or State governmental control over current patterns of health activities. Dr. Wilbur then said:

> If the program in fact is clearly one designed to catalyze and to facilitate the development of better programs than now exist to serve patients and their physicians, it will undoubtedly receive enthusiastic cooperation from the medical profession and related groups.

Such support is evidenced by the participation in RMP by some of our outstanding physicians and by constituent medical societies of the AMA. In five of the 54 regions, a State medical society is the program grantee. These are Georgia, the District of Columbia, Nebraska, Minnesota and Pennsylvania. In many of the other regional programs, the state medical society is an active participant.

We view with favor the early progress of RMP, its ability to build on existing patterns of medical care (sometimes adding new features or changing old ones as local demands and resources make possible) and the local flexibility which allows the program to make a real contribution to the health care of our nation.

At the same time, we recognize that the concept of the regional medical program is still in its very early stage of existence and that it is difficult to appraise the program. We do not know, for example, how much this program adds to the stress on an already overtaxed supply of available medical manpower. There is some concern that the proliferation of Federal health programs substantially contributes to the rise in health care costs. For this reason, we are pleased that H.R. 15758 provides for an evaluation of the program. We would suggest, however, that the evaluation begin July 1, 1968, rather than July 1, 1970, since evaluation should be an integral part of the planning. We also suggest that the subcommittee consider further amending section 102 to provide that the evaluation shall be made by a nongovernment agency.

Sections 103, 104, and 106 contain provisions which we believe to be salutary. Section 103 provides for the inclusion of the territories under RMP; section 104 makes combination of regional medical program agencies eligible for planning and operational grants; and section 106 adds a new provision under which grants could be made to public or nonpofit private institutions for services needed by, or which will be of substantial use to, any two or more regional medical programs. We recommend the adoption of all three changes.

As to other amendments, we recommend that the subcommittee delete the open-end authorization for funds for the 4 fiscal years ending after June 30, 1969. In view of the fact that we are still dealing with a relatively untried program, we believe it would be wise to limit the authorization to such sums as this subcommittee may determine to be reasonable, rather than to provide for "such sums as may be necessary for the next 4 fiscal years." Further, with the same concern, we urge the subcommittee to extend the program for a total of 3 years rather than the 5-year extension provided in the bill. Both of the previous witnesses have mentioned 1971 as a landmark in the activation of the program.

Finally, we note that section 105 provides for an increase in the number of Advisory Council members from 13 to 17. As this change is made by the subcommittee, we would suggest the further amend-