ment to provide that four members of the council shall be practicing physicians. The current law requires that only two be practicing physicians. In view of medicine's involvement with RMP, we believe that having a minimum of four practicing physicians would be helpful to the Advisory Council and to the RMP program.

Mr. Chairman, in conclusion, let me say that RMP has stimulated favorable reaction from the medical profession. Some of our distinguished medical leaders are participating in the regional program and many State and county medical societies are cooperating in the planning of the activity. On the whole, we feel that the programs hold much hopeful promise.

With your permission, Mr. Chairman, I would now ask Dr. Brill to continue the association's statement with comments on the remaining provisions of H.R. 15758.

Mr. ROGERS. Thank you, Dr. Cannon. Dr. Brill, the committee will be pleased to hear your testimony.

STATEMENT OF DR. HENRY BRILL

Dr. BRILL. Mr. Chairman and members of the subcommitee: The Medical Association, on March 4, 1965, testifying before the full Interstate and Foreign Commerce Committee on a bill to extend the program for health services to migratory workers, said:

> We recognize that migrant families can and do present public health problems which are beyond the capacity of some small communities to handle efficiently. The Public Health Service has done excellent work in alleviating these problems, and we recommend that the Committee favorably consider the request to extend the program for five years.

Title II of H.R. 15758 would now provide an additional 2-year extension of this program. As we did before, we again recommend this subcommittee's favorable action. With our recommendation of support, however, we add this note.

In the past, there has been a clear, special need involved with the health care of migratory workers. While these people are commonly of the low-income group, their mobility has made it difficult for them to obtain medical aid from established welfare agencies. However, the implementation of the title XIX programs under the Social Security Act would help meet this problem, as it moves to the goal of covering all the medically needy in the State. We believe that limiting the extension of the migratory workers' program to 2 years is appropriate, at which time the program can be evaluated in the light of its proper "phasing out" into the title XIX medical assistance programs.

Now, Mr. Chairman, we would like to turn our attention to the one remaining part of H.R. 15758—title III, entitled "Alcoholic and Narcotic Addict Rehabilitation." Part A of the title refers to alcoholic rehabilitation, and part B to narcotic addiction. Both would amend the Community Mental Health Centers Act.

Part A would provide grants for construction, staffing, operation, and maintenance of facilities for the prevention and treatment of alcoholism under the community mental health centers program. It also provides grants to help communities develop facilities and serv-