

legislation to establish a ceiling of \$36,227,000 for these appropriations, which would be authorized over the next three fiscal years.

At this time the Chair would like to place in the record a statement by our colleague, Mr. Joel T. Broyhill of Virginia, who had hoped to be before the committee this morning. Unfortunately, he is unable to be here, and without objection Mr. Broyhill's statement will be made a part of the record at this point.

**REMARKS OF HON. JOEL T. BROYHILL, REPRESENTATIVE IN
CONGRESS FROM THE STATE OF VIRGINIA**

Mr. Chairman: I am delighted to support H.R. 6526 as a Bill that is vitally necessary to provide hospital and medical center facilities in the District of Columbia. This Bill recognizes the pressing and perhaps staggering needs of the hospitals and medical centers that provide essential patient care for the residents of the District of Columbia as well as for the residents in the neighboring Virginia and Maryland nearby areas. This Bill (which is under the sponsorship of the Hospital Council of The National Capital Area) is the result of many years of planning by the individual Hospitals and Medical Centers under the guidance of the Hospital Council as the planning agency for the area hospitals and medical centers. I have recognized that the Hill Burton program for the District of Columbia does not provide either adequate or fair funding for the federally impacted area of Greater Metropolitan Washington. This Bill should be enacted immediately so that the hospitals and medical centers can at once start to meet the patient service needs that exist right now.

This Bill has a well conceived planning structure to provide area wide planning and coordinated effort of the hospitals and medical centers as they struggle to meet the impact of Medicare and the metropolitan area's strident growth.

There is one essential feature to make this program effective which is not in the present form of the Bill. This feature is a provision for federal loans at a low interest rate over an extended period of years.

The hospitals and medical centers need this loan provision if they are to achieve their necessary construction to meet metropolitan area needs.

It would be unrealistic to state that these private institutions could raise the matching money without borrowing, since their public drive support is principally used to meet operating expenses. The exceedingly high rates of interest that these institutions would have to pay from private financing in the present money market places an unbearable burden of increased repayment cost on the hospitals and medical centers which would have to be passed on to the patient, raising the patient costs to unprecedented high charges—perhaps even unbearable.

In order for these private institutions to meet the construction backlog of pressing needs now, they need the availability of these loan funds. To delay the timing of this necessary construction will only increase the costs since construction costs climb every year.

There is another particular point in this Bill in which I am deeply interested. That is the provision of allotment to Georgetown University Medical Center. The provision in the Senate version of this