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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
ROCKVILLE, MARYLAND 20852

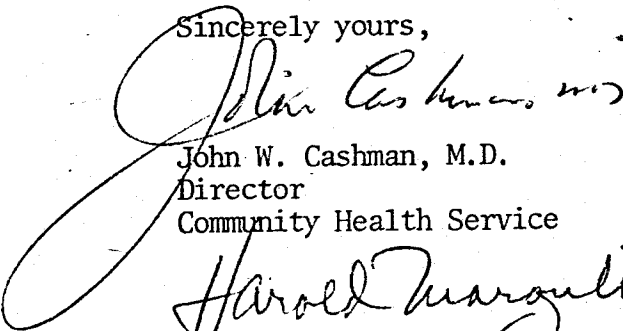
APR 28 1971

Dear

The current legislation for Regional Medical Programs (P.L. 91-515) requires that the advisory group which advises the regions in formulating and carrying out the program include representatives from health planning agencies. Similarly, the legislation for Comprehensive Health Planning agencies requires representation of Regional Medical Programs on both State and Areawide Comprehensive Health Planning Advisory Councils.

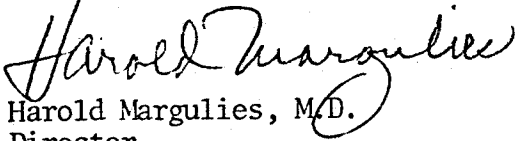
In order to respond to a variety of questions concerning these requirements, the attached policy statement has been developed. It represents the input and consensus of both the Regional Medical Programs Service and the Community Health Service. Those areas not already fulfilling the requirements should move to achieve such representation by no later than July 1, 1971.

Sincerely yours,


John W. Cashman, M.D.

Director

Community Health Service


Harold Margulies, M.D.

Director

Regional Medical Programs Service

Attachment

HEALTH PLANNING AGENCY REPRESENTATION
ON REGIONAL ADVISORY GROUPS

The current legislation for Regional Medical Programs (P.L. 91-515) requires that the advisory group which advises the regions in formulating and carrying out the program "includes practicing physicians, medical center officials, hospital administrators, representatives from appropriate medical societies, voluntary or official health agencies, health planning agencies...," etc.

To provide guidance to the Regional Medical Programs in assuring such representation, we have developed the following policy:

1. "Health planning agencies" are defined to be primarily the official:

- a. State 314(a) Comprehensive Health Planning agencies
- b. Areawide 314(b) Comprehensive Health Planning agencies.

2. The State Comprehensive Health Planning agency should be represented by a specific designee on the Regional Advisory Group.

If a Regional Medical Program covers more than one entire State, or significant portions of another State, all State CHP agencies should be represented on the Regional Advisory Group.

3. Areawide Comprehensive Health Planning agencies should be represented on the Regional Advisory Group.

If a Regional Medical Program covers more than one Areawide agency, the interests of each must be represented on the Regional Advisory Group. This representation can be handled in one of two ways:

- a. Each Areawide agency which is covered by an RMP could have its own representative on the Regional Advisory Group.
- b. All of the Areawide agencies covered by an RMP could collectively select one or more representatives to represent all of their interests on the Regional Advisory Group.

One of these two methods should be selected on the basis of which is deemed most satisfactory to both the RMP and the Areawide CHP agencies.

In addition, if the Regional Medical Program has subregions with consequent Local or Area Advisory Groups, such groups should include a representative of the relevant Areawide 314(b) CHP agency or agencies.

4. Other health planning organizations which meet the requirements of 314(b) but are not yet receiving Federal support should be considered in determining representation on the Regional Advisory Group.
5. In general, determination of the specific individual representatives to the Regional Advisory Group should be left to the respective CHP agencies, although recognition of on-going working relationships should certainly enter into consideration.

REGIONAL MEDICAL PROGRAM REPRESENTATION ON COMPREHENSIVE
HEALTH PLANNING AGENCY ADVISORY COUNCILS

The current legislation for Comprehensive Health Planning agencies (P.L. 91-515) requires representation of Regional Medical Programs on both State and Areawide Comprehensive Health Planning Advisory Councils.

1. State Comprehensive Health Planning Councils

In terms of the State Health Planning Council, this "...shall include representatives of Federal, State, and local agencies... and non-governmental organizations and groups concerned with health, including representation of the regional medical program or programs included in whole or in part within the State, and of consumers of health services...". The Regional Medical Program should be represented by a specific designee on the State Health Planning Council.

If there is more than one Regional Medical Program covering all or part of a State, the interests of each must be represented on the State CHP Council. This representation can be handled in one of two ways:

- a. Each Regional Medical Program which covers all or part of a State could have its own representative on the State CHP Council.
- b. All of the Regional Medical Programs covering all or part of a State could collectively select one or more representatives to represent all of their interests on the State CHP Council.

One of these two methods should be selected on the basis of which is deemed most satisfactory to both the State CHP agency and the Regional Medical Programs.

2. Areawide Comprehensive Health Planning Councils

An Areawide Health Planning Council "...shall include representatives of public, voluntary, and nonprofit private agencies, institutions, and organizations concerned with health (including representatives of the interests of local government, of the regional medical program for such area, and of consumers of health services)."

The relevant Regional Medical Program should be represented by a specific designee on the Areawide CHP Advisory Council.

If there is more than one Regional Medical Program covering all or part of a designated Area, the interests of each must be represented on the Areawide CHP Council. This representation can be handled in either of the two ways described above for representation on State CHP Councils, on the basis of which is deemed most satisfactory to both the Areawide CHP agency and the Regional Medical Programs.

3. In general, determination of the specific individual representatives to the CHP Advisory Councils should be left to the respective Regional Medical Program, although recognition of on-going working relationships should certainly enter into consideration.