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To Dr. Packard thought you'd like to see this
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Margaret Klapper

BAUM UNREELS TAPE ON RMP PHASEOUT

Reporting from the other side of the looking glass, Kenneth Baum, Associate Director for Transitional Management, RMP Services, and self-styled bureaucrat, reminded members of the National Association for Health Resources Development of the almost unbelievable obstacles encountered and overcome by the regional medical programs during their ten-year life:

"We functioned under three U.S. Presidents.

"We operated during the emergence of the "Great Society," the civil rights movement and the termination of the Johnson Administration. The Vietnam War, Watergate, the rise of consumerism, the energy crisis and inflation all affected us.

"We served under six Secretaries and five Assistant Secretaries of DHEW, seven Regional Medical Program Service directors and we were part of three different agencies (NIH, HSMHS, HRA), five separate bureau level divisions and had two different modes of operation."

The almost unbelievable sequence of "stop and go" orders would have long since destroyed less dedicated operations, he indicated in a talk before the NAHRD at St. Petersburg Beach in September, and proceeded with the following chronology:

October 27, 1972 — Congress passed the last continuing resolution before phaseout.

January 29, 1973 — President Nixon's budget called for a reduction in RMP funding from $150 million to $55.8 million to continue RMP's only until June 30, 1973, under the belief that they had little effect on the nation's health care delivery system.

February 1, 1973 — RMP's notified by telegram of the phaseout.

February 6, 1973 — All RMP's advised to terminate by June 30, 1973.

February 22, 1973 — RMP's notified to submit final phaseout plans.

April 4, 1973 — Phaseout awards issued with the understanding that there would be no funds beyond September 30, 1973.

May 31 to June 5, 1973 — Congress passed legislation for RMP extension. The House voted $159 million for RMP's 372-1 and the Senate 94-0.

June 18, 1973 — President Nixon signed the bill.

June 26, 1973 — The House voted $81.9 million for RMP's for the remainder of Fiscal Year '73.

June 27, 1973 — The restrictions of the April 4 telegram removed.

July 1, 1973 — The President signed the continuing resolution for $81.9 million.

July 5, 1973 — RMP's notified by telegram that they had viability through September 30, 1973.

August 2, 1973 — DHEW notified RMP's to spend $46 million instead of $81.9 million.

August 28, 1973 — First quarter funds of $17.1 million and $2 million for pediatric pulmonary programs allocated and RMP viability moved up to December 31, 1973.

September 7, 1973 — FY '74 spending ceilings determined.

September 20, 1973 — RMP's extended an additional six months to June 30, 1974.

September 21, 1973 — NARMP suit filed.

November 12, 1973 — RMP's submitted applications.

December 28, 1973 — Awards made.

December, 1973 — Congress confirmed the $81.9 million in the continuing resolution and earmarked $4.5 million for arthritis program.

February 7, 1974 — Court order issued to DHEW and OMB to release RMP Funds.

February 22, 1974 — $89.6 million of unimpounded FY '73 funds released.

March 6-7, 1974 — RMP's were notified of released funds and given instructions for applications.

June 13, 1974 — Applications received from 53 RMP's for $127 million. $84 million was awarded and 25 per cent of the funds were reserved for the August cycle at which time 47 RMP's received $27.3 million.

October 20, 1974 — The last $5 million of the appropriation awarded.

January 4, 1975 — President Ford signed PL 93-641.

March, 1975 — Congress passed a continuing resolution with $75 million for RMP's during transition.

June 27, 1975 — Awards issued to carry RMP's through June 30, 1976.

March 15, 1976 — NARMP agreed to request a 90-day uniform phaseout period from July 1 to September 30, 1976.

April 30, 1976 — BHPRD Issued uniform phaseout guidelines.

June 1, 1976 — Congress appropriated $10 million to continue exemplary RMP projects.

September, 1976 — RMP's submitted final information to BHPRD.

Along with these frustrations, Baum reminded members of NAHRD that many institutional changes occurred during the life of the regional medical programs and several health issues came into national focus relating to smoking, alcohol, cholesterol, abortion, swine flu, the right to die, malpractice insurance, auto safety and medicaid abuses.

Baum also recalled in this historical perspective that RMPs had been looked upon as provider-dominated although Federal health programs may not be dominated by providers, consumers or any other organized interest group.

He urged that health professionals recognize a continuing need to interact with Congress and the Executive Branch in an organized manner to assist them regarding issues of concern.

Baum said many RMP programs which began with RMP moved to other places and now have no RMP identity. He said that while the RMP identity may have been played down, RMPs generated programs that have improved the health care delivery system and are saving lives.

He closed his talk by complimenting RMPs on their resiliency, paying tribute to:

- dedicated staffs and volunteers who believed in RMP goals and objectives
- a program with positive purposes rather than one of control
- the ability to operate, based on local decision-making and priority-setting without bureaucratic rules
- the capacity to evaluate our programs and relate their successes ourselves when the federal government was unable to do so.

When Kenneth Baum concluded his talk to the NAHRD, members gave him a standing ovation and Charles White, Conference Chairman, announced that official recognition would be accorded him. ■