

6. *Prospective changes in program orientation*

Not answered.

7. *Coordination and cooperation.* (See general statement at end of this section.)8. *Laws and regulations*

Formula grants for heart disease control are authorized in the annual appropriation act for fiscal year 1966 (Public Law 89-156). Authority is included in section 314(e) of the Public Health Service Act as amended (42 U.S.C. 246(e)). Section 314(e) cites the basic factors of population and financial need for the allocation of funds. Sections 51.1(c) and 51.1(i) of the Public Health Service Regulations (42 CFR) define these factors. Section 51.3(e)(1) is in the process of amendment. Section 51.9(a) prescribes the matching ratio.

PART II. DATA BEARING ON ECONOMIC ASPECTS AND IMPACTS OF THE PROGRAM

9. *Economic effects*

Data available on formula grants do not readily provide information for specific response to this type of question. Federal appropriations for this program have increased steadily from \$2 million in 1950 to \$9.5 million for fiscal 1966. The support level for the program continues to rise commensurately with \$2 of State and local funds being expended for each \$1 of Federal money. In fiscal 1964 slightly over 40 percent of the total expenditures were for local health services and almost 23 percent were used for diagnostic clinics and casefinding for preventive and outpatient services.

10. *Economic classification of program expenditures.* (See table 2.)

Program: Heart disease control formula grants.

Department or agency, and office or bureau: Department of Health, Education, and Welfare; Public Health Service—Bureau of State Services (Community Health).

TABLE 2.—*Economic classification of program expenditures for fiscal year 1965*

[In thousands of dollars]

Federal Government: ¹	
Grants to State and local governments.....	6,467
Total Federal expenditures.....	6,467
Non-Federal expenditures financed by State and local governments.....	12,955
Total expenditures for program.....	19,422

¹ Expenditures here refer to obligations.

HOME HEALTH SERVICES

PART I. DESCRIPTION OF THE PROGRAM

1. *Objectives*

To assist States and communities to develop, improve, or expand the capacity of new or existing public or private agencies which meet the qualifying conditions for participation in the health insurance program to provide home health services throughout each State.

2. *Operation*

The program will operate with formula grant-in-aid funds which are allocated by the Public Health Service through its regional offices to