

the NIH. Further coordinating mechanisms will be developed when the regional medical programs become functional.

(b) The National Institutes of Health has been carrying on a great deal of coordination with the Office of the Surgeon General, Public Health Service. This coordination has now been made formal in a series of weekly reports to the Surgeon General on the status of the regional medical programs. In addition, the Bureau of State Services, whose programs bear the greatest relevance to the regional medical programs, has appointed a top level member of its staff to serve as permanent liaison between these bureaus of the Public Health Service. This liaison staff member will help to insure maximum cooperation and to eliminate duplication of the two related programs.

To insure coordination of this program with other programs in the Department, the Under Secretary has requested monthly reports on the activities and progress of the regional medical programs. The regional medical programs bear a particular relationship to the Vocational Rehabilitation Administration, and close coordination will be carried on with the VRA. Appropriate coordination will also be established with the Children's Bureau.

(c) The regional medical programs will be coordinated with relevant programs of the Veterans' Administration.

(d) and (e) The regional medical programs are to be regional cooperative arrangements which may include relevant health agencies of States and local communities, such as health departments, hospital planning bodies, or other interested agencies. Such groups can be represented on the advisory body designated by the grant applicant to advise in formulating and carrying out the plan for a regional medical program in that region.

(f) Not applicable.

(g) Public Law 89-239 authorizes grants to public or nonprofit private universities, medical schools, research institutions, and other public or nonprofit private institutions and agencies to assist them in planning, in conducting feasibility studies, and in operating pilot projects for the establishment and operation of regional medical programs. These programs are defined in the law as involving regional cooperation among such institutions.

(h) and (i) Not applicable.

8. *Laws and regulations*

Public Law 89-239 is the authorizing legislation for regional medical programs. The first appropriation is in Public Law 89-309, chapter VI. No regulations have, as yet, been promulgated.

PART II. DATA BEARING ON ECONOMIC ASPECTS AND IMPACTS OF THE PROGRAM

9. *Economic effects*

The President's Commission on Heart Disease, Cancer, and Stroke, which provided the initial impetus for the regional medical programs, asserted that—

Americans need no longer tolerate several hundred thousand unnecessary deaths each year from heart disease, cancer, and stroke.

By bringing to all the people the full benefit of what is now known of prevention, detection, treatment, and cure, we could save, each year a number of lives equal to the population of a major city.