medical assistance program under Title XIX of the Social Security Act it is essential to overcome the District's deficit of long-term beds. The program authorized by the Bills before you should provide substantial encouragement for sponsors of such projects. The proposal itself recognizes the great need for such facilities by including them within the group for which there is a higher matching ceiling—66⅔%.

Mr. Chairman, the Metropolitan Council of Governments is completely non-governmental. We have to go to the private sector of the community to get budget support. We are a low budget organization with a huge amount of work done by leading volunteers of the city in professional field.

We heard Dr. Grant state that as the bill is written there is no provision for additional beds. You could build a whole new hospital but you cannot build additional beds.

We feel that this amendment is very much called for.

Mr. SISK. Are you saying that the amendment should be changed to make it possible for enlargement?

Mr. HANNAN. Yes, sir.

Also, with emerging patterns of care that tend to concentrate the more costly and complex procedures in institutions which are at the heart of urban complexes, there may be special expansion needs in central city hospitals that cannot be brought under the modernization category. There are real vital issues. There are serious problems facing some of our in-town hospitals just in this particular consideration, such as George Washington University Hospital.

EXTENDED CARE

Now to comment on that which we feel is of uppermost need with relation to this legislation:

First, there are the extended care facilities. That is the half-way bed from the hospital. It takes very little observation to conclude that we cannot longer in this community nor in this country proceed to give $70 to $80 a day care for patients who could be taken care of in a $20 to $30 facility. This is for the patient passed through the critical post-operative stage. This could immediately solve two things—first, a huge cost of hospitalization; and, secondly, the crowding of those acute beds which we have at the present time.

We feel in the Council that there is a need in the metropolitan area, and an immediate need, for 2500 such extended care, or so-called long-term, beds to relieve the acute facilities and to cut in half the cost of the treatment.

Third, it would make more available the under-trained—not the graduate nurse but the under-trained. In this the District has a high hope. If we can implement the program with our new Washington Technical School whereby you can have two-year programs in this, it has been demonstrated that we have ample labor potential in the District of Columbia particularly suited for this.

Therefore we urge that this be made available and that the bill be adopted in the way it is now presented and with the suggested amendments.

Mr. SISK. Thank you for your statement, Mr. Hannan.