

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

AGENDA

EXECUTIVE COMMITTEE MEETING #69-4
Thursday & Friday, September 11 and 12, 1969
Washington-Hilton Hotel
1919 Connecticut Avenue, N.W.
Washington, D.C. 20009
202/483-3000

Thursday, September 11, 1969:

6:00 p.m. Reception Georgetown East Room (lower level)

7:00 p.m. 1. Dinner Meeting
2. General Discussion with John M. Danielson

10:00 p.m. Recess

Friday, September 12, 1969:

9:00 a.m. Reconvene - Roll Call Georgetown East Room (lower level)

✓ 3. Consideration of Minutes, Meeting #69-3, May 8 & 9, as distributed August 11, 1969 Tab 1

✓ 4. Report on Action Items, Meeting #69-3 Tab 2

✓ 5. Membership Items

A. New Applications

No new applications at this time

B. Confirmation of Mail Ballots Tab 3

1) Rochester Methodist Hospital, Rochester, Minn.
2) Fitzsimons General Hospital, Denver, Colo.
3) Saint Mary's Hospital, Rochester, Minn.
4) St. Joseph's Infirmary, Louisville, Ky.
5) William Beaumont General Hospital, El Paso, Texas
6) Bronx Veterans Administration Hospital, Bronx, N.Y.

- 7) The Miriam Hospital, Providence, R.I.
 - 8) Roger Williams General Hospital, Providence, R. I.
 - 9) Brooke General Hospital, Ft. Sam Houston, Texas
 - 10) The Memorial Hospital, Pawtucket, R.I.
 - 11) The Butterworth Hospital, Grand Rapids, Mich.
 - 12) Providence Lying-In Hospital, Providence, R. I.
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- ✓ 6. Discussion of Staff Organization of the AAMC and future direction of the Council of Teaching Hospitals and the Department of Health Services and Teaching Hospitals Tab 4
 - ✓ 7. Report of Committees
 - A. Committee on Financial Principles Meeting of June 27, 1969 Tab 5
 - B. President's Ad Hoc Committee On Medicare Part B Payment Meeting of July 24, 1969 Tab 6
 - C. Recent Developments in Issue of Part B Payments to Attending Physicians In A Teaching Setting
 - D. Committee on Modernization and Construction Funds for Teaching Hospitals Meeting of June 6, 1969 Tab 7
 - E. Ad Hoc Committee on Membership Meeting of September 11, 1969 (HAND OUT)
 - 8. Proposed Legislation Dealing with Foreign Medical Graduates Tab 8
 - ✓ 9. Article By Dr. Ralph Meader "Equity for Independent Teaching Hospitals" Tab 9
 - 10. Developing Problems with the "Berry Plan" Tab 10
 - 11. COTH Financial Report FY/68-69 (HAND OUT)
 - 12. Annual Meeting Program Tab 11
 - 13. Report of Other Items
 - A. Report on Contracts:
 - 1. Teaching Hospital Information Center
 - 2. Study of the Effects of P. L. 89-97 on Teaching Hospitals
 - B. Facilities Study by New York Chapter, American Institute of Architects Tab 12
 - C. Move to National Center for Higher Education
 - 14. Other Old Business
 - 15. New Business
 - 16. Date of Next Meeting, Thursday, October 30, 1969 2:00 p.m., Cincinnati, Ohio
 - 17. Adjournment - 4:00 p.m.

Coffee & Rolls to be served at 8:30 a.m. on Friday in the Georgetown East Room (lower level) and Lunch to be served at 12:30 p.m. on Friday in the Cabinet Room (lower level).

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MINUTES

EXECUTIVE COMMITTEE MEETING (#69-3)
Thursday & Friday, May 8 & 9, 1969
Washington Hilton Hotel
1919 Connecticut Avenue, N.W.
Washington, D. C. 20009

Present:

Roy S. Rambeck, Chairman
T. Stewart Hamilton, M.D., Chairman-Elect**
Lad F. Grapski, Immediate Past Chairman
L. H. Gunter, Member
David Odell, Member
Irvin G. Wilmot, Member
Ernest N. Boettcher, M.D., Member
Leonard W. Cronkhite, Jr., M.D., Member
Charles R. Goulet, Member
Charles E. Burbridge, Ph.D., Member
Charles H. Frenzel, Member
Reid T. Holmes, Member
Joseph H. McNinch, M.D., AHA Representative

Staff:

John A. D. Cooper, M.D., Ph.D., President, AAMC*
Matthew F. McNulty, Jr. Director, COTH
Fletcher H. Bingham, Ph.D., Assistant Director, COTH
Richard M. Knapp, Ph.D., Project Director, COTHRIC
Clara J. Williams, Project Director, COTHMED
Grace W. Beirne, Staff Associate, COTH
Armand Checker, Staff Associate, COTHRIC
Howard R. Veit, Assistant Project Director, COTHMED

Excused:

Russell A. Nelson, M.D., Ex Officio Member

I. Presentation:

On Thursday evening, May 8th, John A. D. Cooper, M.D., Ph.D., the newly appointed President of the AAMC presented his concept of the future direction of the total AAMC and particularly the Council of Teaching Hospitals. There was enthusiastic discussion of the future role of COTH-AAMC, with primary

emphasis in the area involving its relationship with the Federal Government. At the termination of discussion, the meeting was adjourned at 10:00 p.m. by Chairman Rambeck.

II. Reconvene -- Roll Call:

The meeting was called to order at 9:00 a.m. on Friday, May 9th, by Chairman Rambeck. Attendance was taken as noted above.

III. Consideration of Minutes, Meeting #69-2, February 8, 1969:

Mr. McNulty called attention to the Minutes as distributed to the Committee Membership on March 11, 1969.

ACTION #1 ON MOTION, SECONDED AND CARRIED, THE EXECUTIVE COMMITTEE APPROVED THE MINUTES OF THE EXECUTIVE COMMITTEE MEETING #69-2, HELD ON FEBRUARY 8, 1969, IN CHICAGO, ILLINOIS.

IV. Introduction of New COTH-AAMC Staff Members:

Mr. McNulty introduced Mr. Howard R. Veit, Assistant Project Director of the COTHMED Project and noted that Miss Clara J. (Jody) Williams has been recruited as Project Director of the COTHMED activity and will join the staff effective June 2, 1969. He noted further that Mrs. Elizabeth Knapp would be leaving the COTH staff effective May 31st.

V. Report on Action Items, Meeting #69-2:

Mr. McNulty noted that most of the actions were self-evident and needed no further report. With regard to the Commission on Medical Education, Mr. McNulty noted that the Executive Council had considered this matter further and that the comments of COTH Executive Committee members regarding this

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proposal had been transmitted to the Executive Council. It was recommended that the COTH Chairman and the COTH Representatives to the Executive Council maintain a careful surveil on the activities regarding the proposed Commission.

ACTION #2

ON MOTION, SECONDED AND CARRIED, IT WAS AGREED THAT COTH CHAIRMAN AND REPRESENTATIVES TO THE EXECUTIVE COUNCIL RECOMMEND THAT COTH HAVE AT LEAST ONE REPRESENTATIVE AS ONE OF THE AAMC REPRESENTATIVES TO THE FOLLOWING COMMITTEES OF THE COMMISSION ON MEDICAL EDUCATION: COMMITTEE ON GRADUATE MEDICAL EDUCATION AND THE COMMITTEE ON ALLIED HEALTH EDUCATION.

VI. Membership Items:

A. New Applications:

- 1) Nominated by a Dean, Detroit Osteopathic Hospital --

Mr. McNulty reviewed the application for this institution by noting that it had applied on a self-nomination basis over a year ago. Since that time, the University of Michigan School of Medicine had sent a visiting team to the institution and a letter of recommendation from William N. Hubbard, Jr., M.D., was a result of that visit. In reviewing the COTH Rules and Regulations, it was noted that an implied criterion for a Dean's nomination, was that the Dean which nominated the hospital used that facility for undergraduate students. It was suggested that the most appropriate manner to handle the question would be through discussion with Dr. Hubbard.

ACTION #3

ON MOTION, SECONDED AND CARRIED, IT WAS AGREED TO TABLE THE APPLICATION FROM THE

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DETROIT OSTEOPATHIC HOSPITAL WITH THE UNDERSTANDING THAT STAFF AND CHAIRMAN WILL COMMUNICATE WITH DR. HUBBARD AND EXPLAIN THE COUNCIL'S REASONS FOR TABLING THE APPLICATION AND REQUEST FROM DR. HUBBARD CLARIFICATION OF CERTAIN POINTS WITHIN HIS LETTER OF RECOMMENDATION. FURTHER, IT WAS AGREED THAT STAFF START INFORMAL DISCUSSION WITHIN THE ASSOCIATION, AND THE CHAIRMAN BRING THIS UP TO THE EXECUTIVE COUNCIL INFORMALLY, AND AT HIS DISCRETION, REGARDING THIS APPLICATION.

2) Self-Nomination --

- a. Greater Baltimore Medical Center, Baltimore, Maryland.

ACTION #4 ON MOTION, SECONDED AND CARRIED, THE EXECUTIVE COMMITTEE APPROVED THE APPLICATION FOR MEMBERSHIP IN THE COUNCIL OF THE GREATER BALTIMORE MEDICAL CENTER, BALTIMORE, MARYLAND.

- b. Kaiser Foundation Hospital, San Francisco, California.

ACTION #5 ON MOTION, SECONDED AND CARRIED, THE EXECUTIVE COMMITTEE APPROVED THE APPLICATION FOR MEMBERSHIP IN THE COUNCIL OF THE KAISER FOUNDATION HOSPITAL, SAN FRANCISCO, CALIFORNIA.

- c. St. John Hospital, Detroit, Michigan.

ACTION #6 ON MOTION, SECONDED AND CARRIED, THE EXECUTIVE COMMITTEE APPROVED THE APPLICATION FOR MEMBERSHIP IN COTH OF ST. JOHN HOSPITAL, DETROIT, MICHIGAN.

B. Confirmation of Mail Ballots:

ACTION #7

ON MOTION, SECONDED AND CARRIED, THE EXECUTIVE COMMITTEE CONFIRMED THE APPROVAL BY MAIL BALLOT OF THE FOLLOWING INSTITUTIONS:

ST. MARY'S HOSPITAL, MINNEAPOLIS, MINNESOTA,
FAIRVIEW HOSPITAL, MINNEAPOLIS, MINNESOTA,
ST. BARNABAS MEDICAL CENTER, LIVINGSTON, N.J.,
NORTHWESTERN HOSPITAL, MINNEAPOLIS, MINNESOTA.

C. Statistical Information:

The membership noted that number of COTH member hospitals, now totaled 354 institutions. It was agreed that the Committee on Membership should have a meeting without further delay and that they should report to the Executive Committee by September, particularly in regard to corresponding with those hospitals qualifying under current membership criteria.

D. COTH Membership Directory:

Staff reported that the Directory will be revised to include the telephone number and statistics on the emergency room visits. Additionally, a form will be sent to each member requesting the most updated information on interns and residents so that by publication time in October, the statistics offered in the Directory at the time of issuance should be more current than those offered by the AMA and possibly the AHA.

VII. Report of Regional Meetings:

Dr. Bingham called attention to the agendas for the four regional meetings, noting that all the meetings went extremely well, including the joint meeting in the Southern region with AAMC Southern deans.

Dr. Boettcher commented on an action taken at the COTH Midwest/Great Plains Regional Meeting recommending that no joint regional meeting be held with COD, CAS and the BOS, and that COTH decline the opportunity to nominate a representative to the Regional Executive Committee that had been proposed.

As background to this item, it was pointed out that this issue resulted from a joint regional meeting that had been planned through the Evanston office which was to include all segments of the AAMC, but which COTH offices had not been notified.

COTH members agreed that there should be developed some mechanism for communication among all segments of the AAMC within each region but COTH members in the Midwest/Great Plains region had indicated a desire not to set up a separate administrative mechanism that would add further problems to the current administrative processes.

In discussion, Executive Committee members agreed that it would be undesirable at this point to have formal joint meetings as a regular process and that regional level committees would add a burden to an already complex administrative structure within the AAMC. It was agreed that COTH should continue its meetings as they now exist as a general policy. The consensus was that this was a very sincere attempt to improve communication among the various divisions of the AAMC and an attempt should be made to clearly communicate the rationale of the Midwestern members of COTH.

In summary, the Executive Committee agreed that this matter should be brought to the attention of Dr. Cooper, along with the sentiments of both the COTH Executive Committee and the COTH Midwest/Great Plains Regional Membership. It would be hoped that Dr. Cooper could resolve the problem through informal discussion as necessary.

VIII. Report of Committee on Financial Principles:

A. Payments to Attending Physicians In a Teaching Setting.

Mr. Goulet noted that the Committee met on March 28th with COD representa-

tion on the Committee for the first time. Mr. McNulty noted that CAS would probably appoint someone to the Committee after its Executive Committee meeting. It was believed crucial that COD and CAS work with this Committee on the Part B issue.

Mr. Goulet called attention to the intermediary letter on "Part B Payments for Services of Supervisory Physicians in a Teaching Setting" which has been distributed to all intermediaries. The document is a more precise interpretation of already existing regulations and was prepared by the SSA in response to requests from a Congressional Committee. Mr. Goulet called attention to "Recommendations Re.: Principles Governing the Payment for Services of Interns, Residents, Supervising Physicians and Attending Physicians in Teaching Settings under the Medicare Program." The document was prepared as a result of discussion at the March 28th Committee meeting regarding possible alternatives for the financing of interns and residents and the probable problems in achieving any kind of consistency of approaches. It was prepared as a starting point for discussion with COD and CAS.

Staff noted that the document of "Principles" would go to the Committee On Financial Principles for review and would hopefully be brought back to the Executive Committee in September. Members felt strongly that representatives from all three Councils should be on the Committee for discussion of this issue.

After full discussion, it was agreed that Chairman Rambeck and Staff discuss CAS representation on the Committee with President Cooper, following which Dr. Rhoads, CAS Chairman, would be contacted.

ACTION #8

MEMBERS AGREED THAT CHAIRMAN RAMBECK AND STAFF CONFIRM THE ISSUE OF HAVING THE EXECUTIVE COUNCIL ASSIGN THE ISSUE OF PART B TO THE COMMITTEE ON FINANCIAL PRINCIPLES AND IN ONLY THIS INSTANCE APPOINT REPRESENTATIVES OF

COD AND CAS TO THE COMMITTEE.

B. Senate Finance Committee Investigations:

It was reported that three Senate Committee staffs are proposing investigations into problems in the delivery of health care.

Mr. Frenzel reported that an SSA team had been to visit Duke to examine the organization and arrangements for Medicare.

C. AAMC Memorandum on Dual Payment:

Mr. McNulty reported that with Executive Council approval, the memo had been sent to all three Councils. He stressed the last paragraph - urging all to verify and, if necessary, correct their own practices - as the most important.

D. Appointment of Stanley A. Ferguson as Chairman, Committee on Financial Principles:

Chairman Rambeck noted that while Mr. Ferguson has not been directly involved with this Committee, he is deeply interested in and committed to this subject area and has been a valuable advisor to the Council, so that continuity for the Committee would not be threatened. Additionally, he indicated that Mr. Goulet would continue to participate in the deliberations of this Committee.

ACTION #9

ON MOTION, SECONDED AND CARRIED, THE EXECUTIVE COMMITTEE APPROVED THE APPOINTMENT OF STANLEY A. FERGUSON AS CHAIRMAN, COMMITTEE ON FINANCIAL PRINCIPLES.

ACTION #10

ON MOTION, SECONDED AND CARRIED, THE EXECUTIVE COMMITTEE AUTHORIZED THAT MR. GOULET COMPLETE TERMS ON THE EXECUTIVE COMMITTEE AND COMMITTEE ON FINANCIAL PRINCIPLES THROUGH THE END OF THE 1968-69 ADMINISTRATIVE YEAR OF COTH.

IX. Report of Committee on Modernization and Construction Funds for Teaching

Hospitals:

Staff called attention to the testimony, covering generally HR 7595, HR 6797, and HR 1389 which was presented by the Chairman of the Modernization Committee, Richard T. Viguers, on behalf of teaching hospitals. It was noted that the Senate does not yet have any companion measures for HR 7595 or HR 6797. It was noted that staff is maintaining ~~staff~~^{staff} contact on these items of legislation, and will bring these and other pertinent matters to the attention of the Committee on Modernization at its meeting of June 6th.

X. Report of Committee on Nominations:

Mr. McNulty called attention to the letters which had been sent regarding possible membership on this Committee, along with the attached sheet indicating vacancies to be filled.

ACTION #11 ON MOTION, SECONDED AND CARRIED, THE EXECUTIVE COMMITTEE CONCURRED WITH THE APPOINTMENT OF THE 1968-1969 NOMINATING COMMITTEE TO BE CONSTITUTED AS FOLLOWS:
LAD F. GRAPSKI, CHAIRMAN; STANLEY A. FERGUSON; HAROLD H. HIXON; RUSSELL A. NELSON, M.D.

XI. Annual Meeting:

After thorough discussion, it was agreed that staff should try to make some accomodation to schedule the Annual Business Meeting of the COTH Institutional Membership at a more convenient time in order that members do not have to stay over an extra day for the meeting. Further, it was suggested that COTH continue to emphasize to its membership that they should take advantage of the other sessions held during the course of the Annual Meeting.

It was agreed that staff consider the possible subjects and the rescheduling of the Annual Business Meeting and make a final decision regarding both in conjunction with the Chairman, COTH.

XII. AAMC Executive Council Action Concerning COTH-AAMC Liaison Committee:

Mr. Rambeck reported that the Executive Committee of the AAMC recommended to the Executive Council of the AAMC that the ~~COTH~~^{COH}-AAMC^{AHA} Liaison Committee be expanded to include the President of the AAMC as well as representatives from other divisions of the AAMC. The Executive Council approved this recommendation, with the final suggestion being that the President, one COD representative, and one CAS representative be added to the present structure of the presidential officers of the COTH and AHA.

Committee members believed that while this full representation of the AAMC to the AHA would be beneficial, the current committee would, for all intent and purposes, cease to be a COTH Committee. It was sensed that the expanded liaison committee would not be directly concerned with hospital functions, even though it would provide for liaison on a significantly broader base. Chairman Rambeck saw the expanded Committee as having two structures -- one for hospital activities and one for educational activities. One suggestion was that a Sub-Committee might be developed within the expanded Committee for dialogue on the subject of hospital activities. In any event, it was agreed that the Committee acknowledge the action of the Executive Council and allow Chairman Rambeck to transmit the sentiments of the Committee to the Council and others involved in establishing this expanded committee.

ACTION #12 ON MOTION, SECONDED AND CARRIED, THE EXECUTIVE COMMITTEE ACCEPTED THE RECOMMENDATION FOR EXPANSION OF THE EXISTING COTH-AHA LIAISON COMMITTEE TO INCLUDE THE PRESIDENT OF THE AAMC AND ONE REPRESENTATIVE EACH FROM COD AND

CAS, AND FURTHER ASKED THE CHAIRMAN OF COTH TO EXPLORE WITH DR. COOPER AND DR. CROSBY WHAT THE FUNCTION OR PURPOSE OF THE COMMITTEE WOULD BE.

XIII. COTH Financial Report, FY 1968-1969 and COTH Budget, FY 1969-1970:

Mr. McNulty reported that Mr. J. Trevor Thomas had been recruited effective July 1, 1969, to operate the business matters of the AAMC. Mr. McNulty indicated that there are only 13 hospitals unpaid at \$500.00 to date and approximately 23 at \$200.00. Letters have been sent to all unpaid hospitals and the payments have begun to come in for the delinquent institutions.

Members again introduced the need for the Committee on Program Development and/or Membership to meet to follow up on recruitment of eligible hospitals to COTH membership and to implement the original proposal for a permanent dues increase formula for presentation to the membership, as promised to them at the time of the interim \$200.00 dues increase. Generally, the feeling was that COTH should do what it can with its current and eligible membership as a financial resource and not over-dilute its membership criteria.

XIV. COTH Statement on Comprehensive Planning:

Dr. Bingham noted that since the evolution of a draft on this subject as a result of Executive Committee discussion, the AAMC had taken an implied position in legislative testimony. As yet the Committee on Modernization and Construction Funds for Teaching Hospitals had not yet considered this paper.

After discussion, it was emphasized that teaching hospitals should take a leadership position to make sure their interests were put forth. The consensus was that the paper should indicate endorsement of the general principles

adopted by the AHA. It was agreed that any action be deferred pending discussion by the Committee on Modernization and Construction Funds.

XV. Johns Hopkins Fourth and Fifth Annual Health Services Research Seminar:

Mr. McNulty noted that for the Fourth Annual Seminar held this year, COTH had been the designated coordinating element of the AAMC in its role as co-sponsor of the Seminar. The two questions regarding the future participation in the Seminar by COTH are: 1) does COTH want to participate and co-sponsor the seminar, if so action to the Executive Council is required and 2) does COTH want to get involved in fund raising again for the Johns Hopkins Seminar.

ACTION #13 IT WAS AGREED THAT COTH REPORT ITS SUPPORT OF THE JOHNS HOPKINS HEALTH SERVICES RESEARCH SEMINAR TO THE AAMC EXECUTIVE COUNCIL AND LET THE EXECUTIVE COUNCIL APPROACH ANY POSSIBLE FINANCIAL SUPPORT OR FUND RAISING IMPLICATIONS OF CO-SPONSORSHIP IN THE FUTURE.

XVI. Report of Other Items:

A. Report on Two Contracts:

1) Teaching Hospital Information Center --

It was reported that the Center activities are well supported by an outstanding Advisory Committee chaired by Cecil G. Sheps, M.D. At the moment, the staff is requesting an extension of the contract and the main question is: whether the third year of the activity will be a contract activity or grant activity? Activities of the center currently include a survey of intern and resident economic benefits and salaries and a possible "community service" questionnaire or study.

2) Study of the Effects of Recent Social Legislation on Teaching Hospitals --

It was reported that since the Project Director does not join the staff full-time until June 2nd, activities to date consist of developing information background through research.

B. Move to National Center for Higher Education:

Mr. McNulty reported that the move was originally scheduled for June but at present, it did not look as though the AAMC would occupy its new quarters until September of November.

XVII. Departure of Mr. McNulty:

ACTION #14

IT WAS AUTHORIZED BY THE EXECUTIVE COMMITTEE THAT THESE MINUTES REFLECT THE DEEP APPRECIATION OF OFFICERS AND COMMITTEE MEMBERS ON BEHALF OF THE TOTAL COTH MEMBERSHIP TO MR. McNULTY FOR HIS OUTSTANDING LEADERSHIP OF, AND CONTRIBUTIONS TO, THE COUNCIL OF TEACHING HOSPITALS IN HIS YEARS AS DIRECTOR OF COTH. FURTHER THE COMMITTEE EXPRESSED REGRET AT HIS DEPARTURE AND SINCERE BEST WISHES FOR SUCCESS IN HIS NEW ENDEAVOR.

XVIII. Adjournment:

There being no further business, the meeting was adjourned at 3:30 p.m. by Chairman Rambeck, with the notation that the Executive Committee would next meet in Washington, D. C., on Thursday evening and Friday, September 11th and 12th.

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REPORT ON ACTION ITEMS

EXECUTIVE COMMITTEE MEETING (#69-3)

May 8 & 9, 1969
Washington, D.C.

ACTION #1

On motion, seconded and carried, the Executive Committee approved the minutes of the Executive Committee Meeting #69-2, held on February 8, 1969 in Chicago, Illinois.

ACTION #2

On motion, seconded and carried, it was agreed that COTH Chairman and Representatives to the Executive Council recommend that COTH have at least one representative as one of the AAMC representatives to the following committees of the Commission on Medical Education: Committee on Graduate Medical Education and the Committee on Allied Health Education.

ACTION #3

On motion, seconded and carried, it was agreed to table the application from the Detroit Osteopathic Hospital with the understanding that staff and Chairman will communicate with Dr. Hubbard and explain the Council's reasons for tabling the application and request from Dr. Hubbard clarification of certain points within his letter of recommendation. Further, it was agreed that staff start informal discussion within the Association, and the Chairman bring this up to the Executive Council informally, and at his discretion, regarding this application.

ACTION #4

On motion, seconded and carried, the Executive Committee approved the application for membership in the Council of the Greater Baltimore Medical Center, Baltimore, Maryland.

ACTION #5

On motion, seconded and carried, the Executive Committee approved the application for membership in Council of the Kaiser Foundation Hospital, San Francisco, California.

ACTION #6

On motion, seconded and carried, the Executive Committee approved the application for membership in COTH of St. John Hospital, Detroit, Michigan.

ACTION #7

On motion, seconded and carried, the Executive Committee confirmed the approval by mail ballot of the following institutions:

St. Mary's Hospital, Minneapolis, Minnesota,
Fairview Hospital, Minneapolis, Minnesota,
St. Barnabas Medical Center, Livingston, N.J.
Northwestern Hospital, Minneapolis, Minnesota

ACTION #8

Members agreed that Chairman Rambeck and Staff confirm the issue of having the Executive Council assign the issue of Part B to the Committee on Financial Principles and in only this instance appoint representatives of COD and CAS to the Committee.

ACTION #9

On motion, seconded and carried, the Executive Committee approved the appointment of Stanley A. Ferguson as Chairman of the Committee on Financial Principles.

ACTION #10

On motion, seconded and carried, the Executive Committee authorized that Mr. Goulet complete terms on the Executive Committee and the Committee on Financial Principles through the end of the 1968-69 administrative year of COTH.

ACTION #11

On motion, seconded and carried, the Executive Committee concurred with the appointment of the 1968-69 Nominating Committee to be constituted as follows: Lad F. Grapski, Chairman; Stanley A. Ferguson; ~~Harold H. Hixon~~; Russell A. Nelson, M.D.

DAVE ODELL

ACTION #12

On motion, seconded and carried, the Executive Committee accepted the recommendation for expansion of the existing COTH-AHA Liaison Committee to include the President of the AAMC and one representative each from COD and CAS, and further asked the Chairman of COTH to explore with Dr. Cooper and Dr. Crosby what the function or purpose of the Committee would be.

ACTION #13

It was agreed that COTH report its support of the Johns Hopkins Health Services Research Seminar to the AAMC Executive Council and let the Executive Council approach any possible financial support or fund raising implications of co-sponsorship in the future.

ACTION #14

It was authorized by the Executive Committee that these minutes reflect the deep appreciation of Officers and Committee members on behalf of the total COTH membership to Mr. McNulty for his outstanding leadership of, and contributions to, the Council of Teaching Hospitals in his years as Director of COTH. Further the Committee expressed regret at his departure and sincere best wishes for success in his new endeavor.

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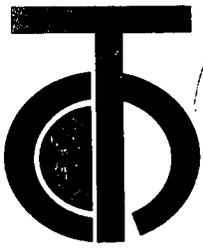
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1346 CONNECTICUT AVENUE, N. W. • WASHINGTON, D. C. 20036 • (202) 223-5364

Officers and Executive Committee:

Memo: 69-19E

May 14, 1969

Roy S. Rambeck, Chairman *
T. Stewart Hamilton, M.D., Chairman-Elect *
Lad F. Grapski, Immediate Past Chairman
Matthew F. McNulty, Jr., Secretary
L. H. Gunter
David Odell
Irvin G. Wilmot
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Charles E. Burbridge, Ph.D.
Charles H. Frenzel
Reid T. Holmes
Russell A. Nelson, M.D., Ex Officio Member with Voting Privileges *
Joseph H. McNinch, M.D., AHA Representative
* indicates COTH Representative to AAMC Executive Council

Subject: Application for Membership from the Rochester Methodist Hospital and St. Mary's Hospital of Rochester, Minnesota

The attached applications for membership from the Rochester Methodist Hospital and St. Mary's Hospital seem to be in order. The internship and residency programs have been checked through the resources of the Council of Medical Education of the American Medical Association and have been verified as existing as indicated in the applications.

It is the recommendation of your staff that the application for membership in the Council of Teaching Hospitals from the Rochester Methodist Hospital and from the St. Mary's Hospital be approved. There is attached a postal card for response. It would be helpful if your office could complete the postal card as promptly as convenient.

MATTHEW F. McNULTY, JR.
Director, COTH
Associate Director, AAMC

Attachment: Postal Card for return to COTH offices

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

From the Office of:
MATTHEW E. McNULTY, JR., DIRECTOR
COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1840 CONNECTICUT AVENUE, N.W.
WASHINGTON, D.C. 20036
202/223-5354

(Please type)

Hospital: Rochester Methodist Hospital Name

201 West Center Street

Rochester Minnesota 55901

City State Zip Code

Principal Administrative Officer: Howard M. Winholtz

Chief Administrative Officer

Name Title

Hospital Statistics:

Date Hospital was Established: _____

Average Daily Census: 476

Annual Outpatient Clinical Visits: _____ (Mayo Clinic)

Approved Internships: "All internships and residencies are under auspices of Mayo Graduate School of Medicine and the interns and residents rotate through this hospital."

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	_____	_____	_____
Mixed	_____	_____	_____
Straight	_____	_____	_____

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	_____	_____	_____
Surgery	_____	_____	_____
OB-Gyn	_____	_____	_____
Pediatrics	_____	_____	_____
Psychiatry	_____	_____	_____

Dates not available.

Information submitted by:

Howard M. Winholtz

Name

Chief Administrative Officer

Title

February 24, 1969

Date

Howard M. Winholtz

Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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Instructions:

Please complete all copies and return three copies to the Council of Teaching Hospitals, Association of American Medical Colleges, ~~2530 Ridge Avenue, Evanston, Illinois 60201~~, retaining the blue copy for your file.

Membership in the Council:

Hospitals as institutions will be members of the Council and each institution will be represented by a designated person, designated by the hospital, for the purpose of conducting the business of the Council.

Membership in the Council will be annually determined and consist of:

- a. Those hospitals nominated by a medical school member of the AAMC from among the major teaching hospitals affiliated with the school,
- and
- b. Teaching hospitals which are either nominated by a medical school member of the AAMC on the basis of important affiliations for the purposes of medical education or which have approved internship programs and full residencies in three of the following five departments: Medicine, Surgery, OB-Gyn, Pediatrics, Psychiatry, and are elected to membership by the members of the Council of Teaching Hospitals.

All members will vote at the annual meeting for officers and members of the Executive Committee. Voting on all other matters will be limited to one representative member for each medical school, who, in order to give broad representation, shall consult with the other teaching hospital members in his geographic region before votes are taken.

If nominated by School of Medicine, complete the following:

Name of School of Medicine Mayo Graduate School of Medicine

Name of Parent University University of Minnesota

Name of Dean of School of Medicine Dr. R. D. Pruitt

From the Office of
Complete address of School of Medicine Mayo Graduate School of Medicine

MATTHEW F. McHULTY, JR., DIRECTOR

COUNCIL OF TEACHING HOSPITALS

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1345 CONNECTICUT AVENUE, N.W.

WASHINGTON, D.C. 20036

202/223-5364

Mayo Clinic - Mayo Foundation

Rochester, Minnesota 55901

FOR AAMC OFFICE USE ONLY:

Date _____ Approved _____ Disapproved _____ Pending _____

Remarks: _____

Invoiced _____ Remittance Received _____

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

From the Office of:
MATTHEW F. McNULTY, JR., DIRECTOR
COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1840 CONNORVILLE AVENUE, N.W.
WASHINGTON, D.C. 20036
202/223-5364

(Please type)

Hospital: Rochester Methodist Hospital Name

201 West Center Street Street

Rochester Minnesota 55901
City State Zip Code

Principal Administrative Officer: Howard M. Winholtz Name

Chief Administrative Officer Title

Hospital Statistics:

Date Hospital was Established: _____

Average Daily Census: 476

Annual Outpatient Clinical Visits: _____ (Mayo Clinic)

Approved Internships: "All internships and residencies are under auspices of Mayo Graduate School of Medicine and the interns and residents rotate through this hospital."

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	_____	_____	_____
Mixed	_____	_____	_____
Straight	_____	_____	_____

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	_____	_____	_____
Surgery	_____	_____	_____
OB-Gyn	_____	_____	_____
Pediatrics	_____	_____	_____
Psychiatry	_____	_____	_____

Dates not available.

Information submitted by:

Howard M. Winholtz Name

February 24, 1969 Date

Chief Administrative Officer Title

Howard M. Winholtz Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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Instructions:

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Membership in the Council:

Hospitals as institutions will be members of the Council and each institution will be represented by a designated person, designated by the hospital, for the purpose of conducting the business of the Council.

Membership in the Council will be annually determined and consist of:

- a. Those hospitals nominated by a medical school member of the AAMC from among the major teaching hospitals affiliated with the school,

and

- b. Teaching hospitals which are either nominated by a medical school member of the AAMC on the basis of important affiliations for the purposes of medical education or which have approved internship programs and full residencies in three of the following five departments: Medicine, Surgery, OB-Gyn, Pediatrics, Psychiatry, and are elected to membership by the members of the Council of Teaching Hospitals.

All members will vote at the annual meeting for officers and members of the Executive Committee. Voting on all other matters will be limited to one representative member for each medical school, who, in order to give broad representation, shall consult with the other teaching hospital members in his geographic region before votes are taken.

If nominated by School of Medicine, complete the following:

Name of School of Medicine Mayo Graduate School of Medicine

Name of Parent University University of Minnesota

Name of Dean of School of Medicine Dr. R. D. Pruitt

From the Office of: Complete address of School of Medicine Mayo Graduate School of Medicine

MATTHEW F. McNULTY, JR., DIRECTOR

COUNCIL OF TEACHING HOSPITALS

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1345 CONNECTICUT AVENUE, N.W.

WASHINGTON, D.C. 20036

202/223-5364

Mayo Clinic - Mayo Foundation

Rochester, Minnesota 55901

FOR AAMC OFFICE USE ONLY:

Date _____ Approved _____ Disapproved _____ Pending _____

Remarks: _____

Invoiced _____ Remittance Received _____

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

From the Office of:
MATTHEW F. McHULTY, JR., DIRECTOR
COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1348 CONNECTICUT AVENUE, N.W.
WASHINGTON, D.C. 20036
202/223-5364

(Please type)

Hospital: St. Marys Hospital Name

1216 Second Street Southwest

Rochester Street Minnesota 55901

City State Zip Code

Principal Administrative Officer: Sister Mary Brigh Name

Hospital Administrator Title

Hospital Statistics:

Date Hospital was Established: 1889

Average Daily Census: 716

Annual Outpatient Clinical Visits: 977,891 (Mayo Clinic-Mayo Foundation facilities)

Approved Internships: "All internships and residencies are under auspices of Mayo Graduate School of Medicine and the interns and residents rotate through this hospital."

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating			
Mixed			
Straight	<u>1968</u>	<u>34 for July, 1969</u>	<u>31 through NIRMP</u>

Approved Residencies: "All residencies are under auspices of Mayo Graduate School of Medicine and rotate through this hospital."

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	<u>1939</u>	<u>195†</u>	<u>178</u>
Surgery	<u>1939</u>	<u>98</u>	<u>98†</u>
OB-Gyn	<u>1939</u>	<u>20</u>	<u>17</u>
Pediatrics	<u>1939</u>	<u>24</u>	<u>19</u>
Psychiatry	<u>1939</u>	<u>24</u>	<u>15</u>

Information submitted by:

Sister Mary Brigh

Name

February 24, 1969

Date

Hospital Administrator

Title

Sister Mary Brigh
Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

†Includes July, 1969 appointments

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†Includes Plastic Surgery and Colon & Rectal Surgery which is part of program, and those preparing the training in other fields.

Instructions:

Please complete all copies and return three copies to the Council of Teaching Hospitals, Association of American Medical Colleges, ~~2330 Ridge Avenue, Evanston, Illinois 60201~~, retaining the blue copy for your file.

Membership in the Council:

Hospitals as institutions will be members of the Council and each institution will be represented by a designated person, designated by the hospital, for the purpose of conducting the business of the Council.

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and

- b. Teaching hospitals which are either nominated by a medical school member of the AAMC on the basis of important affiliations for the purposes of medical education or which have approved internship programs and full residencies in three of the following five departments: Medicine, Surgery, OB-Gyn, Pediatrics, Psychiatry, and are elected to membership by the members of the Council of Teaching Hospitals.

All members will vote at the annual meeting for officers and members of the Executive Committee. Voting on all other matters will be limited to one representative member for each medical school, who, in order to give broad representation, shall consult with the other teaching hospital members in his geographic region before votes are taken.

If nominated by School of Medicine, complete the following:

Name of School of Medicine MAYO GRADUATE SCHOOL OF MEDICINE

Name of Parent University UNIVERSITY OF MINNESOTA

Name of Dean of School of Medicine DR. R. D. PRUITT

From the Office of:

MATHEW F. MURPHY, JR., DIRECTOR
Complete address of School of Medicine MAYO GRADUATE SCHOOL OF MEDICINE

COUNCIL OF TEACHING HOSPITALS
MAYO CLINIC - MAYO FOUNDATION

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ROCHESTER, MINNESOTA, 55901

1345 CONNECTICUT AVENUE, N.W.

WASHINGTON, D.C. 20036

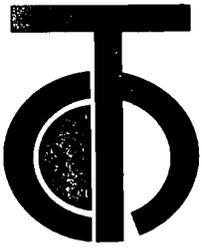
202/223-5364

FOR AAMC OFFICE USE ONLY:

Date _____ Approved _____ Disapproved _____ Pending _____

Remarks: _____

Invoiced _____ Remittance Received _____



COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1346 CONNECTICUT AVENUE, N. W. • WASHINGTON, D. C. 20036 • (202) 223-5364

Officers and Executive Committee:

Memo: 69-2CE

May 20, 1969

Roy S. Rambeck, Chairman *
T. Stewart Hamilton, M.D., Chairman-Elect *
Lad F. Grapski, Immediate Past Chairman
Matthew F. McNulty, Jr., Secretary
L. H. Gunter
David Odell
Irvin G. Wilmet
Ernest N. Boettcher
Leonard W. Cronkhite, Jr., M.D.
Charles R. Goulet
Charles E. Eurbidge, Ph.D.
Charles H. Fronzel
Reid T. Holmes
Russell A. Nelson, M.D., Ex Officio Member with Voting Privileges *
Joseph H. McNinch, M.D., AHA Representative
* Indicates COTH Representatives to AAMC Executive Council

Subject: Application for Membership from Fitzsimmons General Hospital,
Denver, Colorado

The attached application for membership from the Fitzsimmons General Hospital seems to be in order. The internship and residency programs have been checked through the resources of the Council of Medical Education of the American Medical Association and have been verified as existing as indicated in the application.

It is the recommendation of your staff that the application for membership in the Council of Teaching Hospitals from the Fitzsimmons General Hospital be approved. There is attached a postal card for response. It would be helpful if your office could complete the postal card as promptly as convenient.

MATTHEW F. McNULTY, JR.
Director, COTH
Associate Director, AAMC

Attachment: Postal card for return to COTH Offices

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

From the Office of:
MATTHEW F. TASHULTY, JR., DIRECTOR
COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1346 CONNECTICUT AVENUE, N.W.
WASHINGTON, D.C. 20036
202/223-5364

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: Fitzsimons General Hospital

Name

E. Colfax Ave. and Peoria Street

Street

Denver

Colorado

80240

City

State

Zip Code

Principal Administrative Officer: Byron L. Steger, Major General, MC

Name

Commanding General

Title

Hospital Statistics:

Date Hospital was Established: 1918

Average Daily Census: 1440

Annual Outpatient Clinical Visits: 579,414

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	<u>1921</u>	<u>24</u>	<u>21</u>
Mixed			
Straight	<u>1969</u>	<u>4</u>	<u>4</u>

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	<u>1947</u>	<u>15</u>	<u>16</u>
Surgery	<u>1947</u>	<u>10</u>	<u>10</u>
OB-Gyn	<u>1947</u>	<u>9</u>	<u>7</u>
Pediatrics	<u>1947</u>	<u>8</u>	<u>6</u>
Psychiatry	<u>- -</u>	<u>- -</u>	<u>- -</u>

Information submitted by:

Byron L. Steger, Major General, MC

Name

Commanding General

Title

6 May 1969

Date

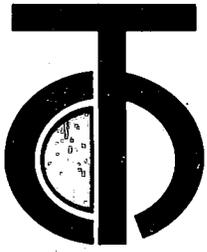
Byron L. Steger

Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1346 CONNECTICUT AVENUE, N. W. • WASHINGTON, D. C. 20036 • (202) 223-5364

Officers and Executive Committee:

Memo: 69-21E
June 3, 1969

Roy S. Rambeck, Chairman *
T. Stewart Hamilton, M.D., Chairman-Elect *
Lad F. Grapski, Immediate Past Chairman
Matthew F. McNulty, Jr., Secretary
L. H. Gunter
David Odell
Irvin G. Wilmot
Ernest N. Boettcher
Leonard W. Cronkhite, Jr., M.D.
Charles R. Goulet
Charles E. Burbridge, Ph.D.
Charles H. Frenzel
Reid T. Holmes
Russell A. Nelson, M.D., Ex Officio Member With Voting Privileges *
Joseph H. McNinch, M.D., AHA Representative
* indicates COTH Representatives to AAMC Executive Council

Subject: Application for Membership from St. Joseph Infirmary, Louisville,
Kentucky

The attached application for membership from the St. Joseph Infirmary seems to be in order. The internship and residency programs have been checked through the resources of the Council of Medical Education of the American Medical Association and have been verified as existing as indicated in the application.

It is the recommendation of your staff that the application for membership in the Council of Teaching Hospitals from the St. Joseph Infirmary be approved. There is attached a postal card for response. It would be helpful if your office could complete the postal card as promptly as convenient.

MATTHEW F. McNULTY, JR.
Director, COTH
Associate Director, AAMC

Attachment: Postal Card for return to COTH Offices

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

From the Office of:
MATTHEW F. McNULTY, JR., DIRECTOR
COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1345 CONNECTICUT AVENUE, N.W.
WASHINGTON, D.C. 20036
202/223-5364

(Please type)

Hospital: St. Joseph Infirmary Name
Preston Street and Eastern Parkway Street
Louisville Kentucky 40217 City State Zip Code
Principal Administrative Officer: Sister Louis Mary Name
Administrator Title

Hospital Statistics: Date Hospital was Established: 1853
Average Daily Census: 433.47
Annual Outpatient Clinical Visits: 13,826

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	<u>1917</u>	<u>18</u>	<u>13</u>
Mixed	<u>1966</u>	<u>6</u>	<u>0</u>
Straight			

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	<u>1945</u>	<u>5</u>	<u>4</u>
Surgery	<u>1937</u>	<u>10</u>	<u>9</u>
OB-Gyn	<u>1949</u>	<u>3</u>	<u>3</u>
Pediatrics	<u>1948</u>	<u>5</u>	<u>5</u>
Radiology Psychiatry	<u>1947</u>	<u>3</u>	<u>1</u>

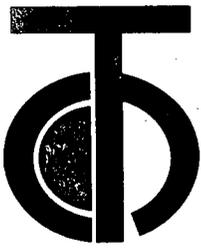
Information submitted by:

Sister Louis Mary Name Administrator Title
May 22, 1969 Date Sister Louis Mary Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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1346 CONNECTICUT AVENUE, N. W. • WASHINGTON, D. C. 20036 • (202) 223-5364

Officers and Executive Committee:

Memo: 69-22E

June 17, 1969

Roy S. Rambeck, Chairman *
T. Stewart Hamilton, M.D., Chairman-Elect *
Lad F. Grapski, Immediate Past Chairman
Matthew F. McNulty, Jr., Secretary
L. H. Gunter
David Odell
Irvin G. Wilmot
Ernest N. Boettcher
Leonard W. Cronkhite, Jr., M.D.
Charles R. Goulet
Charles E. Burbridge, Ph.D.
Charles H. Frenzel
Reid T. Holmes
Russell A. Nelson, M.D., Ex Officio Member with Voting Privileges *
Joseph H. McNinch, M.D., AHA Representative
* indicates COTH Representative to AAMC Executive Council

Subject: Application for Membership from the William Beaumont General Hospital,
El Paso, Texas

The attached application for membership from the William Beaumont General Hospital seems to be in order. The internship and residency programs have been checked through the resources of the Council of Medical Education of the American Medical Association and have been verified as existing as indicated in the application.

It is the recommendation of your staff that the application for membership in the Council of Teaching Hospitals from the William Beaumont General Hospital be approved. There is attached a postal card for response. It would be helpful if your office could complete the postal card as promptly as convenient.

MATTHEW F. McNULTY, JR.
Director, COTH
Associate Director, AAMC

Attachment: Postal card for return to COTH offices

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: William Beaumont General Hospital
Name

Dyer Street
Street

El Paso, Texas 79920
City State Zip Code

Principal Administrative Officer: Brigadier General Kenneth D. Orr, MC
Name

Commanding General
Title

Hospital Statistics: Date Hospital was Established: 1920-21

Average Daily Census: 609

Annual Outpatient Clinical Visits: 422,000

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	<u>1950</u>	<u>21</u>	<u>21</u>
Mixed	<u></u>	<u>0</u>	<u>0</u>
Straight	<u>1968</u>	<u>3</u>	<u>1</u>

Approved Residencies:

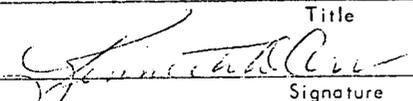
Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	<u>1952</u>	<u>16</u>	<u>15</u>
Surgery	<u>1952</u>	<u>10</u>	<u>11</u>
OB-Gyn	<u>1956</u>	<u>9</u>	<u>9</u>
Pediatrics	<u>1957</u>	<u>7</u>	<u>8</u>
Psychiatry	<u></u>	<u>0</u>	<u>0</u>

Information submitted by:

Brigadier General Kenneth D. Orr
Name

Commanding General
Title

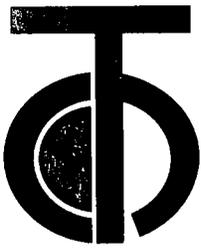
18 April 1969
Date


Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1346 CONNECTICUT AVENUE, N. W. • WASHINGTON, D. C. 20036 • (202) 223-5364

Officers and Executive Committee:

Memo: 69-23E

June 23, 1969

Roy S. Rambeck, Chairman *
T. Stewart Hamilton, M.D., Chairman-Elect *
Lad F. Grapski, Immediate Past Chairman
Matthew F. McNulty, Jr., Secretary
L. H. Gunter
David Odell
Irvin G. Wilmot
Ernest N. Boettcher
Leonard W. Cronkhite, Jr., M.D.
Charles R. Goulet
Charles E. Burbridge, Ph.D.
Charles H. Frenzel
Reid T. Holmes
Russell A. Nelson, M.D., Ex Officio Member with Voting Privileges *
Joseph H. McNinch, M.D., AHA Representative
* indicates COTH Representative to AAMC Executive Council

Subject: Application for Membership from The Veterans Administration Hospital, Bronx, New York.

The attached application for membership from The Veterans Administration Hospital seems to be in order. The internship and residency programs have been checked through the resources of the Council of Medical Education of the American Medical Association and have been verified as existing as indicated in the application.

It is the recommendation of your staff that the application for membership in the Council of Teaching Hospitals from The Veterans Administration Hospital be approved. There is attached a postal card for response. It would be helpful if your office could complete the postal card as promptly as convenient.

MATTHEW F. McNULTY, JR.
Director, COTH
Associate Director, AAMC

Attachment: Postal card for return to COTH offices

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

From the Office of:
MATTHEW F. McHULTY, JR., DIRECTOR
COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1346 CONNECTICUT AVENUE, N.W.
WASHINGTON, D.C. 20036
202/223-5364

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: Veterans Administration
130 West Kingsbridge Road Name
Bronx, New York 10468 Street

Principal Administrative Officer: A. M. Kleinman, M.D. City State Zip Code
Hospital Director Name
Title

Hospital Statistics: Date Hospital was Established: April 1922
Average Daily Census: 975
Annual Outpatient Clinical Visits: 60,000

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating			
Mixed			
Straight			

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	<u>10-30-46</u>	<u>42</u>	<u>40</u>
Surgery	<u>7-26-46</u>	<u>18</u>	<u>15</u>
OB-Gyn			
Pediatrics			
Psychiatry	<u>11-4-46</u>	<u>15</u>	<u>2</u>

Information submitted by:

A. M. Kleinman, M.D.

Hospital Director

6-16-69

Name

Title

Date

Signature

A. M. Kleinman M.D.

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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Instructions:

Please complete all copies and return three copies to the Council of Teaching Hospitals, Association of American Medical Colleges, ~~2530 Ridge Avenue, Evanston, Illinois 60201~~, retaining the blue copy for your file.

Membership in the Council:

Hospitals as institutions will be members of the Council and each institution will be represented by a designated person, designated by the hospital, for the purpose of conducting the business of the Council.

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- a. Those hospitals nominated by a medical school member of the AAMC from among the major teaching hospitals affiliated with the school,

and

- b. Teaching hospitals which are either nominated by a medical school member of the AAMC on the basis of important affiliations for the purposes of medical education or which have approved internship programs and full residencies in three of the following five departments: Medicine, Surgery, OB-Gyn, Pediatrics, Psychiatry, and are elected to membership by the members of the Council of Teaching Hospitals.

All members will vote at the annual meeting for officers and members of the Executive Committee. Voting on all other matters will be limited to one representative member for each medical school, who, in order to give broad representation, shall consult with the other teaching hospital members in his geographic region before votes are taken.

If nominated by School of Medicine, complete the following:

Name of School of Medicine Mount Sinai

Name of Parent University The City University of New York

Name of Dean of School of Medicine Dr. George James

Complete address of School of Medicine Fifth Avenue and 100th Street

New York, New York 10029

MATTHEW E. MANNITY, JR., DIRECTOR
 COUNCIL OF TEACHING HOSPITALS
 ASSOCIATION OF AMERICAN MEDICAL COLLEGES
 1346 CONNECTICUT AVENUE, N.W.
 WASHINGTON, D.C. 20036

202/223-5354

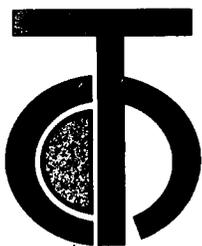
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Date _____ Approved _____ Disapproved _____ Pending _____

Remarks: _____

Invoiced _____ Remittance Received _____

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COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1346 CONNECTICUT AVENUE, N. W. • WASHINGTON, D. C. 20036 • (202) 223-5364

Officers and Executive Committee:

Memo: 69-26E
July 23, 1969

Roy S. Rambeck, Chairman *
T. Stewart Hamilton, M.D., Chairman-Elect *
Lad F. Grapski, Immediate Past Chairman
Matthew F. McNulty, Jr., Secretary
I. H. Gunter
David Odell
Irvin G. Wilmot
Ernest N. Boettcher
Leonard W. Cronkhite, Jr., M.D.
Charles R. Goulet
Charles E. Burbridge, Ph.D.
Charles H. Frenzel
Reid T. Holmes
Russell A. Nelson, M.D., Ex Officio Member with Voting Privileges *
Joseph H. McNinch, M.D., AHA Representative
* indicates COTH Representative to AAMC Executive Council

Subject: Application for Membership from The Miriam Hospital and The Roger Williams General Hospital of Providence, Rhode Island

The attached applications for membership from The Miriam Hospital and The Roger Williams General Hospital seem to be in order. The internship and residency programs have been checked through the resources of the Council of Medical Education of the American Medical Association and have been verified as existing as indicated in the applications. Also, please note that the Division of Biological and Medical Sciences is equivalent to a College of Medicine.

It is the recommendation of your staff that the applications for membership in the Council of Teaching Hospitals from The Miriam Hospital and The Roger Williams General Hospital be approved. There is attached a postal card for response. It would be helpful if your office could complete the postal card as promptly as convenient.

MATTHEW F. McNULTY, JR.
Director, COTH
Associate Director, AAMC

Attachment: Postal Card for return to COTH Offices

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

From the Office of:
MATTHEW F. McNULTY, JR., DIRECTOR
COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1346 CONNECTICUT AVENUE, N.W.
WASHINGTON, D.C. 20036
202/223-5364

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: Roger Williams General Hospital
Name

825 Chalkstone Avenue
Street

Providence, Rhode Island 02908
City State Zip Code

Principal Administrative Officer: Jack R. Fecteau
Name

Director
Title

Hospital Statistics:

Date Hospital was Established: 1878

Average Daily Census: 192.7

Annual Outpatient Clinical Visits: 4367

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	<u>1963</u>	<u>8</u>	<u>3</u>
Mixed			
Straight			

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine			
Surgery			
OB-Gyn			
Pediatrics	<u>1963</u>	<u>5</u>	<u>7</u>
Psychiatry			

Information submitted by:

[Signature]
Name

Director
Title

3-20-69
Date

JACK R. FECTEAU
Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

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Instructions:

Please complete all copies and return three copies to the Council of Teaching Hospitals, Association of American Medical Colleges, ~~2530 Ridge Avenue, Evanston, Illinois 60201~~, retaining the blue copy for your file.

Membership in the Council:

Hospitals as institutions will be members of the Council and each institution will be represented by a designated person, designated by the hospital, for the purpose of conducting the business of the Council.

Membership in the Council will be annually determined and consist of:

- a. Those hospitals nominated by a medical school member of the AAMC from among the major teaching hospitals affiliated with the school,

and

- b. Teaching hospitals which are either nominated by a medical school member of the AAMC on the basis of important affiliations for the purposes of medical education or which have approved internship programs and full residencies in three of the following five departments: Medicine, Surgery, OB-Gyn, Pediatrics, Psychiatry, and are elected to membership by the members of the Council of Teaching Hospitals.

All members will vote at the annual meeting for officers and members of the Executive Committee. Voting on all other matters will be limited to one representative member for each medical school, who, in order to give broad representation, shall consult with the other teaching hospital members in his geographic region before votes are taken.

If nominated by School of Medicine, complete the following:

Name of School of Medicine Division of Biological and Medical Sciences

Name of Parent University Brown University

Name of Dean of School of Medicine Pierre M. Galletti, M.D., Ph.D.

Address of School of Medicine Providence, Rhode Island 02912

From the Office of:
 MATTHEW F. ROBERTS, JR., DIRECTOR
 COUNCIL OF TEACHING HOSPITALS
 ASSOCIATION OF AMERICAN MEDICAL COLLEGES
 1346 CONNECTICUT AVENUE, N.W.
 WASHINGTON, D.C. 20036
 202/223-5384

FOR AAMC OFFICE USE ONLY:

Date _____ Approved _____ Disapproved _____ Pending _____

Remarks: _____

Invoiced _____ Remittance Received _____

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

From the Office of:
MATTHEW F. McHULY, JR., DIRECTOR
COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1346 CONNECTICUT AVENUE, N.W.
WASHINGTON, D.C. 20036
202/223-5364

(Please type)

Hospital: The Miriam Hospital Name

164 Summit Avenue Street

Providence City Rhode Island State 02906 Zip Code

Principal Administrative Officer: Jerome R. Sapolsky Name

Executive Director Title

Hospital Statistics: Date Hospital was Established: 1927

Average Daily Census: 214

Annual Outpatient Clinical Visits: 5500

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating		10	8
Mixed			
Straight			

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	July, 1968	9	3
Surgery			
OB-Gyn			
Pediatrics			
Psychiatry			

Information submitted by:

Jerome R. Sapolsky Name

Executive Director Title

July 3, 1969 Date

Jerome R. Sapolsky Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

Instructions:

Please complete all copies and return three copies to the Council of Teaching Hospitals, Association of American Medical Colleges, ~~12530 Ridge Avenue, Evanston, Illinois 60201~~, retaining the blue copy for your file.

Membership in the Council:

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and

- b. Teaching hospitals which are either nominated by a medical school member of the AAMC on the basis of important affiliations for the purposes of medical education or which have approved internship programs and full residencies in three of the following five departments: Medicine, Surgery, OB-Gyn, Pediatrics, Psychiatry, and are elected to membership by the members of the Council of Teaching Hospitals.

All members will vote at the annual meeting for officers and members of the Executive Committee. Voting on all other matters will be limited to one representative member for each medical school, who, in order to give broad representation, shall consult with the other teaching hospital members in his geographic region before votes are taken.

If nominated by School of Medicine, complete the following:

Name of School of Medicine Division of Biological and Medical Sciences

Name of Parent University Brown University

Name of Dean of School of Medicine Pierre M. Galletti, M.D., Ph.D.

Complete address of School of Medicine Providence, Rhode Island 02912

From the Office of
 MATTHEW E. MURPHY, JR., DIRECTOR
 COUNCIL OF TEACHING HOSPITALS
 ASSOCIATION OF AMERICAN MEDICAL COLLEGES
 1346 CONNECTICUT AVENUE, N.W.
 WASHINGTON, D.C. 20038

202/223-5334

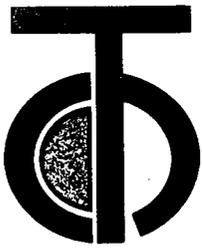
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Date _____ Approved _____ Disapproved _____ Pending _____

Remarks: _____

Invoiced _____ Remittance Received _____

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COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1346 CONNECTICUT AVENUE, N. W. • WASHINGTON, D. C. 20036 • (202) 223-5364

Officers and Executive Committee:

Memo: 69-27E

July 28, 1969

Roy S. Rambeck, Chairman *
T. Stewart Hamilton, M.D., Chairman-Elect *
Lad F. Grapski, Immediate Past Chairman
Matthew F. McNulty, Jr., Secretary
L. H. Gunter
David Odell
Irvin G. Wilmot
Ernest N. Boettcher
Leonard W. Cronkhite, Jr., M.D.
Charles R. Goulet
Charles E. Burbridge, Ph.D.
Charles H. Frenzel
Reid T. Holmes
Russell A. Nelson, M.D., Ex Officio Member with Voting Privileges *
Joseph H. McNinch, M.D., AHA Representative
* indicates COTH Representative to AAMC Executive Council

Subject: Application for Membership from The Brooke General Hospital, Fort Sam Houston, Texas

The attached application for membership from The Brooke General Hospital seems to be in order. The internship and residency programs have been checked through the resources of the Council of Medical Education of the American Medical Association and have been verified as existing as indicated in the application.

It is the recommendation of your staff that the application for membership in the Council of Teaching Hospitals from The Brooke General Hospital be approved. There is attached a postal card for response. It would be helpful if your office could complete the postal card as promptly as convenient.

MATTHEW F. McNULTY, JR.
Director, COTH
Associate Director, AAMC

Attachment: Postal Card for return to COTH Offices.

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

From the Office of:

MATTHEW F. MANULTY, JR., DIRECTOR

COUNCIL OF TEACHING HOSPITALS

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1340 CONNECTICUT AVENUE, N.W.

WASHINGTON, D.C. 20036

202/223-5334

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: Brooke General Hospital

Brooke Army Medical Center

Fort Sam Houston, Texas 78234

Principal Administrative Officer: Brigadier General William H. Moncrief, Jr., MC

Hospital Commander

Hospital Statistics:

Date Hospital was Established: 1908

Average Daily Census: 1015

Annual Outpatient Clinical Visits: 539,489

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating		27	27
Mixed			
Straight	1968	5	5

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine		36	33
Surgery		59	54
OB-Gyn		6	5
Pediatrics		8	7
Psychiatry		0	0

Information submitted by:

WILLIAM H. MONCRIEF, JR., Brig Gen, MC

Name

Hospital Commander

Title

24 July 1969

Date

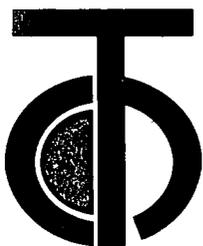
William H. Moncrief, Jr.

Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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1346 CONNECTICUT AVENUE, N. W. • WASHINGTON, D. C. 20036 • (202) 223-5364

Officers and Executive Committee:

Memo: 69-30E

August 8, 1969

Roy S. Rambeck, Chairman *
T. Stewart Hamilton, M.D., Chairman-Elect *
Lad F. Grapski, Immediate Past Chairman
L. H. Gunter
David Odell
Irvin G. Wilmot
Ernest N. Boettcher
Leonard W. Cronkhite, Jr., M.D.
Charles R. Goulet
Charles E. Burbridge, Ph.D.
Charles H. Frenzel
Reid T. Holmes
Russell A. Nelson, M.D., Ex Officio Member With Voting Privileges *
Joseph H. McNinch, M.D., AHA Representative

Subject: Application for Membership from the Memorial Hospital, Pawtucket, Rhode Island:

The attached application for membership from the Memorial Hospital seems to be in order. The internship and residency programs have been checked through the resources of the Council of Medical Education of the American Medical Association and have been verified as existing in the application. Also, please note that the Division of Biological and Medical Sciences is equivalent to a College of Medicine.

It is the recommendation of your staff that the application for membership in the Council of Teaching Hospitals from the Memorial Hospital be approved. There is attached a postal card for response. It would be helpful if your office could complete the postal card as promptly as convenient.

FLETCHER H. BINGHAM, Ph.D.
Acting Director, COTH

Attachment: Postal Card for return to COTH offices

Instructions:

Please complete all copies and return three copies to the Council of Teaching Hospitals, Association of American Medical Colleges, ~~2530 Ridge Avenue, Evanston, Illinois 60201,~~ retaining the blue copy for your file.

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and

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If nominated by School of Medicine, complete the following:

Name of School of Medicine Brown University, Division of Biological and Medical Sciences

Name of Parent University Brown University

From the Office of: Name of Dean of School of Medicine Pierre M. Galletti, M.D., Ph.D.

Complete address of School of Medicine Box G, Providence, Rhode Island 02912

MATTHEW F. MANNING
 COUNCIL OF TEACHING HOSPITALS
 ASSOCIATION OF AMERICAN MEDICAL COLLEGES
 1346 BRIDGESTREET AVENUE, N.W.
 WASHINGTON, D.C. 20036
 202/223-5364

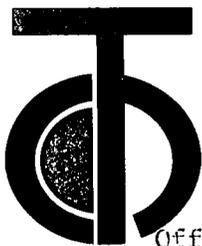
FOR AAMC OFFICE USE ONLY:

Date _____ Approved _____ Disapproved _____ Pending _____

Remarks: _____

Invoiced _____ Remittance Received _____

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COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1346 CONNECTICUT AVENUE, N. W. • WASHINGTON, D. C. 20036 • (202) 223-5364

Officers and Executive Committee:

Memo: 69-32E

August 20, 1969

Roy S. Rambeck, Chairman *
T. Stewart Hamilton, M.D., Chairman-Elect*
Lad F. Grapski, Immediate Past Chairman
L. H. Gunter
David Odell
Irvin G. Wilmot
Ernest N. Boettcher
Leonard W. Cronkhite, Jr., M.D.
Charles R. Goulet
Charles E. Burbridge, Ph.D.
Charles H. Frenzel
Reid T. Holmes
Russell A. Nelson, M.D., Ex Officio Member With Voting Privileges *
Joseph H. McNinch, M.D., AHA Representative
* indicates COTH Representative to AAMC Executive Council

Subject:: Application for Membership from the Butterworth Hospital,
Grand Rapids, Michigan

The attached application for membership from the Butterworth Hospital seems to be in order. The internship and residency programs have been checked through the resources of the Council of Medical Education of the American Medical Association and have been verified as existing in the application.

It is the recommendation of your staff that the application for membership in the Council of Teaching Hospitals from the Butterworth Hospital be approved. There is attached a postal card for response. It would be helpful if your office could complete the postal card as promptly as convenient.

FLETCHER H. BINGHAM, Ph.D.
Acting Director, COTH

Attachment: Postal Card for return to COTH Offices

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

From the Office of:
MATTHEW E. MURPHY, JR., DIRECTOR
COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1345 CONNERSHURST AVENUE, N.W.
WASHINGTON, D.C. 20036
202/223-5364

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: Butterworth Hospital
Name
100 Michigan N. E.
Street
Grand Rapids Michigan 49503
City State Zip Code

Principal Administrative Officer: Arkell B. Cook
Name
Executive Vice President and Director
Title

Hospital Statistics: Date Hospital was Established: 1873
Average Daily Census: 410.1
Annual Outpatient Clinical Visits: 7,719

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	<u>1920</u>	<u>20</u>	<u>20</u>
Mixed	<u></u>	<u></u>	<u></u>
Straight	<u></u>	<u></u>	<u></u>

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	<u>N. A</u>	<u>6</u>	<u>5</u>
Surgery	<u>N. A</u>	<u>10</u>	<u>10</u>
OB-Gyn	<u>N. A</u>	<u>6</u>	<u>5</u>
Pathology	<u>N. A</u>	<u>4</u>	<u>1</u>
Pediatrics	<u>N. A</u>	<u>3</u>	<u>0</u>
Plastic Surgery	<u>1964</u>	<u>1</u>	<u>1</u>
Psychiatry	<u></u>	<u>--</u>	<u>--</u>
Radiology	<u>N. A</u>	<u>4</u>	<u>1</u>

Information submitted by: A. B. Cook
Name
8/7/69
Date

Executive Vice President and Director
Title

Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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1346 CONNECTICUT AVENUE, N. W. • WASHINGTON, D. C. 20036 • (202) 223-5364

Officers and Executive Committee:

Memo: 69-31E

August 20, 1969

Roy S. Rambeck, Chairman *
T. Stewart Hamilton, M.D., Chairman-Elect *
Iad F. Grapski, Immediate Past Chairman
L. H. Gunter
David Odell
Irvin G. Wilnot
Ernest N. Boettcher
Leonard W. Cronkhite, Jr., M.D.
Charles R. Goulet
Charles E. Burbridge, Ph.D.
Charles H. Frenzel
Reid T. Holmes
Russell A. Nelson, M.D., Ex Officio Member With Voting Privileges *
Joseph H. McNinch, M.D., AHA Representative
* indicates COTH Representative to AAMC Executive Council

Subject: Application for Membership from the Providence Lying-In Hospital,
Providence, Rhode Island

The attached application for membership from the Providence Lying-In Hospital seems to be in order. The internship and residency programs have been checked through the resources of the Council of Medical Education of the American Medical Association and have been verified as existing in the application. Also, please note that the Division of Biological and Medical Sciences is equivalent to a College of Medicine.

It is the recommendation of your staff that the application for membership in the Council of Teaching Hospitals from the Providence Lying-In Hospital be approved. There is attached a postal card for response. It would be helpful if your office could complete the postal card as promptly as convenient.

FLETCHER H. BINGHAM, Ph.D.
Acting Director, COTH

Attachment: Postal Card for return to COTH Offices



BROWN UNIVERSITY Providence, Rhode Island • 02912

Division of Biological and Medical Sciences

August 14, 1969

Matthew F. McNulty, Jr., Director
Council of Teaching Hospitals
Association of American Medical Colleges
1346 Connecticut Avenue, N.W.
Washington, D.C. 20036

Dear Mr. McNulty:

Please find enclosed the application for membership submitted by the Providence Lying-In Hospital. The Hospital recently signed an affiliation agreement with Brown University Program in Medical Science and will become our major teaching facility in the area of obstetrics and neonatal pediatrics.

Sincerely yours,

Pierre M. Galletti, M.D., Ph.D.
Professor of Medical Science and
Chairman, Division of Biological
and Medical Sciences

encl

PMG/els

RECEIVED

AUG 19 1969

AAMC-WASH, D. C.

From the Office of:
 MATTHEW E. HANLEY, JR., DIRECTOR
 COUNCIL OF TEACHING HOSPITALS
 ASSOCIATION OF AMERICAN MEDICAL COLLEGES
 1346 CONNECTICUT AVENUE, N.W.
 WASHINGTON, D.C. 20036
 202/223-5364

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
 in the
 Council of Teaching Hospitals

(Please type)

Hospital: Providence Lying-In Hospital
50 Maude Street Name
Providence Rhode Island 02908
 City State Zip Code
 Principal Administrative Officer: Harmon P.B. Jordan, Jr.
Administrator Name
 Title

Hospital Statistics:
 Date Hospital was Established: 1884
 Average Daily Census: 127
 Annual Outpatient Clinical Visits: 6780

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	_____	_____	_____
Mixed	_____	_____	_____
Straight	_____	_____	_____

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	_____	_____	_____
Surgery	_____	_____	_____
OB-Gyn	<u>3-21-60</u>	<u>8</u>	<u>8</u>
Pediatrics	_____	_____	_____
Psychiatry	_____	_____	_____

Information submitted by:

Harmon P.B. Jordan, Jr. Administrator
 Name Title
August 5, 1969 _____
 Date Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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

MINUTES

MEETING OF COMMITTEE ON FINANCIAL PRINCIPLES
Washington-Hilton Hotel
June 27, 1969
10:00 a.m. - 4:00 p.m.

Present:

Stanley A. Ferguson, Chairman, COTH
Richard D. Wittrup, Vice-Chairman, COTH
Robert A. Chase, M.D., CAS
Clarence Dennis, M.D., CAS
Gerhard Hartman, Ph.D., COTH
Reid T. Holmes, COTH
Bernard J. Lachner, COTH
Lawrence E. Martin, COTH
William D. Mayer, M.D. COD
Charles C. Sprague, M.D., COD
Francis J. Sweeney, Jr., M.D., COTH
James V. Warren, M.D., CAS
Irvin G. Wilmot, COTH
Robert E. Linde, AHA

Excused:

Robert H. Felix, M.D., COD
Leon O. Jacobson, M.D., COD
Russell W. Mapes, M.D., CAS
Roger B. Nelson, M.D., COTH
Arthur J. Klippen, M.D., COTH

Also Present:

John C. Colloton, Associate Director, University of Iowa Hospitals
James M. Ensign, Vice President, Blue Cross Association
Fred Graham, Graduate Program in Hospital and Health Administration,
The University of Iowa
William Oviatt, Medicare Coordinator, AHA

Staff:

John A. D. Cooper, M.D., Ph.D., President, AAMC
Matthew F. McNulty, Jr., Director, COTH; Associate Director, AAMC
Fletcher H. Bingham, Ph.D., Assistant Director, COTH
Grace W. Beirne, Staff Associate, COTH
Armand Checker, Staff Associate, COTH
Clara J. Williams, Project Director, COTHMED
Howard R. Veit, Assistant Project Director, COTHMED
Betty J. Behrns, Secretary to the Director, COTH
Catharine A. Rivera, Secretary to the Assistant Director, COTH

I. The Chairman Convened the Meeting Promptly at 10:00 a.m.:

II. Introduction and Welcome of New Committee Members:

Mr. Ferguson, after indicating that this was the first meeting of the Committee since he had been appointed Chairman to succeed Mr. Charles R. Goulet, welcomed the new members present (Drs. Chase, Dennis and Warren) on behalf of the Committee.

III. Meeting of March 28, 1969:

The Minutes of the meeting of March 28, 1969 were approved as commented on below.

Dr. Mayer indicated that he believed it was necessary to emphasize that in addition to the action program regarding the short-term approach as outlined in the minutes of the March 28th meeting, there had been an additional consensus that an effort must be taken over a long range period to rectify the situation through legislation if such action proved necessary.

There was Committee agreement this this element had been strongly emphasized and that while it was not necessary to correct the minutes of the March 28th meeting, this additional approach should be clearly identified in the minutes of this meeting.

IV. Discussion and Initial Development of an AAMC Position on Reimbursement of Supervisory Physicians in a Teaching Setting:

Because of the major impact which these guidelines have had, and will continue to have, on medical schools and teaching hospitals, the Chairman suggested, and the Committee concurred, that it would be most appropriate if the Committee took as its primary three goals for the meeting: (1) an identification of the pertinent issues related to the institutional implementation of the guidelines; (2) a search for alternate mechanisms of resolution of the problems associated with these issues, and; (3) time permitting, the initial

development of an AAMC position concerning the principles under which attending physicians should be reimbursed in the teaching setting.

It was further agreed that two guiding criteria for this discussion as well as the future development of any AAMC position, which represented a consensus of the total membership, should: (1) deal effectively and positively, in the immediate future, with the many problems inherent in financing attending physicians in the teaching setting under the regulations as they currently exist, and; (2) assist in placing the AAMC in a strong negotiating position as it attempts to influence the future course of legislation. The importance of this goal was subsequently reinforced when it was recognized that the broad principles to be developed must be of such a nature that they can be readily defended by the total membership of the AAMC as the Association attempts to shape the course of both immediate and long range future laws and regulations. The Committee clearly recognized the potential difficulty in establishing broad principles which represented the positions of the many interests, both geographic and institutional, within the AAMC. However, there was the expression that the statement of preliminary principles, which had been discussed vigorously at the four COTH Regional Meetings, was an important first step (see attached). It was agreed the principles not only needed to be refined but made representative of all of the relevant issues involved with the total reimbursement of physicians in a teaching setting, particularly as these issues relate to the financing and the organization of teaching hospitals and medical education.

Serious consideration was also given to the potential difficulty in setting a fixed and firm course toward promoting the establishment of new legislative and regulatory directions. The committee members concurred that Congress,

at the present time, is not amenable to favorable changes in the Medicare law. There was equal agreement, however, that while the present political climate was not the most conducive for affirmative change, this should not prevent the AAMC from presenting strong regulatory and legislative proposals immediately.

The major issues generated by SSA guidelines and discussed by the Committee are identified below. Throughout these discussions, constant recognition was given to the need for the AAMC to consider carefully the implications of these basic issues as they affect medical schools, medical faculties and teaching hospitals.

- A. Should the services of interns and residents be reimbursed under Part A or Part B? Because the Medicare law explicitly prohibits the Part B reimbursement of house officers, should attempts be made through legislative action to allow all licensed physicians, including most residents and interns, to bill under Part B? The pertinent correlary question which developed and was not resolved: Are house officers primarily identified with the patient care team or with the educational setting?
- B. Should the services of supervisory physicians be billed under Part A or Part B? Is the framework within which teaching physicians perform their supervisory duties one of education or service? Should the service component be reimbursed under Part B?
- C. Under what criteria is "personal" and "identifiable" service, as it pertains to the conditions that must be met for a teaching physician to qualify as an attending physician, and be eligible for Part B reimbursement, to be determined?

- D. Because the SSA guidelines relate high quality patient care to the rendering of such care by an attending physician, who does not share his attending duties with other physicians, how will the team concept of comprehensive care be maintained in graduate medical education and in the teaching hospital?
- E. What are the determinants of "usual and customary" fees in terms of the services provided in a teaching hospital? Should "usual and customary" fees in some way relate to the institutional payment to physicians? How should they relate to fees charged in the community?
- F. What difficulties will be involved with the payment of Medicaid professional fees to physicians who practice in state supported institutions?

There was general consensus that:

- (1) the quality of professional care provided to patients, including Medicare patients, in the teaching hospital setting is equal to or greater than that in other settings, and;
- (2) the payment for professional care in the teaching hospital should be equivalent to that provided in other settings, with the only variable being the extent of care provided.

Throughout the identification and discussion of these issues, it was apparent that much diversity of opinion within the AAMC constituency exists, and that the development of firm AAMC principles in this matter must involve a search for areas of agreement and compatibility on these issues. The Committee also gave recognition to the fact that the COTH constituency was composed of many hospitals with only slight or no university affiliation and the

special problems of this group should be represented throughout AAMC position formulation, possibly through the development of several discrete position statements.

Following this full and free discussion, the following definitive actions were taken by the Committee:

ACTION #1 IT WAS RECOMMENDED THAT A SMALL GROUP BE APPOINTED BY JOHN A. D. COOPER, M.D., Ph.D., PRESIDENT, AAMC TO TAKE THE INFORMATION AND POINTS OF VIEW DISCUSSED AT THE MEETING AND INITIATE AN EXPLORATION OF THESE ISSUES WITH THE SOCIAL SECURITY ADMINISTRATION ON BEHALF OF THE AAMC. IT WAS FURTHER AGREED THAT THE PURPOSE OF THE MEETING SHOULD BE TO FURTHER STRENGTHEN THE EXISTING DIALOGUE BETWEEN THE AAMC AND THE SSA. THIS RECOMMENDATION STATED FURTHER THAT THIS PRESIDENTIALLY APPOINTED GROUP SHOULD INDICATE TO SSA, AT THEIR EARLY MEETINGS, THAT THE AAMC IS INTERESTED IN BEING HEARD AND CONSULTED AND THAT IT WILL BE BACK TO THEM IN THE FUTURE TO PRESENT A DETAILED PROPOSAL.

ACTION #2 THE COMMITTEE STATED ITS INTENTION TO CONSIDER A PROPOSAL PREPARED BY THE APPOINTED COMMITTEE IN TIME FOR PRESENTATION TO THE EXECUTIVE COUNCIL AT ITS SEPTEMBER MEETING AND TO THEN HAVE THIS PROPOSAL PRESENTED AT THE OCTOBER-NOVEMBER AAMC ANNUAL MEETING. IT WAS PROPOSED THAT THE EXECUTIVE COMMITTEES OF EACH COUNCIL REVIEW THE PROPOSAL BEFORE IT REACHES THE EXECUTIVE COUNCIL. IT WAS FURTHER PROPOSED THAT, IF POSSIBLE, THE SUGGESTED PRINCIPLES SHOULD BE DISCUSSED AT THE REGIONAL MEETINGS PRIOR TO THE OCTOBER-NOVEMBER ANNUAL MEETING.

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ACTION # 3 THE STAFF WAS DIRECTED TO ISSUE A MEMORANDUM INTENDED TO POLL THE DEANS AND TEACHING HOSPITAL DIRECTORS CONCERNING THEIR LOCAL PROBLEMS IN INTERPRETING THE SSA GUIDELINES AND DEALING WITH CARRIERS.

ACTION #4 THE STAFF WAS DIRECTED TO DRAFT A DOCUMENT THAT WOULD REPRESENT A COMPILATION OF THE ISSUES RELATING TO REPORTED ACTIONS IN THE SSA GUIDELINES. THIS DOCUMENT WILL BE INTENDED TO PROMOTE CONSTRUCTIVE FEEDBACK THAT WILL ASSIST IN ARRIVING AT A FIRM AAMC POSITION.

V. The Date of the Next Meeting is to be at the Call of the Chairman:

IV. There being no further Business, the Meeting Adjourned at 3:50 p.m.:

Attachment: Recommendations Re: Principles governing the Payment for Services of Interns, Residents, Supervising Physicians and Attending Physicians in Teaching Settings under the Medicare Program

*CONFIDENTIAL - Draft
8-20-69*

Recommendations Re: Principles governing the Payment for Services
of Interns, Residents, Supervising Physicians and Attending
Physicians in Teaching Settings under the Medicare Program

Introduction

The drafting of Principles is made more difficult because of the need to separate teaching services from the services of Attending Physicians in the teaching setting in order to conform to the distinctions made in these services in the Medicare law and in the regulations governing the administration of the law. The difficulties involved in classifying the services of each physician involved in the care of a patient in a teaching setting and in the computing of the costs and/or the reasonableness of professional fees for each are well known to faculties, Deans and hospital administrators. These difficulties are not simplified when one contemplates the variety of fiscal, educational and professional relationships between house officers, faculty members, medical schools, teaching hospitals and patients.

It was, therefore, tempting to approach these issues with the intent of recommending modifications in the basic law and thus the Medicare Program as it applies to the care of patients in teaching hospitals. However, it seemed clear to the staff and the Committee on Financial Principles of the Council on Teaching Hospitals of the AAMC that there were two problems inherent in such an approach.

First, there is little hope that alternatives acceptable to all

medical schools, their faculties, teaching hospitals and the Congress could be drafted without endless discussions with individual schools, hospitals and faculty groups in order to understand and rationalize the differences in arrangements that mark the relationships between house officers, faculty members, schools, hospitals and patients in the member institutions. Indeed, such an approach might well conclude that changes must first be made in the internal relationships of some schools and hospitals if changes in the law are to be proposed that would be universally applicable to the schools and their faculties.

Secondly, it seems clear that there is little hope that the administration and/or the Congress would favorably consider any major change in the law at this time.

For these reasons these recommendations conform to the law as it is now written and the premise upon which it is based; private fee for service medical practice.

This decision should in no way deter the Association from a continuing discussion of these complex matters in the hope that a consensus might emerge that will provide for a more rational basis for reimbursement for the services of professionals providing patient care and education in the teaching hospital setting.

Principles

1. Post-graduate Medical Education including the Costs of Supervising Physicians

It is proposed that all costs associated with the appointment, service, and education of interns and residents should be reimbursed as hospital costs on an actual cost basis. (Part A)

-- The commonly accepted definitions of intern and resident should be used to distinguish these individuals from others who may be appointed as salaried members of the hospital's professional staff.

-- The costs of physicians "supervising" the post-graduate (graduate) educational programs of interns and residents should be allowable costs.

-- Both of the foregoing costs should be allowable provided the following conditions are met:

- (a) The costs are uniformly applied in the determination of the cost of the care of all patients whose care involves the service of interns and/or residents.
- (b) The costs are actual costs - not imputed costs.
- (c) The costs are auditable. That is, the basis for the determination and the allocation of costs, especially those associated with supervising physicians, conforms to the actual services rendered and the basis for allocation is available for audit.

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2. Services of Attending Physicians

Attending physicians caring for patients in teaching hospital settings should be permitted to levy fees for their professional services which should be reimbursable as professional services. (Part B)

-- The attending physician may not be an intern or resident since the cost of their services and education are reimbursed as hospital costs.

-- An attending physician relationship exists whenever the tests of a patient-physician relationship can be demonstrated and this relationship is understood by the patient and is similar to that of any other "private" patient with his attending physician. (It should be emphasized that the medicare patient who has Part B coverage for professional services has paid a monthly premium for this coverage and therefore is eligible to be treated as a "private" patient of an attending physician if a professional fee is to be earned by the physician.)

-- The attending physician rendering "personal and identifiable" services to his patient should document these services in the patient's medical record, so that his relationship to the patient may be professionally audited.

-- All patients of the attending physician should be subject to a professional fee not just those who have insurance or medicare coverage. (Whether collection is made and the magnitude of the fee should continue to be based upon the physician's evaluation of his patient's economic,

social, and medical condition.)

-- The attending physician has the right to charge a fee for his professional services even though at the time he rendered the service he was a salaried member of a hospital's medical staff or a faculty of a school of medicine.

-- The attending physician should be allowed to charge a "usual and customary" fee for his professional services even though he is salaried.

-- The method by which an attending physician renders his bill for professional services should not be a factor in determining whether an attending physician relationship exists between himself and his patient. (The physician may bill individually, or through a group practice, a medical corporation or medical school.)

-- The disposition of fee income by the physician, group, etc. shall not be a factor in determining whether an attending physician relationship exists or the appropriateness of the level of the fee.

CRG
COTH
5-1-69

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

MINUTES

Meeting of AAMC Ad Hoc Committee
on Medicare Reimbursement of
Physicians in a Teaching Setting

The Mayflower Hotel
Potomac Room
July 24, 1969
9:00 a.m. - 5:00 p.m.

Present:

Robert A. Chase, M.D., CAS, Chairman
William G. Anlyan, Jr., M.D., COD
William D. Mayer, M.D., COD
Jonathan E. Rhoads, M.D., CAS
Charles C. Sprague, Jr., M.D., COD
James V. Warren, M.D., CAS
Richard D. Wittrup, COTH
Irvin G. Wilmot, COTH (Alternate for Stanley A. Ferguson)

Excused:

Stanley A. Ferguson, COTH
Russell A. Nelson, M.D., COTH

Staff:

John A. D. Cooper, M.D., Ph.D., President, AAMC
Matthew F. McNulty, Jr., Director, COTH; Associate Director, AAMC
John M. Danielson, Director-Designate, COTH
Fletcher H. Bingham, Ph.D., Assistant Director, COTH
Howard R. Veit, Assistant Project Director, COTHMED
Barbara Bucci, AAMC
Betty J. Behrns, Secretary, COTH

Also Present:

J. Barton Boyle, Associate Director, University of Missouri Medical Center

I. The Chairman Called the Meeting to Order Promptly at 9:00 a.m.:

II. Introduction and Welcome of Committee Members:

Dr. Chase welcomed the members of the committee and staff and introduced

Mr. John M. Danielson, Director-Designate of the Council of Teaching Hospitals.

III. Review of Charge to the Ad Hoc Committee:

The Chairman asked Mr. McNulty to bring the Committee up-to-date on the recent meeting of S.S.A. officials and the special S.S.A. appointed Consultant Group which met on Thursday, July 10, 1969 to discuss Medicare Payment to Teaching Physicians.

The Chairman also requested Mr. McNulty to define the charge to the Ad Hoc Committee from the Committee on Financial Principles.

Mr. McNulty described the origin and history of the Senate Finance Committee's concern about possible abuses of the Medicare law and the concurrent pressure that the Senate Finance Committee is exerting on the Social Security Administration officials to strengthen S.S.A. activities in the administration of the Medicare program. Mr. McNulty reported further that this Congressional pressure has been the stimulus for S.S.A. Intermediary Letter No. 372, "Guidelines for the Reimbursement of Physicians in a Teaching Setting." At the recommendation of COTH-AAMC vigorous response from medical schools and teaching hospitals has been expressed concerning the deleterious effects that the guidelines No. 372 may have on medical education.

It was in response to these mentioned inquiries and objections from medical educators and teaching hospital administrators that the S.S.A. appointed a Consultant Group to meet with agency officials on this subject on July 10, 1969. Although no decisions were forthcoming from the July meeting, Mr. McNulty indicated that the Social Security Administration is receptive to change. From this experience and many others over the April-July span on this subject he suggested the charge to the Ad Hoc Committee could be considered as follows:

- (1) Draft a position paper that will clearly state the views of the AAMC regarding the pertinent issues relating to the reimbursement of physicians in the teaching setting;
- (2) Decide whether representatives of the AAMC should at this time testify on this subject before the Senate Finance Committee;
- (3) Address itself to a three-month time frame and develop a course of action for solving immediate problems presented by the S.S.A. guidelines, while recognizing that longer-range solutions should be simultaneously pursued.

IV. Discussion and Development of an AAMC Position Statement on the Reimbursement of Physicians in a Teaching Setting by Medicare - Consideration and Discussion of Appropriateness of the AAMC Testifying before the Senate Finance Committee:

The Chairman asked the Committee to discuss the pertinent issues and to delineate a course of action that would effectively influence future S.S.A. Regulations and Congressional legislation.

A major point which needed clarification, in the development of an AAMC statement, was the varying institutional methods utilized to provide high quality patient care to all patients. It was stressed that some individuals conceivably could interpret the S.S.A. guidelines to equate high quality care to a one-to-one, attending physician - patient relationship method of delivery. The Committee agreed that team care, which is now being practiced in many teaching hospitals, is an effective method of rendering patient care of very high quality. The Committee was aware, however of the one-to-one philosophy which was concomitantly emphasized by organized medicine when the medicare legislation was enacted and implemented. The Committee agreed that all methods of rendering high quality care, including group care, should include a Part B professional fee component. Furthermore, it was suggested and agreed upon that

the AAMC recognize that all patients, including Medicare patients, are entitled to and should be receiving the same quality of care as represented by the prevailing medical standards of the institution rendering the care.

The Chairman requested that the problem of overlapping costs for services of house staff and supervisory physicians be discussed. It was agreed that the unique features attendant to medical education, including the system of house officers and supervisory physicians in a teaching hospital have a very beneficial influence on the patient care in a teaching setting. The positive effects on patient care of house staff and supervisory physicians should be stressed in an AAMC position paper.

The problem inherent in dividing the reimbursement of house staff and supervisory physicians between Part A and Part B was recognized. There was agreement that until such time in his career that a physician is able to collect under Part B, the patient is entitled to the supervision of his services by a fully qualified member, or members, of the attending staff. Several alternate methods for reimbursement were then put forward. It was agreed that a clear determination should be drawn between Part A and Part B payments in order to avoid the possibility of duplication of payment.

One suggested method was to consider all program administrative duties as being reimbursed under Part A and all patient care activities as reimbursable under Part B. Program administration was considered to be management of portions of the medical education activities of the hospital. Under this hypothetical instance those portions of a supervisory physicians' activities that are administrative in nature should be reimbursed under Part A (Hospital Services) and that segment of this time devoted to personal and identifiable patient care and clinical education should be eligible for a Part B fee (Physician Services).

Discussion followed as to whether the supervision of interns and residents should be classified as administration or team patient care management. The consensus was that in most cases this was team care leadership and thus reimbursed as Physician Services under Part B. However, it was recognized that some institutions, because of their varying methods of recovering payment for professional services, should be able to be reimbursed for this type of supervisory service under Part A. In all circumstances, the institution should establish the necessary fiscal accountability to insure that there are no instances of double billing.

The morning session concluded with an attempt to define the extent to which a supervisory physician should be involved in patient care in order for him to be eligible for Part B payments.

The Committee discussed the possibility of developing an AAMC position that would redefine the existing S.S.A. regulations and which would recognize the fact that a supervisory team leader, who is directly and personally responsible for the care rendered by a team of physicians, should be eligible on behalf of the team for physician services' reimbursement. It was noted that an essential element of this position that differed from the S.S.A. guidelines (Intermediary Letter No. 372) is the concept that the supervisory physician, because he is demonstrably responsible for the care being rendered to a patient, was never "superfluous" to that care and thus should be eligible to bill on behalf of the team. The discussion of this topic was continued during the afternoon session.

The meeting adjourned for lunch at 12:30 p.m.

The afternoon session began at 1:40 p.m.

The Chairman asked the Committee to address itself to the questions of whether

the AAMC should request the opportunity to testify before the Senate Finance Committee.

Following a full and free discussion, the following definitive actions were taken by the Committee:

ACTION #1 IT WAS DECIDED THAT THE AAMC SHOULD REQUEST TO TESTIFY BEFORE THE SENATE FINANCE COMMITTEE AND THAT SEVERAL KNOWLEDGEABLE PERSONS SHOULD BE CHOSEN BY THE PRESIDENT TO ACT AS PRINCIPLE REPRESENTATIVES OF THE AAMC FOR THE PURPOSE OF PRESENTING THIS TESTIMONY.

ACTION #2 IT WAS DECIDED THAT ATTEMPTS WOULD BE MADE IN ADVANCE OF THE AAMC TESTIMONY TO REACH EACH SENATOR ON THE FINANCE COMMITTEE IN ORDER TO BRIEF THEM ON THE MAJOR ISSUES TO BE PRESENTED AT THE TESTIMONY. IT WAS FURTHERMORE RECOMMENDED THAT KNOWLEDGEABLE AAMC MEMBERS BE CHOSEN WHO WILL BE RESPONSIBLE FOR MAKING CONTACT WITH MEMBERS OF THE SENATE FINANCE COMMITTEE.

ACTION #3 THE STAFF WAS DIRECTED TO DISTRIBUTE THE DRAFT MINUTES OF THIS MEETING AS QUICKLY AS POSSIBLE IN ORDER THAT THEY CAN BE USED AS A BASIS FOR DISCUSSION WITH SENATE FINANCE COMMITTEE MEMBERS AND ALSO WITHIN THE CONSTITUENCY.

Continuing the morning's deliberation of the supervisory physicians' eligibility to bill for services, the Chairman requested that the Committee develop a definition of "personal and identifiable" care within the context of services provided by a physician team. It was acknowledged that, since issuance of the 1967 regulations relating to payments to supervisory physicians the S S.A. has shifted its definition of personal and identifiable service from "personal and identifiable supervision" to "personal and identifiable patient care".

It was noted that the original 1967 regulation can be quite logically extended to assert that a teaching physician who is directly supervising a team of interns and residents, who are rendering care to one of his patients is eligible to receive Part B reimbursement. However, it was further noted that the most recent S.S.A. Guidelines alter these requirements and stress that a supervisory physician in order to bill under Part B must be an attending physician in a more restrictive sense and himself render direct patient care on a one-to-one basis. There was agreement that the AAMC should defend the concept that is suggested by the 1967 regulations. The position should further be established that team care should be justified solely on the basis that it is of high quality and that all patients in the teaching hospitals receive this same high standard, including medicare patients. However, in defending the 1967 regulations, it should be surmised that even though the language suggests an emphasis on direct supervision that this was probably not the precise intent of the regulations and that the most defensible position is one that defines personal and identifiable patient care in the context of patient care rendered by a team of physicians. It was agreed that an AAMC definition should be more flexible than the S.S.A. Guidelines (Intermediary Letter no. 372). It was also decided that the S.S.A. Guidelines should be challenged as contravening the 1967 Regulations and that the results have been deleterious to medical education.

The Chairman asked the Committee to begin to arrive at a definition of reasonable and customary fees. Dr. Rhoads outlined the present method of determining reasonable and customary fees by noting in that most cases these fees are based on what local non-third party patients are paying. After more discussion, it was agreed that that the issue of reasonable and customary fees should be discussed if it is brought up at the Senate Finance Committee testimony. It was decided

that the AAMC should support the position of usual and customary fees being related to services rendered to patients and not related to institutional payment of physicians for services to the institution or in any way related to recovery on billings.

The entire meeting was characterized by free and open discussion and was concluded with these additional definitive actions taken by the Committee:

ACTION #4 IT WAS RECOMMENDED THAT THE AAMC WORK WITH CONGRESS AND THE DEPARTMENT OF HEALTH, EDUCATION AND WELFARE TO ENCOURAGE EXPERIMENTATION WITH DIFFERENT INNOVATIVE FORMS OF REIMBURSEMENT OF PHYSICIANS IN THE TEACHING SETTING.

ACTION #5 IT WAS RECOMMENDED THAT THE STAFF KEEP DR. ROGER EGERBERG, ASSISTANT SECRETARY FOR HEALTH AND SCIENTIFIC AFFAIRS, DEPARTMENT OF HEALTH, EDUCATION AND WELFARE, HIS STAFF, AND OTHER FEDERAL ADMINISTRATIVE OFFICIALS WELL INFORMED REGARDING AAMC POSITION AND ACTION REGARDING ATTEMPTS TO INFLUENCE CONSTRUCTIVE CHANGE IN THE AREA OF REIMBURSEMENT OF PHYSICIANS IN THE TEACHING SETTING.

ACTION #6 THE COMMITTEE ASKED DR. RHOADS TO DRAFT A PROPOSED PREAMBLE TO AN AAMC POSITION PAPER ON THE SUBJECT OF THE REIMBURSEMENT OF PHYSICIANS IN THE TEACHING SETTING AND FURTHERMORE THAT AAMC STAFF BEGIN IMMEDIATELY TO DRAFT A POSITION STATEMENT DEALING WITH THE ISSUES IDENTIFIED AT THIS MEETING.

ACTION #7 THE COMMITTEE AGREED THAT IT SHOULD MEET AGAIN SOON TO REVIEW THE DRAFT AND ALSO DISCUSS THE LONG TERM GOAL OF INFLUENCING A CHANGE IN THE EXISTING LAW.

V. The Date of the Next Meeting to be at the Call of the Chairman:

VI. There being No Further Business, the Meeting Adjourned at 3:50 p.m.:

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

MINUTES

COMMITTEE ON MODERNIZATION AND CONSTRUCTION FUNDS

June 6, 1969
Mayflower Hotel
Washington, D.C. 20036
10:00 a.m. - 4:00 p.m.

Present:

Richard T. Viguers, Chairman
Lewis H. Rohrbaugh, Ph.D., Vice Chairman
Robert C. Hardy
John H. Westerman

Excused:

Charles H. Frenzel
Harold H. Hixson
J. Theodore Howell, M.D.
John H. Knowles, M.D.
David Littauer, M.D.
John W. Kauffman, AHA Representative

Staff:

John A. D. Cooper, M.D., Ph.D., President, AAMC
Matthew F. McNulty, Jr., Director, COTH; Associate Director, AAMC
Fletcher H. Bingham, Ph.D., Assistant Director, COTH
Grace W. Beirne, Staff Associate, COTH

I. Call to Order:

Chairman Viguers called the meeting to order and began discussion of the Agenda promptly at 10:00 a.m.

II. The Chairman Asked if there were any Additions or Corrections to the June 28, 1968 Minutes. There were none. Minutes were approved as distributed:

III. Report on AAMC-COTH Testimony, March 27, 1969 Before the Sub-Committee on Public Health and Welfare before the House Committee on Interstate and Foreign Commerce:

It was noted that there were two principal legislative proposals considered by the Committee; H.R. 6797 introduced by Congressman Staggers and H.R. 7095

introduced by Congressman Rogers, and that the bill introduced by Representative Staggers was more favorable to the particular interest of teaching hospitals. It was further noted that a decision had been made to support the provision for grants, loans, loan guarantees and direct loans to public hospitals as contained in H.R. 6797 and also that portion of H.R. 7095 which dealt with grants for modernization of emergency rooms. Mr. McNulty indicated that the COTH-AAMC testimony had been sympathetically received and that Congressman Rogers reacted as positively as he could.

Mr. McNulty mentioned that he thought the testimony went very well and had been delivered well and questions were many.

IV. Chairman Viguers then Asked for Comments on Testimony and Suggestions as To How we Might Proceed in the Senate on S.2182 Introduced by Senator Yarborough:

As a matter of procedure, it was agreed that the Association should prepare a full statement for the record but prepare a summary of this for the oral presentation.

The Chairman stressed that the meeting was for the purpose of examining what had been done before the House Subcommittee and to develop testimony that would be used before the Health Subcommittee of the Labor and Public Welfare Committee.

The Chairman also asked for a review of the proposed legislation (S.2182).

Following this review, the Committee presented the general framework that was accomplished in the testimony before the Senate Finance Committee. (see attached)

The Committee then turned its attention to the question of who should represent COTH-AAMC and present the testimony. It was quickly agreed that the format of having a Dean and Administrator present testimony had worked very well before the House Subcommittee, and a similar format should be pursued in the Senate.

Because of his personal contact with Senator Yarborough, it was agreed that

Ted Bowen should be approached to ascertain his willingness to testify. Additionally, it was agreed that Mr. McNulty would contact Dr. Berson in order to gain his suggestions for a Dean who would make an effective presentation. The Committee suggested that it would be most effective that the Dean be from New York, Massachusetts or some similar urban area.

A suggestion was made that COTH invite a trustee to offer testimony. There was immediate agreement that this was an excellent suggestion and Mr. Westerman agreed to approach the President of his University for a suggestion.

V. Discussion of Draft Statement "The Teaching Hospital and Its Role in Health Planning at the Local and Area Levels":

The Committee agreed to serve in an advisory capacity to the Executive Committee in the development of this paper. Several suggestions were made, and it was agreed that they would be incorporated in the text.

VI. There being no Further Business the Meeting was Adjourned at 3:50 p.m.:

Attachments: Statement of Dr. Robert B. Howard
Testimony of Honorable Fred J. Hughes
Testimony of Mr. Ted Bowen
Before the U.S. Senate Committee on Labor and Public Welfare,
Health Subcommittee

TO: COTH Executive Committee

FROM: Staff

SUBJECT: Foreign Medical Graduates (FMG's) - Proposed Legislation

It has been suggested that the AAMC needs a clear policy with regard to the temporary and permanent admission of FMG's into the United States to serve as a guide to AAMC participation in the ECFMG, and the proposed National Commission on FMG's and in the development of its position on specific legislative proposals.

A draft policy paper is being developed by the staff for later consideration by the Executive Council.

Meanwhile, there are certain proposals now before the Congress that would have an effect upon the admission of FMG's. Hearings before the Judiciary Committee of the House will be held on several of these bills September 10th and 15th with Department of State witnesses testifying on September 10th.

Selected pending bills which may be considered are: HR 445, (introduced by Chairman Feighan of the Judiciary Committee) ~~which would amend the Immigration and Nationality Act in such a way as to require that exchange students financed by the U.S., or by their own governments would be ineligible for immigration in the countries of their origin, if those countries are developing countries which need their services.~~ At the present time, such persons are required only to reside outside of the United States for two years. Exceptions under certain provisions could be made for an alien that cannot return to the country of his nationality or his last residence because he would be subject to persecution.

HR 4132 (introduced by Congressman Cahill) would seem to have two contradictory effects. One is a provision that ~~all FMG's entering the United States must pass the National Board examinations, the other is a provision authorizing the admission of physicians on certification by the Secretary of Labor that "because of their prior training and experience as practicing doctors of medicine the aliens manifest sufficient confidence to be admitted to professional practice in the United States".~~ It is estimated informally by ECFMG that the National Board provision (which would be costly to administer) would slam the door on the approximately 9,000 doctors entering the country annually, reducing the flow to some 500; the second provision would at the same time open the sluice gates, allowing the the Department of Labor a free hand in admitting physicians on the base of bureaucratic hunch. Neither provision is consistent with the interests of U.S. medicine.

Senator John Sherman Cooper has introduced in the Senate a bill that would waive the two year foreign resident requirement for FMG's willing to serve in a poverty area for five years. This would be contrary to the basic purpose of the exchange act and would seem to invite abuse. No hearings have been scheduled on this legislation.

GRANTS ADMINISTRATION REPORT

AUGUST 1969 4

BOB extends cost principles to training grants and contracts

Limit raised to \$1 million on use of simplified method

EDUCATIONAL INSTITUTIONS are now guided by basic principles developed by the Bureau of the Budget for determining costs of training and other educational services associated with grant and contract awards from the Federal government. They may also use the simplified method for establishing allowable indirect costs for these services under certain conditions set by the BOB.

These are among the key provisions of the recent amendments to BOB Circular A-21 (Revised) which in effect extend to the training area certain cost determination methods that had previously applied only to the research area. [The cost principles in Circular A-21 (Revised) of March 3, 1965 are applicable to research and development and provide definitive standards for educational institutions to determine allowable costs—both direct and indirect.]

Measurement of indirect costs facilitated

The cost principles, contained in Attachment B to the Circular, provide the means for developing indirect cost rates for educational service agreements. The Budget Bureau defines an educational service agreement as any grant or contract under which Federal financing is provided on a cost reimbursement basis for all or an agreed portion of the costs incurred for training or other educational services. Activities covered by these agreements include summer institutes, special training programs for selected participants, development and introduction of new or expanded courses, and special research training programs that are separately budgeted and accounted for by the institution. The cost principles do not apply to arrangements under which Federal financing is exclusively in the form of scholarships, fellowships, traineeships, or other

fixed amounts such as cost of education allowances or the normal published tuition rates and fees of an institution.

The other important amendment to Circular A-21 broadens the scope and coverage of the simplified method for determining indirect cost rates to include (*Cont. p. 2*)

New approaches to policy implementation

TO ENHANCE UNDERSTANDING in the grantee community of HEW grants policy and its applicability to particular grant programs, the Department is exploring the feasibility of modifying certain policy implementation procedures.

Among the alternative approaches being considered by the Division of Grants Administration Policy are:

- issuing to all grantees the Department's original policy statement at the same time it is published in the *Grants Administration Manual*.
- including the Department's policy along with implementing instructions of the awarding agencies. Several members of the Grants Administration Advisory Committee recommend this procedure as a means of enabling grantees to view specific agency implementation in relation to the Department's basic policy document which presents relatively broad administrative objectives and requirements.

The outcome of the Division's efforts, which are being coordinated with all HEW awarding agencies, will be announced in the *Report*. For a discussion of HEW's current policy implementation process, see story on page 4.

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Training cost principles—from page 1

educational service agreements. Formerly it applied only to research agreements. More significantly, the dollar limitation has been raised from \$500,000 to \$1 million to permit more institutions to use the abbreviated procedure.

Specifically, the simplified method may now be used if an institution's direct costs of all Federally-supported research and educational service agreements do not exceed \$1 million in a fiscal year. (This amount excludes direct payments to participants, such as stipends under educational service agreements.) The base to which the rate now applies is direct salaries and wages. The previous base was total direct costs.

HEW implementation

The Department's implementation, which will soon be published in the *Grants Administration Manual*, provides that eligible institutions may compute their indirect cost rates by the simplified method. (Chapter 2-65) It also requires that institutions determine the costs associated with educational service agreements in accordance with the

cost principles developed by the Bureau of the Budget. (Chapter 3-60) However, because of current funding limitations, full reimbursement of indirect costs would sharply curtail the level of training programs supported. Consequently, the Department's current policy limiting indirect cost reimbursement to 8% of total direct costs on training grants will be continued.

To avoid imposing unnecessary administrative burdens on grantee institutions, HEW will not require the submission of formal proposals establishing that actual indirect costs for training equal or exceed 8% of total direct costs. Instead, informal methods may be used to make this determination and they are included as a supplement to the Department's policy on reimbursement of indirect costs of training. (Chapter 3-80)

The Budget Bureau's new procedures are expected to have a substantial fiscal impact on the Department's training programs and time will be required for a full assessment. The extent of this impact and the overall budgetary situation will largely shape the Department's future course of action in terms of increased reimbursement of indirect costs.

Agency contacts for grants information

The following agency representatives can provide information to grantees. Additions and revisions to this listing will be carried in the Report whenever necessary.

	Office of Education 400 Maryland Ave., S.W. Washington, D.C. 20202	National Institutes of Health 9000 Rockville Pike Bethesda, Md. 20014	Health Services and Mental Health Administration 6935 Wisconsin Ave. Chevy Chase, Md. 20015	Consumer Protection and Environmental Health Service 200 C St., S.W. Wash., D.C. 20204	Social and Rehabil- itation Service 330 Independence Ave., S.W. Wash., D.C. 20201
POLICY AND REPORT- ING	Robert Mintz Procedures Specialist, Contracts and Grants Division Phone: (202) 963-7593	Robert P. Akers Policy & Procedures Officer, Office of Associate Director for Extramural Research and Training (301) 496-5584	Paul E. Fox Director, Office of Grants Management (301) 495-6277	Benton A. Hause Acting Chief, Grants Management Staff (202) 962-8954	Albert Rotundo Chief, Division of Grants Management (202) 962-4561
PAY- MENTS	Harold Cox Chief, Fiscal Services Branch, Finance Division (202) 962-0766	James H. Bouvet Chief, Grants Accounting and Financial Reports Branch, Office of Financial Management (301) 496-7239	Paul E. Fox	Benton A. Hause	Albert Rotundo
INDIRECT COST	Robert Mintz Procedures Specialist, Contracts and Grants Division (202) 963-7593	Donald Spencer Assistant Director, Grants and Contracts, Office of Financial Management (301) 496-5103	Paul E. Fox	Benton A. Hause	Albert Rotundo
AUDIT	William Walsh Auditor, Management Evaluation Division (202) 963-4054	Donald Spencer	Paul E. Fox	Benton A. Hause	Albert Rotundo

Toward an effective partnership

By Nathaniel H. Karol

Nathaniel H. Karol organized and directed HEW's Division of Grants Administration Policy from March 1966 until his departure in June of this year. Before leaving the Department he set down his thoughts on some important issues in grants administration affecting the Federal partnership with the grantee community. In his new position as Associate Dean for Administration and Director of the University Research Foundation, City University of New York, he is a member of that community and of the partnership he helped promote and strengthen.

THE OPPORTUNITY TO LAUNCH the Division of Grants Administration Policy and to see it through its initial three years of operation has been a source of considerable personal satisfaction. Significant strides have been made in establishing a rational business relationship with the grantee community. The concept of a partnership between grantor and grantee has been strengthened by according to grantees a meaningful role in the development of policies that govern their performance under grant awards. Progress has also been made in the forging of a partnership among the operating agencies of the Department aimed at improving the quality of grants administration through the sharing of experiences. This is a promising beginning but much remains to be done.

The proliferation of grant programs with their numerous and sometimes conflicting administrative and fiscal requirements has created pressures for grant consolidation as a means of easing the administrative burdens of grantees. Efforts are already under way to identify those circumstances where the potential for consolidation exists. But it is important that any consolidation effected be pursuant to a set of clearly established criteria. Such criteria should distinguish those circumstances where it is not consolidation that is needed but rather improved coordination among program officials and greater consistency in the fiscal and administrative requirements imposed on grantees.

Grant support assessed

Grant programs currently represent a mix of broad-based *institutional support*—with considerable flexibility afforded to grantees in the disposition and accounting for grant funds—and *project support* which has limited flexi-

bility, stricter accounting and narrower or categorical mission orientation. How well does this mix facilitate program objectives? What is the aggregate impact on recipients? What is the correct balance between project and institutional support? These questions are currently being explored by Federal officials. The answers may presage a restructuring of grant programs and may consequently require a modification of current grants administration concepts.

Although many would oppose the outright substitution of institutional support for categorical project support, the establishment of a foundation or underpinning of institutional support could serve to strengthen the project support system and facilitate the establishment of a lump sum project grant. This type of support mechanism would substantially alter the complexion of grants administration since it would allow Federal granting agencies to eliminate many of the restrictions and controls now considered necessary because grants and contracts are awarded on a cost reimbursement basis.

Federal stewardship responsibilities

Variations among Federal agencies in their expenditure and accounting requirements and controls reflect the absence of a commonly accepted and clearly articulated philosophy on the requirements of stewardship which a cost reimbursement arrangement imposes. Until a coherent philosophy of Federal stewardship emerges, efforts to establish consistency among Federal agencies in the terms and conditions of their grant relationships are likely to meet with only limited success.

If project grants continue to be awarded predominantly, if not exclusively, on a cost reimbursement basis then a reassessment of costing concepts will be called for. For example, one could persuasively argue that the concept of non-allowable costs is inappropriate to non-profit institutions and that Federally-assisted projects should bear the full share of the "cost of doing business." On the other hand, there is a need to clarify the guidelines and procedures for determining whether or not grant costs are reasonable. Increased attention to this area of activity would be fully consonant with the objective of strengthening the management of grantee institutions.

Establishment of rational policy guidelines on grants administration, predicated on a well-conceived philosophy

(Continued on page 4)

Agency implementation

-- a critical phase of the policy process

COMMENTS FROM all quarters of the grantee community indicate the need for a clearer understanding of HEW's policy process, as it specifically relates to the Division of Grants Administration Policy and the awarding agencies of the Department.

Division action.—The Division, which is responsible for developing and coordinating Department-wide grants administration policies, takes an important initial step in the process by issuing in the HEW *Grants Administration Manual* relatively broad policy statements. These are, in effect, administrative instructions to the awarding agencies.

Agency action.—Granting agencies of the Department complete the policy development process by implementing these instructions in the form of specific policies and procedures for the grant programs they administer.

In developing policies, the Division of Grants Administration Policy must necessarily balance the advantages of standardization against the need to observe fundamental differences among individual grant programs. Each policy, therefore, specifies the basic elements that granting agencies must incorporate in their implementation to comply with the intent of the policy and its overall program objectives.

In actual practice, agencies have to make case-by-case judgments concerning the steps required for proper implementation and this usually involves a series of actions. For example, the policy's applicability to specific agency programs may need to be defined in detail. Agencies may need to make supplementary interpretations, work out new operating procedures, amend their regulations and policy statements, and the like. (Occasionally, the nature of a policy may only require that agencies issue instructions to their staffs rather than make a formal announcement to grantees.)

Implementing actions may be taken at varying levels within the agency, and, here again, each agency must judge the most appropriate approach in accordance with its particular organizational structure, the nature of the policy in question and the programs affected by it.

In essence, agency actions are directed at insuring that everyone affected by a new issuance—their own staff and grantees—fully understands the policy's requirements and how they will be carried out. The exploration of new approaches to policy implementation, described on the first page of the *Report*, is also expected to broaden understanding and strengthen communications between the

Department of Health, Education, and Welfare and the grantee community.

In summary, then, operating agency implementation represents a critical phase of the policy process. It is the point at which an administrative mandate from the Division of Grants Administration Policy, representing the Office of the Secretary, becomes an operational reality for grantees.

GRANTS ADMINISTRATION MANUAL

The *Grants Administration Manual*, while primarily intended for internal staff use, is also available to the public on a subscription basis from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. The initial price of \$4.00 includes all material available when the subscription is placed and additional policy issuances for an indefinite period of time. [See the September 1968 issue of the *Report* for a description of the purpose, scope and content of the *Manual*.]

Effective partnership—from page 3

of the responsibilities of stewardship, must necessarily be framed within the context of the Federal relationship with grantee institutions. This would include a recognition of the Federal government's commitment to preserve certain types of grantee institutions, private as well as public, as a national resource. It would necessarily imply a concern with the overall impact on institutions of both the types and amounts of Federal support provided to them and the actions taken by Federal agencies in administering such support. The importance of this impact is just now beginning to be fully perceived.

The strengthening of institutions of higher education and other types of grantees will not be fully achieved simply by designing programs of general or categorical support. It is equally important that mission-oriented programs in the areas of health, education and social services be administered not only in a way that best facilitates their respective objectives but also in a manner that is consistent with the overall goal of strengthening grant recipients.

In the months to come the Division of Grants Administration Policy will be confronted with some interesting and challenging tasks. The change in my personal role will in no way diminish my interest in the appropriate resolution of these problems. An effective partnership requires no less.

Progress report on A-87

STATE GOVERNMENT and Department of Health, Education, and Welfare representatives discussed their joint responsibilities and working procedures for implementing Bureau of the Budget Circular A-87 at HEW-sponsored workshops in New York, Atlanta, Denver, and Chicago.

Using HEW's new guide* as a starting point, members of the Division of Grants Administration Policy described in detail the methodology to be applied in preparing the State-wide cost allocation plans for central support services which are required by the Circular. The Department reasserted its intention of assisting State agencies in developing their plans and encouraged them to continue to communicate with the Division when substantive problems arise in the course of their work. (Under A-87 HEW is assigned responsibility for negotiating and approving State plans and for auditing costs resulting from the plans.)

State agency officials indicated their approval of the Department's efforts to implement the Circular but admitted that their own implementation would extend beyond July 1, 1969, the effective date for submission of plans to HEW. Realizing the difficulties involved in meeting the July deadline, the Department advised seminar participants that its approach would be flexible and plans would be accepted throughout 1969.

Standards provide greater flexibility

The workshops also provided an opportunity to consider the current Federal budgetary situation and its potential impact on the new cost principles. While State representatives acknowledged that there is only limited opportunity in fiscal year 1970 for increased reimbursement under the cost principles, they also recognized that A-87 will facilitate their work in administering programs in two important respects: (1) it establishes the concept of the cognizant Federal agency, i.e. that a single Federal agency will approve a State's costs on behalf of all other Federal agencies awarding grants and contracts to the same State; (2) it eliminates the administrative requirement of some Federal programs that support type activities (such as auditing, accounting, procurement) must be performed by grantee department personnel to qualify for reimbursement. The new standards give States greater flexibility to

*A Guide for State Government Agencies: Establishing cost allocation plans and indirect cost rates for grants and contracts with the Department of Health, Education, and Welfare. For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, at 65¢ a copy.

organize in the most efficient manner and to charge for any services that benefit Federally-assisted programs—regardless of where those services are incurred in the State complex.

Additional workshop sessions will be held with individual States as necessary.

Problem magnified at local level

Efforts to implement A-87 at the local government level continue. But progress is understandably slow due to the size and complexity of the undertaking which involves 90,000 local government units ranging from cities of several million population to localities of a few hundred.

As indicated in the April issue of the *Report*, an Interagency subcommittee representing the Departments of Agriculture, Health, Education, and Welfare, Housing and Urban Development, and Interior and the Bureau of the Budget is exploring alternative approaches for putting the uniform cost principles into effect. Working sessions that have already been held with city, county and school system officials and with State and local government associations indicate that a thorough reassessment of procedures to be followed at the local level may be required.

Standards set for use of consultants

NO PRIOR APPROVAL is necessary for the use of consultants under HEW discretionary grant programs, according to a new policy issuance of the Department of Health, Education, and Welfare. The directive applies to grantees and to their contractors or affiliates participating in the grant supported activity and authorizes consultant services from within or outside the grantee organization. [A discretionary grant, for purposes of this policy, is one that the awarding agency has administrative discretion to make, including the decision as to its amount.]

The policy, appearing in Chapter 1-45 of the *Grants Administration Manual*, requires that grantee organizations adopt standards and maintain documentation supporting the use of consultants in each specific instance. As a minimum, they must provide the following evidence:

- The services of the consultant are needed and the need cannot be met by direct salaries provided under the grant.
- A selection process has been employed to secure the most qualified individual, considering the nature and extent of the services required.
- The fee is appropriate, considering the qualifications of the consultant, his normal charges, and the nature of the services to be provided.

Equity for independent teaching hospitals

By Ralph G. Meader

The views expressed by Dr. Meader are his own and do not necessarily reflect those of the Department of Health, Education, and Welfare. However, the Division of Grants Administration Policy agrees that an exploration should be made at the earliest convenient time to determine the validity of the assumptions he has identified. Dr. Meader is Deputy Director (Research Administration) and Executive Secretary, Committee on Research, Massachusetts General Hospital, Boston.

WITH THE FORMATION of the Division of Grants Administration Policy, the Department of Health, Education, and Welfare has taken a significant step toward fulfilling its mission of support to non-Federal institutions and organizations. The development of this Division is expected to strengthen the Department's financial management capabilities and enable the cooperating institutions and organizations to use the funds entrusted to them more effectively to accomplish the mutual goals for which they were awarded.

It is already apparent that more consistent and logical HEW grants administration policies are evolving, and this situation is expected to simplify the activities of grantee institutions in their relations with the numerous agencies of the Department. By furthering its efforts to provide more consistent treatment to the grantee community, and, in general, to improve relations with grantee organizations, the Division has the opportunity to set an example for all Federal granting agencies to follow.

Interpretation disputed

Consistent with these conclusions, I urge the Division of Grants Administration Policy to reevaluate HEW's policies and procedures in the hospital field to the end that independent hospitals affiliated with medical schools are afforded the same treatment as those wholly owned by a university, college, or medical school. The difference in treatment seems to be based on an unrealistic interpretation of the terms "educational institution" or "institution of higher education." It is, indeed, a paradox that neither term is applicable to a teaching hospital unless it is legally a subsidiary part of an organization that has authority to grant degrees of some kind and can satisfy certain other minor criteria.

There also seems to be a distinction made as to whether the *primary* function or purpose of the institution is "education," the implication being that if care of the sick is the sine qua non of a hospital, then the teaching program (education of all the medical, paramedical, biological, sociological, and other personnel in the complex, modern teaching hospital) can only be relegated to a secondary role. By this definition the teaching hospital ipso facto cannot be an "educational institution" because it is a hospital, even though it plays a major role in educating the physicians and teachers who staff the universities.

While this interpretation allows the privileges accorded "educational institutions" or "institutions of higher education" to those teaching hospitals which are corporately subsidiary to a university, college, medical school, or other degree-granting organization, it denies them to equally qualified teaching hospitals with an independent corporate structure. Yet the "independent" hospitals may be even more intensively engaged in the teaching of medical students, graduate students, and a variety of postdoctoral trainees and fellows, visiting scientists, and the like than many teaching hospitals which are treated as "educational institutions" because of their corporate relations.

Inequities cited

The adverse effects which result are of different kinds. They include:

- ▲ indirect cost calculations which serve to deprive nonprofit independent teaching hospitals of thousands of dollars each year as compared with "educational institutions"
- ▲ accountability for research and teaching equipment and Federal excise tax on research and teaching equipment that, in the first instance, create additional costs and unnecessary record keeping and in the second instance take an unintended toll of the already too limited funds provided by private and Federal sources for teaching and research
- ▲ Federal excise tax on travel related to teaching and research
- ▲ exclusion of independent teaching hospitals by some Federal agencies from eligibility for grants
- ▲ preferential treatment of "educational institutions" in the preliminary phases of some research contract negotiations

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These inequities appear to be serious enough to justify the Division's prompt attention.

The magnitude of the problem is emphasized by the fact that in 1968 there were at least 72 "independent" teaching hospitals with research expenditures totaling more than \$81 million. Of this total \$59 million was from Federal funding sources, including \$53 million from the National Institutes of Health and the National Institute of Mental Health. Among this group are some of the eminent teaching hospitals of the country. They include Massachusetts General Hospital, which I represent, Peter Bent Brigham, Children's, Beth Israel, and Boston Women's hospitals in Massachusetts; Presbyterian, New York, Montefiore, Mt. Sinai, St. Luke's, St. Vincent's, Buffalo General, and Meyer hospitals in New York; Hartford and Yale-New Haven hospitals in Connecticut; Michael Reese, Wesley Memorial, and Presbyterian-St. Luke's hospitals in Chicago; Los Angeles County, Orange County, and Mount Zion hospitals in California.

Double standard applied

Whether at the undergraduate or the graduate and postdoctoral levels of medical education, the teaching hospitals—independent or dependent—are de facto educational institutions. Their professional staffs are, in most cases, selected with the approval of the medical school or university with which they are associated, and they usually hold appointments in both institutions. Staff conduct most of their teaching and research programs in this setting and most spend at least 90% of their time at the hospital. If their Federal support comes through the medical school or the university, the "educational institution" rules apply; if it comes directly to the hospital, the more restrictive and discriminatory rules apply. To further complicate the situation, there are many individuals who receive Federal research and training support through both institutions, and they must comply with two different sets of requirements.

If an independent teaching hospital is tempted to encourage its staff to seek all support through the "educational institution" from which they hold appointments, thought should be given to the effect of such action on (1) the amount of the General Research Support grant award from the National Institutes of Health and (2) the cost-sharing requirements of the Federal appropriations.

The Division of Grants Administration Policy has an opportunity to assess the validity of the inequities described and to devise solutions that will help not only HEW beneficiaries but those of the sister Federal agencies as well. The "independent" hospitals urge the Division to initiate whatever corrective action is indicated after the assessment is completed.

POLICY ISSUANCES

Policies issued by the Division of Grants Administration Policy since May 1969 and published in the HEW *Grants Administration Manual* cover the following subjects:

Standards for the use of consultants under discretionary grant programs of the Department (Chapter 1-45)

Requirements for the retention of grant accounting records by grantee agencies, organizations, and institutions (Revised Chapter 1-100, in press)

Procedures covering the use of grant funds for the production of motion picture films (Chapter 1-450)

Requirements for the use of uniform language covering labor standards and equal employment opportunity in construction grant projects (Chapter 4-51)

Criteria for approval by granting agencies of modifications to construction contracts awarded under grants (Chapter 4-52)

Uniform principles for the use of alternate bids on construction contracts awarded under grants (Chapter 4-53, in press)

Competitive bidding and award procedures under construction grant projects (Chapter 4-140, in press)

Requirement that grantees inform bidders of a specified completion date. Additionally, at the option of the grantee, a liquidated damage provision may be included in the contract (Chapter 4-141, in press)

Criteria for prorating costs on construction projects jointly funded by two or more grant programs (Chapter 4-161)

When new policies are issued, or present policies revised, they will be announced in future issues of the *Report*.

Grant consolidation

"... I urge that Congress enact a Grant Consolidation Act.

* * * * *
"... Its aim, essentially, is to help make more certain the delivery and more manageable the administration of a growing complex of Federal programs. . . ."

President Nixon's Message to the Congress
April 30, 1969

IN RESPONSE to President Nixon's request for Congressional authority to consolidate certain Federal assistance programs in "closely related functional areas," the Department of Health, Education, and Welfare, along with other Federal agencies, is presently identifying and evaluating possible grants-in-aid programs to meet that objective.

The Department's efforts are being coordinated by James F. Kelly, Assistant Secretary, Comptroller, with the assistance of the Division of Grants Administration Policy.

The President considers grant consolidation a "vital step" in administrative reform. Improving the delivery and administration of existing Federal services, he points out, would "ensure that the intended services actually reach the intended recipients, and that they do so in an efficient, economical and effective manner."

Under proposed legislation—the Grant Consolidation Act of 1969 and the Intergovernmental Cooperation Act of 1969—the President would be empowered to consolidate existing programs within the same functional area and place responsibility for their administration in a single Federal agency. The so-called "lead" agency must already be responsible for one of the programs proposed for merger.

In drawing up consolidation plans it will be necessary in many cases for the President to make changes in the statutory terms and conditions under which individual programs will be administered. But his authority to alter formulas, interest rates, eligibility requirements, and other provisions would be limited by the range of those already incorporated in the programs being consolidated.

No consolidation proposal could continue a program beyond the period authorized by law for its operation nor could it extend eligibility for assistance to an applicant not already covered under one of the programs to be merged. The purpose of these limitations, as noted in the Message, is to "safeguard the essential intent of Congress in originally establishing the various programs; the effect of consolidation would be to carry out that intent more effectively and more efficiently." In any event either House of Congress under the Grant Consolidation Act may veto a proposed consolidation within 60 days.



ROBERT H. FINCH, *Secretary*

JOHN G. VENEMAN, *Under Secretary*

JAMES F. KELLY, *Assistant Secretary, Comptroller*

ERNEST M. ALLEN, *Director*
Division of Grants Administration Policy

RUTH C. GALAID, *Editor*

The *Grants Administration Report*, prepared in the Office of Assistant Secretary, Comptroller, Division of Grants Administration Policy, is published periodically to inform HEW grant recipients and Departmental personnel of policy issues and developments in grants administration. No permission necessary to reprint contents.

Regional authority for Head Start grants

NO SUBSTANTIAL CHANGES are foreseen in the basic policies governing Head Start as a result of the program's delegation to the Department of Health, Education, and Welfare. It will "remain as a distinct program serving the special needs of poverty families." This was recently disclosed by HEW Secretary Robert H. Finch in a letter to all Head Start grantees. He also confirmed that current Head Start grants will stay in effect and that community action agencies as well as other public and private agencies will continue to be the applicants for grants.

Head Start will be administered by a newly-established Office of Child Development in the Office of the Secretary.

Grant operations will continue to be decentralized, with authority to review applications and to make grant awards and renewals a function of HEW's nine regional offices. They will also have the right to suspend and cancel grants and to issue audit disallowances as well as to receive appeals and make final decisions on such disallowances. An Assistant Regional Director representing the Office of Child Development will be the contact point for all grantees. Exempted from this regional authority are grants for programs primarily serving migrants or Indians on Federal reservations, and some demonstration projects. They will be processed by OCD, Washington.

A Transition Information Center has been established in Washington (Area code 202: 962-7273) to answer all questions that cannot be resolved at the regional level.



ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301

MANPOWER AND
RESERVE AFFAIRS

Dear Doctor:

I regret to inform you that you were not among those applicants for the 1969 Berry Plan who were chosen under the random choice method of selection to complete residency training. There were more applicants requesting deferment for training in your chosen specialty than there were spaces available.

Further, your alternate choice of _____ is not available, since existing requirements in your Service of allocation have been filled by those electing this option as their first choice. The _____ will maintain an alternate list until 15 January 1970 to fill any vacancies which may occur, and will advise you if you are selected to fill such a vacancy.

Those not selected to fill a vacancy will remain on the Selective Service Roster.

As was stated in the 1969 Berry Plan Information Bulletin, your allocation to the _____ is binding until 1 March 1970. If you desire duty in a Service other than that to which you have been allocated, and have not yet accepted a commission, you may apply to your Service of choice after that date, provided a special draft call for physicians is not in effect.

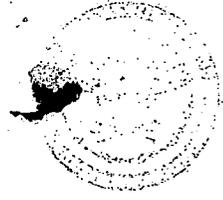
It is regretted that the deferment you requested is not available to you.

Sincerely,

Louis M. Rousselot, M.D.
Deputy Assistant Secretary
(Health and Medical)

ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, D. C. 20301

4 September 1969



MANPOWER AND
RESERVE AFFAIRS

Dear

This letter is being written for information purposes because of the widespread concern the heads of training programs throughout the country have expressed about the future stability of these programs in light of the results of this year's Berry Plan selections. I am cognizant of the problem and sympathetic with the plight of those responsible for maintaining these programs. Please allow me to explain the position of the Department of Defense in this matter.

As you may know, the Berry Plan was developed some fifteen years ago in cooperation with the Selective Service System as a means of providing physician participants with a projected date on which they would begin their active military service to fulfill their two year obligation required under the law. This office administers the initial phase of the program; the Selective Service System, however, provides the deferments which are given. These are available only to the extent that they serve to fill projected military requirements.

Each applicant may seek one of three options in the Berry Plan. He may request active duty 1. during the period immediately following internship, 2. one year following internship or 3. following completion of specialty training in one of the specialties required by the Armed Forces.

In the past, applicants requesting full training deferments but not selected for this, were provided with their alternate choice, either duty following internship or duty following a one year delay.

The popularity of this program is such that there have been increasingly larger numbers of applicants during the past five years. Since military requirements in the specialties have not gone up proportionately, increasing numbers of applicants have not been selected for full training deferments. Last year it became apparent that an overage might also develop in one or more of the Services in the immediate duty and one year delay categories. Because of this possibility, potential applicants were apprised of the procedure which would be followed in the event of such overages. This information was included in this year's bulletin; it may be found on page 4, paragraph C.1. and page 9, paragraph E.

There were close to 5,600 total applicants for Berry Plan participation this year. The number requesting the immediate active duty and one year delay categories as their primary option exceeded the projected requirements of all three Services. A significant role in filling these requirements was played by the number of those who assured their selection by reason of their prior participation in the ROTC or in one of the early commissioning programs. The remaining requirement, therefore, was even less, and the proportionate overage thus higher. The reduction in total military manpower strengths which is currently in progress has received widespread publicity recently and plays a significant part in the results of this year's Berry Plan selections.

Under these circumstances, this year for the first time in the history of this program, no applicant was provided with his alternate choice, and some were not even selected in these categories who had sought them as their first choice.

May I reiterate that the Department of Defense is not authorized to accept for participation in the Berry Plan those applicants who constitute an excess to projected requirements; and the latter must conform to authorized strengths.

My office is presently giving every consideration to exploring possible ways in which the Department of Defense may be of some help in solving the problem which has developed as a result of these circumstances.

I would like to make a few final comments in an effort to assist you in your decisions and in your counseling efforts. Though the Doctor Draft has been in existence since 1951, and though it has been put into effect every year except for three during that period, it is important to keep in mind that it is only used as a means of meeting the military requirements for physicians when all other procurement measures, including the Berry Plan, have failed to do so. The result of this year's Berry Plan selections indicate

that, based on current estimates of projected needs and projected accessions, the military requirements for physicians in 1970 and 1971 will be met through regular procurement programs. I would be less than candid if I did not emphasize the fact that this statement is based on projections made in light of current knowledge. Nonetheless, it is based on the best available information. Hopefully it may be useful to you as a guide in carrying out your responsibilities.

Since physicians who are classified I-A remain subject to the Doctor Draft until they reach 35, the Berry Plan continues to provide an excellent means whereby young physicians from future classes may attempt to plan their early postdoctoral years and determine the time they will perform their active military service. It is unlikely that the situation which presently exists will continue for an indefinite period. I urge you, therefore, to continue to provide the Department of Defense with your support for this program. With your cooperation we hope to continue providing an orderly means for many physicians to plan effectively their early professional years.

Sincerely,



Louis M. Rousselot, M. D., F. A. C. S.
Deputy Assistant Secretary
(Health and Medical)

September 4, 1969

D R A F T

COTH ANNUAL MEETING
(Preliminary Program)

Thursday Afternoon, October 30

2:00 p.m.
to
COTH Executive Committee Meeting
5:00 p.m.

Thursday Evening, October 30

6:00 p.m. Council of Teaching Hospitals Annual Reception
to All Participants Invited
8:00 p.m. Dress: Informal Business (Beverate Tickets Required)

Friday Morning, October 31

7:45 a.m.
to Joint Breakfast Meeting of GSA and COTH Representatives
9:00 a.m.

Friday Afternoon, October 31

12:30 p.m.
to COTH Annual Luncheon
1:45 p.m.

2:30 p.m.
to COTH General Session
4:40 p.m.

2:30 p.m. Presiding, Roy S. Rambeck, Chairman, Council of Teaching
to Hospital and Administrative Director of Health Services
3:50 p.m. and Executive Director of Hospitals, University of
Washington, Seattle, Washington

2:30 p.m. "The Development of Federal Health Policy: An Outsiders
to Inside View", Edward J. Connors, Director, University
3:10 p.m. Hospital, University of Michigan, Ann Arbor, Michigan

3:10 p.m. "The Teaching Hospital in the Academic Medical Center",
to Kenneth E. Penrod, Ph.D., Vice Chancellor for Medical
3:50 p.m. and Health Services, State University System of Florida,
Tallahassee, Florida

4:00 p.m. Presiding, T. Stewart Hamilton, M.D., Chairman-Elect,
to Council of Teaching Hospitals and Executive Director,
4:50 p.m. Hartford Hospital, Hartford, Connecticut

4:00 p.m. "The Role of the Teaching Hospital in Community Service,"
to Matthew F. McNulty, Jr., Vice President for Medical Center
4:50 p.m. Affairs, Georgetown University, Washington, D.C.

5:15 p.m. COTH Nominating Committee
to Open Meeting
6:00 p.m.

Saturday Morning, November 1

8:00 a.m. COTH Discussion
to
9:00 a.m. Group Breakfasts

Saturday Afternoon, November 1

12:30 p.m. COTH Nominating Committee
to
1:30 p.m. Open Meeting

2:00 p.m. Simultaneous Discussion Groups
to
4:30 p.m. Group #1 "The Role of the Teaching Hospital in Community Service"

Chairman: Cecil B. Sheps, M.D., Director for Health Services
Research, University of N.C., Chapel Hill, N.C.
Speaker: Matthew F. McNulty, Jr., Vice-President for Medical Center
Affairs, Georgetown University, Washington, D.C.
Resource Panel: Frederick C. Robbins, M.D., Dean, Case Western
Reserve University School of Medicine, Cleveland, Ohio
Henry B. Dunlap, Administrator, Children's Hospital
of Los Angeles, Los Angeles, California

Group #2 "The Teaching Hospital in the Academic Medical Center"
Chairman: Ray E. Brown, Executive Vice-President, Affiliated Hospitals
Center (Harvard), Boston, Massachusetts

Speaker: Kenneth E. Penrod, Ph.D., Vice Chancellor for Medical and
Health Services, State University System of Florida, Tallahassee,
Florida

Resource Panel: E. Hugh Luckey, M.D., Vice-President for Medical
Affairs, Cornell University Medical College, New York, New York
Dr. Archie S. Duncan, Executive Dean, University of
Edinburgh Medical School, Edinburgh, Scotland
David Odell, Administrator, Los Angeles County-U. of
Southern California Medical Center, Los Angeles, California

Group #3 "The Development of Federal Health Policy: An Outsider's
Inside View"

Chairman: Leonard W. Cronkhite, Jr., M.D., General Director, Children's
Hospital Medical Center, Boston, Massachusetts

Speaker: Edward J. Connors, Director, University Hospital, University
of Michigan, Ann Arbor, Michigan

Resource Panel: Stuart M. Sessoms, M.D., Associate Dean, Clinical
Sciences, Duke University School of Medicine, Durham, N. C.
Howard M. Neuman, Associate Administrator, Pennsylvania
Hospital, Philadelphia, Pennsylvania
George E. Cartmull, President, Harper Hospital, Detroit,
Michigan

Clifton K. Himmelsbach, M.D., Associate Dean for
Research and Graduate Studies, Georgetown University School of
Medicine, Washington, D.C.

Sunday Morning, November 2

7:45 a.m. Breakfast Meeting
to
9:00 a.m. COTH Representatives to the AAMC Liaison Committee on Medical Education

Sunday Afternoon, November 2

12:00 a.m. COTH Nominating Committee - Luncheon Meeting
to Closed Meeting
1:30 p.m.

2:00 p.m.
to COTH Institutional Membership Meeting
4:00 p.m.

4:30 p.m.
to COTH Executive Committee Meeting - Cocktails
6:00 p.m.

Monday Morning, November 3

8:00 a.m. Breakfast
to COTH Officers, Executive Committee, Assembly Members
9:00 a.m. and Staff



THE AMERICAN INSTITUTE OF ARCHITECTS TASK FORCE ON A HEALTH FACILITIES LABORATORY

HOWARD H. JUSTER, A.I.A., CHAIRMAN
LEON S. BARTON, JR., A.I.A.
OTTO FUCHS, A.I.A.
RICHARD A. MILLER, A.I.A.
RICHARD SONDER, A.I.A.

August 25, 1969

Association of American Medical Colleges

W. C. Rice, M.D.
Mr. Matthew F. McNulty, Jr.

American Hospital Association

Mr. Paul Pierson

American Association of Hospital Consultants

Mr. Gordon A. Friesen

American Public Health Association

Berwyn F. Mattison, M.D.
A. Gerald Renthall, M.D.

Gentlemen:

The Research Subcommittee of the Hospitals and Health Committee, New York Chapter, A.I.A., has now been appointed the national representative of The American Institute of Architects, and has been officially designated by the Board of Directors as the Task Force on a Health Facilities Laboratory. For reasons of convenience, we are using the New York Chapter headquarters as a base, rather than national headquarters in Washington.

We have received responses from all of you, indicating your general interest and support for the objectives of H.F.L. and for the formation of such an organization. There have been a couple of detailed reservations raised by some, which I hope we can explain to everyone's satisfaction.

The first has to do with funding and the concern that H.F.L. would compete with other research projects for government funds. If the proposal does not already make this position clear, it should be emphasized again that H.F.L., in effect, would be a funding agency and would be dispensing funds for research, rather than seeking them. It is hoped that this will be accomplished through the sponsorship of H.F.L. by one or more private foundations who are not now primarily organized or oriented to deal with the activities of health facility planning. This approach is similar to the one now in effect for the Educational Facilities Laboratories, sponsored by the Ford Foundation.

The second concern was that our proposal did not specify in sufficient detail the proposed organization and funding requirements of H.F.L. Since it was our intention to serve only as a catalyst in stimulating the formulation of the Lab, and not as a sponsor, we have refrained from proposing detailed specifications in the belief that this would be the prerogative of the sponsoring foundation. However, it will be our recommendation in

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PUBLIC WORKS DIV.
NEW YORK, N. Y.

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Association of American Medical Colleges
American Hospital Association
American Association of Hospital Consultants
American Public Health Association

August 25, 1969

discussions with foundations that the Board of Directors be composed of representatives of the concerned organizations; these would, of course, especially include the four organizations, noted herein, who have helped generate and support the proposal.

We hope these explanations are sufficient for those who raised the questions. In any case, it is our hope that the aforementioned concerns will not detract from the main effort of promoting the formation of H.F.L.

We are mindful, from last year's meeting, of the difficulties of having each of your organizations formally endorse the proposal. However, we hope it will be possible for you to send us a letter indicating the need for H.F.L., and your support of its objectives. The letter would be most helpful if it could mention in very general terms the scope of your organization and a brief description of how its activities may be enhanced by H.F.L. One such letter of support from the New York State Health and Mental Hygiene Facilities Improvement Corporation, which I am enclosing, may be of some assistance in this regard. We would plan, then, to include your letters in the portfolio to be presented to the various foundations. They would serve to indicate a broader concern among organizations involved with health facility planning than could be represented solely by The American Institute of Architects.

Please call or get in touch with me if you have any questions. We would be most anxious, of course, to have your letters by the early part of September so that we can begin the major task of arousing financial interests. I can be reached most easily at my office number: (212) 758-3420.

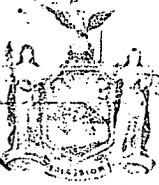
Best regards.

Sincerely,



Howard H. Juster

HHJ:jk
Enc.



STATE OF NEW YORK
 HEALTH AND MENTAL HYGIENE FACILITIES IMPROVEMENT CORPORATION
 44 HOLLAND AVENUE, ALBANY, N. Y. 12208

MENTAL HYGIENE FACILITIES

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 MILTON MUSICUS, *Executive Director*

August 5, 1969

Mr. Howard H. Juster
 Chairman
 The American Institute of Architects
 Task Force on a Health Facilities Laboratory
 20 West 40th Street
 New York, New York 10018

Dear Howard:

The Corporation strongly endorses the proposal of the American Institute of Architects to establish a Health Facilities Laboratory.

Being responsible for the design and construction of more than a billion dollars worth of health facilities, we are constantly faced with the dilemma of choosing systems and materials that will permit the most efficient operation and maintenance of the facilities. With rapid change in technology, manpower shortages, rising costs, and increased demand for services, a great deal of research is needed in finding ways to meet these challenges. Many of our plans provide for new methods of preparing and serving foods, disposing waste, reducing air pollution and moving materials. We are also experimenting with various building materials and methods. What we are doing, however, is also being done independently by many others who face the same concerns.

There is a dire need, therefore, for a central agency to pool and evaluate experiences and also propose innovations of its own. Such a service would be most helpful in meeting more rapidly and effectively the current health crisis.

Unfortunately, we cannot do much research ourselves, or provide financial support for research because the costs of our operation have to be paid by the agencies for whom we

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Mr. Howard H. Juster

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August 5, 1969

construct and our budget for rendering service is limited to the direct cost of design and construction.

It is hoped that your Task Force will be able to receive the kind of financial assistance that made possible the establishment of a similar Facilities Laboratory in education. If we can be of any assistance in preparing supporting material for your application for financial support and in reporting our results for your research efforts, please do not hesitate to call upon us.

Sincerely,


MILTON MUSICUS
Executive Director