

whether the cuts worked or didn't work or had positive or negative impacts on recipients. Next, we allow for an item that was in the original bill...excuse me, in the committee amendments that allowed the department and have the department where possible restrict Medicaid recipients to a single pharmacy. Doesn't absolutely restrict them, but our thinking is that there's been a problem identified with pharmacy shopping and duplication of prescriptions and things and, until we get a point of sale computer and system into place, we don't know how we can better address the problem other than this provision of saying you go to one pharmacy and then we can track you better. In time, when you get a point of sale program in place you won't need that, but for now that's what we're trying to do. Now I should note that there...this morning the A.P. has announced that there have been 22 pharmacies that have had agents come in and seize records to identify potential fraud and abuse in the Medicaid program, so when we dwell a bit on pharmacies and pharmaceutical purchases and things I think there's probably a reason for it. I don't know ultimately what those...that action today will result in, whether there will be indictments or how much might be involved in terms of dollars, but nevertheless there's an ongoing concern not only of recipients perhaps abusing the current system, but providers of services on occasion doing that, and so we need to be cautious and try to stop where we can any waste or fraud or abuse in the system and this will help. Next we also have the Director of Social Services work with the pharmacists and pharmaceutical companies to find a way to reduce expenditures and we also have the department move forward on a point of sale verification system. Again, our feeling is when you get that in place you will save money substantially in this program and have a positive impact on the cost of Medicaid. We are also providing for in this amendment a provision that managed care should be established across the State of Nebraska. We want to make sure, again, one of the concerns that was brought up in the original amendments on General File was the abuse and problems with the system in the rural areas of the state. A lot of you have come up to me, a lot of rural senators came up to me and said, we are concerned about where we stand with people taking advantage of the system in these rural areas. And originally the managed care concept was mostly focused on Douglas and Sarpy County, has to some degree been put into effect in Lancaster, so what we're saying here is we want a total statewide effort because colleagues have indicated, from rural Nebraska, that managed care and its ability to stop waste in the system is something that ought not