

education and postdoctoral training. Thus the new type of health practitioner capable of providing primary care can more rapidly and less expensively provide the necessary manpower to meet some of the most pressing needs in primary health care without sacrificing quality, accountability, or professional responsibility.

Studies of the preferences of the Health Associate students at The Johns Hopkins University School of Health Services indicate the majority are orienting their professional careers to rural locales for their practices. This is in marked contrast to the findings among coeval medical students in The Johns Hopkins University School of Medicine, most of whom clearly are aiming for practice in highly populated urban or suburban areas.

Thus the nonphysician practitioner of primary care is seen to be a desirable member of the health care team by virtue of (1) high quality of services provided, (2) control of costs for the labor-intensive health industry, (3) availability of appropriate educational programs, (4) removal of legal barriers, (5) likelihood of serving in areas of greatest need, and (6) high levels of acceptability by patients; now, therefore, be it

RESOLVED BY THE GENERAL ASSEMBLY OF MARYLAND, That this Body recognizes the need for educational programs for nonphysician practitioners and the need for thorough study on the impact on the quality of health care delivered by the health care system; and be it further

RESOLVED, That a copy of this Resolution shall be sent to the Secretary of the Department of Health and Mental Hygiene who shall send copies to the directors of every hospital, the Executive Director of the Medical and Chirurgical Faculty, the Chairman of all Health Licensing Boards, and the Director of all ancillary health facilities.

Approved May 15, 1975.

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(House Joint Resolution 110)

A House Joint Resolution concerning
Funding of Special Education