





DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
8000 ROCKVILLE PIKE  
BETHESDA, MD. 20014

REFER TO:

July 24, 1968

Dear Mr. Ruppe:

This is in reply to your letter of July 3, 1968 to Mr. Karl Yordy requesting additional information regarding the relationships between P.L. 89-749, Comprehensive Health Planning and P.L. 89-239, Regional Medical Programs.

These two programs are authorized by separate pieces of legislation. While it is quite true that their long-range objectives are necessarily the same--better health care for all Americans, their short-range objectives and their mechanisms are frequently quite different. For example, the Congress has required that the Regional Medical Programs specifically focus on the three principal "killer diseases"--Heart Disease, Cancer, and Stroke. Comprehensive Health Planning, by definition, is noncategorical. Its legislative history is replete with the Congress' desire to decategorize and consolidate the several categorical grant programs which had previously been funded under Section 314 of the Public Health Service Act. Both programs, therefore, have attempted to increase the flexibility of regions, states, localities, and individuals in applying for Federal funds to implement programs which qualify for support. Frequently then there is program planning which is carried out under both programs. So long as these efforts are dovetailed at each level, these mutual efforts cannot help but enhance each other. This kind of interrelationship at the state and local level will reduce the possibility of unnecessary duplication to an absolute minimum. At the Federal level, the complementary relationship between the two programs has just recently been reinforced. In its report to accompany H.R. 15758, the extension of Regional Medical Programs, the House Interstate and Foreign Commerce Committee stated:

"The committee notes that there are obvious relationships between the activities being developed by the regional medical programs and the comprehensive health planning activities now beginning under the partnership for health program. The committee recognizes that both programs are just getting started but the committee believes that these

programs should have a complementary relationship. It expects that the administration of both programs will be carried out with effective cooperation and interaction at the Federal level in order to avoid duplication of activities and potential conflict between regional medical programs and the comprehensive health planning agency in the field."

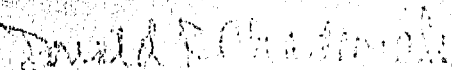
A region under P.L. 89-239 may include several states, a single state, or a portion of a state such as a metropolitan area. There are numerous examples and all of these alternatives, although as Mr. Yordy indicated to you in his letter, the Michigan Region under P.L. 89-239 is coterminous with the state's boundaries. There are, however, instances where there are indirect relationships to another region, such as those of the Upper Peninsula with Wisconsin. From our perspective these kinds of relationships are beneficial to the development of both programs as well as being in the spirit of the flexibility with which this program is being administered.

State government is actively involved in the development of both P.L. 89-239 and P.L. 89-749, although this involvement differs in both kind and degree depending upon the particular circumstances. For example, Federal funds under Section D of P.L. 89-749 are grants to state agencies awarded on a formula basis. Regional Medical Program grant funds on the other hand are made available to Regions on the basis of projects to be carried out by the Region. State involvement in these project grant programs is essential albeit different from its role in the formula grant programs.

I am hopeful that this information in concert with that contained in Mr. Yordy's letter will be helpful. Mr. Yordy, by the way, has just become the Director of the Office of Program Planning and Evaluation of the Health Services and Mental Health Administration. This newly created Administration is responsible for both Regional Medical Programs and Comprehensive Health Planning at the Federal level, a further means for coordinating these efforts.

If there are other ways in which I can be helpful, please let me know.

Sincerely yours,



Donald R. Chadwick, M.D.

Acting Director

Division of Regional Medical Programs

Honorable Philip E. Ruppe  
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