ical school and hundreds of hospitals. This involvement of medical schools and other teaching and research institutions helps develop close and continuous contact between medical advances and their application in the community.

Almost 800 health organizations are participating, including every State medical society, State health department, State heart association, and State cancer society.

Over 7,000 non-Federal-connected individuals are now actively engaged in the programs, including 1,800 employed either full- or part-time by the regional programs, over 1,900 members of the regional advisory groups required by the law who must advise on the development of the programs and approve all operational activities before they can be funded, and members of various subcommittees, task forces, and local action groups, who are contributing their time.

This represents an involvement not only of the experts in the region but also the health personnel at the grassroots level, and this is illustrated in table I (p. 33) which is submitted with the testimony.

These people, institutions, and organizations are the forces which, with your support, will carry to fulfillment the high expectations for this program.

The scope of the program is enabling the regional groups to assess thoroughly the needs and opportunities within their region and to implement the steps that can be realistically undertaken to improve the diagnosis and treatment of the major diseases. By coping with these problems on a regional scale, the groups are able to plan for the most efficient use of specialized resources for service or training from the largest medical center to the isolated rural physician.

The regions have found that many different types of activities can contribute to objectives such as demonstrations of advanced diagnostic and patient-care techniques, training and continuing education of health personnel, development of communication and patient data networks, application of computer and other modern technology to health care, and research into better means for organizing and delivering improvements in health care.

The first planning grant was awarded less than 2 years ago. Today there are 53 regions which have received planning grants and include the entire population, except Puerto Rico, and an application from that Commonwealth is now being reviewed.

Eleven regions have received grants to support initial operational activities, and 13 other regions have submitted applications to begin the operational phase of their programs. To finance these activities there has been a rapid increase in the obligation of funds, and this is illustrated on table II, which is attached.

The involvement in the regional medical programs by local institutions and individuals has been enthusiastic. Within the next year all of the programs expect to enter the operational phase of their program. They are eager to continue the work they have begun.

In addition to extending the basic authorities of the regional medical program, the bill before you contains amendments to those authorities that would help the regions accomplish their goals more effectively. It contains a provision that would assure proper evaluation of the accomplishments of the program by providing that up to