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# MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH RESOURCES ADMINISTRATION  
BUREAU OF HEALTH RESOURCES DEVELOPMENT

TO : DCHP, DFU, and DRMP Staff

DATE: DRAFT/8-16-74

FROM : Acting Associate Director for Health Resources Planning

SUBJECT: HRP Implementation

In this period of transition it is especially important that all staff of the three programs be kept informed of current developments regarding the pending Health Resource Planning (HRP) legislation and our implementation efforts in that connection.

My meeting with you several weeks ago (August 2) was intended to serve that end. Drs. Graning, Pahl, and Rorrie will, I am certain, continue to relay relevant information about such developments to their respective program staffs in the course of regular staff and other meetings they hold.

In addition, though, I believe some useful purpose may be served by periodic communications such as this memorandum, to all the staff of DCHP, DFU, and DRMP. I intend in this way to inform you every two weeks or so, about recent HRP developments and I have asked Mr. Peterson in his new role as my special assistant for HRP implementation to assist me with this as one of his responsibilities.

## Legislation

As most of you know, the House health subcommittee recently reported out a clean bill, H.R. 16204, the "National Health Policy, Planning, and Resources Development Act of 1974". (We soon will have copies of it in quantity.) It is anticipated that the full Committee on Foreign and Interstate Commerce will report out that bill before the House recesses on August 23. Final

action, a vote by the full House on this bill is not expected until sometime after the House reconvenes on September 11. It is expected the Senate Committee on Welfare and Health, which recently reported out a manpower bill, will be turning its attention to marking up its companion HRP bill shortly.

#### HRP Implementation

We have begun to put together the approach and framework for implementing this anticipated legislation and the new Health Resource Planning program it would establish. That approach and framework has three essential elements.

1. An HRP executive staff which, in addition to myself, includes Drs. Graning, and Pahl and their deputies, Dr. Rorrie and Mr. Peterson. Mr. Zwick, representing HRA/OPEL, also is sitting in with this group; and we are looking forward to having a representative from the Office of Regional Operations meet with us regularly. This executive staff, which has met three times already, will be the principal policy-setting and decision-making group insofar as HRP implementation is concerned. It also will serve to insure the availability of staff and other resources that will be required to get the overall implementation job done.
2. A number of task-oriented work groups each of which will be headed by a project manager, usually on a full-time basis. Several such work groups already are in the process of establishment and should be functioning fully in a short time. Mr. Peterson, as my special assistant for HRP implementation, will have overall responsibility for the day-to-day direction, coordination and monitoring of these work groups, and whose project managers in turn will report directly to him. He also will serve as a principal communication link between the HRP executive staff and these implementing workgroups.

A major initial concern of the executive staff, one that has occupied a prominent place on its early agenda, is how to achieve substantive and active Regional Office involvement and participation in the HRP implementation effort. We see Regional Office involvement and participation in the planning for and implementation of the anticipated legislation as crucial since the Regional Health Administrators and their staffs clearly will have an integral role in both the immediate implementation and continuing administration of the new HRP program.

Another matter which has occupied the attention of the executive staff is the planning for the September-October meetings to be held with CHP, EHSDS, Hill-Burton, and RMP representatives. In that connection, Dr. Colin Rorrie has been given the lead responsibility for developing an agenda for those meetings, and Mr. Sam Gilmer has been assigned lead responsibility for their logistical aspects.

Mr. Howard (Nick) Kelley has been designated the project manager for the area designation work group. It is anticipated that additional staff assignments will be made to that work group shortly. As regards area designation, we already have made tentative plans for possibly two meetings with State officials who, as their Governor's designees, would have key roles to play in that process. Those meetings hopefully could be held within 30-45 days of final enactment. A contract is in the process of being let to develop an area designation simulation package and exercise as one part of those meetings.

You also should know that Mr. Clark Murff, an organizational specialist from SSA, has been with us for several weeks now on a detail. Mr. Murff should be of material assistance in developing appropriate and possibly alternate organizational and staffing patterns for a new bureau which, as Dr. Endicott

indicated at the August 2 meeting, is likely to be established subsequent to final legislative enactment. Mr. Murff already has talked to a number of you; and I anticipate that he will be in contact with many others of you before very long.

Once we have final HRP legislation, the scope of our initial implementation efforts will rapidly expand and of necessity accelerate. Before too long, therefore, many more of you will be drawn directly into that effort and the myriad of tasks that have to be done.