

Prosthetic and Orthotic Support—The 1982 Budget

The past year has seen a series of legislative successes by the Reagan Administration in its efforts to reduce the federal budget. The budget for the current fiscal year totals roughly \$720 billion of which almost \$270 billion will go for defense and interest on the national debt. It is estimated that almost four out of five of the remaining dollars will go for entitlement programs. The balance comprises the part often referred to as the controllable budget and includes items such as high wages, veterans hospitals and medical research.¹ The experts at this point have been unable to fully sort out the impact of the proposed cuts but it is estimated that almost \$20 billion will be in health and human service programs. The cuts will not stop here as the Administration in September proposed another 12 per cent reduction in human services to offset the extra \$25 billion budget deficiency caused by the personal income tax cut.² One does not have to be an economist to realize that the proposed changes will fundamentally alter the scope of federal programs, particularly health and human services.

It also becomes apparent that prosthetic and orthotic services as well as training, research, and development in those areas will be affected. Historically, the level of federal involvement and support has been substantial when one considers that laboratories engaging in prosthetic-orthotic research were operated by the Army, the Navy and the Veterans Administration. The Veterans Administration alone and in parallel with other agencies has supported a number of projects with universities, industrial laboratories, and in recent years has sponsored intramural projects in Veterans Administration Medical Centers. The office of Vocational Rehabilitation and its successor, the National Institute of Handicapped Research, (NIHR), supported Rehabilitation Engineering Centers and projects throughout the United States.

The budget reconciliation process has been utilized in the Congress to fashion this new reduction of the federal role. Funds administered through the NIHR vitally affecting prosthetic and orthotic research and training have been exposed to this budgetary process. The Appropriation Committees of the House and the Senate have reviewed this aspect of the budget.

The programs for crippled children, which reach many children requiring prosthetic and orthotic devices, have not escaped budget cuts. Maternal and Child Health (MCH) and Crippled Children's Services (CC) have been consolidated into a block grant to the states under Title V of the Social Security Act. Included in this particular block grant are: supplemental

security income for disabled children; lead-based paint poisoning prevention; sudden infant death syndrome; hemiplegia treatment centers, and adolescent pregnancy. The House-Senate Conference agreement currently under the continuing resolution provides for an authorization of \$347.5 million for fiscal 1982 for the MCH block grant. This amount is 25 per cent less than the 1981 appropriation of \$456.2 million. It is hoped that support will continue for valuable programs presently funded at least in part at CAPP in Los Angeles, the Area Wide Amputee Center in Grand Rapids, and at New York University. Presently there are five projects funded at a level of \$1.3 million. It is proposed to accomplish a reduction of 77 percent to a level of \$300,000 in fiscal 1982. These projects, considered an aspect of technology transfer, constitute an activity of vital national concern. A reduction of this magnitude (77 percent) will substantially impair the programs.

These are areas where private initiatives and voluntarism cannot replace the federal support. The private sector has been unwilling or unable to support totally even the more glamorous and highly visible activities such as symphony orchestras, art and scholarship support. Prosthetic and orthotic projects pale by comparison in their ability to attract private support when compared to other highly visible programs. It remains, therefore, the task of each of us to write or wire our Representatives and Senators requesting support of action in the Appropriation Committees of Congress that will insure at least a continuation of the present level of support, if not an increase in the funding for prosthetic and orthotic research and training. The present level of funding will deprive patients of needed services and cripple the research and training efforts perhaps beyond recovery.

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References

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