

to modify reimbursement from third-party agencies other than Health Insurance Benefits to cover these added costs and to adjust charges to reflect their higher costs.

3. If they cannot be accredited, their geriatric patient load will drop.

Home health services.—Public Law 89-97 introduces a new source of financial support to the field of services brought to the patient in his home. In so doing it will alter and expand the patient load that existing agencies have been serving as well as promoting the development of new home health agencies.

Health manpower.—Recent advances in medicine have resulted in marked changes in the structure of medical practice. Techniques and equipment for accurate diagnosis of illness and effective treatment have become increasingly numerous and complex. The technological achievements in medicine and the subsequent complex developments in the application of new knowledge have tended to increase specialization and fragmentation of medical practice. This, in turn, has led to an interdependence of a variety of personnel, including a multiplicity of paramedical professions. Diagnostic procedures now call for the services of medical laboratory and X-ray technicians as well as the physician and nurse. Effective disease prevention requires the services of the biostatistician, epidemiologist, sanitary engineer, and radiological health specialist, in addition to the physician, nurse, social worker, and public health worker. The country's expanding and aging population and the associated chronic illnesses require the combined services of the physician, professional and practical nurse, pharmacist, physical, speech and occupational therapist, home health aide, and social worker.

There are now about 3 to 4 million persons in the United States working in some aspect of health services in hospitals, clinics, health organizations, private offices, laboratories, and remaining places where medical and other health services are provided. Physicians, dentists, and professional nurses comprised two-fifths of the total in health occupations in 1960. Other professional health occupations with sizable employment are dietitians, pharmacists, hospital and dental laboratory technicians. Large numbers are also employed as practical nurses, aides, orderlies, and attendants.

The shortages in the supply of physicians, dentists, and nurses have been well documented. The supply of manpower in these areas can barely keep pace with the population growth, and the enactment of the health insurance program for the aged will impose additional demands.

It is generally recognized that increased and more effective use of auxiliary medical personnel will assist in the alleviation of current and projected shortages in the supply of key professional medical personnel.

10. *Economic classification of program expenditures.* (See table 2.)

Program: Direct operations, Bureau of State Services—Community Health (summary).

Department or agency, and office or bureau: Department of Health, Education, and Welfare; Public Health Service—Bureau of State Services (Community Health).