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**1971 ANNUAL REPORT OF THE BOARD OF
TRUSTEES OF THE FEDERAL HOSPITAL
INSURANCE TRUST FUND**

L E T T E R

FROM

**BOARD OF TRUSTEES,
FEDERAL HOSPITAL INSURANCE
TRUST FUND**

TRANSMITTING

**THE 1971 ANNUAL REPORT OF THE BOARD (SIXTH REPORT),
PURSUANT TO THE PROVISIONS OF SECTION 1817(b) OF THE
SOCIAL SECURITY ACT, AS AMENDED**

LETTER OF TRANSMITTAL

BOARD OF TRUSTEES OF THE
FEDERAL HOSPITAL INSURANCE TRUST FUND

Washington, D.C, April 15, 1971.

THE SPEAKER OF THE HOUSE OF REPRESENTATIVES,
Washington, D.C.

SIR: We have the honor to transmit to you the 1971 Annual Report of the Board of Trustees of the Federal Hospital Insurance Trust Fund (the sixth such report), in compliance with the provisions of section 1817(b) of the Social Security Act, as amended.

Respectfully,

JOHN B. CONNALLY,
*Secretary of the Treasury,
and Managing Trustee of the Trust Funds.*

J. D. HODGSON,
Secretary of Labor.

ELLIOT L. RICHARDSON,
Secretary of Health, Education, and Welfare.

ROBERT M. BALL,
*Commissioner of Social Security
and Secretary, Board of Trustees*

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1971 ANNUAL REPORT OF THE BOARD OF TRUSTEES OF THE FEDERAL HOSPITAL INSURANCE TRUST FUND

THE BOARD OF TRUSTEES

The Federal hospital insurance trust fund, established on July 30, 1965, is held by the Board of Trustees under the authority of section 1817 (b) of the Social Security Act, as amended. The Board is comprised of three members who serve in an ex officio capacity. The members of the Board are the Secretary of the Treasury, the Secretary of Labor, and the Secretary of Health, Education, and Welfare. The Secretary of the Treasury is designated by law as the managing trustee. The Commissioner of Social Security is secretary of the Board.

FISCAL YEAR HIGHLIGHTS

The fiscal year 1970 was the fourth full year of operation of the hospital insurance program insofar as benefit payments are concerned (benefits were first available on July 1, 1966). Contributions had been collected during the latter half of the preceding fiscal year (i.e., on and after January 1, 1966).

For the first time since the inception of the program the benefit payout in fiscal year 1970 was less than predicted. The utilization of extended care facilities by the beneficiaries was substantially less than the prior year. This is largely due to the administrative efforts to provide effective utilization review of the ECF benefits. Also, the utilization of inpatient hospital services was slightly lower than projected. The lower utilization rates resulted in a \$200-250 million reduction from the estimated benefit payout.

Contributions in fiscal year 1970 amounted to \$4,785 million from persons directly covered by the hospital insurance program, plus an additional \$64 million with respect to railroad workers that was transferred from the railroad retirement account under the financial interchange provisions.

Total receipts of the trust fund amounted to \$5,614 million in fiscal year 1970. In addition to contributions, receipts consisted of \$137 million in interest on investments, and \$628 million reimbursed from the general fund of the Treasury (\$11 million for the long-range costs of benefits based on noncontributory credits for military service before 1957 and \$617 million for the costs of benefits and the related administrative expenses for uninsured persons).

Total disbursements from the trust fund in fiscal year 1970 amounted to \$4,953 million. Of this amount, \$4,804 million was paid out for benefits (this amount is based on Treasury statements). The remaining \$149 million was for administrative expenses, which represented 3.1 percent of benefit disbursements.

The excess of total income over total outgo, amounting to \$661 million, increased the total assets of the trust fund from \$2,017 million on June 30, 1969 to \$2,677 million on June 30, 1970.

Estimates for the three fiscal years, 1971-73, show that both contribution receipts and disbursements will increase steadily. However, the disbursements will rise more rapidly than receipts. In 1971, the receipts will be approximately equal to disbursements. After 1971, the disbursements will exceed the receipts, and it is estimated that the trust

fund would be exhausted in fiscal year 1974, unless additional financing is provided.

The level cost of benefit payments and administrative expenses combined, estimated over a future period of 25 years based on a set of intermediate assumptions, is 2.20 percent of taxable payroll (under the assumption that the maximum taxable earning base of \$9,000 for 1972 is kept up to date with rising earnings thereafter). The level equivalent of the graded schedule for contributions under present law is estimated to be 1.58 percent of taxable payroll. Thus, the long-range cost estimates for the hospital insurance program under the present financing provision indicate that the program has an actuarial balance of -0.62 percent of taxable payroll.

Several alternative methods of providing additional financing so as to restore the actuarial balance of the program are possible. This can be done by increasing the maximum taxable earnings base and contribution rates or by increasing the contribution schedule only. In the 91st Congress the President proposed additional financing for the hospital insurance program and the House adopted the proposal in H.R. 17550. In the bill, the maximum taxable earnings base was raised to \$9,000 starting January 1, 1971, and the combined contribution rate was increased to a level of 2 percent.

In the Senate-passed version of H.R. 17550, the maximum taxable earnings base was also raised to \$9,000 and a graded contribution schedule was proposed starting with a combined rate of 1.6 percent and increased ultimately to 2.2 percent.

Under both the House and Senate versions of H.R. 17550, the additional financing of the hospital insurance program would have been fully adequate for at least the next 10 years and would have brought the program in a much closer actuarial balance over the 25-year period for which the estimates were made.

Section 1813 of the Social Security Act, as amended, established that the Secretary of Health, Education, and Welfare shall determine and promulgate each year the inpatient hospital deductible amount. An amount of \$60 was promulgated for the calendar year 1971 as compared to the \$52 in 1970. Such promulgation for 1971 is shown in appendix V.

The statutory Advisory Council on Social Security, appointed by the Secretary of Health, Education, and Welfare in May of 1969, submitted its reports to the Secretary on March 31, 1971, who in accordance with the law thereupon transmitted the report to the Board of Trustees. Many important changes in the financing of the program were recommended by the Advisory Council. The Board has not yet had an opportunity to study the reports thoroughly and therefore defers comment on the Advisory Council recommendations.

LEGISLATION IN 1970

In calendar year 1970, Congress considered various amendments of the Social Security Act. However, with a minor exception, it did not enact any proposed amendments into law.

In March 1971, Congress enacted Public Law 92-5, amending both the Social Security Act and the Internal Revenue Code. Public Law 92-5 made no change in the hospital insurance program other than raising the maximum taxable earnings base to \$9,000, beginning with 1972.

NATURE OF THE TRUST FUND

The Federal hospital insurance trust fund was established on July 30, 1965, as a separate account in the U.S. Treasury to hold the amounts accumulated under the hospital insurance program. All the financial operations which relate to the system of hospital insurance are handled through this fund.

The major sources of receipts of this fund are (1) amounts appropriated to it under permanent appropriation on the basis of contributions paid by workers and their employers, and by individuals with self-employment income, in work covered by the hospital insurance program and (2) amounts deposited in it representing contributions paid by workers employed by State and local governments and by such employers with respect to work covered by the program. The coverage of the hospital insurance program is identical with that of the old-age, survivors, and disability insurance program.

All employees in covered employment are required to pay contributions with respect to their wages, and their employers are also required to pay contributions with respect to their wages (cash tips, covered as wages beginning in 1966 under the 1965 amendments, are an exception to this; employees pay contributions with respect to cash tips, but employers do not). All covered self-employed persons are required to pay contributions with respect to their self-employment income. In general, an individual's contributions are computed on annual wages or self-employment income, or both wages and self-employment income combined, up to a specified maximum annual amount with the contributions being determined first on the wages and then on any self-employment income necessary to make up the annual maximum amount. The maximum amount of annual earnings to which the contribution rates are applied was \$6,600 in calendar years 1966 and 1967. Beginning with calendar year 1968, the maximum amount is \$7,800. In March 1971, Congress raised the maximum to \$9,000 beginning on January 1, 1972.

Under the Internal Revenue Code, the contribution rate for hospital insurance for employees and their employers of 0.50 percent each that was in effect in calendar year 1967 increased to 0.60 percent each on January 1, 1968; the contribution rate for the self-employed also rose from 0.50 to 0.60 percent. The following table shows the scheduled tax rates in the present law:

Calendar years	Percent of taxable earnings	
	Employees and employers, each ¹	Self-employed
1969-1972	0.60	0.60
1973-75	.65	.65
1976-79	.70	.70
1980-86	.80	.80
1987 and after	.90	.90

¹ Only the employee tax is paid on tips that are taxable as wages.

Except for amounts received by the Secretary of the Treasury under State agreements (to effectuate coverage under the program for State and local government employees) and deposited directly in the trust fund, all contributions are collected by the Internal Revenue Service and deposited in the general fund of the Treasury as internal revenue collections; then, on an estimated basis, the contributions received are

immediately and automatically appropriated to the trust fund. The exact amount of contributions received is not known initially since (1) hospital insurance taxes, (2) old-age, survivors, and disability insurance taxes, and (3) individual income taxes are not separately identified in tax-collection reports received by the Treasury Department from the district offices of the Internal Revenue Service. Periodic adjustments are subsequently made to the extent that the estimates are found to differ from the amounts of contributions actually payable on the basis of reported earnings.

An employee who worked for more than one employer during the course of a year and paid contributions on wages in excess of the statutory maximum can receive a refund of the taxes he paid on such excess wages. The amount of taxes subject to refund for any period is a charge against the trust fund.

Another source from which receipts of the trust fund are derived is interest received on investments held by the fund. The investment procedures of the fund are described later in this section.

The income and expenditures of the trust fund are also affected by the provisions of the Railroad Retirement Act of 1937 which provide for a system of coordination and financial interchange between the railroad retirement program and the hospital insurance program. A description of the legislative, provisions governing the allocation of costs between the two programs appears in appendix II.

Section 217(g) and 229(b) of the Social Security Act authorize annual reimbursements from the general fund of the Treasury to the hospital insurance trust fund for any costs arising from the granting of noncontributory credits for military service, according to periodic determinations made by the Secretary of Health, Education, and Welfare. A summary of the legislative history of the financing of noncontributory credits for military service appears in appendix II.

Section 1833 of the Social Security Act provides that pathology and radiology services rendered by physicians after March 1968 to hospital inpatients are not subject to the deductible and coinsurance provisions of the supplementary medical insurance program. Hospitals, at their option, are permitted to combine their billing for both hospital and physician components of radiology and pathology services rendered hospital inpatients by hospital-based physicians. Where hospitals elect this billing procedure, payments are made initially from the hospital insurance trust fund, with reimbursement from the supplementary medical insurance trust fund. The reimbursements so made are on a provisional basis and are subject to adjustment, with appropriate interest allowances, as the actual experience develops and is analyzed.

Section 103 of the Social Security Amendments of 1965 provides hospital insurance benefits to certain uninsured persons aged 65 and over. Such payments are made initially from the hospital insurance trust fund, with later reimbursement, with interest, from the general fund of the Treasury for the costs, including administrative expenses, of the payments. The reimbursements so made are on a provisional basis and are subject to adjustment, with appropriate interest allowances, as the actual experience develops and is analyzed. A description of the legislative provisions governing the allocation of costs between the trust fund and the general fund of the Treasury appears in appendix III.

Under a decision of the Comptroller General of the United States (B-4906) dated October 11, 1951, receipts derived from the sale of

surplus supplies and materials are credited to and form a part of the trust fund, where the initial outlays therefor were paid from the trust fund.

Under section 1106(b) of the Social Security Act, the Secretary of Health, Education, and Welfare is authorized to charge outside persons, agencies, and organizations for providing certain services not directly related to the hospital insurance program. The Social Security Administration has accumulated a unique body of information in the course of the administration of the program. Situations arise when it is in the public interest to use this information to perform certain services for outside parties, such as the preparation of statistical tabulations for research purposes, when such services can be performed without violating the confidentiality of the records or interfering unduly with the administration of the program. Such services could not properly be provided at the expense of the trust fund. Receipts derived from performance of these services are equal to the cost of providing them; in some instances the receipts are credited to the trust fund to counterbalance administrative expenses already paid from the trust fund (in which case such amount is netted out of the figures on administrative expenses in the financial statements of the trust fund), while in other instances such receipts are not credited to the trust fund, and the applicable administrative expenses are met directly from them. Accordingly, such administrative expenses, and the offsetting receipts, do not have any effect on the financial statements of the trust fund.

Expenditures for benefit payments and administrative expenses under the hospital insurance program are paid out of the trust fund. All expenses incurred by the Department of Health, Education, and Welfare and by the Treasury Department in carrying out the provisions of title XVIII of the Social Security Act and of the Internal Revenue Code relating to the collection of contributions, are charged to the trust fund. The Secretary of Health, Education, and Welfare certifies benefit payments to the managing trustee, who makes the payment from the trust funds in accordance therewith.

Congress has authorized expenditures from the trust fund for construction of office buildings and related facilities for the Social Security Administration. The costs of such construction are included as part of the administrative expenses in the financial statements of operations of the trust fund as set forth in subsequent sections of this report. The net worth of the resulting facilities—Just as the net worth of all other capital assets—is not carried as an asset in such statements. That portion of the trust fund which, in the judgment of the managing trustee, is not required to meet current expenditures for benefits and administration is invested, on a daily basis, in interest-bearing obligations of the U.S. Government, in obligations guaranteed as to both principal and interest by the United States, or in certain federally sponsored agency obligations that are designated in the laws authorizing their issuance as lawful investments for fiduciary and trust funds under the control and authority of the United States or any officer of the United States. Obligations of these types may be acquired on original issue at the issue price or by purchase of outstanding obligations at their market price.

In addition, the Social Security Act authorizes the issuance of special public-debt obligations for purchase exclusively by the trust fund. The law requires that such special public-debt obligations shall have maturities fixed with due regard for the needs of the trust fund and shall

bear interest at a rate based on the average market yield (computed by the managing trustee on the basis of market quotations as of the end of the calendar month next preceding the date of such issue) on all marketable interest-bearing obligations of the United States forming a part of the public debt which are not due or callable until after the expiration of 4 years from the end of such calendar month. Where such average market yield is a multiple of one-eighth of 1 percent, this is taken as the rate of interest on such special obligations; otherwise such rate is the multiple of one-eighth of 1 percent nearest such market yield.

Interest on public issues held by the trust fund is received by the fund at the time the interest is paid on the particular issues held. Interest on special public-debt obligations issued specifically for purchase by the trust fund is payable semiannually or at redemption, if earlier.

Marketable public issues acquired by the fund may be sold at any time by the managing trustee at their market price. Special public-debt obligations issued for purchase by the trust fund may be redeemed at par plus accrued interest. Interest receipts and proceeds from the sale or redemption of obligations held in the trust fund are available for investment in the same manner as other receipts of the fund. Interest earned by the invested assets of the trust fund will provide income to meet a portion of future benefit disbursements. The role of interest in meeting future benefit payments is indicated in tables 4 and 5.

In addition to serving as a source of income, the assets of the trust fund assure the continued payment of benefits without sharp changes in contribution rates during periods of short-run adverse fluctuations in total income and expenditures.

SUMMARY OF THE OPERATIONS OF THE TRUST FUND, FISCAL YEAR 1970

A statement of the income and disbursements of the Federal hospital insurance trust fund during fiscal year 1970 and of the assets of the fund at the beginning and the end of the fiscal year is presented in table 1.

TABLE 1.—STATEMENT OF OPERATIONS OF THE HOSPITAL INSURANCE TRUST FUND DURING THE FISCAL YEARS 1970

	Amount
Total assets of the trust fund, June 30, 1969	\$2,016,521,382.53
Receipts, fiscal year 1970:	
Contributions:	
Appropriations	4,389,125,227.96
Deposits arising from State agreements	444,864,029.27
Gross Contributions	4,833,989,257.23
Less payment into the Treasury for contributions subject to refund	49,200,000.00
Net Contributions	4,784,789,257.23
Transfer from railroad retirement account	63,537,000.00
Reimbursement from the general fund of Treasury for costs of—	
Noncontributory credits for military service	11,000,000.00
Benefits for uninsured persons:	
Benefit payments	596,211,000.00
Administrative expenses	12,974,000.00
Interest	8,077,000.00
Total reimbursement for costs of benefits for uninsured persons	617,262,000.00
Interest:	
Interest on Investments	133,441,011.91
Interest on amount of transfer from supplementary medical insurance trust fund for reimbursement of benefits paid initially from hospital insurance trust fund ¹	4,511,000.00
Gross interest	137,952,011.91
Less interest on amounts of interfund transfers for reimbursement of administrative expenses and construction costs	758,686.00
Total interest	137,193,325.91
Total receipts	5,613,781,583.14
Disbursements, fiscal year 1970:	
Gross benefit payments	4,966,942,482.90
Less transfers from the supplementary medical insurance trust fund for reimbursement of benefits paid initially from the hospital insurance trust fund ¹	162,700,000.00
Net benefit payments	4,804,242,482.90
Administrative expenses:	
Department of Health, Education, and Welfare ²	125,729,230.00
Treasury Department	6,219,936.56
Construction of facilities for Social Security Administration	615,876.15
Reimbursement to old-age and survivors insurance trust fund for costs of construction for fiscal year 1969	853,000.00
Reimbursement to old-age and survivors insurance and supplementary medical insurance trust funds for administrative expenses ³	15,250,789.00
Gross administrative expenses	148,668,831.71
Less receipts from sale of surplus supplies, materials, etc.	8,864.88
Net administrative expenses	148,659,966.83
Total disbursements	4,952,902,449.73
Net addition to the trust fund	660,879,133.41
Total assets of the trust fund, June 30, 1970	2,677,400,515.94

¹ For explanation, see text.

² Includes administrative expenses of the intermediaries.

³ Amount represents the sum of (a) \$3,555,000 to the old-age and survivors insurance trust fund for expenses of the Public Health Service which were charged initially to the old-age and survivors insurance trust fund and (b) \$10,448,936 to the old-age and survivors insurance trust fund and \$1,246,853 to the supplementary medical insurance trust fund due to adjustment in allocation of administrative expenses for fiscal year 1969.

The total assets of the trust fund amounted to \$2,017 million on June 30, 1969. By the end of fiscal year 1970 the assets amounted to \$2,677 million, an increase of \$661million.

Net receipts of the trust fund amounted to \$5,614 million. Of this total, \$4,389 million represented tax collections appropriated to the trust fund and \$445 million represented amounts received by the Secretary of the Treasury in accordance with State coverage agreements and deposited in the trust fund. As an offset, \$49 million was transferred from the trust fund into the Treasury as repayment for the estimated

amount of contributions subject to refund to employees who worked for more than one employer during the course of a year and paid contributions on wages in excess of the statutory maximum earnings base.

Net contributions amounted to \$4,785 million, representing an increase of 8 percent over the amount for the preceding fiscal year. This growth in contribution income resulted primarily from the higher level of employment and taxable earnings.

Reference has been made in an earlier section to provisions of the Railroad Retirement Act which coordinate the railroad retirement and the hospital insurance programs and which govern the financial interchange arising from the allocation of costs between the two systems. In accordance with these provisions, the Railroad Retirement Board and the Secretary of Health, Education, and Welfare determined that a transfer of \$63,038,000 from the railroad retirement account to the hospital insurance trust fund would place this fund in the same position, as of June 30, 1969, as it would have been if railroad employment had always been covered under the Social Security Act. This amount was transferred to the trust fund in August 1969, together with interest to the date of transfer amounting to \$499,000.

Reference has also been made earlier to provisions under which the hospital insurance trust fund is to be reimbursed annually from the general fund of the Treasury for the costs of granting noncontributory credits for military service performed before 1957. In accordance with these provisions, the Secretary of Health, Education, and Welfare determined in September 1965, that the annual amount due this trust fund was \$14.2 million. An annual reimbursement amounting to \$11 million was received in December 1969.

Again, reference has been made earlier to provisions under which the hospital insurance trust fund is to be reimbursed from the general fund of the Treasury for costs of paying benefits under this program to certain uninsured persons. The reimbursement in fiscal year 1970 amounted to \$617 million, of which \$596 million was for benefit payments, \$13 million was for administrative expenses, and \$8 million was for interest.

The remaining \$137 million of receipts consisted of interest on the investments of the trust fund, adjusted for interest on amounts of interfund transfers between this trust fund and the old-age and survivors insurance and supplementary medical insurance trust funds.

Disbursements from the trust fund during fiscal year 1970 totaled \$4,953 million. Of this total, \$4,967 million represented gross benefit payments from the trust fund. As an offset, \$163 million was transferred from the supplementary medical insurance trust fund with respect to certain costs for radiology and pathology services that were paid from the hospital insurance trust fund but that are liabilities of the supplementary medical insurance trust fund. Net benefit payments from the trust fund in fiscal year 1970, therefore, amounted to \$4,804 million. The remaining \$149 million of disbursements was for net administrative expenses. Administrative expenses are allocated and charged directly to each of the four trust funds on the basis of provisional estimates. Periodically, as actual experience develops and is analyzed, adjustments to the allocations of administrative expenses for prior periods are effected by interfund transfers, with appropriate interest allowances.

Table 2 compares the actual experience in fiscal year 1970 with the estimates presented in the 1970 annual report of the Board of Trustees.

Reference was made in an earlier section to the appropriation of contributions to the trust funds on an estimated basis, with subsequent periodic adjustments to account for differences from the amounts of contributions actually payable on the basis of reported earnings. In interpreting the figures in table 2, it should be noted that the "actual" amount of contributions in fiscal year 1970 reflects the aforementioned type of adjustments to contributions for prior fiscal years. On the other hand, the "actual" amount of contributions in fiscal year 1970 does not reflect adjustments to contributions for fiscal year 1970 that were to be made after June 30, 1970. The estimated contributions were very close to the actual experience. Actual benefit payments were 7 percent lower than estimated. The actual assets at the end of the fiscal year were 18 percent higher than the estimated assets, largely because of the difference between estimated and actual benefit payments.

TABLE 2.—COMPARISON OF ACTUAL AND ESTIMATED OPERATIONS OF THE HOSPITAL INSURANCE TRUST FUND, FISCAL YEAR 1970
[Dollar amounts in millions]

Item	Actual amount	Estimated amount published in 1970 report	Actual as percentage of estimate
Net contributions	\$4,785	\$4,758	101
Benefit payments	4,804	5,175	93
Assets, end of year	2,677	2,275	118

Note: In interpreting the figures in the above table, reference should be made to the accompanying text.

The assets of the trust fund at the end of fiscal year 1970 totaled \$2,677 million, consisting of \$2,583 million in the form of obligations of the U.S. Government, \$70 million in securities of federally sponsored agencies, and \$24 million in undisbursed balances. Table 3 shows a comparison of the total assets of the fund and their distribution at the end of fiscal years 1969 and 1970.

The net increase in the par value of the investments held by the fund during fiscal year 1970 amounted to \$652 million. New securities at a total par value of \$6,650 million were acquired during the fiscal year, through the investment of receipts and the reinvestment of funds made available from the maturity of securities. The par value of securities redeemed during the fiscal year was \$5,998 million. A summary of transactions for the fiscal year, by type of security, is presented in Table 3a.

TABLE 3.—ASSETS OF THE HOSPITAL INSURANCE TRUST FUND, BY TYPE, AT END OF FISCAL YEARS 1969 AND 1970

	June 30, 1969		June 30, 1970	
	Par value	Book value ¹	Par value	Book value ¹
Investments in public-debt obligations sold only to this fund (special issues)—Notes:				
4¼ percent, 1972	\$46,131,000	\$46,131,000.00		
4¼ percent, 1973	46,131,000	46,131,000.00	\$24,056,000	\$24,056,000.00
4¼ percent, 1974	415,179,000	415,179,000.00	415,179,000	415,179,000.00
4¼ percent, 1971	157,770,000	157,770,000.00		
5½ percent, 1975	495,529,000	495,529,000.00	495,529,000	495,529,000.00
6½ percent, 1976	729,200,000	729,200,000.00	729,200,000	729,200,000.00
7½ percent, 1977			919,358,000	919,358,000.00
Total public-debt obligations sold only to this fund (special issues)	1,889,940,000	1,889,940,000.00	2,583,322,000	2,583,322,000.00
Investments in federally-sponsored agency obligations:				
Agency securities: Federal National Mortgage Association debentures: 6 percent, 1969	41,500,000	41,503,602.31		
Participation certificates:				
Federal Assets liquidation Trust—Government National Mortgage Association:				
5.20 percent, 1982	50,000,000	50,000,000.00	50,000,000	50,000,000.00
Federal Assets Financing Trust—Government National Mortgage Association:				
6.30 percent, 1971	20,000,000	20,000,000.00	20,000,000	20,000,000.00
Total investments in federally-sponsored agency obligations	111,500,000	111,503,602.31	70,000,000	70,000,000.00
Total Investments	2,001,440,000	2,001,443,602.31	2,653,322,000	2,653,322,000.00
Undisbursed balance		15,077,780.22		24,078,515.94
Total assets		2,016,521,382.53		2,677,400,515.94

¹ Par value, plus unamortized premium, less discount outstanding.

TABLE 3A.— STATEMENT OF TRANSACTIONS IN PUBLIC DEBT AND IN FEDERALLY SPONSORED AGENCY SECURITIES FOR THE HOSPITAL INSURANCE TRUST FUND DURING THE FISCAL YEAR 1970
[All amounts represent par values]

	Acquisitions	Dispositions
Public-debt obligations sold only to this fund (special issues)		
Certificates of indebtedness:		
6¼-percent, 1970	\$844,210,000	\$844,210,000
6¼-percent, 1970	531,350,000	531,350,000
7-percent, 1970	1,294,194,000	1,294,194,000
7¼-percent, 1970	1,043,742,000	1,043,742,000
7½-percent, 1970	1,314,892,000	1,314,892,000
7¾-percent, 1970	298,240,000	298,240,000
7½-percent, 1970	404,210,000	404,210,000
Notes:		
4¼-percent, 1972		46,131,000.00
4¼-percent, 1973		22,075,000.00
4¼-percent, 1971		157,770,000.00
7½-percent, 1977	919,358,000	
Total public-debt obligations sold only to this fund (special issues)	6,650,196,000	5,956,814,000.00
Federally-sponsored agency obligations:		
Federal National Mortgage Association Debentures: 6-percent, 1969 (total)		41,500,000.00
Total transactions	6,650,196,000	5,998,314,000

EXPECTED OPERATIONS AND STATUS OF THE TRUST FUND DURING THE PERIOD JULY 1, 1970 TO JUNE 30, 1973

In the following statement of the expected operations and status of the hospital insurance trust fund during the period July 1, 1970, to June 30, 1973, it is assumed that present statutory provisions affecting the hospital insurance program remain unchanged throughout the period. The income and disbursements of the program, however, are affected by general economic conditions, hospital utilization rates, and hospitalization costs. Because it is difficult to forecast these factors, the assumptions and the resulting cost estimates presented here are subject

to some uncertainty. This statement of the expected operations of the trust fund should therefore be read with full recognition of the difficulties involved in making the estimates.

Estimates are presented in table 4 to show the expected operations of the trust fund in fiscal years 1971-73. They are based on the assumption that economic activity will expand throughout the period, with employment and earnings increasing through 1973. Under this assumption, the estimated number of persons with taxable earnings under the hospital insurance program is expected to increase from 93 million during calendar year 1970 to 100 million during calendar year 1973; their taxable earnings are estimated to be \$421 billion. The increase in estimated income from contributions in fiscal years 1971-73 reflects the assumed upward trend in the levels of employment and earnings. Benefit disbursements increase from fiscal year 1971 to 1973 because of the long-range upward trend in the number of beneficiaries under the program and the assumed increase in hospitalization costs per unit of service, as well as the assumed long-term trend in hospital utilization rates.

TABLE 4.—ACTUAL AND ESTIMATED OPERATIONS OF THE HOSPITAL INSURANCE TRUST FUND, ON CASH BASIS, FISCAL YEARS 1967-73

Item	[In millions]						
	Actual				Estimated		
	1967	1968	1969	1970	1971	1972	1973
Income:							
Contributions ¹	\$2,689	\$3,514	\$4,423	\$4,785	\$4,954	\$5,368	\$6,328
Interest on investments ²	46	61	96	137	172	158	108
Transfers from Railroad retirement account	16	44	54	64	65	69	74
Reimbursement for uninsured persons ³	327	273	749	617	863	503	658
Reimbursement for military wage credits	11	11	22	11	11	48	48
Total income	3,089	3,903	5,344	5,614	6,065	6,146	7,216
Disbursements:							
Benefits payments	2,508	3,736	4,654	4,804	5,600	6,690	7,900
Administrative expenses ⁴	89	79	104	149	150	163	172
Total disbursements	2,597	3,815	4,758	4,953	5,750	6,853	8,072
Net increase in fund	492	88	586	661	315	-707	-856
Fund at end of year	1,343	1,431	2,017	2,677	2,992	2,285	1,429

¹ Adjusted to exclude refunds of employee taxes paid on wages in excess of maximum taxable earnings base.

² Includes net profits on marketable investments, adjustment for interest on administrative expenses reimbursed to the old-age and survivors insurance trust fund, and for interest on reimbursement for uninsured persons.

³ Reimbursement for benefit costs and additional administrative expenses for uninsured persons is made currently from general fund of the treasury.

⁴ Receipts from sales of surplus materials, services, etc., are deducted from gross administrative expenses.

Income of the trust fund is expected to exceed outgo in fiscal year 1971; then, the outgo will exceed the income. During fiscal years 1972-73, there is an estimated net decrease in the trust fund of \$1.6 billion. Reference has been made earlier to the financial interchanges between the railroad retirement account and the trust fund under the provisions of the Railroad Retirement Act. The estimates shown in table 4 reflect the effect of future financial interchanges.

Section 217(g) of the Social Security Act, as amended by the 1965 amendments, provides that the trust fund shall be reimbursed from general revenues for expenditures resulting from the provisions that granted noncontributory \$160 monthly wage credits to persons who served in the Armed Forces at some time during the period September 16, 1940, through December 31, 1956, and from the provisions enacted in 1946 that granted survivor protection to certain World War II veterans

for a period of 3 years after leaving service. A description of the legislative history of provisions relating to credit for military service is contained in appendix II.

In accordance with section 217(g), the Secretary of Health, Education, and Welfare made a determination in 1970 of the level annual appropriations to the trust fund necessary to amortize over a 44-year period, beginning in fiscal year 1972, the estimated total additional costs arising from payments that have been made since July 1966 and that will be made in future years, after taking into account the amounts of annual appropriations in fiscal years 1966-71 that have been deposited in to the trust funds. The annual amount of this determination for the hospital insurance trust fund was \$48 million. The estimates shown in table 4 reflect the effect of past and expected future reimbursements under section 217(g).

ACTUARIAL STATUS OF THE TRUST FUND

When the hospital insurance program was being enacted in 1965, a certain procedure for developing the cost estimates and determining the actuarial balance of the program was established by the Congress after considering possible approaches recommended by actuaries. This procedure has continued to be followed and used to prepare the actuarial cost estimates for the various annual reports of the Board of Trustees.

The long-term actuarial cost estimates for the HI program are made over a future period of 25 years. It is believed that a 25-year projection period for this program is as far ahead as should be considered, because of the uncertainty as to future institutional care practices and possible changes in the costs of these institutional services. On the other hand, the program is a long-term social insurance program; thus, it is necessary to look ahead for a period in the future to have some idea as to the rising costs that are possible, even with the uncertainties stated above.

Hospital insurance benefit payments will increase for many years not only in terms of dollars, but also as a percentage of taxable payroll. Estimates covering a 25-year future period are needed, therefore, to indicate the extent to which the cost will increase and to indicate whether the financing provisions of existing law are adequate to maintain the system on an actuarially sound basis over this period (after also taking into account interest earnings on the trust fund).

The benefit cost will rise in future years because there will be greater numbers of people over age 65. During recent years, hospitalization costs have increased more rapidly than general earnings levels, and it is likely that this trend will continue for some years. In the long run, it is assumed that hospitalization costs will increase at the same rate as general wages.

The cost estimate for the hospital insurance program assumes that earnings in covered employment will rise in the future. This is a different approach from the assumptions used in the cost estimates for the old-age, survivors, and disability insurance system. Under the latter program, a level-earnings assumption is used (for reasons described in detail in the trustees report for that program). Such procedure provides a margin of safety, because increases in earnings, with no changes in the program, result in lower cost expressed as a percentage of taxable payroll. In other words, the result of this assumption is that, when

earnings rise, a margin will be provided that can be used to increase benefits without changing the contribution rates.

On the other hand, the actuarial cost estimate for the hospital insurance program assumes that hospitalization costs will have a rising trend. The major factor underlying the trend is that wages are expected to increase indefinitely into the future, and about 60 percent of the hospital costs are due to wages. Since the trend of increasing wages is reflected in the benefit cost, then it is only realistic to take into account the additional income from the increase in earnings in covered employment.

The actuarial cost estimates were prepared based on the assumption that the earnings base will be increased in the future proportionately with changes in the level of general earnings (as has been the actual experience during the last two decades). If the Congress continues to increase the earnings base in the future when earning levels rise as it has done in the past, then such increase in the maximum taxable earnings base would generate additional contribution income, but no additional benefit liability (unlike the situation for the cash-benefit program). Because it is assumed in the cost estimates for the hospital insurance program that earnings will rise in the future, then it is reasonable to assume that the earnings base will similarly rise. This is so, not necessarily for reasons relating to this program, but rather because if the base were to remain level under conditions of rising earnings, then there would over the long run be a serious deterioration of the benefit protection provided by the cash benefits program (as more and more people had earnings above the base, and thus did not have their full earnings utilized for benefit-computation purposes).

Table 5 shows the estimated progress of the hospital insurance trust fund on an incurred basis, according to the intermediate-cost estimate, for various future calendar years up through 1995 under present law, assuming that the earnings base is kept up to date with changes in the general earnings level in the future. These estimates were completed in February 1971, using the latest actual experience from the hospital insurance program. The cash figures on a fiscal-year basis as shown in table 4 are prepared on the same basis as the figures in table 5, except that the latter is on an incurred basis.

TABLE 5.—ACTUAL AND ESTIMATED OPERATIONS OF THE HOSPITAL INSURANCE TRUST FUND, ON CASH BASIS, FISCAL YEARS 1967-73

[In millions]

Calendar year	Contributions ²	Payments from general fund ¹	Benefit payments	Administrative expenses	Interest on fund	Fund balance at end of year
1966 -----	\$2,115	\$232	\$1,397	\$107	\$45	\$888
1967 -----	3,330	495	3,367	77	56	1,325
1968 -----	4,315	553	4,102	99	80	2,072
1969 -----	4,618	593	4,873	117	120	2,413
1970 -----	4,972	591	5,475	129	150	2,522
1971 -----	5,240	625	6,419	155	135	1,948
1972 -----	5,889	658	7,593	166	83	819
1973 -----	6,696	676	8,902	177	(⁴)	(⁴)
1974 -----	7,417	681	10,149	189	(⁴)	(⁴)
1975 -----	7,759	682	11,499	200	(⁴)	(⁴)
1980 -----	13,233	525	17,696	273	(⁴)	(⁴)
1985 -----	17,163	309	24,221	370	(⁴)	(⁴)
1990 -----	26,194	132	32,752	502	(⁴)	(⁴)
1995 -----	34,290	37	43,744	660	(⁴)	(⁴)

¹ Including transactions with respect to uninsured persons. The payments shown as being from the general fund of the Treasury do not include any interest-adjustment items (which are included in the interest column). The benefit payments and administrative expenses with respect to uninsured persons are included in their respective columns.

² Including transfers from the railroad retirement account under financial interchange provisions and reimbursement from the general fund of the Treasury for the cost of additional benefits arising from noncontributory military service wage credits.

³ Including administrative expenses incurred in 1965.

⁴ Fund exhausted in 1973.

The benefits with respect to the uninsured group, and the accompanying administrative expenses, are paid from the hospital insurance trust fund, with the intention being that there will be current reimbursement therefor from the general fund of the Treasury. These benefit payments will decrease slowly in the future because the effect of mortality on this closed group more than offsets the rising trend of hospitalization costs and the increasing hospital utilization per capita for this group, as the average age becomes higher. The estimated benefit payments and administrative expenses for this category for 1971 and the following 5 calendar years are as follows (in millions):

Calendar year:	Outgo
1971 -----	\$606
1972 -----	644
1973 -----	672
1974 -----	680
1975 -----	682
1976 -----	682

The estimated level-cost of the benefits and administrative expenses under the hospital insurance program is 2.20 percent of taxable payroll under the assumption that the earnings base will be kept up to date in the future with rises in earnings. The level-equivalent of the contribution schedule is estimated at 1.58 percent of taxable payroll. Therefore, the new actuarial cost estimate indicates that the program has an actuarial deficit of 0.62 percent of taxable payroll on a level-cost basis.

As shown in table 5, in 1971, the disbursements will exceed the income, and the trust fund would decrease thereafter and would be exhausted at the end of 1973.

The long-range actuarial cost estimates presented here were developed in late 1970 and early 1971. The estimates were based on the law enacted by Congress in March 1971 which raised the maximum taxable earnings base to \$9,000 in 1972. The HI cost estimates assume

that the earnings base will be kept up to date thereafter with the rate of increase in covered wages.

The level-cost of the hospital insurance program based on the 1971 estimates is slightly higher than the ones prepared in 1970 (2.20 and 2.09 percent of the taxable payroll, respectively). There are numerous reasons for this slight increase, including changing the assumptions as to the rate of increase in prices and using the more recent experience from the hospital insurance program. The discussion of the assumptions under which those new cost estimates have been made appear in appendix I.

CONCLUSION

New long-range actuarial cost estimates for the hospital insurance program were completed in February 1971. These estimates indicate that the hospital insurance program has an unfavorable actuarial balance of 0.62 percent of taxable payroll. The estimates were prepared according to a set of intermediate assumptions on the level-cost basis computed over the next 25 years. It was assumed that the maximum taxable earnings base will be kept up to date in the future with the increase in the general earnings level.

The President recommended additional financing for the hospital insurance program by increasing the contribution rate for employer and employee from 0.6 to 1 percent each, beginning in 1971 and remaining level thereafter. For the early years under the recommendation, the contribution rate for the old-age, survivors, and disability program is correspondingly reduced by that amount, thus leaving the total contribution rate for OASDHI program the same as the current law.

The 1 percent level-contribution rate for the hospital insurance program will be sufficient, at least, to fully finance the benefits and related administrative expenses for the next 10 years, although it would leave an unfavorable actuarial balance of 0.2 percent based on a level-cost basis computed over the next 25 years.

If contribution rates sufficient to cover the entire cost of the program as estimated over the whole 25-year period were to be established now, it would require a level rate of 1.1 percent each rather than 1 percent. Alternatively, a graded schedule could be used such as 0.8 percent in 1972-73, 0.9 percent in 1974-75, 1 percent in 1976-79, 1.1 percent in 1980-84, and 1.2 percent in 1985 and thereafter.

APPENDICES

APPENDIX I.—ASSUMPTIONS AND METHODOLOGY FOR LONG-RANGE COST ESTIMATES

The basic methodology and assumptions for the long-range cost estimates for the hospital insurance program are described in this appendix.

(1) Methodology

As stated previously, when the hospital insurance program was being enacted in 1965, a certain procedure for developing the cost estimates and determining the actuarial balance of the program was established by the Congress, after considering different possible approaches recommended by actuaries. Such procedure has continued to be followed and will be described in this appendix.

The long-term actuarial cost estimates for the HI program are made over a future period of 25 years. It is believed that a 25-year projection period for this program is as far ahead as should be considered, because of the uncertainty as to future institutional care practices and as to changes in the costs of these institutional services. On the other hand, the program is a long-term social insurance program; thus, it is necessary to look ahead for a period in the future to have some idea as to the rising costs that can possibly ensue, even with the uncertainties stated above.

The actuarial balance is determined by first calculating the present value of the estimated future benefit payments and administrative expenses over the next 25 years, plus the discounted value of estimated outgo in the 26th year. Then, the level-cost of the disbursements is calculated by dividing the present value of the total cost by the present value of the estimated future taxable payroll for the 25-year period. This is compared to the level-equivalent of the estimated future contributions and the level-equivalent value of the existing trust fund. The level-equivalent of the estimated future contributions is calculated by taking the present value of the estimated contributions over the next 25 years as a percentage of the present value of the estimated future taxable payroll for the same period. The estimates covering a 25-year future period can, therefore, indicate the extent to which the cost will increase and whether the scheduled tax rates are adequate to maintain the system on an actuarially sound basis over this period.

The actuarial balance of the system only considers the costs of insured persons who are covered by the HI program. Costs for uninsured persons covered under the program are borne by the General Fund of the Treasury.

The cost estimate for the HI program assumes that earnings in covered employment will rise in the future. This is a different approach from the assumptions used in the cost estimates for the old-age, survivors, and disability insurance system. Under the latter program, a level-earnings assumption is used, because the benefit structure of the present law is assumed to remain unchanged in the future and it can be said to be based on the current general level of earnings. The reason for using the rising-earnings assumption for the cost estimate for the HI program is that service-type benefits are provided and that it is assumed that the cost of institutional services will increase in the future. One

major cause for these increases is due to the trend of wages. Since this trend is reflected in the benefit costs, then it is only realistic to take it into account also in the assumptions as to earnings in covered employment.

The cost estimates as shown in this report are prepared on an accrued basis. The income items are allocated to the fiscal year period that they are earned, while benefit payments and administrative expenses are allocated to the fiscal year period that they are incurred. Analysis and cost estimates on an accrued basis are more meaningful than those on a cash basis.

(2) Trend in hospital costs

In making cost estimates for hospital benefits, a major consideration is how long and to what extent the tendency of hospital costs to rise more rapidly than the general earnings level will continue in the future, and whether or not in the long run it will be counterbalanced by a trend in the opposite direction. Some factors to consider are the relatively low wages of hospital employees (which have been "catching up" with the general level of wages, and obviously may be expected to "catch up" completely at some future date, rather than to increase indefinitely at a more rapid rate than wages generally) and the development of new medical technology and procedures, which results in more highly skilled hospital personnel and a larger average number of personnel per patient.

There are, however, several possible counterbalancing factors. The higher costs involved for more refined and extensive treatments may be offset by the development of out-of-hospital facilities, shorter durations of hospitalization, and less expense for subsequent curative treatments as a result of preventive measures and cost control efforts by States and other agencies might become more effective. Also, it is possible that at some time in the future, the productivity of hospital personnel will increase significantly as the result of changes in the organization of hospital services or for other reasons, so that, as in other fields of economic activity, the general wage level might increase more rapidly than hospitalization prices in the long run.

Table A presents a summary comparison of the annual increases in daily hospital costs and the corresponding increases in wages that have occurred since 1956 and up through 1970.

TABLE A.—COMPARISON OF ANNUAL INCREASE IN HOSPITAL COSTS AND IN WAGES
[In percent]

Year	Increase over previous year	
	Average wages in covered employment ¹	Average daily hospitalization costs ²
1956	5.7	4.5
1957	5.5	7.7
1958	3.3	8.6
1959	3.3	6.8
1960	4.3	6.8
1961	3.1	8.5
1962	4.2	5.3
1963	2.4	5.6
1964	3.1	6.9
1965	1.6	7.0
Average for 1956-65	3.6	6.8
1966	4.4	8.3
1967	6.3	12.3
1968	7.0	13.5
1969	6.0	14.1
1970	6.2	³ 14.0
Average for 1961-70	4.4	9.6

¹ Data are for calendar years (based on experience in 1st quarter of year).

² Data are for fiscal years ending in September of year shown. Data are from American Hospital Association, and "hospitalization costs" represents total hospital expense per patient day.

³ Preliminary estimate made by Social Security Administration.

The annual increases in earnings are based on those in covered employment under the old-age, survivors, and disability insurance system as indicated by first-quarter taxable wages, which by and large are not affected by the maximum taxable earnings base. The data on increases in hospital costs are based on a series of average daily expense per patient day (including not only room and board but also other inpatient charges and other expenditures of hospitals) prepared by the American Hospital Association.

The annual increases in earnings fluctuated somewhat over the 10-year period up through 1965, although there were some deviations from the average annual rate of 3.6 percent; no upward or downward trend over the period is discernible. The annual increases in hospitals costs likewise fluctuated from year to year during this period, around the average annual rate of 6.8 percent.

Since 1957, hospital costs increased at a faster rate than earnings. The differential between these two rates of increase fluctuated widely, being as high as about 8 percent in some years and as low as a negative differential of about 1 percent in 1956 (with the next lowest differential being a positive one of about 1 percent in 1962). Over the latest 10-year period (1961-70), the differential of the average annual rate of increase in hospital costs over the average annual rate of increase in earnings was 5.2 percent. In the last 5 years, this differential was about 6.4 percent.

(3) Assumptions as to future trends of hospitalization costs per day and earnings underlying cost estimates

The data on the 1969 interim reimbursements to hospitals from the HI program are virtually complete. After making adjustments for the possible difference between the interim reimbursement rates and the final audited costs, the experience shows that, for 1969, the average daily reimbursement is about \$55.00 for insured persons and \$48.82 for uninsured persons. The average daily reimbursement excludes the amounts paid by the beneficiaries under the cost-sharing provisions.

These provisions reduce the average daily cost of hospitalization by approximately 6 percent for insured persons and 6.5 percent for uninsured persons.

Table B summarizes the assumptions used for future increases in the average daily reimbursement amounts to hospitals, as well as the future increases of general earnings levels. It is assumed that the annual rate of increase in hospital costs has peaked in 1968-69 and that it will gradually decrease thereafter and finally will merge with the annual rate of increase in general wages by 1980. Thereafter, both are assumed to have the same annual increases.

TABLE B.—ASSUMPTIONS AS TO FUTURE RATES OF INCREASE IN HOSPITAL COSTS AND EARNINGS IN COVERED EMPLOYMENT
[In percent]

Calendar Year	Increase over previous year	
	Average daily reimbursement amount	Average earnings in covered employment
1970	14.0	6.2
1971	13.5	6.0
1972	13.5	5.6
1973	12.5	5.2
1974	11.0	4.8
1975	9.5	4.5
1976	8.0	4.5
1977	7.0	4.5
1978	6.0	4.5
1979	5.0	4.5
1980	4.5	4.5
1981 and after	4.5	4.5

(4) Assumptions as to hospital utilization rates underlying cost estimates

The experience from HI program has shown that there seems to be a long-term increasing trend in hospital utilization rates. Other national statistics series have corroborated these trends over the past three decades.

The hospital utilization assumptions are based on the hypothesis that the current practices in this field will not change drastically in the near future. On the other hand, the optimistic assumption is made that the annual rate of increase in the utilization of hospital services will gradually decrease over the next decade. After 1980, the hospital utilization rates by age and sex are assumed to remain unchanged.

The cost estimates shown in this report use the assumptions shown in table C. The hospital utilization rates are based on the actual experience in 1969. The aggregate hospital utilization rate in 1969 for the insured population was 3.95 days per person per year and 4.87 days for uninsured persons. The utilization rates for males and females were derived separately. For each sex, the utilization rate for each quinquennial age group was established up to age 85. The population aged 85 and over is considered as one group.

TABLE C.—ASSUMPTIONS AS TO FUTURE RATES OF INCREASES IN UTILIZATION RATES OF HOSPITALS

[In percent]	
Calendar year:	Increase over previous year
1970	-½
1971	1
1972	1
1973	1
1974	1
1975	1
1976	½
1977	½
1978	½
1979	½
1980	½
1981 and after	0

Since the average age of the insured population will increase in the future, the aggregate rate will also increase over the long-range future, even without the assumption that there is a long-term increasing trend in the utilization rates.

(5) Assumptions as to cost per day of extended care facilities

In 1969, the average reimbursement amount per day to extended care facilities from the HI program was \$20.19 for insured persons and \$18.70 for uninsured persons (as in the case of hospitalization costs, after taking into account the cost-sharing payments made by the beneficiaries). This average daily reimbursement amount is 12 percent higher than in 1967. The projected increases for future years are based on this actual experience. It is assumed that the annual rate of increase will remain at the similar level for a few years. Then it will decrease gradually thereafter and will merge with the annual rate of increase in general wages by 1980; thereafter, both will have the same annual increases. Table D shows the assumptions used as to the future annual rates of increase in the average daily reimbursement amounts for extended care facilities.

(6) Assumptions as to utilization rates of extended care facilities

The utilization rates of extended care facilities have declined in 1969 and 1970. The number of EOF beds certified under the medicare program has remained relatively level during this period. However, the ECF admission rates and average length of stay per admission have dropped sharply. The most likely reason for this phenomenon is that the administrative actions taken by the Social Security Administration have reduced the use of extended care facility benefits for domiciliary care.

Data from the hospital insurance program show the decline of the ECF utilization rate has occurred in fiscal year 1970. After the second quarter of 1970, the rate has remained relatively level with only slight decreases. The utilization rate in 1969 was 0.83 days of care per year per capita for insured persons and 1.48 days for uninsured persons. The 1971 actuarial cost estimate which appears in this report assumes that the impact due to the administrative actions has stabilized the EFC utilization rate at the 1970 level. In the future, the utilization rate will gradually increase as the need for care can be more fully met by added supply of beds.

TABLE D.—ASSUMPTIONS AS TO FUTURE INCREASES IN UTILIZATION RATE AND AVERAGE DAILY REIMBURSEMENT AMOUNT OF EXTENDED CARE FACILITIES

Calendar Year	Percentage increase over previous year	
	Utilization rate	Average daily reimbursement amount
1970	-8	12
1971	4	13
1972	10	13
1973	10	12
1974	8	10½
1975	6	9
1976	4	8
1977	2	7
1978	2	6
1979	1	5
1980	1	4½
1981 and after	0	4½

(7) Assumptions as to home health service benefits

The unit cost of home health services is based on the actual experience from the HI program in 1969, for which the average reimbursement amount per visit was \$11.21 with virtually no difference between insured and uninsured persons. The annual rate of increase in cost per visit has been about 10 percent. It is assumed that this rate of increase will remain at that level in the near future and then decline gradually and will merge with the annual rate of increase in general wages by 1980. (See table E.)

The utilization rates of home health services have increased sharply since the HI program began. This trend can be explained by the facts that a greater number of home health agencies are in operation and that there is greater public awareness and use of these facilities. This trend will most likely continue, due to the efforts of Federal and State Governments in promoting the expansion of these services, as well as the efforts to make the public more aware of the availability of these services and of the desirability of using them. Table E shows the assumptions used as to future trends in the utilization rates of home health services.

TABLE E.—ASSUMPTIONS AS TO FUTURE INCREASES IN COST ELEMENTS, HOME HEALTH SERVICE BENEFITS

Calendar Year	Percentage increase over previous year	
	Utilization rate ¹	Average reimbursement per visit
1970	30	10
1971	27	9
1972	24	10
1973	20	9
1974	16	8
1975	12	8
1976	10	7
1977	8	6
1978	6	5
1979	4	5
1980	2	4½
1981 and after	0	4½

¹ Average number of visits per year per capita.

(8) Administrative expenses

The administrative expenses per capita in connection with the HI program, including those of fiscal intermediaries, were calculated on the basis of the budgeted administrative expenses for fiscal year 1971. This cost per capita was projected to increase in the future at the same rate of increase as general wages.

(9) Interest rate

An interest rate of $5\frac{1}{2}$ percent is used in determining the level-costs of the benefit payments and administrative expenses and the level-equivalent of the contributions. However, in developing the progress of the trust fund, higher rates are used in the first few years—namely, 6.25 percent in 1971, gradually declining to a level of $5\frac{1}{2}$ percent by 1980 and thereafter.

(10) Population assumptions

The population projection that was used in the cost estimates made for the hospital insurance program in 1970 (and used in the 1970 report of the Board of Trustees for this program), was also used in the cost estimate of this report.

APPENDIX II.—LEGISLATIVE HISTORY AFFECTING THE TRUST FUND

Board of Trustees.—Beginning with July 30, 1965, when the Federal hospital insurance trust fund was established, the three members of the Board of Trustees, who serve in an ex officio capacity, have been the Secretary of the Treasury, the Secretary of Labor, and the Secretary of Health, Education, and Welfare. Since the establishment of the fund, the Secretary of the Treasury has been managing trustee. The Commissioner of Social Security has been secretary of the Board of Trustees. The Board of Trustees meets not less frequently than once each calendar year.

Contribution rates.—The Social Security Amendments of 1965, which established the hospital insurance program, fixed the contribution rates for employees and their employers and for self-employed persons at 0.35 percent for 1966 and 0.50 percent for 1967-72, with rates increasing thereafter to 0.80 percent beginning in 1987. The maximum amount of earnings to which these rates are applicable, first established at \$6,600 per year, was increased to \$7,800 by the 1967 amendments, which also increased the contribution rates, as shown previously in the main text. In 1971, Congress raised the earnings base to \$9,000, beginning in 1972.

Special refunds of employee contributions.—With respect to wages, refunds to employees who work for more than one employer during the course of a year and pay contributions on such wages in excess of the statutory maximum are paid from the Treasury account for refunding internal revenue collections. Beginning in 1968, railroad compensation may be included with wages in determining whether a refund is due, but only with respect to hospital insurance contributions. The managing trustee pays, from time to time, from the hospital insurance trust fund into the Treasury, as repayments to the account for refunding internal revenue collections, the amount of contributions which are subject to refund.

Credits for military service.—The Social Security Act Amendments of 1946 provided survivor-insurance protection to certain World War II veterans for a period of 3 years following their discharge from the Armed Forces. The 1950 amendments provided noncontributory \$160 monthly wage credits to persons who served in the Armed Forces during World War II, and amendments in 1952-56 provided similar noncontributory credits on account of active military or naval service from July 25, 1947, through December 31, 1956. The 1956 amendments provided contributory coverage for military personnel beginning January 1, 1957. The 1967 amendments provide noncontributory credits of \$100 a month (generally) as an allowance for the value of living expenses provided.

The trust fund is to be reimbursed from general revenues for expenditures resulting from the provisions that granted noncontributory \$160 monthly wage credits to persons who served in the Armed Forces from September 16, 1940, through December 31, 1956, and from the provisions enacted in 1946 and 1967. The statutory provisions that provide for the financing of these noncontributory credits for military service are set forth in appendix III.

Coordination of hospital insurance and railroad retirement program.—Public Law 234, approved October 30, 1951, amended the Railroad Retirement Act to provide a basis of coordinating the railroad retirement program with the old-age and survivors insurance system, and this is

also applicable to the hospital insurance system as a result of Public Law 89-97. The 1951 legislation provides that the railroad wage credits of workers who die or retire with less than 10 years of railroad employment shall be transferred to the old-age and survivors insurance system. These amendments did not affect workers who acquire 10 years or more of railroad service. That is, the survivors of over-10-year railroad workers will, as under the 1946 amendments to the Railroad Retirement Act, receive benefits under one program or the other based on combined wage records, while retirement benefits will be payable under both systems to individuals with 10 or more years of railroad service who also qualify under old-age and survivors insurance.

With respect to the financial relationships with the railroad retirement system, when it has a different maximum earnings base than the hospital insurance program, the latter program will cover railroad employees directly in the same manner as other covered workers, their contributions will go directly into the hospital insurance trust fund, and their benefit payments will be paid directly from this trust fund. When the two bases are the same, the hospital insurance taxes will be collected by the railroad retirement system, along with the railroad retirement taxes, and will be transferred to the hospital insurance trust fund through the financial interchange provisions. Under either case, the hospital and related benefits with respect to railroad workers will be paid from the hospital insurance trust fund, and the administrative expenses in connection with the hospital insurance program that are paid by the railroad retirement system but would otherwise have been paid by the hospital insurance trust fund are reimbursed to the railroad retirement account through the financial interchange provisions.

Investments.—Since the inception of the program, provision has been made for the investment of funds which are not required to meet current disbursements. As provided in the Social Security Act, the funds may be invested only in interest-bearing obligations of the U.S. Government or in obligations guaranteed as to both principal and interest by the United States; or the funds may be invested in certain federally-sponsored agency obligations that are designated in the laws authorizing their issuance as lawful investments for fiduciary and trust funds under the control and authority of the United States or any officer of the United States. These obligations may be acquired on original issue at the issue price or by purchase of outstanding obligations at their market price. In addition, the Social Security Act authorizes the issuance of public-debt obligations for purchase by the trust funds.

Special issues acquired after enactment bear interest at a rate equal to the average market yield (computed on the basis of market quotations as of the end of the calendar month next preceding their issue) on all marketable interest-bearing obligations of the United States forming a part of the public debt which are not due or callable for 4 or more years from the time the special obligations are issued, such average market yield being rounded to the nearest one-eighth of 1 percent

**APPENDIX III.—STATUTORY PROVISIONS, AS OF DECEMBER 31, 1970,
CREATING THE TRUST FUND, DEFINING THE DUTIES OF THE BOARD OF
TRUSTEES, FINANCING THE COST OF NONCONTRIBUTORY CREDITS FOR
MILITARY SERVICE, FINANCING THE COST OF BENEFITS FOR
PRESENTLY UNINSURED INDIVIDUALS, AND PROVIDING FOR ADVISORY
COUNCILS ON SOCIAL SECURITY**

(Sec. 217(g), sec. 218 (e) (1) , (h), and (j), sec. 229(b), sec. 706, and sec. 1817 of the Social Security Act, as amended, and sec. 103 (c) of the Social Security Amendments of 1965)

FEDERAL HOSPITAL INSURANCE TRUST FUND

Sec. 1817. (a) There is hereby created on the books of the Treasury of the United States a trust fund to be known as the “Federal Hospital Insurance Trust Fund” (hereinafter in this section referred to as the “Trust Fund”): The Trust Fund shall consist of such amounts as may be deposited in, or appropriated to, such fund as provided in this part. There are hereby appropriated to the Trust Fund f o r the fiscal year ending June 30, 1966, and for each fiscal year thereafter, out of any moneys in the Treasury not otherwise appropriated, amounts equivalent to 100 per centum of—

(1) the taxes imposed by sections 3101(b) and 3111(b) of the Internal Revenue Code of 1954 with respect to wages reported to the Secretary of the Treasury or his delegate pursuant to subtitle F of such Code after December 31, 1965, as determined by the Secretary of the Treasury by applying the applicable rates of tax under such sections to such wages, which wages shall be certified by the Secretary of Health, Education, and Welfare on the basis of records of wages established and maintained by the Secretary of Health, Education, and Welfare in accordance with such reports; and

(2) the taxes imposed by section 1401(b) of the Internal Revenue Code of 1954 with respect to self -employment income reported to the Secretary of the Treasury or his delegate on tax returns under subtitle F of such Code, as determined by the Secretary of the Treasury by applying the applicable rate of tax under such section to such self-employment income, which self-employment income shall be certified by the Secretary of Health, Education, and Welfare on the basis of records of self-employment established and maintained by the Secretary of Health, Education, and Welfare in accordance with such returns.

The amounts appropriated by the preceding sentence shall be transferred from time to time from the general fund in the Treasury to the Trust Fund, such amounts to be determined on the basis of estimates by the Secretary of the Treasury of the taxes, specified in the preceding sentence, paid to or deposited into the Treasury; and proper adjustments shall be made in amounts subsequently transferred to the extent prior estimates were in excess of or were less than the taxes specified in such sentence.

(b) With respect to the Trust Fund, there i s hereby created a body to be known as the Board of Trustees of the Trust Fund (hereinafter in this section referred to as the “Board of Trustees”) composed of the Secretary of the Treasury, the Secretary of Labor, and the Secretary of Health,

Education, and Welfare, all ex officio. The Secretary of the Treasury shall be the managing Trustee of the Board of Trustees (hereinafter in this section referred to as the "Managing Trustee"). The Commissioner of Social Security shall serve as the Secretary of the Board of Trustees. The Board of Trustees shall meet not less frequently than once each calendar year. It shall be the duty of the Board of Trustees to

- (1) Hold the Trust Fund;
- (2) Report to the Congress not later than the first day of April of each year on the operation and status of the Trust Fund during the preceding fiscal year and on its expected operation and status during the current fiscal year and the next 2 fiscal years;
- (3) Report immediately to the Congress whenever the Board is of the opinion that the amount of the Trust Fund is unduly small; and
- (4) Review the general policies followed in managing the Trust Fund, and recommend changes in such policies, including necessary changes in the provisions of law which govern the way in which the Trust Fund is to be managed.

The report provided for in paragraph (2) shall include a statement of the assets of, and the disbursements made from the Trust Fund during the preceding fiscal year, an estimate of the expected income to, and disbursements to be made from, the Trust Fund during the current fiscal year and each of the next 2 fiscal years, and a statement of the actuarial status of the Trust Fund. Such report shall be printed as a House document of the session of the Congress to which the report is made.

(c) It shall be the duty of the Managing Trustee to invest such portion of the Trust Fund as is not, in his judgment, required to meet current withdrawals. Such investments may be made only in interest-bearing obligations of the United States or in obligations guaranteed as to both principal and interest by the United States. For such purpose such obligations may be acquired (1) on original issue at the issue price, or (2) by purchase of outstanding obligations at the market price. The purposes for which obligations of the United States may be issued under the Second Liberty Bond Act, as amended are hereby extended to authorize the issuance at par of public-debt obligations for purchase by the Trust Fund. Such obligations issued for purchase by the Trust Fund shall have maturities fixed with due regard for the needs of the Trust Fund and shall bear interest at a rate equal to the average market yield (computed by the Managing Trustee on the basis of market quotations as of the end of the calendar month next preceding the date of such Issue) on all marketable interest-bearing obligations of the United States then forming a part of the public debt which are not due or callable until after the expiration of 4 years from the end of such calendar month; except that where such average market yield is not a multiple of one-eighth of 1 percent, the rate of interest on such obligations shall be the multiple of one-eighth of 1 percent nearest such market yield. The Managing Trustee may purchase other interest-bearing obligations of the United States or obligations guaranteed as to both principal and interest by the United States, on original issue or at the market price, only where he determines that the purchase of such other obligations is in the public interest.

(d) Any obligations acquired by the Trust Fund (except public-debt obligations issued exclusively to the Trust Fund) may be sold by the Managing Trustee at the market price, and such public-debt obligations may be redeemed at par plus accrued interest.

(e) The interest on, and the proceeds from the sale or redemption of, any obligations held in the Trust Fund shall be credited to and form a part of the Trust Fund.

(f) (1) The Managing Trustee is directed to pay from time to time from the Trust Fund into the Treasury the amount estimated by him as taxes imposed under section 3101(b) which are subject to refund under section 6413(c) of the Internal Revenue Code of 1954 with respect to wages paid after December 31, 1965. Such taxes shall be determined on the basis of the records of wages established and maintained by the Secretary of Health, Education, and Welfare in accordance with the wages reported to the Secretary of the Treasury or his delegate pursuant to subtitle F of the Internal Revenue Code of 1954, and the Secretary of Health, Education, and Welfare shall furnish the Managing Trustee such information as may be required by the Managing Trustee for such purpose. The payments by the Managing Trustee shall be covered into the Treasury as repayments to the account for refunding internal revenue collections.

(2) Repayments made under paragraph (1) shall not be available for expenditures but shall be carried to the surplus fund of the Treasury. If it subsequently appears that the estimates under such paragraph in any particular period were too high or too low, appropriate adjustments shall be made by the Managing Trustee in future payments.

(g) There shall be transferred periodically (but not less often than once each fiscal year) to the Trust Fund from the Federal Old-Age and Survivors Insurance Trust Fund and from the Federal Disability Insurance Trust Fund amounts equivalent to the amounts not previously so transferred which the Secretary of Health, Education, and Welfare shall have certified as overpayments (other than amounts so certified to the Railroad Retirement Board) pursuant to section 1870(b) of this Act. There shall be transferred periodically (but not less often than once each fiscal year) to the Trust Fund from the Railroad Retirement Account amounts equivalent to the amounts not previously so transferred which the Secretary of Health, Education, and Welfare shall have certified as overpayments to the Railroad Retirement Board pursuant to section 1870(b) of this Act.

(h) The Managing Trustee shall also pay from time to time from the Trust Fund such amounts as the Secretary of Health, Education, and Welfare certifies are necessary to make the payments provided for by this part, and the payments with respect to administrative expenses in accordance with section 201(g) (1).

FINANCING THE COST OF BENEFITS IN CASE OF VETERANS

SEC. 217. * * *

* * * * *

(g) (1) In September 1965, and in every fifth September thereafter up to and including September 2010, the Secretary shall determine the amount which, if paid in equal installments at the beginning of each fiscal year in the period beginning—

(A) with July 1, 1965, in the case of the first such determination, and

(B) with the July 1 following the determination in the case of all other such determinations,

and ending with the close of June 30, 2015, would accumulate, with interest compounded annually, to an amount equal to the amount needed to place each of the Trust Funds and the Federal Hospital Insurance Trust Fund in the same position at the close of June 30, 2015, as he estimates they would otherwise be in at the close of that date if section 210 of this Act as in effect prior to the Social Security Act Amendments of 1950, and this section, had not been enacted. The rate of interest to be used in determining such amount shall be the rate determined under section 201(d) for public-debt obligations which were or could have been issued for purchase by the Trust Funds in the June preceding the September in which such determination is made.

(2) There are authorized to be appropriated to the Trust Funds and the Federal Hospital Insurance Trust Fund—

(A) for the fiscal year ending June 30, 1966, an amount equal to the amount determined under paragraph (1) in September 1965, and

(B) for each fiscal year in the period beginning with July 1, 1966, and ending with the close of June 30, 2015, an amount equal to the annual installment for such fiscal year under the most recent determination under paragraph (1) which precedes such fiscal year.

(3) For the fiscal year ending June 30, 2016, there is authorized to be appropriated to the Trust Funds and the Federal Hospital Insurance Trust Fund such sums as the Secretary determines would place the Trust Funds and the Federal Hospital Insurance Trust Fund in the same position in which they would have been at the close of June 30, 2015, if section 210 of this Act as in effect prior to the Social Security Act Amendments of 1950, and this section, had not been enacted.

(4) There are authorized to be appropriated to the Trust Funds and the Federal Hospital Insurance Trust Fund annually, as benefits under this title and part A of title XVIII are paid after June 30, 2015, such sums as the Secretary determines to be necessary to meet the additional costs, resulting from subsections (a), (b), and (e), of such benefits (including lump-sum death payments).

PAYMENTS AND BEPORTS BY STATES

SEC. 218. * * *

* * * * *

(e) (1) Each agreement under this section shall provide—

(A) that the State will pay to the Secretary of the Treasury, at such time or times as the Secretary of Health, Education, and Welfare may by regulations prescribe, amounts equivalent to the sum of the taxes which would be imposed by sections 3101 and 3111 of the Internal Revenue Code of 1954 if the services of employees covered by the agreement constituted employment as defined in section 3121 of such code; and

(B) that the State will comply with such regulations relating to payments and reports as the Secretary of Health, Education, and Welfare may prescribe to carry out the purposes of this section.

DEPOSITS IN TBUST FUNDS; ADJUSTMENTS

SEC. 218. * * *

* * * * *

(h) (1) All amounts received by the Secretary of the Treasury under an agreement made pursuant to this section shall be deposited in the Trust

Funds and the Federal Hospital Insurance Trust Fund in the ratio in which amounts are appropriated to such Funds pursuant to subsection (a) (3) of section 201, subsection (b) (1) of such section, and subsection (a) (1) of section 1817, respectively.

(2) If more or less than the correct amount due under an agreement made pursuant to this section is paid with respect to any payment of remuneration, proper adjustments with respect to the amounts due under such agreement shall be made, without interest, in such manner and at such times as may be prescribed by regulations of the Secretary of Health, Education, and Welfare.

(3) If an overpayment cannot be adjusted under paragraph (2), the amount thereof and the time or times it is to be paid shall be certified by the Secretary of Health, Education, and Welfare to the Managing Trustee, and the Managing Trustee, through the Fiscal Service of the Treasury Department and prior to any action thereon by the General Accounting Office, shall make payment in accordance with such certification. The Managing Trustee shall not be held personally liable for any payment or payments made in accordance with a certification by the Secretary of Health, Education, and Welfare.

FAILURE TO MAKE PAYMENTS

SEC. 218. * * *

* * * * *

(j) In case any State does not make, at the time or times due, the payments provided for under an agreement pursuant to this section, there shall be added, as part of the amounts due, interest at the rate of 6 per centum per annum from the date due until paid, and the Secretary of Health, Education, and Welfare may, in his discretion, deduct such amounts plus interest from any amounts certified by him to the Secretary of the Treasury for payment to such State under any other provision of this Act. Amounts so deducted shall be deemed to have been paid to the State under such other provision of this Act. Amounts equal to the amounts deducted under this subsection are hereby appropriated to the Trust Funds in the ratio in which amounts are deposited in such Funds pursuant to subsection (h) (1).

FINANCING THE COST OF BENEFITS FOR DEEMED MILITARY SERVICE WAGES AFTER 1967

SEC. 229. * * *

* * * * *

(b) There are authorized to be appropriated to the Federal Old-Age and Survivors Insurance Trust Fund, the Federal Disability Insurance Trust Fund, and the Federal Hospital Insurance Trust Fund annually, as benefits under this title and part A of title XVIII are paid after December 1967, such sums as the Secretary determines to be necessary to meet (1) the additional costs, resulting from subsection (a), of such benefits (including lump-sum death payments), (2) the additional administrative expenses resulting therefrom, and (3) any loss in interest to such trust funds resulting from the payment of such amounts. Such additional costs shall be determined after any increases in such benefits arising from the application of section 217 have been made.

FINANCING THE COST OF BENEFITS FOR PRESENTLY UNINSURED INDIVIDUALS

SEC. 103. * * *

* * * * *

(c) There are authorized to be appropriated to the Federal Hospital Insurance Trust Fund (established by section 1817 of the Social Security Act) from time to time such sums as the Secretary deems necessary for any fiscal year, on account of—

(1) payments made or to be made during such 'fiscal year from such Trust Fund under part A of title XVIII of such Act with respect to individuals who are entitled to hospital insurance benefits under section 226 of such Act solely by reason of this section,

(2) the additional administrative expenses resulting or expected to result therefrom, and

(3) any loss in interest to such Trust Fund resulting from the payment of such amounts,

in order to place such Trust Fund in the same position at the end of such fiscal year in which it would have been if the preceding subsections of this section had not been enacted.

ADVISORY COUNCIL ON SOCIAL SECURITY

SEC. 706. (a) During 1969 (but not before February 1, 1969) and every fourth year thereafter (but not before February 1 of such fourth year) the Secretary shall appoint an Advisory Council on Social Security for the purpose of reviewing the status of the Federal Old-Age and Survivors Insurance Trust Fund, the Federal Disability Insurance Trust Fund, the Federal Hospital Insurance Trust Fund, and the Federal Supplementary Medical Insurance Trust Fund in relation to the long-term commitments of the old-age, survivors, and disability insurance program and the programs under parts A and B of title XVIII, and of reviewing the scope of coverage and the adequacy of benefits under, and all other aspects of, these programs, including their impact on the public assistance programs under this Act.

(b) Each such Council shall consist of a Chairman and 12 other persons appointed by the Secretary without regard to the provisions of title 5, United States Code, governing appointments in the competitive service. The appointed members shall, to the extent possible, represent organizations of employers and employees in equal numbers, and represent self-employed persons and the public. (c) (1) Any Council appointed hereunder is authorized to engage such technical assistance, including actuarial services, as may be required to carry out its functions, and the Secretary shall, in addition, make available to such Council such secretarial, clerical, and other assistance and such actuarial and other pertinent data prepared by the Department of Health, Education, and Welfare as it may require to carry out such functions.

(2) Appointed members of any such Council, while serving on business of the Council (inclusive of travel time), shall receive compensation at rates fixed by the Secretary, but not exceeding \$100 per day and, while so serving away from their homes or regular places of business, they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703 of title 5, United States Code, for persons in the Government employed intermittently.

(d) Each such Council shall submit reports (including any interim reports such Council may have issued) of its findings and recommendations to the Secretary not later than January 1 of the second year after the year in which it is appointed, and such reports and recommendations shall thereupon be transmitted to the Congress and to the Board of Trustees of each of the Trust Funds. The reports required by this subsection shall include—

(1) a separate report with respect to the old-age, survivors, and disability insurance program under title II and of the taxes imposed under sections 1401(a), 3101(a), and 3111(a) of the Internal Revenue Code of 1954,

(2) a separate report with respect to the hospital insurance program under part A of the title XVIII and of the taxes imposed by sections 1401(b), 3101(b), and 3111(b) of the Internal Revenue Code of 1954, and

(3) a separate report with respect to the supplementary medical insurance program established by part B of title XVIII and of the financing thereof.

After the date of the transmittal to the Congress of the reports required by this subsection, the Council shall cease to exist.

APPENDIX IV.—SUMMARY OF PRINCIPAL PROVISIONS

Public Law 89-97, approved July 30, 1965, amended the Social Security Act and related provisions of the Internal Revenue Code by establishing the hospital insurance program. A summary of its provisions, as of December 31, 1970, is as follows:

I. COVERAGE PROVISIONS (FOR CONTRIBUTION PURPOSES)

(a) All workers covered by old-age, survivors, and disability insurance system.

(b) All railroad workers (covered directly by system, and not through financial interchange provisions, if railroad retirement taxable wage base is not the same as the hospital insurance base; if bases are the same, railroad retirement system collects contributions and transfers them to hospital insurance trust fund through financial interchange provisions; ¹ hospital insurance trust fund pays benefits to suppliers of services in either case).

II. PERSONS PROTECTED (FOR BENEFIT PURPOSES)

(a) Insured persons—all individuals aged 65 or over who are eligible for any type of old-age, survivors, and disability insurance or railroad retirement monthly benefit (i.e., as insured workers, dependents, or survivors), without regard to whether retired (i.e., no earnings test).

(b) Uninsured persons—individuals who attain age 65 before 1968 who are not eligible for any type of monthly benefit under the old-age, survivors, and disability insurance or railroad retirement programs, who are citizens or aliens lawfully admitted for permanent residence with at least 5 consecutive years of residence, and who are not covered under the Federal Employees Health Benefits Act of 1959 (including certain individuals who could have been covered if they had so elected) and have not been convicted of any offense listed in section 202(u) of the Social Security Act. (Sec. 103(b) (1) of Public Law 89-97 also excluded individuals who are members of any organization referred to in section 210 (a) (17) of the Social Security Act. This provision was held to be unconstitutional by a Federal court, and its enforcement was enjoined). Those in this category attaining age 65 after 1967 must have certain amounts of old-age, survivors, and disability insurance or railroad retirement coverage to be eligible for hospital insurance benefits—namely, three quarters of coverage for each year after 1966 and before age 65, so that the provision becomes ineffective for men attaining age 65 after 1975 (for women, 1974), since then the “regular” insured status conditions for cash benefits are easier to meet.

III. BENEFITS PROVIDED

(a) Hospital benefits—full cost of all hospital services (i.e., including room and board, operating room, laboratory tests and X-rays, drugs, dressings, general nursing services, and services of interns and residents in training) for semiprivate accommodations for up to 90 days in a “spell

¹ Public Law 89-212, approved September 20, 1965, provided that the railroad retirement wage base will, in the future, be automatically adjusted so as to be the same as the earnings base under the hospital insurance system.

of illness” (a period beginning with the 1st day of hospitalization and ending after the person has been out of a hospital and an extended care facility for 60 consecutive days), after a deductible of \$40 and coinsurance of \$10 per day for all days after the 60th one and also a deductible of the cost of the first three pints of blood; in addition to such 90 days per spell of illness, a lifetime reserve of 60 days with coinsurance of \$20 per day is available; after 1968, the deductible and the coinsurance amounts will be automatically adjusted to reflect changes in hospital costs after 1966; lifetime maximum of 190 days for psychiatric hospital care.

(b) Extend care facility (skilled nursing home or convalescent wing of hospital) benefits—following at least 3 days of hospitalization, beginning within 14 days of leaving hospital, and for continued care of a condition for which a person was hospitalized, up to 100 days of such care in a spell of illness, with coinsurance of \$5 per day for all days after the 20th one; after 1968, the \$5 coinsurance will be automatically adjusted to reflect changes in hospital costs after 1966.

(c) Home health services benefits—following at least 3 days of hospitalization, beginning within 14 days of leaving hospital or extended care facility, up to 100 visits in the next 365 days and before the beginning of the next spell of illness; such services are essentially for homebound persons and include visiting nurse services and various types of therapy treatment, including out-patient hospital services when equipment cannot be brought to the home.

(d) Services not covered—services obtained outside of the United States (except for emergency services for an illness occurring in the United States and the foreign hospital involved was closer, or substantially more accessible than the nearest adequate U.S. hospital), elective “luxury” services (such as private room or television), custodial care, hospitalization for services not necessary for the treatment of illness or injury (such as elective cosmetic surgery), services performed in a Federal institution (such as a Veterans’ Administration hospital), and cases eligible under workmen’s compensation.

(e) Administration—by Department of Health, Education, and Welfare. Each provider of services can nominate a fiscal intermediary (such as Blue Cross, other health insurance organizations, or State agencies) or can deal directly with the Department. The providers of services are reimbursed on a “reasonable cost” basis, and the fiscal intermediaries are reimbursed for their reasonable costs of administration. The providers of services must meet certain standards, including establishment of utilization review committees for hospitals and extended care facilities, development of transfer agreements between hospitals and extended care facilities, and quality care.

IV. FINANCING.

(a) Insured persons—on a long-range self-supporting basis (just as under the old-age, survivors, and disability insurance system), through separate schedule of increasing tax rates on covered workers (see table in “Nature of the Trust Fund” section), with same maximum taxable earnings base as scheduled for the old-age, survivors, and disability insurance system, \$7,800; same rate applies to employees, employers, and self-employed (unlike under the old-age, survivors, and disability insurance system).

(b) Hospital insurance trust fund—separate trust fund, with separate board of trustees (same membership as for old-age and survivors insurance and disability insurance trust funds) and with same investment procedures.

(c) Uninsured persons—from general revenues, through the hospital insurance trust fund.

**APPENDIX V.—DETERMINATION AND ANNOUNCEMENT OF “INPATIENT
HOSPITAL DEDUCTIBLE FOR 1972”²**

Notice of inpatient hospital deductible for 1971 under Part A of Title XVIII of the Social Security Act.

Pursuant to authority contained in section 1813(b) (2) of the Social Security Act (42 U.S.C. 1395e(b) (2)), as amended, I hereby determine and announce that the dollar amount which shall be applicable for the inpatient hospital deductible, for purposes of section 1813(a) of the Act, as amended, shall be \$60 in the case of any spell of illness beginning during 1971.

There follows a statement of the actuarial bases employed in arriving at the amount of \$60 for the inpatient hospital deductible for the calendar year 1971 (as contrasted with the figures of \$40 applicable for the period from July 1966 through December 1968, \$44 for calendar year 1969, and \$52 for calendar year 1970). Certain other cost-sharing provisions under the Hospital Insurance program are also affected by changes in the amount of the inpatient hospital deductible.

The law provides that, for calendar years after 1968, the inpatient hospital deductible shall be equal to \$40 multiplied by the ratio of (1) the current average per diem rate for inpatient hospital services for the calendar year preceding the year in which the promulgation is made (in this case, 1969) to (2) the current average per diem rate for such services for 1966. The law further provides that, if the amount so determined is not an even multiple of \$4, it shall be rounded to the nearest multiple of \$4. Further, it is provided that the current average per diem rates referred to shall be determined by the Secretary of Health, Education, and Welfare from the best available information as to the amounts paid under the program for inpatient hospital services furnished during the year by hospitals who are qualified to participate in the program, and for whom there is an agreement to do so, for individuals who are entitled to benefits as a result of insured status under the Old-Age, Survivors, and Disability Insurance program or the Railroad Retirement program.

The data available to make the necessary computations of the current average per diem rates for calendar years 1966 and 1969 are derived from individual inpatient hospital bills that are recorded on a 100 percent basis in the records of the program. These records show, for each bill, the total inpatient days of care, the interim reimbursement amount, and the total cost (the sum of interim reimbursement, deductible, and coinsurance). With respect to reimbursements to the hospitals by the program, no allowance is made for adjustments with the providers of services that may be made after their fiscal years are ended. There is currently no significant information available to modify the data for the effect of such adjustments. When such information becomes available in the future, it will be taken into account in determining the inpatient hospital deductible.

Each individual bill is assigned both an initial month and a terminal month, as determined from the first day covered by the bill and the last day so covered. Insofar as the initial month and the terminal month fall in the same calendar year, no problems of classification occur.

²This notice was published in the *Federal Register* for Sept. 29, 1970 (F.R. Doc. 70-13104).

Two tabulations are prepared, one summarizing the bills with each assigned to the year in which the period it covers begins, and the other summarizing the same bills with each assigned to the year in which the period it covers ends. The true value with respect to the costs for a given year on an accurate accrual basis should fall between the amount of total costs shown for bills beginning in that year and the amount shown for bills ending in that year.

The current average per diem rate for inpatient hospital services for calendar year 1966, on the basis described, is \$37.94, while the corresponding figure for calendar year 1969 is \$55.70. It may be noted that these averages are based on about 30 million days of hospitalization in 1966 and 67 million days of hospitalization in 1969. Accordingly, the ratio of the 1969 rate to the 1966 rate is 1.468. When this ratio is multiplied by \$40, it produces an amount of \$58.72, which must be rounded to \$60. Accordingly, the inpatient hospital deductible for spells of illness beginning during calendar year 1971 is \$60.

Dated: September 28, 1970.

ELLIOT L. RICHARDSON,
Secretary.