

TO MAKE STATE ELIGIBLE

Medicare Takes Center Stage in State Capital

By VINCENT THOMAS
 Assemblyman, 68th District
 State medicare legislation has temporarily taken the spotlight in our current special session as this is being written. Reapportionment of both our houses, and consideration of the proposed amendment to the U.S. Constitution are the other two matters which have been placed on our agenda so far, though others could be added later.

Bills relating to reapportionment have been introduced in both houses. A resolution calling for ratification of the Constitutional amendment has also been dropped in the Assembly hopper. As of now, however, early action on either is not anticipated, and other measures are expected to be introduced.

The medicare bill was introduced by the Chairman of the Assembly Social Welfare Committee. The measure has 26 Assembly, and two Senate co-authors. The purpose of the bill is the same as that of a similar Assembly measure which was lost in Senate committee during the 1965 general session, and its provisions are substantially identical with those of a bill which failed to move at all during the first 1965 special session.

EFFECTIVE Jan. 1, 1966, the bill would provide two types of health services to all persons receiving public as-

Torrance men now engaged in nine weeks of Navy basic training at the U. S. Naval Training Center, San Diego, are:

Seaman Rct. Michael W. Hunstad, son of Mr. and Mrs. Arnold W. Hunstead, 21120 S. Hobart;

Seaman Rct. Dennis R. Parcels, son of Mr. and Mrs. Joseph S. Parcels, 20942 Margaret St.; and;

Seaman Rct. Larry L. Felts, son of Mr. and Mrs. Clyde F. Felts of 2734 Grand Summit Road.

istance in California, to medically indigent aged persons, and to other persons. The first type, "Basic Medical Care" is defined to mean health care and related remedial or preventive services exclusive of hospital care of more than 60 days duration. All or part of such services,

or their equivalents may be given in accordance with regulations, in a hospital, nursing home, or rehabilitation center. "Minimum coverage" includes care in a medical institution operated or licensed by the United States, any state, a political subdivision of a state, or the State

Departments of Public Health or Mental Hygiene; laboratory or X-ray service; services of physicians and other licensed practitioners of the healing arts; and outpatient clinic or hospital services. Six other types of service, including dentistry, may be included in the plan.

After June 30, 1966, all such care, as far as feasible, must be provided by a system of prepaid health care, or contracts with insurance carriers or other approved health plans. Eligible persons must be able to secure health protection like the public generally, without discrimina-

tion. However, the benefits must not duplicate those available under other laws, or contracts. . . .

THE STATE Department of Social Welfare shall supervise administration of the plan by county welfare agencies. Expenditures are limited

to \$11 per eligible person per year. A complicated formula for limiting the county share of costs is part of the bill. The balance of the cost will be paid from the state treasury, up to the prescribed limit.

The second type of system is called "Extended Health Services." It is intended to provide health services for recipients of public assistance and medically indigent persons who need longer care than that provided by the

basic plan. It also is intended to dovetail with the federal medicare program just enacted into law, and the bill includes necessary provisions to enable California to qualify for federal grants. Costs are to be first paid by the counties, but are limited to \$400 per recipient per year. Federal grants are to be advanced to the counties by the state, together with any state funds to pay the balance. Early passage of the bill is anticipated.

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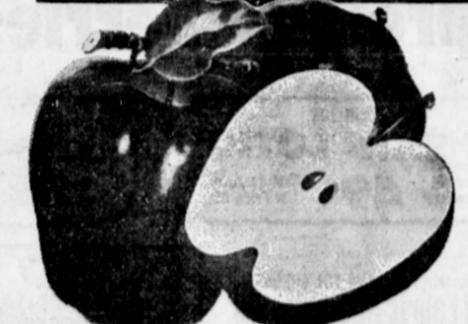
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