with certain suggestions which we believe will make the enactment of such legislation more effective.

The greatest need in health facilities construction in the District of Columbia is for extended care facilities both long term and short term. HR 6526 includes—

Grants to assist in the modernization of public or nonprofit private hospitals and in the construction or modernization of public health centers, long-term care facilities, diagnostic or treatment centers, rehabilitation facilities, facilities for the mentally retarded, and community health centers.

While continuing to update and increase all health facilities is important, primary emphasis in this supplementary-grants bill should be on facilities designed to relieve the load on the general hospital. Despite all efforts by the medical profession to help reduce hospital costs to the family, to insurers, and to government, we all recognize that many patients could be released earlier from general hospitals to less costly facilities, either the short term requiring less expensive personnel and equipment, or the long-term nursing home type with a general hospital affiliation. This situation will be aggravated when title XIX of the Social Security Act is implemented in the District of Columbia.

Whether such emphasis or priority can be included in HR 6526 or should be made a part of the intent of Congress, is a matter for your committee to ascertain. We do believe, however, that some such emphasis or priority is essential to best serve the immediate needs.

With reference to the terminology as presently stated in the bill, I would like to make this comment. The medical society objects to the "long-term" phraseology because what hospital boards and hospital administrations and the medical profession are trying to develop in these days is progressive care. This range is in the spectrum from the intensive care unit to the domiciliary care type for elderly people who are unable to care for themselves. The greatest gap in this chain of progression from intensive care of a seriously and a critically ill patient to the well patient is in the extended care phase of movement. The general hospital is still taking care of people who do not require the sophisticated nursing care and equipment that exists on the acute wards. They are not quite able to go to self-care units which have been developed in a number of hospitals.

So, they are kept in the standard ward environment and it is not only costing them more but they are depriving other potential patients from entry into our already overcrowded hospital system. Therefore, we would prefer to see the term "extended care" substituted for the term "long care."

I would be happy to answer questions, if there are any.

Mr. SISK. Thank you, Dr. Ecker.

Does the gentleman from North Carolina have any questions?

Mr. WHITENER. No questions.

Mr. SISK. Thank you, Dr. Ecker. I appreciate your statement this morning. I believe there will be no questions at this time.

Now we have the Hospital Council of the National Capital Area. You may proceed, Mr. Bucher.