

health services to achieve continuity of care, the development of large numbers of "auxiliary" or "paramedical" personnel such as public health nurses, social workers, physical therapists, occupational therapists and nutritionists and last but not least a "primary" or "family" physician to direct the plan of care and rehabilitation for the patient. This is what "Home Health Services" under Medicare is all about and this is why Dr. Peeples emphasized it so much at the Health Department budget hearing before the Senate Finance Committee.

(h) The final factor to be cited is a difficult one to express. At the outset it is clear that this is not offered in a spirit of criticism but merely as one of the several factors which will have to be faced and solved over a period of time. Moreover great strides are being made on this in the current education of physicians. The lack of awareness, information and inclination on the part of many (not all) physicians to utilize community health resources (see g above) and to demand that they be strengthened promptly so that the physicians can extend their numbers, better utilize their skills and act as a captain of a team in bringing better and continuous care to the increasing number of chronically ill and disabled patients are pertinent factors. This point is the core of efforts to develop Home Health Agencies with a variety of qualified "home health services" which the physician can prescribe and supervise to permit at least some of his patients to be cared for at home.

At the present time, the University of Maryland Medical School has an annual graduating capacity of 128 students. It has recognized the desirability of expanding its facilities to accommodate an annual graduating capacity of 155 students.

Thus, in 1963, the University of Maryland Medical School submitted to the United States Public Health Service an application for a grant of some eleven million dollars of Federal funds which when supplemented by some six million dollars in State funds would have expanded the facilities for clinical teaching. Because applications filed with the United States Public Health Service greatly exceeded the funds available under the Federal program, the grant to the University of Maryland Medical School was held up and required to be submitted into two phases. Phase one provided for approximately five and one-half million dollars of Federal matching money. It is likely that the second phase of this program cannot be initiated until about 1968.

To date, the funds requested have not been supplied and the expansion in enrollment facilities is being indefinitely delayed. Obviously, the earlier these funds can be provided, the more quickly the University of Maryland Medical School can hope to expand its teaching, clinical, and graduating facilities.

The support of all citizens of Maryland is vitally needed for this project and the General Assembly of Maryland on behalf of the people of the State heartily endorses these efforts of the University of Maryland Medical School; now therefore, be it

*Resolved by the General Assembly of Maryland,* That this body endorses and supports the efforts of the University of Maryland Medical School to expand its facilities; and be it further