(The following information was received by the committee:) The acress to substitute

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE STATEMENT ON THE STATUS OF REGIONAL MEDICAL PROGRAMS

As indicated in the table below, all Regions except Puerto Rico have embarked upon planning; and 41 of the 54 Regional Medical Programs have been engaged upon planning, and 41 of the 54 negional medical Programs have been engaged in planning activities for a year or longer. These planning activities have involved a large number of diverse health and health related professionals (e.g., physicians, medical sociologists, hospital administrators, epidemiologists, allied health personnel) representative of a wide spectrum of health institutions and organizations, including community hospitals, local and state medical societies, official and voluntary health agencies, and state hospital associations. These individuals are serving on planning task forces and local advisory committees as well as Regional Advisory Groups. In addition, a number of such individuals are also serving on the central core staffs of many Regional Programs.

Experience to date clearly demonstrates that the involvement of community hospitals and other local health resources, private practitioners, and other health professionals becomes more extensive and intensive as Regional Programs enter the operational phase. At that stage, for example, community hospitals become the sites for coronary care unit demonstration and training programs; local physicians and hospitals undertake the training of cardiopulmonary technicians needed in the community; private practitioners and their patients in rural areas benefit from automated EKG readings utilizing telephone lines; and programs to recruit and train sub-professional health aides required to staff extended care

facilities, are initiated.

Initial operational grants have been awarded to 12 Regional Programs to date. Another 12 Regions have submitted initial operational grant requests which are now under review. Based upon the best information currently available, it is anticipated that the other 30 Regions will enter the operational phase before the end of fiscal year 1969. Thus, involvement and participation by community hospitals and private practitioners in Regional Medical Programs should become more widespread and increasingly evident over the next 12-15 months. Constant Handred Lighter Hill

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