3. Bed Replacement and Renovations—$42,665,000. Certain beds existing in old facilities are inefficient and ineffective for the practice of modern medicine and should be replaced. Where economically feasible, other facilities are to be renovated to meet Public Health Facilities standards. It has been determined by Congress many times in the past by special legislation with respect to the expansion, construction, or reconstruction of specific hospitals and medical facilities that there are needs in the District over and above those being met by the various hospital and medical facilities construction acts, which are applicable to all the States and the District of Columbia.

B. FUNDS

1. Grant for HR 6526—$40,052,000. The responsibility of the Federal Government to provide financial assistance for the construction of hospitals and other medical facilities in the District of Columbia has been recognized by the Congress for a number of years. In 1946 Congress enacted the Hospital Center Act, which authorized the appropriation of Federal funds for the construction of the Washington Hospital Center as a replacement for three independent nonprofit hospitals and required the District Government to repay 50 percent of the net cost to the Federal Government.

In 1951, the Hospital Center Act was amended to authorize grants of up to 50 percent of the cost of constructing or renovating hospital facilities in the District. The District of Columbia was required to repay 50 percent of the Federal contribution. This was lowered to 30 percent in 1958 with respect to grants made after that time. Under the 1951 and subsequent amendments, grants of $17,420,453 have been made for projects having an estimated cost of approximately $44,400,000. The Act expired in 1962. In 1962 legislation (P.L. 87–460) was enacted authorizing grants up to $2.5 million for 50 percent of the cost of constructing an addition to George Washington University Hospital. Funds for this purpose were appropriated by the Congress in the fiscal year 1964 and the project is now complete. In addition to the Hospital Center Act and P.L. 87–460, both of which applied solely to the District, Federal financial assistance has been given for the construction of hospitals and other medical facilities in Washington through two generally applicable Federal programs—the wartime defense housing and public works program, commonly referred to as the Lanham Act, and the program authorized by Title VI of the Public Health Service Act, commonly called the Hill-Burton program. Under the Lanham Act, two hospitals in the District received a Federal contribution of $5,655,000. Under the Hill-Burton program, a total of $7,194,000 in grants was aproved through fiscal year 1966 for 27 projects in the District. The allotment of funds to the District, which takes into account per capita income and population, is low in relationship to the facility construction problem.

2. Loans for HR 6526—$40,575,000. As the special Federal aid previously given for construction of District medical facilities indicates, the Hill-Burton, mental retardation, and mental health center construction programs provide only a partial answer to the problem of financing the construction of such facilities in the District. Sponsors of projects for such construction in the District of Columbia