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AMBERG MEMORIAL ADDRESS

ROCHESTER, MINNESOTA

SEPTEMBER 11, 1972

Peterson
Chief River Falls
Waconia
(John Deems)

L WE AMERICANS SPENT AN ASTRONOMICAL \$70 BILLION ON HEALTH CARE LAST YEAR.

L YET WE ARE FAR FROM BEING THE HEALTHIEST NATION IN THE WORLD.

—
THE QUESTION, THEN, IS NOT WHETHER SOMETHING MUST BE DONE, BUT WHAT AND HOW.

L IT SEEMS THAT JUST ABOUT EVERYBODY THINKS HE HAS THE ANSWER TO THAT QUESTION, JUDGING FROM ALL THE LEGISLATION WE'VE ^{introduced} SEEN SINCE THE 92ND CONGRESS CONVENE^d.

L EACH BILL HAS SOME MERIT, I HAPPEN TO SUPPORT THE HEALTH SECURITY ACT. IT COMES THE CLOSEST TO ACCOMPLISHING WHAT I FEEL MUST BE DONE IF WE ARE TO ACHIEVE THE GOAL OF MAKING THIS THE HEALTHIEST NATION IN THE WORLD.

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THE PRESIDENT AGREES SOMETHING MUST BE DONE. HE RECENTLY SENT TO CONGRESS WHAT MAY BE THE MOST FAR-REACHING HEALTH PROGRAM EVER PROPOSED BY ANY PRESIDENT, ALTHOUGH I SHOULD REMIND YOU THAT MORE THAN 20 YEARS AGO PRESIDENT TRUMAN CALLED FOR NATIONAL HEALTH INSURANCE.

IN 1949, I PROPOSED A NATIONAL HEALTH INSURANCE SYSTEM MYSELF. IT WASN'T TERRIBLY SOPHISTICATED, BUT IT WAS AN IDEA.

I WAS CALLED A DREAMER, AND SOCIALIST AND A POLITICAL NEOPHYTE . . . AND A FEW OTHER THINGS I WOULDN'T CARE TO REPEAT.

TODAY, HOWEVER, THIS CONCEPT IS ACCEPTED AND EVEN APPLAUDED BY LEADERS OF BOTH MAJOR PARTIES.

↳ FORTY MILLION AMERICANS HAVE NO HEALTH INSURANCE OF ANY KIND, ACTUALLY, NO ONE REALLY HAS HEALTH INSURANCE -- IT IS SICKNESS INSURANCE. YOU HAVE GOT TO BE SICK, REALLY SICK, BEFORE YOU GET ANY BENEFITS.

↳ WHAT WE HAVE HERE IS A SERIOUS DEFICIENCY IN BASIC PLANNING, DESIGN AND OPERATION OF OUR HEALTH CARE SYSTEM -- A FAILURE OF OUR SOCIETY TO ESTABLISH NATIONAL PRIORITIES.

THE TIME HAS COME, I AM CONVINCED, TO GET BOTH OUR PRIORITIES AND OUR SYSTEMS STRAIGHTENED OUT AND FUNCTIONING PROPERLY.

AND THIS MEANS REFORMING OUR HEALTH CARE SYSTEM TO MAKE IT MORE RESPONSIVE TO THE NEEDS OF THE PEOPLE. THERE IS SINCERE AND HONEST DISAGREEMENT ABOUT THE BEST WAY TO DO THIS.

THE PRESIDENT WANTS TO MAINTAIN THE PRESENT SYSTEM BUT REARRANGE THE ELEMENTS A LITTLE BETTER AND ADD A FEW NEW THINGS. HIS PROGRAM IS BUILT AROUND THE PRIVATE INSURANCE INDUSTRY AND IT PERPETUATES THE EXISTING DOUBLE STANDARD OF MEDICAL PURCHASING POWER BY FAILING TO PROVIDE AN EQUAL LEVEL OF CARE FOR ALL THE AMERICAN PEOPLE.

ON THE OTHER HAND, ONE OF ITS STRONGEST POINTS IS THE PRESIDENT'S ADVOCACY OF THE PRINCIPLE OF GROUP PRACTICE. AS A LONG-TIME ADVOCATE OF GROUP PRACTICE AS AN EFFICIENT, EFFECTIVE, ECONOMICAL METHOD OF PROVIDING COMPREHENSIVE HEALTH SERVICES, I WELCOME MR. NIXON'S SUPPORT FOR EFFORTS TO BREAK DOWN THE BARRIERS ERECTED BY 22 STATES TO PROHIBIT OR LIMIT GROUP PRACTICE.

WE AMERICANS ARE BLESSED WITH EXCELLENT MEDICAL TECHNOLOGY,
THE WORLD'S BEST TRAINED DOCTORS AND NURSES, THE FINEST
SCIENTIFIC RESEARCH AND TREATMENT FACILITIES, *and many modern hospitals*

THE PROBLEM, TO PUT IT SIMPLY, IS ONE OF AN IMBALANCE
BETWEEN SUPPLY AND DEMAND, BUT NOT ONLY ARE WE SUFFERING FROM
A SHORTAGE OF PERSONNEL AND FACILITIES, THAT WHICH WE DO HAVE
IS POORLY DISTRIBUTED GEOGRAPHICALLY.

WE MUST URGENTLY EXPAND THE SUPPLY AND MAKE IT AVAILABLE
TO ALL OF THE AMERICAN PEOPLE AT PRICES EVERYONE CAN AFFORD TO
PAY.

HOW BEST TO ACCOMPLISH THIS IS THE PRIMARY DIFFERENCE
AMONG THE VARIOUS PROPOSALS PUT FORTH IN THE CONGRESS.

THERE ARE THOSE, LIKE THE PRESIDENT, WHO FEEL IT CAN BEST BE DONE BY BASICALLY RETAINING THE PRESENT SYSTEM WITH *some* ADJUSTMENTS. OTHER PROPOSALS IN THIS CATEGORY INCLUDE THE AMERICAN MEDICAL ASSOCIATION'S MEDICREDIT AND THE AMERICAN HOSPITAL ASSOCIATION'S AMERIPLAN.

AND ON THE OTHER SIDE ARE THOSE -- AND THIS GROUP INCLUDES ME -- WHO BELIEVE WE NEED A COMPREHENSIVE REFORM IN BOTH THE DELIVERY AND THE FINANCING OF HEALTH CARE.

THE STATUS QUO PROPONENTS ARGUE ALONG WITH THE PRESIDENT THAT "WE CANNOT SIMPLY BUY OUR WAY TO BETTER MEDICINE."

TO THAT ARGUMENT I WOULD REPLY: "YOU MAY BE RIGHT, BUT KEEP IN MIND THAT NOTHING IS FREE AND YOU GET WHAT YOU PAY FOR. IT TAKES MORE THAN PROPOSALS AND PROMISES TO DO THE JOB THAT WE ALL KNOW URGENTLY NEEDS DOING."

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THE PATIENT -- IN THIS CASE, THE SYSTEM OF HEALTH CARE IN AMERICA -- IS IN CRITICAL CONDITION AND NEEDS MAJOR SURGERY, PERHAPS AN ORGAN TRANSPLANT.

GOVERNMENT CANNOT PERMIT ITSELF TO BE STINGY WHEN IT COMES TO THE HEALTH OF ITS CITIZENS. GOOD HEALTH IS GOOD ECONOMICS AND GOOD GOVERNMENT.

UNDER THE ADMINISTRATION PROPOSAL, THE POOR, THE NEAR POOR AND THE ELDERLY WOULD GET FAR LESS PROTECTION THAN THE REST OF THE POPULATION.

FOR THE ELDERLY MEDICARE PATIENT, THE ADMINISTRATION PLAN WOULD ELIMINATE THE MONTHLY \$5.30 PAYMENT FOR OUT-OF-HOSPITAL DOCTOR'S SERVICES BUT IT WOULD HAVE THE INDIVIDUAL START PAYING A SHARE OF HIS HOSPITAL COSTS ON THE 13TH DAY INSTEAD OF THE 61ST, AS AT PRESENT.

MANY OF THESE PEOPLE ARE ON FIXED INCOMES, AND IT WILL BE AN ADDED BURDEN ON THEM WHEN THE DEDUCTIBLE RISES AS THE COST OF LIVING GOES UP. ALL THIS MORE THAN OUTWEIGHS THE MONTHLY SAVINGS OF \$5.30 THAT THE ADMINISTRATION BOASTS ABOUT.

AS YOU MAY KNOW, I WAS THE ORIGINAL AUTHOR OF MEDICARE. I INTRODUCED THE BILL ON MAY 17, 1949. IT WAS SIGNED IN 1965.

THERE ISN'T GOING TO BE THAT MUCH DELAY FROM NOW ON. THINGS ARE HAPPENING FASTER, CHANGES ARE COMING QUICKER THESE DAYS.

MEDICARE TODAY IS FURNISHING BENEFITS TO 20 MILLION OF OUR OLDER CITIZENS. IT IS A GODSEND.

BUT THAT DOESN'T MEAN IT CAN'T BE IMPROVED. I HAVE PREPARED LEGISLATION THAT WOULD PROVIDE DRUGS FOR OUR MEDICARE HOME PATIENTS. WE HAVE SEEN THE STUDIES AND RECOMMENDATIONS OF PROFESSIONAL AND GOVERNMENTAL BODIES. AND WE HAVE SEEN THE PATIENTS' URGENT MEDICAL NEEDS.

A SPECIAL STUDY GROUP UNDER FORMER HEW SECRETARY WILBUR COHEN HAS ENDORSED THE PROPOSAL AS FINANCIALLY FEASIBLE, ADMINISTRATIVELY WORKABLE AND HUMANELY DESIRABLE.

IF THIS HAD BEEN WRITTEN INTO THE LAW ORIGINALLY, YOU PROBABLY WOULDN'T HAVE HOSPITAL COSTS GOING TOO HIGH OR MEDICARE PREMIUMS INCREASED SO MUCH.

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BUT BECAUSE OF THIS GAP IN COVERAGE, WE HAVE WITNESSED ELDERLY PEOPLE PUT IN THE HOSPITAL SIMPLY BECAUSE THAT IS THE ONLY WAY THEY CAN AFFORD THE EXPENSIVE MEDICATION THEY NEED.

AND YOU LOAD ON THE TAXPAYER THE EXTRA COST OF GOING TO THE HOSPITAL INSTEAD OF THE NEIGHBORHOOD DRUG STORE.

THE NEGATIVE AFTER-EFFECTS ARE MANY, COSTS TO THE GOVERNMENT GO UP -- AND ARE REFLECTED IN MEDICARE PREMIUM INCREASES -- BECAUSE OF THIS OVER-UTILIZATION OF HOSPITAL FACILITIES.

A PERSON IN THE HOSPITAL, SIMPLY TO GET A PRESCRIPTION FILLED, IS TAKING UP A BED THAT MAY BE SORELY NEEDED FOR SOMEONE WHO REALLY IS IN NEED OF CARE.

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THE COSTS ARE MORE THAN FINANCIAL. THEY ARE VERY HUMAN.

A HOSPITAL STAY -- FOR MOST OF US, BUT ESPECIALLY THE ELDERLY -- IS A DEPRESSING EXPERIENCE.

THIS PSYCHOLOGICAL BURDEN IS TOTALLY UNNECESSARY, AND COULD BE EASILY AVOIDED BY AMENDING PART B OF MEDICARE TO INCLUDE DRUGS AMONG THE HOME HEALTH CARE BENEFITS.

ANOTHER CHANGE THE CONGRESS SHOULD CONSIDER FOR MEDICARE HOME CARE BENEFITS IS THE INCLUSION OF AT LEAST ONE ANNUAL GENERAL PHYSICAL EXAMINATION.

THIS WOULD PUT THE EMPHASIS ON PREVENTIVE MEDICINE INSTEAD OF THE PRESENT "CRISIS" APPROACH OF WAITING UNTIL THE PERSON IS SICK BEFORE PROVIDING HELP. YOU KNOW WELL HOW MANY PEOPLE IGNORE THEIR HEALTH SIMPLY BECAUSE OF THE HIGH COST OF A ROUTINE PHYSICAL, WHICH CAN BE \$50 TO \$100 OR MORE.

~~THE NEED FOR SUCH COVERAGE FOR THE ELDERLY IS IMPERATIVE.~~

~~AS THEY GET OLDER, THEIR HEALTH DETERIORATES MORE RAPIDLY AND~~

~~SO DOES THEIR FINANCIAL ABILITY TO AFFORD PROPER PREVENTIVE CARE.~~

THE ELDERLY WERE THE FIRST AMERICANS REALLY TO GET A NATIONAL HEALTH CARE PROGRAM -- MEDICARE -- THEN CAME MEDICAID, FOR THE POOR. NOW WE ARE TALKING ABOUT A TRULY NATIONAL PROGRAM FOR EVERYONE -- AT A PRICE EVERYONE CAN AFFORD.

Medicare
Rx Drugs
one
annual
Physical
a year

I TOLD YOU THAT OF ALL THE PRESENT PROPOSALS FOR A NATIONAL HEALTH CARE SYSTEM, I PREFER THE HEALTH SECURITY ACT OF 1971. THIS IS NOT BECAUSE I BELIEVE IT IS PERFECT, BUT I ENDORSE THE CONCEPT IS EXPRESSES, AND I FEEL IT COMES CLOSER THAN ANY OTHER TO WHAT MUST BE DONE.

- Research
- Prog manpower - Paramedics
- nurses
- Technicians

IT IS A HEALTH PROGRAM FOR ALL AMERICANS. IT DOES NOT DISCRIMINATE AGAINST A PERSON BECAUSE HE IS POOR OR ILL OR OLD OR UNEMPLOYED.

IT TREATS EVERYONE EQUALLY -- PROVIDING FAR SUPERIOR AND MORE COMPREHENSIVE SERVICE TO PEOPLE THAN ANY OTHER PLAN YET OFFERED, AND AT A LOWER COST TO THE INDIVIDUAL.

I HAVE DEDICATED MYSELF TO MAKING IMPROVED HEALTH SERVICES FOR ALL 206 MILLION AMERICANS A MATTER OF TOP PRIORITY. I WANT TO SEE ~~THIS 92ND~~ CONGRESS GO DOWN IN HISTORY AS THE "HEALTH CONGRESS."

THE NEW 93rd

↳ BUT WE CANNOT DO IT ALONE. WE WILL NEED YOUR HELP. ~~THAT~~

~~IS WHY I AM CALLING ON YOU AND ALL THE AMERICAN PEOPLE --~~

~~TO JOIN IN A GREAT NATIONAL DEBATE OVER HOW WE SHALL CONSTRUCT~~

~~THE NATION'S HEALTH CARE SYSTEM.~~

↳ ANY EFFECTIVE RESTRUCTURING OF OUR HEALTH CARE SYSTEM WILL

REQUIRE THE CONCERTED EFFORTS OF ALL CITIZENS -- OF MEMBERS OF

THE HEALTH PROFESSIONS AND THEIR ASSOCIATIONS, OF PUBLIC HEALTH

OFFICIALS, OF THE INSURANCE INDUSTRY, OF LABOR AND MANAGEMENT,

OF THE SENATE, OF THE HOUSE, AND PERHAPS MOST IMPORTANT, OF

THE HEALTH CONSUMER.

~~SUCH A HEALTH COALITION -- ~~SEE~~ A WORKING FORCE OF
DEDICATED, CREATIVE, INDIVIDUALS AND ORGANIZATIONS -- CAN DO
FOR THE HEALTH OF THE NATION WHAT THE URBAN COALITION HOPES
TO DO FOR THE CITIES.~~

SUCH A COALITION -- MANNING MEDICAL THINK-TANKS AND
STAFFING MEDICAL TASK FORCES -- CAN DESIGN A HEALTH CARE SYSTEM
IN KEEPING WITH OUR UNIQUE AMERICAN TRADITIONS YET FULLY
RESPONSIVE TO THE NEEDS OF ALL CITIZENS.

↳ SUCH A HEALTH CARE SYSTEM IS POSSIBLE ONLY IN A SOCIETY
THAT HAS ITS PRIORITIES STRAIGHT -- A SOCIETY THAT PUTS THE
HEALTH AND WELL-BEING OF ITS CITIZENS AT THE TOP OF ITS AGENDA.

THAT IS THE KIND OF HEALTH CARE SYSTEM I WANT THIS CONGRESS
AND OUR NATION TO PROVIDE.

↳ I AM NOT TALKING ABOUT A NATIONAL HEALTH SERVICE IN
WHICH THE GOVERNMENT OWNS AND OPERATES THE FACILITIES, AND
EVERYBODY WORKS FOR THE GOVERNMENT. No, WHAT I HAVE IN MIND
IS A TRUE PARTNERSHIP BETWEEN THE PRIVATE AND THE PUBLIC
SECTORS. THERE WILL BE GOVERNMENT FINANCING AND ADMINISTRATIVE
MANAGEMENT, ACCOMPANIED BY PRIVATE PROVISION OF PERSONAL
HEALTH SERVICES THROUGH PRIVATE PRACTITIONERS, Clinics, Hospitals, ~~INSTITUTIONS~~,
AND OTHER PROVIDERS OF MEDICAL CARE.

THE RECIPIENTS THEMSELVES WILL PLAY AN IMPORTANT ROLE
IN POLICY SETTING AND ADMINISTRATION. THIS IS THE ONLY WAY IT
CAN BE TRULY RESPONSIVE.

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WE ALREADY ARE THE WEALTHIEST, MOST SCIENTIFICALLY
ADVANCED NATION IN THE HISTORY OF THE WORLD -- NOW LET US JOIN
TOGETHER TO MAKE THE UNITED STATES THE HEALTHIEST NATION ON
EARTH.



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