1970

**STATEMENT BY HON. EDWARD M. KENNEDY, A U.S. SENATOR FROM THE STATE OF MASSACHUSETTS**

Senator Kennedy, Mr. Chairman, With these hearings today in the Senate, we begin in earnest the journey toward fulfillment of another basic right for our people—the right to good health care.

A great national debate is being launched, comparable to the debate that gave rise to social security in the thirties and to medicare in the sixties. The call today is to build on the start we have made in social security and in medicare. The call is to create a health security program, a program of comprehensive national health insurance in the United States, capable of bringing the same high quality health care to every man, woman, and child in the Nation.


1971

**Senator Kennedy.** The subcommittee will come to order.

In the United States today, health care is the fastest growing failing business in the Nation, a $70 billion industry that fails to meet the needs of our people. The American health care system is in crisis, and the crisis is deepening. The reality of this crisis, which affects almost every citizen, is no longer denied.

The crisis presents both a danger and an opportunity. The danger is that we may shrink from the magnitude of the effort required to reform and improve the health care system. We may shrink because of the pressure of powerful and parochial interests, whose principal concern is their own private interest, not the public interest.

The opportunity which the health care crisis presents is that, if we have the courage and the wisdom to diagnose the substantive, economic, and political dimensions of the crisis, we will be well on the way to the reform we need. If we don’t know where we want to go, any road will take us there.


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HEALTH MAINTENANCE ORGANIZATION AND RESOURCES DEVELOPMENT ACT OF 1972

JULY 21, 1972.—Ordered to be printed

Mr. KENNEDY, from the Committee on Labor and Public Welfare, submitted the following

REPORT

[To accompany S. 3327]

The Committee on Labor and Public Welfare, to which was referred the bill (S. 3327) having considered the same, reports favorably thereon with amendments and recommends that the bill as amended do pass.

BACKGROUND ON LEGISLATION AFFECTING HMO’s

During the 11 year period from fiscal 1960 to the end of fiscal 1971 national health expenditures rose by 188 percent—from $26 billion in fiscal 1960 to $75 billion in fiscal 1971. A large portion of that increase went to meet the continuing inflation in health care prices and to subsidize inefficiency and waste in the delivery of health care services.

The shortcomings of the nation’s health care system have become apparent in other ways as well. For many Americans—especially in rural areas or in the inner city—care is simply not available at any price. The quality of health care varies widely. Primary care physicians and outpatient facilities are in short supply in many areas. And, because so little attention is paid to preventive care and the early treatment of disease, when the patient finally seeks treatment he too frequently requires costly and intensive hospital care.
Senator Kennedy. I think all of us are very much aware of the arguments that are being generally marshaled against national health insurance, arguments which I hear every day as I speak around the country on this issue.

First of all, we hear that this is socialized medicine and that anyone who is for health insurance or reform of the health care system is for a socialized medical system. This is a very serious distortion and completely inaccurate.

Second, the argument is made that we are going to interfere in the relationship between the patient and the doctor.

Nothing could really be further from the truth in the proposals that I know are before this committee.

Third, there is usually the statement that we want to abolish the free enterprise system as it addresses itself to meeting the health care needs of this country.

Of course, that is quite untrue.

I think these are really three slogans that are bandied around on radio or television by those who are interested in sidetracking health care reform.

These are slogans which this committee is very much aware of, because this committee was dealing with the same slogans 10 years ago when it was considering medicare.

I know that this committee is far too intelligent, far too much aware of the particular details of the legislation to go along with any of these slogans.

Then, next we hear: Why pass a health care program now? We ought to wait for the future. We ought to wait for a veto-proof Congress, or wait until after the fall elections, or wait until after 1976, or wait until the future when the makeup of the Congress and the Senate of the United States is sufficiently different so that we can pass a different type of legislation.

I reject that line of reasoning, as well.

There are too many people in this country who need the kind of help that a number of these proposals would provide for American people for us to accept that line of argument or that line of reasoning.

Every day we delay there are additional Americans who are denied the kind of health care that I think the members of this committee believe should be made available to them as a matter of right.
1986–1989

PREPARED STATEMENT OF SENATOR KENNEDY

I am pleased to have the opportunity to testify on behalf of S. 2403, the Access to Health Care Act of 1986, and its Labor and Human Resources Committee companion bill, S. 2402. These bills embody a bipartisan, four-point initiative to deal with one of the most serious health problems facing the nation—the inaccessibility of health care for millions of our fellow citizens. I would like to thank Senator Durenberger for his leadership in this area and for his work with us and the other principal cosponsors in developing these important proposals.

The crisis in access has two causes and you don’t need an EKG or even a stethoscope to diagnose them. Too many Americans have no health insurance to pay for

Employers offering health insurance to their workers will be required to extend coverage for four months after a worker is laid off, as long as the worker agrees to pay the same premium he was paying on the job. In addition, employers will be required to permit open enrollment for family coverage when a worker in a two-worker family is laid off and loses health insurance.

Seventy percent of the unemployed have been without work for less than four months. Because they have lost their employment-based group insurance and can’t afford an individual policy, they are forced to go without coverage—and gamble that a medical catastrophe will not strike them or their loved ones.

For half a century, the unemployment insurance system has protected Americans against the income loss arising from short-term unemployment: it is time to provide the same protection against the potentially ruinous cost of a major uninsured illness.

Solving this problem is not a budget-buster. The Congressional Budget Office estimates that as many as 10 million workers and their dependents would benefit from enactment of this proposal. There would be no additional Federal outlays, and the maximum cost to employers would be $1.5 billion, less than seven hundredths of one percent of current payroll.


PREPARED STATEMENT OF SENATOR EDWARD M. KENNEDY

Mr. Chairman, I am delighted to have this opportunity to appear today before the Subcommittee on Health for Families and the Uninsured of the Senate Finance Committee. I speak for all of us on both sides of the aisle in the Senate Labor Committee when I say that we look forward to working closely with you to make the right to health care a reality for all Americans. I am hopeful that we can achieve this historic goal before the 101st Congress is history.

The time has come for action, because we face a growing crisis in access to health care. Thirty-seven million Americans have no health insurance coverage, either public or private. Sixty million more have insurance that even the Reagan Administration agreed was inadequate. Every year, fifteen million Americans seek health care and are turned away or neglect their health because they cannot afford the care they know they need. Every year, almost two and a half million American families face catastrophic out-of-pocket costs in excess of $3,000 that insurance does not cover.

These conditions should be intolerable in twentieth century America. No other country in the world except South Africa tolerates a system in which the state of a family’s health is determined by the size of a family’s wealth.

The CHAIRMAN. The committee will come to order.

The hearings we are holding today and tomorrow are steps toward enactment of one of President-elect Clinton's most important proposals, to assure every American the health care they need at a price they can afford.

All of us understand the historic opportunity we have to achieve the far-reaching reform this Nation expects. The President-elect campaigned on that reform, and he intends to make it a top priority of his administration.

The American people expect the Congress to respond with the same sense of urgency and purpose shown by the President-elect.

The crisis in health care can no longer be ignored. It threatens the future of our economy and the security of every American family. It is unacceptable that 37 million Americans have no health insurance at all. If nothing is done, 30 million more citizens who have coverage today will find themselves unprotected at some point during the next 2 years. No American family that has coverage today can be confident that it will be there tomorrow when serious illness strikes.

Equally unacceptable is the high cost of health care, and that challenge will be the focus of these hearings. Double-digit cost inflation has plagued our health care system for the last three decades. In 1980, we spent $250 billion for health care; this year, we will spend $800 billion, and if we fail to act, we will spend twice that much by the year 2000.

PREPARED STATEMENT OF SENATOR KENNEDY

A central part of the President's comprehensive health reform plan is the creation of health alliances that will make contracts with insurance plans to provide coverage for large numbers of individuals and businesses in various geographical areas.
Statement of Fay Raines, President, American Association of Colleges of Nursing

Committee on Senate Health, Education, Labor and Pensions

June 11, 2009

Good afternoon distinguished Committee members. I am Dr. Fay Raines, President of the American Association of Colleges of Nursing and Dean of the College of Nursing at the University of Alabama in Huntsville. The American Association of Colleges of Nursing (AACN) is the national voice of baccalaureate and graduate nursing education, representing over 640 schools of nursing that educate approximately 270,000 students and employ over 13,000 faculty members. Together, these institutions produce about half of our nation's Registered Nurses (RNs) and all of the nurse faculty and researchers. It is my great honor to testify before you today on the Affordable Health Choices Act of 2009. First, let me commend and congratulate Chairman Kennedy, Senator Enzi, Members of the Health, Education, Labor and Pensions (HELP) Committee, and their staff for drafting this legislation, which promises to reinvigorate our country's healthcare system. I am pleased to offer AACN's insights on this comprehensive legislation.

HEALTH CARE OVERHAUL; COMMITTEE: SENATE HEALTH, EDUCATION, LABOR AND PENSIONS, CQ Congressional Testimony, June 11, 2009 Thursday, CAPITOL HILL HEARING TESTIMONY, 2644 words


Additional Citations


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