

Mr. STRATTON. No. My figures are that 85 percent of the patients in nursing homes today are receiving some sort of Federal help and they are in beds next to each other.

STAFF DIRECTOR. The response we received from the Department of Labor this morning indicates they made their ruling based on the wording of the contract, and that is that the contract says they shall receive minimal treatment, and that is less than others get. Can you explain the type of medical services you buy with your fee?

Mr. STRATTON. Yes. I will ask Dr. Haber to speak more precisely to this, but this was the thrust of our request to the Department of Labor for a ruling.

Dr. HABER. Mr. Chairman and Mr. Counsel, much has been made of the fact there were only intermittent medical needs required by these patients expressed in our contract, but we feel, we hope with justification, that there is a great deal of material we insist on relating to the quality of care under medical supervision which would seem to put this out of the range of the Service Contract Act in that it does not relate to custodial care. For one thing, we require of nursing nurse supervise the nursing staff of the patients. We require that medications and narcotics shall be properly stored and controlled, and locked and registered. We require that, although the nursing home may not in every instance supply X-ray and diagnostic services, that those services be available and that the nursing home have access to them in the community.

All of this seems to refute the idea that we are interested in custodial-type services. Custodial-type services would not have these various elements under medical supervision.

What we are trying to express is the fact that although this requires medical supervision it is probably less than is required in some hospitals. However, I submit the requirements we make here would suffice for many chronic-disease hospitals, and they would be the same as in many tuberculosis hospitals in which a physician did not see the patient every day nor did the hospitals have immediate access to some of the refinements of diagnostic equipment that we require. So this seems to refute the idea we are contracting for purely custodial care.

STAFF DIRECTOR. Do you have any idea that you are contracting for lesser care than medicare patients require?

Dr. HABER. No. I do not.