

nurses on all shifts.

So that it would seem that until the State agencies further define the staffing and types and levels of care to be provided under Title XIX (which most states are already in the process of doing) it will be impossible to determine how Intermediate Care Facilities should be treated.

However, it is abundantly clear from the above that the staffing, medical and nursing, and the care given in extended care facilities (under Title XIX) and skilled nursing homes (under Title XIX) is very similar and in most instances substantially the same as that rendered in hospitals.

IV. NURSING HOMES SUBJECT TO NATIONAL LABOR RELATIONS ACT AND FAIR LABOR STANDARDS ACT

Although non-profit hospitals (95% of all hospitals are non-profit) are exempt from the provisions of the National Labor Relations Act, as amended, nursing homes, whether profit or non-profit are not exempt. In fact, on November 16, 1967 in the *University Nursing Home Case*, 168 NLRB No. 53, the National Labor Relations Board asserted jurisdiction over all nursing homes having annual gross receipts of \$100,000 or more. This would take in all nursing homes with 20 beds or more. Proprietary hospitals (5% of the total) have a jurisdictional amount of

It is clear that nursing homes were intended by Congress not to be covered by the provisions of the Service Contract Act of 1965. It is conceded that hospital care supplied to government agencies was to be excluded.

Extended Care Facilities and skilled nursing homes offer substantially similar care by almost identical staffing patterns, namely, physicians, registered professional nurses, licensed practical nurses aide and orderlies as do hospitals.

The care contracted for by the Veterans Administration is short term chronic or convalescing care—not of a custodial type—similar to that rendered by hospitals.

Nursing homes are subject to the Fair Labor Standard Act. They are also subject to the jurisdiction of the National Labor Relations Board (NLRB). Ninety-five percent of the hospitals are not subject to the NLRB. The other 5% (proprie-

cate that only about 50% of the cases which met all other criteria for inclusion in the program, were classified into one of the six disease groups. It is apparent that classification of individual diagnoses into the six groups has not been done uniformly at all stations. We intend to study this problem and take prompt action to insure a more uniform interpretation of the law by all stations.

Inclusion of disease groups apparently has had a limiting effect on the program.