

*Section 860. (d)*—This would provide that regulations for nursing student loans be prescribed by the Secretary after consultation with the National Advisory Council on Nurse Training.

*Section 860 (e)*—This would provide that scholarship grants may be made in advance or at such intervals as the Secretary finds necessary.

*Section 861*—This would authorize up to 20 percent of the amount paid to the school for scholarships (or a higher percentage with the approval of the Secretary) to be transferred to its student loan program. This transfer authority will provide a most desirable flexibility to the school in tailoring its financial assistance programs to meet the needs of its individual students and will improve the effectiveness of the utilization of both the scholarship and loan funds.

*Section 231*—It would delete the authority of the Commissioner of Education directly to accredit programs of nurse education. This section would take effect on enactment of this act and would add State agencies to the body or bodies which the Commissioner of Education could approve for purposes of accrediting programs of nurse education. It would require the Commissioner of Education to publish a list of nationally recognized accrediting bodies and State agencies which he determines to be reliable authority as to the quality of training offered. It would authorize the reasonable assurance (of accreditation within a specified period) provision to apply, in the case of a construction project, to an existing school. (Present law relates solely to new schools.)

*Section 232*—This would direct the National Advisory Council on Nurse Training to submit a report to the President and Congress before July 1, 1972, on the administration of the nurse training program and recommendations with respect thereto.

### TITLE III—ALLIED HEALTH PROFESSIONS AND PUBLIC HEALTH TRAINING

#### ALLIED HEALTH

Stimulated by the advances in medical knowledge, the population explosion, lowered financial barriers to medical care, and an emerging social concept that medical care should be related to medical need, the demand for health manpower is approaching crisis proportions. Less generally recognized than the shortages of physicians and nurses has been the need for a complex of some 85 allied health professions and occupations without which modern medical practice and total health services cannot be delivered. The adequate numbers and quality of education of these professional and technical personnel are critical to maintenance of quality community and personal health services.

All allied health occupations present manpower problems to the degree that lack and/or inefficient utilization of such personnel prevent our reaching reasonable objectives for health programs.

The allied health professions personnel training program was enacted in November, 1966. It authorizes grants for the construction of teaching facilities for allied health training centers, grants for traineeships for advanced training of allied health professions personnel to become teachers, supervisors, administrators or specialists, grants (both formula and special project) to improve the curriculums for