

V. HEALTH RESOURCES ADMINISTRATION

Legal citation	Type of authority	Legislative text
A. Bureau of Health Facilities Financing, Compliance, and Conversion		
a) Public Health Service Act	Specific	<p>(a) “Any State desiring to participate in this part [e.g., to obtain grants and loans for construction and modernization of hospitals and other medical facilities] may submit a State plan. Such plan must— . . .</p> <p>(4) set forth, . . . on the basis of a statewide inventory of existing facilities, a survey of need, and . . . community, area or regional plans—</p> <p>(A) the number of general hospital beds and long-term care beds, and the number and types of hospital facilities and facilities for long-term care, needed to provide adequate facilities for inpatient care of people residing in the State, and a plan for the distribution of such beds and facilities in service areas throughout the State;</p> <p>(B) the public health centers needed to provide adequate public health services for people residing in the State, and a plan for the distribution of such centers throughout the State;</p> <p>(C) the outpatient facilities needed to provide adequate diagnostic or treatment services to ambulatory patients residing in the State, and a plan for distribution of such facilities throughout the State;</p> <p>(D) the rehabilitation facilities needed to assure adequate rehabilitation services for disabled persons residing in the State, and a plan for distribution of such facilities throughout the State; and</p> <p>(E) . . . the extent to which existing facilities referred to in section 291a(a) or (b) of this title in the State are in need of modernization; . . .</p>
<ul style="list-style-type: none"> • P.L. 78-410 §604, as added by P.L. 88-443 §3(a) (1964) and amended • 42 USC §291d 	General	<p>(10) provide that the State agency will make such reports, in such form and containing such information, as the Surgeon General may from <i>time</i> to time reasonably require, and will keep such records and afford such access thereto as the Surgeon General may find necessary to assure the correctness and verification of such reports; . . .”</p>
b) Public Health Service Act	Specific	<p>(a) “Before an application for assistance . . . for a medical facility project described in section 3000 of . . . title [42] may be approved, the State Agency of the State in which such project is located must have submitted to the Secretary and had approved by him a State medical facilities plan. To be approved by the Secretary a State medical facilities plan for a State must—</p> <p style="text-align: center;">* * *</p> <p>(4) set forth, in accordance with criteria established in regulations prescribed under section 3000-l(a) of . . . title</p>
<ul style="list-style-type: none"> • P.L. 78-410 ~1603, as added by P.L. 93-641 §4 (1975) • 42 USC 3000-2 		

A. Bureau of Health Facilities Financing, Compliance, and Conversion—continued

Legal citation	Type of authority	Legislative text
		[42] and on the basis of a statewide inventory of existing medical facilities, a survey of need, and the plans of health systems agencies within the State— (A) the number and type of medical facility beds and medical facilities needed to provide adequate inpatient care to people residing in the State, and a plan for the distribution of such beds and facilities in health services areas throughout the State, (B) the number and type of outpatient and other medical facilities needed to provide adequate public health services and outpatient care to people residing in the State, and a plan for the distribution of such facilities in health services areas throughout the State, and (C) the extent to which existing medical facilities in the State are in need of modernization or conversion to new uses; . . . “

B. Bureau of Health Manpower

a) Public Health Service Act	Implied	(b) “The Secretary shall establish by regulation, promulgated not later than May 1, 1977, criteria for the designation of areas, population groups, medical facilities, and other public facilities, in the States, as health manpower shortage areas. In establishing such criteria, the Secretary shall take into consideration the following: (1) The ratio of available health manpower to the number of individuals in an area or population group, or served by a medical facility or other public facility under consideration for designation. (2) Indicators of a need, notwithstanding the supply of health manpower, for health services for the individuals in an area or population group or served by a medical facility or other public facility under consideration for designation, with special consideration to indicators of— (A) infant mortality, (B) access to health services, and (C) health status. (3) The percentage of physicians serving an area, population group, medical facility, or other public facility under consideration for designation who are employed by hospitals and who are graduates of foreign medical schools. . . . (d) In accordance with the criteria established under subsection (b) of this section and the considerations listed in subsection
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- P.L. 78-410 §-332, as added by P.L. 94-484 §407(b)(3), (1976)

- 42 USC ~254e

B. Bureau of Health Manpower—continued

Legal citation	Type of authority	Legislative text
		<p>tion (c) of this section, the Secretary shall designate, not later than November 1, 1977, health manpower shortage areas in the States, publish a descriptive list of the areas, population groups, medical facilities, and other public facilities so designated, and at least annually review and, as necessary, revise such designations. . . .“</p> <p>[Jointly administered with the National Health Service Corps (HSA).]</p>
<p>b) Public Health Service Act</p> <ul style="list-style-type: none"> • P.L. 78-410 §333, as added by P.L. 94-484 §407(b)(3), (1976) • 42 USC §254f 	Specific	<p>(g) ‘The Secretary shall conduct, or enter into contracts for the conduct of, studies of the methods of assignments of Corps members to health manpower shortage areas. Such studies shall include studies of—</p> <ol style="list-style-type: none"> (1) the characteristics of physicians, dentists, and other health professionals who are more likely to remain in practice in health manpower shortage areas; (2) the characteristics, including utilization and reimbursement patterns, of areas which have been able to retain health manpower personnel; and (3) the appropriate conditions for the assignment and use of nurse practitioners, physician assistants, and expanded function dental auxiliaries in health manpower shortage areas.” <p>[Jointly administered with the National Health Service Corps (HSA).]</p>
<p>c) Public Health Service Act</p> <ul style="list-style-type: none"> • P.L. 78-410§336, as added by P.L. 94-484 §407(b)(3) (1976) • 42 USC §254i 	Implied	<p>“The Secretary shall submit an annual report to Congress on May 1 of each year, and shall include in such report with respect to the previous calendar year—</p> <ol style="list-style-type: none"> (1) the number, identity, and priority of all health manpower shortage areas designated in such year and the number of health manpower shortage areas which the Secretary estimates will be designated in the subsequent year; (2) the number of applications filed under section 254f of . . . title [42] in such year for assignment of Corps members and the action taken on each such application; (3) the number and types of Corps members assigned in such year to health manpower shortage areas, the number and types of additional Corps members which the Secretary estimates will be assigned to such areas in the subsequent year, and the need for additional members for the Corps; (4) the recruitment efforts engaged in for the Corps in such year and the number of qualified individuals who applied for service in the Corps in such year; (5) the number of patients seen and the number of patient visits recorded during such year with respect to each health
	Specific	

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Legal citation	Type of authority	Legislative text
		<p>manpower shortage area to which a Corps member was assigned during such year;</p> <p>(6) the number of Corps members who elected, and the number of Corps members who did not elect, to continue to provide health services in health manpower shortage areas after termination of their service in the Corps and the reasons (as reported to the Secretary) of members who did not elect for not making such election;</p> <p>(7) the results of evaluations and determinations made under section 254 f(a)(l)(D) of this title during such Year; and</p> <p>(8) the amount charged during such year for health services provided by Corps members, the amount which was collected in such year by entities in accordance with agreements under section 254g of this title, and the amount which was paid to the Secretary in such year under such agreements. ”</p> <p>[Jointly administered with the National Health Service Corps (HSA)</p>
<p>d) Public Health Service Act</p> <ul style="list-style-type: none"> • P.L. 78-410 §708, as added by P.L. 94-484§206 (1976) and amended • 42 USC §292h 	Specific	<p>(a) “The Secretary shall establish a program, including a uniform health professions data reporting system, to collect, compile, and analyze data on health professions personnel which shall initially include data respecting all physicians and dentists in the United States. . . . The Secretary is authorized to expand the program to include, whenever he determines it necessary the collection, compilation, and analysis of data respecting pharmacists, optometrists, podiatrists, veterinarians, public health personnel, audiologists, speech pathologists, health care administration personnel, nurses, allied health personnel, medical technologists, and any other health personnel in States designated by the Secretary to be included in the program. Such data shall include data respecting the training, licensure status (including permanent, temporary, partial, limited, or institutional), place or places of practice, professional specialty, practice characteristics, place and date of birth, sex, and socio-economic background of health professions personnel and such other demographic information regarding health professions personnel as the Secretary may require.</p> <p>(b)(l) In carrying out subsection (a) of this section, the Secretary shall collect available information from appropriate local, State and Federal agencies and other appropriate sources.</p> <p>(2) The Secretary shall conduct or enter into contracts for the conduct of analytic and descriptive studies of the health professions, including evaluations and projections of the sup-</p>

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Legal citation	Type of authority	Legislative text
		<p>ply of, and requirements for, the health professions by specialty and geographic location.</p> <p>(3) The Secretary is authorized to make grants and to enter into contracts with States (or an appropriate nonprofit private entity in any State) for the purpose of participating in the program established under subsection (a) of this section. . . . To be eligible for a grant or contract under this paragraph a State or entity shall submit an application in such form and manner and containing such information as the Secretary shall require. Such application shall include reasonable assurances, satisfactory to the Secretary, that—</p> <p>(A) such State (or nonprofit entity within a State) will establish a program of mandatory annual registration of the health professions personnel described in subsection (a) of this section who reside or practice in such State and of health institutions licensed by such State, which registration shall include such information as the Secretary shall determine to be appropriate;</p> <p>(B) such State or entity shall collect such information and report it to the Secretary in such form and manner as the Secretary shall prescribe; and</p> <p>(C) such State or entity shall comply with the requirements of subsection (e) of this section.</p> <p>(c) for purposes of providing the Secretary with information under this section, each school which receives financial support under section 295f of . . . title [42] shall annually report to the Secretary information, determined to be appropriate by the Secretary, respecting the students who attend such school. The Secretary may collect such additional data respecting students of the health professions as he determines to be appropriate.</p> <p>(d) The Secretary shall assemble and submit to the President and Congress . . . a report on the status of health professions personnel in the United States, which report shall include a description and analysis of the data collected pursuant to this section. Such report may be included as part of the report made under section 242m(a)(2)(C) of this title. Such report shall be submitted biennially, and the first such report shall be due not later than October 1, 1979. . . .</p> <p>(f) In carrying out his responsibilities under this section, the Secretary shall not be subject to the provisions of chapter 35 of title 44. ” [providing for exemption from the Federal Reports Clearance Act.]</p> <p>[Jointly administered with the National Center for Health Statistics (OASH).]</p>

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Legal citation	Type of authority	Legislative text
e) Public Health Service Act • P.L. 78-410 §781, as added by P.L. 94-484 §801(a) (1976) • 42 USC §295g-1	General	(d)(2) “Each area health education center shall— (B) assess the health manpower needs of the area served by the center and assist in the planning and development of training programs to meet such needs; . . .”
f) Public Health Service Act • P.L. 48-410§793, as added by P.L. 94-484, §701(a) (1976) • 42 USC y~295h-2	Specific	(a) “The Secretary shall, in coordination with the National Center for Health Statistics . . . continuously develop, publish, and disseminate on a nationwide basis statistics and other information respecting public and community health personnel, including— 1) detailed descriptions of the various types of activities in which public and community health personnel are engaged, (2) the current and anticipated needs for the various types of public and community health personnel, and (3) the number, employment, geographic locations, salaries, and surpluses and shortages of public and community health personnel, the educational and licensure requirements for the various types of such personnel, and the cost of training such personnel. . . . (c) The Secretary shall submit annually to the Committee on Interstate and Foreign Commerce of the House of Representatives and to the Committee on Labor and Public Welfare of the Senate a report on— (1) the statistics and other information developed pursuant to subsection (a) of this section, and (2) the activities conducted under this subpart, including an evaluation of such activities. . . .” [Jointly administered with the National Center for Health Statistics (OASH).]
g) Public Health Service Act • P.L. 78-410 §795 note, as added by P.L. 94-484§702 (1976) • 42 USC §295h-4 note	Specific	(b) . . . “The Secretary shall, in coordination with the National Center for Health Statistics [established under section 306 of the Public Health Service Act (section 242k of . . . title 42)], develop, publish, and disseminate on a nationwide basis a report containing statistics and other information respecting allied health personnel, including— (1) detailed descriptions of the various types of such personnel and the activities in which such personnel are engaged, (2) the current and anticipated needs for the various types of such health personnel, and

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Legal citation	Type of authority	Legislative text
		(3) the number, employment, geographic locations, salaries, and surpluses and shortages of such personnel. ” [Jointly administered with the National Center for Health Statistics (OASH).]
h) Special Health Revenue Sharing Act of 1975	Specific	(a)(1) Using procedures developed in accordance with paragraph (3), the Secretary of Health, Education, and Welfare (hereinafter in this section referred to as the ‘Secretary’) shall determine on a continuing basis— (A) the supply (both current and projected and within the United States and within each State) of registered nurses, licensed practical and vocational nurses, nurse’s aides, registered nurses with advanced training or graduate degrees, and nurse practitioners; (B) the distribution, within the United States and within each State, of such nurses so as to determine (i) those areas of the United States which are over-supplied, or which are undersupplied, or which have an adequate supply of such nurses in relation to the population of the area, and (ii) the demand for the services which such nurses provide; and (C) the current and future requirements for such nurses, nationally and within each State. (2) The Secretary shall survey and gather data, on a continuing basis, on— (A) the number and distribution of nurses, by type of employment and location of practice; (B) the number of nurses who are practicing full time and those who are employed part time, within the United States and within each State; (C) the average rates of compensation for nurses, by type of practice and location of practice; (D) the activity status of the total number of registered nurses within each State; (E) the number of nurses with advanced training or graduate degrees in nursing by specialty, including nurse practitioners, nurse clinicians, nurse researchers, nurse educators, and nurse supervisors and administrators; and (F) the number of registered nurses entering the United States annually from other nations, by country of nurse training and by immigrant status. (3) within six months of the date of the enactment of this Act [July 29, 1975], the Secretary shall develop procedures for determining (on both a current and projected basis) the supply
• P.L. 94-63, Title IX, §951 (1975)		
• 42 USC §296 note		

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Legal citation	Type of authority	Legislative text
		and distribution of and requirements for nurses within the United States and within each State.
		(b) Not later than October 1, 1979, and October 1 of each odd-numbered year thereafter, the Secretary shall report to the Congress—
		(1) his determinations under subsection (a)(1) and the data gathered under subsection (a)(2);
		(2) an analysis of such determination and data; and
		(3) recommendations for such legislation as the Secretary determines, based on such determinations and data, will achieve
		(A) an equitable distribution of nurses within the United States and within each State, and
		(B) adequate supplies of nurses within the United States and within each State“

C. Bureau of Health Planning

a) Public Health Service Act	Specific	(b) “In providing health planning and resources development for its health service area, a health systems agency shall perform the following functions:
• P.L. 78-410§1513, as added by P.L. 93-641§3 (1975), and amended		(1) The agency shall assemble and analyze data concerning —
• 42 USC §300/-2		(A) the status (and its determinants) of the health of the residents of its health service area,
		(B) the status of the health care delivery system in the area and the use of that system by the residents of the area,
		(C) the effect the area’s health care delivery system has on the health of the residents of that area,
		(D) the number, type, and location of the area’s health resources, including health services, manpower, and facilities,
		(E) the patterns of utilization of the area’s health resources, and
		(F) the environmental and occupational exposure factors affecting immediate and longterm health conditions.

* * *

In carrying out this paragraph, the agency shall to the maximum extent practicable use existing data (including data developed under Federal health programs) and coordinate its activities with the cooperative system provided for under section 242k(e) of . . . title [42 of the United States Code].

(2) The agency shall, after appropriate consideration of the recommended national guidelines for health planning

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Legal citation	Type of authority	Legislative text
		policy issued by the Secretary under section 300k-1 of . . . title [42] the priorities set forth in section 300k-2 of . . . title [42], and the data developed pursuant to paragraph (1), establish, annually review, and amend as necessary a health systems plan (hereinafter in this subchapter referred to as the "HSP") . . .
	Implied	<p>(c) A health systems agency shall implement its HSP and AIP, and in implementing the plans it shall perform at least the following functions: . . .</p> <p>(2) The agency may provide, in accordance with the priorities established in the AIP, technical assistance . . . for the development of projects and programs which the agency determines are necessary to achieve the health systems described in the HSP, . . .</p> <p>(d) Each health systems agency shall coordinate its activities with—</p> <p>(1) each Professional Standards Review Organization (designated under section 1320c-1 of . . . title [42]),</p> <p>(2) entities referred to in paragraphs (1) and (2) of section 3334(a) of this title and regional and local entities the views of which are required to be considered under regulations prescribed . . . to carry out section 4231(b) of this title,</p> <p>(3) other appropriate general or special purpose regional planning or administrative agencies, and</p>
	General	(4) any other appropriate entity, in the health system agency's health service area. The agency shall, as appropriate, secure data from them for use in the agency's planning and development activities, . . .
	Implied	<p>(g)(l) Except as provided in paragraph (2), each health systems agency shall review on a periodic basis (but at least every five years) all institutional health services offered in the health service area of the agency and shall make recommendations to the State health planning and development agency . . . respecting the appropriateness in the area of such services.</p> <p>(2) A health systems agency shall complete its initial review of existing institutional health services within three years after the date of the agency's designation under section 300 l-4(c) of this title.</p> <p>[Jointly administered with the National Center for Health Statistics (OASH).]</p>

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Legal citation	Type of authority	Legislative text
<p>b) Public Health Service Act</p> <ul style="list-style-type: none"> ● P.L. 78-410§1522, as added by P.L. 93-641 §3 (1975) ● 42 USC §300m-1 	<p>General</p> <p>Implied</p> <p>General</p>	<p>(a) “A State administrative program (hereinafter in this section referred to as the “State Program”) is a program for the performance within the State by its State Agency of the functions prescribed by section 300m-2 of . . . title [42]. . . .</p> <p>(b) The State Program of a State must–</p> <p>(7)(A) provide for the coordination . . . with the cooperative system provided for under section 242k(e) . . . title [42] of the activities of the State Agency for the collection, retrieval, analysis, reporting and publication of statistical and other information related to health and health care, and</p> <p>(B) require providers of health care doing business in the State to make statistical and other reports of such information to the State Agency;</p> <p>(8) provide, in accordance with methods and procedures prescribed or approved by the Secretary, for the evaluation, at least annually, of the performance by the State Agency of its functions and of their economic effectiveness;</p> <p>(9) provide that the State Agency will from time to time, and in any event not less often than annually, review the State Program and submit to the Secretary required modifications;</p> <p>(10) require the State Agency to make such reports, in such form and containing such information, concerning . . . , performance of functions, and other matters as the Secretary may from time to time require, and keep such records . . . as the Secretary may find necessary to verify such reports;” [Jointly administered with the National Center for Health Statistics (OASH).]</p>
<p>c) Public Health Service Act</p> <ul style="list-style-type: none"> ● P.L. 78-410§1523 as added by P.L. 93-641 §3 (1975) ● 42 USC §300m-2 	<p>Implied</p>	<p>(a) “Each State Agency Of a State designated under section 300m(b)(3) of . . . title [42] shall, except as authorized under subsection (b) of this section, perform within the State the following functions; . . .</p> <p>(3) Assist the Statewide Health Coordinating Council of the State in the review of the State medical facilities plan required under section 3000-2 of . . . title [42] . . .</p> <p>(4) . . . (B) administer a State certificate of need program which applies to new institutional health services proposed to be offered or developed within the State and which is satisfactory to the Secretary. Such program shall provide for review and determination of need prior to the time such services, facilities, and organizations are offered or developed or substantial expenditures are undertaken in preparation for such offering or development, and provide that only those services,</p>

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Legal citation	Type of authority	Legislative text
		facilities, and organizations found to be needed shall be offered or developed in the State . . .
		(6) Review on a periodic basis (but not less often than every five years) all institutional health services being offered in the State and, after consideration of recommendations submitted by health systems agencies under section 3001-2(g) of . . . title [42] respecting the appropriateness of such services, make public its findings. . . .“
d) Public Health Service Act	Implied	(c) “A SHCC [Statewide Health Coordinating Council] shall perform the following functions: . . .
• P.L. 78-410§1524, as added by P.L. 93-641§3 (1975)		(2)(A) Prepare and review and revise as necessary (but at least annually) a State health plan which shall be made up of the HSP’S of the health systems agencies within the States. . . .
• 42 USC §300m-3		(B) In the preparation and revision of the State health plan, the SHCC shall review and consider the preliminary State health plan submitted by the State agency under section 300m-2(a)(2)“
e) Public Health Service Act	Specific	(b)(l) “The Secretary shall include in the materials provided under subsection (a) of this section [e.g., technical assistance by the Secretary of HEW to the designated health service agencies] the following:
• P.L. 78-410 ~1533, as added by P.L. 93-641§3 (1975)		(A) Specification of the minimum data needed to determine the health status of the residents of a health service area and the determinants of such status.
• 42 USC §300n-2		(B) Specification of the minimum data needed to determine the status of the health resources and services of a health service area.
		(C) Specification of the minimum data needed to describe the use of health resources and services within a health service area.
		(2) Planning approaches, methodologies, policies, and standards . . .
	Implied	(c) In order to facilitate the exchange of information concerning health services, health resources, and health planning and resources development practice and methodology, the Secretary shall establish a national health planning information center to support the health planning and resources development programs of health systems agencies, State Agencies, and other entities concerned with health planning and resources development; to provide access to current information on health planning and resources development; and to provide information for use in the analysis of issues and

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Legal citation	Type of authority	Legislative text
		problems related to health planning and resource development. ”
f) Public Health Service Act	Specific	<p>(b) “The Secretary shall prescribe performance standards covering the structure, operation, and performance of the functions of each designated health systems agency and State Agency, and he shall establish a reporting system based on the performance standards that allows for continuous review of the . . . functions of such agencies.</p> <p>(c) The Secretary shall review in detail at least every three years the structure, operation and performance of the functions of each designated health systems agency to determine—</p> <p>(1) the adequacy of the HSP of the agency for meeting the needs of the residents of the area for a healthful environment and for accessible, acceptable and continuous quality health care at reasonable costs, and the effectiveness of the AIP in achieving the system described in the HSP;</p> <p>(5) the appropriateness of the data assembled pursuant to section 3002-2 (b)(l) of this title and the quality of the analyses of such data; . . .</p> <p>(7) the extent to which it may be demonstrated that—</p> <p>(A) the health of the residents in the agency’s health service area has been improved;</p> <p>(B) the accessibility, acceptability, continuity, and quality of health care in such area has been improved; and</p> <p>(C) increases in costs of the provision of health care have been restrained.</p> <p>(d) The Secretary shall review in detail at least every three years the structure, operation and performance of the functions of each designated State Agency to determine—</p> <p>(1) the adequacy of the State health plan of the Statewide Health Coordinating Council prepared under section 300m-3(c)(2) of this title in meeting the needs of the residents of the State for a healthful environment and for accessible, acceptable, and continuous quality health care at reasonable costs; . . .</p> <p>(6) the extent to which it may be demonstrated that—</p> <p>(A) the health of the residents of the State has been improved;</p> <p>(B) the accessibility, acceptability, continuity, and quality of health care in the State has been improved; and</p> <p>(C) increases in costs of the provision of health care have been restrained.”</p>
• P.L. 78-410 §1535, as added by P.L. 93-641§3 (1975)		
• 42 USC §300n-4		