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system. It is intended that in periodically revising and extending this legislative authority the priorities would be subject to change. They are to give direction to the development of national health goals by the National Council for Health Policy and to provide some Federal direction for the planning efforts of the state health planning and development agencies and health systems agencies. This responds to a frequent criticism that the present comprehensive health planning program has received little Federal direction for its efforts. It is recognized, however, by the Committee that in any given State or area the particular priorities specified may not coincide with the priority needs of the community. In such a case it is anticipated that the State or areawide agency would show that these priorities do not apply to its community, presumably by showing that the subjects with which they are concerned are already well taken care of in the community. After such a showing, the agency would then devote its resources to the community's own priorities.

The reference to physician's assistants and nurse clinicians in the fourth priority is not intended by the Committee to suggest that all nurse clinicians are physician assistants since it is recognized that in many States there are situations in which nurse practitioners are allowed independent practice under the State Nurse Practice Act.

The reference to health education for the general public in the ninth paragraph reflects the Committee's awareness that our population's health status is determined only in part by the availability of high quality medical care and is also dependent upon the availability of a healthful environment, adequate income, safe housing, and many other things. This priority is also reflected in the Congressional findings and in the listing of functions for the National Council which directs the Council to study means of achieving health goals other than the development of medical care, including housing, environmental controls, education, nutrition, and accident prevention programs. Throughout this legislation the emphasis is on planning which will improve people's health. It is recognized that this usually means planning for medical care. However, where it can be shown that planning concerned with the environment, individual knowledge and behavior with respect to health and health services, or other factors will contribute to people's health, the programs funded under this legislation should concern themselves with such factors, rather than being limited to medical care planning by the legislation's emphasis on medical care.

Part B—Health Systems Agencies

Health service areas

New section 1411(a). Requires the establishment of health service areas throughout the United States, with respect to which health systems agencies are to be designated under section 1415. Specifies the following requirements to be met by each health service area:

(1) The area must be a rational geographic region, containing a comprehensive range of health services, and of a character suitable for the effective planning and development of health services.

(2) To the extent practicable, the area must include at least one center for the provision of highly specialized health services.

(3) Upon establishment, the area must have a population between 500,000 and three million, with the following exceptions: the population may exceed three million if the area includes a standard metropolitan statistical area (as determined by the Office of Management and Budget) with a population of more than 3 million persons; and the population of an area may be less than 500,000 in "unusual circumstances," but not less than 200,000 except in "highly unusual circumstances" if the Governor of each State in which the area is located determines, with the approval of the Secretary, that the area meets the other requirements of this subsection. "Unusual" and "highly unusual" circumstances are to be defined by the Secretary in regulations.

(4) To the maximum extent feasible, the boundaries of the health service area must be coordinated with the boundaries of professional Standards Review Review Organizations, existing regional planning areas, and State planning and administrative areas.

Each standard metropolitan statistical area (SMSA) must be entirely contained within the boundaries of one health service area unless

Nick
Copy of Sen by Sen analysis of draft ~~of~~ House Cmte. pt. re area & area designation. Think this provides one (sen.) piece of authoritative guidance.
pete

the Governor of each State in which a SMSA is located determines, with the approval of the Secretary, that a health service area should contain only part of the SMSA in order to meet the other requirements of this subsection.

It is anticipated by the Committee that these requirements will lead to the designation by the Governors of approximately 200 health service areas throughout the United States which constitute rational areas for the planning of health services and are neither too small nor too large to permit effective health planning. The limitation on the maximum size of a planning area reflects the concern that as these areas grow too large in population and resources, it becomes impossible to reflect all of the area's legitimate concerns in the planning activities of the agency and impossible to include adequate representation of the population on the agency's governing board. Areas will have to have populations greater than 3 million where a single city is included whose population exceeds 3 million but, in general, the maximum is intended to give some emphasis to a local quality in the planning process.

The 500,000 people minimum reflects the experience that effective health planning can be conducted only with an adequate base of population and health resources to sustain a planning process. Generally, the Committee is serious in specifying the 500,000 minimum and does not intend the waivers in either "unusual" or "highly unusual" circumstances to be used frequently.

However, it is recognized that there are some sparsely populated parts of the country, particularly in the West, where the inclusion of 500,000 people would make the geographic size of the area so vast as to be unmanageable. In these cases, with the approval of the Secretary, it is envisioned that an area with a population less than 500,000 or in a few cases 200,000 may be designated.

The requirement for the inclusion of a center for the provision of highly specialized health services, such as a medical school, academic health center, or major multi-specialty group practice clinic, reflects the desire that the health service areas provide a comprehensive and complete range of health services such that an individual residing in the area would rarely if ever have to leave it in order to obtain needed medical care.

Since it is recognized that the boundaries of areas defined for different purposes cannot all be identical, the criteria for designation of health service areas do not require that their boundaries be identical with those for PSRO areas, regional planning areas, or State planning and administrative areas. However, to the maximum extent feasible, these should be closely coordinated. Thus, where a health service area contains more than a single PSRO, an effort should be made to include two or more whole PSROs. If a health service area is not to have identical boundaries with those of councils of governments, it would be preferable that the area include the areas of two or more whole councils of government.

Finally, if any such areas are to be divided among health service areas, the division should generally follow existing geopolitical boundaries. While health service areas should generally be larger than standard metropolitan statistical areas, the Committee has recognized SMSAs as useful delineations of our major metropolitan areas and feels very strongly that health service areas should not divide the SMSAs. Since SMSAs often cross State boundaries because metropolitan areas often do, the Committee intends that where a major metropolitan area straddles a State boundary this health service area will also cross the State boundary. While provision is made for waiving this requirement with the approval of the Secretary, it is anticipated that the waiver will be granted rarely, perhaps in such situations as the Norfolk, Virginia SMSA which has one county in northeast North Carolina.

New section 1411(b). Requires the Secretary, within thirty days of enactment of this title, to notify the Governor of each State in writing of the initiation of proceedings to establish health service areas throughout the United States. Each notice must contain: (A) a statement of the requirement of section 1411(a) that health service areas be established throughout the United States; (B) a statement of the criteria prescribed by section 1411(a) for health service areas and the procedures prescribed by this section for the designation of health

service area boundaries; (C) a request that the Governor designate the boundaries of health service areas within his State and, in cooperation with the Governors of adjoining States, the boundaries within his State of health service areas located both in his State and others. It is noted that the waiver will be granted rarely, perhaps in such situations as the Norfolk, Virginia SMSA which has one county in Northeast North Carolina.

The Secretary is to publish at the same time as a notice in the Federal Register a statement of his giving of notice to the Governors and the criteria and procedures contained in the notice.

Each Governor is required, in the development of boundaries, to consult with and solicit the views of the chief executive officer or agency of the political subdivisions within the State, the State agency which administers or supervises the administration of the State's health planning functions under section 314(a) (State comprehensive health planning agencies), each entity within the State which has developed a comprehensive regional, metropolitan, or other local area plan referred to in section 314(b) (areawide comprehensive health planning agencies), and each regional medical program established in the State under title IX.

Within 150 days of giving notice to the Governors the Secretary is required to publish the health service area boundary designations as a notice in the Federal Register. Except as provided below, the boundaries submitted by the Governors are upon publication to constitute the boundaries for health service areas. If the Secretary determines that a boundary submitted by a Governor does not meet the requirements of section 1411(a), he is, after consultation with the Governor who submitted the boundary, to make necessary revisions in the boundary and adjoining boundaries, and publish the revisions in the Federal Register. Upon publication, such revised boundaries are to constitute the boundaries for such health service areas. The Secretary must notify the Governor of each affected State of the revision and the reasons for it.

In the case of areas of the United States not included within the boundaries of any health service areas as submitted, the Secretary must establish and publish in the Federal Register boundaries including such areas, and notify the Governor of each affected State as to the boundaries established. The Secretary is authorized to revise boundaries which are submitted as necessary to meet the requirement that health service areas be established throughout the United States.

The Governor of any State may submit revised health service area boundaries to the Secretary at any time that he feels it appropriate, after consulting with appropriate designated health systems agencies, the Statewide Health Coordinating Council, the chief executive officer of the affected political subdivisions of the State, and any of the presently existing health planning and development programs still in operation. The Governor is to include with his submission comments by entities consulted in making the revision. If the Secretary determines that the revised boundaries meet the requirements of section 1411(a), the revised boundaries are to be published as a notice in the Federal Register, and to take effect upon publication. If the Secretary determines that the revised boundaries do meet such requirements, he must notify the Governor of the determination and reasons for it.

Section 1411(b) gives the authority for the designation of health service areas to the Governors of the various states. The Secretary is to intervene in the designation by the Governors only if the criteria for health service areas as specified in the law are not met, if a governor requests a waiver of one of the various criteria, or if there are areas which the Governors fail to include in any designated health service area.

This last reflects the Committee's desire that the entire country be covered by such areas. The rapid, six-month schedule for the designation of health service areas is considered adequate for the designation process and is necessary if grants for the funding of health systems agencies are to begin in fiscal 1975, as is the Committee's intent. In order to make such a rapid designation process possible, the Committee has written requirements that do not necessitate formal rulemaking procedures.