

The inclusion of referrals to Regional Medical Program facilities by practicing dentists proposed in Section 107 is of particular importance. Dentists can play an important role in preventing the recurrence of rheumatic fever and bacterial endocarditis if aware of this opportunity. Their inclusion along with physicians in this program is therefore of significance to the alleviation of some forms of cardiovascular disease.

In relationship to the very important subject of hypertension, the Regional Medical Programs offer an excellent matrix for the evaluation of anti-hypertensive drugs. As programs for screening, detection and diagnosis of high blood pressure are constructed, funds should be available for evaluation and comparative trials of drug agents; including drugs already known and those which will come out of developmental laboratories.

Finally, the American Heart Association endorses the inclusion of federal hospitals (Section 107) in the total operation of the Regional Medical Program. The broadest possible range of community medical facilities enlarges the scope of health services to the public contemplated in the original purpose of the program.

Despite one reservation expressed at the beginning of this testimony, the American Heart Association strongly recommends the enactment of H.R. 15758.

Mr. ROGERS. Thank you very much, Dr. Millikan. We appreciate your testimony, and I would agree with you that stroke is an area where we need to do great work, and much needs to be done to improve the health of the people in this area. I think it has been overlooked a great deal from the testimony I have heard.

Dr. Carter?

Mr. CARTER. No questions.

Mr. ROGERS. Mr. Skubitz?

Mr. SKUBITZ. Doctor, the point I am trying to get across is, I have no objection to a continuing program. But I want the agency to come forth each year, justify what they have done and prove how much additional money is needed.

Maybe \$65 million is sufficient for 1969, but who is to say how much we need in 1970 or 1971 without the Department coming before us and reviewing the program. Maybe we need \$200 million next year, in 1970. And maybe the year following we may need \$300 million instead of \$100 million.

I don't know. What I want is for the Department to come in and justify its request from year to year. If it can't justify them, then I see no need of carrying the program forward.

Dr. MILLIKAN. May I ask a question? Are you addressing yourself to just filing the authorizations, or the amount?

Mr. SKUBITZ. The amount.

Dr. MILLIKAN. I believe these are different things, in essence. It seems to me that the record is now being written on the justification of this program, and that we are seeing significant changes in the interrelationships between the laboratory and teachers, on one hand, and the practicing physician community, on the other hand, which are going to accrue to the benefit of patients all over the Nation.

Mr. SKUBITZ. I don't think there is much doubt about that. I am sold on the program.

Dr. MILLIKAN. It seems to me that if the question is how much money is to be allocated per year, that is really in the province of the committee, as you deliberate how you establish mechanisms to find out about this.

Mr. SKUBITZ. My point is, though, that if we authorize \$200 million for 1970 and \$300 million for 1971, the Department does not have to