

To maintain this stepped-up training already started in fiscal year 1967, I am recommending expenditures of \$763 million—a 22 percent increase for fiscal year 1968—to expand our health manpower resources.

Planning for future health facilities

Over the past two decades, the Hill-Burton program has assisted more than 3,400 communities to build hospitals, nursing homes and other health care centers. Hill-Burton funds have helped to provide 350,000 hospital and nursing home beds, and to bring modern medical services to millions of Americans. The authorization for this program expires on June 30, 1969. The contribution of the Federal Government in financing construction of health facilities has changed, especially with the beginning of Medicare, Medicaid, and other new programs. It is timely, therefore, that we take a fresh look at this area.

I am appointing a National Advisory Commission on Health Facilities to study our needs for the total system of health facilities—hospitals, extended care facilities, nursing homes, long-term care institutions, and clinics. In addition to considering the future of the Hill-Burton Program, the Commission will make recommendations for financing the construction and modernization of health facilities.

ELIMINATING BARRIERS TO HEALTH CARE

In previous messages to Congress this year, I have made recommendations to:

Extend Medicare to 1.5 million seriously disabled Americans under age 65.

Establish new health services through broader maternal and child health programs: a strengthened Crippled Children's program, and new projects in child health and dental care.

Improve medical services for the needy under Medicaid.

Combat mental retardation by supporting construction of university and community centers for the mentally retarded, and for the first time, helping to staff the community centers.

Guarantee the safety of medical devices and laboratory tests by requiring Food and Drug Administration pre-clearance of devices, and by requiring licensing of clinical laboratories in interstate commerce.

We must act in other ways to overcome barriers to health care.

The Office of Economic Opportunity has developed a program of Neighborhood Health Centers which not only bring modern medical care to the poor but also train citizens for jobs in the health field.

Last year, Congress endorsed this new approach and authorized funds for 24 such centers. More are needed.

I am requesting the Director of the Office of Economic Opportunity to encourage communities to establish additional centers. Our goal will be to double the number of centers in fiscal 1968.

In the past four years, we have launched a new program to attack mental illness through community mental health centers. This program is now well underway. More centers are needed, and we must strengthen and expand existing services.

I recommend legislation to extend and improve the Community Mental Health Centers Act.

Among the most tragically neglected of our citizens are those who are both deaf and blind. More than 3,000 Americans today face life unable to see and hear.

To help reach the deaf-blind with the best programs our experts can devise, I recommend legislation to establish a National Center for the Deaf and Blind.

Ending hospital discrimination

With the launching of the Medicare program last July, the Nation took a major step toward ending racial segregation in hospitals.

More than 95 percent of the Nation's hospitals have already complied with the anti-discrimination requirements of the Medicare legislation. They are guaranteeing that there will be no "second-class patients" in our health-care institutions; that all citizens can enter the same door, enjoy the same facilities and the same quality of treatment.

We will continue to work for progress in this field—until equality of treatment is the rule not in some, but in all of our hospitals and other health facilities.