

be difficult to pinpoint responsibility and I do not think that all of the fault lies with the hospital nor does all the fault lie with the state agencies but there has got to be some legislative direction that specifies specifically that we will not tolerate, we will not condone, we certainly will not encourage delays that are unnecessary and this is an attempt to tighten up that process and require that information that is required to be provided and that it be provided promptly so that a determination can be made. I would offer a suggestion and I believe that the day may come when the entire system will be reversed and a certificate of need may not even be necessary if we provide some of the other mechanisms that are included in this bill. For example, if we go to prospective cost reimbursement, if we do away with revenue bond financing of hospitals, if we require itemization of expenses, if we do not allow the situation to continue where an individual is included in a group health program, for example, and does not have any choice in determining the kind of program, insurance program, that he purchases, I would just like to suggest, for example, that you go briefly with me through the summary that I have provided for you. Number one, as I said earlier changes the time frame in the hearings requirements for certificate of need. I believe they meet the federal requirements and I think that is important. Number two provides that all health care providers prepare financial data that is uniform and submitted annually at the end of their fiscal year. I want to call attention to this. How many of us have any concept, how many of us have any knowledge of the financial condition of the hospitals in our own area? I would suggest you take a look at it. I would suggest you would find out that many of them have substantial cash reserves, notwithstanding this fact, the cost of the room, the cost of the care, continues to be what I consider to be excessive. We find and I want to make it plain here because someone will mention it later on, as a member of the Board of Directors of Blue Cross - Blue Shield that notwithstanding all efforts of holding down costs, insurance costs continue to rise and the system isn't working. The system does not cover the cost that we have incurred in the past. I'd just like to point out that many times those of us who purchase a policy think we are covered and find we do not have the coverage that we thought we had. On the other hand, first dollar of coverage has tended toward overutilization of the facilities to an extent that I believe is undesirable. If you will follow through I think that if you would provide for uniform cost accounting and a uniform financial reporting system, you could find out just what is going on in the various facilities. The cost of providing health care is not the same in David City as it is in Omaha but I want to point out also that there ought to be some kind of data