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DEPARTMENT OF HEALTH, EDUCATION AND WELFARE  
PUBLIC HEALTH SERVICE

National Advisory Council on Regional Medical Programs

Minutes of the Twenty-sixth Meeting 1/ 2/  
February 8-9, 1972

The National Advisory Council on Regional Medical Programs convened for its twenty-sixth meeting at 8:30 a.m. on Tuesday, February 8, 1972, in Conference Room G/H of the Parklawn Building, Rockville, Maryland. Dr. Harold Margulies, Director, Regional Medical Programs Service presided over the meeting.

The Council Members present were:

Dr. Bland W. Cannon	Dr. John P. Merrill
Dr. Michael E. DeBakey	Dr. Alton Ochsner
Dr. Anthony L. Komaroff	Dr. Russell B. Roth
Dr. Alexander M. McPhedran	Dr. George E. Schreiner
Mrs. Audrey M. Mars	Dr. Benjamin W. Watkins
Dr. Clark H. Millikan	Mrs. Florence R. Wyckoff
Mr. Sewall O. Milliken	Dr. John D. Chase <u>3/</u>

A listing of RMP staff members, and others attending is appended.

I. CALL TO ORDER AND OPENING REMARKS

The meeting was called to order at 8:30 a.m. on February 8, 1972, by Dr. Harold Margulies. Dr. Margulies called attention to the "Conflict of Interest" and "Confidentiality of Meetings" statement in the Council books. He then introduced Dr. Vernon E. Wilson, Administrator, Health Services and Mental Health Administration.

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1/ Proceedings of meetings are restricted unless cleared by the office of the Administrator, HSMHA. The restriction relates to all materials submitted for discussion at the meetings, the supplemental material, and all other official documents, including the agenda.

2/ For the record, it is noted that members absent themselves from the meeting when the Council is discussing applications: (a) from their respective institutions, or (b) in which a conflict of interest might occur. This procedure does not, of course, apply to en bloc actions--only when the application is under individual discussion.

3/ Representing Dr. Marc J. Musser for the Veterans Administration.

## II. REMARKS BY DR. VERNON E. WILSON

The Council is beginning to pick up responsibilities for advice and comment on things that go beyond the original charge for RMP in its initial form. Currently expanded areas of interest include Emergency Medical Services, Health Maintenance Organizations and Area Health Education Centers. The options for allocation of funds for these programs have been discussed with the Secretary, the Office of Management and Budget, and others. In these discussions, it became clear that the mission that HSMHA has been trying to describe for RMP would be well served if the program were to take on additional responsibilities that would make it advisable to release moneys that have been held in reserve. HSMHA's assumption of responsibility for HMOs and EMS has been particularly helpful in obtaining release of the full amount appropriated.

RMP funds will be used for the EMS program. Emergency needs are primarily provider oriented and the RMP program is HSMHA's principal arm for communication with the provider community. A portion of the \$8 million currently available for EMS will be allocated to support model programs in a limited number of areas. The remainder will be available for allocation through RMP. It is expected that next year \$15 million will be available to support EMS instead of the current \$8 million.

Because many HSMHA programs are concerned in various ways with emergency services, a special office will be set up under Mr. Riso to coordinate EMS activities within HSMHA.

Use of RMP funds for HMO demonstrations is expected to be a 1-year activity. There is adequate authority in the RMP legislation for short-term demonstrations of this nature. It is expected that future funding of HMOs will be accomplished either through new legislation or through service-type money such as 314(e).

Determination of how funds for Area Health Education Centers will be administered is still awaiting a final decision by Dr. DuVal. In the meantime, there have been many discussions about AHECs involving HSMHA, NIH, the Department, and others. It is clear from these that RMP will be concerned with those AHEC programs where there is less emphasis on a degree, certificate or formal program recognition of some kind. The Bureau of Health Manpower on the other hand, would deal more specifically with programs involving or leading to long-term training, residency training or formal degrees.

No matter how responsibility for an AHEC program is divided between NIH and HSMHA, there will be a single application and a single award which might be composed of amounts of money from both agencies.

In the discussion following his presentation, Dr. Wilson indicated that he would be happy to receive the Council's views on these and any other matters of concern.

### III. REPORT BY DR. MARGULIES

Dr. Margulies reiterated and amplified some of Dr. Wilson's remarks about EMS and AHECs. In addition, he covered the following topics:

#### A. RMP Budget and Spending Plan

The total amount of funds appropriated for grants for Fiscal Year 1972 has been released with the understanding that specific amounts will be spent for EMS, AHECs, HMOs and construction. The actual figures are shown in the table below.

Total Appropriations		\$135.0
Earmarks		
AHEC	\$ 7.5	
EMS	8.0	
HMO	16.2	
Construction	5.0	
Total Earmarks	<u>\$36.7</u>	<u>36.7</u>
Available for RMP		<u>\$ 98.3</u>

The amount currently available for RMP (\$98.3) contrasts sharply with the \$70 million available for the previous fiscal year. The additional funds have provided an opportunity to (1) restore previous reductions, (2) provide additional funds to the more advanced RMPs in accordance with their relative ratings, and (3) increase the investment in kidney activities by about 50% to approximately \$8 million.

#### B. Reduction from 4 to 3 Review Cycles Annually

It has been decided to reduce the number of annual review cycles from 4 to 3. This shift will provide more time for technical assistance by staff between review cycles. It will provide more lead time between the notification of Council action and the Region's anniversary date, and it will enable the Regions at this point in time to adjust their programs to the higher appropriation levels in a more orderly manner.

#### C. HMO Review Process

A choice has to be made with respect to whether HMO funding is to be accomplished entirely by contract, or by grants through the RMP mechanism with a clear understanding that review would not follow normal RMP pattern. For a number of reasons, the RMP Coordinators would prefer grants to contracts as a mechanism for funding HMOs. First, many of the RMPs are already involved with HMO development and would like to remain close to the activity as it continues to develop and, secondly, it is quite clear that RMPs

will have a major role in the professional development of HMOs with respect to such matters as quality of care monitoring, emergency services, health manpower training, etc.

#### D. National Coordinators Meeting

The National Coordinators Meeting which took place in St. Louis in January engendered some highly beneficial discussions. There was vigorous discussion of the RMPS position paper on AHECs. The material on Emergency Medical Services was well received. Some research and development needs were surfaced, and RMP-CHP relationships turned out to be a surprisingly live issue. Dr. DuVal's remarks touched on this subject, and, in addition, he stressed the responsibility of RMPs in monitoring the quality of health care particularly in the context of the great likelihood of national health insurance.

All of the Conference material, including Dr. DuVal's speech will be available for distribution.

#### IV. KIDNEY REVIEW PROCEDURES

Dr. Margulies called upon Dr. Hinman to describe proposed procedures for the review of kidney proposals. The kidney review process will involve the following steps: (1) screening of preliminary proposals in relation to national priorities by RMPS, (2) technical review at the local RMP level by a review panel including at least 3 renal experts from outside the area, (3) RAG review of applications receiving favorable technical review in order to insure that the RMP can administer the kidney project without hindering total local RMP program, (4) RMPS staff review relating to national priorities, RAG and CHP comments and preferred method of funding, (5) opportunity for comment by the Review Committee on program and regionalization, and (6) a final recommendation by the National Advisory Council.

At a later point in the meeting, a motion to endorse a statement embodying these principles was moved, seconded and carried. The statement is reproduced as Attachment A.

#### V. NORTHWEST CANCER CENTER

As the next item of business, the Council considered the application for construction of the Fred Hutchinson Cancer Research Center in Seattle. Dr. Henry Lemon, who served as Chairman of the site visit team, was invited to participate in the discussion. Both he and Mrs. Mars reported in considerable detail on the findings and recommendations of the site visitors.

Proposed action of the Council with respect to the award of funds for construction of the Cancer Center was moved, seconded and carried with the following amendment:

"That there be an additional point incorporated into the draft, point C, which stipulates that the isolated beds not be included as part of the application until such time as justification is brought before this Council and acted upon favorably." (Transcript, page 127, Vol. 1).

The complete text of the resolution as amended is appended as Attachment B.

## VI. ADVANCED TECHNOLOGY ACTIVITIES

### A. Computer Assisted EKG Analysis

Dr. Hinman summarized a report on computer assisted EKG analysis which was made available to the Council in the agenda book. The Report results from a day long conference in November, 1971 chaired by Dr. Leonard Scherlis of the RMPS Review Committee. The conference was the outgrowth of interest in an earlier draft developed by Dr. Kenneth Gimbel of the RMPS staff.

The present report indicates that the RMP role with respect to computer assisted EKG analysis should be one of consultation and advice, of providing linkages and helping to develop systems. Investment in hardware is not considered to be an appropriate RMP function.

It was moved, seconded and carried that the Council, given general endorsement to the position paper, recommends its distribution and development and implementation of an appropriate policy statement. (Transcript, page 132, Vol. 1).

### B. Study of Advanced Technology in Relation to RMP

Dr. Margulies called attention to the Council's request at the previous meeting for an RMPS study of the whole question of advanced technology in relation to Regional Medical Programs and improved delivery of health services.

There is now a major Government-wide effort to come to grips with issues involving the impact of technology on social systems. This effort involves the Office of Science and Technology and other agencies. In addition, the President has indicated that there will be a message to Congress regarding the implications of advanced technology in the coming years. Under the circumstances, it would be unwise for RMPS to mount a separate effort. In the meantime, RMPS will attempt to keep well informed as possible on matters relating to technology.

## VII. POLICIES AND DELEGATIONS

### A. Review Responsibilities Statement

The Council was requested to modify the statement, "Review Responsibilities Under the Triennial Review System" which it approved at its August, 1971 meeting. The document delegates to the Director authority to fund awards during the second and third year of triennial applications.

Dr. Pahl explained that the revised language would require Council action only where a change, up or down, in the Council approved level is required. Under the previous wording, Council action was required whenever the amount requested exceeded the recommended level of support. Another change eliminates the need for Council action in the case of small increases in the Developmental Component.

It was moved, seconded and carried that the revised statement be approved. (Transcript, page 139, Vol. 1).

The Review Responsibilities statement as passed is reproduced as Attachment C.

### B. New Policy and Delegation Regarding Triennial Grants

Dr. Pahl presented the proposed two-part policy statement. He explained that the first part constitutes an understanding that when Council acts upon the first year of a multi-year budget, it is understood that the second and third years, if support is approved for those periods, will be identical with the first year's budget unless the Council recommends otherwise.

The second part of the statement delegates to the Director, RMPS authority to approve an RMP's programmatic changes during the period of transition from four to three-cycle review.

It was moved, seconded and carried that the above policies be approved. (Transcript, page 143, Vol. 1).

The full statement as passed is appended as Attachment D.

### C. AHEC Resolution

Dr. Pahl explained that the purpose of the proposed AHEC Resolution was to implement the AHEC program more expeditiously by delegating to the Director authority to fund small feasibility studies.

It was moved, seconded and carried that the Resolution be approved with the addition of the following language:

"It is further understood that Regions will first utilize 'free' Developmental Component funds, where available, and that

the general policies and procedures of the individual RMPs with respect to review, approval and funding, including RAG concurrence, will apply." (Transcript, 218, Vol. 1).

The full text of the motion as passed is appended as Attachment E.

D. HMO Delegation

Dr. Pahl presented a resolution for consideration by the Council which would delegate to the Director, RMPS, authority to fund HMO projects in accordance with the recommendations of the HMO Service.

After considerable discussion and several votes, a substitute proposal was placed before the Council, and moved, seconded and carried. (Transcript, page 5, Vol. 2).

The motion as passed is appended as Attachment F.

E. Equal Employment Opportunity

Dr. Pahl introduced Mr. Richard Clanton, Deputy EEO Officer for RMPS, who reviewed RMP activities relating to EEO and directed the Council's attention to a request from the Review Committee to clarify RMP policy in this regard. Specifically, Mr. Clanton called attention to RMPS's "Affirmative Action Plan" and described plans to assist Regional Medical Programs with respect to employment and utilization of minorities and women at all levels of responsibility.

It was moved, seconded and carried that the Review Committee's proposed policy statement be approved with certain additions which are reflected in the text shown in Attachment G. (Transcript, page 176, Vol. 1).

VIII. SPECIAL ACTIONS

A. Connecticut RMP Rating

It was moved, seconded and carried that the "Connecticut Regional Medical Program be placed in the A category of programs." (Transcript, page 11, Vol. 2).

B. Increased Levels of Support for Certain Regions

It was moved, seconded and carried that the approved levels of support for the following RMPs should be increased: (Transcript, pages 14, 16 and 17, Vol. 2). Wisconsin, Iowa, Mountain States, Washington-Alaska, Intermountain, Tennessee Mid-South, Indiana, and New Mexico.

A table of the specific amounts approved is provided in Attachment H.



## IX. CONSIDERATION OF THE MINUTES OF THE NOVEMBER 9-10, 1971 MEETING

The Council considered and approved the Minutes of the November 9-10, 1971 meeting. (Transcript, page 3, Vol 2).

## X. CONFIRMATION OF FUTURE MEETING DATES

The Council set the following dates for future meetings:

June 5-6, 1972  
 October 16-17, 1972  
 February 7-8, 1973  
 June 5-6, 1973

## XI. REVIEW OF APPLICATIONS\*

A. Greater Delaware Valley Regional Medical Program

Motion made by Dr. Watkins - Seconded by Dr. DeBakey.

Approve the Review Committee's recommendation for two year funding:

04 year - \$1,900,000  
 05 year - \$1,700,000  
 (Transcript, page 199, line 11.)

The motion was unanimously approved.

B. Maryland Regional Medical Program

Motion made by Dr. McPhedran - Seconded by Mrs. Mars.

Approve the Review Committee's recommendation for two year funding:

04 year - \$1,294,960  
 05 year - \$1,294,960

Subject to the following negotiations:

- (1) Deletion of funds for Project #43.
- (2) Funding of Johns Hopkins HMO proposal to be limited to RMP related activities.
- (3) Resolution by RMPS staff of need for additional funds for Projects 40 and 41 in relation to support of overall RMP Evaluation Unit at the University of Maryland

The motion was unanimously approved.

\*All actions include consideration of kidney projects, where appropriate, unless otherwise specified.

C. Western New York Regional Medical Program, to be changed to  
Lake Areas Regional Medical Program

Motion made by Mrs. Mars - Seconded by Mr. Milliken.

Approval of triennial status at a reduced funding level of:

01 year - \$1,219,000  
02 year - \$1,340,900  
03 year - \$1,462,800

(Transcript, page 233, line 11.)

The motion was unanimously approved.  
It was further moved by Mrs. Wyckoff, and seconded by Mr. Milliken,  
to hold the rating for the Western New York application in abeyance  
until the Review Committee has a chance at its next meeting to  
assess the new developments and assign a rating based on this  
information.

The motion was unanimously approved. (Transcript, page 245,  
line 14.)

Dr. Roth absented himself during this discussion.

D. Metropolitan D.C. Regional Medical Program

Motion made by Dr. Ochsner - Seconded by Dr. Roth.

Accept the Review Committee's recommendations. (Transcript,  
page 29, line 14.)

The motion was unanimously approved.

Dr. Schreiner absented himself during this discussion.

05 year - \$807,000 General Program  
05 year - \$202,000 Kidney Program

\$1,009,000 Total Direct

E. Louisiana Regional Medical Program

Motion made by Dr. Komaroff - Seconded by Dr. Millikan.

Approve the Review Committee's recommendation with the exception that no specific ceiling be placed on the funding for the coronary, pediatric, pulmonary units, only a statement that renovation and equipment costs are no longer part of RMPS policy and that a very modest expenditure is recommended. (Transcript, page 55, line 14.)

The motion was unanimously approved.

With regard to the kidney aspect of the application, Dr. Merrill moved, and Dr. Millikan seconded, that it be funded for one year at the level of \$94,595 and that the progress be reviewed with regard to funding for the second and third years. (Transcript, page 57, line 1.)

The motion was unanimously approved.

Dr. Ochsner absented himself during this discussion.

F. Illinois Regional Medical Program

Motion made by Dr. Schreiner - Seconded by Dr. Roth.

Approve the recommendations of the Review Committee.

(Transcript, page 70, line 6.)

Approval of the program for the triennium;  
Approval of the developmental component; and  
Approval in a reduced amount at the following levels:

03 year - \$2,650,000

04 year - \$2,800,000

05 year - \$3,000,000

The motion was unanimously approved.

G. Ohio Regional Medical Program

Motion made by Dr. Millikan - Seconded by Mrs. Mars.

Approve the staff recommendations concerning the amalgamation or merger of the Ohio State and Northwestern Ohio Regional Medical Program into the Ohio Regional Medical Program. (Transcript, page 83, line 1.)

Another motion was made by Dr. Millikan, and seconded by Dr. Cannon, that the Northeast Ohio Regional Medical Program be funded at its current level on a year-to-year basis with

a project site visit for staff review of progress to be made in late 1972, and that, depending upon the result of that review, further effort be made to produce amalgamation or a combination of Northeast Ohio with the Ohio Regional Medical Program. (Transcript, page 86, line 17.)

The motion was unanimously approved.

Mr. Milliken absented himself during this discussion.

#### H. Florida Regional Medical Program

Motion made by Dr. Cannon - Seconded by Dr. Millikan.

Approval of the site visit and Review Committee recommendations for funding:

04 year - \$1,552,706  
05 year - \$1,673,750  
06 year - \$1,713,150

This is exclusive of funding for the kidney project.

The motion was unanimously approved.

(Transcript, page 89, line 4.)

Motion made by Dr. Cannon and seconded by Mrs. Wyckoff for approval of the kidney Project #43 on the basis of the staff information in the amount of:

04 year - \$375,000  
05 year - \$313,500  
06 year - \$251,625

(Transcript, page 99, line 1.)

The motion was unanimously approved.

#### I. Intermountain Regional Medical Program

Motion was made by Dr. Schreiner - Seconded by Dr. Millikan.

Approval of the Review Committee's recommendations, with the exception that the developmental component funds be increased to maximum allowable level. Total of \$2,700,000. (Transcript, page 102, line 6, and page 108, line 23.)

The motion was unanimously approved.

J. Susquehanna Valley Regional Medical Program

Motion made by Dr. Cannon - Seconded by Dr. Schreiner.

Approval in the amount of \$750,000. (Transcript, page 116, line 23.)

The motion was unanimously approved.

K. Alabama Regional Medical Program

Motion made by Dr. McPhedran - Seconded by Dr. Millikan.

Approve the recommendations of the Staff Anniversary Review Panel including the funding of the developmental component. Total funding level: \$1,115,000. (Transcript, page 123, line 18.)

The motion was unanimously approved.

L. New Jersey Regional Medical Program

Motion made by Dr. Millikan - Seconded by Dr. Chase.

Approval of the recommendations concurred in by the Staff Anniversary Review Panel and the Review Committee. (Transcript, page 131, line 15.)

04 year - \$2,900,000  
05 year - \$2,900,000

The motion was unanimously approved.

M. Delaware Regional Medical Program

Motion made by Dr. Cannon - Seconded by Dr. Millikan.

Approval of the application of Delaware for a separate Regional Medical Program provided the grantee agency is not part of the State Government. Level approved was: \$389,050. (Transcript, page 136, line 5.)

The motion was unanimously approved.

N. Northlands Regional Medical Program

Motion made by Dr. Komaroff - Seconded by Dr. Roth.

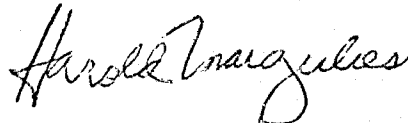
Approval at the same level as the previous year - \$1,511,000.  
(Transcript, page 142, line 14.)

The motion was unanimously approved.

Disapproval of the kidney project.

Dr. Millikan absented himself during this discussion.

I hereby certify that, to the best of  
my knowledge, the foregoing minutes and  
attachments are accurate and complete.



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Harold Margulies, M.D.  
Director  
Regional Medical Programs Service

## ATTENDANCE AT THE NATIONAL ADVISORY COUNCIL MEETING

February 8-9, 1972

(this is an attachment to the  
Minutes)RMPS STAFF

Mr. Vernie Ashby  
 Mr. Kenneth Baum  
 Mrs. Paula Bell  
 Mr. H. Earle Belue  
 Mr. Cleveland R. Chambliss  
 Mr. Richard Clanton  
 Mr. Tom Croft  
 Dr. John Farrell  
 Miss Myrtle Flythe  
 Mr. G. T. Gardell  
 Mr. Sam O. Gilmer, Jr.  
 Dr. K. S. Gimbel  
 Mrs. Eva Handal  
 Mrs. Gloria Hicks  
 Mr. Charles Hilsenroth  
 Mr. George Hinkle  
 Dr. Edward J. Himman  
 Mr. Burt A. Kline  
 Mrs. Lorraine Kyttle  
 Mr. Walter Levi  
 Dr. Harold Margulies  
 Mr. Ted C. Moore  
 Miss Marjorie L. Morrill  
 Miss Mary E. Murphy  
 Mr. Frank S. Nash  
 Miss Elsa J. Nelson  
 Mr. Joseph Ott  
 Dr. Herbert B. Pahl  
 Mr. Roland L. Peterson  
 Mr. Michael J. Posta  
 Miss Leah Resnick  
 Mr. Richard Russell  
 Mrs. Jessie Salazar  
 Mr. Luther J. Says  
 Miss Teresa Schoen  
 Mrs. Patricia Schoeni  
 Mr. Matthew Spear  
 Mrs. Sarah J. Silsbee  
 Dr. Margaret H. Sloan  
 Mr. Jerome J. Stolov  
 Mr. William A. Torbert  
 Mr. Lee Van Winkle  
 Mr. Frank Zizlavsky

OTHERS ATTENDING

Dr. J.H.U. Brown, OA-HSMHA  
 Dr. Margaret H. Edwards, NCI-NIH  
 Dr. Bruce W. Everist, Consultant  
 Dr. Henry M. Lemon, Review  
 Committee Member  
 Dr. Robert A. Leyton, NHLI-NIH  
 Mr. E. E. Olexa, OS-ASC-AA  
 Mr. Maurice C. Ryan, Region V  
 Dr. Frederick L. Stone, OA-HSMHA  
 Dr. William Vaun, Consultant  
 Mr. Robert A. Walkington, NLM-NIH  
 Dr. Vernon E. Wilson, OA-HSMHA

PROPOSED RMP REVIEW PROCEDURES  
FOR  
KIDNEY PROPOSALS

Kidney proposals shall be reviewed in the following manner:

1. Immediately upon an indication of interest in the submission of a Kidney proposal by a source within an RMP, the RMP should contact the appropriate RMPS Desk to determine whether the proposal is within the scope of national priorities. At this point, RMPS will advise the RMP whether it is desirable to proceed further. The RMP may accept or reject this advice.
2. Each RMP submitting a renal disease proposal is expected to provide a technical review of the proposal by a group which had not participated in its development and which includes at least 3 renal authorities from outside the Region, prior to submission to RMPS. The review group may be either an ad hoc or standing committee. RMPS will maintain a list of consultants who may be called upon to serve in this capacity.
3. Kidney proposals which receive a favorable local technical review shall be forwarded by the Regional Advisory Group (RAG) to RMPS with the RAG's comments and to CHP for review and comment. The RAG shall consider and comment on the ability of the RMP to manage the Kidney project without hindering the development of the overall RMP program, and the reasonableness and adequacy of the Kidney budget. Since Kidney proposals are separately funded, there is no reason for the RAG to give priority rankings to Kidney proposals in relation to other non-Kidney RMP operational activities. Kidney proposals shall be considered by RMPS in relation to national priorities.
4. The RMPS staff review shall include consideration of:
  - a. the contribution of the project toward national Kidney priorities;
  - b. the comments of the RAG (point 3, above) and the CHP agency(ies);
  - c. the preferred method of funding.
5. Applications together with RMPS staff review and local technical review shall be provided to the RMPS Review Committee at its option for comment on program and regionalization. The Committee shall not consider budget and technical aspects of the proposal.
6. All Kidney proposals shall be submitted to the National Advisory Council for a final recommendation. In keeping with the categorical nature of the Kidney disease program within RMPS, the Council will review and recommend funding levels for Kidney proposals separately from the funding level of the specific RMP.

APPROVED: February 8, 1972



ATTACHMENT B

ACTION BY NATIONAL ADVISORY COUNCIL  
ON THE  
FRED HUTCHINSON CANCER RESEARCH CENTER

Council Recommends:

- A. Award of \$5.0 million to the Fred Hutchinson Cancer Research Center in Seattle for the construction of a cancer facility to serve HEW Region X. The award is contingent upon meeting the following conditions:
1. All relevant Federal, State and local requirements concerning the expenditure of Federal funds for the construction of the proposed type of facility including all needed licenses, clearances, permits and approvals;
  2. The University of Washington and Swedish Hospital formalize their relationships with the Center through written agreements; and
  3. All conditions contained in the Council's Statement of November 10, 1971, entitled "Statement by National Advisory Council on Regional Medical Programs on Cancer Center To Serve HEW Region X," are satisfied.
- B. The provision of space to accommodate 20 beds, which would be isolated from the Swedish Hospital Medical Center, be reconsidered with further justification for review and approval by the National Advisory Council, RMPS.
- C. Award of \$50,000 to the Washington/Alaska RMP to assist in developing the regionalization of cancer activities.

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APPROVED: February 8, 1972

## ATTACHMENT C

### REVIEW RESPONSIBILITIES UNDER THE TRIENNIAL REVIEW SYSTEM

Under the triennial review system, each Regional Medical Program normally will be reviewed by the National Advisory Council only once each three years. The triennial review serves to recognize the Region as an "accredited" organization and to set a general level of annual support for the three-year period. Thus, the Council's favorable recommendation constitutes a time-limited approval for an RMP as an organization having recognized capabilities, rather than being approval for a specific set of activities. In addition to recommending the general level of support, Council actions on individual applications may include advice to the applicant Regional Medical Program, or specific conditions for the grant. Prior to review by the Council, each triennial application will be reviewed by assigned RMPS staff, a site visit team and the RMPS Review Committee.

Except as specified below, the Director, RMPS, will make continuation awards, including support for new activities, for second and third (02 and 03) year support without further Council action insofar as the proposed activities are consistent with relevant policies. Specifically, the Council's advice will be sought when:

1. The Director, RMPS, has determined, or the Review Committee has recommended to the Director, that a change in the Council approved level is indicated.
2. A new Developmental Component is requested.
3. The Director, the Review Committee, the Region, or a member(s) of the Council itself requests Council review.
4. The applicant has failed in a material respect to meet the requirements of the Program or applicable laws, regulations or formally promulgated policies of the Department, HSMHA, or RMPS.

A summary will be provided to the Council on each Region reviewed by staff for continuation support. This summary will include:

1. The findings as determined by the review of the Director, together with a statement of the amount previously recommended by the Council for funding and the amount awarded.
2. A list of activities supported during the most recent grant year, identifying those which have been completed and those which have been supported through a Developmental Component.
3. A statement of the Region's response to any advice specified by the Council or limitations upon or conditions of the award.

4. Identification of any outstanding accomplishments.
5. Identification of any outstanding problems.
6. Annual reports from the Regional Advisory Group and from RMPS staff. (These will be made available on request by the Council.)

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APPROVED: February 8, 1972

ATTACHMENT D

POLICY ON AND DELEGATION OF AUTHORITY BY THE  
NATIONAL ADVISORY COUNCIL ON REGIONAL MEDICAL PROGRAMS  
REGARDING GRANTS WITH TRIENNIAL STATUS

Effective this date, the following constitutes new Council policy and delegation of authority which supersedes existing relevant policies/authorities.

Policy

In considering the three-year budget submitted by a Regional Medical Program applicant in a triennial application, where the Council recommends support for more than one year, it is understood that the recommended level of support for future years of the approved period shall not be less than the amount recommended for the first year unless otherwise specified.

Delegation of Authority to the Director, RMPS

The Council delegates to the Director, RMPS, authority to approve an RMP's programmatic changes during the period of transition from four to three-cycle review, including new initiatives in keeping with the natural progress of the Region, provided that the Region submits to the Director a plan covering the interim period, and receives approval therefor.

APPROVED: February 8, 1972

ATTACHMENT E

AHEC RESOLUTION

The Council, recognizing the need for expeditious action and flexibility in funding feasibility studies that would permit local areas to assess the potential and feasibility of developing Area Health Education Centers, delegates to the Director of RMPS authority to award supplemental grants to individual Regional Medical Programs for such purposes. It is understood that (1) no local area shall receive funds for an AHEC feasibility study in excess of \$50,000 (total costs) and the duration shall not exceed 12 months; (2) no single RMP shall receive in excess of \$250,000 for such feasibility studies in any 12 month period; and (3) approval and funding of these AHEC feasibility studies by Regions will be within such general guidelines as RMPS may establish. It is further understood that Regions will first utilize "free" Developmental Component funds, where available, and that the general policies and procedures of the individual Regional Medical Programs with respect to review, approval and funding, including RAG concurrence, will apply.

APPROVED, February 8, 1972

ATTACHMENT F

HMO DELEGATION

The Council shall discharge its responsibilities in regard to recommending RMP grant support for HMO feasibility studies and organization and development efforts by delegating to a subcommittee of the Council full authority to work with the Director, RMPS, and to approve applications for HMO grants.

APPROVED: February 8, 1972

ATTACHMENT G

REVIEW OF APPLICATIONS  
WITH RESPECT TO EQUAL EMPLOYMENT  
AND CIVIL RIGHTS

The Council recommends that those participating in the review process, including site visitors and the Review Committee be instructed to give special interest and attention to the issues of compliance with the Civil Rights Act of 1964, and the reasonableness and adequacy of representation and employment of minorities and women at all levels in RMP activities. An examination of performance in relation to these issues shall be an essential element in the review of every application, and such review shall be adequately documented in each case. If, in fact, the reviewers feel that there is some question of compliance, or inadequate performance, they not only have the right, but are expected to request that appropriate review of that issue occur.

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APPROVED: February 8, 1972

Attachment H

Programs with increased levels approved by the NAC

<u>PROGRAM</u>	<u>PREVIOUSLY APPROVED LEVEL</u>	<u>NEW LEVEL</u>
1. Wisconsin	\$1,500,000	\$1,779,072
2. Iowa	800,000	841,065
3. Mountain States	1,511,000	1,934,117
4. Washington/Alaska	1,679,906	1,796,503
5. Intermountain	2,417,167	2,690,853
6. Tennessee Mid-South	2,082,643	2,166,139
7. Indiana	1,100,000	1,121,411
8. New Mexico	890,000	1,036,719