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MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
BUREAU OF HEALTH RESOURCES DEVELOPMENT

TO : HRP Executive Staff

DATE: December 24, 1974

FROM : R. L. Peterson

SUBJECT: HRP Staff Meeting, December 16

Mr. Rubel opened the meeting by noting that the House had passed H.R. 16204 on Friday. Three substantive amendments had been adopted: the so-called Moss amendment making public agencies eligible for HSA designation; the recertification provision was rephrased in terms of "appropriate" as opposed to "needed" services; and an amendment by Representative Alexander making explicit that the special needs and circumstances of rural areas should be taken into account in designating health service areas.

Mr. Croft addressed the transitional aspects of the BHRP Organization Proposal, which has been sent forward to HRA for action. A mass transfer of all personnel in the three program divisions into the new bureau was, he noted, envisaged immediately following its formal establishment. Interim assignments and appointments would be made, to the maximum extent possible, taking into consideration staff preferences. New position descriptions for all staff would be targeted for completion by June 30, 1975.

Time permitted only brief discussion. Dr. Graning expressed certain general reservations as to the functions of the Office of Operations Monitoring and the apparent exclusion of any TA function in the Division of Facilities Development. Mr. Gardell questioned how the cut-back on GS-15 positions would be made. Mr. Croft responded that hopefully there would be 6-12 months to deal with and resolve the latter problem.

Mr. Peterson reported that meetings have been scheduled on January 7 with constituent agency (e.g., CHP, RMP) and public interest (e.g., National Conference of Governors) representatives, and on January 9 with representatives of provider groups and interests (e.g., AMA, Blue Cross). The purpose of these meetings is to (1) brief these individuals on our plans for initial HRP implementation and (2) begin to identify the major issues and problems that the new HRP program must address over the longer haul.

cc: Dr. Wherritt
Dr. Ellis