Mr. CARTER. I notice this bill provides that dentists may refer patients to some of the regional centers, and I want to say that I think that is very good. I am happy that dentists and oral surgeons are included.

Mr. ROGERS. Thank you.

Do you provide for patient care in hospitals under this program?

Dr. MARSTON. Patient care costs must be limited to those which are incidental to research, training, education, or demonstration activities funded by the regional programs.

We consulted various hospital groups to get advice of how we would administer this, and their advice was that we should be very cautious about the actual payment of patient cost, so we have not spent much.

Mr. ROGERS. Let me have a breakdown on what you have done and where it has gone.

(The following information was received by the committee:)

The Department of Health, Education, and Welfare has determined that the following patient care costs, hospitalization costs, have been supported with regional medical program grant funds:

(1) Missouri Regional Medical Program—$90,050.

Mr. ROGERS. Do you use consultants, and where are these used mainly as far as the regional medical program is concerned?

Dr. MARSTON. We have used consultants at the national program from just about every area of health—hospital planning groups included. We receive a grant request and we use consultants with expertise in the area covered by the request, on the site visit.

Mr. ROGERS. Who determines what the region shall be? Do you determine it?

Dr. MARSTON. Essentially, the Surgeon General must determine this.

Mr. ROGERS. Are they too large now?

Dr. MARSTON. Some are quite large, but I think it will change.

Mr. ROGERS. Are there any plans for changing these?

Dr. MARSTON. There is discussion during the planning period in every region regarding the extent to which the regional approximation has worked, and this is commented on in the grant applications that come in to us.

I think there will be changes over time, but I think many areas are finding they want the advantages of the larger regions and yet the opportunity of breaking down into subregional groups, and we have not discouraged this.

Mr. ROGERS. What has happened in Florida? I don't think they have gotten off the ground there; have they?

Dr. MARSTON. They have a planning grant that was made this year.

Mr. ROGERS. So you would anticipate a year——

Dr. MARSTON. Yes. I take that back, partially. We have had an application from Florida since that planning grant asking for funds for a feasibility study, which the National Advisory Council allows under a planning grant. This application arrived on my desk yesterday.

Mr. ROGERS. I would like the status, if you could give it to us, of all the regions, the 53, what States they are in, when we can expect to see something get down to the local hospitals and into the medical profession there.