The future need of inpatient beds, whether public or private, to satisfy the health needs of the total population of the District of Columbia including the categorically and medically needy population, under the proposed D.C. Medical Assistance Program—Title XIX, for the years 1968–71, is estimated by the D.C. Department of Public Health to be as follows:

	1968	1969	1970	1971
General medicine-surgery	4,958	5,085	5,085	5,225
Mental health	333	352	374	374
Long-term care	445	475	475	475
Tuberculosis	472	472	472	472
Totals	6,208	6,384	6,406	6,546

Under the financing formula provided by H.R. 6526, the construction cost of these additional new beds that could be needed is conservatively estimated to be as follows:

a. Construction cost per each type of bed:

General medicine-surgery	$35,000.00
Mental health	25,000.00
Long term care	20,000.00

b. Total new beds needed by type and year:

	1969	1970	1971
Gen med-surg	127		140
Mental health	19	22	
Long term care	30		
Tuberculosis			
Total	176	22	140

c. Total construction costs (estimate) of needed beds by type and year:

	1969	1970	1971
Gen med-surg	$4,445,000		$4,900,000
Mental health	475,000	$550,000	
Long term care	600,000		
Total	5,520,000	550,000	4,900,000

d. Distribution of construction costs of needed beds under financing formula of H.R. 6526:

	1969		1970		1971	
	S.S.* S.S.*	F.S.** F.S.**	S.S. S.S.	F.S. F.S.	S.S. S.S.	F.S. F.S.
Gen med-surg	$2,222,500	$2,222,500			$2,450,000	$2,450,000
Mental health	237,500	237,500	$225,000	$225,000		
Long term care	200,000	400,000				
Total	2,660,000	2,860,000	225,000	225,000	2,450,000	2,450,000

*S.S.=Sponsor's share of the cost.
**F.S.=Federal share of the cost.

I hope that this information will contribute to the favorable consideration of H.R. 6526 by your committee.

Sincerely yours,

LORIN E. KERR, M.D.,
Chairman.