

4. Effective health insurance, properly regulated to most efficiently serve the public.
5. Analysis and planning to meet manpower and educational requirements for health services.
6. A long-term plan for limited and secondary State financial assurances to aid in providing critical capital programs for health facilities.
7. Modification of essential health programs to utilize maximum Federal assistance; abandonment of Federal money where a project does not fit in our health program.

In addition to the major contribution to State health provided by the conventional medical and hospital care programs, there are numerous special areas in the health field that require evaluation, planning, and coordination to effect an efficient and comprehensive total program.

Following are some examples:

1. Mental Hygiene, including Community Mental Health, Alcoholics, and Drug Abuse.
2. Dentistry.
3. Rehabilitation.
4. Chronic Illness and Long-term Care.
5. Mental Retardation and Specialized Children's Programs.
6. Veterinary Services, particularly those related to food inspection.

Our present governmental health structure has grown without adequate planning and reflects the fragmentation that has developed. The public health framework needs to be analyzed and re-evaluated in the light of modern objectives.

Action Program to Resolve the Problems

1. I hereby appoint a Special Ad Hoc Health Committee, composed of able, energetic, and recognized civic leaders of broad experience. These individuals are not named to represent special interests, but because of their wide perspective and general familiarity with matters of public service. The views of special interest health groups will be solicited by the Ad Hoc Committee, and specialty area subcommittees will be formed to assist it in its work.

The two teaching medical centers — University of Maryland and Johns Hopkins — will be requested to take a leadership role in the work of the Ad Hoc Committee.