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**Statement by Senator Edmund S. Muskie at the Hearing on
Cutbacks in Medicare and Medical Coverage**

Edmund S. Muskie

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O P E N I N G S T A T E M E N T

Hearing on
"CUTBACKS IN MEDICARE AND MEDI-CAL COVERAGE"
before the
SUBCOMMITTEE ON HEALTH OF THE ELDERLY
U.S. SENATE SPECIAL COMMITTEE ON AGING

THE HONORABLE EDMUND S. MUSKIE, CHAIRMAN

10:00 a.m.

May 10, 1971

500 West Temple Street
Los Angeles, California

Today the Subcommittee on Health of the Elderly of the Senate Special Committee on Aging begins a series of hearings on the health crisis that confronts our older Americans. During the year we hope to explore various facets of the problem:

- the high and rising costs of health care;
- some rigid Medicaid regulations that frequently prevent medical care from being effective or efficient;
- an inadequate supply of medical and para-medical personnel; and
- outmoded health care institutions that cannot deliver a decent standard of health care.

The hearing today will focus upon the standards of health care that older Americans are receiving under the Medicare and Medi-Cal programs. Because of its high concentration of older citizens, Southern California is an appropriate place to begin this study. We hope to examine carefully what impact recent cutbacks in the Medicare and Medi-Cal programs have had upon the lives of senior Americans. In order to obtain this information, we have invited health consumers, medical practitioners, and medical administrators to appear this morning.

Before we begin, I would like to outline briefly the problems which have created this health care crisis for millions of our elderly. Much of this recent data comes from a Working Paper written for the Subcommittee on Health of the Elderly by Mrs. Agnes Brewster, a health consultant who has been of great service to this Committee in the past.

Our elderly require greater health care than any other age group. Americans over 65 are twice as likely to have one or more chronic conditions than younger persons. They are in hospitals more frequently for longer stays caused by more serious illnesses. In 1970 the average stay in a hospital for an older American was 13 days.

Those who suffer most from illness -- our elderly -- can least afford to pay for health care. Persons 65 and older comprise about 10 percent of our population, but they account for nearly 20 percent of all persons in poverty; they are twice as likely to be poor. One out of every four persons 65 or older lives in poverty. Over half of all persons 65 and older who live alone have annual incomes below 2,000 dollars.

Yet, the cost of health care for the elderly -- despite Medicare and Medicaid -- is rising:

- In fiscal year 1970, the average health bill for a person 65 or older was 791 dollars, six times that of a youth (up to 16) and three times that of people between 19 and 64 years old.
- Medicare covers 43 percent (down from 45 percent in fiscal year 1969) of the total health care cost of the aged, leaving uncovered an amount larger than the total health bill for the average younger person.
- Despite the valuable protection that Medicare and Medicaid affords, the older person must still pay annually 226 dollars out-of-pocket for health care. This is more than double the out-of-pocket payments for those under 65.

Thus the elderly -- with less than half the income of those under 65 -- pay themselves, on the average twice as much for health services.

Even with Medicare and Medicaid, many elderly do not receive a decent level of health care.

What this means in human terms is that our elderly, even with our health care programs, must still spend a huge part of their limited income for health care. Many cannot afford it. Serious illness can mean destitution. The threat that major illness will wipe out a life's savings still haunts millions of older Americans.

This is a serious problem for older people who are poor, and is becoming a threat for all of those who retire and face major health problems.

Recent cost-cutting cutbacks and regulations have saved money, but at the price of denying urgently needed health care to our older citizens. By placing limits on care available and by increasing costs, we have merely decreased the health and the happiness of our older people. Too often the choice must be made between food or medicine.

Untreated minor illnesses become major diseases. Cancelled doctor visits and home care mean later expensive hospitalization. With health care primarily on an emergency only basis, preventive medicine becomes near impossible. Without attention or drugs, many older Americans are forced to face the pain and terror of sickness alone.

When this Nation adopted Medicare and Medicaid, it made a commitment toward providing adequate health care to those who spent their lives building America. We began turning a dream into reality -- that all our older citizens could live their years with the best health care available and without the fear of financial ruin caused by serious illness. These programs were not a complete answer, but they were a solid foundation upon which we could build.

Now we seem to be turning back upon our commitment, and instead of pushing forward towards better health care, we are dismantling our first efforts. We are turning our backs upon older Americans, forcing them to face illness and pain alone.

This is not the way a great Nation should treat a generation that helped make it great. It is not generous. It is not fair. It is not decent. Every person over 65 should receive the health care he needs. Let us make good health care a right, not a privilege.
