1	EXECUTIVE SESSION
2	JUNE 24, 1982
3	U.S. Senate
4	Committee on Finance
5	U.S. Senate
6	Washington, D.C.
7	The committee met at 9:43 a.m. in room 2221, Dirksen
8	Senate Office Building, Hon. Robert Dole (chairman)
9	presiding.
10	Present: Senators Dole, Packwood, Roth, Danforth,
11	Chafee, Heinz, Wallop, Durenberger, Armstrong, Symms,
12	Grassley, Long, Byrd, Bentsen, Matsunaga, Moynihan, Baucus
13	Boren, Bradley and Mitchell. Also present: Messrs.
14	Donnelly, Neuschler and Lighhizer and Ms. Burke.
15	(The press release announg the hearing follows:)
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The Chairman. Let me first thank the members for their prompt attendance. We think we can move rather quickly on our first responsibility, which will be the spending reduction as propoed by the reconciliation, the budget having passed vesterday afternoon. We have had literally weeks and weeks of work on some of the budget proposals in areas that we believe we can reduce spending without adversely impacting on low income. We believe we have a package that should have rather broad support in the Committee. It would be my hope that we could complete the spending reductions proposals this morning or today. If not, tomorrow, so that we might move, then, to revenues next Tuesday, Tuesday morning or Tuesday afternoon because we are under the constraint of reporting to the Senate by the 12th of July, which for all practical purposes is July 2nd because of the recess. And I would hope that we could complete action on this portion today or tomorrow. And on the revenue package by maybe next Thursday evening or Friday morning.

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I think we have a particular responsibility in the Finance Committee because this is the first action since the budget was adopted. Having listened to some of the people this morning talking about how meaningless the budget was unless the authorizing or other committees followed through responsibly -- if we can move with

dispatch, it might indicate to the financial markets that we are serious about our responsibility; are prepared to accept it. We believe we have real spending reductions, for the most part. I think we resurrected PIP one more time to give us \$500 million, but PIP -- there is precedence for that.

So I thought what we might do, if it is satisfactory to the Committee members, is to have Sheila Burke run through the Medicare/Medicaid, and Sydney Olson, the income security portion. Then, if there is no objection, we might adopt the package on a tentative basis. And then if somebody wanted to knock out a portion of it or have a separate vote on a portion of it or amend a portion of it, it would be open for amendment.

Senator Durenberger is the Health Subcommittee chairman. Is that satisfactory?

(No response)

The Chairman. Senator Armstrong is Income.

Senator Bentsen. Well, I would say, Mr. Chairman, no.

I am not sure I want to vote for the whole package, and
then go at it by trying to do deletions. I assume we will
have an opportunity to vote on it.

The Chairman. Well, anyway, we wish to proceed. Senator Bentsen. Right.

The Chairman. Once it is explained, we would hope

that there might be -- we could vote on each item if you want. There are some 60-some items.

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Senator Bentsen. No. I'm not asking that, Mr. Chairman. I just don't want us to have the assumption that the rest of the package is approved until we get through going through it.

The Chairman. No. No. All right. I will do that after we have the explanation. Does everyone have this document? Sheila, does everybody have this? Summary of outlay proposals, health and income security provisions. And on page two, we have the specific provisions. You can proceed any way you wish, Sheila.

Ms. Burke. Starting with item number one, the first item was an Administration proposal which deals with the Medicare eligibility entitlement. This would delay eligibility for Medicare to the first month following the month in which the individual turns the age of 65.

The second item was an -- yes, sir.

Senator Chafee. Mr. Chairman, are we going to have a discussion now, did you say, or have her go through the whole package?

The Chairman. I would hope she might go through the package. And then if you could flag some areas that you would like to discuss.

Senator Chafee. Fine.

The Chairman. It's the second page of that.

Ms. Burke. Senator, you can also follow it in the blue book. There are descriptions on each item. This item is noted on page 10.

The first item is noted on page 10 of your blue book. And it is item number one -- delaying the initial eligibility date for Medicare entitlement. That would delay until the first month after the month in which the individual turns the age of 65.

Item number two, which is also listed on page 10 of your blue book, would modify coverage of the working aged. The purpose of this proposal is to create a primacy and require that employers offer to eligible individuals ages 65 through 69 the same employer coverage, health insurance, as offered to individuals under the age of 65. And that that insurance would take primacy over Medicare, which is to say that that insurance would then pay first, and Medicare would back up against that. The individual employee may choose not to retain private insurance. But the employer must make it available to the extent that they make it available to other employees under the age of 65.

The Chairman. We are also going to include an exemption for small business. Is that correct?

Ms. Burke. It has been suggested that to make this proposal consistent with the Age Discrimination Act, which

currently exempts employers of less than 25, that such an exclusion would also be contained. That would alter the cost estimates. The new estimates for that proposal would be a savings of \$320 million in fiscal year 1983; a savings of \$490 million in fiscal year 1984; and a savings of \$550 million in fiscal year 1985.

The Chairman. That's the provision, I think, that Senator Bentsen, Senator Grassley, Senator Roth and others have expressed an interest in so we have made that change.

Senator Long. Now that works out just the same as if we were putting a tax on these people who are covered by those insurance plans. Does it not? Obviously, it's not a federal tax loan, but it works out the same as if we were putting a new federal tax on those people covered by those plans because it is going to raise their cost. Is that correct?

Ms. Burke. In some cases, that's correct, Senator.

The increase in premiums would, in part, depend on the size of the employer group. To the extent that is a very large employer group, the increase is likely to be slight because they would be absorbed into the population that is covered under the insurance plan.

To the extent it is a small employer, the increase might be more substantial, which is, in part, why we would

suggest excluding small employers from coverage.

But, again, the individual employee may choose not to retain their private coverage. It is less optional for the individual. It is only mandatory that the employer offer that coverage.

The Chairman. It's a lot better for the individual in many cases because he doesn't have the cost he would have otherwise.

Ms. Burke. In some cases.

Senator Packwood. Let me ask you a question, Bob, if I can.

The Chairman. Sure.

Senator Packwood. You've got a rather significant reduction in revenues when you exempt small businesses.

If you are exempting them only for those employees 65 to 69 --

Ms. Burke. That is correct.

Senator Packwood. -- and they are already exempt from the Age Discrimination Act anyway, what you are saying is even if they keep the people who are 65 to 69, you are going to exempt them from this health coverage.

Ms. Burke. From this requirement.

Senator Packwood. Even though they don't have to keep them at all.

Ms. Burke. That is correct.

Senator Packwood. I'm not sure I follow the logic.

As long as you don't have to keep them, why, if you do

keep them -- which you don't have to do -- shouldn't you

have to provide the health coverage?

Ms. Burke. In a sense, this is an attempt to encourage them to retain them. It does not require them to make an alteration in their insurance coverage. And, therefore, increase their employer cost. So in that sense, by exempting small employers, we would hope it would not serve as a disincentive to retain individuals ages 65 to 69.

The Chairman. As I understand it, Senator Grassley had field hearings on this issue. Is that right?

Senator Grassley. Yes. In five cities, Iowa and Illinois, Senator Percy and I held hearings. And in the testimony that we received was that one of the incentives to keep the older people on the payroll was the fact that they then become covered by Medicare. And the insurance costs were less. And then the cost of older workers being employed wasn't any more than that of younger workers.

Senator Bentsen. And one of the problems, Bob, that you run into with a smaller company is they generally tend to keep older workers. And you get that particularly in some of the smaller towns. And if you don't do this, you are going to load the insurance premium because you are

going to skew it. You are going to have people of older age so it is going to raise the premiums substantially. And there will be a great incentive for the employer, under those conditions, to drop some of the older workers. Even though you have got the age 70 non-discrimination, you are still going to have that kind of a problem.

Senator Long. Well, is it fair to say that this will provide companies with an additional incentive to drop these older workers?

Ms. Burke. To the extent that large companies would be required to offer insurance. It is only to the extent they offer it to other employees. If it increases their cost, there might be a disincentive to retain an individual who is over 65. In a large employer group, that increase in cost is likely to be slight. In a smaller group, it would be likely to be much larger.

Senator Long. Now let me see if I understand. You are saying that if they offer the insurance to their workers, they will have to include the older employees. Is that the idea?

Ms. Burke. That is correct, Senator.

The Chairman. I think it is a reasonable provision with that change.

Senator Bentsen. It's much improved, I must say. The Chairman. Okay.

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Ms. Burke. Item number three is listed on page 26 of your blue books.

Senator Baucus. Page what?

Ms. Burke. Page 26.

The Chairman. It's item number three on page two of the paper.

Ms. Burke. Page number 26 in the blue book.

Under current law, there are no co-payments applied to home health services under the Medicare program. This proposal would apply a co-payment, which would begin at the 20th visit, and would be 20 percent of the average cost by type of visit, by region in the country. And it would apply for all visits after the 20th visit.

The Chairman. And this is a modification of the Administration's proposal. Is that correct?

Ms. Burke. That is correct. The Administration's initial proposal would have applied a co-payment starting with the first day or the first visit. And it would have been a 5 percent co-payment.

Senator Bentsen. Do I understand that this is about the median? When we get to 19 or 20 that that is about the average? I want to encourage home health care. On the other hand, I understand the countervailing thing of trying to put some incentive or disincentive on overuse.

Ms. Burke. The information that we have that has been

made available to us is that 64.4 percent of those utilizing home health services use between one and 19 visits. So it would be approximately 36 percent of those individuals using home services who would be affected by this proposal. The majority use less than 20 visits. This would apply starting at the 20th visit.

Senator Baucus. But the contrary to that is that those who require more than 20 visits are the ones who most desperately need home health care.

Ms. Burke. Yes. In many cases that is correct,
Senator, although one could argue that the type of visit
in terms of the intensity of the service might decrease
over time to the extent that they get to the end of that
number of visits and they might be requiring less acute
services. In some cases, they might be the less expensive
services. So the cost might be less than it would have
been in the beginning.

Senator Packwood. Now I take it the Administration's proposal is what was on page 12.

Ms. Burke. That's correct, Senator.

Senator Packwood. That was the 5 percent cost.

Ms. Burke. Starting with the first visit.

The Chairman. Starting with the first visit.

Senator Packwood. Starting with the first, but it is a significantly less cost than the 20 percent. What you are

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doing is loading it on the rear end and saying for those who are most in need of home health care are going to pay a higher cost share and you are not going to have any on the first 20 visits.

Ms. Burke. That's correct, Senator. The intention was not to discourage up-front utilization of home services by applying a co-payment at the first day, but rather to put them at the end. And thereby, encouraging people to reexamine their use of those services at that point.

The amounts in terms of co-payments could go anywhere from \$7.00 per visit to \$6.00 per visit, depending on the type of visit. That is on average what it would be.

Senator Packwood. If you wanted to encourage home health, wouldn't you be better off to put a co-payment from day one on nursing homes and no co-payment on home health?

Senator Durenberger: There are different people in the nursing homes. You have got principally your people on Medicaid, your needy. And you are right, Bob, on home health. I think Medicare provides the incentives to use home health and keeps people from being driven into nursing homes.

Senator Packwood. Yes, but I am not talking about the Medicaid. We are talking about Medicare here.

Senator Durenberger. Yes, but there are a very small

number of people in long-term care institutions on Medicare. They are mostly on Medicaid.

Senator Bradley. Would this proposal increase the administrative cost for the home health agency at all?

Ms. Burke. There might be some increase, Senator, as a result of the identification of that cost sharing. I don't know what the extent of that increase would be. I could ask and see if the Department might have an idea.

Senator Bentsen. Let me ask you if you wouldn't have it on the collection side.

Ms. Burke. Yes. That's what I am saying, Senator.

To the extent that it is recovered at the site of service,
there might be an increased administrative cost. The
extent of that, I don't know.

Senator Baucus. Could you give me an idea of who these people are that visit more than 20 times?

Ms. Burke. Let me ask the Department.

The Chairman. Tom, why don't you sit up here? Sit right there. There's a mike right there if you need it.

Ms. Burke. They don't appear to have the information that would give us the type of visit that is most likely to be provided after the 20th visit. I can ask that they look for that information.

Senator Baucus. Well, if that's the case, how can they come up with number one to 19? If we don't know the

kind of visits --

Ms. Burke. They have averages in terms of the use of home health services. I'm not sure that we have it broken down by the type of visit for home health service. And that is what we will try and find out.

Senator Baucus. It just seems to me it would be relevant to know what that type of service is before deciding when to cut it off or when to impose, if at all, co-payment.

Senator Packwood. Bill, to answer your question, you have got to have an increase in administrative cost because there is no co-payment now.

Senator Bradley. That was my guess. And I think the other point that was raised is that the people who have 20 visits or more are really the sicker people. And if you suddenly put a co-payment on them, doesn't that push them into the institutional setting, with an increase in Medicare or Medicaid?

Senator Packwood. I think the tendency would be that direction because they will want to go where they will get reimbursement or not have the co-payment.

Senator Bradley. So I mean I don't know how much net savings this is going to achieve. Is there any sense that we could get of how many people there are? What the number of population is and how much increased cost on

Medicare/Medicaid would go to it?

The Chairman. Well, we will try to get that information before we finish the list. Let's move onto PSROs.

Senator Chafee. Mr. Chairman, this does seem to be getting into considerable discussion of each item, which is all right by me. But I just don't want to let number one go by. And I would like to have a shot at that, unless it is truly your theory to just have her discuss each one.

The Chairman. Let's just see if we can't just go through it. We are not going to shut anyone off, obviously. And then we will come back and take whatever. Number one will be at the top of the list.

Senator Chafee. Okay.

Ms. Burke. Item number four is listed on page 28 and 29 of your blue book. This proposal is a legislative proposal that was introduced by Senator Durenberger which deals with alterations in the PSRO program. The initial proposal introduced by the Administration would have repealed the PSRO program.

This proposal intends to change the system by creating a contracting mechanism whereby the government would currently, as they do now, review services through a contract purchasing those services from review organizations in localities across the country.

There are administrative changes which ease the requirements with respect to the administration of that program. There are consolidations made with respect to the size of areas that are to be reviewed. The contracts are to reflect the requirements of the Administration and of the organization doing the reviews so they can be clearly identified when the purposes of the contract are reviewed

and looking at the success or the failure of the

The purpose of the reviews are as they are now to look at the utilization of services by Medicare recipients. They would also be available to Medicaid if the states chose to utilize these groups.

The Chairman. Go right ahead.

Ms. Burke. Item number five is listed on page 13 of your blue book, and is an Administration proposal with respect to the reimbursement of radiologists and pathologists. And would alter that treatment so it is consistent with the payment of other physicians.

Currently, radiologists and pathologists are reimbursed at 100 percent. This would alter that and treat them as other physicians -- paying them 80 percent.

Senator Grassley. Why would you reimburse them at a higher level in the first place?

Ms. Burke. Senator, that was placed in the law in an

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attempt to encourage an alteration in the method of billings by radiologists and pathologists. That change did not take place. It was a question of something that is called "combined billing" which was done a number of years ago. That did not substantially alter the behavior. And, in fact, most of the physicians now bill on a fee for service basis. So this would basically put them on the same basis as other physicians who bill in that fashion.

Senator Bradley. Would that result in any kind of cost shifting at all?

Ms. Burke. In some cases it might, Senator, to the extent that they attempt to collect the 20 percent from an individual or choose not to accept the sign, and, therefore, bill amounts in excess of what Medicare would pay.

Senator Bradley. So if you put a cap on that, the individual taking up more or having to pay more or a premium on his Medicare policy increasing? Right?

Ms. Burke. That is correct, Senator, to the extent that they will be treated as other physicians which is an 80/20. And the individual is responsible for that 20 percent. Then there could be increased cost sharing for the individual.

Senator Bradley. Do we have any sense of how much that would be? How much Medigap policies might go up and

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how much the premiums might go up?

Ms. Burke. No, Senator, I don't believe the Administration would be able to compute that.

Senator Bradley. But there would be an increase in not only individual costs because the probability that the physicians' fees would continue to rise, but also Medigap policy premiums.

Ms. Burke. To the extent, Senator, that that would reflect cost sharing by the individual.

Senator Baucus. In addition to that, if Medigap policies themselves don't cover it, then the beneficiaries will be paying it.

Ms. Burke. That's correct. As they do with other physician services currently.

Item number six is listed on page 14 of your blue books. This is an Administration proposal that would index the Part B deductible under the Medicare program to the Consumer Price Index. The deductible is currently \$75.00 per year. And was fixed at that amount last year. Prior to that time, it had been \$60.00 since 1972. It is a static amount and does not increase with the cost of the program. This would allow the deductible to increase on an annual basis at the same rate as the Consumer Price Index.

The projected increase in 1983 would be \$85.00, which is a \$10.00 increase over the 1982 estimate for the

deductible. In 1984, the deductible is estimated to be \$89.00. And in 1985, the deductible would be estimated to be \$93.00.

Senator Baucus. That's assuming the rate of inflation is about 4 percent in 1984 and another 4 percent in 1985.

Less than that actually.

Ms. Burke. The estimates we used were the CBO Consumer Price Index numbers. I am just checking.

Senator Bradley. And is the rationale for this that with inflation the person should have his or her medical cost -- the part that he or she pays, the deductible -- go up because inflation has gone up. Is that the idea?

Ms. Burke. I believe the principle, Senator -- and the Administration may want to speak to this -- is that the individual, in paying a deductible that reflects the increase in the cost of services generally, would have more sense of what it cost to provide those services; that it reflects in their increased cost sharing the cost of the program in general.

Mr. Donnelly. That's a correct statement. The principle is clearly that if the individual participates more in the cost in a reasonable and moderate way of the services being rendered, they are more sensitive to the services.

Senator Bradley. Do you see any relationship between

this and potential changes in the Social Security index?

Right now, it is CPI. Let's say we changed it at some

future time and made it wages or cut 3 or 4 percent out of

CPI, what affect would that have on this particular index?

Mr. Donnelly. I don't know that it would have a direct affect unless you reconsidered this. It seems to me that at that point that you would make some judgment about Social Security index, then this is certainly a question that could be revisited. If the question is the applicability of the index to the issue, that's open to discussion.

Senator Bradley. So you are suggesting that if we did modify the Social Security index that it would be appropriate to modify this as well?

Mr. Donnelly. I wouldn't say appropriate to modify per se. It would just be appropriate to go back and look at this to see if the two indexes are, in fact, applicable. It is certainly open to question.

The Chairman. Go ahead.

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Ms. Burke. Item number seven is located on page 25 in your blue books. This is a modification of a proposal initiated by the Administration. This proposal would provide for no increase in the economic index which is used to allow increases in physician fees under the Medicare program.

The Administration's proposal would have allowed a 4.5 percent increase. This proposal would allow for no increase in that index. It is projected for next year in actuality to be approximately 8.9 percent, so this would not allow the index, which is the ceiling against which physician fees are measured, to increase next year.

Senator Bradley. Now this would be another one of those suggestions that would result in significant cost shifting.

The Chairman. It could result.

Senator Bradley. It could result. I mean if the physicians' fees stayed where they are or went up as they have in recent years, then it could also result in increased Medigap premiums. Right?

Ms. Burke. To the extent that the physicians pass on those increases to patients. Yes, sir, that's correct.

The Chairman. They might be satisfied with what they have.

Senator Bradley. Well, if we look at any record of the past 20 years, the answer would be that people would like to have better health care and they are going to go out and seek it. And the cost is going to go up.

The Chairman. Where is that in the blue book?

Ms. Burke. At page 25, Senator.

The assignment rates for physician fees on average has

remained about stable, Senator. And it's about 50 percent. That would suggest that the amount of claims that physicians are willing to take what Medicare pays in full is about 50 percent of the claims. And that hasn't changed substantially over the last couple of years.

Senator Baucus. But this reduces the physician reimbursement so that suggests --

Ms. Burke. It just holds it to no increase.

Senator Baucus. -- that the assignment will decrease.

Ms. Burke. This holds it to no increase.

Senator Baucus. That's right. So logicially, if I were a physician, I would be less inclined to take assignments.

Ms. Burke. To the extent that they are up against the limits. These are only the people that are up against the prevailing limits who would have been impacted by the increase in the index. No individual's physicians who are below those limits.

Senator Baucus. The physicians' fees will probably raise the price by a greater degree than -- or bump up against these limits, I would guess.

Senator Bradley. So why would you say that a physician would be reluctant or that some physicians would be reluctant to take assignment if --

The Chairman.

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Ms. Burke. No, I didn't say that, Senator. What I said was that in some cases physicians might choose not to take assignments. In other cases, they may continue to do so. And about on average, about 50 percent of the claims are, indeed, assigned claims currently.

The Chairman. I might say as a general thing that what we have tried to focus on in this particular year is on the provider -- hospitals, physicians and others -- because I think of some just criticism in past efforts to focus on budget reductions has been on the beneficiary. And others escaped scot-free. So we have gone back over many of these programs. These things could happen. But about 50 percent of physicians now accept assignment?

Ms. Burke. Fifty percent of the claims are assigned. That's correct.

The Chairman. We believe that we are looking at equity and fairness and budget reduction here.

Senator Baucus. Mr. Chairman. I think you made a good point. The trouble is the only major proposal here which does go at reducing costs -- not in payments to the beneficiaries -- is your proposed change in Section 223 in extending that. That's a very good change. That goes to the heart of the matter. It goes to the disease rather than the symptoms. But I think a lot of these measures that we have discussed thus far go to the symptoms and not

to the disease. That is, they go to reduce payments to beneficiaries rather than going to the heart of the matter which is trying to reduce the excessive rise in health care cost, which everybody must experience. Not only Medicare patients, but every other American citizen.

Senator Durenberger. Well, let me say, Mr. Chairman, if I may, that clearly both the Senator from Montana and the Senator from New Jersey are correct. There is a whole lot of cost shifting going on in this budgetary process. It is not all cost shifting. As you have pointed out, there are some good policies. And it is going to be hard for all of us to swallow to a degree. We would rather be sitting here doing capitation and vouchers than the prospect of reimbursement. And you will find as we go though this process we are tagging those things on to make sure that one of these years we address it. And, in effect, use the force of the budgetary process to get there.

But nobody on this side, I guess, is going to say that there isn't some cost shifting either to the states, in the case of Medicaid; to providers, in the case of 223 limits; or physicians and so forth.

Senator Baucus. And also beneficiaries.

Senator Durenberger. All right. Certainly.

The Chairman. Some small degree.

Senator Durenberger. There you get some good feedback.

The Chairman. Let's try to move on. And then we will come back and discuss it in more detail.

Ms. Burke. Item number eight is located on page 25 of your document. This proposal would repeal the nursing differential which is currently paid to hospitals and skilled nursing facilities. It is currently a 5 percent differential. It was, in the past, 8-1/2 percent. And it was reduced to 5 percent. It is paid on the assumption, originally in 1969, that Medicare patients were more costly to care for because they required more nursing care.

There have been questions raised in recent years with respect to the value of the original studies upon which this differential was based. GAO prepared a report in 1982 for us at our request and indicated that the studies are non-conclusive at this point. They can neither prove the case for nor the case against a differential. This would repeal the existing differential.

Item number nine is located on page 27 of your blue book. And is the legislation that legislates an Administration regulatory proposal.

The Chairman. What we are doing in some areas so we can take credit for the savings is legislating a regulatory proposal. It's legitimate. And it is going to happen in any event so we believe that the farmers can't complain if we legislate what they intend to do. Is that right, Tom?

Mr. Donnelly. That's correct.

Ms. Burke. This regulatory proposal would modify the reimbursement of hospital based physicians, and would, in effect, create a salary equivalency. It would not prohibit percentage contracts as a method of payment for hospital based physicians, but would simply apply a test of reasonableness under Medicare that holds them against what they would pay on a salary basis for similar services.

It also requires that services that are administrative in nature and supervisory in nature be considered as a hospital cost. And that only those services that are directly provided by a physician be considered a physician cost, and billed under Part B of the program.

Senator Boren. I wonder, Mr. Chairman -- in the other provision we are modifying the way they are treated under Part B. I think we are saving significant amounts of money in terms of reimbursement under 80 percent Part B. I wonder if there is any inconsistency in treating pathologists or other hospital based physicians as physicians under one section of the law, and then turning around and treating them as employees of the hospital. I am just concerned about the structural change that is being contemplated there.

Ms. Burke. Senator, the principle is one of retaining physician services regardless of whether it is provided by

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a pathologist or any other physician as a Part B service. And we intend to treat pathologists, radiologists and anesthesiologists in that fashion.

In large part, this was an attempt to help separate out those costs that are really administrative in nature, and that really should be considered in institutional cost rather than a physician service cost. The approach taken by this regulation is consistent with the change made earlier, which was to treat them under Part B as they treat all other physicians. But there is an interest in looking at it because in some cases they do retain salary arrangements with institutions. Some test of reasonableness for the institution as to what Medicare would pay for those services.

The Chairman. Next.

Ms. Burke. Item number 10 is located on page 27 of your blue book. This proposal would hold the Part B premium constant as a percentage of program costs. the original Medicare program, the premium was designed to reflect 50 percent of the program costs. As a result of changes made in the 1970s, the rate of increase in the premium was held down rather than allowed to increase with the cost of the program, and was not allowed to increase at a rate greater than the cash increase with respect to Social Security cash benefits. That rate has tended to be

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much slower than the rate of increase in health care costs. This proposal would fix the premium at 25 percent of the program cost, and hold it at that rate in future years so that it continues to reflect a 25 percent share of what the program costs would be.

The Chairman. And just as an example, as I understand, next year there would be a premium increase of, what, \$.10 per month?

Ms. Burke. That's correct, Senator. The estimated premium would be \$12.30. It is currently, under current law, estimated to be \$12.20.

Senator Bentsen. Well, suppose in the outyears you would have an --

Ms. Burke. In 1984, it is a \$.50 increase over the projected premium from \$13.20 to \$13.70. And in fiscal year 1985, it would be \$15.30 instead of the current projected \$14.10. So it would be a \$1.20 increase in the third year per month.

Senator Bradley. If inflation was higher or the number of the persons in the program increased, would that result in a much higher premium? Could it result? I mean if you look at the increase in Part B, there are more costs there that are less controllable than in the other parts of the program.

Ms. Burke. Although Part B has tended to go at a

slower rate than Part A, and in the service under B, which are physician related, have tended to increase at a much slower pace.

Senator Bradley. If the effect of some of these other actions was though to push more people into using Part B services, since we have locked it into a percent of the total, that would result in an increase in premiums. Right?

Ms. Burke. To the extent that the program costs are increased by utilization, that amount would be calculated, which is what the premium reflects, and would be reflected in an increase in premium. That's correct.

The Chairman. Next.

Ms. Burke. Item number 11 is located on page 29 of your blue book. And you should also have in front of you a more detailed description of that proposal. It is entitled, "A Description of Proposals to Limit Medicare Reimbursement to Hospitals."

Senator Packwood. I'm sorry. What page is that again in the blue book?

Ms. Burke. It's on page 29 of your blue book.

The Chairman. And there's another -- there's an extra explanation. I don't have that.

Ms. Burke. Mike.

The Chairman. Mike, we need a one sheeter here or two.

Ms. Burke. Why don't we move to the other? Do we have them, Mike?

(No response)

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Ms. Burke. There are three key parts to this proposal. The first deals with the current 223 limits under the Medicare program, which under current experience only apply to the routine cost in institutions. This proposal would modify the current limits on reimbursement under 223 to include ancillary services in an institution. And would change the current 108 percent limitations to 110 percent of the average.

The current exceptions and exemptions that exist in the 223 system would continue. For example, there is an adjustment for teaching hospitals that would be continued. There is an exemption from the limits for sole community providers, which would be continued. There is also an exception made for hospitals that provide atypical services. For example, psychiatric hospitals. That would also continue.

On the other hand, the new limits would call for the elimination of some existing exceptions, which may no longer be considered necessary because of the case mix adjustment, which is also included in the proposal. We would also add an exception that would deal with public hospitals, taking account of the fact that public hospitals

sometimes incur costs that are not consistent with what other hospitals incur because of the kinds of patients that they serve. Cost with respect to the social welfare services to individuals because they can't be discharged to their home. That kind of an adjustment would be made. And the Secretary would be directed to determine the amount of the adjustment necessary.

We would also exclude from the 223 limits rural hospitals of less than 50 beds.

The second part of the proposal would place a three year limitation on hospital reimbursement increases by case under the Medicare program. And would hold them to a rate of increase over their previous year on average of 10 percent. It is actually a market basket plus 2 percent for intensity. And that averages out to be about a 10 percent rate of increase over three years in each year.

The third part of the proposal deals with a direction to the Secretary to propose in cooperation with the Congress a prospective payment system for hospitals and skilled nursing facilities, and report back to the Congress with such a proposal. And that at the point in time at which that proposal was put into the place, the cap that I previously described would no longer continue.

The Chairman. I had to step out a minute. Had you indicated that the one change that might be proposed?

Ms. Burke. Not yet, Senator.

The Chairman. Why don't you go ahead, Max.

Senator Baucus. The cap that is a part of your proposal, is that a form of cost containment?

Ms. Burke. Item number two, yes, Senator, it is. It is a limit on increases in Medicare revenues per case.

Senator Bradley. What would be the affect, then, on hospitals, say private hospitals, who don't have a lot of private patients but have a lot of public patients? Urban hospitals, for example. Wouldn't they get caught in this squeeze?

Ms. Burke. To the extent that they increased more than 10 percent over their own previous experience in the year before, they would lose the amounts in excess of that 10 percent limit. And it would be based on their own experience so it would be an increase over what they got the year before. Ten percent per case, per discharge.

Senator Bradley. If the hospitals' major costs are labor costs, what would be the effect?

Ms. Burke. To the extent that their labor costs, which are a part of the index which determines what the costs are, increase at an amount that is in excess of what it had in the past and was so large as to change the index for the cost above 10 percent, they would hit the cap. But it would have to be the combined effect of having their labor costs

go up so high as to modify their entire cost per case.

The Chairman. Maybe I should just indicate, since there might be questions on that, that we have one suggested change that I would like Sheila to discuss. And we will get some indication from the membership that they prefer this approach or a modified approach, which we discussed, which I think has some merit.

Sheila. And then we can go back to Senator Moynihan, Senator Bentsen and others.

Ms. Burke. The suggested modification would be to Part 2 of the proposal with respect to the limit. And would suggest that rather than lose the total amount above the cap, they would lose 75 percent. So, basically, they would get 25 percent of the amount over the cap rather than lose it all.

The Chairman. That reduces the --

Ms. Burke. The savings in the first year by \$130 million. The new savings, as a result, in the first year of the combined program would be \$670 million.

Senator Bradley. That's better than it was.

Senator Chafee. Mr. Chairman?

The Chairman. Yes, Senator Chafee. And then Senator Moynihan.

Senator Chafee. Sheila, is there any way we can get some incentive in here? It seems to me now that if a

hospital is --

The Chairman. We just did with that modification.

Senator Chafee. Well, yes, that's on the up side. But I'm saying on the down side. Suppose a hospital comes in at 107. There's no incentive at all for them to try to stay at 107. They might as well be at the 110.

Ms. Burke. That is correct, Senator.

Senator Chafee. Because they are not going to keep any of it.

Ms. Burke. That is correct. The question is what would happen between the two. To the extent that you might hit one limit and not the other, there is no incentive to the extent they come below both limits in that sense because they could come up against the limit and still get their full cost.

Senator Chafee. That's right.

Ms. Burke. In order to do that or in order to repay the amount and the difference, which we had talked about which is to suggest that to the extent they become low, share that savings with them. We had the actuaries look at it and their estimates, at least initially, are that that would cost the system in total rather than saving the system in total. We have not been able to prepare cost estimates that are detailed. I would like the opportunity to be able to do that. But our initial estimates are that to the

extent you let them keep those savings below the limits, it would cost the system rather than save.

Senator Chafee. Well, maybe so, but I think there is a lot of merit in encouraging them to do this because they will be producing a service at a lower cost. Now you say eventually that the Federal Government will end up having to pay more. There should be some way of splitting it.

Ms. Burke. I think the intention, at least our intention, in looking at this kind of proposal is that it is really a short-term measure. We hope in the way we have designed it to move towards a prospective payment system rather quickly. And we have every indication the departments have begun their work in that area. And that under that kind of a system, certainly every kind of incentive would be likely. This is a short-term proposal which basically holds down the rate of increase to give us the time, basically, to propose a prospective system. We didn't honestly believe we were ready to do that yet.

Senator Chafee. Well, I applaud the prospective reimbursement. We have been talking about it around here for several years. If all went well, when do you think it might go in?

The Chairman. We are going to tie it into this, aren't we?

Senator Chafee. Well, that's just a study, isn't it?

Ms. Burke. No. There is an incentive in the sense that the cap goes off as soon as the system is put into place. So to the extent that they desire to avoid the cap for any prolonged period of time, which I would assume institutions would, the system would fit into place rather quickly.

The Administration may have a better sense of how quickly they expect to be able to move in terms of a system in working with us.

Senator Durenberger. Well, we expect them to be back to us --

Ms. Burke. Within a year.

Senator Durenberger. The Ways and Means within the year.

The Chairman. Senator Moynihan.

Senator Moynihan. Mr. Chairman, I just wanted to make a very brief general statement. Particularly, to this particular issue. It is simply this: Last August after we recessed having passed our tax bill, the New York Times had a long article that said that tax reform was dead as far as this country could see. And I wrote a response saying, no, tax reform was very alive. And I would just read a sentence here that says "The new tax law foregoes huge amounts of revenue in the coming years. As deficits loom, the IRS will be flogged into finding ways to increase

revenues without seeming to increase taxes. In a word, to close loopholes."

Now starting next week, we are going to go through that sequence. There is not a member of this body who hasn't been visited by half a dozen nervous attorneys and corporation executives saying what on earth is this Administration doing to us. They are raising our taxes by closing our loopholes.

The Chairman. Only half a dozen?

Senator Moynihan. Well, I'm on the "B" list.

(Laughter)

Senator Moynihan. And this is just a mirror image today. We are going to have "savings" in the social welfare programs of Social Security. Without in any way objecting to the very fine presentation that Mrs. Burke is giving us, so far all I have heard is what the savings consist of; not why we should be making them. I mean is this good for the program; is this good for the patient; or is this simply a savings to the Treasury, which we have been instructed to bring about. I would like to see that and not just move so one, two, three, four, five, six, seven. I know how much we are instructed to do, but what are we doing when we have done it.

The Chairman. Senator Bentsen.

Senator Bentsen. I just wanted to comment on the fact

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that as I understood it, you have had an exclusion from 1 this cap for the rural hospitals that has 50 beds or less. 2 3 Is that correct? Ms. Burke. The exclusion is from the 223 limits, 4 Senator. 5 Senator Bentsen. That's what I am referring to. 6 7 Ms. Burke. That is correct. Rural hospitals of less than 50 beds are not included in the 223 limits. 8 9 Senator Bentsen. Well, that was a change that resulted from our discussion as of yesterday, I guess. 10 11 Ms. Burke. That's correct. 12 Senator Bentsen. I think that is a major improvement, 13 Mr. Chairman. I appreciate you doing that. Your problem 14 when you run into the rural hospitals is that you have a 15 situation with two doctors and one of them takes a 16 vacation and all of a sudden there is trouble. And you 17 just don't have a --The Chairman. In fact, in my hometown, the doctor 18 19 always likes to go out and harvest so all the patients 20 go home while he is harvesting. And then they come back after the harvest. 21 22 (Laughter) 23 Senator Baucus. Mr. Chairman, I would like to fall in

here to. This is a change which I have been pushing for.

I know.

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The Chairman.

I'm glad that you put it in here. Senator Baucus. My state, as well as Texas, and I think most states with a large population -- I can remember a few years ago when the Administration came out with national health care guidelines, which would have had the effect of closing a lot of rural hospitals. There aren't a lot of people in my state, not as many as there are in, say, New York and other states, but I received over 10,000 letters from constituents about that very problem. It was the single most explosive issue I have faced in six, or seven or eight years. And I took those letters; put them in several mail sacks -- a fellow in the office had a pick-up truck and we drove over to Secretary Califano's office; up the elevator; put them on his desk. I know that other states had similar reactions. That was one instance where the Administration backed down and did not implement those national health care guidelines. And I am glad to see that we have a similar kind of proposal here. That is, some recognition of the problems that rural hospitals face, which are different from large, big city hospitals.

I want to thank you very much for putting it in.

The Chairman. I know I am trying to speed up the process, but I would hope we could go through the rest of the Medicare and Medicaid and then come back and discuss them. The next three items -- I understand they are more

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regulatory changes which we are going to legislate so we can have credit in the budget process. But if we could touch on those.

Ms. Burke. Those items are mentioned on pages 35 and 37 of your blue book. As the Chairman described, they are Administration regulatory proposals which we are going to legislate by simply saying that they must publish by a date certain regulations with respect to eliminating a subsidy which is a computer issue with respect to how they determine reimbursements for hospitals under Medicare by establishing single reimbursement limits for skilled nursing facilities in home health agencies and by eliminating duplicate payments for out-patient services.

Item number three is a direct result of the change made in last year's Reconciliation Act in this Committee with respect to the way we pay for services provided in out-patient departments in hospitals.

Item number 13 is an attachment which should be in front of you. And it is simply an attempt to require the Department to put more money into -- very similar to the activity with the IRS -- audit activities and claims processing. We have information from the Department which indicates that the return on dollars spent in audits is quite high. These savings which are preliminary reflect a commitment of \$45 million in each of the three next years

for those kind of audit activities.

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Item number 14 is also described in the attachments in front of you. And I am sure it is familiar to many of you. And is a delay in the periodic interim payment. This would be a three week delay, basically, in a payment to institutions that choose a method of payment under Medicare which allows them to get payments on a fairly short-term basis. There is generally a three week lag from service to payment. This would delay in 1983, and in 1984, the last payment at the end of the fiscal year into the next fiscal year. The institutions don't lose the money. It simply delays the period of time until they get paid.

The Chairman. Senator Moynihan.

Senator Moynihan. Well, Mr. Chairman, here is an example of the matter I brought up. We are instucted to save money from Medicare and from hospitals, not in order to improve the care of poor persons or the viability of the hospitals, simply because we emptied out the Treasury last year. And this particular measure is going to be especially hard on urban hospitals that have a large portion of Medicare population. Would that not be so, Ms. Burke?

Ms. Burke. To the extent that there is a cash flow issue for that three week period of time. Institutions who are at risk of insolvency or who have cash flow problems might have problems for that period of time. The

payment is not not made. It is simply made three weeks late.

Senator Moynihan. But three weeks at 21 percent interest in a cash flow problem -- it slows down. And there have been hospitals with more than half its population on Medicare.

Ms. Burke. To the extent that there is borrowing to cover that cash flow issue, Medicare picks up its share of the interest cost. And, in fact, reflected in these numbers is an interest cost for that borrowing of about \$10 million in 1983. So we expect that there will, indeed, be some borrowing, Senator, for exactly that reason. And that Medicare will, as it has in the past, pay for the interest cost for that borrowing.

Senator Moynihan. Can you give us some idea as to how you reached \$10 million as sufficient to the impact of this change? This change clearly has no other purpose than to save money.

Ms. Burke. That's right.

Senator Moynihan. To transfer costs from the Federal Government to the hospitals for one year to the next.

Ms. Burke. Yes.

Senator Moynihan. But it puts in jeopardy a certain number of institutions which exemplified the purposes of

this program, which is the care of the poor. And the largest number are urban poor.

The Chairman. I might say that this is not unprecedented.

Senator Moynihan. No. No.

Senator Long. But what bothers me about this particular thing is the Democrats did this fool thing and then the Republicans did this fool thing. And I just wonder at some point if we ought to just stop it. Just right down here, "Illusory savings, \$870 million," and be done with it. And not inconvenience anybody by having to comply with this because it's not a real savings at all. It's a pure gimmick. And why don't we just say "smoke cloud savings" for \$870 million, and just pretend we did it and don't do it.

(Laughter)

Senator Long. That being the case, you wouldn't inconvenience all these people.

The Chairman. Well, we went back through the records and found this to be very effective in past years.

(Laughter)

The Chairman. Let's finish this if we can. And then we can --

Senator Long. All I'm concerned about is we ought to do something for anybody who is inconvenienced by this.

Why not say that anybody inconvenienced by this can make a non-interest bearing loan with the government to pay the thing?

The Chairman. Or maybe better, if we can find this much savings, maybe somebody will have an amendment that we can eliminate this.

Senator Long. Well, all I am saying is I just don't like to inconvenience people. If we are going to do this, why not just let them -- why don't we guarantee a loan so they can borrow the money so they won't have to go out of business if they get caught in a tight business period.

Senator Moynihan. Some of our people do.

Senator Long. I'm not finding fault. Goodness knows, I have got no right to. I have been a part of this fiasco, but so has everybody else on this Committee. But it seems to me that at some point we ought to ease the burden on citizens out there who have to comply with this. If we are going to do it, I think we ought to find a way to see to it that nobody really suffers from it. Because somebody who is really hard pressed for his cash could be hurt temporarily at least. Why don't you go to work between now and the time we report this thing and try to find some way to ease the burden on somebody who is really hurting in waiting for his cash?

The Chairman. Well, we do have some other options.

Senator Grassley, did you want to speak to this?

Senator Grassley. Well, I only want to comment on a point Senator Moynihan made. You said we are going through all these things because we emptied the Treasury last year.

And I thought we had some studies that indicated that within the next six or eight years the health insurance fund is going to be in trouble. And if I were only going through this process to save some money — what we are trying to do is stabilize, aren't we, the health insurance fund?

Because it is going to be broke like the Social Security Trust Fund is broke in about six or eight years?

The Chairman. We were told in 1965 that if we weren't careful, Medicare could get as high \$9 billion by 1990.

It's \$50 billion, headed for \$115 billion by 1990. So I think some of these changes are long overdue.

Senator Grassley. Yes. And they are going to bring stability to the health insurance fund so we don't run into the same problems six or eight years from now that right now we are running into with the Social Security Trust Fund.

Senator Moynihan. Medicare is not part of the Social Security Health Insurance Fund.

Senator Grassley. It has got a separate tax levied.

Senator Moynihan. That's right. Medicaid isn't on.

Excuse me.

Senator Grassley. Oh. Well, you are right. I agree with you.

The Chairman. We haven't come to Medicaid.

Senator Grassley. We are talking about Medicare as well.

The Chairman. Let's move on.

Ms. Burke. Item number 15 is also described in an attachment before you and would simply modify Medicare reimbursement to suggest that Medicare will only pay for assistance in surgery in teaching institutions with surgical training programs to the extent that they are medically necessary because of the type of surgery or because of the complexity of the surgery which requires more than one type of physician to be present.

Medicare currently pays for interns and residents as part of a hospital's cost. And to the extent that they are in existence in surgical training programs in institutions, we believe that they should take the place of or participate in that surgery, and that we should only have to pay for an additional physician to the extent that they are necessary for that surgery.

Senator Baucus. Mr. Chairman, how are we going to determine whether it is necessary?

Ms. Burke. It's generally an intermediary question.

It's a physician judgment question in terms of the billing

and identification as to why that individual was necessary at the surgery.

Senator Baucus. Is there additional cost, administrative cost, here?

Ms. Burke. No, sir. It would be taken care of by the intermediary in the sense that the claims processing --

Senator Baucus. Is it a cost the intermediary has to bear?

Ms. Burke. It is a cost that would probably not be an addition to the current cost in terms of claims processing, I believe.

Senator Baucus. There is an additional determination that has to be made.

Ms. Burke. From our indications from the Department, it is that it would not be an additional cost to the intermediary as a result of this change. And in some cases, in fact, they have done this in the past.

Particularly, with private pay patients. And we believe this is consistent and will not incur an additional cost to the intermediaries or carriers.

Senator Baucus. There has to be some cost. I mean if the additional determination has to be made, it is a cost in time. It's an opportunity cost at the very least. There is some cost involved here.

Ms. Burke. I'm sure that is true.

• The Chairman. Next.

Senator Moynihan. Mr. Chairman, could I just make a point on number 14? There is assistance in interest payments. But there are urban hospitals, particularly in our part of the nation, that cannot borrow. They just aren't credit worthy. They are that much up against it because of Medicaid patients. Could we ask the staff to consider what that situation would be?

Ms. Burke. Item number 16 is a proposal that is reflective of Senator Heinz's proposal with respect to HMO reimbursement, and would modify current law requirements for contracting with HMOs, and also the method of reimbursement under the Medicare program providing for a reimbursement that reflects 95 percent of the cost of caring for an individual in a community outside of an HMO.

The proposal defines HMOs. It describes the kinds of services that must be provided. The attachment which is in front of you describes it in some detail.

Senator Baucus. Where is that attachment?

Ms. Burke. It should be in front of you, Senator.

It's item number 16 entitled "Medicare Payments to HMOs."

Senator Bradley. We have it on the list but no attachment.

Ms. Burke. It should be a description of additional savings. Is there a package in front of you?

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Senator Bradley. Maybe you could go through it again very carefully, and tell us what it is supposed to say on the sheet that we have in front of us. We don't have that sheet.

Were these things distributed in advance? I mean here we are presented with a proposal on an HMO. I assume we are just going through the list and having it explained now. Right?

Ms. Burke. That's correct, Senator.

Senator Bradley. All right.

Ms. Burke. The proposal would modify current law requirements for contracting with HMOs by authorizing prospective reimbursements under risk sharing contracts with competing organizations. And the rate of the prospective contract would equal 99 percent of what is determined to be the amount for caring for the individual in the community outside of the HMO.

This rate would be paid on a per capita basis for each class of Medicare beneficiary enrolled in the plan. And those classes would be based on health status, place of residence, institutional status, and disability.

The proposal defines a competing health plan as a public or private entity organized into the laws of any state which is a qualified HMO, as defined by the Public Health Service Act, is a state licensed HMO, or meets

certain requirements, which includes required services that must be provided to the individuals. All individuals entitled to services under Medicare, except individuals who are medically determined to have N-stage renal disease, would be eligible to enroll in these HMOs.

Senator Bradley. Have we had hearings on this particular proposal?

The Chairman. No.

Ms. Burke. No, we have not, Senator.

Senator Durenberger. We have included reference, in effect, to this proposals in hearings we held on demonstrations, the four demonstrations that the Department has out now. And, of course, this bill was out at that time and was commented on. But most specifically, we haven't. But I think it is worth considering here.

Senator Bradley. I might, too, once I read it.

Senator Moynihan. If I understood it.

The Chairman. Let's move onto Medicaid.

Senator Baucus. Before we get to that, is there any savings here?

Ms. Burke. No, Senator, there is neither a cost nor a savings. CBO has given it a zero cost zero savings because the proposal required that the payment system could not be effective until the first day 13 months after the enactment, or a month after the Secretary

notifies the committees that he is reasonably certain that the methodology in determining the rate can be developed.

There have been questions in the past as to the ability to technically compute an average cost per individual, which is the AAPCC as it is referred to as. And until such time as there is assurance that they can, indeed, make that computation, the proposal would not be put into effect. So there is neither a cost nor a savings as a result of the proposal.

In part, it simply directs the Secretary actually to begin to work on this proposal and then report back to us that they can indeed do what it attempts to accomplish.

Senator Baucus. Thank you.

The Chairman. Medicaid.

Ms. Burke. Medicaid. Item number one.

Senator Moynihan. Is that in the blue book?

Ms. Burke. I'm sorry, Senator. The Medicaid proposals?

Senator Moynihan. Yes. There's a blue book passage on Medicaid but page 38 only has one item.

Ms. Burke. I'm sorry, Senator. Page 31 is item number one.

Senator Moynihan. Thank you.

Ms. Burke. This proposal, which is a modification of

the Administration's proposal, would allow states to apply nominal co-payments to all services provided under their Medicaid plans to all individuals except pregnant women and children for ambulatory services. The Administration's initial proposal would have required the states to apply co-payments in certain amounts for services provided in the states.

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The Chairman. I would suggest some report language which is based on the income on what the co-payment might be. We have had some reports in certain states where the income is about \$60.00 and the co-payment is \$5.00.

Obviously, that can't be tolerated.

Do you have some suggested report language, Sheila?

Ms. Burke. I'm sorry, Senator.

The Chairman. Do you have some suggested report language to take care of the problem you mentioned to me earlier this morning?

Ms. Burke. It has been suggested that we more clearly state what we require by a nominal test. That indeed it should reflect the income of the individual and not simply the cost of the services.

Senator Moynihan. That's not a central consideration.

Can we have some for examples, Ms. Burke?

Ms. Burke. One of the examples that the Senator began to describe was that in a state that was brought to

our attention was that a \$5.00 per day co-pay was being applied on hospital services. And in that state, the cash benefit under the AFDC program was quite low -- about \$60.00, as I understand it. We would not consider \$5.00 a day in a hospital bed for someone receiving only that amount of money per month to be a nominal amount.

Senator Moynihan. Well, the \$5.00 would come to roughly \$150.00 a month for a person receiving \$60.00.

Ms. Burke. Yes, sir.

Senator Moynihan. So there would be a difference.

There would be \$90.00 to be got somewhere --

Ms. Burke. Yes, sir.

Senator Moynihan. -- by investing in saving or some other device.

Well, then, can we not get a look at the states? I mean there are some 53 jurisdictions which have payment levels. We are being awfully casual with the lives of very sick, very poor people.

The Chairman. No, we are not.

Senator Moynihan. I don't mean you are, but I mean we are just --

The Chairman. We are not being casual. We are very sensitive in this area. And that's why we suggest that we include report language. I think we are all sensitive to the needs, the concerns, of low income. We want to make

certain that what we propose to do -- I might add this provision is strongly supported by the nation's governors. It's a concern raised by the Children's Defense Fund that we are now addressing.

Senator Bradley. Mr. Chairman, let me just ask a few questions. In the sheet that we have been provided it says, "Allow states to require nominal co-payments on all services except ambulatory services for pregnant women and children." Is that the only kind of ambulatory service that is exempted now?

Ms. Burke. That is the intention of the provision.
Yes.

Senator Bradley. I think Senator Durenberger has probably seen the study in California on the savings from various co-payment arrangements that showed that you don't really get those savings because people who have their co-payments increased don't use ambulatory services. And actually go into the more expensive hospital care immediately, and costs increase. It is somewhat of an illusion.

Ms. Burke. Our concern, Senator, was to protect particularly those individuals who in the past have had a low rate of utilization for ambulatory services. And it was believed that by prohibiting or exempting this particular type of service while allowing the states to

apply co-payments on all other services that we might encourage the use of these services by these individuals.

Senator Bradley. And the goal is to get them to move out of primary care or emergency rooms and into private physicians?

Ms. Burke. The goal is certainly to have them move out of institutions into ambulatory settings which might, indeed, include primary care services and clinics and so forth. Yes, sir.

Senator Bradley. The problem that that presents for me is that in some places where you have a very sizable population that uses emergency services and out-patient services, there are no doctors' offices in the neighborhood. There are not a whole lot of doctors' office in Newark, for example, but there are a couple of hospitals that accept out-patients, clinics, and also accept emergency services.

And my question is what happens when we tell these people that now they can't use the facility unless they have an increased co-payment? If they can't make the payment, where do they go?

Senator Durenberger. We don't tell them. That's the point. If Governor Keene tells them or the New Jersey legislature, they can better address the specifics of the kinds of problem that you have just raised. And I guess

they would protect in some way that particular kind of a situation. Right now they don't have in effect all the authority that they need to do that.

Senator Bradley. Well, that depends on what the budget situation is in the state.

Senator Durenberger. Well, they are telling us that in tight budget times, this is the kind of authority they need to make it effective so the people that do have alternatives will use those less expensive alternatives.

Senator Bradley. Well, does the word "nominal" do

Ms. Burke. Senator, the word "nominal" is what is in current law. The intention of the Administration initially was to remove that "nominal" requirement. By retaining the nominal requirement and hopefully by strengthening it through the use of committee report language, we would hope to help direct the Secretary in determining and in examining state programs and co-payment plans. And that that application would be held to be more of a nominal nature than perhaps it has been in the past. That is not a new concept. It is current law. We would hope to retain it and strengthen it.

Senator Bradley. What's the difference between, say, "nominal" or "reasonable?"

Ms. Burke. I don't know the answer to that question,

Senator. It would depend in part on the determination.

The Chairman. We would retain current law. Is that correct?

Ms. Burke. Yes, to that extent, Senator, we do. And we would hope to strengthen it by directing the Secretary more clearly as to what we would consider to be a nominal amount which would take into account the income of the individual and the cost of the service.

Senator Baucus. Mr. Chairman, perhaps I missed it, but what is "nominal" again and how much?

The Chairman. Well, we don't set the figure.

Ms. Burke. A nominal amount?

Senator Baucus. Yes.

Ms. Burke. Fifty cents, a dollar in some cases.

Senator Baucus. For what? Fifty cents per day or per visit or what?

Ms. Burke. It would depend on the service. In some cases, it is currently for drug prescriptions. They apply a \$.50 co-payment. And some \$.50 per visit or a dollar per visit to either an institution or an ambulatory setting. It would depend on the state, Senator.

Senator Baucus. Another question here. It seems to me there is another group of very vulnerable people, and that's pregnant women and children and women who are also in-patients as well as ambulatory patients. I am wondering

what the additional cost would be or how much revenue would be lost. I don't think it is lost at all. But if the exemption was also applied to in-patients -- pregnant women and children. The figure I have is \$3.1 million. Is that correct?

The Chairman. He has \$3.1 million.

Ms. Burke. I don't know the basis of that estimate, Senator. And the indication from the Department is they don't have one offhand. I would be glad to look at that and have them examine it and see if that is a fair representation.

The Chairman. It sounds like it might be a reasonable change.

Senator Baucus. I think it would be, frankly, because after all it is talking about low income people, pregnant women and children.

The Chairman. Let's make the change.

Senator Bradley. Mr. Chairman, is there any sense that we could get the nominal concept a little more carefully defined? I mean if she said \$.50 is nominal, is there any sense that we can say not more than a specific amount? She said obviously \$5.00, but this one example was too much, and that's why you put nominal in there. Is there any sense that we could say not more than a dollar or two or a dollar fifty?

The Chairman. I raised the same question. I'm not certain whether they want to specify it or whether we want to make certain we keep it so tight that we are --

Ms. Burke. If I could have an opportunity to ask the Department, Senator, if they have any suggestions with respect to a determination --

The Chairman. You might explore that. I couldn't get any satisfaction.

Senator Long. Before we move on, I am just kind of concerned now. Assuming someone comes in the hospital and they have got their arm slashed and they need about 20 stitches in it and the person is eligible under this Medicaid program, would that be -- I am not talking about a pregnant woman now or a child. Just an adult citizen -- would this set the stage for a regulation where that person has either got to pay X amount, \$5.00. And if they haven't got the \$5.00 on them, they just don't get treated?

Ms. Burke. Senator, there is currently a provision in the law which allows the states to apply co-payments to certain populations. This provision simply expands that current authority. In some cases, indeed, there are co-payment requirements for someone who would walk in with that kind of treatment need. The states have indicated to us in the past that they have had mixed success with the collection of co-payments. And in most cases, at least in

discussions with the governors, individuals are not turned away because of lack of ability to pay that copayment.

But there is authority currently for states to apply co-payments. So this simply broadens that. So that is already an existing law.

Senator Long. I understand this is a federal regulation to allow states to require a co-payment. But what I am concerned about is the fact that I don't think you ought to turn people away because they don't have the money in an emergency situation.

Ms. Burke. That's correct, Senator. This provision, however, simply broadens current law. They concurrently apply co-payments under Medicaid plans for certain populations. And in some cases because of their inability to collect, indeed, people have not been required. And, in fact, states have in most instances or in many instances not even designed co-payment systems. So they are currently very scattered in terms of their application because of that exact issue that in many cases an individual is not able to pay that amount so the state feels --

Senator Long. I just hope that we are not going to provide here where somebody is going to die because they don't have \$5.00. That's the kind of thing that to me doesn't make any sense.

The Chairman. We can provide for that.

Senator Long. If that's a potential in here, I think we ought to see that doesn't happen.

The Chairman. What we are trying to avoid is the people going to the doctor every day sometimes for no good reason except it is a nice doctor.

Senator Long. Here is the man standing on the side of the road; there's a doctor's office right over there. And you say why don't you go to that doctor and have him fix your arm? And he says, oh, no, I'm not going to go there. I'm going to go down here to that charity hospital. That happens to be 15 miles away. But he goes down there. He doesn't think they are going to charge him there. And he gets down there and they have got the co-pay on it. By the time we get through with the bureaucracy, the poor fellow might bleed to death. And I just think that at some point, if he hasn't got the money, I think we ought to take care of him.

The Chairman. And if they didn't have change, you would be in real trouble.

(Laughter)

Senator Long. I'm not talking about change. He just doesn't have the money period. He just doesn't have any money in his pocket.

Ms. Burke. Senator, we could certainly work with the

staff in devising language which would suggest that the Secretary, in examining state programs, would make sure that there is every intention in the case of an individual who could not pay -- of not turning them away from that service.

The Chairman. Or that that could be included as an exception in an emergency. Like the other, I don't think we need to even consult with the Secretary on that.

Ms. Burke. Senator Bradley, back to one of your earlier questions. I have been informed that the current regulatory definition of "nominal" is "50 cents to 3 dollars," depending on the cost of the service. And we would suggest that we also apply a test of reasonable based on the income of the individual.

Item number 2 is listed on page 18 of your book and is an Administration proposal which eliminates the federal matching payments for Medicaid to purchase Medicare coverage, Part B, for individuals who are duly eligible.

Under current law a state may choose for those individuals who could receive both Medicare and Medicaid to buy Medicare, Part B, coverage for those individuals. In doing so, Medicare then assumes the cost of those services and takes primacy over the Medicaid program. This proposal would simply eliminate the federal matching payment for that purchase. The states would still have every incentive to purchase Medicare, because it still results in a savings to them because Medicare would pay first.

Yes, sir?

Senator Bentsen. Mr. Chairman, on that one I have some serious problems in my own state. You are talking about the elderly poor who would qualify for Medicare

and Medicaid and trying to get the Medicare services. And if you get into a situation where the Federal Government doesn't do the buy-in, and I suppose that would be -- what? Twenty-five percent?

Ms. Burke. It would depend on the state, Senator, in terms of the matching amount.

Senator Bentsen. In my state I think it is 25 percent.

But I run into this kind of a problem: we have a constitutional situation on a cap as to how much can be expended for welfare; and if you shift this burden back to the states, then, I don't know how we would qualify. It seems to me then that physicians services would, insofar as the elderly poor who qualify for both Medicare and Medicaid, we would have something that would really be a burden to them.

Ms. Burke. Senator, there indeed would be a shift with respect to cost sharing for the Medicaid program. They would incur higher costs in the sense of absorbing the full costs of purchasing the coverage; but the coverage purchased still results in a savings to the Medicaid program, because Medicare then assumes the responsibility for Part B services for those individuals. But indeed it would be an initial shift to the states of the cost alone of purchasing that coverage.

Senator Bentsen. And so I run into the limitation that I have from our constitution, and I don't know how it is accomplished then, how we achieve the objective.

Ms. Burke. A constitutional question would indeed be a state issue that I don't think we could resolve unless some modification could be made to allow for the states that had constitutional problems. We could check with the Department and find out if there would be a way to do that, provide you time to make that change.

Senator Bentsen. About the only way you could do it would be some kind of an exception, and I'm not sure how you would accomplish that.

My problem, Mr. Chairman, is that we have a constitutional limitation on the amount of money expended on welfare. And when you talk about a buy-in and a shift of the burden back to the state on the physicians' services, on that part of it, we run into the cap. So it gives me a problem.

The Chairman. Is there someone in the Department who could respond to that concern?

Senator Durenberger. I think this comes up every year, Mr. Chairman. I think one of these years we probably ought to have a hearing on the Texas Constitution and its applicability to welfare and Medicaid, and so forth,

within this federal system. I would be curious to know the answers to the questions that are raised by the Senator from Texas, too.

The Chairman. We will ask the Council to look at it.

Ms. Burke. Item number 3 is listed on page 21 of your blue books and is an Administration proposal which

of your blue books and is an Administration proposal which would allow earlier recoupment for long-term care costs for individuals by allowing the states to apply liens on property where the property is no longer needed by the recipient, the spouse, or minor children.

Senator Long. On property, I don't particularly object to the lien on the real property, but I've got some doubts about the liens on personal property. Does this permit them to have this?

The Chairman. The lien is on real estate, isn't it?

Ms. Burke. Yes, sir.

Senator Long. Is this real estate and not personal property?

Mr. Neuschler. No, Senator. Homes and other real estate.

Senator Long. So the kind of thing that offends me is the type of thing that has happened in years gone by when they take the ring off a dear old person's finger and

sell that to get some dough for the state. I just think we ought to pass that type thing up. And that's not in here, I take it?

Ms. Burke. No, sir.

The Chairman. Rings are exempt.

Senator Chafee. Mr. Chairman?

Senator Chafee. Sheila, there would be no problems here of the person gaining access to their real property? Take a situation where somebody is institutionalized in some way and a lien is placed on the

real estate, that lien is only effective when the property is sold or the person dies?

The Chairman. Senator Chafee.

Ms. Burke. Yes, sir.

Senator Chafee. So the occupancy of the home when the person returns to it wouldn't be affected in any way?

Ms. Burke. No, sir. That is certainly our impression.

Senator Chafee. Thank you.

Ms. Burke. Item number 4 is listed on page 32 of your blue book and is a modification of an Administration proposal. The Administration proposal would have over a period of years required that the states reduce their error rates to zero. This proposal would

require that the states reduce their error rates to 3 percent in Medicaid and retain them at that amount.

Senator Bradley. Could you tell me how many states now have a 3 percent error rate?

Ms. Burke. I believe 19 have less than 3 percent, Senator. Nineteen have less than 3 percent.

Senator Bradley. Mr. Chairman, I was wondering, is there any way that if we have to go with the 3 percent, is there any way that we could exempt or exclude from the definition of the error rate what is really a technical client error, say a client loses his Social Security card, which is not really an error rate.

The reason I bring it up is because my state,

New Jersey, actually has a very good error rate. I mean,

we are down to 4 percent, and we are improving. But some

of these things are really technical errors. They are not

problems with substantive error.

The Chairman. Well, we have been battling this provision in the food stamp markup, where the Administration has suggested we go from 11 percent to zero in three years, which is impossible -- you have so many people moving in and out of that program.

I think we have now reached an agreement, in fact we voted on it yesterday, to make it 5 percent at the end of the third year instead of zero. We didn't address the

technical errors. I wonder if the Department has any comment? I don't know how you define "technical," but --

Mr. Neuschler. Senator, I can't speak to the AFDC's side, but on the Medicaid side we don't really have technical errors. The Social Security number is not a technical error in the field from the Medicaid side.

Senator Bradley. It is not a technical error? What is it, then?

Mr. Neuschler. There is no requirement in the Medicaid statute at the moment that the Social Security number be gotten in order for the person to be eligible. We don't address the issue in Medicaid.

Senator Bradley. If I can give you a list of what I would call "technical errors," maybe we could consider that. Or maybe we could make it 4 percent instead of 3 percent. The fact of the matter is that states are really improving.

The Chairman. I haven't checked with the governors in this area, but we found that states were very willing to stay in the food stamp program. It's going to mean a lot of work, but they were willing to accept that discipline rather than to try to find money in other areas of the program. What did the Administration suggest here?

Ms. Burke. Originally, to move to zero over a

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period of years. The current average error rate in Medicaid nationwide now is 4.1 percent. The Michael Amendment, of course, would have required them at 4 percent. This drops them to 3 percent.

Senator Bradley. The Michael Amendment was 4 percent?

Ms. Burke. Yes, sir.

Senator Bradley. Why don't we just go with the Michael Amendment?

Senator Moynihan. Mr. Chairman, can we not ask that? In large systems there is a certain amount of error. It is statistically a well-known phenomenon. You read any poll, and they say, "this poll is accurate within a range of five-tenths of a percent or zero five-tenths," the range of confidence in accuracy. You do not have large systems without mistakes in them.

I don't know what a statistician would say, but I think 3 percent is lower than is likely to be achievable. Four percent is probably about the limit. I would wonder what Mr. Bentsen thinks. He has been in a profession involved.

Senator Durenberger. Well, Mr. Chairman, if you go over the list you will find a variety of things that are achievable. I was just looking at Wisconsin, which went -- I think I can read -- from 6.2 down to 3.5; Ohio, which is

right above it, went from 3.8 down to 2.1; my own state went from one-half of 1 percent to a third of 1 percent.

That's not all of them. But when you put your mind to it, it appears that it is possible. And particularly, I think, with regard to Medicaid as opposed, perhaps, to food stamps or some of the other programs, this is an area in which you really can get the error rate down. I think 3 percent is very fair.

Senator Moynihan. I won't disagree with respect to Medicaid, but can we accept the idea that the error rate is a function not just of administrative competence and energy but of the nature of the problem -- the error rate in systems where large numbers of people move in and out, in distress, not under institutional control, and so forth? To assume you don't have a large error rate is to assume you have a different kind of problem, and it really is a disguise for the reducing of federal expenditure.

Senator Durenberger. New York is 4.6 down to 2.7.

Senator Moynihan. We have done well in Medicaid and Medicare. But there you have institutional controls and a different population -- generally speaking an older population.

Senator Durenberger. Which state are we worried about, then?

make it?

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Senator Byrd. It seems to be the smaller states that have the greater error rate.

Senator Durenberger. Delaware is at 15.4 in the last six months.

Senator Bradley. For example, the error rate here listed for New Jersey is 4.4 percent from October to March 1981. Now I am informed by the state that that has been reduced to 4 percent. So things are improving.

At the same time, if you immediately jack it down to 3 percent, you pull \$15 million out of the state. I mean is the question: Do you penalize the state that is actually making real improvements?

The Chairman. Is this an immediate drop to 3?

Ms. Burke. It is Fiscal Year 1983, Senator.

Senator Chafee. And what happens if they don't

Ms. Burke. The penalty, Senator, is the amounts in excess of the error rate, basically.

The Chairman. How many states are over 3 now? Senator Bradley. Only 19 are at 3.

Ms. Burke. Nineteen are at or below 3.

The Chairman. What we might want to do there, which we did in the food stamp program, is to maybe make it 4 percent in 1983 and 3 percent thereafter, because we did that in the food stamp area. We had three stages.

Senator Bradley. Well, that gives us another year to get down to 3 percent.

Senator Durenberger. Well, are we worried about the people coming from 4 to 3, or are we worried about the people that are at 12 or 10 and we would like to get them down in steps, perhaps? I am not sure where the concern is here. That would suggest a different approach, which would be that you would use 3 percent but qualify it in some fashion for those that have too far to go to get there.

Senator Bradley. Well, I guess there, the question would be how you would define "improvement." If you are going from 5 to 4, that's a 20 percent improvement. If you are going from 10 to 11, that would be a less percent of improvement.

Senator Bentsen. It seems you are also forgetting those that weren't diligent, that didn't work the job, if you do that.

Mr. Chairman. Let's leave it at 3 percent, and maybe we can figure out some way to --

Senator Bradley. Is there any way we could do it the way you suggested -- 4 percent in 1983 and then 3 percent beyond?

Senator Durenberger. My concern is as much for those that are already under 3, whose scarce dollars are going to those at 12 or 10 or 9.

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Senator Bradley. Oh, no. I am saying, if you made it 4 percent in 1983 -- not 12, but 4 percent in 1983 -- then beyond go down to 3 percent, and then however you wanted to calculate a sliding scale to define "improvement."

Senator Durenberger. Well, I would rather go
to 3 and then work with a sliding scale for everybody
else. I think that would be a lot fairer. It accomplishes
the same thing.

Senator Long. I was trying to recall those figures that they gave us, and I wish somebody would help me recall what that was. This is somewhat different, but I think it may be relevant to what we are talking about.

Back in the days we were talking about the Family Assistance Plan, that the Administration kept coming up with the figures that less than 4 percent of that case load was detectable fraud. Later on I finally found out what they had in mind. As I recall, over 25 percent of it was fraud, but they were only catching about 20 percent of the fraud, and so only about 4 percent of it was detectable fraud. Does somebody recall what those figures were? I was just trying to recall what that was.

Do you recall that, Mr. Stern, for example?

Mr. Lighthizer. I do recall at one point that the

Department was saying that the amount of fraud was quite

small, based on their quality-control surveys at the time.

Senator Long. But I recall, basically we were being told that there was only a very small percent of "detectable fraud." And what we found was there was plenty of fraud, they just weren't detecting it. So, therefore, there was very little detectable fraud, and we were led to believe there was very little fraud.

Now, in this error situation, I would take it that you are not counting as error the situations where the people are misrepresenting the case and you are not catching it. You are not counting that, are you? Is that right?

(No response)

Senator Long. That is what I am talking about. Let's us talk about that thing that concerned me when I found out about it, that there was only a certain percent of "detectable fraud." Well, they weren't detecting 80 percent of it. So you could only call the 20 percent you were catching error. Is that right?

Ms. Burke. Yes, that is correct, Senator.

Senator Long. Isn't that right?

Mr. Neuschler. Senator, the error rates are based on errors that are found when a more intense determination of eligibility is done. Now, if that more intense determination also does not turn up a significant

fact, then something has been missed. Yes. I can't speak to what the numbers might be.

Senator Long. I mean, the error you are talking about is what you find when you take a closer look. But the closer look doesn't necessarily mean that you are going to find -- for example, if it is "detectable fraud," if you try to detect it and don't detect it, you can't count that as an error if you didn't catch it, can you?

Mr. Neuschler. That's correct, Senator.

Senator Mitchell. Mr. Chairman, could I ask, does the error mean just someone who is not eligible who is declared as eligible? Could it not mean the opposite as well?

Mr. Neuschler. Senator, in the Medicaid program the errors that are subject to the penalty are defined as where someone has been found eligible who should not have been, or where someone is a spend-down case and their liability for the cost of care has been misdetermined.

We do not include in the error rates cases where the person has been determined ineligible but should have been eligible. That is not included because we are looking at misspent dollars.

Senator Moynihan. Could I ask, Mr. Chairman, how many people are fraudulently in the hospital or get fraudulent operations?

Senator Long. Senator, you are missing the point. We are talking about fraudulently on the welfare rolls.

Senator Moynihan. No we are not. We are here on Medicaid, Senator. I appeal to Mr. Durenberger. Are we here on Medicaid? How many people are fraudulently in the hospital?

The Chairman. I don't know whether we are talking about "fraud," are we? We are talking about errors.

Senator Moynihan. How many people are erroneously in the hospital?

Senator Long. Well, sir, if you just want to miss the point, why miss the point; but don't confuse me, because you are not going to. I understand what I am talking about, whether you do or not.

Senator Moynihan. Mr. Chairman, we want to get to what you were talking about this afternoon.

Senator Long. Hold on just a minute, and let me just make this point clear: Somebody lies to you, and therefore the person is on the welfare roll. So he goes down and goes to the hospital and claims the Medicaid benefits. That's what I am talking about. I am not arguing about him being sick; I am arguing about the fact that he shouldn't have been on the welfare rolls to begin with. I thought that was what we were talking about.

Ms. Burke. Yes, sir.

Senator Long. Well, there you are.

(Laughter)

The Chairman. Are there other items in this area?

Ms. Burke. There is one additional item,
Senator, that we did have costed out, that reflects an
estimate on the Part B premium proposal which we would
hold at 25 percent of program cost. If you were to round
that premium amount up to the nearest dollar, the premium
for example next year will be \$12.30, if you were to round
it up in each year, the savings in the first year would be
\$275 million; in the second year, \$380 million; and in
the third year \$805 million. That is the result of
rounding up the premium, up to the next full dollar amount.
So it would go from \$12.30 to \$13.00. From \$13.50 to
\$14.00, for example.

Senator Danforth. For an individual, as far as an individual is concerned, it would mean he would pay 70 cents in a year's time?

Ms. Burke. No, per month, Senator. That premium is a monthly amount.

Senator Baucus. Mr. Chairman, do we have this proposal before us? I don't see it anywhere.

Ms. Burke. It was just a cost estimate that we

did, Senator, on a variation of that 25 percent. 1 the 25 percent, and then just rounding up that amount. 2 is just a modification of that proposal that we ran. 3 The Chairman. It is not on the list. 4 Ms. Burke. It is not on the list, Senator, as 5 6 an item. Senator Moynihan. Would you say it again, 7 8 slowly? Ms. Burke. Yes, Senator. Q. The proposal that we have suggested and is 10 described in your package would set the Part B premium at 11 25 percent of program costs. This provision would round 12 that premium to the nearest dollar so that the premium 13 calculation, which is estimated at \$12.30 for next year, 14 would become \$13.00. These savings are a result of that 15 combined 25 percent plus the rounding up. 16 The Chairman. I think maybe we should just stay 17 18 with the earlier. Senator Moynihan. Mr. Chairman, are you saying 19 20 you thought we should stay with the \$12.30? 21 The Chairman. Yes. Senator Moynihan. So this is a cost proposal? 22 23 The Chairman. It is not an item. It is just a suggestion that has been raised.

Senator Chafee. How much money is involved,

Sheila?

Ms. Burke. Two hundred and seventy-five million dollars in the first year versus \$70 million under the other proposal. So it is an addition of \$205 million.

The Chairman. Senator Chafee had a question on the first item, on Medicare.

Senator Chafee. Yes. I am worried about the proposal there. Let's assume that a worker retires at 65. He retires on his birthday, and his birthday occurs on the 15th of the month. Now, under this proposal, number one, his Medicare eligibility would commence on the first day of the following month.

Ms. Burke. That is correct, Senator.

Senator Chafee. Well now, he is left in the lurch there for the 15 or 16 days.

Ms. Burke. To the extent that his private employer-based coverage didn't carry him for that period of time, yes, sir.

Senator Chafee. That's right. And there is no certitude, first, that he has the coverage.

Ms. Burke. That is correct.

Senator Chafee. With the private employer; or, second, that there is the 30-day additional coverage.

Ms. Burke. That is correct, Senator. Our understanding in talking with the insurance industry is that

in most cases, to the extent that they have employer coverage, which is the first assumption, that it generally covers them to the period of time Medicare picks up rather than cutting off at age 65. But there may be individuals who have no coverage, in which case there would be a gap or a delay between the period of time they turn 65 and that next month.

Senator Chafee. Well, Mr. Chairman, that gap could be extremely serious, first, if they didn't know about it, and, second, even if they did know about it and they didn't have the coverage.

Ms. Burke. They would know, Senator. This only applies to new beneficiaries, not current. So that would certainly be something they would be told.

Senator Chafee. Oh, I appreciate that.

Ms. Burke. They would be told when their Medicaid coverage began.

Senator Chafee. Yes, but there is not much they can do about it. You can't get 15 day coverage from somebody.

Ms. Burke. No, Senator.

Senator Baucus. And when would they be told? Would they be told when they are trying to qualify?

Ms. Burke. When their information with respect to Medicare coverage would be made available, which is

usually prior to the time at which it would take place.

Senator Baucus. But probably, though, there would be a short period of time between the time they are told and the time they would be eligible, I would guess.

Senator Chafee. Well, Sheila, my suggestion is that we try to cover this situation in some way. Of course, ideally, I suppose the proposal would be they would be entitled to it, absent coverage by their former plan. Sure, it is going to affect your revenue, but I just don't think we can leave these people exposed like that.

Senator Baucus. Mr. Chairman, if the Senator will yield, I don't see the equity in this. I mean, if somebody is entitled to Medicare benefits, he or she ought to be entitled, not just because his or her birthday happens to fall mid-month rather than at the end of the month. I just don't see the equity or the decency in this.

Ms. Burks. My understanding, Senator, is this also places Medicare consistent with the Cash Benefit Program, and the benefits begin I believe with the first month following the month in which an individual turns 65.

Senator Baucus. Well, two wrongs don't make a right here. I see the logic, but I don't see the equity or the decency.

Senator Chafee. Well, the Cash Benefit I think

can be differentiated. In the Cash Benefit you are losing a cash benefit of an X-amount for a specified time; but the consequences of a severe injury occurring in this period -- it could be as much as 30 days if somebody's birthday is on the 1st.

Ms. Burke. That is correct, Senator.

Senator Chafee. Mr. Chairman, I just want to say that I'd like to see this solved. And if we have to reach a goal, I would far rather have these people covered and go to the rounding figure which we just dropped previously, which is far more money, than to have these people exposed like this.

The Chairman. Let's find out quickly from the Department if in fact there is no gap. In other words, if there is private coverage it is not a problem. But if they are just cut off the day they leave work, and there is a gap of 10 days, one day, or 30 days, they will correct that. We need to see what impact that has on revenues.

Senator Mitchell. Mr. Chairman, could I inquire?

We are talking about three different possibilities here:

the current law, which is the first day of the month in

which they reach 65; the proposed change, which is the first

day of the following month; the third and obviously

most logical alternative is to make them eligible on the

day on which they turn 65. That would treat everybody in

the country equally. Is that an administrative problem? Ms. Burke. We can ask the Department to look at whether they can do that administratively, Senator, and 3 that would be that Medicare coverage would begin on the 4 day in which you turn 65? 5 Senator Mitchell. Isn't that the most logical 6 and most fair alternative which would treat everybody the 7 same? Ms. Burke. We can ask them whether or not they can administer that. Senator Chafee. It is dangerously simple. 11 The Chairman. Well, I think it is administrated. 12 It is an option, obviously, for us to consider. I think 1.3 there was a question of administration, but I think that 14 there still should be at least half of the savings, I would 15 think. 17 Senator Mitchell. That's right. The Chairman. Well, are there other questions 18 on the items in Medicare and Medicaid? 19 We will address the concern expressed by 20 Senator Bradley on the error rate if we can. We will 21 22 address this issue.

With the change made, Sheila, in the working aged

and perhaps some change in this provision we have just

discussed, what would be our agenda? I would like to vote

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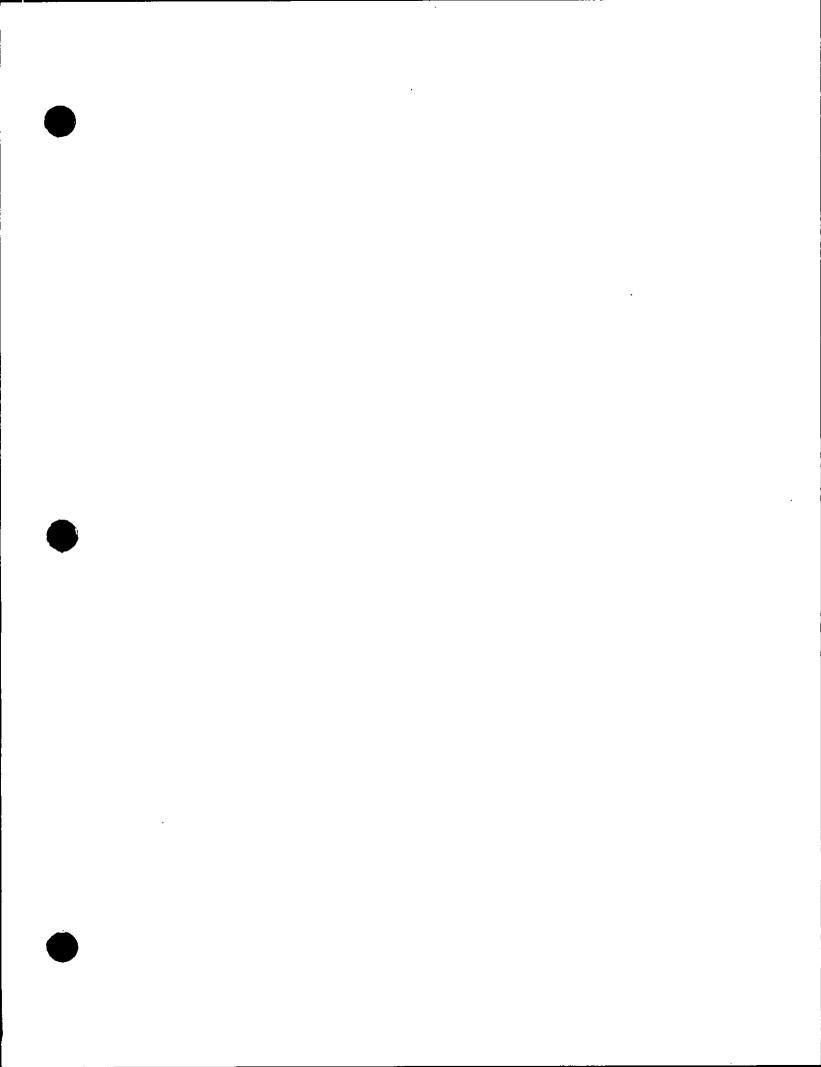
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The Chairman. I think so, too. She does an outstanding job, and we appreciate it.

Ms. Burke. Thank you.

Senator Grassley. Mr. Chairman?

The Chairman. Senator Grassley.

Senator Grassley. We have then made the change for the 25 employees or less?

The Chairman. It is changed, suggested by you and Senator Bentsen. It has been made. I think you were interested in that in addition to the rural hospitals. Yes, that has been made. That's why we are adding up. It reduces the savings that we are checking.

Senator Baucus. Mr. Chairman?
The Chairman. Senator Baucus.

Senator Baucus. Mr. Chairman, I was wondering if I could suggest a tentative amendment, item 11 on the list, Extension of 223 to Ancillary Services. That is to provide for a provision that providers can bring an appeal in the jurisdiction of the District Court where the provider's home office is or where the principal business of a group of providers happens to be, and bring an appeal under the section.

The Chairman. Well, where do they bring it now?

Senator Baucus. Now it has got to be in a

District Court.

The Chairman. Do we have jurisdiction in that?

Senator Baucus. Well, I don't know whether we
do or not, but we certainly try. Right now the District

Court of a single provider -- say that a group of providers

are bringing an appeal to whatever board that is.

Ms. Burke. This is with respect to that PRB, is that correct, Senator?

Senator Baucus. That is correct.

Ms. Burke. It is cases pending before the Provider Review Board. And if it is indeed a chain or an organization with a number of units, they generally are sent to a District Court in their area or sent to the District Court in the District of Columbia rather than the PRB in an area. And you would suggest that they be allowed at the Secretary's discretion to go to an area closer to the home base?

Senator Baucus. That is correct.

The Chairman. I don't have any quarrel with that.

I don't know if they have jurisdiction, but --

Ms. Burke. They do.

Senator Baucus. Well, we passed this provision out of this committee last year, or a year ago.

The Chairman. What we might do is adopt it and then check with Judiciary.

Senator Baucus. Last year this committee did

adopt this provision. 1 The Chairman. We are both on the Judiciary, 2 and with Senator Grassley we have a pawn. 3 Are we all right? 4 Ms. Burke. The Administration will doublecheck. 5 We don't have any objections to it. We will check with 6 General Counsel. 7 The Chairman. I am talking about the numbers. 8 Ms. Burke. Oh. 9 The first year's savings are now, in the Medicare 10 and Medicaid programs, 3.8, 3.5; in Fiscal Year 1984, 11 5.288; and in Fiscal year 1985, 6.396. 12 The Chairman. For a total of -- ? 13 14 Ms. Burke. For a total of 15.5. Senator Moynihan. Would you run those through 15 16 again for us, Ms. Burke? Ms. Burke. Yes, sir. 17 For Fiscal Year 1983, 3.835; for Fiscal Year 18 1984, 5.288; for Fiscal Year 1985, 6.396, for a total of 19 20 15.5. 21 The Chairman. Which is the reduction in savings 22 at about a billion dollars over the proposal we have in our 23 hand? 24 Ms. Burke. Yes, sir. 25 The Chairman. That's because of the 223 changes:

75/25.

Ms. Burke. The working-aged change.

The Chairman. The working-aged change; and the hospital change does not change the numbers, is that correct? Rural hospitals?

Ms. Burke. Yes, sir.

The Chairman. And then we will change the concern addressed by Senator Bradley and also I think Senator Boren on error rates.

Are there others?

Senator Durenberger. Mr. Chairman, if we are moving to --

The Chairman. I think, before we do that, Senator Packwood wanted a separate vote before we did anything on the home health care.

Senator Packwood. I do on Number 3, the Home
Health Co-payments. Based upon the evidence we have got
to date, Mr. Chairman, it is the cheapest form of medical
coverage we get, and I hate to see any deterrents placed
in its way. I would be willing to trade off the co-payment,
if you wanted, by moving up the nursing home co-payment
from day 21 to day one, but for the moment I would just
move to strike item number 3.

The Chairman. Do you wish a separate vote on that?

Senator Packwood. Yes. 1 The Chairman. Yeas and nays? 2 Senator Packwood. Yes. 3 The Chairman. The Clerk will call the roll. 4 5 Senator Bentsen. Are we going to see any alternatives to that? You are talking about a total repeal 6 of that provision. 8 Senator Packwood. I am talking about a repeal, 9 Lloyd, of number 3, the Home Health Co-payments. 10 Senator Bentsen. Oh, I understand what you are 11 talking about. I had heard that there might be other 12 amendments that might not go quite that far. Are there 13 others? 14 The Chairman. The Administration's proposal was 15 different. It started at the first visit. Senator Packwood. And it was 5 percent. 16 17 significantly lesser payments. . 18 Senator Long. Well, why don't you propose your 19 alternative? 20 Senator Packwood. Well, I will propose it that 21 way first, then, Mr. Chairman. 22 I would propose -- and I've got the figures --23 that you move the co-payment on the nursing home days. 24 This is a letter from HHS from Dr. Caroline Davis, the 25 Administrator of the Health Care Financing Administration

Division.

I would move the co-payment on Skilled Nursing Home Care from day 21 to day one, and it would save in 1983, 1984, and 1985, \$125 million, \$190 million, \$220 million, which as you can see is slightly more than the Home Health Co-payment.

Ms. Burke. Senator, may I ask, is the co-payment which you wish to move forward the current co-payment? Is it \$32 per day?

Senator Packwood. Yes.

Senator Durenberger. Mr. Chairman?
The Chairman. Senator Durenberger.

Senator Durenberger. Let me try to just very briefly explain what we are doing here.

I think over the year Bob and others have focused our attention on the preferability of home health care, both from a cost and a care standpoint. What we now have is a system in which people move from acute care in a hospital to, in many cases, intermediate care in a nursing home of some kind, and then hopefully, with the right kinds of incentives, into home health care.

The concern that I of course have, if that is the usual transition, which it is, the concern I have about Bob's proposal to move the already-substantial co-pay for nursing homes up to the first day is that it will encourage

people to stay in the hospital rather than transist to home health care through a nursing home facility. So that is why I think not moving the co-pay on intermediary care becomes important. People can make their choices, then, about where they want to go.

You may be right: the 20 percent on the 20th day is too high, and maybe we should go to 10 percent on the 20th day, or something like that.

Senator Packwood. I would rather go to the Administration's proposal than to go to 10 percent on the 21st day.

The Chairman. Tom, do you wish to be heard briefly?

Mr. Donnelly. If I could comment, Senator.

The Administration really believes that it is necessary at this point in time to have some kind of a co-payment feature in the Home Health category. Now, you are quite correct and have said, we proposed a somewhat different proposal than is currently in this package, and we could accept either one. We certainly aren't quarreling with either of the numbers.

But the philosophy is that rather than move back in the direction of the skilled nursing facilities that we really do need at this point in time to deal with the home health issue because of the question of

overutilization.

The Chairman. Briefly, what does your proposal do?

Mr. Donnelly. Our proposal is 5 percent beginning with the first visit. And I believe the savings are pretty close, Sheila. It's not a question, I think, Mr. Chairman, of the savings issue per se.

The Chairman. No, I understand that.

Ms. Burke. Let me just correct you. The savings are substantially different. As I recall, yours saves in the first year \$35 million, and ours saves \$100 million.

Mr. Donnelly. Correct.

Ms. Burke. So they are substantially different in savings.

Mr. Donnelly. That is correct. I stand corrected on that. But I think the philosophy is the issue here, to deal with the question whether or not there is going to be extensive overutilization in home health services.

We are all in agreement, I think, with the Chair and the committee with respect to home health being a very viable option, a very viable alternative.

The Chairman. Is yours better from a policy standpoint than ours -- forgetting about the dollars?

Mr. Donnelly. The rationale, Mr. Chairman, behind

our proposal was a modest co-payment but one that was clearly a signal from the beginning that there should be a kind of mental participation in the question of home health.

Senator Packwood. I will tell you, Mr. Chairman, why it is between the two I would rather go with the Administration's; the people who are requiring home health care beyond 21 days are the ones that genuinely are probably going to require it for a long period of time. They are not malingerers. They are not having the nurse come for 10 days; they are having her come for a year, twice a week, because they have to.

And in terms of cost, I would rather spread it over everybody that gets home health care than to say, "Only for those who desperately need it are we now going to charge a significantly higher percentage."

The Chairman. What are the numbers again? I am not overconcerned from the standpoint of the budget, but is it \$35 million the first year?

Mr. Donnelly. It is \$35 million, \$65 million in 1984, and \$75 million in 1985.

The Chairman. As opposed to -- ?

Ms. Burke. One hundred in 1983, 165 in 1984, and 190 in 1985.

Senator Packwood. All of which falls on people

who need the care after 21 days.

The Chairman. If we adopt the Administration's approach do we still comply with using PIP, of course, with the budget requirement?

Senator Bentsen. Mr. Chairman, while she is looking at that, I agree with Senator Packwood on this.

And, as I understand it, at 5 percent you would be talking at about \$2.40, or something like that.

Senator Packwood. Right.

Senator Bentsen. I can understand the reason to have the understanding that there is a cooperative payment there, and that that comes from the first visit; but I do get concerned about those that are quite seriously ill and having kind of an escalation in costs later.

Senator Packwood. I would move to amend my motion, Mr. Chairman, to adopt the Administration's position. It is about a 5 percent co-payment from day one, but it is for everybody.

Mr. Chairman. Is there objection to that?

Senator Bradley. For everyone in home health?

Senator Packwood. Home Health Care. Yes.

Senator Durenberger. That's fine with me,
Mr. Chairman. I had thought the other one might be better.

Mr. Chairman. Then the vote will be on the substitute, which would be the Administration's proposal.

Senator Bradley. Could we get a sense of what is the vote? That you have amended the Adminstration's proposal?

Senator Packwood. I have amended the proposal, Bill, that is on this sheet we have been working from, to substitute the Administration's proposal, which I think is on page 12 of the blue book.

It is a 5 percent co-payment, but it is from day one, as opposed to the co-payment under number 3, which is what? Twenty percent?

Ms. Burke. Yes, sir.

Senator Packwood. Twenty percent from day 21.

You see the difference in cost. For the three fiscal
years, under the Administration's proposal it is 35, 65,
75 million; but it is spread among everybody who receives
home health care. The one on the sheet is 100 million,
165, 190, but it falls totally on those who are getting
care 21 days or after.

The Chairman. Senator Mitchell?

Senator Mitchell. Mr. Chairman, my only point is that the vote we will now cast will express a preference between the Administration's proposal and the one in this current packet.

The Chairman. Correct.

Senator Mitchell. I would simply like a vote in

which those of us who are opposed to either of those could 1 express ourselves as well. 2 I agree with Senator Packwood that the 3 Administration's is better than this one, but I am opposed 4 to either of them, and I would like to be able to express 5 that as well. 6 The Chairman. Well, is there any objection to 7 just adopting the Administration's proposal? 8 9 (No response) 10 The Chairman. Without objection. Senator Baucus. Mr. Chairman, I think we should 11 12 vote on it. Senator Long. No objection, but why don't we 1.3 14 just agree to substitute the Packwood motion for the 15 Administration's proposal, and then we will vote on the one that remains. 16 17 Senator Baucus. All right. Then vote on the remaining motion, which is the Administration's proposal? 18 19 Senator Long. Right. 20 The Chairman. Do you want a record vote on 21 that? 22 Senator Baucus. Yes. 23 The Chairman. The Clerk will call the roll. The Clerk. Mr. Packwood? 24 25 (No response)

The Clerk. Mr. Roth? 1 The Chairman. Aye. 2 The Clerk. Mr. Danforth? 3 Senator Danforth. Aye. 4 The Clerk. Mr. Chafee? 5 Senator Chafee. Aye. 6 The Clerk. Mr. Heinz? 7 The Chairman. Aye. Oh, pass; excuse me. 8 The Clerk. Mr. Wallop? 9 The Chairman. Aye. 10 The Clerk. Mr. Durenberger? 11 Senator Durenberger. Aye. 12 The Clerk. Mr. Armstrong? 13 The Chairman. Aye. 14 The Clerk. Mr. Symms? 15 The Chairman. Aye. 16 The Clerk. Mr. Grassley? 17 (No response) 18 The Clerk. Mr. Long? 19 Senator Long. Aye. 20 The Clerk. Mr. Byrd? 21 Senator Byrd. Aye. 22 The Clerk. Mr. Bentsen? 23 Senator Bentsen. Aye. 24 The Clerk. Mr. Matsunaga? 25 (No response)

1 The Clerk. Mr. Moynihan? 2 Senator Moynihan. No. The Clerk. Mr. Baucus? 3 Senator Baucus. 4 No. 5 The Clerk. Mr. Boren? 6 (No response) 7 The Clerk. Mr. Bradley? 8 Senator Bradley. 9 The Clerk. Mr. Mitchell? 10 Senator Mitchell. No. 11 The Clerk. Mr. Chairman? 12 The Chairman. Aye. 13 (Pause) 14 Senator Packwood. I voted. Did you record 15 me? 16 The Chairman. Is Senator Packwood recorded? 17 The Clerk. No, he is not recorded. 18 Senator Packwood. Aye. 19 The Chairman. Packwood, aye. 20 Senator Grassley? No? 21 Twelve yeas, 5 nays. The amendment is agreed 22 to. 23 Senator Packwood. Now, do I understand, 24 Mr. Chairman, there is now going to be a motion to strike 25 it altogether? I am confused.

Senator Long. We just voted up or down on this particular proposal. We agreed first to substitute your proposal for the other proposal, and we voted on your proposal.

Senator Packwood. George, what was it you asked?

The Chairman. I think he's all right. He voted

Does that take care of that?

Senator Mitchell. Indeed it does, Mr. Chairman. Thank you.

The Chairman. All right. Are there other amendments to the Medicaid/Medicare package?

Senator Durenberger. Yes, Mr. Chairman.

This is the issue of ineffective drugs that we thought we had dealt with some time ago, whether or not ineffective drugs should be reimbursed out of Part B of Medicare.

We passed it out of here before we had it on the Omnibus Reconciliation Bill last year, and it was added back in, or the prohibition against our prohibiting the payment from Part B for so-called ineffective drugs was put back in on the House side on the Continuing Resolution.

This is an ongoing battle. The Senate's position is always "we are not going to pay for those so-called ineffective drugs."

The Chairman. Is there any objection?

Senator Baucus. I think it is an excellent amendment, Mr. Chairman. The Senator from Minnesota and I have been pushing for this for some time.

The Chairman. All right. Without objection, agreed to.

All right. Any other amendments?

Senator Bradley. Mr. Chairman, first of all, how have we resolved the issue of the 4-percent cap?

Senator Durenberger. We have agreed on 3 percent, but we will work with you to find a satisfactory effort, a legitimate effort of scale.

The Chairman. It's the same. I indicated in your absence that both you and Senator Boren had a question on the error rate. We are going to try to resolve it to your satisfaction. We all want the same thing to happen, but we don't want to penalize somebody if it doesn't happen, if they are really working at it.

Senator Bradley. Then the second question I had was on the expansion of 223 limits on the sheet that was passed out this morning, where you moved to take care of the rural hospitals.

We had discussed with staff the problems of urban hospitals as well, and you have language in this document which, frankly, I would like to have you explain a little bit, in a little bit greater depth.

You say, "The new limits would call for elimination of some exceptions; for example, exceptions made unnecessary by the case mix adjustment, while other exceptions may be appropriate. For example, the proposal would direct the Secretary to determine the extent to which the reimbursement limit for public hospitals should be adjusted to take account of the extra cost that they necessarily incur in treating low-income patients." What

does that mean?

Ms. Burke. Senator, we believe, in having spoken with the public hospitals, that there are costs that result because low-income patients tend to suffer from multiple diagnoses in many cases because of their nutrition status, who are often at more risk than individuals who are middle income or upper income, that they sometimes require more care because of that, that institutions also incur costs with respect to social welfare counseling because these individuals sometimes are not able to find locations to go to to recuperate, that should be considered when looking at 223 limits, similar to what we do with respect to teaching institutions in adjusting for their education costs.

Senator Bradley. Do we want to be any more specific than simply leaving the language as general as this? In other words, specifying some of the things that

you have mentioned? I assume you are referring as well to some of the problems when you do cut Medicaid and you can't cost-shift with the low-income population. You end up in some cases providing no or much-reduced services to to them.

Ms. Burke. We would certainly consider language that is more specific. After talking with the public hospitals we are hesitant to put it into statute as much as to work with the Secretary in establishing an adjustment which we don't think will be done in a short time. I mean, we recognize that it may take some time to figure out what exactly should be adjusted for; but we could certainly put in more directive language in that sense.

In the past we have hesitated to put an overwhelming amount of specificity into the statute. We have tended to work with the Department and the regulations with respect to application of exceptions and exemptions.

Senator Bradley. What the language is is fairly important to me, Mr. Chairman. Is there any way we could reserve a decision on that?

The Chairman. Yes. In other words, we hope today to adopt the spending reduction side, and we hope it's final, but if there is some exception you want to make in that area, we are going to be here next week. We don't want to go back and reopen everything, but I think that's

a legitimate concern that should be addressed.

Senator Bradley. All right.

I appreciate that. You asked if there were any other questions on the Medicare package. I would like to have a vote on the co-payment on Medicaid, and also on the allowable physician fees into 1983 and permit only a 5 percent increase in 1984.

The Chairman. Which co-payment on Medicaid do you mean?

Senator Bradley. The one that that says "allow states who require Medicaid recipients to make nominal co-payments in situations." Again, that's precipitated by the refusal to put a specific limit in. And so I would like to get a recorded vote No, but at a later date we can achieve what you wanted, which is to say that a nominal co-payment is defined as a dollar or a dollar and a half. Maybe that wouldn't be necessary, but at this stage, if we are moving ahead, I would like a vote on that. It's number 1 under Medicaid.

The Chairman. What is the other?

Senator Bradley. The other would be -- I don't know how to identify it because I have two numbers, because what was given to staff yesterday is different than what was provided today -- it is number 7 in what was provided today.

The Chairman. Limitation on Economic Index of 1 2 Physicians Fees? 3 Senator Bradley. Yes, I think that's the one. I think this is the one that would result in the greatest 4 potential increase in Medigap premiums. There are two 5 that are similar. 6 7 Ms. Burke. Item number 7, the Limitation on the 8 Economic Index for Physician Fees. 9 The Chairman. I understand the point Senator 10 Bradley is making, but it doesn't reduce physicians --11 Ms. Burke. It holds down the rate of increase, 12 Senator. 13 The Chairman. It holds it down. 14 Let's vote on number 7, then. 15 Senator Chafee. I want to speak briefly to the 16 Medicaid co-payment, Mr. Chairman, when we get to that. 17 The Chairman. All right. 18 The Clerk will call the roll on number 7. 19 Senator Bradley. Just a second, Mr. Chairman. 20 Let me figure out if that is the specific one. 21 The Chairman. Well, we will vote on any of them, 22 if you have others. 23 Senator Chafee. While he is looking at that, 24 Mr. Chairman, could I address the Medicare co-payment? 25 seems to me, Mr. Chairman, as I get the figures that

Sheila gave us, we have come in above here what we are 1 required to, and the Medicaid co-payment we have now 2 hinged around with so many, and justifiable I think. 3 exemptions, that I don't see for the modest sums involved 4 there, Mr. Chairman, why we just don't drop that. 5 Ms. Burke. Senator, if I might interject, we are 6 7 currently below our targets in Fiscal Year 1983 as a result of the Packwood Amendment. Our savings estimate at the 8 9 moment is 3.7 in 1983. 10 The Chairman. We are only there because of PIP. 11 Could we go ahead? Have you identified that 12 one, Bill? 13 Senator Bradley. Let's just do the Medicaid 14 co-payment. 15 The Chairman. Do you have a different one? 16 Senator Baucus. Well, I've got another one 17 waiting. But it is up to you when you want to go. 18 The Chairman. Do you want to vote on a specific 19 provision? 20 Senator Baucus. Well, yes. There are several 21 here which I think we should delete from the list. 22 The Chairman. If you move to delete, then we 23 will vote on them. 24 Senator Baucus. All right.

One that I think is particularly objectionable

is number 6 on the list, the one that indexed the Part B deductible to the CPI. You know the problems that we faced with Social Security indexed to CPI, and I think this is going to come back and haunt us very severely in the future if we index the Part B deductible to CPI.

The Chairman. Well, I have indicated for the record that if in fact there is a change in the Social Security, how that is indexed, that we will address the same thing here. Now, we could state that, that we will in effect address that or even adopt whatever may be adopted as a result of the Social Security Advisory Commission's work.

Senator Baucus. Mr. Chairman, I think we should do what we did in the past before we indexed to the CPI; that is, increase the benefits under Social Security at periodic intervals instead of indexing it automatically to the CPI. I think we made a mistake, back whatever year it was, when we indexed Social Security benefits automatically 100 percent to CPI. I think we should continue in the future with Part B deductible as we have done in the past; that is, at periodic times increase the deductible or change the deductible rather than automatically tying it in 100 percent to the CPI. We know the problems we faced with Social Security; I'm afraid we are going to face the same kinds of problems here.

The Chairman. If we indexed, Sheila, what would 1 it be? 2 Ms. Burke. The deductible next year would be 3 \$85 instead of \$75; in the following year, \$89; and in 4 the following year, \$93. 5 The Chairman. Would you just rather vote on 6 those numbers? 7 Senator Baucus. That is correct. 8 Ms. Burke. That is the current projection. 9 Senator Baucus. When we indexed Social Security 10 benefits to the Consumer Price Index nobody in his 11 wildest dreams thought we would be facing inflation to 12, 12 13, 14 percent. These numbers that were just given are 13 based upon very rosy -- to use this trite expression --14 15 scenarios. Senator Durenberger. How about 85, 90, 95? 16 Senator Baucus. I think it is not wise to index 17 these to inflation. 18 Senator Durenberger. How about 85, 90, and 95? 19 Would that be a nice predictable 3-year scenario? 20 The Chairman. Do you have an alternative? 21 22 Senator Baucus. No. I think we should not do it 23 at this point. Another way to look at it is not to just 24 pull a figure out of the air, as this is. 25 The Chairman. Well, let's just vote on it. My

view is that we probably don't want to do any of this; 1 but the program is out of hand, and it's maybe not on its 2 deathbed, but it's close if we don't start making some 3 changes. I think if we have a difference we ought to try 4 to resolve it; or, if not, slow it down a bit. 5 Shall we vote on that one first, Max? 6 Senator Baucus. I think we should vote on whether 7 or not to index the Part B deductible to the CPI. 8 9 The Chairman. All right. The Clerk will call the roll on item 6. 10 11 Mr. Lighthizer. This is a motion to strike? The Chairman. That is correct. 12 The Clerk. Mr. Packwood? 13 Senator Packwood. No. 14 The Clerk. Mr. Roth? 15 (No response) 16 17 The Clerk. Mr. Danforth? The Chairman. He's voting to strike. Up or 18 down? 19 Senator Danforth. 20 Down. The Clerk. Mr. Chafee? 21 Senator Chafee. Aye. 22 23 The Clerk. Mr. Heinz? 24 (No response) 25 The Clerk. Mr. Wallop?

1	The Chairman. No.
2	The Clerk. Mr. Durenberger?
3	Senator Durenberger. No.
4	The Clerk. Mr. Armstrong?
5	The Chairman. No.
6	The Clerk. Mr. Symms?
7	The Chairman. No.
8	The Clerk. Mr. Grassley?
9	Senator Grassley. No.
10	The Clerk. Mr. Long?
11	Senator Long. No.
12	The Clerk. Mr. Byrd?
13	Senator Byrd. No.
14	The Clerk. Mr. Bentsen?
15	Senator Bentsen. No.
16	The Clerk. Mr. Matsunaga?
17	(No response)
18	The Clerk. Mr. Moynihan?
19	Senator Moynihan. No.
20	The Clerk. Mr. Baucus?
21	Senator Baucus. Aye.
22	The Clerk. Mr. Boren?
23	Senator Boren. No.
24	The Clerk. Mr. Bradley?
25	Senator Bradley. Aye.

The Clerk. Mr. Mitchell?

Senator Mitchell. Aye.

The Clerk. Mr. Chairman?

The Chairman. No.

(Pause)

The Chairman. On this vote the Ayes are four and the Nays are 14. The motion to strike is not agreed to.

Senator Long. Mr. Chairman, I do think there are a few items here that are not going to pick up much money that ought to be eliminated in favor of some larger ticket items that will pick up money. And I think one of those is the one that Mr. Bradley was talking about.

I understate this nominal co-payment. I know what that means in Lousiana. You got down to Charity Hospital and you've got a thousand people down there trying to get some help -- mothers with babies in their arms, and all that sort of thing. And so you are going to tag them \$5 and a dollar, and that type thing, and they are not accustomed to that. They have been used to thinking that they can go down to that Charity Hospital and get some help and didn't have to pay for it.

Frankly, that is one point that Senator Moynihan and I are not going to argue about, about the people being sick. There are those sick babies, and those people -- the kids are sick and the people are sick, and they have

to wait a long time to get any help at all. By the time they are through, there is somebody going to collect a fee that they haven't been collecting down there for 30 years.

Voice. Fifty years ago.

Senator Long. Fifty years ago; that's right.

So if you permit them to come in there at all, you have
got to take care of them, and you don't charge them for it.

Incidentally, the name of the place is "Charity Hospital," not because it is supposed to be "charity," but because it is named after the Sisters of Charity, which is a religious organization of some very dedicated people who have taken a vow of poverty to serve their fellow human beings.

Now, for \$45 million a year, to go set the stage for every state in the union to be charging these people something, as I say, in Louisiana they have been getting for free for fifty years, I think it could be a problem.

In terms of money that we have got to save, we can find that money. And also, for these small items, we are going to cause a lot of inconvenience and have a great number of people complain about it. I think it would be wiser to pick that money up on a big item somewhere, and I would be willing to vote for a big item somewhere to pick it up. And I can suggest some myself.

But I think that these small items are going to

have a lot of criticism and complaint would be better handled by just picking it up on a large item somewhere.

The Chairman. Could I just say, then the Administration wanted to be heard on this, I think some of the items are small, but I think we have been very sensitive -- at least, we have tried to be very sensitive -- to concerns of everybody that might be involved. And we have done a lot of work through the staff through the excellent work of Sheila Burke and others in contacting the groups that had an interest.

As I understand it, I have talked to the representatives of interested Medicaid, they feel very good about our package on Medicaid. They don't have that much concern about the package.

Now this provision is one that the governors are really urging that we adopt to give them some little -- I don't say "leverage" in the wrong sense, but just some way to try to at least begin to slow, very slowly, the growth of this program.

I want to yield to Mr. Daum and then Senator Durenberger, but certainly it is \$45-50 million. There are other things. We looked at the minimum match, which I am certain the Senator from New Jersey doesn't want us to get into. There are a lot of ways we can save more money. We try to be very selective.

As I have said before, most of this is coming from providers. They are not the happiest group in town. But we believe that it is a balanced package.

Now, does the Administration want to be heard briefly on this?

Mr. Donnelly. Yes.

Mr. Chairman, your analysis of the governors and the states' request for this is exactly correct. We are being pressed by a number of states to allow them to have this particular feature.

I think two things need to be made clear on this: "Nominal" is really nominal, and we really are talking in the dollar, dollar and a half kind of category.

The final point is that the Secretary has steadfastly said in any instance on this, "No one would be refused service if they were unable to pay that dollar or dollar and a half."

Now, our original proposal was mandatory. We are very comfortable with an allowable proposal, simply because the states really feel this is necessary to have. My sense is that the savings that CBO allowed you are really quite a bit smaller, Senator, than the actual experience will be because of the number of states that want to participate.

The Chairman. I think there is one area you

touched on that might make a difference, if we can ever define what we mean by "nominal." That is a concern expressed by a Senator on both sides. And I assume it is going to be nominal.

We have added language or will add language to the report. We have made certain exceptions for those institutionalized and women and children.

Ms. Burke. That is correct, Senator. In fact, Senator Bradley, the information that we have been given is that the current regulatory definition of "nominal" is 50 cents to three dollars.

Senator Bradley. To three dollars?

Ms. Burke. That is correct, depending on the cost of service; and we would of course add to that a reflection of the income of the individual, also.

Senator Bradley. Does it exempt elderly in nursing homes?

Ms. Burke. Yes, sir.

The Chairman. It gives the governor just a little of --

Senator Durenberger. I would just add to that that I have been wrestling with this issue now in the New Federalism for six months, and state and local government are the financial backup in the charity cases all of the time, whether it is general assistance or charity. And

it is they who believe they can do a better job with the 1 Medicaid program if we give them the right tools. And 2 this is one of those tools they would like to use. 3 Senator Bentsen. Well, I must state that years 4 ago I was an administrative head of a county where we had 5 such hospitals in force under our administration. 6 it very difficult to get into the position of finally 7 8 putting a charge on. I have been told by my state that they would not 9 do that; so I am somewhat sympathetic to what Senator Long 10 has stated. 11 The Chairman. As I understand it, you would 12 like to move the deleted, even with the changes made? 13 14 Senator Bradley. Well, I would like to move to 15 delete it as long as the nominal number is not defined 16 more clearly. So, let's go ahead and vote, and if at a later time we change it, sobeit. 17 18 The Chairman. The motion is to delete number l under Medicaid. 19 The Clerk. Mr. Packwood? 20 21 Senator Packwood. The Clerk. Mr. Roth? 22 23 The Chairman. No. 24 The Clerk. Mr. Danforth?

Senator Danforth.

No.

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The Clerk. Mr. Chafee? 1 Senator Chafee. No. 2 The Clerk. Mr. Heinz? 3 (No response) 4 The Clerk. Mr. Wallop? 5 The Chairman. No. 6 The Clerk. Mr. Durenberger? 7 Senator Durenberger. No. 8 The Clerk. Mr. Armstrong? 9 Senator Armstrong. No. 10 The Clerk. Mr. Symms? 11 The Chairman. No. 12 The Clerk. Mr. Grassley? 13 Senator Grassley. No. 14 The Clerk. Mr. Long? 15 Senator Long. Aye. 16 The Clerk. Mr. Byrd? 17 Senator Byrd. No. 18 The Clerk. Mr. Bentsen? 19 Senator Bentsen. Aye. 20 The Clerk. Mr. Matsunaga? 21 (No response) 22 The Clerk. Mr. Moynihan? 23 Senator Moynihan. Aye. 24 The Clerk. Mr. Baucus? 25

Senator Baucus. Aye. 1 The Clerk. Mr. Boren? 2 Senator Boren. No. 3 The Clerk. Mr. Bradley? 4 Senator Bradley. Aye. 5 The Clerk. Mr. Mitchell? 6 Senator Mitchell. Aye. 7 The Clerk. Mr. Chairman? 8 The Chairman. 9 No. (Pause) 10 The Chairman. Now, are there other votes on any 11 provision requested? 12 Senator Moynihan. Mr. Chairman, there are a 13 small number of institutions involved. 14 15 The Chairman. Well, let me announce the vote. The Yeas are six; the Nays are 12. The motion 16 to delete is not agreed to. 17 Senator Moynihan. I said there are a small 18 number of institutions involved, but there are those who 19 20 love them. On the PIP change, did I hear Ms. Burke agree 21 that we would say that a hospital that could not, because 22 of its finances, borrow money, that provisions would be 23 made for that? 24 Ms. Burke. We can certainly ask the Department 25 to examine whether or not that would substantially alter

know?

the savings as a result of that kind of a change.

Senator Moynihan. Would you do it, and let us

Ms. Burke. Yes, sir.

Senator Moynihan. I thank you.

The Chairman. We will do that, Senator Moynihan.

Senator Mitchell. Mr. Chairman, is it your intention now to have a vote on the entire package that we have discussed? Medicare and Medicaid?

The Chairman. Yes.

Senator Mitchell. I would just like to make one brief comment, Mr. Chairman. It regards the context in which we cast the vote.

We are directed to make reductions in some areas and then increases in the other, and we operate independently as though they were separate matters. Of course, they are not. All of the terms of the budget is based upon the bottom line, which is what the total relationship is between revenues and expenditures.

I intend to vote against the proposal because

I think that we ought not to be making these reductions.

At the same time there are many other areas in which we have taken steps which I think would more than make up the difference. For example, the three major provisions of the reduction in the Windfall Profits Tax that we voted on

last year would produce \$1.7 billion in loss of revenues in 1983, \$2.2 billion in 1984, and \$2.8 billion in 1985.

Were we to strike all of the provisions on Medicaid and those provisions in Medicare which impact directly on individuals, we would have substantially less than that. In other words, there would be a net balance in the government's favor, in terms of revenues as against expenditures.

I understand that the context in which you operate, that's a separate matter; but I just point out that there are many of us who would oppose this kind of production; as what we are doing in effect, if you relate the two actions, is transferring the burden from one group who have received certain benefits to another group who are now being denied certain benefits. And I feel that it is the former group that is best able to bear the benefits, and the latter group is the least able to bear them. I think that's wrong.

Senator Bradley. Would the Senator yield? Senator Mitchell. Yes.

Senator Bradley. As I understand it, though, Mr. Chairman, this still remains open. So if indeed we get to the tax portion, someone could move to reinstate the Medicare portion and offset that with a tax increase of some sort. Isn't that correct?

The Chairman. Well, this is a different category of the budget. I mean, this is one function.

Revenues is where we are asked, and in fact mandated, to \$20.9 billion. But this is in a different functioning.

Senator Bradley. But if you recall when the Senate Finance Committee reported out its report to the Budget Committee, we reserved the right to come out and to balance with any combination of spending cuts or tax increases. So a motion next week to provide such an offset, maybe not that tax but another tax, as I understand it would be in order.

Senator Long. But, as a practical matter, you went off with one of those double-barrelled proposals. It is hard to ask this because I think I know the answer, and as a matter of fact it's not only for a double barrelled proposal; anyone has a right to insist on a debate and insist it be quoted item for item.

The Chairman. Plus, we have a reconciliation instruction, and that wouldn't meet our reconciliation instruction. We could end up with more revenue increases of \$30 billion and no cuts in Medicare or Medicaid. I don't think that is the instruction we have from the Senate, which passed the budget yesterday.

But again, we understand there may be one or two amendments offered next week.

Senator Moynihan. Mr. Chairman, could I ask you and ask the staff perhaps, on that point, are we bound by the crosswalk calculations of the Budget Committee Staff? I was not aware of that.

Mr. Lighthizer. You are not bound by the functional crosswalk, but you are bound by the distinction between revenues and spending.

Senator Moynihan. Right, right.

Senator Packwood. So we are bound by the distinction between revenues and savings; but I could swear we had a debate on the floor where we talked about just the total amount of money that we had to come up with in savings or taxes, and as long as we met the total we were all right.

Mr. Lighthizer. The reconciliation instruction that the Senate passed yesterday provides for a certain amount of tax increases and a separate amount of spending cuts. And in order to meet reconciliation, we are instructed to meet it in both categories, but not between functions within spending.

Senator Bradley. Unless the committee decided to do otherwise and then reported it to the floor and let the Senate decide if indeed they wanted to make an exception.

The Chairman. Well, we will be glad to consider

that. 1 Now, would you like to vote on Medicare 2 separate from Medicaid? 3 Senator Baucus. Mr. Chairman, I have another 4 motion to strike. 5 The Chairman. All right. 6 Senator Baucus. It is number 10 on the list. 7 That's the one that holds the Part D premium constant as 8 9 a percentage of program cost; that is, 25 percent. This is another provision which I think directly 10 hits beneficiaries. My general concern with this package 11 is that, Yes, we have to cut costs; but, as I have often 12 stated, as we all know --13 The Chairman. Do you have an alternative on 14 15 how to cut the costs? Senator Baucus. Yes. I think we should hold 16 17 hearings on how we cut health care costs instead of 18 taking the Administration's list and basically enacting 19 the Administration's list to cut savings -- cut payments 20 and outlays rather than addressing the heart of the matter 21 which is health care costs. Now, that's what we should 22 be doing here. 23 That's number 10? The Chairman.

It is number 10.

As we all know, these premiums are going to be

Senator Baucus.

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1	felt directly by Social Security beneficiaries. It is
2	going to come right out of their checks.
3	The Chairman. This originally was 50-50. Now
4	it's down below 25 percent. We are just trying to keep
5	it at 25 percent. The motion is to strike 10?
6	Senator Baucus. The motion is to strike 10.
7	The Clerk. Mr. Packwood?
8	Senator Packwood. No.
9	The Clerk. Mr. Roth?
10	The Chairman. No.
11	The Clerk. Mr. Danforth?
12	Senator Danforth. No.
13	The Clerk. Mr. Chafee?
14	Senator Chafee. No.
15	The Clerk. Mr. Heinz?
16	The Chairman. No.
17	The Clerk. Mr. Wallop?
18	The Chairman. No.
19	The Clerk. Mr. Durenberger?
20	Senator Durenberger. No.
21	The Clerk. Mr. Armstrong?
22	Senator Armstrong. No.
23	The Clerk. Mr. Symms?
24	The Chairman. No.
25	The Clerk. Mr. Grassley?

1	Senator Grassley. No.
2	The Clerk. Mr. Long?
3	Senator Long. No.
4	The Clerk. Mr. Byrd?
5	Senator Byrd. No.
6	The Clerk. Mr. Bentsen?
7	Senator Bentsen. No.
8	The Clerk. Mr. Matsunaga?
9	(No response)
10	The Clerk. Mr. Moynihan?
11	Senator Moynihan. Aye.
12	The Clerk. Mr. Baucus?
13	Senator Baucus. Aye.
14	The Clerk. Mr. Boren?
15	Senator Boren. No.
16	The Clerk. Mr. Bradley?
17	Senator Bradley. Aye.
18	The Clerk. Mr. Mitchell?
19	Senator Mitchell. Aye.
20	The Clerk. Mr. Chairman?
21	The Chairman. No.
22	(Pause)
23	The Chairman. The Yeas are four; the Nays are
24	15, and the motion to strike is not agreed to.
25	Senator Byrd. Mr. Chairman, before you put the

1 question on the package, could we get the revised total of the dollar? 2 Ms. Burke. Yes, sir. In Fiscal Year 1983 the 3 4 revised savings are 3.770. In Fiscal Year 1984, 5.188; 5 and in Fiscal Year 1985, 6.271, for a three-year total 6 of 15.229. 7 Senator Danforth. What was our target? 8 Ms. Burke. Our target in over three years was: 9 in Medicare/Medicaid, 13.743 for our reconciled amount. 10 Senator Baucus. So we are over our target? 11 Ms. Burke. Yes, sir. 12 Mr. Lighthizer. Well, the first year it was 13 3.836, so we are about \$60 million short. 14 Ms. Burke. Short in our first year. 15 Senator Baucus. Overall we are over by a couple 16 of billion dollars. More than that, if our total target 17 for Medicare and Medicaid -- is that the figure you gave 18 us, 15 for Medicare/Medicaid? 19 Ms. Burke. It was 15.2, Senator. 20 Senator Baucus. And that's for both Medicare 21 and Medicaid? 22 Ms. Burke. Yes, sir. 23 Senator Baucus. And our target was 13 point what? 24 Ms. Burke. It was 13.7. 25 Senator Baucus. Thank you.

The Chairman. Let's call the roll on the 1 Medicare/Medicaid package. 2 Senator Baucus. Mr. Chairman, I have one more 3 amendment, if you can indulge me. That is, I suggest we 4 sunset the two Part B provisions; that is, number 6 and 5 number 10 on the list. 6 7 We are projecting now over three years to 1985. 8 I suggest we experiment with these provisions, the two 9 Part Bs, which I think are wrong. But let's continue them 10 for three years, and let's sunset them after three years. 11 I move that those two provisions expire at the end of three years. 12 13 The Chairman. What would you do? 14 Senator Baucus. I would sunset number 6 and 15 number 10 on the Medicare list after three years. Ms. Burke. I'm sorry, Senator. Is it two 16 17 years or three? 18 Senator Baucus. Well, let's say three years. 19 The Chairman. The Clerk will call the roll. 20 The Clerk. Mr. Packwood? 21 Senator Packwood. No. 22 The Clerk. Mr. Roth? 23 The Chairman. No. 24 The Clerk. Mr. Danforth? 25 Senator Danforth. No.

1	The Clerk. Mr. Chafee?
2	(No response)
3	The Clerk. Mr. Heinz?
4	The Chairman. No.
5	The Clerk. Mr. Wallop?
6	The Chairman. No.
7	The Clerk. Mr. Durenberger?
8	Senator Durenberger. No.
9	The Clerk. Mr. Armstrong?
10	Senator Armstrong. No.
11	The Clerk. Mr. Symms?
12	The Chairman. No.
13	The Clerk. Mr. Grassley?
1 4	The Chairman. No.
15	The Clerk. Mr. Long?
16	Senator Long. No.
17	The Clerk. Mr. Byrd?
18	Senator Byrd. No.
19	The Clerk. Mr. Bentsen?
20	(No response)
21	The Clerk. Mr. Matsunaga?
22	(No response)
23	The Clerk. Mr. Moynihan?
24	(No response)
25	The Clark Mr Bangue?

1	Senator Baucus. Aye.
2	The Clerk. Mr. Boren?
3	Senator Boren. Aye.
4	The Clerk. Mr. Bradley?
5	Senator Bradley. Aye.
6	The Clerk. Mr. Mitchell?
7	Senator Mitchell. Aye.
8	The Clerk. Mr. Chairman?
9	The Chairman. No.
10	(Pause)
11	The Chairman. Bob?
12	Senator Chafee. Aye, on the sunset.
13	The Chairman. On this vote the Yeas are five,
14	and the Nays are 15. The amendment is not agreed to.
15	Now we vote on the Medicare/Medicaid package.
16	The Clerk will call the roll.
17	The Clerk. Mr. Packwood?
18	Senator Packwood. Aye.
19	The Clerk. Mr. Roth?
20	The Chairman. Aye.
21	The Clerk. Mr. Danforth?
22	Senator Danforth. Aye.
23	The Clerk. Mr. Chafee?
24	Senator Chafee. No.
25	The Clerk. Mr. Heinz?

1	The Chairman. Aye.
2	The Clerk. Mr. Wallop?
3	The Chairman. Aye.
4	The Clerk. Mr. Durenberger?
5	Senator Durenberger. Aye.
6	The Clerk. Mr. Armstrong?
7	Senator Armstrong. Aye.
8	The Clerk. Mr. Symms?
9	The Chairman. Aye.
10	The Clerk. Mr. Grassley?
11	The Chairman. Aye.
12	The Clerk. Mr. Long?
13	Senator Long. Aye.
14	The Clerk. Mr. Byrd?
15	Senator Byrd. Aye.
16	The Clerk. Mr. Bentsen?
17	Senator Bentsen. No.
18	The Clerk. Mr. Matsunaga?
19	(No response)
20	The Clerk. Mr. Moynihan?
21	(No response)
22	The Clerk. Mr. Baucus?
23	Senator Baucus. No.
24	The Clerk. Mr. Boren?
25	Senator Boren. Aye.

The Clerk. Mr. Bradley? 1 Senator Bradley. No. 2 The Clerk. Mr. Mitchell? 3 Senator Mitchell. Yes. 4 The Clerk. Mr. Chairman? 5 6 The Chairman. Aye. The Yeas are -- ? 7 The Clerk. Thirteen. 8 The Chairman. The Nays are -- ? 9 The Clerk. Five. 10 The Chairman. Who is not recorded then? 11 The Clerk. Mr. Matsunaga and Mr. Moynihan. 12 Senator Long. Mr. Moynihan wanted to be recorded 13 No. 14 The Chairman. The Yeas are 13; the Nays are 6. 15 Senator Matsunaga can be recorded. 16 So we have agreed on the Medicare/Medicaid 17 package with the caveat that obviously we are still here 18 next week. We are trying to work out some of the concerns 19 that some members have; and if we can't do it we will go 20 back and vote on those provisions. 21 22 Senator Long. I have a suggestion as to how we might stay within our spending totals on this, Mr. Chairman. 23 I just want to see if what I thought is confirmed.

Am I correct that these spendings on Medicare, on

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Medicaid, are open-ended items? Isn't that open-ended -that it is a matching program but open-ended?

Ms. Burke. Yes, sir, that is correct.

There is, however, a reduction that was implemented last year. It remains open-ended, but we are reducing the states by a fixed amount from what we would pay for the next two years. But it remains open-ended. There is no cap on the Medicaid program.

Senator Long. There is no cap?

Ms. Burke. Yes, sir.

Senator Long. But not for this next year there is no cap?

Ms. Burke. No, sir.

Senator Long. All right.

Now, is the same thing true for AFDC? Is it open-ended?

Ms. Burke. It is open-ended.

Senator Long. Well, I haven't heard it suggested here, I don't believe, but what I was suggesting is one way we could stay within our budget limits is to simply on a state-by-state basis fix a figure, just put a lid on the amount we are willing to spend state-by-state. And then having done that, we could make an across-the-board cut if we need to, one percent or two percent, whatever it takes, and come right out on the figure we want to be on,

if we want to do that. Couldn't we do that?

Ms. Burke. Yes, sir, that could be done. It would be basically removing the matching nature of the Medicaid program and fixing a certain amount, and giving that amount to the states, and no more. That could be done.

Senator Long. Well, my thought is, just basically match and say, "Well, we match up to this point." Beyond that point you don't match. You match based on what you estimate they are going to do.

Now, as I understand it, aren't those figures based on what they say they are going to do?

Ms. Burke. Yes, sir.

Senator Long. Well, that's what my thought is.

Based on that, we could arrive at whatever figure we think
we can afford for this program.

Now, there is a whole lot of latitude in here. We just got through voting on a lot of optional things that they can do or not do, but if we give them a certain amount of money that means that they would come out not above the figure that we have fixed.

I would just like the Administration to think about that, because if you think that that pad makes sense, it occurs to me that that's how we can come out on the figure we want to be on.

Mr. Donnelly. Well, Senator, as you may recall, we proposed a cap last year that didn't receive a wild degree of enthusiasm with respect to either chamber, as a matter of fact, although this committee did settle on a cap that we found to be acceptable. It was just very difficult to deal with in conference.

The concept is very clear that you articulate, and it certainly is one of the options that we look at continually.

Senator Long. Well, would you still support it if said let's just have a cap and hold it to a certain figure?

Mr. Donnelly. Well, Senator, that is not in our package of proposals at this time because of our sense that the Congress wanted to look at a more artful array of trying to deal with specific spending items. And that's the way in which we entered the discussions with the committees and with this committee.

If we were to reconsider that, it would have to be in light of the actions that you have now taken, and I don't know the answer to that question.

Senator Long. Well, the reason I asked the question, at least one reason I asked the question, is we came up short on this. Or are we?

The Chairman. No, I think we are all right now.

Senator Long. Hold it. Are we short on the estimate here?

Ms. Burke. We are slightly below in the first year.

Mr. Donnelly. Slightly below in the first year, I believe.

Senator Long. Well, all right. So we are slightly below in the first year. We have got the 5th included, haven't we?

Ms. Burke. Yes, sir.

Senator Long. Which would mean that we have got about \$800 million worth of froth in there.

(Laughter)

Senator Long. I thank you. I would hold for the moment.

The Chairman. As I recall, I think the reason for all the opposition where all the governors came to town -- Democrats and Republicans -- they really went after us on the cap.

What we would like to do is come back about 1:30. If we come back at 1:30, I think we can probably complete the Income Security Programs hopefully within an hour or an hour and a half. We would like to finish this, unless you would rather meet tomorrow morning. We would like to finish it this afternoon. I think we can.

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So come back at 1:30. Thank you.
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                (Whereupon, at 12:29 p.m., the meeting was
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     recessed.)
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AFTERNOON SESSION

The Chairman. We'll turn now to the income security programs. I think as I understand Senator Moynihan would like to make a brief opening statement.

Senator Moynihan. I would, Mr. Chairman, and I would appreciate the chance, and it will be very brief, but we are turning now to the AFDC program, in particular, and SSI as well, and just to put what we are doing in the perspective that I don't think we always have, this or other considerations of AFDC, to say that last year I had some time to organize some research on the incidence of AFDC receipt in the American population, and we worked a, in effect, an equation which historically predicted the portion of children born in a given year who would receive AFDC payment before their age 18.

And the numbers are quite startling, and if the chairman would allow me, I would like to put the paper in the record. But just to summarize the material, it would take no time at all.

In 1940, seven percent of the children born in that year would receive AFDC payment for their age 18 which is to say they would be dependent children. This grew in 1950 to 17 percent. 22 percent in 1960 to 26 percent in 1965; 31 percent in 1975.

Senator Long. Did you say 26 in '55?

Senator Moynihan. Yes, sir. In 1965 26 percent.

1970, 31 percent. 1975, 33 percent, and 1978 dropped to

32. Now, we don't want to suggest that these are iron

clad. You know these are not laboratory measurements,

but they do give a trend, and they do give a sense of

proportion, and what they demonstrate is that in round terms

by their 18th birthday, one-third of all children now

being born are likely to live in a household receiving AFDC

payments which is a very startling number.

And it suggests very simply that apart from public education, the AFDC program has the largest impact on children of any public program, state, local or federal. We are not talking about a minority of our children, but we are talking — we're not talking about a small group. We are talking about a third.

I don't claim anything more for the numbers than the fact that they suggested this was not a small group. This was surprisingly large group, and what we do, we are doing to -- for -- we are doing for a great many children.

Senator Long. How much of that food stamp money is going to -- in terms of billions I would like to know. How much of that food stamp is going to families on these AFDC roles?

The Chairman. I'm not certain they would know. I should know.

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Senator Long. Somebody here ought to know.

The Chairman. Yes. They ought to -- 11 billion dollar program.

Ms. McMahon. We believe half the food stamp program is for families on AFDC.

Senator Long. 5.6, and how much of it is the AFDC? What is the latest AFDC?

Ms. McMahon. I'm not sure I understand the question. About 85 percent of the AFDC population receives food stamps.

The Chairman. How about your budget for AFDC? Ms. McMahon. The budget is -- the federal portion is 7.7 billion dollars.

Senator Long. 7.7.

Ms. McMahon. Yes, sir.

Senator Long. And what is the state part?

Be another 6.6 billion dollars. Ms. McMahon.

Senator Long. So if you add all that up, that works out to about 19.8. And now how much of the Medicaid is AFDC?

Ms. McMahon. I'm sorry. We don't have the answer for that. I don't think there are any Medicaid people left in the room.

Senator Long. Well, I think you ought to get it for us because I just think we ought to be able to see the picture. School lunch -- how much of the school lunch is AFDC?

you know that?

Ms. McMahon. No, sir, I don't.

Senator Long. Suppose we could find out?

Ms. McMahon. We will see if we can find out.

Senator Long. Because I just think that to complete the picture we ought to look at how much we actually -- look at all programs. I just think it doesn't give us the full benefit if you're only looking at part of the program. You have to look at all of it.

The Chairman. We can have that in maybe 30 minutes.

Senator Durenberger. Just in a ballpark number, Senator Long, the total welfare ysstem in the country today costs us and state and local government \$92 billion. That is -- I think that is where you were headed with all of these subsidized programs. The total is \$92 billion in federal, state and local.

Senator Long. Well, basically though I was just looking at AFDC. I just want to relate this population. I just think we ought to relate this population to the effort we are making. And I think that we need to see as much of the whole picture as we can is all I'm saying. Thank you.

The Chairman. All right. If we can move -- first take income security, then CES, then SSI, unemployment comp, and and I'll say at the outset that we're dealing with, again, very sensitive programs. The savings are not large.

There are a number of very small savings, and I know that some prefer maybe finding some larger item, but I think in these programs for the very reason stated, we have to be very careful where we find savings. I've been in a mark-up in the food stamp program it seems like for the last two months going over almost every word in the Food Stamp Act looking for savings, and we hope that we've been -- we've directed the staff and asked the Administration's support to make certain that areas we are looking at for small savings are not going to have any adverse impact, and on that basis maybe we could start. Ms. Olson will, I think sort of outline as quickly as

you can -- take AFDC first, and then if we can go back, as we did this morning -- maybe -- and then if anybody has a specific question on one number we can spend more time on that.

The first provision is in the blue book Ms. Olson. on page 45. It would round benefits down to the next lowest dollar each month. The second provision would prorate the first month's benefits from the date of actual application, rather than from the first of the month as in some states.

The third provision would --

Senator Bradley. What was that? Prorate the first month's benefits?

Ms. Olson. From date of application rather than from

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the first of the month.

The Chairman. In other words, you apply on the tenth of the month, you are paid from the tenth?

Ms. Olson. To the end of the month.

Senator Bradley. We can calculate that precisely.

Ms. Olson. CBO calculated for us. The third provision would exclude military absence as a reason for AFDC eligibility unless there is a legal separation.

The Chairman. Can you explain that because we went over that yesterday. In other words, this is where somebody goes overseas and leaves the family -- goes to the welfare office for assistance. Is that the case?

Ms. Olson. That's the case in about 10,000 households.

The Chairman. Now, we have a provision later on reference to allotment. Is that correct?

Ms. Olson. That is the Child Support Program, yes. The fourth provision is --

Senator Bradley. Could we go back just a minute. I just want to understand. The military service is now that if someone under the present law someone is in Germany or Japan who is termed the head of the household -- is that the idea?

Ms. Olson. That's correct.

Senator Bradley. That no member of his family would then be eligible for AFDC, or his income has to be taken into consideration?

Ms. Olson. His income would have to be taken into consideration.

Senator Bradley. Okay. And as of now in the law, his income doesn't have to be taken into consideration.

Ms. Olson. He has left, and is not providing support.
Senator Bradley. Pardon?

Ms. Olson. If has left another area and is not providing support, then the family can apply for AFDC based on his absence.

Senator Bradley. Cannot?

Ms. Olson. Can.

Senator Bradley. Can.

Ms. Olson. Present law.

Senator Long. Let me ask you have we gotten around to doing what we should have done? I know I've worked in that area on occasion. Have we gotten around to doing what we should have done to require that -- I know that for a long time we had so if anybody was working for Uncle Sam, you couldn't make him do the first decent act toward his own children. Now, have we got around to fixing this thing up so that if somebody is on Uncle Sam's payroll that we can make him -- that the federal government can cooperate in making him pay part of that money to his own children?

Ms. Olson. We have that allotment requirement under Child Support Enforcement as a proposal.

Senator Long. Yes. Well, then that relates to, then, this eliminating military. The reason if you've got him in the military -- you are paying him a regular monthly check, and if he has children out there, and he refuses to pay them, you ought to just take part of that out of the check like an allotment and send it to them. Is that right?

Senator Long. So the point is if we are running intelligent policies, and the right hand knows what the left hand is doing, then it should not be necessary for anybody, any family of a person in the military to be on the welfare. Isn't that about the size of it?

Ms. Olson. Yes, sir.

Ms. Olson. That's correct.

Senator Long. Okay.

Ms. Olson. Number four is a refusal to work sanction for people who try to reduce their hours of employment or refuse a job in order not to lose their AFDC eligibility.

The Chairman. That's not a very -- what -- a million dollars?

Ms. Olson. One million.

Senator Long. Well, you see now that don't make any money because you're doing it backward. If you're saying that you are going to take this money and pay people to do something, little though it may be, and -- you know, if you said we're only going to require you to work ten hours and

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we'll pay you ten dollars an hour just to do a little something, you would make a lot of money because that would be a tremendous incentive for them to find something else to do in other times rather than having a situation where you cut their pay by two-thirds everytime they make a dollar the way it is now.

Now, if you approach this from the other end, you would make a lot of money with this proposal. Where you are not involved with refusal to work. You're just not -- you're paying them to work, and you're not paying them not to work. Anyway. Go ahead.

Ms. Olson. Number five is a mandatory job search provision. Would require the applicant to look for a job while his application is pending and for a period of eight weeks over the year's period of time that he is on the benefit roles.

The states are free to structure the program as they find efficient.

The Chairman. All right. Now, that is a job search. Now, if he finds a job. If there is a job available, does he take the job? That's how you pick up the money; right? Not just looking?

Ms. McMahon. Yes, sir. As a matter of fact, we have experience in several areas. For instance, in Oregon, they found that 25 percent of their applicants found jobs before

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they ever went on the welfare roles inspite of the fact that they have fairly high unemployment.

The Chairman. So this is not an unreasonable provision that is going to impact on some handicapped, disabled or elderly?

Ms. McMahon. Those people would not be required. mean if you meet conditions where you are required to work, if you were a recipient, we are saying those same people ought to be required to look for a job while their application is being processed.

We wouldn't require people who say they can't work to go look for work.

Ms. Olson. The next three provisions are grouped together, page 47 of the blue book. The first would end the eligibility of the parent for a benefit when the youngest child in the family reaches age 16. The child's benefits --

The Chairman. What is it now? 18; is that correct? Ms. Olson. Correct or until he graduates from high school.

The Chairman. But what page in the blue book? Senator Bradley is trying to locate it.

Ms. Olson. That is page 48. Number seven on page 49 would include the income of all minor children in the AFDC assistance unit. At the present time, a family can exclude a child who has child support and income or SSI or Social

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Security. This provision would, with the exception of SSI children require them to include the child and his income in the assistance unit.

Senator Bradley. I'm sorry. What is the -- on page what?

Ms. Olson. Page 49.

Senator Bradley. Page 49.

The Chairman. That is --

Senator Moynihan. We have two numbering.

Senator Bradley. It's --

Ms. Olson. Number eight is page 49.

The Chairman. It's the number eight on this four page or five, I guess. It's in page 49 --

Ms. Olson. Page 49 starting about the middle of the page. Eligibility of the child.

The Chairman. In the blue book. I wonder on that one if the Administration could explain -- Administration supports that provision?

Ms. McMahon. Yes, sir, we do.

The Chairman. And the rationale.

Ms. McMahon. The notion is that if you have a family that goes on assistance, right now they have the opportunity to decide who will and will not be included in the assistance unit. Consequently, they gain the system. They can include people that will give them more AFDC money, and they can

exclude -- for instance -- a child that is getting Title II benefits so that that child's income will not count against them. Our feeling is that we should look at the entire unit because that income is available to the family and that should be taken into account when those people apply for assistance.

We do exclud the SSI child because we don't feel that in that case that income should count against the family.

The Chairman. Number nine?

Ms. Olson. The next provision, number nine, page 50, at the top would require the counting of the income of unrelated adults. Right now we do that for step-parents with disregards, and we would do it for unrelated adults applying the same disregards.

The Chairman. Is that for the same reason -- the Administration?

Ms. McMahon. Yes, sir. Again, if an individual is living with an AFDC household and that individual has income, that income is generally available to the AFDC family, and we think that rather than having the taxpayer pick up that charge that that individual who has some responsibility to that family ought to have their income counted.

Senator Bradley. How would you enforce that?

Ms McMahon. It would be up to the individual applying for assistance to provide information about income available

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to the family that could be verified by the state. Otherwise they wouldn't be eligible because we could not verify their income.

Senator Bradley. So that if the recipient choose not to, there would be no check to determine whether, indeed, there was an unrelated adult in the house.

The Chairman. You do make checks.

Ms. McMahon. I'm sorry. If the recipient chose not to? The Chairman. Not to reveal it.

Senator Bradley. Right. Not to reveal it.

The Chairman. And what happens?

Ms. McMahon. Well, the state does do verification and checking. Some states still do home visits.

Senator Bradley. You mean like home visits.

Ms. McMahon. Some states do.

Senator Bradley. Let's assume -- how would that work? In other words, you decide to make a home visit where you thought there there was an unrelated adult in the household, and how would you determine -- what is sufficient reason to believe there might be an unrelated adult in the household?

And how long does the unrelated adult stay in the household before he is considered an unrelated adult whose income is counted in this provision? I mean don't you get into administrative nightmares here?

Ms. McMahon. In the food stamp program, they already

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look at everyone in the household, and generally in many states you have the same case worker who is looking at both the AFDC and the food stamp branch, and so there is a link already where they would have information available about this.

Senator Bradley. But that is not the answer to my question.

I'm sorry. And we would handle it the Ms. McMahon. same way as we do the step-parent issue.

Senator Long. It's becoming more and more accepted for people to live together without the formality of a marriage. Now that was frowned upon very strongly when I was young, but today, you know, people -- it's all right for these -- a lot of folks feel it's all right. And where that is the case, and there is a man and a woman that are living together, and they are in the same household, and yet if that relationship was formalized by a marriage, there wouldn't be any doubt about it at all.

That income would come for the family unit, and if they choose not to formalize that relationship with a marriage, but it's a regular relationship -- it's an ongoing relationship, maybe the question is why shouldn't his income be counted, and you think it ought to be?

Ms. McMahon. Yes, sir. I think I could also point out that if an individual married and chose not to reveal that

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And that does happen. We do have fraud in the program. fact. We have fraud units in the states that investigate those We have a hot line for GAO where neighbors can and do, in fact, report those things.

Senator Moynihan. Well, Mr. Chairman, are we discussing the issues? Are we right now staying out of them, or --The Chairman. No, we're just going through them. Senator Moynihan. Just going through.

Ms. Olson. Provision number nine would repeal the Emergency Assistance Program now in place in about 27 states. The uses would be allowed under the Low Income Energy Assistance Block Grant proposed by the Administration.

Number ten is the provision which has been modified in the Dole proposal. It would become optional for the states to prorate for shelter and utilities in a household that contains three people, for example, on AFDC, and two who are not.

Senator Moynihan. Mr. Chairman, I don't want to make -I just want to ask you to help us, Ms. Olson. We have two different numbering systems. One is the white sheet. other is the blue book. Would you say that what is number ten on the white sheet is number whichever it may be in the blue book.

Ms. Olson. You would want to to turn to page 53 in vour blue book.

Senator Moynihan. We can turn the pages. Just tell us what number it is.

Ms. Olson. Page 13 -- number 13.

Senator Moynihan. It's number 13; right.

Ms. Olson. And that is the prorate shelter and utility. Senator Dole has proposed that it be made an optional choice for the state.

The Chairman. The one that you are now looking at is the original proposal. Is that correct?

Ms. Olson. That's correct.

The Chairman. And that has been sharply modified.

Ms. Olson. The last AFDC provision is page 55, reduce the federal match for error rates. That has always.

Senator Moynihan. You mean number 15?

Ms. Olson. Yes, sir.

Senator Moynihan. On the blue book, and on the white page it is number --

Ms. Olson. Number 11.

Senator Moynihan. Number 11. All right.

Ms. Olson. Senator Dole has modified that proposal to require the states to reduce their errors or we would reduce the match, in other words, for errors above three percent. The Administration proposal had the error rate phasing to zero by 1986. We would stay at three percent starting in Fiscal Year 1983.

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The Chairman. And again, that is based on rather extensive work in the food stamp program where we didn't think it was possible to reach the zero error rate in any of these programs. Again, there are people moving in and out of the program.

What is the average error rate in AFDC?

Ms. Olson. 7.3 for the last period that has been -
The Chairman. Are any states below three percent?

Ms. Olson. There is one state at 2.5, I believe.

That's right.

The Chairman. Is that Nevada. They have two people.

Ms. Olson. It was Nevada.

The Chairman. They're good in food stamps, too. I mean they don't have but a dozen or so, and they don't make too many errors.

Senator Bradley. It's down to three percent.

The Chairman. Pardon?

Senator Bradley. That's the error rate you want?
The Chairman. Rather than zero.

Senator Bradley. Should we put in a same kind of sliding scale that we had talked about with Medicaid that if the state is making progress? Could we do the same thing that we talked about with Senator Durenberger?

The Chairman. I thought about increasing the '83 number two 3.5 percent initially rather than three, and then

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it gets us back about where we were in Medicaid, but we hadn't quite figured out the language. Anybody want to comment on that?

Ms. Olson. If you went to 3.5 percent error rate for Fiscal Year 1983, I think you lose about \$30 million of your savings according to CBO.

The Chairman. I mean are we talking about the practicality in doing it.

Senator Moynihan. Mr. Chairman, can I suggest we were going to just run through these, and then we were going to go back and talk about them.

The Chairman. Sure. Okay. At least we've identified a problem there. Then, now the entire list is open for discussion. Obviously, the Senator from New York -- or do you want to go through the whole --

Senator Moynihan. Shall we just go --

The Chairman. Okay. Sure. All right. Then, we will move on to CSE, Child Support Enforcement.

Ms. Olson. That starts on page 63 in the blue book; number one on the white sheet, and also number one in the That should have been passed out. blue book. a modification to the Administration proposal. And what the modification --

The Chairman. Wait. Let's hold it up. We don't know whether we have it or not. It's been passed out.

Ms. Olson. It's a two page sheet, and you want to turn to the second page.

The Chairman. I think --

Ms. Olson. Mike, it has --

Senator Bradley. Where is this?

The Chairman. It's a two page.

Senator Bradley. Are we on child support now?

The Chairman. Yes. It's a two page -- it's on the second page. Is that right?

Ms. Olson. That is correct. Mike. What we have done is pick up the Child Support Enforcement collection fee for non-AFDC families from HR-4717 now in conference. This provision has been agreed to by the Senate. It's returning to previous law, prereconciliation act of last summer. The fee would become optional with the states.

They could have either a fee or a percent. We have also include Senator Long's change that he brought up in the conference report. CBO has not given us an estimate for savings at this time, but they do think there would be a small amount of savings.

Senator Bradley. Why are we making this change if they're not saving?

Ms. Olson. The change that was adopted in reconciliation has been described as unworkable by the state administrators and they have urged the House which included this change

in 4717 to make the change.

The Chairman. 4717 -- you mean the bill in conference now? This provision is in conference?

Ms. Olson. This is the conference -- this is the version agreed to in conference. That's correct with Senator Long's change.

The Chairman. Well, we are going to finish that conference. Do we need to put it in here?

Ms. Olson. We would need it for the small amount of savings that are associated with it.

The Chairman. Oh, I see. In other words, you are putting it in here rather than -- in an effort to take advantage of any savings which are not yet known; is that correct?

Ms. Olson. That's correct.

The Chairman. Is CBO working on an estimate?

Ms. Olson. They are.

The Chairman. This is a matter of particular interest to Senator Long. Joe, have you looked at this provision?

All right. Go ahead. Child Support?

Ms. Olson. The second provision, number two, on page 64, and it's number four in the blue book refers to the military allotment for members of the armed services.

This would amend Title IV as it was drafted by the Administration. It amended Title 37 not in our committee

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jurisdiction. It has been redrafted so that it is a Title IV Amendment. It would require that if a man who has a legal separation or divorce is behind two months in his child support payments, he could have them allotted from his paycheck, and they would go to the AFDC family or the state, if they have been assigned the status condition of AFDC eligibility.

The Chairman. Number three on reimbursement of state agency. Which number is that? Which page in the blue book?

Ms. Olson. That is page 66, number six. Under current law, a family can receive a double payment for the same month first in the form of AFDC, and then when the child support is collected.

This provision would eliminate the double payment by allowing the state to reimburse its AFDC agency when the support collection is made. The family would get one payment for the month rather than two.

The Chairman. All right. The next section, the Child Welfare, Foster Care, Adoption Assistance, there are no savings provisions included. There were some Administration provisions; right, which we have not included in this package.

Ms. Olson. Right.

The Chairman. That is the same in the Social Services Block Grant. It was determined that we should make no

change in that title. Is that correct? Ms. Olson. That's correct.

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The Chairman. There was even recently as yesterday a two percent reduction, but it seemed to me that would not be the appropriate thing to do. And SSI, Ms. Weaver?

Senator Moynihan. Well, Mr. Chairman, why don't we stay with children, and then we will move to SSI. that be sensible?

The Chairman. Sure. Let's go back to AFDC? there anything left? That would take care of it. we will start. Anybody want to discuss, further discuss, or make any proposals with reference to AFDC?

Senator Bradley. Well, will the -- I'm not going to end this, Mr. Chairman, but the proposal of rounding AFDC eligibility benefits to the lower of the whole dollar -hasn't it been the general practice to round up and not down in benefits program? I don't claim to know, but why are we doing this? We are only doing this to reduce -for savings, clearly.

Ms. Olson. The states believe it would streamline administration somewhat. It is supported by the APWA. The assume an average recipient reduction of about 50 cents a month.

Senator Bradley. You could round up? Ms. Olson. You could round up.

Senator Bradley. The American Public Welfare Association supports this?

Ms. Olson. Yes, sir.

The Chairman. Are there other questions with reference to AFDC? Did you have an amendment, Senator Moynihan?

Senator Moynihan. Mr. Chairman, I would like to go right though the whole 11 proposals.

The Chairman. Oh, sure. Okay.

Senator Moynihan. A third of the children in the
United States are involved here, and prorating the first
month's benefits based on date of application, well, that is
a reasonable proposal. I mean people should expect to
get their benefits from the time they ask for it.

And that to some extent -- again, that's a reduction in benefits. We've had two reduction in benefits. Eliminating military service, I think that's a reasonable one.

Can we speak now to the end of parent benefits when the child is 16?

Ms. McMahon. This was proposed on the grounds, I guess that by the time the youngest child has reached 16, the mother, or caretaker relative is not as necessary in the home. The needs for child care or non-existent one would assume. It is a proposal that we adopted for Social Security benefits last summer.

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Senator Moynihan. And so, again, that is a benefit cut?

Ms. McMahon. Yes, it is.

Senator Moynihan. Which is that benefit which has been in place since 1935?

Ms. McMahon. No.

Senator Moynihan. Well, no parents. Since AFDC 1940, I guess. Could I ask -- is there any research? Does the Department of Health and Human Services offer us any information? You say you assume that the child care is not necessary.

Have you studied the matter. Do you have some data that you could present to us?

Ms. McMahon. I'm sorry. Any data that these people would be able to work when the child is 16 rather than two years later? Is that the question?

Senator Moynihan. Yes.

Ms. McMahon. Of the child care costs. I'm sorry.

Senator Moynihan. This is a proposal to end the parent's benefit at age 16.

Ms. McMahon. Right. Well, when the parent was included in the benefits after the program first started, it was on the notion that these individuals would be staying home to take care of the children. They wouldn't be available to go out and go to work.

In terms of the society we live in today with 51 percent of mothers working, with many mothers with young children working, we particularly felt that keeping people in a dependent status any longer than absolutely necessary was not to the advantage of the individual and the family, and that once a child is 16, normally these children are not at home with the mother when they are not in school.

The mother really isn't keeping close watch over them.

And that it would be to her advantage to be out getting
a job and starting to move away from welfare while her
children would still be eligible so she would be getting
some assistance rather than wait for the time where she's
just absolutely cut off, and she has nothing, and she
hasn't really had any transition to employment.

Senator Moynihan. Well, I simply ask the point -- is there a research paper in the department that argues this case, or does this come under the heading of perfectly respectful common sense proposal?

Ms. McMahon. I think it is perfectly respectable, common sense.

Senator Moynihan. Can I ask without the least bit of aspersion, are you ever going to bring us some data to this committee, not you, but your department?

Ms. McMahon. In reference to?

Senator Moynihan. These things.

Ms. McMahon. Are you speaking, like, for instance, on the evaluation of the '81 changes, the 1981 Amendments, the changes we made?

Senator Moynihan. Yes.

Ms. McMahon. We are in the process right now of letting two contracts which should be completed between six months and one year -- six months for one and a year for the other -- that will provide data on some of the issues that relate to the changes we made in '81.

Senator Bradley. Why 16, not 15 or 7?

Ms. McMahon. Well, I suppose we could go to 15.

Senator Bradley. No, why?

Ms. McMahon. Generally, in some states the child is no longer considered a minor at age 16. I know also that this committee had looked at the issue of possibly terminating the Social Security benefit for a parent when a child reached that age. And I think it was those things that we looked at in terms of picking that particular number.

Senator Moynihan. Isn't it the proposal of the Administration to abolish Title IV of the Social Security Act under the New Federalism?

Ms. McMahon. Oh, you are speaking of having the states pick up the AFDC program in exchange for the federal government picking up Medicaid?

Senator Moynihan. Pick up if they choose.

Ms. McMahon. I'm sorry?

Ms. McMahon.

Senator Moynihan. Pick up if they choose. This Administration is proposing to strike Title IV from the Social Security Administration.

Ms. McMahon. Well, I'm not terribly familiar with the negotiations that have gone on on New Federalism. I do understand that in the discussions there is something about maintenance of effort, and I just really couldn't speak intelligently about what is going on. I don't think it is our intention to do away with assistance to dependent children.

Senator Moynihan. It is surely your intention to do away with it as a federal program?

That is true in terms of the New Federalism.

Senator Moynihan. That's true. After 45 years we are going back to the Widow's Act of 1912, if those states choose to adopt them. There is not -- mind you this has not been presented at statute, but Mr. Chairman, I think we have to consider these matters in the context that these most radical proposal made in this area by this Administration is to abolish and do away with the federal commitment to provide income support to dependent children which was Title IV of the Social Security Act of 1935 and return that to the states where some vague way they will be expected to carry on, and some states will have

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constitutional amendments and some states will not. states will be so disposed, and some will not. And I detect the same spirit -- you say well, 15 -- why not 15 or 14? I mean -- these are just reducing benefits. I don't --

Ms. McMahon. I would like to reiterate the fact that in the negotiations that are going on on New Federalism, and there is no proposal on the table right now before the The discussion is that there would be a maintenance Congress. of effort, and that there would be a commitment of federal dollars. So, although the proposal is not finalized I think it would be erroneous to say that we are abolishing the program, and that there will be no federal commitment.

Senator Moynihan. But it is not erroneous --

Ms. McMahon. Since I don't really know anything more about it, I don't feel qualified to discuss it.

Senator Moynihan. Well, none of us. We just hear about it, read about it a little bit. But it is proposed to do away with the federal payment of benefits to dependent children. Now, that is proposed.

Ms. McMahon. I'm not sure that is an accurate statement in terms of the negotiations of what federal dollars would be committed.

Senator Moynihan. Well, I admire your efforts, Ms. McMahon.

Senator Danforth. As I understood the program, the

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federal government was to take over all of Medicaid.

Senator Moynihan. That's right.

Senator Danforth. And, therefore, the states would be relieved of any burden of Medicaid which was said to be the fastest growing of the support type programs, or the grant type programs, and at the same time, the local governments were to swap for their Medicaid responsibility, AFDC and food stamps, and that the result of that, and there have been heavings on that, and that the result of that is that the governors hit the roof, and that as far as food stamps are concerned the Administration has now pulled back on the food stamp part of it, and has agreed to keep that.

And I think that it is fair to say that they are under considerable pressure from the number of people in the country, and also from the governors to also pull back on AFDC.

But they have been attempting to put forward some idea of reallocating administrative responsibility and decision making responsibility for that matter because if, in every type of program the federal government has a fraction of the program, and the states have the fraction of the program, the result of it is that the states are, in essence, simply administrative arms of the federal government.

So the notion was, as I understand it, to try to have a redealing of the cards so that there would be some things

that the states would do, and other things that the federal government would do, but I agree with you that AFDC -- as a matter of fact, it is my view that AFDC is not one of the things they could do. But I'm not sure that this is the forum for debate of that.

Senator Moynihan. It is not. I just wanted to say it. That's all.

Senator Danforth. Voice your concern.

Senator Long. Well, Mr. Chairman, I just want to put an ore in here where Ms. McMahon is arguing about the children, young people 16 years of age. When you're looking at -- the idea of putting the parent on the welfare rolls with the child was that with small children it was expected that we would pay somebody to stay home and look after the child. Now, in the absence of the child, the adult would not be eligible to go on the welfare rolls.

Now, when the child reaches age 16, that child doesn't need Mama to stay there and babysit that child. That child at that point is capable of babysitting herself or himself as the case may be. That child is capable of going out and earning some money to help support the family. So that there is no longer much argument to say that where you have a normal healthy child at home that Mama has got to stay home and babysit that child after age 16. That is basically your argument; isn't it?

Ms. McMahon. Yes, sir, it is.

Senator Danforth. And also the Senator Bradley's question about why not 15 or why not 17? At 16, in most states at least kids can drive, and there is definitely a major difference in the amount of time spent around the house between the 15 year old kid and the 16 year old.

Senator Long. I was driving well enough to tear an automobile all to pieces at age 15.

Senator Moynihan. How many AFDC families have cars?

Do you have the data on that?

Senator Long. You just might be surprised.

The Chairman. Probably don't want that number.

Senator Moynihan. Mr. Chairman, if I can say -- I have a small amendment --

Senator Danforth. Do we know the answer to that question?

Ms. McMahon. I think it probably isn't more than five percent, but I would like to check that for the record.

Senator Moynihan. Five percent have cars. Well, we say five percent of the families with children between 16 and 18?

Senator Danforth. Well, I would doubt that those without cars are hanging around the house. I mean I really think that there comes a time in a child's age when he tends

to leave, whether it is with wheels under him, or without wheels.

Senator Moynihan. There are those of us who find that there comes a time in a child's age when they ought to leave, but don't.

Senator Danforth. That's at about age 21.

The Chairman. We are having the same problem with senators, I think.

Senator Moynihan. The one subject, I guess I would like to address as an issue of policy here is the one on the error rate, and this is a difficult one for us to discuss because to raise it seems to be in favor of error. And if that is so, sobeit.

But if I understand this program, and I have tried to understand it over a long while, getting down to a very low level of administrative error is just damn difficult. It is just a turbulent, churning program, full of every incentive for -- a lot of incentives for mistakes, an enormous number of possibilities, and to ask -- are we now asking -- is it three percent of that we're proposing?

Ms. McMahon. That is the proposal for Fiscal Year '83.

Senator Moynihan. And I understand that you have made -- this is not something I know. I ask in innocence? What number is that in the blue book again? Forgive me.

I'm looking to see the benefit calculated.

Ms. McMahon. Page 55, number 15.

Senator Moynihan. Now, I understand that the estimated savings which are not inconsiderable, half a billion dollars over three years — the estimates were made not in terms of the savings to the program that would result from the states actually reducing their errors but rather from the savings to the federal government in consequence with the states not having been able to do so. Would I be wrong in that?

Ms McMahon. I think that is correct.

Senator Moynihan. Now, Mr. Chairman, did you hear what I said? I didn't mean that. I'm sorry, sir. You've been so patient with us all day. And we appreciate it, and you have been extraordinarily responsive to this side in trying to ease what is not a pleasant task for you anymore than it is for us, but on the error rate, the estimate made, and has just been confirmed by our very candid and very helpful witness, friend, former colleague from the Administration, that the escalated savings which are to be —— am I correct —— what are the estimated savings? They are 234 million, 105, 167.

Ms. McMahon. You are reading the savings for the Administration's proposal. The Dole proposal stays at three percent, and the '83, '84, '85 savings are at 41 million. That is on the white sheet.

Senator Moynihan. On the white. I see. All right.

The Chairman. So we rejected the Administration.

Senator Moynihan. But even so, the Administration proposals, the savings were estimated not to result from a successful reduction of error rate, but rather from the assumption that the states would not be able to do so, and that -- because you can't do it.

Now, I --

Ms. McMahon. Well, we get the savings either way.

If the state could not reduce, we wouldn't pay for that

amount so we get the savings. If the state did reduce,

obviously, they wouldn't be spending that amount. We

wouldn't be matching it, and we would still get the savings.

Senator Moynihan. What do you think to be the real probability here? I mean my state of New York is about average in these matters. What is the average error rate not for the averaging states by adding them up and dividing by 50, but for the program as a whole?

Ms. McMahon. The last error rate that we had was 8.3 percent.

Senator Moynihan. 8.3, but that is the rate for all recipients, not just adding Delaware to Pennsylvania and dividing by two?

Ms. Olson. That is the U.S. average.

Senator Moynihan. Is it the average of states or the

average of all the cases?

Ms. McMahon. Total cases.

Senator Moynihan. All the cases. So you would have to go from 813 down to three?

Ms. McMahon. Yes, sir. Of course, you have to remember when we started this ten years ago that the average was

Senator Moynihan. Higher. Much higher.

Ms. McMahon. And unfortunately because we never have taken sanctions, it's been difficult to get some states to really believe that they need to get their error rates down.

The Chairman. Could I ask -- have you consulted with the governors or representatives of the states on this issue?

Ms. McMahon. We've discussed it with them, yes.

The Chairman. And I know they were opposed to zero, but in the food stamps, we adopted only yesterday in our committee -- it was my proposal -- the average was 10.6 percent nationwide. We have now a phase-in down to five percent at the end of three years. And that is embraced by the Governors Association as realistic.

Senator Moynihan. Could we not have a phase in down to five year -- down to five percent in three years here?

Ms. McMahon. We already do that under the Michael

Amendment. I mean the states have already been in a phase

down process.

The Chairman. Down to four?

Ms. McMahon. Yes, sir. And this would be the following year down to three.

Senator Bradley. Mr. Chairman, again, this raises the issue of best effort and improving your error rate situation. And as we talked about it with Medicaid states making progress -- you want to encourage them to make that progress. At the same time you don't want to pull the rug out from under them and give them a big revenue shortfall in one year.

And it is just a reasonable approach. I mean I don't know if the specific scale that you could apply, best effort. But I mean I think -- is there any way we can kind of leave this open so that we could try to see if in the next four of five days we can work on this just as we did on the --

The Chairman. I might suggest that we do that. In other words, we do work on it with the Administration and committee staff on both sides and others who have an interest.

Senator Long. Let me ask you this though. Before we got involved in this -- Mr. Stern, I want you to give me the benefit of your recollection on this, if you can. Before we got involved in all this error rate, didn't we have come across the situations where like for the whole state of Maryland, they only had one investigator outside the city

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of Baltimore for the whole state, that type of thing --Do you recall some of that?

Mr. Stern. I don't call specifically for the state of Maryland, but I think it would be correct to say that up until about ten years ago, not too much attention was paid to what we call quality control today.

Senator Long. I recall, of course, somebody did a story -- I guess it had some glamour to it and therefore got some publicity in the Washington newspapers about some ring over there in Maryland, putting some fellow in charge of putting all these people on the welfare. I think he drove a big limousine. They called him "Red" something or other.

And he would have all these wigs and one thing and another for ladies to change as they go inside and get on the welfare rolls under more names than one. We had all kind of mischief like that going on before we started clamping down and demanding that they do something about these error rates. Did we not? That was my impression.

That's right. I think over the last Mr. Stern. ten years both administratively and also legislatively you've instituted a number of things such as requiring the use of Social Security numbers in order to prevent that sort of situation. That was a direct criminal fraud situation. But he was able to take advantage of sort of

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the legacy of the 1960's of declaration method and simply coming in and applying, and he did have this group of women that he simply carried around from one welfare office to another and they would just make a series of application and no checks were made.

Senator Long. But we even had an attitude -- and

I gained the impression that it is a rather prevalent

attitude in some areas that, including in Washington itself,

of why worry checking on any of this stuff. These are all

poor people, low income people getting the money anyway,

so why even bother to look into it.

Wasn't that attitude sort of prevalent around the country at that time?

Mr. Stern. I believe so, yes, sir. I think that was one of the reasons for the growth in the statistics, particularly in the '60's and once it was clear that the Congress was not enacting the kind of guaranteed minimum income program where the federal government would take over the responsibility, then things sort of settled down and the states started administering their programs more tightly, and the Child Support Program was enacted, and certain other pieces of legislation, they tried to tighten up on the administration, and the trend really reversed itself, and the rolls stabilized.

Senator Long. Well, my thought about it is that I don't

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want to vote to put any unreasonable burden on the states, something that they can't reasonably be expected to do, but if we still have some states out there that haven't gotten the message that we want them to do a job of carefully looking at their case load and putting the people on that belong on there and not putting the ones on that don't belong on there -- if they don't have the message yet, I would hope that we would see that they do get the message. Now, what do you think about that, Ms. McMahon? Do you think we really ought to go down to three percent or say four or a higher figure?

Ms. McMahon. Well, our proposal is to go -- to phase down to zero eventually so we certainly support going to three percent.

Senator Moynihan. Mr. Chairman, if I may just say the proposal to phase down to zero was accompanied by the proposal to zero out the program. I mean quite seriously we have to -- in all truth, this is the Administration that has said that the care of the children will no longer be a federal responsibility, and that is quite a striking decision.

The Chairman. I didn't think zero was realistic in any of the programs.

Senator Moynihan. Minus one.

The Chairman. Senator Bradley?

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Senator Bradley. Mr. Chairman, isn't what we are really talking about here -- I think everyone wants to try to have the program administered as efficiently as possible, but are we talking about error rate or misspent funds? It seems to me like we're talking about misspent funds more than we are error rate.

For example, this morning we raised the possible technical problems. You lose your Social Security card. Somehow or another you are figured in the error rate, but you're not having misspent funds.

Is there anyway in the language of this we could conform the intent more to the idea of misspent funds than to error rate specficially?

Ms. McMahon. The things that you are speaking of which are called technical errors, the Social Security number, WIN registration and Child Support assignment are actually conditions of eligibility in the law. When the department looked at regulations under both the March 7 regulations that came -- that were about replacement for the Michael Amendment, and then the regulations to carry out the Michael Amendment, this discussion of technical errors came up.

But it was the Department's decision that because the Congress passed a law that said in order to be eligible for the program, you must have a Social Security. You must

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register for WIN if you are required to do that, and you must assign child support. We felt that it was necessary to include those as errors because technically those people are not eligible for welfare.

Senator Bradley. Well, is there anyway that we can get the language more toward misspent funds since that is really what we are talking?

The Chairman. Does the Department want to address?

Senator Moynihan. Perhaps we could do that. the SSI
which is federally administered has an error rate of

5.3 percent. And there is a point at which we're not
changing error rates. We're just reducing federal payment.

The Chairman. All right. Let's try to address this real concern. I think we're better than it was. Three is better than zero. 3.5 might be better in '83 than three. Again, if it's simply going to mean the reduction in benefits, then maybe we need to approach it, and again, I don't -- we may have to find some other savings provisions.

You had amendments to this?

Senator Moynihan. Mr. Chairman, I have three, and before I do that, one other just very brief remark. One of our good witnesses observed -- I guess Mr. Stern -- that this program is not growing. As a proportion of the federal budget, this program is declining. Is that not the case, as a proportion of the federal budget?

Ms. Olson. It is declining.

Senator Moynihan. It is declining. This is not 1968, and yet there are an extraordinary number of children who are involved.

Senator Byrd. I wonder if you would yield?
Senator Moynihan. Of course, I would.

Senator Byrd. I just want to say in regard to that why in the world shouldn't the states be required to come somewhere near accuracy when they expect federal funding for these programs? I don't know why we should have a great tolerance of errors. Seems to me three percent is reasonable.

Senator Grassley. Well, declining as a percent of the budget, but is it declining in the number of people who are on the roll?

Ms. Olson. I understand the number of households are decreasing.

Senator Grassley. Are increasing?

Ms. Olson. Decreasing.

Ms. McMahon. The changes that the Congress made last year in the program have resulted in a reduction of about 259,000 cases. It was only because of the set of changes made last year.

Senator Grassley. Okay. But it wasn't declining before that?

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Ms. Olson. No, sir, it was not.

Senator Grassley. So it's not declining because welfare is any less appealing?

Ms. McMahon. Not at that time.

Senator Moynihan. Mr. Chairman, I do have a few amendments that I would like to offer, and the first goes to the amendments we offered last time. And perhaps someone could pass these out. Or I will pass them out. The states would continue to have the option to provide Medicaid coverage to working — those working poor families who lost this coverage because of changes in the earned income disregard and the work expense deductions in the program which we adopted in the Omnibus Reconciliation Program last year. A very brief defense.

Mr. Chairman, last year we did something which I think was incoherent given the thrust of this committee's behavior for so long. We cut back sharply the income disregard.

We limited it to three months, as you recall.

And we also cut back sharply the expense deduction, and the result of that -- families where there was receiving AFDC, but working frequently found that they could no longer eligible for the AFDC, and therefore no longer for Medicaid either, and the shearing incentive there was if you keep at work, you lose Medicaid benefits.

The Chairman. Is there anything with --

Ms. McMahon. Well, our feeling is that the states already have the option because they can have a medically needy program.

The Chairman. Well, if they already have it, is there any problem with the amendment?

Senator Moynihan. But why not keep it something familiar to the people in the system who don't -- aren't told that if you keep your job you lose your Medicaid? It will be a state option. It's a state option. Those that wish to do, can do. Those that don't, don't.

And the cost is negligible.

Ms. McMahon. We haven't really had a chance to look at it. I notice this says that the cost would be negligible. We don't think that that is the case. We think it would be very expensive, and rather than comment one way or the other at this point, I think we really need to look at it.

The Chairman. Could we put it over as we are putting over the other --

And I know that Senator Durenberger has an interest in this amendment, too.

Senator Moynihan. Oh, I'm sure he would. Yes.

We'll have time to take it up next week. Then, I have a second amendment, Mr. Chairman. This is a difficult proposition to establish or to falsify, as the scientists

say, but there does appear to be a problem of what we can call second generation AFDC families in which a dependent child becomes a parent, and then establishes a separate household.

And this amendment -- it allows minor children to establish their own household if they meet eligibility criteria, but it does say in order to qualify for AFDC benefits, a minor parent or child who meets all other eligibility requirements would have to reside in the home of the parent, own parent or guardian.

The object is to prevent that vociferous tendency which, I think, is sort of agreed on in the literature.

Nobody knows that much about it. The savings involved are small, and if it doesn't work, we can change it. If this comes into law, I would hope the department would pay attention to it, and has some judgment on what has been the effect. It may be it has no effect. It may be it has an official one, and it may not.

I think the argument -- the judgment of professionals in the department right now is that this would be a good thing to do.

Ms. McMahon. Yes, sir. We would support the provision that you putting forth. It pretty much extends something that we were doing, and we would be happy to look at that and see what the effect is and give you some feedback if

this does become law.

The Chairman. And without objection, the amendment would be adopted.

Senator Moynihan. I thank the chair. I have one other proposal in AFDC.

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Mr. Chairman, in last years

reconciliation we determined that -- we mandated that states determine the AFDC benefit levels retrospectively on the base of the -- bases of the family's need in the last accounting program -- last accounting period which is typically a month.

And it is the case in many states that a person loosing their job and suddenly destitute will get a payment from the state, just home relief payment. And it is just almost a technical error in the legislation that requires the calculation of AFDC benefits to include that emergency payment as if that were some how part of the on going income of the family. When, in fact, that occurred -- for the simple fact the family suddenly had no income or did not have enough.

And this would give the states the option of excluding the calculation of AFDC benefits any payment from state funds that were designed to tide the family unit over until they become eligible for this program.

Ms. McMahon. I don't think we have a problem without seeing actual language, you know, I would reserve -- but I believe that as long as it's state funds that are not matched by Federal dollars that we would probably feel comfortable with having that excluded.

Senator Moynihan. Of course, I think we would have to,

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in fact, ask you to draft the language. But does the Committee get the point? A family looses its job. It's destitute. The state, out of its own funds, gives it some money and then says, you know, you're eligible for AFDC benefits. But then in calculating the AFDC benefits, they shouldn't -- they should have the option of not calculating the money they gave them because they didn't have any income. But that wasn't income, that was a -- just another form of public assistance.

The Chairman. I see no objection though. We'll let together with Senator Moynihan let someone draft some language. And if you're going to draft it, I assume that is satisfactory. Yes, Senator Grassley.

Mr. Grassley. I have a question and I don't expect to have the answer now, but I'd like to have the answer before we do discuss Mr. Moynihan's first amendment.

How many recipients or how many people went on AFDC as a result of our income disregards and the supposed rationale that they couldn't afford to work anymore because they could get more on welfare than -- than work?

Ms. McMahon. In other words, how many people quit their jobs and went on welfare?

Senator Grassley. Yes. Because of --

Ms. McMahon. The evidence that we have right now is there is about a ten percent recidivism rate. In other

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other words, as many as ten percent of the people who were working and went off welfare, then guit -- well, I don't want to say quit jobs and went back. Either lost jobs, quit jobs. We don't really know how many people went back on welfare because they voluntarily quit a job saying I can't make it without the welfare and it's not worth working and I'm going to go on welfare.

Senator Grassley: Then how many --

Ms. McMahon. We're still following that in the couple of the studies that we're doing are looking at that whole business of the impact on work effort.

Senator Grassley. Then how many of those -- how does that compare to what was suppose to happen as we adopted that a year ago?

Ms. McMahon. Well, frankly, Senator, a ten percent recidivism rate in a welfare program is not unusual. A lot of things happen . The people who are on AFDC are the kinds who tend to come and go. Their circumstances change regularly.

And so we don't think that this is an unusual circumstande. We certainly think that if 90 percent who are affected by that have made it, they've maybe increased their work effort in order to make up for the loss of welfare. That it's a definite plus as a public policy decision.

The Chairman. As I understand you're looking at the

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first amendment, we've accepted the second amendment, we don't see any problem with the third amendment. But that will be drafted in --

Senator Moyhihan. We have a draft.

Mr. Chairman. Oh, you have a draft.

Senator Moynihan. But they can look at it.

Mr. Chairman. Oh, good.

Senator Moynihan. And may I say, Mr. Chairman, on the first point to Mr. Grassley's sensible question. You will not -- you will rarely get a good clear answer to a kind of good clear question of that kind. People's motivations and circumstances are so complicated.

But what you can do is write in a -- the opportunity for states to -- not to put people in choices which, in some cases, would just impel them to go on welfare.

Senator Grassley. I can appreciate the fact we do not get a clear reading of it. On the other hand, from the people who opposed what we did last year, you get the feeling that they absolutely know that there is just, you know, hundreds of thousands of cases of those things happening.

Senator Moynihan. Well, there's an old New York saying that it is not ignorance that hurts so much as knowing all those things that ain't so. And there is plenty of that in this business, I'm afraid.

Mr. Chairman. Now, Senator Moynihan, is there any

objection if we could agree to this AFDC portion and keep as the caveat of the amendment and plus trying to come up with some easing, if we can.

I do not know, I tend to agree with Senator Byrd. It may not be the right direction. Any objection to agreeing to this section? I know of his concern.

Senator Long. I would just like to bring up one point.

I notice that this rounding of benefits -- that's a rounding down, now isn't it? Rounding down to the nearest dollar figure.

It just seems to me that if you are going to round the benefits, you ought to round up 50¢ and down 50¢ rather than rounding where the beneficiary looses in any event.

And I just want to move that that be left out. I'm willing to settle for a voice vote. I just -- I personally just don't go along with it.

Mr. Chairman. All in favor say aye. All opposed, no.

Senator Long. Well, I wasn't sure whether you were voting for motion or not, but I was counting myself with the ayes, then.

Mr. Chairman. I think it is. We were doing it on food stamps. We're going to be suggesting it in this program. And it is a savings. It does ease the Administration. And I understand what you would do. You would round up or round down depending on whether you were on the half side.

I would hope we might retain that. It is not a lot of money, but it is --. Maybe we better have a record vote on it or a show of hands.

Senator Bradley. Which vote --

Mr. Chairman. Why don't we call the role then. Just call the role.

Senator Bradley. Would you state the question again.

Senator Long. I'm just opposed to the rounding of benefits. The proposal is to round them down. In other words, what the proposal is that whatever the numbers like if it's -- suppose it's \$200.25, well just drop off the 25¢. Or if it's \$1.15, drop off the 15¢.

In any event, it's a rounding down and I just don't like that. I personally think that if you're going to round benefits at all, it ought to be on a bases where the beneficiary or the people we're trying to help have at least the opportunity or chance to win as well a chance to loose.

If you're going to round benefits -- numbers, I think you ought to round up from 50 as well as down 50.

Senator Moynihan. Down 49.

Senator Chafee. Mr. Chairman, I've got a suggestion.

As I understand it, we've got to go through this whole

list.

Mr. Chairman. Well, we've been through it about three

times.

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Senator Chafee. Yes, but I mean -- I appreciate that but other people may have other points in connection with this. And I'd like to see how we come out before we vote on this one here. If we're off target, then we couldn't do it. If we're ahead of the game, then we might be able to do it.

Mr. Chairman. Well, we could vote on it. If he looses then we

Senator Long. We could always reconsider later, if you want to.

Senator Danforth. Mr. Chairman, how often are these changes made?

Ms. McMahon. Once a month. It varies by state. states pay twice a month.

Senator Moynihan. While they look it up, I'll tell you there's a huge range. This is the only program in the charity -- in the Social Security Act in which there was this mix of Federal - State. Old age insurance and things like that were all Federal, and therefore there is a huge range.

Ms. McMahon. But, sir, the average payment is \$300, but that really doesn't tell you very much in terms of what it is state to state.

Senator Danforth. -- But in the aggregate 50¢ here

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and 50¢ there really I have --.

Senator Long. Well, if you're chiseling and cheating the taxpayer and the citizens out there, it don't make any difference to me whether you're cheating them out of 35¢ or \$35, it's still not right. That's just the way it looks to me.

And if they are entitled to a certain amount of money, you ought to pay it. Now, it doesn't especially bother me to, but the Administration explicity -- if you people want to do it that way, it doesn't particularly bother me.

They just say, well all right we will split the difference. If they say -- if it's on the high side of -- above 50¢, round up . If it's below 50¢, round it down.

That doesn't bother me, but what we -- well, they say look here. We picked up \$150 million dollars in all Federal programs. How did we do that?

Well, we did it two ways. One by making them pay more than they owe. And two, by giving them less than they've got coming to them. So, we've come to \$150 million worth of that.

Now, my reaction is I don't want that to be known as

Long Amendment. If somebody else wants it, that's all right,

but I don't want it. You know, I'm against that. If

somebody comes and complains and says well look they owed

me \$17.35 and they only gave me \$17.00. I want to be in the

position to tell my constituent I voted against that. If I had my way, you would have gotten your 35¢.

Mr. Chairman. Well, I don't quarrel with that, but

I think -- the other options, I think, are even less

desirable. If we start looking for other places to save

money and you're looking at it, again, we think we've done

quite well in these programs keeping benefit reductions

very low and making adjustments in the Administration's

program. And in order to make -- reject some of their

recommendations we had to find other ways to come up with

what may appear to be rather minimal amounts of money.

This is one thing that we choose to do.

If we'd rather go back and find some change in the program itself, we can certainly find some options that more than off-set what we might loose on rounding.

Ms. McMahon. We have a couple

Mr. Chairman. Name one that --

Ms. McMahon. Mandatory CEWEB.

Mr. Chairman. Pardon.

Ms. McMahon. Mandatory CEWEB.

Senator Long. Mandatory what?

Ms. McMahon. Community Work Experience Program. Work Fair.

Mr. Chairman. All right, well we didn't add that one,
but I know that's -- what's the other one?

Ms. McMahon. What else did they give up.

Mr. Chairman. Some would like mandatory work --

Ms. McMahon. Oh yes, County Energy Assistance as income or the extent that it is duplicated in the AFDC payment. -- of the administrative cost of the program.

Mr. Chairman. See what we did, in allowing we took some of those recommendations and put them at the bottom of the pile and that's where they stayed.

But, I may have to bring them back out again if we -Senator Long. Well, let me just make it clear. Let
me just tell you as far as I personally -- as Chairman -I have the highest admiration and high regard, but I
wouldn't for a moment hestitate to vote -- in regard to all
these able bodied people that we'll pay them to do something
rather than pay them to do nothing.

And I think what's wrong with your working with your -with that -- what do you call it? Your CEWEB program or
whatever you want to call it is that you pay them the check
and then you try to make them do the work. I'd pay them
the first check to get them started, but after that I'd
pay them for work rather than pay them for doing nothing.
And it would be a far more popular program.

But just to be on record, I'm for it.

But I'm also opposed to the nickle and dime part of it, so I --

Ms. McMahon. Senator Dole, if I may, if the Agriculture Committee is considering the rounding down provision for the food stamp program, I'm sure that state administrators will be interested in seeing the same thing done in both programs.

Mr. Chairman. They've already done it. Didn't do a lot of things suggested.

Senator Long. Well, I think it's clear. I'm opposed to it. Just count me among those who voted against it.

Let's go on to the next thing.

Mr. Chairman. Well, then if we --could we vote on the entire AFDC package with the exceptions that we've noted before? Does anybody want a record vote on that?

Senator Boren. Has the --

Mr. Chairman. Right. We're trying to do the same thing keeping in mind what Senator Byrd had to say that he thinks -- feels very strongly that there ought to be -- they ought to tighten up the --, is that correct, Senator Byrd?

Senator Byrd. I think we certainly ought to tighten up. There are 19 states, for example, that are below three percent as was brought out this morning. Most of New York State is below three percent, the second largest state in the union population wise. If a state the size of New York can get below three percent, certainly the

other states can. Some of the smaller states which should have the least problem, have the highest margin of error.

One up to 18 percent. Up. to 12 percent, and 15 percent.

Mr. Chairman. That was in the Medicaid Program.

Senator Byrd. Right.

Mr. Chairman. Which has a better track record. This, I think, the average is about eight.

Ms. McMahon. Yes, sir.

Senator Boren. I'm certainly not opposed to this.

I'm very much in sympathy with this tightening up. I don't want us to set it so high that it become unrealistic and then we don't -- in other words, if it's at a reasonable rate we'll get real enforcement of it. If it gets over to the point where fewer, if any, of the states can met it, why then they're more apt to not really enforce it on the states.

So, I would just say we could have a look at it just to try to make sure it was at a reasonable obtainable level that we could -- would be a real incentive to --

Mr. Chairman. We've directed the staff to work with the committee staff.

Senator Boren. I wonder, Mr. Chairman, on another matter. I don't think this is controversial. You recall that the Committee previously adopted the right of states to have demonstration projects on the WIN program. Or where

we gave them greater flexibility to establish their own WIN programs. And I'm told, at least in our state, the results so far -- Oklahoma was one of those states that opted, have been very good. We have had some substantial savings. We have had much higher rate of taking people off the -- off the roles and getting them into employment than we'd had previously.

I'm also told that there are some other states that would like to have the opportunity to also have these kinds of programs, but we have foreclosed them, I believe, from -- I think the date has expired by which they could enter.

Ms. McMahon. Yes, sir.

Senator Boren. I wonder if there would be objection.

It would be seem to be a cost saving potential, at least,

to reopen the period for another couple of years under which

states could opt into that program.

I've heard maybe New York, I think, and others have talked about wanting to go into it and now have been foreclosed.

Ms. McMahon. If the Congress chooses to fund the WIN Program, we would have no problem with the WIN Administration being extended.

Senator Boren. Well, I would -- if there isn't any objection, Mr. Chairman, I would like to move that we do extend the demonstration prgram allowing states to opt into such

demonstration programs for two years. There's no cost attached to it and there is potential savings. It just really 2 3 gives the states greater flexibilty. 4 Mr. Chairman. It would be contingent on funding the 5 program. Senator Boren. Contingent on funding, of course. 6 Right. 7 8 Mr. Chairman. Any objection to that? 9 Ms. McMahon. No, sir. Mr. Chairman. Okay. 10 Senator Moynihan. Could we have a role call, if he 11 didn't mind. I'm sorry to have to --12 Mr. Chairman. All right, then we'll vote on the 13 AFDC Section and the Clerk will call the role. And I might 14 say in addition to the reservations made, Senator Durenberger 15 has reserved the right on one of these areas that he may 16 want to raise at a later time. 17 Senator Moynihan. On the Medicaid eligibility option. 18 That's what you mentioned. 19 Mr. Chairman. Yes, it's number ten. I think 20 Senator Durenberger had in mind the one that has already 21 been reduced substantially. 22 The Clerk. Mr. Packwood? 23 (No response.) The Clerk. Nr. Roth?

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Senator Roth. Aye.

The Clerk. Mr. Danforth? Senator Danforth. Aye. The Clerk. Mr. Chafee? Senator Chafee. Aye. The Clerk. Mr. Heinz? Senator Heinz. Aye. The Clerk. Mr. Wallop? Senator Wallop. Aye. The Clerk. Mr. Durenberge: The Clerk. Mr. Armstrong? Senator Armstrong. Aye. The Clerk. Mr. Symms? Senator Symms. Aye. The Clerk. Mr. Grassley? Senator Grassley. Aye. The Clerk. Mr. Long? Senator Long. Aye. The Clerk. Mr. Byrd? Senator Byrd. Aye. The Clerk. Mr. Bentsen? Senator Bentsen. Aye. The Clerk. Mr. Matsunaga? The Clerk. Mr. Matsunaga? The Clerk. Mr. Moynihan? Senator Moynihan. Nay The Clerk. Mr. Baucus?		
3 The Clerk. Mr. Chafee? 4 Senator Chafee. Aye. 5 The Clerk. Mr. Heinz? 6 Senator Heinz. Aye. 7 The Clerk. Mr. Wallop? 8 Senator Wallop. Aye. 9 The Clerk. Mr. Durenberge: 10 The Clerk. Mr. Armstrong? 11 Senator Armstrong. Aye. 12 The Clerk. Mr. Symms? 13 Senator Symms. Aye. 14 The Clerk. Mr. Grassley? 15 Senator Grassley. Aye. 16 The Clerk. Mr. Long? 17 Senator Long. Aye. 18 The Clerk. Mr. Byrd? 19 Seantor Byrd. Aye. 20 The Clerk. Mr. Bentsen? 21 Senator Bentsen. Aye. 22 The Clerk. Mr. Matsunaga? 23 The Clerk. Mr. Moynihan? 24 Senator Moynihan. Nay	1	The Clerk. Mr. Danforth?
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The Clerk. Mr. Baucus?	24	Senator Moynihan. Nay
41	25	The Clerk. Mr. Baucus?

2 Senator Boren. Aye. 3 The Clerk. Mr. Bradley? Senator Bradley. Nay. 4 The Clerk. Mr. Mitchell? 5 Senator Mitchell. Nay. 6 The Clerk. Mr. Chairman? 7 Mr. Chairman. 8 Aye. Mr. Chairman. Well, first I think Senator Roth what 9 I -- The ayes are 14, the nays are three. So that that 10 is generally agreed to. 11 Senator Danforth. Mr. Chairman, can we do the next 12 one. The SSI? 13 Mr. Chairman. Well, it depends on some of the little 14 things that are still floating around, but we're doing 15 pretty well. 16 Senator Danforth. Do we have --17 Mr. Lighthizer. We haven't done SSI or unemployment 18 compensation, the last two parts of this section. But if 19 we do those, we should be pretty close to the first year. 20 Mr. Chairman. Then we have child support. 21 Mr. Lighthizer. Depending on what happens with the --22 rate. The -- rate provision is the biggest single provision 23 in AFDC or SSI. Depending on how that comes out, we'll 24 probably just make it. 25

The Clerk. Mr. Boren?

Mr. Chairman. On the child's CSE, there's only two items there. I don't know of any -- is there any objection to that section? If not, we will accept the suggestion there and then we'll move on.

As I've indicated we've rejected the Administration's
Child Welfare Foster Care and Adoption Assistance Provision.
We've determined not to reduce the Social Services Block
Grant.

That takes us to SSI. Carolyn?

Ms. Weaver. The SSI Provisions are described beginning on page 71 in the Blue Book. And the first two provisions on the list of savings, items in SSI are the first two provisions on page --. Seventy-one. Yes, it's continuing on the white sheets below the child support enforcement provisions. Roman numeral five. SSI, page 71 in the Blue Book.

The first two provisions on the list are items one and two in the Blue Book.

Senator Moynihan. Mr. Chairman, Ms. Weaver is speaking and I --

Ms. Weaver. Yes. Items one and two relate to the two provisions described for AFDC. The first one would provide the first months SSI benefit to the date of application or the date of elibility, whichever is later.

The second provision, like that proposed in AFDC,

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would round benefits to the next lower whole dollar, rather than up to the next higher ten cents as under current law.

Item three, the coordination the Social Security and the SSI cost of living adjustment is described on page 73, item number six. This is designed to correct what turned out to be a technical drafting error in last years reconcilation provision dealing with retrospective accounting.

Under current law, SSI benefits are based on income and resources in the prior month. That will cause difficulty come July when SSI recipients who also receive Social Security receive an increase in their Social Security and it's not immediately taken into account in their SSI benefit. or two months later, that would be reflected in a reduction in their SSI payment.

The provision would then coordinate those two costs of living adjustments so that in July and August the SSI payment would immediately take into account the increase in Social Security benefits.

Item four is to phase out of hold harmless. described on page 74 in the Blue Book, item number seven. This provision would continue the phase out of Federal hold harmless payments made on behalf of certain states. It was initiated in the 1982 continuing resolution.

Under current law, two states, Wisconsin and Hawaii,

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are continuing to receive Federal contributions on behalf of their supplementations to the SSI program. Because of a provision enacted in 1976, these two states alone have effectively been locked into hold harmless status, continuing to receive Federal contributions whereas other states, their hold harmless status phased out as the Federal benefit increased over time.

This would simply continue phasing out the Federal hold harmless payments for those two states.

And finally item number five, the recovery of overpayments is described on page 75 in the Blue Book, item number nine.

And that would simply authorize the Secretary to recover over-payments in SSI from Social Security and Black Lung That is other benefits administered by the Benefits. Social Security Administration.

It would not alter the way they collect over-payments from SSI recipients.

Senator Grassley. Would you explain hold harmless? Ms. Weaver. Yes, two states Wisconsin and Hawaii receive a Federal contribution toward their state supplementation for SSI. SSI, aside from some states which supplement, is a completely Federal program.

These two states make state supplements and because of a provision enacted in 1976, they are going to permanently

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well, for some time continue to receive Federal subsidies. 1 2 And this would phase out those Federal subsidies. 3 Senator Grassley. And that's what --4 Ms. Weaver. Yes. Virtually all of that money is 5 going to Wisconsin. Senator Danforth. Carolyn, would you like to proceed 6 with the discussion of unemployment compensation? 7 8 Senator Chafee. Did she do number five, Carolyn? Ms. Weaver. I'll do it again very quickly, okay. 9 This provision does not in any way alter the way the 10 Secretary can collect over-payments from an SSI recipient. 11 Senator Chafee. No, no five? 12 Ms. Weaver. Oh, we've dropped that from the list. 13 Senator Chafee. Oh, that's been dropped. 14 Ms. Weaver. Yes. He was back. 15 Senator Danforth. Okay, if there are no questions, 16 would you like to proceed to --17 Ms. Olson. There are two provisions in unemployment. 18 19 The first deals with the ex-servicemen program. 20 to close a loop hole in that program and would not make 21

Ms. Olson. There are two provisions in unemployment.

The first deals with the ex-servicemen program. Unemployment for members of the armed forces. The Administration proposes to close a loop hole in that program and would not make eligible for unemployment benefits anyone who does not fall into a group who has been honorably discharged because of a service connected disability, a reduction in force, de-activation of their unit, or a demobilization.

Senator Bradley. Mr. Chairman, I would strongly oppose this. I think what we did last year was a big mistake. And I think that -- I don't know if in your own state if you've come across it. I've come across it in my state at least 15 times in the last six months of the serviceman who chooses not to re-enlist for a variety of personal reasons. Maybe he wants to come home from Japan or Germany or wherever. He comes home and he finds the economy in a recession.

And unlike anyone else, virtually, in the economy he can't get unemployment compensation because of what we did last year.

And what this amendment does is even make it more difficult for an honorably discharged member of the armed services to get unemployment compensation.

I think that that is unfair. I think that it is a slap in the face of people who have served their country honorably. If they got a dishonorable discharge, on the other hand, they would be eligible for unemployment compensation. It doesn't make sense.

I think it's a mistake that we made last year. And I think we have to correct it. This only goes a step further. But I would not only want to vote on this, but I would move to re-instate what we had last year.

Senator Wallop. Mr. Chairman. Question. I just

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wonder if there is any unemployment compensation available to anybody who voluntarily relinquishes a job?

Ms. Olson. In most states voluntary quit is a reason for not being eligible for unemployment benefits.

Senator Bradley. And of course, by that argument I assume that you would argue that serving your country in the military is just like working at the corner drugstore or in a factory. I don't happen to believe that.

Senator Wallop. Well, it is to the extent that we don't have a draft and people are not there involuntarily.

Senator Bradley. Well, I would disagree that there is a different nature in the service. And you are simply saying to the serviceman who has served his four years and chooses not to re-up and he's going to be penalized particularly when he comes home in a period of recession. I don't think that's fair and I'll move to change it.

Senator Moynihan. But if I may say, I'm sure the Senator from Wyoming would agree, there's more to the credit of the person who has volunteered than the one that has been drafted. It is -- that we should treat them as if they were not -- had not been working.

Senator Wallop. But I don't think that's the point. Nobody is treating them as though they are not a good worker. He gets the same treatment that all other Americans have, whatever their employment or at least most

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other Americans have whatever their employment if they voluntarily leave that employment they are not eligible for benefits.

It's just -- it's not -- not treating them --Senator Moynihan. Voluntarily leaving the armed services after a period of enlistment, you can't voluntarily leave the armed services. You serve a period of enlistment.

Senator Wallop. Well, if you're denied the ability to re-up.

Senator Bradley. No, the reading is if the military offers you the enlistment, which they'll do unless you're dishonorably discharged. And you decide not to take it, you can not get unemployment compensation. That means that you are -- have to accept the re-up or void your right to unemployment compensation as an American citizen.

Senator Mitchell. Well, excuse me.

Senator Bradley. If you said that a person who is in the military who is offered a chance to re-enlist and chooses not to re-enlist and comes home and then refuses a job that has been offered him or voluntarily quits a job in civilian sector, then fine. That's not what we're saying here.

Then the argument is basically do you think service in the military is any different kind of job in a national sense than is working in a steel factory. I think it is.

Senator Mitchell. I'd just like to express my support to Ms. Chairman for the statement of Senator Bradley. It is different. And the fact is we create a whole set of inducements in an effort to get people into the armed services. Nobody else gets the same treatment as they do. Nobody gets the low pay that they do, in the first place. Nobody gets the same retirement benefits that they do.

We as a nation have regarded service in the military as a distinct different method of service throughout our national history. It doesn't make any sense to say it's the same thing as any other job. It isn't like any other job.

And I think this proposal is a terrible proposal.

What it does, it extends an inequity. It says you now have an inequitable situation, but it doesn't apply to everybody, so let's be fair and apply the inequity to those who are not now subject to it. It's exactly the opposite direction in which we should be moving.

We should correct the mistake we made last year.

Senator Wallop. Senator, you can put whatever words you choose to in my mouth, but that is distinctly not what I said and I resent having that said to me in that manner.

Senator Mitchell. Mr. Chairman, what did I say that was different from what you said?

Senator Boren. Mr. Chairman, we would not under this

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provision allow benefits to those who'd been dishonorably discharged would we?

Ms. Olson. Under current law they are not allowed benefits.

They are not allowed benefits. Senator Boren. then I read here and it says unemployment benefits would be available only for ex-servicemen discharged or released under honorable conditions as a result of actual service incurred and so on.

So, we would not -- and I wanted to correct that. would not allow payments for those dishonorably discharged. How would this provision change current law?

Ms. Olson. It tightens it up.

Senator Boren. In what area?

Ms. Olson. In the areas of people with honorable discharges who have not given -- had the opportunity to re-enlist for whatever reason. And general discharges. If they have a record of what they call indiscipline, but it has not been serious enough for a dishonorable discharge, they are given --

Senator Boren. Okay, now I can certainly see that that would change. So that we could tighten up if they have been discharged -- not given a dishonorable discharge, but they have been discharged really because of unadequate performance.

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Ms. Olson. That's correct.

Senator Boren. But, they don't want to go as far as to put a dishonorable discharge on the record because that's a very -- it's not unusual circumstance at all.

Now, if current law also disqualifies a person if they do not serve their period of enlistment, isn't that correct?

If they quit the service before serving their period of enlistment?

Ms. Olson. They do not get benefits.

Senator Boren. They do not.

Senator Moynihan. We can look to you as an arbitrator in this matter. Most of us have been in the armed services. But when you have completed an enlistment, you have finished a contract. It's a very different thing from voluntarily leaving a job.

You undertook a period of service and you performed it honorably and then you leave. I mean having performed it, you conclude your service.

That is not what the unemployment insurance benefits program intended when it said if you voluntarily quit your job, then you can't march over the unemployment -- to the employment service and ask for unemployment benefits.

And it seems to me that this would -- this Committee .
would never wish to have treated men and women from the
armed services in this manner.

And for perfectly good reasons a serviceman or a service woman having honorably completed a period of enlisted service or otherwise, completes it. Goes home. Finds no work. Why should he or she not be eligible for unemployment compensation?

Senator Boren. What be the loss if we allowed -- if we kept the current law applying to those who are dishonorably discharged, those who do not fulfill their term of enlistment. I do think that is a voluntary quit if they do not fulfill their term of enlistment for reasons other than health.

Ms. Olson. You would have to check with the Department of Labor actuary.

Senator Boren. How much did we supposedly save? I've run into the same thing. Where you have people who've very honorably served their full term, they came back, they could not get a job because of the downturn in the economy, and then they were denied benefits. I have to say I don't think that was our original intent, and I don't think that should be done.

I would favor extending it to those who while honorably discharged were discharged because of a record of undisciplined failure to maintain skilled proficiency. In other words, I favor that as an additional disqualifying factor. I favor that much of the proposal.

But I agree with Ms. Bradley and others, and Moynihan, that I think we've gone too far when we disqualify people who have fully served their term of enlistment, performed well and honorably, and decide they want to return to civilian life and then can't get a job. I think they're

being unduly penalized.

The Chairman. I think there's probably some area of or way to accommodate concerns that have been expressed. This indicates that this will exclude not only those who voluntarily leave the military under honorable conditions, but will also exclude those who leave the military involuntarily because of a poor record of indiscipline or failure to maintain skill proficiency. That last part -- if somebody does serve their full enlistment honorably, then they would not be eligible, is that right?

Ms. Olson. That's correct because they don't chose to re-enlist.

Senator Moynihan. Mr. Chairman, I don't want to be a sea lawyer, but if I'm not mistaken when your enlistment is up you're no longer in the armed service. You haven't left, you're just not in.

The Chairman. I suggest we explore what Senator Boren has suggested.

Senator Boren. Do we have any cost figures at all?

Let's suppose we change the current law and we say if a person serves their term of enlistment honorably and then they do not chose to re-up, they're still eligible for unemployment. How much will that cost us under current law.

Ms. Olson. The current law cost of program is 273 million. Your change I'm not sure how that would affect the

cost of the program.

Senator Boren. When we adopted that how much did we suppose it would -- this Committee adopted that, and I think what we thought we were adopting was penalizing those people that quit before their tour was up, but it ended up broader. Do we know how much we would recoup if we did adopt -- I'm suggesting we modify current law by allowing unemployment benefits for those who honorably fulfill the term of their enlistment, so we change the current law.

Ms. Olson. Last year we reduced the cost of program from 320 million. We would lose that savings advised by the Department of Labor.

Senator Boren. We'd lose about 40 million by doing that?

Ms. Olson. The entire savings of last year.

Senator Boren. You mean we'd lose 320 million?

Ms. Olson. 230 million.

Senator Boren. 230 million was all attributable?

Ms. Olson. That's correct.

The Chairman. I don't want to change all that. I want to see if we can focus on the 30 million.

Senator Bradley. Mr. Chairman, you really can't have it both ways here. You are either going to give servicemen who are honorably discharged the same right as every other American to unemployment compensation which will cost you

230 million, or you're not. Now, what this definition does is make it more stringent or come a little way in the right direction, saying some people who are honorably discharged if they have the following three criteria would then be eligible. But for the average serviceman it still denies him the same right as everybody else has.

The Chairman. The Department -- Goedde.

Ms. Goedde. Mr. Chairman. I think it's important when we look at this amendment, it is a technical amendment to the changes that were made in reconciliation. The rationale behind this piece of legislation was that given the fact that we've a volunteer Army people should be treated basically the way the private work force is treated. The voluntary quit in almost all states makes people ineligible for UI. What happened in reconciliation is that the way the language was drafted it allowed people that had never been intended to receive benefits to receive benefits. Our rationale was only those people who left the military through no choice of their own should receive benefits. That's what this technical amendment will do.

Senator Moynihan. But it keeps in place the action that was taken by the Congress last year --

Ms. Goedde. Absolutely.

Senator Moynihan. -- to deny benefits to servicemen who are honorably discharged.

Ms. Goedde. Senator Bradley I think --

Senator Moynihan. And if we disagree whether a voluntary Army makes the serviceman the same as the insurance salesman, fine, we disagree. And that's what this debate is about. I happen to think he's different. He or she is in the service of the country and they should be eligible for unemployment benefits.

Senator Mitchell. If I could just add that in every other respect we do not treat them the same as everybody else. We don't have an insurance salesman administration like we have a Veterans Administration. We don't have an administration for anybody else. In every other respect we treat those who serve our nation in the armed services differently. Now what we're saying the whole rationale for the original proposal and, therefore, the rationale for the extension is that we should treat them the same as every place else. I submit that's inappropriate in this area as it is in every other area.

Senator Moynihan. Mr. Chairman.

The Chairman. Senator Moynihan and then Mr. Chafee.

Senator Moynihan. I really have to take exception to the statement of our friend from the Department of Labor that persons quit the armed forces. You don't quit the armed forces. People who quit the armed forces get shot. When your term of enlistment is up you are no longer in the

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 armed services.

Mr. Chairman, I'd like to move that we restore the unemployment insurance program to the status quo concerning honorably discharged members of the armed services that was there prior to the Reconciliation Act of 1981.

Mr. Bradley will move, I will second the motion.

Mr. Chafee. Mr. Chairman.

The Chairman. That's what, 320 million dollars?

Senator Boren. I wonder if the Senator might consider modifying his amendment to this degree. If you go back to the status quo ante, I think what you go back to is you also allow benefits to those who voluntarily quit before their term of enlistment is up. I don't think you'd want to do that.

What you're talking about is restoring to benefits those who honorably --

Senator Moynihan. Discharge at the end of a period of enlistment.

Senator Boren. Who discharge their full period of enlistment honorably. I wonder if you would agree to accept the one recommendation they here have except to say that those who had a record of indiscipline or failure to maintain skill proficiency would not be covered.

Senator Bradley. I think that that's a reasonable modification. Still though if I may inquire, the change that

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we're making is I think the proper direction and it rectifies the error we created last year in reconciliation.

Senator Moynihan. Mr. Chairman, I'll accept the amendment of the Senator from Oklahoma, although I will have to state to you one man's record of indiscipline is another man's experience on a hell ship with a bosun's mate that he can't live with. I don't know why we get involved in that with unemployment insurance.

Senator Chafee. Mr. Chairman, clearly under this amendment retirees wouldn't be permitted to collect. That would be an offset under the unemployment comp, wouldn't it? Under the law we passed last year. So that retirement clearly would offset any potential --

Senator Danforth. So this is adding 320 million back?

Ms. Olson. 230 million per year.

Senator Chafee. Is that last year?

The Chairman. That's right, but we're not doing what we did last year.

Senator Mitchell. But if you adopt the addition to it you subtract out 30 million.

Senator Moynihan. And this necessarily varies with unemployment.

Senator Mitchell. That was not included last year.

Senator Moynihan. This goes up and down, it might be heavy this year, it might not.

Senator Danforth. I mean everything is a matter of reduction, at least to these people who served in the armed service. Does anybody have any idea for how to fix that up?

The Chairman. That's what I want to find out I think before we vote on this section. We will want more specific figures from the Department of Labor, also whether or not there's any separation pay and other factors that might be included as appropriate offsets to any kind of a program. I mean, when I got out of the Army we got 30 or 60 days and before we start adding money, maybe we'll find some offsets in unemployment comp.

Senator Moynihan. Mr. Chairman, could we have a roll call vote on the proposition that we'll undertake in principle to do that?

The Chairman. Well, we haven't had roll call -- just take my word for it. We'll see what we can find out while we're dealing in other areas.

Senator Moynihan. Mr. Chairman, I'll take your word for anything, but I'd kind of like a roll call. I mean, I do take your word, but I'd like us to go on record.

The Chairman. A roll call on my word?

Senator Moynihan. No, sir.

Senator Bradley. I think, Mr. Chairman, that the request is a roll call on the full restoration of unemployment compensation for servicemen whose term of enlistment are

up with the exceptions that are listed in this amendment
plus those that are listed in Senator Boren's, plus those
who are already not qualified who are dishonorably discharged.

The Chairman. Right, I understand the request, but I think before -- unless it's going to be pressed -- before I would entertain that I'd like to have the other information I requested.

Senator Moynihan. Can we have a roll call at that time?

The Chairman. Oh, yes, I'm not going to deny anybody
a roll call.

Senator Moynihan. Fine, I'll withdraw the request.

The Chairman. I'd rather not do it right now.

Senator Bradley. Mr. Chairman, if I could just make one more point since this is something I've lived with for about a year because I was hit very hard afterwards on this. Either we didn't save what we said we saved in reconciliation last year, or this amendment is going to cost the amount we said we saved last year. However we fiddle with the other aspects of a person who's ending his military service.

So, if we don't vote on it today, when we do vote on it it's going to be the same choice.

The Chairman. Right.

Senator Matsunaga. I'd like to know why such a great discrepancy between what is noted in this Blue Book on page 77 wherein the estimated savings under the proposed change

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would be for fiscal year '83 - 30 million; '84 - 30 million; and I am told here by the Department of Labor representative it's going to be 230 million?

Ms. Olson. The Bradley proposal to restore old law would be a cost of 230 million.

Senator Matsunaga. Oh, the old law, not the present existing law.

Ms. Olson. That's correct.

Senator Matsunaga. I see.

Senator Bradley. The present existing law denies unemployment benefits to any honorably discharged serviceman, that's present law.

Senator Matsunaga. As I see it here --

The Chairman. We don't know what it is. That's why I want to wait to find out.

Senator Matsunaga. Under present law according to what is written here, Mr. Chairman, is that an ex-serviceman separated after July 1, 1981, are required to meet the following criteria for receipt of unemployment compensation. That is, must have performed continuous active service for 365 days or more unless terminated earlier because of an actual service incurred injury or disability; and, two, must have been discharged or released under honorable conditions; and, three, must not have resigned or voluntarily left the services; and, four, must not have been released or

discharged for cause as defined by the Department of Defense.

Now, isn't that the present law?

Senator Bradley. The difference there, Spark, is they define must have left the service -- what's the third criteria? Must not have resigned or voluntarily left the service. If the service offers you a re-enlistment and you say no, for the purposes of the Reconciliation Act of last year you voluntarily left the service and are ineligible.

The Chairman. Well, we'll have the full information plus the other information you asked for. And we'll address that's the last section of the unemployment Section 6.

We'll address that the first thing then on Tuesday.

I wonder if we might proceed to vote on Section 5, SSI.

Senator Boren. Mr. Chairman, on the unemployment, if I could just raise one very minor point. I think under the proposals made we had the same rounding down proposal, is that correct? Because of the nature of the unemployment program, we've always been very careful about federal mandates. As you recall everything we have always done has been to say the federal government will not match such and such funding unless the states take certain action within a certain period of time. We've usually given them two years because some legislatures only meet every other year or other problems.

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I wonder if we should not word that in the same manner. I realize it is a very tiny, technical point, but I think to maintain philosophical consistency with the rest of the program that we're best to say that the federal government will not match such funds after a two-year period that are not rounded down by state action. That way we do not get into a question of a federal mandate.

The Chairman. Is there any problem with that? Ms. Olson. I believe that will reduce the savings. The Chairman. I'm sure it will.

Ms. Olson. Labor will verify.

Senator Boren. Probably would for a year or so.

Ms. Olson. Yes.

Senator Boren. I don't know how much we're dealing with. What is the total amount we're dealing with?

Ms. Olson. Six million in '83; 33 in '84; and 30 in '85. Senator Boren. Well, we might lose 33 million for a

year. I think it'd be a small matter.

The Chairman. Let's check it out.

Senator Boren. Mistakes have been very concerned about. That is a philosophical area.

Senator Chafee. Mr. Chairman, I have one other question on the unemployment comp and the military. Is the suggestion that you voluntarily join the military and that at the end of 30 days for some reason you are discharged. Let's

say physical reasons at some point. Now, under the proposal of the Senator from New Jersey would the person then be entitled to collect unemployment comp for six months?

Senator Bradley. According to the modification of the Senator from Oklahoma through the Senator from New York's suggestion, if the person enlisted but was dismissed for physical reason, health reason, then yes he would be eligible for unemployment compensation even though he didn't complete his term of enlistment.

Senator Chafee. So he comes out way better than if he had been in private industry. In other words, there's nothing about quarters or anything like that. He gets unemployment comp for the 26 weeks plus the 13 weeks now after -- 39 weeks after haveing served 30 days or less.

Senator Bradley. Is he also eligible for disability pay and workman's compensation?

Senator Chafee. No, he wouldn't necessarily be eligible.

Senator Bradley. It balances out.

Senator Chafee. Well, if he was injured in the service clearly he'd be eligible for all kind of service benefits.

Senator Moynihan. But the former Secretary of the Navy surely knows that enlistments provide I believe it's a 60 day period in which the service that accepted you can reject you. That imposes a certain responsibility on the

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In good faith the man or woman volunteered, government. then suddenly sorry, here we don't want you. It's medical. The Chairman. You have a question.

Senator Byrd. I just thought it might be well to consider too that many of these individuals have had a front-end bonus for enlisting, been given 5,000 dollars just to sign on the dotted line and enlist. Now, they've gotten a special, extra consideration there over and above what anybody else would get. That seems to me that ought to be taken into consideration when one considers whether they should get unemployment compensation.

The Chairman. That's a good point. I hope you'll have all that information available then on Monday. We can have a look at it.

Is there a request for record vote on the SSI section? Clerk, will call the roll.

The Clerk. Senator Packwood?

Senator Packwood. Aye.

The Clerk. Senator Roth?

Senator Roth. Aye.

The Clerk. Senator Danforth?

Senator Danforth. Aye.

The Clerk. Senator Chafee?

Senator Chafee. Aye.

The Clerk. Senator Heinz?

1	Senator Heinz. Aye.
2	The Clerk. Senator Wallop?
3	Senator Wallop. Aye.
4	The Clerk. Senator Durenberger?
,5	Senator Durenberger. Aye.
6	The Clerk. Senator Armstrong.
7	Senator Armstrong. Aye.
8	The Clerk. Senator Symms?
9	Senator Symms. Aye.
10	The Clerk. Senator Grassley?
11	Senator Grassley. Aye.
12	The Clerk. Senator Long?
13	Senator Long. Aye.
14	The Clerk. Senator Byrd?
15	Senator Byrd. Aye.
16	The Clerk. Senator Bentsen?
17	Senator Bentsen. Aye.
18	The Clerk. Senator Matsunaga?
19	Senator Matsunaga. Aye.
20	The Clerk. Senator Moynihan?
21	Senator Moynihan. Aye.
22	The Clerk. Senator Baucus?
23	Senator Baucus. Aye.
24	The Clerk. Senator Boren?
25	Senator Boren. Aye.

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The Clerk. Senator Bradley?

Senator Bradley. Aye.

The Clerk. Senator Mitchell?

Senator Mitchell. Aye.

The Chairman. That section is adopted. Again, we hope fairly final, but if somebody finds something of urgency -that will lead us with Section 6. Everything else with the exceptions that have been noted in the different sections have been completed with the exception of two items under unemployment compensation.

Senator Moynihan. Mr. Chairman, we were going to have a roll call vote on the AFDC program if we could.

The Chairman. We did.

Senator Moynihan. We did?

The Chairman. We did. We lost.

Senator Moynihan. We lost?

The Chairman. Close. I want to thank the staff and members.

Senator Durenberger. Mr. Chairman?

The Chairman. Yes, Senator Bradley.

Senator Durenberger. Are you about to adjourn the meeting? I had two points I'd like to make relative to AFDC if I may.

The Chairman. Go ahead.

Senator Durenberger. I apologize to my colleagues for being absent for an hour, but I was chairing a hearing and

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I'm the chairman of the subcommittee and the only member in attendance.

The two subjects that I would have raised had I been here.

Senator Moynihan. Could we have order, Mr. Chairman? Senator Durenberger. One relates to the proposal by the Senator from Pennsylvania who's not here today and to which I understand the Senator from New York has already I understand that there are some questions that are going to be resolved on that, but I wanted to make it clear that on behalf of the Senator from Pennsylvania and on my own behalf had I been here I would have suggested from our side that that was an issue that merited the attention of this committee and merited adoption if you can get the right answers to whatever questions were raised.

The Chairman. I think we're in the process of doing that.

Senator Moynihan. Well, I think the Senator and I hope he can join and see if we can find those right answers. I mean, we're just getting some facts but I think there's general agreement.

Senator Durenberger. Thank you. The second point, Mr. Chairman, is with regard to the item that relates under AFDC again -- relates to proration on shelter and utilities. I want to begin by complimenting the staff on their

sensitivity to the real time in which we're dealing with AFDC issues. I think the sensitive way that they handled some of the Administrations work fare recommendations in a world where there isn't any work is to their credit.

I just wanted to suggest and maybe it's a matter of my own clarification more than anything else, but when we look at proration we have to move sort of into the real world in which first as the Senator from New York pointed out to us earlier a third of the children in this country are being born into AFDC homes. That more and more of those homes are becoming extended families. That has been traditionally true of black and language minorities and I think it's probably evern truer today of a lot of people in our society that we're reaching out to a broader family.

My concern with the approach here comes from the fact that a lot of state welfare directors think that is a good idea. To in effect spread the cost, but a lot of states are very, very strapped to raise the monies necessary to provide the so-called welfare services.

My concern is that we don't count people who can't contribute to the shelter and utilities in that home. I was going to suggest that the proration option apply only when the non-AFDC individuals had income above the state's standard of need. Now, that might be too high a figure, but I would like to at least have us look and see if there

isnt' some standard that might be common to people that would demonstrate something more than a nominal income on the part of the adult members of this larger family in the household that we could use to qualify the optional proration.

The Chairman. I did note and did reserve the Senator from Minnesota's interest in that and right to raise it at a later time, and we will see if we can't find some way to satisfy the concern expressed.

Senator Moynihan. Thank you very much.

Senator Bradley. Mr. Chairman, I wanted to raise one issue that I've discussed with you and I also discussed with Senator Long. It pertains only to my state and it has to do with the method of collection for a local tax on utility property. The state legislature acted and said that this tax would be collected at a state level. When it was collected at a state level, this disallowed it from the local effort purposes of general revenue sharing and resulted in an allotment of the general revenue sharing funds within the state.

What I would propose is that we simply go back to the legislation that we had in the past which would have allowed this tax collection to be considered local revenue.

The Chairman. I understand that is a technical amendment, and if you would let us take a look at it. I don't

see any problem with it.

Senator Bradley. Sure.

The Chairman. I've checked it out.

Senator Bradley. It was drawn by the Treasury.

The Chairman. Right, I know of no objections but I'll recheck and make certain.

Senator Durenberger. Would you vote me for the AFDC package, Mr. Chairman, I think I was absent when the vote was taken.

The Chairman. Again, I want to thank the members and we have almost completed the spending reductions portion of the package which I think is an indication that this committee is prepared to meet the mandate of the budget. We will starting Tuesday morning, unless something unforeseen should occur start to mark-up on the revenue side which I assume may take all day Tuesday, and Wednesday, and Thursday, and Friday. It may not. We may have most everything worked out by then.

Are there any other areas of concern in the reduction package? I know some may have areas.

Senator Bradley. So we've adopted this?

The Chairman. Yes, subject to -- unless they say no.

Senator Moynihan. Mr. Chairman, may I repeat what I said earlier, that you did not have the easiest task and you performed it with compassion and realism, and if we

couldn't vote with you it wasn't because we didn't appreiate what you did.

The Chairman. I appreciate that. I'm expecting your vote in the revenue areas.

We'll stand recessed until 10:00 o'clock Tuesday morning (Adjourned 3:52 p.m.)

