

Medical Care Outlays for Aged and Nonaged Persons, 1966-68

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THE MEDICARE PROGRAM was in full swing in its second year of operation—the year ending June 30, 1968. All of its benefits were available for the entire 12 months, more institutions providing care were available, and payment of bills was on a more nearly current basis. This article assesses the progress of Medicare in its second year toward meeting its goal of lessening for the aged the financial burden of the high cost of medical care. In addition, the article looks at the effect of Medicare on the outlays for and financing of health care for those under age 65. Estimates are presented for personal health care expenditures, distributed among two broad age groups—under age 65 and age 65 and over—by source of funds and by type of expenditure for the fiscal years 1966-68. The following highlights point up some of the findings:

—Personal health care expenditures from all sources amounted to \$46.7 billion in the fiscal year 1968. About one-fourth of this total was spent by or in behalf of the aged who made up only one-tenth of the total population.

—The average medical bill for each person aged 65 or over was \$590 in fiscal year 1968; it was \$195 for the person under age 65.

—Total personal health care expenditures were about 13 percent greater in the fiscal year 1968 than the amount spent in the previous year. Nevertheless, for the aged these outlays rose 21 percent, though they were only 10 percent higher for those under age 65.

—For the aged the financial burden of their high cost of hospital and medical care has been substantially reduced as a direct result of Medicare. In the year before the program started, \$7 out of \$10 of the aged person's medical bill had to be paid privately. Two years later only \$3 out of every \$10 came from private funds.

—In Medicare's second year, benefit payments under the program represented 45 percent of all personal health care expenditures of the aged during those 12 months.

—Medicare paid more than three-fifths of the aged's hospital expenditures, about the same proportion of their physicians' expenditures, and nearly one-fifth of

their nursing-home expenditures in fiscal year 1968.

—The implementation of the Medicaid program resulted in significant increases in public spending for persons under age 65—from \$5.4 billion in the fiscal year 1966 to \$7.6 billion 2 years later.

FINDINGS

The Nation's personal health care bill totaled \$46.7 billion in fiscal year 1968 (table 1).¹ Personal health care expenditures include all expenditures for health and medical care services received by individuals and exclude expenditures for medical-facilities construction, medical research, public health activities not of direct benefit to individuals (disease prevention and control), and some expenses of philanthropic organizations. Personal health care expenditures also exclude the net cost of insurance (the difference between health insurance premiums and benefits paid), as well as administrative expenses of several public programs.

The \$46.7 billion spent in the fiscal year 1968 represented an increase of nearly 13 percent over the previous year; there had been a 14-percent increase the year before. Medical care spending for the aged, however, has been rising at an even faster rate—about 20 percent a year, as shown below:

Age	Medical care expenditures				
	Amount (in millions)			Percentage increase from—	
	1966	1967	1968	1966 to 1967	1967 to 1968
Total.....	\$36,382	\$41,473	\$46,690	14.0	12.6
Under age 65.....	28,488	32,024	35,280	12.4	10.2
Age 65 and over.....	7,892	9,449	11,410	19.7	20.8

¹ Data for personal health care expenditures in fiscal years 1966-68 shown here are revisions of those published in the December 1968 issue of the *Social Security Bulletin*, page 24, as more current hospital and physician expenditure data have become available.

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TABLE 1.—Estimated personal health care expenditures, by type of expenditure, source of funds, and age, fiscal years 1966–68

[In millions]

Type of expenditure	1966			1967			1968		
	Total	Private	Public	Total	Private	Public	Total	Private	Public
All ages									
Total.....	\$36,382	\$28,510	\$7,871	\$41,473	\$29,150	\$12,323	\$46,690	\$31,034	\$15,655
Hospital care.....	14,159	9,000	5,159	16,737	8,735	8,002	19,472	10,034	9,438
Physicians' services.....	8,865	8,272	593	9,738	8,366	1,372	10,910	8,683	2,227
Other professional services ¹	4,008	3,926	82	4,422	4,271	151	4,791	4,523	268
Drugs and drug sundries.....	5,034	4,867	166	5,393	5,183	210	5,664	5,380	284
Nursing-home care.....	1,427	823	604	1,692	773	919	1,960	470	1,490
Other health services ²	2,889	1,622	1,267	3,491	1,822	1,669	3,893	1,944	1,949
Under age 65									
Total.....	\$28,488	\$23,080	\$5,408	\$32,024	\$25,325	\$6,699	\$35,280	\$27,634	\$7,646
Hospital care.....	10,837	7,279	3,558	12,593	8,391	4,202	14,020	9,484	4,536
Physicians' services.....	7,557	7,061	496	8,125	7,488	637	9,033	8,195	838
Other professional services ¹	3,611	3,548	63	3,945	3,844	101	4,265	4,078	187
Drugs and drug sundries.....	3,878	3,800	78	4,141	4,047	94	4,361	4,223	138
Nursing-home care.....	143	71	72	169	71	98	196	71	125
Other health services ²	2,462	1,321	1,141	3,051	1,484	1,567	3,405	1,583	1,822
65 years and over									
Total.....	\$7,892	\$5,430	\$2,460	\$9,449	\$3,825	\$5,624	\$11,410	\$3,401	\$8,009
Hospital care.....	3,322	1,721	1,601	4,144	344	3,800	5,452	550	4,902
Physicians' services.....	1,308	1,211	97	1,613	878	735	1,877	488	1,389
Other professional services ¹	397	378	19	477	427	50	526	445	81
Drugs and drug sundries.....	1,155	1,067	88	1,252	1,136	116	1,393	1,157	146
Nursing-home care.....	1,284	752	532	1,523	702	821	1,764	400	1,364
Other health services ²	426	301	125	440	338	102	488	361	127

¹ Includes expenditures for dentists' services and other professional services.

² Includes expenditures for eyeglasses and appliances and other health services.

Some of the recent increase in personal health care expenditures of the aged reflected the rise in medical care prices. About \$1.2 billion of the \$3.5 billion increase from fiscal year 1966 to fiscal year 1968 was the direct result of inflation—that is, rising costs or prices per unit of service. Population growth accounted for \$300 million of this 2-year increase. The remaining \$2 billion resulted from the growth in the per capita utilization of health services and supplies and the rising level and scope of services, as shown graphically in chart 1.

With expenditures for the aged rising about twice as fast as those of the nonaged, they have become an increasingly greater proportion of the total (table 2). In fiscal year 1966—the year before Medicare began—the share for the aged was almost 22 percent (\$7.9 billion); 2 years later it had reached more than 24 percent (\$11.4 billion). Much of this growth is attributable to greater utilization of health care services by the aged and the increased outlays since the Medicare program started.

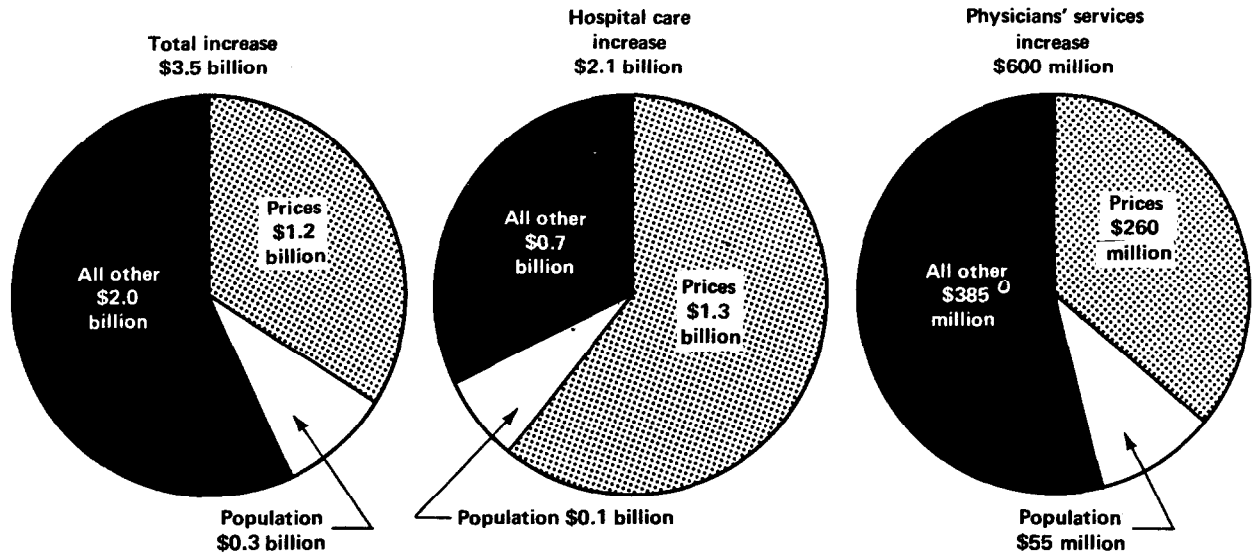
SOURCE OF FUNDS

With the advent of Medicare and Medicaid, (medical assistance), public funds have accounted for an increasingly larger share of the medical care expenditures of both age groups. In fiscal year 1966, public funds were the source of about 22 percent of the total; 2 years later the proportion had risen to 34 percent.

Expenditures for the Aged

Since the beginning of the Medicare program, the public sector has assumed a significantly larger portion of the burden of paying for personal health care services of the aged. In the year before Medicare began operations, public spending was 31 percent of the total for medical care of the aged. In Medicare's first year, the proportion had nearly doubled (60 percent); in fiscal year 1968 it reached 70 percent (chart 2). All Medicare expenditures are classified as out-

CHART 1.—Factors affecting increase in personal health care expenditures for the aged from fiscal year 1966 to fiscal year 1968



lays under public programs, including expenditures financed through the premium payments by aged persons who voluntarily enrolled in the supplementary medical insurance programs.

With Medicare's benefit outlays amounting to \$3.2 billion the first year and \$5.1 billion the next, this growth in public spending is not surprising. Medicare alone paid for 45 percent of the aged's total personal health care bill in fiscal year 1968 (table 3). In the first year Medicare's share was 34 percent. Several factors accounted

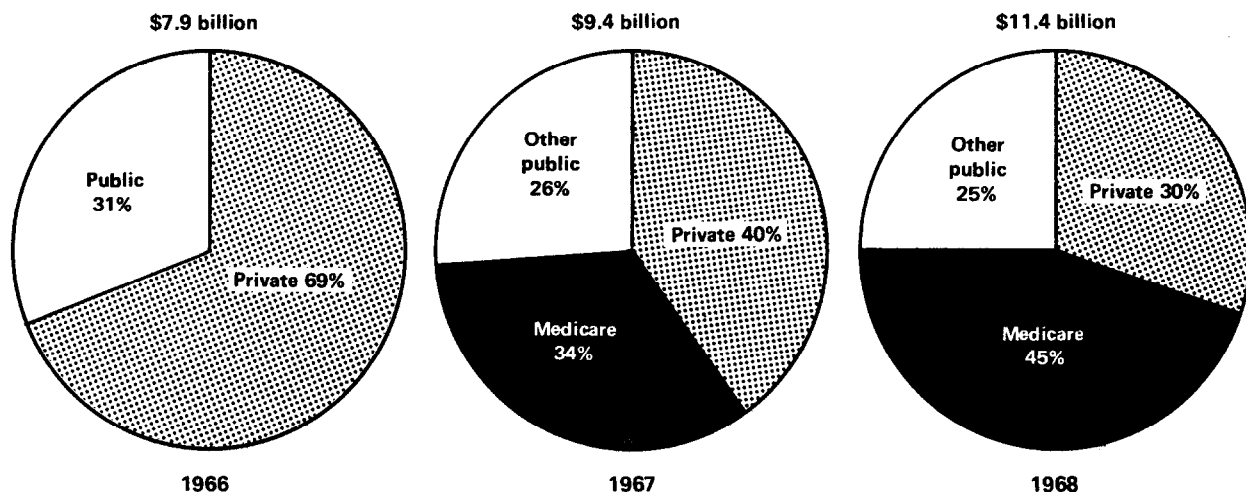
for the relatively smaller proportion covered by Medicare in its first year of operation, but the primary reason was the substantial lag in payments as the program got under way.

It is estimated that charges of about \$700 million were incurred (\$300 million for hospital insurance and \$400 million for supplementary medical insurance) for services provided and not paid for during fiscal year 1967. Relatively, the payment lag was substantially greater for supplementary medical insurance, where unpaid incurred

TABLE 2.—Estimated amount and percentage distribution of personal health care expenditures, by source of funds and age, fiscal years 1966-68

Source of funds	1966			1967			1968		
	All ages	Under age 65	65 years and over	All ages	Under age 65	65 years and over	All ages	Under age 65	65 years and over
Amount (in millions)									
Total.....	\$36,382	\$28,488	\$7,892	\$41,473	\$32,024	\$9,449	\$46,690	\$35,280	\$11,410
Private.....	28,510	23,080	5,430	29,150	25,325	3,825	31,034	27,634	3,401
Public.....	7,871	5,408	2,462	12,323	6,699	5,624	15,655	7,646	8,009
Percentage distribution by age									
Total.....	100.0	78.3	21.7	100.0	77.2	22.8	100.0	75.6	24.4
Private.....	100.0	81.0	19.0	100.0	86.9	13.1	100.0	89.0	11.0
Public.....	100.0	68.7	31.3	100.0	54.4	45.6	100.0	48.8	51.2
Percentage distribution by source of funds									
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private.....	78.4	81.0	68.8	70.3	79.1	40.5	66.5	78.3	29.8
Public.....	21.6	19.0	31.2	29.7	20.9	59.5	33.5	21.7	70.2

CHART 2.—Distribution of personal health care expenditures for the aged, by source of funds, fiscal years 1966, 1967, and 1968



amounts represented 60 percent of the benefit payments, than for hospital insurance where the lag was 12 percent of the outlays. For these unpaid amounts during the first year of operations, payments were made in the following year.

Some payments lags have continued, but the paying in one year of some of the expense incurred during the previous year should substantially counterbalance the lags developing in that year. It was only in the early months of the new program, when there were no claims

from a previous year to be paid, that the lagging had a significant impact.

The effect of these lags in benefit payments under Medicare is comparable to the situation with respect to private health insurance benefit payments, where charges for hospital and medical benefits are incurred in one period and paid at a later time. The national health expenditure series published by the Social Security Administration is based on actual outlays. Recording private and public health insurance benefit pay-

TABLE 3.—Estimated amount and percentage distribution of personal health care expenditures for the aged, by type of expenditure and source of funds, fiscal years 1967 and 1968

Type of expenditure	1967					1968				
	Total	Private	Public			Total	Private	Public		
			Total	Medicare ¹	Other			Total	Medicare ¹	Other
Amount (in millions)										
Total.....	\$9,449	\$3,825	\$5,624	\$3,172	\$2,452	\$11,410	\$3,401	\$8,009	\$5,126	\$2,883
Hospital care.....	4,144	344	3,800	2,406	1,394	5,452	550	4,902	3,414	1,488
Physicians' services.....	1,613	878	735	626	109	1,877	488	1,389	1,291	98
Other professional services ²	477	427	50	22	28	526	445	81	54	27
Drugs and drug sundries.....	1,252	1,136	116	116	116	1,303	1,157	146	146	146
Nursing-home care.....	1,523	702	821	100	721	1,764	400	1,364	330	1,034
Other health services ³	440	338	102	17	85	488	361	127	38	89
Percentage distribution										
Total.....	100.0	40.5	59.5	33.6	25.9	100.0	29.8	70.2	44.9	25.3
Hospital care.....	100.0	8.3	91.7	58.1	33.6	100.0	10.1	89.9	62.6	27.3
Physicians' services.....	100.0	54.4	45.6	38.8	6.8	100.0	26.0	74.0	68.8	5.2
Other professional services ²	100.0	89.5	10.5	4.6	5.9	100.0	84.6	15.4	10.3	5.1
Drugs and drug sundries.....	100.0	90.7	9.3	9.3	9.3	100.0	88.8	11.2	11.2	11.2
Nursing-home care.....	100.0	46.1	53.9	6.6	47.3	100.0	22.7	77.3	18.7	58.6
Other health services ³	100.0	76.8	23.2	3.9	19.3	100.0	74.0	26.0	7.8	18.2

¹ Includes premium payments under the supplementary medical insurance program.

² Includes expenditures for dentists' services and other professional services.

³ Includes expenditures for eyeglasses and appliances and other health services.

TABLE 4.—Estimated amount and percentage distribution of personal health care expenditures under public programs, by program and age, fiscal years 1966-68

Program	1966			1967			1968		
	All ages	Under age 65	65 years and over	All ages	Under age 65	65 years and over	All ages	Under age 65	65 years and over
Amount (in millions)									
Total	\$7,871	\$5,408	\$2,463	\$12,323	\$6,699	\$5,624	\$15,655	\$7,646	\$8,009
Health insurance for the aged				3,172		3,172	5,126		5,126
Temporary disability insurance (medical benefits)	54	54		54	54		53	53	
Workmen's compensation (medical benefits)	630	602	28	700	668	32	770	740	30
Public assistance (vendor medical payments)	1,714	541	1,174	2,408	1,125	1,284	3,511	1,780	1,731
General hospital and medical care	2,720	2,003	718	2,702	1,886	816	2,551	1,795	755
Defense Department hospital and medical care	1,106	1,083	22	1,430	1,387	43	1,589	1,542	48
Maternal and child health services	260	260		310	310		342	342	
School health programs	135	135		140	140		146	146	
Veterans' hospital and medical care	1,155	636	519	1,237	965	272	1,358	1,045	312
Medical vocational rehabilitation	48	47	1	67	66	1	100	98	2
Office of Economic Opportunity	48	46	2	103	98	5	111	106	5
Percentage distribution									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Health insurance for the aged				25.7		56.4	32.7		64.0
Temporary disability insurance (medical benefits)	.7	1.0		.4	.8		.3	.7	
Workmen's compensation (medical benefits)	8.0	11.1	1.2	5.7	10.0	.6	4.9	9.7	.4
Public assistance (vendor medical payments)	21.8	10.0	47.7	19.5	16.8	22.8	22.4	23.3	21.6
General hospital and medical care	34.6	37.0	29.1	21.9	28.2	14.5	16.3	23.5	9.4
Defense Department hospital and medical care	14.0	20.0	.9	11.6	20.7	.8	10.2	20.2	.6
Maternal and child health services	3.3	4.8		2.5	4.6		2.2	4.5	
School health programs	1.7	2.5		1.1	2.1		.9	1.9	
Veterans' hospital and medical care	14.7	11.8	21.1	10.0	14.4	4.8	8.7	13.7	3.9
Medical vocational rehabilitation	.6	.9	(¹)	.5	1.0	(¹)	.6	1.3	(¹)
Office of Economic Opportunity	.6	.9	(¹)	.8	1.5	.1	.7	1.4	.1

¹ Less than 0.05.

ments on an expenditure rather than incurred basis is consistent with the conceptual framework of the overall expenditure data.

Other factors contributing to Medicare's smaller share of the total during its first year were the availability of extended-care benefits for only half the year (they began January 1, 1967) and the application of the entire \$50 deductible under supplementary medical insurance for only a 6-month period in calendar year 1966. The \$50 deductible is applied on a calendar-year basis; therefore, before Medicare could pay benefits during its first year of operation, the \$50 deductible had to be met from July to December 1966 and then essentially all over again from January to June 1967.² On July 1, 1967, the beginning of the new fiscal year, enrollees already had 6 months in which to incur expenses towards meeting their deductible.

Though Medicare's contribution to financing medical care of the aged has continued to rise,

² A carryover provision permits any expenses incurred by an individual in the last 3 months of a calendar year and applied to the deductible for that year to be carried over and applied to the deductible for the next calendar year.

the contribution of other public programs has not lessened but has been maintained at about the same level—one fourth of the total (table 3). The bulk of this effort has come from public assistance, primarily Medicaid. About \$1.7 billion, or three-fifths of the total outlays (\$2.9 billion) for medical care for the aged from public programs other than Medicare, came from public assistance (table 4). In addition, expenditures of about \$755 million represented outlays for public general hospital and medical care, essentially State and local government expenditures in their mental hospitals.

The large Medicare outlays combined with other public fiscal effort have resulted in a considerably lessened burden on the private sector, reducing the proportion contributed—from about seven-tenths of the total in fiscal year 1966 to three-tenths of the fiscal year 1968 total.

Expenditures for the Nonaged

The growing public role in financing health care has not been confined to the aged population.

Medicare, in fact, has freed some of the public health care dollars previously spent for the aged. Public medical care spending for persons under age 65 rose from \$5.4 billion in the fiscal year 1966 to \$6.7 billion in the next year and up to \$7.6 billion in fiscal year 1968.

Spending by the private sector for this population group has also been on the rise but at a slightly slower pace. As a result, private outlays as a proportion of the total amount spent for persons under age 65 have decreased from 81 percent in 1966 to 78 percent 2 years later.

The largest surge in public spending for the nonaged has come from the Medicaid program. Vendor medical payments under public assistance (primarily Medicaid) for those under age 65 jumped 229 percent in the 1966-68 period—from about \$500 million to nearly \$1.8 billion.

Expenditures for public general hospital and medical care of the age group under 65 decreased from \$2.0 billion in fiscal year 1966 to \$1.8 billion 2 years later. Part of this decline reflects a shift to Medicaid of a large part of the outlays for

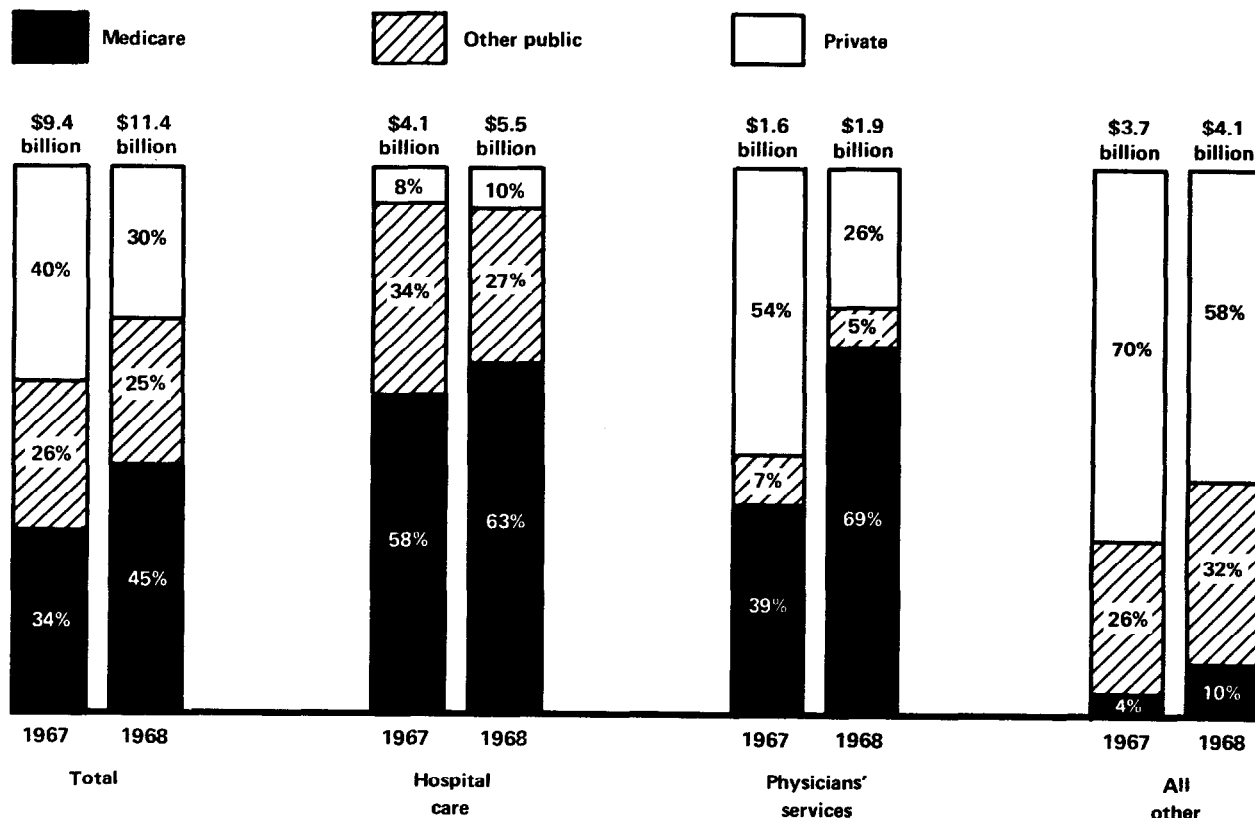
hospital care that were formerly the full responsibility of State and local government.

Except for medical benefits under temporary disability insurance, which remained about the same in the 3 years 1966-68, substantial increases were reported in outlays for the group under age 65 by the Department of Defense, the Veterans Administration, the Rehabilitation Services Administration, and the Office of Economic Opportunity.

TYPES OF EXPENDITURE

The largest single item of personal health care expenditure is for hospital care. In the fiscal year 1968, \$19.5 billion (42 percent of the total) went for this purpose; slightly more than half—52 percent—was financed privately. For physicians' services—the second largest component of personal health care spending (23 percent)—a significantly larger share is financed from private sources. Of the \$10.9 billion expended for these

CHART 3.—Distribution of personal health care expenditures for the aged, by type of expenditure and by source of funds, fiscal years 1967 and 1968



services, \$8.7 billion or four-fifths were private outlays. The financing of these two major components of health care, however, differs substantially according to the age group served.

Expenditures for the Aged

Hospital care expenditures are also by far the largest item of health expenditure for the aged, comprising 48 percent of the total in fiscal year 1968. From the year before Medicare to the program's second year, expenditures for this item rose \$2.1 billion. The bulk of the increase—\$1.3 billion—came from the rise in prices as measured by the hospital daily-service-charges component of the medical care price index of the BLS. About \$147 million of the increase reflected the growth in the aged population; the remaining \$682 million resulted from greater utilization of services and the changes in the level and scope of services (chart 1).

Hospital care of the aged is financed primarily through public funds. In fiscal year 1968, \$4.9 billion or nine-tenths of the \$5.5 billion total for hospital care expenditures for the aged came from the public sector, primarily Medicare (table 3). In the program's second year, it paid \$3.4 billion or 63 percent of the hospital bill for the aged. This proportion was only 58 percent during the first year because of the substantial lags in payments at the beginning of the program (chart 3).

More than a fourth (\$1.5 billion) of the hospital bill for the aged came from public funds other than Medicare: Medicaid payments of deductibles and coinsurance amounts, State and local outlays for mental hospital care of the aged, and Veterans Administration outlays for this purpose.

Medicare also paid a sizable share of the physician bill for those aged 65 and over. Nearly seven-tenths of the \$1.9 billion expended for physicians' services for that age group came from Medicare. With these funds and those from other public programs (5 percent) nearly three-fourths was financed publicly. In the fiscal year 1967, Medicare's share (39 percent) was considerably less.

These two primary components of the aged health care bill amounted to \$7.3 billion in fiscal year 1968, or nearly two-thirds of the total. With

the advent of Medicare, the burden on the private sector for these major items has been shifted largely to the public sector. In the fiscal year 1968, Medicare paid 64 percent of these expenditures, other public programs financed 22 percent, and the private sector was responsible for only 14 percent.

The third largest health expenditure for the aged is for nursing-home care, which totaled \$1.8 billion in fiscal year 1968. Medicare has been playing an increasing role in this area of health care, too. In the preceding year, extended-care benefits under Medicare (classified as nursing-home care expenditures) were available for only 6 months and Medicare payments amounted to about \$100 million. The following year, Medicare payments had more than tripled to \$330 million and the share paid by the program reached 19 percent. With other public programs (Medicaid and those of the Veterans Administration) contributing 58 percent, the private sector's share was only 23 percent.

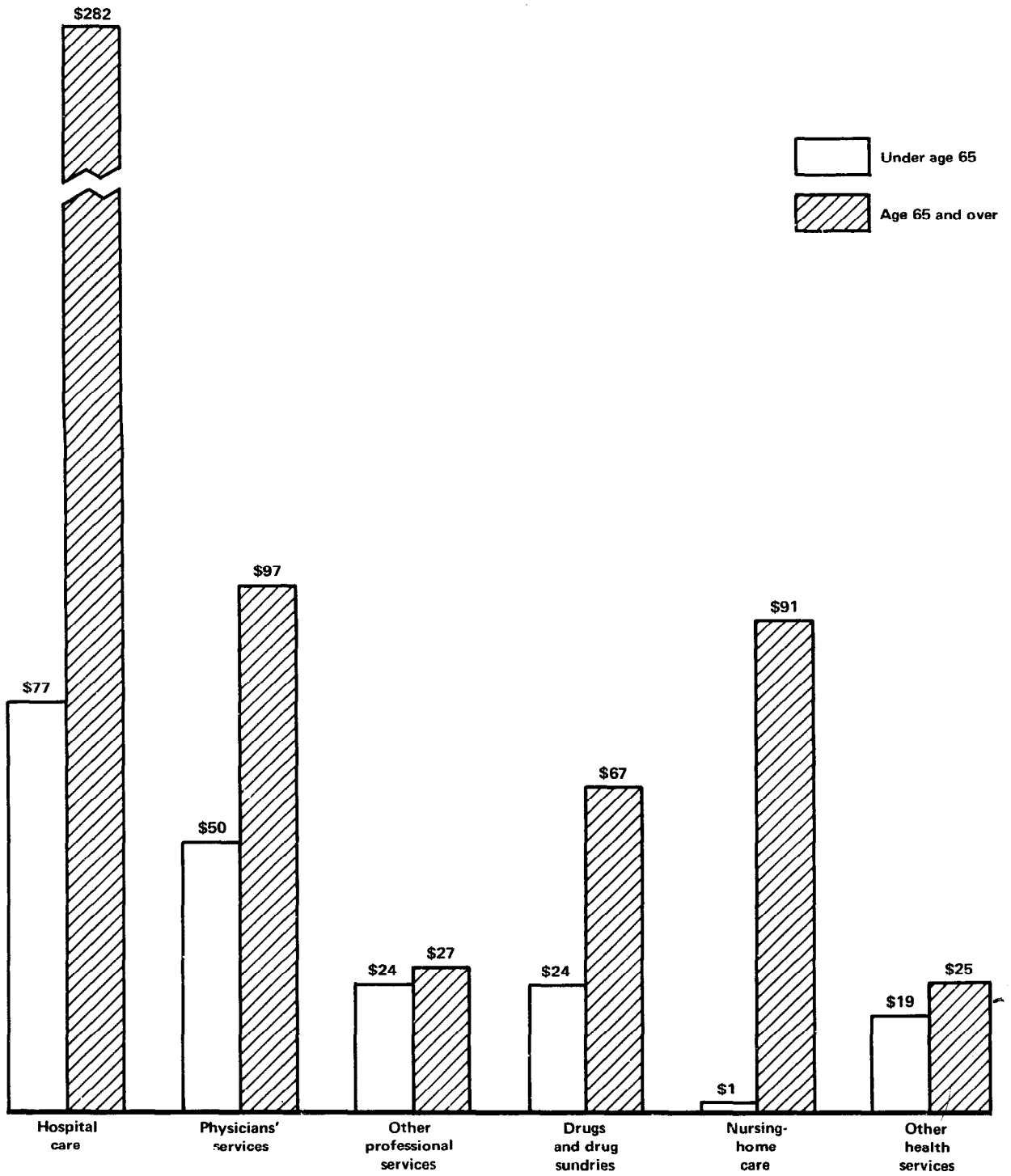
For other personal health care services and supplies (dentists, nurses, therapists, drugs, eyeglasses, appliances, etc.) the private sector still bears a large portion of the burden of the bill for the aged. Private outlays in the fiscal year 1968 constituted 85 percent of the total (\$2.3 billion) for these services and supplies.

Expenditures for the Nonaged

For those under age 65 as for the aged, hospital care is the largest personal health expenditure item. It represents two-fifths of their total medical bill, with a substantial share financed from public funds. Public outlays in the fiscal year 1968 accounted for nearly one-third of the total hospital expenditures for those who have not reached age 65. For this population group, services of physicians and other professionals and drugs and drug sundries are financed mainly from private sources. Public outlays financed only 9 percent of total physician expenditures, 4 percent of the expenditures for other professional services, and 3 percent of the total for drugs and drug sundries. Expenditures for nursing-home care of persons under age 65 amounted to \$196 million in fiscal year 1968, with two-thirds from public funds—mainly from public assistance programs.

Comparison of expenditures for the age group

CHART 4.—Estimated per capita personal health care expenditures, by type of expenditure and age group, fiscal year 1968



under 65 shows increases for each type of expenditure from 1966 to 1968. In both aggregate and relative terms, the largest increases were registered for hospital care. In fiscal year 1966, hospital care expenditures amounted to \$10.8 billion; by 1968 they had increased to \$14.0 billion, or 29 percent.

Outlays for physicians' services also rose substantially—from \$7.6 billion in fiscal year 1966 to \$9.0 billion in fiscal year 1967.

PER CAPITA EXPENDITURES

The average person in the United States had a personal health care bill of \$233 in fiscal year 1968. The bill for the average aged person was about three times that of the younger person—\$590, compared with \$195 (table 5). Medicare and other public programs subsidize much of this high medical bill of the aged person. Nevertheless, the amount paid privately by the aged remains higher per capita (\$176) than the amount paid by the nonaged (\$153).

As chart 4 graphically portrays, the differential

between the aged and nonaged varies considerably by type of expenditure. Per capita hospital care expenditures for the aged—\$282 in fiscal year 1968—are more than three and one-half times that of persons under age 65 (\$77), but per capita expenditures for physicians' services for the aged (\$97) are only about twice those for the younger group (\$50).

For other professional services, including dentists' services, the average expenditure per person is close for the two age groups (between \$24 and \$27). The higher dental expenditures for the younger person offset the higher expenditures for the aged person for services of private-duty nurses, physical therapists, and other medical professionals. For drugs and drug sundries, average expenditures for those aged 65 and over are two and three-fourths times as high as the amount spent for the younger group (\$67 and \$24, respectively). The widest disparity is found in the area of nursing-home care, for which \$91 was spent for the average aged person during fiscal year 1968, but only about \$1 per person under age 65.

TABLE 5.—Estimated per capita personal health care expenditures, by type of expenditure, source of funds, and age, fiscal years 1966-68

Type of expenditure	1966			1967			1968		
	Total	Private	Public	Total	Private	Public	Total	Private	Public
All ages									
Total.....	\$185.75	\$145.56	\$40.19	\$209.34	\$147.14	\$62.20	\$233.16	\$154.98	\$78.18
Hospital care.....	72.29	45.95	26.34	84.48	44.09	40.39	97.24	50.11	47.13
Physicians' services.....	45.26	42.23	3.03	49.15	42.23	6.93	54.48	43.36	11.12
Other professional services ¹	20.46	20.04	.42	22.32	21.56	.76	23.93	22.59	1.34
Drugs and drug sundries.....	25.70	24.85	.85	27.22	26.16	1.06	28.28	26.87	1.42
Nursing-home care.....	7.29	4.20	3.08	8.54	3.90	4.64	9.79	2.35	7.44
Other health services ²	14.75	8.28	6.47	17.62	9.20	8.42	19.44	9.71	9.73
Under age 65									
Total.....	\$160.74	\$130.22	\$30.51	\$178.76	\$141.37	\$37.39	\$195.00	\$152.74	\$42.26
Hospital care.....	61.15	41.07	20.08	70.30	46.84	23.46	77.49	52.42	25.07
Physicians' services.....	42.64	39.84	2.80	45.35	41.80	3.56	49.93	45.29	4.63
Other professional services ¹	23.37	20.02	.36	22.02	21.46	.56	23.57	22.54	1.03
Drugs and drug sundries.....	21.88	21.44	.44	23.12	22.59	.52	24.10	23.34	.76
Nursing-home care.....	.81	.40	.41	.94	.40	.55	1.08	.39	.69
Other health services ²	13.89	7.45	6.44	17.03	8.28	8.75	18.82	8.75	10.07
65 years and over									
Total.....	\$423.62	\$291.47	\$132.15	\$498.21	\$201.68	\$296.53	\$590.40	\$175.98	\$414.42
Hospital care.....	178.31	92.38	85.94	218.50	18.14	200.36	282.11	28.46	253.65
Physicians' services.....	70.21	65.00	5.21	85.05	46.29	38.75	97.12	25.25	71.87
Other professional services ¹	21.31	20.29	1.02	25.15	22.61	2.64	27.22	23.03	4.19
Drugs and drug sundries.....	62.00	57.27	4.72	66.01	59.90	6.12	67.42	59.87	7.55
Nursing-home care.....	08.92	40.36	28.56	80.30	37.01	43.29	91.28	26.70	70.58
Other health services ²	22.87	16.16	6.71	23.20	17.82	5.38	25.25	18.68	6.57

¹ Includes expenditures for dentists' services and other professional services.

² Includes expenditures for eyeglasses and appliances and other health services.