

# The Cornell Daily Sun

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## Medicare . . . A Moderate Step Forward [ARTICLE]

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### Medicare . . .

# A Moderate Step Forward

The Anderson-King bill for medical care to the aged is still in the House Ways and Means Committee. Whether it will ever get to the floor of the House is now up to that small group of Congressmen who have the power to make or break much of the legislation proposed in Washington. A vociferous debate now rages as to the merits of this bill which would give medical care to all those people over 65 years of age. The bill itself is not radical; it is a moderate compromise to a problem which plagues all families existing on small incomes.

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But the American Medical Association views this bill in a different light. To them, it is one more step toward what they call "socialized medicine"—dirty words to all those physicians who value their freedom and independence both as practicing professionals and small businessmen. In recent months the AMA has initiated a nationwide campaign to kill this bill for good. Television, radio and the press have been used to convince both the public and the physicians that there is no need for this bill and that the Kerr-Mills bill, which has been in effect since 1960, is entirely adequate for those aged persons who cannot afford to pay for medical care.

Thus the public is confronted with two questions: 1. What is the validity of the AMA's charge that the King bill is a step toward socialized medicine? and 2. Which of the two bills—the

One of the differences between the AMA-backed Mills bill and the Kennedy proposal lies in the question of means tests for those who want state or Federal aid for their medical care.

The Kerr-Mills plan provides that the states match the funds provided by the government. For many states like West Virginia this requirement has meant that the eligibility requirements for aid have risen because of the strain on the state's budget.

For those states that are financially affluent, the Kerr-Mills requirement on matching funds has made little or no difference. But these states, as well as the poorer ones, are confronted with rising administrative costs due to the means test which must be taken by all elderly people who want medical aid.

Consequently states are faced with the prospects of large financial burdens and administratively complex tests which serve little purpose at all. In most cases, those who apply for aid are the ones who really cannot afford medical care. So why have these burdensome tests at all? The aged who can afford the costs usually go to their private doctors and do not even bother with them.

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The Kennedy plan would provide minimum coverage for all persons over the age of 65 without regard to financial means. Consequently the means test which has been coming into disrepute lately would be discarded.

King proposal or the Kerr-Mills bill—  
is the better alternative?

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Firstly, the question of the AMA's position on the King-Anderson: it is based on scare words and a general fear campaign of the unknown and the untried. "Your freedom is at stake" and other such phrases can be seen in pamphlets, posters and advertisements in the dailies throughout the country. Heretofore, the AMA has been attacking the Anderson-King bill indirectly, avoiding the specifics of the proposal.

The threat of governmental interference in the medical practices of physicians is not something which can be taken lightly by any independent professional. But does this new bill really mean that the government is 'taking over' the medical profession? We think not. It is, as we stated above, only another stop-gap measure to alleviate the pressing need for medical care to the indigent. It is not a radical step forward by any means and it is not a measure which will interfere with the traditional patient-doctor relationship.

Under Kerr-Mills the number of services available to the patient is limited. In most cases, he is referred to a county hospital and does not have the benefit of his own doctor's care. The discontinuity of care is a pitfall which the King bill hopefully will overcome. The patient will have the choice of his hospital and doctor during the time of his illness under the provisions of the new plan.

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The claim that this is socialized medicine is ridiculous. We are a long way from any state health program that Britain has. The King bill does not take much of a step in this direction. It does maximize the use of the Social Security system — a plan which is now an accepted part of our system.

If we are to be scared off by the use of such words or phrases as "socialized medicine" which have little meaning in context with the King bill, then this country will be bowing its head to a powerful lobby which is sometimes quite out of touch with the needs of the people it is treating.

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