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OTHER POSSIBLE LEGISLATIVE ISSUES

There are a number of other possible legislative issues which, of perhaps lesser import or not quite so pressing, also warrant mention and some consideration.

Authorization for New Construction

This issue, which was considered to be of major importance during the early days of the program and was treated accordingly in the "Report on RMP to the President and the Congress," now appears to be dead. There is little or no indication from the Regions that the need for or desirability of such authority is critical or great. Current efforts by the Administration to reduce inflation and the anticipated budget pressures would seem to make any efforts in this direction quixotic.

Cost Sharing or Matching

There presently are no formal RMP cost sharing or matching requirements for either planning or operational activities except for renovation (90% Federal - 10% local). The Regulations state that when approving projects, the potential utilization of nonfederal resources in carrying out program activities must be taken into account, but to date this has not been a major practical consideration. Some Regions have adopted procedures regarding the gradual phasing out of projects or the transference of their support to community resources, but no specific policy in this regard has yet been adopted and applied nationally.

One of the strengths of RMP has been the ability to full-fund program activities without having to worry about obtaining continued local support. However, some persons have argued that if matching money were required, it would bring increased local involvement to the program. Given the current financial status of most medical schools, cost sharing potentially might increase the outreach of the program by forcing RMP to look to the community for financial support. In addition, cost sharing also would multiply the impact of the available RMP funds. The basis for cost sharing or matching in a program dealing with and composed of multiple institutions and organizations would pose substantial administrative problems, however.

One very practical consideration is that a program with an authorization level (or appropriations) of even \$2-300 million might well elicit Congressional pressures for local matching, even though that same program at a \$65-120 million level had not.

Regionalization

An increased emphasis on regional cooperative arrangements or regionalization of health resources and services, could raise questions with respect to the present prohibition against interference with ". . . the patterns, or methods of financing, of patient care or professional practice, or with the administration of hospitals". Strict interpretation of this provision in the Act could limit severely the opportunities for Regional

Medical Programs to contribute to the regionalization of health resources and services. However, to date this prohibition has not appeared to have caused any major difficulties; and in all probability any attempt to change or to clarify it would raise more problems than it would solve.

Broader Involvement in the Program

Although medical schools and centers, community hospitals, practicing physicians, and by extension, medical societies, make up the primary constituency of RMP, the mix and relative influence of these groups varies considerably among Regions. Community hospital interests in particular, have been concerned about their limited involvement in the RMP decision-making and planning processes and operational projects. There has also been implied criticism from certain Congressmen about RMP funds not getting beyond the medical school (or "dean's office").

Perhaps some consideration needs to be given to means by which broader participation by community hospitals and other provider groups, as well as community and consumer interests might be insured. Cost sharing, redefinition of the function of Regional Advisory Groups, and increased cooperation with both state and areawide CHP efforts have been suggested as possible ways to accomplish this purpose. The recent AHA position with respect to hospital planning and financial requirements may provide an impetus and opportunity for greater RMP support of individual hospital planning efforts and cooperation and collaboration with CHP areawide planning agencies.

Care Capacity

The present explicit emphasis of RMP is on improving the quality of care -- "To afford to the medical profession and the medical institutions of the Nation . . . the opportunity of making available to their patients the latest advances in the diagnosis and treatment of these diseases." Consideration perhaps should be given to including within the program's broad purposes an explicit reference to increasing or improving the capacity of the professions and hospitals for providing care through regionalization.