

# LAW AND CONTEMPORARY PROBLEMS

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## FOREWORD

Developments within a surprisingly few years have translated the problem of extending medical care from the domain of agitation to that of action. This action is manifesting itself in a variety of forms, but two major trends may be observed. The first is the development of corporations and associations, sponsored either by medical associations or by consumer groups and governmental agencies, which have been organized to provide hospital service and, more lately, medical care on a prepayment basis. The second is the proposed extension of the Social Security Act's machinery for grants-in-aid so as to make additional federal funds available to subsidize state health plans.

One of the consequences of the rapidity with which these trends have developed is that the literature of the medical care problem has not kept abreast of them. Attention has been concentrated for the most part on factual questions of need and cost and on broad issues of social policy. Now that corporations are being organized, state enabling acts passed, litigation arising, and major federal legislation pending, it becomes important to consider the legal and administrative problems which are being encountered. It is to that objective that this symposium is devoted. Its purpose is not to demonstrate that one or another form of organization or procedure is the best means of meeting current needs. It does seek to indicate something of the anatomy, physiology, and pathology of the legal institutions which are being developed or may be called into being.

This symposium, furthermore, is concerned only with those measures which may be regarded as direct attacks on the problem of making good medical care more generally available. From this no inference should be drawn that the direct attack alone is of consequence. Certainly there is need for extension and improvement in public health education, in scientific research, and in the training of the professions—especially with respect to postgraduate instruction. Moreover, to echo a complaint directed by spokesmen for the American Medical Association against the National Health Bill, the problem of inadequate medical care is related to the problem of poverty and measures which would improve the standard of living of the low income groups in the population would likewise raise their standards of health and medical care. But, as treatment of the pellagra victim is not deferred by the physician until the agricultural economy of the South and the dietary deficiencies consequent thereon

are changed, so the existence of long-term, and perhaps more basic, approaches to the problem of medical care does not demonstrate the unwisdom or futility of considering more immediate and direct attacks on the problem. Obviously any adequate discussion of long-term measures would require at least another volume and carry this symposium into fields far removed from the area of legal action.

The organization of this symposium reflects the two major trends in current developments which were remarked above. After an introductory article, the succeeding eight articles discuss problems related to prepayment plans, chiefly under private auspices, for providing hospital and medical services. The remaining articles in the symposium are focussed upon the National Health Bill, introduced by Senator Wagner in the last session of Congress and popularly known as the Wagner Bill. To aid the reader not familiar with this measure, a brief outline of its provisions will be given here.

The National Health Bill takes the form of an amendment to the Social Security Act, amending certain existing titles and adding others. All the amended and new titles authorize the federal government to make grants in aid of state plans established for specified types of medical care and medical or cash benefits to the sick. The formulae whereby these grants are to be made vary from title to title and depart in one important respect from the familiar grant-in-aid practice. They are examined and appraised in the concluding article of the symposium.<sup>1</sup>

Section 2 of the National Health Bill amends Title V of the Social Security Act, "Grants to States for Maternal and Child Welfare," in particular, Part 1, "Maternal and Child Health Services," Part 2, "Medical Services for Children and Services for Crippled and Other Physically Handicapped Children," and Part 4, "Administration." Section 3 amends Title VI, "Public-Health Work and Investigations." Section 4 adds new Titles XII, XIII and XIV to the Social Security Act. Title XII, "Grants to States for Hospitals and Health Centers," authorizes the appropriation of federal funds over a period of three years in aid of state plans for the construction and operation of needed hospitals, including "health, diagnostic, and treatment centers, institutions, and related facilities." Title XIII authorizes grants in aid of state plans "to extend and improve medical care." Under this title, state plans might either provide additional public medical services or create systems of compulsory health insurance. Title XIV, "Grants to States for Temporary Disability Compensation," authorizes federal grants in aid of state plans to provide cash benefits to persons suffering physical disabilities not arising out of their employment. The plans contemplated by this title would supplement both the workmen's compensation and the unemployment compensation laws.

D. F. C.

<sup>1</sup> This article provides a convenient chart listing each title, its purpose, the amount of the authorized federal grant, and the basis for computing the matching grants required of the states.