New Hampshire's Senator James McIntyre (Dem.) estimates that 18 billion of your tax dollars are spent by the federal government annually in shuffling 10 billion pieces of paper reports required for the regulation of business. In 1974, 67 federal agencies issued 7400 new or changed regulations, many in conflict with others (round toilet seats replaced by horseshoe ones—and then this order rescinded!)

What has this to do with health professions regulation?

As the federal government moves in on any profession or education, the changes are massive and inexorable, with an ultimate loss of self-determination and professionalism. At first, it seems harmless enough: there are study grants and workshops; soon, there are subsidies for demonstration projects (federalese for permanent programs). Staff and space are hired for these activities and, suddenly, the federal support is viewed as essential.

In the health professions, the federal government cry is soon heard of "socially inadequate geographic distribution of personnel," so it is proposed that a "draft" be started. Then follows a need for establishing the required "mix" of types of health professionals, answered by proposals to impose educational quotas for each type.

Remember when these same wise people announced, a few years back, that there was an unlimited demand for engineers, and then teachers? Those were great forecasts, weren't they?

With geographical redistribution the objective, soon there must be proposed federal licensure so one can be moved anywhere. With no state licensure remaining, the only free choice left may be between North Dakota and Florida. Who will stay in North Dakota?

By definition, all professions are somewhat elitist, which is quite at variance with current federal attitudes, so that must be corrected. It must be done by lowering the "barriers." This manifests itself by lowered professional entrance requirements, examinations made more "socially relevant" (i.e. easier), and the possession of a degree will be given less weight.

The care of the sick is getting better and better, and hence, more and more expensive. Since there are those toying with the idea of giving it all away free, it follows that there must be more stringent federal cost controls. This must result fairly promptly in wage control efforts, often expressed by the philosophy of holding down the higher salaries and raising the lower ones so as to achieve the lowest common denominator.

Maybe this scenario has been overstated, but even at that, most people will recognize a thread of realism in it. The sobering fact is that, if it all happens, there is absolutely no reason to believe that the resultant mass of new health professional regulations of licensure or credentials will significantly improve the quality of health care received by the American people. It certainly will be more expensive and infinitely more ponderous.

If we are to be proud of our health professions, any proposal for federal intervention should be viewed with a most jaundiced eye.

Isn't it a much better solution to work for wider state licensure of the major health professions, where regional input is easier, quality matters, and professional category needs can better be fitted to the local health needs and resources?

Can one honestly expect the federal government to possess the ability to bring quality and virtue to others when it seems mired down in its own regulations and inadequate in achieving quality and cost effectiveness in the enterprises it now controls?

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