# National Health Expenditures, 1950-66

The year 1966 saw a sizable shift in outlays for health and medical care from private sources of funds to public sources. This trend is attributable in large measure to the implementation of the program of health insurance for the aged (Medicare) beginning July 1, 1966, to the new medical assistance program (Medicaid), and to the expansion of other public programs. This annual article presents the national health expenditures by type of expenditure for 1950 and 1955 and by source of funds for each year from 1960 to 1966. For the first time, detailed annual data on expenditures by type of service under each public program are presented. Data for the years before 1966 have been revised slightly from those previously published to include more recent figures and to incorporate some improvements in methodology.

THE \$45.4 BILLION expended by the Nation for its health and medical care in 1966 accounted for 6.1 percent of the total output of goods and services. The majority of these health expenditures (92 percent) went for health services and supplies, and the remaining 8 percent was used for research and medical facilities construction.

### **EXPENDITURES IN 1966**

The 1966 total represents an increase of \$4.5 billion, or 11 percent, over the amount spent in the previous year. Per capita expenditures reached \$231 in 1966, nearly 10 percent higher than the figure for 1965. Table 1 presents the detailed data on type of expenditure and source of funds for each year beginning with 1960.

### Source of Funds

Beginning in 1966, several major new public programs were implemented with a resultant increase in the share of total health expenditures

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financed from public funds. Under Medicare alone, about \$1.2 billion was spent during the last 6 months of the year. As a result of these new programs and the intensification of several existing programs, public expenditures as a proportion of total expenditures rose from 25 percent in 1965 to 28 percent in 1966. The major share of this increase was in the Federal sector, which rose from 12 percent to 16 percent. The shift from private to public funds is considerably more apparent in the data for fiscal year 1967 (when Medicare had been in effect for a full year), shown in the Bulletin annual series on social welfare expenditures. Calendar-year figures for 1967 should reveal this trend more clearly.

Public expenditures for health care increased by \$2.7 billion in 1966, rising from \$10.2 billion in 1965 to \$12.9 billion in the following year. In contrast, private expenditures rose only \$1.8 billion. In terms of percentages, the increase in public expenditures was almost four and one-half times that of private funds—27 percent compared with 6 percent.

Public expenditures are divided between the Federal Government outlays and those of State and local governments, with the former representing about 56 percent of the total public. This proportion is significantly larger than it was in the preceding year, when the Federal Government was the source of less than half the public funds. In aggregate terms, Federal expenditures rose from \$5.1 billion in 1965 to \$7.3 billion in 1966—an increase of more than 43 percent. As indicated previously, this substantial rise in Federal expenditures is attributable in large measure to the benefit payments and administrative costs of Medicare.

There are significant differences within the public sector in the major purposes of expenditures. Nearly all (93 percent) of the State and local expenditures in 1966 were for health services and supplies but only three-fourths of the Federal

<sup>\*</sup>Division of Health Insurance Studies, Office of Research and Statistics.

<sup>&</sup>lt;sup>1</sup> Ida C. Merriam, "Social Welfare Expenditures, 1929-67," Social Security Bulletin, December 1967, table

funds went for this purpose. The rest of the Federal funds were spent for medical research and construction.

For the major expenditure components, private funds, totaling \$32.5 billion, accounted for nearly three-fourths of the 1966 expenditures for health

Table 1.—National health expenditures by type of expenditure and source of funds, 1960-66

millions	

Į*	n millions							
				So	urce of fun	ds		
Type of expenditure	Total		Priv	vate			Public	
		Total	Con- sumers	Philan- thropy	Other	Total	Federal	State and local
		·		19	66			
Total	\$45,421	\$32,516	\$30,082	\$1,463	\$971	\$12,905	\$7,279	\$5,625
Health services and supplies Hospital care Federal facilities State and local facilities Nongovernmental facilities Physicians' services	9,303 9,392	31,106 9,107 15 1,398 7,693 8,617	30,082 8,772 15 1,398 7,358 8,608	672 335  335 9	352	10,728 6,323 1,657 3,055 1,610 775	5,520 3,007 1,637 286 1,084 279	5,207 3,316 21 2,768 526 496
Dentists' services. Other professional services Drugs and drug sundries. Eyeglasses and appliances. Nursing-home care. 'Expenses for prepayment and administration. Government public health activities.	3,015 986 5,235 1,594 1,502 1,629 810	2,959 929 5,049 1,560 831 1,422	2,959 905 5,049 1,560 807 1,422	24		55 57 186 34 671 206 810	28 23 84 16 316 206 284	28 34 102 18 356
Other health services.  Research and medical-facilities construction. Research. Construction. Publicly owned. Privately owned.	2,242 3,587 1,632 1,955 508 1,447	1,410 172 1,238		280 791 172 619	352 619 619	1,609 2,177 1,460 717 508 209	1,278 1,759 1,397 362 164 198	330 418 63 355 344 11
		L		19	65		<u> </u>	<u>'</u>
Total	\$40,893	\$30,692	\$28,260	\$1,446	\$985	\$10,200	\$5,081	\$5,119
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.	8,107 8,745 2,808 960 4,813 1,223 1,324	29,232 8,768 18 1,351 7,398 8,193 2,773 919 4,671 1,193 830	28,260 8,463 18 1,351 7,093 8,184 2,773 895 4,671 1,193	305 9 24	338	8,278 5,039 1,582 2,748 709 552 36 41 142 30 494	3,529 1,928 1,563 147 218 113 16 12 58 13 211 25	4,749 3,112 19 2,602 491 439 19 29 84 17 283
Expenses for prepayment and administration.  Government public health activities.  Other health services.	696	613	1,272	275	338	696 1,224	224 928	472 295
Research and medical-facilities construction Research Construction Publicly owned Privately owned		1,460 166 1,294		812 166 647 647	647 647 647	1,922 1,304 618 521 98	1,552 1,246 306 220 86	370 58 312 301 11
				19	64			
Total	\$37,549	\$28,283	\$25,988	\$1,371	\$924	\$9,266	\$4,563	\$4,704
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 Expenses for prepayment and administration Government public health activities Other health services	8,065 2,648 940 4,446 1,072 1,214 1,176 608	26,927 7,903 21 1,252 6,630 7,553 2,615 910 4,320 1,045 834 1,151	25,988 7,613 21 1,252 6,340 7,543 2,615 887 4,320 1,045 814 1,151	290 10 23 20 20 271	325	7,536 4,718 1,515 2,576 629 511 32 30 126 28 380 25 608 1,077	3,152 1,804 1,496 122 187 105 14 5 5 50 112 158 26 202 775	4,385 2,914 19 2,454 442 406 18 25 76 16 222 406 302
Research and medical-facilities construction Research Construction Publicly owned Privately owned	1,762 471	1,356 158 1,198 1,198		757 158 599 599	599 599 599	1,730 1,166 564 471 94	1,411 1,113 298 214 84	319 52 267 257 10

services and supplies, about one-tenth of the health research expenditures, and more than three-fifths of those for medical facilities construction (table 2).

Most private expenditures represent payments made by private consumers or by private health insurers in their behalf. Consumer expenditures include the contributions of employers, both public and private, for the purchase of health insurance for their employees. These expenditures amounted to \$30.1 billion in 1966, an increase of \$1.8 billion, or 6 percent, over the previous year.

The balance of the private expenditures are of two major types—private philanthropy, which accounted for \$1.5 billion of 1966 expenditures, and "other" expenditures. The latter outlays rep-

resent amounts spent by industry for maintenance of inplant health services (included in the category of other health services) and expenditures made from capital funds for expansion, renovation, or new construction of medical facilities.

Within the major expenditure components, private and public outlays also differ in type of expenditure (chart 1). Of the \$32.5 billion spent in 1966 by private sources for health and medical care, 28 percent was for hospital care; of the \$12.9 billion from public funds, almost half was spent for hospital care. About 38 percent of these private expenditures went for services of physicians, dentists, nurses, and other professional personnel in private practice, but only 7 percent of public outlays was expended for

Table 1.—National health expenditures by type of expenditure and source of funds, 1960–66—Continued
[In millions]

				Sor	urce of fun	ds		
Type of expenditure	Total		Priv	rate			Public	
		Total	Con- sumers	Philan- thropy	Other	Total	Federal	State and local
				19	63			
Total	\$33,629	\$25,071	\$23,102	\$1,199	\$770	\$8,558	\$4,208	\$4,352
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. Expenses for prepayment and administration. Government public health activities Other health services  Research and medical-facilities construction. Research. Construction. Publicly owned. Privately owned.	30,989 11,642 1,480 3,541 6,621 2,277 921 4,235 952 891 1,097 538 1,645 2,640 1,184 1,456 428 1,030	24,009 7,192 23 1,114 6,055 6,416 2,250 892 4,126 925 554 1,074 580 1,062 151 911	23,102 6,912 23 1,114 5,775 6,406 2,250 869 4,126 925 540 1,074		314 314 456 456	6,980 4,451 1,458 2,428 566 475 27 28 109 26 337 23 538 965 1,578 1,033 542 426 119	2,944 1,731 1,439 116 176 102 13 6 6 48 12 157 23 158 694 1,264 986 278 168 110	4,037 2,720 19 2,312 390 373 14 23 61 115 180 271 315 48 267 258 9
Total	\$31,404	\$23,480	\$21,622	\$1,121	\$737	\$7,924	\$3,854	\$4,069
Health services and supplies Hospital care Federal facilities. State and local facilities. Nongovernmental facilities. Physicians' services Dentists' services. Other professional services. Other professional services. Drugs and drug sundries. Eyeplasses and appliances. Nursing-home care Expenses for prepayment and administration. Government public health activities. Other health services.	28,966 10,598 1,433 3,252 5,913 6,498 2,234 902 4,095 908 695 1,088 503 1,445	22,474 6,413 22 1,005 5,387 6,052 2,210 877 4,002 885 420 1,067	21,622 6,153 22 1,005 5,127 6,042 2,210 854 4,002 885 409 1,067	260 10 23 11 244	304	6,491 4,184 1,410 2,248 526 446 24 25 92 23 275 21 503 897	2,750 1,670 1,393 110 168 102 13 4 42 9 137 21 108 644	3,741 2,513 177 2,138 358 346 12 21 51 14 138
Research and medical-facilities construction Research Construction Publicly owned Privately owned	1,032 1,406 421	1,006 141 865 865		573 141 432 432	433 433 433	1,433 892 541 421 120	1,104 850 254 143 111	328 41 287 277 10

these services. The proportion of private expenditures going for drugs, eyeglasses, and appliances was also far greater than the proportion spent for these purposes under public programs.

# Type of Expenditure

The largest single item of expenditure—representing more than one-third of total outlays—was for hospital care, including both inpatient and outpatient services. Of the \$15.4 billion used for this purpose in 1966, consumers contributed 57 percent, the Federal Government 19 percent, State and local governments 21 percent, and philanthropy provided the remaining 2 percent.

In 1965, the consumer share was considerably more (61 percent) and the Federal share proportionately less (14 percent).

The sources of financing vary with the ownership of the hospital (table 3 and chart 2). Federal facilities, which include facilities maintained by the Department of Defense, the Veterans Administration, and the Public Health Service, are almost exclusively financed by the Federal Government. State and local government hospitals received more than three-fifths of their financing from their own governments, a small amount (6 percent) came from Federal programs, and the remaining 31 percent came from consumers or insurance payments in their behalf. Voluntary and proprietary nongovernment hospitals received

Table 1.—National health expenditures by type of expenditure and source of funds, 1960–66—Continued

Total	Pri-	So vate	urce of fun	ds		
	1	vate				
Total	Con				Public	
1	sumers	Philan- thropy	Other	Total	Federal	State and local
		19	61			
\$21,611	\$20,009	\$987	\$615	\$7,278	\$3,418	\$3,860
\$69	20,009 5,692 18 906 4,768 5,479 2,063 842 3,750 783 422 978	250 250 21 10 237 460 132 328 328	287 287 328 328 328	6,048 3,926 1,339 2,160 427 407 5 19 74 22 174 19 451 950 1,230 1,230 115	2,492 1,508 1,323 68 116 85 5 3 2 2 30 9 81 119 78 676 678 248 142 106	3,556 2,418 16 2,092 311 322 2 17 44 13 94 372 275 304 34 270 262 8
	1 410 011	1	<del></del>	40 097	40.010	49.004
263 19,678 M4 19,678 M4 19,678 M4 19,678 M4 19,678 M5 1996 4,632 M5 1996 19,632 M5 1962 846 M5 776 760 M5 26 M5 1962 M	18,911 5,188 10 776 4,402 5,309 1,974 826 3,598 760 411 845	\$890 497 230 230 9 20 8 8 230 393 125 268	\$538 270 270 270 268 268	5,587 3,627 1,211 2,052 365 365 3 16 58 16 108 412 962 1,050 538 512	2,257 1,330 1,196 47 88 70 1 2 21 4 45 18 65 700 755 511 244	\$3,624 3,330 2,296 15 2,005 277 296 2 15 37 12 62 202 24 262 294 262 268 268
20022333333333333333333333333333333333	33 19,678 414 5,418 21 10 277 776 96 4,632 84 5,318 877 1,974 657 3,598 76 760 933 845 12 500 10 661 10 661 125 125	33	73 \$20,339 \$18,911 \$890 33 19,678 18,911 497 144 5,418 5,188 230 177 776 776 26 4,632 4,402 230 27 776 318 5,309 9 177 1,974	33         19,678         18,911         497         270           144         5,418         5,188         230	\$20,339	\$20,339

Table 2.—Percent age distribution of national health expendtures by source of funds and type of expenditure, 1960-66

	1	ı	1	1
Source of funds	Total	Health services	Research	Construc- tion
1966, total	100.0	100.0	100.0	100.0
Private	71.6	74.4	10.5	63.3
ConsumersPhilanthropy	$\frac{66.2}{3.2}$	71.9	10.5	31.7
Otner	2.1	.8	10.0	31.7
Public	28.4	25.6	89.5	36.7
FederalState and local	16.0 12.4	13.2 12.4	85.6 3.9	18.5 18.2
1965, total	100.0	100.0	100.0	100.0
Private	75.1	77.9	11.3	67.7
Consumers	69.1	75.3	11.0	07.7
Philanthropy	3.5	1.7	11.3	33.8
Other	2.4	.9		33.8
Public Federal	24.9 12.4	22.1 9.4	88.7 84.8	32.3 16.0
Federal State and local	12.5	12.7	3.9	16.3
1964, total	100.0	100.0	100.0	100.0
Private	75.3	78.1	11.9	68.0
Consumers.	69.2	75.4		
Philanthropy	3.7	1.8	11.9	34.0
Other Public	$\frac{2.5}{24.7}$	.9 21.9	88.1	34.0 32.0
Federal	12.2	9.1	84.1	16.9
Federal State and local	12.7	12.7	3.9	15.1
1963, total	100.0	100.0	100.0	100.0
Private	74.6 68.7	77.5 74.5	12.8	62.6
Philanthropy	3.6	1.9	12.8	31.3
Other	2.3	1.0		31.3 31.3
Public	25.4	22.5	87.2	37.4
Federal State and local	$12.5 \\ 12.9$	$9.5 \\ 13.0$	83.3 4.1	19.1 18.3
1962, total	100.0	100.0	100.0	100.0
Private	74.8	77.6	13.7	61.5
Consumers	68.9	74.6		
Philanthropy	3.6	1.9	13.7	30.7
Other Public	$\begin{array}{c} 2.3 \\ 25.2 \end{array}$	$\frac{1.0}{22.4}$	86.4	30.8 38.5
Federal	12.3	9.5	82.4	18.1
State and local	13.0	12.9	4.0	20.4
1961, total	100.0	100.0	100.0	100.0
Private	74.8	77.5	15.6	55.9
Consumers Philanthropy	$\frac{69.3}{3.4}$	$\frac{74.5}{2.0}$	15.6	27.9
Other	2.1	1.1		27.9
Public	25.2	22.5	84.4	44.1
Federal State and local	11.8 13.4	$\frac{9.3}{13.2}$	80.3 4.0	21.1 23.0
1960, total	100.0	100.0	100.0	100.0
Private	75.4	77.9	18.9	51.1
ConsumersPhilanthropy	70.1 3.3	$\frac{74.9}{2.0}$	18.9	25.6
Other	2.0	1.1	10.0	25.6
Public	24.6	22.1	81.3	48.9
Federal State and local	$\frac{11.2}{13.4}$	$\frac{8.9}{13.2}$	77.2 3.9	$23.3 \\ 25.6$
Brace and local	10.4	10.2	9.9	20.0

\$7.4 billion or 79 percent of their income from private consumers, \$1.6 billion or 17 percent from government, and \$335 million or 4 percent from philanthropy. The proportion of total expenses of nongovernment hospitals that came from public funds was considerably less in 1965 than in 1966—9 percent compared with 17 percent. This trend toward increased public financing of nongovernment hospital expenses will be more pronounced in the data for 1967, after operation of Medicare

for a full calendar year and implementation of Medicaid by a larger number of States.

Physicians' services are the next largest type of expenditure, amounting to \$9.4 billion, or 21 percent of the total. More than nine-tenths of these expenditures came from private sources and, for the most part, were paid by or in behalf of consumers. Here, too, a shift to a larger share from public funds is already evident. In 1965, about \$550 million in public funds were paid to physicians in private practice. In 1966, this amount increased to \$775 million, a 40-percent increase in the one year.

Dentists' services (\$3.0 billion), eyeglasses and appliances (\$1.6 billion), and drugs and drug sundries (\$5.2 billion) were nearly all paid for from private sources, specifically the consumer. There is some philanthropic spending for other professional services, but most of the \$1 billion expended for these services also was paid by the consumer.

The category, "expenses for prepayment and administration," amounting to \$1.6 billion in 1966, is introduced in this series for the first time. It consists of two types of expenditures: Prepayment expenses, paid for by consumers, is the difference between subscription charges (or private health insurance premiums) and the claim (or benefit) expenditures. In earlier articles in this series, prepayment expenses or the net cost of insurance had been shown separately. With the introduction of Medicare and the availability of data on administrative costs of that program, the public and private health insurance administrative costs were combined for the first time. Also included were the separately identifiable administrative expenses of other federally financed health programs, including those of the Veterans Administration, military dependents' medical care, maternal and child health programs, and the Indian Health Service program.

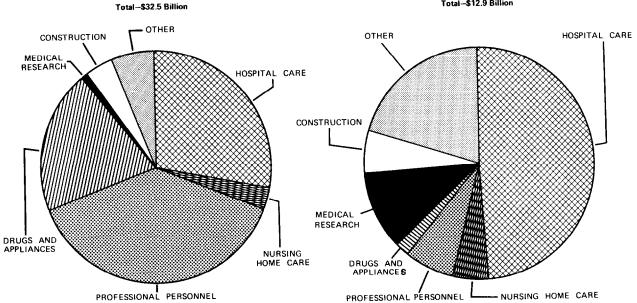
Among the health services and supplies, the category in which government played the largest role relatively was in the financing of nursing-home care, where it expended 45 percent of the \$1.5 billion total in the form of vendor medical payments under public assistance. None of the expenditures for care of the aged in extended-care facilities under Medicare are reflected in the 1966 figures, since this benefit first became effective on January 1, 1967. The public share of the total

CHART 1.—Distribution of public and private health expenditures, by type of expenditure, 1966

### PRIVATE EXPENDITURES

### PUBLIC EXPENDITURES

Total-\$12.9 Billion



expenditures for nursing-home care, including care in extended-care facilities, therefore, will show a significant increase for the amounts spent in 1967.

Expenditures for medical research amounted to \$1.6 billion in 1966, representing an increase of 11 percent over the preceding year. Of the total spent in 1966, 89 percent came from government funds, and the balance from foundations, voluntary health agencies, and other philanthropic Expenditures for research made by pharmaceutical, medical supply, and medical electronics industries, estimated at \$530 million in 1966, are excluded here since they are a business expense that is reflected in the cost of the products, already accounted for.

Medical facilities construction, amounting to almost \$2 billion in 1966, involved an increase of only \$43 million over the previous year. Construction funds for publicly owned facilities comprised one-fourth of the total, and the remaining three-fourths was spent for construction of privately owned facilities. The Bureau of the Census, which reports the data on value put in place in its publication Construction Review, recently revised its series back to July 1962. For this reason, the amounts reported for construction from 1962 have changed slightly from those previously published in this series.

# **Health Expenditures Under Public Programs**

Expenditures for health services and supplies under government programs amounted to \$10.7 billion in 1966, \$5.5 billion of which came from Federal funds and \$5.2 billion from State and local sources.

The various programs listed in table 4 are those currently reported in the social welfare expenditures series as government programs with health expenditures. Previous articles in this series had presented the data by type of service for selected public programs; now the data for each public program are reported by type of expenditure and source of funds for every calendar year since 1960. The calendar-year totals shown here for each program represent averages of the fiscal-year figures reported in the social welfare series except for a few public programs for which calendar-year figures are available.

Appearing for the first time in the 1966 data are figures on Medicare. Included in the \$1.2 billion Medicare expenditures are hospital and medical benefit payments and the administrative program costs. Premium payments under the supplementary medical insurance part of the program are considered expenditures under a public program even though the premiums are paid in

Table 3.—Expenditures for hospital care by type of hospital and source of funds, 1966

	[In millio	ons]		
		Ту	pe of hospi	tal
Source of funds	All hospitals	General	Tuber- culosis	Psy- chiatric
		All hos	spitals	
Total	\$15,429.0	\$13,262.3	\$143.1	\$2,023.6
Consumers Public Federal State and local Philanthropy	8,771.5 6,322.5 3,006.9 3,315.6 335.0	8,477.6 4,449.7 2,741.3 1,708.4 335.0	20.4 122.7 5.0 117.7	273.5 1,750.1 260.6 1,489.5
		Federal l	nospitals	
Total	\$1,672.6	\$1,386.4	\$5.0	\$281.2
Consumers	15.2 1,657.4 1,636.8 20.6	15.2 1,371.2 1,371.2	5.0 5.0	281.2 260.6 20.6
	State a	nd local gov	ernment ho	spitals
Total	\$4,453.0	\$2,720.4	\$130.8	\$1,601.8
Consumers Public Federal	1,398.3 3,054.7 286.2	1,252.3 1,468.1 286.2	13.1 117.7	132.9 1,468.9
State and local	2,768.5	1,181.9	117.7	1,468.9
	No	ongovernme	ntal hospita	ıls
Total	\$9,303.4	\$9,155.5	\$7.3	\$140.6
Consumers Public Federal	7,358.0 1,610.4 1,083.9	7,210.1 1,610.4 1,083.9	7.3	140.6
State and local	526.5	596.5		

part by consumers, with matching contributions from general revenues.

As previously noted, there was a significant rise in aggregate public expenditures for health services and in their relative share of the total. In 1965, \$8.3 billion, or 22 percent was spent under public programs; in 1966, this total increased to \$10.7 billion representing 26 percent of the total. In addition to the government outlays under health insurance for the aged, there were other significant increases in the public expenditures over the preceding year: The first year of Medicaid (the medical assistance program authorized under title XIX of the Social Security Act) brought a net increase of \$500 million in vendor payments for medical care under public assistance. An increase in Defense Department expenditures was responsible for \$240 million of the rise; general hospital and medical care, including Indian health services and care in Public Health Service hospitals, for \$140 million; and other public health activities for \$115 million. Included in this latter category were the new comprehensive health planning and services program and the new regional medical programs. Also contributing to the increase was the intensification of the programs for community and environmental health services, chronic diseases, and food and drug control.

CHART 2.—Hospital care expenditures, by type of hospital and source of funds, 1966

335.0

# STATE AND LOCAL PHILANTHROPY GOVERNMENTS FEDERAL GOVERNMENT Total-\$13.3 Billion PHILANTHROPY CONSUMERS

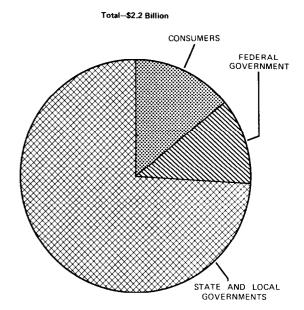
526.5

**GENERAL HOSPITALS** 

State and local....

Philanthropy.....

### TUBERCULOSIS AND MENTAL HOSPITALS



 $\textbf{Table 4.--Expenditures for health services and supplies under public programs, by program, type of expenditure, and source of funds, 1960-66 \\$ 

[In millions]

			[In mill	ions]							
Program and source of funds	Total	Hos- pital care	Physi- cians' services	Den- tists' services	Other profes- sional services	Drugs and drug sun- dries	Eye- glasses and appli- ances	Nurs- ing- home care	Govern- ment public health activi- ties	Other health services	Admin- istra- tion
						1966					
Total	\$10,727.5	\$6,322.5	\$775.0	\$55.4	\$57.3	\$186.3	\$34.3	\$671.3	\$810.3	\$1,609.0	\$206.4
Health insurance for the aged	1,199.4 53.9	890.3 40.0	124.5 12.4		3.1					1.2	180.4
Workmen's compensation (medical benefits) Public assistance (vendor medical payments) General hospital and medical care	657.5 1,979.1 2,755.5	230.2 776.0 2,738.5	381.4 176.8 3.2	50.6	19.7 13.7	13.1 166.9	13.2			123.9 12.3	
Defense Department hospital and medical care Military dependents' medical care Maternal and child health services School health.	1,395.6 73.6 291.6 137.5	423.2 46.2 51.6	26.2 13.9	3.0	20.2	2.6	5.4			972.4 193.1 137.5	1.2 1.8
Other public health activities Veterans' hospital and medical care Medical vocational rehabilitation	812.2 1,223.2 64.2	1,095.6 30.9	10.7 25.9	1.3		2.8	7.3 7.5		810.3	84.4	1 1.9 21.1
Office of Economic Opportunity  Federal, total	\$4.2 \$5,520.5	\$3,006.9	\$278.9	\$27.6	\$23.3	\$84.0	\$15.9	\$315.5	\$283.5	\$4.2 \$1,278.5	\$206.4
Health insurance for the aged	1,199.4	890.3	124.5	Φ21.0	3.1	404.0		φοισ.σ	4200.0	1.2	180.4
Workmen's compensation (medical benefits)	11.9 930.2 152.2 1,395.6	7.8 364.7 135.2 423.2	3.0 83.1 3.2	23.8	6.4	78.4 .5	.2	315.5		58.2 12.3 972.4	
Defense Department hospital and medical care Military dependents' medical care Maternal and child health services	73.6 118.4	46.2 21.6	26.2 9.5	2.0	13.1	2.1	2.5			65.8	1.2
Other public health activities Veterans' hospital and medical care. Medical vocational rehabilitation Oifice of Economic Opportunity.	285.4 1,223.2 46.4 84.2	1,095.6 22.3	10.7 18.7	1.3		2.8	7.3 5.4		283.5	84.4	1 1.9 21.1
State and local, total	\$5,207.0	\$3,315.6	\$496.1	\$27.8	\$34.0	\$102.3	\$18.4	\$355.8	\$526.8	\$330.5	
Temporary disability insurance (medical benefits). Workmen's compensation (medical benefits). Public assistance (vendor medical payments).	53.9 645.6 1,048.9	40.0 222.4 411.3	12.4 378.4 93.7	26.8	.6 19.0 7.3	.4 12.9 88.5	13.0	355.8	02010	65.6	
General hospital and medical care Maternal and child health services School health Other public health activities	2,603.3 173.2 137.5	2,603.3 30.0	4.4	1.0	7.1	.5	2.9			127.4 137.5	
Medical vocational rehabilitation	526.8 17.8	8.6	7.2				2.1		526.8		
					,	1965	<u>'</u>				
Total	\$8,278.0	\$5,039.2	\$552.3	\$35.3	\$40.4	\$142.2	\$29.8	\$494.4	\$695.8	\$1,223.5	\$25.1
Temporary disability insurance (medical benefits) Workmen's compensation (medical benefits) Public assistance (vendor medical payments) General hospital and medical care	1,478.9 2,617.5	39.3 211.8 626.6 2,602.1	11.7 350.9 121.6 2.7	30.8	.6 18.1 9.1	12.1 124.3 .4	12.1	494.4		72.1 11.5	
Defense Department hospital and medical care Military dependents' medical care Maternal and child health services School health.	1,155.1 71.8 250.2 133.5	404.6 43.8 43.8	26.7 12.0	3.0	12.6	2.0	5.0			750.5 170.2 133.5	1.3 1.6
Other public health activities. Veterans' hospital and medical care. Medical vocational rehabilitation Olice of Economic Opportunity.	697.6 1,148.0 41.1 26.9	1,048.0 19.2	10.0 16.7	1.1		3.0	6.7 5.2		695.8	58.8	1 1.8 20.4
Federal, total		\$1,927.7	\$112.9	\$16.5	\$11.8	\$58.2	\$13.0	\$211.1	\$224.0	\$928.4	\$25.1
Workmen's compensation (medical benefits) Public assistance (vendor medical payments) General hospital and medical care	11.6 631.5 142.1	7.6 267.6 126.7	2.9 51.9 2.7	13.2	.7 3.9	.2 53.1 .4	.2	211.1		30.8	
Defense Department hospital and medical care	1,155.1 71.8 89.0	404.6 43.8 16.9	26.7 7.8	1.8	7.2	1.5	2.3			750.5	1.3
Other public health activities	225.8 1,148.0 26.8 26.9	1,048.0 12.5	10.0 10.9	1.1		3.0	6.7 3.4		224.0	58.8	1 1.8 20.4
Medical vocational rehabilitation Office of Economic Opportunity											
Medical vocational rehabilitation Office of Economic Opportunity State and local, total	\$4,749.4	\$3,111.5	\$439.4	\$18.8	\$28.6	\$84.0	\$16.8	\$283.3	\$471.8	\$295.1	
Office of Economic Opportunity	\$4,749.4 52.4 593.4	39.3 204.2	11.7 348.0		.6 17.4	.4 11.9	\$16.8 .4 11.9		\$471.8		
Office of Economic Opportunity  State and local, total  Temporary disability insurance (medical benefits). Workmen's compensation (medical benefits). Public assistance (vendor medical payments) General hospital and medical care. Maternal and child health services. School health.	\$4,749.4 52.4 593.4 847.4 2,475.4 161.2 133.5	39.3	11.7	\$18.8 17.6	.6	.4	.4	283.3		\$295.1 41.3 120.3 133.5	
Office of Economic Opportunity.  State and local, total	\$4,749.4 52.4 593.4 847.4 2,475.4 161.2	39.3 204.2 359.0 2,475.4	11.7 348.0 69.7	17.6	.6 17.4 5.2	.4 11.9 71.2	.4		\$471.8 471.8	41.3	

 $<sup>^{\</sup>mbox{\tiny 1}}$  Represents a diministrative expenses for Indian health services only.

# Maternal and child health programs increased \$41.4 million. Office of Economic Opportunity

expenditures for health and medical care, which appeared separately for the first time in 1965, rose

 $\textbf{Table 4.--Expenditures for health services and supplies under public programs, by program, type of expenditure, and source of funds, 1960–66---Continued \\$ 

(In millions)

			[In milli	ons]							
Program and source of funds	Total	Hos- pital care	Physi- cians' services	Den- tists' services	Other profes- sional services	Drugs and drug sun- aries	Eye- glasses and appli- ances	Nurs- ing- home care	Govern- ment public nearth activi- ties	Other health services	Admin- istra- tion
						1964			·		
Total	\$7,536.4	\$4,718.5	\$511.4	\$32.1	\$30.0	\$126.4	\$27.7	\$380.1	\$608.2	\$1,077.4	\$24.6
Temporary disability insurance (medical benefits). Workmen's compensation (medical benefits). Public assistance (vendor medical payments). General hospital and medical care. Defense Department hospital and medical care. Military dependents' medical care.	51.2 562.4 1,258.1 2,480.6 1,025.5 78.2	38.9 196.9 528.9 2,466.2 398.3 45.2	10.9 326.2 107.5 2.4	27.0	.6 16.9 6.9	11.2 109.9 .3	.3	380.1		97.8 11.0 627.2	1.4
Maternal and child health services. School health Other public health activities Veterans' hospital and medical care Medical vocational rehabilitation.	216.1 129.8 610.0 1,092.0 32.5	36.8 992.7 14.6	9.9 9.5 13.3	3.5	5.6	3.3	4.7 		608.2	153.0 129.8 58.6	1.3 11.8 20.1
Federal, total	\$3,151.6	\$1,804.4	\$105.2	\$14.4	\$5.2	\$50.3	\$11.9	\$158.1	\$202.0	\$775.3	\$24.6
Workmen's compensation (medical benefits) Public assistance (vendor medical payments) General hospital and medical care Defense Department hospital and medical care	10.8 523.4 134.4 1,025.5	7.1 220.0 120.0 398.3	2.7 44.7 2.4	11.2	2.9	.2 45.7 .3	.3	158.1		40.7 11.0 627.2	
Military Dépendents' médical care. Maternal and child health services. Other public health activities Veterans' hospital and medical care. Medical vocational rehabilitation.	78.2 63.3 203.8 1,092.0 20.2	45.2 12.1 992.7 9.0	31.7 6.0 9.5 8.2	1.6	1.7	3.3	2.0 6.6 2.8			37.8 58.6	1.4 1.3 11.8 20.1
State and local, total	\$4.384.8	\$2,914.1	\$406.2	\$17.7	\$24.8	\$76.1	\$15.8	\$222.0	\$406.2	\$302.0	
Temporary disability insurance (medical benefits) Workmen's compensation (medical benefits) Public assistance (vendor medical payments) General hospital and medical care.	51.2 551.6 734.7 2,346.2	38.9 189.8 308.9 2,346.2	10.9 323.5 62.8	15.8	.6 16.3 4.0	.4 11.0 64.2	.4	222.0		57.1	
Maternal and child health services	152.8 129.8 406.2 12.3	5.6	3.9 5.1	1.9	3.9	.5	1.7			115.2 129.8	
		<u>'</u>	<u> </u>	!	<u>.                                    </u>	1963	<u> </u>	<u> </u>	L	J	<u></u>
Total	\$6,980.4	\$4,451.3	\$474.7	\$27.1	\$28.5	\$108.6	\$26.4	\$337.0	\$538.4	\$965.3	\$23.2
Temporary disability insurance (medical benefits). Workmen's compensation (medical benefits). Public assistance (vendor medical payments). General hospital and medical care Defense Department hospital and medical care	49.7 527.5 1,067.6 2,360.5 967.0	37.9 184.6 451.2 2,347.8 405.8	10.6 306.0 96.4 2.3	21.8	.5 15.8 6.6	10.6 92.2 .3	10.6	337.0		62.3 9.5 561.2	
Military dependents' medical care	74.7 199.1 128.0	42.8 33.8	30.5 7.8	3.8	5.6	1.5	4.6			140.8 128.0	1.4 1.2
Other public health activities Veterans' hospital and medical care Medical vocational rehabilitation	540.0 1,038.0 28.3	935.2 12.2	9.2 11.9	1.2		3.6	6.3 4.2		538.4	63.5	1 1.6 19.0
Federal, total	\$2,943.8	\$1,731.2	\$101.6	\$13.2	\$5.5	\$47.9	\$11.6	\$157.0	\$158.4	\$694.2	\$23.2
Workmen's compensation (medical benefits) Public assistance (vendor medical payments) General hospital and medical care Defense Department hospital and medical care	10.3 497.5 125.1 967.0	6.7 210.3 112.4 405.8	2.6 44.9 2.3	10.2 .3	.6 3.1	43.0 .3	.3	157.0		29.0 9.5 561.2	
Military dependents' medical care Maternal and child health services Other public health activities Veterans' hospital and medical care Medical vocational rehabilitation	74.7 53.7 160.0 1,038.0 17.5	42.8 10.4 935.2 7.6	30.5 4.8 9.2 7.3	1.5	1.8	3.6	2.2 6.3 2.6		158.4	31.0 63.5	1.4 1.2 11.6 19.0
State and local, total	\$4,036.6	\$2,720.1	\$373.1	\$13.9	\$23.0	\$60.7	\$14.8	\$180.0	\$380.0	\$271.1	
Temporary disability insurance (medical benefits). Workmen's compensation (medical benefits). Public assistance (vendor medical payments). General hospital and medical care. Maternal and child health services.	49.7 517.2 570.1 2,235.4 145.4	37.9 177.9 240.9 2,235.4 23.4	10.6 303.4 51.5	11.6	.5 15.2 3.5 3.8	.4 10.4 49.2	.4 10.4	180.0		33.3 109.8	
School health Other public health activities Medical vocational rehabilitation	128.0 380.0 10.8	4.6	4.6				1.6		380.0	128.0	

 $<sup>^{\</sup>mbox{\scriptsize 1}}$  Represents adminstrative expenses for Indian health services only. .

to a total of \$5.7 million during the year 1966. Of the \$10.7 billion total expended in 1966 for health and medical care under public programs, \$2.8 billion or about one-fourth was spent for

Table 4.—Expenditures for health services and supplies under public programs, by program, type of expenditure, and source of funds, 1960-66—Continued

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			[In mill	ions]							
Program and source of funds	Total	Hos- pital care	Physicians' services	Den- tists' services	Other profes- sional services	Drugs and drug sun- dries	Eye- glasses and appli- ances	Nurs- ing- home care	Govern- ment public nealth activi- ties	Other health services	Admin- istra- tion
						1962					
Total	\$6,491.1	\$4,183.6	\$446.4	\$24.4	\$25.1	\$92.4	\$23.2	\$274.6	\$503.3	\$897.0	\$20.9
Temporary disability insurance (medical benefits). Workmen's compensation (medical benefits). Public assistance (vendor medical payments). General hospital and medical care. Defense Department hospital and medical care.	492.5 919.2 2,203.7 926.9	172.4 398.6 2,192.1 413.4	9.8 285.7 88.9 2.3	19.1	14.9 4.5	.3 9.8 79.9 .4	.3 9.8				
Military dependents' medical care.  Maternal and child health services. School health.	181.4 128.7	31.5	31.1 7.2	3.7	5.2	2.0	4.3			126.4 128.7	
Other public health activities Veterans' hospital and medical care Medical vocational rehabilitation	987.5	888.5	9.8 11.6	1.2			4.4 4.0			66.8	1 1.5 16.8
Federal, total	\$2,749.9	\$1,670.2	\$101.5	\$12.6	\$4.5	\$41.5	\$9.4	\$137.0	\$108.1	\$643.9	\$20.9
Workmen's compensation (medical benefits)	458.7 116.7 926.9	6.0 198.9 105.1 413.4	2.4 44.4 2.3	9.5	2.2	39.9 .4	.4			8.1	
Military dependents' medical care.  Maternal and child health services Other public health activities Veterans' hospital and medical care.		43.3 9.6 888.5	31.1 4.3 9.8	1.5	1.7	1.0	2.0			28.8	1.5 1.1 1.5 16.8
Medical vocational rehabilitation	\$3,741.2	\$2,513.4	7.2 \$344.9	\$11.8	\$20.6	\$50.9	\$13.8	\$137.6	\$395.2	\$253.1	=======================================
Temporary disability insurance (medical benefits). Workmen's compensation (medical benefits). Public assistance (vendor medical payments)	46.1 483.2 460.5	35.2 166.4 199.7	9.8 283.3 44.5	9.6	.5 14.3 2.3	3 9.6 40.0	.3 9.6	137.6			
General hospital and medical care	2,087.0 131.4 128.7	2,087.0	2.9	2.2	3.5	1.0	2.3			97.6 128.7	
Other public health activities Medical vocational rehabilitation	395.2 9.1	3.2	4.4				1.6				
					·	1961	· · · · · · · · · · · · · · · · · · ·		,		
Total	\$6,048.2	\$3,926.4	\$407.3	\$5.3	\$18.6	\$74.0	\$21.5	\$174.5	\$450.9	\$950.5	\$19.2
Temporary disability insurance (medical benefits) Workmen's compensation (medical benefits) Public assistance (vendor medical payments) General hospital and medical care	46.0 462.6 686.5 2,179.4	34.5 161.9 256.2 2,169.1	$10.2 \\ 268.3 \\ 72.6 \\ 2.0$	.4	.5 13.9	.4 9.2 62.5 .4	9.2 .4	174.5		120.7 7.1	
Defense Department hospital and medical care Military dependents' medical care Maternal and child health services School health	898.3 62.3 162.5 122.0	387.3 34.5 29.1	26.4 6.7	3.8	4.2	1.5	3.4			511.0 112.7 122.0	1.5
Other public health activities Veterans' hospital and medical care Medical vocational rehabilitation	452.3 954.7 21.6	847.5 6.3	9.8 11.3	1.1			$\frac{4.2}{3.9}$		450.9	77.0	1 1.4 15.1
Federal, total	\$2,491.7	\$1,508.4	\$85.0	\$3.3	\$2.0	\$30.2	\$8.7	\$80.8	ъ78. <b>4</b>	\$675.9	\$19.1
Workmen's compensation (medical benefits)	8.6 317.8 112.6 898.3 62.3	5.5 118.6 102.3 387.3 34.5	2.2 33.6 2.0 26.4	.4	.5	28.9 .4	.4	80.8		55.9 7.1 511.0	1 6
Maternal and child health services. Other public health activities. Veterans' hospital and medical care Medical vocational rehabilitation.	44.0 79.8 954.7 13.6	847.5 4.0	9.8 7.1	1.8	1.5	.7	1.4 4.2 2.5		78.4	24.9 77.0	1.5 1.1 11.4 15.1
State and local, total	\$3,556.5	\$2,418.0	\$322.3	\$2.0	\$16.6	\$43.8	\$12.8	\$93.7	\$372.5	\$274.6	
Temporary disability insurance (medical benefits). Workmen's compensation (medical benefits) Public assistance (vendor medical payments) General hospital and medical care.	46.0 454.0 368.7 2,066.8	34.5 156.4 137.6 2,066.8	10.2 266.1 39.0		.5 13.4	9.0 33.6	9.0	93.7		64.8	********
Maternal and child health services. School health. Other public health activities. Medical yocational rehabilitation	118.5 122.0 372.0 8.0	20.4	2.8	2.0	2.7	.8	2.0		372.5	87.8 122.0	
Michical Ancadoridi Ichabilitanini	0.0	2.0	7.2				1.4				

<sup>&</sup>lt;sup>1</sup> Represents administrative expenses for Indian health services only.

general hospital and medical care programs provided directly by Federal, State, and local governments, excluding direct medical care provided by the Department of Defense and the Veterans Administration, which are listed separately.

The Federal programs with the largest expenditures for health services and supplies were those of the Defense Department (\$1.4 billion) and the Veterans Administration (\$1.2 billion) and those for Medicare (\$1.2 billion). These three programs accounted for nearly seven-tenths of the total Federal outlays.

State and local programs with large expenditures were general hospital and medical care, mainly in mental hospitals (\$2.6 billion), and public assistance (\$1.0 billion). These two programs represented about 70 percent of State and local expenditures.

Distribution of the expenditures for health services and supplies under public programs shows that almost three-fifths went for hospital care. The distribution by type of expenditures, however, varies considerably among the public programs. In 1966, hospital expenditures accounted for 74 percent of Medicare expenditures and 90 percent of Veterans Administration expenditures, but only 18 percent of those under maternal and child health programs. Expenditures for physicians' services represented 58 percent of workmen's compensation expenditures, 10 percent of those under Medicare, and only 1 percent of Veterans Administration expenditures. Eyeglasses and appliances expenses accounted for 12 percent of vocational rehabilitation expenditures but did not even appear in expenditures under Medicare, public assistance, and Department of Defense programs.

In terms of source of funds for the various types of expenditures, the two largest sources of public expenditures for hospital care are the programs providing direct general hospital and medical care and those of the Veterans Administration. Expenditures under these two programs represented more than three-fifths of the government hospital expenditures. Workmen's compensation was the largest source of public expenditures

 $\begin{array}{l} \textbf{TABLE 4.-Expenditures for health services and supplies under public programs, by program, type of expenditure, and source of funds, 1960–66--Continued \end{array}$ 

			[In mill	ions)							
Program and source of funds	Total	Hos- pital care	Physi- cians services	Den- tists' services	Other profes- sional services	Drugs and drug sun- dries	Eye- glasses and appli- ances	Nurs- ing- home care	Govern- ment public health activi- ties	Other health services	Admin- istra- tion
		<u></u>		<u> </u>	<u>.                                    </u>	1960	·			<u>'</u>	
Total.	\$5,586.9	\$3,626.7	\$366.0	\$3.4	\$16.5	\$58.3	\$15.8	\$107.5	\$412.4	\$962.1	\$18.
Temporary disability insurance (medical benefits). Workmen's compensation (medical benefits). Public assistance (vendor medical payments). General hospital and medical care. Defense Department hospital and medical care.	40.8 435.0 514.5 2,099.6 841.9	30.9 152.3 182.2 2,090.1 313.9	8.9 252.3 52.9 1.9	.3	.5 13.0	.3 8.7 47.8 .3	.3 8.7	107.5			
Military dependents' medical care. Maternal and child health services. School health. Other public health activities. Veterans' hospital and medical care.	54.3 146.4 108.0	28.5 25.7 797.4	24.5 5.9	3.1						103.6 108.0 91.7	1.6 1.6 11.4
Medical vocational rehabilitation	19.2	5.7	9.8				3.6				
,		l	\$70.2	\$1.4	\$1.7	\$21.0	\$4.0	\$45.0	\$65.0	\$699.8	\$18.
Workmen's compensation (medical benefits)  Public assistance (vendor medical payments)  General hospital and medical care  Defense Department hospital and medical care	8.9 215.5 107.4 841.9	5.8 76.3 97.9 313.9	2.2 22.2 1.9	.3	.5	20.0 .3	.3	45.0		52.0 6.7 528.0	
Military dependents' medical care	54.3 36.8 66.4 913.4	28.5 7.1 797.4	24.5 3.3 9.8	1.1	1.2	.5	1.2			21.4	1.3 1.4 11.4
Medical vocational rehabilitation	12.1	3.6	6.2				2.3				
State and local, total	\$3,330.2	\$2,296.2	\$295.9	\$2.0	\$14.8	\$37.3	\$11.8	\$62.5	\$347.4	\$262.3	
Temporary disability insurance (medical benefits) Workmen's compensation (medical benefits) Public assistance (vendor medical payments) General hospital and medical care.	40.8 426.1 299.0 1,992.2	30.9 146.5 105.9 1,992.2	8.9 250.1 30.7		.5 12.5	.3 8.5 27.8	.3 8.5	62.5		72.1	
Maternal and child health services. School health Other public health activities.	109.6 108.0	18.6	2.6	2.0	1.8	.7	1.7		347.4	82.2 108.0	
Medical vocational rehabilitation	7.1	2.1	3.6				1.3				

<sup>&</sup>lt;sup>1</sup> Represents administrative expenses for Indian health services only.

Table 5.—Amount and percentage distribution of national health expenditures by type of expenditure, selected years, 1950-66

Type of expenditure	1950	1955	1960	1961	1962	1963	1964	1965	1966
				Amou	int (in mil	lions)			
Total	\$12,867	\$18,036	\$26,973	\$28,887	\$31,404	\$33,629	\$37,549	\$40,893	\$45,4
ealth services and supplies.	11,910	17,099	25,263	26,869	28,966	30,989	34,463	37,511	41,8
Hospital care	3,845	5,929	9,044	9,869	10,598	11,642	12,621	13,807	15,
Federal facilities	728	902	1,221	1,358	1,432	1,480	1,535	1,600	1, 4,
State and local facilities.	1,175	1,911	2,827 4,996	3,066 5,445	3,252 5,913	3,541 6,621	3,827 7,259	4,099 8,107	9,
Nongovernmental facilities	1,942 2,755	3,116 3,680	5,684	5,895	6,498	6,891	8.065	8,745	9,
Physicians' services Dentists' services		1,525	1.977	2,067	2,234	2.277	2,648	2,808	3
Other professional services.		559	862	882	902	921	940	960	١
Orugs and drug sundries		2,385	3,657	3.824	4,095	4,235	4.446	4.813	5
Eyeglasses and appliances		597	776	804	908	952	1,072	1,223	1
Vursing-home care	142	222	526	606	695	891	1,214	1,324	1
Expenses for prepayment and administration	300	614	863	997	1,088	1,097	1,176	1,298	1
Jovernment public health activities.	361	377	412	451	503	538	608	696	_
Other health services	917	1,211	1,462	1,474	1,445	1,545	1,673	1,837	2
search and medical-facilities construction	957	937	1,710	2,018	2,438	2,640	3,086	3,382	3
Research	117	216	662	844	1,032	1,184	1,324	1,470	1
Construction	840	721	1,048	1,174	1,406	1,456	1,762	1,912	1
Publicly owned	496	370	443	403	421	426	471	521	١.
Privately owned	344	351	605	771	985	1,030	1,291	1,391	1
				Percer	tage distri	bution		<u> </u>	<u>'</u>
Total.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	10
ealth services and supplies	92.6	94.8	93.7	93.0	92.2	92.1	91.8	91.7	1
Hospital care	29.9	32.9	33.5	34.2	33.7	34.6	33.6	33.8	:
Federal facilities	5.7	5.0	4.5	4.7	4.6	4.4	4.1	3.9	
State and local facilities	9.1	10.6	10.5	10.6	10.4	10.5	10.2	10.0	
Nongovernmental facilities	15.1	17.3	18.5	18.8	18.8	19.7	19.3	19.8	
Physicians' services	21.4	20.4	21.1	20.4	20.7	20.5	21.5	21.4	i
Dentists' services	7.6	8.4	7.3	7.2	7.1	6.8	$\begin{array}{c c} 7.1 \\ 2.5 \end{array}$	6.9	
Other professional services	3.1	3.1	3.2 13.6	$\frac{3.1}{13.2}$	2.9	12.6	11.8	11.8	
Orugs and drug sundries	13.4 3.8	13.2 3.3	2.9	2.8	2.9	2.8	2.9	3.0	
Eyeglasses and appliances		1.2	2.0	2.1	2.2	2.6	3.2	3.2	
Nursing-home care Expenses for prepayment and administration.		3.4	3.2	3.5	3.5	3.3	3.1	3.2	
Jovernment public health activities.		2.1	1.5	1.6	1.6	1.6	1.6	1.7	
Other health services		6.7	5.4	5.1	4.6	4.6	4.5	4.5	1
search and medical-facilities construction	7.4	5.2	6.3	7.0	7.8	7.9	8.2	8.3	
Research		1.2	2.5	2.9	3.3	3.5	3.5	3.6	l
Construction	6.5	4.0	3.9	4.1	4.5	4.3	4.7	4.7	
Publicly owned.	3.9	2.1	1.6	1.4	1.3	1.3	1.3	1.3	
Privately owned	2.7	1.9	2.2	2.7	3.1	3.1	3.4	3.4	

for physicians' services (\$381 million) and for eyeglasses and appliances (\$13 million).

Vendor medical payments under public assistance represented the sole government program for nursing-home care in 1966 where such expenditures were identifiable. In future years, however, Medicare and the Veterans Administration programs will also be the source of such expenditures. Public assistance was also the largest source of government expenditures for dentists' services (\$50.1 million) and for drugs and drug sundries (\$167 million).

### HISTORICAL DATA

### Trends in Health Expenditures

The Nation's expenditures for health rose from \$12.9 billion in 1950 to \$45.4 billion in 1966, an

average annual increase of 8.2 percent. From the preceding year alone, expenditures rose 11.1 percent, from \$40.9 billion in 1965 to \$45.4 billion in 1966. In terms of the gross national product, health expenditures increased from 4.5 percent in 1950 to 6.1 percent in 1966 (table 5).

Some changes have also occurred since 1950 in the distribution of health expenditures by type of outlay. Expenditures for hospital care represented 34 percent of 1966 expenditures compared with 30 percent in 1950. Nursing-home expenditures rose from 1 percent in 1950 to 3 percent in 1966 and are expected to account for an even larger proportion in 1967 and in future years because of Medicare. Although expenditures for medical research represented a larger portion of the 1966 expenditures (4 percent compared with 1 percent in 1950), construction expenditures have decreased proportionately—from nearly 7

Table 6.—Per capita national health expenditures, 1960-66 1

Type of expenditure	1950	1955	1960	1961	1962	1963	1964	1965	1966
Total national health expenditures.	\$84.49	\$108.67	\$149.25	\$157.17	\$168.21	\$177.50	\$195.41	\$210.12	\$230.69
Health services and supplies	78.20	103.03	139.79	146.19	155.15	163.57	179.34	192.74	212.47
Hospital care	25.25	35.72	50.04	53.70	56.77	61.45	65.68	70.94	78.36
Physicians' services.	18.09	22.17	31.45	32.07	34.81	36.37	41.97	44.93	47.70
Dentists' services.	6.40	9.19	10.94	11.25	11.97	12.02	13.78	14.43	15.31
Other professional services	2.59	3.37	4.77	4.80	4.83	4.86	4.89	4.93	5.01
Drugs and drug sundries.	11.36	14.37	20.24	20.81	21.93	22.35	23.14	24.73	26.59
Eyeglasses and appliances	3.22	3.60	4.29	4.37	4.86	5.02	5.58	6.28	8.10
Nursing-home care	.93	1.34	2.91	3.30	3.72	4.70	6.32	6.80	7.63
Expenses for prepayment and administration	1.97	3.70	4.78	5.42	5.83	5.79	6.12	6.67	8.27
Government public health activities.	2.37	2.27	2.28	2.45	2.69	2.84	3.16	3.58	4.11
Other health services	6.02	7.30	8.09	8.02	7.74	8.15	8.71	9.44	11.39
Total national health expenditures in 1966 prices 2	146.94	156.59	176.21	180.24	188.15	193.78	208.99	219.33	230.69

 $<sup>^1</sup>$  Based on total population, including Armed Forces and Federal civilian employees abroad as of July 1.  $^2$  Based on medical care component of the consumer price index.

percent to 4 percent. Other health activities also showed a decrease relatively—7 percent in 1950, compared with 5 percent in 1966.

The substantial rise in national health expenditures since 1950 is the result of many factors. One is simply the growth in population; other factors are the rising costs or prices per unit of service, the increase in the average per capita utilization of health services and supplies, and the increase in the level and scope of services resulting from new techniques, drugs, and treatment procedures.

To eliminate growth in population as a factor contributing to higher expenditures, expenditures were converted to a per capita basis (table 6). With the population factor eliminated, expenditures were still found to be substantially higher-\$84.49 per capita in 1950 and \$230.69 in 1966. This increase represents a rise of 173 percent, an average annual increase of 6.5 percent.

To eliminate the factor of rising costs, as well as population, per capita expenditures were converted to the 1966 level of medical care prices based on the medical care component of the consumer price index published by the Bureau of Labor Statistics. In terms of 1966 constant dollars, the 1966 expenditures represented a 57-percent increase over those in 1950-an average annual increase of 2.9 percent. Much of this growth has taken place in the past few years. In constant dollars, the average annual increase since 1963 was 6 percent. Although total expenditures rose 11.1 percent in the calendar year 1966, the increase is only 5.2 percent when price and population changes are eliminated.

The figures above show the effect of various factors on health expenditures but do not show

the proportion of the increase that can be attributed to each factor. The calculation of these proportions is most meaningful in terms of personal health care expenditures, which are defined here as all expenditures for health services and supplies except expenses for prepayment and administration, government public health activities, and amounts spent by private voluntary agencies for fundraising and general health services. This definition is in accord with that used in the social welfare expenditures series.

Personal health care expenditures, shown in table 7, amounted to \$39.1 billion in 1966, an increase of nearly \$4 billion over 1965 and 31/2 times the total in 1950. Chart 3 shows that of the \$28 billion increase since 1950, 46 percent can be attributed to increases in medical care prices and 18 percent to the population increase. The remaining portion—35 percent—represents the increase resulting from greater utilization of services and the introduction of new medical techniques.

### Consumer Expenditures

Private consumer expenditures for health services and supplies, as shown here, include all payments by private individuals for such care and for purchase of health insurance. They also include contributions or payments by employers for the purchase of health insurance for their employees. They do not, however, include premium payments by aged persons enrolled under Medicare, payments for the medical care of injured workers under workmen's compensation programs, or payments for medical care made by the State funds under the California and New

Table 7.—Amount and percent of personal health care expenditures and consumer expenditures for personal health care met by private insurance, selected years, 1950–66

[In millions]

		Consumer exp personal h		Private insurance payments					
Year	Personal health care expenditures 1	Amount	Percent		As a percent of—				
				Amount 2	Personal health care	Consumer expenditures			
			All types	of service					
1950 1955 1960 1961 1962 1963 1964 1965	25,184 27,131 29,088 32,408	\$8,201 11,807 18,066 19,031 20,555 22,028 24,837 26,988 28,660	73.8 74.1 76.0 75.6 75.8 75.7 76.6 76.6 73.3	\$992 2,536 4,996 5,695 6,344 6,980 7,832 8,729 9,142	8.9 15.9 21.0 22.6 23.4 24.0 24.2 24.8 23.4	12.1 21.5 27.7 29.9 30.9 31.7 31.5 32.3 31.9			
	Hospital care								
1950 1955 1960 1961 1962 1963 1964 1965 1966	5,929 9,044 9,869 10,598 11,642 12,621 13,807	\$1,965 3,244 5,188 5,692 6,153 6,912 7,613 8,463 8,772	51.1 54.7 57.4 57.7 58.1 59.4 60.3 61.3 56.9	\$680 1,679 3,304 3,766 4,197 4,642 5,187 5,790 5,993	17.7 28.3 36.5 38.2 39.6 39.9 41.1 41.9 38.8	34.6 51.8 63.7 66.2 68.2 67.2 68.1 68.4 68.3			
	Physicians' services <sup>3</sup>								
1950 1955 1960 1961 1962 1963 1964 1965	3,680 5,684 5,895 6,498 6,891 8,065 8,745	\$2,597 3,433 5,309 5,497 6,042 6,406 7,543 8,184 8,608	94.3 93.3 93.4 93.2 93.0 93.0 93.5 93.6 91.7	\$312 857 1,593 1,796 1,992 2,153 2,427 2,680 2,831	11.3 23.3 28.0 30.5 30.7 31.2 30.1 30.6 30.1	12.0 25.0 30.0 32.7 33.0 33.6 32.2 32.7 32.9			
	Other								
1950 1955 1960 1961 1962 1963 1964 1965 1966	6,324 9,030 9,420 10,035 10,555 11,722 12,690	\$3,639 5,130 7,569 7,860 8,360 8,710 9,681 10,341 11,280	80.7 81.1 83.8 83.4 83.3 82.5 82.6 81.5 78.9	(4) (5) \$99 133 155 185 218 259 318	(4) (1) 1.1 1.4 1.5 1.8 1.9 2.0 2.2	(4) (1) 1.3 1.7 1.9 2.1 2.3 2.5 2.8			

<sup>1</sup> All expenditures for health services and supplies other than (1) expenses for prepayment and administration, (2) government public health activities, and (3) expenditures of private voluntary agencies for other health services. 2 For 1966, based on data from Louis S. Reed, "Private Health Insurance: Coverage and Financial Experience, 1940-66," Social Security Bulletin,

November 1967; for other years, based on earlier *Bulletin* articles in the private health insurance series.

<sup>3</sup> Includes insurance payments of small amounts for other types of professional services for 1950 and 1955. Included in physicians' services.

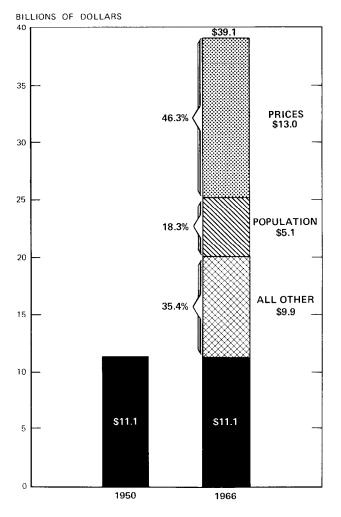
York temporary disability programs. Such payments have been classified as government expenditures. Also excluded are all other government payments for medical care, as well as philanthropic contributions to hospitals or other health agencies and payments by philanthropic organizations, "united funds," "community chests," and similar organizations to hospitals, physicians, etc., for the care of needy or medically indigent

Private consumer expenditures for health services and supplies (\$30.1 billion) accounted for 5.9 percent of the national disposable income in 1966—a decrease from the 1965 figure of 6.0 percent. This decline is the first in the 16 years covered by table 8 and can be attributed to the shift from consumer to government expenditures because of the new public programs, primarily Medicare.

Per capita consumer expenditures amounted to

patients.

CHART 3.—Factors affecting the increase in personal health care expenditures, 1950 and 1966



\$155.24 in 1966, an increase of more than 175 percent since 1950 (table 8). When adjustments are made for the rise in medical care prices, consumer spending for health purposes grew approximately 58 percent in the same 16-year period. Because of the recent shift in source of funds, however, 1966 expenditures showed scarcely any rise from expenditures in the preceding year. In constant dollars, the increase amounted to only \$1.50, compared with \$7.00 between 1964 and 1965.

As a proportion of personal health care expenditures, consumer expenditures for such care have decreased—73 percent in 1966 compared with 77 percent in 1965. The proportion in 1966 is the lowest in the 16-year period and again is attributable to the shift in the source of funds for such expenditures.

### **Third-Party Payments**

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

The proportion of personal health care expenditures met by third parties has increased significantly since 1950 (table 9). In that year, third-party payments represented only 35 percent of personal health care expenditures. The proportion rose to 45 percent in 1960, and by 1966 had reached 50 percent.

The type of third party providing payment has also changed considerably since 1950, when government funds represented two-thirds of the third-party payments, private health insurance accounted for one-fourth, and philanthropy and others took care of the balance. In 1960, private health insurance payments and government expenditures each represented about 47 percent of the third-party payments, and philanthropy and others accounted for only 5 percent. By 1965, private health insurance payments were slightly larger than government payments—\$8.7 billion and \$7.6 billion, respectively. In 1966, however, a change in the trend occurred with the government again providing a larger proportion. Of the \$19.6 billion total in third-party payments in 1966, \$9.7 billion came from the government, \$9.1 billion came from private health insurance, and \$0.7 billion came from philanthropy and other sources.

The diminishing role played by private health insurance in paying for personal health care is primarily in the area of hospital care (table 7). Private insurance payments represented 39 percent of hospital care expenditures in 1966, compared with 42 percent in 1965. For physicians' services, the decrease was nominal and for other health services there was a slight increase. The substantial government payments for hospital care of the aged reduced private health insurance outlays for this large population group. As a proportion of consumer expenditures for hospital care, however, private insurance payments remained about the same.

When third-party payments are deducted from total personal health care expenditures, the re-

Table 8.—Gross and per capita amounts of private consumer expenditures for health services and supplies, by type of expenditure, selected years, 1950–66

Type of expenditure	1950	1955	1960	1961	1962	1963	1964	1965	1966
	Amount (in millions)								
Total	\$8,501	\$12,421	\$18,911	\$20,009	\$21,622	\$23,102	\$25,988	\$28,260	<b>\$3</b> 0,082
Hospital care. Physicians' services Dentists' services Other professional services Drugs and drug sundries. Eyeglasses and appliances Nursing-home care Expense for prepayment.	1,965 2,597 961 370 1,716 482 110 300	3,244 3,433 1,508 531 2,355 586 150 614	5,188 5,309 1,974 826 3,598 760 411 845	5,692 5,479 2,063 842 3,750 783 422 978	6,153 6,042 2,210 854 4,002 885 409 1,067	6,912 6,406 2,250 869 4,126 925 540 1,074	7,613 7,543 2,615 887 4,320 1,045 814 1,151	8,463 8,184 2,773 895 4,671 1,193 809 1,272	8,772 8,608 2,959 905 5,049 1,560 807 1,422
Total consumer expenditures as a percent of national dispos- able personal income	4.1	4.5	5.4	5.5	5.6	5.7	5.9	6.0	5.9
	Per capita <sup>1</sup>								
Total	\$56.38	\$76.22	\$106.15	\$110.42	\$117.64	\$123.76	\$137.23	\$147.27	\$155.24
Hospital care. Physicians' services Dentists' services Other professional services. Drugs and drug sundries. Eyeglasses and appliances Nursing-home care Expense for prepayment.	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	29.12 29.80 11.08 4.64 20.20 4.27 2.31 4.74	31.41 30.24 11.38 4.65 20.69 4.32 2.33 5.40	33.48 32.87 12.02 4.65 21.77 4.82 2.23 5.81	37.03 34.32 12.05 4.66 22.10 4.96 2.89 5.75	40.20 39.83 13.81 4.68 22.81 5.52 4.30 6.08	44.10 42.65 14.45 4.66 24.34 6.22 4.22 6.63	45.27 44.42 15.27 4.67 26.06 8.05 4.16 7.34
Total consumer expenditures per capita in 1966 prices 2	98.05	109.83	125.32	126.63	131.59	135.11	146.77	153.73	155.24

Based on U.S. civilian resident population as of July 1.

mainder represents the out-of-pocket outlays—the amount the consumer must pay himself. Although the aggregate amount of out-of-pocket expenditures has increased, the proportion of total personal health care expenditures has declined—from 65 percent in 1950 to 50 percent in 1966 thereby lessening the burden on the consumer (chart 4). Out-of-pocket expenditures will probably continue to represent a diminishing proportion of personal health care expenditures.

# DEFINITIONS, METHODOLOGY, AND SOURCES OF DATA

The national health expenditures estimates in this article are prepared in conjunction with similar data presented in the social welfare expenditures series. The amounts reported in the two series are essentially the same, except that estimates in this series are on a calendar-year basis and those in the social welfare series are on a fiscal-year basis. In addition, the national health expenditures shown here are reported by type of expenditure (hospital care, physicians' and dentists' services, etc.) and by source of funds. The social welfare series presents the expenditures in the public sector by government program and

those in the private sector by major category of expenditure (direct payments, insurance benefits, etc.).

Expenditures for both series are developed at the same time. The health and medical expenditures under public programs in the social welfare series are calculated by adding fiscal-year expenditures for each program specifically concerned with health to the medical care expenditures under programs for social insurance, public assistance, veterans' programs, and other programs.<sup>2</sup>

In the private sector, the data are estimated first on a calendar-year basis by type of expenditure and then presented in summary form in the fiscal-year report. The general method is to estimate the total outlays for each type of medical service or expenditure and to deduct the amounts paid to public and private hospitals, physicians in private practice, etc., under the public programs reported in the social welfare expenditures series. Except for a few programs where calendar figures are available, the fiscal-year figures from the social welfare series are averaged to obtain calendar-year figures and then allocated by type

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<sup>&</sup>lt;sup>2</sup> Based on medical care component of the consumer price index.

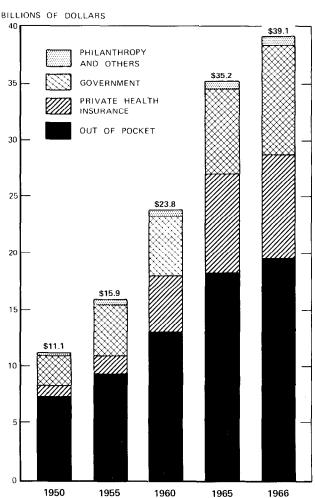
<sup>&</sup>lt;sup>2</sup> For a complete description of these public programs, see Social Walfare Expenditures Under Public Programs in the United States, 1929-66, Social Security Administration, Research Report No. 25 (in press).

Table 9.—Amount and percent of expenditures for personal health care met by third parties, selected years, 1950-66
[Amounts in millions]

Year health expen	Personal	Out-of-pocket expenditures		Third-party payments								
	health care expendi- tures <sup>1</sup>	Amount	Percent	Total		Private health insurance		Government		Philanthropy and others		
				Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	
1950 1955 1960 1961 1962 1963 1964 1965 1966	23,758 25,184 27,131 29,088 32,408	\$7,209 9,271 13,068 13,334 14,212 15,048 17,005 18,259 19,517	64.9 58.2 55.0 52.9 52.4 51.7 52.5 51.8 49.9	\$3,900 6,662 10,690 11,850 12,919 14,040 15,403 16,983 19,598	35.1 41.8 45.0 47.1 47.6 48.3 47.5 48.2 50.1	\$992 2,536 4,996 5,695 6,344 6,980 7,832 8,729 9,142	8.9 15.9 21.0 22.6 23.4 24.0 24.2 24.8 23.4	\$2,588 3,705 5,157 5,578 5,967 6,419 6,903 7,557 2,712	23.3 23.3 21.7 22.1 22.0 22.1 21.3 21.4 24.8	\$320 421 537 577 608 641 668 697 744	2.9 2.6 2.3 2.3 2.2 2.2 2.1 2.0 1.9	

<sup>&</sup>lt;sup>1</sup> All expenditures for health services and supplies other than (1) expenses for prepayment and administration, (2) government public health activities, and (3) expenditures of private voluntary agencies for other health services.

CHART 4.—Personal health care expenditures by source of payment, seletced years 1950-66



of expenditure on the basis of published and unpublished reports for each program.

The private sector is further subdivided into

consumer payments, philanthropic expenditures, and the "other" category, representing expenditures for industrial in-plant services. In general, the consumer expenditures are residual amounts, derived by deducting expenditures from philanthropic and government sources from the total expenditures for each type of service.

### **Hospital Care**

The estimates of expenditures for hospital care are based on the data on hospital finances published by the American Hospital Association, projected to represent data for the calendar year in question and increased slightly to allow for nonreporting and osteopathic hospitals. Expenditures for the education and training of physicians and other health personnel are included where they are not separable from the costs of hospital operations.

There are some definitional differences between the public and private sectors in hospital care expenditures. Expenditures by the Veterans Administration and the Department of Defense for physicians' services are included as part of hospital care expenditures. Services of paid physicians in mental, tuberculosis, and general hospitals, whether public or private are part of hospital care. The cost of drugs used in hospitals are also included in hospital care. Anesthesia and X-ray services are sometimes hospital and sometimes expenditures for physician services.

Estimates of the sources of funds are made for each type of hospital ownership separately.

<sup>&</sup>lt;sup>2</sup> Includes benefit payments under health insurance for the aged (Medicare).

The Federal expenditures for Federal hospitals represent the total expenses of the hospitals, less consumer payments for care in such hospitals and any payments to them by State and local governments.

State and local government expenditures for care in their own hospitals represent total hospital expenses of State and local governments, plus vendor payments from State and local programs, less State and local payments to Federal and nongovernment hospitals.

Consumer payments for care in nongovernment hospitals represent total revenues of the hospitals, less Federal, State, and local government payments and less estimated receipts from philanthropy.

# Services of Physicians' and Other Health Professionals

The estimates of expenditures for the services of physicians in private practice are based on the gross incomes from self-employment practice reported by physicians to the Internal Revenue Service on Schedule C of the income-tax return (as shown in Statistics of Income, published by the Internal Revenue Service). Data are totaled for physicians in sole proprietorships, partnerships, and offices organized as corporations. The total also includes the estimated gross receipts of osteopathic physicians, a share of the gross receipts of medical and dental laboratories estimated to represent patient payments to medical laboratories, and the estimated expenses of group-practice prepayment plans in providing physicians' services (to the extent that these are not included in physicians' income from self-employment). Estimated receipts of physicians for making life insurance examinations are deducted.

The gross receipts of physicians and dentists represent total expenditures for these services. Consumer payments are estimated by deducting vendor payments under government programs and estimated payments to physicians and dentists from philanthropic agencies.

The salaries of physicians and dentists on the staffs of hospitals and hospital outpatient facilities are considered a component of hospital care. The salaries of physicians and dentists serving in dispensaries and field services of the Armed

Forces and the Indian Health Service are included in expenditures of "other health activities." Also excluded are expenditures for their education and training (except in hospitals), which are considered as expenditures for education.

The Internal Revenue Service now provides data on the income of other health professionals in private practice. Expenses of visiting nurse associations, estimated from surveys conducted by the National League for Nursing, are added to the private income of other health professionals. Deductions and exclusions are made in the same manner as for expenditures for physicians' and dentists' services.

# Drugs and Drug Sundries, Eyeglasses, and Appliances

The basic source of the estimates for drugs and drug sundries and for eyeglasses and appliances is the report of personal consumption expenditures in the Department of Commerce national income accounts in the Survey of Current Business. To estimate the consumer portion, vendor payments under workmen's compensation programs are subtracted. The Department of Commerce counts this expenditure as a consumer expenditure, but the Office of Research and Statistics counts it as an expenditure of government. Total expenditures for drugs and appliances are the sum of the Department of Commerce estimates and the expenditures under all public programs for these products.

### **Nursing-Home Care**

Only rough estimates of national expenditures for nursing-home care can be made from available data. These estimates are based on the number of long-term general beds reported annually by the State hospital planning agencies under the Hill-Burton hospital construction program, with adjustments to exclude long-term beds in non-Federal general hospitals. Application of occupancy rates for the various ownership groups of nursing homes, as reported in a Public Health Service inventory, yields the estimated number of days of care provided in nursing homes. To obtain total expenditures in nursing homes, the

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average cost per day, as reported in the annual nationwide survey of *Professional Nursing Home*, is multiplied by total days of care.

Consumer expenditures in nursing homes represent the difference between total nursing-home expenditures and expenditures from philanthropic and governmental sources.

# **Expenses for Prepayment and Administration**

Prepayment expenses represent the difference between the earned premiums or subscription charges of health insurance organizations and their claim or benefit expenditures (expenditures in providing such services in the case of organizations that directly provide services). In other words, it is the amount retained by health insurance organizations for operating expenses, additions to reserves, and profits and is considered a consumer expenditure.

The data on the financial experience of health insurance organizations are reported annually in an article on private health insurance.<sup>3</sup>

The administration component represents the administrative expenses (where they are reported) of federally financed health programs. Such data were available for the following programs: health insurance for the aged, military dependents' medical care, maternal and child health services, Indian health, and the Veterans Administration hospital and medical program.

### **Government Public Health Activities**

The category "government public health activities" is the same as the "other public health activities" category in the social welfare series. The Federal portion is comprised of Public Health Service expenditures for disease prevention, community health, environmental control, Indian health field services, salaries and expenses of the Office of the Surgeon General, national health statistics, the National Library of Medicine, emergency health activities, and other miscellaneous items. In addition, public health activities of the Food and Drug Administration,

Canal Zone, and the Cuban refugee program are included. The data for these programs are taken from the *United States Budget* and *Budget Appendix*.

The State and local portion represents expenditures of all State and local health departments and intergovernmental payments to the States and localities for public health activities. It excludes expenditures of other State and local government departments for air—and water—pollution control, sanitation, water supplies, and sewage treatment. The source of these data is Government Finances, the annual publication of the Bureau of the Census.

### Other Health Activities

Items of expenditures that could not be elsewhere classified are brought together in the category, "other health activities." It includes, for each public program, the residual amount of expenditures not classified as a specific type of medical service. In addition, it includes the following programs, previously listed separately: (1) industrial in-plant services, (2) school health services, (3) medical activities in Federal units other than hospitals, and (4) those of private voluntary health agencies.

Industrial in-plant services consist of amounts spent for maintaining in-plant health services and are based on estimates made by the Division of Occupational Health of the Public Health Service. This item is classified as a private expenditure in the "other" category and is readily identifiable in table 1 as the only portion of "other health services" so classified.

School health services are also readily identified as they are the only State and local expenditure in this category. Expenses for these services, estimated by the Office of Education, are reported as a separate item in the social welfare expenditures series. The amounts reported here are an average of the fiscal-year data.

Medical activities in Federal units other than hospitals are residual amounts representing primarily the cost of maintaining outpatient facilities (separately from hospitals), dispensaries, and field and shipboard medical stations. Such expenditures are the only Federal outlays in this category.

<sup>&</sup>lt;sup>3</sup> See Louis S. Reed, "Private Health Insurance: Coverage and Financial Experience, 1940-66," Social Security Bulletin, November 1967.

Expenditures for private voluntary health agencies, identified as a private philanthropic expense, are the expenditures that remain after amounts for hospital care, physicians' services, etc., have been distributed. They represent the amounts spent for health education, lobbying, fundraising, etc.

### Medical Research

Expenditures for medical research include all such spending by agencies whose primary object is the advancement of human health. Also included are those research expenditures directly related to health that are made by other agencies, such as those of the Department of Defense or the National Aeronautics and Space Administration. Research expenditures of drug and medical supply companies are excluded, since they are included in the cost of the product. The public amounts reported here represent the averages of the fiscal year data for medical research reported in the social welfare expenditures series. The amounts shown for public and private expenditures are based on published and unpublished estimates prepared by the Resources Analysis Branch of the National Institutes of Health, primarily in the periodic publications, Resources for Medical Research and Basic Data Relating to the National Institutes of Health.

### **Construction of Medical Facilities**

Expenditures for construction represent "value put in place" for hospitals, nursing homes, medical clinics, and medical-research facilities but not for private office buildings providing office space for private practitioners. Excluded are amounts spent for construction of water-treatment or sewage-treatment plants and Federal grants for these purposes.

The data for value put in place for construction of publicly and privately owned medical facilities in each year are taken from the Department of Commerce report, Construction Review. Amounts spent by Federal and State and local governments for construction, as reported in the social welfare expenditures series, are converted to a calendar-year basis, and subtracted from the total. The residual represents the amount coming from private funds. The source-of-funds distribution of expenditures in each type of facility (public and private) is based on various published and unpublished reports.