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at the developmental center. Anyone that has any common sense in making comparison of figures does not pick out a select group and then make with a group that they picked to be easy to care for, a group they pick to be least cost to care for and then compare that back directly on cost of services to the Beatrice Center and that is exactly what Touche Ross did. Then a second point, on medical cost that they used projected for the regional cost for the future projections on severe and profound, and I am talking about a group of very fragile people, high epilepsy rate, majority epilepsy rate, majority carrying cerebral palsy, putting a projection that costs less than what my family pays for medical insurance with none of us fragile people, none of us with presently or projected in the immediate future any medical cost. Now this is sheer fallacy and that should have been corrected before the report was ever approved. A third factor that is a total flaw of the report was the fact that when that Touche Ross report came out it made comparison of cost structures, some at Beatrice with very severe continued hospitalization cost, it made a comparison with a community cost back with the institutional cost without incorporating the cost factor that was pushed on the Beatrice institution in the rising cost by depopulation, and to come at what the state is putting out in total, in total budget, without any shenanigans, you have got to consider the total cost factor of all considered. Now I have to raise a lot of questions on this budget cut and I haven't really talked in detail enough with the Governor's Office yet to have a firm opinion but he states, the arguments the Governor's Office come with are that these are coming from the higher costs of services on a given clientele in relationship to the other regions. If that is true, I really don't see how we can afford to override the veto. I would like to hear some arguments directly as to the proponents of the override as to where that money is going to come out of the budget in Region VI, and hear a little more detail. I am still somewhat open on this measure but I do not like to see the arguments of the proponents of the override coming and making it an issue of the Beatrice versus this region. I am basing these arguments on fallacy that existed in the Touche Ross report where they were unrealistic on medical cost, where they made direct comparison of noncomparable groups...

SENATOR CLARK: You have one minute.

SENATOR BURROWS: ...and where they did not consider the rising cost of the Beatrice Center directly related and attributable to the shift of population and the reduced population and the steady load of fixed costs existing there. Thank you.