benefits in health insurance coverage, including home calls, visits to doctors' offices, and diagnostic X-ray and laboratory fees. However, the effect of comprehensive health benefits on hospital utilization has not yet been clearly established.

Utilization by older people

Older people need more hospital care than younger age groups. Those past 65 use more than twice as many days of hospital care as those under 65. But the surge in demand for hospital care begins before 65, affecting those in the final years of their active working lives. People in the 55-to-64 age bracket use hospitals at a rate three times as great as those in the 35-to-44 age group.[25]

About 60 percent of the over-65 population do not have any hospital insurance. Insurance coverage for the aged increases with income, but the low incomes characteristic of this age group indicate that these people who need hospital insurance coverage the most have the lowest proportion of protection. According to Prof. Wilbur Cohen, an authority on welfare and problems of the aging:

> These are the people who, as they need hospital care, even though they are receiving social security, must ultimately apply for public assistance to supplement their social security to pay for their hospital care; or not receive hospital care; or borrow money; or receive it from relatives or friends; or get free care in some way from the communities.[26]

About half of the uninsured persons in the over-65 age group reported that they could not afford or were refused health insurance, and half indicated that they had not considered or did not want such protection.[27] It would appear, therefore, that even apart from lack of financial ability, older people are less aware of their health care needs and potential benefits from modern medical science. There may also exist a reluctance to get medical care for what older people may regard as inevitable illneses of old age.[28]

Since hospital and nursing home care imposes heavy medical expenses on older citizens, the lack of tax-supported health insurance and the failure of private health insurance programs to meet their needs for protection leaves this portion of the population in a particularly weak, vulnerable position in financing their hospitalization needs.

Mental illness and chronic diseases

Mental illness and chronic diseases are raising the demand for long-term hospital care. To a large extent, this trend in demand for hospital care reflects the conquest of communicable, infectious diseases, with consequently longer life expectancy and resulting increases in health problems of the older age groups. Mental and tuberculosis patients occupy almost half of all available hospital beds, but the demand for long-term-care facilities appears even more strikingly in the 94 percent average occupancy reported in 1958 by the long-term, non-Federal psychiatric hospitals, many of which have waiting lists. In contrast to this high occupancy, voluntary, short-term, general,

[25] Ray E. Brown, "Forces Affecting the Community's Hospital Bill." Reprinted from "Hospitals," Journal of the American Hospital Association, Sept. 16, 1958, vol. 32, p. 3.
[26] U.S. Senate, "Hearings Before the Subcommittee on Problems of the Aged and Aging of the Committee on Labor and Public Welfare." 86th Cong., 1st sess., June 1959, p. 26.
[27] "Progress in Health Services," Bulletin of the Health Information Foundation, January 1959.
[28] "Progress in Health Services," April 1959.