

H.R. 1

Summary of Social Security Amendments of 1972 as Approved by the Conferees

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COMMITTEE ON FINANCE,

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AND

COMMITTEE ON WAYS AND MEANS

OF THE

U.S. HOUSE OF REPRESENTATIVES



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retarded to be the four quarters immediately preceding the quarter in which the State elected to make such services available.

87. Disclosure of ownership of intermediate care facilities

The bill requires that intermediate care facilities not otherwise licensed as skilled nursing homes by a State make ownership information available to the State licensing agency. Effective date: January 1, 1973.

88. Treatment in mental hospitals for medicaid eligibles under age 21

The bill authorizes coverage of inpatient care (under specific conditions) in mental institutions for medicaid eligibles under age 21. Effective date: January 1973.

89. Public disclosure of information concerning survey reports of an institution

The bill requires the Secretary to make reports of an institution's significant deficiencies or the absence thereof (such as in the areas of staffing, fire safety, and sanitation) a matter of public record readily and generally available. Such information would be available for inspection within 90 days of completion of the survey.

90. Family planning services mandatory under medicaid

(1) The bill authorizes 90% Federal funding for the costs of family planning services under medicaid and title IV.

(2) Provision requires States to make available on a voluntary and confidential basis such counseling, services and supplies, directly and/or on a contract basis with family planning organizations throughout the State, to present, former, or likely recipients who are of child-bearing age and who express a desire for such services.

(3) The Federal share of AFDC funds would be reduced by 1%, beginning in fiscal 1974, if a State in the prior year fails to inform the adults in AFDC families of the availability of family planning services or if the State fails to actually provide or arrange for such services for persons desiring to receive them who are applicants or recipients of cash assistance.

91. Penalty for failure to provide child health screening services under medicaid

The bill would reduce the Federal share of AFDC matching funds by 1%, beginning in fiscal 1975, if a State—

(a) fails to inform the adults in FDC families of the availability of child health screening services;

(b) fails to actually provide or arrange for such services; or

(c) fails to arrange for or refer to appropriate corrective treatment children disclosed by such screening as suffering illness or impairment.

92. Home health coinsurance

Effective January 1973, the bill eliminates requirement of coinsurance payment under Part B of medicare for home health services.

93. Long-term care

The bill includes as intermediate care facilities or skilled nursing facilities under medicaid long-term institutions certified by the Secretary on Indian reservations.

94. Medicare appeals

The bill clarifies present law that there is no authorization for an appeal to the Secretary or for judicial review on matters solely involving amounts of benefits under part B, and that insofar as part A amounts are concerned, appeal is authorized only if the amount in controversy is \$100 or more and judicial review only if the amount in controversy is \$1,000 or more.

95. Medicare: Coverage of persons needing kidney transplantation or dialysis

The bill provides that fully or currently insured workers under social security and their dependents with chronic renal disease would be deemed disabled for purposes of coverage under parts A and B of medicare. Coverage would begin 3 months after a course of renal dialysis is begun.

TABLE 2.—SOCIAL SECURITY PROGRAMS: FIRST FULL-YEAR COST OF H.R. 1

[Amounts in millions]

Provision	Additional benefit payments in calendar year 1974
Total	\$4,372
Social security cash benefit programs:	
Earnings in year of attainment of age 72	14
Retirement test at \$2,100	842
Special minimum at \$170 for 30 years	20
Credit for delayed retirement prospectively	27
Liberalized disability provision for blind (House)	38
Reduction in disability waiting period to 5 months	128
Increased benefits for widows and widowers	1,109
Eliminate support requirement for divorced wives	23
Student child benefits payable after 22 to end of semester	19
Age 62 computation point for men	14
Liberalized workmen's compensation offset	22
Children disabled at ages 18 to 21	17
Increased allowance for vocational rehabilitation expenses	28
Military wage credit	46
Subtotal, cash benefits	2,347
Hospital insurance program:	
Coverage of the disabled	1,412
Liberalized definition of skilled nursing facility care	110
Waiver of beneficiary liability for disallowed claims	35
Coverage of renal dialysis and transplantation	75
Subtotal, hospital insurance	1,632
Supplementary medical insurance program (general revenues):	
Coverage of the disabled	365
Increase in part-B deductible	-58
Coverage of chiropractors' services	17
Coverage of speech pathologist services	9
Coverage of renal dialysis and transplantation	52
Eliminate coinsurance on home health services	8
Subtotal, supplementary medical insurance program	393

Source: Department of Health, Education, and Welfare.

TABLE 3.—CHANGES IN ESTIMATED MEDICAID COSTS (+) AND SAVINGS (-) UNDER H.R. 1

[In millions of dollars]

	Calendar year 1974
Changes in H.R. 1:	
Coverage of the disabled under Medicare	-70
Increase in Medicare part-B deductible from \$50 to \$60	+8
Reduction in Medicaid matching if States fail to perform required utilization review	-162
Imposition of premium, copayment and deductible requirements on Medicaid recipients	-89
Families with earnings under Medicaid:	
Eligibility extended 4 months	+33
Limitation on nursing home and intermediate care facility reimbursement to 105 percent of last year's payment	-22
Elimination of requirement that States move toward comprehensive Medicaid program by 1977	(¹)
Elimination of requirement that States maintain their year to year fiscal efforts in Medicaid	-640
Payments to States under Medicaid for installation and operation of claims processing and information retrieval systems	+10
Increased Medicaid matching for Puerto Rico and the Virgin Islands	+10
More specific requirements as to eligibility for skilled nursing level of care	-14
100 percent reimbursement for the cost of certifying skilled nursing homes under Medicaid	+10
Expansion of Medicaid coverage to include inpatient care for mentally ill children	+120
90 percent Federal funding of family planning services	+36
Coverage of persons needing renal dialysis or transplantation under Medicare	-20
Preserving Medicaid eligibility for social security beneficiaries	
Total estimated reduction in Medicaid costs under H.R. 1	-790

¹ The current law estimates take no account of the effect of the requirement that States move toward comprehensive Medicaid programs by 1977; therefore, no savings are attributed to the repeal of this requirement.

Source: Department of Health, Education, and Welfare.

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