services which the community already provides as a matter of practice, the term shall include such additional services as the community from time to time may deem it desirable to provide."

It should be noted that the grants provided by this bill would be in addition to existing grants-in-aid programs for specialized public health services, namely, control of venereal diseases, control of tuberculosis, mental health, cancer control, construction of hospitals and public health centers and maternal and child health services.

"Local Public-Health Unit": Under the provisions of this bill, federal funds may be used in developing and maintaining "local public-health units" which are defined to mean any of the following:

1. The governmental authority of a local area authorized to provide in such area the basic public-health services for which federal funds are made available under this bill.

2. A unit of a state government specifically assigned responsibility for the provision of basic public-health services in a local area.

3. A combination of the governmental authorities of two or more contiguous local areas authorized to provide such services in such combined area.

In order for such a unit to qualify for federal support, however, it would have to comply with regulations to be promulgated by the Surgeon General prescribing -

> "criteria for determining the minimum population and financial resources which various types of areas must have, and the minimum number and types of full-time professional and other personnel which local public-health units in various types of areas must employ per thousand population, in order to afford reasonable assurance of continued financial support for, and efficient and economical administration of, basic public-health services in such areas."

State Plans: In order to obtain federal funds a state must first prepare and have approved by the Surgeon General a "state plan" for carrying out the purposes of this legislation. While the bill does not specify which state agency shall submit such plan, it may reasonably be assumed that it is intended that the state plan be submitted and administered by the state health authority. A state plan must -

1. Set forth a program for the extension of the state plan so as to assure that all areas in the state shall have local public-health units organized to provide basic full-time public-health services. (This is intended to extend basic public health services to areas now without adequate full-time public health protection.)

2. Contain satisfactory evidence that the state health authority and the local public-health units of the state whose populations are covered by the state plan will have authority to carry out the plan in conformity with the provisions of this legislation. (In some states and localities, new or additional enabling legislation would be necessary.)

3. Provide that each local public-health unit providing basic public-health services under the state plan must service an area of sufficient population and financial resources as may be necessary to assure continued financial support for, and efficient and economical administration of, such basic health services. (This bill requires the Surgeon General to issue regulations prescribing criteria for this and the following purpose.)

4. Provide that each such local public-health unit employ full-time personnel of such types and in such numbers as are required to render minimum basic public-health services to the population served by the local public-health unit.

5. Provide for the allocation of all funds received by the state health authority under this legislation to local public-health units participating in the state plan with methods that will assure "equitable" distribution and the effective use of such funds in the extension and expansion of basic public-health services. (The bill requires the Surgeon General to issue regulations prescribing criteria for this purpose.)

6. Provide that all such funds shall be used by such local units solely for the provision of such services.

7. Provide for such methods of administration as are necessary for the efficient operation of the plan, including maintenance of personnel standards and selection on a merit basis. (The Surgeon General is required to issue regulations prescribing criteria for this purpose, including the conditions under which compliance with such methods may be postponed. He is expressly prohibited from exercising any authority with respect to the selection, tenure of office, or compensation of employees.)

8. Provide for necessary reports to the Surgeon General.

The Surgeon General of the U. S. Public Health Service is required to approve any plan which meets the above conditions as well as the regulations which he promulgates in in regard to this program. Before issuing any of the regulations mentioned above, the Surgeon General must first consult with a conference of the state health authorities whose agreement he must, insofar as practicable, obtain prior to the issuance of such regulations.

Appropriations and Payments to States: The bill does not fix any limits on the size of federal appropriations. It calls for the appropriation of "such sums as may be necessary to carry out the purposes of this Act." When used in other legislation, such language has been interpreted to place an obligation upon Congress to appropriate sufficient funds each year to make payments to the states in accordance with the formula included in the law. In this case, sufficient federal appropriations would be required to meet the federal share of state expenditures computed as follows:

1. Subject to the two exceptions noted below, each state with an approved state plan would be entitled to a federal grant in an amount "which bears the same ratio to one-third of the expenditures for such year under the plan as the average per capita income of the continental United States (excluding Alaska) bears to the average per capita income of such State."

   Exception No. 1: No state may be paid an amount exceeding two-thirds of the expenditures of the state plan for any fiscal year. No minimum amount is specified in the bill.

   Exception No. 2: Expenditures in excess of $1.50 per capita per annum for the population of the local public-health units participating in the state plan shall not be counted as expenditures for this purpose, unless Congress should designate a higher figure in an appropriation bill.

   Examples: For purposes of illustration, let us assume that there are three states each of which spent $1,200,000 per annum, and that in no case was the annual cost in excess of the ceiling of $1.50 per capita per annum. Let us further assume that "State A" has a per capita income which is exactly equal to the national average; that the per capita income of "State B" is half the national average; and that of "State C" is twice the national average. Under the formula for grants to states -

"State A" would be entitled to a grant of $400,000, which is one-third of its expenditures.

"State B" which has the low per capita income would be entitled to a grant of $800,000, which is two-thirds of its expenditures. (This is the maximum possible under this bill.)

"State C" which has the high per capita income would be entitled to a grant of $200,000, which is one-sixth of its expenditures.

2. In addition to appropriating sufficient funds to cover the cost of the federal share of expenditures as computed above, Congress is also authorized to appropriate an additional amount not to exceed 20 per centum of the sum made available under the above computations. The Surgeon General would distribute this sum on the basis of the special needs and the size of the local health problem in each of the several states.

Comment: The federal share of the cost of local public health services would actually be somewhat greater than the examples given above would indicate. This is so because a portion of the expenditures of local public health units is now being met through federal grants for specialized health problems such as tuberculosis, venereal diseases, mental health, etc., and the bill does not exclude other federal grants in computing expenditures for local health services.

Administration: On the federal level, responsibility for the administration of this measure is vested in the Surgeon General of the U.S. Public Health Service under the supervision and direction of the Federal Security Administrator. The bill includes a procedure under which the Surgeon General may withhold payments from any state which fails to comply with the conditions which the bill sets forth for state plans. The bill leaves the administration and control of the services in the hands of state and local officials.

Grants to States Under Public Health Service Act: Under section 314 (c) of the Public Health Service Act, grants are now made for general public health work in the amount of about $11,000,000 annually. In order to prevent possible duplication of grants, this bill amends section 314 (c) of the Public Health Service Act as follows:

1. It provides that grants made pursuant to section 314 (c) shall not be made for basic public-health services for which appropriations are authorized under the proposed Local Public Health Services Act.

2. It authorizes the use of funds appropriated pursuant to section 314 (c) for the cost to the state health authority of administering the state plan approved under the proposed Local Public Health Services Act.

3. It removes the present ceiling of $30,000,000 on the size of the appropriation authorized under section 314 (c) and instead authorizes the appropriation of "such sums as are necessary to carry out the purposes" of section 314 (c).

These changes would still leave the Surgeon General with his present authority to use funds appropriated pursuant to 314 (c) to assist states, counties, health districts, and other political subdivisions of states -

> "in establishing and maintaining adequate public-health services, including grants for demonstrations, for the training of personnel for State and local health work...and to enable the Surgeon General to provide demonstrations and to train personnel for State and local health work..."

The extent to which the Surgeon General could provide such grants, demonstrations, and services under section 314 (c) of the Public Health Service Act would depend upon appropriations actually voted by Congress.