

private hospitals, and for the construction of such health centers, long-term and extended care facilities, diagnostic or treatment centers, rehabilitation facilities, community mental health centers, and facilities for the mentally retarded.

The bill would provide additional Federal project grants to those now available under various programs provided by the Medical Facilities Acts (which for purposes of this bill means title VI of the Public Health Service Act, including the Hill-Burton program, or, where appropriate, title II or pt. C of title I of Mental Retardation Facilities and Community Health Construction Act of 1963).

Briefly, this legislation establishes the administrative and programing machinery for this intended or supplemental aid for projects required to be approvable under construction aid programs—the Hill-Burton program, or the mental retardation facilities of the mental health center construction programs. In summary, the bill provides as follows:

(1) For the funding authorization, for purposes of the act for fiscal year ending June 30, 1968, and for each of the next 3 fiscal years, commencing with the fiscal year ending June 30, 1969, and concluding with the fiscal year ending June 30, 1971.

(2) For a maximum funding authorization of \$36,227,000, or the portion thereof as is necessary and supported by the appropriate national program authority and by approval of the Secretary of the Department of Health, Education, and Welfare.

Supplemental aid would be conditioned upon the sole ground of insufficient funds under the District's allotments under the respective nationwide programs.

(3) For two types of Federal grants to the District of Columbia government:

(a) Supplementary grants to make up the difference between funds provided for a project under the regular, Federally sponsored Hill-Burton, mental retardation or mental health center programs, and the amount of funds required to constitute the higher Federal share authorized by this new legislation; and

(b) Grants for projects enabled to qualify for grants under the Hill-Burton, mental retardation or community mental health center programs, provided an application has been filed for a grant under the appropriate program and has been denied because the project had insufficient priority or because sufficient funds were unavailable in the applicable allotment to the District to permit approval of the application.

(4) For approval of grants for construction of long-term and extended care facilities, diagnostic or treatment centers, or rehabilitation facilities that may not exceed—

(a) 66⅔ percent of the cost of long-term-care or an extended care facility, diagnostic or treatment centers, or rehabilitation facilities; or

(b) 50 percent of the cost of any other project.

(5) For special Federal assistance only if there is compliance with the same terms and conditions (including determination that the project is needed in accordance with the appropriate State plan for health facilities in the District) as are applicable to the grants under the Hill-Burton, mental retardation or mental health center construction programs. Accordingly, such proposed projects would be reviewed to assure compliance with the State plan and priority system required under the Federal Hill-Harris mental retardation or community mental health centers program. Such projects would be required to meet construction and equipment standards contained in regulations adopted to implement such programs.

(6) For a mechanism by which a responsible metropolitan areawide planning body may comment upon the merits of each application. This particular phase is especially noteworthy because it provides a device by which local representatives, both professional and lay, may consider construction proposals in relationship to the needs and plans of other health institutions or programs in the Washington, D.C., metropolitan area, wherein the three jurisdictions of the States of Maryland and Virginia and the District of Columbia are concerned.

BACKGROUND OF FEDERAL AID TO THE DISTRICT OF COLUMBIA

The unique responsibility of the Federal Government to provide financial assistance for the construction of hospitals and other medical facilities in the District of Columbia has been recognized by the Congress for more than 20 years.

In 1946, Congress enacted the Hospital Center Act, authorizing the appropria-