Parents Would Be Told Of Teen Birth Control

United Press International

The Reagan administration wants to require that parents be notified when their children under 18 get prescriptions for birth control devices, officials said yesterday.

The administration is drafting rules that would require family planning clinics receiving federal funds, which is virtually all of them, to notify parents within 10 days if their minor children receive prescription birth control devices.

Planned Parenthood, which opposes the proposal, said it would affect 15 percent of its 1.2 million patients a year.

Herbert Fowler, a spokesman for the Health and Human Services Department, said the rules are being negotiated between HHS and the Office of Management and Budget.

Planned Parenthood officials said the proposed regulations would not decrease teen-age sexual activity but would increase the number of abortions and out-of-wedlock births.

When Congress approved federal funding for family planning last year, lawmakers added a provision to "encourage" family involvement, but not to require it, a Planned Parenthood official said. The rules under consideration are "inconsistent with the statute" and would be "invalid," she added.

Both Sides Attack Contraceptive Proposal

By Cristine Russell
Washington Post Staff Writer

Liberal and conservative groups on opposing sides of the issue yesterday criticized new rules being considered by the Reagan administration that would require parents to be informed when teen-agers under 18 get prescription birth control products.

Internal memos and drafts of the proposal prepared by the Department of Health and Human Services indicate that Secretary Richard S. Schweiker's advisers disagreed about the regulations and worried about the reaction of conservative "outside groups and individuals" that were pushing the government to take stronger actions on "parental involvement."

The proposal, which has been sent to the Office of Management and Budget for final approval and is still under negotiation, would require family planning agencies receiving federal funds to notify the parents of minors under 18 who seek contraceptive prescription drugs and devices. The notification would be required within 10 days after the services are provided.

The draft proposal argues that the only exceptions would be when the "project director determines that notification would have adverse physical health consequences for the minor." Agencies would be required to keep records of their determinations.

In addition, state laws that are more restrictive would take precedence. One example is a Utah law that requires the prior consent of parents when publicly subsidized family planning services are involved.

Documents obtained by The Washington Post indicated that within HHS, the general counsel, Juan A. del Real, had initially argued that the "strongest" legal approach was to simply encourage family participation but not require it.

But Marjory Mecklenberg, a former anti-abortion activist who directs the department's population affairs activities, apparently won the fight, arguing for the stronger notification requirement on grounds that parents should be informed about prescription devices that affect the health of their children.

She also warned, in a memo, that "many outside individuals and groups will be deeply disappointed if this administration fails to significantly increase parental involvement."

A spokesman for Schweiker said that the decision was not made on political grounds but on Schweiker's "personal conviction" that "parents should know when one of their children under the age of 18 is being given a prescription drug or device of this kind."

Officials for private and public family planning organizations yesterday expressed concern that the administration's proposal would discourage sexually active teen-agers from seeking birth control devices and thus result in more unwanted pregnancies, as well as hamper the agencies with additional red tape.

In addition, said Asta Kenney, a spokesman for the Alan Guttmacher Institute, a special affiliate of Planned Parenthood, it would override "more progressive" state laws. She said that 30 states and the District of Columbia have passed legislation affirming the rights of minors to obtain family planning services on their own consent.

"It really is an egregious violation of the whole public health policy, with unfortunate consequences in terms of teen-age pregnancies, which inevitably are going to increase as a result of such a policy," Kenney said.

Dr. James Kenley, Virginia's commissioner of public health and president of the Association of State and Territorial Health Officers, predicted that if the proposal goes through it will get "very negative" reaction at the state level. "This is an unnecessary intrusion on states' rights running counter to what we're led to believe is the whole thrust of the administration," with "unnecessary expense and burden."

He agreed that it will "absolutely discourage" teen-agers to seek birth control assistance. "They're not going to go to an agency that's obligated to squeal on them."

A staff aide to Rep. Henry A. Waxman (D-Calif.) also argued that the proposal ran "contrary to the intent of Congress," which earlier this year said that family participation should be encouraged "to the extent practical." A House-Senate conference report stated that "family involvement is not mandated."

Two organizations felt, on the other hand, that the proposal did not go far enough, that it should require prior parental consent. Judy Brown, of the anti-abortion American Life Lobby, complained that parental consent was needed for both family planning and abortions for teen-agers and that the administration proposal would "promote more abortion among young people." The United Families of America said that the proposal did not "go nearly far enough."

HHS
M-32-

MEMORANDUM

THE WHITE HOUSE

WASHINGTON

February 8, 1982

TO: Diana

FROM: Maiselle

Most or all of the social conservatives like Senators Denton and Hatch are willing to go along with the proposed HHS regulations. But in a perfect world they would prefer either an end to the federal government providing contraceptives to minors or seeking parental permission before supplying minors.

Per your request, attached is a copy of the letter from the President to Senator Hatch.

THE WHITE HOUSE

WASHINGTON

July 28, 1981

Dear Orrin:

Thank you for your letter of July 26, regarding the conference on reconciliation between your Labor and Human Resources Committee and the House Energy and Commerce Committee. I regret that we do not have the votes to defeat the family planning program and, assuming this is the best you can do under the circumstances, I reluctantly conclude that the best course is to enter into the proposed conference agreement. Perhaps we can remedy some of the problems in the family planning program administratively during the three years that it will remain as a categorical grant.

Thank you for your support and for the good job you are doing under difficult circumstances.

With kindest personal regards,

Ron

The Honorable Orrin G. Hatch
United States Senate
Washington, D.C. 20510

YWCA, Other Groups Attack Teen Contraceptive Proposal

By Cristine Russell
Washington Post Staff Writer

The YWCA, other girls' clubs and several major organizations serving hundreds of thousands of youths and families yesterday attacked a Reagan administration proposal to require that parents be notified when their children receive prescription contraceptives.

The protests came amid preliminary reports that some teen-agers may be staying away from family-planning clinics in California, in part because of mistaken "fear the proposal has already been implemented," said Dr. Elizabeth Johns of the National Council of Negro Women.

She cautioned, however, that "it is clearly too soon to suggest these isolated data indicate a national trend." A Planned Parenthood spokesman said there had been similiar "scattered reports" throughout the country.

Calling the draft regulation "counterproductive," Johns contended that it was a "squeal rule" that would "only aggravate the already serious problem of unintended adolescent pregnancy."

Johns' concern was shared by representatives of the YWCA, Girls Clubs of America, the National Urban League, the Union of American Hebrew Congregations and the United Presbyterian Church in the U.S.A., all of which support voluntary family involvement in matters of adolescent sexuality.

Yesterday's news conference was part of a meeting on teen-age pregnancy sponsored by the Center for Population Options and Columbia University's Center for Population and Family Health.

Other groups, including those active against abortion, have complained that the proposal does not go far enough and say parental consent should be required.

The Department of Health and Human Services' proposal, published Feb. 22, applies to federally funded clinics, and would affect girls under 18. The government argues that notices should be sent to parents within 10 days after services are provided because of the possible health effects of contraceptive drugs and devices. A 60-day public comment period is under way.

Johns said that at least two California Planned Parenthood affiliates, in Contra Costa and San Francisco, reported fewer new patients since press accounts of the parental notification proposal in January.

Fired Student Editor Plans to Sue School

DETROIT, March 2 (UPI) — A student editor fired for printing a four-letter word in the Wayne State University newspaper said he plans to sue the university for $1 million even though it was "probably the stupidest and most insensitive thing I've ever done."

Wayne State's Board of Publications voted 5-to-3 Monday to fire E. Dale Lee, 22, editor of the South End, for using "foul and abusive language" in a university publications manual.

Lee said he was stunned and "kind of speechless" over the board's decision. He said he should not have printed the editorial, but said he plans to sue for reinstatement and $1 million in damages anyway.

1:30 Title X Regs Rm. 132

Conservative Caucus

Howard or Susie Phillips 281-6782

United Families

OK Gordon Jones - 644-5370

(OK) Natl Right 2 Life

Doug Johnson 638-4396

(OK) Amer Life Lobby

Gary Curran
Richard Waltas ~~Jodie Brown~~ 546-5551

~~Moral~~ Majority

Bruce Ropog 484-7511

Eagle Forum

Noreen Barr - 544-0353

~~Heritage~~

~~Donald McGraw~~ 546-4400

NAE ~~628-4911~~ ~~554-2891~~

Richard Cizik ~~Pat Landrum~~ 628-7911

OK Gary Jarmin - 543-4220

OK Joan Hunter 298-6010

Marjorie Mecklenburg
(HHS)
Director of Office of
Adolescent Pregnancy to
Sec. Smith regulations on

dispensing prescription
contraceptive devices to minors

Connie Mantiner

10 37'
6 39'
4 25 8

REQUEST FOR APPOINTMENTS

To: Officer-in-charge
Appointments Center
Room 060, OEOB

Please admit the following appointments on February 11, 1982

for Morton Blackwell (NAME OF PERSON TO BE VISITED) of Office of Public Liaison (AGENCY)

Susie Phillips

Doug Johnson

Gary Curran

Richard Walters

Louise Ropog

Noreen Barr

Richard Cizik

Gary Jarmin

Joan Heuter

Marjorie Mecklenburg

Connie Marshner

Susan Burton

MEETING LOCATION

Building EOB

Room No. 132

Time of Meeting 1:30 pm

Requested by M. Blackwell

Room No. 191 Telephone 2657

Date of request 2/11/82

Additions and/or changes made by telephone should be limited to three (3) names or less.

APPOINTMENTS CENTER: SIG/OEOB – 395-6046 or WHITE HOUSE – 456-6742

UNITED STATES SECRET SERVICE

SSF 2037 (09-78)

LAS

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release December 23, 1981

The President today announced his intention to appoint Carl A. Anderson to be a Member of the Native Hawaiians Study Commission. He would succeed Charles D. Ferris.

Mr. Anderson is Counselor to the Under Secretary of Health and Human Services. He was Legislative Assistant to Senator Jesse Helms in 1976-81. He is President of the American Family Institute, a nonpartisan, tax-exempt, independent research and educational organization supporting studies and publications concerning the impact of public policy upon the family and its role in a free society. Mr. Anderson is also a practicing attorney in the State of Washington and the District of Columbia.

He graduated from Seattle University (B.A., 1972) and the University of Denver, College of Law (J.D., 1975). He is married, has three children, and resides in Arlington, Virginia. He was born February 27, 1951, in Torrington, Connecticut.

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#45

NATIONAL CONFERENCE OF CATHOLIC BISHOPS
BISHOPS' COMMITTEE FOR PRO-LIFE ACTIVITIES
1312 MASSACHUSETTS AVENUE, N.W. • WASHINGTON, D.C. 20005 • 202/659-6673

January 28, 1982

Mr. Michael K. Deaver
Deputy Chief of Staff
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. Deaver:

I am writing to express my support for the proposed regulation requiring parental notification for services provided to minors through federally-funded family planning programs.

As currently administered these programs in effect exclude parents from an important area of concern for their adolescent children. From a public health standpoint alone, common sense demands that parents be kept informed of their children's use of potentially hazardous contraceptive drugs or devices.

I understand that some others do not consider this regulation as going far enough. I agree with them that federal involvement in family planning programs for unmarried teenagers is, in and of itself, an intrusion into the parent-child relationship which is highly questionable. Likewise, I have serious moral questions about the whole area of concern. Nevertheless, Congress has already approved a family planning program, which provides for encouragement of parental involvement. I would think that simple notification of the parents would be a minimal requirement for permitting, let alone encouraging, any significant amount of parental involvement. To leave the decision as to notification entirely to the teenager is once again to assume that he or she, and not the parents, is the sole agent capable of making a responsible decision on the matter. The regulation currently proposed is a step in the right direction, and I urge that it be adopted.

Sincerely yours,

Edward M. Bryce

Reverend Edward M. Bryce
Director

EMB:tdm

file

Samples of Law Considered by HHS General Counsel
in Reviewing Possible Options for Parental Notification
or Consent in Family Planning

1) Statutory wording from 1978 amendment Grantees provide "a broad range of acceptable family planning methods and services (including...services for adolescents).

2) House Committee report language on 1978 amendment

   o Clear intent to increase family planning services to adolescents

3) Senate Committee report language on 1978 amendment

   o Clear intent to increase family planning services to adolescents

4) House rejection of Volkmer Amendment.

   Amendment text:

   > No program or project which directly or indirectly receives funds under this title may prescribe or dispense any prescription drug or device used for birth control purposes, to an unemancipated child under the age of 16 unless the parent or guardian of such child is notified of the intent to prescribe or dispense such drugs or devices.

5) 1981 Amendment:

   > "To the extent practical, entities which receive grants or contracts under this subsection shall encourage family participation in projects assisted under this subsection."

6) Statement of Conferees on 1981 Amendment

   States:

   > "The conferees believe that, while family involvement is not mandated, it is important that families participate in the activities authorized by this title as much as possible. It is the intent of the Conferees that grantees will encourage participants in Title X programs to include their families in counseling and involve them in decisions about services."

(1)

TITLE X--POPULATION RESEARCH AND VOLUNTARY FAMILY PLANNING PROGRAMS

PROJECT GRANTS AND CONTRACTS FOR FAMILY PLANNING SERVICES

SEC. 1001. [300] (a) The Secretary is authorized to make grants to and enter into contracts with public or nonprofit private entities to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents). To the extent practical, entities which receive grants or contracts under this subsection shall encourage family participation in projects assisted under this subsection.".

services to adolescents

(b) In making grants and contracts under this section the Secretary shall take into account the number of patients to be served, the extent to which family planning services are needed locally, the relative need of the applicant, and its capacity to make rapid and effective use of such assistance. Local and regional entities shall be assured the right to apply for direct grants and contracts under this section, and the Secretary shall by regulation fully provide for and protect such right.

(c) For the purpose of making grants and contracts under this section, there are authorized to be appropriated $30,000,000 for the fiscal year ending June 30, 1971; $60,000,000 for the fiscal year ending June 30, 1972; $111,500,000 for the fiscal year ending June 30, 1973; $111,500,000 each for the fiscal years ending June 30, 1974, and June 30, 1975; $115,000,000 for fiscal year 1976; $115,000,000 for the fiscal year ending September 30, 1977; $130,000,000 for the fiscal year ending September 30, 1978; $200,000,000 for the fiscal year ending September 30, 1979; $230,000,000 for the fiscal year ending September 30, 1980; $264,500,000 for the fiscal year ending September 30, 1981, $126,510,000 for the fiscal year ending September 30, 1982; $139,200,000 for the fiscal year ending September 30, 1983; and $150,830,000 for the fiscal year ending September 30, 1984".

(2)

[illegible] ptives [illegible] percent were even pregnant) and [illegible] ore than twice the incidence among sometimes users (24 percent were even pregnant.)

The committee believes that greater emphasis, therefore, must be placed on reaching teenagers and making family planning services available to them before an unwanted pregnancy occurs. In attempting to further reach and serve this group, an increased number of appropriate counseling, information, and education programs will be needed, as well as the provision of family planning services. The cost of providing these services will be higher than the cost for services to adults, and the committee bill takes these costs into account in authorizing appropriations specifically to expand the ability of family planning programs to provide comprehensive services that are appropriate to the needs of teenagers who want these services in order to avoid unwanted pregnancy.

The committee believes it is important to build upon those service capacities that have already been created in order to reach these young men and women. However, the effort started almost ten years ago must also continue to provide family planning services to the over nine million low-income women who are in their childbearing years.

This will not be an easy task. The more than three million low-income women not yet reached often live in underserved areas, where the costs of establishing programs are often quite high. Providing services to teenagers is also more costly due to the lack of third-party reimbursement and the special counseling and other support services they need.

To meet this need, the committee bill would substantially increase and extend for five years the authorizations of appropriations for voluntary family planning services projects, and add two new authorizations of appropriations—a specific authorization of appropriations for comprehensive services appropriate to the needs of sexually active adolescents who need and desire such services in order to avoid unwanted pregnancies, and an authorization of appropriations for the establishment and operation of demonstration projects aimed at alleviating problems of infertility.

The authorization levels for services would permit expansion of the program to reach an additional 500,000 adults (at a title X cost of $83 per person) and an additional 500,000 adolescents (at a title X cost of $85 per adolescent) in fiscal year 1979—a rate the Department stated, in response to questions at the hearing, it could feasibly serve if adequate funds were available—and an additional 275,000 adults and 300,000 adolescents in each of the next 4 years (at costs per patient adjusted for inflation each year). This rate of expansion would permit family planning services to serve by the end of fiscal year 1983 all the individuals who have been estimated to want them but who have not had ready access to them.

The 5-year plan required by section 1009 estimated that there are 1.6 million low-income adults still to be reached under part A of title X authorities. The authorizations of appropriations included in the committee bill will enable projects to reach all those individuals

(3)

grams to reach an additional 500,000 individuals in fiscal year 1979, and an additional 275,000 in each of the next 4 fiscal years.

It is estimated that there are 1.7 million adolescents not now receiving family planning services who are at risk of unwanted pregnancies. The authorizations of appropriations included in the committee bill will enable projects to reach all those adolescents by the end of fiscal year 1983 by providing for expansion of the programs to reach an additional 500,000 adolescents in fiscal year 1979 and an additional 300,000 adolescents in each of the 4 subsequent fiscal years.

Cosy Effectiveness of Voluntary Family Planning Services

A study conducted in 1977 by Phillips Cutright of the University of Indiana and Fred Jaffee of the Alan Guttmacher Institute, showed that in the first 6 years of the title X program, an estimated 1,097,596 unwanted births were averted.

The savings resulting from averting those unwanted births was projected by estimating the medical cost of maternity and first-year pediatric care, and factoring in a modest amount for food stamps, social services, and public housing, for the estimated 20 percent of family-planning-clinic patients receiving public assistance during those years.

That study showed that each dollar invested by the Federal Government in family planning in 1 year saved Federal, State, and local governments a minimum of $1.80 a year later on—in other words, almost a 2 to 1 savings.

A study conducted by Kristin Moore of the Urban Institute demonstrated the consequences of early childbearing on the later economic status of the mother and her family. That study indicates that regardless of family backgrond or social or economic characteristics, the age at which a woman gave birth for the first time has an important impact on educational attainment of the mother, and that the disadvantages experienced by a young mother is not made up in time. The study shows that overall, among women age 14 to 30 in AFDC households, 61 percent had borne their first child as a teenager.

The committee heard considerable testimony on the consequences an early pregnancy can have on a young woman's future. Dr. Adele Hofmann, testifying on behalf of the Society for Adolescent Medicine, stated:

> Of far greater magnitude and import are the sociological and emotional consequences of teen-aged childbearing. Most young mothers keep their child today (85 percent) and adoption is rarely an accepted alternative. The bearing and raising of an infant by a teen-ager imposes its own special risks. The younger the girl is at the birth of her first child, the less likely she is to complete high school. Only 11 percent of 13 to 15 year old mothers, and but 18 percent of those 16 to 17 years will graduate as compared to 38 percent and 41 percent of those deferring child bearing until their 18 or 19 or 20-21st year.
>
> Among 15 to 19 year old inner city mothers nearly two thirds will never work, or have stable marriages in the en-

SEnate Report No. 95-822

House Report No. 95-1191 (2)

al services provided include general medical examinations, pelvic
rest examinations, Pap smears and other diagnostic laboratory
infertility services, and the provision of contraceptives. In
on to being of specific utility in dealing with the medical aspects
ily planning, the medical services provided are of major value
s of preventive health care for women of childbearing age.
bro. l authority for family planning services contained in title X
gned to insure that these services are available to persons of all
es who would not otherwise be able to obtain them. Because
nning services have been particularly inaccessible to low
men, specific supplementary support has been made avail-
o projects serving this population. The Congress emphasized
erest in making family planning services available to low-income
es through the passage of amendments to title IV—Aid to
es with Dependent Children (AFDC), and title XIX of the
Security Act. These changes contained in the Social Security
ments of 1972 (Public Law 92–603) made it mandatory under
IV–A for States to provide voluntary family planning services
DC recipients who are of childbearing age, increased the Federal
ing share under title IV-A, made family planning a mandatory
and increased the Federal matching rate for family planning
s under title XIX. Title XX of the Social Security Amendments
74 (Public Law 93–647) extended eligibility to persons in need
mily planning services by permitting States to expand these
es to population groups other than those who are "categorically
l" (i.e., are aged, blind, disabled, or are receiving AFDC pay-
). This provision extended Federally reimbursable coverage to
married persons, to the near poor and to single persons. The
rcent Federal matching share was retained for these programs
the mandatory requirement for the provision of family planning
es.

ce its inception less than a decade ago, the Federally-aided
planning clinic system has been remarkably effective. Testi-
presented to the Subcommittee on Health and the Environment
ed that a study supported by the National Institute of Child
h and Human Development recently estimated that between
and 1975, the Title X clinic program helped low and marginal
e patients to prevent 1,095,000 unwanted pregnancies (and
-income teenagers to prevent an additional 266,000 pregnancies).
ots cost to the Federal government during this period was
million, but the cumulative first year governmental savings in
and welfare costs alone that would have been associated with
ntial pregnancies totalled at least $1.076 billion. Savings in
years would, of course, continue to be substantial. In other
one dollar invested by the Federal government in family
ng services in Year 1 returned in Year 2 a minimum of $1.80—
arkable short term benefit/cost ratio.
tion 1004 of title X provides specific authorization for appro-
ons to conduct and support research in the biomedical, contra-
ve development, behavioral and program implementation fields
l to family planning and population policy. General authority
nducting biomedical research on family planning and population
h was already contained in section 301 of the PHS Act when
X was added to this Act. Therefore, DHEW chose to use the
appropriations made under section 1004 only for research on the administration, operation and delivery of family planning services, than to support research programs which would increase basic information about population growth and the biomedical aspects of family planning.

In 1976, however, Congress made clear its intent as to the proper role of title X research funds by providing that *all* research in the biomedical, contraceptive development, behavioral, and program implementation fields related to family planning and population was to be supported solely from section 1004 of the Public Health Service Act. As noted, the title X program was reviewed in 1975 and extended under the Health Revenue Sharing and Health Services Act of 1975. It received a one year simple extension in 1977 under P.L. 95–83.

PROPOSED LEGISLATION

The proposed legislation greatly increases authorizations for appropriations for family planning services and for research. In fiscal year 1978, $200.3 million was appropriated for title X programs, including $135 million for project grants and contracts, training, and information and educational materials, and $65.3 million for research.

As reported by the Committee, the fiscal year 79 authorizations under this proposal would be: (1) service programs (project grants and contracts: $200 million; (2) research: $105 million; (3) training: $3.1 million; and (4) information and education materials: $0.7 million. Increases have been included particularly to address the newly recognized need for adolescent services and for infertility research and services.

The Committee, by extending the family planning services project grant program under Section 1001 at the increased authorization levels proposed, wishes to indicate the continued high regard with which it views the accomplishments of the program and to reaffirm its commitment to a nationwide, targeted family planning services program. The Committee is committed to addressing the increased needs of adolescents and young adults. According to DHEW, approximately one million women under 20 years of age (10 percent of all teenage women) become pregnant annually, and almost 600,000 give birth. Of that number, 200,000 are under 17 and 13,000 are under 15 years of age. Such pregnancies are often unwanted, and are likely to have adverse health, social, and economic consequences for the individuals involved. Clearly, the problems of teenage pregnancy have become critical. More than four million teenage females (15–19) have had sexual intercourse, but only half of them use contraceptives. In addition, there are seven million adolescent males who are sexually active.

Teenage pregnancy also poses health risks for both the mother and child. Testimony was presented before the Subcommittee on Health and the Environment that the infant mortality rate is two to three times higher for infants born to teenage mothers.

The Committee intends that the proposed increase in authorizations for services will be translated into programs to serve sexually active young adults, and to continue to attempt to reach the estimated 3.5 million low income women who are still unable to have voluntary access to such services. In addition, the Committee, by increasing authorizations for population research, expects research to be supported which will elucidate causes of and methods to alleviate the problems of infertility and sterility.

Members will record their presence by electronic device.

The call was taken by electronic device.

QUORUM CALL VACATED

The CHAIRMAN. One hundred Members have appeared. A quorum of the Committee of the Whole is present. Pursuant to clause 2, rule XXIII, further proceedings under the call shall be considered as vacated.

The Committee will resume its business.

The CHAIRMAN. The pending business is the demand of the gentleman from Ohio (Mr. ASHBROOK) for a recorded vote.

A recorded vote was refused.

So the amendment was agreed to.

AMENDMENT OFFERED BY MR. VOLKMER

Mr. VOLKMER. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. VOLKMER: Page 15, add after line 17 the following:

(5) Section 1006 is amended by adding at the end the following new subsection: "(d) No program or project which directly or indirectly receives funds under this title may prescribe or dispense any prescription drug or device used for birth control purposes, to an unemancipated child under the age of 16 unless the parent or guardian of such child is notified of the intent to prescribe or dispense such drugs or devices."

Mr. VOLKMER. Mr. Chairman, this amendment is for the purpose of providing that in Family Planning Services, when they intend to and do provide prescriptions, that is, dispense and prescribe prescription drugs or devices to a minor of the age of 15 or under, that they are to notify the parents that they intend to prescribe or dispense such drugs or devices.

Now, what brings this about? This amendment is brought about by the concern of many parents in this Nation that, contrary to their beliefs both as to their social beliefs and to their moral beliefs, that their children are being provided such contraceptive devices without their knowledge or information. They have great concern of this, since many of them feel that it is both morally and socially wrong. They object strenuously to their tax dollars being used for such purposes. This amendment does not prevent the Family Planning Center from providing such information and prescription; it just means that the parents would have to be notified that they intend to provide such.

Recently, a case in Michigan held—and I think it is constitutionally good law—that a parent does have a constitutional right to be notified; that a parent, as the head of a family, is an underlying part of our society and our structure. The right of parents to the custody, care, and religious and moral education of their children is firmly established in the traditions and laws of this Nation.

The right of parents and the family are now being invaded by the family planning. We are not talking about anything other than prescription drugs and devices. A lot of people perhaps will think there is nothing wrong with the pill. The pill in the hands of an 11- or 12-year-old can do injury to the health of a youngster.

The FDA [illegible] labeling requirement gives quite a few warnings about the use of the pill, and I believe that the members of the committee surely know that if there are scanty or irregular periods or a young woman is without a regular cycle, she should use another method of contraception, because if she uses the pill—and so forth.

There is no question that this is being done at the present time. Not too long ago I was back in my district after I had had this amendment printed in the RECORD. I was visited by family planning in my district in St. Louis County, and we discussed my amendment and the purpose of it. The basic purpose is to uphold the rights of the parents just to know—just to know—what is happening concerning their children that are of tender age.

We are not talking about the 16- or 17- or 18- or 19-year-old child; we are talking about the 11-year-old or the 12-year-old or the 13-year-old or the 14-year-old, or the 15-year-old child.

I feel in my opinion, as the court said in Michigan, that the parents do have a constitutional right to know. This amendment was offered in the Senate and adopted at that time by agreement of the managers in the Senate. I believe that it makes sound policy. I urge the Committee to adopt the amendment.

Mr. ROGERS. Mr. Chairman, I reluctantly must rise to oppose the amendment, and I think we do need to look at this and think it through. It is very appealing on its first face. I think all Members should know that each year in this Nation there are 1 million adolescent females who become pregnant—1 million a year. If these young people are sexually active—and any amendment we pass will not change that—is it not better for them to have the proper information so that they could avoid pregnancies and avoid the need for an abortion? That is what this bill is trying to do.

I agree that family planning programs should encourage adolescents to discuss their sexual activities with their parents, but many simply will not come in if we require such a discussion. And what will happen to them? They risk becoming pregnant and we risk spending $4.5 billion a year in welfare costs for adolescent mothers and their dependent children.

So I do think we need to be reasonable in the approach and certainly it is the intent of the committee that all of the family planning programs should encourage adolescents to discuss their sexual activities with their parents.

So the gentleman I know means well and we share his concern, but the committee has thought this through and I would urge the Members to be practical, to be realistic, and to vote down this amendment.

Mr. VOLKMER. Mr. Chairman, will the gentleman yield?

Mr. ROGERS. I yield to the gentleman.

Mr. VOLKMER. There is only one thing—and I know we have various differences of opinion.

Mr. ROGERS. Yes.

Mr. VOLKMER. On this matter.

Mr. ROGERS. Yes.

Mr. VOLKMER. But I think we should clarify one thing that was said.

Mr. ROGERS. All right.

Mr. VOLKMER. And that is that they would not be able to give information under this amendment. The gentleman knows the amendment does not stop them from providing any information or pamphlets or anything else they want to. All it does is say they could not dispense unless they notify the parents, the devices and prescription drugs, that is all.

They can give all the information they want. And I think they should be able to.

Mr. ROGERS. This amendment does not stop them from going to any drug store in this country to get what they want. The gentleman says that in a family planning setting we are saying, "We are not going to tell you anything, or to let you know anything unless you tell your parents."

Mr. VOLKMER. No, it does not.

Mr. ROGERS. If the gentleman will permit me to continue, that is exactly what it says; they are not going to be given any of these devices unless they go and tell their parents. But they can go to the drug store where they do not even know what they are getting, where they are not instructed properly, and they will become pregnant, and you will have these parents wanting an abortion and you will be building on to the $4.5 billion in the welfare program.

I would urge the defeat of the amendment.

The CHAIRMAN pro tempore (Mr. FLIPPO). The question is on the amendment offered by the gentleman from Missouri (Mr. VOLKMER).

The question was taken; and on a division (demanded by Mr. VOLKMER), there were—ayes 10, noes 45.

Mr. DORNAN. Mr. Chairman, I demand a recorded vote, and, pending that, I make the point of order that a quorum is not present.

The CHAIRMAN pro tempore. Evidently a quorum is not present.

The Chair announces that pursuant to clause 2, rule XXIII, he will vacate proceedings under the call when a quorum of the committee appears.

Members will record their presence by electronic device.

The call was taken by electronic device.

QUORUM CALL VACATED

The CHAIRMAN pro tempore. One hundred Members have appeared. A quorum of the Committee of the Whole is present. Pursuant to rule XXIII, clause 2, further proceedings under the call shall be considered as vacated.

The Committee will resume its business.

Mr. DORNAN. Mr. Chairman, I renew my demand for a recorded vote.

A recorded vote was refused.

So the amendment was rejected.

The CHAIRMAN pro tempore. Are there other amendments to the bill?

AMENDMENT OFFERED BY MR. DORNAN

Mr. DORNAN. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. DORNAN: Page 15, insert after line 17 the following: (C) section 1001 (a) is amended by inserting "(1)" after "operation [illegible], and (2) by inserting before the period a comma and the following: "or (2) projects which provide

(5)

TITLE X--POPULATION RESEARCH AND VOLUNTARY FAMILY PLANNING PROGRAMS

PROJECT GRANTS AND CONTRACTS FOR FAMILY PLANNING SERVICES

SEC. 1001. [300] (a) The Secretary is authorized to make grants to and enter into contracts with public or nonprofit private entities to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents). : "To the extent practical, entities which receive grants or contracts under this subsection shall encourage familiy participation in projects assisted under this subsection.";

Encourage family participation

(b) In making grants and contracts under this section the Secretary shall take into account the number of patients to be served, the extent to which family planning services are needed locally, the relative need of the applicant, and its capacity to make rapid and effective use of such assistance. Local and regional entities shall be assured the right to apply for direct grants and contracts under this section, and the Secretary shall by regulation fully provide for and protect such right.

(c) For the purpose of making grants and contracts under this section, there are authorized to be appropriated $30,000,000 for the fiscal year ending June 30, 1971; $60,000,000 for the fiscal year ending June 30, 1972; $111,500,000 for the fiscal year ending June 30, 1973; $111,500,000 each for the fiscal years ending June 30, 1974, and June 30, 1975; $115,000,000 for fiscal year 1976; $115,000,000 for the fiscal year ending September 30, 1977; $136,100,000 for the fiscal year ending September 30, 1978; $200,000,000 for the fiscal year ending September 30, 1979; $230,000,000 for the fiscal year ending September 30, 1980; $261,500,000 for the fiscal year ending September 30, 1981, $126,510,000 for the fiscal year ending September 30, 1982; $139,200,000 for the fiscal year ending September 30, 1983; and $150,830,000 for the fiscal year ending September 30, 1984".

Conference Report, 1981 reconciliation Act

St. Elizabeths Hospital

House Bill

No provisions to carry out reductions of appropriations for St. Elizabeths Hospital were in the House bill.

Senate Amendment

Section 1101-9 of S. 1377 provides that the total amount of authorizations to carry out reductions in authorizations of appropriations required by House Concurrent Resolution 115 for St. Elizabeth's Hospital shall not exceed $98,900,000 for the fiscal year ending September 30, 1982 and $103,845,000 for the fiscal year ending September 30, 1983.

Conference Substitute

The Conferees agreed to remove the authorization cap that was attached to St. Elizabeth's Hospital.

Food and Drug Administration

House Bill

No provisions to carry out reductions of appropriations for Food and Drug Administration were in the House Bill.

Senate Amendment

Section 1101-10 of S. 1377 provides that the total amount of authorizations to carry out reductions in authorizations of appropriations required by House Concurrent Resolution 115 for Food and Drug Administration shall not exceed $336,000,000 for the fiscal year ending September 30, 1982 and $352,800,000 for the fiscal year ending September 30, 1983.

Conference Substitute

The Conferees agreed to remove the authorization cap that was attached to Food and Drug Administration.

Subtitle D

Statement of Managers—Family Planning

The House reconciliation bill reauthorized Title X, Voluntary Family Planning and Population Research, as a categorical program to be run by the Federal Government. The House version contained authorizations for four years, fiscal years 1982 through 1985 for sections 1001 (family planning services), 1003 (family planning training), 1004 (population research), and 1005 (family planning information).

The Senate reconciliation bill repealed Title X of the Public Health Service Act and included the program in its newly created Preventive Health Services block grant. The block grant was authorized for four years. The Senate directed that population research (Section 1004) continue to be funded under Section 301 of the Public Health Service Act, the general research authority.

The Conferees agreed that the family planning program should remain categorical, with authorizations for three fiscal years, 1982

through 1984, of $130 million, $143 million, and $156 million, respectively.

Three changes were made in Title X by the Conferees. The first was a statement added to section 1001 that "To the extent practical, recipients of grants shall encourage family participation." The conferees believe that, while family involvement is not mandated, it is important that families participate in the activities authorized by this title as much as possible. It is the intent of the Conferees that grantees will encourage participants in Title X programs to include their families in counseling and involve them in decisions about services.

The Conferees also repealed sections 1004(b)(1) and 1004(b)(2) of Title X. Section 1004 authorizes the Secretary to conduct and make grants for reproductive and population research. The Conferees decided not to repeal section 1004(a) which describes the research. The sections deleted provide the actual authorizations and a prohibition on the use of funds other than those appropriated under this section for this research. It is the intent of the Conferees that the repeal of sections 1004(b)(1) and (b)(2) shall not operate to terminate the existing program of research and training conducted at the National Institutes of Health (NIH) under the authority of section 1004, or substantially modify its breadth of scope. The NIH has sufficiently broad authority under sections 301 and 441 of the Public Health Service Act to continue the existing human reproduction research and population research and training program and it is the intention of the Conferees that such authority be exercised in this manner.

The Conferees included in the reauthorization of Title X a requirement that the Secretary conduct a study of the willingness and ability of States to administer the family planning program. The Secretary must report to Congress on the results of this study eighteen months after the enactment of this Act. Despite the fact that the Congress has put a number of programs into block grants, the Conferees have kept the family planning program categorical. Before any future decisions are made as to the disposition of Title X, it is important that the Congress have information on the ability of the States to manage this program.

Developmental Disabilities Report Language

The House bill limited appropriations to $51,000,000 for fiscal year 1982, $55,000,000 for 1983 and $59,000,000 for 1984. In contrast, the Senate authorized $61,100,000 for each of the fiscal years of 1982 and 1983.

A Senate amendment authorized $43,180,000 for State Grants, $8,000,000 for Protection and Advocacy, $7,500,000 for University Affiliated Facilities and $2,500,000 for Special Projects. Funding was extended through 1984 at $61,100,000.

The House receded to the Senate authorization levels and the Senate accepted the House language with an amendment to repeal the contract-grant authority section and the mandatory evaluation system with the following provisions:

MEMORANDUM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

TO : Dr. Emery Johnson, Director
Indian Health Service

DATE: December 11, 1980

FROM : Director, Office of Health Information, Health Promotion and Physical Fitness and Sports Medicine

SUBJECT: Inter-Agency Agreement Between the Office of Health Promotion, Department of Health and Human Services and the Indian Health Service

I am very pleased with the signing of our Inter-Agency Agreement and the opportunity it represents to implement expanded health promotion activities for American Indians and Alaska Natives.

As you know, I have designated Dr. Alice McGill of my staff to be the coordinator for this agreement from our Office. It is my understanding that Mr. Arthur Thomas, Director, Office of Tribal Affairs will be responsible for its coordination from Indian Health Service, at least until such time as Mr. Marland Koomsa, Chief Health Education Branch is well enough to assume those responsibilities.

Lawrence W. Green, Dr.P.H.

Intra-Agency Agreement
Between
Department of Health and Human Services
Public Health Service
Office of Health Information, Health Promotion
and Physical Fitness and Sports Medicine
and
Health Services Administration
Indian Health Service

I. Purpose and Scope

The purpose of the intra-agency agreement is to facilitate cooperative efforts between the Office of Health Information, Health Promotion and Physical Fitness and Sports Medicine (OHP), which coordinates Federal efforts in health information and promotion, and the Indian Health Service (IHS), which provides health care to American Indians and Alaska Natives. The coordination of efforts between OHP and IHS should assure the provision of disease prevention and health promotion services to American Indians and Alaska Natives. The OHP will provide technical assistance in the development of health promotion policies and activities for IHS programs. The IHS, using its expertise and experience in providing health care to American Indians and Alaska Natives, will collaborate with the OHP in the development of relevant materials and programs.

II. Authority

This agreement is made under the authority of section 601 of the Economy Act of 1932, as amended (31 U.S.C. 686 and P.L. 94-317, Section 1706(1) of Title XVII of the Public Health Service Act.

III. Substance of the Agreement

A. Background

In 1979 the Surgeon General's Report on Health Promotion and Disease Prevention, Healthy People, was issued. The report established broad national goals for improvement of the health of Americans at five major life stages, namely, infancy, childhood, adolescence, adulthood and the elderly. In addition, it presented "an emerging consensus among scientists and the health community that the Nation's health strategy must be dramatically recast to emphasize prevention of disease" through the development of community and individual measures that can maintain and enhance the state of well being. Health promotion was defined to include health education and related organizational and regulatory actions supportive of behavior conducive to health. With the establishment of health promotion as a national priority, the Public Health Service (PHS) assumed a leadership role in stressing the importance of disease prevention and health promotion in bringing about significant improvements in the Nation's health.

The Office of Health Information, Health Promotion and Physical Fitness and Sports Medicine (OHP)

Under Title XVII of the Public Health Service Act, the OHP is the lead office in the Department of Health and Human Services to (1) coordinate all Federal activities and those between the Government and the private sector that relate to health information, health education, physical fitness, sports medicine, preventive health services, and education in the appropriate use of health care; (2) develop policies and plans for PHS programs that relate to health promotion; (3) ensure that specific aspects of health information, health promotion, and preventive care are integrated into Department programs, guidelines, and regulations, and (4) establish a National Health Information Clearinghouse (now operational).

Indian Health Service (IHS)

The Indian Health Service is the primary Federal health resource for approximately 800,000 Indians and Alaska Natives. The IHS program is community-oriented and comprehensive in scope, offering preventive, curative and rehabilitative services. These include, in addition to general medical and dental care, others such as maternal and child health, eye care, diabetes, otitis media, family planning, mental health, alcoholism, nutrition, public health nursing, health education and environmental health.

Services are provided by clinical staff in IHS facilities--50 hospitals, 3 of them medical centers, 101 health centers, and several hundred smaller facilities--and by field health teams which work in the Indian community. The Indian Health Service also contracts with tribal health organizations, hospitals, state and local health departments and private practitioners for services it cannot provide or for areas where it has no facilities.

Indian participation is a major program objective. Early IHS efforts focused on helping tribes organize health advisory boards and training Indian health workers. Within the last decade, however, Indian participation has dramatically increased. This is principally because of the passage of two laws, the Indian Self Determination Act (P.L. 93-638) and the Indian Health Care Improvement Act (P.L. 94-437). The first provides tribes with the option of managing and staffing IHS programs in their communities. The second authorized higher resource levels in the IHS program and established new programs for health professions training for Indians and for the provision of health services for urban Indians. The change is striking. As an example, ten years ago IHS staff did almost all the planning and operation of services for Indian communities. Today, tribes and native corporations play a leading role in planning their health services and in carrying out other health activities. These cover a broad range, and include emergency medical services, ambulatory and hospital care, mental health activities, alcoholism treatment and control, environmental, other preventive activities, and health education.

B. Purpose

While the health promotion and health education needs of American Indians and Alaska Natives are being addressed in Indian Health Service programs, this agreement represents an intent to strengthen those existing services and initiate new activities where appropriate. In addition, OHP and IHS through this agreement and linkages with other Federal agencies and private sector organizations will work more closely together to encourage efforts which will hopefully result in a healthier lifestyle for American Indians and Alaska Natives

o Scope of the Agreement

It is anticipated that initially specific American Indian tribes, urban groups and IHS offices/sites will provide the focal point for pilot health promotion activities initiated through this memorandum of agreement. This will provide a foundation upon which future health promotion and health education efforts can be expanded to reach larger numbers of American Indians and Alaska Natives.

The OHP agrees to:

1. Provide consultation to IHS staff, Indian tribes and urban Indian groups serving the health needs of American Indian and Alaska Natives to plan, implement and evaluate consumer health promotion activities.

2. Provide consultation to IHS staff, tribes and urban Indian groups serving health needs of American Indians and Alaska Natives to plan, implement and evaluate continuing education activities in health promotion for tribal and IHS health care providers.

3. Assist in the design, development, implementation and evaluation of health promotion educational materials for consumers and health care providers.

4. Assist the tribes and urban Indian groups serving the American Indians and Alaska Natives to develop proposals for health promotion and advise regarding sources of funds.

5. Distribute health promotion publications through IHS delivery system for continuing education of health care providers and consumers.

6. Facilitate the establishment of communication linkages between American Indians and Alaska Natives who are involved in health promotion and health education activities so that they can serve as resource people to others developing similar efforts.

7. Assist IHS staff in the development of RFAs and RFPs to support research and demonstration health promotion programs for American Indians and Alaska Natives.

The IHS agrees to:

1. Develop health promotion educational materials with the American Indians and Alaska Natives which are in accord with their needs and cultural values.

2. Provide opportunities for health promotion research and demonstration projects to be conducted by American Indians and Alaska Natives in concert with their needs and cultural values.

3. Ensure that each health plan developed by American Indians and Alaska Natives contains a clearly defined section on health promotion, identifying needs and suggesting activities to meet them.

The OHP and IHS jointly agree to:

1. Coordinate the development and dissemination of standards and guidelines on federally supported health promotion activities for American Indians and Alaska Natives or special population groups.

2. Collaborate with other Federal agencies such as the Department of Agriculture on nutrition programs, Department of Interior, Bureau of Indian Affairs, on school health education and in these contacts, as well as with the private sector, maintain communication between OHP and IHS concerning the development of the health promotion activities directly involved.

3. Designate OHP and IHP Central Office staff to be responsible for administering this agreement.

4. Meet on an "as needed" basis, or at least quarterly, to review the progress of this joint agreement; resolve operational, definitional or procedural problems, plan mutually agreed upon modifications of this agreement, and develop new joint projects.

IV. Period of Agreement

This agreement will be ongoing and revised annually following the effective date of signing. It will become effective immediately on the date it is signed by both parties.

V. Modification/Cancellation Provision

Requests for modifications and amendments to the agreement may be initiated by either party through written notification to the other party. This agreement may be modified or cancelled by written agreement of both parties.

VI. Signature of Each Party

Emery A. Johnson, M.D.
Director
Indian Health Service

12/9/80
Date

Lawrence W. Green, Dr. P.H.
Director
Office of Health Information, Health Promotion and Physical Fitness and Sports Medicine

Dec. 9, 1980
Date

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Washington DC 20201

June 30, 1981

TO WHOM IT MAY CONCERN:

This letter is prepared as I depart my position as Director of this Office where for the past two years I have had direct supervision over the work of Dr. Alice McGill. I am delighted to take this opportunity to document for the record my strong endorsement and commendation of Dr. McGill as an outstanding public servant, professional and scholar. She has served tirelessly and very productively on behalf of several Administrations dating back to her earlier work with the National Heart, Lung and Blood Institute where I also had considerable contact with her as one of the grantees on a research program for which she was Project Officer.

Rather than detail her many duties and accomplishments in this Office in this letter, I am attaching a copy of her Quality Step Increase recommendation which I signed yesterday. In this recommendation there is a strong case built for the promotion of Dr. McGill to the GS-14 level. The delay in such a promotion is occasioned by the current freeze on personnel actions imposed by the new Administration. As noted in the recommendation, Dr. McGill has shown greater improvement over the period of my time in this Office than any other employee, responding positively and swiftly to the correction of any defect that I could find in her work. She has shown unusual initiative and resourcefulness in every task assigned to her, no matter how large or vague the goal. Her work with the American Indians has been especially important to me as I had a personal interest in this particular population and assigned it to Dr. McGill because of my confidence in her cross-cultural skills and sensitivity to communication issues.

I would strongly recommend Dr. McGill for positions of considerable administrative responsibility and especially positions requiring the initiation of new programs. Her demonstrated effectiveness in planning national conferences and our national initiative in health promotion in the workplace attests to her organizational skills. The consistently positive feedback that I have received from sponsors and audiences where she has been invited to make presentations attests also to her speaking ability. She has had major responsibility for the writing and editing of important policy documents, published anonymously or with scant credit for her considerable contribution. All of these skills, combined with a bright and attractive personality, make Dr. McGill highly effective as a professional and administrator.

Sincerely yours,

Lawrence W. Green

Lawrence W. Green, Dr.P.H.
Director, Office of Health Information,
Health Promotion and Physical Fitness
and Sports Medicine

Enclosure

Curriculum Vitae

Name: Alice M. McGill, Ph.D.

Address: 2130 P Street, N.W., Washington, D.C. 20037
Telephone Number 202/223-3275

Present Position:

Office of Health Information, Health Promotion and Physical Fitness and Sports Medicine
Office of the Assistant Secretary for Health
200 Independence Avenue, S.W.
HEW Hubert H. Humphrey Building, Room 721B
Washington, D.C. 20201
Telephone Number 202/472-5370

Present Responsibilities:

Develops policies, objectives, plans and reports related to activities in disease prevention, preventive services, health promotion, health information and education of the public in the appropriate use of health care system for the Office of Health Information, Health Promotion and Physical Fitness and Sports Medicine (OHIHPPFSM) as mandated by P.L. 94-317. Monitors the implementation of OHIHPPFSM's plans, policies, and priorities by PHS and other Departmental and Federal agencies.

Identifies areas of public need in disease prevention, health promotion, health education/information; initiates and evaluates the development of health promotion and disease prevention research and demonstration programs in the Department and other Federal agencies, industry and health maintenance organizations.

Assumes primary responsibility for the area of occupational health promotion. Provides technical assistance to industry in developing health promotion programs for their own employees. Assists Federal agencies in developing health promotion programs for their employees. Also, assists industries in developing evaluation measures and guidelines for implementing health promotion programs in the worksetting.

Assumes primary responsibility for health promotion activities among American Indians and Alaska Natives in co-operation with the Indian Health Service. Provides technical assistance to tribes and urban Indian groups requesting help to develop health promotion activities. Also, provides consultation to Indian Health Service staff throughout the country to strengthen existing services and to initiate new health promotion programs where indicated.

Administers the Community Health Promotion and Disease Prevention Project and provides technical assistance to five communities to develop long range plans in health promotion, cardiovascular risk reduction programs and continuing education for the staff of their health care agencies.

Develops programmatic areas in self care, assessing current activities in the Federal and private sector, analyzing needs and opportunities for future activities, proposing recommendations and conducting seminars to inform staff of the Department about these areas.

Provides consultation to individuals and groups in Federal and private sector to develop health promotion programs in a broad range of settings --home, school, worksite, and health care facilities-- utilizing educational/behavioral research findings, the expertise of behavioral and social scientists and health care practitioners; also, provides consultation for the development of large scale community preventive intervention studies.

Plans and conducts national and international conferences, meetings, and technical discussions on health promotion/education and disease prevention which are sponsored by the Department, foundations, industry and other groups in the private sector.

Provides leadership from the national level on health issues through prepared papers, participation in conferences, workshops and seminars, as well as publication in professional journals.

Previous Position: Feb. 1973 - Dec. 1976	Coordinator, Prevention Control and Education Programs Division of Heart and Vascular Diseases National Heart, Lung, and Blood Institute National Institutes of Health Bethesda, Maryland 20014
Responsibilities:	Administration of the education and demonstration components of the National Heart, Lung, and Blood Vessel Research and Demonstration Center in Cardiovascular Diseases at Baylor College of Medicine, Houston, Texas. Administration of the science of the National High Blood Pressure Education Research Program. Coordination of efforts to monitor the Stanford Heart Disease Prevention Program. Identification and development with staff of the Division of Heart and Vascular Diseases of initiatives in prevention, control and education that represent new efforts for the Institute. Coordination of efforts directed towards establishment of an ongoing dialogue between the medical and scientific community in the National Institutes of Health and the behavioral-science, education, nursing and communications media communities for the purpose of identifying areas of mutual interests and possible collaboration.

Education:

June 1973	Ph.D. Educational Technology University of Maryland, College of Education College Park, Maryland In the summer of 1972 as part of my doctoral program at the University of Maryland, I visited Caracas, Venezuela to study that country's use of educational television and their participation along with seven other Latin American countries in a UNESCO project designed to determine the feasibility of using educational technology throughout their educational systems.
June 1965	M.Ed., (Education major/Nursing minor) 60 credits Columbia University, Teachers College New York, New York

June 1962 — B.S., Nursing
Seton Hall University, School of Nursing
Newark, New Jersey

Professional Experience:

Sept. 1966 - June 1971 — Assistant Professor in Medical-Surgical Nursing
Georgetown University School of Nursing
Washington, D.C.

Sept. 1965 - June 1966 — Instructor in Medical-Surgical Nursing
Seton Hall University School of Nursing
Newark, New Jersey

Sept. 1962 - June 1964 — Full-time Staff Nurse
Columbia Presbyterian Medical Center
New York, New York

Short Term Positions:

July 1973 — World Health Organization
Pan American Health Organization
Washington, D.C.

Consultant in educational technology. Developed a proposal which was later funded to establish a nursing division in two extant Centers of Educational Technology; one in Mexico City, Mexico, and the other in Rio de Janiero, Brazil.

Nov. 1972 - Jan. 1973 — Consultant in educational technology
Westinghouse Population Center
Columbia, Maryland

Developed guidelines for the use of educational technology in patient education for a National Conference, Family Planning, Patient Education Strategies in Health Care Settings, Washington, D.C.

May - June 1972 — Consultant in curriculum development and educational technology
International Institutes for Educational Technology, Inc.
McLean, Virginia

Developed plan for incorporating educational technology into a baccalaureate nursing degree program.

Feb. 1971	Consultant in nursing education Intermountain Regional Medical Program University of Colorado Denver, Colorado Developed 11 video tapes in coronary care nursing.
June - August 1971	Department of Human Resources (DHR) Government of the District of Columbia Office of the Director Nurse Training Specialist Conducted a survey of the training program for nurses and nursing assistants in the DHR and made recommendations concerning future programs, curriculum design, and use of educational technology to achieve desired objectives. Developed a workshop for nurses in family planning education.
Sept. 1973 - Jan. 1974	Private Duty Nursing -- also summers of 1966, 1968, 1969
Summers 1967	Consultant in Nursing Education WETA-Channel 26 - Educational Television Washington, D.C. Developed program ideas for a series on health education for adults.
Summer 1965	Metropolitan Hospital New York City, New York Staff Nurse -- Drug Addiction Unit
Professional Memberships:	American Nurses Association, National League for Nursing American Public Health Association Kappa Delta Phi (National Honor Society in Education) Sigma Theta Tau (National Honor Society in Nursing) Phi Kappa Phi (National Honor Society in Education)

Honors Received

1981	The World's Who's Who of Women
1973	Graduated Summa Cum Laude from University of Maryland
1973	Phi Kappa Phi
1971	Awarded a U.S.P.H.S., NIH, Special Nurse Research Fellowship to pursue doctoral studies at the University of Maryland
1970	Awarded a U.S.P.H.S. Traineeship to attend a course in "Improving Instructional Skills" at the University of California, S.F.
1969	Sigma Theta Tau
1965	Kappa Delta Phi
1965	Graduated Magna Cum Laude from Columbia University
1964	Awarded a National Institutes of Health, Cardiovascular Nurse Traineeship to pursue M.Ed. at Columbia University
1962	Who's Who in American Universities and Colleges
1962	Graduated Magna Cum Laude from Seton Hall University, School of Nursing

Papers

June 1981	Chaired a workshop on Employee Assistance Programs: Potential for Prevention at the Alcohol, Drug Abuse and Mental Health Administration Conference on Promotion/Prevention at the Worksite. Washington, D.C.
May 1981	Presented a paper, Meeting the Health Promotion Needs of Employees: What are the Program Ingredients and Trends? at a Symposium, Health Promotion in the Workplace. Philadelphia, Pennsylvania
May 1981	Presented a paper, Health Promotion: A Big Picture at the Fourth Annual Arizona Patient/Health Education Conference: People, Projects and Products. Scottsdale, Arizona
April 1981	Presented a paper, National Health Promotion Media Campaign at Fourth Annual Conference of National Indian Health Board, San Diego, California

November 1980	Presented a paper, Health Promotion at the Worksite: Focus on Women at the Association of Military Surgeons of the United States, Washington, D.C.
November 1980	Presented a paper, Making Non-Measurable Programs Measurable at the Business Week's Conference on Corporate Healthcare--Strategies for Cost Effectiveness, Chicago, Illinois
October 1980	Presented a paper, Health Risk Appraisal: An Integral Component of Worksite Health Promotion Programs, at the Sixteenth Annual Meeting of the Society of Prospective Medicine, Tucson, Arizona
October 1980	Presented a paper, How to Implement the National Health Promotion Campaign and the Federal Health Promotion Initiative for 1981, at the MINK Conference of State Public Health Educators in Kansas City, Missouri
September 1980	Presented a paper, What Now: National Program Priorities--With a Focus on Occupational Health at Society for Public Health Education, Tri-State Chapter, New York City, New York
September 1980	Presented a paper,The Role of a Statewide Health Education Coalition In The Development of Health Promotion Programs, at the First Annual Meeting of the Missouri Comprehensive Statewide Health Education Coalition, Columbia, Missouri
August 1980	Presented a paper, Health Promotion/Disease Prevention at the Federal Women's Program, Department of Health and Human Services, Washington, D.C.
June 1980	Presented a paper Criteria for Evaluation of Holistic Health Services at the National Conference on Holistic Health-New Dimensions in Theory and Practice in the 80's, Hollywood, Florida
May 1980	Participated in a panel and presented conference recommendations at a national conference, Holistic Health: Policies In Action., Washington, D.C.
April 1980	Presented a paper, Health Promotion in the Occupational Setting at the Symposium, Building a Healthier Company, Honolulu, Hawaii

April 1980	Presented a paper, The Integration of the Ancient and the New, the Traditional and the Alternative, the East and West: What are Some Strategies? at the conference, Holistic Health: the Renaissance Nurse, San Francisco, California
November 1979	Presented a paper, Health Promotion Programs At The Worksite: "State of the Art" at the 107th Annual Meeting of the American Public Health Association - Society For Public Health Education, New York City, New York
November 1979	Presented a paper, Health Promotion Programs At The Worksite: Key Issues and Challenges at the Invitational Conference on Community Technical Assistance in Disease Prevention and Health Promotion, sponsored by the American Health Foundation, Arlington, Virginia
May 1979	Chairwoman - Section on Self Care and the Education Movement at the Second International Congress on Patient Counselling and Education, The Hague, The Netherlands and presented a paper, Health Promotion Programs at the Work Site: Emphasis on Self Care
March 1979	Chaired two workshops on Health Promotion Programs In Occupational Settings at the Conference, High Level Wellness: The Role of Wellness In the Work Place, Minneapolis Minnesota
October 1978	Presented a paper, Promoting Healthful Employee Lifestyles at a meeting of the Management Institute, Glassboro State College, New Jersey
May 1978	Presented a paper, Self Care/Self Help: The Federal Role at the annual meeting of the American Psychiatric Association, Atlanta, Ga.
April 1978	Moderated a panel on Education and Theory: Curriculum Development in Holistic Health at a National Conference, Holistic Health: A Public Policy and served on the planning committee in this conference sponsored by East-West Academy of the Healing Arts, Washington, D.C.
March 1978	Presented a paper on Consumer Health Education: Self Care at the annual conference of the Coalition of Independent Health Professions, Washington, D.C.

September 1977	Participated in a panel on Using Disease Entities to Integrate Patient Education into Health Care Settings at the National Patient Education Symposium, San Francisco, California
April 1977	Presented a paper Developing a Therapeutic Alliance with Hypertensive Patients: A Framework for Education Research at the Nursing Institute of the Health Education Media Association Convention, Miami, Florida.
April 1977	Presented a paper Research on Psycho-Social Factors Related to Cardiovascular Disease at the meeting of the American Academy of Psychoanalysis, Toronto, Canada
November 1976	Presented a paper New Model In Nursing Practice: Developing a Therapeutic Alliance with Hypertensive Patients at the National meeting of the American Heart Association, Miami, Florida
April 1976	Presented a paper The National High Blood Pressure Education Research Program at the First International Congress on Patient Counselling, Amsterdam, the Netherlands
June 1969	Prepared a paper The Use of Telecommunications in Meeting the Health Needs of the People of the District of Columbia at the request of the Mayor, the Honorable Walter Washington and his Council, Washington, D.C.

Other Activities:

May 1979	Member of Scientific Programme Committee, Second International Congress on Patient Counselling and Education, the Hague, Netherlands
March 1979	Serves on Editorial Advisory Board of newsletter Employee Health and Fitness: The Executive Update on Health Improvement Programs published by American Health Consultants.
January 1979	Coordinator, National Conference on Health Promotion Programs in Occupational Settings and Editor-In-Chief of Proceedings
June 1978	Serves on Editorial Board of Journal of Patient Counselling and Health Education published by Excerpta Medica

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Principal
Regional Official

Region X
M/S 803 Arcade Plaza Building
1321 Second Avenue
Seattle WA 98101

June 25, 1981

Mr. Morton Blackwell
Special Assistant to the President/
Public Liaison
Old Executive Office Building
Washington, D.C. 20500

Dear Morton:

I wanted to take this opportunity to inform you that as of June 15 I have been serving as Region X Director of Intergovernmental and Congressional Affairs for the Department of Health & Human Services. I am honored to have been selected by the Administration to serve in this capacity and hope to have the opportunity to work with you in the future.

Please feel free to contact me if I can be of any assistance to you.

Sincerely,

Merrill R. Jacobs
Director, Intergovernmental
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