



E000232

Major Changes in New RMP Legislation

	Present Legislation P.L. 89-259; P.L. 90-574	Legislation as passed in House and Senate
1. <u>Categorical Emphasis</u>	Heart disease, cancer, stroke and related diseases.	Adds kidney disease, and other related diseases.
2. <u>Additional Emphases</u>	Emphasis on making available the latest advances in diagnosis and treatment, and on cooperative arrangements for research, training and related demonstrations of patient care.	<ul style="list-style-type: none"> . Promotes medical data exchange as well as research, training, and demonstrations of patient care; medical data exchange relates directly to kidney transplants to include data exchange between tissue typing banks and, on a regional basis, among medical schools, hospitals and other institutions and providers. . Adds prevention and rehabilitation explicitly. . Gives additional emphasis to regionalization of health care resources and services in order to strengthen and improve (1) primary care and (2) the relationship between primary care and specialized care. . Concerned with increasing capacity as well as quality, and with areas with limited health services.
3. <u>Construction Authority</u>	Limited to "alteration, major repair, remodeling and renovation of existing buildings... and replacement of obsolete built-in equipment of existing buildings," up to 90% of cost.	Adds authority to include "new construction of facilities for demonstrations, research and training when necessary to carry out Regional Medical Programs."

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4. <u>Relationships to Comprehensive Health Planning</u>	None specified in law.	Requires that the appropriate regional, metropolitan, or local areawide comprehensive health planning agency 314(b), have an opportunity to consider operational grant proposals before the RAG may recommend approval.
5. <u>Duration - Authorization Levels (in Millions)</u>		Three-year extension FY'71 \$125 FY'72 150 FY'73 250 Includes provision that no more than \$15 million shall be available for kidney disease activities in FY'71, and also includes a \$5 million discretion earmarking for new construction.
6. <u>Funding Mechanism</u>	Grants, with two-year availability of funds.	Adds contract authority as well as RMP grant authority, and would permit Regions to obtain services in-kind from Federal agencies. One-year availability of funds.
7. <u>Regional Advisory Groups</u>	Composition: Requirement there must include "practicing physicians, medical center officials, hospital administrators, representatives from appropriate medical societies, voluntary health..." and other health-related agencies..." and members of the public..."familiar with health needs.	Requires official health and health planning agency representation on such advisory group requires that public members include persons familiar with the financing of, as well as the need for services, and that such public members be sufficient in number to insure adequate community orientation. Also includes a representative of the Veteran's administration as ex officio member, if there is a VA institution in the Region.

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8. <u>National Advisory Council</u>	Advisory Council responsible for RMP matters. Sixteen members - leaders in fields of fundamental sciences, medical sciences, or public affairs. At least 2 practicing physicians, one expert each for heart disease, cancer and stroke.	Provides that the Assistant Secretary for Health and Scientific Affairs of HEW shall be Chairman, replacing the Surgeon General in this position. Makes the Chief Medical Director of the Veterans' Administration an ex officio member of the Council. Increases the size of the Council from 16-20 members. Provides for: (1) one member who is outstanding in the study or care of kidney disease; (2) leaders in the field of health care administration as well as the fundamental and medical sciences; (3) two members outstanding in the field of prevention of heart disease, cancer, stroke or kidney disease; (4) four of the twenty should be members of the public.
9. <u>Listing of Advanced Facilities</u>	Lists of facilities equipped and staffed to provide the most advanced methods of diagnosis and treatment in heart disease, cancer and stroke are to be established.	Adds a similar requirement for kidney disease.

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<p>10. <u>Multiprogram Services - Section 910</u></p>	<p>Provides for grants for services needed by, or which will be of substantial use to, any two or more regional medical programs.</p>	<p>Provides for both grants and contracts for a broad variety of activities including: activities of use to two or more regional medical programs, development or demonstration project collection of epidemiologic data, development of training, and conduct of cooperative clinical field trials.</p> <p>Also authorizes assistance in meeting the costs of special projects for improving or developing new means for the delivery of health services concerned with the diseases included in this title.</p> <p>Authorizes support for research studies, investigations, training and demonstrations designed to maximize the utilization of manpower in the delivery of health services.</p>
<p>11. <u>General Authorities</u></p>	<p>All authorities and determinations under Title IX, including the awarding of grants to Regional Medical Programs, are exercised by the Surgeon General of the Public Health Service.</p>	<p>Authorities and determinations exercised by Secretary rather than Surgeon General.</p>
<p>12. <u>Joint Funding</u></p>	<p>None specified in law</p>	<p>When a single project receives grants from two or more sources within certain parts of HSMHA, the Secretary may issue regulations under which administrative functions with respect to such projects will be performed by a single administrative unit; applications may be consolidated; and duplicative requirements revised</p>

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12. Joint Funding (continued)		Limited to projects funded under Sections 304 and 314 and Title of the Public Health Service Act. This includes Regional Medical Programs, Comprehensive Health Planning and Services, National Center for Health Services Research and Development.
13. <u>Annual Report</u>	None specified in law.	<p>Provides for an Annual Report from the Secretary on the activities carried on by the program covered in this legislation.* It will cover an evaluation of the effectiveness of the program relationship between Federal and non-Federal financing, and recommendations for changes in program legislation.</p> <p>* Rather than a compilation of separate reports, this is designed to be an overall integrated report covering the coordinated range of activities of Regional Medical Programs, Comprehensive Health Planning and Services, National Center for Health Services Research and Development, and the National Center for Health Statistics.</p> <p>** In addition, the Conference Report calls for a separate study and report on the appropriate scope of Regional Medical Programs in relation to disease coverage whether or not the scope of the program should be expanded to cover "other major diseases and conditions."</p>