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overall structure of the Medicaid program. Now, I bring this up because it's my resolution that I had offered. And since I'm offering another proposal before you, it would make sense, or at least logically you could conclude, that some of those same ideas may follow into this proposal. And here's what that proposal was. "The study shall include examining ways to empower and reward individuals to be responsible clients of healthcare including medicaid, and exploring partnerships between the state, nonprofit organizations, and insurance providers that will balance the interests of the individual clients with those of the state." Again, "establish priorities and ensure flexibility in the allocation of medical assistance benefits." There it is. Now, if you bring a perspective to this debate that's contrary to that, fantastic. Let's work through it. Let's get to a common understanding of what our intent is. At least my intent. I can't speak for all members of the body, and I never would try. But at the same time, let's look also at future amendments. And I was going to wait to bring this up. But since this has become a discussion that needs to be had, we'll do it now. I have an amendment, AM1049, that would put healthcare providers, healthcare consumers, and advocates, it would also put business representatives, insurers, and elected officials, on an advisory council to discuss the progress of this plan. This is not done in a vacuum. There is no tunnel vision, except those that are being brought on this floor that are narrowly drawn to an interest of theirs. It's all on the table. If the language in the bill is not there, more than happy to work with you. Senator Beutler and I have had meetings, repeatedly. That's what AM1049 is a result of. How do we arrive at the intent and ensure the proper guidance and flexibility to solve the problem? This isn't an exercise in political process. This isn't, I can introduce a bill, I can get it out of the Health Committee. So what? We have a problem. We must look at those people who we're providing care for, and determine if it's appropriate. And at the time when we determine that there need to be alternatives, we need to be able to provide them. It's in the language of the bill. Future amendments will follow that will ensure buy-in, it will ensure discussion. It will put people at the table, and it will also ensure that those tables travel throughout the state. It's not done in Lincoln. It's done in congressional districts