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caid payments principally for nursing home care. Senator Wesely and myself and others have indicated that in the last fiscal year the cost to the state was approximately \$65 million. In this fiscal year, the cost to the state is going to be in the upper \$90 million. I am sorry, last fiscal year was \$65 million. This fiscal year it is going to be in the range of \$95 million to \$100 million. Next fiscal year it is expected to be in the range of \$120 million. Now this new provision we are putting into the certificate of need statute permits some recapture of some of those payments when these nursing homes are sold for a profit and our intent in putting this recapture provision in is to ensure vigorous enforcement of the recapture principles that are currently in existence in the regulations of the Department of Public Welfare. Now let me briefly review four additional issues that this body should be informed of. These are all things that we are taking out. Now first of all, we have decided to remove the requirement that site acquisitions by hospitals be subject to review. Now the reason for that is that when real estate is bought and sold by hospitals it will inevitably appreciate. As soon as a hospital decides to develop that real estate in any respect, whether it is for a parking lot or for a new building or for whatever, at that point the review will take place. It will take place because plans and specifications for the development of that site are coverable under this particular act. Now the second item that we have taken out, on page...

SENATOR CLARK: One minute, Senator Hoagland.

SENATOR HOAGLAND: I had asked unanimous consent earlier, Mr. President, to extend my time just a moment so I can complete this explanation, if that is all right. Now the second provision we are taking out is in a sentence that appears on page 8 of Request 2899 that was distributed to all of you last week, in section 28 which is as follows: Substantial change in health service shall also mean the expansion or reduction or modification in the scope or type of an existing health service provided by the health care facility or the health maintenance organization. Now we are taking that out for the following reason. We feel that it would be virtually impossible to force a facility to maintain a service it wishes to reduce or wishes to terminate unless the state is willing to subsidize the operation of that service. So for that reason and others why we have decided to take that particular provision out. Now the third provision that we are changing is a provision that relates to the equipment in doctors' offices. Now