

together to come up with a plan that can be used as a basis to then look at certificate of need applications, at exemptions in terms of scope of practice limitations that we have in place. We can allow for joint collaborative projects between providers. We can do a number of things that can get people working together to address our health care needs. Currently, we have no planning structure. We have no regional-based system of people working together. We have no data system that allows us to track what's happening. We don't have a public health service system in this state. We've got certain cities and counties that have it. We are not prepared for the changes about to occur. This is the first step. It's a small step but it's the necessary step if we're going to do anything else. The bigger changes that have to occur are going to be things like Nebraskare's plan on a basic benefit package that would be required to be offered by all employers. Now that's a big step. Nationally, the same sort of thing is being talked about by the Clinton task force. Those are big steps requiring coverage, requiring everybody be part of a plan. Now that is going to be major change. This is not major change. Now, it's a major effort to try and get this minor change, but nevertheless without this we haven't the ability to know where we want to go. So when the federal government's deciding what they want to do when they talk about the task force report and they look at whatever legislation comes out, when they look at Nebraska they're going to find us ill-equipped to deal with the sort of responsibility that I think they're going to give to us and they should give to us. And the less the states do, the more we hold back, the more we're showing our unwillingness to take the challenge up to try and change the system, the more difficult it's going to be to go back to Washington, argue, give us flexibility, give us the opportunity to act. When I was back there to meet with the group I said, look, one of the bottom line positions I think all of us can agree on is whatever national change should occur on health care, give the states a chance to work out their own system. And, more than that, I think our states have to give our local areas a chance to work out a system that makes sense, 'cause you can't have edicts coming down from Washington, you can't even have edicts coming down from Lincoln that fit everybody. And I made that argument when I went back there. I don't know if I can make that argument again if we should fail to advance this bill. If you care about the health care issue, if you care about doing something about the problem there is nothing else on the table. This is it. This is the bill and you may not like it, it may