



E000617



MEMPHIS REGIONAL MEDICAL PROGRAM
FOR HEART DISEASE, CANCER AND STROKE

1300 MEDICAL CENTER TOWERS
969 MADISON AVENUE
MEMPHIS, TENNESSEE 38104

JAMES W. CULBERTSON, M.D.,
Program Coordinator

JAMES W. PATE, M.D.,
Chairman, Central Committee

April 21, 1971

Harold Margulies, M. D., Director
Regional Medical Programs Service
Parklawn Building Room 11-05
5600 Fishers Lane
Rockville, Maryland 20852


Dear Dr. Margulies:

On February 24 I sent to you a memorandum including eleven vignettes on programs or activities which we have that relate to the new national directions for Regional Medical Programs as stated in the narrative portion of the FY-1972 Presidential Budget.

After I returned from the recent meeting of RMP Coordinators in Atlanta, I asked our information officer to examine our program with respect to activities that appear to relate to items in the President's recent health message. For your information I am enclosing his report in a memorandum dated April 7 in which he summarizes fourteen activities of the Memphis Regional Medical Program which we believe are pertinent in this regard. We have been working on new directions and new emphases in the Memphis Regional Medical Program since the second Airlie House Conference in May of 1970. I believe that we are now in a position to demonstrate some substantial results of these efforts.

This brings very best regards to you.

Yours sincerely,


James W. Culbertson, M. D.

JWC:hm
Encl.

MEMPHIS REGIONAL MEDICAL PROGRAM
FOR HEART DISEASE, CANCER, STROKE AND KIDNEY DISEASE

1300 MEDICAL CENTER TOWERS
969 MADISON AVENUE
MEMPHIS, TENNESSEE 38104

S. W. CULBERTSON, M.D.
Program Coordinator & Director

S. W. PATE, M.D.
Program Planning Board

MEMORANDUM

TO: Dr. James W. Culbertson, Program Coordinator

FROM: Clayton Braddock, Information Officer

SUBJECT: New Directions for Memphis RMP

DATE: April 7, 1971

This should be considered a supplement to my memorandum of February 17. To indicate the increase in the tempo of activity in our program, I should point out that most of the following either developed or came to the fore since that memorandum was written.

The new information presented here is divided into simple groups under the following headings: Innovative health-care delivery systems, the accessibility of health care, the manpower crisis, and new project proposals. The last group, of course, have not completed the review process, but have substantial merit and are described as indicators of significant ferment among Memphis RMP's constituency.

INNOVATIVE HEALTH-CARE DELIVERY SYSTEMS

Model Health Service System -- In the past few days, the mayor and other officials of the City of Corinth, Miss., have invited Memphis RMP to coordinate and assist in the development of a model health service system in a 10-county area around that city, participating in the venture with other federal agencies such as Housing and Urban Development and the Appalachian Regional Commission. No opportunity and challenge has elicited such enthusiasm and excitement from members of the core staff.

Health Maintenance -- To continue its deep interest in Health Maintenance Organizations, Memphis RMP is completing plans to provide special training in the HMO program to selected members of the core staff. These persons will provide consultation to interested groups in the region, including a number of physicians who have requested information. We have invited an HMO specialist from the regional office in Atlanta to speak to the Memphis RMP staff and some staff members will attend a conference on HMOs in Biloxi, Miss., on April 21 and 22.

Health Delivery Management -- Although our involvement in the proposal to create Health Systems Management, Inc., was sketched briefly in the February 17 memorandum,

catalytic role which included stimulus for the original idea, major assistance in research and formal writing of the proposal. This program now has a deep commitment to the concept of HSM, which is a local version of the Experimental Health Services Planning and Development System. Memphis RMP is making firm plans for the eventual fruition of HSM, including a substantial role as the evaluative arm of the proposed agency. HSM as proposed, would achieve "an integrated health care system (for the three-county area of Metropolitan Memphis) which will provide access to and equity of health services, the containment of unit and aggregate costs, and the maintenance of quality services." The application has been submitted by this program's Regional Advisory Group and an initial site visit has been completed.

Health Advisory Groups -- Memphis RMP is actively engaged in organizing such groups in areas where they do not now exist. A major interest of this program is to make such groups advisory bodies to as many health agencies as possible in any given area, municipal, county, state and federal. One outstanding example is the North Mississippi District No. 1 Health Advisory Group, which is in the process of being formed now in a six-county area. This group will serve as advisors to Memphis RMP, the Mississippi Regional Medical Program, the Mississippi Comprehensive Health Planning Agency, and possibly the Appalachian Regional Commission. Memphis RMP staff again, was the catalyst in obtaining the agreement from both Mississippi RMP and Mississippi CHP to use the services of the new health advisory group.

ACCESSIBILITY OF HEALTH CARE

Emergency Health Personnel Act -- Coinciding with the aims and goals of this Act, the Memphis RMP is moving in several directions to make health care more available to the inner city sick poor. The program has received requests from agencies in our region, including the Memphis and Shelby County Health Department and Wesley House (a struggling but effective neighborhood health center) for information about the EHP Act. Wesley House has asked for assistance in finding and recruiting personnel to work at the health center. This program has developed and made available to the community highly qualified staff resource personnel in this field who are already at work in the community.

Consumer Education

A. Because of the serious need in this area, a consultant has been retained to identify the regional needs in consumer education and the techniques which will be required to meet those needs.

B. Community and health leaders in Paragould, Ark., have requested Memphis RMP in recent days to help them develop a consumer education project to meet the needs of 12 Northeast Arkansas counties.

The Sick Poor -- Since late February, Memphis RMP has been serving as advisory agency to a new organization established to help persons in poor Memphis neighborhoods to participate more fully in the creation and direction of health and welfare efforts designed to help them. Leading the new organization are the Memphis chapter of the National Welfare Rights Organization and the Work Incentive (WIN) division of the Memphis

THE MANPOWER CRISIS

The Memphis RMP, in cooperation with health providers at the University of Tennessee Medical Units and leaders of the consumer community, has requested Secretary John A. Volpe of the Department of Transportation to include the Memphis Mid-South region in the MAST air-ambulance program. Although the present MAST program has been limited to five sites, the proposal to include Memphis will be considered when expansion studies are completed.

NEW PROJECTS

The following new proposals, now in the early phases of the review cycle, are described here, not only because of their own merits as potential demonstrations of effective health care techniques but because they also touch on many aspects of the new catalytic ferment described above.

Learning Center -- As an additional component in the development of a regional medical information network, it has been proposed that a satellite learning center be established at Jackson, Tenn. The center would serve as a branch of Memphis RMP's Regional Information System operating out of the University of Tennessee Medical Units Library. This existing information program has been one of the richest contributors to Memphis RMP's growing number of supporters and friends.

Continuing Education (Physicians) -- The proponents, the Tennessee Medical Association, seek the coordination by some centralized office of all continuing medical education in Tennessee. This central office would not be directly involved in education, but it would serve as a catalyst, identifying needs and resources. It would encourage continuing education in general, especially "self education", and would assist in the evaluation of existing and proposed programs in the state.

Improvement of Nursing Care -- This proposed project is designed to "identify expectations for current and projected functions of nurses" in the region and to "assist nurses in gaining competencies to meet these expectations." Program approach includes collaboration with administrators and physicians and preparation of nurses to assume expanded roles in health care delivery.

Nursing In-Service Education -- Central to this proposal are facts gleaned from a regionwide survey by Memphis RMP staff showing (1) the great desire of nurses for such in-service education (2) that no formal mechanism exists for development of in-service education of this nature and (3) while most institutions have someone assigned to this task, few have formal preparation for the job.

Decentralized Health Services -- This proposal would supplement existing preventive services by installing primary care operations in certain existing neighborhood clinics. Persons served would be ambulatory patients with minor complaints, relying primarily on clinical nurses and other paramedical personnel. Such a project would also serve as a screening and referral facility, relieving the pressure from City of Memphis Hospitals

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

Democrats

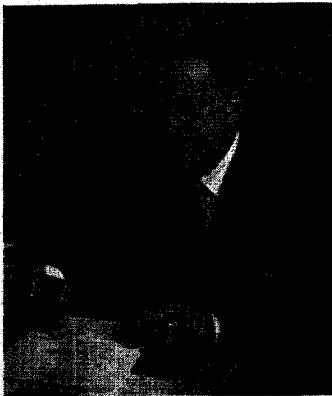
Daniel J. Flood (Pennsylvania) - Chairman
William H. Natcher (Kentucky)
Neal Smith (Iowa)
W. R. Hull, Jr. (Missouri)
Robert (Bob) Randolph Casey (Texas)
Edward J. Patten (New Jersey)

Republicans

Robert H. Michel (Illinois)
Garner E. Shriver (Kansas)
Charlotte T. Reid (Illinois)
Silvio O. Conte (Massachusetts)

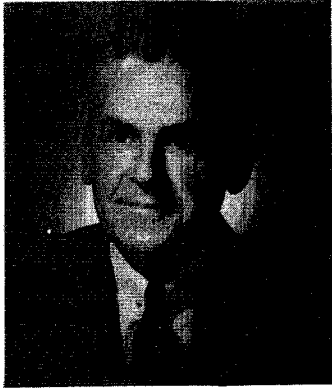
Robert M. Moyer, Clerk
Henry A. Neil, Clerk

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. degrees. 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, son of Sam R. and Mabel E. Casey; 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; returned to Houston as an 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

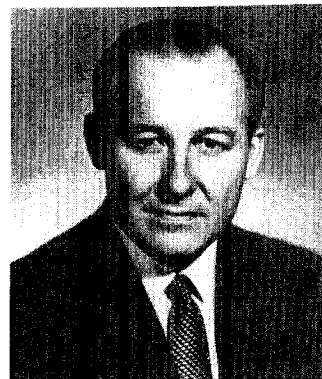
children--Hazel Mary, Robert, Jr., Catherine, Bonnie, Mike, Shawn, Bridget, Eileen, Timothy, and Kevin; elected from the newly created 22d district to the 86th Congress and succeeding Congresses. Also member of Subcommittee on Legislation, Committee on Appropriations.



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 (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.



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



Garner E. Shriver
of Wichita (4th Dist.)
Republican - 8th term

CHARLOTTE T. REID (Republican) of Aurora, Illinois; attended public schools of Aurora and Illinois College at Jacksonville, Illinois; under the name of Annette King, served as staff vocalist on NBC and appeared as a vocalist for three years on Don McNeill's radio program; active in civic and political affairs; married to Frank R. Reid, Jr. (now deceased), in 1938; two sons, Frank R. Reid III and Edward Tompson Reid; and two daughters, Patricia (Mrs. George Lindner) and Susan Reid; elected to the 88th and succeeding Congresses. Also member of Subcommittee on Foreign Operations, Committee on Appropriations.



Charlotte T. Reid
of Aurora (15th Dist.)
Republican - 5th term



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; served as chairman of Senate committees on Constitutional Law, Insurance, Judiciary, and as chairman of Legislative Research Council, Special Commission Investigating Health and Welfare Trust Funds, Commission on Fish and Game, Commission Investigating Accident and Health Insurance, Commission Investigating the Increase in Tank-Wagon Prices of Gasoline and Fuel Oil, Commission Studying Blue Cross-Blue Shield, Commission Investigating Discriminatory Practices in Fraternities and Societies in Massachusetts Colleges and Universities; selected by Massachusetts Junior Chamber of Commerce as outstanding young man of the year in 1954; member of platform committee at the Republican National Convention in 1960 and 1964; director of the Pittsfield Girls' Club; director of Hillcrest Hospital; member of Berkshire Bar Association, Massachusetts Bar Association, Federal Bar Association; maintains congressional office at 7 North Street, Pittsfield, Massachusetts; 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.

APPROPRIATIONS SUBCOMMITTEES

House

Labor-Health, Education, and Welfare

Democrats

Daniel J. Flood (Pennsylvania) - Chairman
William H. Natcher (Kentucky) - *big on tobacco*
Neal Smith (Iowa) - *know budget history; assigner, etc.*
W. R. Hull, Jr. (Missouri)
Robert (Bob) Randolph Casey (Texas)
Edward J. Patten (New Jersey) *new!*

Republicans

Robert H. Michel (Illinois)
Garner E. Shriver (Kansas)
Charlotte T. Reid (Illinois) - *interest in kidney disease*
Silvio O. Conte (Massachusetts)



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

I. BACKGROUND

- A. Grantee or Sponsor: University City Science Center
- B. Coordinator: George R. Clammer, M.D.
- C. Boundaries: eastern Pennsylvania, southern New Jersey,
and state of Delaware.
- D. History
 - 1. Initial planning grant: April 1967
 - 2. Operational status: April 1969

II. FUNDING

- A. Support through FY 70: \$7,303,000
- B. FY 71 level of support: ~~\$2,109,357~~ (projected)
- C. Total support to date: \$9,412,357

1,409,357 (su
J5)

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: William F. Kellow, M.D.
 - 2. Composition (51 members)
 - a. 12 practicing physicians
 - b. 10 medical center officials
 - c. 8 hospital administrators
 - d. 3 voluntary health agency representatives
 - e. 2 other health workers
 - f. 10 public health officials
 - g. 6 members of the public
- B. Core staff: 53.51 FTE

IV. OPERATIONAL ACTIVITIES

The Region currently has nine ongoing operational activities with a total funding level of \$815,200 in direct costs. Training nurses in coronary care unit operation accounts for 30% of these funds; most of the balance (\$314,000) is in two projects which concern the establishment of respiratory disease centers, one for pediatric pulmonary disease. The remaining four activities include the school for radiotherapeutic technology, renal disease, retraining and reactivation of women physicians, and general intensive care training for nurses.

V. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 8.5 million -- 92% white
- B. Health resources
 - 1. 5 medical schools
 - 2. 165 short-term, non-federal hospitals with 40,000 beds; 47% (76) of these involved in the RMP
 - 3. 13,300 practicing physicians (M.D.'s and D.O.'s)
28,500 registered nurses

VI. ILLUSTRATIONS OF ACTIVITY

The basic purpose of the Intensive Care Training Program was to provide instruction in nursing management of patients with acute conditions, such as those arising from diseases of the heart, lungs, kidneys, central nervous system. A total of 32 Registered Nurses were trained in two eleven-week General Intensive Care Nursing Courses. At the completion of both eleven-week courses, written evaluations of the entire course were completed by all trainees. It was the consensus that the course was highly successful and that the objectives were met to a high degree.

KENTUCKY (OHIO VALLEY RMP): William H. Natcher (D),
Bowling Green (Second District)

I. BACKGROUND

- A. Grantee or Sponsor: University of Kentucky Research Foundation
- B. Coordinator: William McBeath, M.D.
- C. Boundaries: Most of Kentucky's 101 counties, 21 Indiana counties, 16 Ohio counties, and 2 West Virginia counties.
- D. History
 - 1. Initial planning award: January 1967
 - 2. Operational status: January 1969

II. FUNDING

- A. Support through FY70: \$2,660,000
- B. FY71 level of support: ~~\$1,343,188~~
- C. Total support to date: \$4,003,188

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Donald I. Lowry, Cincinnati, Ohio
 - 2. Composition (38 members)
 - a. 10 practicing physicians
 - b. 8 medical center officials
 - c. 7 hospital administrators
 - d. 1 other health worker
 - e. 3 public health officials
 - f. 9 members of the public
- B. Core staff: 16.23 FTE

IV. PROGRAM PRIORITIES

- A. Health manpower
- B. Ambulatory care

- V. OPERATIONAL ACTIVITIES: The region currently has seven funded activities in the amount of \$817,100 direct costs. Patient care demonstrations comprise 35% of these funds; more than 50% is directed toward continuing education and training. One project is concerned with stroke rehabilitation. The remainder are not related to specific diseases but deal in such areas as multiphasic screening, rural home health care demonstrations, drug information services, and directors of medical education. Both the multiphasic screening and the home health care activities are directed toward disease control in the indigent population.

VI. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 6 million -- 71% urban
- B. Health resources
 - 1. 3 medical schools
 - 2. 157 short-term, non-Federal hospitals with 22,679 beds;
12% (19) of these involved in the RMP
 - 3. 5900 physicians (MD's and D.O.'s)
17,188 registered nurses.

VII. ILLUSTRATIONS OF ACTIVITY

A full spectrum of home health services is now available to a rural population of 75,000. The aged, the chronically ill, the disabled, and the poor are now receiving the full range of nursing, physiotherapy, laboratory, and social services. As one local physician expressed the impact of this project: "The patients are now getting better care than I alone could give them. They really see us all interested in their welfare and for the first time since I have been practicing medicine, I am really functioning as part of a team. This home care program has made me practice better medicine."

The Thrust Committee gives top priority to manpower in the ambulatory care area. The development and effective utilization of auxilliary personnel has brought about better accessibility to people in isolated areas. Through this mechanism, a series of local meetings were held with the benefit of joint sponsorship by area-wide Comprehensive Health Planning bodies throughout the Region. These were special, local discussion meetings in which those individuals and institutions interested and involved in ambulatory care manpower concerns provided substantial input to further develop the program Thrust. The meetings served to inform local interests of the OVRMP priority and to stimulate interest and secure response from local participants concerned about the manpower problems of ambulatory care delivery.

IOWA: Neal Edward Smith (D), Altoona (Fifth District)

I. BACKGROUND

- A. Grantee or Sponsor: Iowa University College of Medicine
- B. Coordinator: Harry Weinberg, M.D.
- C. Boundaries: Coterminous with state
- D. History:
 - 1. Initial planning grant: December 1966
 - 2. Operational status: July 1968

II. FUNDING

- A. Support through FY70: \$2,247,000
- B. FY71 level of support: ~~\$700,888~~ (projected)
- C. Total support to date: \$2,947,888

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Kenneth Barrows, Des Moines
 - 2. Composition: (47 members total)
 - a. 20 practicing physicians
 - b. 4 medical center officials
 - c. 2 hospital administrators
 - d. 4 voluntary health agency representatives
 - e. 9 other health workers
 - f. 1 public health official
 - g. 7 members of the public
- B. Core staff: 16.00 FTE

IV. OPERATIONAL ACTIVITIES

Iowa RMP has a total of eight ongoing activities with a funding level of \$441,000 in direct costs. Of that amount, over half is directed to five programs concerned with training personnel in the treatment of heart disease. Stroke activities account for most of the remaining funds; their major purpose is training personnel in the comprehensive management of the stroke patient.

V. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 2.8 million -- 53% urban, 99% white
- B. Health resources
 - 1. Iowa University College of Medicine
 - 2. College of Osteopathic Medicine and Surgery
 - 3. 130 short-term, non-Federal hospitals with 14,562 beds; 62% (81) of these involved with the RMP
 - 4. 2,800 practicing physicians (M.D.'s and D.O.'s)
10,000 active registered nurses

VI. ILLUSTRATIONS OF ACTIVITY

To achieve the fullest impact, the Iowa Regional Medical Program (IRMP) is helping local communities plan their own health services program. To this end, they have four Field Consultants who travel around the state and meet with local institutions, organizations, and individuals to help assess existing health resources, identify needs, and develop programs to meet those needs.

Approximately eighty (80) percent of the 143 general hospitals in Iowa have participated in a training program in cardiopulmonary resuscitation (CPR). Under the aegis of the Iowa Heart Association, utilizing uniform standards according to recommendations made by the American Heart Association, over 16,000 professional and allied health personnel have received training under this program. One of the spin-offs of this project is that there is currently an emphasis on working with the Community Colleges in an attempt to have CPR courses made a part of the standard curriculum for health related fields.

V
MISSOURI: William Raleigh Hull, Jr. (D), Winston, Missouri (District 6)

I. BACKGROUND

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

II. FUNDING

- A. Support through FY 70: \$18,240,000
- B. FY71 level of support: ~~\$1,851,610~~ (projected)
- C. Total support to date: \$20,091,610

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Nathan J. Stark, Kansas City
 - 2. Composition (12 Members)
 - a. 5 practicing physicians
 - b. 1 medical center official
 - c. 1 hospital administrator
 - d. 5 members of the public
- B. Core staff: 47.60 FTE

IV. OPERATIONAL ACTIVITIES

The Region currently has underway 20 operational activities with a direct cost funding of about 2.7 million dollars. Programs related to heart, cancer and stroke share about 40% of the available funds; those with no specific disease target account for a little over 50%. Funds are evenly divided between continuing education and patient care programs. Missouri RMP has set a high priority on cooperative activities -- 40% of their operational funds support activities which have as their objective the coordination of health services.

V. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 3,000,000 - 50% urban, 95% white

B. Health Resources

1. One medical school
2. 119 short-term, non-federal hospitals with 20,581 total beds; 67% (81) of these are involved in RMP planning and activities
3. 6557 physicians (MD's and DO's)
9291 active registered nurses (12,092 total)

VI. ILLUSTRATIONS OF ACTIVITY

A major new concept in the delivery of heart treatment has been implemented at St. John's Hospital in Springfield by the Missouri RMP. The system provides comprehensive admission-to-discharge care for all high risk cardiovascular patients in the hospital population within a single progressive care division. A catalytic outcome of the project was smaller community hospitals throughout the Ozarks upgrading cardiovascular care facilities, with at least 18 of the 35 hospitals in the area now having improved care facilities completed, under construction or in the active planning stage. The project also established Springfield as a subregional teaching center for nurses and physicians, leading to a second project, now underway, which will double the state's output of trained cardiovascular nurses, both graduate and licensed practical nurses.

One hundred and two medical installations are now telephonically connected by the "largest party line in the world" -- the continuing education-telecture project of the Missouri RMP. Series of programs have been produced not only for physicians but also for nurses, dentists, lab technicians, dieticians, X-ray technicians and hospital administrators. A September, 1970 count showed 352 physicians, 444 nurses, 209 dentists, 196 medical technicians, 115 dieticians, 473 food service supervisors, and 140 occupational therapists participating.

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 FY70: \$6,693,000
- B. FY71 level of support: ~~\$2,417,900~~
- C. Total support to date: \$9,110,900

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: N.C. Hightower, M.D., Temple
 - 2. Composition (50 members)
 - a. 14 practicing physicians
 - b. 18 medical center officials
 - c. 4 hospital administrators
 - d. 3 voluntary health agency representatives
 - e. 3 other health workers
 - f. 2 public health officials
 - g. 6 members of the public

- B. Core staff: 24.04 FTE

- IV. OPERATIONAL ACTIVITIES: The region is currently conducting 21 operational activities with \$1,415,300 in direct costs. Nine programs (34% funds) are in the area of cancer, while heart disease activities account for only 6% of available funds. A substantial portion (39%) of funds goes to support rehabilitation activities; about 25% support prevention and screening programs. The primary functional emphasis of the Texas RMP is patient care demonstrations, which account for almost 2/3 of the funds allocated. Most of these funds support activities directed at improving health care for indigent groups.

V. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 11 million -- 65% urban, 88% white
- B. Health resources
 - 1. 4 medical schools
 - 2. 493 short-term, non-federal hospitals with 43,380 total beds; 14% (67) of these involved in the RMP
 - 3. 11,700 physicians (MD's and DO's)
18,000 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 over 39,000 women tested since July 1968. Preliminary findings indicate that the program is finding more and earlier lesions with more favorable outlook than expected.

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

I. BACKGROUND

- A. Grantee or Sponsor: New Jersey Joint Committee
- 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 FY70: \$3,342,000
- B. FY71 level of support: ~~\$1,236,255~~ (projected)
- C. Total support to date: \$4,578,255

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Richard J. Cross, M.D., Brunswick
 - 2. Composition (24 members)
 - a. 7 practicing physicians
 - b. 4 medical center officials
 - c. 2 hospital administrators
 - d. 2 voluntary health agency representatives
 - e. 4 public health officials
 - f. 1 other health worker
 - g. 4 members of the public
- B. Core staff: 25.50 FTE

IV. OPERATIONAL ACTIVITIES: The region currently has eight ongoing operational activities with direct cost funding of \$609,000. Heart disease, cancer, and multicategorical disease programs each receive about a third of the available funds. Continuing education is the primary focus of two activities and over 25% of funding; better manpower utilization, supported by almost 40% of the total funds, is the major aim of another 4 programs. Close to half of the NJRMP's operational monies goes for the support of inner city programs for indigent blacks.

V. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 7 million -- 89% urban, 91% white
- B. Health resources
 - 1. 2 medical schools
 - 2. 105 short-term, non-federal hospitals with 23,829 beds; 58% (62) of these hospitals involved in RMP planning and activities.
 - 3. 9,054 physicians (M.D.'s and D.O.'s)
23,758 active nurses (38,654 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 the nine 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. Two projects have been developed (but unfunded as yet) 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 first, at Middlesex General Hospital, was 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. A second program at Newark Beth Israel Medical Center proposes to serve a patient population of 15,000 persons in a low income area of Newark.

BI STATE: Robert Michel (R), Peoria (District 18)

I. BACKGROUND

- A. Grantee or Sponsor: Washington University, St. Louis
- B. Coordinator: William Stoneman III, M.D.
- C. Boundaries: sections of Missouri and Illinois which are organized around St. Louis as their medical trade center
- D. History:
 - 1. Initial planning grant: April 1967
 - 2. Operational status: July 1969

II. FUNDING

- A. Support through FY 70: \$1,948,000
- B. FY 71 level of support: ~~\$1,250,279~~
- C. Total support to date: \$3,198,279

III. ORGANIZATION

- A. Regional Advisory Group:
 - 1. Chairman: G. Duncan Bauman (publisher), St. Louis
 - 2. Composition (77 members)
 - a. 18 practicing physicians
 - b. 13 medical center officials
 - c. 17 hospital administrators
 - d. 4 voluntary health agency representatives
 - e. 2 other health workers
 - f. 5 public health officials
 - g. 18 members of the public
- B. Core staff: 18.26 FTE.

IV. OPERATIONAL ACTIVITIES

The Region is currently supporting five operational activities in the amount of \$534,600 direct costs. The primary disease targets (60%) are cancer and stroke. In terms of function, most of the activity (73% funds) is in patient care demonstrations; only 17% goes for the support of continuing education and training activities. Two projects which account for a little over 40% of available funds support programs designed to improve health care of the indigent population.

V. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 4.7 million -- 80% urban
- B. Health resources
 - 1. 2 medical schools
 - 2. 141 short-term, non-federal hospitals with 23,444 beds;
9%(12) of these involved in RMP planning and activities.
 - 3. 5021 physicians (M.D.'s and D.O's)

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.

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 FY70: \$4,810,000
- B. FY71 level of support: ~~\$1,353,159~~ (projected) --
- C. Total support to date: \$6,163,159

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Russell C. Mills, Ph.D., Kansas City
 - 2. Composition (19 members)
 - a. 7 practicing physicians
 - b. 3 medical center officials
 - c. 3 hospital administrators
 - d. 1 voluntary health agency representative
 - e. 1 other health worker
 - f. 1 public health official
 - g. 3 members of the public
- B. Core staff: 60.97 FTE

- IV. OPERATIONAL ACTIVITIES: Kansas RMP currently has 17 funded operational activities. The level of support for these in direct costs is about \$870,000, 90% of which supports activities in continuing education and manpower utilization. About 18% of the funds are being expended in the area of heart disease; most of the remainder does not support specific disease-related activities but programs of a more general nature, such as a medical library system, general education program, health data bank and dietician training.

V. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 2,200,000 -- 61% urban, 95% white
- B. Health resources
 - 1. 1 medical school
 - 2. 147 short-term, non-Federal hospitals with 11,500 total beds; 14% (21) are involved with RMP planning and activities.
 - 3. 2,628 physicians (MD's and D.O.'s)
6,509 active registered nurses (10,154 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.

ILLINOIS: Charlotte Reid (R), Aurora (District 15)
Robert Michel (R), Peoria (District 18)

I. BACKGROUND

- A. Grantee or Sponsor: Illinois Regional Medical Program, Inc.
- B. Coordinator: Morton Creditor, M.D.
- C. Boundaries: in general, coterminous with the state; some conflict 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 FY70: \$3,280,000
- B. FY71 level of support: ~~\$1,532,333~~ (projected)
- C. Total support to date: \$4,712,333

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Ogelsby Paul, M.D.
 - 2. Composition (29 members)
 - a. 7 practicing physicians
 - b. 8 medical center officials
 - c. 5 hospital administrators
 - d. 3 voluntary health agency representatives
 - e. 1 other health worker
 - f. 2 public health officials
 - g. 3 members of the public
- B. Core staff -- 34.99 FTE

- IV. OPERATIONAL ACTIVITIES: The Region is currently supporting seven operational activities in the amount of almost \$600,000 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 (particularly screening) account for almost 3/4 of available funds. About 65% of the funds support activities sponsored by voluntary health agencies.

V. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 10.6 million -- 81% urban, 89% white
- B. Health resources
 - 1. 5 medical schools; 1 college of osteopathy
 - 2. 256 short-term, non-Federal hospitals with 49,122 total beds; 6% (16) of these are involved in RMP planning and activities.
 - 3. 14,372 physicians (MD's and DO's)
20,254 active registered nurses

VI. ILLUSTRATIONS OF ACTIVITY

The Illinois RMP has established extensive relationships and coordination with Comprehensive Health Planning. IRMP is using core staff and support resources, available under its grants, to assist CHP subregions to establish voluntary planning councils. Through contractual arrangements with local planning councils, IRMP is assisting in the support of staff to help develop CHP programs in the North Suburban Hospital Association for Health Resources, the Mid-South Side Comprehensive Health Planning Committee, and the Springfield-Central Illinois Health Care Planning Council.

The Valley Project in Illinois is for the development of a comprehensive, family-oriented health care system for the residents of the Valley Community. The program development began as a request for services, since there were no health care services available in the community. This project has brought the University of Illinois College of Medicine and the community together in a cooperative role, plus provided a chance to identify new and previously unexplored ways of achieving comprehensive health care, including involvement in developing a prepaid comprehensive health care system with the Illinois State Health Department and training and education programs for the development of health care teams.

ALBANY: Silvio Conte (R), Pittsfield, Massachusetts (District 1)

I. BACKGROUND

- A. Grantee or Sponsor: Albany Medical College
- B. Coordinator: Frank M. Woolsey, Jr., M.D.
- C. Boundaries: 21 eastern New York counties, 2 Vermont counties, and Berkshire county in Massachusetts; some overlap with Northern New England and Central New York RMPS.
- D. History:
 - 1. Initial Planning Grant: June 1966
 - 2. Operational Status: April 1967

II. FUNDING

- A. Support through FY 70: \$4,436,000
- B. Current FY 71 level of support: ~~\$915,910~~
- C. Total support to date: \$5,351,910

III. ORGANIZATION

- A. Regional Advisory Group
 - 1. Chairman: Harold C. Wiggers, Ph.D., Sc.D., Albany
 - 2. Composition (28 members)
 - a. 5 practicing physicians
 - b. 10 medical center officials
 - c. 3 hospital administrators
 - d. 2 voluntary health agency representatives
 - e. 5 public health officials
 - f. 2 other health workers
 - g. member of the public
- B. Core Staff: 37.25 F.T.E.

IV. OPERATIONAL ACTIVITIES: The Albany RMP is presently conducting 10 operational activities with direct cost funding of \$303,800. Most of these funds are supporting programs in continuing education (53%) and manpower development and utilization (38%). In terms of disease emphases, heart disease is the central focus of the program, accounting for almost 40% of available funds; all of these activities are directed to Coronary care unit training for physicians and nurses. Almost half of ARMP's funds are supporting programs for the establishment and maintenance of electronic communications networks for training and patient care.

V. SELECTED REGIONAL CHARACTERISTICS

- A. Population: 2 million -- 54% urban
- B. Health Resources
 - 1. 1 medical school
 - 2. 72 short-term, non-federal hospitals with 8,486 beds; 64% (46) involved in RMP planning and activities
 - 3. 2849 physicians (M.D.'s and D.O.'s)
8,806 active nurses (14,334 total)

VI. ILLUSTRATIONS OF ACTIVITY

The Albany Regional Medical Program has as one of its primary objectives the improvement of care of patients with acute myocardial infarction through support of an educational component of a subregional coronary care program at the Berkshire Medical Center in Pittsfield, Massachusetts. The major efforts are to train health personnel, particularly nurses, in intensive coronary care. To date 82 nurses have received 25 hours of training at the Berkshire Center. Forty three nurses were from the Pittsfield General Unit.

Over and above gradual realization of improved patient care through training of health personnel in coronary care, a major fringe benefit has been obtained as a by-product of the project. Under the leadership of the Albany Regional Medical Program core staffs' long-standing barrier to effective communication has been overcome in greatest part. A close working relationship has been developed with official and voluntary health and key health professionals in all local hospitals. This relationship may lead to greater understanding, sharing of community needs and resources, and involvement of other members of the total region.

A major aim of the Albany Regional Medical Program is to serve as a facilitator or convenor of community organizations or group to solve local or regional health problems. An example of this type of activity is evidenced by the ARMP core staff providing advice and counsel to the Community Medical Core Program to explore new systems of health care delivery in inner-city and rural areas lacking adequate medical care. This involvement has resulted in the establishment of the Albany Northside Health Center in the Albany inner-city which will serve some 6,000 persons with comprehensive health care. When fully operational, the Center will be staffed by three physicians, six nurses and various aides, including approximately 50 people hired from the local community. The Albany Center will be the first of four such facilities planned, ultimately providing services to about 25,000 people.



Regional Medical Programs

I. Budget Summary

<u>Activity or Subactivity</u>	(Dollars in thousands)					
	1970		1971		1972	
	<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.....	55 <u>1/</u>	78,202	56 <u>1/</u>	70,298	56 <u>1/</u>	75,000
Direct operations.....	98	1,301	91	1,799	91	1,851
Technical assistance & disease control Regionalization activities.....	27	1,526	50	2,543	50	2,576
Smoking and health....	29	2,239	29	2,172	29	2,189
Kidney disease.....	38	4,401	38	4,096	38	4,118
Program direction & management services...	88	2,833	67	1,498	67	1,537
Total.....	280	90,502	275	82,406	275	87,271

II. 1972 Program Summary

\$34,500,000 reserve for operational and planning grants in 1971 will become available for obligations in 1972. \$5,000,000 of it has been earmarked for construction of a regional cancer center in the Northwestern part of the United States.

1/ Represents regions.

1/ 56 includes South Dakota

Regional Medical Programs

I. Budget Summary

(Dollars in thousands)

<u>Activity or Subactivity</u>	1970		1971		1972	
	<u>Pos.</u>	<u>Estimate Amount</u>	<u>Pos.</u>	<u>Estimate Amount</u>	<u>Pos.</u>	<u>Estimate Amount</u>
Regional Medical Programs:						
Grants.....	55	1/ \$78,202	56	1/ \$70,298	56	1/ \$75,000
Direct Operations.....	98	1,301	91	1,799	91	1,851

II. 1972 Program Summary

In order to insure maximum benefit from the restrictive funding in 1972 there will be a re-examination of all Regional Medical Programs with a view to reducing and redirecting funds from areas which appear less than clearly related to the goals and objectives of RMPS.

A further refinement of the Anniversary Review process will be accomplished through a triennial review by the National Advisory Council. Additionally, this activity will continue to provide Health Services data to the Regional Medical Programs as required for their planning and operational programs.

1/ Represents regions.

1/ 56 includes South Dakota.

Regional Medical Programs

I. Budget Summary

(Dollars in thousands)

<u>Activity or Subactivity</u>	<u>1970</u>		<u>1971</u>		<u>1972</u>	
	<u>Pos.</u>	<u>Amount</u>	<u>Pos.</u>	<u>Amount</u>	<u>Pos.</u>	<u>Amount</u>
Technical assistance & disease control: Regionalization activities.....	27	\$1,526	50	\$2,543	50	\$2,576
Smoking & health...	29	2,239	29	2,172	29	2,189
Kidney disease.....	38	4,401	38	4,096	38	4,118

II. 1972 Program Summary

In the Kidney Disease Program the three "limited care dialysis" projects are to be completed in 1972. These projects involve testing ways to provide chronic hemodialysis at a level between the hospital and the patients' home. Good dialysis candidates who are not eligible for home training will be provided dialysis therapy in low overhead-low cost facilities. In 1972 initial steps will be taken on a long-range program to develop interrelated kidney programs aimed at providing therapy for the 10,000 best medical candidates for dialysis and transplantations.

The National Clearinghouse for Smoking and Health will continue its three phase program of research, community program development and public education. Attention will be focused on continuing and, where possible, strengthening its programs of teacher training and community interagency councils. Research and development will be continued in the area of smoking cessation, and field testing of cessation techniques will be intensified, for use both in group situations and in physician-patient counseling.

The Regionalization Activity will continue to provide assistance in responding to the individual needs of the Regional Medical Programs. Continuing education for health professions will continue to hold a place in the interests of local Regional Medical Programs. Other objects of widespread concern and high priority among the Regional Medical Programs are: efficiency in application of multi-phasic screening and other early detection and preventive examinations; cooperative coronary care and hypertension programs; emergency medical services and efficiency in general out-patient or ambulatory services.

Regional Medical Programs

I. Budget Summary

(Dollars in thousands)

<u>Activity or Subactivity</u>	<u>1970</u>		<u>1971</u>		<u>1972</u>	
	<u>Pos.</u>	<u>Amount</u>	<u>Pos.</u>	<u>Amount</u>	<u>Pos.</u>	<u>Amount</u>
Program direction & management services...	88	\$2,833	67	\$1,498	67	\$1,537

II. 1972 Program Summary

This program will continue to support activities designed to evaluate the effectiveness of the Regional Medical Program grants and contracts program. Also will conduct studies designed to improve overall productivity in order to meet the mounting workload with the present limited staff.

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Regional Medical Programs

Program Purpose and Accomplishments

Activity: Grants

1971		1972	
		Authorization	Budget Estimate
Pos.	Amount		Pos.
<u>Budget Authority</u>			
--	\$89,500,000	\$150,000,000	-- \$40,500,000
<u>Obligations</u>			
--	\$70,298,000		-- \$75,000,000

Purpose: Funds are used for grants to develop cooperative arrangements for the regionalization of health resources; enhance the capabilities of providers of care at community level; and improve the quality of health care and strengthen the health care system.

Explanation: Applications for grants are submitted by each Regional Medical Program. Applications are reviewed in Review Committee and by Council for approval of funding.

Accomplishments in 1971: In 1971 there has been not only the development of a staff to generate, plan and implement new and appropriate activities, but also the establishment of certain specific projects designed to achieve improved use of current health facilities including resources such as X-ray, laboratory and out-patient services; development and expansion of new services such as coronary care units, multiphasic screening, rehabilitation and cancer registries; increased and improved distribution of both old types of manpower such as physicians, nurses and technicians and new types of manpower such as physician assistants.

A series of Regional Medical Program generated activities at both the regional and national level are now beginning to provide some patterns for improving certain critical areas of the health care system and thereby making a higher quality of care widely available to more people, especially those in rural areas and in the inner cities. In 1971, the one remaining region will become operational.

Objectives for 1972: In order to insure maximum benefits from the funds available in 1972, there will be a reexamination of all 55 Regional Medical Programs with a view to reducing and redirecting funds from areas which appear less than clearly related to goals and objectives of Regional Medical Programs Service. It is expected that such activities will include improved and expanded service by existing physicians, nurses and other allied health personnel; increased utilization of new types of allied health personnel; new and specific mechanisms that provide quality control and improved standards and decreased costs of care in hospitals; provide early detection of disease; implement the most efficient use of all phases of health care technology; and play the necessary catalytic role in the development, consolidation or reorganization of health care

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Regional Medical Programs

Program Purpose and Accomplishments

Activity: Direct Operations

<u>1971</u>		<u>1972</u>		
		<u>Authorization</u>	<u>Budget Estimate</u>	
<u>Pos.</u>	<u>Amount</u>		<u>Pos.</u>	<u>Amount</u>
91	\$1,799,000	---	91	\$1,851,000

Purpose: Evaluates, processes and awards grants; provides the principal point of contact between the Service and the individual Regional Medical Programs for assisting in the development and implementation of cooperative program arrangements.

Explanation: Applications from Regional Medical Programs are reviewed by special consultants, other Federal agencies and Service staff and are then analyzed and integrated for presentation to Review Committee. A written summary of Committee review and other material is provided for presentation to Council.

Accomplishments in 1971: A new system for review and award is being implemented for each Regional Medical Program. This system, known as Anniversary Review, will be applied to all annual continuations and/or renewals as well as new applications. Its purpose is to have each RMP reviewed as a whole program rather than on the basis of individual projects.

Objectives for 1972: A further refinement of the Anniversary Review process will be accomplished through a triennial review by the National Advisory Council. Additionally, this activity will continue to provide Health Services data to the 55 Regional Medical Programs as required for their planning and operational programs.

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Regional Medical Programs

Program Purpose and Accomplishments

Activity: Technical Assistance and Disease Control

1971		1972			
Pos.	Amount	<u>Authorization</u>	Budget Estimate		
			Pos.	Amount	
117	\$8,811,000	---	117	\$8,883,000	

Purpose: Regionalization activities provide assistance in the planning, development and coordination of programs which provide continuing education and pilot demonstrations aimed at improving the availability and quality of health care.

The Smoking and Health Program provides leadership and direction for a national program to reduce death and disability due to smoking.

The Kidney Disease Control Program plans, develops, field tests, coordinates, and supports pilot programs which can reasonable be expected to improve the quality of personal health care for patients suffering from renal disease.

Explanation: All programs support studies directed toward improving the efficiency and capability of the health care system through cooperation with hospitals, health professionals, medical schools and official and voluntary health agencies. They develop, test, and evaluate methods of disseminating and applying knowledge and provide information, guidelines and technical assistance to regional groups, States, and local communities.

Accomplishments in 1971: During 1971 the Regionalization Activity continues to provide assistance to the 55 Regional Medical Programs in planning, development, and implementation of their programs. Emphasis has been placed on local determination of need, development of cooperative arrangements for improvement of health services, deployment of resources, and evaluation of results.

In the Smoking and Health Program the major accomplishment of 1971 was the passage of the Public Health Cigarette Smoking Act which strengthened the warning label and provided for the banning of all cigarette commercials on radio and television as of January 2, 1971. A further indication of progress has been the continued decline in the consumption of cigarettes.

In the Kidney Disease Program key information on improved organization of care for terminal kidney patients is coming from studies under way at seven project sites for kidney organ procurement programs. These studies are reducing technical problems related to the procurement, preservation and transportation of cadaver organs.

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Regional Medical Programs

Program Purpose and Accomplishments

Activity: Program Direction and Management Services

1971		1972	
Pos.	Amount	Authorization	Budget Estimate
			Pos. Amount
67	\$1,498,000	---	67 \$1,537,000

Purpose: Provides direction, leadership, and management services for the Programs of HSMHA assigned to the Regional Medical Programs Service.

Explanation: Develops and coordinates policy, plans, directs, and evaluates the administrative management activities of the Service.

Accomplishments in 1971: This activity is exploring various methodologies for evaluating the effectiveness of Regional Medical Program grants and contracts and is improving the Program's Management Information System in order to provide top management with better data for operating the Service.

Objectives for 1972: During 1972 this activity will continue to support activities designed to evaluate the effectiveness of the Regional Medical Program grants and contracts program. It will also conduct studies designed to improve overall productivity in order to meet the mounting workload with the present limited staff.



Appropriation Estimate

REGIONAL MEDICAL PROGRAMS

To carry out title IX, sections 402(g), 403(a) (1), 433(a), and, to the extent not otherwise provided, 301 and 311 of the Public Health Service Act, [\$106,502,000 of which \$89,500,000 shall remain available until June 30, 1972 for grants pursuant to such title IX] \$52,771,000.

Explanation of Language Changes

Under Public Law 91-515, title IX of the Public Health Service Act is amended to delete two-year grant funding authority.



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

Regional Medical Programs

Amounts Available for Obligation

	<u>1971</u>	<u>1972</u>
Appropriation	\$106,502,000	\$52,771,000
Real transfer from:		
"Higher education facilities loan fund" (<u>Proposed transfer for increased pay costs</u>)	488,000	---
Comparative transfers to:		
"Office of the Administrator"	- 50,000	---
"Comprehensive health planning and services"	- 39,000	---
"Disease control"	- 2,793,000	---
"National health statistics"	- 2,500,000	---
Subtotal, budget authority	101,608,000	52,771,000
Unobligated balance, start of year	15,298,000	34,500,000
Unobligated balance, end of year	-34,500,000	---
Total, obligations	\$82,406,000	\$87,271,000

Obligations by Activity

Page Ref.	1971 Estimate		1972 Estimate		Increase or Decrease	
	Pos.	Amount	Pos.	Amount	Pos.	Amount
Regional medical programs:						
(a)	--	\$70,298,000	--	\$75,000,000	--	+\$4,702,000
(b)	91	1,799,000	91	1,851,000	--	+ 52,000
Technical assistance and disease control:						
(a)	50	2,543,000	50	2,576,000	--	+ 33,000
(b)	29	2,172,000	29	2,189,000	--	+ 17,000
(c)	38	4,096,000	38	4,118,000	--	+ 22,000
	117	8,811,000	117	8,883,000	--	+ 72,000
Subtotal.....						
Program direction and management services.....						
	67	1,498,000	67	1,537,000	--	+ 39,000
Total obligations.....						
	275	\$82,406,000	275	\$87,271,000	--	+\$4,865,000

	1971 Estimate	1972 Estimate	Increase or Decrease
Total number of permanent positions	275	275	---
Full-time equivalent of all other positions	52	52	---
Average number of all employees	295	295	---
<hr/>			
Personnel compensation:			
Permanent positions . . .	\$3,716,000	\$3,970,000	+ \$254,000
Positions other than permanent	275,000	319,000	+ 44,000
Other personnel compensation	57,000	57,000	---
<hr/>			
Subtotal, personnel compensation	4,048,000	4,346,000	+ 298,000
Personnel benefits	388,000	410,000	+ 22,000
Travel and transportation of persons	329,000	329,000	---
Transportation of things.	40,000	40,000	---
Rent, communications and utilities	386,000	386,000	---
Printing and reproduction	267,000	267,000	---
Other services	444,000	444,000	---
Project contracts	6,098,000	5,941,000	- 157,000
Supplies and materials	69,000	69,000	---
Equipment	39,000	39,000	---
Grants, subsidies and contributions	70,298,000	75,000,000	+4,702,000
<hr/>			
Total obligations by			



Summary of Changes

1971 estimated obligations.....	\$82,406,000
1972 estimated obligations.....	<u>87,271,000</u>
Net Change.....	+4,865,000

	<u>Base</u>		<u>Change from Base</u>	
	Pos.	Amount	Pos.	Amount

Increases:

A. Built-in:

1.	Annualization of 1971 Health Insurance Contribution (PL 91-418)	--	---	-- +	4,000
2.	Within-grade pay increases.....			+	157,000
3.	Annualization of increased pay costs.....			+	159,000

B. Program:

1.	Operational and planning grants.....	--	\$70,298,000	-- +	4,702,000
----	--------------------------------------	----	--------------	------	-----------

Total, increases + 5,022,000

Decreases:

A. Program:

1.	Project contracts.....	--	-	-- -	157,000
----	------------------------	----	---	------	---------

Total, decreases -- - 157,000

Total, net change..... +\$4,865,000

Summary of Changes

1971 budget authority.....	\$101,608,000
1972 budget authority.....	<u>52,771,000</u>
Net change.....	-48,837,000

	<u>Base</u>		<u>Change from Base</u>	
	Pos.	Amount	Pos.	Amount

Increases:

A. Built-in:

1. Annualization of 1971 Health Insurance Contribution (PL 91-418).....	--	---	--	+ 4,000
2. Within-grade pay increases..	--		--	+ 157,000
3. Annualization of increased pay costs.....			+	<u>159,000</u>
Total, increases..	--		--	+ 320,000

Decreases:

A. Program:

1. Operational and planning grants.....	--	89,500,000	--	-49,000,000
2. Project contracts.....			-	<u>157,000</u>
Total, decreases....				<u>-49,157,000</u>

Total, net change.....	-48,837,000
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Explanation of Changes

Increases:

A. Built-in:

An increase of \$4,000 is included for annualization of health insurance benefits under Public Law 91-418.

\$157,000 is included for within-grade pay increases.

\$159,000 is included for annualization of increased pay costs.

B. Program:

The difference between Budget Authority and estimated obligations reflects \$34,500,000 placed in reserve in 1971 and being made available in 1972.

Estimated total obligations for grants is \$75,000,000, an increase of \$4,702,000 over Fiscal Year 1971. Of the total grant obligations \$5,000,000 has been earmarked for construction of a regional cancer center in the Northwestern part of the United States.

Decreases:

A. Program:

Project contracts have been decreased by \$157,000 to provide funds for within-grade pay increases.

Explanation of Transfers

	<u>1971</u> <u>Estimate</u>	<u>Purpose</u>
<u>Real transfer from:</u>		
"Higher education facilities loan fund" (<u>Proposed transfer for increased pay costs</u>)	+ \$488,000	Increased pay costs.
<u>Comparative transfers to:</u>		
"Office of the Administrator"	- 50,000	For consolidation of the HSMHA Library and Grants Management Program.
"Comprehensive health planning and services"	- 39,000	Transfer of function to Regional Office operations
"Disease control"	-2,793,000	Transfer of National Nutrition Program.
"National health statistics"	-2,500,000	Transfer for Health and Nutrition Examination Survey.



Significant Items in House and Senate
Appropriations Committee Reports

Item

Action taken or to be taken

1971 Conference Report

Research and demonstration grants

1. Committee deleted language proposed by the Senate to earmark funds (page 7 of Conference Report).
2. Conferees agreed that of the amount appropriated in excess of the amount proposed by the House, \$3,000,000 would be for research and demonstration projects on early care for suspected coronary patients. \$2,000,000 would be for research, training, and demonstration projects in the field of kidney disease, and \$5,000,000 would be for construction of a regional cancer center in the North-western part of the United States (page 7 of Conference Report).
2. The amount appropriated in excess of the amount proposed by the House has been placed in reserve. However, Regional Medical Programs are currently conducting coronary care research and demonstration projects at a \$7,000,000 to \$9,000,000 level and kidney projects at a level of nearly \$1,500,000. An additional \$3,400,000 in contracts is going into direct support of 40 projects in the kidney disease control area. It is anticipated that plans for the cancer center will have progressed sufficiently so that the \$5,000,000 will be obligated in 1972.



Authorizing Legislation

1972

<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.....	\$150,000,000	\$40,500,000

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

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 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. 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."

Authorizing Legislation

1972

Legislation

Authorized

Appropriation
requested

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.....

\$150,000,000

\$40,500,000



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:

"(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."

84 STAT. 1298
84 STAT. 1299

42 USC 299b.

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".

(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".

42 USC 299c.

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,"

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

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

"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.

Term of office.

79 Stat. 930.

42 USC 299g.

42 USC 299i.

82 Stat. 1006.

42 USC 299j.

"(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	106,502,000
1972 <u>2/</u>	52,771,000			

1/ Not considered.

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

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
 Health Services and Mental Health Administration
 History of 1972 Estimate

Appropriation	1971 Appropriation (a)	1972			Department reduction from agency request (e)	OMB reduction from Department Submission (f)	Explanation	Positions	
		Estimate to Department (b)	Department Estimate to OMB (c)	President's Budget (d)				Positions	Amount
Regional Medical Programs	\$106,502,000	\$91,697,000	\$91,617,000	\$52,771,000	\$80,000 ~	\$38,846,000	Department reductions: a. Program direction & management services..... Total, Department reductions..... OMB reductions: a. Grants..... b. Direct operations c. Kidney..... d. Smoking & health. e. Regionalization activities..... f. Program direction & management services..... Total, OMB reductions.....	\$80,000 \$80,000 \$39,000,000 + 57,000 + 17,000 + 13,000 + 43,000 + 24,000 \$38,846,000	

February 9, 1971

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>
Authorization.....	\$50,000	\$90,000	\$200,000	\$65,000	\$120,000	\$125,000	\$150,000
Appropriation:							
Grants.....	24,000	43,000	53,900	56,200	73,500	89,500	40,500 <u>a</u>
Add:							
Balance brought forward from previous year.....	---	21,934 <u>b</u> /	25,900	36,165	20,000	15,298	34,500
Less:							
Amounts held in reserve by BOB....	---	21,000	30,900	20,000	15,000	34,500	---
Amount available for obligation.....	24,000	43,934	48,900	72,365	78,500	70,298	75,000
Less:							
Amount obligated - Grants.....	2,066	27,052	43,635	72,365	78,500 ²⁰²	70,298	75,000
Lapse:							
Grants.....	---	11,982 <u>c</u> /	---	---	---	---	---
Balance carried forward.....	<u>21,934</u>	<u>4,900</u>	<u>5,265</u>	---	<u>298</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.