

SENATOR WESELY: Thank you. Mr. Speaker, members, the intent again was to recognize that a lot of states have taken the route of going to provider fees, provider taxes to raise money to help pay for Medicaid. This state has resisted that effort across the board up to this point. But, clearly, with the intergovernmental transfer concept that Senator Warner will be bringing forward with LB 815 and with LB 805 you have some taste of what that is. Now with both of those bills, they are, as I understand it, federally allowed at this point with a lot of other restrictions in place and a lot of states did a lot more than we're talking about here, raising revenues and turning around and matching federal dollars. That's one of the keys you need to keep in mind. You're not just raising the \$300 and then turning it back into the primary care physician. You're taking \$300 and getting a federal match of approximately \$450, so now you've got \$750 from every physician in the state and then you turn around and the portion of those physicians that are primary care get an increase in reimbursement that...for the Medicaid patients that they take care of. Now, currently, they are being reimbursed at about 70 percent of charges, I understand, that Senator Byars was talking about that. This isn't going to be a huge increase that ends up having people soliciting Medicaid clients. They're not going to do that. But the idea is not to lose ground is essentially what we're talking about. We can't lose any more ground than we already have and if you put a cap on reimbursements, as the Appropriations Committee is doing and you don't do something like LB 805, you don't have the money to then increase the reimbursement for those primary care physicians and we need to be doing that or we're going to lose ground. People are going to say, that's it, we're not going to do it anymore, it's a hassle, it's trouble, and they don't want to put up with it any longer if they're not going to get at least some reasonable compensation. So I would ask you to support the bill. I do want to indicate my appreciation to the physician community because they have been willing to talk about this. They haven't dug their heels in and drawn a line in the sand and jumped up and down and all of that, they have been willing to talk about how they can help solve the problem and I want to thank them for that. We will look at the idea of changing the surcharge from the fee to some other mechanism and then utilizing it to match the federal dollars. Now let's be honest, as I said earlier, this is going to take from some and give to others. It will take from the specialist, it will take from the surgeon, it will take from some that, in my view, by and large, are usually higher salaried physicians and turn