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REGIONAL MEDICAL PROGRAM RELATIONSHIP WITH COMPREHENSIVE HEALTH PLANNING

Issue and Background

The relationship between Comprehensive Health Planning and the Regional Medical Program has been a constant issue at both the Federal and local levels since the enactment of the programs. Moreover, it is one that has legislative and administrative implications which have been raised both by Congressmen such as Rep. Rogers (Democrat - Florida) and leaders of special interest groups including AHA and AMA.

Public Law 89-749, the Partnership for Health Act of 1966 (and its 1967 amendments) gives the States additional program flexibility by removing almost all of the categorical limitations which had over the years gradually accrued in Federal health grants administered by them. More importantly the Act provided funds for the support of both State and local areawide comprehensive health planning as an improved means for determining health needs and establishing priorities. A stated purpose of the program is to encourage broader consumer participation in health planning by requiring majority consumer representation on all CHP advisory councils and boards. The program has a strong public base both at the State level and in local planning where by Act and Regulation city and county governments are required participants.

From the very early days, CHP was held by some persons (both in the Federal government and outside) to be the primary coordinating mechanism for all Federally assisted health programs. This position coupled with a lack of operating experience on the part of both RMP and CHP led to some predictions that the two programs were on a "collision course." Although a really clear Federal policy position was never taken on the question, conflict between them has generally been avoided. In many areas of the country informal working relationships have been established to coordinate them. Interlocking board and advisory council membership are common and in a few areas both programs are working through the same local action groups. Some joint funding of projects has been undertaken. At its February meeting, the National Advisory Council on Regional Medical Programs issued a policy directive which required that where applications for projects include requests for purchase of major patient care equipment adequate evidence must be included that the project plan has been reviewed and if necessary approved by the appropriate local planning agency.

The issue of the relationship between the programs may have entered a new phase. Last month the Governor of South Dakota wrote to Secretary Finch requesting permission to merge the two programs there under the direction of RMP. At a recent HSMHA staff meeting Dr. John Cashman, Director, Community Health Service, again raised the suggestion that

Comprehensive Health Planning should encompass all Federal health efforts. Recently a statement by Eugene McNerney urged administration of both CHP and RMP be placed in the same division.

At the time CHP was extended, medical schools and their teaching hospitals were excluded from CHP planning through action taken on the floor of the House and Senate. Now more persons are saying that the service aspects of these teaching institutions should be coordinated under community planning efforts. Indicative of current Congressional concern for the coordination of Federal health programs are provisions in the Staggers and Rogers bills to extend the Hill-Burton Program which require either review or approval of health facilities construction projects by the appropriate areawide comprehensive health planning agency or the State CHP agency. Since both RMP and CHP come up for renewal in 1970, similar Congressional questions about relationships can certainly be expected.

Options or Alternatives

Perhaps the issue becomes one of how to demonstrate the unique aspects of each program and also RMP's willingness to maximize appropriate coordination. Possible approaches range from not dealing directly with the issue (as a matter of strategy responding only when the question is specifically raised by Congress) to including in the Act a provision requiring review of all RMP projects by comprehensive areawide health planning agencies.

Considerations

(1) Inclusion in the Act of a provision for project review by areawide CHP agencies would ensure closer coordination at the local level between RMP and CHP.

(2) Inclusion of a review provision in the RMP proposal might head off a provision by Congress requiring project approval.

(3) Closer coordination with CHP would bring additional needed consumer input into RMP.

(4) It may not be necessary to handle this issue in the legislation. Rather it should continue to be dealt with on an administrative basis, allowing more program flexibility.

(5) A review requirement could prove to be essentially pro forma, add nothing and entail still further delays in the RMP review process at the local level.

(6) Since RMP has a strong medical school - teaching hospital component, inclusion of a review or approval provision in the proposed legislation may be in violation of the intent of Congress shown in the floor action taken at the time of the last CHP extension.

(7) The grass roots decision making aspects of RMP and CHP perhaps would be better served by continuing to allow the relationship between the programs to be worked out at the local level.