

## New No-Profit Commission In N.Y. Will Accredite Hospital Services

What is being described as the nation's first consumer commission to accredit hospitals and health services, got underway in New York City this week with the publication of a report on proprietary hospitals in the city. The report names the owners of these hospitals and details the level of services in these privately-owned medical facilities.

Called the Consumer Commission on the Accreditation of Health Services, Inc., the organization is incorporated under the laws of New York State. According to Edward Gluckmann, executive vice president of the non-profit commission, it is an effort on the part of consumers and concerned health professionals in New York to provide consumers with factual data on the cost and quality of health services.

Mr. Gluckmann described it as "the first time an effort of this magnitude has been undertaken by a consumer organization in the health field."

The commission will collect, evaluate and publish information for health consumers covering the availability, quality and cost of medical services in New York City. It will also evaluate health institutions and publicize its findings in a series of profiles to appear in its own publication, "Health Perspectives." In addition, the commission intends to rate and accredit hospitals and other health services that meet clearly defined

standards prepared by it.

Data on nursing homes, mental health centers, medical groups, drug plans and other institutions and facilities that deliver health care services will also be published, Mr. Gluckmann said.

"We believe the Consumer Commission is a beginning and a breakthrough to stabilize the dizzy escalation of hospital and medical costs in the New York area," Mr. Gluckmann said. "Many consumers today are finding it an impossible burden to meet out-of-pocket payments for medical costs which they often assume are fully met by existing health insurance coverage. Last year the entire nation spent \$83 billion for all health services. As far as we can determine, this \$83 billion will rise to over \$100 billion within several years. The health consumer has an absolute right to know what he is purchasing, the range of

services available to him, the quality of these services and the standards that govern the people who have the responsibility for delivering health care."

"The emergence of the Commission brings us to an end of the era where the health consumer has no real voice in the delivery of health services because of a lack of relevant information. No longer will health care users and purchasers be in the dark about the availability and cost of the services offered. The consumer commission will put the health facts before the consumers of New York who welcome the opportunity to have hard factual and technical information available. This will make it possible for them to make intelligent decisions about how to pay for their health care; where to get the quality of care American medicine can deliver, and propose alternative delivery systems that meet their needs."

## Uniform Health-Care Program Offered By Sen. Long For 25-30 Million U.S. Poor

(By Insurance Advocate Correspondent)

WASHINGTON, D.C. (WIB) — A uniform health-care program for some 25 to 30 million poor people throughout the United States has been offered by Senate Finance Committee Chairman Russell B. Long (D-La.).

The plan that would replace Medicaid was outlined by Long in a speech for the AFL-CIO state convention in Baton Rouge, La. The program was also simultaneously announced in Washington.

Long said his plan would cost about \$5.3 billion more than the \$9 billion the federal government and the states now pay for Medicaid, which has frequently been criticized as inadequate and with spotty coverage and benefits for the poor.

As visualized by Long, the plan to replace Medicaid would be nationally administered, financed by general revenues, and would provide benefits to any person with an annual income under \$2,400. The eligibility cutoff for couples would be \$3,600 a year, and for a family of four \$4,800, rising by \$600 for each additional member of the family.

If medical bills reduced higher family income to these levels, the family would then be covered.

The Louisiana Democrat noted this would not happen often, since private health insurance coverage would be cheaper than paying the bills in order to qualify.

Beneficiaries would receive free hospital care for 60 days, skilled nursing facilities and intermediate care facilities, plus out-of-hospital doctor-visit privileges for a nominal co-payment of around \$2 to \$3 for each such visit made.

The Long proposal is one of many plans to improve the health care for the nation's poor. Long's Finance Committee has jurisdiction over such plans, but final action on Long's program—or any other health plan—appears unlikely this year and may not even come in 1974.

One of the stumbling blocks is the House Ways and Means Committee which is to take up international trade and tax reform proposals, both of which are very complex subjects. This means the House will not get around to considering health benefit legislation for some time to come.

Long is coupling his low-income plan with a second proposal, providing a federal Social Security-financed plan for virtually all persons of all ages and incomes to cover the costs of catastrophic illness.

The government would pay most of an individual's hospital and doctor costs after he has been in the hospital for 60 days or has incurred \$2,000 or more in physician's charges. From the 61st day on, the government would pay all but \$17.50 a day of hospital costs. It would pay 80% of any doctor costs above \$2,000.

The two plans are designed to mesh. The first proposal for the poor covers the first 60 days in the hospital, and then the individual would be taken care of under the catastrophic plan starting the 61st day.

The only major gap in Long's plan is coverage for middle-income people and higher-income people for the first 60 days in the hospital or the first \$2,000 in doctor bills, before their coverage under catastrophic insurance begins. Long would have such individuals cover this gap with their own private insurance.

Long's plan is fairly close to the one the Nixon Administration proposed in the last Congress. It does not go as far as the plan offered by Sen. Edward Kennedy (D-Mass.) which would set up a universal national health insurance system covering virtually all health-care costs for everyone and financed through payroll taxes.

Long said his two plans will cost around \$8.9 billion compared with an estimated \$70 billion for the Kennedy plan.

## Denenberg Releases 12-Point 'Citizen's Bill Of Hospital Rights'—Calls It A 'First'

HARRISBURG, Pa.—A 12-point "Citizen's Bill of Hospital Rights" outlining what the patient and the public should expect from hospitals, has been released by Insurance Commissioner Herbert S. Denenberg.

The "rights" set forth in the 8-page document, according to Commissioner Denenberg, are "based on law" or are otherwise enforceable through procedures to which patients have access. Denenberg said that this is the first such bill of rights for hospital patients ever formulated by a government agency, adding somewhat superfluously, "and it is also the most comprehensive one issued to date."

The "rights" listed in the "bill" include, a right to good quality care and high professional standards, continuously monitored and reviewed. Secondly, there is the right to economical care and also rights to a voice in the management, control and planning of hospitals. Other rights are access to information about a patient's treatment, control over the nature of the treatment, prompt and courteous action on complaints, and full access to information about the patient's medical history. The public has a right to expect a hospital to behave as a consumer advocate rather than as a business headquarters for

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