

tion of hospitals and other medical facilities in the District of Columbia.

From the standpoint of background, the responsibility of the Federal Government to provide financial assistance for the construction of hospital and other medical facilities in the Nation's Capital has been recognized by the Congress for the past 20 years.

In 1946, Congress enacted the D.C. Hospital Center Act (Public Law 648, approved Aug. 7, 1946, 60 Stat. 896) authorizing the appropriation of Federal funds in the amount of \$35 million, or 50 percent of the construction costs of the Washington Hospital Center as a replacement for three independent non-profit hospitals. Since that time, several extensions of and amendments to that Act were added until a total of \$44.4 million had been authorized, on a matching basis, for construction projects in connection with every public and private hospital in the District of Columbia. That Act expired in 1962.

In 1962, Congress enacted Public Law 87-460 (approved May 31, 1962, 76 Stat. 83), authorizing a special Federal grant of \$2.5 million as 50 percent of the cost of construction for an addition to George Washington University Hospital. These funds were appropriated and the project has been completed.

In addition to these acts, Federal financial assistance for the construction of District of Columbia hospitals has been obtained through two generally applicable Federal programs—the Lanham Act and the Hill-Burton Act.

Under the Lanham Act (Title 42, U.S.C. 1521), two D.C. hospitals received a total Federal contribution of \$5.655 million, and under the Hill-Burton program (Title 5, U.S.C. 757) a total of \$7.194 million in grants was approved through fiscal year 1966, for 27 hospital projects in the city.

PRESENT NEEDS

Today there is a demonstrated need for the \$36,227,000 authorized in the bill for the construction of needed medical facilities in the District, in addition to the \$49 million in matching funds which the institutions themselves would be required to provide.

I might say right here it is possible there will be an amendment to further increase that, maybe something like \$4 million.

Under the formula for the allocation of Hill-Burton funds, the District of Columbia will be entitled to only \$441,619 in fiscal year 1968, on a matching basis. The demonstrated inability of District resources to meet these capital needs is the same now as when the Washington Hospital Center Act was enacted.

The most urgent needs of the D.C. medical facilities today are in the area of extended care. This proposed legislation, in addition to assisting with modernization needs, would provide special incentives to D.C. health care institutions to develop these extended facilities and programs by providing Federal matching funds to the extent of 66⅔ percent of the construction costs.

As to the differences in the two bills which I requested be put in the record, S. 1228, which was approved by the other body on December 15, 1967, differs from H.R. 6526, introduced by Chairman McMillan, in only one major respect. Whereas H.R. 6526 would provide for an "open end" authorization for the appropriations, the Senate amended the