

EDITORIAL

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THE NATIONAL HEALTH ACT OF 1939.

THE NATIONAL HEALTH PROGRAM was carried forward recently through the submission to the Congress of the Report of the Interdepartmental Committee to Promote and Coördinate Health Activities and the introduction, on February 28th, of S. 1620, under the title used above, by Senator Wagner of New York.

In submitting the Report to the Congress in a special message, President Roosevelt stated that the purpose of the Program is "to make available in all parts of our country and for all groups of our people the scientific knowledge and skill at our command to prevent and care for sickness and disability; to safeguard mothers, infants and children, and to offset through social insurance the loss of earnings among workers who are temporarily or permanently disabled."

It will be recalled that this Report was the subject of consideration by the National Health Conference in Washington, D. C., in July 1938.

The following quotations are taken from the statement made by Senator Wagner in introducing S. 1620: "Under no circumstances will the Federal government undertake to furnish medical care. Administration in all cases will be through the States, which will develop their plans only after careful surveys of local needs and conditions, and with a view to supplementing, not displacing, the existing efforts of the professions, the hospitals, the localities and charitable organizations....."

It should be clearly understood that the bill does not establish a system of health insurance or require the States to do so. Specifically, under title XIII of the bill, dealing with general programs of medical care, the States will be free to develop plans of their own choosing, subject to necessary basic standards. Such plans may be limited to those on relief or include others more fortunately situated in the economic scale. The plans may be supported by insurance contributions, by general revenue, or both.

The bill does not interfere with the States in the licensing of medical or other practitioners. It seeks to maintain and improve the high professional standards of medical and institutional care already achieved in the United States. All State plans under the respective titles must provide methods of administration to this end. At every stage of State and Federal administration, including the formulation as well as the effectuation of State plans, provision is made for consultation with professional advisory councils, composed of members of the professions and agencies, public and private, that furnish the particular services and other persons informed on the need for, or provision of, such services."

The purpose of the bill is "To provide for the general welfare by enabling the several States to make more adequate provision for public health, prevention and control of disease, maternal and child health services, construction and maintenance of needed hospitals and health centers, care of the sick, disability insurance and training of personnel." This is accomplished through proposed amendments to the Social Security Act providing for allotments to the states for which \$80,000,000

is appropriated for the fiscal year ending June 30, 1940, and larger amounts in the two succeeding years.

The bill covers, in a general way, the five definite recommendations made in the Report referred to above:

1. (a) Maternal and Child Health Services and (b) Medical Services for Children and Services for Crippled and Other Physically Handicapped Children. This title is to be administered by the Chief of the Children's Bureau who shall make payments to those states which have submitted to and had approved by the Chief of the Bureau, plans for extending and improving such services. The following factor for each state shall be taken into consideration: (1) The total number of births in the latest calendar year for which the Bureau of the Census has available statistics; (2) the number of mothers and children in need of the services; (3) the special problems of maternal and child health; and (4) the financial resources.

2. Public Health Work and Investigations for the Purpose.

"For the purpose of enabling each State, as far as practicable under the conditions in such State, especially in rural areas and in areas suffering from severe economic distress, to extend and improve public-health work, including services, supplies and facilities for the control of tuberculosis and malaria, for the prevention of mortality from pneumonia and cancer, for mental health and industrial hygiene activities, and to develop more effective measures for carrying out the purposes of this part of this title, including the training of personnel." This title is to be administered by the Surgeon General of the Public Health Service who shall make payments to those states which have submitted to and had approved by the Surgeon General, plans for extending and improving such services. The following factors for each state shall be taken into consideration: (1) The population; (2) the number of individuals in need of the services; (3) the special health problems; and (4) the financial resources.

3. Grants to States for Hospitals and Health Centers. This title is to be administered by the Surgeon General of the Public Health Service who shall allot sums to those states which have submitted to and had approved by the Surgeon General, plans for constructing and improving needed hospitals. The following factors for each state shall be taken into consideration: (1) The needed additional hospitals; and (2) the financial resources.

4. Grants to States for Medical Care "For the purpose of enabling each State, as far as practicable under the conditions in such State, especially in rural areas and among individuals suffering from severe economic distress, to extend and improve medical care (including all services and supplies necessary for the prevention, diagnosis and treatment of illness and disability), and to develop more effective measures for carrying out the purposes of this title, including the training of personnel."

This title is to be administered by the Social Security Board which shall make payments to the states which have submitted to and had approved by the Board, plans for extending and improving medical care. The following factors for each state are to be taken into consideration: (1) The population; (2) the number of individuals in need of the services; (3) the special health problems; and (4) the financial resources.

5. Grants to States for Temporary Disability Compensation. This title is to be administered by the Social Security Board which shall make payment to those states which have submitted to and had approved by the Board, plans for temporary disability compensation. The cost benefits will be payable to individuals for not more than fifty-two weeks and with respect to their disability not arising out of or in the course of employment.

Under each title, except the fifth, it is required among other things that an approved plan shall provide for financial participation by the State; for a state-wide program or an extension of such program so that it shall be in effect in all political subdivisions of the state in need of the services not later than the fiscal year ending June 30, 1945; for the administration of the plan by the state health agency or other agency or for the supervision of the plan by this agency. Under the fifth title, it is required that the state shall have a satisfactory plan for temporary disability compensation which makes available "reasonably adequate medical services, including preventive services," to minimize disability.

Under the first three titles an approved state plan shall provide for an advisory council or councils, composed of members of the professions and agencies, public and private, that furnish services under the state plan, and other persons informed on the need for, or provision of, medical care. Under the fourth title a Federal advisory council or councils, is provided for. These provisions will give the public health professions the opportunity to advise the State or Federal agency with respect to the services to be rendered and will connect these professions directly with the operation of the plan.

It must be evident that, if adopted, the National Health Act of 1939 will put into operation in the states and under Federal supervision, an expanding health program which will include many services that are not now being rendered and that such a program will affect the public health professions. It is important, therefore, that these professions, including Pharmacy, should carefully study the progress of this legislation and be prepared to take such action as may be required by the developments.

This ASSOCIATION has for several years past urged the State Pharmaceutical Associations to secure representation on their respective State and Local Boards of Health for the purpose of giving such boards the active coöperation of the profession and of bringing the profession into direct contact with public health progress. The development of a National Health Program and the introduction of S. 1620 emphasizes the importance of pharmaceutical representation on State and Local Boards of Health.—E. F. K.

A member of the AMERICAN PHARMACEUTICAL ASSOCIATION comments as follows:

"I enjoyed the greatest inspiration of thirty-eight years in Pharmacy while attending the A. PH. A. convention in Minneapolis last August. I have been a member for twenty years, but that was my first A. PH. A. convention and it was worth waiting twenty years to get a chance to attend. I never believed it possible to get together so many helpful, pharmacy-minded people under one roof for a period of one week."
