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~~FOOD AND DRUG ADMINISTRATION~~

HEALTH RESOURCES ADMINISTRATION

PUBLIC HEALTH SERVICE

THIRTY-FIFTH MEETING OF THE
NATIONAL ADVISORY COUNCIL ON REGIONAL MEDICAL PROGRAMS

Conference Room G/H
Parklawn Building
Rockville, Maryland

C L O S E D S E S S I O N

Thursday,
June 12, 1975

The meeting of the Council was convened, pursuant to adjournment of the Open Session, at 11:35 a.m. o'clock, DR. HAROLD MARGULIES, DEPUTY ADMINISTRATOR, HRA, CHAIRMAN, Presiding.

COUNCIL MEMBERS:

DR. HAROLD MARGULIES, CHAIRMAN

DR. COLIN RORRIE

~~MR. EUGENE RUBEL~~

MR. JERRY GARDELL

MR. KEN BAUM, EXECUTIVE SECRETARY

MRS. EDITH M. KLEIN

DR. HOKE WAMMOCK

MRS. MARIA E. FLOOD

MISS ESTHER M. MARTINEZ

COUNCIL MEMBERS (continued)

DR. JOHN GRAMLICH

MRS. AUDREY M. MARS

DR. RICHARD JANEWAY

MRS. WYNONA R. GORDON

DR. ANTHONY L. KOMAROFF

DR. BENJAMIN W. WATKINS

DR. PAUL A. HABER

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P R O C E E D I N G S

1
2 CHAIRMAN MARGULIES: May we reconvene? We have some
3 broad choices on the method of review, which I think we need
4 to discuss now before we decide how we want to go about it
5 and how much we need to get into the activities.

6 You have been asked, as you know, to look at the
7 applications and to look for problems. We, in turn, have
8 relatively little flexibility in what we do with the applica-
9 tions and how we fund them.

10 As you have already heard, and I assume have agreed,
11 we will review these applications on the basis of their con-
12 tent and quality. What we will have to do, as a Regional
13 Medical Program, planning activity, HEW function, is to pro-
14 vide funding to the RMPs on a basis consistent with transition
15 activities, which means essentially they will end up with
16 kind of a formula based on their previous level of funding.

17 The variance to that could be based on problems
18 which we find in the individual applications. To make it
19 extreme, if an application before you consists of nothing
20 but new projects and a discontinuation of everything old,
21 you would have to say, "This clearly does not become eligi-
22 ble for continuation".

23 And you would have to decide whether the core staff
24 should be continued.

25 MRS. GORDON: We seem to have a difference of

1 opinion as to what is a new activity, or at least in one of
2 my applications. They do not consider as a new activity one
3 that they have not done before.

4 To me that's a new activity. To them, if it has
5 been approved but not funded, then it is not a new activity.

6 CHAIRMAN MARGULIES: Approved but not funded is not
7 a new activity.

8 MRS. GORDEN: It's not?

9 MR. GARDELL: It is not.

10 CHAIRMAN MARGULIES: But it also gets you into the
11 question of how you want to express your judgment on the
12 suitability of that.

13 DR. JANEWAY: It has been my interpretation that a
14 new activity, related to transition, is, however, an allow-
15 able new activity; or is that not correct?

16 CHAIRMAN MARGULIES: I think we would have to look
17 at the nature of it. It can certainly come into the discus-
18 sion. For example, if it is a method of producing a transition
19 which is clearly established, and which is going someplace
20 and which may involve something relatively small in nature,
21 fine.

22 But a number of things could be hidden under that,
23 and you would have to look at it and exercise some discretion
24 on it. I think we are going to have to go at this by judgments
25 made as we go along, whether that would, in fact, be something

1 we could fund.

2 We would have to look and see and get some good ex-
3 amples and go back to the continuing resolution language and
4 decide for ourselves what is best.

5 MR. BAUM: Most of the funding included for trans-
6 ition, Gary and I did a quick and dirty run through a print-
7 out one day, is predominantly in the core staff and core pro-
8 gram staff project type activities as opposed to being in
9 projects.

10 There were, I think, only three or four regions that
11 had any projects labeled "Assistance in Establishing HSA"
12 that were projects outside the core.

13 DR. JANEWAY: That's why it makes it extraordinarily
14 difficult to make that determination. I am not sure even
15 with the Form 15s -- you can't do it.

16 CHAIRMAN MARGULIES: I think if what you are talk-
17 ing about is a new project, then it would be clearly out of
18 line. If it is an activity which expands but moves in the
19 direction of transition, then you have something to talk
20 about.

21 That doesn't make it automatically eligible, but --

22 MR. GARDELL: If it is not designated with a "C"
23 then it is clearly a project.

24 CHAIRMAN MARGULIES: What we can do, because we are
25 going to have to provide funding against a limited budget

1 and a large request, and because we are going to do it on
2 the basis of prior levels of funding, we can take a series
3 of bloc actions, which could reduce the amount of time which
4 we have to spend on this and some other kinds of issues.

5 For example, the question of arthritis activities
6 is one that we will have to look at and consider for bloc
7 action. The question of the CHP comments, most of which came
8 in very late, but you all recall one of the requirements
9 under our legislation is that there be comments by CHP agen-
10 cies on the proposals.

11 Since this was done very late and very fast, it gave
12 the CHPs, which are also in the process of transition, rela-
13 tively little opportunity to react. We may want to take bloc
14 action on that, which we will suggest to you after the lunch
15 period.

16 Then there are the issues which Ken Baum listed for
17 you, on the EMS, PSRO and on the kidney activities, where we
18 need to take into account the comments made by the agencies
19 in government which are concerned with those specific activi-
20 ties.

21 These could also be done en bloc, depending on how
22 you feel about it. What I would like to have the Council con-
23 sider is whether they see before them, among their applica-
24 tions, several where they feel there is little enough basis
25 for discussion so that they would be willing to identify those

1 to be taken en bloc action for approval, with the under-
2 standing that the funding would be a continuation on the
3 basis of funding that they are on at the present time.

4 The only way I can get an answer to that is to find
5 out from you whether you find in your applications several
6 where you think there is no special problem and no cause for
7 comment.

8 Before I ask you to react to that, I will allow time
9 between now and lunchtime for members of the staff who have
10 reviewed these, and who may have later information than you
11 have, to talk with you about any of the applications that they
12 have reviewed that you have.

13 We will allow a little time between now and when you
14 want to break for lunch for an informal discussion to bring
15 in any issues raised by further review, further information,
16 CHP comment or whatever it might be.

17 And I will ask you after lunch how you want to act
18 on this particular basis. Are there other questions to be
19 raised at the present time?

20 DR. JANEWAY: Just to help formulate some thinking
21 processes, what is the total volume, dollar volume of the
22 requests in this cycle?

23 MR. BAUM: A hundred and four million.

24 CHAIRMAN MARGULIES: A hundred and four million is
25 the total volume requested. The amount available is \$50

1 million minus if we have the earmarks, one percent which is
2 standard for evaluation, about \$3.5 million -- \$4.5 million
3 for arthritis and half million for public accountability
4 study.

5 So you end up with \$44.5.

6 DR. GRAMLICH: Was the arthritis earmark existing
7 at the last time anybody knew about the wording of the legis-
8 lation?

9 CHAIRMAN MARGULIES: Yes, I suspect it will remain.
10 But the question always is, what is the language that emer-
11 ges. Sometimes they will say \$4.5 million shall be sent,
12 if practical it should, no more than -- you need to cover
13 the issue two ways after lunch.

14 One is on the assumption that you have to spend
15 that amount of money, and therefore bloc action. The other,
16 that it is not required of you, but then you decide how you
17 will do it anyway.

18 DR. KOMAROFF: Currently the regions are acting at
19 what dollar level?

20 MR. GARDELL: The dollar level total is somewhere
21 a little bit over \$90 million. That is the annualized level.
22 They got almost \$112 million in the June and August awards
23 last year.

24 CHAIRMAN MARGULIES: That's a little artificial.

25 DR. WAMMOCK: We hit that a little much on the head.

1 CHAIRMAN MARGULIES: Yes, there is a little late
2 release of impounded funds which inflated the balloon con-
3 siderably. At the same time, what we had in mind when the
4 Administration asked for this total amount and Congress passed
5 it, they were thinking \$12.5 million to carry them through
6 December 31st.

7 That was clearly in everybody's mind and was the
8 purpose of the transition function. But you have already
9 discussed the difficulty faced in hitting that and you have
10 to consider some alternatives.

11 DR. GRAMLICH: It was left flexible at the Council
12 meeting that if additional funds were available, projects
13 which deserved this would be stepped up and increased and we
14 would sort of cut down a little bit.

15 CHAIRMAN MARGULIES: I think you should also realize
16 when you get into review that the method of practice in the
17 RMPs has been for the individual RMP to have a high level of
18 freedom in reprogramming within the RMP, so that they can do
19 some things in accordance with the kinds of things we want to
20 work out.

21 I felt very strongly about what I said and what
22 Paul Ward was saying, concerning the huge advantages to be
23 gained in working openly and constantly with the RMPs to
24 carry out a transition.

25 It is their intent, and I think Paul Ward spoke

1 accurately and for everyone, it is their intent to assist
2 with this transition process as much as possible. They are
3 an excellent group of people and represent a strong back-
4 ground and a lot of experience and we plan to use them.

5 MR. GARDELL: One thing that should be remembered
6 is that when we went back to the days when we considered meri-
7 torious for increased funds, we talked in those days about the
8 discretionary funding, which we did.

9 And in those days we also had triennial experience.
10 We no longer have. We have been on a continuing extension
11 basis now for quite some time, and we are no longer talking
12 about that.

13 You also remember in those days anyone who had tri-
14 ennial authority for a program also had authority for rebud-
15 geting to extend those on an annual basis.

16 Now everyone has the same authority for rebudgeting,
17 and I think this has to be taken into consideration as well.

18 CHAIRMAN MARGULIES: But they also need considerable
19 help from us in doing rebudgeting effectively, and getting
20 done what they need to get done. If it's all right with you,
21 I will ask that you remain available for members of the staff
22 who would like to talk with you before lunch, and then as long
23 as that takes for you to fall into consultation with one
24 another, fine.

25 We can reconvene, then, at 1:00 o'clock.

1 (Whereupon, at 11:50 a.m., the meeting of the
2 Council was recessed, to reconvene at 1:00 p.m. o'clock this
3 same day, Thursday, June 12, 1975).

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AFTERNOON SESSION

1:00 p.m.

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3 CHAIRMAN MARGULIES: I believe we can call the meet-
4 ing to order again. I will be readily available during the
5 remainder of the period of review. When we adjourned at the
6 end of the public meeting, we raised some questions about the
7 review process, which included some opportunity for you to
8 meet with members of the staff to consider bloc actions, and
9 to take a look at some of the associated things, like CHP
10 reviews and comments.

11 In the interim, you had an opportunity to talk with
12 one another, and you may have some thoughts that you have de-
13 veloped during the lunch hour.

14 DR. KOMAROFF: One question that we raised amongst
15 ourselves is that apparently unexpended funds for this year
16 will be available to the region next year.

17 So if it looks like, on the basis of the progress
18 report, that there might be a lot of unexpended funds, that
19 is something to take into consideration in recommending an
20 additional fund level for this year.

21 CHAIRMAN MARGULIES: That's a difficult problem for
22 us this year. In the past, what we have done is make any
23 additional grant awards on the basis of unexpended funds, so
24 that we did not allow RMPs to accumulate large reserves, add
25 to those and end up disproportionately.

1 In earlier years that was not done, and it was a
2 mess. Now we are caught in a troubled situation, where the
3 RMPs are entering what appears to be the last months of their
4 existence, and if we had pursued too vigorously the question
5 of unexpended balances out there, those unexpended balances
6 would have disappeared very rapidly.

7 So we are not in much of a position to do anything
8 other than assume that they are not disproportionately high.
9 I have talked with Mr. Gardell and other members of the staff
10 about this question.

11 I think it is true that some of them have funds
12 which are more than others. We need, if we can, to take
13 this into consideration when we make the actual grant awards.

14 But under the conditions of the previous court re-
15 quirements of distribution of funds and grant awards that we
16 are now coming into, I suspect we would raise more spectres
17 than anything else, if we tried to do anything about it.

18 To be specific, the court determined that we would
19 make grant awards in accordance with our prior practices.
20 This covered some of the money which is now out there. It
21 would be very difficult to recall that, or, in effect, to
22 recall it by reducing the grant award against what has already
23 been put out.

24 And I think we might be inviting more trouble. As
25 a consequence on this issue, we really don't have any

1 alternative. We will have to accept the fact that there are
2 funds out there.

3 MR. GARDELL: Particularly if we merely extend the
4 existing budget period. That extends the period as far as
5 they are concerned. If we extend it to 12-31, with the ad-
6 vice that that is the way to go, then we will extend them
7 beyond that, until an agency is designated and funded.

8 Then, I think, as Dr. Margulies said, if we took it
9 back now we may be in trouble as far as the court is concern-
10 ed. They are running on an 18-month budget, now, and you
11 will just add six months more to it at the moment.

12 DR. WAMMOCK: I think that has some legitimacy to it
13 because you do have fallback on some projects which you have
14 not been able to carry forward.

15 MR. GARDELL: Also, we thought among ourselves, that
16 if we do extend beyond, and we don't have anymore money spe-
17 cifically earmarked for RMP, and they have funds of their
18 own, with the authority to rebudget as they have, this might
19 be less of a drag than on some of the new funds which should
20 be used for 641, rather than the categorical grant.

21 CHAIRMAN MARGULIES: On the bright side, there is
22 always the possibility that funds out there can be utilized
23 in accordance with our present legislation to support the
24 transition process for HSAs as well.

25 It is not totally bound into one particular pattern.

1 You can always come back on that basis. Do you find, in
2 looking over the applications at hand, that there are some
3 which you feel under the circumstances can be treated as
4 subject to Council approval without discussion on the partic-
5 ular problems?

6 DR. JANEWAY: I would like to ask one question. Does
7 the Chair want to make a ruling or have some discussion from
8 the Council as to whether recommendation would be at the re-
9 quested level of maximum funding, and then the staff would
10 make the decision for allocation of funds based on the total
11 availability of dollars?

12 CHAIRMAN MARGULIES: Essentially, that is the way
13 it would be. It would be approval of what is requested, with
14 the understanding that the amount obligated would be in ac-
15 cordance with the pro rated extension of the present level
16 of funding, based upon the funds available in this fiscal
17 year.

18 The concept of some bloc actions, then, is all right.
19 At least some of you have some applications you could treat
20 that way.

21 There is also the issue of the CHP review and comment.
22 Ken, would you like to comment for us on where that stands
23 at the present time?

24 MR. BAUM: Where is the red book?

25 MR. GARDELL: Right here.

1 MR. BAUM: The best way to start a discussion of
2 the CHP review and comments is to hold it up for all to see.
3 That is the book of CHP reviews and comments.

4 Most of these have come in since the staff review.
5 They were still coming in. As I said yesterday, I really
6 wasn't kidding. As soon as they cleared the "In" box out,
7 most --more of them came down the hall, mostly from Colin's
8 office, where they had been deposited.

9 We made up folders for those that came in up to
10 about a day and a half ago, when we just could not handle
11 the volume of material physically anymore.

12 The CHP review and comment is required by law. It
13 is only a review and comment procedure, and the requirement
14 is that the Regional Advisory Group, before acting on a partic-
15 ular project or activity, has to solicit the comments of the
16 appropriate B agency serving the area.

17 And it has to take their comments officially into
18 account. If they go against the comments they are supposed
19 to have a reason therefor.

20 Some of the comments we got initially that were nega-
21 tive have since had letters back from the RMP saying, "You are
22 all wrong about this". And there have been one or two instan-
23 ces where this has gone back and forth several times.

24 Because the volume of the material here is so much,
25 and because we have no way of knowing the merits of some of

1 the cases, it will be very difficult -- it would be impossi-
2 ble to try to go through the applications one by one and
3 through all of the comments.

4 Let me say, in general, the comments fall into
5 several classes. One, "We love you. We think everything
6 you are doing is fine and we endorse what you are doing."

7 This usually came from B agencies which are current-
8 ly receiving some funding from Regional Medical Programs,
9 not surprisingly.

10 There are others that say, quote, "Darn it, don't
11 you know you guys are supposed to drop dead, and us B agen-
12 cies are supposed to become the HSAs? So what are you doing
13 saying you are going to do anything about transition?".

14 There is another class that seems to say, "You did
15 not give us enough time to comment, so we are not going to
16 comment, and we are mad at you."

17 Then, there are those that raised particular points,
18 either about the application in general, or more specifically,
19 about particular proposed activities.

20 I think what we are proposing to you today is that
21 we recognize what the situation is with these, and in some
22 cases there are comments that the staff has worked on, or
23 that raise real problems that have to be discussed and the
24 staff around the room can bring these into discussion at
25 the appropriate points.

1 But by and large the correspondence is too volum-
2 inous to handle on an individual basis here, and it is really
3 for the individual regions to handle. So we are proposing
4 a resolution, which you will find in your folders that in
5 a nutshell says, "Where there have been comments received
6 by the Regional Medical Program, before you go and fund some-
7 thing at the local level, the RAG has to take these comments
8 into consideration at an official meeting."

9 Secondly, that the comments and the RAG's actions
10 and reasons therefor have to be fully and completely record-
11 ed in the minutes of the RAG meeting.

12 Third, that the minutes of the RAG meeting that
13 relates to a particular set of comments or the portions
14 thereof that do have to be furnished to the commenting CHP
15 agency.

16 And, finally, that those -- that all the RAG's
17 actions on all comments they receive from any CHP B agency
18 must be filed with the Director of the Bureau, here in Rock-
19 ville, so we have a record and can answer all the Congres-
20 sional mail.

21 It says it in a much more complicated fashion.

22 CHAIRMAN MARGULIES: The simplified version is the
23 resolution which you can read, and which is, in fact, avail-
24 able to you.

25 I think you ought to take a couple of minutes to

1 read that. I would like to raise one other question before
2 you get to that, because I have to slip out.

3 The other action of a broad nature that we would
4 suggest that you consider taking, because it will not really
5 add to the deliberative processes to go through it individ-
6 ually, would be to accept the recommendations on EMS, PSRO
7 and the kidney activities which have been made from the
8 associated agencies.

9 As you know, in each instance there is an ongoing
10 activity, and this agency or another agency, which we had
11 asked to review and give us -- from which we wish to get
12 recommendations.

13 For the most part these have been in accord with
14 what has been proposed, and when they have said, "Don't do
15 it", it has been because there was a duplication or something
16 of that kind.

17 We are really not in a position to go back and see
18 whether what they say is duplicatory is, indeed, duplicatory.
19 It might be well for you to consider bloc acceptance of
20 those.

21 Before you get to it, you might want a few examples
22 of what we are talking to.

23 MRS. MARS: Would arthritis go into that bloc, too?

24 CHAIRMAN MARGULIES: We have to have special action
25 on arthritis, because there it is a matter of deciding on

1 whether there will be the amount of money identified for
2 the arthritis action, and how it will be worked out.

3 We have a suggested action on that, as well. But
4 before I go away, I would rather wait for a moment to see
5 if there are any questions to be raised about this.

6 We are not trying to cut down access to these. If,
7 at any time, you feel that you would like to move into a
8 more detailed analysis, please do so.

9 The fact is that we can't do anything very deliber-
10 ate about the funding process, so that we don't have a lot
11 except on a very broad basis that will guide us into a differ-
12 ent kind of action that we are going to take.

13 DR. GRAMLICH: Should we divert most of our atten-
14 tion to Plan 4 in the guidelines, which looks to continua-
15 tion to June 30, 1976 and pay less attention to the other
16 three groupings on the assumption that if the program is
17 good the funding will be allocated administratively, depend-
18 ing on the monies available?

19 CHAIRMAN MARGULIES: I think it would be inappro-
20 priate for you to -- unless you wish to, for some reason --
21 to restrict the funding around an arbitrary date.

22 I think it should be on the assumption that what is
23 being proposed can be carried out over the period of the next
24 fiscal year, with the understanding that we are going to
25 try very hard to bring about a transition by December 31st,

1 and, therefore, we will be guided in our own administration.
2 But by that.

3 DR. GRAMLICH: And that if the total approved by
4 the Council of all our RMPs dollarwise is greater than our
5 allocable funds, there will be a pro rated reduction across
6 the board?

7 CHAIRMAN MARGULIES: It will be pro rated, and it
8 will be on the basis of the previous funding of RMPs, unless
9 you make some specific designation to the contrary.

10 DR. KOMAROFF: What if total approved funds are
11 less than the available funds? Will that require an addi-
12 tional Council meeting?

13 CHAIRMAN MARGULIES: In those circumstances we
14 would obligate lesser funds, and return the rest to the
15 Treasury. And you would get another bonus next year in your
16 taxes.

17 MR. GARDELL: In your document you have the proposed
18 resolution for comments on the CHP action. Would you like
19 me to read it for you? Let me read it into the record.
20 This is the proposed resolution concerning CHP comments on
21 RMP applications, June 12, 1975.

22 "Whereas, Public Law 91-515 provides that an RMP
23 application may be approved only if recommended by the RMP's
24 Regional Advisory Group, and only 'if opportunity has been
25 provided, prior to such recommendation, for consideration

1 of the application by each public or nonprofit private agen-
2 cy or organization which has developed a comprehensive re-
3 gional, metropolitan area or other local area plan referred
4 to in Section 314(b) covering any area in which the Regional
5 Medical Program for which the application is made will be
6 located'.

7 "And whereas, in accordance with the above require-
8 ment, it has been policy to solicit comments from, one,
9 areawide Comprehensive Health Planning Agencies receiving
10 federal assistance under Section 314(b) of the Public Health
11 Service Act, as amended, "b" agencies.

12 "Two, other organizations meeting the requirements
13 of Section 314(b) and designated as areawide Comprehensive
14 Health Planning Agencies by the appropriate state Comprehen-
15 sive Health Planning Agency, "a" agency, therefore:

16 "Be it resolved that: The National Advisory Council
17 on Regional Medical Programs recommends that each Regional Med-
18 ical Program be advised of the following in writing:

19 "One, that, prior to funding of activities by the
20 RMP, the Regional Advisory Group is required to consider
21 formally, and act upon all comments and recommendations pro-
22 vided by the above CHP agencies with respect to the activi-
23 ties to be funded.

24 "Two, that particular attention should be given to
25 comments which raise questions, suggest priorities or

1 recommend specific revisions or disapproval.

2 "Three, that all action with respect to CHP com-
3 ments and the reasons therefor be fully and duly recorded
4 in the minutes of the RAG.

5 "Four, that the portions of the minutes dealing
6 with CHP comments be sent to each commenting agency with
7 respect to its own comments.

8 "Five, that all portions of the minutes dealing
9 with RAG action on CHP agency comments be furnished to the
10 Director, Bureau of Health Planning and Resources Develop-
11 ment."

12 I think you should know, and I think it has been
13 said, and it is alluded to in here that in some instances
14 some of these comments did not go to the Regional Medical
15 Program, but came in directly to us.

16 And, therefore, we have to make very sure that they
17 have an opportunity to see them and consider them before we
18 can, ourselves, make any decision.

19 Also, we have the Regional Directors' comments in
20 some instances, or the Regional Health Administrators from
21 our regional offices, and those we will consider, also.

22 Are there any suggestions or comments to this
23 resolution?

24 MRS. FLOOD: I would move that the National Advisory
25 Council accept this resolution.

1 DR. WAMMOCK: Seconded.

2 MR. GARDELL: It has been moved and seconded that
3 this resolution be adopted. All in favor?

4 DR. GRAMLICH: May we have some discussion?

5 MR. GARDELL: Yes, sir.

6 DR. GRAMLICH: Under the "Be it resolved" section,
7 Number 1, isn't that now being done?

8 MR. GARDELL: It is, in some instances, and not in
9 others. But one of the things you have to remember is
10 the amount of money we give for Regional Medical Programs
11 will be different from what they have budgeted.

12 So they will have another meeting of the RAG or
13 Executive Committee or whatever committee has the responsi-
14 bility for deciding on the budget in line with the amount
15 of money that is funded them.

16 They will meet again, and at that point in time
17 they will have to consider what comments have been made
18 from the B agencies.

19 DR. GRAMLICH: Under the same "Be it resolved"
20 paragraph, does this imply that the RAG must accept the
21 CHP?

22 MR. GARDELL: It does not have to, but it must
23 justify why it didn't, if it doesn't. It is not required
24 to accept and live by them.

25 It is a comment and a suggestion from the B agency.

1 But it is not directive in nature.

2 DR. GRAMLICH: The real need for this proposal is
3 for documentation then only?

4 MR. BAUM: The language in quotes in the first
5 "whereas" is a direct quotation from the RMP statute. Or-
6 dinarily these comments are made prior to the application
7 coming in here for approval.

8 Since the current round of applications was pre-
9 pared on less than one month's notice, it just was not possi-
10 ble to do that, and an emergency procedure was established.

11 And we told the B agencies that we would receive
12 their comments here by June 30th -- May 30th -- and they
13 could also simultaneously send copies of them to the RMP.

14 However, the RAG had already acted on the applica-
15 tion that was in here. We told them, in the instructions,
16 that the RMPs were to get B agency comments by any formal
17 or informal process that they could, prior to sending in the
18 applications.

19 And that the comments could be formalized in writing
20 later, which is largely what these letters are. This is
21 simply to make sure that this section of the Act is complied
22 with fully.

23 And that any comments that may not have been made
24 because of the time slippage are taken into account prior
25 to funding.

1 DR. GRAMLICH: So it is an after-the-fact resolu-
2 tion.

3 MR. GARDELL: Moved and seconded. All in favor?

4 (Chorus of ayes)

5 MR. GARDELL: No?

6 (No response)

7 MR. GARDELL: Then it has been adopted. Thank you.

8 We have no suggested language for the consideration that
9 we must give to the comments regarding the programs furnished
10 to us on EMS, PSRO and kidney.

11 What we would like to hear from you is whether, if
12 you give us the authority to react properly to those comments,
13 see that they are included in the conditions of the award,
14 where appropriate, and we will do so.

15 I checked on PSRO at lunchtime, and we do not have
16 their comments as yet, but we are requesting them again.

17 MR. BAUM: They said we would be getting them by
18 tonight. That was the latest word.

19 DR. JANEWAY: Is it the Chair's intent to handle
20 these as a group or seriatim by category?

21 MR. BAUM: It could be as a group.

22 MR. GARDELL: You mean these three?

23 DR. JANEWAY: Yes.

24 MR. GARDELL: Yes, they all fall in the same cate-
25 gory, basically, the comments we are getting. We have a

1 few disapprovals which Ken commented to you this morning.
2 We will take that into consideration, and if appropriate,
3 we will not fund them, regardless of what might happen here.

4 DR. JANEWAY: That would be an appropriate part
5 of the discussion, however, for the record, prior to voting
6 upon the resolution?

7 MR. GARDELL: Yes.

8 DR. RORRIE: Very definitely so. Would you be more
9 inclined to take them as a separate -- each individual --
10 talk about EMS, if there are any comments about EMS and then
11 move on that -- take a vote on that, and move to PSRO and
12 the kidney?

13 DR. JANEWAY: I thought that might be easier to do,
14 especially since we don't have the PSRO comments. You may
15 know what they are going to be, but we don't have them.

16 MR. GARDELL: In general, we do. And there are about
17 three different categories, but we don't know what falls into
18 what categories.

19 Then you want to proceed and consider them with
20 application, or just separately -- I am not sure I understand--

21 DR. JANEWAY: I am perfectly happy at having them --
22 taking them in the way you have them. But one bloc at a time,
23 even though they fall in the same category.

24 MR. BAUM: What you have in your folder is a complete
25 list. In the write-ups you have some comments as to which

1 ones have some conditions on them.

2 MR. GARDELL: But you won't have them all.

3 MR. BAUM: Essentially, what we are asking for is
4 a motion to accept the recommendations of End Stage Renal
5 Disease Program, the Emergency Medical Program and the PSRO
6 program, subsequent to their review of these particular pro-
7 jects.

8 MR. GARDELL: Which is basically what we did last
9 year.

10 DR. KOMAROFF: To accept them as binding, or to
11 convey the message to the region for it to do what it will
12 with that message?

13 MR. GARDELL: It is a combination, Tony. Some of them
14 have asked -- where they said "Make sure it is coordinated
15 with state Health Department", that, I think, is one of the
16 more frequent comments that we received on EMS.

17 MR. BAUM: But there are several disapprovals, and
18 we cannot fund those under the law.

19 DR. KOMAROFF: I see.

20 MR. BAUM: The EMS law specifically states that you
21 cannot use other funds to fund a complete EMS system, except
22 those appropriated under that ACT. So we have to clear with
23 them, to make sure that it is taken care of.

24 You can fund partial systems, but not a complete
25 system, among other things. There are legal requirements in

1 that case.

2 DR. KOMAROFF: If PSRO and kidney were to disapprove
3 an action, the Council could override that action, and move
4 approval?

5 MR. BAUM: Yes.

6 DR. KOMAROFF: Why not take that kind of judgment
7 in sequential fashion rather than en bloc?

8 MR. BAUM: I think it's better to take it up after
9 we go through the applications.

10 MR. GARDELL: It might be, to see how they come out.
11 Are there any that we should consider early in the game?
12 Is there anyone who is not staying through here, and should
13 be considered earlier than others?

14 Otherwise, we can just go through as they are listed.
15 What is your preference?

16 DR. WAMMOCK: Alphabetically.

17 MR. GARDELL: Fine.

18 MISS MARTINEZ: Mr. Chairman, the only variance from
19 the schedule, it might be wise to consider Colorado-Wyoming
20 together with Intermountain, because some members of the
21 Committee have reservations about cross-jurisdictional coop-
22 eration.

23 MR. GARDELL: Does anyone have any objections to
24 that?

25 MRS. FLOOD: Intermountain states --

1 DR. WAMMOCK: Those areas, I would think, could
2 go together. There was a lot of discussion last year about
3 that.

4 MR. GARDELL: When we get to Colorado-Wyoming, why
5 don't we consider all three at that time? Then we could go
6 alphabetical at that time.

7 The first one is Alabama.

8 MRS. GORDON: Do you want us to indicate if we
9 think one of these is similar to bloc approval?

10 MR. GARDELL: Yes, ma'am, that would be appropriate.

11 MRS. GORDON: I submit Alabama is suitable for bloc
12 approval.

13 MR. GARDELL: Are you suggesting that the application
14 as submitted is acceptable, and you have no question about
15 the amount of money, and you are assuming we will make that
16 appropriate distribution of funds?

17 MRS. GORDON: Yes.

18 DR. WAMMOCK: Why don't you state what it is?

19 MR. GARDELL: I don't think she needs to.

20 DR. WAMMOCK: Just state what the annualized level
21 is.

22 MRS. GORDON: It's here, and I thought you want to
23 avoid all that, if possible.

24 MR. GARDELL: The one we are really using -- I will
25 send it around, if you like. The one we thought you might

1 best consider is an annualized figure, based on the awards
2 made, which we mentioned this morning, of the June and Aug-
3 ust awards for the 12-month period.

4 And it excludes arthritis, which was an earmark.
5 That's the annualized level, and if you like, we can pass
6 those around.

7 MRS. GORDON: Do you want to go through this?

8 DR. WAMMOCK: No, I just want to know the figure.

9 MRS. GORDON: They are requesting \$1 million \$535,864
10 and 25 cents.

11 DR. WAMMOCK: And the annualized was --

12 MRS. GORDON: Two million forty-five thousand. Some
13 of them are not being --

14 MR. GARDELL: We have that down for bloc. Albany.

15 DR. WATKINS: Albany, a bloc. Are you going to in-
16 clude arthritis, \$57,000?

17 MR. BAUM: Arthritis will be taken up separately.

18 DR. WATKINS: Then that can be bloc.

19 MRS. FLOOD: Mr. Chairman, if I might express a con-
20 cern on Albany. There was an item that had a question raised
21 by staff review, regarding an HMO development --

22 DR. WATKINS: That's \$15,000 and it's cleared up.

23 MR. BAUM: It's my understanding that was deleted.

24 MR. GARDELL: Arizona.

25 DR. GRAMLICH: If we keep going at the rate we are

1 going now, we will be done in 15 minutes. That would never
2 do.

3 I have a couple of generic questions that relate
4 to Arizona. I think it's a good program, and they are ob-
5 viously cooperative for CHP and they are thinking in terms
6 of transition.

7 One of the question relates about a nurse practition-
8 er education program, for \$101,552, which was approved but
9 unfunded. I believe, and I think this will come up again,
10 I believe you will find this in other programs, that this
11 is a new program.

12 It has been approved in the past, but not funded.
13 Therefore, they are requesting funds for it this time. As I
14 interpreted our earlier discussion this morning, that was
15 all right.

16 MR. GARDELL: That's correct.

17 DR. GRAMLICH: The second question I have, in addi-
18 tion to the core budget, there are other programs which
19 seem to be staff functions in Arizona, and I think we will
20 see this again, also.

21 Arizona has one called "Program Direction and Admin-
22 istrations," which is a transition budget item. They also
23 have one called "Other Professional and Technical Assistance"
24 which is designed to assist CHP and BHP in their transition,
25 also staff functions.

1 And these are added on to the core staff. I think
2 it's all right, because I think these are probably other
3 duties over and above what the staff has to do.

4 But I raised the question because it seems like
5 an effort to pick up a little more money for the same staff.
6 Are we in favor of that?

7 And is it includable in the transition process?

8 MR. GARDELL: And provided they will get enough
9 funds to be able to do it. The program staff, actually a
10 good part of the unexpended balances, if there will be any
11 out there, can be used more profitably, and probably I should
12 say more justifiably with program staff than it could for
13 new activities, and that is one of our areas of concern.

14 I think this is the area in which they can be more
15 helpful towards the formation of the new agencies than they
16 could through projects, and that is where the thrust is.

17 DR. GRAMLICH: The thrust is there, there is no
18 additional personnel requests.

19 DR. JANEWAY: It is my recollection that last year
20 we cut their request very severely twice with the proviso
21 that we would anticipate, if there were additional funds,
22 they would come back in for more money, based on their pro-
23 gress in the interim.

24 You remember that part of the leadership of the
25 RMP had been otherwise occupied in the District of Columbia

1 for two years prior to that. My memory may not serve me
2 correctly --

3 MR. GARDELL: It is serving you very well. As a
4 matter of fact, it is in the amount of \$306,029. That was
5 an administrative error made by the grantee, as I recall it,
6 and not by the RMP.

7 But we did have an expenditure report in, and we
8 said that if we ever got any supplemental funds made available
9 to us, other than our annual funding, that we would consider
10 making it available to them at that time.

11 We have given them the opportunity to amend their
12 application -- where are we, Dick?

13 MR. RUSSELL: The one that Dr. Janeway refers to is
14 there was some question about the leadership of the RMP and
15 other organizational problems.

16 Those were resolved. However, the RMP did take a
17 cut in recommended funds available. They turned the program
18 around. However, the funding issue is further complicated
19 by the fact -- I will use hypothetical figures.

20 Let's assume that they were recommended for approval
21 of \$1 million \$300,000. The expenditure report, which we
22 got in from the University of Arizona, the grantee, showed
23 that they had \$306,00 that was not spent or not obligated.

24 In fact, that money was obligated. The RMP had com-
25 mitted the \$306,000 out this way, past the end of the budget

1 period.

2 However, the University of Arizona's policy would
3 not count that as an obligated amount. If the cash had not
4 been spent, then they still had it.

5 The expenditure report which showed -- we went back
6 to the expenditure report, which showed they still had the
7 \$306,000. So instead of giving them the \$1 million \$300,000
8 they got a million dollars.

9 This was clearly an error on the part of the grantee,
10 and at the time the error was discovered in the current ap-
11 propriation, not the one we are considering now, they were
12 informed that if we have the money we would recognize the
13 error, and would reinstate that money.

14 But we couldn't, because all the money was gone.
15 During the staff review this issue came up, and it was de-
16 cided, administratively, that it was a dead issue and there
17 was nothing we could do about it.

18 It is very difficult to convince Arizona that some-
19 thing is a dead issue. So they came back again and we de-
20 cided to reopen the issue for Council consideration.

21 You did not get this in your first packet of mater-
22 ial because we just got it ourselves, the day before yester-
23 day. Arizona is now asking that Council consider reinstating
24 \$306,029, the deficit in their current budget period.

25 This is a separate request from the transitional

1 application, which is for \$1 million \$356,000 plus dollars.
2 So I think these two issues should be handled as separate
3 actions.

4 DR. GRAMLICH: Bearing also in mind that if the
5 pattern continues in the Council session, we are going to
6 wind up with some \$100-plus million dollars in approvals,
7 for which there will be \$45 million or less available.

8 There will obviously be across-the-board cuts over
9 and above the figures we are talking about. Under those
10 circumstances, I think it appropriate to approve Arizona's
11 grant request at \$1 million \$300,000, \$1 million \$356,950.

12 MR. GARDELL: Ignoring the additional request on
13 the way.

14 DR. GRAMLICH: Unless the Council wishes to take
15 different action. This is a separate action relative to
16 this request only.

17 MR. GARDELL: As Dick said, we considered this a
18 dead issue, because it was an administrative error on the
19 part of the grantee. The fiscal year had gone, the funds
20 had been provided for, and we had no way to go back and
21 recover.

22 If we do it at this point in time it means that
23 much money will be taken away from the 52 remaining RMPs
24 in order to accommodate their administrative error.

25 If you want to be very cold and calculating about

1 it, the grantee is the individual which ultimately submits
2 the report of expenditures in the application.

3 If they sent one in initially which said there was
4 an unexpended balance of \$306,000, that is why we bought
5 it.

6 MR. RUSSELL: There may be a question of propriety
7 here, too, of taking money from the supplemental appropria-
8 tion which as best I can tell is for transitional purposes,
9 and taking funds from there and reinstating --

10 MR. GARDELL: Funding a deficit.

11 MR. RUSSELL: Yes.

12 MRS. MARS: Did the grantee ever receive the \$300,000
13 we are talking about?

14 MR. GARDELL: No, they did not. We reduced the
15 new cash by that amount.

16 DR. KOMAROFF: Actually, Council has approved, in
17 a sense, that money in terms of its past actions. It is
18 really a staff decision whether you could find that money
19 and whether you want to give it.

20 Only if Council wanted to specifically prohibit that
21 additional \$300,000 increment, would we want to talk about
22 it, as I understand it? You allocated less total new dollars
23 last year on the basis of this misunderstanding.

24 But it was not a Council-imposed restriction.

25 MR. GARDELL: No, it was not.

1 DR. KOMAROFF: Okay.

2 DR. GRAMLICH: I didn't hear any cries of anguish
3 from the Council about the new project.

4 MRS. FLOOD: I have to concur with Doctor's concern
5 about the new project for the nurse practitioner program.
6 Although approved and unfunded, staff review also comments
7 on the questionable practice of beginning this massive pro-
8 ject that really demands continuation funding, with no real
9 documentation of what might be the maintenance source for
10 this nurse practitioner program.

11 Although Dr. Gramlich has recommended funding at
12 \$1,356,957 I would prefer to take request Number 2, deleting
13 that fund, and bringing them to a level of \$1, 039 -- some-
14 thing -- \$1, 038 something.

15 MR. BAUM: We have a calculator, if you need it.

16 MRS. FLOOD: It's \$1, 141, 390 minus \$101,552. It
17 is \$1,441,390, minus \$101,552. I am taking Item 2 level,
18 not putting the constraint of December 31st on them, but
19 deleting that item from Item 2 is my recommendation for Ari-
20 zona.

21 DR. KOMAROFF: Are you taking Level 2 rather than
22 Level 3 and then subtracting \$201?

23 MRS. FLOOD: Based on their current annualized
24 situation, plus some of the comments raised among other issues
25 for Arizona, I feel this should be sufficient funding for

1 the transition.

2 It comes out to \$1,039,848.

3 DR. GRAMLICH: I am not sure I understand your jus-
4 tification. Are you saying funds under request number guide-
5 line two, rather than Guideline 3?

6 MR. GARDELL: You know what two is, don't you?

7 MRS. FLOOD: It is what they anticipate their costs
8 would be to terminate on December 31st.

9 MRS. MARS: You are saying to spread it out through
10 the additional six months to June 30th next year?

11 MRS. FLOOD: That's right.

12 MRS. MARS: Taking that figure, but spreading it
13 out.

14 MR. GARDELL: You are taking Number 3 and spreading
15 Number 2 funds over it?

16 MRS. FLOOD: That's correct. I feel the staff ex-
17 penditure for the development of the nurse practitioner pro-
18 gram would also disappear, the staff effort and time, which
19 has raised their program activity funding and their adminis-
20 trative staff, in the third column.

21 DR. GRAMLICH: If I object to that, it is simply
22 that by this action we are taking a specific program, which
23 was approved a year ago, which is a good program and has
24 been brought up this time for funding and saying, well, it
25 is not a good program, and that is not correct.

1 It is a good program, and it is one that is needed
2 and it is one that can be carried on. As a transition I
3 would hope it would be carried on by the HSA continuously
4 because it is much-needed.

5 But by this action we are saying, "No, it is not
6 a good program", which is not true.

7 DR. KOMAROFF: Would the HSA be able to continue
8 support for that? I gather from what Mr. Ward said this
9 morning that is exactly the kind of thing the HSA would not
10 be able to continue support for.

11 Even if it is a fine program, the fear is you will
12 train a bunch of people and the program will collapse out
13 from under them and you will have a bunch of disillusioned
14 trainees.

15 DR. GRAMLICH: Arizona has been very good in finding
16 continuation funding, with something like \$2 and a half mil-
17 lion dollars, over the last year.

18 DR. KOMAROFF: If you are confident it would be
19 continued by some source or another --

20 DR. GRAMLICH: I have no proof.

21 MR. GARDELL: Is there any indication of what the
22 source of support might be?

23 MR. RUSSELL: I do think we have to be cognizant
24 of the comments from the Arizona Department of Health Ser-
25 vice, the CHP A agency, as well as those from the CHP Council.

1 Both of these agencies question the relationship
2 of the family nurse practitioner education program to the
3 emergency nurse practitioner program currently funded under
4 Section 776, P.L. 93-154.

5 I don't know what that is, but obviously there is
6 another federal program which has some relation to this
7 type of activity.

8 This is sponsored by the College of Nursing of the
9 state university. This they will have to take into consider-
10 ation, should they choose to fund.

11 MRS. FLOOD: The only other consideration that I
12 might make, in that case, Dr. Gramlich, is your -- would be
13 a chastisement or inference that they were not a good pro-
14 gram, would be to delete the nurse practitioner funding of
15 \$101,952 from Item 3.

16 But in no way would I give an approval to go with
17 this nurse practitioner program at this time.

18 MRS. GORDON: They are not going to get this amount
19 of money anyway.

20 MRS. FLOOD: But if you don't delete this project,
21 they have the prerogative of reapportioning funds to support
22 it.

23 MRS. GORDON: That's true, but they would have to
24 cut out the ones already going to start the new ones. The
25 reason I bring that up, there is somewhat the same situation

1 in Alabama.

2 They have five approved but unfunded projects that
3 I, personally, would hate to see started. However, they
4 are not going to get the money that they want to need to
5 do it.

6 DR. WAMMOCK: That's the reason I said you can't
7 vote en bloc.

8 MRS. GORDON: They have a very low priority on
9 these items.

10 MR. GARDELL: You can vote en bloc if you are of
11 the feeling that there is nothing objectionable in the appli-
12 cation. Then, certainly, they will have to establish their
13 priorities with their RAG after they get the amount of money
14 we can make available to them.

15 We can go out with a condition based upon your
16 recommendation that such and such an activity not be funded,
17 regardless of how much money we give them.

18 I think that is the issue we are facing right now.

19 DR. WAMMOCK: That's one reason we need to take a
20 good look at the situation.

21 MRS. GORDON: I felt somewhat secure in that they
22 were not going to fund these, because they have very low
23 priority.

24 DR. GRAMLICH: The process is such that when a
25 request for \$1 million \$300,000 is granted and only \$600,000

1 is forthcoming, at the local level the RAG will have to re-
2 prioritize. If, in the RAG's opinion, in Arizona, which is
3 probably more rational than ours sitting around here in
4 Washington, the nurse practitioner program happens to be
5 Number 1, it will be funded.

6 But if it happens to be Number 20 out of 21 it won't
7 be funded. We would probably be wiser to send the burden
8 of responsibility back to the region which knows what it is
9 talking about in relation to this particular program, rather
10 than pick out this program and say, "No, it's no good".

11 DR. WAMMOCK: You want to send it back and let them
12 shake it out?

13 DR. GRAMLICH: Right, which is where it should be
14 shaken out.

15 MR. GARDELL: Right. I might be incorrect in this
16 feeling I have, but when they get the amount of money we are
17 able to give them, I have a hunch that some of the new activi-
18 ties, new but unfunded -- approved, but unfunded, they may
19 fall by the wayside in preference to funding continuation
20 activities, which are probably more difficult to turn off.

21 They will have to turn off a number of them anyway
22 when they get the amount of money.

23 MRS. FLOOD: In light of the CHP comments that would
24 require them to face the issue of an existing similar program,
25 I would then relinquish --

1 DR. GRAMLICH: They will have to make that decision
2 at their level. But the process is there, and the mechanics
3 are there for them to equitably do this.

4 DR. WAMMOCK: They have indicated what they would
5 like to do.

6 DR. GRAMLICH: Maximal.

7 DR. KOMAROFF: What is the dollar level we are rec-
8 ommending, when?

9 MRS. FLOOD: One three five six nine five seven.

10 DR. KOMAROFF: Not minus the \$101. Would you want
11 to convey the advice that they be careful about assuring con-
12 tinued funding? Just send that message?

13 DR. GRAMLICH: Good.

14 MRS. GORDON: I think that would be appropriate for
15 nearly all of them.

16 MRS. MARS: Is there a motion on the floor?

17 DR. GRAMLICH: I initially moved its acceptance for
18 bloc action.

19 MRS. MARS: Has it been seconded?

20 DR. KOMAROFF: Second.

21 MR. GARDELL: This is \$1 million --

22 DR. GRAMLICH: It is \$1 million \$356,957.

23 MR. GARDELL: May we also indicate that the Council
24 did consider the reimbursement of the administrative error
25 in the past, and elected to have the Arizona RMP utilize its

1 funds to the best of its ability and we were not going to
2 provide additional funds for that purpose.

3 DR. GRAMLICH: If you prefer to make that all one
4 motion, it's all right. It might be cleaner to separate
5 them.

6 MR. GARDELL: If you wish. Handle it separately
7 if you like. I just wanted to be sure you didn't forget it,
8 because we do need your guidance.

9 DR. GRAMLICH: I would make a clean motion.

10 MR. GARDELL: For the record, would you make a mo-
11 tion, please?

12 DR. GRAMLICH: I move we adopt the figure of \$1 mil-
13 lion \$356,957 for appropriation to Arizona.

14 MR. GARDELL: Is that motion seconded?

15 DR. KOMAROFF: Second.

16 MR. GARDELL: Discussion?

17 DR. RORRIE: This is a bloc action.

18 MR. GARDELL: But you are coming up to the other
19 part, the \$306,000.

20 DR. RORRIE: That's separated.

21 MR. GARDELL: All right.

22 DR. RORRIE: Why don't you make a motion on the
23 \$300,000 part?

24 DR. GRAMLICH: Have we acted on the first one?

25 MR. GARDELL: It's going to go bloc action, Doctor,

1 so we don't need to. What we need to do is face up to the
2 administrative error.

3 DR. GRAMLICH: To get the discussion going, I would
4 move that the \$306,000 request from Arizona, supplemental
5 request or replacement request, be unfavorably considered
6 by the Council, for administrative reasons.

7 MRS. MARS: Second.

8 MR. GARDELL: All in favor?

9 (A chorus of ayes)

10 MR. GARDELL: No?

11 (No response)

12 MR. GARDELL: Very good.

13 The next one, Arkansas.

14 DR. KOMAROFF: Arkansas, currently funded at \$1.6
15 million, request for \$900,000 to \$2.7 at its highest level.
16 No new projects involved. I recommend approval, at a maximum
17 level of \$1.3 million, which would allow for a major expansion
18 of the core staff -- it would allow for a moderate expansion
19 but not the major expansion requested in core staff for the
20 purpose of transitional activities.

21 I would like the staff to pursue the question of
22 purchase of equipment with the neonatal care projects. It
23 seemed to me the purchase of equipment was mentioned in the
24 application, and if we are going to be consistent on that
25 policy, we should prohibit it.

1 MR. GARDELL: Our concern on equipment was at the
2 time we were considering no new activities, and that included
3 approved but unfunded.

4 The last discussion I had, and Colin can straighten
5 me out if I am incorrect in recalling it, was that equipment
6 would be an allowable item, provided it wasn't office-type equip-
7 ment, but was necessary to the project and the conduct of the
8 project or activity.

9 DR. KOMAROFF: So, X-ray machines and whirlpool
10 baths and things could be purchased?

11 MR. GARDELL: If they are going to fund the activity.

12 DR. KOMAROFF: That might be wise, in a given situa-
13 tion. What bothers me is that if the message went out to
14 all applicants that no equipment could be purchased, and we
15 now shift gears, it may be unfair to those people who would
16 have liked to have applied for equipment purchase, but fig-
17 ured they couldn't.

18 MR. GARDELL: They can rebudget, and we can also
19 make it known to them that this is what they can do. We
20 will have to do it, because when that policy went out, the
21 situation was different from what it is today.

22 DR. JANEWAY: Tony, can you describe the spinal
23 cord injury project?

24 DR. KOMAROFF: No. And since I couldn't, that is
25 why I recommended a very cut back level.

1 that an honest RMP will be penalized at the expense of the
2 guy who pads his budget.

3 The fellow who pads his budget will proportionately
4 get as much as the honest fellow who will be cut proportion-
5 ately just as much as the budget requires.

6 MRS. MARS: I think staff is capable of realizing
7 that and analyzing that.

8 DR. HABER: I don't think the staff will cut twice.
9 If we cut it I don't think the staff will cut that one pro-
10 portionately, as much as it will cut another one.

11 DR. GRAMLICH: If we are leaving that decision to
12 staff, why are we here?

13 MR. GARDELL: By law.

14 MRS. FLOOD: I have to concur with Dr. Gramlich's
15 concern. And with all due respect to the remaining staff,
16 you are limited in staff. Your operations officer, your
17 project officer contact, your desk operations are limited.

18 The realization of what is occurring in an RMP to-
19 day are not as favored to staff here as they were at one
20 time, and I have serious concerns about some of the areas.

21 I do, perhaps, more what Tony is doing, but you
22 may have to be faced with the dilemma of some sort of percent-
23 age statements based on last year's annualized, etcetera.

24 Dr. Gramlich is quite correct. If they have sub-
25 mitted something, and not taking into consideration unexpended

1 cut in an RMP, it may happen that way. But if you don't
2 make too drastic a cut, I have a feeling that with the
3 distribution of the funds we have available, it probably
4 won't make that much difference.

5 The main difference we mentioned this morning is
6 identifying the significant areas. We have no objection
7 to your setting a ceiling of funding.

8 We are probably not going to reach that, in any
9 event, in almost all instances. So asking for \$106 million
10 and getting \$44.5, that tells you something.

11 Even if they are under the annualized level, we
12 are not going to be meeting that annualized level, because
13 that's about \$93 million, not \$44.5.

14 However, don't feel that it is an effort in futil-
15 ity, because it will be guidance to us.

16 DR. GRAMLICH: We ought to approve all of them at
17 the maximum rate.

18 MR. GARDELL: Unless you have significant problems
19 that need to be discussed. I think that is why we are con-
20 sidering the bloc action.

21 DR. GRAMLICH: I don't have a solution to it, I
22 just don't like it.

23 MRS. MARS: There is nothing we can do about it,
24 the money isn't there.

25 DR. GRAMLICH: The inequity that worries me is

1 They are as conscientious as they can be in both
2 and they are intertwined, so we understand. That is not a
3 good answer, but that is what we are having to face.

4 DR. WAMMOCK: What did you set the budget at?

5 DR. KOMAROFF: At the total.

6 MRS. GORDON: Program staff, they are going from
7 full-time to half-time, but the salaries are increasing by
8 quite a bit.

9 DR. WAMMOCK: Twice as much.

10 MRS. GORDON: For the same number of people, the
11 same full-time equivalents.

12 DR. KOMAROFF: It seems to me there is a funda-
13 mental issue we are talking about here. We know if we
14 approve en bloc \$1.2 million they won't get it, they will
15 get some part of it.

16 The question is, what role does the Council wish
17 to play in setting those ceilings, and what role do we
18 want to leave to staff?

19 I will be aggressive and set ceilings on each of
20 my regions, and other people look like they say, " I will
21 approve the whole thing, and whatever part of it staff
22 delegates or allocates, so be it".

23 That may create an inequity in the way funds are
24 finally disseminated.

25 MR. GARDELL: Where you have made a very drastic

1 DR. WAMMOCK: Yes.

2 DR. JANEWAY: They have a new coordinator. He
3 has more energy, to light all of the lights in this room.

4 MRS. FLOOD: Dr. Janeway, do you feel an increase
5 in funding at this point in time does not present any prob-
6 lems due to lack of leadership with the current program co-
7 ordinator and the deputy coordinator being only half-time
8 involved in the bi-state transitional year?

9 MR. GARDELL: That's a good point. We have talked
10 about it, and I think that one thing you have to consider
11 is this. As we head toward that coffin that everybody men-
12 tioned this morning, we will see more and more of this occur-
13 ring.

14 We have long since thrown in the towel on requiring
15 coordinators to be one hundred percent of their time on our
16 projects or our programs, simply because they have an oppor-
17 tunity to do something else, get their feet in somewhere
18 else.

19 And if they can still provide direction with a
20 deputy and administrative officer, this we have gone along
21 with to the extent possible.

22 As you know -- you know what is happening to
23 Dr. Felix. He will be half-time on STs and they are in the
24 same building and they work together. Also, we had no
25 alternative but to buy it.

1 DR. WAMMOCK: I would like to ask a question on
2 head and neck college education program.

3 DR. KOMAROFF: I thought neither of those was des-
4 cribed in sufficient detail to know what they were going to
5 do.

6 DR. WAMMOCK: I don't see any reason for it being
7 in there.

8 DR. KOMAROFF: I agree.

9 DR. WAMMOCK: You just can't pick out the left ear
10 and forget about the right ear.

11 DR. KOMAROFF: I move approval, at the level of
12 \$1.3.

13 MRS. MARS: I second it.

14 MR. GARDELL: It has been moved and seconded, that
15 Arkansas be funded at \$1.3. Do we have any discussion?
16 All in favor?

17 (Chorus of ayes)

18 MR. GARDELL: Noes?

19 (No response)

20 MR. GARDELL: Bi-state.

21 DR. WATKINS: I move a bloc on bi-state. The HMO
22 mentioned is used for a study group, and there is no infringe-
23 ment on HMO legislation.

24 MRS. GORDON: They are requesting more money this
25 time?

1 dollars that they have, will staff address unexpended funds
2 available to them?

3 MR. GARDELL: Let me tell you again what I alluded
4 to this morning, and I think Dr. Margulies did, too, in his
5 address.

6 We mentioned that our normal procedure is to go
7 out and get an estimated unexpended balance, and add that
8 to the new funds and distribute accordingly.

9 We felt this time that, first of all, if we ask
10 them for that because of the court order that is existing
11 and probably will extend into the additional extension period,
12 we might run into that two ways.

13 One, by violating the court order in the eyes of
14 the attorney, or, secondly, that they might rush to obligate
15 their funds and say they have no unexpended balances.

16 And, therefore, it will again be an effort in fu-
17 tility. We felt rather than do that it would be more relaxed
18 if we just gave them their proportionate share of the funds
19 that will be available to us now.

20 And leave the unexpended balances that may be there
21 out there at this time. So, if come December 31st, the
22 appropriate agencies have not been designated and funded,
23 they may well have some funds available at that time to carry
24 themselves on, and not require new funds to keep going until
25 the agencies are designated and funded.

1 That's about the only way we can do it. It's an
2 awful way to run a railroad, which has been attached to our
3 bill in the past, but nevertheless I think it gives them
4 greater flexibility.

5 And if they can't face that flexibility, they can
6 always close their doors, and that's their option. In the
7 interim, we will be trying to find homes for the various
8 activities that are worthy of transition, as we say these
9 days.

10 DR. GRAMLICH: What we are suffering from is the
11 crisis orientation.

12 MR. GARDELL: Yes, sir.

13 DR. WAMMOCK: We have a lot of other things that
14 we are suffering from.

15 DR. GRAMLICH: But they are all crisis oriented.

16 MR. GARDELL: There was a period of time here when
17 it was pretty well known or discussed that in addition to
18 the supplemental, the continuing resolution of \$75 million
19 might also be available, so that we would have about \$175
20 million -- \$125 million to distribute.

21 That could have had some effect on the applications
22 that have come in also.

23 MR. BAUM: We have had some information here about
24 the wording of the appropriation. It came from the budget
25 people. The question we asked, is arthritis earmarked? And

1 the answer came back, "Yes, at \$4 and a half million".

2 The conference committee did not change this.
3 Public accountability reporting is in for \$500,000. We
4 asked was there any specificity as to what the funds can be
5 spent for under Title 9?

6 And the answer is "No". But I am not sure that we
7 can rely on that.

8 MR. GARDELL: So we know as much as we knew before.

9 MR. BAUM: We know there is an arthritis earmark
10 now.

11 MR. GARDELL: There is a motion on the floor for
12 bi-state, and that is for \$1,223,134. Is that seconded?

13 MRS. MARS: Yes.

14 MR. GARDELL: Have we finished with our discussion?
15 All in favor?

16 (Chorus of ayes)

17 MR. GARDELL: No?

18 (Chorus of no)

19 MR. GARDELL: We'll take a count. All in favor?

20 (A show of hands)

21 MR. GARDELL: Five. Noes?

22 (A show of hands)

23 MR. GARDELL: Five.

24 DR. GRAMLICH: The Chairman will have to break the
25 tie.

1 MR. BAUM: Dr. Haber will be back tomorrow morning.

2 MR. GARDELL: Shall we wait for Dr. Haber to come
3 back rather than breaking the tie?

4 DR. KOMAROFF: What about the chance of a new mo-
5 tion at slightly less money that everyone might be happy
6 with?

7 DR. JANEWAY: Go ahead.

8 DR. KOMAROFF: I move approval of \$1 million, which
9 looks like it might not involve much expending --

10 DR. WATKINS: I will accept that.

11 DR. KOMAROFF: This effectively keeps them at the
12 level they are at this year.

13 DR. WAMMOCK: I second that motion.

14 MR. GARDELL: It's moved and seconded.

15 MR. ROBBINS: May I introduce one thought? In
16 considering this particular RMP, there seems to be a feeling
17 of great confidence in the fact that the annualized figure
18 of \$922,944 represents current annual funding, and it isn't
19 true.

20 It should be multiplied by a factor of about 1.2.
21 There is a mechanical calculation that was in error in my
22 judgment and I think that is agreed. This appears to be
23 pretty much what they are currently funded at.

24 MR. GARDELL: You're right. It's a little short of
25 what the annualized level is.

1 MRS. FLOOD: This gives them \$1 million \$112,289.

2 MR. GARDELL: Right. Again, you see this annual-
3 ized figure runs up to almost \$112, and we have \$44.5.

4 DR. KOMAROFF: Let me withdraw my last motion and
5 move approval at the current level, which I understand to
6 be \$1 million \$112, 289.

7 DR. WATKINS: Second.

8 MR. GARDELL: We have to rescind the previous mo-
9 tion which was moved and seconded.

10 DR. WAMMOCK: He withdrew his motion, he voluntarily
11 withdrew.

12 MR. GARDELL: This one is at \$1, 112, 289 and that
13 was seconded. Discussion? All in favor?

14 (Chorus of ayes)

15 MR. GARDELL: No?

16 (No response)

17 MR. GARDELL: California is the next.

18 DR. JANEWAY: California, which currently is funded
19 at the rate of \$10 million \$741,004 has an alternate Number
20 3 request of \$7 million \$523 -- \$523,407, and I recommend
21 funding at the level of \$7 million \$219,866.

22 My reason for that, and the deletion is, although
23 it cannot have any effect on the way they allocate the money
24 is the glowing report they give to their regional emergency
25 medical services program, which has a funding level currently

1 of \$303,571, and it occurs to me that it is time the state
2 took it over.

3 MR. GARDELL: Is there any indication that the
4 state will, that you saw in the application?

5 DR. JANEWAY: In talking with staff, it is my under-
6 standing that the state in all likelihood will take it over.
7 Is that right, Dick?

8 MR. RUSSELL: Yes, this is what they are pushing
9 for. A large part of this request, I think it is \$123,000,
10 is with the State Health Department, and that will work on
11 state legislation to get it all in one big ball of wax.

12 The other, as I understand now, is to keep the
13 segments going until there is a state appropriation that
14 can handle this.

15 DR. JANEWAY: I rather think that a deletion of
16 that magnitude will not hurt the program. There is a well-
17 designed phase-out plan, and they have no intention of being
18 HSA.

19 I am at peace with that recommendation.

20 MR. GARDELL: Then the figure that you recommended
21 is \$7 million \$219,866?

22 DR. JANEWAY: Correct.

23 MR. GARDELL: Is that motion seconded?

24 DR. WAMMOCK: Seconded.

25 MR. GARDELL: Discussion? All in favor?

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(Chorus of ayes)

MR. GARDELL: No?

(No response)

MR. GARDELL: Our next one is Central New York. Our primary is on the phone. Let's move to Connecticut.

DR. GRAMLICH: Connecticut is an interesting region. If grant allocations were made by the number of words included in the descriptions, Connecticut would absorb the \$44 million \$500,000.

It is a very difficult grant request to read, and I apologize for not knowing much about it. But that has no correlation with the amount of time I spent trying to know something about it.

It was very difficult to read. The other thing that characterizes Connecticut is that there is a constant battle apparently with the CHP outfit.

The CHP comments mailed to us last week were, in general, quite unfavorable. They even went so far as to say that all you are doing by requesting this particular project funding is trying to buy an HSA, which is stated flat out in one of the CHP letters.

How you assess something like that is a little difficult, and I apologize for it. More specifically, because the program request for new funding under the title, "Transition Activities and Program Development" was really

1 something that should be supported.

2 But in the amount of \$252,440. But because it
3 was disapproved by the CHP, because it looked like a form
4 of, quote, "Supplemental funds", unquote, I think I would
5 recommend that that particular aspect of the program not
6 be funded.

7 There are parts of the Connecticut program that are
8 superb, and it should be maintained. But I would recommend
9 deletion, of the request for transition activities and pro-
10 gram development, in the amount of \$252,440.

11 And deletion of the health resource and development
12 service, because staff points out this should be picked
13 up by another federal agency.

14 Leaving a total recommended of \$747,390. I take
15 the time to bring this issue up because here I am saying
16 transition funds which really ought to be supported, I am
17 recommending denial for.

18 If Council feels strongly, I would be happy to
19 retract.

20 MR. BAUM: How much are you deleting for the health
21 resource development service?

22 DR. GRAMLICH: One hundred thousand dollars, which
23 is the total amount requested.

24 MR. GARDELL: Jerry, do you have anything to add
25 to this?

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2 MR. STOLOV: The coordinator has addressed the com-
3 ments raised by the CHP, and I wonder if, rather than re-
4 spond to how he responded, if we can ask how these be enter-
5 ed into -- and let Dr. Gramlich see them.

6 I think he has attempted in as many words as he
7 put in the application to address the concerns of the CHP.
8 And I would like you to have access to this, prior to going
9 further.

10 It just came in.

11 MR. GARDELL: Why don't we hold up on this one until
12 tomorrow? It might be appropriate, because there are areas
13 of concern with respect to certain local agencies, not only
14 these but others, who think that the efforts of the RMPs
15 are -- shall we say they border on conflict of interest, and
16 I think it is partly because they don't understand the law.

17 This is the role. It has been coming out all morn-
18 ing. And I think if we are going to deny something, we have
19 to be very careful that we are denying something that is not
20 permitted by law.

21 I think we may need to pursue it a little further.

22 DR. WAMMOCK: I want to sustain Dr. Gramlich in
23 his remarks about this gant. It was rather voluminous, and
24 I got rather discouraged about it.

25 DR. GRAMLICH: Connecticut must have a peculiar
virus disease, and I must say -- coordinated to the RMP, the

1 CHP comments were twice as worthy as the RMP coordinators
2 were.

3 (Laughter)

4 MR. GARDELL: We can take Central New York now.

5 MISS MARTINEZ: I was a little bit concerned at a
6 number of projects, kidney, tissue typing, burn center,
7 model hypertension.

8 The funding they are asking is not too far above
9 that of last year's program. Only \$10,000 as far as I can
10 tell are related to transition projects, which is another
11 concern.

12 I would move that Central New York be funded at
13 \$910,000.

14 MR. GARDELL: You see on the new list that we have
15 that their annualized level, which we are suggesting, is
16 \$1 million \$120,000.

17 MISS MARTINEZ: Oh, I see. I'm sorry. Rather than
18 Alternative Number 4?

19 MR. GARDELL: No, this is just their annualized
20 level. You do what you please with it. But I want to show
21 you that it is different from the one on this face sheet.

22 MISS MARTINEZ: I withdraw my original motion, then.
23 And I move that they be funded at \$1 million \$120,000.

24 MR. GARDELL: So that's a bloc action. It's moved
25 that it be funded in a bloc action. Is it seconded?

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DR. GRAMLICH: Seconded.

MR. GARDELL: All in favor?

(Chorus of ayes)

MR. GARDELL: Noes?

(No response)

MR. GARDELL: Our next one is Colorado-Wyoming.

MISS MARTINEZ: I had no particular concerns with this, but I found the discussion³-- in the discussion that a few of the other members did have some concerns.

I would like to defer to Mrs. Flood first.

MRS. FLOOD: Regarding the Colorado-Wyoming RMP, I think it needs to be brought to Council's attention that the application submitted for our consideration made no mention of the planned leave from the program of the coordinator.

Subsequent to receiving the application, staff became aware that there might be this potential, and has several times inquired and been given what appears to be some relatively vague answers as to when Dr. Nicholas might be leaving the Colorado-Wyoming program.

I am aware, and have documentation, that Dr. Nicholas has been appointed to the faculty of a medical school, part-time appointment, beginning January 1st.

A larger percentage of his time, effective April 1st, with a potential full-time appointment to take place on

1 August 1st.

2 I feel strongly that this Council needs to instruct
3 staff and other divisions of staff as necessary to get the
4 documentation of the salary levels that have been provided
5 to the coordinator of this program since January 1, 1975.

6 I also expressed some concern as to their reticence
7 to inform the RMP of the planned change of leadership of
8 this program --

9 MRS. GORDON: You say he will be leaving, or he has
10 left?

11 MRS. FLOOD: He began ten percent of his time fac-
12 ulty appointment with pay on January 1st, '75, 50 percent
13 of his time effective April 1st, and it is anticipated at
14 this medical school that he will be available 100 percent
15 of his time beginning August 1st.

16 The leadership, then, is left in doubt for the
17 funding levels that they have requested.

18 MR. GARDELL: Mary, can you add something to that?

19 MS. MURPHY: Nothing more than I talked to Mr. Bran-
20 don. Dr. Nicholas can seldom be reached. According to
21 Brandon he said that Dr. Morse would be Dr. Nicholas' choice
22 of successor.

23 MR. GARDELL: But he has not requested it.

24 MS. MURPHY: No.

25 MR. GARDELL: What is the pleasure of the Council?

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MS. MURPHY: I might add that Dr. Morse is a Ph.D.

MRS. FLOOD: The other concern is, do we have information as yet as to whether any programs, even though they are continuing programs, have been reviewed and commented on, and the transition projects reviewed and commented on by the Inter-regional Council?

Of course, we will have to face this issue with Intermountain and Mountain States.

MR. RUSSELL: We have built in, you will notice, in the staff recommendations that any of these funds be considered, when appropriate, by the Inter-Regional Council. We feel very strongly about that.

To my knowledge very similar to the CHP review and comment, there just was not time for the INTER-Regional Council to meet on these applications. Mary may have some additional information.

MRS. MARS: May I say that they have continued to have quarterly meetings, and consider these problems?

MRS. FLOOD: So they are still an active Inter-Regional Council?

MRS. MARS: Yes, they are still active.

MR. RUSSELL: To my knowledge we have had no indications of any serious conflicts since quite some time ago.

MRS. MARS: I think they realize that it is more important than ever to maintain a really close coordination

1 with the other RMPs, because the HSAs are apparently going
2 to ignore state lines again. At least that is the present-
3 ation that they make.

4 MR. GARDELL: What type of guidance would you sug-
5 gest that we pursue with respect to this region?

6 MRS. FLOOD: I would like the Council to address
7 Colorado-Wyoming and request immediate clarification of the
8 status of the coordinator, and the plans of their Regional
9 Advisory Group to replace the coordinator, with clarification
10 of their budgeting for the percentage of time that the pre-
11 sent coordinator has actually been spending since January
12 1st.

13 MR. GARDELL: That we will do. And also his re-
14 placement, what they plan to do. Does that take care of
15 the guidance at the moment -- did you want to take up all
16 three at the same time?

17 I thought that is why we -- do you want to go, then,
18 to Intermountain?

19 MRS. MARS: Well, we have a problem with the coor-
20 dinator there, inasmuch as Dr. Stewart has been on leave
21 for six months. He is in Ghana, and he was loaned to the
22 Kaiser Foundation to work on educational planning programs
23 there.

24 He is supposed to return in July. However, Mr.
25 Collard, who has been his second in command, has been

1 administering the program, and inasmuch as I made several
2 site visits to the Intermountain Program, I met Mr. Collard
3 and had a great deal of considerable amount of contact with
4 him.

5 In my estimation Mr. Collard is a more capable ad-
6 ministrator, actually, than Dr. Stewart, so I would have no
7 reservation on Mr. Collard's carrying on the program, in
8 the event Dr. Stewart did not return.

9 Also, they have an exceptional RAG chairman, and
10 as far as I can gather, he has continued to remain active.
11 The chairman of RAG meets every two months with the IRMP
12 staff, which I think is exceptional.

13 And the Executive Council has remained active. It,
14 too, meets every two months, so there is certainly no prob-
15 lem with administration, despite the fact that Dr. Stewart
16 is not present.

17 They are presenting six new projects. Certainly
18 the projects will potentially affect the planning areas.
19 However, they are certainly not essential to transition.
20 However, they have also been thoroughly recommended by
21 the CHP agency, and review.

22 MR. GARDELL: Let the record show that Dr. Gram-
23 lich and Mrs. Klein are absent from the room, because of
24 the regions we are discussing.

25 MRS. MARS: The RMP has participated in the area

1 designation process in all of the states that it services.
2 And it has really played a leading role in the statewide
3 health service area, in Utah, particularly.

4 There has been a question concerning an agency
5 set-up called The Health Systems Research Institute, which
6 was formerly known as the Health Development Services Cor-
7 poration.

8 This was partially financed by the RMP, but it is
9 now a free-standing, non-profit corporation, and it is staf-
10 fed by former IRMP staff.

11 The corporation has made a great deal of headway
12 in addressing the health problems of the area. They did
13 submit some projects, but these were withdrawn, I believe.

14 The other project that came under question was one
15 that the University of Nevada was involved in, which was
16 a rural nurse practitioner project. This was turned down,
17 was not approved.

18 Apart from that, they do not intend to try to be-
19 come a health service area or system. They do have a good
20 arthritis activity, which does not really concern us, but
21 they have done a very good job on that.

22 So I would recommend on the whole that we honor
23 their Number 3, which is \$1 million \$301, 384. This
24 is below their current funding, their annualized funding,
25 which is now \$2 million \$638,970.

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MRS. FLOOD: I second Mrs. Mars' motion.

MR. GARDELL: Did you have any recommendation on the funding, Miss Martinez, or just as was requested?

MISS MARTINEZ: Yes. That would be one seven three three two six -- three six five.

MR. GARDELL: Colorado-Wyoming is not a bloc --

MRS. FLOOD: That's their current, annualized figure, the one seven three three.

MR. GARDELL: Yes.

MRS. FLOOD: Miss Martinez is presenting that as a motion. I would like to ask if she would consider their Item 4 budget line request of \$1 million \$301,384, which is below their actual annualized figure listed on the additional page we have received.

MR. GARDELL: Do you want to withdraw your first motion and move that the amount requested, Alternative Number 4?

MISS MARTINEZ: Yes.

DR. KOMAROFF: Second.

MR. BAUM: It is \$1 million \$301,384.

MISS MARTINEZ: That's right.

MR. GARDELL: All in favor?

(Chorus of ayes)

MR. GARDELL: No?

(No response)

1 MR. GARDELL: Intermountain. Mrs. Mars, did we
2 move on that one?

3 MRS. MARS: We did not move on it.

4 MR. GARDELL: I'm sorry. It reminded me we had
5 not gotten --

6 MRS. MARS: One million \$560,000, Number 3.

7 MR. BAUM: What's the figure on that again ?

8 MR. GARDELL: One million \$560,805.

9 The third one is Mountain States.

10 MRS. FLOOD: We have a motion for the \$1 million
11 \$560,805, but did we have a vote on it?

12 MR. GARDELL: Did we have one -- \$1 million
13 \$560,805, was it seconded?

14 DR. KOMAROFF: Yes, sir.

15 MR. GARDELL: Discussion. All in favor?

16 (Chorus of ayes)

17 MR. GARDELL: Noes?

18 (No response)

19 MRS. FLOOD: If Dr. Gramlich thought Connecticut
20 was wordy, he should have faced Intermountain. The first
21 item of interest, Intermountain has received negative re-
22 views from the Comprehensive Health Planning -- I'm sorry,
23 I mean Mountain States.

24 I apologize. Mountain States has received some
25 negative statements from the CHP in the state of Montana.

1 There has been response to that by the coordinator and the
2 negative statements were that they thought that the state
3 of Montana would adequately provide them with the transition-
4 al support that they would need to develop their HSA.

5 And they would not require the Mountain States
6 RMP function. They requested a large amount of funding
7 for technical assistance and development of HSA services
8 to the states they serve.

9 There is also an area of concern in that the fund-
10 ing that they request for many of the projects that they
11 had delineated as continuing for the next coming year are
12 broken into two segments, between June 1st and December 31st.

13 And a second segment from the first of the year
14 through June 30th of '76. Interestingly enough, the last
15 six months are usually at a higher level of funding than
16 the first six months.

17 Therefore, it presents some difficult problems to
18 set an exact level of maximum for Mountain States. Their
19 current annualized level is at \$2 million \$348,425, as per
20 the new listing received today.

21 Their request is for \$2 million \$840,968. I would
22 like to recommend to the Council that they accept Alterna-
23 tive Number 2, which is in the amount of \$2 million
24 \$236,249 and which reduces approximately in half the pro-
25 gram staff activities.

1 MRS. MARS: You mean to cut them off then --

2 MISS MARTINEZ: No, not with a cutoff date of De-
3 cember 31st. It reduces them from their current annualized
4 approximately \$112,000.

5 But leaves them sufficient funds to participate
6 in the transition activities that need addressing in this
7 area, again urging that all overlapping activities be re-
8 viewed by Inter-Regional Council.

9 Number 2 is my recommendation to this Council.

10 DR. WAMMOCK: That cuts them off December, '75.

11 DR. JANEWAY: No, she is making Number 2-Number 3.

12 DR. WAMMOCK: Okay.

13 MR. BAUM: Was that a recommendation for a condi-
14 tion that all Inter-Regional things be reviewed, or just
15 advice?

16 MRS. FLOOD: No --

17 MR. GARDELL: Do you want that to be in all three
18 letters of advice going out to these regions?

19 MRS. FLOOD: We have been assured that the Inter-
20 Regional Council is function and that there have been no
21 serious problems with overlapping the terrain. Rather than
22 a condition it would be the continuing advice to reinforce
23 our previous action to this Council on this matter.

24 MR. BAUM: But that's to all three regions?

25 MRS. FLOOD: All three regions, yes, sir.

1 MR. GARDELL: That they be fully aware of all ac-
2 tions that might be duplicative in transitional activities.

3 MRS. MARS: Cooperation.

4 MR. GARDELL: That's probably better. Very good.
5 Is there a second to that motion?

6 DR. WAMMOCK: Second.

7 MR. GARDELL: Discussion? All in favor?

8 (Chorus of ayes)

9 MR. GARDELL: Noes?

10 (No response)

11 MR. GARDELL: Let's take a coffee break.

12 (Whereupon, a short recess was taken).

13 MR. GARDELL: If we can resume. We are going to
14 handle arthritis in one package. Do you want to do it now
15 or do you want to wait until the end of the review of the
16 applications and then handle arthritis?

17 MRS. MARS: I don't think it will affect the
18 applications. Why don't we do it now?

19 MRS. FLOOD: May I clarify in my own mind Items
20 4 or three or whichever happens to be the one we finally
21 approved in each instance, includes the dollars for arthri-
22 tis programs within that RMP.

23 So we say we have approved them at such and such.
24 Will the Arthritis Division delete that, come down to a
25 level, etcetera?

1 MR. GARDELL: These do not, as I understand; do
2 they? These applications do include the arthritis on all
3 of them?

4 MR. SPEAR: Yes.

5 MR. NASH: All except Albany. Albany came in too
6 late to be on the print-out.

7 MR. GARDELL: To the annualized level of distribu-
8 tion of funds that we will make, we will add to that their
9 share of the earmark for arthritis.

10 MRS. FLOOD: What I wanted you to tell me was delete
11 the arthritis dollar first, and annualize or appropriate or
12 share it and come back with a sharing of arthritis.

13 MR. GARDELL: Yes, in other words, you are consider-
14 ing \$44.5 million at the moment, with no arthritis in it,
15 and the arthritis will be an add-on, if you will.

16 MRS. FLOOD: All right.

17 MRS. MARS: Do you want a resolution on arthritis?

18 MR. GARDELL: He is going to make a very slight
19 presentation, and then we have a resolution.

20 DR. GRAMLICH: There are two brief historical points.
21 The reason I got involved in the arthritis, not because I
22 am an arthrologist. I am not at all. But I was asked to
23 sit as an observer for this body at the original technical
24 review, which was held about a year ago.

25 At that time the technical review worked on the

1 principle that it was a one-year project. That there would
2 be no future funding, or there might be a separate bill
3 which, incidentally, legislation is in the House that will
4 ultimately take over all the arthritis.

5 Then, it is my mission to report to the Council
6 and serve as a bridge between the Technical Review Committee
7 on Arthritis and the Council.

8 That was the basis on which we made the necessary
9 allocations last year. The second historical point is that
10 the Technical Review Committee set up some guidelines on
11 which they recommended approval of certain programs.

12 The major principle of the guidelines that they
13 established were it was to be essentially an Outreach
14 Program. In other words, getting the information and patient
15 care out of the institutions, rather than an In-reach, or
16 research program primarily.

17 There would be a lot of decisions and backing and
18 filling between the American Rheumatism Association, the
19 legislature, the National Institutes of Health, which will
20 ultimately take over responsibility for running the program.

21 But that is not our baby. The other things that
22 the Technical Review Committee recommended and our Council
23 adopted, a lot of money should not be spent for data collect-
24 ion and computerized registry and data banks.

25 But software purchases were all right. But hardware

1 purchases, television, complexes and that sort of thing
2 were not to be encouraged.

3 That public education was important, as long as it
4 was not twisted into a fund-raising adventure for the Ameri-
5 can Rheumatism Association or Arthritis Foundation.

6 That large expenditures for equipment were not appro-
7 priate, and that residencies and fellowships, in terms of
8 educational components, were not recommended. Essentially,
9 it was set up as an Outreach Program, it was funded at the
10 level of \$4 and a half million.

11 And from what information I have been able to glean,
12 largely through the kind services of Matt Spear, it has been
13 a highly successful program.

14 Everybody seems to be grateful that it has done what
15 it was supposed to do. Everyone has been surprised that
16 they were able to move as fast as they have and get accomp-
17 lished the things that they have.

18 That's the background. The foreground is that you
19 have in front of you a summary sheet, which is very lovely,
20 and it will make it very easy for us.

21 In brief, very briefly, there is according to our
22 best information a \$4 and a half million earmark, out of
23 which has to come one percent, or some small administrative
24 amount.

25 MR. BAUM: The one percent will come off the top.

1 It won't bother the earmark.

2 DR. GRAMLICH: It comes out something near it.

3 The nice thing about this happenstance is that the requests
4 for arthritis funding, with a couple of significant dele-
5 tions, come out to be just about the amount allocable.

6 So it is a situation where staff, Council, PRMP
7 can say, "Sure, we can grant you what you asked for", so
8 there is not a lot of controversy involved. There are a
9 couple of deletions.

10 And the most significant one, you will notice, is
11 under Tri-State, for -- the request \$599,082 and the sug-
12 gested allocation was \$145,260, the reason being quite simple.
13 In the 1974 review cycle -- the \$453,000 which has been sug-
14 gested for disallowable is on the following basis:

15 In 1974 a very large program was requested by
16 Tri-State, and the review committee turned down as inapplic-
17 able the same program that they are now resubmitting word
18 for word for 1975.

19 In other words, the amount of \$453,822 was for
20 projects disallowed on technical grounds in 1974 and Tri-
21 State said, "Okay, we will just fire them through again".

22 On that basis, and because of the fact that they
23 were disallowed and, therefore, are probably illegal, if we
24 were to allow them today they would be illegal, but on that
25 basis they are not recommended for funding again this year.

1 In essence, what we are suggesting is that the
2 funding review -- the funding recommended by staff be ap-
3 proved. I should add, also, that two of the existing -- of
4 the 1975 request, are for programs that were approved in
5 1974 but not funded.

6 Interestingly, Iowa, which was approved and funded
7 in 1974, has found continuation funding and is not request-
8 ing any additional funds. All this adds up to a figure of
9 \$4 million \$254,561, which is in the allocable funds limit.

10 And therefore I suggested approval as recommended.

11 DR. WAMMOCK: I second the motion.

12 MR. GARDELL: The recommendation is made and second-
13 ed that the funding recommendation of \$4 million \$254,561
14 be the amount for the arthritis applications. Is there
15 discussion with the Council?

16 Matt, would you like to add something to this?

17 MR. SPEAR: Nothing.

18 MR. GARDELL: All in favor?

19 (Chorus of ayes)

20 MR. GARDELL: No?

21 (No response)

22 DR. JANEWAY: Could the record show that each of
23 us abstained on a vote relating to that person's own state?

24 MR. BAUM: It's not necessary on bloc actions.

25 DR. GRAMLICH: May I make a closing comment on the

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subject? I think if Ken Baum would switch us into the maestro singer -- the award would go to Matt Spear. He has done a superb job of collating and getting accurate data and putting all of this together in understandable and usable form.

MR. GARDELL: His back is black and blue from our having paddled it so often. Thank you, Doctor.

The next one is Florida.

DR. KOMAROFF: The region currently funded at \$3.2 million requests anywhere from \$385 up to a maximum of \$2.6 million. It is a reasonably well-written application, with more detail in their discreet activity summaries than I have found in other applications.

I recommend approval at the level of \$2.1 million, which would allow for continuation of some operational activities, and the kind of transitional planning activities that we support.

MRS. FLOOD: I second the motion.

DR. JANEWAY: That's actually \$100,000 less than they request under Alternative Number 3.

DR. KOMAROFF: Correct.

MR. GARDELL: The motion is for -- again, please?

DR. KOMAROFF: Two point one million.

MR. GARDELL: Discussion?

MRS. MARS: Why did you choose \$2.1 against \$2.202?

1 DR. KOMAROFF: What I did with each of these is
2 try to estimate on the basis of past accomplishments of
3 individual project activities, or the current filled posi-
4 tions on the core staff, what would seem to be a reasonable
5 expenditure in the next year.

6 I simply made arbitrary judgments to pare down
7 those projects that looked like they did not need a big
8 extra bolus of money or a proposed large expansion in the
9 core staff that didn't seem reasonable or practical this
10 last year of the program.

11 MR. GARDELL: Particularly there was not a large
12 movement in program staff for transitional activities.

13 DR. KOMAROFF: Right.

14 DR. WAMMOCK: They have a continuing education pro-
15 gram which is very good, but only two areas participated,
16 and that is Jacksonville and Tampa. That is outside of
17 Gainesville -- it does not include Gainesville, nor does it
18 include Miami.

19 DR. KOMAROFF: They are also doing some very good
20 things in screening.

21 DR. WAMMOCK: Yes.

22 MR. GARDELL: All in favor?

23 (Chorus of ayes)

24 MR. GARDELL: No?

25 MRS. KLEIN: No.

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MR. GARDELL: One no.

DR. WATKINS: The great state of Georgia shows a current level of \$3 million \$524,000. They are requesting \$3 million \$500,000. They are involved in HSA applicants and plan to help them after they have gotten started.

Georgia is a good region, as you know, and I am asking that we have a bloc.

MR. GARDELL: The motion is to hold it for bloc action. All right. Greater Delaware.

Jerry, I think on Connecticut we will hold until tomorrow, if you don't mind.

DR. WATKINS: Greater Delaware has a current funding of \$2 million \$702,512. I am recommending that it be funded at the same rate.

MR. GARDELL: At their annualized level?

DR. WATKINS: Right.

MR. GARDELL: It has been recommended that Greater Delaware be funded at \$2 million \$702,512. That is bloc action?

DR. KOMAROFF: No.

DR. WATKINS: No, it's not bloc.

MR. GARDELL: That's right. They requested \$3 million \$399,000.

DR. KOMAROFF: Seconded.

MR. GARDELL: Discussion? Frank?

1 MR. NASH: I wonder if we could have something
2 in the motion here about earmarking the money for Theraplex,
3 the project in Delaware.

4 MR. BAUM: Do you want to talk to that, Frank?

5 MR. NASH: This is a project in Delaware being
6 funded for the last two years with the Greater Delaware
7 Manpower RMP. They do this as a convenience for us because
8 there is no RMP in Delaware.

9 So we assured GDV that the consideration of this
10 project would be separated from the rest of their applica-
11 tions, and the money would be earmarked for the activity.

12 MR. GARDELL: How much is that for, Frank?

13 MRS. FLOOD: Ninety-seven thousand three hundred
14 and seventy-five is what is listed.

15 MR. GARDELL: Does the level of \$2 million seven,
16 Dr. Watkins, does that take it into account?

17 DR. WATKINS: Yes.

18 MR. GARDELL: Of that \$2 million \$702,000 we would
19 say that \$97,375 is for Theraplex; is that appropriate?

20 DR. WATKINS: Yes.

21 MR. ROBBINS: There are two projects proposed by
22 Greater Delaware Valley, which are approved but unfunded
23 projects, and therefore we moved for this -- that CHP agency
24 recommended that they not be funded.

25 The total amount of money is only about \$50,000.

1 MR. GARDELL: Are you ready for the vote?

2 All in favor?

3 (Chorus of ayes)

4 MR. GARDELL: Noes?

5 (No response)

6 MR. GARDELL: Hawaii.

7 MRS. KLEIN: I had some questions about the figures
8 on Hawaii, and apparently there are some discrepancies on
9 the report. First of all, the current level is -- does not
10 include arthritis, which is about \$200,000.

11 Since they made the original application they have
12 deleted these two programs, the note is made at the bottom
13 of the page, \$114,000. So they request under Number 3, as
14 I understand it, is one -- \$200,000 below their existing
15 funding.

16 For that reason I think it should be subject to
17 bloc approval, at the figure they have requested, under
18 Number 3.

19 MR. RUSSELL: I wonder if the Council would consid-
20 er as part of this recommendation earmarking for a specific
21 program, as we have done in the past.

22 MR. BAUM: Why don't you explain it a little further?

23 MR. RUSSELL: In terms of the Hawaii Regional Medi-
24 cal Program it also encompasses the Trust Territories of the
25 Pacific Islands, American Samoa. For all practical purposes

1 that is a separate program, and functions as a separate
2 program.

3 It is only through this earmarking process are
4 we able to get the regional group in Hawaii to put some mon-
5 ey out there, and it has been very effective. They are
6 used to it, and we don't want them to change their ways
7 at the last minute.

8 MRS. KLEIN: Maybe I'd better change and make it a
9 motion to approve this at the following figures: The total
10 for Hawaii would be \$1 million \$190,159. Then for the basin
11 projects, the total would be \$163,896.

12 I so move.

13 MR. GARDELL: Is that included in the \$1 million
14 \$190,000 or in addition to it?

15 MRS. KLEIN: It is in addition to.

16 DR. KOMAROFF: Second.

17 MR. GARDELL: It has been moved and seconded.

18 DR. JANEWAY: That's a bloc?

19 MRS. KLEIN: No, this is a specific motion.

20 MR. GARDELL: Actually, it is a motion only that
21 you are earmarking the Pacific Basin; right?

22 MRS. KLEIN: Yes.

23 MR. GARDELL: Discussion? All in favor?

24 (Chorus of ayes)

25 MR. GARDELL: Noes?

1 (No response)

2 MR. GARDELL: Illinois.

3 DR. JANEWAY: Illinois is currently funded at
4 \$3 million \$500,000 or thereabouts. I am going to move
5 that it be funded at the level of Alternative 3, \$2 million
6 \$222,186.

7 I have some comments -- I will move and then --

8 MRS. FLOOD: I will second Dr. Janeway's motion.

9 MR. GARDELL: Discussion?

10 DR. JANEWAY: I think that certain of their pro-
11 jects are excessive in cost. Including the promulgation of
12 problem-oriented medical records and problem-oriented medi-
13 cal record and medical care evaluation, both of which take
14 place at one hospital, very research-oriented.

15 A very good hospital. The CHP comments on the
16 Peoria Frozen Blood Program and on the dialysis consumer
17 workshops indicate that there is not a need for these speci-
18 fic activities, as requested in the RMP application.

19 MR. BAUM: Which two were those?

20 DR. JANEWAY: The Peoria Frozen Blood Program and
21 the Dialysis Consumer Workshops.

22 MR. GARDELL: You are going along with the proposal?

23 DR. JANEWAY: I am making comments to indicate why
24 I chose Alternate 3 rather than Alternate 4.

25 MR. GARDELL: Do you want us to specifically to

awarded
1.37.

1 exclude those?

2 DR. JANEWAY: No, sir. I think it could be from
3 the staff, if some consideration was given to it, but I be-
4 lieve that is their operational responsibility. I have a
5 little bit of difficulty, and I guess it is philosophical,
6 with modeling family practice outpatient care in Southern
7 Illinois, and in developing a discharge data system for Illi-
8 nois hospitals, which is a new project.

9 It seems to me a discharge data system is a Joint
10 Commission requirement, and I see no reason why RMP ought
11 to be funding that. Although they want to amalgamate all of
12 these into a state data system, which I think is an admir-
13 able thing.

14 That is either a per diem administrative charge
15 or the hospital is involved and not a government responsibil-
16 ity which would reimburse for anyway, under Title 18 or Title
17 19 for those activities.

18 Those are my reasons for choosing Alternate 3.

19 MR. GARDELL: What is the number of that project,
20 Doctor?

21 DR. JANEWAY: I don't remember.

22 MR. BAUM: I have the names --

23 DR. JANEWAY: Sixty-four. That is a new project,
24 and, although it does relate to a data system, I cannot see
25 that it is particularly transitional towards HSA.

1 MR. GARDELL: It is new, in the sense that it was
2 not funded before, but it was approved previously. On the
3 list they have no activities previously requested. I think
4 you said -- it has a C so it is program staff.

5 MR. GARDELL: So the motion is for Alternative 3?
6 Are we ready for the vote? All in favor?

7 (Chorus of ayes)

8 MR. GARDELL: No?

9 (No response)

10 MR. GARDELL: The next one is Indiana. Mrs. Klein?

11 MRS. KLEIN: I don't think there are any problems
12 in Indiana at all, and I would recommend it for bloc action
13 at Level 3.

14 MR. BAUM: Let me interject here. We got a phoned
15 recommendation for Indiana from the Chicago regional office
16 the other day that thought very highly of it.

17 MR. GARDELL: The motion has been made that the
18 Indiana level be \$753,500; is that seconded?

19 DR. KOMAROFF: Second.

20 DR. GRAMLICH: Why did they not request a level
21 Number 4?

22 MR. BAUM: If they had no new activities, they
23 only had three.

24 MR. GARDELL: But it is a good question, because
25 there are some things that are changing in this.

1 DR. JANEWAY: That's why I assumed the \$204,000
2 item was a new thing under Illinois, because it does not
3 show up until Column 4.

4 MRS. MARS: Some of them are requesting four and
5 still have no new activities listed.

6 MR. GARDELL: They might be under program staff,
7 that is the only thing I can think of.

8 MRS. MARS: That's Number 3, too. For instance,
9 on my Oklahoma one.

10 MR. BAUM: Some might have put identical things on
11 both three and four.

12 MR. GARDELL: In other words, they were telling us
13 yes they would go -- Number 4 was supposed to have some new
14 but some just didn't do it. Some gave us one column and we
15 had four to fill out so it went the other way, too.

16 All in favor?

17 (Chorus of ayes)

18 MR. GARDELL: Noes?

19 (No response)

20 MR. GARDELL: Iowa.

21 DR. WAMMOCK: We have two applications. One from
22 July 1st to June 30, 1976. Then -- that is dated May, '75, and
23 the second is dated May 13, 1975. Their annualized support,
24 \$1 million \$057,877.

25 They are requesting Number 3 at \$922,750. The only

1 bone of contention here is the question of travel for
2 \$85,950. Most of this money, this is about ten percent of
3 the budget.

4 Most of the funds here are for the establishment
5 of a health systems agency. Sixty-thousand dollars of this
6 travel is for a health systems agency, and \$15,000 for
7 overall direction and coordination of the IRMP.

8 Iowa had a good program last year and they are re-
9 questing Number 3, and they are going to phase out some
10 projects as they go along. I don't know about the \$85,000
11 for travel.

12 I am sure they will have a one-state HSA system.
13 I am inclined to suggest that the \$922,000, Number 3, stand
14 as is, instead of quibbling about the \$85,000 for travel,
15 because they do have a good program going and they seem to
16 be well organized and coordinated.

17 MR. GARDELL: They were in and we had quite a dis-
18 cussion with them at one point. I feel like you, that they
19 will make good use of their funds.

20 DR. WAMMOCK: I have every reason to believe they
21 will make good use of their funds, because they will have
22 a one-state system. They have it all laid out, and I think
23 they laid it out before January 4th.

24 MR. GARDELL: That figure might go down, too, when
25 they get the money they are going to get, or they may need

1 more when they find out what we are giving them.

2 DR. WAMMOCK: They are way under their annualized
3 funding, so I don't see any point in quibbling about it.

4 I so move that Number 3 be approved.

5 MR. GARDELL: That becomes a bloc.

6 DR. WAMMOCK: There is one item here that was not
7 clear in my mind. The Sioux Land Health Planning Council,
8 they raised some question about some of the funds in the
9 total budget were directed toward funding existing service
10 projects.

11 And they felt there was no justification for this.
12 But the central office replied to that, and indicated that
13 there were no -- these funds were not directed toward fund-
14 ing existing service projects.

15 So I think they got that clarified.

16 MR. GARDELL: Okay. Kansas.

17 Let's show, for the record, that Mrs. Gordon has
18 left the room. One thing I must tell you, before we go
19 any further. We did get a letter today, and it is important.
20 The Greater Delaware Valley's budgets all ran through Decem-
21 ber, and Dr. Wolf said that was a typo.

22 He meant to have them run through June 30th, 1976.
23 He said he was thinking of 12-31-75 when he put the '76 in
24 there, but the money is not to change. There was just a
25 typo, in case anyone thought they were requesting beyond

1 that point.

2 Kansas. We can't take Kansas, that's Dr. Haber.
3 Lakes Area is the next one.

4 DR. KOMAROFF: Lakes Area is up in Buffalo. It is
5 currently funded at a level of \$1.5 million. They request
6 ranging from \$440,000 up to \$2.6 million. That \$2.6 mil-
7 lion would approximately double the core staff in this last
8 year, and add six new projects.

9 The application is quite well written. B agency
10 involvement is good. The RMP is viable, and three of the
11 six new projects, which I believe are not C type projects,
12 are in fact planning activities that could be said to relate
13 to transitional needs.

14 I recommend a level of \$1.6 million, which is slight-
15 ly more than their current level, less than they optimally
16 request, which would allow for some expanded effort of this
17 good RMP to transition.

18 MRS. MARS: You don't think you could stretch your
19 conscience and make it Number three one six seven two one oh?

20 DR. KOMAROFF: So stretched, \$3 million \$167,210.

21 MR. GARDELL: That becomes another bloc; doesn't it?

22 DR. KOMAROFF: Not quite. The highest level was
23 what the bloc was.

24 MRS. MARS: They do have an exceptionally fine co-
25 ordinator. He is really outstanding.

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MR. GARDELL: Is it seconded?

DR. WAMMOCK: Seconded.

MR. GARDELL: Discussion? All in favor?

(Chorus of ayes)

MR. GARDELL: No?

(No response)

MR. GARDELL: Louisiana. Why don't we hold this until tomorrow?

DR. JANEWAY: All right.

MR. GARDELL: Maine. We have to pass that. Maryland.

DR. WAMMOCK: Maryland, level of funding is \$664,322. There was a lot of discussion last year about Maryland, I believe, at this Council. The project itself was not functioning very well in short terms.

So we decided to give them a little injection of a little money, a little infusion or perfusion. So the present request is for \$820,179. The program staff is one half of these.

The continuing activities, there are no new activities. There are no approved, unfunded activities. I read the staff review of this and there is one project here, a kidney project, Number 47, it costs \$43,449.

Somebody might want to comment on that. The present application provides for eight continuation projects, several

1 of which will be of interest to emerging HSAs including pro-
2 jects devoted to rural, primary care and ambulatory care
3 in medically underserved areas of Baltimore. I think that
4 inasmuch as they showed improvement in their program the
5 past year, perhaps we ought to continue to give them support
6 and encourage them at the level which they have requested,
7 which is Number 3, unless somebody wishes to challenge me
8 on that.

9 MR. GARDELL: This is a bloc action, in other words?

10 DR. WAMMOCK: Yes.

11 VOICE: That's over the previous Council level.

12 MR. GARDELL: But it is less than their annualized--
13 no, it's not. It's over their annualized level.

14 DR. WAMMOCK: A hundred and sixty-five. But last
15 year they had a very good program, and it appears that they
16 have -- they are able to be up and walk around a little bit,
17 like a newborn calf.

18 MR. GARDELL: It has been recommended that Number
19 3, \$820,179 be approved for the Maryland application.

20 MRS. MRS: Second.

21 MR. GARDELL: Discussion? All in favor?

22 (Chorus of ayes)

23 MR. GARDELL: Noes?

24 (No response)

25 MR. GARDELL: Metro D.C. Mrs. Klein?

1 MRS. KLEIN: There are some problems presented in
2 connection with this application. Maybe we should have some
3 staff explanation of them. One of their projects was to
4 hire three people apparently two for transitional purposes
5 to assign to the HSA.

6 They have also applied for some section which I am
7 not familiar to place all planning activities in the D.C.
8 government instead of HSA, and there is a question as to
9 whether a staff of three people --

10 DR. GRAMLICH: Mr. Chairman, what are we talking
11 about?

12 MR. GARDELL: Metro D.C. Dr. Haber is not here--

13 DR. GRAMLICH: Thank you.

14 MR. GARDELL: I'm sorry. Were you all reading the
15 wrong one?

16 DR. JANEWAY: That's the first time Memphis ever
17 wanted to put anything in D.C.

18 MRS. KLEIN: There is a question as to whether this
19 is proper to use \$40,000 of funding to hire three people
20 and have a non-private corporation administer the program.

21 Personally, I would like to have some staff comment
22 on that. There are some other problems in here, too.

23 MR. STOLOV: There were two questions. One relates
24 to the new law, which may or may not, we are still unable
25 to tell, what has been decided in terms of how the District

1 and Montgomery County and Prince George's county, this
2 area of metropolitan Washington, is going to be a health
3 service area.

4 If it was decided that a certain section of the
5 law called 1536, this means that the District of Columbia
6 can be unto itself, similar to other states, an entire plan-
7 ning area.

8 If they decide to go that route, then the metro
9 Washington's RMP putting aside Title 9 funds for \$40,000
10 for personnel appeared questionable.

11 We felt that our Act is Title 15 of the new law,
12 and we were concerned about putting Title 9 monies into
13 Title 15, as well as the District of Columbia's Medical
14 Society is the grantee for the metropolitan Washington
15 RMP.

16 And the law calls for a non-profit-making estab-
17 lishment to be the HSA or the city government. If it was
18 the city government, under 1536 this would cause problems.

19 MR. BAUM: Let me see if I can clarify that. Under
20 Section 1536, which was put into the law by Senator Pell
21 largely for the benefit of Rhode Island, this is a position
22 that says, "States which meet certain qualifications do
23 not have to have a non-profit HSA and would not be divided
24 into health service areas".

25 Planning would take place for the state, and the

1 state government would perform both the state agency
2 function and the HSA government.

3 In short, the government becomes the HSA for the
4 state, and the District has applied under that option, along
5 with Rhode Island and several other states. Has it been
6 settled whether that would be approved or not?

7 So there is at least a strong possibility that
8 the government of the District of Columbia will, under this
9 provision, also function as the HSA, and you will, therefore,
10 have planning on a governmental basis, as opposed to through
11 private groups.

12 The question is, if this is going to be a govern-
13 ment function, probably if it is not going to be a govern-
14 ment function is it proper for the RMP in essence to hire
15 a shadow staff for an HSA which may be a governmental unit
16 or in some other agency?

17 MR. STOLOV: The reason we put it in is to feed
18 back advice to the RMP that when they do rebudget their
19 money, to be cognizant of this section of the law, and the
20 possibility of using RMP monies for a new title.

21 So we did have to pull this out of the application
22 as a highlight. It is only a more factual statement. I
23 don't think we meant to delete the \$40,000 as much as to
24 call it to their attention.

25 MR. GARDELL: By the time we write the letter we

1 write the letter we may have better guidance for them.

2 MRS. KLEIN: Mr. Chairman, what would be our op-
3 tions? If the staff feels that the \$40,000 is justified
4 one way or the other, would we wish to authorize it and then
5 give them advice as to what, legally, they should do to make
6 that function legal?

7 MR. GARDELL: Yes, I think we have to go out with
8 advice to them at the time. If they can't fund it, they
9 will have the opportunity to rebudget. But even at that
10 they will get less, probably, than they have budgeted for
11 anyway.

12 But they will be guided accordingly.

13 MRS. KLEIN: There was some question, too, about
14 EMS projects, which I would like some clarification on.
15 This is educational for me.

16 MR. STOLOV: On the last sheet of the staff panel
17 review summary, we received comments about the EMS, the
18 federal EMS program. It is on the last page, and it amounts
19 to similar recommendations.

20 They wanted RMP activities to be coordinated with
21 the local government. The last one, Number B. I would
22 ask Mr. Baum to clarify. Most people think that they would
23 like to use our funds first.

24 But they are saying, "Use our funds first, and any
25 left-over RMP funds should go back to the RAG to be used"

1 and I think that's pretty generous of them.

2 MR. GARDELL: What is the advice, Gerry, that you
3 are suggesting on EMS?

4 MR. STOLOV: To follow bloc action and observe the
5 comments from the EMS.

6 MR. GARDELL: All right.

7 MRS. KLEIN: I think, then, that it is proper to
8 move that Item No. 3 be approved. That would be \$1 million
9 \$101,389, with the instructions as to these conditions, with
10 reference to these two matters.

11 MR. GARDELL: All right, is there a second to that
12 motion?

13 DR. WAMMOCK: Second .

14 MR. GARDELL: Discussion? All in favor?

15 (Chorus of ayes)

16 MR. GARDELL: No?

17 (No response)

18 MR. GARDELL: Michigan is our next one. Dr. Wammock.

19 DR. WAMMOCK: The level of funding is \$2 million
20 \$938,534. They are requesting funds for \$4 million \$079,194.
21 There is a lengthy discussion here about the overall program
22 report.

23 I don't know what end to start out, whether to start
24 at the bottom or the top. No new activities are requested.
25 They have established a statewide hypertension task force

1 introduction of a state hypertension plan.

2 Statewide Health Manpower Council -- consortium
3 arrangement at the regional level for implementation and
4 continuation. Establishment of a state-wide kidney task
5 force.

6 Transitional changes, activities being directed
7 best at the part of the program -- staff activity includes
8 continuation relative to planning function, successor agen-
9 cies which I assume are HSA, and so on.

10 Then there are several items over activities requir-
11 ing special attention. EMS planning, coordination, \$134,000,
12 24 areawide emergency drug analysis program. I don't see ,
13 what that has to contribute.

14 Education, detection and prevention of bone disease
15 in patients with chronic renal failure. Implementation of
16 Michigan Plan for Kidney Disease, \$56,000. Renal disease,
17 radio and television spot announcements, I think that could
18 go out.

19 Patient self-instruction on dialysis and transplant-
20 ation. Central repository, histocompatibility service. It
21 takes a pre-sensitized transplant recipients and poligeriatric
22 arthritis program, \$398,000.

23 Evaluation of poligeriatric arthritis program,
24 \$49,000 and that gets it up to almost half a million dollars.
25 Pharmacy peer review of drug abuse review of \$50,000. Then

1 the Michigan RMP has requested \$150,000 as far as the pro-
2 gram staff component for transition activities. This in-
3 cludes \$100,000 for non-specified contract, for funds to
4 provide direct assistance grant for the organization of
5 health system agencies and constitutional groups as the
6 needs emerge or are approved by the Michigan RMP Regional
7 Advisory Board.

8 The point I am raising here, their level of annual-
9 ized funding is \$298,000. They have requested \$4 million
10 and I think this ought to be cut almost in half.

11 MR. GARDELL: Are you suggesting the annualized
12 level of \$2.9? That's the one we gave you this afternoon.

13 DR. WAMMOCK: I would be inclined to leave them
14 where they are. There are some things in here -- renal
15 disease, radio and television spot announcements. I would
16 like to talk about education of children, but I will not do
17 that now, or anybody else.

18 MR. BAUM: We got a comment from the regional office
19 that they felt it was rather heavily weighted on education,
20 continuing education type activities. They felt it was
21 heavily weighted in one particular area, and I think it was
22 that.

23 DR. WAMMOCK: Anyway, I would go with \$2.9.

24 MR. GARDELL: You are not recommending any projects
25 be deleted?

1 DR. WAMMOCK: I think they will have to find what
2 programs they want to delete themselves. The projects
3 are too numerous for anyone to say that you should delete
4 this.

5 The Drug Abuse review, I don't know what that --

6 MR. GARDELL: Some have been referred to other pro-
7 grams, too, obviously.

8 DR. WAMMOCK: Yes, the Arthritis Program -- 140,
9 549, poligeriatric arthritis program is covered in the other
10 section. So I would so move.

11 MRS. MARS: Second.

12 MR. GARDELL: Discussion? All in favor?

13 (Chorus of ayes)

14 MR. GARDELL: Noes?

15 (No response)

16 MR. GARDELL: Mississippi.

17 MRS. FLOOD: Mississippi is currently funded at an
18 annualized level of \$4 million \$180,184. I must begin my
19 presentation with a harsh criticism, even at this late stage
20 of the game, of the Regional Medical Programs of this country
21 that this particular region fails to have any minorities on
22 the staff.

23 I am aware that the staff of DRMP has repeatedly
24 brought to the attention of the leadership of this particular
25 RMP that in this geographic area of the country there is

1 no longer any reason for this to persist.

2 But nevertheless it does persist. In project
3 staff, out of 144 there are nine minority people working.
4 But in the core staff there still remains to be any minor-
5 ities involved.

6 There is a large request for equipment in this
7 application, and although that subject has come up for dis-
8 cussion during the Council session today, there is a mention
9 by staff that the program will make the change on the equip-
10 ment request.

11 Deleting the equipment request in an unauthorized
12 or non-approved \$58,000 for arthritis, I wish to also delete
13 approximately \$40,000 of what is termed to be HSA planning,
14 but which has come under criticism by the Regional Office
15 of HEW.

16 And perhaps this falls into the same category as
17 Connecticut, where criticism is launched at federal funding
18 to strengthen capability to become the HSA for the area,
19 when there are other agencies without this funding to support
20 them.

21 I would recommend that the Council approve Missis-
22 sippi at the level of \$3 million \$626, 686. This is still
23 a strong budget, and does allow them to continue their pro-
24 gram staff activities and their continuation funding, with
25 only deletions of the amounts listed for equipment and

1 arthritis.

2 And the \$40,000 that was to be spent directly to
3 support Mississippi RMP's efforts to become the HSA.

4 MR. GARDELL: Is that motion seconded?

5 DR. WAMMOCK: I will second that motion.

6 MR. GARDELL: Discussion? I think I remember some-
7 thing about the minority situation.

8 MRS. FLOOD: It is shining in its absence.

9 MR. GARDELL: I remember some reason why, I just
10 want to see if Joe can back me up.

11 MR. JEWEL: I can't.

12 MR. GARDELL: I think I spoke to Dr. Lampton about
13 it once, and it seems to me they were having problems get-
14 ting people to get on the staff.

15 MRS. FLOOD: It could be that the grantee presents
16 some problems, but I don't believe it's any longer excusable.

17 MR. GARDELL: It certainly can be raised again.

18 MRS. FLOOD: They are also planning to increase the
19 staff, so this might be an appropriate time.

20 MR. GARDELL: Wasn't there something with respect
21 to the HSA?

22 MR. JEWEL: I just had a nasty letter on that, and
23 I think the ruling was that this was actually outlined in one
24 of the transitional type activities.

25 They are not going to use the monies themselves.

1 They are just contractors. Are you talking about the \$40,000
2 to develop an HSA?

3 MR. GARDELL: Yes.

4 As I recall, and it is very vague, it was assumed
5 that they would use that money to become the HSA, and I
6 think they countered by saying no, this is to assist in the
7 development of an HSA, they are not going to be one.

8 That is what I was trying to hear come out. Am I
9 close, Joe?

10 MR. JEWEL: You are close. They are tottering on
11 who is to become the HSA. I don't know.

12 MR. GARDELL: I was of the opinion they weren't.

13 MR. JEWEL: It is not in the application that they
14 are or are not.

15 MRS. FLOOD: That's correct. The application does
16 not make that clear. Regional office comment was very
17 strong. Although the CHP A agency was favorable in its
18 review and made no explicit mention of the HSA development
19 component, if there is concern I will give them back the
20 \$40,000.

21 MR. GARDELL: Do you want these specifically
22 deleted, or just cutting back?

23 MRS. FLOOD: I just want to be sure that the
24 maximum level listed is approved by this Council, reflects
25 these reductions at a level of \$3 million \$626,686.

1 MR. GARDELL: And you want us to mention specific-
2 ally that the equipment, the HSA and the arthritis are not
3 part of that figure; is that what you are saying to us?

4 MRS. FLOOD: I will not explicitly mention the HSA;
5 how's that?

6 MR. GARDELL: The only reason I raise it is be-
7 cause as we said before it has not been settled yet, be-
8 cause it will have to go back to the RAG, and they will have
9 to battle it out.

10 MRS. FLOOD: My only concern would be, you mention-
11 ed earlier in today's deliberations, that that might be a
12 direct conflict with the intent of the legislation for us
13 to make these statements.

14 MR. GARDELL: There are those who are saying we
15 are in direct conflict, which we may not be. That's the
16 point I was trying to say. I am not sure people understand
17 the legislation, and the use of our money to try to help
18 develop some of these agencies.

19 There may be some misunderstanding, and I am sure
20 it is partly competition.

21 DR. RORRIE: I think it is fair to say that any
22 developmental work that goes on in terms of leadership to
23 develop an HSA in the state of Mississippi will come from
24 the RMP.

25 The A agency in Mississippi is a big disaster.

1 There are two B agencies, federally funded. There are a
2 number of other B agencies not federally funded and the
3 financial support is coming from the RMP.

4 They have been basically the real initiator of
5 planning activities in that state for a number of years.

6 DR. WAMMOCK: There is something to be said for
7 them. They have a strong medical program going on. The
8 generator there is Jim Hardy. Jim is a little bee who
9 buzzes around all the time.

10 But he is an excellent teacher, and does a tremen-
11 dous amount of work. It has made quite a contribution to
12 the educational level of that state, and also the delivery
13 of health care, to use that terminology, from the distance
14 where I see it.

15 DR. JANEWAY: Does anybody know the population of
16 Mississippi?

17 DR. WAMMOCK: It is almost two million.

18 DR. KOMAROFF: Between 1.5 and two million.

19 DR. WAMMOCK: I think I raised the same question
20 the last time.

21 DR. KOMAROFF: I notice the options to that, Options
22 2, 3 and 4 anticipate approximately doubling support for
23 continuing activity. These are not approved and unfunded or
24 new activities.

25 This is just double support for things that are

1 ongoing. What is the justification for that?

2 MRS. FLOOD: Maybe Mr. Jewel can help us.

3 MR. JEWEL: It's a double in time I believe. Two
4 is approved, but three and four I think are just double in
5 time.

6 MR. GARDELL: One is for six months, and two, three
7 and four are for 12 months' activities.

8 DR. KOMAROFF: You think it's a typo under Number
9 2 that has the doubled amount?

10 MR. JEWEL: That's right.

11 MR. GARDELL: No, two is six months for staff and
12 12 for activities.

13 DR. KOMAROFF: Oh, it's 12 for activities; okay.

14 MR. BAUM: Two is through December 31st. You can
15 see we are getting punchy at 4:20.

16 MRS. FLOOD: Your point is well taken.

17 DR. KOMAROFF: Do you know what the current level
18 of support is for the same activities on an annualized
19 basis?

20 MRS. FLOOD: No, we don't.

21 DR. KOMAROFF: I wonder if we are not going to be
22 doubling the amount of money going to these things.

23 MRS. MARS: It's a lot of money to go into that
24 state with that number population.

25 MR. GARDELL: Does somebody have the alternatives

1 in front of them?

2 MR. GARDELL: One is program staff and related
3 activities to 12-31. Number 2 is program staff to 12-31,
4 and continuing projects, or previously approved, unfunded
5 projects to 6-31-76, or just start doubling on two.

6 MRS. FLOOD: Completing in December, with the
7 grantee monitoring the termination of the grants.

8 MR. BAUM: My mistake.

9 DR. KOMAROFF: So the question is, does the million
10 dollars represent a big jump from the current level?

11 MRS. FLOOD: The only change I might make in my
12 recommendation to this Council would be to recommend that
13 this same level I originally stated \$3 million \$626,686
14 specifically excluding from expenditure for equipment and
15 the disapproved arthritis project.

16 Thereby deleting the statement that I would limit
17 them to spend in the \$40,000 bracket.

18 MR. RUBEL: Is there a second to that motion?

19 DR. WAMMOCK: I will second it.

20 MR. GARDELL: Discussion? All in favor?

21 (Chorus of ayes)

22 MR. GARDELL: Noes?

23 (Chorus of no)

24 MR. GARDELL: Two of them; okay, outvoted.

25 Nassau/Suffolk.

1 DR. GRAMLICH: This is an interesting unit. It
2 was recommended by this Council last year for termination.
3 Apparently Nassau and Suffolk have one foot in the casket
4 but refuse to lie down.

5 They were rehabilitated, and if I read their re-
6 quest appropriately, they apparently have vigorous programs
7 which suggest that perhaps the action of the Council to
8 try to kill them last year was all they needed to revitalize
9 them.

10 Their philosophy seems to be excellent, in terms
11 of transition. They have superb CHP rapport. They are
12 developing an HSA and appear to be well on the way towards
13 being designated, if the support letters can be interpreted
14 appropriately.

15 I therefore suggest they be funded at the requested
16 level for Option 4.

17 MR. GARDELL: It's a bloc action. All right, we
18 don't have to vote on that.

19 DR. GRAMLICH: Incidentally, it's not an exorbitant
20 request. It is relatively modest, in terms of some of the
21 ones we have been talking about.

22 MR. GARDELL: Our next one is Nebraska.

23 MRS. KLEIN: Nebraska, under Item 3, are requesting
24 about \$100,000 less than they had previously. They don't
25 seem to have outlined any transitional programs, although

1 they mention it.

2 The only question raised by staff was whether the
3 funding level indicated the phasing out, and if a phasing
4 out was indicated, perhaps they should not be funded to this
5 extent.

6 But I can't see any reason why they should not be
7 funded at the amount requested, since they are cutting back
8 a little bit. The staff will further cut them back, so I
9 would suggest that this be one of the items for bloc approval.

10 DR. WAMMOCK: They are going to have a comprehensive
11 nutritional education program. I think this is one big
12 problem in our present lifestyle.

13 MR. GARDELL: Are you commending or questioning?

14 DR. WAMMOCK: I am commending. I was just pointing
15 it out. It says comprehensive nutritional education program.
16 Consumer, in general, who feels the lack of adequate nutrition-
17 al knowledge and application involving socio-economic status,
18 and that's an absolute fact.

19 I saw on the TV Hi-C. It costs 89 cents, and the
20 content of it is only six percent value. It isn't worth a
21 dern, and that's where we have been taken to the cleaners.
22 That's why I would vote for this outright, because it would
23 be devoted -- I have to divert your mind --

24 MR. GARDELL: Not at all. I'm glad to hear you like
25 something.

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(Laughter)

MR. GARDELL: New Jersey.

MISS MARTINEZ: New Jersey is requesting about \$400,000 less. However, there are two projects in particular, one is a project that the CHP commented on, and I agree is very fuzzy, that is 35A and it's for \$88,000.

The CHP also commented negatively on 38H, which is a model ambulatory project, and CHP thought it should be done by HSA instead of RMP.

Those two add up to \$208,000. I would move for \$3 million \$591,810.

MR. BAUM: That was \$3 million \$591,810.

MR. GARDELL: With no specific deletions; okay. It has been moved that New Jersey be funded at \$3 million \$591,810.

DR. KOMAROFF: Seconded.

MR. GARDELL: Discussion? All in favor?

(Chorus of ayes)

MR. GARDELL: Noes?

(No response)

MR. GARDELL: New Mexico.

MRS. GORDON: New Mexico is still dribbling in. I really don't know what to do with it at this stage of the game. Our reviewer has not had New Mexico too long, and she wasn't all that sure about it either.

1 But it seems as though I gather that they're fund-
2 ing CHP, and they are wanting to fund HSA. Am I correct
3 in this?

4 MS. HICKS: Right.

5 MRS. GORDON: They are asking for more than they
6 had last year. Last year their support was \$1 million
7 \$596,077, and they are asking for \$1 million \$799,372,
8 which includes \$414,684 of new activities.

9 I question that rather strongly. Is there anyone
10 who is really familiar with New Mexico that could tell us
11 what their relationship is on the funding for the HSAs and
12 this sort of thing?

13 MS. HICKS: The only thing we came up with in staff
14 is that they are basically considered a good region. They
15 do get the job done, and they have done some magnificent
16 things.

17 However, they have a haphazard way of submitting
18 applications, which is quite confusing.

19 MRS. GORDON: I found it so.

20 MRS. FLOOD: I might comment that they did serve
21 as a resource to the Governor in developing a rather broad
22 document advisory to the Governor of the state for submis-
23 sion to the Secretary of HEW on recommendations for the
24 health service areas of the state of New Mexico, in which
25 fairly excellent documentation was provided.

1 I do not know if the Governor followed all of those
2 recommendations in their submission on the HSAs for that
3 state, but they did do some tremendous work in that area,
4 as a resource to the Governor.

5 I would like to comment on the rather large bud-
6 get item for the cultural awareness efforts undertaken in
7 New Mexico. Although the state of New Mexico and the New Mex-
8 ico RMP has always served in the forefront for cultural aware-
9 ness emphasis for the 12 western states, especially for the
10 Hispanic-American problems and Chicano problems.

11 This seems like an extraordinarily high budget re-
12 quest for the end transition year for these efforts. It
13 has also been pointed out by some of the CHP agencies that
14 responded to this particular application that they felt that
15 some of the more recent cultural awareness emphases in New
16 Mexico have lost their impact, because of addressing the
17 wrong groups, and that the long-range impact is not valid.

18 I would question this large expenditure on the
19 cultural awareness efforts at a time when the state, which
20 is a rather poor state, and limited in its resources, for
21 addressing the transition and the need for more immediate
22 problems facing it, that they should be expended in this
23 way.

24 MRS. GORDON: I was going to recommend funding at
25 last year's level, which would give them less than what they

1 ask, but which still would allow them some room to play
2 around.

3 MR. BAUM: One five nine six seven seven seven?

4 MRS. GORDON: Yes.

5 DR. KOMAROFF: That would give them some money
6 for new projects too, effectively.

7 DR. GRAMLICH: Any specific exclusions for new
8 projects?

9 MRS. GORDON: Not really.

10 DR. GRAMLICH: If we pass this, we just approved
11 \$179,000 for nurse practitioner training in New Mexico,
12 whereas earlier this afternoon we denied \$100,000 for Ari-
13 zona for the same program, except that this one has not
14 been approved but unfunded.

15 The other one was approved but unfunded.

16 MRS. FLOOD: There was some criticism also aimed
17 at this particular project in the CHP review from the state
18 of New Mexico.

19 MRS. GORDON: This one came in late, and was not
20 in the original packages.

21 MR. GARDELL: We don't have a record of having den-
22 ied the nurse practitioner program in Arizona this morning.
23 Maybe we did not record it properly. We did discuss it.

24 DR. GRAMLICH: We did discuss it, but it was prob-
25 ably not specifically annotated.

1 MR. GARDELL: Remember, there was discussion as
2 to whether it was new or approved and unfunded.

3 MRS. MARS: You said to let RAG decide and find
4 out. You made that statement also.

5 DR. GRAMLICH: Okay.

6 MRS. GORDON: I would have great reservation about
7 \$179,000 for that particular project. But if we cut their
8 recommendation or what they ask, then they would not have
9 enough money, probably.

10 MRS. FLOOD: Part of the new monies under the Health
11 Planning Council support is direct support to existing B
12 or areawide planning agencies; is it not, Mrs. Gordon?

13 MRS. GORDON: As I understood it, it is.

14 MR. BAUM: Yes, I read that one, too.

15 MR. GARDELL: We have a motion for \$1 million
16 \$596,777 from New Mexico. Is that seconded?

17 DR. KOMAROFF: Seconded.

18 MR. GARDELL: Discussion? All in favor?

19 (Chorus of ayes)

20 MR. GARDELL: Noes?

21 (No response)

22 MR. GARDELL: Can we do New York before a quarter to
23 five?

24 DR. KOMAROFF: May I ask that we take that up in
25 the morning? The level of their actual -- their current

1 annual level, as I see it now, is one million more than
2 was printed on the sheet, and that will cause me to re-
3 think things.

4 And I would rather have the evening to do it.

5 MR. GARDELL: All right.

6 Then we are with North Carolina. Dr. Janeway, you
7 get a vacation.

8 MRS. GORDON: North Carolina, their funds this year
9 were \$2 million \$405,881. They are requesting \$1 million
10 \$716,833. Of that \$68,112 is for equipment, which is being
11 disallowed for the arthritis.

12 MR. GARDELL: Are you suggesting that we disallow
13 it?

14 MRS. GORDON: No, it was disallowed on this.

15 MR. GARDELL: Okay.

16 MRS. GORDON: Yes, I am suggesting we disallow it.

17 MR. GARDELL: You are concurring; all right.

18 MRS. GORDON: So they seem to be a good, ongoing
19 program. I would recommend their request, deleting the
20 \$68,112 which makes \$1 million \$650,721, if I subtract cor-
21 rectly.

22 MR. GARDELL: One six five oh seven two one.

23 MRS. GORDON: I could have subtracted the equipment
24 incorrectly.

25 MRS. FLOOD: Let's review the figures. We are

1 starting with \$1 million \$716,833. Subtracting \$68,112 --

2 MRS. GORDON: I think the 68 is wrong.

3 VOICE: The equipment deleted for North Carolina
4 is \$33,388.

5 MRS. GORDON: Subtract \$33,388 from \$1 million
6 \$716,833.

7 MRS. FLOOD: One million \$683,445. That's what I
8 get.

9 MR. GARDELL: You are subtracting it from the
10 \$1 million \$799, are you not?

11 MRS. GORDON: No. One seven one six eight thirty-
12 three.

13 MR. GARDELL: All right, we are with you. The
14 motion has been made that North Carolina be funded at
15 \$1 million \$716,833 which excludes the equipment --

16 MRS. GORDON: It does not exclude. It should,
17 which gives us \$1 million \$683 --

18 MR. GARDELL: I'm sorry, \$1 million \$683,445. Is
19 that seconded?

20 MRS. FLOOD: Second the motion.

21 MR. GARDELL: Discussion? All in favor?

22 (Chorus of ayes)

23 MR. GARDELL: Noes?

24 (No response)

25 MR. GARDELL: Okay. I will entertain a motion to
adjourn for this evening.

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DR. GRAMLICH: So moved.

MRS. FLOOD: Second.

(Whereupon, at 4:40 o'clock p.m. the meeting of the Council was adjourned, to reconvene at 9:00 o'clock a.m. tomorrow morning, Friday, June 13, 1975).
