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1st Session

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SOCIAL SECURITY AMENDMENTS OF 1967

PART II—MEDICAID AMENDMENTS

COMMITTEE ON FINANCE  
UNITED STATES SENATE  
RUSSELL B. LONG, *Chairman*



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III

## I. QUESTIONS FOR COMMITTEE DISCUSSION

### Section 220: Limitation on Federal participation in medical assistance

#### A. THE STATES

PRESENT LAW

H.R. 12060

No limitation on the levels of income which a State can set for determining eligibility.

Federal matching ranges from 50 percent to 83 percent depending upon per capita income of State.

States would be limited in setting income levels for eligibility for which Federal matching funds would be available. The family income level could not be higher than either (1) 133½ percent of the highest amount ordinarily paid to a family of the same size without income or resources under the program of aid to families with dependent children, or (2) 133½ percent of the State per capita income for a family of 4 (with comparable amounts for families of different sizes). The 133½ proportions would go into effect on July 1, 1968, except that for States which had a title XIX program approved before July 26, 1967, for the period from July 1, 1968, to Jan. 1, 1969, the proportions would be 150 rather than 133½ percent and for that period from Jan. 1, 1969, to Jan. 1, 1970, the proportions would be 140 percent.

#### Alternatives to House-Passed Provision Discussed by Committee Staff and H.E.W. Staff

The first two alternatives listed below may be drafted as either substitutes for the House amendment or as options to the House amendment:

1. Set outside limit at 150% of AFDC cash assistance payment which allows States to exceed level of House bill provisions—133% of AFDC cash assistance payment or 133% of per capita income applied to a family of four—if Secretary of H.E.W. approves deductibles and coinsurance provisions applicable to the medically indigent (but not to cash recipients) which he estimates would yield about the same savings as applying the 133 percent limit.

2. In lieu of House provision, establish a maximum dollar limit on Federal matching for those States which have programs now in effect, related to their actual Title 19 expenditures in a recent month (multiplied by 12) which would be adjusted each year for changes in population. The State would have to provide the 5 basic services required under present law for cash assistance recipients but it would then be free to establish such eligibility requirement and other standards as it deemed appropriate.

3. Substitute for the House amendment, provisions under which adults, age 21 to 65, could not be covered under the program unless they were cash recipients of categorical assistance.

4. 150% of AFDC cash assistance standard (Administration proposal).  
H.E.W. and Staff agreed that a drafting error in House bill should be corrected so that it is made clear that the title XIX limitation will not have the effect of denying Federal matching for medical payments made in behalf of any cash recipient.

*Favor provision in H.R. 12080*

American Medical Association (would not exclude those who are unable to pay for needed health care, especially those who are receiving cash assistance).....  
Hearing Page  
751  
Chamber of Commerce.....  
1450  
Council of State Chambers of Commerce.....  
1256

*Oppose provision in H.R. 12800*

AFL-CIO.....  
1415  
Alabama Department of Pensions and Security.....  
A7  
American Public Health Association.....  
1529  
American Public Welfare Association (prefers 150 percent with conformance not required until 1975).....  
999  
Board of Directors, Health and Welfare Council of Metropolitan St. Louis (prefers 150 percent).....  
A251  
Bohn, Garland L., Commissioner, Louisiana Department of Public Welfare.....  
1023  
Brody, Harrison, Chairman, Citizens Emergency Committee to Save Medicaid (favors provision stating "that in those States where a 2-percent deductible is required for any eligibility, beginning at 150 percent of AFDC, the Federal income medical assistance criteria need not apply").....  
1586  
Brooke, Hon. Edward W., U.S. Senator.....  
826  
Burton, Hon. Phillip, Member of Congress.....  
1537  
Central Iowa Chapter, National Association of Social Workers.....  
A78  
Chafee, Hon. John H., Governor of Rhode Island.....  
A283  
Child Welfare League of America.....  
1321  
Citizens' Committee for Children of New York.....  
A10  
Citizens' Committee for Medicaid.....  
1617  
Community Council of Greater New York (opposes any amendments to title 19 without further study).....  
1517  
Community Service Society of New York.....  
1611  
Council of Jewish Federations & Welfare Funds, Federation of Jewish Philanthropies of New York.....  
A175  
Curtis, Hon. Kenneth M., Governor of Maine (prefers 150 percent).....  
A220  
Episcopal Action Group on Poverty.....  
1307  
Evans, Hon. Daniel J., Governor of Washington (prefers 150 percent).....  
1485  
Family Service Association of America.....  
1485  
Halpern, Hon. Seymour, Member of Congress.....  
A143  
Health Insurance Association of America (prefers 150 percent, retain eligibility of cash assistance recipients).....  
1487  
Health and Welfare Council of the National Capital Area.....  
A127  
Hoff, Hon. Philip H., Governor of Vermont (favors provisions of H.R. 5710).....  
A127

Hughes, Hon. Harold E., Governor of Iowa (favors a ceiling on the Federal share at 150 percent on a long-time basis).....  
International Association of Health Underwriters (prefers 150 percent).....  
1628  
Javits, Hon. Jacob K., U.S. Senator (would set minimum figures at 150 percent).....  
1397  
Kennedy, Hon. Robert F., U.S. Senator.....  
775  
Lindsay, Hon. John V., Mayor, New York City.....  
1123  
Maine Department of Health and Welfare (no ceiling should be imposed but if one is adopted should be at 150 percent of AFDC payment).....  
A118  
Medical Committee for Human Rights.....  
National Association of Life Underwriters (prefers 150 percent).....  
A161  
National Association of Manufacturers (prefers 150 percent).....  
930  
National Association of Social Workers.....  
National Council of Churches of Christ in the USA (favors higher limit).....  
1727  
National Council of Senior Citizens (as in H.R. 5710).....  
1069  
National Federation of Settlements and Neighborhood Centers (as in H.R. 5710).....  
1943  
New York City Central Labor Council, AFL-CIO, and New York Labor-Management Council of Health and Welfare Plans.....  
A253  
Pennsylvania Department of Public Welfare (150 percent with the States given until 1975 to conform).....  
1495  
Planned Parenthood—World Population (as in H.R. 5710).....  
1388  
Puerto Rico Medical Association (prefers 150 percent).....  
A283  
Rhode Island Department of Social Welfare.....  
A14  
Rhodes, Hon. James A., Governor of Ohio (prefers 150 percent).....  
1591  
Richmond, Frederick W., chairman, Citizens' Committee for Medicaid.....  
A275  
Travelers Aid Society of Washington, D.C.....  
1637  
United Auto Workers.....  
1153  
Volpe, Hon. John A., Governor of Massachusetts.....  
1543  
Wyman, George K., Commissioner, New York State Department of Social Services.....  
1632  
YWCA.....

*Favors limit of 150 percent of the highest amount applicable in a State for determining need for determining eligibility of an individual for cash assistance*

Administration (as in H.R. 5710)..... 211

*Favors ceiling based on a national standard, not 133 percent of State assistance payment*

Burns, Hon. John A., Governor of Hawaii..... A213

*Favors eliminating the per capita income standard in bill but retain the controls related to the cash assistance standards*

Illinois Public Aid Commission..... A158

*May operate to disadvantage of some State whose cash payments are low—not entirely in favor*

Hawaii, State of..... Hearing page A123

*“Ceiling should be carefully established”*

Docking, Hon. Robert, Governor of Kansas..... 111

*“Very likely there would be some increase \* \* \* in the aid to families with dependent children grant so that our allowed income for eligibility would probably not be upset by this provision”*

Department of Health and Social Services, State of Wisconsin..... A262

*“The Governors would like to see the proposed ceiling on Medicaid removed or raised at least to 150 percent”*

National Governor's Conference.....

*Favors provision to permit States to set flexible income eligibility standards*

Rockefeller, Hon. Nelson A., Governor of New York..... A240

**Section 230: Direct Billing**

PRESENT LAW

H.R. 12080

All services must be paid directly to the person or organization furnishing the services.

Allows States to make payment directly to the recipient for physician services, but only if the recipient is not receiving cash assistance—that is, is a medically needy person.

*Favors provision in H.R. 12080*

Puerto Rico Medical Association..... Hearing page 1388

*Favor provision in H.R. 12080 but would also have provision apply to cash assistance recipients*

Alabama Department of Pensions and Security..... A7  
Louisiana State Medical Society..... S53  
Ohio State Medical Association..... A23

*Oppose provision in H.R. 12080*

AFL-CIO..... 1415  
Bonin, Garland L., commissioner, Louisiana Department of Public Welfare..... 1023  
Community Service Society of New York..... 1517  
Hawaii, State of (would favor if did not apply to unpaid bills)..... A253  
Pennsylvania Department of Public Welfare..... A283  
Rhode Island Department of Social Welfare.....

*Favors requiring that all State title XIX plans contain an option for direct payment to beneficiaries on the basis of an itemized bill*

American Medical Association..... Hearing page 751

*Favors amending to include dentists in direct payment provision under title XIX*

American Dental Association.....

**II. STAFF HEW SUGGESTIONS**

**Deductible and Coinsurance for Hospital Care under Medicaid**

PRESENT LAW

No deductibles or coinsurance provisions are permitted with respect to hospital care.

Suggestion

Remove present limitation with respect to medically indigent only.

**Christian Scientists**

It has been suggested that under present law a Christian Scientist might be required to accept some medical service contrary to his convictions.

Suggestion

Provide in title XIX and in the child health provisions of title V that no Christian Scientist will be required to undergo medical screening or diagnosis except in cases involving infection or contagious disease or environmental health.

**Health Facilities Planning**

No planning requirement presently in public assistance or child health titles of Social Security Act.

Suggestion

Effective July 1, 1970 (or earlier at State request) titles V and XIX reimbursement to a facility (made on the basis of "reasonable cost") would exclude depreciation and interest expense attributable to a capital expenditure exceeding \$50,000 or made for certain specified purposes, by a hospital or extended care facility if such expenditure had been specifically disapproved by the State "Partnership for Health" agency established under Public Law 89-749. (This suggestion conforms to the amendment to title 18 tentatively agreed to by the Committee on October 10.)

**Essential Persons**

PRESENT LAW

There is no provision in Title XIX which permits a State to pay for medical assistance for "essential persons" and receive Federal Matching. An "essential person" is an individual who is essential or necessary to the recipient of a money payment and whose needs are taken into account in determining his budget allowance—such as the wife of an OAA recipient who herself is not eligible for assistance because of age, or the wife of a Disability Assistance or Aid to the Blind recipient who is not eligible in her own right for a money payment.

Suggestion

Cover under title XIX the spouses under age 65 of those eligible for cash assistance under OAA, AB, and APTD who are determined to be "essential" or necessary to the recipient of the money payment.

**Section 248: Puerto Rico, Guam, and the Virgin Islands**

**TREATMENT OF PUERTO RICO**

PRESENT LAW

Federal matching set at 55 percent.

H.R. 12080

Puerto Rico, the Virgin Islands, and Guam would be exempt from those provisions and would instead be limited by dollar ceilings as follows:  
 Puerto Rico-----\$20,000,000  
 Virgin Islands-----650,000  
 Guam-----900,000  
 Federal matching would be reduced to 50 percent.

*Opposes title XIX provisions, and would make title XIX matching 60 percent Federal*

Polanco-Abreu, Hon. Santiago, Resident Commissioner of Puerto Rico ----- Hearings page

*Favors treating Puerto Rico as a State for medical assistance purposes*

Puerto Rico Medical Association ----- 1388

*Favors greater increase in Federal contributions for Puerto Rico and Virgin Islands than is provided in H.R. 12080*

Burton, Hon. Phillip, Member of Congress ----- 1537

Suggestion

Continue Federal matching at 55 percent rate. However, retain House dollar ceilings.

**G.A.O. and H.E.W. Audit Authority**

The Comptroller General and the Department do not believe that they have authority under existing law to inspect the records and premises of providers of services to public assistance recipients unless a State is willing and capable of arranging such inspection and audit.

Suggestion

Authorize G.A.O. and H.E.W. auditors by means of a requirement in State Plans to review record and premises of providers of services who receive Federal funds through Title XIX and other Titles with vendor payment (State in report that this does not relieve the States from responsibility for regular audits).

**Section 224: Required services**

PRESENT LAW

States must, by July 1, 1967, include coverage of inpatient hospital services, outpatient hospital services, other laboratory and X-ray services, skilled nursing home services and physician's services.

H.R. 12080

States could, as an alternative to the present provision, provide any 7 of 14 services. The 14 services include the 5 under present law and the following 9 types of services: medical care, or any other type of remedial care recognized under State law, furnished by a licensed practitioner within the scope of his practice as defined by State law; home health care services; private duty nursing services; clinic services; dental services; physical therapy and related services; prescribed drugs, dentures and prosthetic devices; and eyeglasses; other diagnostic, screening, preventive, and rehabilitative services; and inpatient hospital services, and skilled nursing home services, for individuals over age 65 in an institution for mental diseases.

Suggestion

(1) For cash assistance recipients require that the state must provide at least the 5 services described under the "present law" column above. (2) With respect to medically needy persons allow states to choose either the first five services or 7 out of the 14 services authorized in present law, except that if nursing home or hospital services are selected a State must also cover physician services in those institutions.

*Favor provision in H.R. 12080*

American Medical Association ----- Hearings page  
 Puerto Rico Medical Association ----- 751  
 Rhode Island Department of Social Welfare ----- 1388  
 ----- A283

*Oppose provision in H.R. 12080*

AFL-CIO ----- 1415  
 Alabama Department of Pensions and Security ----- A7  
 American Nursing Home Association ----- 1836

American Public Health Association	Hearing page
American Public Welfare Association	1529
Board of Directors, Health and Welfare Council of Metropolitan St. Louis	999
Brooke, Hon. Edward W., U.S. Senator	A251
Citizens' Committee for Children of New York	826
Community Council of Greater New York	A34
Community Service Society of New York	1517
Council of Jewish Federations and Welfare Funds, Federation of Jewish Philanthropies of New York	1611
Episcopal Action Group on Poverty	
Hawaii, State of	A123
National Association for Retarded Children	1934
National Council of Senior Citizens	1069
National Federation of Settlements and Neighborhood Centers	1938
National Social Welfare Assembly	A253
Pennsylvania Department of Public Welfare	A241
Physicians Forum	
Planned Parenthood—World Population (would add family planning to required services)	1495
Travelers Aid Society of Washington, D.C.	A275
United Auto Workers	1637
YWCA	1632
<i>Favors making drugs a required service</i>	
National Association of Retail Druggists	A135
<i>Favors intent to provide greater flexibility in the basic services offered, but believes that by allowing States to have an option of selecting any 7 of 14 certain problems may arise, such as exclusion of basic items such as physicians' or inpatient hospital services; favors requiring these two services</i>	
National Association of Blue Shield Plans	1562

### III. HOUSE-PASSED PROVISIONS NOT DISCUSSED PREVIOUSLY

#### Section 221: Maintenance of State Effort

PRESENT LAW

H. R. 12080

Federal matching for any State for any quarter prior to July 1, 1969, shall be reduced to the extent the excess of Federal matching for such quarter for the new medical program, old-age assistance, aid to needy families with children, aid to the blind, aid to the permanently and totally disabled, and aid under the consolidated program over the corresponding quarter in fiscal year 1964 or 1965 or average quarterly Federal matching for these programs in fiscal year 1964 or 1965 is greater than the excess of total expenditures (Federal, State, and local) on these programs in such quarter over the corresponding quarter or of the average total quarterly expenditures on these programs in fiscal year 1964 or 1965.

Maintenance of effort could be determined on the basis of money payments alone. Also, current expenditures could be measured on the basis of a full fiscal year (rather than a quarter). In addition, child welfare expenditures could be included in the determination either with money payments alone or with money payments and medical assistance.

#### *Favor provision in H.R. 12080*

Alabama Department of Pensions and Security  
Puerto Rico Medical Association  
Rhode Island Department of Social Welfare

Hearing page

A7

1388

A283

#### *Oppose provision in H.R. 12080*

AFL-CIO  
Citizens' Committee for Children of New York  
Community Service Society of New York  
Hawaii, State of

1415

1517

A123

*Oppose provision in law and amendments which do not change nature of provision in that it penalizes States that have been most progressive—Suggest exemption of States who are either providing the required medical services under Medicaid to cash recipients or States which are meeting their full standard of need*

Illinois Public Aid Commission  
Kerner, Hon. Otto, Governor of Illinois

A156

A224

**Section 222: Coordination of medical assistance and part B of medicare**

PRESENT LAW H.R. 12080

States have until Jan. 1, 1968, to buy States would have until Jan. 1, 1970, in title XVIII medical insurance for to buy in and could buy in for those persons eligible for medicare. States can eligibles who do not receive cash assistance—those who are receiving cash assistance. Such persons could be bought into the program in the future. Federal matching amounts would not be made to States for services which could have been covered under the medical insurance program but were not. No Federal funds could be used to pay premiums on behalf of medically needy.

*Favor provision in H.R. 12080*

Rhode Island Department of Social Welfare  
 Texas State Department of Public Welfare (except provision that there be no Federal matching as to medically indigent recipients under buy-in)

Hearing page A283

*Oppose provision in H.R. 12080*

AFL-CIO  
 Community Service Society of New York  
 Wyman, George K., Commissioner, New York State Department of Social Services (recommends full Federal reimbursement)

1415  
 1517  
 1543

Wants option of buy-in, payment on behalf of, or by cash payment to recipient  
 Hawaii, State of

A123

*Opposes provision prohibiting Federal matching to States for services which the States did not "buy-in" for under part B*

American Medical Association

751

*Favors amendment of bill to eliminate requirement that makes States first apply any income toward personal needs and making the State responsible for the total cost of the buy-in*

Texas State Department of Public Welfare A200

**Section 223: Comparability Provisions**

PRESENT LAW H.R. 12080

States must make the same benefits States would not have to include in available to all those eligible under the medicare coverage for recipients less than 65 years old the same items which the aged receive under the medical insurance program under the buy-in provisions.

*Favor provision in H.R. 12080*

Alabama Department of Pensions and Security  
 American Medical Association  
 Javits, Hon. Jacob K., U.S. Senator  
 Puerto Rico Medical Association  
 Texas State Department of Public Welfare

Hearing page A7  
 751  
 1397  
 1388  
 A200

*Oppose provision in H.R. 12080*

AFL-CIO  
 Citizens' Committee for Children of New York  
 Episcopal Action Group on Poverty  
 Hawaii, State of  
 Illinois Public Aid Commission (continue existing law but clarify existing language so that HEW would not require "unlimited" use of physicians service for other categories of assistance because the State buys-in SMI physician coverage for the aged)  
 National PTA  
 Pennsylvania Department of Public Welfare  
 Volpe, Hon. John A., Governor of Massachusetts

A157  
 A100  
 A253  
 1153

**Section 225: Federal participation in administrative expenses**

PRESENT LAW H.R. 12080

Federal financial participation at the 75-percent rate is available to meet the costs attributable to the compensation and training of professional personnel employed by the single State agency administering the plan.

Federal matching at the 75-percent rate would also be made available for the costs attributable to such personnel working on the program but located in another agency, the health agency, for example.

*Favor provision in H.R. 12080*

AFL-CIO  
 American Medical Association  
 American Public Health Association  
 Community Service Society of New York  
 Puerto Rico Medical Association

Hearing page 1415  
 751  
 1529  
 1517  
 1388



**Section 226: Advisory Council on Medical Assistance**

PRESENT LAW

H.R. 12080

No provision.

Requires Secretary of HEW to appoint an Advisory Council on Medical Assistance to advise the Secretary on administration of the medical program. The Council would consist of 21 members with one of the members acting upon appointment of the Secretary, as Chairman. The members are to include representatives of State and local agencies and nongovernmental groups concerned with health, and consumers of health services, with a majority to consist of consumer representatives. Members are to hold office for 4 years with the 1st offices staggered.

*Favor provision in H.R. 12080*

Hearing page 1415

AFL-CIO-----  
American Medical Association (recommends that the majority of the members be representatives of the fields of health care)-----

1415

Community Service Society of New York-----  
Hawaii, State of-----

751  
1517

Health Insurance Association of America-----  
National Association of Blue Shield Plans-----

A123  
A144

National Association of Retail Druggists (provide that at least 2 members be pharmacy owners)-----  
Puerto Rico Medical Association-----  
Rhode Island Department of Social Welfare-----

1562

*Favors combining with Health Insurance Benefits Advisory Council (sec. 162) to form an Advisory Council on Personal Health Services*

National Association of Social Workers-----

A137  
1388  
A283

930

**Section 227: Free choice of medical services**

PRESENT LAW

H.R. 12080

No provision.

Individual eligible for medical assistance is to have free choice of qualified providers of services. The provision would be effective July 1, 1969, except it would be July 1, 1972, for Puerto Rico, Guam, and the Virgin Islands.

*Favor provision in H.R. 12080*

Hearing page 1415

AFL-CIO-----  
Alabama Department of Pensions and Security-----  
American Medical Association (would not defer the effective date for Puerto Rico, Guam and the Virgin Islands)-----  
American Pharmaceutical Association-----

A7  
751

**Section 228: Consultative services for providers of services**

PRESENT LAW

H.R. 12080

Association of New York State Physicians and Dentists-----  
Community Service Society of New York-----  
Hawaii, State of-----  
Louisiana State Medical Society-----  
National Association of Blue Shield Plans (would not defer effective date for Puerto Rico)-----  
National Association of Retail Druggists (make specific provision for patients in nursing homes)-----  
Pennsylvania Department of Public Welfare-----  
Puerto Rico Medical Association (would not delay effect in Puerto Rico)-----  
Rhode Island Department of Social Welfare-----

Hearing page 1597  
1517  
A123  
853  
1562  
A136  
A253  
1388  
A283

*Opposes application to Puerto Rico, would require Secretary of Health, Education, and Welfare to make a study and then determine when this provision should go into effect for Puerto Rico*

Polanco-Abreu, Hon. Santiago, Resident Commissioner of Puerto Rico-----

**Section 228: Consultative services for providers of services**

PRESENT LAW

H.R. 12080

Title XVIII provides that payments would repeal the present provisions can be made to State health agencies effective July 1, 1969, and effective that for furnishing consultative services to date provide in the medical program providers of services in order for the that the States must provide such consultants to meet the participation requirements. Independent laboratories are not included in this provision. consultative services to all types of medical agencies for purposes of qualifying for participation under titles XVIII, XIX, and the child health programs under title V.

*Favor provision in H.R. 12080*

Community Service Society of New York-----  
Hawaii, State of-----  
Puerto Rico Medical Association-----

Hearing page 1517  
A123  
1388

*Oppose provision in H.R. 12080*

Bonin, Garland L., Commissioner, Louisiana Department of Public Welfare-----  
Burns, Hon. John A., Governor of Hawaii-----  
Docking, Hon. Robert, Governor of Kansas-----  
Evans, Hon. Daniel J., Governor of Washington-----  
Maine Department of Health and Welfare-----

1023  
A213  
A111  
A220

*"The proposal in H.R. 12080 that changes be made in the mode of providing and paying for consulting services to assist hospitals and nursing homes, to become eligible for medical programs, poses several problems"*

Hughes, Hon. Harold E., Governor of Iowa.....  
Hearing page A266

**Section 229: Payment for Services by a Third Party**

PRESENT LAW

H.R. 12080

No provision.

State or local agency would have to take all reasonable measures to ascertain the legal liabilities of third parties to pay for covered services. Where the legal liability is known it would be treated as a resource of the patient. In addition, if medical assistance is granted and legal liability of a third party is established later, the State or local agency must seek reimbursement from such third party. The Federal Government would be credited with its share of the payment.

*Favor provision in H.R. 12080*

Hearing page A7

Alabama Department of Pensions and Security.....  
Puerto Rico Medical Association.....  
Rhode Island Department of Social Welfare.....

1388  
A283

*Oppose provision in H.R. 12080*

Hawaii, State of.....

A123

*Favors coordination of benefits to preclude overpayment in title XIX*

American Mutual Insurance Alliance, American Insurance Association, National Association of Independent Insurers.....

1570

**Section 231: Date on Which the States Must Meet Certain Requirements as to Source of Funds**

PRESENT LAW

H.R. 12080

States have until July 1, 1970, either would change the effective date of State funds or to establish a tax equalization plan which accomplishes the same purposes.

*Favor provision in H.R. 12080*

Community Service Society of New York.....  
Puerto Rico Medical Association.....

Hearing page 1517  
1388

*Oppose reduction of medicaid Federal matching from 55 percent to 50 percent*

Territory of Guam.....

Hearing page 140

AFL-CIO.....

*Opposes special limitations on Puerto Rico*

1415

**IV. OTHER CHANGES SUGGESTED BY WITNESSES AT HEARING ON H.R. 12080**

*Favors amending title XIX to remove exclusion against hospitals that specialize in treatment of mental illness or tuberculosis for future admissions*

Hearing page

National Association of State Mental Health Program Directors.....

*Favors defining hospital under title XIX to include the public mental hospital, the private psychiatric hospital and the community mental health center*

American Psychiatric Association, National Association of Psychiatric Private Hospitals.....

*Opposes title XIX funds being used for "free drugs" being distributed through OEO neighborhood health centers*

National Association of Retail Druggists.....

A135

*Favors assuring that medicaid is available to needy and medically needy with essential services*

American Federation of Government Employees.....

A128

*Opposes inclusion of chiropractors as providers of services under title XIX*

Medical Association of Georgia.....

*Favors removing exclusion for under 65 people in title XIX of inpatient hospital services in mental and TB institutions*

National Association of Mental Health.....

131

*Favors study to determine feasibility of providing assistance by participation in the purchase of needed health-care coverage for those who cannot afford it*

National Association of Blue Shield Plans.....

1562

*Favors allowing variable standards within the State*

Javits, Hon. Jacob K., U.S. Senator.....

1397

*Favors elimination of prohibition against deductibles for hospital care*

Javits, Hon. Jacob K., U.S. Senator ..... Hearing page 1397

5111 *Favors incentives to the States, through increased matching grants, to develop all of the various medical services under title XIX*

Brooke, Hon. Edward W., U.S. Senator ..... 826