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**Floor Statement on the Physical and Mental Health  
Recommendations: White House Conference on Aging**

Edmund S. Muskie

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PHYSICAL AND MENTAL HEALTH RECOMMENDATIONS:  
WHITE HOUSE CONFERENCE ON AGING

DEC 9 1971

MR. MUSKIE

Mr. President, preliminary Reports from the Sections and Special Concerns Sessions of the White House Conference on Aging have recently been issued. As Chairman of the Subcommittee on Health of the Elderly of the Senate Special Committee on Aging, I commend the work of all those delegates assigned to the section on physical and mental health as well as the special concerns session on "Mental Health Care Strategies and Aging."

Many excellent recommendations in the health field are contained in the Conference preliminary report. I shall not review all of them here, but I do want to point out some of the leading suggestions.

First, the mental health special concerns session recommended the early establishment of a Presidential Commission on Mental Illness and the Elderly, with responsibility for implementing recommendations made at the White House Conference on Aging, and also charged, in general, with policy-making and oversight responsibilities in this long-neglected area. I am deeply gratified by this Conference recommendation, because it supports the bill which I introduced on December 1, 1971 -- S. 2922 -- for the creation of such a Commission. The idea for this Commission came from a recent report of the Senate Special Committee on Aging -- "Mental Health Care and the Elderly: Shortcomings in Public Policy" -- which was prepared at the direction of Senator Church and myself.

Second, the Conference section on physical and mental health asserted that "the U.S.A. must guarantee to all its older people health care as a basic right" and the delegates went on to say that "A comprehensive health care plan for all persons should be legislated and financed through a National

Health Plan." I am in strong agreement with these sentiments. On December 1, 1971, on the floor of the Senate, I stated that, "We must guarantee comprehensive medical care for all Americans." And in Los Angeles, on May 10 of this year, at the opening of hearings on "Cutbacks in Medicare and Medicaid" conducted by my Subcommittee on Health of the Elderly, I declared that our objective was "to find ways to make good health care a right and not a privilege."

Third, the Conferees were deeply concerned -- as I am -- with the cutbacks in Medicare that have threatened to erode completely this program which even now pays only 43 percent of the medical expenses of our elderly. For example, H.R. 1 would make the elderly subject to a \$7.50 copayment charge for each day in the hospital from the 31st to the 60th day. Under present law, an elderly patient is subject to a \$60 deductible for his first 60 days in the hospital. However, this proposed new charge could mean an additional \$225 expenditure for an aged patient. Unfortunately, this crushing burden is likely to fall most heavily upon the very person Medicare is supposed to help the most -- the individual faced with a catastrophic health bill because of a prolonged period in the hospital. The Conference preliminary report calls for "expanding the legislation and financing of Medicare" while a national health plan is being worked out by the Congress and the nation. The hearings on "Cutbacks in Medicare and Medicaid" mentioned above have vividly demonstrated the severe impact that any further diminution of Medicare would have on our nation's older population. The Conference delegates are aware of this. I can only hope that the present Administration can and will show the same sensitivity to the needs of our elderly.

While speaking of the current Administration, I must register my extreme disappointment and despair at the scant attention given health care in the

remarks of the President to the Conference last week. The President spoke of eliminating the \$5.60 monthly premium for Part B of Medicare and the desirability of extending Medicare to cover prescription drugs. But no Administration-sponsored legislation to achieve these ends has been introduced during this Congress. Yet, the President's own Task Force on the Aging -- over a year ago -- recommended that Medicare be extended to cover prescription drugs. This improvement in Medicare -- and many others -- must become a reality now. These problems cry out for strong Presidential leadership. Our elderly deserve nothing less.

Mr. President, I ask unanimous consent that the preliminary report of the Physical and Mental Health Section of the White House Conference on Aging -- as well as the preliminary report on "Mental Health Care Strategies and Aging" issued by the special concerns session dealing with this subject -- be reprinted in the Congressional Record. These materials are included in "A Report to the Delegates from the Conference Sections and Special Concerns Sessions" issued by the White House Conference on Aging directors.

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