Time Stream

Flexner to Medicare

1899

• Association of Hospital Superintendents (later the American Hospital Association, AHA) founded in Cleveland.

1906

• American Association for Labor Legislation (AALL) founded under the leadership of John B. Andrews

1910

• Abraham Flexner reported a study of medical education which he had done with the assistance of the American Medical Association (AMA). The study had been commissioned by the Carnegie Foundation for the Advancement of Teaching and proved to be a turning point in American medicine.

• The AALL advocated compulsory state health insurance paralleling state workmen's compensation. A model, or standard, law was drafted.

• The AMA reacted favorably to compulsory state health insurance.

1912

• Theodore Roosevelt, former president of the United States, campaigned for the presidency as the candidate of the Progressive, or "Bull Moose," party against Democrat Woodrow Wilson, president of Princeton University, and William Howard Taft, the Republican incumbent. Roosevelt advocated many social reforms, including "health insurance for industry," the first time any major presidential candidate had endorsed health insurance.

1916

• The AMA social insurance committee recommended compulsory state health insurance.

1918

• California voters voted down a state health insurance plan.

1919

Uniform accounting was mandated for Ohio hospitals in order to obtain audited cost data for payments to hospitals under workmen's compensation.
The New York legislature defeated a health insurance bill.

1920

The AMA opposed government health insurance.
In the 1920s, industrial productivity was up, but wages were not up in proportion; medical education was improved; medical costs were up substantially; there was growth in specialization among physicians; and prepaid hospitalization plans were developing.

1921

• The Sheppard-Towner Act provided federal subsidy for maternal and child health programs

1922

• Insulin as a treatment for diabetes was discovered by two Canadian scientists, Frederick Banting and William Best.

1923

• John R. Mannix at Mount Sinai Hospital, Cleveland, moved toward an inclusive daily rate by including laboratory charges in the room rate for an additional 50ϕ

1924

• Dr. Morris Fishbein became editor of the Journal of the American Medical Association (JAMA).

1926

• Inclusive rates for maternity and tonsillectomy cases were established at *Elyria (Ohio) Hospital by John R. Mannix.*

1927

• The Committee on the Costs of Medical Care (CCMC) began a five-year study of medical and hospital care in the United States.

1928

• Penicillin was discovered by Sir Alexander Fleming in England, thus opening the way for antibiotic therapy.

1929

• A prepaid hospital care insurance plan was established at Baylor University Hospital in Dallas. The plan has often been referred to as a forerunner of Blue Cross, even though it was restricted to one hospital.

• The Sheppard-Towner Act was allowed to expire.

• I.S. Falk took over as research director of the CCMC.

• The stock market crashed on October 29, marking the end of the

prosperity of the 1920s and, in a sense, the beginning of the Great Depression.

1930

• Prepayment rates for hospital care (25¢ a week, \$13.00 a year) were recommended by John R. Mannix.

1932

• University Hospitals, Cleveland, set an all-inclusive rate.

• Prontosil, the first sulfonamide drug to be used against bacterial infections, was introduced in Germany.

• The AHA council on community relations looked at regions developing prepaid hospitalization plans.

• Dr. Sidney R. Garfield furnished prepaid per capita medical and hospital care to employees of firms constructing an aqueduct and canal project across the California desert (1933-1938). This was the forerunner of the Kaiser-Permanente Medical Care Program.

• The CCMC in its final report recommended that: medical service be furnished by organized groups of physicians and other health personnel; basic public health services be extended; medical services be studied, evaluated, and coordinated; professional education be enhanced; and group payment be instituted for the costs of medical care. A minority report recommended that government activities in medicine be restricted to the care of the indigent, to the care of those with diseases that require institutional care, to the promotion of public health, to the care of military personnel and certain other government employees, and to the care of veterans. The minority wanted the general practitioner in a central position, and it opposed the corporate practice of medicine.

• The AHA approved the concept of voluntary hospital insurance.

• The Federal Emergency Relief Administration (FERA) indirectly provided money for limited medical care for the needy.

• The American College of Hospital Administrators was formed with 108 charter members, one-third of them physicians.

1934

• Harry Hopkins, administrator of FERA, announced April 13 that there were 4.3 million families on relief.

• A master's degree program in hospital administration was started at the University of Chicago by Michael M. Davis after he convinced Robert Maynard Hutchins that the program was more than a vocational course.

• Father Charles Coughlin of Royal Oak, Michigan, "the radio priest," organized the National Union for Social Justice.

• Upton Sinclair, writer and candidate for governor of California, promoted EPIC, a plan to "end poverty in California."

• Huey P. Long (D-La.) presented the U.S. Senate with his "Share the Wealth" program—"Every Man a King."

• Dr. Francis E. Townsend of California proposed the Old Age Revolving Pension Plan to solve the economic problems of the country.

• The Committee on Economic Security was appointed by President Franklin Roosevelt from members of his cabinet to address problems of economic security and to make recommendations for a program of legislation.