

SEPT 14 1967
COTH EXECUTIVE
COMMITTEE MEETING

COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1346 Connecticut Avenue, N.W.
Washington, D.C. 20036
202/223-5364

Meeting of the Executive Committee (No. 67-3)
Thursday, May 11 and Friday, May 12, 1967
at the Hotel Dupont Plaza
1500 New Hampshire Avenue, N.W. (Dupont Circle)
Washington, D.C. 20036

Present:

Stanley A. Ferguson, Chairman
Lad F. Grapski, Chairman-Elect
Russell A. Nelson, M.D., Immediate Past Chairman and COTH
Representative to the AAMC Executive Council
Matthew F. McNulty, Jr., Secretary, Director, COTH and
Associate Director, AAMC
LeRoy E. Bates, M.D., Member
Ernest N. Boettcher, M.D., Member
Charles H. Frenzel, Member
Charles R. Goulet, Member
T. Stewart Hamilton, M.D., Member
Dan J. Macer, Member
LeRoy S. Rambeck, Member
Lester E. Richwagen, Member
Richard D. Wittrup, Member
Robert C. Berson, M.D., Executive Director, AAMC (Friday,
May 12, 1967 only)
Cheves McC. Smythe, M.D., Associate Director, AAMC (Thursday
evening, May 11, 1967 only)
Joseph M. Merrill, M.D., Chief, GCRC Branch, NIH (Thursday
evening, May 11, 1967 only)
Frederick N. Elliott, M.D., Director, Bureau of Professional
Services, AHA (an invited participant)
Augustus J. Carroll, Assistant Director, AAMC Division of
Operational Studies (Friday, May 12, 1967 only)
Miss Grace W. Beirne, Staff Assistant
Mrs. Jean A. Rozett, Staff Assistant
Mrs. Henrietta Jones, Executive Secretary

Group of Teaching Hospital Administrators -- (Friday morning, May 12, 1967
only)

Leonard W. Cronkhite, Jr., M.D., Children's Memorial Medical Center,
Boston, Mass.
Nelson F. Evans, University Hospital, Boston, Mass.

F. Lloyd Mussells, M.D., Peter Bent Brigham Hospital, Boston, Mass.
Mitchell T. Rabkin, M.D., Beth Israel Hospital, Boston, Mass.
Lewis H. Rohrbaugh, Ph.D., Boston University Medical Center
Richard T. Viguers, New England Medical Center Hospital, Boston, Mass.

Absent: None

II. Call to Order

The evening meeting was called to order at 8:15 p.m. by Stanley A. Ferguson, Chairman. A reception and dinner starting promptly at 6:00 p.m. preceded.

III. Introduction of New Staff Members

Miss Grace W. Beirne, Staff Assistant (Effective April 1, 1967)

Mrs. Henrietta Jones, Executive Secretary (Effective February 1, 1967)

Mrs. Jean A. Rozett, Staff Assistant (Effective February 1, 1967, to return to Boston as of July 31, 1967)

IV. Presentation: Activities of GCRC, Joseph M. Merrill, M.D., Chief of the GCRC Branch, Division of Research Facilities and Resources, NIH

Doctor Merrill presented a description of the activities of the General Clinical Research Center Branch (A copy of the presentation is attached as Addendum #1 and made part of the permanent file of these minutes.) Two items of particular interest were discussed with no definitive action concerning the first at this time. First, the "recapture" possibilities with relation to the original (1960-1964) 85=15 reimbursement formula. Secondly, the FY 1968 total CRC operating appropriation need was estimated

by NIH at approximately \$40,000,000 as compared with the Administration-budgeted figure of approximately \$30,000,000.

ACTION #1: AGREEMENT THAT THE DIRECTOR AND STAFF SHOULD DEVELOP AN EDUCATIONAL APPROACH TO CONGRESS AS TO CONTRIBUTION OF GCRC PROGRAM AND THE NEED FOR ADEQUATE SUPPORT WITHOUT PENALTY FOR BOTH THE VOLUNTARY CONTRIBUTION OF SPACES AND RESOURCES TO INITIATE THE PROGRAMS AND THE "START-UP" COSTS THEREIN INVOLVED.

V. Presentation: Activities of AAMC-Evanston Office, Cheves McC. Smythe, M.D., Associate Director, AAMC

Dr. Smythe gave a summary of the basic programs of the AAMC which are operational at the Evanston office, including: the accreditation of medical schools, publication of the Journal of Medical Education; other publications; National Intern Matching Program; other programs and, of particular interest to COTH, the combined Evanston-Washington program for development of computer capability.

VI. Recess

Following the presentation of the two program activities and the ensuing discussion, Chairman Ferguson recessed the meeting at 10:00 p.m. until 8:30 a.m., Friday, May 12.

VII. Reconvene

Chairman Ferguson reconvened the meeting of the Executive Committee at 8:30 a.m. in the Gallery Room of the Hotel Dupont Plaza. Roll

call of the previous evening and the morning session indicated attendance at both sessions as noted previously in these minutes.

VIII. Approval of Minutes of Executive Committee Meeting No. 67-2, Thursday, January 11 and Friday, January 12, 1967

The minutes of the meeting of January 11, 1967, the second meeting of the Executive Committee for the administrative year 1966-1967, held at the Dupont Plaza Hotel, Washington, D.C., January 11 and January 12, were approved as presented.

ACTION #2: VOTED APPROVAL OF MINUTES OF JANUARY 11-12, 1967, MEETING OF EXECUTIVE COMMITTEE.

IX. Informal Report of Income and Expense

Mr. McNulty reported that COTH was solvent. The operation for the 1966-1967 fiscal year (July 1, 1966 through June 30, 1967) would be completed "in the black." He indicated that the annual financial statements for the AAMC, including COTH would be completed in time for the October 27 COTH Executive Committee meetings. He indicated that the availability of the financial statement was related to the speed with which the national accounting firm employed by the AAMC would accomplish the annual audit for the fiscal year ending June 30.

X. Dues Payment Inquiry by Several Hospitals

Mr. McNulty reported that several hospitals, including two in the Boston area, had protested mildly as to payment of dues, indicating

disappointment at the corresponding inability to cast a vote for policy decisions executed and funded from dues payment revenue. He indicated that undoubtedly several of these institutions would increase the intensity of the protest. There was general discussion relating to the history of the present voting mechanism whereby voting on all matters except election of officers is restricted to the chief executive officer of one institution as he is designated by each dean of an AAMC institutional member medical school. The historical development concerning COTH voting privileges was reviewed briefly for it was well understood. Though no action was proposed at this time, several members of the Committee expressed the belief that there is now a clear understanding of the partnership objectives of the Council and the AAMC which should make it possible to initiate a one-vote-for-one-hospital policy.

XI. Need to Review Rules and Regulations for Reasons Other Than Dues Payment and Voting

From the foregoing discussion there arose an informal review and discussion of the present rules and regulations for eligibility for nomination as a member of COTH. There was a general agreement that the present rules and regulations probably defined the total membership at the level at which it now exists -- namely, in the neighborhood of 300 to 350 teaching hospitals. There was also general agreement that these rules and regulations should be reviewed, though the opinion was expressed by several committee members to which there was general agreement, that the matter not

be pursued at this time. Rather, it was believed that the matters of representation to the Executive Council and hospital member voting privileges be explored first and settled before discussing any change in the admission criteria.

XII. Report on Results of Executive Committee Mail Ballot of March 6, 1967

A mail ballot which had been circulated on March 6, 1967, bringing to the attention of the Executive Committee, for decision, the applications for membership from six hospitals were discussed. Mr. McNulty reported the results of the mail ballot had been unanimous for approval of the four hospitals listed hereafter. The Chairman suggested that the matter now be reviewed again by the Executive Committee. If there was continued concurrence then the minutes of this meeting should then record approval of the mail ballot as well as confirmation of membership of the four institutions. It was further agreed that if approved for membership, these four hospitals would be billed at one-half annual dues as their membership commenced in the latter half of the fiscal year.

ACTION #3: VOTED THAT THE FOUR HOSPITALS BE CONFIRMED UNANIMOUSLY AS ORIGINALLY APPROVED ON THE MAIL BALLOT.

1. The Brookdale Hospital Center -- Brooklyn, New York (institution application, affiliated with Columbia University)
2. Veterans Administration Center -- Dayton, Ohio (nominated by Richard L. Meiling, M.D., Dean, Ohio State University School of Medicine)

3. Veterans' Administration Hospital -- Boston, Massachusetts
(nominated by Franklin G. Ebaugh, Jr., M.D., Dean, Boston University School of Medicine)
4. U.S. Public Health Service Hospital -- Seattle, Washington
(nominated by John R. Hogness, M.D., Dean, University of Washington School of Medicine)

XIII. New Applications for Membership (to be billed for fiscal year 1967-1968 and not for 1966-1967)

Two institutions (A.4 and B.5 hereafter) were also on the mail ballot of March 6, 1967, but for each institution some question was expressed on the return ballot so no action as to membership was taken. Subsequently, applications were received from seven other institutions, as noted below. Three of the hospitals more recently applying were nominated by a dean and four applied under the criteria of meeting the internship and residency requirements.

- A. Nominated by a Dean (4)
 1. Veterans' Administration Hospital, Louisville, Kentucky
 2. Madison General Hospital, Madison, Wisconsin
 3. Lafayette Charity Hospital, Lafayette, Louisiana
 4. Conemaugh Valley Memorial Hospital, Johnstown, Pennsylvania (originally on mail ballot of March 6, 1967)
- B. Applying as Having Met Internship and Residency Criteria (5)
 1. San Joaquin General Hospital, Stockton, California
 2. Hermann Hospital, Houston, Texas
 3. Mount Sinai Hospital, Milwaukee, Wisconsin
 4. Saint Joseph's Hospital, Baltimore, Maryland
 5. Children's Hospital and Adult Medical Center, San Francisco, California (originally on mail ballot on March 6, 1967)

ACTION #4: VOTED APPROVAL FOR MEMBERSHIP OF HOSPITALS LISTED IN A.1. THROUGH A.4. AND B.1 THROUGH B.4.

ACTION #5: VOTED TO DEFER ACTION ON CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER UNTIL SUCH TIME AS THE INSTITUTION WAS EITHER NOMINATED BY A DEAN OR COULD IN SOME OTHER WAY MEET THE MEMBERSHIP CRITERIA.

XIV. Review of Hospitals Favorably Considered by Which Have Not Paid Dues

Mr. McNulty requested recommendations from the Executive Committee as to the procedure to be followed for hospitals which had been favorably considered for membership in the initial announcement stage of the spring or summer of 1966, but which hospitals subsequently had not paid dues for the fiscal year 1966-1967.

ACTION #6: IT WAS VOTED THAT THESE HOSPITALS BE CONTACTED INFORMALLY ONCE AGAIN. IF THEY DID NOT EVIDENCE A SPECIFIC INTENT TO REMIT MEMBERSHIP DUES AT AN EARLY DATE, THE INSTITUTIONS SHOULD BE DROPPED FROM THE MEMBERSHIP LIST.

XV. The Modernization of Teaching Hospital Facilities; Group of Teaching Hospital Administrators from Boston, Massachusetts

The preliminary results of a study accomplished by the Group (COTH general informational memoranda 67-7 and 67-8) entitled Urgent Need of Hospitals (Especially Teaching Hospitals) for Construction Funds representing Teaching Hospitals of Boston, Massachusetts (updated to July 20, 1967) -- (Copy of statement presented at this meeting by several of the "Boston Group" and made part of the permanent file of these Minutes) -- were discussed.

ACTION #7: IT WAS VOTED THAT COTH ESTABLISH A SUB-COMMITTEE OF THE COTH GOVERNMENT RELATIONS COMMITTEE, FOR THE PURPOSES OF EXAMINING, EVALUATING AND RECOMMENDING ACTION ON THE FINANCING FOR THE MODERNIZATION NEEDS OF TEACHING HOSPITALS AND FURTHER THAT SEVERAL OF THE "BOSTON GROUP" SERVE AS A NUCLEUS OF THE SUB-COMMITTEE.

XVI. Pilot Study of Educational Costs in Teaching Hospitals (Yale-New Haven Hospital Study) A. J. "Gus" Carroll, Assistant Director, Division of Operational Studies, AAMC

The Chairman called upon Mr. Carroll to bring the Executive Committee up to date on his pilot study of educational costs in teaching hospitals. Mr. McNulty mentioned, by way of introduction, that this item had been on the agenda for the COTH Executive Committee Meeting in January, 1967. He also indicated that replies had been received from several of the COTH Executive Committee members concerning the three chapters of the study thus far written and distributed. Some of the members then presented their observations concerning the report. Mr. McNulty suggested that the best way of getting at the subject matter would be for Mr. Carroll to meet with the Executive Committee (thus, this is an agenda item) and present a progress report, completion timetable objective, and to elaborate on any detail of particular interest to the members of the Committee.

Mr. Carroll thanked the members who had responded to the circularization to the Executive Committee of the material. He said he

found the observations helpful as he did not believe he was always able to gain the broadest perspective in working at one hospital -- Yale-New Haven. He noted that the final document would be the result of the total involvement of the Steering Committee (AAMC-AHA-AMA representatives). Mr. Carroll further indicated that Albert W. Snoke, M.D., Executive Director, Yale-New Haven Hospital and Edwin L. Crosby, M.D., Director of AHA, have had hospital administrative people and other staff members, review the material and that it was also being reviewed by the nine members of the Steering Committee (AAMC-AHA-AMA Steering Committee).

Mr. Carroll emphasized that the purpose of his study is not to produce a formula of cost-sharing between hospitals and medical schools. Rather, he believed that the information produced could be helpful in establishing these agreements. He also indicated that all the data had been collected and that the report was in the interpretive stage. He noted that because this was the first study of this nature, it would take longer than studies of an ongoing basis. He further stated that the preparatory work was completed and he believed he could work rather quietly from this point on.

ACTION #8: VOTED THAT A COMMITTEE ON FINANCIAL MANAGEMENT AND COST ALLOCATION FOR TEACHING HOSPITALS BE FORMED TO INCLUDE MR. MCNULTY, MR. CARROLL, AND OTHER SELECTED ADMINISTRATORS.

XVII. Luncheon - 12:30 p.m., Dupont Room

XVIII. Reconvene - 1:30 p.m., Dupont Room

XIX. Starting Date for Internship Programs - Early Starting Dates
Causing Problems at Some Schools

There was general discussion of the inconvenience to interns, such as a conflict with state medical board examinations, caused by internship starting too early. It was reported that in some instances the intern nominee had not been advised of early reporting dates.

ACTION #9: VOTED THAT INSTITUTIONS PRESENTLY INVOLVED BE CONTACTED AND ADVISED DIPLOMATICALLY OF THE PROBLEMS BEING CREATED. FURTHER, BEFORE THE START OF THE NEXT INTERN SELECTION PERIOD, COTH ISSUE A MEMORANDUM TO MEMBER HOSPITAL ADMINISTRATORS WITH COPIES TO DEANS ON THE PROBLEM OF EARLY INTERNSHIP STARTING DATES, WITH A RECOMMENDATION THAT INTERNSHIPS BEGIN NOT EARLIER THAN FOUR (4) DAYS BEFORE THE TRADITIONAL JULY 1 STARTING DATE. FURTHER, THAT ADMINISTRATORS BE INFORMED OF THE DESIRABILITY DURING THE INTERNSHIP INTERVIEW PERIOD OF ADVISING PROSPECTIVE INTERNS OF ALL PARTICULARS, INCLUDING STARTING DATE, STIPEND PAYMENT AND PAYMENT PERIOD, ETC.

XX. Number of Representatives from COTH Elected to Executive Council,

AAMC

In light of a possible expansion of the Executive Council, AAMC,

there was general discussion of increasing COTH representation on the AAMC Executive Council from one member to two or three in order to provide an additional input of ideas from COTH to the Executive Council.

ACTION #10: VOTED THAT RECOMMENDATION BE MADE TO THE AAMC EXECUTIVE COUNCIL FOR THREE (3) COTH REPRESENTATIVES TO THAT COUNCIL AT SUCH TIME AS THE COUNCIL IS ENLARGED.

XXI. Program for 1967 Annual Meeting

Mr. McNulty outlined the COTH Program for the Friday, October 27 - Monday, October 30 Annual Meeting as it had evolved from suggestions of the January COTH Executive Committee meeting. He asked for any further comments. He indicated that this was the second meeting of "integrated" program with the AAMC. Prior to 1965-1966, the COTH program had been held separately for two days. The integrated program resulted in a loss of half day in COTH Program, but resulted in a total COTH-AAMC combined program. Mr. McNulty reported that all five speakers had been scheduled. Mr. Rambeck suggested that if possible to "fit him in" - Mr. Thomas M. Tierney, Director, Bureau of Health Insurance, Social Security Administration be considered as a speaker because of his extensive experience in the area of finance in the health-care field, because of his background in Blue Cross and because of his present position in the Social Security Administration.

Mr. Wittrup suggested that the title of Mr. McNerney's talk be

changed from the "Impact of Prepayment on Medical Education and Teaching Hospitals" to the "Impact of Medical Education on Prepayment."

With reference to the afternoon discussion groups, it was suggested that groups 1 and 3 be combined. It was the general recommendation that only four (4) discussion groups be scheduled. It was further suggested that an additional subject for a group be added - "The Changing Role of the House Officer and the Impact on the Teaching Hospitals."

(Copy of Initial Preliminary Program for the Annual Meeting is attached hereto and made part of the permanent file of these Minutes.)

XXII. Information-gathering Unit: Request of HEW

The request from the Department of HEW for the circulation by COTH of a questionnaire was discussed. Mr. McNulty reported that Francis Land, M.D. (a member of the Council on Medical Education of the AMA and a member of the Willard Committee) had joined the present Welfare Administration of the Department of HEW. Dr. Land had expressed interest in obtaining factual information regarding the impact, if only, of Title 19 on teaching programs and teaching opportunities as they exist in teaching hospitals. His interest arose in part from inquiries received by the Welfare Department from such areas as California and Oklahoma, where teaching hospitals utilized extensively by medical schools for teaching of medical students, had reportedly undergone a significant change in patient population. The inquiries to the Welfare Department were requests for information as to what, if anything, was occurring nationally as to patient population of teaching hospitals in relation to any baseline period for comparison if some changes had occurred or were occurring, where, when how and why? Finally, in light of determined changes, was any constructive action worthy of consideration? The office of Dr. Land had proposed a questionnaire to be sent by COTH as a method of trying to determine some of the answers to the questions posed.

The matter of the questionnaire proposed by the Welfare Department was first discussed at the meeting of the COTH Government Relations Committee (April 10, 1967) and later (April 11, 1967)

at the joint meeting of the COTH Government Relations Committee and the AAMC Committee on Federal Health Programs. It was then agreed that the questionnaire (prepared by the Department of Welfare) would need considerable revision. It was then noted that the reason for COTH to undertake the circulation of the questionnaire was due to the length of time it would take for a Federal Agency to initiate such a request through the Bureau of the Budget, a period usually taking nine to twelve months.

There was a discussion concerning the type of questionnaire that would provide the best in-depth information for COTH and for federal agencies. It was also mentioned by several that it might be well for COTH to plan to develop and circulate an annual questionnaire. Financial support could be sought for such a program as it apparently would meet a need that is not now and apparently will not be accomplished otherwise.

ACTION #11:

VOTED THAT THE DIRECTOR IS AUTHORIZED WITHIN PRESENT RESOURCES, OR TO SEEK ADDITIONAL RESOURCES, FOR THE PURPOSE OF INITIATING WHAT MIGHT BE TERMED A "DATA BANK" OF PERTINENT INFORMATION CONCERNING THE ACTIVITY OF MEMBER HOSPITALS OF COTH FOR USEFULNESS TO THE MEMBERS, FEDERAL AND VOLUNTARY AGENCIES, AND OTHERS.

XIII. Review of Coggeshall Report

Dr. Nelson, in his capacity as representative from COTH to the Executive Council of the AAMC, reported to the Committee on the review of the Coggeshall report (prepared by Robert C. Berson, M.D.) and the accomplishments to date by the AAMC for implementation

of recommendations therein. (Copy of the Robert C. Berson, M.D. report is attached and made a part of the permanent file of these minutes.) Dr. Nelson complimented the record of accomplishment.

XXIV. Minutes, COTH-AHA Liason Committee

ACTION #12.

VOTED THAT THE MINUTES OF COTH-AHA LIASON COMMITTEE MEETING OF FEBRUARY 24, 1967, BE APPROVED.

XXV. AAMC Committee on Ways and Means

Dr. Nelson remarked that a visit to the Evanston office offers clear evidence of one significant problem for the AAMC, which is the heavy concentration of staff in inadequate space. He commented on the work of an AAMC Ad Hoc Ways and Means Committee to consider improvement of the financial base for the AAMC. For that Committee, and at their request, Dr. Berson identified the core programs of all AAMC divisions, excluding peripheral programs financed from term, or soft money support. The findings of the Ad Hoc Committee was that the basic programs were appropriate, minimal and soundly managed and that if the basic programs were to be supported by dues of institutional members, then the dues structure will have to be more than doubled. Present dues are \$1,500, for each U.S. medical school, regardless of size. The Ad Hoc Ways and Means Committee is recommending to the medical school institutional membership that dues payments be keyed to annual medical school institutional expenditures. Dues could then be as high as \$6,000 \$7,000 per year, which is a four-fold increase from the present dues structure. It was reported that the Ad Hoc Committee was concerned

with all phases of their suggestion, including the fact that a dues assessment of \$6,000 per year is more than the dues other university groups pay to their associations.

XXVI. COTH Government Relations Committee

Charles H. Frenzel, Chairman of the COTH Government Relations Committee, discussed further the matter of the survey requested by the Welfare Department. He indicated that this study should be broader and should be a continuing program. He expressed support of the action by the Executive Committee authorizing the COTH Staff to search for resources, and, if found, to then proceed. Mr. Frenzel indicated that the matter of the Comprehensive Health Planning Act had been discussed sufficiently. He believed that COTH should continue the position that it does support those parts of the legislation aimed at strengthening State Departments of Public Health, but urges that the education, employment, and methods of practice of non "Public Health" health professionals be specifically exempted from the areas falling within the purview of state planning agencies.

He further indicated that COTH can support the first part of this proposal and then, agreeing that planning for the training, employment, and utilization of physicians and paramedical personnel is desirable, can ask that such planning functions be emphasized separately in this item of legislation, or otherwise be assigned as a responsibility of the regional medical program bodies created under the Heart, Disease, Cancer, Stroke Act. This recommendation

was in accordance with the results of discussion and action of the joint COTH Government Relations Committee and AAMC Committee on Federal Health Programs.

Mr. Frenzel reported on the visit of April 11, 1967, by the members of his Committee and the AAMC Committee on Federal Relations, with U.S. Representative Daniel J. Flood, Chairman of the House Sub-Committee on Appropriations for the Departments of Labor and HEW. From that visit, it was determined that Congress was in a mood to cut appropriations. Congressman Flood had reported that there was little chance of an increase in appropriations (at least in the House) and that Congressman Flood could not be certain of the action his Committee would take in determining the amount of the appropriations for the Department of HEW. This possibility places heavy responsibility on the COTH staff to accomplish effective education concerning the needs and benefits involved.

Earlier in the meeting, Stanley A. Ferguson, Chairman of COTH, had introduced the subject of the testimony on Comprehensive Health Planning Act Amendments which had been presented by Thomas B. Turner, M.D., (Dean of the School of Medicine, the Johns Hopkins University, and Past President of the AAMC) before the House of Representatives Committee on Interstate and Foreign Commerce on May 4, 1967. It was considered that this testimony should be circulated by the Deans, in whole or in part, to the chairmen of their clinical departments. Dr. Derson indicated that the policy aspects of this testimony have been discussed by the

members of the Executive Council, the AAMC Committee on Federal Health Programs, and the COIH Committee on Government Relations, and that this item will be on the agenda when the Institutional Members (Medical Schools), meet the week of May 15, 1967.

There was more general discussion concerning the provisions of the Regional Medical Program legislation as well as the Comprehensive Health Planning Program. Included in the discussion was the matter of depreciation funds and how these funds should be handled. It was agreed that each hospital should have the opportunity for self-determination with regard to these funds. However, the members recognized the import of the "Anderson Bill."

At this stage of the meeting, there was further discussion concerning the "Modernization" need of teaching hospitals and the visit to the Executive Committee (earlier in the day) by the "Boston Group." There was general agreement, with which Mr. Frenzel concurred, that at the appropriate point in time a subcommittee be appointed with representation from the "Boston Group" but also to have other geographic, institutional-type and financial-interest-type representation. It was suggested that another emphasis on a goal of 85% return on the questionnaire be first pursued.

ACTION #13:

VOTED:

- a. THAT THE MINUTES OF THE COIH GOVERNMENT RELATIONS COMMITTEE AND COMBINED GOVERNMENT RELATIONS COMMITTEE AND AAMC COMMITTEE ON FEDERAL HEALTH PROGRAMS BE