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COMPARATIVE ANALYSIS OF PRESI

| | Present Legislation P. L. 90-574 | Stagers/Cramer Bills H. R. 14284 H. R. 15135 |
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| 1. <u>Setting</u> | Separate legislative authorization for RMP. | Retains separate legislative authorization for RMP but also adds a separate authorization for Chronic Disease Programs. |
| 2. <u>Scope</u> (a) <u>Categorical Emphasis</u> | Heart disease, cancer, stroke and related diseases. | No change. |

CURRENT AND PENDING RMP LEGISLATION

| Rogers Bill H. R. 14486 | Draft Yarborough Bill | Emerging Administration Proposal |
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| <p>Retains separate legislative authorization for RMP.</p> | <p>Retains separate legislative authorization for RMP.</p> | <p>Places RMP, CHP, NCHSR&D, NCHS in one title, Title I, and gives them a single statement of purpose, a single authorization section with separate appropriation statements.</p> <p>Will emphasize:</p> <ol style="list-style-type: none"> (1) Closer coordination of all programs to attack health problems, esp. CHP and RMP. (2) Experimentation in 6-12 areas in the development of health care systems. |
| <p>Adds "other major diseases."</p> | <p>Adds "kidney disease, and other major diseases and conditions."</p> | <p>Complete decategorization; no specific mention of any disease in particular.</p> |

| | Present | Staggers |
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| (b) <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. | No change. |
| (c) <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. | New emphasis given to optimum utilization of manpower and on improving health services for persons residing in areas with limited health services. |

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| <p>No change.</p> <p>Adds prevention and rehabilitation.</p> | <p>Adds authority to include "new construction of facilities for demonstrations, research, and training when necessary to carry out regional medical programs."</p> <p>Adds prevention and rehabilitation. New emphasis on regionalization so as to improve primary care and its relationship to specialized care.</p> <p>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.</p> | <p>No change.</p> <p>Adds prevention, rehabilitation and methods of patient care.</p> <p>Includes a broad combination of planning, research, development, training and demonstrations patient care.</p> <p>New emphasis on cooperative planning and experimentation related to developing health care systems including closer coordination or integration of RMP and CHP planning activities.</p> |

| | Present | Staggers | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---------------|------------|-------------------------|--------------|-------|--------|-------|--------|-------|-----|----|-----|-------|-----|----|-----|--|---------------|------------|---------------|
| 3. <u>Non-Interference Clause</u> | 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..." | No change. | | | | | | | | | | | | | | | | | | | | |
| 4. <u>Duration-Authorization Levels (in millions)</u> | | <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> |
| | <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> | | | | | | | | | | | | | | | | | | | |
| 5. <u>Funding Mechanism</u> | Grants, with two-year availability of funds. | <p>Grants for RMP with only one-year availability of funds.</p> <p>Grants and contracts for the new authorization of the Chronic Disease Programs. Would permit Regions to obtain services-in-kind from Federal agencies.</p> | | | | | | | | | | | | | | | | | | | | |

| Rogers | Yarborough | Administrative | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-------|-----|-------|------------|--|--------|--|-------|--------|-------|-----|-------|-----|-------|-----|-------|------------|--|--------|---|
| No change. | No change. | Omits non-interf clause entirely. | | | | | | | | | | | | | | | | | | | | |
| <p>Three year extension.</p> <table border="0"> <tr> <td>FY'71</td> <td>\$ 150</td> </tr> <tr> <td>FY'72</td> <td>200</td> </tr> <tr> <td>FY'73</td> <td><u>250</u></td> </tr> <tr> <td></td> <td>\$ 600</td> </tr> </table> | FY'71 | \$ 150 | FY'72 | 200 | FY'73 | <u>250</u> | | \$ 600 | <p>Five year extension</p> <table border="0"> <tr> <td>FY'71</td> <td>\$ 150</td> </tr> <tr> <td>FY'72</td> <td>200</td> </tr> <tr> <td>FY'73</td> <td>250</td> </tr> <tr> <td>FY'74</td> <td>250</td> </tr> <tr> <td>FY'75</td> <td><u>250</u></td> </tr> <tr> <td></td> <td>\$1100</td> </tr> </table> <p>Includes stipulation that no more than \$15 million shall be available for kidney disease activities in FY'71.</p> | FY'71 | \$ 150 | FY'72 | 200 | FY'73 | 250 | FY'74 | 250 | FY'75 | <u>250</u> | | \$1100 | <p>Three-year autho tion for total package, with su sums as may be necessary.</p> |
| FY'71 | \$ 150 | | | | | | | | | | | | | | | | | | | | | |
| FY'72 | 200 | | | | | | | | | | | | | | | | | | | | | |
| FY'73 | <u>250</u> | | | | | | | | | | | | | | | | | | | | | |
| | \$ 600 | | | | | | | | | | | | | | | | | | | | | |
| FY'71 | \$ 150 | | | | | | | | | | | | | | | | | | | | | |
| FY'72 | 200 | | | | | | | | | | | | | | | | | | | | | |
| FY'73 | 250 | | | | | | | | | | | | | | | | | | | | | |
| FY'74 | 250 | | | | | | | | | | | | | | | | | | | | | |
| FY'75 | <u>250</u> | | | | | | | | | | | | | | | | | | | | | |
| | \$1100 | | | | | | | | | | | | | | | | | | | | | |
| <p>Grants, with two-year availability of funds. Would permit Regions to obtain services-in-kind from Federal agencies.</p> | <p>Provides specific contract and separate training grant authority, as well as RMP grant authority, with only one-year availability of funds. Would permit Regions to obtain services-in-kind.</p> | <p>Adds contract authority for the conduct of cooperative clinical and field studies and demonstration. Maintains two-year availability of funds. Would permit Regions to obtain services-in-kind.</p> | | | | | | | | | | | | | | | | | | | | |

| | Present | Staggers |
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| <u>Funding Mechanism</u> (Con't.) | | |
| 6. <u>Regional Advisory Groups</u> | | |
| (a) <u>Composition</u> | 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. | 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. |

| Rogers | Yarborough | Administration |
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| <p>Specifically includes representatives of state and local health and health planning agencies.</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>Must be reasonable assurances that the applicant will seek other sources of financing for projects under this title after a period of initial support which the Secretary by regulation determines to be appropriate.</p> <p>Specifically include representatives of official health and health planning agencies</p> |

| | Present. | Staggers |
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| (b) <u>Procedures</u> | Has responsibility for approval of operational grants at regional level. | Provides an appeal mechanism to national level for proposals disapproved by the Regional Advisory Group. |
| 7. <u>Relationships to Comprehensive Health Planning</u> | None specified in law. | 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. |

| | Present | Staggers | Rogers |
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| 8. <u>National Advisory Council</u> | 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. | No change. | Provides for representation on the NAC 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 |
| 9. <u>Section 907 - 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. | No change. | No change. |
| 10. <u>Multiprogram Services (Section 910)</u> | Provides for grants for services needed by, or which will be of substantial use to, any two or more regional medical programs. | No change. | No change. |

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| <p>Provides for representation on the NAC of:</p> <ul style="list-style-type: none"> (1) leaders in health care administration. (2) one member outstanding in the study or care of kidney disease. (3) three members of the public. | <p>New Advisory Council responsible for policy advice on all programs under this title, and project review for RMP, NCHSR&D, and Sections 314(b) and (c). Membership of 25 to include leaders in fields of fundamental sciences, medical sciences, the organization, delivery and financing of health care, consumer affairs or public and community affairs.</p> |
| <p>Adds kidney disease.</p> | <p>Provides authorization either directly or through contracts, to establish and maintain such lists. Listing expanded to cover disease in general, including national proportions and trends</p> |
| <p>Provides for both grants and contracts for a broad variety of activities including:</p> <ul style="list-style-type: none"> (1) activities of use to two or more regional programs. | <p>Provides new contract authority for the conduct of cooperative clinical and field studies and demonstrations.</p> |

| | Present | Staggers |
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| <p><u>Multiprogram Services</u> (Section 910) (Con't.)</p> | | |
| <p>11. <u>Chronic Disease Focus</u></p> | <p>None specified in Law.</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> |

| Rogers | Yarborough | Administration |
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| <p>No change.</p> | <ul style="list-style-type: none">(2) development or demonstration projects.(3) collection of epidemiologic data.(4) development of training.(5) conduct of co-operative clinical field trials. <p>No change.</p> | <p>No change.</p> |

| | Present | Staggers |
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| 12. <u>General Authorities</u> | 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. | Authorities and determinations exercised by Secretary rather than Surgeon General. |

| Rogers | Yarborough | Administration |
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| Same as Staggers Bill | Same as Staggers Bill | Same as Staggers Bill |