

not going to make very much difference, if any difference, whether that level is \$500,000 or \$600,000, and very frankly Senator Cullan, I don't believe it would make much difference if it was \$150,000. I will tell you why, because it is not going to change this sort of thing here. There is a bill for a patient...an elderly patient went into a hospital, not in this state, went into a coma, came out 36 hours later dead, and the bill is about \$6400. Now I can read on that bill some of the items. It would take a much more skilled person medically than myself to explain most of them. Two of the items are \$680 per day for room and board. I don't know how much room and board you can give a person who is in a coma in a hospital for 36 hours, but that is what the charge was. I can recite to you the fees for x-rays, etcetera. But nowhere on that bill is there a charge for colored T.V. in the hospital. Nowhere on that bill is there a charge for a telephone in the hospital. Nowhere on that bill is there a charge for ordering off the menu or for ordering wine, if you choose, from the menu. All of these services, if you want to call them services, are provided today gratuitously to every single individual who goes into a hospital. And I suggest that if we are going to look at being cost effective, why in the name of common sense does every single room have to have colored T.V. and a telephone and many other facilities which many of us do not even have at home? In every instance those facilities are available to people who many times cannot use them, yet there is a built-in charge there. We have never looked at this except for one reason, and I want to point out we will never solve this problem of cost containment until we solve the problem of reimbursement. So long as we have assignment of insurance to hospitals, and suppose....

SENATOR CLARK: You have one minute.

SENATOR SCHMIT:I have a policy where I pay 80 percent, where the Blue Cross pays 80 percent, now I assign my insurance to the hospital. They get their 80 percent. The hospital comes back to me for 20 percent and I choose not to pay. Do you know what happens with the 20 percent? It goes back in the pot as an uncollectable debt and the hospital then collects it through the auditing procedure. They have absolutely nothing to lose by my not paying. Now that is just one small example. That is why I said the procedure needs to be reviewed in more depth than we are doing here today. I am not going to bore you, but I will tell you what you are doing now is an exercise in futility. It is an exercise in futility. I cannot support the Cullan amendments but I cannot support the procedure by which we are trying to change the bill either. I am afraid even if you