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DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

PUBLIC HEALTH SERVICE

National Advisory Council on Regional Medical Programs

Minutes of the Twenty-sixth Meeting 1/ 2/
February 8-9, 1972

The National Advisory Council on Regional Medical Programs convened for its twenty-sixth meeting at 8:30 a.m. on Tuesday, February 8, 1972, in Conference Room G/H of the Parklawn Building, Rockville, Maryland. Dr. Harold Margulies, Director, Regional Medical Programs Service presided over the meeting.

The Council Members present were:

Dr. Bland W. Cannon
Dr. Michael E. DeBakey
Dr. Anthony L. Komaroff
Dr. Alexander M. McPhedran
Mrs. Audrey M. Mars
Dr. Clark H. Millikan
Mr. Sewall O. Milliken
Dr. John P. Merrill
Dr. Alton Ochsner
Dr. Russell B. Roth
Dr. George E. Schreiner
Dr. Benjamin W. Watkins
Mrs. Florence R. Wyckoff
Dr. John D. Chase 3/

A listing of RMP staff members, and others attending is appended.

I. CALL TO ORDER AND OPENING REMARKS

The meeting was called to order at 8:30 a.m. on February 8, 1972, by Dr. Harold Margulies. Dr. Margulies called attention to the "Conflict of Interest" and "Confidentiality of Meetings" statement in the Council books. He then introduced Dr. Vernon E. Wilson, Administrator, Health Services and Mental Health Administration.

1/ Proceedings of meetings are restricted unless cleared by the office of the Administrator, HSMHA. The restriction relates to all materials submitted for discussion at the meetings, the supplemental material, and all other official documents, including the agenda.

2/ For the record, it is noted that members absent themselves from the meeting when the Council is discussing applications: (a) from their respective institutions, or (b) in which a conflict of interest might occur. This procedure does not, of course, apply to en bloc actions--only when the application is under individual discussion.

3/ Representing Dr. Marc J. Musser for the Veterans Administration.

II. REMARKS BY DR. VERNON E. WILSON

The Council is beginning to pick up responsibilities for advice and comment on things that go beyond the original charge for RMP in its initial form. Currently expanded areas of interest include Emergency Medical Services, Health Maintenance Organizations and Area Health Education Centers. The options for allocation of funds for these programs have been discussed with the Secretary, the Office of Management and Budget, and others. In these discussions, it became clear that the mission that HSMHA has been trying to describe for RMP would be well served if the program were to take on additional responsibilities that would make it advisable to release moneys that have been held in reserve. HSMHA's assumption of responsibility for HMOs and EMS has been particularly helpful in obtaining release of the full amount appropriated.

RMP funds will be used for the EMS program. Emergency needs are primarily provider oriented and the RMP program is HSMHA's principal arm for communication with the provider community. A portion of the $8 million currently available for EMS will be allocated to support model programs in a limited number of areas. The remainder will be available for allocation through RMP. It is expected that next year $15 million will be available to support EMS instead of the current $8 million.

Because many HSMHA programs are concerned in various ways with emergency services, a special office will be set up under Mr. Riso to coordinate EMS activities within HSMHA.

Use of RMP funds for HMO demonstrations is expected to be a 1-year activity. There is adequate authority in the RMP legislation for short-term demonstrations of this nature. It is expected that future funding of HMOs will be accomplished either through new legislation or through service-type money such as 314(e).

Determination of how funds for Area Health Education Centers will be administered is still awaiting a final decision by Dr. DuVal. In the meantime, there have been many discussions about AHECs involving HSMHA, NIH, the Department, and others. It is clear from these that RMP will be concerned with those AHEC programs where there is less emphasis on a degree, certificate or formal program recognition of some kind. The Bureau of Health Manpower on the other hand, would deal more specifically with programs involving or leading to long-term training, residency training or formal degrees.

No matter how responsibility for an AHEC program is divided between NIH and HSMHA, there will be a single application and a single award which might be composed of amounts of money from both agencies.

In the discussion following his presentation, Dr. Wilson indicated that he would be happy to receive the Council's views on these and any other matters of concern.

III. REPORT BY DR. MARGULIES

Dr. Margulies reiterated and amplified some of Dr. Wilson's remarks about EMS and AHECs. In addition, he covered the following topics:

A. RMP Budget and Spending Plan

The total amount of funds appropriated for grants for Fiscal Year 1972 has been released with the understanding that specific amounts will be spent for EMS, AHECs, HMOs and construction. The actual figures are shown in the table below.

Total Appropriations		$135.0
Earmarks		
AHEC	$ 7.5	
EMS	8.0	
HMO	16.2	
Construction	5.0	
Total Earmarks	$36.7	36.7
Available for RMP		$ 98.3

The amount currently available for RMP ($98.3) contrasts sharply with the $70 million available for the previous fiscal year. The additional funds have provided an opportunity to (1) restore previous reductions, (2) provide additional funds to the more advanced RMPs in accordance with their relative ratings, and (3) increase the investment in kidney activities by about 50% to approximately $8 million.

B. Reduction from 4 to 3 Review Cycles Annually

It has been decided to reduce the number of annual review cycles from 4 to 3. This shift will provide more time for technical assistance by staff between review cycles. It will provide more lead time between the notification of Council action and the Region's anniversary date, and it will enable the Regions at this point in time to adjust their programs to the higher appropriation levels in a more orderly manner.

C. HMO Review Process

A choice has to be made with respect to whether HMO funding is to be accomplished entirely by contract, or by grants through the RMP mechanism with a clear understanding that review would not follow normal RMP pattern. For a number of reasons, the RMP Coordinators would prefer grants to contracts as a mechanism for funding HMOs. First, many of the RMPs are already involved with HMO development and would like to remain close to the activity as it continues to develop and, secondly, it is quite clear that RMPs

will have a major role in the professional development of HMOs with respect to such matters as quality of care monitoring, emergency services, health manpower training, etc.

D. National Coordinators Meeting

The National Coordinators Meeting which took place in St. Louis in January engendered some highly beneficial discussions. There was vigorous discussion of the RMPS position paper on AHECs. The material on Emergency Medical Services was well received. Some research and development needs were surfaced, and RMP-CHP relationships turned out to be a surprisingly live issue. Dr. DuVal's remarks touched on this subject, and, in addition, he stressed the responsibility of RMPs in monitoring the quality of health care particularly in the context of the great liklihood of national health insurance.

All of the Conference material, including Dr. DuVal's speech will be available for distribution.

IV. KIDNEY REVIEW PROCEDURES

Dr. Margulies called upon Dr. Hinman to describe proposed procedures for the review of kidney proposals. The kidney review process will involve the following steps: (1) screening of preliminary proposals in relation to national priorities by RMPS, (2) technical review at the local RMP level by a review panel including at least 3 renal experts from outside the area, (3) RAG review of applications receiving favorable technical review in order to insure that the RMP can administer the kidney project without hindering total local RMP program, (4) RMPS staff review relating to national priorities, RAG and CHP comments and preferred method of funding, (5) opportunity for comment by the Review Committee on program and regionalization, and (6) a final recommendation by the National Advisory Council.

At a later point in the meeting, a motion to endorse a statement embodying these principles was moved, seconded and carried. The statement in reproduced as Attachment A.

V. NORTHWEST CANCER CENTER

As the next item of business, the Council considered the application for construction of the Fred Hutchinson Cancer Research Center in Seattle. Dr. Henry Lemon, who served as Chairman of the site visit team, was invited to participate in the discussion. Both he and Mrs. Mars reported in considerable detail on the findings and recommendations of the site visitors.

Proposed action of the Council with respect to the award of funds for construction of the Cancer Center was moved, seconded and carried with the following amendment:

"That there be an additional point incorporated into the draft, point C, which stipulates that the isolated beds not be included as part of the application until such time as justification is brought before this Council and acted upon favorably." (Transcript, page 127, Vol. 1).

The complete text of the resolution as amended is appended as Attachment B.

VI. ADVANCED TECHNOLOGY ACTIVITIES

A. Computer Assisted EKG Analysis

Dr. Hinman summarized a report on computer assisted EKG analysis which was made available to the Council in the agenda book. The Report results from a day long conference in November, 1971 chaired by Dr. Leonard Scherlis of the RMPS Review Committee. The conference was the outgrowth of interest in an earlier draft developed by Dr. Kenneth Gimbel of the RMPS staff.

The present report indicates that the RMP role with respect to computer assisted EKG analysis should be one of consultation and advice, of providing linkages and helping to develop systems. Investment in hardware is not considered to be an appropriate RMP function.

It was moved, seconded and carried that the Council, given general endorsement to the position paper, recommends its distribution and development and implementation of an appropriate policy statement. (Transcript, page 132, Vol. 1).

B. Study of Advanced Technology in Relation to RMP

Dr. Margulies called attention to the Council's request at the previous meeting for an RMPS study of the whole question of advanced technology in relation to Regional Medical Programs and improved delivery of health services.

There is now a major Government-wide effort to come to grips with issues involving the impact of technology on social systems. This effort involves the Office of Science and Technology and other agencies. In addition, the President has indicated that there will be a message to Congress regarding the implications of advanced technology in the coming years. Under the circumstances, it would be unwise for RMPS to mount a separate effort. In the meantime, RMPS will attempt to keep well informed as possible on matters relating to technology.

VII. POLICIES AND DELEGATIONS

A. Review Responsibilities Statement

The Council was requested to modify the statement, "Review Responsibilities Under the Triennial Review System" which it approved at its August, 1971 meeting. The document delegates to the Director authority to fund awards during the second and third year of triennial applications.

Dr. Pahl explained that the revised language would require Council action only where a change, up or down, in the Council approved level is required. Under the previous wording, Council action was required whenever the amount requested exceeded the recommended level of support. Another change eliminates the need for Council action in the case of small increases in the Developmental Component.

It was moved, seconded and carried that the revised statement be approved. (Transcript, page 139, Vol. 1).

The Review Responsibilities statement as passed is reproduced as Attachment C.

B. New Policy and Delegation Regarding Triennial Grants

Dr. Pahl presented the proposed two-part policy statement. He explained that the first part constitutes an understanding that when Council acts upon the first year of a multi-year budget, it is understood that the second and third years, if support is approved for those periods, will be identical with the first year's budget unless the Council recommends otherwise.

The second part of the statement delegates to the Director, RMPS authority to approve an RMP's programmatic changes during the period of transition from four to three-cycle review.

It was moved, seconded and carried that the above policies be approved. (Transcript, page 143, Vol. 1).

The full statement as passed is appended as Attachment D.

C. AHEC Resolution

Dr. Pahl explained that the purpose of the proposed AHEC Resolution was to implement the AHEC program more expeditiously by delegating to the Director authority to fund small feasibility studies.

It was moved, seconded and carried that the Resolution be approved with the addition of the following language:

> "It is further understood that Regions will first utilize 'free' Developmental Component funds, where available, and that

the general policies and procedures of the individual RMPs with respect to review, approval and funding, including RAG concurrence, will apply." (Transcript, 218, Vol. 1).

The full text of the motion as passed is appended as Attachment E.

D. HMO Delegation

Dr. Pahl presented a resolution for consideration by the Council which would delegate to the Director, RMPS, authority to fund HMO projects in accordance with the recommendations of the HMO Service.

After considerable discussion and several votes, a substitute proposal was placed before the Council, and moved, seconded and carried. (Transcript, page 5, Vol. 2).

The motion as passed is appended as Attachment F.

E. Equal Employment Opportunity

Dr. Pahl introduced Mr. Richard Clanton, Deputy EEO Officer for RMPS, who reviewed RMP activities relating to EEO and directed the Council's attention to a request from the Review Committee to clarify RMP policy in this regard. Specifically, Mr. Clanton called attention to RMPS's "Affirmative Action Plan" and described plans to assist Regional Medical Programs with respect to employment and utilization of minorities and women at all levels of responsibility.

It was moved, seconded and carried that the Review Committee's proposed policy statement be approved with certain additions which are reflected in the text shown in Attachment G. (Transcript, page 176, Vol. 1).

VIII. SPECIAL ACTIONS

A. Connecticut RMP Rating

It was moved, seconded and carried that the "Connecticut Regional Medical Program be placed in the A category of programs." (Transcript, page 11, Vol. 2).

B. Increased Levels of Support for Certain Regions

It was moved, seconded and carried that the approved levels of support for the following RMPs should be increased: (Transcript, pages 14, 16 and 17, Vol. 2). Wisconsin, Iowa, Mountain States, Washington-Alaska, Intermountain, Tennessee Mid-South, Indiana, and New Mexico.

A table of the specific amounts approved is provided in Attachment H.

IX. CONSIDERATION OF THE MINUTES OF THE NOVEMBER 9-10, 1971 MEETING

The Council considered and approved the Minutes of the November 9-10, 1971 meeting. (Transcript, page 3, Vol 2).

X. CONFIRMATION OF FUTURE MEETING DATES

The Council set the following dates for future meetings:

June 5-6, 1972
October 16-17, 1972
February 7-8, 1973
June 5-6, 1973

XI. REVIEW OF APPLICATIONS*

A. Greater Delaware Valley Regional Medical Program

Motion made by Dr. Watkins - Seconded by Dr. DeBakey.

Approve the Review Committee's recommendation for two year funding:

04 year - $1,900,000
05 year - $1,700,000
(Transcript, page 199, line 11.)

The motion was unanimously approved.

B. Maryland Regional Medical Program

Motion made by Dr. McPhedran - Seconded by Mrs. Mars.

Approve the Review Committee's recommendation for two year funding:

04 year - $1,294,960
05 year - $1,294,960

Subject to the following negotiations:
(1) Deletion of funds for Project #43.
(2) Funding of Johns Hopkins HMO proposal to be limited to RMP related activities.
(3) Resolution by RMPS staff of need for additional funds for Projects 40 and 41 in relation to support of overall RMP Evaluation Unit at the University of Maryland

The motion was unanimously approved.

*All actions include consideration of kidney projects, where appropriate, unless otherwise specified.

C. Western New York Regional Medical Program, to be changed to Lake Areas Regional Medical Program

Motion made by Mrs. Mars - Seconded by Mr. Milliken.

Approval of triennial status at a reduced funding level of:

01 year - $1,219,000
02 year - $1,340,900
03 year - $1,462,800

(Transcript, page 233, line 11.)
The motion was unanimously approved.
It was further moved by Mrs. Wyckoff, and seconded by Mr. Milliken, to hold the rating for the Western New York application in abeyance until the Review Committee has a chance at its next meeting to assess the new developments and assign a rating based on this information.

The motion was unanimously approved. (Transcript, page 245, line 14.)

Dr. Roth absented himself during this discussion.

D. Metropolitan D.C. Regional Medical Program

Motion made by Dr. Ochsner - Seconded by Dr. Roth.

Accept the Review Committee's recommendations. (Transcript, page 29, line 14.)

The motion was unanimously approved.

Dr. Schreiner absented himself during this discussion.

05 year - $807,000 General Program
05 year - $202,000 Kidney Program

$1,009,000 Total Direct

E. Louisiana Regional Medical Program

Motion made by Dr. Komaroff - Seconded by Dr. Millikan.

Approve the Review Committee's recommendation with the exception that no specific ceiling be placed on the funding for the coronary, pediatric, pulmonary units, only a statement that renovation and equipment costs are no longer part of RMPS policy and that a very modest expenditure is recommended. (Transcript, page 55, line 14.)

The motion was unanimously approved.

With regard to the kidney aspect of the application, Dr. Merrill moved, and Dr. Millikan seconded, that it be funded for one year at the level of $94,595 and that the progress be reviewed with regard to funding for the second and third years. (Transcript, page 57, line 1.)

The motion was unanimously approved.

Dr. Ochsner absented himself during this discussion.

F. Illinois Regional Medical Program

Motion made by Dr. Schreiner - Seconded by Dr. Roth.

Approve the recommendations of the Review Committee.

(Transcript, page 70, line 6.)

Approval of the program for the triennium;
Approval of the developmental component; and
Approval in a reduced amount at the following levels:

03 year - $2,650,000
04 year - $2,800,000
05 year - $3,000,000

The motion was unanimously approved.

G. Ohio Regional Medical Program

Motion made by Dr. Millikan - Seconded by Mrs. Mars.

Approve the staff recommendations concerning the amalgamation or merger of the Ohio State and Northwestern Ohio Regional Medical Program into the Ohio Regional Medical Program. (Transcript, page 83, line 1.)

Another motion was made by Dr. Millikan, and seconded by Dr. Cannon, that the Northeast Ohio Regional Medical Program be funded at its current level on a year-to-year basis with

a project site visit for staff review of progress to be made in late 1972, and that, depending upon the result of that review, further effort be made to produce amalgamation or a combination of Northeast Ohio with the Ohio Regional Medical Program. (Transcript, page 86, line 17.)

The motion was unanimously approved.

Mr. Milliken absented himself during this discussion.

H. Florida Regional Medical Program

Motion made by Dr. Cannon - Seconded by Dr. Millikan.

Approval of the site visit and Review Committee recommendations for funding:

04 year - $1,552,706
05 year - $1,673,750
06 year - $1,713,150

This is exclusive of funding for the kidney project.

The motion was unanimously approved.

(Transcript, page 89, line 4.)

Motion made by Dr. Cannon and seconded by Mrs. Wyckoff for approval of the kidney Project #43 on the basis of the staff information in the amount of:

04 year - $375,000
05 year - $313,500
06 year - $251,625

(Transcript, page 99, line 1.)

The motion was unanimously approved.

I. Intermountain Regional Medical Program

Motion was made by Dr. Schreiner - Seconded by Dr. Millikan.

Approval of the Review Committee's recommendations, with the exception that the developmental component funds be increased to maximum allowable level. Total of $2,700,000. (Transcript, page 102, line 6, and page 108, line 23.)

The motion was unanimously approved.

J. Susquehanna Valley Regional Medical Program

Motion made by Dr. Cannon - Seconded by Dr. Schreiner.

Approval in the amount of $750,000. (Transcript, page 116, line 23.)

The motion was unanimously approved.

K. Alabama Regional Medical Program

Motion made by Dr. McPhedran - Seconded by Dr. Millikan.

Approve the recommendations of the Staff Anniversary Review Panel including the funding of the developmental component. Total funding level: $1,115,000. (Transcript, page 123, line 18.)

The motion was unanimously approved.

L. New Jersey Regional Medical Program

Motion made by Dr. Millikan - Seconded by Dr. Chase.

Approval of the recommendations concurred in by the Staff Anniversary Review Panel and the Review Committee. (Transcript, page 131, line 15.)

04 year - $2,900,000
05 year - $2,900,000

The motion was unanimously approved.

M. Delaware Regional Medical Program

Motion made by Dr. Cannon - Seconded by Dr. Millikan.

Approval of the application of Delaware for a separate Regional Medical Program provided the grantee agency is not part of the State Government. Level approved was: $389,050. (Transcript, page 136, line 5.)

The motion was unanimously approved.

N. Northlands Regional Medical Program

Motion made by Dr. Komaroff - Seconded by Dr. Roth.

Approval at the same level as the previous year - $1,511,000. (Transcript, page 142, line 14.)

The motion was unanimously approved.

Disapproval of the kidney project.

Dr. Millikan absented himself during this discussion.

I hereby certify that, to the best of my knowledge, the foregoing minutes and attachments are accurate and complete.

Harold Margulies

Harold Margulies, M.D.
Director
Regional Medical Programs Service

EHandal 3/31/72

ATTENDANCE AT THE NATIONAL ADVISORY COUNCIL MEETING

February 8-9, 1972

(this is an attachment to the Minutes)

RMPS STAFF

Mr. Vernie Ashby
Mr. Kenneth Baum
Mrs. Paula Bell
Mr. H. Earle Belue
Mr. Cleveland R. Chambliss
Mr. Richard Clanton
Mr. Tom Croft
Dr. John Farrell
Miss Myrtle Flythe
Mr. G. T. Gardell
Mr. Sam O. Gilmer, Jr.
Dr. K. S. Gimbel
Mrs. Eva Handal
Mrs. Gloria Hicks
Mr. Charles Hilsenroth
Mr. George Hinkle
Dr. Edward J. Hinman
Mr. Burt A. Kline
Mrs. Lorraine Kyttle
Mr. Walter Levi
Dr. Harold Margulies
Mr. Ted C. Moore
Miss Marjorie L. Morrill
Miss Mary E. Murphy
Mr. Frank S. Nash
Miss Elsa J. Nelson
Mr. Joseph Ott
Dr. Herbert B. Pahl
Mr. Roland L. Peterson
Mr. Michael J. Posta
Miss Leah Resnick
Mr. Richard Russell
Mrs. Jessie Salazar
Mr. Luther J. Says
Miss Teresa Schoen
Mrs. Patricia Schoeni
Mr. Matthew Spear
Mrs. Sarah J. Silsbee
Dr. Margaret H. Sloan
Mr. Jerome J. Stolov
Mr. William A. Torbert
Mr. Lee Van Winkle
Mr. Frank Zizlavsky

OTHERS ATTENDING

Dr. J.H.U. Brown, OA-HSMHA
Dr. Margaret H. Edwards, NCI-NIH
Dr. Bruce W. Everist, Consultant
Dr. Henry M. Lemon, Review Committee Member
Dr. Robert A. Leyton, NHLI-NIH
Mr. E. E. Olexa, OS-ASC-AA
Mr. Maurice C. Ryan, Region V
Dr. Frederick L. Stone, OA-HSMHA
Dr. William Vaun, Consultant
Mr. Robert A. Walkington, NLM-NIH
Dr. Vernon E. Wilson, OA-HSMHA

ATTACHMENT A

PROPOSED RMP REVIEW PROCEDURES FOR KIDNEY PROPOSALS

Kidney proposals shall be reviewed in the following manner:

1. Immediately upon an indication of interest in the submission of a Kidney proposal by a source within an RMP, the RMP should contact the appropriate RMPS Desk to determine whether the proposal is within the scope of national priorities. At this point, RMPS will advise the RMP whether it is desirable to proceed further. The RMP may accept or reject this advice.

2. Each RMP submitting a renal disease proposal is expected to provide a technical review of the proposal by a group which had not participated in its development and which includes at least 3 renal authorities from outside the Region, prior to submission to RMPS. The review group may be either an ad hoc or standing committee. RMPS will maintain a list of consultants who may be called upon to serve in this capacity.

3. Kidney proposals which receive a favorable local technical review shall be forwarded by the Regional Advisory Group (RAG) to RMPS with the RAG's comments and to CHP for review and comment. The RAG shall consider and comment on the ability of the RMP to manage the Kidney project without hindering the development of the overall RMP program, and the reasonableness and adequacy of the Kidney budget. Since Kidney proposals are separately funded, there is no reason for the RAG to give priority rankings to Kidney proposals in relation to other non-Kidney RMP operational activities Kidney proposals shall be considered by RMPS in relation to national priorities

4. The RMPS staff review shall include consideration of:

   a. the contribution of the project toward national Kidney priorities;

   b. the comments of the RAG (point 3, above) and the CHP agency(ies);

   c. the preferred method of funding.

5. Applications together with RMPS staff review and local technical review shall be provided to the RMPS Review Committee at its option for comment on program and regionalization. The Committee shall not consider budget and technical aspects of the proposal.

6. All Kidney proposals shall be submitted to the National Advisory Council for a final recommendation. In keeping with the categorical nature of the Kidney disease program within RMPS, the Council will review and recommend funding levels for Kidney proposals separately from the funding level of the specific RMP.

APPROVED: February 8, 1972

ATTACHMENT B

ACTION BY NATIONAL ADVISORY COUNCIL
ON THE
FRED HUTCHINSON CANCER RESEARCH CENTER

Council Recommends:

A. Award of $5.0 million to the Fred Hutchinson Cancer Research Center in Seattle for the construction of a cancer facility to serve HEW Region X. The award is contingent upon meeting the following conditions:

   1. All relevant Federal, State and local requirements concerning the expenditure of Federal funds for the construction of the proposed type of facility including all needed licenses, clearances, permits and approvals;

   2. The University of Washington and Swedish Hospital formalize their relationships with the Center through written agreements; and

   3. All conditions contained in the Council's Statement of November 10, 1971, entitled "Statement by National Advisory Council on Regional Medical Programs on Cancer Center To Serve HEW Region X," are satisfied.

B. The provision of space to accommodate 20 beds, which would be isolated from the Swedish Hospital Medical Center, be reconsidered with further justification for review and approval by the National Advisory Council, RMPS.

C. Award of $50,000 to the Washington/Alaska RMP to assist in developing the regionalization of cancer activities.

APPROVED: February 8, 1972

ATTACHMENT C

REVIEW RESPONSIBILITIES UNDER THE TRIENNIAL REVIEW SYSTEM

Under the triennial review system, each Regional Medical Program normally will be reviewed by the National Advisory Council only once each three years. The triennial review serves to recognize the Region as an "accredited" organization and to set a general level of annual support for the three-year period. Thus, the Council's favorable recommendation constitutes a time-limited approval for an RMP as an organization having recognized capabilities, rather than being approval for a specific set of activities. In addition to recommending the general level of support, Council actions on individual applications may include advice to the applicant Regional Medical Program, or specific conditions for the grant. Prior to review by the Council, each triennial application will be reviewed by assigned RMPS staff, a site visit team and the RMPS Review Committee.

Except as specified below, the Director, RMPS, will make continuation awards, including support for new activities, for second and third (02 and 03) year support without further Council action insofar as the proposed activities are consistent with relevant policies. Specifically, the Council's advice will be sought when:

1. The Director, RMPS, has determined, or the Review Committee has recommended to the Director, that a change in the Council approved level is indicated.

2. A new Developmental Component is requested.

3. The Director, the Review Committee, the Region, or a member(s) of the Council itself requests Council review.

4. The applicant has failed in a material respect to meet the requirements of the Program or applicable laws, regulations or formally promulgated policies of the Department, HSMHA, or RMPS.

A summary will be provided to the Council on each Region reviewed by staff for continuation support. This summary will include:

1. The findings as determined by the review of the Director, together with a statement of the amount previously recommended by the Council for funding and the amoutn awarded.

2. A list of activities supported during the most recent grant year, identifying those which have been completed and those which have been supported through a Developmental Component.

3. A statement of the Region's response to any advice specified by the Council or limitations upon or conditions of the award .

4. Identification of any outstanding accomplishments.

5. Identification of any outstanding problems.

6. Annual reports from the Regional Advisory Group and from RMPS staff. (These will be made available on request by the Council.)

APPROVED: February 8, 1972

ATTACHMENT D

POLICY ON AND DELEGATION OF AUTHORITY BY THE NATIONAL ADVISORY COUNCIL ON REGIONAL MEDICAL PROGRAMS REGARDING GRANTS WITH TRIENNIAL STATUS

Effective this date, the following constitutes new Council policy and delegation of authority which supersedes existing relevant policies/authorities.

Policy

In considering the three-year budget submitted by a Regional Medical Program applicant in a triennial application, where the Council recommends support for more than one year, it is understood that the recommended level of support for future years of the approved period shall not be less than the amount recommended for the first year unless otherwise specified.

Delegation of Authority to the Director, RMPS

The Council delegates to the Director, RMPS, authority to approve an RMP's programmatic changes during the period of transition from four to three-cycle review, including new initiatives in keeping with the natural progress of the Region, provided that the Region submits to the Director a plan covering the interim period, and receives approval therefor.

APPROVED: February 8, 1972

ATTACHMENT E

AHEC RESOLUTION

The Council, recognizing the need for expedicious action and flexibility in funding feasibility studies that would permit local areas to assess the potential and feasibility of developing Area Health Education Centers, delegates to the Director of RMPS authority to award supplemental grants to individual Regional Medical Programs for such purposes. It is understood that (1) no local area shall receive funds for an AHEC feasibility study in excess of $50,000 (total costs) and the duration shall not exceed 12 months; (2) no single RMP shall receive in excess of $250,000 for such feasibility studies in any 12 month period; and (3) approval and funding of these AHEC feasibility studies by Regions will be within such general guidelines as RMPS may establish. It is further understood that Regions will first utilize "free" Developmental Component funds, where available, and that the general policies and procedures of the individual Regional Medical Programs with respect to review, approval and funding, including RAG concurrence, will apply.

APPROVED, February 8, 1972

ATTACHMENT F

HMO DELEGATION

The Council shall discharge its responsibilities in regard to recommending RMP grant support for HMO feasibility studies and organization and development efforts by delegating to a subcommittee of the Council full authority to work with the Director, RMPS, and to approve applications for HMO grants.

APPROVED: February 8, 1972

ATTACHMENT G

REVIEW OF APPLICATIONS WITH RESPECT TO EQUAL EMPLOYMENT AND CIVIL RIGHTS

The Council recommends that those participating in the review process, including site visitors and the Review Committee be instructed to give special interest and attention to the issues of compliance with the Civil Rights Act of 1964, and the reasonableness and adequacy of representation and employment of minorities and women at all levels in RMP activities. An examination of performance in relation to these issues shall be an essential element in the review of every application, and such review shall be adequately documented in each case. If, in fact, the reviewers feel that there is some question of compliance, or inadequate performance, they not only have the right, but are expected to request that appropriate review of that issue occur.

APPROVED: February 8, 1972

Attachment H

Programs with increased levels approved by the NAC

	PROGRAM	PREVIOUSLY APPROVED LEVEL	NEW LEVEL
1.	Wisconsin	$1,500,000	$1,779,072
2.	Iowa	800,000	841,065
3.	Mountain States	1,511,000	1,934,117
4.	Washington/Alaska	1,679,906	1,796,503
5.	Intermountain	2,417,167	2,690,853
6.	Tennessee Mid-South	2,082,643	2,166,139
7.	Indiana	1,100,000	1,121,411
8.	New Mexico	890,000	1,036,719

March 10, 1972

COORDINATORS, REGIONAL MEDICAL PROGRAMS

I have delayed sending you the highlights of the last meeting of the National Advisory Council because a number of unsettled issues left their action partly in limbo. Unfortunately, not every unresolved issue is clear even now but I want to prevent any further delay. In the interim you have received from us several important messages. One of them has had to do with the change from the review cycle of past years to a triannual cycle. Others have dealt with Emergency Medical Systems and with community health education and service projects. If you have not been fully informed you have at least received more to read than you may have time to cope with.

The summary of Council actions taken at the February 8-9 meeting follows:

1. A grant of $5M was approved to establish a cancer facility in Seattle. This is in response to Congressional action which identified $5M from our budget of FY 71 to support such a facility in the northwest part of the United States. The grant may be awarded only when certain specific conditions have been met, progress toward meeting those conditions is encouraging.

2. A paper was presented by Dr. Ed Hinman summarizing extensive staff work and a conference on the Computer Assisted EKG. Council accepted the report which will be circulated to you shortly in the form of a N.I.D.

3. There was a special consideration of the plans to reorganize the Regional Medical Programs in Ohio. Council approved what is, in effect, an amalgamation of Ohio State and Northwest Ohio RMP's with the understanding that they will meet certain requirements outlined to them. The Northeast Ohio RMP will continue as previously organized, but the Council understands that this arrangement is tentative and anticipates a continuing review of the proposed arrangement to make sure that the needs of all Ohio are being met.

4. There was a further discussion of kidney review procedures with an outline of the review processes to be followed. Within a short time the kidney review requirements will be distributed. Essentially, we are continuing to regard kidney projects as separate categorical proposals designed to provide maximal access to centers for dialysis and transplant. There will be a requirement for outside technical review, and arrangements will be completed for early and regular working relationships between kidney center proponents and RMPS.

5. There was approval by the Council of certain revisions in the review responsibilities statement. This corroborated our earlier agreement which allows for a high degree of flexibility in the development of new activities in RMP's which have received a triennial award identifying with mutual understanding the level of discretion which RMPS should exercise in either approving new RMP efforts or carrying them through various stages of the review process including both Review Committee and Council. You have a copy of these review processes, the new language changes none of the basic processes.

6. There was also Council concurrence that three-year budgets which have obtained Council support for more than one year imply that support for future years will not be less than the amount recommended for the first year unless otherwise specified.

7. Added to this was authority given to the Director of RMPS to provide funds not in excess of $50,000 for an Area Health Education Center feasibility study with no single RMP receiving in excess of $250,000 in any 12-month period. This resolution currently is NOT BEING IMPLEMENTED because there is as yet no release of funds for AHEC's.

8. The Council also agreed to a special form of grant approval for Health Maintenance Organizations. The procedure to be followed is: The HMO Service in HSMHA will have the responsibility for review and approval of HMO applicants. RMP staff participates in that review. A subcommittee of the Council is authorized to examine the approved HMO's and act for the Council to approve grant awards to RMP's for the specific purpose of supporting the HMO applicants. General supervision of the HMO activity will continue to be the responsibility of the HMO Service. The professional interests of RMP's will be maintained and the level of their involvement will be consistent with a recently distributed document summarizing relationships between RMPS and HMOS.

9. There was some discussion of Emergency Medical Systems but this has been overtaken by the actions reported to you in a letter and attachment dated February 24.

10. There was fairly extensive discussion of the continuously expanding interests of the Administration in better uses of technological innovations to improve health services. A conference was held March 8-9 in Rockville to enhance the HSMHA evaluation of multiphasic health testing. Further analyses of technological potentialities will be made by HSMHA and the Office of Science and Technology. As you know, the President has addressed this question in the State of the Union Message and in his Health Message on March 2.

11. The Council was reminded of the fact that RMPS legislation expires June 30, 1973, and was encouraged to submit its advice regarding the nature of legislation to extend Title IX.

12. Council approved an application for a Regional Medical Program for Delaware covering a geographic area which has been part of the Greater Delaware Valley RMP. This was done with the stipulation that the grantee not be located within one of the departments of the government of the State.

    Negotiations for formalization of this new arrangement have not been completed.

13. Mr. Richard Clanton, Acting Deputy Equal Employment Opportunity Officer presented an overview of our activities dealing with civil rights and opportunities for minorities and women. He summarized civil rights legislation and outlined the ways in which Government obtains compliance and enforces civil rights laws. He also described and later distributed to members of the Council the RMPS Affirmative Action Plan. It was agreed that there should be increased efforts to keep the RMP's abreast of our goals in dealing fairly with minorities and to provide all necessary assistance through specialized staff efforts. A committee has been appointed to extend this kind of support to Regional Medical Programs and has already assisted in a variety of ways including direct recruiting.

As I indicated earlier you have or will soon have received additional material which elaborates some of the Council's deliberations and actions. I hope you will find this summary of value.

Sincerely yours,

Harold Margulies

Harold Margulies, M.D.
Director