

COMMITTEE AMENDMENTS

Amendments 1 and 2 make the necessary date changes.

Amendment 3: Your committee was unanimous in the judgment that an authorization maximum for the amount of supplementary Federal grants permitted by this bill should be written into the legislation. The committee concluded that \$36,227,000 would meet the requirements for the period during which the supplementary grant program would remain in effect for the District of Columbia under this bill. This amount was supported by particular project justifications set forth in the table, entitled "Construction Needs for District of Columbia Hospitals and Medical Facilities," earlier in this report.

Amendments 4 and 6: As reported, these amendments, as set forth on page 1 of this report, would provide clarification of the term "long-term-care facilities" by adding "including extended care facilities." Such amendments would include "extended care facilities" as being available to receive supplementary Federal grants to assist in their construction or modernization along with the categories of facilities covered.

These amendments, advocated by the District of Columbia Medical Society, were supported on the basis that the greatest need in health facilities construction in the District is for extended care facilities. Witnesses testified such would relieve the load on general hospitals and thereby reduce hospital costs to the family, the insurers, and the Government. Availability of extended care facilities would permit patients to be released from general hospitals earlier. "Long-term-care facilities" are ordinarily considered in medical terminology to be domiciliary care for the elderly. Addition of "including extended care facilities" to the term "long-term-care facilities" is designed to insure that the two health facility designations will not be improperly confused and to clarify their differing functions.

Amendment 5: A technical and clarifying amendment to substitute "Secretary" for "Surgeon General" in the Department of Health, Education, and Welfare.

CONCLUSION

Public hearings were held August 21, 1967, before the Subcommittee of Public Health, Education, Welfare, and Safety. Supporting testimony was received from the Department of Health, Education, and Welfare, the District of Columbia government, the District of Columbia Medical Society, officials of the Hospital Council of the National Capital Area, and the Washington Hospital Center. No opposition was expressed.

Your committee is impressed with the urgency for this legislation because of the manner by which it proposes to mesh with current national programs of Federal aid and its comprehensive approach to orderly and effective implementation of the health care facility planning process and the safeguards included. Therefore, your committee strongly recommends its passage, as amended.

SECTION-BY-SECTION ANALYSIS

The first section sets out the title "District of Columbia Medical Facilities Construction Act of 1968."

Section 2 authorizes total appropriations not to exceed \$36,227,000 for fiscal years ending June 30, 1968, 1969, 1970, and 1971 for the Secretary of the Department of Health, Education, and Welfare (hereinafter "Secretary") to make grants to assist in the modernization of public or private nonprofit general hospitals and the construction or modernization of public health centers, long-term-care facilities including extended care facilities, diagnostic or treatment centers, rehabilitation facilities, facilities for the mentally retarded, and community mental health centers.

Section 3(a) provides that the Secretary may approve grant applications only if an application has been filed under the Medical Facilities Acts (title VI of the Public Health Service Act (Hill-Burton Act) or title II or pt. C of title I of the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963), and such application either has been approved under the Medical Facilities Acts and the application is for additional funds, or it would have been approved under these acts except that sufficient funds from District allotments are not available to permit approval.

Availability of funds under this bill as required to be considered in connection with the possible approval of applications under the Medical Facilities Act.