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REPORT TO THE PEOPLE

FROM YOUR CONGRESSWOMAN

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Almost without exception, the world's religions - especially in the Jewish and Christian feasts of Passover and Easter - recognize springtime as the season of hope.

It may be appropriate, therefore, to reflect in this time of hope on the new and growing expectation that something - at last - will be done to accept our responsibilities in the field of medical care for the elderly. Few, if any, major domestic issues have hung fire for so long even while the need for action has become more and more urgent.

The best-known of medical care proposals is the Forand Bill. First introduced in 1957, the Forand Bill would add a program of health insurance covering medical, surgical, hospital and nursing home care to the present social security system. The new program would, of course, be compulsory and would, like all other social security benefits, be financed by an additional tax on employers and employees covered by the social security insurance system.

Two weeks ago, the Forand Bill was dealt what appears to be a mortal blow here in the House when the Committee on Ways and Means voted, by a large margin, to reject it.

A major reason for the defeat was the weakness of the Forand Bill. The limitations in the bill are such that the bill's laudable purpose would be severely compromised. For instance, of the 15,500,000 persons over 65 only about 11,000,000 would be eligible for the medical care benefits. The remaining 4,500,000 - most of them outside the social security system and unable to get in - include many of the elderly who receive no old-age assistance, who need the help badly, and whose annual incomes are less, on the average, than those receiving social security.

Important Objections

Because the Forand Bill plan would be compulsory, the health insurance benefits would go equally to the rich and the poor, with no regard for those who need them most. For the same reason, the Forand Bill would displace the many private health insurance plans which are now operating very effectively in the over-65 group and substitute the all-government program - but with no substantial improvements for most of the elderly. Furthermore, the proposed tax increase to pay for the Forand plan would be grossly inadequate. Instead of a one-quarter to three-eighths of 1 percent increase, conservative estimates place the tax boost at about 8 times this rate.

Variations of the Forand Bill have also been introduced in Congress, including bills by Senators Kennedy and Humphrey which eliminate certain of the benefits in the Forand proposal. But these, too, suffer from the same limitations and inequities as the parent bill.

Nevertheless, we cannot dismiss the question of health care for the elderly by pointing out objections to pending legislation. The need is real and, as Health, Education, and Welfare Secretary Flemming told me recently, "it cannot be swept under the table".

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The extent of the need has been pretty well established. Dozens of studies, including a thorough Health, Education and Welfare Department investigation, have revealed these facts:

(1) the rapidly growing population of elderly persons will reach 20 million by 1975;

(2) by 1965, an estimated 8 million elderly will have no health insurance at all;

(3) even today, about one-half our elderly people cannot afford decent housing, proper nutrition, adequate medical care, or necessary recreation;

(4) 60 percent of those over 65 have annual incomes less than $1,000;

(5) for persons over 65, the need for medical, nursing and hospital care is 2½ times greater than it is for those under 65, though the elderly have only 40 percent as much health insurance protection.

We know, too, that this situation will grow worse unless we act now. While "socialized medicine" is definitely not the answer, a properly devised program of Federal-State-private cooperation can do the job.

Hopeful Proposal

The most hopeful proposal along these lines was introduced in the Senate late last week by a group of eight Republicans. Early this week, I co-sponsored a similar bill here in the House. It, too, has certain limitations and something better may be found. Meanwhile, this bill deserves immediate and careful attention.

Briefly, the new plan would be voluntary, with all persons 65 or older eligible to participate. Most would pay at least a share of the cost based on their ability to pay -- from 50 cents a month for those whose incomes range from $500 to $1,000 annually, up to a maximum of $13 a month for those whose incomes exceed $3,600 a year. Individual States and the Federal Government would join to contribute the difference. The insurance would be provided by private companies, and coverage would include home care, visiting nurse service, and diagnostic work as well as hospitalization, medical and surgical care.

Many of the advantages are obvious. Elderly people would be free to choose their own plan. Present progress under our private health insurance system would continue. The private relationship between patient and doctor would be safeguarded. Federal intervention would be minimized. The neediest would receive the greatest assistance. And no one would be automatically excluded. Those who can afford to do so would pay virtually the full cost of insurance if they elected to participate at all. Finally, it stresses the kind of service the elderly most need, home care and nursing service, which can greatly relieve the strain on limited hospital facilities.

The new plan is not perfect; it is doubtful if any plan could be perfect. But this one will be attacked from both extremes: by exponents of socialized medicine who want nothing less than compulsory national health insurance, and by those who want nothing, period. Further study may indicate ways of improving the plan, but this much is certain: unless the medical profession, Congress and the States cooperate along such voluntary lines as these, then compulsory health insurance is inevitable. The problem is too big to be ignored much longer.

Other Needs

No health insurance plan will solve all the problems of our elderly people. There is immediate need, for example, to increase the annual earnings limitation which penalizes those receiving social security who earn more than $1,200 a year, as I have proposed in a bill now before the Ways and Means Committee. And we have still to implement the important housing-for-the-elderly program -- which I strongly supported in the Banking and Currency Committee and which Congress authorized last year. But no problem is more urgent today than adequate medical care.

We Americans are reputed to be pragmatic people who, when we are faced with a need, find ways of meeting it. Health care for the elderly is an urgent need, in economic, social, political and humanitarian terms. This new bill offers the best hope yet of finding a means, within our traditional American way of doing things, of meeting the need. If a better plan can be found, I shall be for it.

But the time has come to act, now.

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