

# THE CONGRESS PROJECT

## *Assignment Prompt Sheet*

### **The Social Security Amendments of 1965**

#### **Overview**

**Act Titles:** Social Security Amendments of 1965; Medicare; Medicaid

**Congress:** 89<sup>th</sup> Congress (1965-1966)

**Session/Sessions:** 1

**Statute No:** 79 Stat. 282-284

**Public Law No:** 89 PL 97

**Eid:** 890097

**Gid:** 234-009

**Bill:** HR 6675

**Sponsor:** Rep. Wilbur Mills (D-AR)

**House Committees:** Ways and Means

**Senate Committees:** Finance

**Companion Bill:** None.

**Related Bills:** HR 1; S 1; HR 3727; HR 4351

**House Rules:** Hres 322

**Past Bills:** 86 HR 12580; 87 HR 10606; 88 HR 11865

**Introduced Date- Law Date:** March 29-July 30, 1965

**House Floor Days:** 3

**Senate Floor Days:** 6

**Roll Call Votes:** 16 (13 in the Senate; 3 in the House)

**Issues:** social welfare; economics; health care

**Procedures:** modified-closed rule; motion to recommit; amendments; failed yeas and nays; conference

**Last Updated:** 11/29/24



(Above, Left) The Sponsor of the Social Security Amendments of 1965, the powerful chairman of the Ways and Means Committee, Rep. Wilbur Mills (D-AR). Despite authoring the bill, Mills had been a long-time opponent of Medicare and Medicaid programs. He was known for authorizing much of the U.S. Tax Code during his time in Congress. He was also well-known for his scandal-plagued downfall. Specifically, Mills' "power eroded rapidly after an incident in 1974 in which a striptease dancer who performed under the stage name Fanne Foxe (picture above, right), the Argentine Firecracker, jumped out of his car and waded into the Tidal Basin beside the Jefferson Memorial ([New York Times 1992](#)).” He would blame the incident on alcoholism, but he would relinquish chairmanship over Ways and Means shortly afterwards.

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## Legislative History Comments

The *Social Security Act of 1935 (74 PL 271)* authorized funds for “old age assistance, relief of the destitute, blind, and homeless, dependent and delinquent children; and public health, vocational rehabilitation and maternity and infant care (Stathis 2014, 249).” It was substantially revised in 1965 when Congress passed Medicare, a health insurance program for people over the age of 65 and Medicaid, an expanded health program for low-income people. Included in the *Social Security Amendments of 1965 (89 PL 97)*, the bill was enacted as part of President Lyndon Baines Johnson’s (D-TX) “Great Society” program. It came after years of bitter failures in Congress. A similar program was originally endorsed by President Truman in 1945. Today, Medicare provides health insurance for over 55 million Americans and Medicaid tops 70 million.

The programs were roundly praised upon their adoption. Johnson, upon signing the measure, stated: “No longer will older Americans be denied the healing miracle of modern medicine ([CQ Almanac 1965](#)).” When Johnson signed the bill, “only half of America’s elderly had any health insurance ([New York Times 1995](#)).” Medicare and Medicaid have gone on to provide health insurance for hundreds of millions of Americans ([Washington Post 2015](#)). The measure was widely considered “landmark” upon its adoption and scholars have generally agreed. It was rated as a landmark act by both Mayhew (2005) and Stathis (2011; 2014) and rated as the most important enactment of the 89<sup>th</sup> Congress (1965-1966) by Clinton and Lapinski (2006).

While both Medicare and Medicaid have been altered over the years, they have also been the subject of some criticism. The measure was aggressively opposed by the American Medical Association (“AMA”), who alleged it was too costly. Some have argued over the years that this criticism is still valid (see e.g. [New York Times 1995](#)). Other argue that it created two separate “moral frameworks” leading to more support for Medicare as opposed to Medicaid. Additionally, they have contributed to a health-care system in the country that is “hideously complex ([Washington Post 2015](#)).”<sup>1</sup>

For more on the broader issue of Medicaid, see [Last Week Tonight \(2024\)](#).

From a process standpoint, the measure is fairly straight-forward. A landslide Johnson victory in 1964 gave him more political capital. The bill, sponsored by Rep. Wilbur Mills (D-AR), a long-time opponent, passed the House [313-115](#) on April 8, 1965. After a number of amendments were adopted, it passed the [Senate 68-21](#) on July 9, 1965. The conference was pretty straight-forward with the House being heavily deferred to. The report was adopted by the House [307-116](#) and the Senate [70-24](#) on July 28<sup>th</sup>, 1965.

For more on the process, consult [CQ Almanac \(1965\)](#) or contact me directly.

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<sup>1</sup> See also [Vox \(2016\)](#).

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## Assignments

For the sections below, you're going to want to answer the questions and write-up the process sections that correspond to your assigned number. Here they are:

#1. Open

#2. Open

#3. Open

## Background Questions

1. Discuss the broader political context this bill was considered in. Who controlled the House? The Senate? By how many? Who was President? Was this part of the President's agenda? What other pieces of legislation were being considered/passed in this Congress?

The Stathis (2014) piece might worth a citation here.

What happened in the 1964 election? Why was that significant for these programs?<sup>2</sup>

2. What does this act actually do? Who was pushing for it? Was it significantly altered during consideration? What were the problems it was trying to rectify?

What did existing federal policy look like in this specific issue area? Why did reformers feel it needed to be changed? Specifically, why try to pass Medicare and Medicaid through Social Security Amendments?

3. What motivated consideration of this legislation in this specific Congress? Was it in response to a specific event? Or was this a slower build over time? What happened in previous congresses regarding this? Had Congress considered comparable legislation?

With this question, discuss the history of federal health insurance efforts. For example, a Medicare program had died in conference in 1964. Specifically, Sen. Albert Gore (D-TN) offered an amendment with a Medicare program attached to it to HR 11865, a bill that raised social security payments by 5%. The Gore amendment was adopted [49-44](#), however, as [CQ Almanac \(1964\)](#) notes: "Because a majority of House conferees, led by Chairman [Wilbur] Mills [D-AR], would certainly be hostile to Medicare, House proponents sought a method of getting an affirmative House vote instructing the conferees to accept some sort of Medicare program. They abandoned the attempt when it

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<sup>2</sup> CQ Almanac (1965) should be helpful here. It notes: "Three Republican Ways and Means Committee Medicare opponents were defeated, and the gain of 42 Northern Democrats in the House enabled the Administration to revise party ratios on House Committees, thus adding Democratic Medicare supporters to Ways and Means. This assured a pro-Medicare Committee vote, and the 42 new Democrats seemed to assure a favorable House vote."

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became so tangled in parliamentary procedure that they found an affirmative vote impossible.” What happened in that case? Earlier cases?

## Process Sections

Please write-up the sections that correspond to your number. Feel free to incorporate any notes I might have dumped in the margins. The index for HR 6675 is available below.

**H.R. 6675**—To provide a hospital insurance program for the aged under the Social Security Act with a supplementary health benefits program and an expanded program of medical assistance, to increase benefits under the old-age survivors, and disability insurance system, to improve the Federal-State public assistance programs, and for other purposes.

**Mr. Mills; Committee on Ways and Means, 5798.**—Reported (H. Rept. 213), 6282.—Made special order (H. Res. 322), 7201.—Debated, 7208, 7351.—Passed House, 7444.—Referred to Senate Committee on Finance, 7609.—Reported with amendments (S. Rept. 404), 15339.—Debated, 15391, 15601, 15790, 15810, 15819, 15833, 15840, 15867, 15868, 15875, 15885, 15918, 15932, 15934, 15969, 16070.—Amended and passed Senate, 16157.—Senate insists on its amendments and asks for a conference, 16157.—Conferees appointed, 16157.—House disagrees with Senate amendments and agrees to a conference, 16343.—Conferees appointed, 16343.—Conference report (H. Rept. 682) submitted in House and agreed to 18361.—Conference report submitted in Senate, debated and agreed to, 18344, 18497, 18498, 18500, 18507.—Examined and signed, 18793, 18865.—Presented to the President, 18793.—Approved [Public Law 89-97], 19187.

### *#1. House Consideration of HR 6675 (April 7-8, 1965)*

The Johnson administration backed HR 1, a bill introduced by Rep. Cecil King (D-CA). Instead, the Ways and Means Committee held hearings and eventually backed a clean bill introduced by Rep. Wilbur Mills (D-AR). Mills, the Ways and Means Chairman, had been the chamber’s most notable opponent of medicare proposals.

Prior to considering HR 6675 on the floor, the House took up Hres 322 on April 7th, which provided for consideration of the bill under a “modified-closed rule.” The rule manager, Rep. Ray Madden (D-IN) spoke mostly on the substance of the bill and accused the American Medical Association (“AMA”) of exaggerating and misrepresenting “the facts about eldercare (*Congressional Record*, 89<sup>th</sup> Congress, April 7, 1965, 7202).”

In opposition, Rep. Clancy Brown (R-OH) asserted “The rule bringing this bill to the floor is a closed or a gag rule providing for 10 hours of general debate and permitting the offering of no amendments from the floor except those reported by the Ways and Means Committee itself (*Congressional Record*, 89<sup>th</sup> Congress, April 7, 1965, 7203).”

The previous question motion on the rule was adopted by voice vote. The rule was also adopted via voice vote after a request for the yeas and nays by Rep. Durward Hall (R-MO) was rejected. Debate on the measure began shortly afterwards.

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The House rejected a motion to recommit with instructions offered by Rep. John Byrnes (R-WI) on [a 191-236 vote](#).<sup>3</sup> The instructions would have replaced the bill with a Republican substitute, HR 7057.

The House passed HR 6675 [313-115](#) on April 8, 1965. Democrats split 249-42; Republicans 65-73.

## *#2. Senate Consideration of HR 6675 (July 6-9, 1965)*

HR 6675 was sent to the Senate Finance Committee. Among other things, the Finance Committee adopted an amendment by Sen. Russell Long (D-LA) that would “differentiate between those who could and those who could not meet their own medical needs and would protect against the ‘ravages of a long-sustained and financially exhausting illness’ ([CQ Almanac 1965](#)).” Long, the acting Senate Finance Chairman, would serve as the bill manager on the floor.<sup>4</sup>

Floor debate on the measure began in early July. During floor consideration, the Senate “adopted all the amendments (about 100) recommended by the Finance Committee and 30 floor amendments ([CQ Almanac 1965](#)).”<sup>5</sup>

On July 7<sup>th</sup>, the Senate adopted an amendment by Sen. Robert Byrd (D-WV) that would have lowered the retirement age to 60 for the purpose of receiving retirement benefits. The Senate also rejected a proposal that would have broadened the measure by providing for unlimited hospital and nursing home benefits on [a 39-43 vote](#). The amendment sponsor, Sen. Abraham Ribicoff (D-CT) had complained that the measure would not stop “the crushing economic burden of catastrophic illness.”<sup>6</sup>

The following day it adopted an amendment by Sen. Vance Hartke (D-IN) that would have broadened benefits for the blind [on a 78-11 vote](#).

On July 9<sup>th</sup>, they considered a motion to recommit the bill with instructions by Sen. Carl Curtis (R-NE) that would have struck the Medicare and Medicaid sections of the bill. He argued that “a vote for recommitment is to give better protection, as one-half the cost, under private enterprise (*Congressional Record*, 89<sup>th</sup> Congress, July 9, 1965, 16121).”

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<sup>3</sup> Under House rules, a motion to recommit the bill, either with or without instructions, to the committee that originally reported it is almost always in order. A motion to recommit with instructions that the committee report forthwith ensures the bill does not leave the floor and essentially provides the minority with an opportunity to offer an amendment of its choosing. A straight motion to recommit sends the bill back the parent committee essentially killing the bill (Oleszek 2013). The motion to recommit can only be offered by an opponent of a bill at the conclusion of debate. Because the motion is not provided in advance, the majority party has limited opportunities to signal its opposition or support of it (Carson, Crespín and Madonna 2014).

<sup>4</sup> The actual Senate Finance Committee Chairman, Sen. Harry Flood Byrd (I-VA), was opposed to the bill and also in poor health. He would resign his Senate seat in November 1965.

<sup>5</sup> With the amendments, pay attention to the ones marked by Voteview as “key votes.” In addition to the two noted by CQ Almanac: The Byrd (D-WV) amendment lowering the retirement age and the Hartke amendment eliminating the time cap on hospital care.

<sup>6</sup> See *Wall Street Journal*, 1965. “Senate Rejects Bid to Broaden ‘Medicare’ Plan.” July 8.

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In opposition, Sen. Mike Mansfield (D-MT), the majority leader, asserted: “I hope this delaying motion to recommit is recognized for what it is and I hope that the motion will be defeated decisively (*Congressional Record*, 89<sup>th</sup> Congress, July 9, 1965, 16121).”

The Senate rejected the [motion to recommit 26-53](#).

The bill then passed the [Senate 68-21](#) on July 9, 1965. Democrats split 61-8 in favor; Republicans 14-18 against.

### ***#3. House Consideration of the Conference Report on HR 6675 (July 27, 1965)***

The House considered the conference report on HR 6675 on July 27, 1965.

Mills referred to the proposal as “one of the most significant and far-reaching measures which has been before this or any recent Congress (*Congressional Record*, 89<sup>th</sup> Congress, July 27, 1965, 18380).”

The House adopted the conference report [307-116](#).

### ***#3. Senate Consideration of the Conference Report on HR 6675 (July 27, 1965)***

Senate consideration of the conference report began on July 27<sup>th</sup> and continued the following day.

Many senators were upset that their amendments had been dropped from the final measure. Sen. Jack Miller (R-IA) in particular suggested the Senate should not be so deferential to Mills, arguing that “the powerful committee chairman of the House Ways and Means Committee is on a completely coequal basis, no more and no less, with the distinguished acting chairman of the Senate Finance Committee [Long] (*Congressional Record*, 89<sup>th</sup> Congress, July 28, 1965, 18502).”

Despite Miller’s urge of a no vote, the Senate adopted [the conference report 70-24](#) on July 28<sup>th</sup>, 1965.<sup>7</sup>

## **Member Spotlight**

Choose one of the following for your member spotlight:

**#1.** Rep. Wilbur Mills (D-AR); Rep. Cecil King (D-CA); Rep. Ray Madden (D-IN); Rep. Clancy Brown (R-OH); Rep. John Byrnes (R-WI); Rep. John Dingell (D-MI)

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<sup>7</sup> For more see e.g. Morris, John D. 1965. “Conferees Agree on Medicare Bill.” *New York Times*, July 21; Large, Arlen. 1965. “Mills and Medicare.” *Wall Street Journal*, August 2; Albright, Robert C. 1965. “Smooth Sailing in Conference Seen for Medicare, Voter Rights.” *Washington Post*, July 13; *Washington Post*, 1965. “Social Security Bill Passes in Senate, Goes to President,” July 29.

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#2. Sen. Russell Long (D-LA); Sen. Robert Byrd (D-WV); Sen. Abraham Ribicoff (D-CT); Sen. Vance Hartke (D-IN); Sen. Carl Curtis (R-NE); Sen. Mike Mansfield (D-MT)

#3. Sen. Robert Kerr (D-OK); Sen. Jack Miller (R-IA); Rep. Durward Hall (R-MO); Sen. Harry Flood Byrd (I-VA); Sen. Strom Thurmond (R-SC); Sen. Clinton Anderson (D-NM)

## Aftermath Questions

1. How was this act viewed upon passage? What did the newspapers say? How did the final measure differ from the one reformers were pushing? LBJ noted that the bill wasn't perfect. What was it missing?
2. How has this law evolved over time? Has it been featured in any major Supreme Court cases? Significantly altered by subsequent legislation?

Discuss health care and social security legislation as it evolved after this measure.

3. How relevant is this issue currently? What about this act specifically? Are there additional issues related to it that reformers have been pushing to change?

How has this act been viewed by scholars? Did it achieve its stated goals? Do scholars highlight any major limitations? Are there aspects of the bill that are viewed more favorably than others? Discuss the relevance of this act as it pertains to contemporary policy.

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## Suggested Sources

### *Scholarly Articles*

Clinton, Joshua D., and John S. Lapinski. "Measuring legislative accomplishment, 1877–1994." *American Journal of Political Science* 50.1 (2006): 232-249.

Stathis, Stephen W. 2014. *Landmark Legislation, 1774-2012: Major U.S. Acts and Treaties, 2<sup>nd</sup> Edition*. Washington: CQ Press.

Mayhew, David R. 2005. *Divided We Govern: Party Control, Lawmaking and Investigating: 1946-2002*. New Haven, CT: Yale University Press.

Zelizer, Julian E. *The fierce urgency of now: Lyndon Johnson, Congress, and the battle for the Great Society*. Penguin Books, 2015.

Berkowitz, Edward. "Medicare and Medicaid: The past as prologue." *health care Financing Review* 27.2 (2005): 11.

Oliver, Thomas R., Philip R. Lee, and Helene L. Lipton. "A political history of Medicare and prescription drug coverage." *The Milbank Quarterly* 82.2 (2004): 283-354.

Altman, Drew, and William H. Frist. "Medicare and Medicaid at 50 years: perspectives of beneficiaries, health care professionals and institutions, and policy makers." *Jama* 314.4 (2015): 384-395.

Peters, Robert A., and Minerva Cruz. "The States as Generators of Incremental Change in American Health Care Policy: 1935 to 1965." *Public Health and Welfare: Concepts, Methodologies, Tools, and Applications*. IGI Global, 2017. 1398-1420.

Marmor, Theodore RR. *The politics of Medicare*. Routledge, 2017.

Corning, Peter A. *The evolution of Medicare: From idea to law*. No. 29. US Social Security Administration, Office of Research and Statistics, 1969.

Blair, Thomas R., and Randall T. Espinoza. "Medicare, Medicaid, and mental health care: historical perspectives on reforms before the US congress." *Jama* 314.21 (2015): 2231-2232.

Grabowski, David C. "Medicare and Medicaid: conflicting incentives for long-term care." *The Milbank Quarterly* 85.4 (2007): 579-610.

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## *Newspaper Pieces*

- <https://www.nytimes.com/2023/03/09/magazine/poverty-by-america-matthew-desmond.html>
- <https://www.ssa.gov/history/reports/crsleghist3.html>
- <https://www.nytimes.com/2015/07/30/us/as-medicare-and-medicaid-turn-50-use-of-private-health-plans-surges.html>
- <https://www.nytimes.com/1995/07/23/us/medicare-turning-30-won-t-be-what-it-was.html>
- <https://www.washingtonpost.com/news/fact-checker/wp/2013/10/21/jim-demints-claims-about-medicare-cost-estimates-from-1965/>
- [https://www.washingtonpost.com/opinions/medicare-and-medicaid--a-tarnished-triumph/2015/07/26/02cf949e-320f-11e5-8353-1215475949f4\\_story.html](https://www.washingtonpost.com/opinions/medicare-and-medicaid--a-tarnished-triumph/2015/07/26/02cf949e-320f-11e5-8353-1215475949f4_story.html)
- <https://www.washingtonpost.com/archive/politics/2003/06/27/congress-poised-to-pass-medicare-bills/faebe84c-d997-4350-881a-2b9625573c31/>
- <https://www.washingtonpost.com/opinions/2019/07/30/medicare-just-turned-lets-remember-what-republicans-said-about-it/>
- <https://www.npr.org/2011/04/07/135199171/medicare-then-and-now>
- <https://www.npr.org/2015/07/30/427648586/50-years-ago-medicare-helped-to-desegregate-hospitals>
- <https://www.npr.org/2003/11/20/1514393/medicare-bill>
- <https://www.npr.org/sections/health-shots/2019/02/08/692744027/former-rep-john-dingell-left-an-enduring-health-care-legacy>
- <https://www.npr.org/2008/11/26/97556568/medicares-creation-may-offer-health-care-clues>
- <https://www.npr.org/transcripts/4775274?ft=nprml&f=4775274>
- <https://www.vox.com/ad/18307609/differences-medicare-medicaid-benefits>
- <https://www.vox.com/2016/6/14/11932128/update-medicare-guarantee>
- <https://www.visitthecapitol.gov/artifact/medicare-act-1965>
- <https://www.vox.com/explain-it-to-me/375082/us-health-insurance-plans-medicare-medicaid>
- <https://www.vox.com/policy-and-politics/2019/2/8/18216836/john-dingell-death-congress-medicare-for-all>
- <https://www.nytimes.com/1966/08/07/archives/companions-of-medicare-social-security-legislation-of-65-also-set.html>
- [https://slate.com/news-and-politics/2009/07/what-the-1965-medicare-debate-can-teach-us-about-health-care-reform.html?pay=1732907224913&support\\_journalism=please](https://slate.com/news-and-politics/2009/07/what-the-1965-medicare-debate-can-teach-us-about-health-care-reform.html?pay=1732907224913&support_journalism=please)
- <https://time.com/3965740/medicare-50th-anniversary/>
- <https://nymag.com/intelligencer/article/fanne-fox-wilbur-mills-washington-hubris.html>
- <https://www.washingtonpost.com/archive/local/1992/05/03/wilbur-mills-dies-at-82/16c5d354-823e-4f24-8911-fe72dc4e8743/>
- <https://www.nytimes.com/1992/05/03/us/wilbur-mills-long-a-power-in-congress-is-dead-at-82.html>
- <https://www.everycrsreport.com/topics/health-policy.html>
- <https://www.ssa.gov/history/pdf/Downey%20PDFs/Social%20Security%20Amendments%20of%201965%20Vol%201.pdf>