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NARROWING THE MEDICAL MANPOWER GAP
by
U.S. Senator Bob Dole

The geographic maldistribution of our medical doctors is probably the greatest single medical manpower problem facing the country today. Certainly this problem has created serious shortages in some of our rural counties in Kansas.

Although about 30 per cent of the U.S. population is still rural, there are only about 12 per cent of our country's physicians who are living and working in rural areas. Only about 18 per cent of the available nurses and 14 per cent of the country's pharmacists are located in rural America. Of the 134 counties in the United States that are without a single practicing physician, two are in Kansas. While our rural population is declining, medical manpower in these areas is declining at an even faster rate.

Health Manpower Bill

In an effort to curb this trend, I have cosponsored a provision of the Health Manpower Bill (S 934), which if adopted, would narrow the gap between the medical manpower needs of our country and the medical resources that are at our disposal. Through a tax incentive, the measure would encourage physicians to practice in areas of the country that are in the greatest need of medical services.

Doctors Leaving Rural Areas

The number of physicians serving rural areas has declined six times faster than the rate of general population decline for those same areas during the past decade. If steps are not taken very soon

to equalize our country's medical manpower disparities, the problems created by it can only worsen. The American population is expected to increase by some 17 per cent in the next decade. With proportionate increases in demands for health services accompanied by our population's trend to migrate toward central cities, the situation ~~only~~ can be expected to compound itself --- if action is not taken to counter it.

Provision Offers Relief

It is not enough to merely train additional doctors. Trained personnel must be encouraged to practice in geographic areas where they are most needed. Amendment 237 of the Health Manpower Bill would provide incentives to physicians to practice where doctors are in the shortest supply. The measure proposes that the first \$20,000 of a physician's gross income be tax exempt for the first taxable year of practice. This procedure would continue for five years on a downward sliding scale. Participating doctors would be required to practice in the physician-shortage area for at least two years. Areas qualified for the program would be designated by the Secretary of Health, Education and Welfare with the advice of appropriate state agencies.

This provision would benefit persons all across the country, assisting not only rural Americans, but persons living in crowded inner city areas which share the problem of insufficient medical service. Americans, regardless of where they live, need and deserve good medical attention; and if this legislation is enacted, the gap between medical manpower's supply and demand could be substantially lessened, if not closed. For these reasons I will continue to urge my colleagues in the Senate to enact this needed legislation.