

once: "They have been developing for years, and it may take years to eliminate them completely."

Several of the committee's recommendations are summarized in the following paragraphs:

- Every health-service institution shall be included in the jurisdiction of an areawide health-service planning agency and shall submit an annual institutional service plan to the areawide agency.
- Every areawide agency shall publish an areawide plan for health services.
- Each state health department shall have a single agency responsible for the licensing and regulation of all health-care institutions and shall require prior review and approval of any change in physical facilities which significantly affects the program of any health-care institution. Approval of state plans for prior review and approval of changes in health facilities by the HEW

Secretary shall be required for federal health-facility grants.

- As a condition for receiving federal funds, every health-care institution shall prepare a detailed budget and a plan for services for the coming year. The institution's medical staff and trustees are to be involved with the submission of this plan.

- Each state shall have an agency with specific responsibility for setting up a system for accumulating and publishing detailed information on the operations of health-care institutions.
- Federal financing for health services shall be authorized only in states which require noncancelability of all health prepayment and insurance policies.

- The HEW Secretary shall establish a committee to recommend a procedure and time table requiring a minimum range of benefits for health prepayment plans and insurance policies, including

inpatient hospital services, outpatient ambulatory services, extended-care services, home-care programs, and physicians' services in and out of hospitals.

- Congress shall authorize a system of federally insured borrowing for capital purposes by health-care institutions, similar to the federal housing administration loan program. Such borrowing is to be in addition to existing federal grants and loans, and with a limit of 80 percent of the total project cost for the aggregate of grants and borrowed funds.
- Reimbursement to all hospitals and, where possible, to other health-care institutions having third-party contracts shall be based on rates negotiated and agreed to annually between the third parties and the participating health-care institutions.

The obvious implication of many of these recommendations is a greater federal and state influence over the nation's hospitals than at present. On the part of the federal government, this desire to influence health services toward greater efficiency can perhaps be understood when one considers the increasing federal role in the payment of medical services, especially through Medicare and Medicaid. As President Johnson stated in his recent Health Message to Congress: "It is appropriate that the Government—which pays more than 20% of the nation's medical bill—take the lead in stemming soaring medical costs."

Although the committee on hospital effectiveness was near-unanimous in its recommendations, there was some dissatisfaction within the group. One of the two members who expressed partial disagreement was Scott Fleming of the Kaiser Foundation Health Plan who said: "Though not so intended by the committee, the combination of governmental control, franchising and free governmental financing is a fair blueprint for evolving a nationalized health-care system. I dissent."

Philip R. Lee, HEW Assistant Secretary for Health and Scientific Affairs, is scheduled to complete review of the report by the end of April. There is no reason to believe that HEW, which created the committee, will express dissatisfaction with the general tenor of the recommendations. From all indications, the committee's report will play a key role in determining the Administration's strategy in its current major effort to refocus the activities and expenditures of the federal government in dealing with the nation's hospitals.

—BRYCE NELSON

Heart Transplants: NAS Board Proposes Criteria

The primary justification for heart transplants is the creation of new scientific knowledge rather than benefit to recipients, the National Academy of Sciences' Board on Medicine declared in a statement issued on 28 February. Institutions considering performing heart transplants are urged to proceed cautiously and to set meticulous scientific standards for the selection of donors and recipients, and for following up the recipient throughout his lifetime. The board asked institutions which might be prepared to perform heart transplants from a surgical viewpoint, but which lack specific capabilities for intensive long-range scientific observations, not to undertake the operations since "only a relatively small number of careful investigations involving cardiac transplantation need be done at this time." The statement also said that, although medical knowledge of transplants is sufficient to justify human cardiac transplants, the extension of such operations "to man is itself an investigative process." However, heart transplants, "in contrast to the transplant of a paired organ," raise new and complex problems. The report said the most serious are that "the life of the donor cannot be maintained" and that "the recipient's life cannot be salvaged if the transplanted heart does not function. Highly important is the fact that the length of time that the recipient can survive is as yet conjectural . . . the procedure cannot as yet be regarded as an accepted form of therapy. . . . It must be clearly viewed for what it is, a scientific exploration of the unknown, only the very first step of which is the actual surgical feat of transplanting the organ."

The board recommended that heart transplants be made in institutions which can meet stringent criteria, including an injunction that the surgical team have "extensive laboratory experience in cardiac transplantation." Regarding the selection of donors and recipients, the board said that a "group of expert, mature physicians—none of whom is directly engaged in the transplantation effort—should examine the prospective donor," and that the group should agree unanimously on the donor's acceptability.

The board's statement was somewhat unusual for a National Academy body in that it was initiated by the board itself rather than at the request of a federal agency.—K.S.