

prepaid group practice plans might well be provided. But, I recognize that does not seem feasible for this bill.

Legislators from both parties will, I am sure, help bring a prompt improvement in this difficult situation by backing the principles of this legislation.

Thank you for the opportunity of expressing my views and in sharing some experiences.

Respectfully yours,

LESLIE A. FALK, M.D.,

*Chairman, Medical Rights Committee, Pittsburgh, Pa.*

Mr. BARRETT. Also at this point in the record I would like to submit a very fine statement on H.R. 9256 by the American Public Health Association, Inc.

(The statement referred to follows:)

THE AMERICAN PUBLIC HEALTH ASSOCIATION, INC.,

*Washington, D.C., March 9, 1966.*

HON. WILLIAM A. BARRETT,

*Chairman, Subcommittee on Housing, House Committee on Banking and Currency, Rayburn House Office Building, Washington, D.C.*

DEAR MR. CHAIRMAN: The American Public Health Association, a professional society comprised of over 16,000 members representing physicians, dentists, nurses, engineers, hospital administrators, and several other health disciplines in Federal, State, and local official and voluntary public health agencies, is pleased to support the principles and objectives incorporated in H.R. 9256. We hope that this statement of our support will be made a part of the official consideration of your subcommittee of H.R. 9256.

As you and your subcommittee know consumer-sponsored, nonprofit, prepaid group practice clinics which are not affiliated with a hospital are at present excluded from Federal financial support. It has been our experience that these nonprofit group programs have, in the main, stressed preventive services and rehabilitation, prevented unnecessary hospitalization with consequent economies in the cost of health services, and yet provided health services of high quality.

It is, as you know, difficult to obtain long-term, low-interest-rate financing for the construction of needed health facilities from other than Government sources. We believe the exclusion of this method of providing service to be unwarranted. There should be no misunderstanding as to our position, however. The policy of the APHA should in no way be construed as a belief that group practice is the sole answer to our problems of providing health service. But it is a method quite acceptable to many, a method preferred by some such as churches, unions, and cooperatives to cite a few.

It is our understanding that the program proposed in H.R. 9256 would provide a minimum risk to the Federal Government, the fiscal safeguards appear to be most adequate. We urge upon the subcommittee consideration of a requirement that the physical plans of facilities covered by this program meet the professional standards established by the U.S. Public Health Service in cooperation with State and local health agencies. There should not be different standards for facilities which are supported by different Federal agencies. We suggest, therefore, a strengthening of section 204 of the bill.

We appreciate your interest in this matter and respectfully request your favorable consideration of H.R. 9256 with the amendment suggested.

Yours truly,

BERWYN F. MATTISON, M.D.,

*Executive Director.*

Mr. BARRETT. I have one or two short questions. H.R. 9256, introduced by Mr. Patman, would authorize FHA to insure loans for the construction of facilities to be used for group medical practices. It would also provide for direct loans by the Department of Housing and Urban Development in the event that private lenders are unable or unwilling to make FHA insured loans.

Direct loans, of course, are more controversial and I wonder whether the subcommittee should consider authorizing only the insurance of loans by FHA and not authorize direct loans. FHA already has a nursing home insured loan program which seems to be working well