

National Commission on Social Security

The National Commission on Social Security has voted on a number of critical issues for inclusion in its final report, which is due to January.

In the voting process, the full Commission agreed that the Administration should not seek any new legislative controls over health care costs beyond proposals already pending in Congress, mainly because Medicare was designed as an insurance coverage program and should not be used as a device to control costs.

The commission also voted to recommend that Medicare's premium contribution for beneficiaries enrolled in health maintenance organizations should not be increased. Also, coverage under Medicare should not be tied to an individual's health care expenses or income and assets.

Other Commission votes included: (1) Eligibility for Medicare should be changed to age 68. (2) Surgery in facilities that are not affiliated with hospitals should be eligible for reimbursement. (3) More Department of Health and Human Services prospective reimbursement experiments should be undertaken and successful programs should be implemented in given geographical areas. (4) A beneficiary's Part B claim appeal should be heard by an independent hearing officer—not one supplied by the carrier; and (5) Physicians should elect on at least an annual basis whether to accept assignment for all their Medicare patients.

Nursing Home Funds

Proposed conditions of participation for Medicare and Medicaid nursing homes have finally emerged from the Department of Health and Human Services after a two-year delay.

The proposal would elevate patients' rights to full condition status, meaning a possible cutoff of Medicare and Medicaid funds for nursing homes that do not comply. The standards also would establish a single set of requirements for skilled nursing and intermediate care facilities and would require an assessment of the patient upon admission and a comprehensive plan for care.

The standards are already causing criticism and complaint. Providers are saying that they are too costly. Consumers fear they could jeopardize quality care. Some states claim they would boost Medicaid costs.

Abortion Funding

Renewed and intensified Congressional debate on the abortion issue is expected in the wake of the U.S. Supreme Court's decision affirming the constitutionality of the so-called Hyde Amendment, which precludes Federal Medicaid funding for most abortions.

One proposal threatened by the prospect of further controversy is the Child Health Assurance program legislation, which passed the House last year with two strictly worded amendments that prohibit funding for abortions unless the life of the mother is endangered. Since that time the Senate

has delayed consideration of the bill, refusing to act in part on the chance that the Supreme Court would make the question moot by overruling the Hyde Amendment.

In addition, health appropriations legislation is bound to be impacted by the ruling. Anti-abortion amendments are likely to be a topic of controversy.

Author Rep. Henry Hyde (R, IL) has been further stimulated by the court's decision to proceed with his plan for a Constitutional amendment banning abortions altogether.

Deregulation of Health Care

The Republican party has taken a firm stand in its platform in favor of deregulation in the health care industry.

Such programs as health planning and capitation grants for schools for health professions, already under attack by some in Congress, could be scaled back or eliminated.

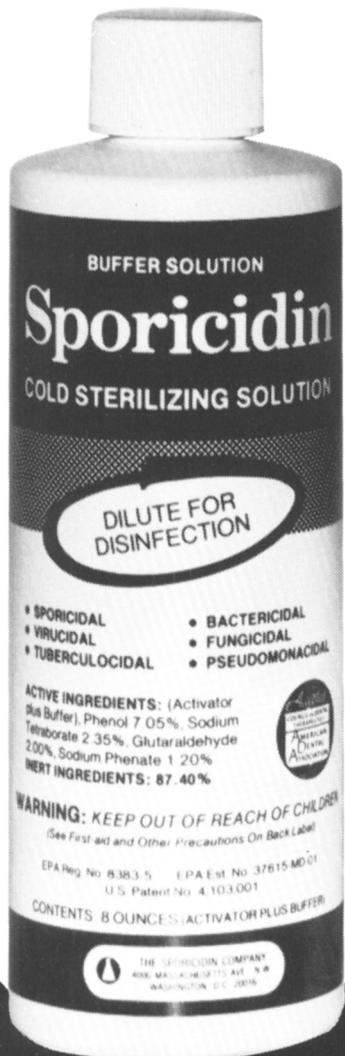
The platform embraces "pro-competitive" health insurance proposals that aim at controlling costs through tax reforms.

Veterans Education Health Care Personnel Act

The Veterans Education Health Care Personnel Act is now the law of the land. President Carter's veto was overwhelmingly overridden by both the House and Senate.

The President's objection to the legislation was that, in several areas, it authorizes money that the Administra-

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tion does not want to spend. It upgrades and makes permanent the special pay program for VA physicians and dentists; creates within the VA a health care professional scholarship program; and authorizes geriatric research, education, and clinical centers to be set up at several VA facilities around the country.

It also contains a cost-saving provision, expanding the authority of the VA to refuse to pay for the treatment of certain veterans with non-service connected disabilities who receive care in its facilities and are able to pay through other means.

Congressional backers of the bill had hoped that the political climate would lead to White House acceptance. When this didn't happen, the Senate voted unanimously to override, while the House did so by a vote of 401 to 5.

Infant Formula Requirements

A measure establishing safety and nutritional requirements for infant formulas has been approved by the Senate Human Resources Health Subcommittee.

With minor exceptions, the bill is the same as that passed by the House last May. The most significant difference is stronger Senate language regarding periodic testing of formulas by manufacturers. This tougher standard was added to the bill after an appeal by parents of children who were fed nutritionally deficient formulas. The bill also contains a list of specific nutrient requirements, as does the House measure.

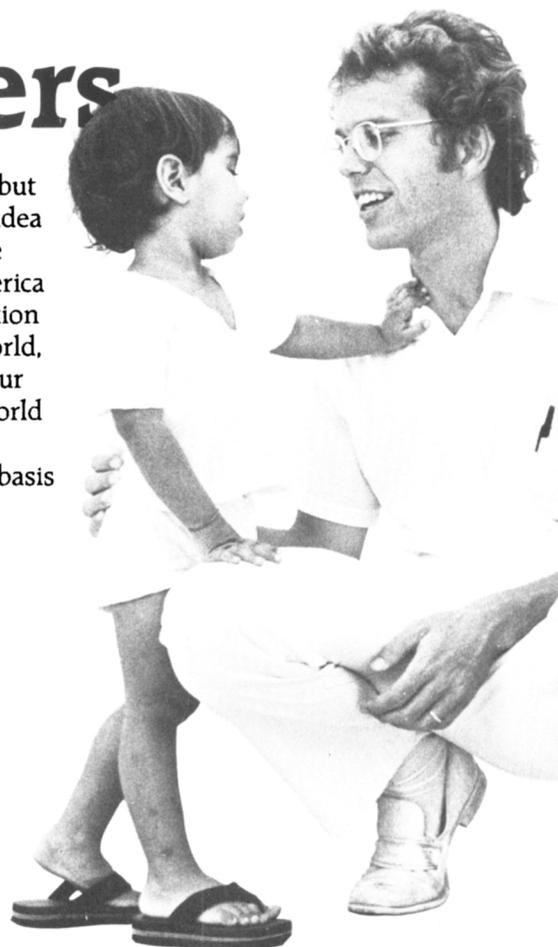
Hospital Wage and Price Guidelines

The Department of Health and Human Resources, after prodding from the Council on Wage and Price Stability, has set the 1980 voluntary wage and price guidelines for hospitals at 1.7% below the current rate of increase in total hospital expenditures. Hospital officials involved in the voluntary program to control hospital costs had recommended a 1.5% deceleration. However, the new goal probably won't be met. Hospital inflation currently is near 15%.

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