other factors, we have got to find more effective ways of delivering both hospital care and physician services to the American people.

Mr. ASHLEY. Just a final question. Has there been any estimate as to what a target might be? What are we talking about in terms of group practices? What are we looking for under this program?

What would we like to see in terms of a target?

Mr. COHEN. I would like to say, Mr. Ashley, that I don't have any preconceived notion of this. I would hope that we could increase the number. I would like to see us add several hundred more in the United States during the next few years. But I think this is a matter of allowing the physicians and the dentists to decide for themselves. All I would like to do with this bill is to take away any financial discouragement for those physicians and dentists that want to do it. I believe as Mr. Fino says there are certain problems in connection with these plans. But individuals should be free to choose. If you want to be in such a plan, fine. If you do not want to be, I think you ought to have that right too. If doctors want to get together and have a group practice plan, they ought to be entitled to do it, and if they do not want to, they should not be forced into it. But there should not be a financial barrier that discourages either the patient or the physician from doing this if they want to. That is my whole position.

Mr. ASHLEY. Fine. Thank you very much.

Mr. BARRETT. Mr. Gonzalez?

Mr. GONZALEZ. Thank you, Mr. Chairman.

First, congratulations to the whole panel here, and to you, Mr. Cohen, for your promotion. I cannot think of a more worthy public servant. And I say that in all sincerity, because they way I have come up, I have long been aware of your contributions.

Mr. COHEN. Thank you, Mr. Gonzalez. I appreciate that.

Mr. GONZALEZ. Well, that is sincere. And I did not introduce legislation just by accident. I have a real keen personal concern and interest. And I have also had a magnificent opportunity to see the need for it because in my own family I have a total of now five doctors, I did have six until the death of my uncle several years ago, but at least five. And the experience of each one of them is very—the most recent addition to the family by way of a M.D. is a nephew who first had to serve his stint in the special forces as a paratroop medic. He served his stint, and he is in San Antonio now just starting his practice. And though it does sound as if all doctors are rich—and they do work hard, and I personally feel they are entitled to what they earn—it takes them some time before they can get to that position. You are absolutely a hundred percent correct. I wish to endorse every statement I have heard here this morning, because it is reflective of the actual pragmatic, practical experience of starting physicians—starting physicians must confront today.

On the other hand, the richer element of my family was represented by this uncle doctor in Laredo, Tex., where two of his sons now operate, in conjunction with their sister and a cousin who is a pharmacist, a tremendous clinical complex. But it took the emergence of the two sons to finally enable the uncle in company with them to reach a point in Laredo where they could associate themselves with other physicians and eventually construct and run this clinic, which is one of the principal clinics of the border area in Texas.