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SUBCOMMITTEE ON LABOR AND HEALTH, EDUCATION,
AND WELFARE, AND RELATED AGENCIES
COMMITTEE ON APPROPRIATIONS
92ND CONGRESS
U.S. SENATE

DEMOCRATS

Warren G. Magnuson, Washington, Chairman
John C. Stennis, Mississippi
Alan Bible, Nevada
Robert C. Byrd, West Virginia
William W. Proxmire, Wisconsin
Joseph M. Montoya, New Mexico
Ernest F. Hollings, South Carolina

REPUBLICANS

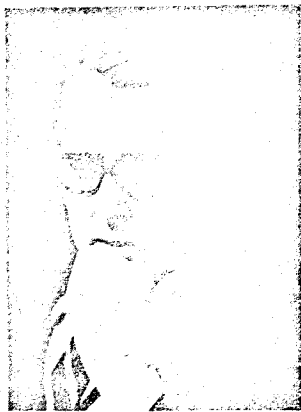
Norris Cotton, New Hampshire
Clifford P. Case, New Jersey
Hiram L. Fong, Hawaii
James C. Boggs, Delaware
Edward W. Brooke, Massachusetts
Ted Stevens, Alaska

Ex officio members:

Allen J. Ellender, Louisiana
Milton R. Young, North Dakota

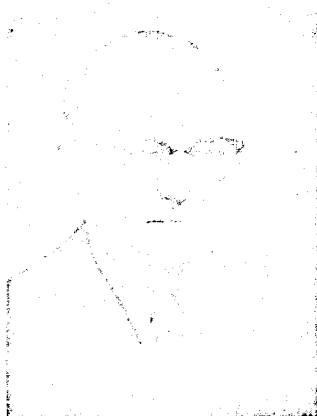
Harley M. Dirks, Professional Staff Member
W. Proctor Jones, Professional Staff Member
Robert Clark, Professional Staff Member

LABOR AND HEALTH, EDUCATION, AND WELFARE SUBCOMMITTEE
OF THE SENATE APPROPRIATIONS COMMITTEE
92ND CONGRESS



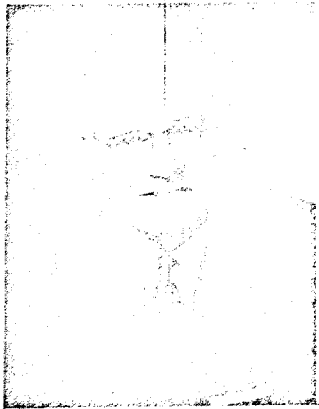
Sen. Warren G. Magnuson
of Seattle, Washington
Democrat--Dec. 14, 1944

Warren G. Magnuson (Democrat) of Seattle, Washington. Born in Minnesota, 1905. Entered University of Washington, graduating from the law school in 1929; served as special prosecuting attorney of King County, 1931; elected to the Washington State Legislature, served in the regular and special sessions of 1933; chairman of the Judiciary Committee; assistant United States district attorney, 1934; elected prosecuting attorney of King County, November 1934; member of American Legion and Veterans of Foreign Wars; served as lieutenant commander in U.S.N.R. in Pacific Fleet; married Mrs. Jermaine Elliott Peralta on October 4, 1964; elected to the 75th through the 78th Congresses; elected to the Senate November, 1944 and re-elected for all subsequent terms. Chairman of Committee on Commerce. Member of Committee on Aeronautical and Space Sciences.



Sen. John Stennis
of De Kalb, Mississippi
Democrat--Nov. 5, 1947

John Cornelius Stennis (Democrat) of De Kalb, Mississippi. Born in Kemper County, Mississippi, August 3, 1901. Married, two children; attended the county schools and graduated from Kemper County Agricultural High School, Scooba, 1919; B.S. degree, Mississippi State College, 1923; LL.B. degree, University of Virginia Law School, 1928, member of Phi Beta Kappa, Phi Alpha Delta (legal), and Alpha Chi Rho Fraternities; Presbyterian, Mason, Lion, member of Farm Bureau, Mississippi, and American Bar Associations; past president, State 4-H Club Advisory Council; elected Mississippi House of Representatives from Kemper County, 1928-32; elected district prosecuting attorney, 16th Judicial District, 1931 and 1935; appointed circuit judge, 16th Judicial District, 1937, and elected 1938, 1942, 1946; elected United States Senator November 4, 1947, to fill unexpired term of the late T.G. Bilbo; sworn in November 17, 1947; re-elected 1952; 1958, 1964, and 1970. Chairman of Armed Services Committee. Member of Aeronautical and Space Sciences Committee.



3
*Sen. Alan Bible
of Reno, Nevada*

Democrat--Dec. 2, 1954

Nevada State Bar Association, University of Nevada Alumni Association, Lambda Chi Alpha social fraternity, Masons, and Eagles; elected to the United States Senate November 2, 1954, to fill the unexpired term of late Senator Pat McCarran; re-elected for all subsequent terms. Member of Committees on Interior and Insular Affairs and Committee on District of Columbia.

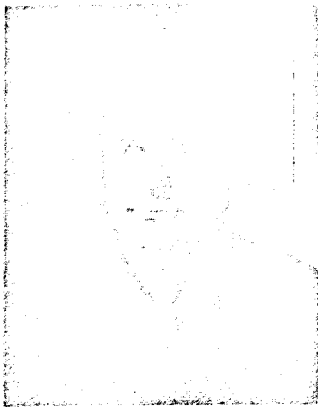


*Sen. Robert C. Byrd
of Sophia, West Virginia*

Democrat--Jan. 3, 1959

Alan Bible (Democrat) of Reno, Nevada; born in Lovelock, Nevada, November 20, 1909; married Loucile Jacks; children--one daughter and three sons; A.B. University of Nevada, 1930; LL.B., Georgetown University School of Law, 1934; admitted to the Nevada State Bar, 1935; associate law partner of late United States Senator Pat McCarran, Reno, 1935-38; appointed then elected district attorney of Storey County (Virginia City), 1935; appointed deputy attorney general of Nevada in 1938; elected attorney general of Nevada in 1942 at age of 32 years, becoming youngest attorney general in United States; re-elected attorney general in 1946 without opposition; served as president and vice president of National Association of Attorneys General; private practice of law under firm name of Bible & McDonald, Reno, from January 1951; member of American Bar Association, chairman of State delegation of Committee on Improvement of Judicial Administration, National Safety Council, Nevada State Bar Association, University of Nevada Alumni Association, Lambda Chi Alpha social fraternity, Masons, and Eagles; elected to the United States Senate November 2, 1954, to fill the unexpired term of late Senator Pat McCarran; re-elected for all subsequent terms. Member of Committees on Interior and Insular Affairs and Committee on District of Columbia.

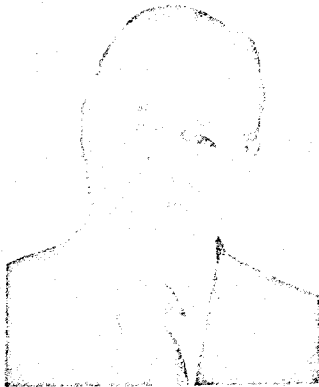
Robert C. Byrd (Democrat) of Sophia, West Virginia; born in North Wilkesboro, North Carolina, January 15, 1918; student - Beckley College; Concord College; Morris Harvey College, 1950-51; Marshall College, 1951-52; LL.B. cum laude, American University; married Erma Ora James, May 29, 1937, two daughters; elected to the West Virginia House of Delegates in 1946 and re-elected in 1948; elected to the West Virginia Senate in 1950 and elected to the U.S. House of Representatives in 1952, 1954 and 1956; elected to the U.S. Senate in 1958; re-elected to the U.S. Senate in 1964 and 1970 by the greatest vote ever accorded a West Virginia candidate. He was elected secretary of the Senate Democratic Conference in January 1967 and reelected by unanimous vote in January 1969; elected Senate Democratic Majority Whip in January 1971. Member of Committees on Judiciary and Rules and Administration.



*Sen. William W. Proxmire
of Madison, Wisconsin*

Democrat--August, 1957

William W. Proxmire (Democrat) of Wisconsin; born in Lake Forest, Illinois, November 11, 1915. He earned his undergraduate degree from Yale and two graduate degrees from Harvard University; taught government at Harvard, worked for J.P. Morgan and Company on Wall Street; nine months before Pearl Harbor, he enlisted as a private in the U.S. Army to serve in the counter-intelligence corps, leaving active duty in 1946 as a first lieutenant; he has been in politics since 1950, when he was elected to the Wisconsin State Assembly. He was elected to the United States Senate in 1957 to fill the seat left vacant by the death of Senator Joe McCarthy. He was re-elected the following year to a full 6 year term and again re-elected in 1964 and 1970. He is married to Ellen Hodges Sawall. Mr. Proxmire is Chairman of the Joint Economic Committee; ranking Democrat on the Banking, Housing and Urban Affairs Committee, and member of the Joint Committee on Defense Production.

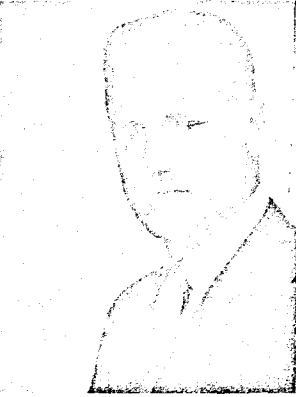


*Sen. Joseph M. Montoya
of Santa Fe, New Mexico*

Democrat--Nov. 3, 1954

Joseph M. Montoya (Democrat) of Santa Fe, New Mexico; born in Sandoval County, New Mexico, September 24, 1915; attended Regis College in Denver, Colorado, and Georgetown University Law School in Washington, D.C., receiving LL.B. in 1938; a lawyer by profession; actively engaged in various business enterprises; elected to New Mexico House of Representatives in 1936 at age 21 while still in college; re-elected in 1938 and named majority floor leader; elected as youngest member of State senate in 1940 and named majority whip; reelected to State senate in 1944 and named chairman, Senate Judiciary Committee; was elected Lieutenant Governor in 1946 and re-elected in 1948; in 1952 again was elected to the State senate; in 1954 was returned to the office of Lieutenant Governor, and re-elected in 1956; married Della Romero and they have three children--Joseph II, Patrick, and Lynda; delegate, Mexico-United States Interparliamentary Conference, 1961-65; official United States observer, Latin American Parliamentary Conference, Lima, Peru, 1965; elected to the 85th Congress in special election April 9, 1957, to fill the vacancy caused by the death

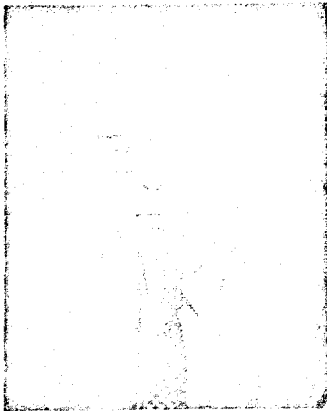
of Antonio M. Fernandez; re-elected to the 86th, and 88th Congresses; elected to the United States Senate in 1964 and 1970. Member of Committee on Public Works and Select Committee on Small Business.



*Sen. Ernest F. Hollings
of Charleston, South Carolina*

Democrat--Nov. 8, 1966

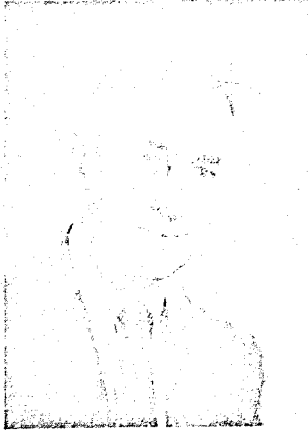
Ernest F. Hollings (Democrat) of Charleston, S.C.; born in Charleston, S.C., January 1, 1922; son of Wilhelmine Meyer and Adolph G. Hollings; attended public schools, Charleston, S.C.; graduate, The Citadel, B.A., 1942; the University of South Carolina, LL.B., 1947; LLD. conferred by The Citadel, June 1959; married Patricia Salley of Columbia, S.C., March 30, 1946; four children; member of Charleston County, South Carolina, and American Bar Associations; admitted to practice before South Carolina Supreme Court, U.S. District Court; U.S. Circuit Court of Appeals; U.S. Tax Court, U.S. Customs Court and U.S. Supreme Court; Armed Forces, 1942-45, served overseas from Africa to Austria; elected to South Carolina General Assembly from Charleston County, 1948, 1950, and 1952; chairman, Charleston County Legislative delegation; speaker pro tempore, South Carolina House of Representatives; elected twice by unanimous vote, 1951, 1953; elected Lieutenant Governor, November 2, 1954; elected Governor, November 4, 1958; served as Governor, 1959-63; appointed to Hoover Commission May 15, 1955; appointed by President Eisenhower to Advisory Commission on Intergovernmental Relations, December 1959; re-appointed by President Kennedy February 1962; chairman, Regional Advisory Council on Nuclear Energy; elected November 8, 1966, to complete the unexpired term of the late Senator Olin D. Johnston; re-elected to full 6-year term November 5, 1968. Chairman of Appropriations Subcommittee on Legislative Branch; member of Subcommittees on District of Columbia; Military Construction; State, Justice, and Commerce, the Judiciary, and Related Agencies.



*Sen. Norris Cotton
of Lebanon, New Hampshire*

Republican--Nov. 8, 1954

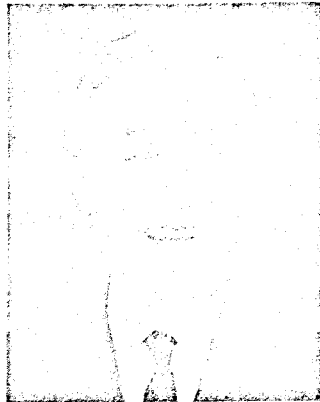
Norris Cotton (Republican) of Lebanon, New Hampshire; born Warren, New Hampshire, May 11, 1900. Educated Tilton School, Phillips Exeter Academy, Wesleyan University, George Washington University Law School; lawyer, firm of Cotton, Tesreau & Stebbins, Lebanon, New Hampshire. Married. Secretary of United States Senator George Moses, 1924-28; prosecuting attorney from Grafton County, 1933-39; justice, municipal Court of Lebanon, 1939-43; majority leader and later speaker New Hampshire House of Representatives; elected to the 80th Congress on November 5, 1946; re-elected to the 81st, 82nd, and 83rd Congresses; elected to the United States Senate November 2, 1954; to complete the term of the late Senator Charles W. Tobey ending January 3, 1957; re-elected to all subsequent terms. Member of Committee on Commerce and Joint Committee on Atomic Energy.



*Sen. Clifford P. Case
of Rahway, New Jersey*

Republican--Jan. 3, 1955

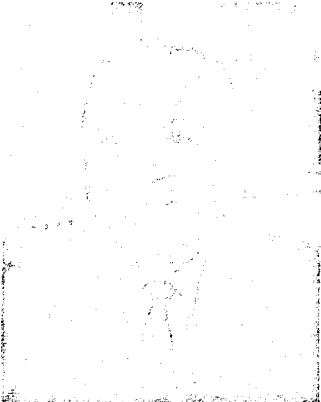
Clifford P. Case (Republican) of Rahway, N.J.; born in Franklin Park, N. J., April 16, 1904. Married with three children. Attended public schools in Poughkeepsie, N.Y., and was graduated from Rutgers University with A.B. degree in 1925, and from Columbia University with LL.B. degree in 1928; received honorary LL.D. from Rutgers University, Middlebury College, Rollins College, Rider College, Bloomfield College, Princeton University, and Columbia University; was admitted to the New York bar in 1928 and practiced in New York City from 1928 to 1953; member of the Rahway Common Council, 1938-42 and of the New Jersey House of Assembly, 1943-1944; served as a Member of the House of Representatives, 1945-53; trustee of Rutgers University from 1945 to 1959; trustee of New Jersey Society for Crippled Children and Adults; director, N.J. Chapter, Arthritis and Rheumatism Foundation; director, American Institute for Retarded Children; trustee, Rahway (N.J.) Chapter, American Red Cross; member of various civic and fraternal organizations; Presbyterian; elected to the United States Senate on November 2, 1954; was re-elected for all subsequent terms. Member of Committee on Foreign Relations.



*Sen. Hiram L. Fong
of Honolulu, Hawaii*

Republican--Aug. 21, 1959

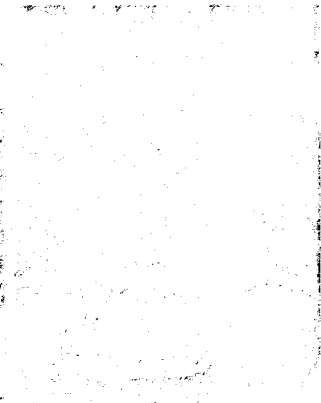
Hiram Leong Fong (Republican) of Honolulu, Hawaii; born in Honolulu, October 1, 1907; attorney and businessman; corporation president of several business firms; operates banana farm in Honolulu; attended Kalihiwaena Grammar School, McKinley High School and St. Louis College; University of Hawaii, B.A., LL.D. (Honorary); member Phi Beta Kappa; Harvard Law School, LL.B.; Tufts University, LL.D. (Honorary); Lafayette College, LL.D. (Honorary), Director, Hall of Fame for Great Americans; 14 years in Legislature of the Territory of Hawaii; 6 years as speaker and 4 years as vice speaker; delegate to the Republican National Conventions 1952, 1956, 1960, 1964 and 1968; vice president of Territorial Constitutional Convention, 1950; judge advocate of the Seventh Fighter Command of the Seventh Air Force with rank of major in World War II; presently colonel, U.S. Air Force Reserve; married to Ellyn Lo; 4 children; elected to the United States Senate July 28, 1959, for the term beginning August 21, 1959; re-elected 1964 and 1970. Member of Committees on Judiciary and Post Office and Civil Service.



*Sen. J. Caleb Boggs
of Wilmington, Delaware*

Republican--Jan. 3, 1961

James Caleb Boggs (Republican) of Wilmington, Delaware; born Kent County, Delaware, May 15, 1909; educated in the public schools of Delaware; A.B. degree, University of Delaware; LL.B. degree, Delaware State College; married Elizabeth Muir; two children; member of the bar of the State of Delaware and the United States Supreme Court; former judge of the Family Court of New Castle County, Delaware; elected as U.S. Representative at Large from Delaware to the 80th, 81st, and 82d Congresses; elected Governor of the State of Delaware for two 4-year terms, 1952 and 1956; chairman of the National Governors Conference, 1959; president of the Council of State Governments, 1960; enlisted as private in Delaware National Guard, 1926; colonel USAR, ret.; brigadier general, ret., Delaware National Guard; five campaigns in the European Theater of Operations during World War II; Legion of Merit, Bronze Star with cluster, French Croix de Guerre with Palm; elected to the United States Senate November 8, 1960, for the term ending January 3, 1972. Member of Committees on Public Works and Post Office and Civil Service.



*Sen. Edward W. Brooke
of Newton Centre, Massachusetts*

Republican--Nov. 8, 1966

Edward W. Brooke (Republican) of Newton Centre, Mass.; born in Washington, D.C., October 26, 1919; attended public schools of Washington, D.C.; B.S. degree, Howard University, 1941; master of laws, Boston University Law School, 1950 (editor of Law Review, 1946-48); honorary degrees: Doctor of Jurisprudence, Portia Law School Boston, 1963; Doctor of Public Administration, Northeastern University, Boston, 1964; Doctor of Science, Worcester Polytechnic Institute, 1965; Doctor of Laws, American International College, Springfield, 1965; Doctor of Laws, Emerson College, Boston, 1965; Captain, U.S. Army, Infantry; 5 years' active service, European theater of operations; recipient of Bronze Star and Combat Infantryman's badge; served with "Partisans" in Italy; chairman of Finance Commission, city of Boston, April 1961 to September 1962; member of President Johnson's Commission for Civil Rights under law; the Republican Club of Massachusetts; National Association of Attorneys General; National Association of District Attorneys; American Massachusetts, and Boston Bar Associations; married Remigia Ferrari Scacco, two children; elected Attorney General of the Commonwealth of Massachusetts, 1962; re-elected 1964; elected to the U.S. Senate November 8, 1966. Member of Appropriations Subcommittees on Foreign Operations; Legislative Branch; Military Construction; and State, Justice, and Commerce, the Judiciary, and Related Agencies.



*Sen. Theodore F. Stevens
of Anchorage, Alaska*

Republican--Dec. 24, 1968

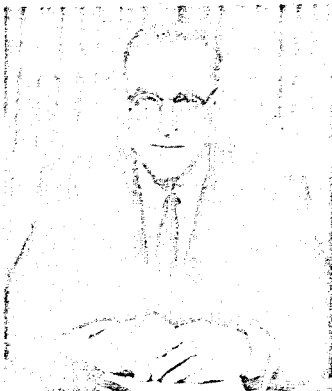
TED STEVENS, Republican, of Anchorage, Alaska; born in Indianapolis, Ind., November 18, 1923; graduated from high school, Redondo Beach, Calif.; attended Oregon State College, Montana State College; graduated from U.C.L.A., 1947, Harvard Law School, 1950; served in the Air Force in World War II in China, 1943-46, first Lieutenant (pilot), 14th Air Force; awarded two Distinguished Flying Crosses, two Air Medals, and the Yuan Hai Medal (by Chinese Nationalist Government); practiced law in office of Northcutt Ely, Washington, D.C., 1950-52; member, law firm of Collins & Clasby, Fairbanks, Alaska, 1953; appointed U.S. Attorney, Fairbanks, Alaska, September 1953; transferred to Department of the Interior, Washington, D.C., as legislative counsel, 1956; appointed assistant to the Secretary of the Interior (Fred Seaton), 1958; appointed solicitor of the Department of the Interior by President Eisenhower, 1960; returned to Alaska, 1961, opened law office in Anchorage; president Anchorage Republican Club, 1962-63; elected to the State House of Representatives, 1964, reelected 1966, served as speaker pro tem and majority leader; member American, Federal, California, Alaska, and District of Columbia Bar Associations; admitted to practice before the United States Supreme Court, 1954; member, Rotary, American Legion, Veterans of Foreign Wars; Republican Club, Petroleum Club, Anchorage Press Club, and Alaska Press Club; married Ann Mary Cherrington, of Denver, Colo., 1952; five children: Susan, Beth, Walter, Ted, Jr., and Ben; appointed December 23, 1968, by Governor Walter J. Hickel to fill the U.S. Senate vacancy created by the death of Senator E.L. Bartlett; reelected November 3, 1970, for the term ending January 3, 1973.



Sen. Allen J. Ellender
of Houma, Louisiana

Democrat--Jan. 3, 1937

Allen Joseph Ellender (Democrat) of Houma, La.; born in Montegut, Terrebonne Parish, La., September 24, 1890; lawyer and farmer; graduate of St. Aloysius College, New Orleans, La., and Tulane University of Louisiana, at New Orleans, with degrees of M.A. and LL.B.; married to Miss Helen Calhoun Donnelly (died September 30, 1949); one son, Allen J., Jr.; served in World War I; city attorney of Houma, 1913-15; district attorney, Terrebonne Parish, 1915-16; delegate to Constitutional Convention of Louisiana in 1921; member of the house of representatives of Louisiana, 1924-36; floor leader, 1928-32, during administration of the late Huey P. Long, Governor; speaker of the house of representatives, 1932-36; Democratic nominee for United States Senator from Louisiana, and elected without opposition in the general election held on November 3, 1936, for the term ending January 3, 1943; reelected November 3, 1942, in the general election, without opposition, for the term ending January 3, 1949; reelected without opposition in the general election held on November 2, 1948, for the term ending January 3, 1955; again re-elected without opposition in the general election held on November 2, 1954, for the term ending January 3, 1961; re-elected November 8, 1960, for the term ending January 3, 1967; re-elected November 8, 1966, for the term ending January 3, 1973; Democratic national committeeman from Louisiana, 1939-40. Chairman of Committee on Appropriations. Member of Committee on Agriculture and Forestry and Joint Committee on Nonessential Federal Expenditures.

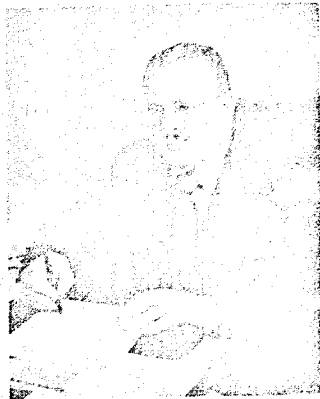


Sen. Milton R. Young
of LaMoure, North Dakota

Republican--March 12, 1945

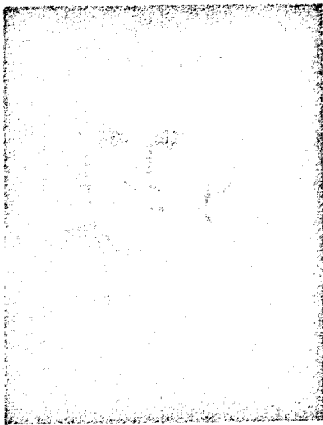
Milton R. Young (Republican) of LaMoure, North Dakota; born December 6, 1897 in Berlin, North Dakota; attended the LaMoure County public schools and was graduated from LaMoure High School in 1915; attended North Dakota State Agricultural College and Graceland College at Lamoni, Iowa. Married Malinda V. Benson of LaMoure, N. Dak., July 7, 1919; three sons. Member of school, township, and county AAA boards; elected to House of Representatives of North Dakota State Legislature in 1932; elected to State Senate of North Dakota in 1934 and served continuously until his resignation March 14, 1945; elected president pro tempore 1941; majority floor leader 1943. Was actively engaged in the operation of his farm near Berlin, N. Dak., until his appointment to the U.S. Senate. Appointed to the U.S. Senate March 12, 1945; elected at special election June 25, 1946 for term ending January 3, 1951; re-elected to successive terms; served as secretary to the Senate Republican Conference Committee since 1948. Member of Committee on Agriculture and Forestry and ranking Republican on the Appropriations Committee.

LABOR-WELFARE SUBCOMMITTEE OF THE
HOUSE APPROPRIATIONS COMMITTEE
92ND CONGRESS



Daniel J. Flood
of Wilkes-Barre (11th Dist.)
Democrat - 12th term

DANIEL J. FLOOD (Democrat) of Wilkes-Barre Pennsylvania. Born in Hazleton, Pennsylvania, November 26, 1903. Received early education in public schools of Wilkes-Barre, Pennsylvania, and St. Augustine, Florida. Graduate of Syracuse University, A.B. and M.A. degrees, and later attended Harvard Law School and Dickinson School of Law, Carlisle, Pennsylvania, graduating in 1929 with L.L.B. degree. Admitted to the bar of various State and Federal Courts in 1930. Attorney for Home Owners' Loan Corporation 1934-35, Deputy Attorney General for Pennsylvania and Counsel for Pennsylvania Liquor Control Board, 1935-39; Director, Bureau of Public Assistance Disbursements, State Treasury, and Executive Assistant to State Treasurer, Pennsylvania, 1941-44; married Catherine H. Swank on September 24, 1949; member of many local civic, fraternal, beneficial, and social societies. Elected to 79th, 81st, 82nd, 84th Congress and re-elected to succeeding Congresses. Former Vice Chairman of Special Committee to investigate Katyn Massacre (murder of Polish officers by Russians). Also member of Subcommittee on Defense, Committee on Appropriations.



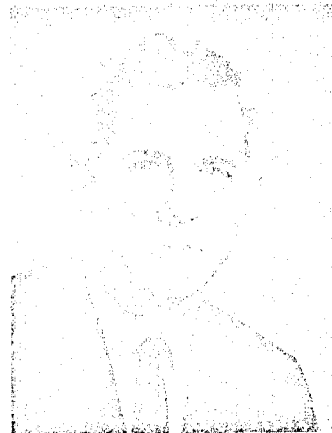
William H. Natcher
Bowling Green (2d Dist.)
Democrat - 10th term

WILLIAM H. NATCHER (Democrat) of Bowling Green, Warren County, Kentucky; born in Bowling Green, Kentucky, educated in the public schools of Bowling Green, Kentucky, and high school at Ogden Preparatory Department; A.B. degree, Western Kentucky State College, Bowling Green, Kentucky; L.L.B. degree, Ohio State University, Columbus, Ohio; married to Miss Virginia Reardon, of Bowling Green, Kentucky, on June 17, 1937; two daughters: Celeste White, 26, and Louise Lewter, 22; practicing attorney, Bowling Green, Kentucky, since March 18, 1934; Federal conciliation commissioner 1936-37 for Western District of Kentucky; elected county attorney of Warren County in 1937 and served three four-year terms, elected Commonwealth attorney of the 8th Judicial District, composed of Allen and Warren Counties, in 1951 and served until August 15, 1953, having been elected to Congress; Baptist; member of Kiwanis club, Odd Fellows, Americal Legion

Post 23, and 40 and 8 Mammoth Cave Voiture 1146; past president of the Bowling Green Bar Association; past president of the Young Democratic Clubs of Kentucky, 1941-46; during World War II served in the United States Navy from October 1942 to December 1945; elected to the 83d and succeeding Congresses. Also member of Subcommittee on Agriculture, and Subcommittee on District of Columbia (Chairman), Committee on Appropriations.

NEAL SMITH (Democrat) of Altoona, Iowa; born March 23, 1920, at Hedrick, Iowa; married Beatrix Havens, two children, Douglas and Sharon; farmer and lives on farm near Altoona, Iowa; engaged in the practice of law in Des Moines, Iowa; graduated Drake University Law School; attended Missouri University College of Liberal Arts and Syracuse University Schools of Public and Business Administration; 4-H Club member and leader for ten years, farm operator since 1937 except for time and armed services and some of the time in college; spent four years in World War II, citations include nine battle stars, Air Medal, 4 Oak Leaf Clusters, and Order of the Purple Heart; elected National President Young Democratic Clubs of America 1953--served

usual two-year term 1953 to 1955; former chairman, Polk County Board of Social Welfare (a nonpaying civic board which distributed several million dollars per year to needy families and elder citizens); former assistant county attorney for Polk County, Iowa; member of Disabled American Veterans, Masonic Order, and various farm, school, and service organizations; elected to 86th and succeeding Congresses. Also member of Subcommittee on State, Justice, Commerce, and the Judiciary, Committee on Appropriations; and Select Committee on Small Business.



Neal Smith
of Altoona (5th Dist.)
Democrat - 7th term

W.R. HULL, JR. (Democrat) of Weston, Missouri; born in Weston, Platte County, Missouri, April 17, 1906; widower; children, Mrs. Susan Hudson and W. R. Hull 3d; elected to the 84th Congress and succeeding Congresses. Also member of Subcommittee on Agriculture, Committee on Appropriations.



W. R. Hull, Jr.
of Weston (6th Dist.)
Democrat - 9th term



Bob Casey
of Houston (22d Dist.)
Democrat - 7th term

ROBERT (BOB) RANDOLPH CASEY (Democrat) of Houston, Texas; born in Joplin, Missouri, July 27, 1915, moved to Houston, Texas, in 1930, and graduated from San Jacinto High School; attended the University of Houston and the South Texas School of Law at night; was admitted to the State bar of Texas in 1940; opened law office in Alvin, Texas, and served as city attorney and also a member of the school board; assistant district attorney in Harris County, in charge of the civil department; in 1948 was elected to the State house of representatives and served in the regular and special sessions of the 51st Legislature; elected county judge of Harris County in 1950 for a two-year term; re-elected in 1952 and again in 1954 for a four-year term; member, First Christian Church; married Hazel Marian Brann on August 13, 1935, and have ten children; elected from the newly created 22d district to the 86th Congress and succeeding Congresses. Also member of Subcommittee on Legislation, Committee on Appropriations.



Edward J. Patten
of Perth Amboy (15th Dist.)
Democrat - 5th term

EDWARD JAMES PATTEN (Democrat), of Perth Amboy, N.J.; born in Perth Amboy, August 22, 1905; graduated from Newark State College, Rutgers Law School, L.L.B., and Rutgers University, B.S. ED.; member of Eagles, Moose, Elks, Kiwanis, Knights of Columbus, National Conference of Christians and Jews, Chamber of Commerce, and NAACP; lawyer, 1927; teacher public schools, 1927-34; mayor of the city of Perth Amboy, 1934-40; county clerk of Middlesex County, 1940-54; campaign manager for Robert B. Meyner, 1953 and 1957; secretary of state of the State of New Jersey, 1954-62; president, Salvation Army Board; past president of the Middlesex Bar Association; chairman of the Middlesex County Democratic Committee, 1934-36; member of the Democratic State Committee and member of American Judicature Society; recipient of "Outstanding Citizenship" award from American Heritage Foundation and B'nai B'rith's "Brotherhood" award; married February 22, 1936, to Anna Quigg of South Amboy, N.J.; one daughter, Catherine M.; elected to the 88th Congress November 6, 1962; reelected to the 89th, and succeeding Congresses. Also member of Subcommittee on Military Construction



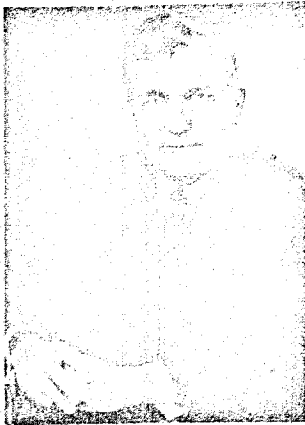
Robert H. Michel
of Peoria (18th Dist.)
Republican - 8th term

ROBERT H. MICHEL (Republican) of Peoria, Illinois. Born March 2, 1923, in Peoria, Illinois. Graduate of Peoria Public Schools and Bradley University, B.S. 1948, business administration. Served in the enlisted ranks during World War II; awarded the Bronze Star, Purple Heart, and four battle stars. Married, four children. Elected to the 85th and succeeding Congresses. Also member of Subcommittee on Agriculture, Committee on Appropriations.



Garner E. Shriver
of Wichita (4th Dist.)
Republican - 6th term

GARNER E. SHRIVER (Republican) of Wichita, Kansas. Born July 6, 1912, in Towanda, Kansas; married in 1941, three children. Attended public schools of Towanda and Wichita; graduate of University of Wichita in 1934 (post-graduate study at University of Southern California in 1936) and Washburn Law School, L.L.B. degree, in 1940. Engaged in law practice since 1940; served for three years in the U.S. Navy as an enlisted man and officer during World War II; State representative 1947-51 and State Senator 1953-60; member of American, Kansas and Wichita bar associations, Veterans of Foreign Wars, American Legion, National Sojourners, Albert Pike Masonic Lodge, Wichita Consistory, De Molay Legion of Honor, and College Hill Methodist Church; elected to the 87th Congress November 8, 1960 and succeeding Congresses. Also member of Subcommittee on Foreign Operations, Committee on Appropriations.



Silvio O. Conte
of Pittsfield (1st Dist.)
Republican - 7th term

SILVIO O. CONTE (Republican) of Pittsfield, Mass.; born in Pittsfield November 9, 1921, son of Mr. and Mrs. Ottavio Conte; attended public schools in Pittsfield and the Pittsfield Vocational High School, graduating in 1940; machinist at General Electric Co. in Pittsfield before joining the Seabees in World War II; served in Southwest Pacific; attended Boston College and Boston College Law School, graduating in 1949; admitted to the bar same year; in November 1950 elected to the Massachusetts State Senate; served as Senator from Berkshire District 1951-58; Massachusetts Bar Association, Federal Bar Association; married to the former Corinne Duval, four children, elected to the 86th and succeeding Congresses; delegate to Republican National Convention; 1968, member of Platform Committee; member of Appropriations Committee; Subcommittees on Treasury-Post Office; Foreign Operations and Transportation; Select Committee on Small Business; Joint Commission on the Coinage; Migratory Bird Conservation Commission.



J. Kenneth Robinson
of Winchester (7th Dist.)
Republican - 1st term

J. KENNETH ROBINSON (Republican) of Winchester, Va.; born in Frederick County, Va. on May 14, 1916; attended public schools in Winchester; received B.S. in Horticulture from Virginia Polytechnic Institute, Blacksburg, Va., in 1937; entered family fruit growing and packing business; served four years in U.S. Infantry, retiring as Major; married Kathryn Rankin of Richmond, Va., and they have seven children; member and officer of numerous local civic, fraternal, social and business organizations, lifelong member of the Society of Friends; elected to Virginia State Senate for 21st Senatorial District in 1965, was re-elected in 1967, and resigned upon election to Congress; committee assignments: General Laws, Agriculture and Mining, Welfare, Enrolled Bills, and Nominations and Confirmations; served as chairman of Republican Delegation to 1968 and 1969 General Assemblies; J. Kenneth Robinson was elected to the 92nd Congress November 3, 1970. Also member of Subcommittee on Foreign Operations, Committee on Appropriations.

SUBCOMMITTEE ON LABOR AND HEALTH, EDUCATION
AND WELFARE, AND RELATED AGENCIES
COMMITTEE ON APPROPRIATIONS
92ND CONGRESS

Democrats

Daniel J. Flood (Pennsylvania) - Chairman
William H. Natcher (Kentucky)
Neal Smith (Iowa)
W.R. Hull, Jr. (Missouri)
Robert (Bob) Randolph Casey (Texas)
Edward J. Patten (New Jersey)

Republicans

Robert H. Michel (Illinois)
Garner E. Shriver (Kansas)
Silvio O. Conte (Massachusetts)
J. Kenneth Robinson (Virginia)

Robert M. Moyer, Professional
Staff Assistant
Henry A. Neil, Professional
Staff Assistant



WASHINGTON/ALASKA: Ted Stevens (R.-Alaska)

I. BACKGROUND

- A. Grantee or Sponsor: University of Washington School of Medicine
- B. Coordinator: Donal R. Sparkman, M.D.
- C. Boundaries: coterminous with those of the two states
- D. History
 - 1. Initial planning grant: September 1966
 - 2. Operational status: February 1968

II. FUNDING

- A. Support through FY71: \$6,999,000
- B. FY72 award: 1,868,000
- C. Total support to date: 8,867,000

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: C. Robert Ogden, President, North Coast Life Insurance Company
 - 2. Composition (43 members)
 - a. Practicing physicians 11
 - b. Medical center officials 3
 - c. Hospital administrators 5
 - d. Voluntary health agency representatives 2
 - e. Other health workers 5
 - f. Public health officials 3
 - g. Members of the public 12
 - h. Other 2

TOTAL

43

- B. Program staff: 33.8 Full-time equivalents

IV. PROGRAM PRIORITIES

- A. Improve the availability of care
- B. Improve the accessibility of care
- C. Improve the acceptability of care
- D. Maintain and improve the quality of care
- E. Assist in the containment of costs of care

V. OPERATIONAL ACTIVITIES

The region currently supports 20 operational activities at a level of 1,003,000. These include an emphasis on the coordination of health services and manpower development and training. Kidney disease is given emphasis with five components funded at a level of \$125,000.

VI. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 3.7 million -- 59% urban, 8% minority
- B. Health resources
 1. University of Washington School of Medicine
 2. 121 short-term, non-Federal hospitals with 11,863 beds.
(Alaska - 13 hospitals, Washington - 108 hospitals).
 3. Alaska - 183 physicians (MD's and DO's)
Washington 4,208 physicians (MD's and DO's)
 4. Alaska - 590 active registered nurses
Washington 11,361 active registered nurses

VII. ILLUSTRATIONS OF ACTIVITY

One illustration of Washington/Alaska RMP's efforts to improve health services coordination is the development of an unusual cooperative arrangement between the 39-bed Willapa Harbor Hospital, located in a remote lumbering community on the West coast of Washington, and the 300-bed Virginia Mason medical center in Seattle.

In 1969 the small community was serviced by one physician nearing retirement and a failing hospital for a population of 9,000 people. Two years later, through the aid of Washington/Alaska RMP's Community Health Services Program, the town now has two resident physicians, an elected health board, a Comprehensive Health Planning agency, an emergency military helicopter service which flies patients to a specialized service center, as well as a cooperative arrangement between the two hospitals. The latter has produced a "hot-line" for consultation between the hospitals, air and land transportation, arrangements for continuity of patient care, a drug inventory and formulary (resulting in a savings of \$5,000 in one year), as well as continuing staff education for the smaller hospital.

The success of this program has prompted Virginia Mason to request Washington/Alaska RMP to help in identifying other communities for similar arrangements.

GREATER DELAWARE VALLEY RMP*: James C. Boggs (R.-Delaware)

I. BACKGROUND

- A. Grantee or Sponsor: University City Science Center, Philadelphia
- B. Coordinator: Martin Wollmann, M.D.
- C. Boundaries: Region encompasses the State of Delaware and a number of counties in eastern Pennsylvania and southern New Jersey (Delaware River basin area).
- D. History
 - 1. Initial planning grant: April 1967
 - 2. Operational status achieved: April 1969

II. FUNDING

- A. Support through FY71: \$8,838,000
- B. FY72 award (projected): 2,433,000
- C. Total support to date: \$11,271,000

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Leonard Wolf, Ph.D.; Vice President for Planning, University of Scranton, Scranton, Pennsylvania
 - 2. Composition (61 members)
 - a. Practicing physicians 14
 - b. Medical center officials 10
 - c. Hospital administrators 8
 - d. Voluntary health agency representatives 5
 - e. Other health workers 2
 - f. Public health officials 9
 - g. Members of the public 11
 - h. Others 2
- TOTAL 61
- B. Program Staff: 46.08 Full-time equivalents

IV. PROGRAM PRIORITIES

Improving the quality, quantity, and accessibility of health care.

V. OPERATIONAL ACTIVITIES

The Region currently has 16 ongoing operational activities with a total funding level of \$796,667. Approximately 19% of funds are related to training of nurses for coronary care unit operations. The large majority of remaining funds are devoted to manpower development, including continuing education and training. Activities are being reoriented in line with changing priorities, and include recruitment and reactivation of health care personnel, special training for respiratory disease care, etc.

VI. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 6,200,000 -- 72% urban, 97% white
- B. Health resources
 - 1. 6 medical schools
 - 2. 165 short-term, non-Federal hospitals with 40,000 beds
 - 3. 13,300 practicing physicians (MD's and DO's) 28,500 registered nurses

VII. ILLUSTRATIONS OF ACTIVITY

Ten participating hospitals have joined in a 3 phase program of improving patient care through a deliberately planned process of pinpointing patient care deficiencies, determining the causes, and then developing training processes which will overcome those deficiencies in the future. This is a group approach to self-evaluation by physicians. Current year funding is supporting development and adoption of care criteria for at least three conditions. As that progresses other conditions will be assimilated into the process.

*NOTE: As of May 1, 1972, the Greater Delaware Valley RMP will become two separate RMPs, with the splitting off of the state of Delaware. The new Delaware RMP will attain planning status as of May 1, with an initial funding of \$200,000 for the first year. Details of organizational structure and staffing for the new Region have not yet been completed.

HAWAII RMP: Hiram L. Fong (R.)

I. BACKGROUND

- A. Grantee or sponsor: Research Corporation of the University of Hawaii
- B. Coordinator: Masato M. Hasegawa, M.D.
- C. Regional boundaries: The entire state of Hawaii, including American Samoa, Guam and the Trust Territory of the Pacific Islands (Micronesia).
- D. History:
 - 1. Initial planning grant: July 1966
 - 2. Operational status achieved: October 1968

II. FUNDING

- A. Support through FY71: \$2,963,000
- B. FY72 award: 937,000
- C. Total support to date: \$3,900,000

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Eugene Helbush, Member Public Health Committee of Chamber of Commerce - Hawaii
 - 2. Composition (32 members)
 - a. Practicing physicians 10
 - b. Medical center officials 3
 - c. Hospital administrators 5
 - d. Other health workers 1
 - e. Public health officials 2
 - f. Members of the public 9
 - g. Voluntary health agency representatives 0
 - h. Other 2
- TOTAL 32
- B. Program Staff: 17 Full-time equivalents

IV. PROGRAM PRIORITIES

- A. Assist in improvement of health care delivery system by improving equity of access; quality of care and influence cost reduction
- B. Improve organization patterns, develop cooperation, arrangements and serve in catalytic role
- C. Improve quality controls in health services.

V. OPERATIONAL ACTIVITIES

The Hawaii RMP currently has 6 ongoing activities funded at a level of \$393,828. Fifty-three percent of their money is aimed at projects for improving health manpower recruitment. The major shift in

emphasis is directed toward improved and expanded services by existing physicians, nurses and other allied health personnel; increased utilization of new types of allied health personnel; new and specific mechanisms that provides quality control and improved standards and decreased costs of care in hospitals.

VI. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 1.0 million -- 81% urban, 62% minority
- B. Health Resources
 - 1. Medical School - University of Hawaii School of Medicine
 - 2. Hospital and beds - 22 short-term, non-Federal hospitals with 2,453 beds; 86% involved with RMP
 - 3. Physicians and nurses - 949 physicians (MD's and DO's), 2,334 nurses

VII. ILLUSTRATIONS OF ACTIVITY

The Hawaii Regional Medical Program is assisting in improvement of the health care system of Hawaii by improving equity of access; improving quality of care; and influencing constraints in health care costs.

In general the heart program satisfied basic needs in Hawaii by establishing coronary care units throughout the Islands and training ample numbers of physicians and nurses to staff units.

The Hawaii RMP is currently working toward improving the overall health care delivery system in general, rather than specific categorical diseases.

TRI-STATE RMP: Edward W. Brooke (R.-Massachusetts)

I. BACKGROUND

- A. Grantee or Sponsor: Medical Care and Education Foundation, Inc., Boston
- B. Coordinator: Leona Baumgartner, M.D.
- C. Boundaries: States of Massachusetts, New Hampshire, and Rhode Island (some western counties of Massachusetts are also served by the Albany RMP).
- D. History
 - 1. Initial planning grant: December 1967
 - 2. Operational status achieved: February 1969

II. FUNDING

- A. Support through FY71: \$5,336,000
- B. FY72 award: 2,461,000
- C. Total support to date: \$7,797,000

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Louis A. Leone, M.D., Director, Department of Oncology, Rhode Island Hospital, Providence
 - 2. Composition (62 members)
 - a. Practicing physicians 27
 - b. Medical center officials 3
 - c. Hospital administrators 4
 - d. Voluntary health agency representatives 5
 - e. Public health officials 4
 - f. Other health workers 5
 - g. Members of the Public 10
 - h. Others 4
 - TOTAL 62
- B. Program staff: 43.0 Full-time equivalents

IV. PROGRAM PRIORITIES

- A. Supply distribution and education of health/manpower
- B. Institutional cooperation and regionalization
- C. Geographic gap filling
- D. Medical care financing

V. OPERATIONAL ACTIVITIES

Tri-State RMP currently has 6 ongoing operational components with a funding level of \$613,500. About 60% of that sum supports activities in the area of intensive coronary care. Better manpower utilization is the major focus of programs which are supported by approximately

half of the available funds, the remainder supporting various types of patient care demonstrations. Approximately 59% of funds (\$365,000) go to activities directed against health problems of the black population in the three state area.

VI. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 7,374,000 -- 89% urban, 5% minority
- B. Health resources
 - 1. 5 medical schools; 1 two-year medical sciences school
 - 2. 188 short-term, non-Federal hospitals with 33,075 beds, 20% of these are participating in RMP planning bodies and operational activities
 - 3. 11,200 active physicians; 35,800 active nurses

VII. ILLUSTRATIONS OF ACTIVITY

The major thrust of the Tri-State RMP is undergoing change in accord with changing emphasis of the national program. Greater emphasis is being placed on actions which affect the delivery of health care services, and changing the system, while attacks on individual disease problems are being de-emphasized. Existing disease control activities are being reoriented as the transition process indicates.

There has also been an increased emphasis on awarding of contracts to meet specific needs of the program, while awarding of grants for marginally related activities has been de-emphasized. The end point has been a greater reliance on program expertise in meeting the Region's needs through priority programming.

During the past year the Tri-State Region instituted a \$300,000 program "To assure that no patient with end-stage kidney disease will die from lack of necessary services." New England states other than those of the Tri-State Region are involved. The short-range objective is to develop a method of procuring donor organs and to identify problems of funding. The long-range objective is to furnish an adequate supply of cadaver organs to satisfy patients needs in various transplant units.

MISSISSIPPI: John C. Stennis (D.)

I. BACKGROUND

- A. Grantee or sponsor: University of Mississippi Medical Center, Jackson
- B. Coordinator: Theodore D. Lampton, M.D.
- C. Boundaries: Coterminous with State (a few northern counties are also served by Memphis RMP).
- D. History
 - 1. Initial planning grant: January 1967
 - 2. Operational status: July 1969

II. FUNDING

- A. Support through FY71: \$4,599,000
- B. FY72 award: 1,053,000
- C. Total support to date: \$5,652,000

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Lewis Nobles, Ph.D., President, Mississippi College
 - 2. Composition: (30 members)
 - a. Practicing physicians 4
 - b. Medical center officials 1
 - c. Hospital administrators 5
 - d. Other health workers 4
 - e. Public health officials 2
 - f. Members of the public 4
 - g. Voluntary health agency representatives 9
 - h. Others 1
- TOTAL 30
- B. Program staff: 22 Full-time equivalents

IV. PROGRAM PRIORITIES

- A. Remolding the program structure to respond to new initiatives and expanded opportunities in planning for the state's health needs
- B. Improving both quality and quantity of health manpower by upgrading abilities in the field and attracting new personnel to the field

V. OPERATIONAL ACTIVITIES

The region is currently supporting nine operational components at a funding level of \$920,000. The major emphasis is on improved health manpower training and utilization.

VI. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 2.2 million -- 17% urban, 37% minority
- B. Health resources
 - 1. One medical school
 - 2. 97 short-term, non-Federal hospitals with 8,698 beds
 - 3. 1,610 physicians (MD's and DO's); 3,670 active registered nurses

VII. ILLUSTRATIONS OF ACTIVITY

A stroke intensive care unit serves as a learning center to upgrade skills of physicians, nurses and allied health professionals. Additionally, it serves the poor who are obtaining care where none was previously available. The skills of the following groups have been upgraded by assignment to, or rotation through the unit:

- 89 medical students
- 18 nursing students
- 33 practical nurses
- 2 nurses aides
- 8 house staff physicians.

MOUNTAIN STATES RMP: Alan Bible (D. - Nevada)

I. BACKGROUND

- A. Grantee or Sponsor: WICHE, P.O. Drawer "P", Boulder, Colorado
- B. Coordinator: John W. Gerdes, Ph.D.
- C. Boundaries: Including the States of Idaho, Montana, Nevada, and Wyoming
- D. History
 - 1. Initial planning grant: November 1966
 - 2. Operational status achieved: March 1968

II. FUNDING

- A. Support through FY71: \$7,676,000
- B. FY72 award (projected): 1,764,000
- C. Total support to date: \$9,440,000

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Arthur R. Abbey, Executive Director, Wyoming Hospital Medical Service
 - 2. Composition (26 members)
 - a. Practicing physicians 4
 - b. Medical center officials 2
 - c. Hospital administrators 4
 - d. Other health workers 4
 - e. Public health officials 0
 - f. Members of the public 8
 - g. Voluntary health agency representatives 2
 - h. Others 2
- TOTAL 26
- B. Program staff: 27 Full-time equivalents

IV. PROGRAM PRIORITIES

- A. Assist in subregional centers for continuing education
- B. Improve health centers for rural residents
- C. Stimulate health manpower development and utilization
- D. Provide specialized centers development

V. OPERATIONAL ACTIVITIES

The Mountain States RMP currently has 11 ongoing activities funded at a level of \$784,200. At present a great deal of money (56 per cent) goes to continuing education and training. Most projects are aimed at provider groups. New and expanded roles for existing health professionals who will serve the disadvantaged rural and poor are being explored throughout the Region. While stimulating the improvement of existing resources, MS/RMP works cooperatively to create greater awareness of health manpower opportunities.

VI. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 2.2 million 30% urban and 5% minority
- B. Health Resources
 - 1. Medical schools - none
 - 2. Hospitals and beds
 - a. Mountain States - 131 short-term, non-Federal hospitals with 8,517 beds; 29% involved with RMP
 - b. Nevada - 17 short-term, non-Federal hospitals with 1,967 beds
 - 3. Physicians and nurses
 - a. Mountain States - 1,536 physicians (MD's and DO's)
5,646 nurses
 - b. Nevada - 463 physicians (MD's and DO's)
1,060 nurses

VII. ILLUSTRATIONS OF ACTIVITY

The Mountain States Regional Medical Program as a whole is faced with the problems of providing quality health care in sparsely populated areas. The Region can never get enough physicians to cover the vast rural areas or to serve the populace in every small community, therefore, emphasis is placed on assisting subregional centers for continuing education to seek solutions so that health practitioners will be better trained to help meet the needs in their surrounding communities.

In summary, through continuing education offerings and such outreach programs as the Community Teams in Nevada and off-campus nursing workshops a new rapport has become manifest among the urban and rural health workers.

TRI-STATE RMP: Norris Cotton (R.-New Hampshire)

I. BACKGROUND

- A. Grantee or Sponsor: Medical Care and Education Foundation, Inc., Boston
- B. Coordinator: Leona Baumgartner, M.D.
- C. Boundaries: States of Massachusetts, New Hampshire, and Rhode Island (some western counties of Massachusetts are also served by the Albany RMP).
- D. History
 - 1. Initial planning grant: December 1967
 - 2. Operational status achieved: February 1969

II. FUNDING

A. Support through FY71:	\$5,336,000
B. FY72 award:	2,461,000
C. Total support to date:	<u>\$7,797,000</u>

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Louis A. Leone, M.D., Director, Department of Oncology, Rhode Island Hospital, Providence
 - 2. Composition (62 members)
 - a. Practicing physicians 27
 - b. Medical center officials 3
 - c. Hospital administrators 4
 - d. Voluntary health agency representatives 5
 - e. Public health officials 4
 - f. Other health workers 5
 - g. Members of the public 10
 - h. Others 4
- TOTAL 62
- B. Program staff: 43.0 Full-time equivalents

IV. PROGRAM PRIORITIES

- A. Supply distribution and education of health/manpower
- B. Institutional cooperation and regionalization
- C. Geographic gap filling
- D. Medical care financing

V. OPERATIONAL ACTIVITIES

Tri-State RMP currently has 6 ongoing operational components with a funding level of \$613,500. About 60% of that sum supports activities in the area of intensive coronary care. Better manpower utilization is the major focus of programs which are supported by approximately

half of the available funds, the remainder supporting various types of patient care demonstrations. Approximately 59% of funds (\$365,000) go to activities directed against health problems of the black population in the three state area.

VI. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 7,374,000 -- 89% urban, 5% minority
- B. Health resources
 1. 5 medical schools; 1 two-year medical sciences school
 2. 188 short-term, non-Federal hospitals with 33,075 beds, 20% of these are participating in RMP planning bodies and operational activities
 3. 11,200 active physicians, 35,800 active nurses

VII. ILLUSTRATIONS OF ACTIVITY

The major thrust of the Tri-State RMP is undergoing change in accord with changing emphasis of the national program. Greater emphasis is being placed on actions which affect the delivery of health care services, and changing the system, while attacks on individual disease problems are being de-emphasized. Existing disease control activities are being reoriented as the transition process indicates.

There has also been an increased emphasis on awarding of contracts to meet specific needs of the program, while awarding of grants for marginally related activities has been de-emphasized. The end point has been a greater reliance on program expertise in meeting the Region's needs through priority programming.

During the past year the Tri-State Region instituted a \$300,000 program "To assure that no patient with end-stage kidney disease will die from lack of necessary services." New England states other than those of the Tri-State Region are involved. The short-range objective is to develop a method of procuring donor organs and to identify problems of funding. The long-range objective is to furnish an adequate supply of cadaver organs to satisfy patients needs in various transplant units.

NEW JERSEY RMP: Clifford P. Case (R.)

I. BACKGROUND

- A. Grantee or Sponsor: New Jersey Joint Committee for Implementation of P.L. 89-239.
- B. Coordinator: Alvin A. Florin, M.D.
- C. History
 - 1. Initial planning grant: July 1967
 - 2. Operational status: April 1969

II. FUNDING

- A. Support through FY71: \$4,684,000
- B. FY72 award (projected): 1,400,000
- C. Total support to date: \$6,084,000

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Richard J. Cross, M.D., Professor of Medicine, Rutgers Medical School
 - 2. Composition (27 members)
 - a. Practicing physicians 6
 - b. Medical center officials 3
 - c. Hospital administrators 5
 - d. Voluntary health agency representatives 2
 - e. Public health officials 3
 - f. Other health workers 2
 - g. members of the public .6
 - TOTAL 27
- B. Program staff: 20.5 Full-time equivalents

IV. PROGRAM PRIORITIES

- A. Improvement of services to urban poor
- B. Health manpower education
- C. Regionalization of health service resources

V. OPERATIONAL ACTIVITIES

The region currently has twelve ongoing operational activities with direct cost funding of \$814,000. Approximately one half of the projects are directed towards categorical diseases (heart, cancer and stroke) and the other half are multi-categorical disease programs. In terms of primary focus, the New Jersey Program is directed rather evenly in three areas -- continuing education, patient care delivery and coordination of health services. Close to half of the NJRMP's operational monies support inner city programs for blacks and spanish surname populations.

VI. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 7.2 million -- 89% urban, 18% minority
- B. Health resources
 - 1. 2 medical schools
 - 2. 107 short-term, non-Federal hospitals with 25,247 beds; 58% (62) of these hospitals are involved in RMP planning and activities
 - 3. 9,176 physicians (MD's and DO's); 24,900 active nurses (42,400 total)

VII. ILLUSTRATIONS OF ACTIVITY

With more than 85% of New Jersey cancer patients being treated in community or general hospitals of 500 beds or less, it is the aim of the New Jersey RMP - Tumor Conference Boards to bring the most up-to-date medical information to the practicing physician responsible for cancer patient care. Thus, four agreements of affiliation have been executed with eighteen hospitals and negotiations are currently underway with six additional hospitals. More than 10,000 patients have been brought under team review of the status of their disease, treatment modes, and rehabilitation plan. By March 1972, it is anticipated that 43 hospitals will be totaling an estimated 15,000 annual admissions for cancer.

An objective of the project is to establish joint tumor conference boards for two or more hospitals. In Middlesex County, a demonstration of a joint conference board is planned for St. Peter's General Hospital (ongoing) and Middlesex Hospital. The encouraging factor in support of a joint program for these two institutions is the recent program amalgamation of radiation therapy services in St. Peter's Hospital to serve both hospitals.

New Jersey RMP has provided staff and technical assistance to six Federally-designated Model Cities Programs through the assignment of full-time Urban Health Coordinators. In each city the Urban Health Coordinator helps plan and organize facilities and manpower resources to increase the effectiveness of local health care delivery systems. This project, now in its second year of operation, serves a population of 200,000 disadvantaged residents and has secured or applied for more than five million dollars from sources outside the RMP for funding health programs in these cities. Plans call for expanding the project to include 367,000 residents of the 14 newly approved State Community Development cities.

A project has been developed to organize providers of services and health care facilities into a comprehensive care program especially directed at serving the disadvantaged and others without regular sources of medical care. The project, at Middlesex General Hospital, is designed to serve a patient population of 4,000 persons with a program of preventive medicine and treatment utilizing a full-time family health care team. The project includes multiple funding from Medicaid, Medicare, hospital resources, and the RMP.

NEW MEXICO: Joseph M. Montoya (D.)

I. BACKGROUND

- A. Grantee or sponsor: The University of New Mexico
- B. Coordinator: James R. Gay, M.D.
- C. Boundaries: Covers the entire State of New Mexico
- D. History
 - 1. Initial Planning grant: October 1966
 - 2. Operational status: July 1968

II. FUNDING

- A. Support through FY71: \$4,331,000
- B. FY72 award: 1,033,000
- C. Total support to date: \$5,364,000

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Hugh B. Woodward, M.D., Medical Director, Mountain Bell Telephone Company
 - 2. Composition (41 members)
 - a. Practicing physicians 13
 - b. Medical center officials 2
 - c. Hospital administrators 4
 - d. Voluntary health agency representatives 2
 - e. Public health officials 4
 - f. Other health workers 1
 - g. Members of the public 13
 - h. Other 2
- TOTAL 41
- B. Program staff: 15 Full-time equivalents

IV. PROGRAM PRIORITIES

- A. Manpower
- B. Prevention/health maintenance
- C. Availability of care
- D. Quality of care

V. OPERATIONAL ACTIVITIES

The region is currently supporting 12 operational activities in the amount of \$461,317. Monies are divided among the following disease categories: heart 11%, cancer 7%, stroke 24%, and multicategorical 58%. Over 60% of the funds support training existing health personnel in new skills.

VI. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 1.0 million -- 29% urban, 52% white
- B. Health resources
 - 1. 1 medical school
 - 2. 39 short-term general, non-Federal hospitals with 3,351 beds.
47% of hospitals participating in RMP
 - 3. 969 physicians (MD's and DO's); 2,511 active registered nurses

VII. ILLUSTRATIONS OF ACTIVITY

"Coronary Care Nurses Training Project" - the project emphasizes the relationship between training of personnel in cardiovascular care and their functions in the Central monitoring units and remote stations. It will continue the four-week course to prepare nurses to work in a Central Monitoring Unit, and accelerate the teaching of personnel who will be working in the Remote Stations (one-week courses).

The Remote Monitoring Project will establish eight Central Monitoring Units and 23 Remote Units to provide quality care to myocardial infarction victims in local facilities. The plan encompasses approximately one-half of the small hospitals in New Mexico.

Forty-seven registered nurses and two licensed practical nurses completed a training program "Nursing in the Coronary Care Unit." Three continuing education programs for CCU nurses have been planned. In conjunction with the remote monitoring project, approximately 30 nurses and other paramedical personnel received a one-week training program. This program will provide the nurses in smaller hospitals (remote units) with the knowledge and skills necessary for the nursing management of patients with coronary heart disease.

SOUTH CAROLINA: Ernest F. Hollings (D.)

I. BACKGROUND

- A. Grantee or sponsor: Medical University of South Carolina, Charleston
- B. Coordinator: Vincent Moseley, M.D.
- C. Boundaries: Coterminous with State
- D. History
 - 1. Initial planning grant: January 1967
 - 2. Initial operational period: August 1968

II. FUNDING

- A. Support through FY71: \$4,184,000
- B. FY72 award: 1,341,000
- C. Total support to date: \$5,525,000

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: James W. Colbert, M.D., Vice President, Academic Affairs, M.U.S.C.
 - 2. Composition (70 members)
 - a. Practicing physicians 37
 - b. Medical center officials 2
 - c. Hospital administrators 6
 - d. Voluntary health agency representatives 6
 - e. Public health officials 3
 - f. Other health workers 3
 - g. Members of the public 10
 - h. Other 3
- TOTAL 70
- B. Program staff: 30 Full-time equivalents

IV. PROGRAM PRIORITIES

- A. Redirection of program efforts to identify with emerging Federal and State initiatives in planning and delivery of health services.
- B. Continue to upgrade patient care by upgrading skills and abilities of health practitioners.

V. OPERATIONAL ACTIVITIES

South Carolina RMP currently has 13 operational activities underway at a cost of \$724,000. The major emphasis of these activities are health manpower training and utilization and improved coordination of health services.

VI. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 2.6 million -- 38% urban, 31% minority

B. Health resources

1. One medical school
2. 70 short-term, non-Federal hospitals with 9,213 beds. Sixty percent of hospitals participate with the South Carolina RMP
3. 1,955 physicians (MD's and DO's); 5,625 active registered nurses

VII. ILLUSTRATIONS OF ACTIVITY

Noteworthy among continuing projects is one which is designed to improve and expand existing continuing education opportunities in the health sciences at the community level. Its efforts are directed to professional, technical, and allied health personnel. A kidney disease education and service program is aimed at expanding facilities to provide additional patient-training and provide equipment and professional support for home dialysis of the renal patient.

WASHINGTON/ALASKA: Warren G. Magnuson. (D.-Washington)

I. BACKGROUND

- A. Grantee or Sponsor: University of Washington School of Medicine
- B. Coordinator: Donal R. Sparkman, M.D.
- C. Boundaries: coterminous with those of the two states
- D. History
 - 1. Initial planning grant: September 1966
 - 2. Operational status: February 1968

II. FUNDING

- A. Support through FY71: \$6,999,000
- B. FY72 award: 1,868,000
- C. Total support to date: 8,867,000

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: C. Robert Ogden, President, North Coast Life Insurance Company
 - 2. Composition (43 members)
 - a. Practicing physicians 11
 - b. Medical center officials 3
 - c. Hospital administrators 5
 - d. Voluntary health agency representatives 2
 - e. Other health workers 5
 - f. Public health officials 3
 - g. Members of the public 12
 - h. Other 2
- TOTAL 43
- B. Program staff: 33.8 Full-time equivalents

IV. PROGRAM PRIORITIES

- A. Improve the availability of care
- B. Improve the accessibility of care
- C. Improve the acceptability of care
- D. Maintain and improve the quality of care
- E. Assist in the containment of costs of care

V. OPERATIONAL ACTIVITIES

The region currently supports 20 operational activities at a level of 1,003,000. These include an emphasis on the coordination of health services and manpower development and training. Kidney disease is given emphasis with five components funded at a level of \$125,000.

VI. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 3.7 million -- 59% urban, 8% minority
- B. Health resources
 - 1. University of Washington School of Medicine
 - 2. 121 short-term, non-Federal hospitals with 11,863 beds.
(Alaska - 13 hospitals, Washington - 108 hospitals).
 - 3. Alaska - 183 physicians (MD's and DO's)
Washington 4,208 physicians (MD's and DO's)
 - 4. Alaska - 590 active registered nurses
Washington 11,361 active registered nurses

VII. ILLUSTRATIONS OF ACTIVITY

One illustration of Washington/Alaska RMP's efforts to improve health services coordination is the development of an unusual cooperative arrangement between the 39-bed Willapa Harbor Hospital, located in a remote lumbering community on the West coast of Washington, and the 300-bed Virginia Mason medical center in Seattle.

In 1969 the small community was serviced by one physician nearing retirement and a failing hospital for a population of 9,000 people. Two years later, through the aid of Washington/Alaska RMP's Community Health Services Program, the town now has two resident physicians, an elected health board, a Comprehensive Health Planning agency, an emergency military helicopter service which flies patients to a specialized service center, as well as a cooperative arrangement between the two hospitals. The latter has produced a "hot-line" for consultation between the hospitals, air and land transportation, arrangements for continuity of patient care, a drug inventory and formulary (resulting in a savings of \$5,000 in one year), as well as continuing staff education for the smaller hospital.

The success of this program has prompted Virginia Mason to request Washington/Alaska RMP to help in identifying other communities for similar arrangements.

WEST VIRGINIA RMP: Robert C. Byrd (D.)

I. BACKGROUND

- A. Grantee: West Virginia University Medical Center
- B. Coordinator: Charles D. Holland
- C. Boundaries: Coterminous with state
- D. History
 - 1. Initial planning grant: January 1967
 - 2. Operational status achieved: January 1970

II. FUNDING

- A. Support through FY71: \$1,716,000
- B. FY72 award: 609,000
- C. Total support to date: \$2,325,000

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Charles E. Andrews, M.D., Provost, WVU Medical Center
 - 2. Composition (36 members)
 - a. Practicing physicians 9
 - b. Medical center officials 3
 - c. Hospital administrators 6
 - d. Voluntary health agency representatives 7
 - e. Public health officials 2
 - f. Other health workers 3
 - g. Members of the public 5
 - h. Other 1
- TOTAL 36
- B. Program staff: 19.25 Full-time equivalents

IV. PROGRAM PRIORITIES

- A. Rural health care
- B. Delivery of primary health care services
- C. Preventive Services

V. OPERATIONAL ACTIVITIES

West Virginia RMP currently supports 5 operational activities in the amount of nearly \$190,000. Only one of these programs is directed toward the control of a specific disease entity (i.e., stroke); the remainder are for the most part broadly based in the areas of cooperative delivery of health care services, communication networks, emergency medical systems, and general continuing education. Over half of the Region's operational funds (\$100,000) go for the conduct

of continuing education programs for physicians, primarily in the form of one project aimed at improving care through the use of physician self-audit review. Another noteworthy effort (20% of funds) is directed toward improving primary care delivery to children in rural and remote areas of the State.

VI. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 1.8 million -- 95% white, 62% rural
- B. Health resources
 1. 1 medical school; 11 schools of nursing; 7 schools of medical technology
 2. 74 short-term, non-Federal hospitals with 9,286 beds.
 3. 1,500 active MD's, 111 active DO's; 5,001 active RN's.

VII. ILLUSTRATIONS OF ACTIVITY

- A. Rural School Health Program: This activity has been underway in West Virginia RMP since July 1971 and has as its major objectives the identification, implementation and evaluation of a prototype school health program which can be replicated in rural areas throughout the Nation.

Program emphasis is on the prevention of health problems, particularly chronic diseases, and the more efficient use of primary health care services. Having completed preliminary planning activities (e.g., collection of baseline data, random sampling of health status of elementary school children, modification of school health record form), the program this year will begin the development of a new type of health manpower, the "school health assistant;" test the feasibility of employing various types of health personnel, including pediatric nurse practitioners and physicians' assistants; and initiate screening and referral services for children as well as educational programs for their parents.

WISCONSIN: William Proxmire (D.)

I. BACKGROUND

- A. Grantee or sponsor: Wisconsin Regional Medical Program, Inc.
- B. Coordinator: John S. Hirschboeck, M.D.
- C. Boundaries: coterminous with state
- D. History
 - 1. Initial planning grant: September 1966
 - 2. Operational status: September 1967

II. FUNDING

- A. Support through FY71: \$5,115,000
- B. FY72 award: 1,764,000
- C. Total support to date: \$6,879,000

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Rodney Lee Young, J.D., County Judge - Lady Smith, Wisconsin
 - 2. Composition (45 members)
 - a. Practicing physicians 9
 - b. Medical center officials 4
 - c. Hospital administrators 8
 - d. Voluntary health agency representatives 2
 - e. Other health workers 6
 - f. Public health officials 2
 - g. Members of the public 11
 - h. Other 3
- TOTAL 45
- B. Program staff: 24.0 Full-time equivalents

IV. OPERATIONAL ACTIVITIES

The region is currently supporting nine (9) operational activities in the amount of approximately \$450,000. A majority of the funds are expended in the area of training existing health personnel in new skills, although significant portions of their budget are also directed towards patient care delivery and coordination of health services. The projects being carried out in the region are under the aegis of a variety of institutions. For example, two smaller projects are directed from the medical school, two from hospitals, one from a voluntary health agency, another from a public health agency, etc.

V. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 4.4 million -- 49% urban, 95% white
- B. Health resources
 - 1. two (2) medical schools

2. 154 short-term, non-Federal hospitals with 22,385 beds
3. 4,605 physicians (MD's and DO's); 14,084 active registered nurses

VI. ILLUSTRATIONS OF ACTIVITY

A project recently funded by the Wisconsin RMP proposes to demonstrate the capability of the nurse associate in performing some tasks which are now performed by physicians. The project will ultimately prepare 68 physician-registered nurse teams. The initial focus will be on child health care because of the amount of work already done in this area. Because of the rural nature of Wisconsin, the project will then move into the area of family health or general practice, followed by the application of the concept to geriatrics practice. These teams will practice in various settings (single office, group practice, health center and outpatient department-community setting). Performance, role acceptance and cost effectiveness will be continually evaluated in order to anticipate problems and suggest modifications.

Another activity recently funded -- "North Central Wisconsin Outreach"-- will hopefully serve as a prototype to be replicated elsewhere in the state. Addressing the problem of "no doctor towns," in which there is little likelihood of recruiting a physician, this project hopes to develop Satellite Clinics. The clinics would be staffed only 2 and one half days per week by a physician; the remainder of the time by a trained physician assistant.

GREATER DELAWARE VALLEY RMP: Daniel Flood (D)
Wilkes-Barre, Pennsylvania (District 11)

I. BACKGROUND

- A. Grantee or Sponsor: University City Science Center, Philadelphia
- B. Coordinator: Martin Wollmann, M.D.
- C. Boundaries: Region encompasses a number of counties in eastern Pennsylvania and southern New Jersey, and the state of Delaware. In general it covers the Delaware River basin area.
- D. History:
 - 1. Initial planning grant: April 1967
 - 2. Operational status achieved: April 1969

II. FUNDING

- A. Support through FY71: \$ 8,837,753
- B. FY72 award (projected): 2,433,217
- C. Total support to date: \$11,270,970

III. ORGANIZATION

A. Regional Advisory Group

- 1. Chairman: Leonard Wolf, Ph.D.; Vice President for Planning, University of Scranton, Scranton, Pennsylvania
- 2. Composition (61 members)
 - a. Practicing physicians 14
 - b. Medical center officials 10
 - c. Hospital administrators 8
 - d. Voluntary health agency representatives 5
 - e. Other health workers 2
 - f. Public health officials 9
 - g. Members of the public 11
 - h. Others 2

TOTAL 61

- B. Core staff: 46.08 full-time equivalents

IV. PROGRAM PRIORITIES: Improving the quality, quantity, and accessibility of health care.

- V. OPERATIONAL ACTIVITIES: The Region currently has 16 ongoing operational activities with a total funding level of \$796,667. Approximately 19% of funds are related to training of nurses for coronary care unit operations. The large majority of remaining funds are devoted to manpower development, including continuing education and training. Activities are being reoriented in line with changing priorities, and include recruitment and reactivation of health care personnel, special training for respiratory disease care, etc.

VI. SELECTED REGIONAL CHARACTERISTICS

A. Population: 6,200,000 -- 72% urban, 97% white

B. Health Resources

1. 6 medical schools
2. 165 short-term, non-Federal hospitals with 40,000 beds
3. 13,300 practicing physicians (MD's and DO's) 28,500 registered nurses

VII. ILLUSTRATIONS OF ACTIVITY

Ten participating hospitals have joined in a 3 phase program of improving patient care through a deliberately planned process of pinpointing patient care deficiencies, determining the causes, and then developing training processes which will overcome those deficiencies in the future. This is a group approach to self-evaluation by physicians. Current year funding is supporting development and adoption of care criteria for at least three conditions. As that progresses other conditions will be assimilated into the process.

IOWA RMP: Neal E. Smith (D); Altoona (Fifth District)

I. BACKGROUND

- A. Grantee or sponsor: University of Iowa, College of Medicine
- B. Coordinator: Mr. Charles Caldwell (Acting)
- C. Regional boundaries: coterminous with state
- D. History:
 - 1. Initial planning grant: December 1966
 - 2. Operational status achieved: July 1968

II. FUNDING

- A. Support through FY71: \$2,876,860
- B. FY72 award 889,998
- C. Total support to date: \$3,766,858

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: George Hegstrom, M.D.; practicing physician, McFarland Clinic, Ames
 - 2. Composition: (40 members)
 - a. Practicing physicians 8
 - b. Medical center officials 2
 - c. Hospital administrators 6
 - d. Other health workers 6
 - e. Public health officials 3
 - f. Members of the public 10
 - g. Voluntary health agency representatives 1
 - h. Others 4
- TOTAL 40
- B. Core staff: 17 full-time equivalents

IV. PROGRAM PRIORITIES

- A. Assist in the development and testing of new and voluntary ways to deliver comprehensive quality care.
- B. Foster improved manpower utilization and distribution.
- C. Foster cooperative relationships, appropriate training and adequate data collection.

- V. OPERATIONAL ACTIVITIES: The IRMP currently has 7 ongoing activities funded at a level of \$352,700. Last year a large majority of that sum was devoted to continuing education and training. Planning for FY72 however, alters that picture and indicates a spending level of about \$210,000 for purposes. The current application requests funds for planning of a renal care program, an emergency medical services program, and a neo-natal care program.

VI. SELECTED REGIONAL CHARACTERISTICS

A. Population: 2,825,000 -- 57% urban, 99% white

B. Health resources

1. University of Iowa College of Medicine
2. College of Osteopathic Medicine and Surgery
3. 133 short-term, non-Federal hospitals with 15,333 beds;
62% involved with RMP
4. 5,900 practicing physicians
17,000 active registered nurses

VII. ILLUSTRATIONS OF ACTIVITY

In the Mason City area, emergency ambulance services are being offered to rural residents with acute Myocardial Infarction. Upon being alerted, the emergency vehicle will pick up trained personnel, who will administer care enroute to the hospital where intensive care is available. An ancillary purpose is to reduce the need for a full range of emergency cardiac care services in isolated rural hospitals.

Less emphasis is being given to operational component activities. Skills of core staff are being increased with a view toward assisting in development of Health Maintenance Organizations, increasing quality of care, cost reduction etc. In brief, project activities are giving way to planning and evaluation in regard to total program priorities and to related national priorities.

ILLINOIS: Robert Michel (R), Peoria (District 18)

NOTE: Representative Michel's district falls into both the Illinois and the Bi-State RMP's.

I. BACKGROUND

- A. Grantee or sponsor: Illinois Regional Medical Program, Inc.
- B. Coordinator: Morton C. Creditor, M.D.
- C. Boundaries: in general, coterminous with state; some overlap with Bi-State RMP in southern Illinois.
- D. History
 - 1. Initial planning grant: July 1967
 - 2. Operational status: February 1970

II. FUNDING

- A. Support through FY71: \$4,942,754
- B. =FY72 award: 2,000,000
- C. Total support to date: \$6,942,754

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Dexter Nelson, M.D., practicing physician, Princeton, Illinois
 - 2. Composition (55 members)
 - a. Practicing physicians 9
 - b. Medical center officials 12
 - c. hospital administrators 12
 - d. Voluntary health agency representatives 3
 - e. Other health workers 4
 - f. Public health officials 3
 - g. members of the public 12
- TOTAL 55
- B. Core staff -- 22.5 full-time equivalents

IV. OPERATIONAL ACTIVITIES: The region is currently supporting 9 operational activities in the amount of approximately 758,000 direct costs. Monies are fairly evenly divided among heart, cancer, and stroke activities. Interestingly, no activities have continuing education and training as a major emphasis, while patient care demonstrations and coordination of health services account for almost 3/4 of available funds. Over 50% of the funds support activities sponsored by voluntary health agencies.

V. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 11.1 million -- 83% urban, 87% white
- B. Health resources
 - 1. 5 medical schools; 1 college of osteopathy
 - 2. 256 short-term, non-Federal hospitals with 51,267 beds; 6% (16) of these are involved in RMP planning and activities. 13,100 physicians (MD's and DO's) 35,500 active registered nurses.

VI. ILLUSTRATIONS OF ACTIVITY

Helping to solve the manpower problem is a key program of the Bi-State Region. In this connection, the Bi-State RMP (Missouri and Illinois) obtained a waiver from the Missouri Council on Higher Education so as to make it possible for non-high school graduates to enter junior colleges for training as aide-level health workers. This is a part of Bi-State's larger effort of getting all neighborhood health personnel in the Region to work together in assessing their manpower needs and taking steps to meet them.

In terms of direct patient care, the Bi-State RMP has established an intensive care facility at St. Louis City Hospital to serve an estimated 400 medically indigent stroke victims from the inner city each year. There has also been established, as an integral part of the project, a much-needed training unit for the purpose of instructing approximately 100 nurses from the Bi-State Region in the critical early management of acute stroke. In addition, this project has created cooperative arrangements among existing long-term care centers for stroke and set up a practical teaching program for therapists concerned with rehabilitation and, when necessary, custodial care of stroke victims throughout the Bi-State area.

The Illinois RMP is supporting a demonstration project in Chicago in a low income community area to test the usefulness of an automated medical history system in a Community Health Clinic. If the system is successful it will be incorporated into the regular funding schedule for the Valley Clinic.

KANSAS: Garner E. Shriver (R), Wichita (First District)

I. BACKGROUND

- A. Grantee or Sponsor: University of Kansas Medical Center
- B. Coordinator: Robert Brown, M.D.
- C. Boundaries: coterminous with state
- D. History
 - 1. Initial planning grant: July 1966
 - 2. Operational status: June 1967

II. FUNDING

- A. Support through FY71: \$5,961,663
- B. FY72 award: 1,603,419
- C. Total support to date: \$7,565,082

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Robert Polson, M.D., practicing physician, Great Bend, Kansas
 - 2. Composition (19 members)
 - a. Practicing physicians 7
 - b. Medical center officials 3
 - c. Hospital administrators 3
 - d. Voluntary health agency representatives 1
 - e. Other health workers 1
 - f. Public health official 1
 - g. Members of the Public 3

TOTAL 19

- B. Core staff: 60.0 full-time equivalents

IV. OPERATIONAL ACTIVITIES: Kansas RMP currently has 9 funded operational activities. The level of support for these in direct costs is about \$520,000 -- 85% of which supports activities in continuing education and manpower utilization and over 10% in the coordination of health services. Most of the programs do not support specific disease-related activities but programs of a more general nature, such as a medical library system, various training programs (including one designed to recruit health professionals from a Model Cities neighborhood).

V. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 2,250,000 -- 66% urban, 95% white
- B. Health resources
 - 1. 1 medical school
 - 2. 146 short-term, non-Federal hospitals with 11,805 total beds; 14% (21) are involved with RMP planning and activities.
 - 3. 2,333 active physicians (MD's and DO's)
6,895 active registered nurses (10,532 total)

VI. ILLUSTRATIONS OF ACTIVITY

A unique attempt to alleviate the shortage of health manpower is being carried out by the Kansas Regional Medical Program. Many registered nurses for one reason or another were not working and the KRMP established a program to promote the re-entry of registered nurses into the Region's health care system. For the past two years, the Kansas program has offered six three-week training courses. One hundred and thirty-three nurses have been trained and are employed in the 17 hospitals in Kansas City. Over 100 of the 133 nurses are employed on a full-time basis and 33 of this number hold supervisory positions.

The Kansas Program is also supporting a project designed to provide and promote employment in the health fields and entry into the health professions for model neighborhood residents. The methodology employed in this project will center around the development of the health aide as a category of health personnel. The general purpose of this project is to raise the level of knowledge and understanding among indigent residents about good health practices and to provide a means of entry of these citizens into health care professions.

VI. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 5,300,000 -- 52% urban, 90% white
- B. Health Resources
 - 1. 3 medical schools
 - 2. 157 short-term, non-Federal hospitals with 22,679 beds;
12% of these are involved with RMP activities
 - 3. 5,900 physicians (MD's and DO's)
17,188 registered nurses.

VII. ILLUSTRATIONS OF ACTIVITY

Within the past year, the major thrust of the program has been delineated as "manpower development." To that end, a project has been proposed for initiation in 1972 which will train a new type health professional, the clinical associate. He will function under the general auspices of a physician and will perform specific activities designed to free the physician from routine duties, so he can concentrate on more critical needs. The training includes a preceptorship so the trainee can move into various segments of the medical care spectrum in accord with his abilities and desires.

MISSOURI (Mo.RMP): W. R. Hull, Jr. (D), Weston, Missouri (District 6)

I. BACKGROUND

- A. Grantee or Sponsor: Curators of the University of Missouri, Columbia
- B. Coordinator: Arthur Rikli, M.D.
- C. Boundaries: coterminous with state but excluding the St. Louis area
- D. History
 - 1. Initial planning grant: July 1966
 - 2. Operational status achieved: April 1967

II. FUNDING

A. Support through FY71:	\$20,916,311
B. FY72 award (projected):	2,282,096
Total	<u>\$23,198,407</u>

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Robert E. Frank, Hospital Administrator
 - 2. Composition (12 members)
 - a. Practicing physicians 6
 - b. Hospital administrators 1
 - c. Members of the public 4
 - d. Others 1
- TOTAL 12
- B. Core staff: 48.57 full-time equivalents

IV. PROGRAM PRIORITIES: Activities which relate to the program's mission, i.e., to serve as a "catalyst for changes which will provide the best health for residents of the region."

V. OPERATIONAL ACTIVITIES

The region currently has underway 24 operational activities with a funding level of \$1,231,641. Nearly half the funds support activities related to continuing education and/or patient services. Strong emphasis is placed on coordination between health care service providers. Last year 40% of funds were expended for activities of that nature. Under RMP leadership, for example, 12 hospitals in the Green Hills area of Missouri have banded together to discuss and act on mutual problems, including administrative practices, personnel needs and practices, etc.

VI. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 4,677,400 -- 45% urban, 63% white
- B. Health resources:
 - 1. 2 medical schools; 2 schools of osteopathy
 - 2. 121 short-term non-Federal hospitals with 21,480 beds; 67% of these are involved with RMP.

3. 5,900 physicians (MD's and DO's)
11,200 active registered nurses

VII. ILLUSTRATIONS OF ACTIVITY

Sikeston Intensive Care -- A seven bed Intensive Care Unit has been established and become operational since initial funding in mid-1970. Through June 1971, 218 patients had been admitted, half of whom were categorized as cardiacs. During that period twelve pacemakers were installed and 36 defibrillations performed. The unit is currently operating at 75% capacity. High praise for the program and its training component has been received from participating institutions.

NEW JERSEY: Edward J. Patten (D), Perth Amboy (District 15)

I. BACKGROUND

- A. Grantee or Sponsor: New Jersey Joint Committee for implementation of P.L. 89-239.
- B. Coordinator: Alvin A. Florin, M.D.
- C. Boundaries: coterminous with state
- D. History
 - 1. Initial planning grant: July 1967
 - 2. Operational status: April 1969

II. FUNDING

- A. Support through FY71: \$4,684,186
- B. FY72 award (projected): 1,400,000
- C. Total support to date: \$6,084,186

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Richard J. Cross, M.D., Professor of Medicine, Rutgers Medical School
 - 2. Composition (27 members)
 - a. practicing physicians 6
 - b. medical center officials 3
 - c. hospital administrators 5
 - d. voluntary health agency representatives 2
 - e. public health officials 3
 - f. other health workers 2
 - g. members of the public 6

TOTAL

27

- B. Core staff: 20.5 Full-time equivalents

IV. OPERATIONAL ACTIVITIES: The region currently has twelve ongoing operational activities with direct cost funding of \$814,000. Approximately one half of the projects are directed towards categorical diseases (heart, cancer and stroke) and the other half are multi-categorical disease programs. In terms of primary focus, the New Jersey Program is directed rather evenly in three areas -- continuing education, patient care delivery and coordination of health services. Close to half of the NJRMP's operational monies support inner city programs for blacks and spanish surname populations.

V. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 7.2 million -- 89% urban, 89% white
- B. Health resources
 - 1. 2 medical schools
 - 2. 107 short-term, non-Federal hospitals with 25,247 beds; 58% (62) of these hospitals are involved in RMP planning and activities.
 - 3. 9,176 physicians (MD's and DO's)
24,900 active nurses (42,400 total)

VI. ILLUSTRATIONS OF ACTIVITY

With more than 85% of New Jersey cancer patients being treated in community or general hospitals of 500 beds or less, it is the aim of the New Jersey RMP - Tumor Conference Boards to bring the most up-to-date medical information to the practicing physician responsible for cancer patient care. Thus, four agreements of affiliation have been executed with eighteen hospitals and negotiations are currently underway with six additional hospitals. More than 10,000 patients have been brought under team review of the status of their disease, treatment modes, and rehabilitation plan. By March 1972, it is anticipated that 43 hospitals will be totaling an estimated 15,000 annual admissions for cancer.

An objective of the project is to establish joint tumor conference boards for two or more hospitals. In Middlesex County, a demonstration of a joint conference board is planned for St. Peter's General Hospital (ongoing) and Middlesex Hospital. The encouraging factor in support of a joint program for these two institutions is the recent program amalgamation of radiation therapy services in St. Peter's Hospital to serve both hospitals.

New Jersey RMP has provided staff and technical assistance to six Federally-designated Model Cities Programs through the assignment of full-time Urban Health Coordinators. In each city the Urban Health Coordinator helps plan and organize facilities and manpower resources to increase the effectiveness of local health care delivery systems. This project, now in its second year of operation, serves a population of 200,000 disadvantaged residents and has secured or applied for more than five million dollars from sources outside the RMP for funding health programs in these cities. Plans call for expanding the project to include 367,000 residents of the 14 newly approved State Community Development cities.

A project has been developed to organize providers of service and health care facilities into a comprehensive care program especially directed at serving the disadvantaged and others without regular sources of medical care. The project, at Middlesex General Hospital, is designed to serve a patient population of 4,000 persons with a program of preventive medicine and treatment utilizing a full-time family health care team. The project includes multiple funding from Medicaid, Medicare, hospital resources, and the RMP.

TEXAS: Robert R. Casey (D), Houston, (District 22)

I. BACKGROUND

- A. Grantee or Sponsor: University of Texas System
- B. Coordinator: Charles McCall, M.D.
- C. Boundaries: coterminous with state
- D. History
 - 1. Initial planning grant: January 1966
 - 2. Operational status: July 1968

II. FUNDING

- A. Support through FY71 \$ 8,190,302
- B. FY72 award: 1,650,386
- C. Total support to date: \$ 9,840,688

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: N. C. Hightower, M.D., Scott and White Hospital and Clinic, Temple
 - 2. Composition (50 members)
 - a. practicing physicians 12
 - b. medical center officials 13
 - c. hospital administrators 9
 - d. voluntary health agency representatives 3
 - e. other health workers 2
 - f. public health officials 3
 - g. members of the public 8

TOTAL 50

- B. Core staff: 24.0 Full-time equivalents

- IV. OPERATIONAL ACTIVITIES: The region is currently conducting 19 operational activities with \$945,000 in direct costs. Approximately 60% of the TRMP activities are in the area of general continuing education and 30% of their monies are directed towards patient care delivery problems. Categorically speaking, (36%) of their projects are for stroke-related diseases and (26%) are in the area of cancer. Texas is supporting two projects directed towards blacks and chicanos (one of which is coordinated with Model Cities).

V. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 11.2 million -- 80% urban, 87% white
- B. Health resources
 - 1. 4 medical schools
 - 2. 492 short-term, non-Federal hospitals with 46,149 total beds; 14% (67) of these are involved in the RMP
 - 3. 11,700 physicians (MD's and DO's)
20,000 active registered nurses (30,000 total)

VI. ILLUSTRATIONS OF ACTIVITY

One of the more significant projects in the Texas region has been the implementation of a program aimed at the prevention of morbidity and mortality from cervical cancer. Application of exfoliative cytology screening is taking place at 109 satellite clinics under the aegis of the Southwestern Medical School at San Antonio. Approximately 3,700 smears are being performed each month with 40,000 women tested each year. Preliminary findings indicate that the program is finding more and earlier lesions with more favorable outlook than expected.

TRI-STATE RMP: Silvio Conte (R) Pittsfield, Massachusetts (District 1)

NOTE: Representative Conte's district includes territory served by both the Tri-State and the Albany Regional Medical Programs.

I. BACKGROUND

- A. Grantee or Sponsor: Medical Care and Education Foundation, Inc., Boston
- B. Coordinator: Leona Baumgartner, M.D.
- C. Boundaries: States of Massachusetts, New Hampshire, and Rhode Island (some western counties of Massachusetts are also served by the Albany RMP).
- D. History
 - 1. Initial planning grant: December 1967
 - 2. Operational status achieved: February 1969

II. FUNDING

- A. Support through FY71: \$5,459,941
- B. FY72 award: 2,461,425
- C. Total support to date: 7,921,366

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Louis A. Leone, M.D., Director, Department of Oncology, Rhode Island Hospital, Providence
 - 2. Composition (62 members)
 - a. Practicing physicians 27
 - b. Medical center officials 3
 - c. Hospital administrators 4
 - d. Voluntary health agency representatives 5
 - e. Public health officials 4
 - f. Other health workers 5
 - g. Members of the public 10
 - h. Others 4
- TOTAL 62
- B. Core Staff: 43.0 Full time equivalents

IV. OPERATIONAL ACTIVITIES

Tri-State RMP currently has 6 ongoing operational components with a funding level of \$613,500. About 60% of that sum supports activities in the area of intensive coronary care. Better manpower utilization is the major focus of programs which are supported by approximately half of the available funds, the remainder supporting various types of patient care demonstrations. Approximately 59% of funds (\$365,000) go to activities directed against health problems of the black population in the three state area.

V. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 7,374,000 -- 82% urban, 97% white
- B. Health resources
 - 1. 5 medical schools; 1 two-year medical sciences school
 - 2. 188 short-term, non-Federal hospitals with 33,075 beds; 20% of these are participating in RMP planning bodies and operational activities
 - 3. 11,200 active physicians; 35,800 active nurses

VI. ILLUSTRATIONS OF ACTIVITY

The major thrust of the Tri-State RMP is undergoing change in accord with changing emphasis of the national program. Greater emphasis is being placed on actions which affect the delivery of health care services, and changing the system, while attacks on individual disease problems are being de-emphasized. Existing disease control activities are being reoriented as the transition process indicates.

There has also been an increased emphasis on awarding of contracts to meet specific needs of the program, while awarding of grants for marginally related activities has been de-emphasized. The end point has been a greater reliance on program expertise in meeting the Regions' needs through priority programming.

An intensive coronary care demonstration project of the Albany RMP is located at Berkshire Medical Center in Pittsfield, Massachusetts. To date it has trained 190 nurses from 29 hospitals. These hospitals account for 68% of general hospital admissions in the Albany Region.

During the past year the Tri-State Region instituted a program "to assure that no patient with end-stage kidney disease will die from lack of necessary services." New England states other than those of the Tri-State Region are involved. The short-range objective is to develop a method of procuring donor organs and to identify problems of funding. The long-range objective is to furnish an adequate supply of cadaver organs to satisfy patients needs in various transplant units.

VIRGINIA RMP: J. Kenneth Robinson (R)
Winchester (Seventh District)

I. BACKGROUND

- A. Grantee or Sponsor: Virginia Regional Medical Program, Inc.
- B. Coordinator: Eugene R. Perez, M.D.
- C. Boundaries: coterminous with state
- D. History
 - 1. Initial planning grant: January 1967
 - 2. Operational status achieved: January 1970

II. FUNDING

- A. Support through FY71: \$2,445,755
- B. FY72 support: 789,488
- C. Total support to date: \$3,235,243

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Mack I. Shanholtz, M.D., Commissioner of State Health Department
 - 2. Composition (36 members)
 - a. Practicing physicians 11
 - b. Medical center officials 2
 - c. Hospital administrators 7
 - d. Voluntary health agency 4
 - e. Public health officials 2
 - f. Other health workers 3
 - g. Members of the public 7
 - TOTAL 36
- B. Core staff: 20.3 full-time equivalents

IV. OPERATIONAL ACTIVITIES: VRMP currently has 7 funded operational activities. The level of support for these in direct costs is about \$372,000, 85% of which supports activities in continuing education for health professionals. Approximately 40% of the funds are being expended in the area of heart disease, over 10% for stroke-related activities and about 5% in the area of cancer.

V. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 4,648,000 -- 63% urban, 81% white
- B. Health resources
 - 1. 2 medical schools
 - 2. 102 short-term, non-Federal hospitals with 16,385 beds; 15% of these are involved in RMP activities
 - 3. 4,631 physicians (MD's and DO's)
11,500 active registered nurses

VI. ILLUSTRATIONS OF ACTIVITY

The VRMP is supporting a program to (1) educate and train nurses and physicians in the treatment of patients with myocardial infarction

(2) provide consultative assistance to coronary care units. Over 50 health professionals, representing 19 hospitals, have been trained to date, and the project director has provided consultation to six community hospitals either planning or operating CCU's.

The Medical College of Virginia, under the sponsorship of the VRMP, has undertaken a project to demonstrate that the care of stroke patients in rural communities can be improved by up-grading the knowledge and skills of physicians and other health personnel through a relationship with a medical center. The incidence and management of stroke is being studied in five small rural communities; (6) general practitioners, (105) nurses and nursing assistants and a number of family members are participating in educational programs related to care and rehabilitation of stroke patients.



Regional Medical Programs

I. Budget Summary

<u>Activity or Subactivity</u>	<u>1971 Estimate</u>		<u>1972 Estimate</u>		<u>1973 Estimate</u>	
	<u>Pos.</u>	<u>Amount</u>	<u>Pos.</u>	<u>Amount</u>	<u>Pos.</u>	<u>Amount</u>
Regional Medical Programs						
Grants and contracts....	56 <u>1/</u>	74,735	56 <u>1/</u>	139,300	56 <u>1/</u>	125,100
Direct operations.....	178	4,025	169	4,602	194	5,051
Program direction and management services.....	67	1,394	68	1,117	68	1,136
	245	80,154	237	145,019	262	131,287

II. 1973 Program Summary

	<u>FY'72</u>	<u>ADD OR SUBTRACT</u>	<u>FY'73</u>
56 RMP's	98.2	0	98.3
CONTRACTS	4.3	0	4.3
CANCER CONSTRUCTION	5.0	-5.0	0
HMOS	16.2	-16.2	0
EMERGENCY MEDICAL SERVICE	8.0	+7.0	15.0
AHEC	7.5	0	7.5
	139.3*	-14.2	125.1 Grants & Contracts
			5.1 Direct Ops.
			1.1 Direction & Management
			131.3

*Smoking and Health Contracts taken out, print shows 140,656

1/ Represents regions.

Regional Medical Programs

Budget Summary

(Dollars in thousands)

<u>Activity or Subactivity</u>	<u>1971</u>		<u>1972</u>		<u>1973</u>	
	<u>Pos.</u>	<u>Estimate</u> <u>Amount</u>	<u>Pos.</u>	<u>Estimate</u> <u>Amount</u>	<u>Pos.</u>	<u>Estimate</u> <u>Amount</u>
Regional Medical Programs:						
Grants and contracts....	56 <u>1/</u>	74,735	56 <u>1/</u>	139,300	56 <u>1/</u>	125,100
Direct operations.....	178	4,025	169	4,602	194	5,051

II. 1973 Program Summary

Funds will be needed for programs to enable existing health manpower to provide more and better care and training and more effective utilization of new kinds of health manpower. New funds will be used to plan and develop Area Health Education Centers, which will be major sources of manpower for Health Maintenance Organizations, Experimental Health Service Delivery Systems and other comprehensive health care systems.

Activities aimed at improving the accessibility, efficiency, and quality of health care will provide opportunities to increase the rate of implementation of systems, innovations and new technology. Rural health care systems will be developed that are compatible with needs of rural areas. Development of emergency health care systems will bring together better transportation services, communication which would tie hospitals, transportation facilities and other emergency organizations into rapid response systems, and emergency medical centers with specially trained doctors and nurses. The provider-initiated activities leading to a greater sharing of health facilities, manpower, and other resources will provide the opportunity to show how scarce resources can be linked together efficiently.

Further Regional Medical Programs will be strengthened so it will be possible for all to accomplish their objectives and goals.

Regional Medical Programs, particularly the weaker ones, will be provided the strong leadership required by the expansion and redirection of Regional Medical Program activities.

The rapid expansion of Regional Medical Program activity and the movement into new areas of emphasis will require additional development of policy guidance and criteria for project development.

Increased technical assistance will be needed for new projects in areas involving new techniques and innovative delivery patterns, more effective use of new kinds of health manpower, and the quality of care guidelines.

1/ Represents regions.

Regional Medical Programs

I. Budget Summary

(Dollars in thousands)

<u>Activity or Subactivity</u>	<u>1971</u>		<u>1972</u>		<u>1973</u>	
	<u>Pos.</u>	<u>Amount</u>	<u>Pos.</u>	<u>Amount</u>	<u>Pos.</u>	<u>Amount</u>
Program direction and management services....	67	1,394	68	1,117	68	1,136

II. 1973 Program Summary

This activity provides for a central staff needed in planning, directing, and evaluating the broad scope of program activities in the RMPS; maintains effective communications and information links with the 56 local regional medical programs and the general public, and provides administrative management services.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Regional Medical Programs

Amounts Available for Obligation

	<u>1972</u>	<u>1973</u>
Appropriation.....	\$102,771,000	\$131,287,000
Real transfer to:		
"Operating expenses, Public Buildings Service," General Services Administration.....	- 1,000	---
Comparative transfers to:		
"Departmental management," OS.....	- 27,000	---
"Preventive health services".....	- 2,189,000	---
Subtotal, budget authority.....	100,554,000	131,287,000
Unobligated balance, start of year..	44,500,000	---
Unobligated balance, lapsing.....	-35,000	---
Total, obligations.....	\$145,019,000	\$131,287,000

Obligations by Object

	1972 Estimate	1973 Estimate	Increase or Decrease
Total number of permanent positions.....	237	262	+ 25
Full-time equivalent of all other positions.....	51	51	--
Average number of all employees.....	260	277	+ 17
Personnel compensation:			
Permanent positions.....	\$3,465,000	\$3,788,000	+ \$323,000
Positions other than permanent.....	309,000	309,000	---
Other personnel compensation.....	57,000	57,000	---
Subtotal, personnel compensation.....	3,831,000	4,154,000	+ 323,000
Personnel benefits.....	378,000	412,000	+ 34,000
Travel and transportation of persons.....	289,000	314,000	+ 25,000
Transportation of things.....	35,000	35,000	---
Rent, communications and utilities.....	367,000	368,000	+ 1,000
Printing and reproduction....	87,000	87,000	---
Other services.....	634,000	716,000	+ 82,000
Project contracts.....	4,300,000	4,300,000	---
Supplies and materials.....	59,000	62,000	+ 3,000
Equipment.....	39,000	39,000	---
Grants, subsidies and contributions.....	135,000,000	120,800,000	- 14,200,000
Total obligations by object.....	\$145,019,000	\$131,287,000	-\$13,732,000



Summary of Changes

1972 estimated obligations.....	\$145,019,000
1973 estimated obligations.....	<u>131,287,000</u>
Net change.....	-13,732,000

	<u>Base</u>	<u>Change from Base</u>
	Pos. Amount	Pos. Amount
<u>Increases:</u>		
A. <u>Built-in:</u>		
1. Working capital fund charges.....		+\$58,000
2. Within-grade pay increase....		+133,000
3. Military Pay Bill (P.L. 92-129)		+ 9,000
B. <u>Program:</u>		
1. Upward mobility.....		+ 28,000
2. Emergency medical services...		+25 +350,000
Total, increases.....		+25 +578,000
<u>Decreases:</u>		
A. <u>Built-in:</u>		
1. Two-days less pay.....		-27,000
B. <u>Program:</u>		
1. Savings realized from cuts in positions in 1972 and reduction in average grade		-83,000
2. Grants and contracts.....	<u>139,300,000</u>	<u>-14,200,000</u>
Total, decreases.....		-14,310,000
Total, net change.....		<u>+25 -13,732,000</u>

Summary of Changes

1972 budget authority.....	\$100,554,000
1973 budget authority.....	<u>131,287,000</u>
Net change.....	+30,733,000

	<u>Base</u>		<u>Change from Base</u>	
	Pos.	Amount	Pos.	Amount
<u>Increases:</u>				
A. <u>Built-in:</u>				
1. Working capital fund charges.....				+\$58,000
2. Within-grade pay increase.....				+133,000
3. Military Pay Bill (P.L. 92-129)				+ 9,000
B. <u>Program:</u>				
1. Upward Mobility.....				+ 28,000
2. Emergency medical services.			+25	+350,000
3. Grants and contracts....		94,800,000		+30,300,000
Total, increases.....			+25	+30,878,000
<u>Decreases:</u>				
A. <u>Built-in:</u>				
1. Two-days less pay.....				- 27,000
b. <u>Program:</u>				
1. Savings realized from cuts in positions in 1972 and reduction in average grade				-118,000
Total, decreases.....				-145,000
Total, net change.....			+25	+30,733,000

Explanation of Changes

Increases:

A. Built-in:

An increase of \$58,000 is included for working capital fund charges.

\$133,000 is included for within-grade pay increases.

\$9,000 is included for Military Pay Bill increase. (P.L. 92-129)

B. Program:

\$28,000 is included for Upward Mobility.

25 positions and \$350,000 are included for the new Emergency Medical Services Program. These resources will be used to provide planning and evaluation, professional and technic assistance, standard setting, project review, project grants and contracts management, data systems development, and program direction and management services.

Decreases:

A. Built-in:

\$27,000 is excluded for two days less pay.

B. Program:

\$83,000 is excluded because of savings realized from cuts in positions in 1972 and reduction in average grade.

The decrease of \$14,200,000 in 1973 reflects adjustments for two non-recurring items in 1972 of \$21,200,000 and an increase of \$7,000,000 for a new program of grants and contracts for emergency medical services. These funds will be used to support 5 projects in addition to the 5 funded in 1972.

Explanation of Transfers

1972
Estimate

Purpose

Real transfer to:

"Operating expenses, Public
Buildings Service," General
Services Administration

-\$1,000

Transfer to GSA for
rental of space.

Comparative transfers to:

"Departmental management"

-27,000

Transfer of Public Affairs
function to Office of the
Secretary.

"Preventive health
services"

-2,189,000

Transfer of National
Clearinghouse for Smoking and
Health.



Significant Items in House and Senate
Appropriations Committee Reports

Item

Action taken or to be taken

1972 House Report

Research and demonstration grants

Committee directed that the Pediatric Pulmonary Program be continued in 1972 at not less than the 1971 level. (page 16 of the report).

Eight Pediatric Pulmonary projects were funded at a \$1,000,000 level in 1971. It is anticipated that the 1972 and 1973 levels will be approximately the same.

1972 Senate Report

Research and demonstration grants

1. Committee expressed keen interest in a long-range plan to develop interrelated kidney programs aimed at providing therapy for the 8,000 to 10,000 Americans who fell victim to kidney disease annually. (page 25 of the report).

1. Recent studies have begun to develop long-range plans for combating end-stage kidney disease. There will be much greater emphasis on placing each project in the context of both regional and national needs. In keeping with expanded plans, funds invested in these activities will increase from \$4,800,000 in 1971 to an estimated \$8,500,000 in 1972.

2. Committee directed that a portion of RMP increases be used to prove out HMO programs. (page 25 of the report).

2. Up to \$16,200,000 will be used to fund the planning and development of HMO's in 1972.

3. Committee concurred with the House and further directed that all pediatric pulmonary projects ongoing in 1971 were to be funded in 1972. (page 26 of the report).

3. All projects ongoing in 1971 which have been included in their applications by the RMP's affected have been approved for 1972. At the same time, final funding decisions have been left to the individual regions within their own systems of priorities.

Significant Items in House and Senate
Appropriations Committee Reports - (Cont'd)

It

Action taken or to be taken

1972 Senate Report (Cont'd)

4. Committee directed HSMHA and the National Advisory Council to address themselves to questions surrounding the flexibility and individuality allowed RMP's which could impair their effectiveness. (page 25 of the report).

5. Committee directed that increased funds be targeted to a review of the availability of and access to special surgical teams in open-heart and coronary artery surgery, especially in the District of Columbia. (page 25 of the report).

4. Over the past year specific criteria and policy have been developed and issued to the RMP's. There has been a marked increase in efforts of staff to meet with Regional Advisory Groups. In January, 1972, a National Coordinators Conference was held. It brought together all coordinators, RAG members from every region and Council members to discuss with staff issues, policy, etc.

5. A new survey of cardiovascular surgery facilities in the District of Columbia is currently in progress under the auspices of the Metropolitan Washington RMP. A report will be available before 6/30/72. In addition, Regional Medical Programs Service, in order to carry out Sec. 907 of the Public Health Service Act, contracted with the Joint Commission on Accreditation of Hospitals to develop the Secretary's Lists. One of the criteria which will be used in identifying eligible institutions for those lists will be their participation in a regional plan for the optimal development and utilization of specialized facilities and services.

1972 Conference Report

Research and demonstration grants

Committee agreed that no existing regional medical program is to receive a lesser amount in FY 1972 than it received in 1971. (page 6 of the report).

All RMP's will, where consistent with National Advisory Council approved funding levels, be funded at or above the FY 1971 level.



Authorizing Legislation

1973

<u>Legislation</u>	<u>Authorized</u>	<u>Appropriation requested</u>
Public Health Service Act		
Title IX -- Education, Research, Training, and Demonstrations in the Fields of Heart Disease, Cancer, Stroke, Kidney Disease, and other Related Diseases.....	\$250,000,000	\$120,800,000

PUBLIC HEALTH SERVICE ACT

The Public Health Service Act, Title IX, Education, Research, Training and Demonstrations in the Fields of Heart Disease, Cancer, Stroke, Kidney Disease, and other Related Diseases.

"Sec. 900. The purposes of this title are--

"(a) through grants and contracts, to encourage and assist in the establishment of regional cooperative arrangements among medical schools, research institutions, and hospitals for research and training (including continuing education), for medical data exchange, and for demonstrations of patient care in the fields of heart disease, cancer, stroke, and kidney disease, and other related diseases;

"(b) to afford to the medical profession and the medical institutions of the Nation through such cooperative arrangements, the opportunity of making available to their patients the latest advances in the prevention, diagnosis, and treatment and rehabilitation of persons suffering from these diseases;

"(c) to promote and foster regional linkages among health care institutions and providers so as to strengthen and improve primary care and the relationship between specialized and primary care; and

"(d) by these means, to improve generally the quality and enhance the capacity of the health manpower and facilities available to the Nation and to improve health services for persons residing in areas with limited health services, and to accomplish these ends without interfering with the patterns, or the methods of financing, of patient care or professional practice, or with the administration of hospitals, and in cooperation with practicing physicians, medical center officials, hospital administrators, and representatives from appropriate voluntary health agencies."

Sec. 901(a) There are authorized to be appropriated \$50,000,000 for the fiscal year ending June 30, 1966, \$90,000,000 for the fiscal year ending June 30, 1967, \$200,000,000 for the fiscal year ending June 30, 1968, \$65,000,000 for the fiscal year ending June 30, 1969, \$120,000,000 for the next fiscal year, \$125,000,000 for the fiscal year ending June 30, 1971, \$150,000,000 for the fiscal year ending June 30, 1972, and \$250,000,000 for the fiscal year ending June 30, 1973, for grants to assist public or nonprofit private universities, medical schools, research institutions, and other public or nonprofit private institutions and agencies in planning, in conducting feasibility studies, and in operating pilot projects for the establishment of regional medical programs of

research, training and demonstration activities for carrying out the purposes of this title and for contracts to carry out the purposes of this title. Of the sums appropriated under this section for the fiscal year ending June 30, 1971, not more than \$15,000,000 shall be available for activities in the field of k disease. Of the sums appropriated under this section for any fiscal year ending after June 30, 1970, not more than \$5,000,000 may be made available in any such fiscal year for grants for new construction. For any fiscal year ending after June 30, 1969, such portions of the appropriations pursuant to this section as the Secretary may determine, but not exceeding 1 per centum thereof, shall be available to the Secretary for evaluation (directly or by grants or contracts) of the program authorized by this title."

"MULTIPROGRAM SERVICES

"Sec. 910. (a) To facilitate interregional cooperation, and develop improved national capability for delivery of health services, the Secretary is authorized to utilize funds appropriated under this title to make grants to public or non-profit private agencies or institutions or combinations thereof and to contract for--

"(1) programs, services, and activities of substantial use to two or more regional medical programs;

"(2) development, trial, or demonstration of methods for control of heart disease, cancer, stroke, kidney disease, or other related diseases;

"(3) the collection and study of epidemiologic data related to any of the diseases referred to in paragraph (2);

"(4) development of training specifically related to the prevention, diagnosis, or treatment of any of the diseases referred to in paragraph (2), or to the rehabilitation of persons suffering from any of such diseases; and for continuing programs of such training where shortage of trained personnel would otherwise limit application of knowledge and skills important to the control of any of such diseases; and

"(5) the conduct of cooperative clinical field trials.

"(b) The Secretary is authorized to assist in meeting the costs of special projects for improving or developing new means for the delivery of health services concerned with the diseases with which this title is concerned.

"(c) The Secretary is authorized to support research, studies, investigations, training, and demonstrations designed to maximize the utilization of manpower in the delivery of health services."



Public Law 91-515
91st Congress, H. R. 17570
October 30, 1970

An Act

To amend titles III and IX of the Public Health Service Act so as to revise, extend, and improve the programs of research, investigation, education, training, and demonstrations authorized thereunder, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Public Health Service Act, amendments.

TITLE I—AMENDMENTS TO TITLE IX OF THE PUBLIC HEALTH SERVICE ACT

SEC. 101. This title may be cited as the "Heart Disease, Cancer, Stroke, and Kidney Disease Amendments of 1970".

Citation of title.
79 Stat. 926.
42 USC 299.

SEC. 102. Section 900 of the Public Health Service Act is amended to read as follows:

"PURPOSES

"SEC. 900. The purposes of this title are—

"(a) through grants and contracts, to encourage and assist in the establishment of regional cooperative arrangements among medical schools, research institutions, and hospitals for research and training (including continuing education), for medical data exchange, and for demonstrations of patient care in the fields of heart disease, cancer, stroke, and kidney disease, and other related diseases;

84 STAT. 1297
84 STAT. 1298

"(b) to afford to the medical profession and the medical institutions of the Nation, through such cooperative arrangements, the opportunity of making available to their patients the latest advances in the prevention, diagnosis, and treatment and rehabilitation of persons suffering from these diseases;

"(c) to promote and foster regional linkages among health care institutions and providers so as to strengthen and improve primary care and the relationship between specialized and primary care; and

"(d) by these means, to improve generally the quality and enhance the capacity of the health manpower and facilities available to the Nation and to improve health services for persons residing in areas with limited health services, and to accomplish these ends without interfering with the patterns, or the methods of financing, of patient care or professional practice, or with the administration of hospitals, and in cooperation with practicing physicians, medical center officials, hospital administrators, and representatives from appropriate voluntary health agencies."

SEC. 103. (a)(1) The first sentence of section 901(a) of such Act is amended by striking out "and" immediately after "June 30, 1969," and by inserting immediately before "for grants" the following: "\$125,000,000 for the fiscal year ending June 30, 1971, \$150,000,000 for the fiscal year ending June 30, 1972, and \$250,000,000 for the fiscal year ending June 30, 1973".

Appropriations.
82 Stat. 1005.
42 USC 299a.

(2) Such first sentence is further amended by striking out the period after "title" and inserting in lieu thereof "and for contracts to carry out the purposes of this title."

(3) Such section 901(a) is amended by striking out the second sentence and inserting in lieu thereof the following: "Of the sums appropriated under this section for the fiscal year ending June 30, 1971, not more than \$15,000,000 shall be available for activities in the field

Funds, limitation.

of kidney disease. Of the sums appropriated under this section for any fiscal year ending after June 30, 1970, not more than \$5,000,000 may be made available in any such fiscal year for grants for new construction."

79 Stat. 926;
82 Stat. 1006.
42 USC 299a.

(b) Section 901 of such Act is further amended by adding at the end thereof the following new subsection:

84 STAT. 1298
84 STAT. 1299
42 USC 299b.

"(e) At the request of any recipient of a grant under this title, the payments to such recipient may be reduced by the fair market value of any equipment, supplies, or services furnished by the Secretary to such recipient and by the amount of the pay, allowance, traveling expenses, and any other costs in connection with the detail of an officer or employee of the Government to the recipient when such furnishing or such detail, as the case may be, is for the convenience of and at the request of such recipient and for the purpose of carrying out the regional medical program to which the grant under this title is made."

SEC. 104. Section 902(a) of such Act is amended by striking out "training, diagnosis, and treatment relating to heart disease, cancer, or stroke, and, at the option of the applicant, related disease or diseases" and inserting in lieu thereof "training, prevention, diagnosis, treatment, and rehabilitation relating to heart disease, cancer, stroke, or kidney disease and, at the option of the applicant, other related diseases".

42 USC 299c.

(b) Section 902(f) is amended by striking out "includes" and inserting in lieu thereof "means new construction of facilities for demonstrations, research, and training when necessary to carry out regional medical programs".

SEC. 105. Section 903(b)(4) of such Act is amended—

(1) by striking out "voluntary health agencies, and" and inserting in lieu thereof "voluntary or official health agencies, health planning agencies, and";

(2) by inserting immediately after "under the program", where it first appears therein, the following: "(including as an ex officio member, if there is located in such region one or more hospitals or other health facilities of the Veterans' Administration, the individual whom the Administrator of Veterans' Affairs shall have designated to serve on such advisory group as the representative of the hospitals or other health care facilities of such Administration which are located in such region)"; and

(3) by striking out "need for the services provided under the program" and inserting in lieu thereof "need for and financing of the services provided under the program, and which advisory group shall be sufficient in number to insure adequate community orientation (as determined by the Secretary)".

42 USC 299d.

SEC. 106. That part of the second sentence of section 904(b) of such Act preceding paragraph (1) is amended by striking out "section 903(b)(4) and" and inserting in lieu thereof the following: "section 903(b)(4), if opportunity has been provided, prior to such recommendation, for consideration of the application by each public or non-profit private agency or organization which has developed a comprehensive regional, metropolitan area, or other local area plan referred to in section 314(b) covering any area in which the regional medical program for which the application is made will be located, and if the application".

National Ad-
visory Council
on Regional
Medical Pro-
grams.
42 USC 299e.

SEC. 107. (a) Section 905(a) of such Act is amended to read as follows:

"SEC. 905. (a) The Secretary may appoint, without regard to the civil service laws, a National Advisory Council on Regional Medical Programs. The Council shall consist of the Assistant Secretary of Health, Education, and Welfare for Health and Scientific Affairs, who

shall be the Chairman, the Chief Medical Director of the Veterans' Administration who shall be an ex officio member, and twenty members, not otherwise in the regular full-time employ of the United States, who are leaders in the fields of the fundamental sciences, the medical sciences, health care administration, or public affairs. At least two of the appointed members shall be practicing physicians, one shall be outstanding in the study or health care of persons suffering from heart disease, one shall be outstanding in the study or health care of persons suffering from cancer, one shall be outstanding in the study or health care of persons suffering from stroke, one shall be outstanding in the study or health care of persons suffering from kidney disease, two shall be outstanding in the field of prevention of heart disease, cancer, stroke, or kidney disease, and four shall be members of the public."

(b) Of the persons first appointed under section 905(a) of the Public Health Service Act to serve as the four additional members of the National Advisory Council on Regional Medical Programs authorized by the amendment made by subsection (a) of this section—

- (1) one shall serve for a term of one year,
- (2) one shall serve for a term of two years,
- (3) one shall serve for a term of three years, and
- (4) one shall serve for a term of four years,

as designated by the Secretary of Health, Education, and Welfare at the time of appointment.

(c) Members of the National Advisory Council on Regional Medical Programs (other than the Surgeon General) in office on the date of enactment of this Act shall continue in office in accordance with the term of office for which they were last appointed to the Council.

Sec. 108. Section 907 of such Act is amended by striking out "or stroke," and inserting in lieu thereof "stroke, or kidney disease,"

79 Stat. 930.
42 USC 299g.

Sec. 109. Section 909(a) of such Act is amended by inserting "or contract" after "grant" each place it appears therein.

42 USC 299i.

Sec. 110. (a) Section 910 of such Act is amended to read as follows:

82 Stat. 1006.
42 USC 299j.

"MULTIPROGRAM SERVICES

"Sec. 910. (a) To facilitate interregional cooperation, and develop improved national capability for delivery of health services, the Secretary is authorized to utilize funds appropriated under this title to make grants to public or nonprofit private agencies or institutions or combinations thereof and to contract for—

"(1) programs, services, and activities of substantial use to two or more regional medical programs;

"(2) development, trial, or demonstration of methods for control of heart disease, cancer, stroke, kidney disease, or other related diseases;

"(3) the collection and study of epidemiologic data related to any of the diseases referred to in paragraph (2);

"(4) development of training specifically related to the prevention, diagnosis, or treatment of any of the diseases referred to in paragraph (2), or to the rehabilitation of persons suffering from any of such diseases; and for continuing programs of such training where shortage of trained personnel would otherwise limit application of knowledge and skills important to the control of any of such diseases; and

"(5) the conduct of cooperative clinical field trials.

"(b) The Secretary is authorized to assist in meeting the costs of special projects for improving or developing new means for the delivery of health services concerned with the diseases with which this title is concerned.

"(c) The Secretary is authorized to support research, studies, investigations, training, and demonstrations designed to maximize the utilization of manpower in the delivery of health services."

SEC. 111. (a) The heading to title IX of such Act is amended by striking out "STROKE, AND RELATED DISEASES" and inserting in lieu thereof "STROKE, KIDNEY DISEASE, AND OTHER RELATED DISEASES".

42 USC 299b-
299g, 299i.

(b) Sections 902(a), 903(a), 903(b), 904(a), 904(b), 905(b), 905(d), 906, 907, and 909(a) of such Act (as amended by the preceding provisions of this Act) are each further amended by striking out "Surgeon General", each place it appears therein and inserting in lieu thereof "Secretary".

TITLE II—AMENDMENTS TO TITLE III OF THE PUBLIC HEALTH SERVICE ACT

PART A—RESEARCH AND DEMONSTRATIONS RELATING TO HEALTH FACILITIES AND SERVICES

81 Stat. 534.
42 USC 242b.

SEC. 201. (a) (1) Section 304(a) of the Public Health Service Act is amended—

(A) by inserting "(1)" immediately after "SEC. 304. (a)";

(B) by redesignating clauses (1) and (2) as clauses (A) and (B), respectively; and

(C) by redesignating clauses (A), (B), and (C) as clauses (i), (ii), and (iii), respectively.

(2) Section 304(b) of such Act is amended—

(A) by striking out "(b)" and inserting in lieu thereof "(2)"; and

(B) by striking out "this section" each place it appears therein and inserting in lieu thereof "this subsection".

(3) Section 304(c) of such Act is amended—

(A) by striking out "(c)" and inserting in lieu thereof "(3)"; and

(B) by striking out "this section" each place it appears therein and inserting in lieu thereof "this subsection".

(b) Section 304 of such Act is further amended by adding after the provision thereof redesignated as paragraph (3) by subsection (a) (3) (A) of this section the following new subsection:

"Systems Analysis of National Health Care Plans

"(b) (1) (A) The Secretary shall develop, through utilization of the systems analysis method, plans for health care systems designed adequately to meet the health needs of the American people. For purposes of the preceding sentence, the systems analysis method means the analytical method by which various means of obtaining a desired result or goal is associated with the costs and benefits involved.

"(B) The Secretary shall complete the development of the plans referred to in subparagraph (A), within such period as may be necessary to enable him to submit to the Congress not later than September 30, 1971, a report thereon which shall describe each plan so developed in terms of—

"(i) the number of people who would be covered under the plan;

"(ii) the kind and type of health care which would be covered under the plan;

"(iii) the cost involved in carrying out the plan and how such costs would be financed;

Report to
Congress.



Regional Medical Programs

<u>Year</u>	<u>Budget Estimate to Congress</u>	<u>House Allowance</u>	<u>Senate Allowance</u>	<u>Appropriation</u>
1966	\$25,000,000	N.C. <u>1/</u>	\$25,000,000	\$25,000,000
1967	45,024,000	\$45,004,000	45,004,000	45,004,000
1968	64,314,000	54,314,000	64,314,000	58,814,000
1969	68,922,000	N.C. <u>1/</u>	68,922,000	61,907,000
1970 <u>2/</u>	100,000,000	76,000,000	100,000,000	100,000,000
1971 <u>2/</u>	96,502,000	96,502,000	115,000,000	116,990,000
1972 <u>2/</u>	52,771,000	82,771,000	122,771,000	102,771,000
1973 <u>2/</u>	131,287,000			

1/ Not considered.

2/ Includes programs previously supported under the appropriation "Chronic diseases," for comparability.

Budget History - Grants
(In Thousands)

	<u>FY 1966</u>	<u>FY 1967</u>	<u>FY 1968</u>	<u>FY 1969</u>	<u>FY 1970</u>	<u>FY 1971</u>	<u>FY 1972</u>	<u>FY 1973</u>
Authorization.....	\$50,000	\$90,000	\$200,000	\$65,000	\$120,000	\$125,000	\$150,000	\$250,000
Appropriation.....	24,000	43,000	53,900	56,200	73,500	99,500	90,500	120,800 <u>a/</u>
Add:								
Balance brought forward from previous year.....	---	21,934 <u>b/</u>	25,900	36,165	20,000	15,298	44,500	---
Less:								
Amounts held in reserve by BOB.....	---	21,000	30,900	20,000	15,000	44,500	---	---
Amount available for obligation.....	24,000	43,934	48,900	72,365	78,500	70,298	135,000	120,800
Less:								
Amount obligated.....	2,066	27,052	43,635	72,365	78,202	70,298	135,000	120,800
Lapse.....	---	11,982 <u>c/</u>	---	---	---	---	---	---
Balance carried forward..	<u>21,934</u>	<u>4,900</u>	<u>5,265</u>	<u>---</u>	<u>298</u>	<u>---</u>	<u>---</u>	<u>---</u>

a/ Appropriation request.

b/ Available through December 31, 1966.

c/ These funds were appropriated for fiscal year 1966, available for obligation until December 31, 1966. They lapsed on that date.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Health Services and Mental Health Administration

History of 1973 Estimate

Appropriation	1972 Appropriation (a)	Estimate to Department (b)	Department Estimate to OMB (c)	President's Budget (d)	Department reduction from agency request (e)	OMB reduction from Department Submission (f)	Explanation	Posi- tions	Amount
Regional Medical Programs	\$100,554,000	\$152,815,000	\$140,616,000	\$131,287,000	\$12,199,000	\$9,329,000	Department Reductions: Grants: Construction Regional medical programs Direct operations: Technical assistance and disease control Program direction and management services Total, Department Reduction.....	--- --- 48 62 110	\$5,000,000 5,813,000 656,000 730,000 12,199,000
							OMB Reduction: Grants: Health maintenance organizations Emergency medical services Direct operations: Employment reduction Total, OMB reduction	--- --- 8 8	16,200,000 +7,000,000 129,000 9,329,000