

TABLE 8.—Federal expenditures for medical and health-related activities by category, fiscal years 1965-67

[In millions of dollars]

Category	1965 actual	1966 estimate	1967 estimate
Hospital and medical care in Federal facilities.....	2,022.0	2,209.9	2,397.9
Federal grants and payments for hospital and health care in non-Federal facilities.....	913.8	1,374.9	4,623.1
Medical research, total.....	1,040.1	1,320.6	1,448.3
(a) Conduct of research.....	(965.5)	(1,214.2)	(1,325.1)
(b) Research facilities.....	(74.6)	(106.4)	(123.2)
Training, including training for research.....	316.9	448.9	546.1
Prevention and community services.....	417.6	493.7	634.5
Construction of hospitals and health facilities.....	449.9	468.4	672.3
Total expenditures from administrative budget and trust accounts.....	5,160.3	6,316.4	10,322.2

Source: Special Analyses of the U.S. Budget, 1967 (January 1966), Special analysis H, "Federal health programs," p. 108, table H-2.

The scope of "Federal health programs" in the budget special analysis is considerably broader than the related functional subcategory, "Health services and research" (budget functional code 651), used in the President's budget message and supporting budget tables. The subcategory carried expenditures of only \$1,882 million for fiscal 1965 and an estimate of \$2,481 million for 1966—considerably less than half of the totals shown in the special analysis. The largest differences arise from the fact that the functional subcategory, "Health services and research," does not include Department of Defense expenditures for hospital and medical care of military personnel and their dependents and Veterans' Administration expenditures for veterans' medical and hospital care benefits. These are classified as "National defense" expenditures in the case of the Department of Defense, and as "Veterans benefits and services" in the case of the Veterans' Administration. Many other health activities of Federal Government agencies likewise are classified in functional categories that focus on the basic purpose (such as public assistance or atomic energy research) rather than on the health-related aspects of the programs. A further (and larger) difference was introduced in the estimates for fiscal 1967, with trust fund expenditures for hospital and supplementary care insurance under the amended Social Security Act classified in the budget within a separate functional subcategory, "Retirement and social insurance" (code 654) rather than in "Health services and research." All these health-related programs in other budget categories are included in the special analysis total for "Federal health programs."

Somewhat narrower, but essentially similar, differences arise between the special analysis and the Federal "health and medical programs" segment of the social welfare series shown in table 2 of this report. In the social welfare series, Federal expenditures for public assistance payments to vendors of medical care are classified in "public aid;" health and medical services for veterans are classified in "veterans' programs;" and various other health-related items are identified with major purposes other than health and medical care. Expenditures by the military services for health and medical care are, however, included within this major category.