ernizing, and expanding our medical centers to meet the demand in certain areas. This year we need new facilities urgently. Within the next 2 or 3 years we will require another five centers providing comprehensive medical care. Passage of this legislation will bring these medical care units into being faster and with less difficulty.

The sick want and need our attention. We wish to provide it. We cannot—for the lack of available financing under reasonable terms. That is one reason why we urge favorable action on this bill.

A second key phrase pertaining to group practice is "comprehensive health care." This embodies utilizing as extensively as possible the virtual explosion of medical knowledge and equipment that have, during the past 30 years, vastly increased the power of modern medicine to save life and restore and preserve health. Yet this explosion of medical knowledge has produced fragmentation of service to the patient among an increasing array of specialists and the family physician. Group practice plans eliminate this fragmentation and provide essentially "one-stop" medicine.

The comprehensive, nonprofit group health programs have been hailed by many as a significant means of delivering medical care to those in need.

President John F. Kennedy, in his health message to the Congress in 1962, said:

> Experience in many communities has proven the value of group medical and dental practice, where general practitioners and medical specialists voluntarily join to pool their professional skills, to use common facilities and personnel, and to offer comprehensive health services to their patients. Group practice offers great promise of improving the quality of medical care, of achieving significant economies and conveniences to physician and patient alike, and of facilitating a wider and better dstribution of the available supply of scarce personnel.

President Johnson, in his health message to the Congress this year, noted that:

> Group practice benefits both physicians and patients. It makes expert health care more accessible for the patient. It enables the physician to draw on the combined talents of his colleagues.

May I add that it also requires substantial investments in specialized buildings and equipment.

The very cost of complex equipment needed for diagnosis and treatment, together with the specialization demanded by the exploding volume of new knowledge in the medical field, has made the nonprofit group health movement a growing necessity for informed consumers.

The U.S. Public Health Service reports a substantial increase since 1946 in the number of medical groups as well as in the number of doctors participating in group health practice. However, the growth of consumer-sponsored group practice prepayment plans has been impeded by the difficulties they face in raising the capital necessary to build and equip their facilities.

Because of the heavy emphasis on preventive medicine, and the controls inherent in these consumer-oriented plans, the 5 million Americans enrolled in GHAA-associated organizations spent, on the average, 40 percent less time in our Nation's crowded hospitals in 1962 and 1963 than did patients covered by Blue Cross-Blue Shield or indemnity plans. Obviously this represents an economic and social gain, on a national scale, which deserves recognition and support.