

Medicine and the state in the 20th century: poverty, insurance and socialized care

In Europe and Great Britain:

1883	Bismark, Chancellor of the German Empire, introduced compulsory health insurance for factory workers. Provided medical care and cash benefits for wages lost through illness.
1884	Bismark introduced legislation for accident insurance, designed to protect the worker's family after work-related accidents.
1889	Bismark introduced legislation funding old-age and invalid insurance for German citizens.
1888	Compulsory sickness insurance in Austria
1891	Compulsory sickness insurance in Hungary
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1909	Compulsory sickness insurance in Norway
1911	National Health Insurance Act passed in Great Britain
1912	Compulsory sickness insurance in Russia
1913	Compulsory sickness insurance in the Netherlands

WW I: 1914-1919

WW II: 1939-1945

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1948	National Health Service in Great Britain established by the post-war Labor government, administered through the Ministry of Health. Provided access to medical services, including hospitalization, for all citizens

In the United States

WW I: 1914-1919

1915	The American Association for Labor Legislation Committee on Social Insurance presented a draft bill for compulsory health insurance for workers that would be funded by contributions from the worker, the employer and the government. Initially had AMA support.
1919	The AMA officially opposed any compulsory health insurance plans and any private plans organized around group practice.
1926-32	Committee on the Costs of Medical Care, an independent group of physicians, economists, public health experts, insurance company representatives. Came out in favor of voluntary--not compulsory--insurance plans. Discouraged any system that led to competition between practitioners for patients.
1935	Social Security Act: provisions for a) unemployment and b) old-age pensions. Discussion of health insurance tabled.

WW II: 1939-1945

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1946	Hospital Survey and Construction Act (the Hill-Burton program) put federal money into building hospitals throughout the United States. The Act included a provision that hospitals receiving federal funds had to provide a proportion of services to those unable to pay.
1965	Medicare: subsidizing hospitalization and medical costs for the elderly (linked to Social Security); Medicaid: expanded assistance to states in providing medical care for the poor.