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LEGISLATIVE/BUDGETARY HISTORY FOR 1972-1973

Date	Budget/Appropriations	Legislation/Authorization
January, 1972	President's Budget for FY 1973 requests \$130.3M for RMP.	
August 16, 1972	First Labor-HEW Appropriation bill for FY73 vetoed. Contained \$164.5M for RMP.	
October 27, 1972	Second Labor-HEW Appropriation bill vetoed - Again \$164.5M for RMP.	
October 27, 1972	Because of the veto, a continuing resolution (H.J. Res. 1331 signed Oct., 26, 1972) went into effect. Permitted appropriation at lower of House or Senate levels in first appropriation bill - i.e., \$150M for RMP which was House figure.	
PRESIDENT'S BUDGET FOR FY 1974 PROPOSES:		
January 29, 1973	(1) A reduced amended level of \$55,358,000 for grants and contracts in FY 1973, and	(2) The termination of RMP in FY74.
March 1, 1973	House Subcommittee on Public Health and Environment (Rep. Rogers, Chrmn.) holds overview hearings on FY74 health budget, with Sec. Weinberger testifying.	
March 8, 1973		S. 1136, proposing one-year extension of 12 PHS authorities due to expire 6/30/73, including RMP, introduced by Senator Kennedy with 15 of the 16 members of the Senate Labor and Public Welfare Committee cosponsoring. Authorization for RMP kept at \$250M.

ch 14, 1973

H.R. 5608 introduced in the House by Rep. James Hastings with the cosponsorship of the entire Subcommittee on Public Health and Environment. Also extends 12 PHS authorities for one-year, with RMP authorization set at a level of \$250M.

ch 22, 1973

Hearings were held on S. 1136 by the Senate Health Subcommittee. Secretary Weinberger testified. Committee ordered bill favorably reported. Report #93-87.

ch 27, 1973

Senate passed S. 1136, the PHS Extension Act, by a vote of 72-19 with RMP authorization level of \$250 million for FY 1974.

rch 27, 1973

House Appropriations Committee held hearings on the FY74 budget relating to RMP - Dr. Sencer, Dr. Margulies testified.

rch 27-29, 1973

Hearings were held on H.R. 5608 by the House Subcommittee on Public Health and Environment. Secretary Weinberger testified, as did RMP representatives.

y 8, 1973

Oversight hearings on Regional Medical Programs held by the Subcommittee on Public Health and Environment. Testimony by Dr. John Zapp and Dr. Margulies for HEW; a panel of physicians involved in RMP's; and four RMP coordinators.

y 15, 1973

Representative Hastings (with all members of the Subcommittee on Public Health and Environment co-sponsoring) introduced H.R. 7806 - a new PHS Extension Act bill - in lieu of H.R. 5608. Set RMP authorization for FY 1974 at \$159 million.

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Budget/Appropriations

Legislation/Authorization

y 24, 1973

H.R. 7806 reported unanimously by the House Interstate and Foreign Commerce Committee. House Report #93-227.

y 29, 1973

An amendment was added to the second Supplemental Appropriations bill for FY 1973 (H.R. 7447) in the Senate by a vote of 59-14 which would add an additional \$20 million to the FY 1973 RMP appropriation.

y 31, 1973

House passed H.R. 7806, the PHS Extension bill by a vote of 372-1. The bill would authorize \$159 million for RMP in FY 1974.

ne 5, 1973

Senate agreed to the House version of the PHS Extension Act by a vote of 94-0, with its level of \$159 million for RMP.

ne 6, 1973

H.R. 7806 sent to the President.

ne 8, 1973

Senate Labor-HEW Appropriation Subcommittee held hearings which included RMP in terms of the FY74 budget.

ne 13, 1973

Senate Labor-HEW Appropriation Subcommittee again held hearings which included RMP for FY 74.

ne 18, 1973

President signs S. 1136 into law as P.L. 93-45, which includes one-year extension of RMP with authorization level of \$159 M.

ne 19, 1973

Conferees on Second Supplemental Appropriation bill for FY 73 (H.R. 7447) delete \$20 million added by Senate for RMP (H. Rept. #93-295).

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Budget/Appropriations

Legislation/Authorization

ne 21, 1973

House Appropriations Committee ordered the Labor-HEW Appropriations bill favorably reported (H. Report #93-305).

ne 26, 1973

House passed H.R. 8877, the Labor-HEW Appropriation bill for FY74 by a vote of 347-58. Funds were included for RMP at a level of \$81,953,000.

ly 1, 1973

The President signed the continuing resolution (H.J. Res. 636) following compromise on the Cambodian Resolution: Congressional interpretation of the "current rate" under the continuing resolution is the more restrictive of the FY74 House passed rate (\$81.935M) and the current rate (\$150M). Thus Congressional interpretation of the continuing rate for RMP would be the FY74 House figure of \$81.935M.

RELEVANT QUOTATIONS ON REASONS FOR TERMINATION AND CONTINUANCE OF RMP

January 29, 1973 - The President's Budget

"No extension beyond June 30, 1973, of the regional medical program authorities is being requested.

Over a period of 8 years, the Federal Government, by means of grant awards and direct staff activities, promoted and developed 56 RMP's, regional cooperative arrangements among the Nation's health care providers and institutions. Originally established to upgrade the health care of persons threatened by heart disease, cancer, stroke, kidney disease and related diseases, the RMP's in recent years sought more to improve access to and generally strengthen the health care delivery system.

Despite Federal expenditures in excess of \$500 million for these activities however, there is little evidence that on a nationwide basis the RMP's have materially affected the health care delivery system. Further expenditure of scarce Federal health resources on this program, therefore, cannot be justified on the basis of available evidence."

January 30, 1973 - Material Prepared for DHEW Presentation of President's Bu

"The greatest expenditure of RMP funds has been in the area of continuing education and upgrading training of health personnel. It is not an appropriate use of Federal funds to finance continuing education for professionals generally capable of financing his own education to improve professional competence."

"As a result of various legislative and administrative decisions in recent years, several activities for improving the quality of care previously assigned to RMP are now being supported by other HEW organizations such as the special NIH cancer and heart initiatives and the system of Professional Standards Review Organizations being set up under the Medicare authorities.

March 1, 1973 - President's Message to Congress on Human Resources

"Regional Medical Programs likewise can now be discontinued. The planning function they have performed can better be conducted by comprehensive State planning efforts. A second function of these programs, the continuing education of physicians who are already licensed, is an inappropriate burden for Federal taxpayers to bear."

March 22, 1973 - Secretary Weinberger's Testimony before the Senate Subcommittee on Health, Committee on Labor and Public

"We are proposing the termination of the Regional Medical Program because we believe that it has not achieved its promise when it was first enacted seven years ago, and shows no reasonable chance of doing so in the future. From the outset, the RMP has had great difficulty in defining a clear role for itself.

Originally conceived as covering a limited number of major regions in the United States, a total of 56 regions were funded. In 34 cases, the regions became coterminous with State boundaries. This fact alone brings RMP into direct conflict with State-based and areawide health planning, coordinating and service programs, such as comprehensive health planning. There is no significant evidence that the RMP's have achieved their goal of getting research advances rapidly into regular medical practice. The training programs undertaken are typically of limited scope and duration, and there is no substantial evidence that they have had an effect on actual medical practice. Further, we believe that continuing education for physicians should be paid for by physicians and not by the Federal Government.

A major RMP activity has been the funding of demonstration projects, but many other HEW programs, and many different Federal, State and local agencies similarly fund demonstration projects, thus adding to proliferation of separate projects. In the final analysis, it has become increasingly apparent that RMP's have not succeeded in developing the efficient, rational and regional health systems which their original purpose sought."

March 23, 1973 - Report of the Senate Committee on Labor and Public Welfare
on S.1136 (Report #93-87)

"The Committee believes that it is essential and urgent for it to upgrade, improve and delete when necessary the provisions of the Public Health Service Act and the Mental Retardation Facilities and Community Mental Health Centers Act. In that complicated process, which is now underway, the Committee will strive to consolidate, recodify, and rationalize those legislative authorities in a manner consistent with the appropriate Federal role in respect to the health needs of the American people.

The Committee is hopeful that this major legislative undertaking will result in fewer but more productive health authorities. The Committee is convinced that this process cannot reasonably be completed by the time the authorities expire June 30, 1973. And the Committee cannot stand by while the Executive branch implements decisions which could effectively terminate existing health programs before Congress has an opportunity to work its will."

May 25, 1973 - Report of the House Committee on Interstate and Foreign Commerce
on H.R. 7806 (Report. # 93-227)

"This is another program which the Administration has proposed to terminate, saying that the program has failed to meet its original intents; regionalize health services and disseminating new biomedical knowledge. Further, they feel that the program has wasted an excessive amount of money on administrative costs. The Committee will be reviewing the future of this program in conjunction with the Comprehensive Health Planning and the Hill-Burton program but feels that in the meantime the proposed abrupt termination is inappropriate. Further, while some criticism of the regional medical program may be justified it is clear that it has had many individual successes and that many people become dependent upon it. Adequate provision has not been made for finding alternative sources of support for the successful parts or the people dependent on the program. The present legislation would authorize \$159 million for t

regional medical programs in fiscal year 1974.

June 19, 1973 - Conference Report on Second Supplemental Appropriations bill
H.R. 7447 (Report #93-295)

"Amendment No. 29. Deletes appropriations of \$20,000,000 for regional medical programs and \$15,000,000 for construction of outpatient facilities proposed by the Senate.

In agreeing to delete these additional appropriations, the conferees take note of the fact that \$150,000,000 has already been appropriated for fiscal year 1974 for regional medical programs and \$70,000,000 has been appropriated for construction of outpatient facilities. The Congress is clearly opposed to the termination of these programs. Legislation to extend the authorizations for them through June 30, 1974 has been passed by overwhelming majorities in both the House of Representatives and the Senate. The conferees urge that the funds which have been appropriated for the regional medical programs and the Hill-Burton program be released for obligation, in accordance with Congress intent."

June 21, 1973 - Report of the House Appropriations Committee on FY 1974 Labor
HEW Appropriations - H.R. 8877 (Report # 93-305)

"Health services planning and development. -- . . . This appropriation funds a group of programs [NCHSR&D RMP, CHP, and Hill-Burton] whose common purpose is to improve the delivery of health care and to make the most effective use of available resources. . . ."

"The budget proposed no appropriations for regional medical programs for fiscal year 1974. The legislative authorization for the regional medical programs has recently been extended through fiscal year 1974 by a nearly unanimous vote of Congress. While the Committee is aware that some of the regional medical programs may not have been as productive as they should be others have been highly successful. In any case, the Committee believes that the original objectives of the regional medical programs are still valid, and that the Department should seek to improve the operations of the programs rather than terminating them. The Committee has included in the bill the sum of \$81,953,000 to continue the funding of the regional medical programs. The Committee urges that every effort be made to strengthen and improve the weaker programs."

Second Supplemental Appropriations Act - P.L. 93-50-July 1, 1973

"Health Services Planning and Development - For an additional amount for "Health services planning and development", for carrying out, to the extent not otherwise provided, section 304 and title IX of the Public Health Service Act, \$17,000,000, to remain available until expended."

The Senate Report (No. 93-160) plus floor debate indicate that these funds are for the following items:

- (1) \$12,000,000 to permit completion of the new Children's Hospital National Medical Center in Washington, D.C.

- (2) \$4,500,000 to meet the initial needs for a children's medical center serving the northwestern regions of the U.S. "Plans are now underway to transform the Children's Orthopedic Hospital Center into a children's regional health service center, comparable to the Children's Medical Center in Boston. The committee recognizes that existing facilities are hopelessly outmoded and inadequate and that some corrective action must be taken immediately. For this reason, the Committee recommends that \$4,500,000 be provided to meet the critical, immediate needs of this facility."
- (3) \$500,000 to complete a hospital in northern Vermont - the North Country Hospital and Health Center at Newport, Vermont - by providing additional grants for hospital construction.