

93d Congress }
1st Session }

COMMITTEE PRINT

RESEARCH ON AGING ACT, 1973
REPORT No. 93-299

PREPARED FOR USE OF THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE



JULY 1973

Printed for the use of the Special Committee on Aging

U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON : 1973

98-674 O

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402 - Price 25 cents
Stock No. 5270-01926

SPECIAL COMMITTEE ON AGING

FRANK CHURCH, Idaho, *Chairman*

HARRISON A. WILLIAMS, Jr., New Jersey	HIRAM L. FONG, Hawaii
ALAN BIBLE, Nevada	CLIFFORD P. HANSEN, Wyoming
JENNINGS RANDOLPH, West Virginia	EDWARD J. GURNEY, Florida
EDMUND S. MUSKIE, Maine	WILLIAM B. SAXBE, Ohio
FRANK E. MOSS, Utah	EDWARD W. BROOKE, Massachusetts
EDWARD M. KENNEDY, Massachusetts	CHARLES H. PERCY, Illinois
WALTER F. MONDALE, Minnesota	ROBERT T. STAFFORD, Vermont
VANCE HARTKE, Indiana	J. GLENN BEALL, Jr., Maryland
CLAIBORNE PELL, Rhode Island	PETE V. DOMENICI, New Mexico
THOMAS F. EAGLETON, Missouri	
JOHN V. TUNNEY, California	
LAWTON CHILES, Florida	

WILLIAM E. OBIOL, *Staff Director*

DAVID A. AFFELDT, *Chief Counsel*

VAL J. HALAMANDARIS, *Associate Counsel*

JOHN GUY MILLER, *Minority Staff Director*

RESEARCH ON AGING ACT, 1973

(Originally prepared by the Subcommittee on Aging of the Senate Labor and Public Welfare Committee and reprinted by the Senate Committee on Aging for additional distribution.)

(II)

RESEARCH ON AGING ACT, 1973

JUNE 30, 1973.—Ordered to be printed

Mr. EAGLETON, from the Committee on Labor and Public Welfare, submitted the following

REPORT No. 93-299

[To accompany S. 775]

The Committee on Labor and Public Welfare, to which was referred the bill (S. 775) to amend the Public Health Service Act to provide for the establishment of a National Institute on Aging, having considered the same, reports favorably thereon with amendments and recommends that the bill as amended do pass.

BACKGROUND

S. 775 as introduced was identical to S. 887 (except for the deletion of non-germane provisions) which was passed in the 92d Congress but pocket-vetoed by the President following the adjournment of Congress in October 1972. Five days of hearings on S. 887 were held in 1971 and 1972 and testimony was taken from a number of witnesses including recognized leaders in the field of gerontological research, representatives of several of the nation's leading aging organizations and administration witnesses. Numerous statements were published by other interested parties in the record of the hearings.

One day of hearings on the new bill, S. 775, was held in 1973 at which proponents of the bill testified as did administration witnesses in opposition. The record of hearings in 1971-1972 was incorporated by reference into the record of the most recent hearings—those held on S. 775.

COMMITTEE AMENDMENTS

The committee amendments are largely of a technical nature. They are:

(a) Change the year reference in the short title of the Act from 1972 to 1973.

(b) Revision of language in section 462 (a) and (c) to change the name and restrict somewhat the role of the Institute's advisory council so as to avoid any conflict with the duties assigned to the Federal Council of Aging by the Older Americans Comprehensive Services Amendments of 1973 (Public Law 93-29).

(c) Clarifying language added to section 464(a) regarding the preparation of a plan for an aging research program to make clear the committee's intentions in this regard.

SUMMARY OF THE BILL

This legislation amends title IV of the Public Health Service Act to provide for the establishment in the National Institutes of Health of a new institute, to be known as a National Institute on Aging, for the conduct and support of biomedical, social, and behavioral research and training relating to the aging process and the diseases and other special problems and needs of the aged.

The Secretary is charged with the duty of carrying out the purposes of section 301 of the Public Health Service Act, insofar as they relate to research and training in the field of aging, through the National Institute of Aging. (Sec. 301 is the basic charter for the activities carried on by the National Institutes of Health.) However, the Director of the National Institutes of Health is given broad discretionary authority to assign functions to the National Institute of Aging or to another institute when both such institutes have functions with respect to the same subject matter.

The bill also directs the Secretary to:

Conduct scientific studies, through the Institute, for the purpose of measuring the impact on the biological, medical, and psychological aspects of aging of all programs conducted or assisted by H.E.W. designed to meet the needs of the aging.

Carry out public information and education programs to disseminate the findings of the Institute and all other relevant information which may assist all Americans, and especially the elderly, in dealing with the problems, and understanding the processes, associated with aging.

Prepare a comprehensive aging research plan within 1 year after enactment for presentation to the Congress and the President, along with a statement of the staffing and funding requirements necessary to implement the plan.

NEED FOR THE BILL

Basic research in the process of aging is widely recognized in the scientific community as an idea whose time has come. In testimony and other materials submitted to the committee, respected authorities have stated that scientific knowledge regarding aging and degenerative diseases has reached a point where major breakthroughs are possible. Critical, but still unanswered, questions about growing old present persuasive arguments for developing an expanded, coordinated research program in aging.

That aging is a major biological process is undisputed. Moreover, aging underlies our increased susceptibility with advanced years to cancer, heart attacks, and other life-terminating events. The aging

process determines the maximum lifespan of a species; thus very few humans live beyond 100 years and very few dogs live beyond 20 years. Dogs die of the same spectrum of diseases as does man but the rate at which these diseases develop and run their course in dogs is about five times as fast as in man since the lifespan of dogs is about one-fifth that of man.

These facts have particular significance when viewed in relationship to the extraordinary growth of our Nation's elderly population and the corresponding increase in health costs associated with care and treatment for the elderly. Today there are more than 20 million Americans aged 65 or older—nearly seven times as many as at the beginning of this century—and the older population is increasing at a much faster rate than the under-65 population. Between 1960 and 1970, the over-65 population showed a rise of 21.1 percent while the under-65 population grew 12.5 percent. Within the next 30 years, we can expect nearly 45 million persons to reach their 65th birthday. In this population group, health problems tend to be the rule, not the exception. Eighty percent of those aged 65 or older have a chronic health problem and 40 percent are impaired in their activities because of a health condition. They are twice as likely to be hospitalized as younger persons and, once hospitalized, their average stay is twice as long. As much as two-thirds of our total expenditures for health care can be attributed to treating older persons, according to some estimates.

Despite these facts, the level of federally supported research into phenomena associated with aging has been extremely low. As a nation, we recognize the importance of research—but unfortunately not in the field of aging. The amount expressly devoted to aging research in the National Institutes of Health represents only about one-tenth of 1 percent of Federal expenditures in health programs for the elderly. In sharp contrast, many businesses or governmental units may earmark as much as 5 to 10 percent of their available funds for research.

Not only is gerontological research funded at low levels, it is fragmented among the departments and agencies of the Federal Government. This diffusion of responsibility has resulted in duplication of efforts, lack of coordination, and gaps in our overall approach. Most importantly, the result has been a severe lack of systematic research in aging.

The focal point for aging research in the National Institutes of Health (NIH) is the National Institute of Child Health and Human Development (NICHD). This Institute was authorized by legislation enacted in 1962 and, as its programs have evolved, major emphasis has been given to research in child health, human reproduction, and fertility control. Aging research averages only about 10 percent of its budget and such increases in funding for aging research as have occurred in recent years have been achieved largely through the insistence of the Appropriations Committees of the Senate and the House of Representatives. The following table sets forth the level of funding for the aging research program in NICHD since its inception and the relationship of this program to the other programs conducted by NICHD.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD)

[Dollar amounts in thousands]

	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973 amended budget	1974 President's budget
Aging program.....	\$3,036	\$3,333	\$5,068	\$7,342	\$7,973	\$8,268	\$8,100	\$9,313	\$12,505	\$12,336	\$11,838
Total, NICHD.....	\$30,461	\$41,097	\$53,434	\$62,237	\$66,830	\$71,091	\$76,506	\$94,744	\$116,498	\$109,551	\$106,679
Percent of Institute funds allocated to aging.....	10.0	8.1	9.5	11.8	11.9	11.6	10.6	9.8	10.7	11.3	11.1
Aging program.....	\$3,036	\$3,333	\$5,068	\$7,342	\$7,973	\$8,268	\$8,100	\$9,313	\$12,505	\$12,336	\$11,838
Total, programs.....	\$27,090	\$35,773	\$48,278	\$56,172	\$58,175	\$61,450	\$66,825	\$84,240	\$108,227	\$105,530	\$102,305
Percent of program funds allocated to aging.....	11.2	9.3	10.5	13.1	13.7	13.5	12.1	11.1	11.6	11.7	11.6

Note: The line "Total programs" differs from the line "Total NICHD" in that several activities of the Institute are not distributed by program, e.g., payment to the NIH management fund and general research support grants.

In 1968, NICHD established the Gerontology Research Center for intramural research in aging. This center, located in Baltimore, was designed to be the largest center for aging research in the world, yet it has consistently operated at 50 percent, or less, of its intended capacity. The failure to staff this center on an adequate basis and to conduct the vigorous intramural program of gerontological research for which it was designed is reflective of the relatively low priority accorded this kind of research within the present organizational structure at the National Institutes of Health.

The creation of a National Institute of Aging, as provided in S. 775, is an effort to reverse this trend. Expansion of the aging research and training program within NICHD cannot reasonably be expected to take place at the expense of the other programs which have dominated the activities of the Institute since its inception. Nor can it be anticipated that such expansion will occur as a result of overall NICHD budget increases, for the funding history shows the aging program remaining relatively static in comparison to the large increases received by other NICHD programs. Indeed, the budget request for fiscal year 1972 showed a substantial increase for the Institute as a whole accompanied by a cutback for the aging program.

These are the considerations that led the delegates to the 1971 White House Conference on Aging to recommend the establishment of a separate institute to conduct research and training in aging. Significantly, a similar recommendation made by the 1961 White House Conference on Aging was sought to be answered by including aging research and training within the responsibilities assigned to NICHD when it was created in 1962. The reiteration of this recommendation by the most recent White House conference points up the inadequacies of the aging program as conducted by NICHD.

Witnesses representing the Department of Health, Education, and Welfare and the National Institutes of Health testified that there is not a sufficient number of interested and competent research investigators, plus enough research leads or promising endeavors in the field of aging. Thus, they hold that the time is not ripe for the creation of a new institute while acknowledging that the field is expanding and that a growing number of scientists are displaying an ever greater interest in aging research.

This position is but a self-fulfilling prophecy, for it has been demonstrated repeatedly that researchers are strongly influenced by the priorities established by those principally responsible for managing and funding research efforts—in this case, NIH. If NIH downgrades gerontological research, then the scientific community is likely to follow suit. In fact, the testimony heard by the committee indicates that there is a substantial body of competent and internationally recognized researchers presently active in this field; that their results can reasonably be expected to point the way to further advances; and that there are other scientists who are attracted to research in this area but whose entry has been handicapped for lack of NIH support—indeed, we heard from one scientist whose advanced training at the NICHD Gerontological Research Center cost more than \$60,000 over 3 years, but who could not find a position in this field when he completed his training because of a general lack of support for aging research.

Administration witnesses also expressed the concern that work of a National Institute of Aging would overlap with that of other established Institutes, particularly those Institutes whose efforts are oriented toward diseases that are common in the elderly, such as cancer and heart disease. For this reason, the bill vests the Director of the National Institutes of Health with authority to assign responsibility for research and training in this area to the National Institute of Aging or to another Institute when both Institutes have functions with respect to the same subject matter, and to coordinate the related activities of such Institutes so as to avoid unproductive and unnecessary overlap and duplication of effort. It is not intended that this authority be used as a device to bypass the National Institute of Aging in matters that are properly within its area of responsibility, but it is consistent with the committee's perception of the new Institute as one primarily concerned with the aging process and the biomedical and behavioral effects of this process, rather than as a chronic disease institute. Furthermore, the committee recognizes that overlapping responsibilities and duplicated efforts cannot always be avoided in scientific research—indeed, they may sometimes be desirable—and hence has given the Director of NIH considerable flexibility in determining that which is unnecessary and unproductive.

It should be emphasized that the new Institute's mandate includes behavioral, as well as biomedical, research, and training, for many of the problems associated with old age can best be approached by the social scientist or the psychiatrist, even though they often may involve questions relating to physical health also. For example, the search for alternatives to institutionalizing the elderly cannot be limited to a consideration of their physical condition; family relationships, availability of housing, adequacy of income, personal attitudes, and a host of other factors may be as decisive as is the health of the individual involved. The interplay and effects of these factors are properly a subject for research and training by the new Institute. Such research is now funded to some degree by the Aging Branch of NICHD and it is intended that these activities be continued and expanded. To this end, representation on the Advisory Council of the Institute is provided for social scientists as well as biomedical scientists.

The bill further provides for the Secretary of the Department of Health, Education, and Welfare to prepare and transmit to the Congress and the President a plan for an aging research program designed to coordinate and promote research into all aspects of aging, along with a statement of the staffing and funding requirements for carrying out such program. As to research involving the functions of the Institute created by this bill, the aging research program designed by the Secretary is to be carried out by the Institute. However, as to research involving the functions of other units within HEW—such as the Administration on Aging, the Social Security Administration, the Social and Rehabilitation Service, etc.—the program is to be carried out by each such organization. In this connection, the new Institute is also directed to conduct scientific studies to measure the impact on the biological, medical, and psychological aspects of aging of all programs conducted or assisted by HEW that are designed to meet the needs of the elderly. It is not intended that these studies constitute a comprehensive evaluation of all such programs; rather, the purpose is to obtain

basic data for use in assessing such programs from the standpoint of those aspects in which the Institute has particular competence.

COST ESTIMATES

In accordance with section 252(a) of the Legislative Reorganization Act of 1970 (Public Law 91-510), the committee states that the cost associated with the establishment of a new institute cannot be ascertained, since no new authority is granted to the National Institutes of Health by the legislation. The bill merely consolidates the authorities of a variety of institutes, primarily the National Institute of Child Health and Human Development, which relate to the aging process and problems of the aged, into a new institute.

SECTION-BY-SECTION ANALYSIS

Section 1. Short title—"Research in Aging Act of 1973."

Section 2. Congressional findings and declaration of purposes.

Section 3. Amends title IV of the Public Health Service Act by adding a new part G as follows:

Section 461. The Secretary of HEW is directed to establish the National Institute of Aging for the conduct and support of biomedical, social, and behavioral research and training relating to the aging process and the diseases and other special problems and needs of the aged.

Section 462. The Secretary is directed to establish a National Institute on Aging Advisory Council to be constituted in accordance with the provisions of Section 432(a) of the Public Health Service Act and whose members are to be medical or scientific authorities skilled in aspects of the biological or behavioral sciences relating to aging. The Council is to advise the Secretary and make recommendations to him on matters which relate to the Institute.

Section 463(a). The Secretary is directed to conduct research and training activities, as authorized by section 301 of the act, through the Institute insofar as they relate to aging. However, the Director of NIH may assign functions in this field when the activities of the Aging Institute and other Institutes overlap, the purpose being the avoidance of unnecessary and unproductive overlap and duplication. The Secretary is further authorized to establish traineeships and fellowships, with stipends, in aging research and may make grants to public and other nonprofit institutions for such purpose. The Secretary is also directed to take steps to insure the training of adequate numbers of allied health, nursing and paramedical personnel to provide health care for the aged.

(b) The Secretary is directed to conduct scientific studies to measure the impact on the biological, medical, and psychological aspects of aging of all programs and activities assisted or conducted by him designed to meet the needs of the aging.

(c) The Secretary, acting through the Institute, is directed to give the widest possible dissemination to information developed by the Institute which may aid in dealing with, and understanding, problems associated with aging.

Section 464. The Secretary is directed to develop a plan for an aging research program covering all of the Department of Health, Education, and Welfare and to transmit such plan to Congress and the President within one year after the effective date of the bill, along with a statement of the staffing and funding required to implement the plan.

CHANGES IN EXISTING LAW

In compliance with subsection (4) of rule XXIX of the Standing Rules of the Senate, changes in existing law are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE IV—NATIONAL RESEARCH INSTITUTES

* * * * *

PART G—NATIONAL INSTITUTE ON AGING

ESTABLISHMENT OF NATIONAL INSTITUTE ON AGING

SEC. 461. The Secretary shall establish in the Public Health Service an institute to be known as the National Institute on Aging (hereinafter in this part referred to as the "Institute") for the conduct and support of biomedical, social, and behavioral research and training relating to the aging process and the diseases and other special problems and needs of the aged.

NATIONAL INSTITUTE ON AGING ADVISORY COUNCIL

SEC. 462. (a) The Secretary shall establish a National Institute on Aging Advisory Council to advise, consult with, and make recommendations to him on matters which relate to the Institute.

(b) The provisions relating to the composition, terms of office of members, and reappointment of members of advisory councils under section 432(a) shall be applicable to the Advisory Council established under this section, except that the Secretary may include on such Advisory Council such additional ex officio members as he deems necessary. The Secretary shall appoint to the Council leading medical or scientific authorities skilled in aspects of the biological and the behavioral sciences related to aging.

(c) Upon appointment of such Advisory Council, it shall assume all, or such part as the Secretary may specify, of the duties, functions, and powers of the National Advisory Health Council relating to programs for the aged with which the Advisory Council established under this part is concerned and such portion as the Secretary may specify of the duties, functions, and powers of any other advisory council established under this Act relating to functions of the Institute.

FUNCTIONS

SEC. 463. (a) The Secretary shall, through the Institute, carry out the purposes of section 301 with respect to research, investigations, experi-

ments, demonstrations, and studies related to the aging process and the diseases and other special problems and needs of the aged, except that the Director of the National Institutes of Health shall determine the area in which and the extent to which he will carry out such activities in furtherance of the purposes of section 301 through the Institute or another institute established by or under other provisions of this Act, or both of them, when both such institutes have functions with respect to the same subject matter, and shall be responsible for coordinating such activities so as to avoid unproductive and unnecessary overlap and duplication of such functions. The Secretary may also provide training and instruction and establish traineeships and fellowships, in the Institute and elsewhere, in matters relating to study and investigation of the aging process and the diseases and other special problems and needs of the aged. The Secretary may provide trainees and fellows participating in such training and instruction or in such traineeships and fellowships with such stipends and allowances (including travel and subsistence expenses) as he deems necessary, and, in addition, provide for such training, instruction, and traineeships and for such fellowships through grants to public or other nonprofit institutions. In carrying out his health manpower training responsibilities under the Public Health Service Act or any other Act, the Secretary shall take appropriate steps to insure the education and training of adequate numbers of allied health, nursing, and paramedical personnel in the field of health care for the aged.

(b) The Secretary shall, through the Institute, conduct scientific studies to measure the impact on the biological, medical, and psychological aspects of aging of all programs and activities assisted or conducted by him.

(c) The Secretary, through the Institute, shall carry out public information and education programs designed to disseminate as widely as possible the findings of Institute sponsored and other relevant aging research and studies, and other information about the process of aging which may assist elderly and near-elderly persons in dealing with, and all Americans in understanding, the problems and processes associated with growing older.

SEC. 464. (a) The Secretary, in consultation with the Institute (acting through the Council) and such other appropriate advisory bodies as he may establish, shall within one year after the effective date of this section develop a plan for an aging research program to coordinate and promote research into the biological, medical, psychological, social, educational, and economic aspects of aging. Such program shall be designed to be carried out, as to research involving the functions of the Institute, primarily through the Institute, and as to other research shall be designed to be carried out through any other institute established by or under other provisions of this Act or through any appropriate agency or other organization unit within the Department of Health, Education, and Welfare.

(b) The plan required by subsection (a) of this section shall be transmitted to the Congress and the President and shall set forth the staffing and funding requirements to carry out the program contained therein.