



E000935

11/21/74

TO:

Mr. Croft Room 11-19
 Mr. Gardell Room 11-07
 Dr. Graning Room 12-11
 Dr. Lindsay Room 17-34
 Mrs. Merrill Room 11A-02
 Dr. Pahl Room 11-05
 Ms. Richards Room 12-11
 Dr. Rorrie Room 11-11
 Mr. Rubel Room 11-11
 Mr. Zwick Room 10A-55
 Mr. Van Nostrand Room 10A-40

For Your Information


FROM: R. L. Peterson

*Mr. Gardell, I sent
eye to key staff.
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MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
BUREAU OF HEALTH RESOURCES DEVELOPMENT
DATE: November 20, 1974

TO : HRP Executive Staff

FROM : R. L. Peterson 

SUBJECT: HRP Executive Staff Meeting, November 18

The meeting held last Thursday with representatives from the CHP, EHSDS, Hill-Burton, and RMP programs, was reported on. Mr. Peterson indicated, among other things, that there was strong concensus that the overall process of designating areas, transition, and selecting new HSA agencies could be concluded in 12 months in a great majority of instances. He also noted there are tentative plans to meet periodically with representatives from these and other groups and interests, to informally consult with them on a continuing basis. Thus, if developments over the next several weeks strongly suggest that HRP legislation will be enacted this session, another such meeting probably will be held some time in December.

Mr. Rubel observed that the two 'Experimental Systems' representatives expressed considerable concern because no one from the headquarters EHSDS program was formally involved with the ongoing HRP implementation effort. He indicated that he once again would broach with Dr. Rosenthal the possibility of having Mr. Moynihan sit in as a member of the HRP executive staff. Mr. Peterson stated that he proposed to explore with Mr. Moynihan himself the possibility of having someone from the headquarters EHSDS program such as Bob Ullam serve on the Agency Selection Work Group.

Dr. Rorrie reported that the group which met on Thursday, with but a single dissenting voice, felt that the regional HRP orientation sessions scheduled for January should not be held if there was no new HRP legislation. This coincided with the strongly held views of the RHAs as conveyed by Dr. Farag of Region III who also attended that meeting. Thus the announcements to be sent out this week will reflect this: namely, that those January meetings will be held only if new HRP legislation is enacted.

Dr. Rorrie also announced that a meeting with regional office representatives has been scheduled for December 19-20, and the RHAs have been advised. The purpose of that meeting is to brief and orient regional office staff with respect to the new HRP legislation and implementation plans generally, and the agenda for and ground to be covered at the January meetings specifically.

Mr. Gardell outlined and there was some discussion of a proposed DRMP request to Dr. Endicott to extend the present RMP grants, without additional funds, through December 31, 1975. At present the awards to all 53 RMPs terminate this June 30. However, 31 RMPs have some 550 operational projects, totaling nearly \$40 million, that are scheduled to run beyond that June 30 date.

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A number of concerns were expressed by Mr. Rubel. First and foremost he felt that this was the worst possible time to raise the issue. Furthermore he was of the opinion that extension and transition would best be dealt with in its totality, rather than on a program-by-program basis; and that any decisions in this regard should involve the Department as well as HRA.

Some overlays, visual aids, that have been developed for use in connection with presentations on the HRP legislation itself, and maps relevant to area designation, were briefly shown. Multiple sets of these materials, both as overlays and slides, will be available shortly for use by headquarters and regional office staff. The map overlays and corollary data sheets, moreover, also will be made available to States.

There will be no meeting next Monday, the 25th, since both Mr. Rubel and Dr. Graning will be tied up that day with a special oversight hearing before Senator Kennedy's subcommittee. Thus, the next meeting of the HRP executive staff will be on Monday, December 2, at 9:00 a.m. One item to be discussed then will be the Tentative HRP Implementation Plan previously distributed.

Attached for your information are copies of (1) the November HRP Personnel Status Report and (2) Dr. Wherritt's memo of November 15 re HRP Area Designation. (Dr. Wherritt's earlier memo, referred to therein was previously distributed to you.)

cc: Dr. Ellis
Dr. Wherritt

PERSONNEL STATUS REPORT

Permanent	End of Year Ceiling	On Board 10/1/74	Losses	Gains	On Board 11/1/74
Full Time					
*DCHP		46	0	1	47
DRMP		76	1	0	75
DFU		61	0	1	62
Subtotal		183	1	2	184
Regions Perm.					
DCHP		24	-	-	24
DRMP		0	0	0	0
DFU		59	2	0	57
Subtotal	284	83	2	0	81
Total Perm Full Time	284	266	3	2	265
Other					
DCHP		3	0	0	3
DRMP		2	0	0	2
DFU		3	0	1	4
Subtotal		8	0	1	9
Region Other					
DCHP		-	-	-	-
DRMP		-	-	-	-
DFU		3	0	0	3
Subtotal	14	3	0	0	3
Total Other	14	11	0	0	12
TOTAL	298	277	3	3	277

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
REGION VII
KANSAS CITY, MISSOURI 64106

TO : Eugene J. Rubel, Director
Division of Comprehensive Health Planning

DATE: November 15, 1974

FROM : Lead Regional Health Administrator
for HRP

SUBJECT: HRP - Area Designation

11/22/74
Rubel
10/30

Material has been received from the Regional Health Administrators regarding the above subject. I will refer you to the memorandum I sent to the Committee earlier (attached) which is supported by the Regional Health Administrators. In addition, I make the following comments for consideration:

1. The Governor might need to be in a position to veto any designations he feels not in the interest of the citizens.
2. Guidelines might be written to cover inter-regional designations and therefore, exclude such from the "exceptions list" for RO/CO panel consideration.
3. The grace period should be at least 60 days.
4. Recognizing that the Assistant Secretary for Health or his designee will need to sign off on Area Designations in Federal Register, the RHAs still feel the process of designations, including approval, proposed by the Governors should be delegated to the RHA.
5. The timetable needs to be revised to accommodate the changes recommended.
6. Maximum time will be needed to go through the process of designation which will require at least 6 weeks and most likely longer. Guidelines must be developed with RHA input. Each RHA working with the Governor's designee, will need to work out the process in such a way that all interested and affected groups are appropriately involved.

In summary, I feel, the comments offered, are constructive and important for inclusion.

Holman R. Wherritt M.D.

Holman R. Wherritt, M.D., M.P.H.

cc: Mr. Kelso
Dr. Lindsey
RHA's I, II, III, IV, V, VI, VIII, IX, X.