is 8.1 days. Also, for the year 1965 the occupancy rates of these beds per thousand Metropolitan Washington Area residents was as follows:

| | |
|---|---|
| District of Columbia | 1886 |
| Maryland | 477 |
| Virginia | 565 |

Comparison of the above utilization data with those of the United States indicates that the beds in the District are being over-utilized. This fact, plus the existing critical shortage of skilled nursing home beds in the District, is now and will continue to be a serious obstacle in meeting the demands for beds under the Medicare and Medicaid provisions of the Social Security Act. Excessive occupancy of acute hospital beds must continue until such time as sufficient extended care and nursing home beds become available. Estimates of this additional need in the District range upward from 800. At present, we have in the District 2490 beds in 26 licensed nursing homes which are being occupied for all practical purposes close to 100 percent throughout the year.

*Other Related Health Care Facilities*

Besides the known need for hospital and nursing home beds, annual surveys made by the D.C. Department of Public Health for the preparation of long range hospital and medical facilities construction plans under the provisions of the Hill-Harris Act (formerly Hill-Burton) indicate that there is, and will continue to be, need for additional health care facilities in the following areas: Public Health Community Centers; Diagnostic and Treatment Centers; Rehabilitation Facilities; facilities for the Mentally Retarded; and Community Mental Health Centers within the District of Columbia. Toward the satisfaction of this need, the Department of Public Health has, in the planning stage, a health care facility for the near Northwest Area of the District which will include all the facilities listed. This health care facility will be the prototype for similar facilities in other areas of the city.

Because of the previously noted medical care shortages, it is estimated that the following are required to alleviate the existing inadequacies:

1. Extended Care Beds—$17,950,000—860 beds. The basic patient bed need of District of Columbia Hospitals and Medical Centers in serving the Metropolitan Area is to provide new extended care beds, i.e., nursing and convalescent beds. This type of bed is less expensive to build and costs much less to operate. Costs to the hospital patient will be reduced since an estimated 20% of patients do not need full hospital bed care or costs but should be in extended care beds. These facilities should be constructed and operated by existing hospitals or medical centers in order to keep the charges to the patient as low as possible. The present structure of medical practice in the District, wherein doctors are affiliated with specific hospitals and medical centers, makes a private hotel approach for this type of facility impractical in the District.

2. Outpatient, Mentally Retarded, and Health Instruction Facilities—$40,903,000. Additional diagnostic and outpatient treatment facilities are urgently needed to meet the expanded population of the District as indicated in surveys by the Health Facilities Planning Council.