





~~FOOD AND DRUG ADMINISTRATION~~

HEALTH RESOURCES ADMINISTRATION

PUBLIC HEALTH SERVICE

THIRTY-FIFTH MEETING OF THE

NATIONAL ADVISORY COUNCIL ON REGIONAL MEDICAL PROGRAMS

VOLUME II

Conference Room G/H
Parklawn Building
Rockville, Maryland

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

Friday,
June 13, 1975

The meeting of the Council was convened, pursuant to adjournment, at 9:00 o'clock, a.m., MR. JERRY GARDELL, ACTING 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 MARTINEZ

DR. JOHN GRAMLICH

COUNCIL MEMBERS (Continued)

MRS. AUDREY M. MARS

DR. RICHARD JANEWAY

MRS. WYNONA R. GORDON

DR. ANTHONY L. KOMAROFF

DR. BENJAMIN W. WATKINS

DR. PAUL A. HABER

I N D E X

<u>REGION:</u>	<u>DISCUSSION BEGAN:</u>	<u>ENDED:</u>
Connecticut	2-5	2-6
Kansas	2-6	2-9
Louisiana	2-9	2-11
Maine	2-11	2-13
Memphis	2-13	2-19
Missouri	2-19	2-28
New York Metro	2-28 2-86	2-94
North Dakota	2-29	2-30
Northern New England	2-30	2-30
Northlands	2-30	2-31
Ohio Valley	2-31	2-32
Oklahoma	2-32	2-34
Oregon	2-34	2-34

I N D E X (Continued)

	<u>REGION:</u>	<u>DISCUSSION BEGAN:</u>	<u>ENDED:</u>
1			
2			
3	Puerto Rico	2-35	2-37
4	Rochester	2-37	2-43
5	South Carolina	2-77	2-79
6	South Dakota	2-79	2-80
7	Susquehanna Valley	2-48	2-59
8	Tennessee/Mid-South	2-80	2-82
9	Texas	2-82	2-82
10	Tri-State	2-82	2-84
11	Virginia	2-43	2-44
12	Washington/Alaska	2-44	2-45
13	West Virginia	2-45	2-46
14	Western Pennsylvania	2-46	2-48
15	Wisconsin	2-84	2-85
16	<u>OTHER ITEMS:</u>		<u>PAGE:</u>
17	Resolution of Dr. Haber re: document of Council	2-54	2-77
18	Region Bloc Action	2-94	2-95
19	EMS, PSRO and Kidney activities bloc action	2-95	2-98
20	Public Accountability Reporting	2-98	2-103
21	Adjourned		2-105
22			
23			
24			
25			

P R O C E E D I N G S

1
2 MR. GARDELL: May we get started, and maybe we can
3 get done a little bit after lunch, which would be nice.

4 I thought this morning we would start one where
5 Dr. Haber is not the primary reviewer, so he can get a
6 feel for how we are going through the review. Then we can
7 pick up alphabetically where we left off yesterday, and he
8 can fall in place, where his name appears.

9 Let me say one thing first, so that everybody under-
10 stands. In the event, and I don't know that this is so be-
11 cause I can't get myself back to it, but in the event that
12 any of the regions happen to ask for less than their annual-
13 ized level of funding that we have passed out to you, that
14 will become the level.

15 And we will redistribute the annualized level, based
16 on your recommended level, if that is as high as it goes.
17 In other words, be assured that the level recommended by
18 this Council will not be exceeded, let's put it that way.

19 What I am saying is, some of them may be recommended
20 for a level less than the annualized level which we passed
21 out yesterday, which is the one we are working with, and we
22 won't exceed that.

23 We won't get there anyway, because we have \$44.5 and
24 we are already approved for more money than that.

25 MRS. MARS: Why were these figures annualized for

1 here, current level of support figures, different from
2 those

3 MR. GARDELL: These were 18-month budget figure
4 annualized.

5 MR. BAUM: Divided by 18 months and multiplied
6 by 12, the last 18-month budget period. The ones in front
7 of you are the figures for the June and August Council cy-
8 cles last year that were based on a full review by a review
9 committee.

10 And it was the last 12 months, and we figured that
11 was probably a sensible level to use.

12 MR. GARDELL: They also exclude arthritis, which
13 was an earmark. Let's take the first one that is not Dr.
14 Haber's. We did not do Connecticut yesterday.

15 DR. GRAMLICH: Considerable additional information
16 has been brought in from staff. I have resolved many of
17 the questions I raised yesterday, and I therefore suggest
18 that Connecticut be approved at the bloc level as requested.

19 MR. GARDELL: Okay. One million \$098,830.

20 DR. GRAMLICH: The figure is \$1 million \$99,830.

21 MR. GARDELL: Was that so short, Dr. Haber, that
22 you did not get a catch? Would you like one or two more?

23 DR. HABER: I think I get the point.

24 MR. GARDELL: What it is, if you have no quarrel
25 with the application and the amount seems reasonable, we

1 will handle it as a bloc action. If you have any questions,
2 raise them and they can be discussed.

3 DR. HABER: Let me express my gratitude and thanks
4 to Council and staff for having permitted me to comment
5 on these.

6 MR. GARDELL: Mrs. Gordon is out of the room.

7 DR. HABER: Kansas is a very interesting applica-
8 tion. Several things need to be commented on, only to indi-
9 cate their importance. The project on remote cardiac moni-
10 toring, the nurse clinician program.

11 But most importantly the organ retrieval program,
12 which I construe to be an extremely important program in
13 view of the growing importance of organ replacement as a
14 way of meeting end stage renal disease.

15 I have had personal experience with the organ re-
16 trieval program in Kansas, and found it exemplary for the
17 nation.

18 I do have so qualms. I would select Alternative
19 Number 3, but there are a couple of projects that I am not
20 very happy with.

21 I would recommend reducing their costs or their
22 funding, that -- and the arthritis project, by \$26,000.
23 They presented \$226,400, so I would give them a flat \$200,000.
24 Similar to that for the perinatal project.

25 This would then effectively reduce their funding

1 under Alternative 3 by \$108,000 for a total of \$1.149 mil-
2 lion, and that would be my recommendation.

3 MR. GARDELL: Dr. Gramlich, would you like to
4 speak to the arthritis, which we handled in bloc form yes-
5 terday, Dr. Haber.

6 DR. GRAMLICH: Dr. Haber, yesterday it turned out
7 that the arthritis requests roughly equal the amount of
8 funding that was available in total.

9 Therefore, we took bloc action on them, including
10 Kansas, at the level of \$226,000, and that has already been
11 approved. That is earmarked funds that can be used for
12 nothing but arthritis.

13 And it turned out to be the amount available, as
14 it was.

15 DR. HABER: With that amendment, I would like to
16 make my recommendation such that it embraces the actions
17 already taken by Council.

18 MR. BAUM: So we would add that to your figure,
19 how much?

20 DR. JANEWAY: Twenty-six thousand four hundred.

21 MR. BAUM: So it is \$1 million \$490 -- plus --

22 DR. HABER: Whatever would be additional for the
23 Kansas arthritis project.

24 MR. BAUM: It is \$226,400.

25 DR. HABER: Incidentally, I am delighted with the

1 news that I hear about the arthritis project en bloc be-
2 cause I construe that to be extremely important.

3 MR. GARDELL: With that motion that you have I
4 think it becomes a bloc action, then.

5 MR. BAUM: No. It becomes \$1 million \$716,400;
6 is that right?

7 DR. HABER: Right.

8 MR. BAUM: I added wrong. It is \$1.149 million,
9 plus \$226,000. That gives you \$1.375.

10 VOICE: It comes out to \$1 million \$175,400; is
11 that right, Dr. Haber.

12 DR. HABER: Yes.

13 DR. JANEWAY: So it is bloc?

14 MR. BAUM: No, it isn't.

15 MR. GARDELL: Dr. Haber, the \$1.357 in here does
16 include the arthritis. We did not have separate applica-
17 tions. Do you intend to increase it over that, or do you
18 want to stay with what they are requesting, which includes
19 the arthritis.

20 DR. HABER: The latter.

21 MR. GARDELL: Okay, then it does become a bloc
22 action. Very good.

23 DR. KOMAROFF: What level of support are we voting
24 on?

25 MR. GARDELL: It is either three or four, Tony.

1 They are both the same.

2 DR. KOMAROFF: What about the reduction for the
3 perinatal funds?

4 DR. HABER: That's part of the level I recommended,
5 reduction of perinatal funds to \$200,000.

6 MR. BAUM: They have asked \$1 million \$357,126.
7 Now you want to take how much out?

8 DR. HABER: That amount for perinatal, which is in
9 excess of \$200,000. What was that, \$26,000? I'm sorry,
10 \$52,000.

11 MR. BAUM: That would give you \$1 million \$305,126.
12 It is the amount requested, less \$52,000.

13 DR. HABER: Right.

14 MR. BAUM: So the action, then, is on \$1 million
15 \$305,126, deleting \$52,000 for the perinatal project.

16 MR. GARDELL: We have a motion on board for Kansas
17 which is the figure you finished up with, \$1 million \$305,126
18 excluding the perinatal project; do I hear a second?

19 DR. WAMMOCK: Second.

20 MR. GARDELL: Discussion? All in favor?

21 (Chorus of ayes)

22 MR. GARDELL: No?

23 (No response)

24 MR. GARDELL: Thank you. Now, Louisiana. Dr.

25 Janeway --

1 DR. JANEWAY: I had extensive discussions with
2 staf following the receipt of a variety of letters between
3 Dr. Sabbatier and Mr. Rubel, and those from the state office
4 of Comprehensive Health Planning, and Mr. Rubel.

5 It is my recomendation that Alternative Number 3,
6 in the amount of \$660,169 be recommended as the level of
7 funding for Louisiana, which is the requested amount, in
8 comparison with their current annualized rate of somewhat in
9 excess of \$1 million one per annum.

10 This recommendation is made with the suggestion to
11 staff that it use the widest possible discretion and use
12 of its authority in the allocation of funds for transitional
13 activities, to assure that there is cooperation between the
14 State Office of Comprehensive Health Planning, the A agency,
15 and the Louisiana RMP.

16 MR. GARDELL: Very good.

17 DR. JANEWAY: Dr. Sabbatier, I think, has done a
18 fine job in bringing that organization back to a functional
19 level.

20 MR. GARDELL: Then we have a recommendation for
21 funding the Louisiana RMP application at the third alterna-
22 tive level of \$660,169.

23 DR. WAMMOCK: Seconded.

24 MR. GARDELL: With conditions that would be inclu-
25 ded.

1 DR. JANEWAY: It would be my intent on that to
2 exclude the new activity listed under Alternative Number 4.

3 MR. GARDELL: It does, yes. It is less than four--
4 but you want to specifically have that one excluded, do you?
5 In other words, supposing they could fund it within the
6 \$660,000.

7 Do you want that one not funded? Is that your in-
8 tention?

9 DR. JANEWAY: I think it is a nice idea, but I
10 don't think it relates to new activities as determined un-
11 der transitional activities in the law.

12 MR. GARDELL: Are we ready for the vote? All in
13 favor?

14 (Chorus of ayes)

15 MR. GARDELL: Noes?

16 (No response)

17 MR. GARDELL: Thank you.

18 Maine.

19 DR. HABER: The Maine project is a very interesting
20 one. The comments I would make is that this regional medi-
21 cal program has done a great deal to bring up the quality
22 of care in this relatively isolated section of the north-
23 east.

24 The Veterans Administration has been heavily in-
25 volved in making grants to the grantee organization, and we

1 are also deeply involved in trying to get a medical school
2 going in Maine, and have the family practice residency and
3 several other worthwhile objectives going there.

4 Although it has been my apparently mistaken belief
5 that everything is harmonious in Maine, that is not the
6 case.

7 There was an acrimonious controversy over a position
8 of the municipal health specialist, in which a great many
9 issues, relating to local versus state versus federal hegemony
10 over the health care process come to fruition.

11 But I really think it is a tempest in a teapot.
12 I would recommend Alternative Number 3 for them, without any
13 change. I would go with the staff recommendation of
14 \$1,133,989 million.

15 MR. GARDELL: Do you have any feeling for the new
16 activities at all, since we did not come to a conclusion
17 yesterday as to whether we would or would not consider? Are
18 you excluding those, Doctor, or do they have the alternative
19 of funding them, if they have a high priority?

20 DR. HABER: I think it would be the latter.

21 MR. GARDELL: Then it is Number 3, without any
22 conditions?

23 DR. HABER: Right. I wish the process was not so
24 fast, because there are many fine things in this application
25 that I would like to comment on, but in the interest of time

1 I won't.

2 MR. GARDELL: I know, we all feel that way, I guess.

3 DR. JANEWAY: Dr. Haber, I would like to ask a
4 question for my own edification. Are any of the funds in
5 the RMP being used toward the development of a medical
6 school?

7 DR. HABER: Not directly. The basic problem is,
8 the Veterans Administration has a new law, 541, which per-
9 mits us to establish on our own campus, to construct and
10 fund a medical school for 90 percent of the first year's
11 costs on a decreasing scale, over a period of eight years,
12 at the end of which time it would have to be fully supported
13 by the state in which it operates.

14 My concern is whether Maine can afford a medical
15 school or not.

16 DR. JANEWAY: That was the thrust of the question.

17 MR. GARDELL: We have a motion from Dr. Haber that
18 Maine be funded at \$1 million \$133,989, with no conditions.
19 Do I hear a second?

20 MRS. MARS: Second.

21 MR. GARDELL: Do we have any discussion? All in
22 favor?

23 (Chorus of ayes)

24 MR. GARDELL: Noes?

25 DR. JANEWAY: Abstain.

1 MR. GARDELL: Memphis.

2 DR. HABER: Memphis gave me some real concerns.

3 I note the staff recommendation was for Alternative Number
4 1 or 3. I guess I would have to come down on the side of
5 Number 3.

6 Memphis is obviously very busy. They are proceed-
7 ing in a workmanlike fashion. I think a number of very
8 good things have happened there. They, themselves, regard
9 Alternative Number 3 as their first priority, and did not
10 believe that Numbers 2 and 4 were viable.

11 It seems to me that that is flagrant disregard of
12 your instructions, but so be it. I think their projects
13 are plumped under quality assurance, accessibility of pri-
14 mary care services, training and increased manpower utiliza-
15 tion, regionalization and emergency medical care and preven-
16 tion of disease.

17 They have done some remarkable things; they have
18 helped train a great many people in emergency care. They
19 have established regional community trusteeships. They are
20 now funding over 140 separate and distinct activities, in
21 the emergency medical field.

22 They have trained 800 emergency medical technicians.
23 That must be having a major impact on primary health care
24 delivery in the Memphis area. I would dearly love to see
25 some analysis of this.

A D P

1 They claim that their target would be 470,000
2 patients, and they are screening an additional 300,000
3 people for hypertension and other related diseases.

4 DR. WAMMOCK: How is that done?

5 DR. HABER: Through hypertension screening clinics.

6 DR. WAMMOCK: Voluntary basis?

7 DR. HABER: Yes. Hypertension screening is, again,
8 something that has national priority from HEW and the VA as
9 well. It is an area where integration with private medical
10 practice has been rather good.

11 In sum, I would, without enthusiasm, recommend
12 acceptance of Priority Number 3 for a total of \$3.28 million
13 dollars.

14 MR. GARDELL: That would become a bloc action, Doc-
15 tor.

16 DR. HABER: I am open to all kinds of argument on
17 that one.

18 DR. WAMMOCK: What will you do with the unfunded
19 activities of \$500,000?

20 DR. HABER: I would suggest that they be phased out.

21 MRS. FLOOD: I have to express the same concern.
22 Half a million dollars' worth of new activities, beginning
23 at the transitional period. I only have the staff summary,
24 but the transition components of this particular region's
25 proposal don't seem to be that strong, other than staff

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will be doing some ongoing monitoring, and now analysis of data reports, etcetera, which will be of value.

Can the staff person, perhaps, tell us if any of the new activities relate to transition?

MR. JEWELL: No. The way I understand it it is a salvaging of some forces in Memphis. They included, and they would not get enough funds to fund it. There is equipment in here, too.

MRS. FLOOD: I just feel that it is inappropriate to just bloc action in a particular region which has an annualized budget currently of \$3 million \$494,000, according to the new printout we received, and is talking about a half million dollars of new activities, although approved and unfunded.

I would like to recommend a lesser level of funding, deleting the activities, the new, approved, unfunded activities.

MRS. KLEIN: Mr. Chairman, I notice here that they have equipment requests, too. Are those a part of the requested funding? It is over \$300,000.

MR. GARDELL: It depends on what the equipment is for.

MRS. FLOOD: It's in the \$528. Of the \$528 over \$300,000 was equipment.

DR. WAMMOCK: I want to touch another point here.

1 If you look under the Tennessee grant, they are requesting
2 over \$2 million. This grant is \$3 million \$650 -- that's
3 \$5 million plus.

4 And that is a lot.

5 MR. GARDELL: On the other hand, their annualized
6 level is \$1 million dollars greater than Tennessee itself.

7 DR. WAMMOCK: That's right.

8 MRS. MARS: What you are saying is that's going in-
9 to the state. That much money is literally going into the
10 state, which is too much.

11 DR. WAMMOCK: For the size and the population --
12 I don't question their ability and capacity to spend it,
13 but I think it's way out of line.

14 DR. HABER: I would temper that information with
15 the knowledge that Memphis -- I don't pretend to be too
16 well informed about this area, but Memphis has as much ef-
17 fect in some of the northeastern counties, say, of Arkansas.

18 DR. WAMMOCK: That is perfectly true, but at the
19 same time --

20 DR. HABER: Our patterns of patient referral fre-
21 quently go that way in Arkansas.

22 DR. WAMMOCK: It is close to Missouri, too.

23 DR. JANEWAY: It's still a lot of money.

24 DR. WAMMOCK: I would leave that \$528,000 for
25 approved, unfunded activities.

1 MR. GARDELL: On the basis that --

2 DR. WAMMOCK: They have been approved and unfunded.
3 But the budget is all out of balance.

4 MRS. FLOOD: Mr. Chairman, may I submit for the
5 Council's consideration the funding level deleting the ap-
6 proved, unfunded activities at \$2 million \$762,590.

7 DR. KOMAROFF: Second.

8 MR. GARDELL: I think Mr. Jewell was raising his
9 hand.

10 MR. JEWELL: I think the record ought to show that
11 the Memphis RMP covers parts of five states. It is not all
12 going into Tennessee. It's Arkansas, it's Mississippi, it's
13 a conglomerate.

14 Even though it is called Memphis, and it is physi-
15 cally located in Tennessee.

16 DR. WAMMOCK: That is a big umbrella.

17 DR. HABER: I would like to indicate that I would
18 be very happy with Mrs. Flood's recommendation. As I indi-
19 cated, I recommended Alternative Number 3, but without en-
20 thusiasm.

21 I think the points she makes are well taken. I
22 think they have done some very fine things, but I think the
23 level of funding that she mentioned would be appropriate.

24 I would be happy to concur in that.

25 MR. BAUM: What was your number?

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MRS. FLOOD: I have -- it's \$2 million \$752,590.

He is right.

MR. GARDELL: Has the recommendation been seconded?

DR. WAMMOCK: Yes, sir.

MR. GARDELL: The motion has been seconded that the amount of \$2 million \$752,590 -- that excludes the approved but unfunded activities, which are to be excluded specifically, because in all probability they will not get that much anyway.

All in favor?

(Chorus of ayes)

MR. GARDELL: Noes?

(No response)

MR. GARDELL: Missouri, Dr. Haber.

DR. HABER: Missouri was the most difficult of all. And I will need some help on this one. I came up with the feeling that again there was a great deal of controversy between the CHP agencies and the RMP, between various levels of state and county and national jurisdictions.

It was difficult to dissect out what they were doing. They are obviously doing a great many fine things, and one is reluctant not to go along with their total recommendation.

But that, of course, strikes me as being inappropriate. They do have some good things in trying to bring

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better care to nursing homes, which I think is important in Missouri, certainly from the VA's stance.

They have spent a fair amount in family care, which I think is important. They are concerned with patients' rights.

One project dealt extensively with that, a very important area.

DR. KOMAROFF: What are they doing?

DR. HABER: They are elaborating something like a Patients' Bill of Rights, and educating people as to what those rights are.

DR. WAMMOCK: The RMP?

DR. HABER: Right. I think one of the things -- let me just say that if I had to defend that concept, I am surprised it is questioned, but I think one of the things that the REGIONAL Medical Program has done has been to educate patients as to what to expect.

I think that is one of the most significant things that the RMP has done across this country. In the process it has raised expectations on the part of the consumers in health care.

It may be in some areas it is inappropriate, but I think, generally speaking, that that is a desirable thing. I think that one of the most important things that we can do in preventive medicine is to educate people on what to

1 expect and how they can take care of themselves.

2 DR. WAMMOCK: I would agree with it wholeheartedly,
3 but I am not sure -- I sat in on a meeting on the same
4 thing last week, dealing with the process of the education
5 of people about those problems.

6 DR. HABER: My concern is that preventive medicine
7 in this country is not going to get anywhere until we have
8 people who are enlightened about health care. I think we
9 would certainly be on the side of educating people.

10 DR. WAMMOCK: I am going to ask you something about
11 educating people. John Gunther wrote a book, "Death, Be
12 Not Proud". It was premiered on ABC, about two and a half
13 months ago, at prime time.

14 The principal actor in that was John Hill, who
15 also had a son who died with a brain tumor. For the educa-
16 tion of the public, this was emphasized in the press and TV
17 and so forth and so on.

18 I have asked many of my friends in different meet-
19 ings I have been to, and only one or two fingers have been
20 up who saw that movie.

21 I don't watch movies on TV, but I was posted about
22 this, my wife told me this was coming up and I read the
23 book in 1949 when it came out.

24 Mr. Gunther is a very eminent man. He wrote "In-
25 side Asia", "Inside Europe", and so on. I just emphasize

1 that a health problem, as far as I am concerned and as far
2 as education is concerned -- but I don't know how many
3 people saw that.

4 I am going to find out from ABC whether five mil-
5 lion or ten million people saw it. But I thought it was a
6 wonderful, educational program about the health problem,
7 Dr. Haber, and I could not agree with you more heartily
8 about the situation.

9 But the question is, look at the trash that is on
10 there.

11 DR. HABER: All I am saying is education itself
12 can be good or bad, and I have no argument with that. We
13 do a lot of bad things in education in many other fields.

14 I would not like to convey the impression that I
15 am in favor of bad education. But I think that until the
16 public is enlightened about what health care is all about,
17 I don't think we will ever get off the ground in preventive
18 medicine.

19 I think the whole issue of smoking is a case in
20 point.

21 DR. WAMMOCK: That's right.

22 DR. GRAMLICH: Dr. Haber, I noticed there is a
23 large staff in Missouri, around 70 at the present time.
24 They are recommending supplementation of that staff in the
25 neighborhood of 90 to 91.

1 Did this catch your attention?

2 DR. HABER: Yes, it did, and I don't think they
3 should increase their staff. My feeling is, I would indi-
4 cate that Alternative Number 3 is the one that I would want
5 to see.

6 DR. KOMAROFF: That gives them a million dollars
7 more than they are currently spending.

8 DR. HABER: With the reduction to \$3 million dol-
9 lars total spending. I am told by staff that Missouri is
10 in the throes of all kinds of political problems with res-
11 pect to the operation of this.

12 The director, himself, has been in Japan. Would
13 you enlighten us again on that?

14 MR. POSTA: Dr. Wrigley has been on sabbatical for
15 about a year. He is due back in later this month. Jim Watts,
16 his deputy, has been on board 100 percent of the time. How-
17 ever, the records you have there show Dr. Seitz has been on
18 board as the Acting Coordinator for about 20 to 25 percent
19 of the time this past year.

20 But Dr. Wrigley will be on board when this new
21 grant would be in effect, July 1.

22 MR. GARDELL: Your motion then, Doctor, was for
23 \$3 million eight --

24 DR. HABER: No.

25 MR. GARDEL: Number 3.

1 DR. HABER: Number 3, with the reduction of
2 \$883,000, a flat \$3 million.

3 MR. GARDELL: Are you specifically reducing the
4 new activities, or are you reducing the amount requested?

5 DR. HABER: I am reducing the amount requested,
6 but that, then, is to be used to prevent the introduction
7 of new activities.

8 MR. GARDELL: No conditions. The motion has been
9 made that Missouri be funded at \$3 million. Do I hear a
10 second?

11 DR. WAMMOCK: Second.

12 DR. HABER: Can I ask Miss Murphy if she has any-
13 thing further to say about this?

14 MS. MURPHY: No.

15 DR. KOMAROFF: I just wonder how often in the pro-
16 ceedings so far we have approved a level that is higher than
17 the current annual operating level for a region? If we have
18 done that a fair amount of the time, then it seems to me we
19 are not implying that this is a particularly good region on
20 this action.

21 DR. WAMMOCK: This is going to come up again and
22 has come up. We are approving \$250,000 more.

23 DR. GRAMLICH: But they will only get 40 percent
24 of that, approximately.

25 MR. GARDELL: I know that colors my thinking in

1 everything you do. I can't help but have it color my think-
2 ing, and I am sure it does yours, too.

3 That is why I am saying, if you have any specific
4 conditions that you want to put on it, those would have
5 to be included in whatever share of the funds that they get.

6 It could well be that what we need to do when we
7 finish here and before all of you take off is to get some
8 sort of guidance from you that, if any of these activities
9 are transitional in nature, depending on the wording of
10 the supplemental appropriation when it is finally passed,
11 if it allows new projects for transitional purposes, that
12 you would have no objection to them.

13 But they are new. We have already said, "We don't
14 care if it is in program staff", but we are talking about
15 projects now.

16 DR. WAMMOCK: Dr. Haber referred to in fighting in
17 Missouri, and there is a comment here that deals with that
18 situation, that is made by the reviewer here.

19 "The CHP comments received from Arch, St. Louis,
20 Missouri were unfavorable. The RMP plans to respond to
21 the remarks. The RMP had sent the application to CHP A
22 agency, who, in turn, forwards related projects to appro-
23 priate B agency.

24 "Unknown to RMP several B agencies have not been
25 contacted. The program plans to check into matters and

1 rectify any oversights."

2 DR. HABER: When you read the response on the
3 time of the RMP they, in turn, indict the B agencies as
4 being less than supportive. They point out that they have
5 invited them to meetings where there has been no attendance.

6 It is difficult to say who is the culprit in this
7 thing, but I was merely commenting that there was a differ-
8 ence of opinion.

9 MR. GARDELL: I think, again, we have to go back
10 to the resolution that we talked about, where we will have
11 to concern ourselves with reconciling any differences that
12 would appear to exist between the RMPs and the reviewing
13 agencies.

14 DR. WAMMOCK: I think this is an unfortunate sit-
15 uation for them and for us.

16 DR. HABER: I do have some specific instructions
17 in line with staff recommendations, or recommendations
18 from Region 7 RHA.

19 They are that Project 164 not be funded; that
20 Project 166 not be funded; and that Project CO 65 -- I'm
21 sorry, CO 54, not be funded.

22 MR. GARDELL: Do you have any reasons for that,
23 for guidance, Doctor?

24 DR. HABER: It does not look like it is an appro-
25 priate area for them to develop the model HSA under

1 Project 166. The 164 is inappropriate, because it would
2 complicate, according to the Regional Director's note, it
3 would complicate the transitional process.

4 CO 54, the communications for transition seems to
5 be gratuitous to put it mildly.

6 MR. GARDELL: One of the things I would like to
7 remind you of is that the comments we get from the reveiw-
8 ing agencies are not required for us to act upon.

9 In other words, what it has to do, Doctor, go back
10 to the RAG, and they have to consider it. If they decide
11 to fund it anyway, they have to provide us with justifica-
12 tions as to why they have funded it.

13 All I am cautioning you is that we are not required
14 at this point, and that is why we have a resolution not to
15 live with the comments that we have.

16 DR. HABER: In line with your request for further
17 instructions about it, I thought that would be a point.

18 MR. GARDELL: The Administrative Office comments
19 are regionally decreed upon, not by law.

20 DR. KOMAROFF: I am not clear whether you want to
21 specifically prohibit those activities or merely make sure
22 that the message gets through to the region that the region-
23 al office and the CHP agencies were concerned.

24 DR. HABER: The latter.

25 DR. KOMAROFF: Am I to understand that the new

1 activities for \$878 are specifically excluded?

2 DR. HABER: Precisely.

3 DR. KOMAROFF: Okay.

4 MR. GARDELL: You are still of the opinion that
5 these three activities ought to be specifically deleted,
6 Doctor, or did you change that?

7 DR. HABER: No, I said that ought to be furnished
8 for their guidance.

9 MR. GARDELL: Very good. We have a motion for
10 Missouri to be funded at a level of \$3 million with guidance
11 regarding three of the activities and exclusion of the new
12 activities in the amount of \$888,000, the balance, so it
13 comes out to a flat \$3 million.

14 Do I hear a second?

15 MRS. MARS: Second.

16 MR. GARDELL: Any more discussion? All in favor?

17 (Chorus of ayes)

18 MR. GARDELL: Noes?

19 (Chorus of noes)

20 MR. GARDELL: Three. New York Metro, Dr. Watkins
21 is leaving the room.

22 DR. KOMAROFF: Before you leave, Ben, I am still
23 waiting for staff information on New York Metro. Can I pass
24 again?

25 MR. GARDELL: Just don't let us forget you.

1 North Dakota.

2 MRS. GORDON: North Dakota last year was annual-
3 ized at \$505,501. They are short on their minorities, as
4 far as their employees and staff goes, and their Council,
5 which is something I just wished to mention.

6 At this stage of the game I don't know if we are in
7 any position to do much about it. They foresee closing
8 shop one year from now.

9 They are only going to have three activities, and
10 one of those is arthritis, which is earmarked. So I recom-
11 mend that we bloc them, with their Number 3 request.

12 DR. WAMMOCK: So moved.

13 MR. GARDELL: With some sort of indication of con-
14 cern for the lack of minorities?

15 MRS. GORDON: Yes.

16 MISS MARTINEZ: Mr. Chairman, I believe when I re-
17 viewed New Jersey I forgot to mention that, not the lack of
18 minorities in general, but the lack of Spanish-speaking
19 minorities.

20 New Jersey has a very large population now and
21 there really is no excuse. I believe I mentioned it at the
22 last Council meeting, as well.

23 MR. GARDELL: I don't recall whether the advice
24 went to them or not. I assume it did.

25 MR. NASH: I don't know if it went into the advice

1 letter or not.

2 MR. GARDELL: We will do it again. Northern New
3 England is our next one. Mrs. Flood.

4 MRS. FLOOD: Northern New England has a current
5 annualized budget of \$1 million \$266,460, and is requesting
6 under Item 4, Budget 4, \$1 million \$517,480, with the new
7 activity designation being entirely transition activities.

8 There is concern expressed by staff, and I found
9 it obvious in the application. The coordinator has listed
10 himself as the Project Director for five different projects.

11 He has assured staff that he has eligible agencies
12 and institutions to assume these responsibilities, should
13 the award be given. The project reflects some well-planned
14 thinking for the transition period, and I would recommend
15 a bloc approval for Northern New England, at Level 4, inclu-
16 ding the new transition.

17 MR. GARDELL: All right. My favorite, Northlands.

18 DR. WATKINS: Northlands has a very tightly run
19 program. Three new projects connected with the 93-641 HSA
20 bills. It is asking for roughly half, which is \$963,760,
21 half of their previous current level of support, which was
22 \$1 million \$850,459.

23 I am asking for a bloc on that.

24 DR. WAMMOCK: Second.

25 MR. BAUM: At which level, four?

1 DR. WATKINS: Four.

2 MR. GARDELL: Ohio Valley.

3 DR. JANEWAY: Ohio Valley is currently operating
4 at an annualized level of support of \$2 million \$173,321.
5 Their alternate Number 4, including \$108,568 for new acti-
6 vities is \$1 million \$216,149.

7 Although I have some minor misgivings about cer-
8 tain of the projects, I recommend a bloc.

9 DR. KOMAROFF: What are the new activities?

10 DR. JANEWAY: They are all related to transition.
11 If there is a second to that, I would like to make one phil-
12 osophical comment.

13 DR. WAMMOCK: Second.

14 DR. JANEWAY: I wonder if it is not an error that
15 we made before. This project, 4844, computerized time
16 oriented data base for renal failure, which strikes me as a
17 scientifically related project that should have been peer
18 reviewed, through a scientific council on its merits.

19 In reading the discreet activity summary, it is
20 a continuing activity, and there is nothing we can do about
21 it. But careful reading of it indicates to me, and I pre-
22 sume it has been handled thusly, that it should have gone
23 through at least a clinical research practices committee.

24 Or, a committee on human subjects before it was
25 included as a project.

1 MR. GARDELL: That went to the kidney program,
2 Do tor, and we will be guided by their response to us.

3 DR. JANEWAY: Thank you.

4 MR. GARDELL: Oklahoma, Mrs. Mars.

5 MRS. MARS: Oklahoma has acted as a resource to
6 the Governor in the HSA planning. In fact, I think he is
7 taking great advantage of the fact, and he is asking for
8 \$60,000 for support of the transition period.

9 Their proposed application activities represent
10 more or less a continuation of program elements, which do
11 have the most potential in the transition and organizational
12 period.

13 Also, in their request there is \$100,000 support
14 for two approved, unfunded BHP B agencies, as well as
15 \$100,000 to the CHP A agency, through another project.

16 I don't feel that they are justified in the amount
17 that they have requested, and I would like to recommend
18 Number 2, but spread over the period of 18 months. In other
19 words, to June.

20 And not confined to December 31st, of \$1 million
21 \$252,141. I feel that a great deal of the money they are
22 asking for can be obtained from other places, so to speak.

23 Naturally they had a glowing report from the CHP,
24 since they are supporting them, more or less. So that is
25 my recommendation.

1 DR. WAMMOCK: You wanted to go to June of '76?

2 MRS. MARS: Yes, you see, ordinarily, Number 2
3 would end at December 31st.

4 MR. BAUM: That's \$1 million \$252,142 through
5 June 30th, 1976?

6 MRS. MARS: Right.

7 MR. GARDELL: By questioning the support of the
8 CHP agencies, federally and non-federally supported, I
9 think this is the first time that it has come up. I don't
10 know what kind of a precedent it will set in future review.

11 But it seems to me in some of the areas in the
12 coordination of the two programs out there, or three programs,
13 however many are involved, in trying to develop an appropriate
14 health planning activity for the state, remember that the
15 CHP agencies are not well funded either.

16 That has been one of our expenditures, and we de-
17 cided a long time ago it would be, so that is for what it
18 is worth.

19 Do you want any conditions put on this, or just
20 reduce the amount?

21 MRS. MARS: No, just reduce the amount. They can
22 do what they please about it.

23 MR. GARDELL: We have a motion on the floor for
24 Oklahoma to receive \$1 million \$252, 141 for a 12-month
25 period. Do I hear a second?

1 MRS. GORDON: Second.

2 MR. GARDELL: Is there any discussion?

3 MRS. FLOOD: I just wish to request clarification.
4 This funding level does not exclude funding, whatever they
5 manage to apportion to either the A or the B agencies or
6 the Governor's office?

7 MRS. MARS: No, it does not. They can do what they
8 please about it, as far as I am concerned.

9 MR. GARDELL: All in favor?

10 (Chorus of ayes)

11 MR. GARDNER: Noes?

12 (No response)

13 MR. GARDELL: Oregon.

14 DR. WAMMOCK: This is a very small and concise
15 report. I would call to your attention that the annualized
16 level is \$1 million \$318,000.

17 They are requesting under Number 3 \$901,186 and
18 I recommend -- they are going through a transitional stage
19 here to HSA.

20 They have some Emergency Medical Service going on.
21 I will not read this, but I think it is a very good program
22 and I would move that it go en bloc.

23 MR. GARDELL: Very good. Let's take a coffee
24 break.

25 (Whereupon, a short recess was taken).

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MR. GARDELL: Can we reconvene? Can we move on to Puerto Rico?

MRS. FLOOD: Puerto Rico is listed in our books as annualized figure of \$742,572 but the actual print-out reflects a lower annualized figure, \$705,972. They have a reduction in arthritis that was approved at previous level of funding, not approving an expansion of funding.

There is one concern expressed by staff review, and also upon careful analysis of their documents. They have a plan to expand their current staff levels.

I would request that they be advised to carefully analyze the types of staff that they are going to expand to, or perhaps not expand, and readjust the types of staff that they are utilizing for the transition, as it is documented.

But they intend to apply to become the HSA for Puerto Rico. But I would recommend bloc approval.

MR. GARDELL: That's \$889,852?

MRS. FLOOD: That is correct. It will carry, automatically, the deletion of the arthritis reduction.

DR. WAMMOCK: I was in San Juan and they are working hard on their program there, and I think they are deserving of this pitiful sum, and I would echo that.

MR. BAUM: Can I comment on that? I will take off my hat as Secretary, and put on one as a staff member.

1 Dr. Rabura (ph) who is a coordinator of the program
2 in Puerto Rico was in here several weeks ago. In Puerto
3 Rico there is no CHP B agency. The RMP there clearly intends
4 to become the HSA for Puerto Rico.

5 They have to divest themselves of their association
6 with the university, and become an independent organization.
7 But that may partially explain the reason for his increase
8 in staff, because they appear to have a clear track to be-
9 come the HSA, and I gather Puerto Rico will be a single
10 area.

11 MR. GARDELL: Mrs. Flood, that is all in the staff
12 review. Would you still like to have us alert them --

13 MR. NASH: This problem, as I see it, with the staff
14 in Puerto Rico is that they already have on board more
15 staff than an HSA for the population of Puerto Rico would
16 be able to support.

17 MR. GARDELL: I see. So really instead of increas-
18 ing them what they will have to do is be more selective
19 and reduce.

20 MR. NASH: Right.

21 MR. GARDELL: That's a good point, and we will guide
22 them accordingly.

23 MRS. FLOOD: That was the only concern.

24 MR. GARDELL: The motion is that it be a bloc action,
25 but with guidance with respect to the assignment of staff to

1 RMP and ultimately to the HSA, should they be accepted as
2 one.

3 MRS. FLOOD: That's good.

4 DR. WAMMOCK: Second.

5 MR. GARDELL: Any more discussion? All in favor?

6 (Chorus of ayes)

7 MR. GARDELL: Noes?

8 (No response)

9 MR. GARDELL: Rochester. Mrs. Klein?

10 MRS. KLEIN: Rochester seems to be a very fine
11 program, and they are requesting funding some \$500,000 below
12 their current funding.

13 I think that it is -- would be subject to bloc ap-
14 proval at the three level, \$805,492.

15 MR. GARDELL: That isn't bloc, then. Bloc would
16 be Number 4. Number 4 includes new activities --

17 MRS. KLEIN: Staff questioned those new activities,
18 but I thought we were authorizing bloc action at Number 3.

19 MR. GARDELL: Only if there was not a Number 4.
20 Number 4 is considered -- that is the gamut.

21 MRS. KLEIN: Then I would recommend that we approve
22 it at \$805,492 which is the Number 3 item.

23 DR. WAMMOCK: I second.

24 MR. GARDELL: Are you going to give us any guid-
25 ance on the new activities?

1 MRS. KLEIN: They seem to contemplate the new acti-
2 vities as being justified by the Number 4 authorization. I
3 don't know whether it would be necessary. I feel as a mat-
4 ter of philosophical approach that these programs for the
5 various regions should be given the greatest freedom to
6 utilize the funds as they wish.

7 I don't know enough about it to recommend that.

8 MR. GARDELL: I just wanted to make certain.

9 MRS. KLEIN: If someone else feels that qualified--

10 DR. KOMAROFF: Do the new activities relate to
11 transition at all?

12 MRS. KLEIN: Yes, to an extent they do.

13 MR. GARDELL: Largely related to primary and chronic
14 care in a variety of areas. One of them relates specifi-
15 cally, and that is for \$9,800.

16 MRS. KLEIN: The staff comment was that it may not
17 be in the best interest of the newly formed HSA. So I
18 would imagine that some of them would be continuing programs.
19 If somebody else feels differently, and knows a little bit
20 more about Rochester than I do --

21 MR. GARDELL: I just wanted to say, for discussion
22 purposes, that I have not seen a clearly accepted definition
23 of what is transition. We tend to think of it in terms
24 of something that would be helpful in the development of
25 an HSA or a state agency, or the designation of an area

1 which has already been done.

2 Those kinds of things. But in addition to that,
3 they are talking about transition in the appropriation lan-
4 guage at the moment, transition being the kinds of things
5 that are worthwhile saving for the future.

6 Just as we were speaking a few minutes ago, there
7 are a lot of good things that the RMPs are doing that should
8 be continued by somebody.

9 This is considered transitional, as well. So I
10 am just saying to you -- I am confusing you I know -- but as
11 far as I am concerned, transition means a lot of things to
12 me.

13 And it could well be that some of these activities
14 which are not necessarily geared for the new agency are the
15 kinds of things that should be continued by a new agency,
16 not just in the development of one.

17 Hopefully, someday needed federal funding would
18 come under --

19 MRS. KLEIN: How would you then interpret the com-
20 ment by staff, the funding of 23 new projects at a cost of
21 \$544,578 may not be in the best interest of the newly-formed
22 HSA?

23 MR. GARDELL: Let us ask the staff.

24 MR. BAUM: Frank?

25 MR. NASH: Is Moe Robbins here? He was staff

1 reviewer on this. This particular region probably has the
2 closest working relationship to CHP as anyone in the country.

3 The records -- the advisory group for CHP and the
4 staff are almost one and the same, and will probably become
5 the HSA for that area.

6 Therefore, I think the projects that they propose
7 have been reviewed by CHP and RMP. If they did not feel it
8 to be appropriate for HSA, which they intend to become, they
9 would not have included it in this application.

10 DR. JANEWAY: On the other hand, if the Motts were
11 three rather than 2, they could have worked Hill Burton in
12 this as well, and gotten some construction money.

13 MR. NASH: The CHP agency was the Hill Burton agency
14 for that area.

15 MR. GARDELL: We are going to have a very active
16 case of incest here very shortly, aren't we? Then the rec-
17 ommendation is that the Rochester RMP be funded at the level
18 of Number 3, which is \$805,492.

19 DR. KOMAROFF: Second.

20 MR. GARDELL: Any discussion?

21 MRS. FLOOD: I would like to comment that looking
22 at their application, there are some projects that do fall
23 into the broader category that you mentioned, worthwhile meri-
24 torious projects that merit new development and continuation
25 over and above what we might technically have called

1 "transition", writing by-laws and developing the true struc-
2 ture of an HSA.

3 The staff mentions the \$9,800 project, but there is
4 a project, 097, for \$34,360 which is entitled, "A Hospital
5 Data Finder". There is an 098, "Case Finding Profile". It
6 is difficult without going into the 15s to evaluate all of
7 them.

8 But I would have to share some concern for a program.
9 We realize they don't get this money, and I think that is
10 what tempers us all in these decisions.

11 But should a flash of lightening occur and someone
12 decides in the next six months to give the Regional Medical
13 Program, the whole Regional Medical Programs, another \$50
14 million, you will give Texas this one, and another, and
15 another, up to some levels of approval.

16 We have been sort of blanketing, and I would have
17 the feeling that this might be interpreted as a statement that
18 we don't feel that some of their newer concepts are meritor-
19 ious at this point for Rochester.

20 Even though they may be brothers together, it's one
21 of the only ones we have seen where they all seem to be
22 happily working together.

23 I would like to move that we consider at least a
24 slight increase over Item No. 3, perhaps not up to their
25 total request, giving them an approval for some flexibility

1 in new activities.

2 At least in philosophy, even if they won't get the
3 dollars.

4 MR. GARDELL: Mrs. Klein, you have already made your
5 motion. Does this affect your motion in any way?

6 MRS. KLEIN: I don't have any objection to that. I
7 would be glad to withdraw my motion, if my second will with-
8 draw the second, in favor of this new motion.

9 DR. KOMAROFF: Yes.

10 MRS. KLEIN: I do think it's a good program, and it
11 should be encouraged. My only feeling was that when they
12 specifically labeled the new activities and we started out
13 with the philosophy that we were not going to authorize --

14 MR. GARDELL: We are not sure that we can in which
15 case that will have to be the advice to all of them who have
16 requested new projects.

17 But don't concern yourself with it at this point.

18 MRS. KLEIN: Well, fine, I would be happy to withdraw
19 my motion in favor of Mrs. Flood's.

20 MR. GARDELL: Mrs. Flood, you have a motion.

21 MRS. FLOOD: I have some figures here and I am try-
22 ing to pick out a basic figure that includes some of the new
23 project start-ups that really relate to things that need to
24 be continued.

25 I get about \$256,000 of relatively meritorious

1 projects that should be carried on. I would like to add to
2 the \$800 --

3 MRS. KLEIN: It's \$1 million \$61, 492.

4 DR. WAMMOCK: That puts it in Category 4.

5 MR. GARDELL: What is the figure now, Mrs. Flood?

6 MRS. FLOOD: One million, \$61,492.

7 Two hundred and fifty-six thousand dollars' worth
8 of new activity.

9 MR. GARDELL: Now we have a motion on the floor to
10 fund Rochester at \$1 million \$61, 492.

11 MRS. KLEIN: I will second the motion.

12 MR. GARDELL: All in favor?

13 (Chorus of ayes)

14 MR. GARDELL: Noes?

15 (No response)

16 MR. GARDELL: Time is running on us and I wonder if
17 we could go to West Virginia for Dr. Haber and then we've
18 got Miss Martinez with Virginia and Western Pennsylvania.

19 DR. JANEWAY: Do you want to sandwich in Washington
20 and Alaska at the same time?

21 MR. GARDELL: I don't care. I am real flexible;
22 just like you. Let's just start them right now, and then
23 we'll finish the others if we can. The first one of concern
24 would be Virginia.

25 Virginia is first, and Mrs. Mars is out of the room.

1 MISS MARTINEZ: Virginia has a very heavy emphasis
2 on PSRO and Quality Assurance programs, and also hypertension.
3 It has an arthritis program for \$40,000 that was previously
4 approved.

5 I understand that will be funded separately, so I
6 won't consider that. Of the new program activities for
7 \$243,000 approximately, \$100,000 of that is for HSA-type
8 transitional activities.

9 The rest of them nurses' workshops and hospital edu-
10 cator workshops. Their last year's budget was \$1 million
11 \$858,000 and they are asking \$2 million \$669,000 and I really
12 cannot find much justification in the proposal for the in-
13 creased staff and -- core and professional staff increase.

14 I would move that they be funded, at the Number 2
15 level, but over the annual period.

16 MR. GARDELL: So the motion is that Virginia Regional
17 Medical Program be funded at \$1 million \$975,047, with no
18 conditions. Do I hear a second?

19 DR. KOMAROFF: Second.

20 MR. GARDELL: Any more discussion? All in favor?

21 (Chorus of ayes)

22 MR. GARDELL: Noes?

23 (No response)

24 MR. GARDELL: Thank you. Washington/Alaska is
25 next.

1 DR. JANEWAY: Washington/Alaska is currently fund-
2 ed at an annualized level of \$2 million \$558,169. After
3 the resolution of a minor misunderstanding and skirmish with
4 a task force in the Alaska portion of the program, which
5 staff assures me has been satisfactorily resolved, I recommend
6 bloc funding at the maximum requested level, which is Number
7 3, \$1 million \$545,879.

8 It is a good program, that is designed to phase out,
9 and it is a pity.

10 DR. WAMMOCK: I second the motion.

11 MR. GARDELL: Our next one, then, will be West Vir-
12 ginia.

13 DR. HABER: West Virginia has given every indication
14 that it intends to become the HSA and much of the thrust for
15 the coming year would be to educate people on what an HSA
16 does, and to prepare.

17 I would recommend that we accept their alternative
18 Number 3, with, however, the deletion specifically of two
19 projects which I construe as conceivably unnecessary at this
20 point.

21 One is Project CO-10, the Health Manpower Statistical
22 System. They ought to have gotten that under their belt a
23 long time ago, and O15, a legal project. This would reduce
24 the amount by \$76,322, or I would recommend that they be
25 granted \$1 million \$129,686.

A D O

1 MR. GARDELL: We have a motion that West Virginia
2 be funded at \$1 million \$129,686, less two activities, CO-10
3 and 015. Do I hear a second?

4 DR. HABER: That figure already subtracts those
5 projects. That figure is the total I would recommend.

6 MR. GARDELL: Yes, I understand.

7 MR. NASH: West Virginia, I believe, had an EMS Pro-
8 ject that was disapproved by the EMS Service.

9 MR. BAUM: We'll have to take bloc on all of that.

10 MR. GARDELL: Yes, we will.

11 MRS. GORDON: Second.

12 MR. GARDELL: Any further discussion? All in favor?

13 (Chorus of ayes)

14 MR. GARDELL: Noes?

15 (No response)

16 MR. GARDELL: Western Pennsylvania.

17 MISS MARTINEZ: Western Pennsylvania has a situation
18 similar to Greater Delaware. It has \$80,000 for the Mahoning
19 Shenango. That should really be earmarked specifically,
20 \$80,000 should be earmarked specifically for report.

21 As for the rest of the project, they are funded at
22 \$1 million \$666,000 and they are requesting \$1 million
23 \$305,000. Some of the projects -- one is for arthritis, al-
24 most \$88,000, and there are two, possibly three proposals
25 that I have some concern about.

1 One is nurses in training. Another is an educator
2 program. Another is a tumor bank. I would move for level
3 Number 3. There is also an EMS, Quality Assurance and EMS
4 that I am concerned about.

5 I would move for funding level Number 3 with the
6 provision that \$80,000 be set aside for the project for Ma-
7 honing Shenango.

8 MR. GARDELL: The motion has been made that Western
9 Pennsylvania be funded at \$1 million \$777,650 with an earmark
10 of \$80,000 for the Mahoning Shenango project. Do I hear a
11 second?

12 DR. WAMMOCK: Second.

13 MRS. FLOOD: This does not exclude them from enter-
14 ing into a list of new activities with the funds they do
15 receive?

16 MR. GARDELL: That's right. I have not heard that
17 condition. Do you want it in?

18 MISS MARTINEZ: No, but now that it has been men-
19 tioned, I would like to make that condition. I don't see
20 those new activities as being transitional.

21 MR. GARDELL: Okay. No new, because they are not
22 transitional in nature. Did you have any feeling as to
23 actually they were really new or just pursued previously --
24 you can't tell?

25 MISS MARTINEZ: They have no -- on the right side

1 of the 15, it had absolutely nothing, so I assume they have
2 not gotten started.

3 MR. GARDELL: All right.

4 MRS. FLOOD: Staff says one previously approved but
5 unfunded.

6 MR. BAUM: Yes, \$35,000.

7 MR. GARDELL: Do you want to exclude that one, also,
8 Miss Martinez?

9 MISS MARTINEZ: Yes.

10 MR. GARDELL: So all of them would come under that.

11 All in favor?

12 (Chorus of ayes)

13 MR. GARDELL: Noes?

14 (No response)

15 MR. GARDELL: We have, also, a request to jump again
16 and this time it is the Susquehanna Valley.

17 DR. WAMMOCK: I feel highly complimented and honored
18 that I have got this back in my lap again. This was one of
19 the projects last year that we banged up against the wall and
20 almost tied the noose around its neck and cut it off.

21 The current level of support is \$710,000, but in
22 their latest figure it is \$691,000. They are requesting
23 \$2 million \$770,000.

24 This involves a county region of eight counties.
25 That is almost in mid-Pennsylvania, I would say. They went

1 to long lengths to describe the requested \$859,000 for new
2 activities. They were approved for \$139,000 but it was un-
3 funded, approved activities, unfunded.

4 This is a large and extensive description of activi-
5 ties and so on. They are going through transitional activities
6 which seem to be favorable. Comments from the CHP are favor-
7 able.

8 Activities requiring special attention, a regional
9 arthritis service program for \$139,000, regional organ procure-
10 ment program of \$52,000.

11 The staff has researched this area out many times
12 last year and many times this year. I think before making
13 my move here on this, I would remind you that the annualized
14 budget was \$691,000 .

15 I would remind you that last year we almost tied
16 the noose. But before I render a judgment here, I would defer
17 to staff, for their comments on this. We have had some dis-
18 cussion back and forth about what is and what ain't and what
19 should and what could and maybe.

20 MR. STOLOV: First, I would like to correct, for
21 the record, Susquehanna Valley is a geographical area of
22 27 counties. That was from a CHP letter that I think you
23 were referring to.

24 DR. WAMMOCK: That's right.

25 MR. STOLOV: Other than that, I think your

A D C

1 description is most accurate. The only point that I wanted
2 to make for Council is the point that we made on the staff
3 review summary sheet.

4 It is our belief that this is the only region of
5 all the ones here today that is somewhat of a separate case
6 because they were somewhat on probation.

7 They were brought up for what is termed a "Dutch
8 Uncle", Dr. Pahl, and they have turned around their program
9 to an extent that they have asked their staff to continue
10 developmental efforts in the region, despite all the signals
11 that they got.

12 And I think this is another reason why we got a high
13 inflated our of the \$2 million \$700,000. I just thought
14 that whatever we had to say was succinctly written up in the
15 staff review sheet.

16 But again I feel that this is the only RMP that
17 was on the downswing, when they got an annualized level, but
18 definitely turned around as a result of our speech.

19 The Director has instilled on the staff and gotten
20 high morale and has excellent -- 30 out of 34 RAG members
21 attended his program, and their application was one of the
22 best out of seven that I have reviewed, whereby they stated
23 their high, medium and low-ranking priorities, and in prior-
24 ity order.

25 This also gives us a lead as to how we can look at

1 them.

2 Very few did this, and I thought that this was a
3 plus.

4 DR. WAMMOCK: No matter which way we look at this,
5 they have requested for new activities of \$859,000. Unfunded
6 and approved activities, \$139,000.

7 Under Number 4 they are requesting \$2 million \$770,000.
8 If you take out the new activities and the unfunded activities,
9 that would roughly cut it into one-half, \$1 million \$350,000.

10 To make arithmetic simple, I would just reduce it
11 to \$1 million \$350,000. I feel 40 percent of that will cut
12 them down to a pretty low level of activity.

13 I would like to hear an expression from some of the
14 other members of Council about their reaction to this. Re-
15 member, they almost got the death knell last year.

16 As Mr. Stolov has said, they have worked diligently
17 to revitalize the program, and even if we go to \$1 million
18 \$350,000 we are going double their annualized funding, and
19 that will be quite a job in comparison.

20 MRS. GORDON: They are going to get the \$139,000
21 anyway through arthritis. That was approved yesterday. So
22 whatever we decide on, there will be that, plus the
23 \$139,000.

24 MRS. FLOOD: Some of these projects, for example
25 the North Central Pennsylvania Neonatal Intensive Care

1 project and many others, there are some broad statements
2 that say, "Funding will have continuation", and that's all.
3 I am a little concerned about strong expenditures now, with-
4 out visible statements as to the continuation of dollars for
5 some of these rather broad-scoped programs.

6 DR. WAMMOCK: I think this reduction here will cause
7 them to take a look at the things that they will be positive
8 about what they are going to do, and not dealing with the
9 possibilities.

10 I would add to this reduction here the \$139,500
11 which would make it \$5,440.

12 MRS. GORDON: Are you adding or subtracting?

13 DR. WAMMOCK: I am adding.

14 MRS. GORDON: Whatever we approve, they get an addi-
15 tional \$139,000.

16 DR. WAMMOCK: That's what I was going to say. If
17 you add the \$139,000 to the \$1 million \$350,000 that would
18 bring it up to \$1 million \$489,500.

19 MRS. GORDON: That's not what we want to approve.

20 DR. WAMMOCK: Mrs. Flood here is raising objections
21 to some of the projects here, and I could wholeheartedly
22 agree with her, because if you read some of these things you
23 have to read these in detail to come to some sort of solution
24 as to whether they are valid projects, or whether they are
25 maybe projects or iffy.

1 But this does give them an opportunity. If you cut
2 them down to \$1 million \$489,000, 40 percent will be a rather
3 low reduction.

4 I would move on that basis, \$1 million \$350,000
5 plus \$139,000 for arthritis. I would tell you that we agon-
6 ized last year, and I agonized when I got this and looked
7 at it.

8 MR. GARDELL: We have a recommendation that the
9 Susquehanna Valley RMP be funded or approved at the level of
10 \$1 million \$489,500. Is that seconded?

11 MRS. GORDON: You don't include the arthritis in
12 that; do you?

13 MR. GARDELL: Yes, I did.

14 MRS. GORDON: You shouldn't have.

15 MR. GARDELL: He said \$1 million \$350,000.

16 DR. WAMMOCK: The arthritis program was approved
17 yesterday.

18 MRS. GORDON: What I am getting at, yesterday when
19 we took up North Carolina, we took arthritis out.

20 MR. GARDELL: Because it's an earmark, that's right.
21 So we are back to the \$1 million \$350,000 because they will
22 get the \$139,000.

23 DR. WAMMOCK: All right. Thank you very much.

24 MR. GARDELL: Let me change that. The motion is
25 that the Susquehanna Valley be recommended for a level of

1 \$1 million \$350,000, and that the new activities not be in-
2 cluded.

3 MRS. FLOOD: I would second that motion.

4 MR. GARDELL: Discussion?

5 DR. JANEWAY: I rarely find myself in disagreement
6 with my good friend Dr. Wammock, but it is a little bit diffi-
7 cult for me to see, even with a lot of discretion given to
8 the RMP in that area how they are going to fulfill their con-
9 tinuing activities within those limits, when the amount of
10 monies that would be available for program staff administra-
11 tion would only be available for six months.

12 If they are going to go ahead and authorize 12 months
13 of activity, it seems to me they would almost categorically
14 have staff supervision and phase-out time for the staff.

15 If the activities are approved, I cannot, in this
16 circumstance, see the logic for the reduction.

17 DR. WAMMOCK: You mean reduction in half?

18 DR. JANEWAY: No. If you are going to delete new
19 activities, you could bloc them at alternative Number 3, which
20 would allow them to have the staff support in order to contin-
21 ue the activities that you have already concluded are worth-
22 while to be continued.

23 I find myself in a logical dilemma, and therefore
24 unable to support your motion.

25 DR. WAMMOCK: I am throwing this open for discussion.

1 It is a complex problem here. This does require a lot of
2 thinking and planning here, and that would bring it up to
3 \$1, \$910.

4 MR. GARDELL: That's \$1 million \$910,257 with
5 specific instructions not to fund anything new.

6 DR. WAMMOCK: That's right.

7 MRS. FLOOD: They are currently supervising the
8 ongoing activities with the 11.4 full-time equivalents. Their
9 staff costs do not only represent a 12-month budget, but it
10 represents an expansion of staff by an additional seven slots.

11 MR. GARDELL: Mainly to the new activities, from
12 all indications.

13 MRS. FLOOD: Yes. It is a little hard to follow.
14 But is there any way to tell us what their annualized staff
15 costs are for the 11.4?

16 DR. WAMMOCK: There are pages and pages of corres-
17 pondence here from various and sundry people. I don't want
18 to get into this because it becomes very complex and very
19 complicated.

20 MRS. FLOOD: There is no doubt that they have come
21 a long way from last year.

22 MR. STOLOV: I did an analysis of the new projects.
23 On Page 34 of the application they have ranked their projects
24 in numerical order. From 12 to 18 in the high priority and
25 one and two in the medium priority are new projects, if that

1 will guide your decision.

2 DR. WAMMOCK: We have not discussed -- I intended
3 to pull this page out, the high priority, medium priority
4 and low priority.

5 The high priority is HSA transitional activity,
6 program staff activity. Data system for ambulatory patients,
7 continuation, North Central Pennsylvania Neonatal Intensive
8 Care, Community Medical Service, Family Community Medicine,
9 Dental.

10 MR. STOLOV: When you recommended new activities,
11 did you mean new projects? Because the HSA transitional
12 activity is a program staff activity and is highly important
13 to their thrust in the region to develop an HSA.

14 DR. WAMMOCK: That is what Dr. Janeway was fussing
15 about.

16 DR. JANEWAY: I cheated on you. I was a secondary
17 reviewer on this, and I read it.

18 DR. WAMMOCK: I knew you were the secondary re-
19 viewer. I wanted some help, to tell you the truth.

20 MRS. FLOOD: Here is their personnel budget for
21 core staff, which totals \$271,600 less fringe benefits.
22 To me that reflects that \$298,895 is an annualized staff
23 budget for operational levels today.

24 The 561 of column 3 reflects additional proposed
25 staff necessary for discreet staff activities.

1 MR. GARDELL: Mrs. Flood, one and two are six months
2 don't forget.

3 MRS. FLOOD: This budget here says 100 percent of
4 the time, 12 months.

5 MR. GARDELL: But one and two alternatives are for
6 six months of program staff support. We went through that
7 yesterday.

8 DR. KOMAROFF: She knows that, but there is still
9 a discrepancy.

10 MRS. FLOOD: If that is true, why does their total
11 add up to 12 months' salaries, unless this particular execu-
12 tive administrator is making \$60,000 a year. No, he is
13 making \$30,000.

14 One hundred percent of his time is \$30,000. That
15 core staff budget page adds up to \$271,600 of direct cost,
16 so to speak, personnel.

17 I find it hard to match this with the Form 16 for
18 core staff, with this out to the one year annualized. I
19 don't know where it comes from.

20 DR. WAMMOCK: We come back to the point that HSA
21 transitional activities are Number 1 high priority. This
22 might reflect this program staff administration here, I am
23 not sure about that.

24 Doctor Janeway -- when you look at this, the 40
25 percent idea will still cut them down, so I would go with

1 Number 3.

2 MR. GARDELL: Do we have a feeling here that we
3 can move toward?

4 DR. WAMMOCK: Dr. Janeway suggested he wanted to
5 fuss with me about it, and I have no fuss with him, because
6 it is only \$600,000 difference. I would accept the Number
7 3.

8 MRS. GORDON: Less \$139,000.

9 DR. WAMMOCK: Yes.

10 MR. GARDELL: We have a motion on the floor that
11 we will have to withdraw; won't we?

12 DR. WAMMOCK: The original one I made, I withdraw
13 that.

14 MRS. FLOOD: And I withdraw my second.

15 MR. GARDELL: Now we have a motion for \$1 million
16 \$910,257 less the \$139,500.

17 DR. WAMMOCK: Right.

18 MR. GARDELL: Do I hear a second?

19 DR. WAMMOCK: I would second that motion.

20 DR. JANEWAY: You made the motion.

21 MR. GARDELL: I know you are enthusiastic --

22 MRS. MARS: I will second it.

23 MR. GARDELL: Any discussion? All in favor?

24 (Chorus of ayes)

25 MR. GARDELL: Opposed?

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DR. KOMAROFF: No.

MRS. FLOOD: No.

MR. GARDELL: I think we have taken care of the real problem regions. What I just wondered is, Dr. Haber wanted to discuss some discussion regarding a resolution for the Council to consider.

I wonder if we might do that before he leaves the room. Dr. Haber?

DR. HABER: My resolution, please permit me to say, that the prose here is amenable to any correction. The basic thrust that I would like to get a resolution on is to the effect I mentioned yesterday.

I would hope that opportunity would be sought so that Council can, with some deliberation and hopefully with some small resources, develop a document embodying its experience and views of the impact of the Regional Medical Program.

I think that is essential. I know Dr. Margulies indicated yesterday that an evaluation would be made. I think that is highly appropriate and necessary. I do not think that any other group can say what Council can, and I hope would want to say.

If I can briefly read this and give some idea, but I would not defend this prose against any other suggestion. Be it resolved, in order to distill and preserve the experience of the Regional Medical Programs for guidance and evaluation,

1 as the nation moves closer to National Health Insurance,
2 the Council wishes to express its desire to develop a docu-
3 ment relating to, but not limited to such issues as, A, the
4 interaction of different levels of jurisdiction in health
5 planning.

6 B, the heightening of health care awareness among
7 patient populations. C, the involvement of minorities and
8 disadvantaged groups in health care planning. D, the iden-
9 tification on a local, state and national basis of health
10 care needs.

11 D, the involvement of academic consumer and provider
12 groups to express their views in health care needs and prior-
13 ities.

14 Notwithstanding the fact that other evaluations will
15 be made of the effect and impact of Regional Medical Pro-
16 grams, such evaluation will be incomplete without the input
17 of Council which has helped to conceive, develop, monitor
18 and preside at the transition of RMP.

19 Council's feelings, experience and viewpoints can-
20 not be adequately expressed by any other group. I make no
21 defense of any language here. The basic thing that I am
22 trying to promote would be that staff seek the opportunity
23 for Council to express its views in some document, either
24 as an appendix to the evaluation, or as a comment and so
25 on.

1 It would seem to me that as a minimum, one more
2 meeting might be required, at which time Council could have
3 reacted to the evaluations that other groups are going to
4 be developing.

5 I would hope that staff would be available and I
6 know this is difficult to work with Council to develop that.
7 This does not have to be an exhaustive thing.

8 But I think too much hard information has developed
9 here, which is not vouchsafed to any other group. And I
10 would be dismayed to see that experience lost or dissipated
11 and trying to recapture it in three years would be difficult.

12 MRS. MARS: To whom do you expect to present this,
13 to Congress or to the Secretary? Where would it go, in
14 other words? Unless it has the attention of Congress, it
15 is useless.

16 DR. HABER: I think through the Secretary to the
17 Congress, because I think that this ought to be available
18 to whoever is going to draw up the implementing rules and
19 regulations about 641 or the National Health Insurance.

20 If we feel that one of the things you don't do is
21 set up competing agencies in the state, where the resources
22 are limited, I think we ought to be able to say that.

23 This brief catalog that I have made is obviously
24 incomplete. I think the Council ought to be thinking about
25 what lessons we did learn. To me it is a tremendous

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tragedy, it is unfortunate, that at a time when RMP really seems to be running smoothly, when the methodology seems to have been worked out, some of that may be lost in the transition.

I would hope that the experience can be distilled, and I think this group can do that.

DR. WAMMOCK: Dr. Haber, do you recall the resolution drawn by this body August 8th of last year?

DR. HABER: It seems to me I do.

DR. WAMMOCK: This was the National Advisory Council, and it was drawn by Ogden. Shall I read it?

MR. BAUM: Go ahead.

DR. WAMMOCK: Resolved that the Congress, in adopting H.R. 16204, or similar legislation, give to each state the statutory financial support to maintain a separate Health Systems Development and Demonstration agency on a statewide basis, or similar independent commission, appointed in a publicly accountable way, reporting to their statewide Health Coordinating Council, and devoted exclusively to such work.

And be it further resolved that the comments preceding this resolution and the resolution itself be transmitted to the members of the House Interstate and Foreign Commerce Committee, and the Senate Labor and Public Welfare Committee for their consideration.

That was a continuation of some of the efforts of

1 the RMP program, is what the intent of this resolution was.

2 I think Dr. Haber -- I just bring this to his atten-
3 tion, because Dr. Ogden -- Mr. Ogden spent a good bit of
4 time writing this thing up. I think you are perfectly in or-
5 der, but I wanted to remind you of this particular resolu-
6 tion.

7 MR. GARDELL: Is that resolution in the form of a
8 motion, Dr. Haber?

9 DR. HABER: Yes.

10 MR. GARDELL: May we have a second before we have
11 our discussion?

12 DR. GRAMLICH: I second that.

13 MR. GARDELL: Ken has a comment with respect to
14 Mr. Ogden's resolution.

15 MR. BAUM: I thought I would say, for the record,
16 that that resolution was transmitted to the appropriate com-
17 mittees in both houses, as specified. We never heard from
18 them, but it was sent to them.

19 DR. WAMMOCK: Well, we are not going to hear from
20 this one also, I am sure.

21 MR. GARDELL: Dr. Rorrie, do you have any reaction
22 to this resolution? It obviously would go first through
23 the Bureau and then HRA, etcetera, which I am sure is the
24 route that the other took.

25 DR. WAMMOCK: It would have to go to these other

1 committees here.

2 DR. HABER: I think, Dr. Wammock, I would disagree
3 with you. I think that this resolution, if Council approves
4 it, might have a very salubrious effect on the health plan-
5 ning process.

6 If we have learned anything we ought to be able to
7 point it out. If future legislation ignores that, my own
8 experience with Congress is that they would be very loath
9 to ignore it.

10 If we have learned something that they could incor-
11 porate in a new legislation, I think they would be anxious
12 to do so.

13 DR. GRAMLICH: I am not in opposition to what you
14 are talking about. I am just trying to help us get at the
15 situation.

16 DR. HABER: I am obliged to you for reading the
17 previous resolution, but it seems to me the purposes are
18 rather different. One, it was to continue the existence in
19 some fashion --

20 DR. WAMMOCK: I go with you 100 percent.

21 DR. HABER: I think right now what we are saying is
22 whatever we have learned, let's passed it on.

23 DR. RORRIE: As Dr. Margulies said yesterday, the
24 PAR group is going to do a study evaluation, and there is
25 no reason why your evaluation in that study could not be

1 incorporated.

2 Quite frankly, we don't have the staff resources
3 to do the type of stuff you are talking about. I think if
4 the PAR study is already going to do that, you ought to be
5 incorporated in that.

6 They ought to be instructed in their plan of
7 action to involve you in some facet of their study.

8 DR. HABER: That would be highly acceptable to me.
9 The thing I would hope might happen is that a group of
10 these people might be convened at some time, or the whole
11 Council, and just say, "Can you develop a 10-page document
12 and parcel it out?"

13 This could be an appendix to the PAR study or the
14 PAR could relate to us. I just think Council obviously has
15 a different perspective than staff might, or PAR, or any
16 outside group.

17 Some of these people have been intimately involved
18 with the RMP for the last decade, I am sure, and their exper-
19 ience should not be lost.

20 DR. GRAMLICH: In order for this to be truly effect-
21 ive it would have to be fairly soon.

22 DR. HABER: Absolutely.

23 DR. GRAMLICH: You are talking about something
24 that would be accomplished and presented within a six-month
25 period?

1 DR. HABER: Exactly, six months.

2 MRS. FLOOD: We have not really gotten to the PAR
3 proposal and resolution in Council's deliberations. Even
4 though it is a very laconic explanation of how they antici-
5 pate to address this particular accountability reporting,
6 there is, under their Goals and Objectives, under Goal 2,
7 a mention of integrating social, historical analysis of
8 RMPs, using invited articles by key federal, Congressional,
9 and Executive representatives.

10 Members of National and Regional Advisory Councils
11 and others, whose experiences qualify them to make judgment-
12 al analyses.

13 Potentially I could foresee that by an instruction
14 from the Council when we address the resolution for the PAR
15 program that we might be able to incorporate the functioning
16 of this Council's wealth of knowledge or broad experience
17 that we have garnered here, or at least our experiences into
18 a portion of the PAR group's study.

19 DR. GRAMLICH: Disagree, 100 percent. This level
20 of information if supplemented by or incorporated in the
21 PAR report, one, it will be lost in a mass of information;
22 and, two, it will be too late to do any good.

23 DR. HABER: I think there is no harm, and I would
24 advocate doing precisely what Mrs. Flood said, but I must
25 agree with Dr. Gramlich that, first of all, we can't wait

1 two years.

2 And, secondly, when an outside group comes to you
3 for advice and your experience, there is a question as to
4 how that is expressed and to what extent that is dealt
5 with.

6 They have other priorities that they deal with,
7 and whether they would adequately express the views is prob-
8 lemmatic.

9 I would think that Mrs. Flood's suggestion should
10 certainly be incorporated, because I would want Council to
11 have as much effect on their own document and in the docu-
12 ment of PAR.

13 But to my mind, it may not be sufficient, and I
14 would hope that we would take it upon ourselves to develop
15 our own view of this.

16 MR. GARDELL: That was the question running through
17 my mind, Doctor, how you would accomplish this. I know you
18 did suggest possibly, another meeting of the Council, maybe,
19 for this purpose.

20 Again, we are not at liberty at this point to say
21 whether that can be accomplished or not. But I was wonder-
22 ing who you had in mind that might work with the group to
23 develop something from the Council, if you want to have it
24 separate from the PAR report.

25 DR. HABER: One way in which this could be done

1 if funds are in such short supply is by mail, although that
2 would not be preferable.

3 But I should think if we asked for volunteers, if
4 one of the staff people could contribute his time to shep-
5 herd this effort, that would be fine.

6 I would be happy to work with him, and I assume al-
7 most everybody on Council would be interested. I don't
8 know if everyone would have time, but I think to develop
9 some kind of outlines and proportion out the work and say,
10 "Could you look into these areas and express some opinions
11 about them"?

12 Or just solicit independent things that could be
13 put together.

14 DR. WAMMOCK: To finalize this thing, I am in agree-
15 ment that something be done, and it ought to get to the
16 proper source within a short period of time, rather than
17 laying someplace on the shelf.

18 Dr. Haber has read his resolution, would you read
19 that again for us please?

20 (Whereupon, Dr. Haber re-read his resolution).

21 DR. WAMMOCK: What I was getting at is the latter
22 part, the emphasis you are placing on the role that the
23 Council has played with RMP.

24 MRS. MARS: As far as the evaluation and assessment,
25 a good bit of it will be very repetitious. If you look at

1 this RMP report here, all of the impact is expressed that
2 you are trying to more or less put into your resolution.

3 I think it would be a very expensive thing to take
4 staff's time at this point, when we have a very adequate
5 summary here.

6 DR. HABER: Mrs. Mars, I would have no objection
7 to Council saying, "We think this is great" if that is what
8 Council thinks. What I am trying to say is that when the
9 federal government develops advisory councils, it, presumably,
10 is reaching out into the public body, as opposed to the bur-
11 eaucracy to get some advice.

12 If Council says, "We think this is the be-all and
13 end-all of analysis and nothing further needs to be said",
14 that's important.

15 To me that is a validation, and in the Veterans
16 Administration we do it all the time. The thing that vexes
17 me as a bureaucrat is the fact that we lose the opportunity
18 to crystallize the view of advisory bodies.

19 MR. GARDELL: Let me say one thing, Doctor, just to
20 correct for the record. That is not a bureaucratic, and this
21 is not uncomplimentarily meant, it is not a bureaucratic
22 document.

23 That is done by that group, without our guidance,
24 because we told them that we were not able to do it. I think
25 Mrs. Mars' comment is one for consideration. I also think

1 Mrs. Flood's is one, from this standpoint. I feel that
2 with the wrap-up contract, and with the two reports that we
3 have to date, certainly the Council would not want to dupli-
4 cate.

5 I don't think it would, want to duplicate what
6 PAR has already done or is going to do. I think what I
7 hear you say is that you would like to have the Council have
8 a separate position to make, independent of anything else,
9 going on to show what its feelings are toward RMP activities.

10 DR. HABER: Yes. When I say "bureaucratic", for-
11 give me, but what I am talking about, some documents are
12 generated by full-time federal employees. There are some
13 documents that are contract.

14 And I assume PAR is the following. There is some
15 body of thought which relates to the consultant group which
16 has been very carefully chosen.

17 And I think that is not the same as the other two.
18 If the Council comes out and says "This is a great document
19 but we have nothing to add", that's fine. That, to me, is
20 an independent decision.

21 MR. RUBEL: I would urge the Council that if you
22 do -- if you would like to have a separate document come
23 from you, and I don't hear any objection to that opinion,
24 I would urge you to do it on your own, because I really don't
25 know of any staff that might be available to help you.

1 And I think it would be better actually coming from
2 the Council, independent of any input from staff.

3 DR. WAMMOCK: What Dr. Haber is trying to do is to
4 write an epitaph on the program, so that we can say, "Well,
5 we were there".

6 MR. GARDELL: I don't -- disagree with that. Dr.
7 Janeway?

8 DR. JANEWAY: I wonder if it isn't a little bit
9 presumptuous of the Council, one, to try to develop a crys-
10 tallized position, since each of us views RMP and its im-
11 pact from a different viewpoint.

12 Presumably, also, we would be using this to try
13 to make input to the regulations that apply to a new law.
14 I think that that information can very well be input just as
15 well by a request that, if the Congress and the Department
16 chooses, that members who have served on this Council might
17 testify or aid in the development of the regulations that
18 would apply to Public Law 93-641, which could be done much
19 less expensively, and perhaps get the point across just as
20 well within a meaningful time frame.

21 I seriously doubt that without extensive and expen-
22 sive staff support anything other than a delphic document
23 could be derived from this Council.

24 Many of these people who served extended terms on
25 the Council are now no longer on it, and in order to get

1 them together or to have them have the sense of what one
2 would want to come up with seems to me to make it an imprac-
3 tical approach.

4 Although I agree with the intent of it, Dr. Haber,
5 I just think it is impractical, and there are mechanisms
6 for having your voice made known in the development of the
7 regulations, if there is an experience that you wish to
8 impart.

9 DR. KOMAROFF: I agree completely with what Dr.
10 Janeway said.

11 DR. RORRIE: As I mentioned yesterday we are going
12 through a process right now of attempting to take a number
13 of policy issues associated with Public Law 93-641 and sol-
14 icit a number of viewpoints from different perspectives.

15 Anyone who wants to contribute ideas which would
16 then be incorporated in the regulations. I would be more
17 than happy to pass out the list of issues, and I have copies
18 of them here.

19 We would be more than willing to have you participate
20 in meetings again with us, or solicit individual comments,
21 with respect to these issues.

22 I think there is an adequate mechanism, in terms of
23 what is going on right now. I would agree with Dr. Gramlich
24 with his concept that if you are going to make any impact you
25 have to make it now.

1 You can't make it six or eight months from now,
2 because the regulations will be coming out. Now is the
3 time and here are the issues.

4 If you want to contribute your comments in terms
5 of your past experiences and how we can strengthen a number
6 of areas in terms of 93-641 we would be happy to receive
7 your thoughts and incorporate them in the deliberations.

8 DR. HABER: I am a great believer in the British
9 system of commissions. Somehow, the British seem to be able
10 to do this better than we can in this country.

11 The closest thing we have to a commission on RMP
12 is this body. The fact that some members have left is no
13 bar, unless they have departed this world they are accessible
14 by phone and by mail and their views can be solicited and
15 incorporated.

16 I don't construe this as any multi-million dollar
17 project. I would think the resources and time required is
18 relatively limited, except insofar as the members of the
19 Council are willing to work at it.

20 I would hopefully -- I would embrace Dr. Rorrie's
21 suggestion that we can work with him and so on. I think the
22 availability for testimony to Congress, if you will forgive
23 me, is, in itself, a presumptuous idea.

24 Congress, presumably, has gotten the testimony
25 it needs already, before the Act was passed. I would suggest

1 as a minimum that you consider this further, and that in
2 some fashion the members of the Council be solicited or
3 permitted to express their views.

4 And that this be amalgamated in some document, if
5 even that be only to assure that Council agrees completely.

6 DR. GRAMLICH: This can be stated very simply, and
7 I think we tend to confuse it a little bit. Really, what
8 Dr. Haber is suggesting, that a document, a small document
9 be compiled by this group which simply states the mistakes
10 we have made and how to avoid them, so we don't do it all
11 over again.

12 MR. GARDELL: That's a little bit along the line
13 of what I envisioned.

14 DR. GRAMLICH: That's over-simplified, but it can-
15 not be incorporated in this because of timing and because
16 there is no one in this group who would be able to assemble
17 the information from the Council.

18 Only the Council can do this. If it is going to
19 be of any value to anyone, it will have to be done as a
20 joint effort, and not as an individual effort. It will
21 have to be done rapidly, and I think very briefly.

22 DR. HABER: Amen.

23 MR. GARDELL: We have a motion which goes a little
24 bit deeper than that. Would you like to modify the motion?
25 Withdraw the other one and modify it?

1 Or can we live with what we have?

2 DR. HABER: I would like to make the motion as broad
3 and simple as possible, and I would modify it with what
4 Dr. Gramlich has said.

5 MR. BAUM: Let me comment for a minute. When it
6 comes down to holding another meeting of the Council, I get
7 involved, as Executive Secretary. We also get involved with
8 something called the Federal Advisory Committee Act, and it
9 tends to be very complicated and provides very complicated
10 rules for the ways in which a public advisory group can take
11 action.

12 You cannot take action by mail, at least I would
13 think that you can't. You have to take action on everything
14 except grant awards in an open session.

15 The open session has to be advertised so many days
16 in advance in the Federal Register, and all that sort of
17 thing.

18 I think the interpretation is that if you get a
19 subcommittee together you have to go through the same thing,
20 and hold an open meeting.

21 So if two people met to write something for the
22 Council, presumably we would have to call a meeting for
23 that. This introduces some problems of logistics, and calling
24 a meeting and having an open session, or at least having a
25 room where the blue sheet or other interested people can

1 come in and sit and listen to the deliberations.

2 If you are asking us to hold another meeting, then
3 we have got to go through all of the formal procedures to
4 do that.

5 One thing we could do would be to solicit the views
6 of Council members individually by mail. You could write
7 us any views you have, and then we could compile them in some
8 way in some logical order.

9 Possibly circulate them, and if you thought as a
10 group of individuals that they were worth publishing, we
11 could probably put them together in some sort of a document
12 as a compilation of individual views, but not necessarily
13 the views of the Council.

14 Some people might not want to say anything. I thought
15 I would advise you of the logistical and technical complica-
16 tions of doing anything again as a body under the Federal
17 Advisory Committee Act.

18 DR. HABER: I would be perfectly happy with that sug-
19 gestion. My thesis was that much of the spade work could be
20 done by mail or something like that, but that a convening of
21 the group for one day to consider what had been developed
22 would be useful.

23 I would be less inclined to say let the individuals
24 express their opinions. I think those are valuable, but
25 this does represent, I would hope, the considered opinion of

1 Council, which is the advisory group which has been dis-
2 banded.

3 To me it seems a shame to have it go out of exist-
4 ence without some document of its own that it can point to,
5 as a crystalization and distillation of its experience. I
6 can't say any more than that.

7 MR. GARDELL: I think with some of the constraints
8 that Ken has indicated to us, and with the study going on
9 by PAR, etcetera, I think we have enough of a sense of the
10 desire of the Council here to make sure that your feelings
11 and thoughts with respect to experiences gained with our
12 program are such that they should not be ignored, but should
13 go down for posterity or whatever assistance they might be.

14 Would it be acceptable to you that we table this
15 resolution, and you leave it in our hands to do what we can
16 to pull you into the picture at the appropriate time? As
17 Dr. Rorrie has just said, you have your opportunity for input
18 in the regulations, which is one of the things you mentioned.

19 Would that be acceptable to you, not ignoring your
20 resolution? But I think we do have some problems in trying
21 to carry it out as presented.

22 DR. HABER: I recognize that, and I am not trying
23 to make life difficult. I would only hope that this invitation
24 be -- when you said express to you that you meant the Council.
25

1 MR. GARDELL: Right. Okay, thank you. Very good.
2 We hav one more resolution to consider, and we have a few
3 regions to go. Should we finish these up in a hurry? Would
4 you rather go right through?

5 MRS. GORDON: Yes.

6 MR. GARDELL: May we have South Carolina?

7 MRS. MARS: South Carolina is a program that had a
8 great many irons in the fire. It had 61 projects in all
9 going. Many of these are going to be dropped. As a matter
10 of fact, 31 of them will be dropped.

11 There are 19 that were commented on by the CHP.
12 Of these, 14 were favorable, and the other five were consid-
13 ered to be purely statements of statewide nature. This nec-
14 essarily must influence the thoughts on our funding.

15 They had initiated transition activity as early
16 as November, 1973. They have aided the Governor as to area
17 designation and channeling existing resources under the new
18 program.

19 They are requesting \$1 million \$752,889, which is
20 less, about \$355,000 less than their current annualized
21 funding.

22 They plan to fund five formerly state-supported agen-
23 cies through the transition period out of this money. There
24 is an arthritis program, of course, in this. They want to
25 increase their staff, which seems to be quite unnecessary.

1 Therefore, I recommend that we fund them at the
2 rate of their Number 2, but to be spread over through the
3 year to July 1st, 1976, at \$1 million \$455,871. I will say,
4 in defense of the program, that they seem to be the only
5 agency that has been able to pull together various agencies
6 in the state to work with the Governor.

7 They have made considerable impact there, so that
8 is my recommendation, Number 2, to be spread over through
9 the year.

10 MR. GARDELL: There is a motion on the floor that
11 South Carolina be funded at the amount of \$1 million
12 \$455,871. Do I hear a second?

13 DR. JANEWAY: Second.

14 DR. WAMMOCK: One comment. Remember last year there
15 was some discussion about the role that the Governor was
16 playing in this program. I just bring that up, if you remem-
17 ber.

18 I don't remember the exact nature of the problem,
19 but there was a problem there.

20 MR. GARDELL: Mr. Jewell, is there still a problem?

21 MR. JEWELL: No, sir. That was Project No. 170,
22 and they have married each other and --

23 MR. GARDELL: Okay. All in favor?

24 (Chorus of ayes)

25 MR. GARDELL: No?

1 (No response)

2 MR. GARDELL: The next one is South Dakota.

3 MRS. FLOOD: South Dakota is currently budgeted on
4 an annualized figure for \$790,125. They are, quote, "as
5 staff views them, also a good small program".

6 They have accomplished quite a bit in the state.
7 Their funding request is most reasonable, and properly ad-
8 dresses existing continuing activities, and also will pro-
9 vide transition concepts, developing in that state, and I
10 would move for bloc approval on Column 4, \$612,525.

11 DR. WAMMOCK: Second the motion.

12 MR. GARDELL: Okay. Tennessee/Mid-South, Mrs. Mars.

13 MRS. MARS: The Memphis program has not reached
14 out truly into the state. The Tennessee/Mid-South has made
15 an emphatic thrust in primary care, and in the regionaliza-
16 tion of health services throughout the state.

17 Their development of new and innovative health per-
18 sonnel, such as nurse practitioners, physician assistants,
19 midwifery and dental hygiene, has been very meaningful in
20 this rural and mountainous area.

21 Also, in the mining area, which is a considerable
22 part of the state of Tennessee. They have done a great deal
23 in public and professional education. This has been a very
24 important component in the transitional activities.

25 They have had many educational conferences across

1 the state which has been related to area designation. They
2 are asking support for four B agency projects. The one great
3 weakness I sensed was, they just do not seem to have any
4 definite commitments for future funding.

5 So much of their future funding will depend upon
6 legislative support, and of course that is very problematical
7 as to whether you get it or don't get it. They have had an
8 excellent arthritis Program going.

9 They had one going actually before the RMP had a
10 pilot project. They have an extensive kidney program. How-
11 ever, they want to increase their staff from nine and a half
12 to eleven people.

13 They also want to increase their professional staff
14 by one. Some of these things seem to be quite unnecessary.
15 I would suggest and recommend, in fact, resolve, that they
16 be funded at the current level of annualized support, which
17 is \$2 million \$208,564.

18 MR. GARDELL: The level we are using Mrs. Mars --

19 MRS. MARS: Is this other, but what was on here?

20 MR. GARDELL: You prefer that one over this one?

21 MRS. MARS: Yes. That's \$2 million \$208,564.

22 MR. GARDELL: It has been moved that Tennessee/Mid-
23 South be funded at the level of \$2 million \$208,564. Do I
24 hear a second?

25 DR. KOMAROFF: Second.

1 MR. GARDELL: Is there discussion? All in favor?

2 (Chorus of ayes)

3 MR. GARDELL: Opposed?

4 (No response)

5 MR. GARDELL: Our next one is Texas. Mrs. Flood
6 has left the room.

7 DR. KOMAROFF: Texas is currently funded at an
8 annual level of approximately \$2 million. Their maximal re-
9 quest is for \$1.57 million, approximately. The application
10 is generally well written.

11 The activities seem appropriate. Good emphasis and
12 fairly detailed emphasis on the problems of transition, and
13 I move bloc action at Number 4 level.

14 MR. GARDELL: Okay.

15 DR. JANEWAY: Second.

16 MR. GARDELL: Tri-State. Now, Dr. Komaroff has to
17 leave.

18 MRS. FLOOD: Tri-State is operated at an annualized
19 figure of \$2 million \$40,548, and is requesting \$2 million
20 \$848,640. But within their request were \$453,822 of dis-
21 approved arthritis programs.

22 Apparently, Tri-State feels that they were approved
23 but unfunded. But after careful checking and Mr. Matt
24 Spear's reviewing of the process at that time, it is found
25 that these are disapproved projects.

1 Therefore, subtracting the disapproved arthritis
2 projects, I would recommend that Tri-State be funded at a
3 level of \$2 million \$394,818. This provides them with
4 \$354,000 plus, over their current annualized figure, which
5 allows them sufficient staff and operational budget to con-
6 tinue their activities, and they are actively involved in
7 HSA transition, with a specific request delineating the
8 expenditures to be undertaken in each of the three states in
9 that area.

10 And would give them sufficient dollars to cover
11 these activities.

12 MR. GARDELL: We have a motion that Tri-State be
13 considered at the level of \$2 million \$394,818. Do I hear
14 a second?

15 DR. GRAMLICH: Second.

16 MRS. FLOOD: I might bring up one point for the
17 Council's information. As you may recall, Tri-State pre-
18 sented some serious problems to the Council in the past, and
19 just prior to Council's action last time we had a site visit
20 there -- I would like to let Council be aware that many of
21 the problems in the relationships of Tri-State RMP to the
22 Rhode Island programs have been relatively settled.

23 The part-time coordinator of the Rhode Island seg-
24 ment of RMP has relinquished that position to full-time
25 project director in the RISEC program, and they have appointed

1 a full-time Rhode Island coordinator, which is one of the
2 big conflicts that this Council viewed as a problem in that
3 area.

4 Except for occasional friendly letters from Gover-
5 nor Noel, we do very well with Rhode Island.

6 MR. GARDELL: We appreciate your assistance in that
7 matter. Are we ready for the vote? All in favor?

8 (Chorus of ayes)

9 MR. GARDELL: Opposed?

10 (No response)

11 MR. GARDELL: Wisconsin. Mrs. Mars.

12 MRS. MARS: Wisconsin has asked for an increase in
13 staff from 15 to 23, and in professional from 11 to 17.
14 They also have in their application \$31,400 request for
15 movable equipment.

16 I have no idea what movable equipment is.

17 DR. WAMMOCK: It's not glued to the floor.

18 MRS. MARS: That I appreciate, but I felt that this
19 was really an unnecessary and monstrous request for increase
20 in staff. They seemed to feel that this would increase
21 their core activities.

22 Also, their travel costs were exceptionally high.
23 The main activities are staff discreet activities, in the
24 form of feasibility studies, which are completable in one
25 year or less, and will be made available to the successor

1 agency, and appropriate regulatory agency for informational
2 use and implementation to the transition mission.

3 They had at one time reduced their staff, but they
4 did successfully rebuild it in order to carry on their pro-
5 gram activities for this year. Their volunteer committees
6 have continued at full strength, and remain very active.

7 They have some very good programs going. Their
8 burn care services program is a particularly outstanding one.
9 They have had some conferences. A National Conference on
10 Hypertension which was the first national one, I believe,
11 in the United States.

12 However, I feel their request is much, much too
13 high, of \$2 million \$951,240. I would recommend that we
14 fund them at the level of \$2 million \$146,459, which is their
15 annualized current funding.

16 MR. GARDELL: Do you have any advice with respect
17 to the equipment?

18 MRS. MARS: No. I am sure there will be a policy
19 that you will carry out, and it is not necessary for me to
20 make any statement on it.

21 MRS. FLOOD: I second the motion.

22 MR. GARDELL: Any discussion? All in favor?

23 (Chorus of ayes)

24 MR. GARDELL: Opposed?

25 (No response)

1 MR. GARDELL: Can we now go to New York Metro?

2 Dr. Watkins?

3 MRS. FLOOD: There is one item I overlooked that
4 perhaps since we have made mention of it in other areas that
5 I would like to have staff address in the advice letter
6 again to Tri-State.

7 Again, we see no minorities, on staff or clerical
8 or professional levels at all in the Tri-State Regional Medi-
9 cal Program.

10 MR. GARDELL: Okay, condition.

11 DR. KOMAROFF: Mr. Chairman, New York Metro request
12 is difficult to consider without looking at the current fund-
13 ing in that region, which is why I have taken the time to
14 write on the board.

15 They request, as you see from the face sheet,
16 the maximum level of \$3.7 million. They are currently fund-
17 ed at a level of about \$3.8 million. But of this current
18 level of the \$3.8 million, \$2.5 million are in projects,
19 approximately \$2 million of which they are discontinuing.

20 It is not quite clear why this year's request asks
21 for \$.8 million for continuation of the old projects. There
22 are no new projects proposed, but presumably they wish to
23 expand somewhat the activities that are remaining.

24 The big issue is a proposed expansion, which would
25 raise their core staff from a present approximately 19 or 20

1 employees to 75 employees in this last year, to carry out
2 a series of core-based projects.

3 Therefore, new activities, but not the kind of new
4 activities that we are prohibiting -- we may be prohibited
5 from agreeing to. Nevertheless, it seems to me very unlikely
6 that they could triple the size of their core staff in a
7 year.

8 And that even if they could do that, they would
9 accomplish what they intend to accomplish. So I am recommend-
10 ing that the current core staff level be maintained for the
11 next 12-month period, with an increment of approximately
12 \$200,000 to the core staff, to carry out some of these trans-
13 itional activities.

14 And allowing them the full request for continuation
15 of operational projects, bringing them to a total of \$1.4,
16 considerably below the maximal request and their current
17 operating level, but still, I think, quite reasonable to
18 allow them to achieve what is realistic.

19 That is, therefore, my dollar recommendation. There
20 is one issue about considering prohibition of a specific
21 activity.

22 This region, which is based in metropolitan New
23 York, has a project activity which proposes to organize an
24 HSA in a seven-county area, north of the metropolitan area
25 of New York, outside the boundaries of metro New York.

1 ~~There~~ is no B agency in this region, but there is
2 a plan ing group, called NORMET which apparently has been
3 support ~~state~~ state money and which has been the facility's
4 expansion agency dealing with requests in that part of the
5 state.

6 The CHP and Regional Office have submitted very
7 strong letters recommending that this activity by RMP not
8 go on, that RMP move into an area outside their boundary
9 to organize them without even consulting the primary plan-
10 ning agency in that area.

11 I would recommend that that funding out of this
12 \$1.4 million for that purpose be disallowed, until such time
13 as the staff here receives written assurance from CHP and
14 from the Regional Office that this question of non-collabor-
15 ation has been cleared up.

16 May I ask Mr. Stolov who has been very helpful in
17 organizing these numbers for me to comment and see if that
18 is reasonable in his view?

19 MR. GARDELL: Do you want to have the motion first
20 on the record, and then have discussion? We have a motion
21 that New York Metro be funded at the level of \$1 million
22 \$400,000, and that the project, CO-24 be disapproved, as
23 being outside the area jurisdiction of the region, unless and
24 until the CHP agency, by chance, might recommend that it
25 be pursued.

1 DR. KOMAROFF: And the Regional Office.

2 MR. GARDELL: And the Regional Office.

3 MRS. GORDON: Second.

4 MR. STOLOV: May I ask the secondary reviewer for
5 his comments before I proceed with any comments on this?
6 Was there a secondary reviewer?

7 MR. BAUM: We only assign secondary reviewers in
8 the event that a primary reviewer could not be present.

9 MR. STOLOV: The reason -- I provided Dr. Komaroff
10 with the figures, but I did not know his final recommendation
11 so I would just like to say that New York Metro had an annual-
12 ized level of \$3.8, based on past improvement, and appealed
13 to the National Advisory Council.

14 I believe their RAG Chairman did address the Nation-
15 al Advisory Council and expressed the needs of New York
16 City, and how the RMP was attempting to go out with a
17 five-borough eight-million or more population area.

18 I think the \$3.8 is really that \$4.5 on an 18-month
19 level. The staff did highlight and does back up the con-
20 cern of putting so much cost or hiring so much core staff
21 to certain projects, and the drop in projects was pointed
22 out by Dr. Komaroff.

23 My only feeling is that some of the core staff
24 activities are related in part to the transition. They
25 are not directly related to the transition, but the methodology

1 to come up with .2 increase over the last year, it is based
2 on New York Metro having three core staff activities, and
3 this year presenting -- three of which were continuation.

4 I just wonder how you could explain the two percent
5 increase you are giving over three core staff activities as
6 opposed to their presenting 20 to us.

7 Can you give your justification for the two per-
8 cent above the .24 that you have on the board?

9 DR. KOMAROFF: Just an arbitrary feeling that they
10 probably could expand their core staff by what would be
11 approximately 60 percent expansion from the current level
12 of core staff, which is \$350,000.

13 That was a reasonable likelihood and that they
14 could accomplish the kind of transitional planning activi-
15 ties within the sum, if they chose to.

16 MR. BAUM: And, again, everybody is going to be re-
17 duced from the recommended level, because we don't have that
18 much money.

19 MR. GARDELL: Right, and they will be doing some
20 rebudgeting. You are giving us a level, against which we
21 can --

22 DR. KOMAROFF: It would be so hard to apply any
23 formula to this particular region that I thought we should
24 give you some kind of ceiling.

25 MR. GARDELL: Right. You really have just one

1 condition anyway, and that is CO-24.

2 DR. KOMAROFF: Right.

3 MR. GARDELL: So with the level of funding which
4 you say will be considerably below what they requested any-
5 way it has to be.

6 MR. STOLOV: I have nothing further to add.

7 MR. GARDELL: Any further discussion?

8 DR. JANEWAY: Do I gather, Tony, that that is a
9 not to exceed figure, and you would hope that that is what
10 they got?

11 DR. KOMAROFF: Yes. I am not only trying to indi-
12 cate a ceiling, but a target.

13 MRS. MARS: This \$1.4.

14 DR. KOMAROFF: Yes, I think they could use that
15 well. They have some very good activities.

16 MRS. MARS: Why not take the Number 1 here?

17 MR. BAUM: Then you ought to have a higher figure,
18 Tony.

19 MR. GARDELL: If you take their annualized level
20 right now, which is \$3 million nine, 40 percent of \$3 million
21 nine, if that's the way it turns out --

22 MRS. MARS: But their Number 1 is \$1 million
23 \$606,233. That is more than the \$1.4 which he is requesting.

24 MR. GARDELL: This was just a six-month figure.

25 DR. KOMAROFF: May I withdraw my last motion and

1 the seconder has departed. I move approval at the level
2 of \$1,506,233 but that should be construed as a 12-month,
3 through June 30, '75 recommendation.

4 MR. GARDELL: All right.

5 MRS. MARS: I will second that.

6 DR. GRAMLICH: If you leave it at \$1 million six
7 they will be loped off 40 percent, and wind up with \$600,
8 \$800, \$900,000.

9 DR. KOMAROFF: They would only be loped off that
10 much if staff applied a strict formula to this Council's
11 recommended level. I have not assumed that that would be
12 done.

13 I have assumed that staff, realizing that in certain
14 cases we did not vote a bloc but chose to set a ceiling,
15 would take that into consideration in allocating subsequent
16 funds

17 MR. GARDELL: Yes, you did, but on the other hand,
18 neither did I hear from anybody that this level which you
19 voted on should not be funded in an amount less than.

20 DR. JANEWAY: That's the question I asked.

21 MR. GARDELL: I know you did, and that is why I
22 kept reminding you, remember what you are recommending here
23 is definitely a ceiling, and in all probability most, if not
24 all, will receive less than that.

25 You already have approved some \$90 million dollars

1 and we have \$44.5 to distribute.

2 MRS. KLEIN: Mr. Chairman, I would like to ask a
3 question about that. In these instances where we voted
4 for bloc action, what is the significance of that as related
5 to the ones where we actually set a figure?

6 My thinking was that that was a maximum figure for
7 every one of these, either bloc approval, which is a mech-
8 anical approval of the specific amount, and that the appor-
9 tionment would be equally at a certain percentage, based
10 upon a lack of funds.

11 MR. GARDELL: To us they are ceilings which you
12 people have indicated in bloc form that they are programs
13 asking for a reasonable amount, based on an acceptable pro-
14 gram, and we will distribute the funds as best we can within
15 that framework and not exceed that level, which we don't
16 do.

17 Historically we have never had as much money as you
18 have approved in the review of applications in toto. It
19 is really no different, except that it is more drastic this
20 time, as we mentioned in the beginning of the session, be-
21 cause nobody really knew how much money we were going to
22 get when the applications went out.

23 We had to shoot for four alternatives, and that is
24 why we have suggested to you right at the beginning that we
25 make the most equitable distribution of the funds that we

1 possibly can.

2 If, for instance, you want to say to us that you
3 want to single out one, two or three regions and say, "This
4 is the least amount of money that region can get", that is
5 for you to say.

6 DR. KOMAROFF: I think I would like to do that in
7 this case, and just state that the \$1.6 is effectively a
8 ceiling, but if I could ask staff to consider \$1.4 as a
9 floor.

10 I would like them to get no less than that.

11 MR. GARDELL: All right. Would you amend your motion
12 accordingly, please?

13 DR. KOMAROFF: So amended.

14 MRS. FLOOD: I will second the motion.

15 MR. GARDELL: Discussion? All in favor?

16 (Chorus of ayes)

17 MR. GARDELL: Opposed?

18 (No response)

19 MR. GARDELL: Now we have a couple of resolutions
20 that we can get through rather quickly. And that ought to
21 take care of our business.

22 MR. BAUM: We now get to the bloc actions. Let me
23 read the list of regions that we will be taking bloc action
24 on. As I understand it the bloc action is approval in the
25 amount requested, either under maximum amount for three or

1 four options.

2 The regions are: Alabama, Albany, Central New York,
3 we did take Connecticut today, Georgia, Hawaii, Iowa, Nassau-
4 Suffolk, Nebraska, North Dakota, Northern New England, North-
5 lands, Ohio Valley, Oregon, Puerto Rico, South Dakota,
6 Texas, Washington/Alaska.

7 We will entertain a motion for bloc action.

8 MRS. MARS: So moved.

9 MR. GARDELL: It has been moved that we accept the
10 bloc actions as voted on by the Council. Do I hear a sec-
11 ond?

12 MRS. KLEIN: I'll second the motion.

13 MR. GARDELL: All in favor?

14 (Chorus of ayes)

15 MR. GARDELL: Opposed?

16 (No response)

17 MR. BAUM: That takes care of that one. Then next
18 we need an action on the recommendations with respect to the
19 EMS, PSRO and kidney dialysis and transplant projects. Let
20 me read you a proposal, quote, "Council recommends that rec-
21 ommendations of the Bureau of Quality Assurance, the EMS
22 service and the End State Renal Disease Program be accepted
23 with respect to RMP activities in the respective areas of
24 Quality Assurance, Emergency Medical Services, and kidney
25 dialysis and transplant." Unquote.

1 We will entertain a motion to that effect, if it is
2 your pleasure.

3 DR. GRAMLICH: What does that mean?

4 MR. BAUM: That means that where the EMS service
5 has recommended disapproval, that EMS project is disapproved.
6 The Bureau of Quality Assurance yesterday sent us a list
7 of their review of all the PSRO-related activities.

8 A number of those they wish to attach conditions
9 that they would not be funded without further information
10 being sent to the PSRO service, and without their approval.

11 There may have been a number of others, but it
12 was that kind of thing. In essence, it is accepting the
13 recommendations or conditions with respect to activities in
14 those fields, from the appropriate program here at PHS.

15 DR. GRAMLICH: If a given region is funded at a
16 specific level, and has an EMS project knocked out through
17 this process, it could rebudget those same funds for some
18 other purpose.

19 MR. BAUM: Right. It doesn't change the funds,
20 it just attaches conditions with respect to projects in
21 those areas.

22 Do you want us to add something that says it is
23 understood that this does not change the funds?

24 DR. GRAMLICH: No, I just wanted to be sure.

25 MR. GARDELL: Conditions will have to be met before

1 they can expend the funds for those purposes.

2 DR. GRAMLICH: That is reasonable.

3 DR. JANEWAY: This is only on disapprovals, Ken?

4 MR. BAUM: No, they have conditions in some cases.

5 The PSRO have conditions on a number of the projects that
6 the RMPs would not fund them without sending further infor-
7 mation in and getting the approval from the PSRO program.

8 We would attach that as a condition in the advice
9 letter.

10 MRS. MARS: Would you mind reading it again?

11 (Whereupon, Mr. Baum reread the statement that he
12 had read previously with respect to EMS, PSRO and kidney
13 activities).

14 MR. BAUM: Can somebody make a motion?

15 MRS. FLOOD: So moved.

16 MR. GARDELL: It has been moved that this resolution
17 regarding the three categorical type activities that have
18 been reviewed by the specific programs be accepted. Do I
19 hear a second?

20 MRS. MARS: Second.

21 MR. GARDELL: All in favor?

22 (Chorus of ayes)

23 MR. GARDELL: I should ask for discussion.

24 DR. JANEWAY: I have one question. On the California
25 EMS where we had some advice as far as the potentiality of

1 the state taking over funding of it, how does that relate
2 to voting "aye" on this resolution?

3 MR. GARDELL: It would be handled the same way.
4 Anything from this Council.

5 We need a vote. All in favor?

6 (Chorus of ayes)

7 MR. GARDELL: Opposed?

8 (No response)

9 MR. GARDELL: One more.

10 MR. BAUM: We discussed the public accountability
11 reporting. As we told you yesterday, our information is that
12 the earmark of \$500,000 for a continued support of PAR is
13 in the supplemental appropriation.

14 We had a resolution on this again in your folders
15 yesterday. Since my voice seems to be in such good form
16 today, I will read that one again. What this does, it gives
17 us the authorization to make a grant.

18 We can't make a grant without a Council's affirma-
19 tive recommendation. Again, it just passed yesterday.
20 Therefore, the application can't be in here, but you did
21 get a summary of the project, and we did pass around the
22 report.

23 It reads, quote: "Action in the Congress concern -
24 ing the supplemental appropriation -- whereas, action in the
25 Congress concerning the supplemental appropriation for the

1 Department of Health, Education and Welfare for Fiscal
2 Year 1975 indicates a probability that \$500,000 will be
3 appropriated specifically for Public Accountability Reporting,
4 and whereas, Public Accountability Reporting has previously
5 been supported through RMP funds.

6 "And, whereas, the Department of Health, Education
7 and Welfare has been advised of intent to apply for such
8 funds in Fiscal Year 1975, be it resolved that: The Nation-
9 al Advisory Council on Regional Medical Programs recommends
10 the approval of an award for Public Accountability Reporting
11 in accordance with Congressional intent if included in the
12 Supplemental Appropriation when enacted.

13 "It is further recommended that funds be made avail-
14 able by the Health Resources Administration for an appro-
15 priate period and amount, based upon review of an appropriate
16 application."

17 I assume we will have to change the first "Whereas"
18 to read, "Whereas the Congress has passed an appropriation
19 including \$500,000 for this purpose". But otherwise, it
20 seems to stand.

21 MR. GARDELL: I will entertain a motion for this
22 resolution.

23 MRS. MARS: So moved.

24 MR. GARDELL: It is moved that this be accepted.
25 Is there a second?

1 MRS. KLEIN: I will second it.

2 MR. GARDELL: Discussion?

3 DR. GRAMLICH: Who would get the award? The same
4 outfit that put this out?

5 MR. GARDELL: That has not been determined.

6 DR. GRAMLICH: Who will determine it?

7 MR. GARDELL: It will be determined based on the
8 application and from whom it comes. There are a couple of
9 alternatives. It could go to Mountain States. It could go
10 to WICHI, and it could go to the RMP.

11 DR. GRAMLICH: What RMP?

12 MR. GARDELL: Mountain States. It could go to RMP,
13 it could go to WICHI, the grantee. It would be the same
14 group. However, it is just the medium for getting the funds
15 to the group.

16 DR. GRAMLICH: The same people.

17 MR. GARDELL: Yes. We even entertained the thought
18 of putting that amount through the RMPs who are presently
19 making those funds available to the PAR. But since they
20 came in for a separate, and it is a potential earmark in the
21 appropriations bill, we thought it best to do it this way.

22 We may go the 910 route. They are trying to do it
23 with the one that has the least overhead, so that more can
24 go towards the work.

25 DR. JANEWAY: What this amounts to in that case is

1 a sole source RFP.

2 MR. GARDELL: If it went contract.

3 DR. JANEWAY: It is analogous to a sole source RFP.

4 MR. GARDELL: Yes.

5 DR. JANEWAY: Is that why the resolution does not
6 read "appropriate application or applications"?

7 MR. GARDELL: As I understand it what you have be-
8 fore you is not the final document. Nevertheless, we must
9 have one before June 30th because all of this money has to
10 be obligated by then.

11 MR. BAUM: This is very similar to Congressional
12 earmarks we have had before for construction, for example, of
13 the Childrens Hospital in Seattle, Washington. It is money
14 that remains available until expended.

15 It is a clear earmark in the appropriation bill,
16 but they are not applied at the time. We have had several
17 of those and this is an analogous one.

18 MRS. MARS: Talking about Childrens in Seattle, was
19 anybody on this Council when we appropriated the money for
20 the Hutchison, Kansas Cancer Center? That is being dedicated
21 on the fifth and sixth of September.

22 So it is now a fait accompli.

23 MR. GARDELL: Glad to hear that.

24 DR. KOMAROFF: There is no problem with the fact that
25 we are approving something, even though we don't see the

1 application?

2 MR. GARDELL: That's what we are really asking for.
3 It is an earmark, and we will have to accomplish it. We
4 know what it is for. It is a wrap-up of the continuation of
5 things done to date, and you have the second report distrib-
6 uted this morning.

7 It is a wrap-up of that, and I think you can glean
8 from the documents you have in your material generally speak-
9 ing what they are going to be doing.

10 It will probably end up in the form of an award.
11 We are asking your organization to do what Congress has told
12 us we have to do, and under the law we cannot do it without
13 a recommendation from the Council.

14 MRS. FLOOD: May I raise one technical question?
15 Leadership of the PAR, as it has been done, has taken quite
16 a bit of staff time to develop this type of document.

17 Yet, in the Mountain States application, we have
18 Dr. Smith operating full-time, as Director of Planning, Asso-
19 ciate Director of Planning, for the continuation for the next
20 12 months of the Mountain State's ongoing activities.

21 Will there be sufficient direction at staff levels
22 with this rather large endeavor that the contract will cause
23 them to undertake to continue this supervision of the Mountain
24 States' activities?

25 MR. GARDELL: I don't think the question has been

1 asked, and I think it is a good point. Let us check into
2 it.

3 You can be sure that we would insist on proper
4 coverage during the life of the RMP, and one of our roles
5 in transition is to make certain that the activities pre-
6 sently funded and ongoing by the Public Health Service are
7 monitored.

8 That is part of it.

9 MRS. FLOOD: I can see about a third of those people
10 going off to do our evaluation, and there is some strong
11 funding in the Mountain States still and a lot to be accomp-
12 lished in the transition period.

13 MRS. MARS: What was the final figure on the fund-
14 ing?

15 MR. BAUM: It was approximately \$90 million.

16 VOICE: It was \$89 million \$730, 407.

17 MR. GARDELL: And they came in for \$106. May I
18 just say --

19 MR. BAUM: We did not get a vote on that.

20 MR. GARDELL: All in favor?

21 (Chorus of ayes)

22 MR. GARDELL: Opposed?

23 (No response)

24 MR. GARDELL: Let me just say to those of us who
25 are left that we certainly appreciated your coming,

1 understanding our problem, and I think you did a beautiful
2 job in responding to it.

3 It has been a tremendous help to us, particularly
4 with the idea that with the new Bureau in and Dr. Rorrie
5 here, and I am sure he will have something to say to you,
6 too, and the Division no longer exists.

7 But still we have \$50 million to distribute, and
8 we appreciate your assistance. It has been most enjoyable
9 working with you, and we will see you all in the future.

10 DR. WAMMOCK: I would like to express to you our
11 appreciation. I also realize that in the short time allow-
12 ed for development of this material and how it was done in
13 such a rapid fashion, and the efforts of the staff, and so
14 on, in giving us the background, which I think simplified
15 our problem to a considerable degree in trying to review
16 these in some sensible manner.

17 MR. GARDELL: I think you were very helpful in
18 helping us to carry out the intents of the law, which is
19 why we are sitting here.

20 DR. WAMMOCK: Let's hope that it is carried in
21 that manner.

22 DR. RORRIE: I would just echo what Jerry had to
23 say. It was certainly obvious in the time that I was down
24 here that all of you had done a thorough review and we do
25 appreciate that. I think, more importantly, while it is

1 the ending of the RMP and certainly the beginning of a new
2 effort we are hopeful that you will have a continuing
3 involvement with all of us.

4 Again, specifically, the whole area of the policy
5 issues that I handed out to you. But all of you do have a
6 lot of ideas, and we need all the ideas and help we can
7 get right now.

8 There is an address on there where you can get in
9 touch with us, and we are going to be putting all of your
10 names on our mailing list, as materials are developed, so
11 we will appreciate getting any help from all of you.

12 Again, thank you very much for coming, and spending
13 the time with us and we hope to see you again soon.

14 MR. GARDELL: Thank you.

15 (Whereupon, at 12:45 p.m. o'clock the meeting of
16 the Council was adjourned).

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