

founded in 1952. The Group Health Association of America has members in the United States, Canada and Mexico. It is an association of prepaid group health plans, other organizations, and individuals working to bring modern medical and health care within the reach of consumers. Its active and associate member health plans, sponsored by cooperatives, labor unions and other community groups, provide urban and rural people with direct health care through clinics, health centers and hospitals, as well as health benefits through insurance arrangements.

The Group Health Association of America contends that it supports consumers' rights to take the initiative and sponsor programs to solve their health problems. It supports the rights of professional men to make mutually satisfactory agreements with non-profit, consumer-sponsored health programs. It promotes health programs which feature prepayment and comprehension of services, group health practice, non-profit plans providing services at cost, control of policy and administrative functions by or in the interest of consumers of health services, and professional practice and standards established and controlled by qualified professional health personnel. Each year, the association sponsors a Group Health Institute for the exchange of information and for the promotion of group practice. New ideas are explored and presented for public discussion.

This writer attended the 1959 Group Health Institute held in New York City and had the opportunity to meet some of the leaders and discussants of the Institute. The program and plans discussed are filled with a broad sense of enthusiasm for the further development of group practice as an optimum, desirable means to administer health services.

The Humphrey Health Centers Act

Were it possible to outline the two most significant factors retarding the further development of group practice, either under private or voluntary sponsorship, it would not be difficult to cite the opposition of the general and organized medical community as one, and the lack of funds to build and equip a facility as another. Over the years, the weight of statistical evidence of the "worth and goodness" of group practice to the community and to the practitioner have had their impact. There is every reason to believe that the "privateness" of practice is lessening and giving way toward the group environment. In personal discussions with young prac-

tioners of several professions, I have found that attitudes have definitely been altered. Some say that it is "fashionable" to be a part of a group—that this, in fact, increases your effectiveness and acceptance within the community. But no matter what the change of attitude, the fact still remains that a major deterrent to group practice is still the initial cost of building and equipping a health center.

Aside from his political liberalism, Senator Hubert Humphrey of Minnesota has, in his writings and in his speeches, been a progressive and astute thinker and has championed many new ideas and concepts. In May 1959, Senator Humphrey introduced a bill, S2009⁴⁷ which struck like the proverbial bolt of lightning at the heart of the problem confronting group practice. Essentially, the bill would enable the federal government to extend long term, low interest bearing loans to non-profit groups to enable them to build and equip health centers for group practice throughout the country. The loans would finance the cost up to 90% with the group bearing the remaining 10%. The extent of the loan was up to 40 years, and the interest was 3%. The bill also provided that the group practice be insurance underwritten by private carriers under the principle of prepayment. Humphrey wisely added an additional provision which called for overall administrative jurisdiction of the group by a board of trustees composed of a majority of lay persons and overall professional supervision by professional persons only. Thus, questions of policy were left to the trustees who represented the sponsoring group. In this way, the Humphrey Bill was drawn up so that it would apply to publicly sponsored prepaid group practice. It was the first government sponsored legislation which recognized the trend toward the centralization of health facilities and also the financial problem involved. It recognized the right of free enterprise by citing the private insurance carriers as needed for the prepayment principle. It understood the need and desire of the consumer cooperatives to promote their own health care. It gave additional meaning to the needs of the labor health movement by enabling the provision of substantial funds for building and equipping new union health centers. In the original proposal of the bill, the argument was raised that if the bill was passed, every local union organization or every small consumer group would desire to build its own health center; that utilization and duplication would prove to be