MEMORANDUM

TO: DCHP, DFU, and DRMP Staff

FROM: Acting Associate Director for Health Resources Planning

SUBJECT: HRP Implementation

It has been nearly four weeks since my initial memo on this subject. While Congress was recessed for a part of that time, there have been a number of developments relating to HRP implementation since then.

Legislation
The "National Health Policy, Planning, and Resources Development Act of 1974" (H.R. 16204) was reported out on September 12 by the House Committee on Interstate and Foreign Commerce. The Senate Committee on Labor and Public Welfare has begun marking up its companion HRP bill (S. 2994). These developments and agreement by the Congressional leadership to call a special session following the elections substantially increase the chances of enactment of HRP legislation this calendar year.

HRP Implementation
Dr. Holman Wherritt, RHA/Region VII, has been designated the "lead" RHA for HRP implementation and Dr. E. Frank Ellis, RHA/Region V, will serve as his alternate. Although they are not able to sit in regularly at the weekly HRP executive staff meetings, we will be meeting with them on September 23 in order (1) to report on HRP implementation progress to date and work and developments in the offing, and (2) to explore how further regional office participation and inputs might best be achieved. We also are keeping them currently informed, including sending them draft materials for consideration by the HRP executive staff and the summary reports of its meetings.

Initial assignments to the Area Designation Work Group were made last week: Judy Morgan and Cyndee Trower of DCHP and Lee Van Winkle from DRMP. In addition, Eric Farag, Carol Keyko (Region III), and Bill McKenna (Region I) spent two days here last week developing proposed procedures for the area designation process. A draft of those will soon be circulated to all regional offices for comments, reactions and any suggested changes or additions.

An initial draft agenda for Regional Orientation Sessions on HRP also has been circulated to regional offices for their comment. These sessions, originally scheduled to be held later this month and early next month, had to be postponed because of the uncertainties of legislation. Development of an agenda is continuing, however, since there is every intention of rescheduling and holding such meetings at a later time.

An initial "Draft Proposal for a Health Resources Planning Organization" has been developed and is under active consideration by the HRP executive staff. I hope that we can get general consensus and agreement on a proposed HRP division-level organization within a reasonably short time.
Other

There have been several other recent developments that perhaps will be of interest to you. A single, overall position ceiling has been created for the three programs. It will be centrally controlled, and for the time being professional vacancies will be filled on an exception basis. Moreover, all proposed "outside" recruitments for headquarters professional positions will require the concurrence of the HRP executive staff. This requirement is aimed at ensuring that (1) employees currently within the three program divisions will be considered before going outside and (2) any individuals recruited from the outside will fill a need in the projected new HRP bureau.

Steps also have been taken, and the regional offices advised accordingly, to ensure that all communications, meeting invitations, and the like pertaining to HRP implementation planning and actions include the EHSDS sites and directors as well as CHPs, Hill-Burton agencies, RMPs, and agencies funded by the Appalachian Regional Commission. For as you probably are aware, the pending HRP legislation explicitly provides that existing EHSDS also are to be given full consideration for designation and funding as health systems agencies (HSAs).

cc: Regional Health Administrators, Regions I-X
    Directors, Divisions of Resource Development, Regions I-X