

Mr. KINGREN. Thank you, Mr. Chairman, for the opportunity to present our views in this matter.

Mr. BARRETT. The next gentleman, Mr. Doherty.

You may continue, Mr. Doherty.

Mr. DOHERTY. Thank you, Mr. Chairman.

STATEMENT OF JAMES F. DOHERTY, LEGISLATIVE REPRESENTATIVE, AFL-CIO; ACCOMPANIED BY RICHARD SHOEMAKER, ASSISTANT DIRECTOR OF THE AFL-CIO SOCIAL SECURITY DEPARTMENT

Mr. DOHERTY. Mr. Chairman, I have prepared a brief statement and I would like—I would request the statement appear, and I will read a brief summary.

Mr. BARRETT. Without objection, so ordered.

Mr. DOHERTY. We appear before you in support of H.R. 9256 because we believe this bill to provide mortgage insurance and to authorize direct loans by the Housing and Home Finance Administration to help finance the cost of constructing and equipping facilities for the group practice of medicine and dentistry will help to lower the cost and raise the quality of medicine and dental care. Quality medical care is a right and necessity for all of the American people and can no longer be considered a luxury.

To meet the increased demands for medical care resulting from the increased expectations of the consumer as well as the improved ability of our senior citizens to pay for care because of passage of medicare last year, not only will more medical manpower be a necessity, but also improved efficiency in the use of the manpower we now have.

Because of the increase in medical knowledge, the medical profession has had to specialize. There are now 35 specialties in medicine. This division of labor brings with it the need to organize the various specialized skills and disciplines as well as health facilities to provide health services efficiently.

At the same time, the medical profession has become far more dependent upon diagnostic and therapeutic equipment as aids to diagnosis and treatment. Such expensive equipment is only economically feasible in such institutional settings as hospitals or group practice clinics.

At issue is not only efficiency, but the quality of care as well. In contrast to solo practice, the group practice of medicine can provide higher standards of recordkeeping, of evaluating performance, of interchange of professional opinion and of opportunities for continuing professional education. Of particular importance is teamwork of the many specialized medical and paramedical personnel in bringing the whole range of medical skills to the patient as a whole person. It is because of the inherent advantage of group practice to both the consumer as well as to the professionally oriented doctor that the group practice of medicine has been growing rapidly in recent years.

Where the group practice is combined with direct payment by consumers to provide comprehensive health care, the medical group has an incentive to practice preventive medicine because financial responsibility is not divorced from medical responsibility. The success of comprehensive, direct service, group practice prepayment plans in