

TABLE 3.—Number of approved independent laboratories, by type of procedure approved and professional training of director, at end of November 1967

Type of procedure	Total		Professional training of director					
	Number	Percent of total	Pathologist		Other physician		Nonphysician	
			Number	Percent of total	Number	Percent of total	Number	Percent of total
Total laboratories.....	2,355	100.0	874	100.0	602	100.0	879	100.0
Microbiology.....	1,730	73.4	643	73.6	443	73.6	644	73.3
Serology.....	1,120	47.6	565	64.6	198	32.9	357	40.6
Clinical chemistry.....	2,020	85.8	718	82.2	525	87.2	777	88.4
Hematology.....	1,985	84.3	698	79.9	524	87.0	763	86.8
Immunohematology.....	1,019	43.3	620	70.9	294	48.8	105	11.9
Tissue pathology.....	683	29.0	595	68.1	60	10.0	28	3.2
Exfoliative cytology.....	740	31.4	631	72.2	76	12.6	33	3.8
All procedures.....	579	24.6	511	58.5	45	7.5	23	2.6

Hematology—Examination of the cellular structures of the blood and bone marrow to identify and classify such diseases as anemias, leukemias, and blood-clotting disorders.

Immunohematology—Examination of immune bodies in blood by procedures (a) blood group typing, (b) Rh studies, and (c) cross-matching of blood for transfusions.

Tissue pathology—Examination of abnormal characteristics of human tissues—detection of cancer by the use of biopsy, etc. Tissue is analyzed by the use of both gross and microscopic procedures.

Exfoliative cytology—Examination of cells that detach themselves from the linings of passages in the body. Abnormal cells can thereby be detected in the preliminary stages of carcinomas, preceding the actual development of tumors or the emergence of their symptoms.

workers. The program will be administered by the (Puerto Rico) Bureau of Employment Security, the agency that administers the unemployment insurance program.

The act establishes a publicly operated program supported by a payroll tax. As an alternative, however, employers are allowed to “contract” out of the program by providing the benefits through private plans. A private plan can be underwritten through a contract with an insurance carrier or may be self-insured. Employees must consent to the private plan if they are to contribute.

Benefits are to be paid under the new law with the eighth day of disability, or from the first day for those hospitalized within the first 3 days of disability. Wage-related benefits are paid up to a maximum of \$78 a week (under unemployment insurance the maximum is \$33) except for agricultural workers, for whom a \$20 maximum applies. Benefits may be paid for up to 26 weeks depending on the worker’s previous employment record. Benefits payable under a private plan must be equal to or more favorable than those payable under the publicly operated program.

The program is to be financed by an employee tax on wages of 0.5 percent, up to 75 cents a week, and an employer tax of 1 percent minus the worker contribution, on wages up to \$7,800 per year. Private plans cannot require contributions from employees any greater than those required under the publicly operated program for the statutory benefits.

New Puerto Rico Law Provides Income-Loss Protection Against Illness*

On June 26, 1968, Puerto Rico enacted a Disability Benefits Act to establish a program of income replacement for short-term non-work-connected illness. This is the first mandatory program of temporary disability insurance to be legislated since 1949 when the State of New York initiated its program. There are in addition three other State sickness insurance programs, and a national program covering railroad workers. Payments will start July 1, 1969, under the Puerto Rican law; protection will be extended to 400,000

* Prepared in Interprogram Studies Branch, Division of Economic and Long-Range Studies.