Home Health Services Development.—Under the health insurance program, the aged are entitled to home health services as part of their benefits. At present, however, sufficient resources are not available to meet the needs of this age group, much less the needs of the entire population.

The Public Health Service, for several years, has made funds and technical assistance available to State and local agencies which provide home health services: health departments, visiting nurse associations, hospitals, and other types of agencies. This effort is now being enlarged to help existing agencies expand their programs and to help new ones organize in advance of July 1, 1966, when the benefit becomes available.

The network of existing agencies within which home health services can be expanded and developed include 1,700 State and local official health agencies, 700 visiting nurse associations, 50 combination agencies, and 100 multiservice agencies including 70 programs administered by hospitals. Many more are needed. At present, only about 16 percent of the aged who need this type of care are able to secure the service.

The basic service included in the health insurance home health services benefit is skilled nursing care. Agencies must also provide one or more therapeutic services to be certified as providers. Only a minimal number of the nursing organizations provide these other services: physical, speech, and occupational therapy; medical social service; and home health aid services. The accelerated development program will help agencies add these services to their armamentarium.

The characteristics of this home health program have special significance for investment in human resources as well as in economic benefits. This program in a sense is an antidote to the overproliferating hospitalization and institutional system. At the same time, the coordination by a single agency of a multiplicity of services for a patient at home should tend to give to home care some of the same qualities of excellence generally, if not always deservedly, attributed to hospital care. For the physician, his patient, or the patient's family, shopping throughout the community for the many services a patient at home is likely to need is so time consuming and difficult that it is likely to be self-defeating. Surveys of hospitals and extended care facilities repeatedly reveal patients who could be cared for in less costly surroundings.

Nursing Homes and Related Facilities.—The health insurance for the aged program will meet a small portion of the needs of older persons commonly referred to as nursing home care. The "extended care facility" benefit is designed to meet the immediate short-term post-hospital needs of older persons who still require inpatient medical or nursing care or rehabilitation services. The period during which the benefit is payable is limited.

Standards prescribed by law include 24-hour nursing service. Only a small percentage of institutions which the general public considers nursing homes will meet this standard. Thus, it is not the intent of the law to meet the long-term needs for institutional care of sick aged persons or the needs of well aged persons who may, because of infirmity, lack of relatives or other reasons, need domiciliary or custodial care. The Division will have a twofold purpose concerning nursing home care: (1) to assist with activities related to the health insurance