## STATEMENT OF WILLIAM M. BUCHER, EXECUTIVE VICE PRESIDENT AND DIRECTOR, HOSPITAL COUNCIL OF THE NATIONAL CAPITAL AREA, INC., ACCOMPANIED BY: DR. CHARLES W. ORDMAN, PRESIDENT OF THE MEDICAL STAFF, WASHINGTON HOSPITAL CENTER; RICHARD M. LOUGHERY, ADMINISTRATOR, WASHINGTON HOSPITAL CENTER; FATHER R. BYRON COLLINS, VICE PRESIDENT FOR PLANNING AND PHYSICAL PLANT, GEORGETOWN UNIVERSITY; AND WALLACE WERBLE, PRESIDENT, CHILDREN'S HOSPITAL

Mr. BUCHER. Mr. Chairman, my name is William M. Bucher. I am the Executive Vice President and Director of the Hospital Council of the National Capital Area, Inc. If I may, I would like to call the next four witnesses to sit with me here. They are: Dr. Charles W. Ordman, Mr. Loughery, Father Collins, and Mr. Wallace Werble.

I have a statement which I would like to have entered into the record, and I would like to make other housekeeping comments as we proceed.

Mr. SISK. I believe there are four statements. You have a statement, Mr. Bucher, and there are statements by Dr. Charles W. Ordman, Richard M. Loughery, Father Collins, and

Mr. BUCHER. Mr. Werble.

Mr. SISK. I don't have one for Mr. Werble.

Mr. WERBLE. Here it is.

Mr. SISK. Actually there are five statements?

Mr. BUCHER. Yes.

Mr. SISK. Without objection, those five statements will be made a part of the record at this point.

### STATEMENT OF WILLIAM M. BUCHER, THE HOSPITAL COUNCIL OF THE NATIONAL CAPITAL AREA, INC.

Mr. BUCHER. Mr. Chairman, my name is William M. Bucher, Executive Vice President and Director of the Hospital Council of the National Capital Area, Inc.

I am pleased to have the opportunity to testify in support of HR-6526 as the subject matter of this proposed legislation is of considerable importance to the continued provision of economical health care in the District of Columbia. My statement will be brief and will cover primarily the urgent need for this enabling legislation at the earliest possible date.

Within the District of Columbia there are only a token number of extended care facilities available for the treatment of patients who do not require expensive acute general hospital services. For example, the only non-governmental facilities which could provide the acute general hospital some relief in the care of such patients are nursing homes which are continually occupied at capacity. However, even if nursing home beds were available, this type of facility does not meet the specific needs of most extended care facilities. It has been estimated in the Washington metropolitan area that upwards of 20% of our patients could be moved immediately into an extended care facility, if it were available.