

MEDICINE

Health Care for Aged

Answers are given to some of the many questions that arise regarding the controversy over bills on medical care for the aged, currently being debated, Faye Marley reports.

► A HOT SUMMER of controversy over the variety of opinions expressed by followers of the American Medical Association's point of view and the Kennedy Administration's statements on medical care for the aged has barely begun.

The American Medical Association's House of Delegates will soon be propounding further views at the AMA convention in Chicago (June 24-28) and Congress will continue to perspire in the Washington heat while compromise bills are drafted.

Here are a few of the many questions being asked by the aged and by children of the aged on practical points being debated by leaders in the controversy:

Q. How many of the aged over 65 years of age would benefit by the King-Anderson bill backed by the Administration?

A. All except the 3,000,000 who do not now come under Social Security. Presumably the needy of this group could get help from the Kerr-Mills Act or in other ways.

Q. How would the King-Anderson bill be financed?

A. Through the existing Social Security Administration mechanism. Even if taxes are increased, a person earning \$4,800 a year would pay \$1 a month. Those earning \$5,200 or more would pay about \$2 a month, but they would be entitled to higher social security benefits on retirement, as well as health insurance.

Q. If the King-Anderson bill should pass, would the existing Kerr-Mills law be invalidated?

A. Not necessarily. William L. Mitchell, commissioner, Social Security Administration, told SCIENCE SERVICE that "Kerr-Mills is not a rival of King-Anderson, nor is one a substitute for the other."

Q. What is the difference between the Kerr-Mills law and the King-Anderson bill?

A. The Kerr-Mills law provides matching Federal grants with those of states in medically assisting the needy aged, whereas the King-Anderson bill includes all those eligible for Social Security.

Q. Why is there such confusion in figures over the number of states that are supporting the Kerr-Mills Act? Are there 27, as the Bureau of Family Services states, or 38, as the AMA says, that have "accepted" the Act?

A. It depends on the degree of "acceptance." The Bureau of Family Services says that four states have used more than \$15,000,000 of the total \$17,500,000 provided by the new program of medical assistance for the aged (M.A.A.). These states are California, \$2,600,000; Massachusetts, \$3,100,000; Michigan, \$1,400,000; New York, \$8,100,000. Other states in the list of 38 may include those who have passed legislation to accept Kerr-Mills but as yet have not appropriated any funds.

Q. If the King-Anderson bill is not reported out of the Ways and Means Committee, is there any possibility of the bill passing this year?

A. Sen. Clinton P. Anderson (D.-N. Mex.) has suggested that direct action on the bill could be forced in the Senate when a revenue bill comes up.

Q. Is it true that a compromise bill may be introduced in the House?

A. Rep. Burr P. Harrison (D.-Va.) of the House Ways and Means Committee has such a bill in mind, but so far it has not been drafted. His plan would be to do away with the Kerr-Mills Act, however, and substitute a law that would use the Social Security mechanism in a different way than the Administration plan indicates. His main concern is with long-term chronic illness—the kind of "catastrophic illness" that former President Eisenhower recently mentioned.

Q. Is the proposed "voluntary" bill by Sen. Jacob K. Javits (R.-N. Y.) sound from an actuarial standpoint?

A. Sen. Javits has quoted figures from insurance experts and from the Department of Health, Education and Welfare (HEW) indicating that enough people will voluntarily choose Social Security to make it sound.

Q. Are voluntary health insurance systems in this country in danger from the Social Security implications of the King-Anderson bill?

A. Secretary Abraham Ribicoff of HEW says this is impossible since less than 10% of the country's population, many uninsurable, would benefit from the hospital and home nursing care that would be provided by the King-Anderson bill. Also, it has been pointed out that in Great Britain a growing number of persons are supplementing their government subsidies with private insurance.

• Science News Letter, 81:339 June 2, 1962



MOUNT FOR PARALYZED HAND—Devised by engineers from Micro Switch, a division of Minneapolis-Honeywell Regulator Company, in Freeport, Ill., a hand mount for a paralyzed polio patient allows him to dial telephone, operate an electric page-turner and run a tape recorder.

MEDICINE

Acne Treatment Aims At Less Oil Formation

► ACNE, the bane of the adolescent, will decrease if excess oil formation decreases. A Colorado doctor has reported success with a drug that inhibits without damaging the sebaceous or oil-producing gland.

The drug, which was developed in Colorado Springs by the Lasdon Foundation Research Institute of Chemotherapy, is related to the female sex hormone estrogen, but unlike other estrogenic drugs used for acne it has low estrus-producing powers. Strong estrogenic drugs may permanently retard a gland that would otherwise be of benefit to the patient in later years.

Dr. Walter C. Herold of Colorado Springs said in a preliminary report in the Archives of Dermatology, 85:110, 1962, that only three of 27 acne patients treated failed to show at least some improvement.

Dr. Herold said the drug, 16-epiestriol-3-allyl ether, should be useful in other conditions besides acne, where it is advantageous also to decrease oil production. Very few complications resulted among the patients treated.

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