HOSPITAL CONSTRUCTION

MONDAY, JUNE 17, 1968

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE NO. 5 OF THE
COMMITTEE ON THE DISTRICT OF COLUMBIA,
Washington, D.C.

The subcommittee met, pursuant to notice, at 10 a.m. in room 1310, Longworth House Office Building, Hon. B. F. Sisk (Subcommittee Chairman) presiding.

Members Present: Representatives Sisk (Subcommittee Chairman), Whitener, Walker, and Gude.

Also Present: James T. Clark, Clerk; Hayden S. Garber, Counsel; Sara Watson, Assistant Counsel; Donald Tubridy, Minority Clerk; and Leonard O. Hilder, Investigator.

Mr. SISK. The committee will come to order.

Subcommittee No. 5 has before it this morning certain bills to authorize project grants for construction and modernization of hospitals and other medical facilities here in the District.

Without objection, H.R. 6526, by our distinguished Chairman of the full Committee, Mr. McMillan, will be made a part of the record. Also, S. 1228, by Senator Bible, the Chairman of the Senate Committee on the District of Columbia, together with the Senate Report (S. Rept. 944) thereon, will be made a part of the record, to indicate the extent to which there is a difference in the two bills.

(The bills, H.R. 6526 and S. 1228, and S. Rept. 944 follow:)

(H.R. 6526, 90th Cong., 1st sess., by Mr. McMillan (by request) on Mar. 2, 1967)

A BILL To authorize project grants for construction and modernization of hospitals and other medical facilities in the District of Columbia.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "District of Columbia Medical Facilities Construction Act of 1967".

AUTHORIZATION OF APPROPRIATIONS

SEC. 2. There are authorized to be appropriated for the fiscal year ending June 30, 1967, and for each of the next three fiscal years, such sums as may be necessary to enable the Secretary of the Department of Health, Education, and Welfare (hereafter referred to as the Secretary), to make grants to assist in the modernization of public or nonprofit private hospitals and in the construction or modernization of public health centers, long-term care facilities, diagnostic or treatment centers, rehabilitation facilities, facilities for the mentally retarded, and community mental health centers in the District of Columbia. Sums so appropriated shall remain available until expended.