

THE MAJOR DIFFERENCES IN H. R. 6000 AS PASSED BY THE HOUSE OF REPRESENTATIVES AND AS PASSED BY THE SENATE

(Compiled by the staff of the Senate Committee on Finance for the use of the Conference Committee)

(July 7, 1950)

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Item	Present law	H. R. 6000 as passed by House of Representatives	H. R. 6000 as passed by Senate	Action taken
I. COVERAGE				
A. Nonfarm self-employed.	Not covered.	Covered, if self-employment yields annual net income of at least \$400, except for services performed by an individual as a physician; lawyer; dentist; osteopath; veterinarian; chiropractor; optometrist; Christian Science practitioner; publisher; or aeronautical, chemical, civil, electrical, mechanical, metallurgical, or mining engineer. (P. 71, lines 7-12; p. 73, line 16, to p. 74, line 2.)	Same as House-passed bill except— (1) Exemption from coverage applicable to services performed by an individual as an architect; naturopath; funeral director; certified, registered, or licensed accountant; or professional engineer (instead of certain-named classes of engineers); and (2) Coverage extended to services performed by an individual as a publisher. (P. 71, lines 7-12; p. 73, line 16, to p. 74, line 2.)	
B. Agricultural workers—				
1. Regularly employed workers on farms;	Not covered.	Not covered. (P. 45, lines 1 and 2.)	Regularly employed workers on farms are covered if employed by a single employer for at least 60 days in a calendar quarter and earn cash wages of at least \$50 for services in the quarter. (P. 45, lines 3-17.)	
2. Irrigation workers;	Not covered.	Services performed (other than on a farm or in the employ of an operator of a farm) in connection with the operation or maintenance of ditches, canals, etc., for irrigation purposes are covered without regard to the period of time the individual performing the service is employed or the amount of wages earned.	Same as House-passed bill, except the services are not covered if they are performed in connection with the operation or maintenance of an irrigation system not owned or operated for profit unless the individual rendering the services meets the 60-day and \$50 test for regularly employed agricultural workers. (P. 61, line 25, to p. 62, line 3.)	
3. Employment in agricultural labor by Farmer Cooperatives prior to 1951.	Not covered.	Not covered.	Covered retroactively if tax payments have been made in good faith. (P. 162, line 4, to p. 163, line 10.)	
C. Domestic workers.	Not covered if services are performed in a private home, local college club, or local chapter of a college fraternity or sorority.	Services in private home (but not on a farm operated for profit) are covered if the worker is employed 26 days or more in a calendar quarter by 1 employer and is paid cash wages of at least \$25 for the services rendered in the quarter. Services in local college club or local chapter of a college fraternity or sorority performed by nonstudent worker are covered if remuneration is at least \$100 in a calendar quarter. (P. 45, line 23, to p. 47, line 3.)	Services in private home (but not on a farm operated for profit) are covered if the worker is employed 24 days or more in a calendar quarter by 1 employer and is paid cash wages of at least \$50 for the services rendered in the quarter. Services in local college club or local chapter of a college fraternity or sorority performed by nonstudent worker are covered if remuneration is at least \$50 in a calendar quarter. (Domestic services if performed on a farm operated for profit are covered as agricultural employment—see B above.) (P. 46, line 3, to p. 47, line 3; p. 63, lines 3-5.)	

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Item	Present law	H. R. 6000 as passed by House of Representatives	H. R. 6000 as passed by Senate	Action taken
D. Employees of nonprofit organizations.	In general, not covered.	<p>In general, covered. House bill contains the following provisions which differ from the Senate provisions:</p> <p>(1) Compulsory coverage extended to employees of organizations exempt from Federal income tax under section 101 of the Internal Revenue Code if the remuneration for services rendered in a calendar quarter is \$100 or more; and</p> <p>(2) Contributions by employees are compulsory, contributions by employers are voluntary. (If the employer does not elect to pay the employer contribution by waiving his tax exemption, only one-half of the employee's wages would be credited toward benefits.) (P. 56, lines 6-10; p. 147, lines 8-21; p. 165, lines 10-16.)</p>	<p>Senate bill contains the following provisions which differ from the House provisions:</p> <p>(1) Compulsory coverage extended to employees of organizations exempt from Federal income tax under section 101 of the Internal Revenue Code if the remuneration for services rendered in a calendar quarter is \$50 or more, but not to employees of religious denominations and of organizations owned and operated by religious denominations;</p> <p>(2) Contributions by employees and by employers are compulsory as to services rendered by employees of organizations other than religious denominations or of organizations owned and operated by religious denominations; and</p> <p>(3) Voluntary coverage provided for employees of religious denominations and of organizations owned and operated by religious denominations at the option of the employer. (If the employer elects coverage for its employees, the regular contribution rates would be applicable to employees and to the employer in the same manner as if the employees were covered on a compulsory basis.) (P. 56, lines 6-10; p. 55, line 11, to p. 56, line 2.)</p>	
E. Federal civilian employees.	<p>Services are not covered if performed—</p> <p>(1) in the employ of the United States; or</p> <p>(2) for an instrumentality of the United States which is either wholly owned by the United States or exempt from the employer's tax for old-age and survivors insurance imposed by sec. 1410 of the Internal Revenue Code by virtue of any other provision of law.</p>	<p>Services in the employ of the United States Government, not under a retirement system established by Federal law, and, not named as 1 of the 13 special classes of excepted services, are covered. These provisions result in bringing under coverage services of—</p> <p>(1) short-duration employees of the United States other than—</p> <p>(a) those in the field service of the Post Office Department,</p> <p>(b) those employed for the taking of a census, and</p> <p>(c) those occupying positions pending permanent or indefinite appointment; and</p> <p>(2) those employees of the Board of Governors of the Federal Reserve System who are not covered by civil service retirement even though such employees are covered by the retirement plan of the Federal Reserve System.</p>	<p>Services in the employ of the United States Government, not under a retirement system established by Federal law or by the employing agency and, not named as 1 of the 12 special classes of excepted services, are covered. These provisions result in bringing under coverage services of—</p> <p>(1) short-duration employees of the United States other than—</p> <p>(a) those in the field service of the Post Office Department who are not occupying positions pending permanent or indefinite appointment, and</p> <p>(b) those employed for the taking of a census.</p>	

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Item	Present law	H. R. 6000 as passed by House of Representatives	H. R. 6000 as passed by Senate	Action taken
		<p>Services in the employ of a partly or wholly owned instrumentality of the United States, not under a retirement system established by Federal law and not named as 1 of the 13 special classes of excepted services, are covered. Moreover, services in the employ of any other instrumentality of the United States are also covered.</p> <p>These provisions result in bringing under coverage services performed in the employ of— The Tennessee Valley Authority, unless under the TVA retirement system. County and community committees under the Production and Marketing Administration. Production credit associations partly owned by United States. Army post exchanges and similar organizations. National farm loan associations. Federal credit unions. Federal land banks. Federal Reserve banks. Federal home loan banks, etc.</p> <p>No provision for specific exclusion from coverage of services performed by committeemen, directors, and members of advisory councils in such instrumentalities as the following: Farmers Home Administration, Federal Crop Insurance Corporation, National farm loan associations, county and community committees under the Production and Marketing Administration, and Advisory Councils in the Public Health Service. (P. 47, line 20, to p. 49, line 17.)</p>	<p>Services in the employ of a wholly owned instrumentality of the United States or one exempt from tax as of December 31, 1950, by virtue of any other provision of law, not under a retirement system established by Federal law and not named as 1 of the 12 special classes of excepted services, are covered <i>if the instrumentality is listed as one to be covered.</i> (If the instrumentality is not so listed the services are not covered.) Moreover, services in the employ of any other instrumentality of the United States are also covered if they are not under a retirement system established by Federal law and not named in 1 of the 12 classes of excepted services.</p> <p>These provisions result in bringing under coverage services performed in the employ of— The Tennessee Valley Authority, unless under the TVA retirement system. County and community committees under the Production and Marketing Administration. Production credit associations partly owned by United States. Army post exchanges and similar organizations. National farm loan associations. Federal credit unions.</p> <p>Services performed by committeemen, directors, and members of advisory councils are specifically excluded from coverage. (P. 49, line 18, to p. 53, line 9.)</p>	

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F. Employees of State and local governments.	Not covered.	<p>Compulsory coverage of certain employees of publicly owned transit companies as follows:</p> <p>(1) if a transit company was acquired by a governmental unit after 1936 but before 1950, individuals working for the company on the date it was taken over would be covered beginning in 1950, unless the employing governmental unit elects against such coverage; and</p> <p>(2) if a transit company is acquired after 1949, individuals working for the company on the date it is taken over would continue to be covered by old-age and survivors insurance. (P. 53, line 23, to p. 54, line 24.)</p> <p>Voluntary coverage of other State and local governmental employees by means of Federal-State agreements, but such agreements cannot include employees covered by an existing retirement system unless such employees and beneficiaries of the existing system elect to be covered by old-age and survivors insurance by a two-thirds majority of those participating in a written referendum.</p> <p>Agreement applicable at option of State to specified coverage group or groups. (P. 113, line 7, to p. 123, line 19.)</p>	<p>Compulsory coverage of certain employees of publicly owned transit companies as follows:</p> <p>All employees of a transit system owned by a State or local unit of government, any part of which is acquired from a private company any time after 1936 would be covered. (P. 53, line 10, to p. 55, line 6.)</p> <p>Voluntary coverage of other State and local governmental employees by means of Federal-State agreements, but such agreements cannot include employees covered by an existing retirement system.</p> <p>Agreement applicable at option of State to specified coverage group or groups (employees performing any proprietary function are separate coverage group). (P. 113, line 7, to p. 123, line 19.)</p>	
G. Casual labor.	Casual labor not in the course of the employer's trade or business is excluded from coverage.	Casual labor not in the course of the employer's trade or business is covered if the worker is employed 26 days or more in a calendar quarter by 1 employer and is paid cash wages of at least \$25 for the services rendered in the quarter. (P. 46, line 7, to p. 47, line 3.)	Casual labor not in the course of the employer's trade or business is covered if the worker is employed 24 days or more in a calendar quarter by 1 employer and is paid cash wages of at least \$50 for the services rendered in the quarter. (P. 46, line 7, to p. 47, line 3.)	
H. Tips and gratuities.	Not specifically included as wages.	Includes cash tips and other cash remuneration customarily received by an employee in the course of his employment but only in the amount the employee reports in writing to his employer. (P. 42, line 18, to p. 43, line 5.)	Same as present law.	
I. Definition of employee.	<p>The term includes an officer of a corporation but does not include—</p> <p>(1) any individual who, under the usual common-law rules applicable in determining the employer-employee relationship, has the status of an independent contractor; or</p> <p>(2) any individual (except an officer of a corporation) who is not an employee under such common-law rules.</p>	<p>The term includes—</p> <p>(1) officers of corporations;</p> <p>(2) individuals who are employees under the usual common-law rules, and individuals performing services under a contract expressly reciting that the person for whom the service is performed shall have complete control over the performance of the service and that the individual in the performance of the</p>	<p>The term includes—</p> <p>(1) officers of corporations;</p> <p>(2) individuals who are employees under the usual common-law rules;</p> <p>(3) individuals in the following occupational groups who perform services under prescribed circumstances:</p> <p>(a) full-time wholesale salesmen taking orders from retailers or hotels or restaurants,</p>	

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Item	Present law	H. R. 6000 as passed by House of Representatives	H. R. 6000 as passed by Senate	Action taken
<p>II. INSURED STATUS</p> <p>A. Fully insured (eligible for all old-age, dependents and survivor benefits and for lump-sum death payments).</p>	<p>One quarter of coverage for each two calendar quarters elapsing after 1936 (or after attainment of age 21, if later) and before death or attainment of age 65, but in no case more than 40 quarters nor less than 6 quarters.</p>	<p>service (either alone or as a member of the group) is an employee;</p> <p>(3) individuals in the following occupational groups who perform services under prescribed circumstances:</p> <p>(a) outside salesmen in manufacturing or wholesale trade,</p> <p>(b) full-time life-insurance salesmen,</p> <p>(c) driver-lessees of taxicabs,</p> <p>(d) homeworkers,</p> <p>(e) contract loggers,</p> <p>(f) mining lessees,</p> <p>(g) house-to-house salesmen; or</p> <p>(4) individuals who are determined to have the status of employees under the combined effect of the following 7 factors:</p> <p>(a) control over the individual,</p> <p>(b) permanency of the relationship,</p> <p>(c) regularity and frequency of performance of the service,</p> <p>(d) integration of the individual's work in the business to which he renders service,</p> <p>(e) lack of skill required of the individual,</p> <p>(f) lack of investment by the individual in facilities for work, and</p> <p>(g) lack of opportunities of the individual for profit and loss. (P. 64, line 11, to p. 67, line 23.)</p> <p>Provisions of present law are retained and in addition a fully insured status may be acquired by obtaining 20 quarters of coverage within the 40-quarter period ending with the quarter in which the worker attained age 65, any subsequent quarter, or the quarter in which he died. (See B below for effect of periods of disability on insured status.) (P. 80, line 4, to p. 81, line 15.)</p>	<p>(b) full-time life insurance salesmen,</p> <p>(c) agent-drivers and commission-drivers engaged in distributing meat products, bakery products, or laundry or dry cleaning services for his principal. (P. 64, line 11, to p. 67, line 23.)</p> <p>"New start" provision requiring one quarter of coverage for each two calendar quarters elapsing after 1950 (or after attainment of age 21, if later) and before death or attainment of age 65, but in no case less than 6 quarters nor more than 40 quarters. Quarters of coverage earned any time after 1936 count toward meeting the requirement. "New start" provision not applicable if the worker dies prior to the first day of the second calendar month following the month of enactment of the bill. (P. 81, line 16, to p. 82, line 21.)</p>	

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B. Effect of periods of disability.	No provision.	Quarters included in a period of disability under the permanent and total disability program provided for in the bill are excluded from the count of quarters in the elapsed periods used for determining insured status. (P. 80, line 20, to p. 81, line 1.)	No provision.	
C. Quarter of coverage defined.	Wages of \$50 or more during a calendar quarter.	After 1949, \$100 in wages or \$200 in self-employment income; for prior years, same as present law. (P. 76, line 4, to p. 77, line 23.)	Same as present law as to wages; for self-employment income \$100. (P. 76, line 4, to p. 77, line 23.)	
III. BENEFIT CATEGORIES				
A. Wife of retired worker.	Age 65.	Age 65, or regardless of age if she has in her care a child entitled to benefits on the basis of her husband's wage record. (P. 9, lines 7-11.)	Same as present law. (P. 9, line 7.)	
B. Child of deceased or retired married woman worker.	A child is not eligible for benefits based on the mother's wage record if the father is present in the household or has contributed to the support of the child.	Child benefits are payable on the mother's (including adoptive) wage record if she was <i>fully</i> and <i>currently</i> insured when she died regardless of presence of or support furnished by the father. (P. 13, lines 13-24.)	Child benefits are payable on the mother's (including adoptive) wage record if she was <i>currently</i> insured when she died <i>or when she became eligible for old-age benefits</i> regardless of presence of or support furnished by the father. (P. 13, lines 13-24.)	
C. Dependent husband of deceased or retired woman worker.	Not eligible for benefits.	Not eligible for benefits.	Benefits payable to aged dependent husband of a woman worker who was currently and fully insured at the time of her death or when she became eligible for old-age benefits. (P. 10, line 6, to p. 11, line 10; p. 15, line 6, to p. 16, line 21.)	
D. Lump-sum death payment to widow or widower or person paying burial expenses.	Payable only when no survivor of currently or fully insured deceased worker could immediately become entitled to monthly benefits.	Payable at the death of every insured worker. (P. 20, lines 7-23.)	Same as present law except that if survivors are paid less in monthly benefits during the year following the death than the amount of the lump sum, then the difference is payable as a lump-sum death payment. (P. 20, line 24, to p. 22, line 16.)	
IV. BENEFIT AMOUNTS				
A. Average monthly wage.	Computed by dividing the total taxable wages paid to the worker by the total number of months elapsing after 1936 (excluding months in any quarter before the one in which the worker reached age 22 unless he received wages of at least \$50 in such quarter) up to the quarter he attained age 65 or died. Wages earned after age 65 are included only if the result is to increase the average monthly wage.	Based on taxable wages (including self-employment income) after 1936, 1949, or the year in which the worker attained age 21, whichever produces the higher amount. Computed by dividing the total taxable wages during the years of coverage by 12 times the number of such years or by the number 60, whichever is greater. (P. 84, line 9, to p. 85, line 13.)	Computed as under present law except that any worker who has 6 or more quarters of coverage after 1950 would have his average wage based either on the wages and elapsed time counted as under present law or on the wages and elapsed time after 1950, whichever gives the higher benefit. (P. 89, line 3, to p. 90, line 18; p. 93, line 19, to p. 94, line 3; p. 94, line 14, to p. 95, line 11.)	

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Item	Present law	H. R. 6000 as passed by House of Representatives	H. R. 6000 as passed by Senate	Action taken
B. Worker's primary benefit amount.	Monthly amount is 40 percent of the first \$50 of the average monthly wage plus 10 percent of the next \$200, plus 1 percent of the sum thus obtained for each year of coverage.	Benefit amounts being received by present beneficiaries are increased about 70 percent on the average by means of a conversion table. (P. 157, line 16, to p. 162, line 8.) For individuals retiring after 1949, monthly amount is 50 percent of the first \$100 of the average monthly wage plus 10 percent of the next \$200, plus ½ percent of the sum thus obtained for each year of coverage. For the worker who attains the age of 65 or dies after 1955, the benefit amount is reduced by the percentage of time the worker is out of covered employment since 1936, 1949, or the year worker attained age 21, whichever results in smaller reduction. (P. 93, line 12, to p. 84, line 8; p. 85, line 14, to p. 86, line 13.)	Benefit amounts being received by present beneficiaries are increased by about 85 percent on the average by means of a conversion table. This table also applicable to those retiring in the future if (1) they do not have at least 6 quarters of coverage after 1950; or (2) they are over age 22 in 1950, and a higher benefit results from the use of the benefit formula in present law coupled with the conversion table than would result by use of the new benefit formula. (P. 88, line 15, to p. 89, line 2; p. 90, line 19, to p. 94, line 13.) Under new formula monthly amount is 50 percent of the first \$100 of the average monthly wage plus 15 percent of the next \$200. (P. 88, lines 3-9.) For the worker who is not in covered employment on a full-time basis the benefit amount is decreased because of the reduction in average wage.	
C. Minimum primary benefit.	\$10.	\$25. (P. 84, lines 21-23.)	\$25, except for individuals with average wage under \$34 per month for whom a \$20 minimum is provided. (P. 88, lines 9-14.)	
D. Parent's benefits.	Fifty percent of primary benefit.	Seventy-five percent of primary benefit. (P. 19, line 24.)	Fifty percent of primary benefit. (P. 19, line 24.)	
VI. BENEFITS FOR WORLD WAR II VETERANS				
A. Wage credits for veterans.	No provision for permanent wage credits.	Veterans, including those who died in service, are granted wage credits of \$160 for each month of military or naval service in World War II. (P. 106, line 5, to p. 113, line 2.)	Same as House-passed bill except that service credits are not provided if the period of service in the armed forces is credited for civil service, military, railroad, or any other Federal retirement system. (P. 106, line 5, to p. 113, line 2.)	
B. Financing of benefits paid to veterans.	Cost of benefits for survivors of veterans who die within 3 years of discharge met by appropriations from general revenues.	Cost of survivor benefits under present law and additional benefits resulting from the wage credits (as in A) met by appropriations from general revenues. (P. 112, lines 4-8.)	Cost of survivor benefits under present law and additional benefits resulting from the wage credits (as in A) borne by the trust fund.	

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Item	Present law	H. R. 6000 as passed by House of Representatives	H. R. 6000 as passed by Senate	Action taken
VII. FINANCING				
A. Tax rates.	One percent on employer and 1 percent on employee through 1949, 1½ percent for 1950-51, and 2 percent thereafter.	One and one-half percent on employer and 1½ percent on employee for 1950, 2 percent for 1951-59, 2½ percent for 1960-64, 3 percent for 1965-69, and 3¼ percent thereafter, except—(1) for self-employed, 1½ times rates for employees; and (2) for nonprofit employment, no tax is imposed on employer, but employer may elect to pay employer's tax by waiving the tax exemption. (P. 163, line 18, to p. 164, line 20; p. 217, line 21, to p. 218, line 24.)	One and one-half percent on employer and 1½ percent on employee for 1950-55, 2 percent for 1956-59, 2½ percent for 1960-64, 3 percent for 1965-69, and 3¼ percent thereafter. Rates for self-employed 1½ times rates for employees. (P. 163, line 18, to p. 164, line 20; p. 217, line 21, to p. 218, line 24.)	
B. Combined withholding of income and employee social-security taxes.	No provision.	No provision.	Single combined withholding of income tax and employee social-security tax (without regard to the \$3,600 annual wage-base) applicable generally in those cases in which wages paid to the employee are subject to withholding for both classes of taxes. If the employee's wages are not subject to withholding for income-tax purposes—such as in the case of wages paid for domestic services in a private home—combined withholding will not apply. (P. 201, line 1, to p. 217, line 16.)	
C. Refund of overpayments, etc.—				
1. Source of refunds.	Refund of taxes made from general revenues.	Refund of taxes made from trust fund. (P. 155, line 23, to p. 156, line 9.)	Refund of taxes made from general revenues but in lieu thereof may be credited against the income tax of the individual in those cases in which there has been joint withholding. (P. 204, line 17, to p. 205, line 5.)	
2. Statute of limitations.	General provisions applicable to miscellaneous taxes (4 years after tax paid).	Same as present law.	Same as general provisions applicable to income tax (3 years after return filed or 2 years after tax paid, whichever is later), and all quarterly returns are deemed filed no earlier than March 15 of next calendar year. (P. 212, line 1, to p. 217, line 16.)	
D. Assessment and collection of tax.	General provisions applicable to miscellaneous taxes (4 years for assessment except in case of willful attempt to evade tax, assessment may be made at any time).	Same as present law.	Self-employment tax provisions included under income tax provisions of Internal Revenue Code. Assessment and collection provisions applicable to the income tax (3 years for assessment except in case of willful attempt to evade tax assessment may be made at any time) will be applicable to the self-employment tax. Period for assessment of tax on wages changed to conform to 3-year period. (P. 217, line 17, to p. 227, line 25.)	

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<p>VIII. MISCELLANEOUS</p> <p>A. Disclosure of information.</p>	<p>Administrator required to furnish wage record information to wage earner (or, after death, his wife, child, or parent).</p> <p>Administrator authorized to prescribe regulations governing other disclosures.</p> <p>* * * * *</p> <p>Under present published regulations, disclosures in substance are limited—</p> <p>(1) to wage earners (and on their consent to others) and to their survivors;</p> <p>(2) to United States Treasury and Justice Departments (for administering of social security and income-tax laws);</p> <p>(3) to Federal agencies administering benefit programs and to State agencies administering unemployment compensation or grants-in-aid programs (for administration of such programs);</p> <p>(4) to Federal investigating and prosecuting officials (in connection with violations or fraudulent administration of Social Security Act, violation of tax laws, and cases involving national security);</p> <p>(5) to employers (of determinations affecting employment by them);</p> <p>(6) to public or hospital officials (where necessary to identify deceased or insane person or amnesia victim).</p>	<p>Same as present law, except that Administrator is specifically authorized to release, upon request, and to charge fees for, (1) wage record information for State unemployment compensation agencies, (2) special reports on individual wage records, (3) special statistical studies and compilations of data relating to social security programs. (P. 276, line 20, to p. 278, line 15.)</p>	<p>Administrator required to furnish wage record information to wage earner or his agent designated in writing (or, after death, his wife, child, or parent).</p> <p>Administrator authorized to release, upon request, and to charge fees for (1) wage record information to State agency administering unemployment compensation laws, (2) special statistical studies and compilations of data relating to social security programs.</p> <p>No other disclosure authorized. (P. 141, lines 5-6; p. 276, line 20, to p. 278, line 15.)</p>	
<p>B. Effective dates:</p> <p>1. Coverage.</p> <p>2. Benefits.</p>		<p>January 1, 1950.</p> <p>January 1, 1950.</p>	<p>January 1, 1951.</p> <p>Second month following month of enactment of bill.</p>	

PERMANENT AND TOTAL DISABILITY INSURANCE

Item	Present law	H. R. 6000 as passed by House of Representatives	H. R. 6000 as passed by Senate	Action taken
I. ESTABLISHMENT OF PROGRAM	No provision.	<p>Program established as of January 1951 for the payment of benefits to permanently and totally disabled workers (but not their dependents) after a minimum waiting period of 6 months provided they meet the following insured status requirements:</p> <p>(1) 20 quarters of coverage within the 40-quarter period ending with the quarter of disablement; and</p> <p>(2) 6 quarters of coverage within the 13-quarter period ending with the quarter of disablement. (P. 124, line 1, to p. 139, line 13.)</p>	No provision.	

Item	Present law	H. R. 6000 as passed by House of Representatives	H. R. 6000 as passed by Senate	Action taken
I. ESTABLISHMENT OF NEW PROGRAM				
A. Aid to the permanently and totally disabled.	No provision.	Federal grants-in-aid made available to the States for needy permanently and totally disabled individuals. Federal share is four-fifths of the first \$25 of a State's average monthly payment per recipient, plus one-half of the next \$10, plus one-third of the remainder within individual maximums of \$50. (P. 262, line 20, to p. 271, line 13.)	No provision.	
II. FEDERAL SHARE OF EXPENDITURES IN EXISTING PROGRAMS				
A. Old-age assistance and aid-to-the-blind payments.	Federal share is three-fourths of first \$20 of a State's average monthly payment per recipient plus one-half of the remainder within individual maximums of \$50.	Federal share is four-fifths of the first \$25 of a State's average monthly payment per recipient, plus one-half of the next \$10, plus one-third of the remainder within individual maximums of \$50. (P. 245, lines 12-25; p. 259, line 23, to p. 260, line 11.)	Same as present law except that State old-age assistance payments supplementing old-age insurance benefits are shared in by the Federal Government on a 50-50 basis in those cases where retired workers become primary insurance beneficiaries after the effective date. (P. 246, lines 1-17.)	
B. Aid - to - dependent - children payments.	Federal share is three-fourths of the first \$12 of a State's average monthly payment per child, plus one-half of the remainder within individual maximums of \$27 for the first child and \$18 for each additional child in a family.	Federal share is four-fifths of the first \$15 of a State's average monthly payment per recipient, plus one-half of the next \$6, plus one-third of the remainder within individual maximums of \$27 for the relative with whom the children are living, \$27 for the first child, and \$18 for each additional child. (P. 250, line 4, to p. 251, line 16.)	Federal share is three-fourths of the first \$12 of a State's average monthly payment per recipient, plus one-half of the remainder within individual maximums of \$30 for the relative with whom the children are living, \$30 for the first child, and \$20 for each additional child. (P. 250, line 4, to p. 251, line 25.)	
III. MEDICAL CARE				
A. Direct payments to medical practitioners, etc.	Federal sharing in costs of medical care limited to amounts paid directly to recipients that can be included within the monthly maximums on individual payments of \$50 for aged and blind, and \$27 for first child and \$18 for each additional child in an aid-to-dependent-children family.	The Federal Government participates in the cost of payments made directly to medical practitioners and other suppliers of medical care, which when added to any money paid to the individual, does not exceed the monthly maximums. (P. 247, lines 12-13; p. 252, line 24; p. 261, lines 6-7.)	Same as House bill except for specific authorization for the Federal Government to share in direct payments made to suppliers of remedial care as well as to suppliers of medical care. (P. 247, lines 13-14; p. 252, line 25 to p. 253, line 1; p. 261, lines 7-8.)	
IV. CHANGES IN REQUIREMENTS FOR STATE PLANS				
A. Residence.	For aid to the blind, a State may not require, as a condition of eligibility, residence in a State for more than 5 of the 9 years immediately preceding application and 1 continuous year before filing the application.	For aid to the blind, effective July 1, 1951, a State may not require, as a condition of eligibility, residence in the State of more than 1 continuous year prior to filing of the application for aid. (P. 258, line 22, to p. 259, line 7.)	Same as present law.	

PUBLIC ASSISTANCE

Item	Present law	H. R. 6000 as passed by House of Representatives	H. R. 6000 as passed by Senate	Action taken
	For aid to dependent children, the maximum requirement for the child is 1 year of residence immediately preceding application, or if the child is less than a year old, birth in the State and continuous residence by the mother in the State for 1 year preceding the birth.	Same as present law.	Same as present law except that aid may not be denied a child who was born (in or out of the State) within 1 year preceding the application if his parent or other relative with whom he is living resided in the State for 1 year preceding the birth. (P. 249, lines 18-23.)	
B. Assistance to be furnished promptly.	No specific provision.	Assistance must be furnished <i>promptly</i> to all eligible individuals. (P. 244, line 13; p. 249, line 8; p. 258, line 11.)	Assistance must be furnished with <i>reasonable promptness</i> to all eligible individuals. (P. 244, lines 13-14; p. 249, lines 8-9; p. 258, lines 11-12.)	
C. Training program for personnel.	No specific provision.	States must provide a training program for the personnel necessary for the administration of the programs. (P. 243, line 22, to p. 244, line 6; p. 248, lines 16-25; p. 255, line 20, to p. 256, line 4.)	No specific provision.	
D. Special requirements for aid to the blind:				
1. Income and resources.	A State must, in determining need, take into consideration the income and resources of an individual claiming assistance.	Effective October 1, 1949, a State may disregard such amount of earned income, up to \$50 per month, as the State vocational rehabilitation agency for the blind certifies will serve to encourage or assist the blind to prepare for, or engage in, remunerative employment; effective July 1, 1951, a State must, in determining the need of any blind individual, disregard any income or resources which are not predictable or which are not actually available to the individual and take into consideration the special expenses arising from blindness. (P. 256, line 12, to p. 257, line 20.)	Effective July 1, 1952, a State must disregard earned income, up to \$50 per month, of an individual claiming aid to the blind; prior to July 1, 1952, the exemption of earned income, up to \$50 per month, is discretionary with each State. (P. 256, line 12, to p. 257, line 20.)	
2. States without approved plans.	No provision.	For the period October 1, 1949, to June 30, 1953, any State which did not have an approved plan for aid to the blind on January 1, 1949, shall have its plan approved even though it does not meet the requirements of clause (8) of section 1002 (a) of the Social Security Act (relating to consideration of income and resources in determining need). The Federal grant for such State, however, shall be based only upon expenditures made in accordance with the aforementioned income and resources requirement of the act. (Alaska, Missouri, Nevada, and Pennsylvania had no approved plan for aid to the blind on January 1, 1949.) (P. 262, lines 1-19.)	Same as House bill except provision is made permanent (instead of terminating June 30, 1953) and is effective beginning October 1, 1950. (P. 262, lines 1-19.)	

Item	Present law	H. R. 6000 as passed by House of Representatives	H. R. 6000 as passed by Senate	Action taken
3. Examination to determine blindness.	No specific provision but the Social Security Administration requires that a State plan must provide for an examination of claimants of aid to the blind by a physician skilled in the diseases of the eye.	A State aid-to-the-blind plan must provide that, in determining blindness, there shall be an examination by a physician skilled in diseases of the eye or by an optometrist. (P. 258, lines 2-3.)	A State aid-to-the-blind plan must provide that, in determining blindness, there shall be an examination by a physician skilled in diseases of the eye. Also the plan must provide that the services of optometrists within the scope of their practice as prescribed by State law shall be available to individuals already determined to be eligible for aid to the blind (if desired and needed by them), as well as to recipients of any grant-in-aid program for improvement or conservation of vision. (P. 258, lines 2-8.)	
V. PUERTO RICO AND VIRGIN ISLANDS	Federal funds for public assistance are not available to Puerto Rico and the Virgin Islands.	The four categories of assistance are extended to Puerto Rico and the Virgin Islands. The Federal share, for old-age assistance, aid to the blind, and aid to the permanently and totally disabled is limited to one-half of the total sums expended under an approved plan up to a maximum payment for any individual of \$30 per month. For aid to dependent children the Federal share is limited to one-half of the expenditures under an approved plan up to individual maximums of \$27 for the first child, and \$18 for each additional child in a family. Administrative costs are matched by the Federal Government on a 50-50 basis. (P. 246, lines 18-24; p. 252, lines 1-10; p. 260, lines 12-17; p. 267, lines 15-21.)	Same as present law.	

CHILD HEALTH AND WELFARE SERVICES

Item	Present law	H. R. 6000 as passed by House of Representatives	H. R. 6000 as passed by Senate	Action taken
I. CHILD WELFARE SERVICES				
A. Authorization for appropriations.	Authorizes an annual appropriation of \$3,500,000 for grants to the States for child-welfare services in rural areas and areas of special need. Funds allotted to States with approved plans as follows: \$20,000 to each State and remainder on basis of rural population of the respective States.	Authorization for annual appropriation increased to \$7,000,000 and the \$20,000 now allotted to each State is increased to \$40,000 with the remainder to be allotted on the basis of rural population of the respective States. (P. 254, lines 8-11.)	Authorization for annual appropriation increased to \$12,000,000 and the \$20,000 now allotted to each State is increased to \$40,000 with the remainder to be allotted on the basis of rural population under age 18 in the respective States. (P. 254, lines 8-17.)	
B. Use of facilities of voluntary agencies.	No specific provision.	No specific provision.	In developing the various services under the State plans, the States would be free, but not compelled, to utilize the facilities and experience of voluntary agencies for the care of children in accordance with State and community programs and arrangements. (P. 255, lines 3-8.)	
II. MATERNAL AND CHILD HEALTH SERVICES				
A. Authorization for appropriations.	Authorizes an annual appropriation of \$11,000,000. One-half of this amount is distributed among the States as follows: \$35,000 to each State, and the remainder of the one-half on the basis of the relative number of live births in the State. The second one-half is distributed among the States on the basis of the financial need of each State after consideration of the number of live births in the State.	Same as present law.	Authorization for annual appropriation increased to \$20,000,000 and the \$35,000 uniform allotment to each State is increased to \$60,000. Otherwise, the provisions of present law relating to the apportionment of funds are unchanged. (P. 253, lines 19-25.)	
III. SERVICES FOR CRIPPLED CHILDREN				
A. Authorization for appropriations.	Authorizes an annual appropriation of \$7,500,000. One-half of this amount is distributed among the States as follows: \$30,000 to each State, and the remainder of the one-half on the basis of need after consideration of the number of crippled children in the State needing services and the cost of such services. The second one-half is distributed on the same basis of need.	Same as present law.	Authorization for annual appropriation increased to \$15,000,000 and the \$30,000 annual allotment to each State is increased to \$60,000. Otherwise, the provisions of present law relating to the apportionment of funds are unchanged. (P. 254, lines 1-7.)	

Item	Present law	H. R. 6000 as passed by House of Representatives	H. R. 6000 as passed by Senate	Action taken
I. ADVANCES TO STATES	Title XII of the act, allowing advances to the accounts of States in the unemployment trust fund expired January 1, 1950.	No provision.	Title XII is made operative until December 31, 1951. (P. 278, line 16, to p. 279, line 9.)	
II. CONFORMITY WITH FEDERAL REQUIREMENTS	Secretary of Labor may find a State law formerly approved by the Federal Government out of conformity with Federal requirements specified in section 1603 (a) of the Internal Revenue Code if after notice and opportunity for hearing to the State agency he finds the State has changed its law so that it no longer conforms to the Federal requirements.	Same as present law.	Secretary of Labor may not find a State law that has been formerly approved by the Federal Government out of conformity with Federal requirements specified in section 1603 (a) of the Internal Revenue Code unless the State law has been amended by the legislature. The Secretary's finding of a State's unemployment insurance law out of conformity is postponed for 90 days after the governor of the State has been notified of the finding of nonconformity and does not become effective if the State law is amended within such 90 days so that it conforms to the Federal requirements. Moreover, the Secretary can make no finding that a State is failing to comply substantially with provisions in its law required by section 1603 (a) (5), if further administrative or judicial review of the interpretation of the State law is provided under the laws of the State. Also if after notice and opportunity for hearing of the State agency, the Secretary finds that there is denial of unemployment compensation benefits in a substantial number of cases to individuals entitled thereto under the law of the State, he may not withhold Federal funds for administration of the State unemployment insurance law until the question of entitlement to benefits has been decided by the highest judicial authority given jurisdiction under State law. (P. 279, line 10, to p. 280, line 10.)	

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