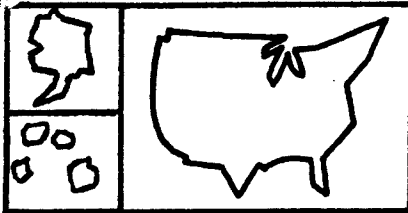




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COMPARATIVE ANALYSIS OF PENDING LEGISLATION  
To Extend and Modify Regional Medical Programs

March 6, 1970 - Vol. 4, No. 11S

The comparative analysis of all currently filed legislative proposals to extend and modify Regional Medical Programs, prepared by the Office of Planning and Evaluation, has been adapted and reproduced for this Special Issue - News, Information and Data. The material included summarizes the actual bills reproduced and distributed as . . .

Public Law 89-239  
as amended by  
Public Law 90-574.

News, Information and  
Data, December 9, 1968 -  
Vol. 2, No. 48

H.R. 14284 filed  
by Mr. Staggers  
and H.R. 15135  
(identical Bill)  
filed by Mr. Cramer

Special Issue - News,  
Information and Data,  
October 27, 1969 -  
Vol. 3, No. 31S

H.R. 14486 filed  
by Mr. Rogers

Special Issue - News,  
Information and Data,  
November 6, 1969 -  
Vol. 3, No. 34S

S. 3355 filed by  
Senator Yarborough

Special Issue - News,  
Information and Data,  
February 9, 1970 -  
Vol. 4, No. 5S

Administration Bill:  
S. 3443 filed by  
Senator Javits and  
H.R. 15960 filed by  
Mr. Staggers

Special Issue - News,  
Information and Data,  
February 26, 1970 -  
Vol. 4, No. 9S

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Public Health Service • Health Services and Mental Health Administration • Bethesda, Maryland 20014

CURRENT AND PROPOSED LEGISLATION	SETTING	CATEGORICAL EMPHASIS
Present Legislation P.L. 89-239 as amended and extended by P.L. 90-574	Separate legislative authorization for Regional Medical Programs.	Heart disease, cancer, stroke and related diseases.
H.R. 14284 (Staggers) and H.R. 15135 (Cramer)	Retains separate legislative authorization for Regional Medical Programs but also adds a separate sub-authorization for chronic disease programs.	No change.
H.R. 14486 (Rogers)	Retains separate legislative authorization for Regional Medical Programs.	Adds "other major diseases."
S. 3355 (Yarborough)	Retains separate legislative authorization for Regional Medical Programs.	Adds "kidney disease, and other major diseases and conditions."
Administration Bill: S. 3443 (Javits) and H.R. 15960 (Staggers)	Places CHP, NCHSR&D, and RMP in one title (IX) with a single general statement of purpose, separate statements of specific program purpose, and separate sub-authorizations. Emphasis on: <ul style="list-style-type: none"> <li>. Closer coordination of all programs to attack health problems, especially CHP and RMP.</li> <li>. Experimentation "in the integration and coordination of the programs authorized...leading to the development of improved systems..."</li> </ul>	Complete decategorization. Broadened to encompass all "diseases and impairments of man..."

ADDITIONAL EMPHASES

CONSTRUCTION AUTHORITY

Emphasis on making available the latest advances in diagnosis and treatment, and on cooperative arrangements for research, training and related demonstrations of patient care.

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.

New emphasis given to optimum utilization of manpower and on improving health services for persons residing in areas with limited health services.

No change.

Adds prevention and rehabilitation.

No change.

Adds prevention and rehabilitation. New emphasis on regionalization so as to improve primary care and its relationship to specialized care. New emphasis on improving the quality and enhancing the capacity of available health manpower and facilities, and on improving health services for persons residing in areas with limited health services.

Adds authority to include "new construction of facilities for demonstrations, research, and training when necessary to carry out regional medical programs."

Major emphasis on improving the quality, distribution and efficiency of health services. In addition to a broad combination of planning, research, training, and demonstrations also includes..."developing and demonstrating systems for delivering medical care..."

No change.

Adds prevention and rehabilitation. New emphasis on cooperative planning and experimentation, including closer coordination or integration of RMP and CHP planning activities.

<u>CURRENT AND PROPOSED LEGISLATION</u>	<u>NON-INTERFERENCE CLAUSE</u>	<u>RELATIONSHIPS TO COMPREHENSIVE HEALTH PLANNING</u>
Present Legislation P.L. 89-239 as amended and extended by P.L. 90-574	To accomplish the goals of the program "without interfering with the patterns, or the methods of financing, of patient care or professional practice, or with the administration of hospitals..."	None specified in law.
H.R. 14284 (Staggers) and H.R. 15135 (Cramer)	No change.	For application to be approved, it requires that Regions must take into consideration the plans of relevant Areawide and State Health and other planning agencies. Specific review and approval of such agencies is not required, however.
H.R. 14486 (Rogers)	No change.	Before a RAG may recommend approval of an operational grant, opportunity must be provided for applications to be considered by the appropriate Areawide 314(b) Comprehensive Health Planning agency.
S. 3355 (Yarborough)	No change.	Same as H.R. 14486 (above)
Administration Bill: S. 3443 (Javits) and H.R. 15960 (Staggers)	Omits present clause entirely, but does provide for protection of the..."integrity of the doctor-patient relationship and the confidentiality of information disclosed during the course thereof."	Applicant must provide reasonable opportunity, prior to submission of an application, for review and comment by the appropriate State and relevant areawide comprehensive health planning agencies.

DURATION-AUTHORIZATION  
LEVELS (IN MILLIONS)

FUNDING MECHANISM

	<p>Grants, with two-year availability of funds.</p>																				
<p>Three-year extension.</p> <table border="1"> <thead> <tr> <th></th> <th><u>RMP</u></th> <th><u>Chronic Diseases</u></th> <th><u>Total</u></th> </tr> </thead> <tbody> <tr> <td>FY 71</td> <td>\$ 125</td> <td>\$ 50</td> <td>\$ 175</td> </tr> <tr> <td>FY 72</td> <td>150</td> <td>50</td> <td>200</td> </tr> <tr> <td>FY 73</td> <td>175</td> <td>50</td> <td>225</td> </tr> <tr> <td></td> <td><u>\$ 450</u></td> <td><u>\$ 150</u></td> <td><u>\$ 600</u></td> </tr> </tbody> </table>		<u>RMP</u>	<u>Chronic Diseases</u>	<u>Total</u>	FY 71	\$ 125	\$ 50	\$ 175	FY 72	150	50	200	FY 73	175	50	225		<u>\$ 450</u>	<u>\$ 150</u>	<u>\$ 600</u>	<p>Grants for RMP with only one-year availability of funds. Grants and contracts for the new authorization of the Chronic Disease Programs. Would permit Regions to obtain services-in-kind from Federal agencies.</p>
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FY 74	250																				
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<p>Three-year authorization with separate sub-authorizations, "...such sums as may be necessary," for (a) RMP as well as (b) CHP and (c) the remaining purposes of the title.</p>	<p>Provides specific contract authority as well as RMP grant authority. (See also Multiprogram Services.) Maintains two-year availability of grant and contract funds. Would permit Regions to obtain services-in-kind. Must be reasonable assurances that Regions will seek "to obtain financing from non-Federal sources, and from Federal sources providing reimbursement for medical care for eligible beneficiaries.." after a period of initial support of the operational activities undertaken with grant support.</p>																				

CURRENT AND  
PROPOSED  
LEGISLATION

REGIONAL ADVISORY GROUPS

	<u>Composition</u>	<u>Procedures</u>
<p>Present Legislation P.L. 89-239 as amended and extended by P.L. 90-574</p>	<p>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.</p>	<p>Has responsibility for approval of operational grants at regional level.</p>
<p>H.R. 14284 (Staggers) and H.R. 15135 (Cramer)</p>	<p>Adds a provision that the procedures of the RAG must provide a reasonable opportunity for membership on the group to a representative of any health related institution which meets certain criteria.</p>	<p>Provides an appeal mechanism to national level for proposals disapproved by the Regional Advisory Group.</p>
<p>H.R. 14486 (Rogers)</p>	<p>Specifically includes representatives of state and local health and health planning agencies.</p>	<p>No change.</p>
<p>S. 3355 (Yarborough)</p>	<p>Specifically includes representatives of official health and planning agencies, and members of the public familiar with the need for and financing of the services provided under the program. Provides that such public members be sufficient in number to ensure adequate community orientation.</p>	<p>No change.</p>
<p>Administration Bill: S. 3443 (Javits) and H.R. 15960 (Staggers)</p>	<p>Specifically includes representatives of public or nonprofit private health agencies and areawide health planning agency representation, as well as health financing interests, and representatives of consumers, including the poor and minority groups.</p>	<p>No change.</p>

ADVANCED FACILITIES

Advisory Council responsible solely 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.

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.

No change.

No change.

Provides for representation on the National Advisory Council of:  
 (1) leaders in health care administration, or community or other public affairs,  
 (2) persons, outstanding in the study, diagnosis or treatment of other major diseases.

No change.

Provides for representation on the National Advisory Council of:  
 (1) leaders in health care administration,  
 (2) one member outstanding in the study or care of kidney disease,  
 (3) three members of the public.

Adds kidney disease.

Single National Advisory Council responsible for assisting in preparing regulations and general policy advice on all programs under this title; also would annually review grants made under this title to determine their effectiveness. Membership of 24 to include leaders in fields of fundamental sciences, medical sciences, the organization, delivery and financing of health care, or who are State or local officials, persons active in consumer affairs, or representatives of minority groups.

Provides authorization, either directly or through grants or contracts, to establish and maintain such lists. Listing expanded to cover disease and impairments of man in general. Also includes national proportions and trends in equipment, staffing and services.



CURRENT AND PROPOSED LEGISLATION	MULTIPROGRAM SERVICES SECTION 910	CHRONIC DISEASE FOCUS
<p>Present Legislation P.L. 89-239 as amended and extended by P.L. 90-574</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>None specified in law.</p>
<p>H.R. 14284 (Staggers) and H.R. 15135 (Cramer)</p>	<p>No change.</p>	<p>Provides a separate part of Title IX for Chronic Disease Programs, concentrating upon training and clinical demonstration programs in prevention, diagnosis and treatment. In addition to heart disease, cancer and stroke, this covers diabetes, emphysema, kidney disease and other related diseases. Provides specific three-year authority and annual authorization of \$50 million for these purposes.</p>
<p>H.R. 14486 (Rogers)</p>	<p>No change.</p>	<p>No change.</p>
<p>S. 3355 (Yarborough) Bill</p>	<p>Provides for both grants and contracts for a broad variety of activities including: activities of use to two or more regional programs, development or demonstration projects, collection of epidemiologic data, development of training, and conduct of cooperative clinical field trials.</p>	<p>No change.</p>
<p>Administration Bill: S. 3443 (Javits) and H.R. 15960 (Staggers)</p>	<p>Provides new contract authority for the conduct of cooperative clinical and field studies, and demonstrations of systems for delivering medical care.</p>	<p>No change.</p>

GENERAL AUTHORITIES	JOINT FUNDING	TRANSFER OF FUNDS
<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>None specified in law.</p>	<p>None specified in law.</p>
<p>Authorities and determinations exercised by Secretary rather than Surgeon General.</p>	<p>None specified.</p>	<p>None specified.</p>
<p>Same as H.R. 14284 and 15135 above.</p>	<p>None specified.</p>	<p>None specified.</p>
<p>Same as H.R. 14284 and 15135 above.</p>	<p>None specified.</p>	<p>None specified.</p>
<p>Same as H.R. 14284 and 15135 above</p>	<p>Authorizes the designation of one administrative unit within the Department (or one Federal agency) to act for all in administering the funds advanced when a single project receives funds from more than one source within the Department (or from more than one agency).</p>	<p>Authorizes the transfer of up to 10% of the amount appropriated for any program (except for state planning and formula grants) for the purpose of carrying out any other such program or activity under this title, although no transfer may increase the amounts available for another program by more than 10%.</p>