

Summary
Report of the Task Force on Health
Chairman: John T. Dunlop

The report notes the rapid expansion in health expenditures in recent years accompanied by sharp cost increases, and concludes that additional funds would only increase costs further rather than expanding the amount of service offered. Thus, the task force strongly recommends heavy emphasis on greater efficiency and productivity in health care through a variety of means.

The report includes recommendations in the following areas:

Medicaid: The report outlines five alternative approaches to Medicaid but does not recommend any specific approach.

Medicare: The task force feels that decisions on the financing, coverage, administration and methods of payment for Medicare should await resolution of the Medicaid question. Suggestions are offered for legislative amendments; an increased role for private enterprise, where this would reduce costs, is recommended for consideration.

The Poor: The report recommends that the delivery of health care for the poor be adapted to their specific needs and cultural patterns. Neighborhood Health Centers are suggested.

Organization and Administration: A Council of Health Advisers is recommended. The task force also feels that the Assistant Secretary (HEW) for Health and Scientific Affairs

should have responsibility for those health programs in HEW that are not now under his purview; that a separate Department of Health, or of Health and Welfare, be created; and that other internal changes be made.

Medical Manpower and Education: The task force members are divided on the question of whether new medical schools are needed or whether expansion of existing schools is a better route for increasing the supply of doctors. Support for expansion is also recommended for training dentists and nurses. Involvement of medical schools in the training of new types of paramedical personnel, such as the physician's assistant, is encouraged.

Licensing: The report urges increasingly high standards of licensing in the field of health care, but notes that licensing imposes a rigidity that should not be carried into law for those whose activities are not yet clearly defined.

Medical Education: A proposal for financing graduate medical education was offered by a sub-group of the task force.

Capital: It is urged that in spending money for new facilities, care be taken to improve the productivity of the health system. This is especially possible in health facility planning under HEW programs.

Research and Demonstration: The report notes that while much has been spent on biomedical research, very

little has been spent on health service research. HEW grants to providers of care, the tying of grants to medical schools to a commitment to participation in delivery-system research, and third-party grants to individual institutions are suggested.

Longer-range Special Problems: The report comments briefly on family planning for low-income women, environmental health, accidents, and drugs.