

area and the goals it would like to see achieved. The plans would have to follow national health guidelines issued by the Secretary of HEW, but once established they would become the blueprints for subsequent review of new construction and federal spending in the area. The bill also authorizes \$275 million through fiscal 1977 for local HSA planning grants to aid in implementation of the plans.

The local HSA's will also have the power to approve or disapprove proposed federal expenditures for new construction, alcoholism and mental health treatment, and some public health services in their areas. If an HSA disapproves a proposed use of funds which the federal government wants to go ahead and spend anyway, the Secretary of HEW will have to explain why publicly and consult with yet another group, the state health planning agency. In this way it is hoped the local HSA's will have clout in influencing federal health activities in their areas.

The bills try to control a chief cause of inflation in health care costs, namely, unused and underused facilities. The number of excess hospital beds in the United States is, according to various estimates, from 60,000 (with an annual carrying cost of \$1.2 billion) to 100,000 (with an annual cost of \$2 billion). Obstetrical wards are sometimes underused in areas with declining birth rates. Coronary care units have been built by hospitals with little demand for them. (In the Washington, D.C., area, experts estimate there are seven such units but enough business for only three). Curbing an increase in little-needed facilities, then, has become a major element in the fight to control costs.

Under the new law, both the local HSA and the state health planning agencies will conduct elaborate reviews of existing facilities and of any proposed construction. States are given 1 year to pass certificate-of-need legislation, which must then be administered by the state planning agencies that will be making these reviews. To fight rising costs directly, the bill authorizes \$15 million through 1977 for up to six states that decided to engage in rate regulation.

The Hill-Burton hospital building program is continued in the new law, with \$390 million through 1977. But instead of going for building any new inpatient facility, the law authorizes construction only of new outpatient

facilities, conversion of existing facilities to new uses, and new inpatient facilities only in areas of rapid population growth.

A final important aim of the new legislation is to give the nascent consumer movement in health care as well as health care planning professionals a greater say in the direction of health care. At the state and local levels health planning activities will be overseen by governing boards, carefully constituted so that a majority will be consumers, professionals, and government officials. So-called "providers" of health care—the doctors, hospital administrators, and others with vested interests at stake—are legislated to form a minority on these boards.

The new program, as well as the legislation creating it, was opposed by some groups which it will phase out of existence. Paul D. Ward, of the California RMP, argues that the nonprofit character of the HSA's will make them irresponsible. "The destiny of the nation's health care system," Ward writes, "will be in the hands of corporate boards or staff that have little or no responsibility to the general public." Interestingly, however, the House committee report on the planning bill criticized the RMP's nationally for not having been more accountable to the public. "Where RMP efforts . . . did achieve some critical mass, as in the case of coronary care unit demonstration and training activities, they did not always address priority community problems and needs," the report said.

Both the AMA and the American Hospital Association fought the planning bill on the grounds that it gives too much control to the government, thus embodying a "public utility approach" to health care. But most observers say that the bills' gliding passage through both Houses of Congress was a testament in particular to the AMA's declining political influence. One Administration official, who nonetheless did not want to be quoted by name as criticizing AMA, explains that the dominant issue of cost control has overridden the AMA's principal issue—namely, who should control the medical care system. He added, "It was inconceivable that the kinds of things in those bills would have been discussed 10 years ago. You would have been called a communist."

Ralph Nader's Health Research Group also opposed the legislation. A staff associate of the group, Barry

Ensminger, says that in all likelihood the new HSA's will become, like the CHP agencies they will succeed, captives of local hospital and medical associations. The HSA's "will still be reactive planners, reacting to things proposed for the future. But one out of every three hospital patients doesn't need to be there. One out of every ten patients undergoes unnecessary surgery. They're not set up to roll back the existing system."

Rubell, who is now setting up the new program for HEW, summarized his own hesitations about the program thus: "I'm not sure the whole approach [in the law] will work. But what it will do is give us a chance to try to make it work. If it fails, it will be because the idea is a bad one, not because it wasn't given a good try. Then the choice will be to have the big ol' government do it and that's something I fear very much."—DEBORAH SHAPLEY

RECENT DEATHS

Harold Abramson, 75; professor emeritus of pediatrics, New York Medical College; 13 October.

Emily C. Cardew, 67; former dean, College of Nursing, University of Illinois; 10 September.

Peter F. Curran, 43; director, biological sciences division, Yale University; 16 October.

Frank Cuttitta, 62; research chemist, U.S. Geological Survey; 4 November.

Harold E. Davis, 80; former professor of radiology, University of Miami; 12 October.

Samuel D. Gray, 83; former chairman, agronomy department, New York Agricultural and Technical Institute; 9 October.

Stephen P. Marion, 63; associate professor of chemistry, Brooklyn College, City University of New York; 7 October.

Max Seham, 86; professor emeritus of pediatrics, University of Minnesota; 15 October.

Carl R. Woodward, 84; president emeritus, University of Rhode Island; 2 October.

Erratum: Under Recent Deaths (1 Nov. 1974) the listing Robert R. Kaufmann should read Albert R. Kaufmann.

Erratum: Under Appointments (6 Dec. 1974) the entry for Julius S. Greenstein should read "chairman, biology department, State University of New York College, Fredonia, to dean, School of Mathematics and Natural Sciences, Shippensburg State College."