# National Health Expenditures, 1950-65

by RUTH S. HANFT\*

In 1965, government was the source of slightly more than one-fourth of all national health expenditures. The government share of health expenditures has remained about the same during the past decade. Beginning with 1966, public spending for all health purposes will probably represent a growing proportion of total health expenditures—primarily because of the new programs of health insurance for the aged, medical assistance, and the expanded maternal and child health services. The full effect of the major new programs will not be visible until 1967 when the health insurance program for the aged will have operated for a full year, when medical assistance will have been implemented by a large number of States, and when other new public programs will be in operation.

It is too early to predict the impact of the new legislation on the distribution of the health dollar, by object of expenditure. Other factors such as advances in medical technology, changes in the organization of medical care services, and increased prices will also affect the distribution. The emphasis of the major new programs, however, is on personal health services.

THE NATION EXPENDED in 1965 \$40.8 billion or 6 percent of the gross national product for health services and supplies, health research, and medical facilities construction. Per capita expenditures reached \$209, increasing 7 percent from the previous year. Expenditures for health services and supplies accounted for 91.5 percent of the total, with the balance spent for research and medical facilities construction. Slightly less than three-fourths of all expenditures were private expenditures. Within the private sector, consumers—either directly or through insurance—

made 69 percent of all health expenditures, philanthropy accounted for 3.6 percent, and the balance came from other private sources, primarily industrial in-plant health services and funds for construction. Federal funds accounted for 12.9 percent of all expenditures from public funds, and State and local funds for 12.2 percent.

#### **EXPENDITURES IN 1965**

#### Source of Funds

In 1965, private funds were the source of \$30.5 billion in national health expenditures, and public funds provided \$10.2 billion. Private funds paid for 78 percent of the expenditures for health services and supplies, 11 percent of those for research, and 68 percent of those for medical facilities construction. Of total private health expenditures, more than 95 percent was spent for health services and supplies and less than 5 percent for research and construction.

The nature of the expenditures of the private sector for various health purposes differs markedly from that of the public sector (table 1 and chart 1). About 28 cents of the private dollar was spent for hospital care and 48 cents of the public dollar went for this purpose. In contrast, almost 40 cents of the private dollar was expended for the services of private practitioners but only 6 cents of the public dollar. Medical research continued to be a major expenditure of the public sector; it accounted for 13 percent of all public expenditures but only ½ of 1 percent of private expenditures.

Consumers.—Consumers spent \$28.1 billion in 1965 for health purposes and were responsible for almost 69 percent of total expenditures. Consumer expenditures in this series are exclusively for personal health services (\$26.8 billion) and insurance service (\$1.2 billion), although payments for hospital care by consumers account

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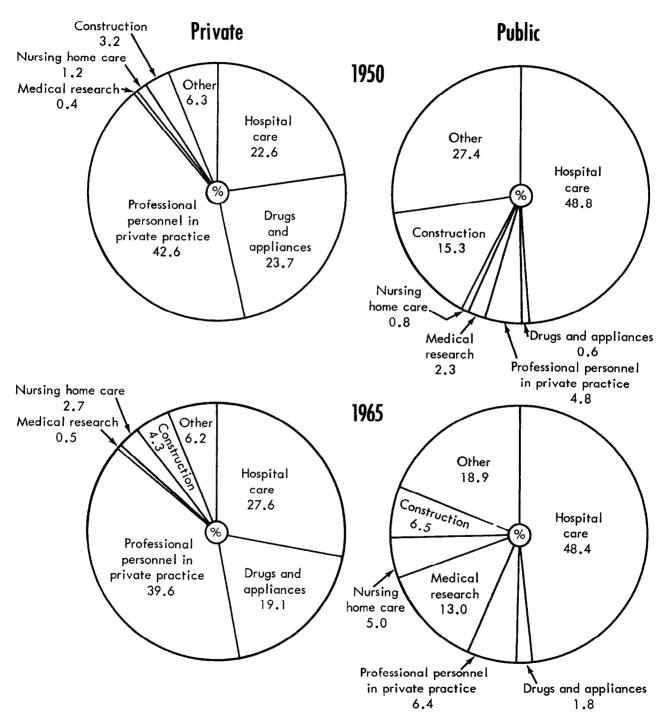
<sup>&</sup>lt;sup>1</sup> For a detailed description of the definitions used in this series, as well as the methodology and the major sources of data, see Louis S. Reed and Ruth S. Hanft, "National Health Expenditures, 1940–64," Social Security Bulletin, January 1966.

indirectly for a substantial portion of the accumulated funds of hospitals that are used for construction or modernization of facilities.

Consumer payments include direct out-of-

pocket payments and private health insurance payments. Slightly less than one-third or \$8.7 billion of all consumer expenditures represented health insurance payments, and \$18.1 billion

Distribution of private and public expenditures, by object of expenditure, 1950 and 1965 1



<sup>&#</sup>x27;"Other" private expenditures include those for the net cost of health insurance, private voluntary health agencies, and industrial in-plant health services. "Other" public expenditures include those for government public

health activities, medical activities in Federal units other than hospitals, and school health services.

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Table 1.—National health expenditures by object of expenditure and source of funds, 1965
[Amounts in millions]

	To	otal	Source of funds							
Object of expenditure		Percent-		Pri	vate		Public			
	Amount	age distri- bution	Total	Con- sumers	Philan- thropy	Other	Total	Federal	State and local	
Total	\$40,751	100.0	\$30,534	\$28,074	\$1,459	\$1,001	\$10,217	\$5,262	\$4,95	
Health services and supplies Hospital care Federal facilities	13,379	91.5 32.8	29,045 8,432	28,074 8,127	634 305	338	8,228 4,947	3,674 1,967	4,55- 2,986	
State and local facilities	1,600 4,018 7,761	3.9 9.9 19.0	15 1,352 7,065	15 1,352 6,760	305		1,585 2,666 696	1,566 166 235	2,500 46	
Physicians' services Dentists' services Other professional services.	9,003 2,832 896	22.1 6.9 2.2	8,437 2,800 842	8,428 2,800 818	9		566 32 54	137 18 15	429 14	
Drugs and drug sundries  Eyeglasses and appliances	4,757 1,260	11.7 3.1	4,617 1,219	4,617 1,219	21		140 41 510	71 17 273	69 24 23	
Nursing-home care Net cost of insurance Medical activities in Federal units other than hospitals	1,324 1,272 858	3.2 3.1 2.1	814 1,272	793 1,272			858	858		
Government public health activities Private voluntary health agencies School health services	947 275 133	2.3 .7 .3	275	*	275		947	318	629	
Industrial in-plant health services	338	.8	338			338				
Research and medical-facilities construction Research	3,477 1,490	8.5 3.7	1,488 163		825 163	663	$\frac{1,989}{1,327}$	1,588 1,269	401 58	
Construction Publicly owned	1,987 555	4.9 1.4	1,325		662	663	662 555	319 223	343 332	
Privately ownedPercentage distribution by source of funds:	1,432	3.5	1,325		662	663	107	96	11	
Total Health services	100.0 100.0		74.9 77.9	68.9 75.3	3.6 1.7	2.5 .9	$\frac{25.1}{22.1}$	12.9 9.9	12.2 12.2	
Research Construction	100.0 100.0		10.9 66.7		10.9 33.3	33.4	89.1 33.3	85.2 16.1	3.9 17.3	

Table 1a.—National health expenditures by object of expenditure and source of funds, 1964 (revised data)

[Amounts in millions]

	т	otal	Source of funds								
Object of expenditure		Percent-	Private Pub						olic		
	Amount	age distri- bution	Total	Con- sumers	Philan- thropy	Other	Total	Federal	State and local		
Totai	\$37.493	100.0	\$28.217	\$25.928	\$1,367	\$922	\$9,276	\$4,693	\$4,583		
Health services and supplies Hospital care Federal facilities State and local facilities. Nongovernmental facilities Physicians' services Dentists' services. Other professional services. Drugs and drug sundries E yeglasses and appliances. Nursing-home care Net cost of insurance Medical activities in Federal units other than hospitals Government public health activities. Private voluntary health agencies School health services	1,535, 3,827, 7,259, 8,065, 2,647, 885, 4,437, 1,105, 1,215, 697, 814, 271, 130	91.7 33.7 4.1 10.2 19.4 21.5 7.1 2.4 11.8 2.9 3.2 3.1 1.9 2.7			20 271		7,496 4,719 1,521 2,565 633 501 27 42 122 38 406	3,268 1,881 1,502 156 223 116 15 12 60 18 203	4, 228 2, 838 19 2, 409 410 385 12 30 62 20 203		
Industrial in-plant health services  Research and medical-facilities construction Research Construction Publicly owned Privately owned	325 3.130 1,322 1,808 507 1,301	8.3 3.5 4.8 1.4 3.5	325 1,350 157 1,193 1,193		753 157 596	325 597 597 597	1,780 1,165 615 507 108	1,425 1,112 313 215 98	355 53 302 292 10		
Percentage distribution by source of funds: Total Health services Research Construction	100.0 100.0 100.0 100.0		75.3 78.2 11.9 66.0	69.2 75.5	3.6 1.8 11.9 33.0	2.5 .9 33.0	24.7 21.8 88.1 34.0	12.5 9.5 84.1 17.3	12.2 12.3 4.0 16.7		

represented the direct out-of-pocket payments.

Philanthropy.—Private philanthropy accounted for \$1.5 billion or 3.6 percent of the total spent for health. Since 1950, philanthropy has provided a decreasing proportion of the expenditures for personal health care (\$634 million in 1965) but an increasing share (\$825 million in 1965) of the funds for research and medical-facilities construction.

Other private sources.—The remaining private expenditures of \$1 billion included the amount spent by industry for in-plant health services (more than \$300 million) and an estimated \$600 million expended for hospital construction.

Government.—Government was the source of \$10.2 billion in health spending in 1965, with more than half (\$5.3 billion) originating from the Federal Government. Government expenditures accounted for more than one-third of expenditures for hospital care, almost 90 percent of those for research, and approximately one-third of those for construction.

The distribution of government funds shown in table 1 is based on the ultimate source of funds and shows as Federal funds those amounts expended by State and local governments under grant-in-aid programs. These grant-in-aid funds

Table 2.—Government expenditures for health purposes by object of expenditure and unit making outlay, 1965
[In millions]

	Unit o	f gover ing out	
Object of expenditure	Total	Fed- eral	State and local
Total	\$10,217	\$4,222	\$5,995
Health services and supplies Hospital care Federal facilities State and local facilities Nongovernmental facilities Physicians' services Dentists' services Other professional services Drugs and drug sundries Eyeglasses and appliances Nursing-home care Medical activities in Federal units other than hospitals Government public health activities School health services	4,947 1,585 2,666 696 566 562 32 140 41 510	1,636 1,566 9 61 49 2 1 4 7	3,311 19 2,657 635 517 30 53 136 34 510
Medical research and medical-facilities construction. Research Construction Publicly owned Privately owned	1,327 662 555	1,269 246	58 416

include those for public assistance (vendor medical payments), maternal and child health programs, public health categorical programs such as tuberculosis and venereal disease control, and hospital construction.

Health care or health benefits provided by the Department of Defense, the Veterans Administration, and the Public Health Service are shown as direct Federal expenditures.

In terms of the unit of government making the outlay, \$4.2 billion was spent in 1965 by the Federal Government directly and \$6.0 billion by State and local governments (table 2). The difference between these estimates and the amounts shown in table 1 are the grant-in-aid funds.

## **Types of Service**

Hospital care.—Expenditures for hospital care continued to constitute the largest item of national health expenditures and in 1965 reached \$13.4 billion, or almost 33 percent of total health expenditures.

Of the total, 58 percent was for care in nongovernment hospitals, 30 percent for care in State and local government hospitals, and 11 percent for care in Federal hospitals (table 3). Hospital care estimates in this series include both inpatient and outpatient hospital services.

Consumer payments of \$8.1 billion met 60.7 percent of all hospital care expenditures. Insurance benefits amounted to \$5.8 billion and met 71.2 percent of all consumer expenditures for hospital care and approximately 43 percent of all hospital care expenditures. Government provided \$4.9 billion, or almost 37 percent of the funds for hospital care; philanthropy paid for more than 2 percent. Third-party payments amounted to 82.5 percent of all hospital care costs.

The sources of financing vary with the ownership of the hospital. Federal facilities, which include facilities maintained by the Defense Department, the Veterans Administration, and the Public Health Service, are almost exclusively financed by the Federal Government. State and local government hospitals received 66 percent of their financing from public sources (\$2.7 billion):

Table 3.—Expenditures for hospital care by type of hospital and source of funds, 1965

[In millions]

in n	iiiionsi			
	-	Тур	e of hosp	ital
Source of funds	All hospitals	General	Tuber- culosis	Psy- chiatric
		All hosp	oitals	
Total	\$13,378.4	\$11,131.8	\$186.5	\$2.060.1
Consumers	8.127.0	7,825.9	25.9	275.2
Government		3,000.9	160.6	1.784.9
Federal	1.967.3	1.585.5	20.4	361.4
State and local	2,979.1	1,415.4	140.2	1.423.5
Philanthropy		305.0		
		Federal ho	spitals	<del></del>
Total	1,599.9	1,199.9	20.4	379.6
Consumers	15.1	15.1		
Government	1,584.8	1.184.8	20.4	379.6
Federal	1,565.9	1,184.1	20.4	361.4
State and local	18.9	.7		18.2
	State and	local gove	rnment l	nospitals
Total	4,017.7	2,329.4	155.8	1,532.5
Consumers	1,351.9	1,209.1	15.6	127.2
Government	2,665.8	1,120.3	140.2	1,405.3
Federal	166.3	166.3	140.2	1,400.0
State and local	2,499.5	954.0	140.2	1,405.3
	Nong	governmen	tal hospi	tals
Total	7,760.8	7,602.5	10.3	148.0
Consumers	6,760.0	6,601.7	10.3	148.0
Government	695.8	695.8 235.1		
Federal State and local	235.1 460.7	235.1 460.7		
Philanthropy		305.0		
r manomopy	303.0	303.0		

62 percent (\$2.5 billion) came from State and local government sources; and a small amount (166 million) came from the Federal Government. Consumer payments of \$1.4 billion provided the balance. Voluntary and proprietary nongovernment hospitals received \$6.8 billion or 87 percent of their income from private consumers, \$696 million or 9 percent from government, and \$305 million or 3.9 percent from philanthropy.

Consumers were the source of most of the expenditures in general hospitals, and government provided \$3.0 billion or 26.9 percent, with the balance coming from philanthropic sources. In contrast, public funds were the source of 87 percent of the care in psychiatric hospitals and 86 percent of the care in tuberculosis hospitals.

Government expenditures for hospital care include not only Federal, State, and local government expenditures for maintenance of publicly

owned hospitals but also vendor payments for care of patients under various public medical care programs. Payments in 1965 under the largest of these programs—vendor medical payments under public assistance—were estimated at \$644.7 million.

Physicians' services.—Expenditures for the services of physicians in private practice amounted to \$9.0 billion in 1965, or 22 percent of all health expenditures. Consumers, directly or through insurance, were the source of almost 94 percent (\$8.4 billion) of the expenditures. Health insurance payments met approximately 32 percent of consumer payments for physicians' services and almost 30 percent of all expenditures for these services. (This year more accurate information became available on insurance payments, permitting the allocation of payments previously reported for physicians' services to other types of care, such as nursing homes, special nursing, etc.)

The balance of the expenditures for physicians' services consisted mainly of government expenditures (\$566 million) and small amounts of philanthropic payments (estimated at \$9 million). Public payments for the services of physicians in private practice will probably show a considerable rise in 1966 when the expanded public assistance medical program and the program of health insurance for the aged have been in operation.

Dentists' services.—Spending for the services of dentists in private practice amounted to \$2.8 billion in 1965. Almost all expenditures for the services of dentists were consumer payments (\$2.8 billion), with government funds paying for only slightly more than 1 percent of these services.

Other professional services.—Slightly more than 2 percent of the health dollar (\$896 million) was spent for other professional services. These services include the services of registered and practical nurses, podiatrists, chiropractors, naturopaths, physical therapists, clinical psychologists, and Christian Science practitioners in private practice and the expenses of private visiting-nurse associations.

Drugs and drug sundries, eyeglasses, and appliances.—Total expenditures for drugs and drug

sundries amounted to \$4.8 billion, or almost 12 percent of all health expenditures; of the total, \$4.6 billion was spent by consumers. Expenditures for eyeglasses and appliances were \$1.3 billion, and again the bulk of the expenditures came from consumers.

Nursing-home care.—Total estimated expenditures for nursing-home care were \$1.3 billion, of which government funds paid approximately \$510 million and consumers approximately \$793 million, and the small balance was paid for from philanthropic sources.

Net cost of insurance.—Consumers spent \$1.3 billion for insurance service. These are the retentions of the health insurance organizations for operating expenses, additions to reserves, and profits<sup>2</sup> and are exclusively a consumer expenditure.

Medical activities in Federal units other than hospitals.—Expenditures for medical facilities, such as dispensaries and outpatient clinics separate from hospitals that are operated by the Federal Government, reached \$858 million in 1965. Included in such expenditures are the costs of maintaining military medical dispensaries, field stations, and medical units on naval vessels. The increase in this category of expenditures between 1964 and 1965 was more than 23 percent, reflecting the activities in Viet Nam.

Government public health activities.—Federal, State, and local governments spent \$947 million for public health activities. Although some personal health care expenditures are included (services in public health clinics, for example), the expenditures in this category are primarily for community and environmental health services. State and local governments were the source of \$629 million or 66 percent of public health expenditures, and the Federal Government was the source of \$318 million.

Voluntary health agencies.—Philanthropic expenditures of voluntary health agencies were \$275 million in 1965. This category represents

residual expenditures of voluntary health agencies for community health activities, health education, and administrative costs. Expenditures of these agencies for research, hospital care, and physicians' services are shown under the specific services.

School health services and industrial in-plant health services.—School health services provided by public education agencies amounted to \$133 million in 1965. Services of this type that are provided by public health agencies are included with public health activities. Expenditures for in-plant health services totaled \$338 million.

Research.—Expenditures for medical research amounted to almost \$1.5 billion, an increase of approximately 13 percent over 1964. Government funds were the source of 89 percent or \$1.3 billion of these expenditures. The Federal Government continued to be the major supplier of funds for medical research and provided 85 percent of all funds for this purpose in 1965.

Medical facilities construction.—Almost \$2.0 billion was spent for the construction of medical facilities, with \$1.3 billion or slightly more than two-thirds of the funds provided from private sources. About \$319 million or 16 percent came from the Federal Government, and \$343 million or 17 percent was from State and local governments. Approximately 30 percent of the Federal funds supported the construction of privately owned facilities, but the bulk of State and local funds went for the construction of State and local facilities. The remaining amount of Federal funds-\$223 million-was spent for the construction of military, veterans, and other Federal facilities and for grants-in-aid for the construction of State and local government facilities.

Private funds include philanthropy (gifts of corporations and individuals) and "other" sources (accumulated funds of hospitals and loans and funds advanced by proprietary interests).

#### HISTORICAL DATA

National health expenditures increased from \$12.9 billion in 1950 to \$40.8 billion in 1965

<sup>&</sup>lt;sup>2</sup> See Louis S. Reed, "Private Health Insurance: Coverage and Financial Experience, 1965," Social Security Bulletin, November 1966.

Table 4.—National health expenditures by object of expenditure, selected years, 1950-65
[Amounts in millions]

Object of expenditure	1950	1955	1960	1961	1962	1963	1964	1965
Total	\$12,867	\$18,036	\$26,892	\$28,811	\$31,378	\$33,623	\$37,493	\$40,751
Health services and supplies. Hospital care. Federal facilities. State and local facilities Nongovernmental facilities. Physicians' services. Dentists' services. Dentists' services. Other professional services. Drugs and drug sundries. Eyeglasses and appliances. Nursing-home care. Net cost of insurance Medical activities in Federal units other than hospitals. Government public health activities. Private voluntary health agencies. School health services. Industrial in-plant health services.	3,845 728 1,175 1,942 2,755 975 975 1,730 490 142 300 547 401	17,099 5,929 902 1,911 3,116 3,680 1,525 559 2,385 597 2614 656 473 175 69 215	25, 155 9, 044 1, 221 2, 827 4, 996 5, 684 1, 977 830 3, 663 784 526 845 629 565 230 108 270	26, 770 9, 869 1, 358 3, 066 5, 445 5, 895 2, 068 848 3, 833 809 607 978 600 617 237 122 287	28, 916 10, 598 1, 433 3, 252 5, 913 6, 499 2, 234 4, 998 913 695 1, 067 578 689 244 130 304	30, 951 11, 642 1, 480 3, 541 6, 621 2, 277 884 4, 234 983 891 1, 074 619 745 266 131	34,363 12,621 1,535 3,827 7,259 8,065 2,647 885 4,437 1,105 1,215 1,151 697 814 271 130 325	37, 274 13, 379 1, 600 4, 018 7, 761 9, 003 2, 832 896 4, 757 1, 260 1, 324 1, 272 858 947 275 133 338
Research and medical-facilities construction Research Construction Publicly owned Privately owned Total expenditures as a percent of gross national product.	957 117 840 496 344 4.5	937 216 721 370 351 4.5	1,737 663 1,074 469 605	2,041 844 1,197 426 771	2,462 1,033 1,429 444 985 	2,672 1,184 1,488 458 1,030 5,7	3,130 1,322 1,808 507 1,301	3,477 1,490 1,987 555 1,432

(table 4). In 1950 these expenditures had represented 4.5 percent of the gross national product; in 1965 they accounted for 6 percent of the gross national product. Per capita expenditures increased from \$84.49 to \$209.40 (table 5). In absolute terms, per capita expenditures increased by 148 percent. If the increases are adjusted to account for the changes in the cost of living, per capita expenditures increased by 89 percent from 1950 to 1965.

There were only slight changes in the distribution of the sources of funds for all health purposes from 1950 to 1965. Private expenditures represented 72 percent of the expenditures in 1950, 74 percent in 1955, slightly more than 75 percent in 1960, and slightly less than 75 percent in 1965.

## Type of Service

Some changes occurred in the distribution of health expenditures by type of service between 1950 and 1965. The more perceptible shifts were increases in expenditures for hospital and nursing-home care and research, with relative declines in the spending for most other types of service.

Expenditures for hospital care as a proportion of all national health expenditures rose from 29.9 percent in 1950 to 32.8 percent in 1965 (table 6). The distribution of hospital expenditures by type of hospital showed a considerable shift. In 1950, 19 percent of the hospital expenditures were for

care in Federal facilities, compared with 12 percent in 1965. Expenditures for care in State and local government facilities remained at a constant 30 percent, but expenditures for care in nongovernmental facilities rose from approximately 51 to 57 percent.

In the article on national health expenditures in the Bulletin for January 1966, the estimates indicated a decline in the proportion of health expenditures for the services of physicians in private practice. Revised data for 1964 and estimates for 1965 indicate that the proportion of expenditures for physicians' services has not dropped but risen slightly. The upward revision of the estimates for 1964 and 1965 are based on more recent data from the Internal Revenue Service and can probably be attributed to a combination of factors, including an improved data-collection and reporting system and a rise in medical care prices.

The relative importance of expenditures for the services of dentists and other professionals, and for drugs, eyeglasses, and appliances has declined. The greatest percentage increase in gross and per capita expenditures for health supplies and services was for nursing-home care. In 1950, nursing-home care took 1.1 percent of the health dollar; in 1965 it used up 3.2 percent.

Except for school health services and the net cost of insurance, all remaining components of health services and supplies declined in importance.

Table 5.—Per capita national health expenditures, selected years, 1950-651

Object of expenditure	1950	1955	1960	1961	1962	1963	1964	1965
Total national health expenditures	\$84.49	\$108.67	\$148.81	\$156.76	\$168.08	\$177.48	\$195.12	\$209.40
Health services and supplies Hospital care Physicians' services Dentists' services Other professional services Drugs and drug sundries Eyeglasses and appliances Nursing-home care Net cost of insurance Medical activities in Federal units other than hospitals Government public health activities Private voluntary health agencies	3.22	103.03 35.72 22.17 9.19 3.37 14.37 3.60 1.34 3.70 3.95 2.85 1.05	139.20 50.05 31.45 10.94 4.59 20.27 4.34 2.91 4.68 3.48 3.13 1.27 .60	145.66 53.70 32.07 11.25 4.61 20.86 4.40 3.30 5.32 3.26 3.36 1.29	154.89 56.77 34.81 11.97 4.64 21.95 4.89 3.72 5.72 3.10 3.69 1.31	163.37 61.45 36.37 12.02 4.67 22.35 5.19 4.70 5.67 3.27 3.93 1.40	178. 83 65. 68 41. 97 13. 78 4. 61 23. 09 5. 75 6. 32 5. 99 3. 63 4. 24 1. 41	191.54 68.75 46.26 14.55 4.60 24.44 6.47 6.80 6.54 4.41 4.87 1.41
School health servicesIndustrial in-plant health service	1.02	1.30	1.49	1.56	1.63	1.66	1.69	1.74
Total national health expenditures in 1965 prices	110.73	128.00	158.65	165.36	175.27	182.78	198.29	209.40

<sup>1</sup> Based on total population, including Armed Forces and Federal civilian employees abroad as of July 1.

Research continues to be the fastest-growing component of all national health expenditures, increasing from \$117 million in 1950 to \$1.5 billion in 1965. Between 1964 and 1965, expenditures for research increased by almost 13 percent. In 1950, these expenditures represented 0.9 percent of all health expenditures; by 1965 the proportion had risen to 3.7 percent.

Although expenditures for construction declined in relation to all health expenditures, the drop primarily reflected the decreasing proportion of funds for the construction of publicly owned facilities—from 3.9 percent of total health expenditures in 1950 to 1.4 percent in 1965. Construction of privately owned facilities, which represented 2.7 percent of health expenditures in 1950, made up 3.5 percent of the 1965 total.

Table 6.—Percentage distribution of national health expenditures by object of expenditure, selected years, 1950-65

Object of expenditure	1950	1955	1960	1965
Total	100.0	100.0	100.0	100.0
Health services and supplies	92.6	94.8	93.5	91.5
Hospital care	29.9	32.9	33.6	32.8
Federal facilities	5.7	5.0	4.5	3.9
State and local facilities	9.1	10.6	10.5	9.9
Nongovernmental facilities	15.1	17.3	18.6	19.0
Physicians' services	21.4	20.4	21.1	22.1
Dentists' services	7.6	8.5	7.4	6.9
Other professional services	3.1	3.1	3.1	2.2
Drugs and drug sundries	13.4	13.2	13.6	11.7
Eyeglasses and appliances	3.8	3.3	2.9	3.1
Nursing-home care	1,1	1.2	2.0	3.2
Net cost of insurance	2.3	3.4	3.1	3.1
Medical activities in Federal units other				
than hospitals	4.3	3.6	2.3	2.1
Government public health activities	3.1	2.6	2.1	2.3
Private voluntary health agencies	1.1	1.0	.9	.7
School health services	.3	.4	.4	.3
Industrial in-plant health services	1.2	1.2	1.0	.8
Research and medical-facilities construction.	7.4	5.2	6.5	8.5
Research	.9	1.2	2.5	3.7
Construction	6.5	4.0	4.0	4.9
Publicly owned	3.9	2.1	1.7	1.4
Privately owned	2.7	1.9	2.3	3.5

## Personal Health Care and Third-Party Payments

Personal health care expenditures more than trebled between 1950 and 1965, growing from \$11.1 billion to \$34.8 billion (table 7). In 1950, about 35 percent of personal health expenditures were met by third-party payments, compared with 48 percent in 1965 (table 8). Direct out-of-pocket payments by consumers, which met two-thirds of all personal health care expenditures in 1950, met only slightly more than half in 1965.

Third-party payments include health insurance benefit payments, government expenditures, philanthropy, and the expenditures of employers to maintain industrial in-plant health facilities.

Voluntary insurance in 1965 was the largest source of third-party payments. Insurance met 9 percent of personal health care expenditures in 1950, compared with slightly more than 25 percent in 1965. Government payments as a source of third-party payments declined from 23.0 percent of personal health care expenditures in 1950 to 20.9 percent in 1965. Data for 1966 will probably start a reversal of this trend as operations of the new public programs begin to be reflected. Philanthropy and other private sources of funds met 2.9 percent of the personal health care expenditures in 1950, compared with 2 percent in 1965.

The importance of third-party payments varies considerably by type of service. Third-party payments for hospital care met 67 percent of hospital expenditures in 1950 and almost 83 percent in 1965. Insurance benefits met 43 percent of all hospital care expenditures in 1965, government expenditures met approximately 37 percent, with

TABLE 7.—Amount and percent of personal health care expenditures and consumer expenditures for medical care met by private insurance, selected years, 1950-65 1

			umer diture	Insu	rance payr	nents
Year	Personal health care	for pe	rsonal h care		As perc	ent of
	expend- iture	Amount	Percent	Amount	Personal health care	Consumer expendi- ture
			All types	of services		
1950 1955 1960	\$11,069 15,837 23,515 34,781	\$8,201 11,807 18,066 26,802	74.1 74.6 76.8 77.1	\$992 2,536 4,996 8,729	9.0 16.0 21.2 25.1	12.1 21.5 27.7 32.6
		·	Hospit	al care <sup>2</sup>		<del></del>
1950	3,845 5,929 9,044 13,379	1,965 3,244 5,281 8,127	51.1 54.7 58.4 60.7	680 1,679 3,304 5,790	17.7 28.3 36.5 43.3	34.6 51.8 62.6 71.2
			Physicians	s' services 2		
1950	2,755 3,680 5,684 9,003	2,597 3,433 5,304 8,428	94.3 93.3 93.3 93.6	312 857 1,593 2,680	11.3 23.3 28.0 29.8	12.0 25.0 30.0 31.8
			Ot	her		

5,130 7,481

10,247

 $81.4 \\ 82.4 \\ 85.1$ 

(8) (3)

Not available.

1955\_\_\_\_\_

4,469

 $6,228 \\ 8,787$ 

12,398

the balance of third-party payments provided by philanthropic sources.

Approximately 36 percent of the expenditures for the services of physicians in private practice were met by third-party payments. Health insurance accounted for approximately 30 percent, with the major part of the balance coming from government funds. Improved data on the distribution of health insurance benefits by type of service have resulted in lower estimates of the proportion of physicians' services met by insurance than those published previously.3

A negligible portion of the expenditures for dentists' services, other professional services, drugs, eyeglasses, and appliances were paid for through third parties. Beginning with data for 1966, government payments for some of these services will probably show an increase.

Table 8.—Amount and percent of expenditure for personal health care met by third parties, selected years, 1950-65

				Third	l-part	y paymen	ts		
Year	Total ex- pend- itures 1		Health insurance		Govern	nent	Philanthropy and others		
	itures •	Amount	Per- cent	Amount	Per- cent	Amount	Per- cent	Amount	Per- cent
1950 1955 1960 1961 1962 1963 1964	\$11,069 15,837 23,515 24,938 26,916 28,886 32,127 34,781	6,566 10,445 11,633 12,680 13,812 15,182	44.4 46.6 47.1 47.8 47.3	2,536 4,996 5,695 6,344 6,980 7,832	16.0 21.2 22.8 23.6 24.2 24.4	5,361 5,718 6,191	$22.8 \\ 20.9 \\ 21.5$	421 537 577 608 641	2.7 2.3

All expenditures for health services and supplies other than (1) net cost of insurance, (2) government public health activities, and (3) expenditures of private voluntary health agencies.

Third-party payments accounted for approximately 40 percent of nursing-home care in 1965, compared with 22 percent in 1950. Government payments were the major source of third-party payments for nursing-home care, and paid for more than 38 percent of these expenditures in 1965.

#### **Private Consumer Expenditures**

Private consumer expenditures for health services and supplies accounted for 6.0 percent of the national disposable income in 1965, compared with 4.1 percent in 1950 (table 9). Per capita expenditures rose almost 160 percent—from \$56.38 to \$146.31. When adjustments are made for the rise in medical care prices, consumer spending for health purposes grew approximately 56 percent between 1950 and 1965.

The growth in consumer expenditures has shown substantially the same long-range trends as that of national expenditures for health services and supplies. The one major variation was in nursing-home care. As national per capita expenditures for nursing-home care increased sevenfold, consumer payments per capita rose at a slower rate, reflecting the proportionately growing share of government payments for nursinghome care. The percentage distribution of consumer expenditures is shown in table 10.

By 1965, almost one-third of all consumer payments were met by health insurance, compared with 12 percent in 1950 (table 7). Insurance benefits for hospital care paid for 71 percent of

<sup>&</sup>lt;sup>1</sup> Based on data from Louis S. Reed, "Private Health Insurance, 1965," Social Security Bulletin, November 1966. <sup>2</sup> Includes insurance payments of small amounts for other types of professional services for 1950 and 1955.

<sup>3</sup> Louis S. Reed, ibid.

Table 9.—Gross and per capita amounts of private consumer expenditures for health services and supplies, by type of expenditure. selected years, 1950–65

Object of expenditure	1950	1955	1960	1961	1962	1963	1964	1965
				Amount (i	n millions)			
Total	\$8,501	\$12,421	\$18,911	\$19,978	<b>\$21,657</b>	\$23,108	\$25,928	\$28,074
Hospital care. Physicians' services. Dentists' services. Other professional services. Drugs and drug sundries. Eyeglasses and appliances. Nursing-home care. Net cost of insurance.	1,965 2,597 961 370 1,716 482 110 300	3,244 3,433 1,508 531 2,355 586 150 614	5,281 5,304 1,962 795 3,598 760 366 845	5,743 5,472 2,048 809 3,750 783 395 978	6,231 6,042 2,213 822 4,002 885 395 1,067	6,931 6,408 2,254 834 4,127 951 529 1,074	7,612 7,554 2,620 820 4,315 1,067 789 1,151	8,127 8,428 2,800 818 4,617 1,219 793 1,272
Total consumer expenditures as a percent of national disposable personal income.	4.1	4.5	5.4	5.5	5.6	5.7	5.9	6.0
			· -· · · · · · ·	Per c	apita 1		· · · · · · · · · · · · · · · · · · ·	
Total	\$56.38	\$76.22	\$106.15	\$110.25	\$117.83	\$123.79	<b>\$</b> 136.92	\$146.31
Hospital care Physicians' services Dentists' services Other professional services Drugs and drug sundries. Eyeglasses and appliances Nursing-home care Net cost of insurance	13.03 17.22 6.37 2.45 11.38 3.20 .73 1.99	19.91 21.07 9.25 3.26 14.45 3.60 .92 3.77	29.64 29.77 11.01 4.46 20.20 4.27 2.05 4.74	31.69 30.20 11.30 4.46 20.69 4.32 2.18 5.40	33.90 32.87 12.04 4.47 21.77 4.82 2.15 5.81	37.13 34.33 12.07 4.47 22.11 5.09 2.83 5.75	40.20 39.89 13.84 4.33 22.79 5.63 4.17 6.08	42.36 43.92 14.59 4.26 24.06 6.35 4.13 6.63
Total consumer expenditures per capita in 1965 prices	93.97	105.28	120.08	121.15	126.16	129.35	140.29	146.31

<sup>&</sup>lt;sup>1</sup> Based on U.S. civilian resident population as of July 1.

consumer expenditures in 1965; they met about 35 percent of these expenditures in 1950.

Revised data on insurance payments for physicians' services indicate that in 1965 about 32 percent of consumer expenditures for these services were paid for by insurance.

### **Government Expenditures**

Government expenditures for health grew from \$3.6 billion in 1950 to \$10.2 billion in 1965 (table 11). The fastest-growing government expenditures have been for nursing-home care and medical research. Public expenditures for nursing-home care accounted for less than 1 percent

Table 10.—Percentage distribution of private consumer expenditures for health services and supplies, selected years, 1950-65

Object of expenditure	1950	1955	1960	1965
Total	100.0	100.0	100.0	100.0
Hospital care	23.1	26.1	27.9	28.
Physicians' services	30.5	27.6	28.0	30.
Dentists' services	11.3	12.1	10.4	10.
Other professional services	4.4	4.3	4.2	2.
Drugs and drug sundries	20.2	19.0	19.0	16.
Eyeglasses and appliances	5.7	4.7	4.0	4.
Nursing-home care	1.3	1.2	1.9	2.
Net cost of insurance		4.9	4.5	4.

of public expenditures in 1950 and for 5 percent in 1965. Expenditures for research represented 2.3 percent of public expenditures in 1950 and for 13 percent in 1965. The proportion of the public dollar spent for construction has taken a reverse trend, declining from 15.3 percent in 1950 to 6.5 percent in 1965.

There has been a shift in the proportions of total public expenditures that represent Federal spending and State and local spending. Expenditures of the Federal Government have shown a faster rate of increase than those of State and local governments. Federal expenditures accounted for slightly more than 47 percent of public expenditures in 1950, and they represented more than 51 percent of these expenditures in 1965.

The new programs that became effective in 1966 will probably increase the proportion of public spending for health purposes in comparison with the proportion spent privately. In addition, the trend of a more rapid growth of Federal expenditures for health is likely to continue, since the health insurance program for the aged is exclusively a Federal program. Furthermore, the new medical assistance program provides for an increased Federal share of expenditures for medically indigent people.

Table 11.—Government expenditures for health purposes, selected years, 1950-65

[In millions]

Object of expenditure	1950	1955	1960	1961	1962	1963	1964	1965
			<u>                                     </u>	То	tal			
Total	\$3,578	<b>\$4,638</b>	\$6,579	\$7,217	<b>\$7</b> ,856	\$8,598	\$9,276	\$10,217
Health services and supplies Hospital care Physicians' services Dentists' services Other professional services.	2,949 1,745 151 14 5	4,082 2,510 239 17 8	5,477 3,533 371 15 15	5,978 3,876 414 20 18	6, 407 4, 107 447 21 22	6,936 4,431 473 23 27	7,496 4,719 501 27 42	8,228 4,947 566 32 54
Drugs and drug sundries Eyeglasses and appliances Nursing-home care Medical activities in Federal units other than hospitals. Government public health activities School health services	30 547	30 11 69 656 473	65 24 152 629 565 108	83 26 202 600 617 122	96 28 289 578 689 130	107 32 348 619 745	122 38 406 697 814 130	140 41 510 858 947 133
Research and construction  Research  Construction	629 83 546	556 159 397	1,102 538 564	1,239 712 527	1,449 892 557	1,662 1,033 629	1,780 1,165 615	1,989 1,327 662
				Fed	eral			
Total	\$1,706	\$2,061	\$3,067	\$3,463	\$3,894	\$4,307	\$4,693	\$5,262
Health services and supplies. Hospital care. Physicians' services. Dentists' services. Other professional services. Drugs and drug sundries. Eyeglasses and appliances. Nursing-home care Medical activities in Federal units other than hospitals.	1 2 2 547	1,777 942 26 13 2 10 3 27 656	2,275 1,349 74 7 4 27 10 62 629	2,508 1,535 88 10 6 37 11 90 600	2,757 1,693 102 11 8 46 12 140 578	3,001 1,785 108 12 11 52 15 175 619	3,268 1,881 116 15 12 60 18 203 697	3,674 1,967 137 18 15 71 17 273 858
Government public health activities Research and construction Research Construction	87 308 79 229	99 284 151 133	113 792 511 281	131 955 678 277	167 1,137 851 286	1,306 986 320	266 1,425 1,112 313	318 1,588 1,269 319
				State ar	id local			
Total	\$1,872	<b>\$2</b> ,577	\$3,512	\$3,754	\$3,962	\$4,291	\$4,583	\$4,955
Health services and supplies Hospital care Physicians' service Dentists' services Other professional services Drugs and drug sundries E yeglasses and appliances Nursing-home care Government public health activities	28	2,305 1,569 213 4 6 20 8 42 374	3,202 2,184 297 8 11 38 14 90 452	3,470 2,341 326 10 12 46 15 112 486	3,650 2,414 345 10 14 50 16 149 522	3,935 2,646 365 11 16 55 17 173 521	4,228 2,838 385 12 30 62 20 203 548	4,554 2,980 429 14 39 69 24 237 629
School health services Research and construction Research Construction	34	69 272 8 264	108 310 27 283	122 284 34 250	130 312 41 271	131 356 47 309	130 355 53 302	133 401 58 343

The emphasis of both of these programs, as well as that of the expanded maternal and child health programs and the Office of Economic Opportunity health programs, are for personal health care services rather than community and environmental health. The trend of declining share of government third-party payments for personal health services will therefore probably reverse.

# SOURCES OF DATA

A detailed explanation of the definitions used in this series, the methodology, and sources of data was published in the January 1966 Bulletin.

The data for the most recent year, in this case 1965, are preliminary estimates and are revised in the succeeding year. (Revisions for 1964 data are shown in table 1a).