

9 JUNE 1981

I AM MR. MARTIN J. RUEBENS, THE DEPUTY CHIEF OF THE OFFICE OF HEALTH SERVICES, U. S. COAST GUARD. THE PROPOSED ABOLISHMENT OF THE PUBLIC HEALTH SERVICE HOSPITALS AND CLINICS WILL HAVE AN IMPACT ON THE COAST GUARD. THE PHS PROVIDES DIRECT CARE TO APPROXIMATELY 17% OF THE TOTAL COAST GUARD OUTPATIENT WORKLOAD AND 38% OF THE INPATIENT WORKLOAD, EXCLUSIVE OF THE WORKLOAD GENERATED BY COAST GUARD DEPENDENTS AND RETIREES UNDER THE CHAMPUS PROGRAM. DoD, COAST GUARD AND CIVILIAN PROVIDERS RENDER THE REMAINDER OF THIS CARE. FOR FY 1982, WE ARE ADVISED THAT THE PUBLIC HEALTH SERVICE BUDGET HAS SUFFICIENT FUNDS TO PROVIDE HEALTH CARE SERVICES THROUGH CONTRACT CARE FOR THE COAST GUARD AND NOAA BENEFICIARIES FOR WHOM PHS HAS TRADITIONALLY BEEN RESPONSIBLE.

IN REGARDS TO ALTERNATIVE COURSES OF ACTION FOR FY 1983 AND BEYOND, WE HAVE FORMED AN INTERNAL TASK GROUP TO STUDY THE SITUATION AND THE POTENTIAL IMPACT ON THE COAST GUARD. THERE IS CONCERN THAT THE HEALTH CARE SERVICES NOW BEING PROVIDED TO COAST GUARD BENEFICIARIES MAY NOT CONTINUE AT THEIR CURRENT LEVEL. THE TASK GROUP IS EXPLORING OPTIONS SUCH AS GREATER UTILIZATION OF OTHER FEDERAL PROVIDERS, VIZ., DoD, VA AND COAST GUARD MEDICAL TREATMENT FACILITIES (MTFs). ALSO, THEY ARE CONSIDERING USING NONFEDERAL PROVIDERS I.E., PRIVATE SECTOR FACILITIES AS WELL AS A COMBINATION OF BOTH (FEDERAL AND NONFEDERAL).

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WE ARE WORKING CLOSELY WITH ALL THE CONCERNED AGENCIES  
TO WORK OUT SUITABLE ARRANGEMENTS FOR BOTH SHORT AND LONG-  
TERM SOLUTIONS TO ANY PROBLEMS THAT SURFACE.