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The Federal Hospital and Medical Facilities Survey and Construction Act (Hill-Burton)

Maine Department of Health and Welfare

Hospital Facilities Program

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The Federal Hospital and Medical Facilities Survey and Construction Act (Hill-Burton Act) provides for the continuing survey of existing facilities, programming of construction on a priority basis and financial assistance for the construction of facilities in accordance with a comprehensive State Plan. This Plan must be revised each year and is subject to approval first by the State Hospital Advisory Council which is appointed by the Governor and then by the U. S. Public Health Service.

The Department of Health and Welfare is designated by the Federal Government as the sole agency to administer the Program on the basis of plans and policies approved by the Advisory Council. Each Council member holds office for a four year term and their selection is representative of the several interests involved in hospital facilities construction and utilization. Dr. Frederick T. Hill of Waterville has been Chairman of the Council since its first year of operation in 1948.

Historically, the Hospital Survey and Construction Act was enacted in August 1946 as Public Law 725 of the 79th Congress. Part "C" of the Act provided grants of funds to the States for the construction and equipment of hospitals with the provision that the States first survey all of their hospital structures and set up a priority system of need for new construction in accordance with the Federal requirements. Funds for construction were first made available in fiscal year 1948 for the following types of hospitals: general, tuberculosis, chronic, and mental.

In 1954 the Act was amended by Public Law 482 of the 83rd Congress which became Part "G" of the Act. This provided separate allotments of funds for diagnostic and treatment centers, chronic disease facilities, nursing homes and rehabilitation facilities.

Part "C" funds for hospitals in Maine during the 13-year period total $8,946,963. These funds have been used on 29 "C" projects having total costs of $20,000,000. The average allotment of "C" funds has been approximately $690,000 per year.

Part "G" funds for medical facilities during the six years that such funds have been available total $1,871,454. These funds have been expended on 14 "G" projects having total costs of $3,000,000. The average allotment of "G" funds per year has been about $324,000 apportioned as follows: $100,000 for diagnostic and treatment centers; $100,000 for chronic disease facilities; $55,955 for nursing homes and $55,955 for rehabilitation facilities.

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Effective July 1, 1961 an applicant for funds under the Program will need to demonstrate that the sponsor's local share of the required project funds are already in hand at the time of application. It is felt that this change will result in better project planning on the part of the sponsor with less delay in making use of Federal funds.

For long range planning purposes the type of construction, arrangement and location of structures containing the various types of medical facilities contemplated under the Act, rather than the quality of medical services offered are the determining factors in the classification of these facilities as acceptable (suitable) or non-acceptable (unsuitable). Ideally all of the structures should be of first class, fire resistive construction of modern design and proper location to provide the optimum of safety and facilities for the best medical care of the people of the State. Realistically the present structures for hospitals and medical facilities are

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far from the ideal. For example, over 30% of the general hospital structures and nearly 100% of the nursing home structures are converted wooden dwellings.

Construction programming has been based on the needs of hospital areas and particular services rather than of any intent to make equalized funds available to each hospital. Furthermore, there has been a continuous intent to stimulate thinking in terms of regionalization and coordination of facilities rather than competition among them. These concepts have been constantly stressed to interested persons and, hopefully, may have prevented some unwise expenditures that might otherwise have been made in the cause of community pride.

In June of this year, proposed amendments to Title VI of the Public Health Service Act (Hill-Burton Act) were introduced into Congress. Provisions would be made to (1) permit and encourage States to give more attention and (in exceptional cases) higher priority to projects for the modernization of hospitals; (2) authorize increased Federal participation in research and experimentation for more effective use of the services and resources of hospitals and other medical care facilities; (3) place greater emphasis on the construction of special facilities for the care of long-term patients by consolidating the two present categories of chronic disease hospitals and nursing homes; and (4) make available grants to regional, area and local planning groups to coordinate the planning of hospitals and other medical facilities and services.

Financing of these proposed amendments calls for a re-distribution, but no increase in existing appropriations authorization for construction grants. The current $150,000,000 authorization for hospitals would continue during each of the fiscal years 1961 through 1964. The $40,000,000 annual authorization for long-term care facilities would replace the existing $20,000,000 authorization for chronic disease facilities and $10,000,000 for grants for nursing homes, and the existing $20,000,000 annual authorization for grants for the construction of diagnostic and treatment centers would be reduced to $10,000,000.

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At the time this paper was prepared (June 15, 1960) consideration was being given by the Congress to certain proposals that would have an effect on the serious problem of nursing home care in Maine as well as in the other States. The President had submitted to the Congress an amended budget request to increase by $2,000,000 the 1961 appropriation to the States, the purpose being to initiate and expand programs to improve patient care and related services in nursing homes. The proposal stressed that many of the nursing home beds in the country are seriously below desirable standards with many providing only domiciliary care rather than "skilled nursing care."

The Secretary of Health, Education, and Welfare, Arthur S. Flemming, emphasized certain facts previously published in the *Journal of the Maine Medical Association;* namely, that high quality nursing home care is a particularly important community resource in the case of the aged and other chronically ill persons. He added that when nursing homes are brought up to standards that will qualify them for classification as skilled nursing homes, provision would be made for a type of long-term care facility that could substantially relieve requirements for the more costly hospital beds.

Four years ago a *Journal** article pointed out that in planning nursing home construction it seemed wisest to consider them as related to general hospitals and in this way gain the advantages of patient exchange, staff training, criteria of standards of care and the maximum utilization of both facilities with resulting economies and improved patient service.

*The Journal of the Maine Medical Association, March 1956 issue.