more than 600 beds can be used immediately in the District. Presently, the District has 2,513 beds in 26 licensed nursing homes which are being occupied near the 100-percent figure throughout the year.

LONG-TERM-CARE FACILITIES INADEQUATE

The need for Federal aid is most acute in the case of long-term-care facilities, one of the principal aims of the medicare program nationally and especially important in the District because Congress is expected to clear this session enabling legislation already passed by both Houses, placing the District under medicaid coverage. The lack of private fundraising potential for construction of these facilities is even more pronounced, than in the case of short-term-care facilities—as demonstrated by the fact that the District has been able to use little of the money available to it under the Hill-Burton program for construction of long-term-care facilities, due to inability to raise the required matching funds.

The District of Columbia Department of Public Health advised the committee that 272 additional long-term-care beds are needed and 204 other long-term-care beds require modernization or replacement in the District. Assuming an average cost of $10,000 per bed, the total cost of construction and modernizing long-term beds amounts to $4.7 million, whereas the annual Hill-Burton allotment to the District of Columbia for this purpose is only $200,000.

For the reasons cited above, special Federal assistance for the modernization of hospitals and the construction or modernization of other medical facilities in the District of Columbia is clearly required. To make up for the loss of normal private sources of support in the District, Federal grants should cover up to two-thirds of the cost of construction projects for a long-term-care facility, a diagnostic or treatment center, or a rehabilitation facility. The urgency of the need for such facilities and the relatively greater difficulty in securing financing for the non-Federal share of the cost of their construction, justifies a higher matching ratio than in the case of short-term-care facilities.

Federal grants under this bill would not be available to provide additional short-term acute general hospital beds. The Health Facilities Planning council for Metropolitan Washington has found that additional general beds in the District of Columbia will not be needed until after 1975. If this should change, however, additional authority can be sought from the Congress to construct additional general hospital beds, commensurate with the need existing at that time.

Your committee believes that the emerging patterns of health care nationwide, as already evidenced within the medicare and medicaid programs, point to the need in urban cities, such as Washington, D.C., for medical complexes ranging, from specialized acute care—both physical and mental—to ambulatory facilities, self-care units, and long-term-care facilities providing extended convalescent care. The bill under consideration provides a higher Federal share for long-term and extended care and ambulatory care facility construction as an incentive to the construction of these less costly facilities. This action should help to stabilize the cost of medical care and at the same time reduce the pressures for more acute care beds which are more expensive to construct and operate.

COST OF LEGISLATION

Supplementary Federal grants permitted under this legislation during the period ending June 30, 1971, could not exceed $36,227,000 under the authorization maximum of this bill. To support the physical need for this bill, the District of Columbia Department of Public Health submitted the accompanying table setting forth current plans for hospitals and other health facilities in the District of Columbia.

While the justification for each of these construction proposals would be required to meet standards laid down in the appropriate sections of the Medical Facilities Acts and the Mental Retardation Facilities and Community Health Construction Act of 1963, the statistical table illustrates the magnitude of the problem as viewed presently without attempting to project the need for 5 of 10 years in this fastest growing metropolitan area in the country. An example of the inadequacy of Federal funds presently available to the District under the Hill-Burton program to construct and modernize needed general hospital facilities is the fact that the Hill-Burton allotment to the District of fiscal year 1968 is $441,619 compared to the current need of $36,227,000.