

I am sure you will appreciate the tremendous savings to be effected by the construction of extended care facilities rather than general hospital facilities when you are aware of the difference in cost. The average cost of construction of an extended care bed is less than 35% of the cost of an acute general hospital bed. In addition, the expense per day to the patient may run as little as one half of the expense of care in an acute general hospital. This principle was soundly recognized by the Medicare legislation which provides for benefits within the extended care facility. Also, placement of patients in an extended care facility will enable acute general hospitals to ease the shortage of nurses and other limited personnel categories by using such individuals where they are needed most—in the care of the acutely ill.

Because the District of Columbia is a unique Federal jurisdiction, the remedies available to the states do not solve the problems here. Under the Hill-Burton Hospital construction program, the District of Columbia receives an extremely limited annual allocation of approximately \$400,000 per year for all types of health facility construction. We support the contention of the Metropolitan Washington Health Facilities Planning Council in that the existence of neighboring State boundaries contiguous to the District of Columbia is inconsequential when related to service programs of our Washington hospital centers.

You will recall that the Presidential Commission on Hospital Costs called for sweeping innovations in the health care system to reduce the costs involved. We believe that this program for construction of extended care facilities coordinated with or adjacent to the major hospital centers is just such a dynamic new approach.

I should like to express, on behalf of myself personally and on behalf of the entire hospital community, our deep appreciation and thanks to House District Committee Chairman McMillan for his continuing interest and effective assistance over the years in assisting this community to meet its health care facility needs.

STATEMENT OF DR. CHARLES W. ORDMAN, PRESIDENT OF THE MEDICAL STAFF WASHINGTON HOSPITAL CENTER

DR. ORDMAN. Mr. Chairman, thank you for the privilege of appearing at this hearing.

My name is Charles W. Ordman. I am President of the Medical Staff of the Washington Hospital Center and I appear with our Administrator, Mr. Richard M. Loughery, to testify in favor of HR 6526 because of this community's real need for this proposed legislation.

The Washington Hospital Center is a private voluntary nonprofit hospital and serves in fact the greater Metropolitan Washington area, some 50% of our patients coming from outside the District of Columbia itself. The Center has now approximately 820 beds, and since its opening has kept abreast of the changing needs of medical practice and advancements in patient care by its addition of several units: Self Care, Medical and Surgical Intensive Care and Coronary Care and a recently endowed research facility. Because of the virtual explosion in knowledge pertaining to diagnosis and treatment of disease and the facility requirements concurrent in this progress, we are planning to enlarge and expand those areas for the treatment of the acutely ill patient. We have conducted our activities with some modicum of