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FLOOR DEBATE

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before you in the form of amendment. The cut that has been taken, and it's been recommended by the Governor, by HHS and was passed by Appropriations, the cut saves the state budget \$5.5 million over two years. It removes \$13.5 million in medical care during that two years because of the Medicaid match. If we do not pay it on the state level, the cost transfers to the counties, who are required to pay the medical bills for indigent persons, those under a particular income, and that's shown on the green sheet. It does vary with some counties. Even cutting that cost in half to \$7 million, you can see that we are saving on the state level by this cut \$5.5 million, and we are transferring to the counties \$7 million in costs. It's just that simple. There's no hidden...no hidden bells or whistles or peas under a pod or anything. It's just that simple. In Appropriations we are under the gun to cut. We were not trying to do foolish cuts, I assure you, and in our discussion that evening we said, well, 19- and 20-year-olds tend to be healthy and also they tend to be a little confused; maybe they won't find a new place for their healthcare. And we decided basically on that basis that maybe we can dodge a bullet. And we're desperate, remember, to cut the budget. After the decision, I asked more questions in my county, which is some references to that, and found that one-third of those costs are hospital costs, and about half of those costs are cancer. Those persons who are using this are going to find the hospital. And it finally dawned in this old thick head that it isn't the 19- and 20-year-olds that have to go find our fancy office or someplace in order to apply for Medicaid. The hospitals do that. The physicians do that. They will find the county and they will bill the county. Douglas County assumes that it could cost them as much as \$14 million in the next two years. That's from the county budget officer. Because it's not just a matter of paying the 100 percent instead of the 40 percent. It's a matter that some of these young persons will not find their way to the physician's office where they could get a physician's call and a bagful of prescriptions for \$100, let's say. We'd pay \$40. Instead, they'll go to the emergency room and, as you know, the small bill there is \$200. So in those cases, what would cost us in the state \$40 will cost the county \$200 and up. Those are the decisions that we have to look at. That's what we think about in Appropriations when