

a year but if you wind up with a serious head injury, you can spend \$400,000 within the year and you could have insurance that is a limited policy and it won't take you long to sell the farm, the house and the kids that you can get rid of and have to pay those bills. This bill, 187, was never intended to cover all of the unmet and the unpaid bills for hospitals and for physicians. However, in the state there was one program at least that had been in existence for a couple of years that did develop criteria for reimbursement to hospitals for the truly medically indigent. As I said before, a working stiff with a couple of kids that got laid off, he's been gone for two or three months, no longer has coverage, he's not covered by any of the federal criteria any longer that provides that, if he can afford to pay for it, he can continue the coverage up to six months; he doesn't have any money, he can't buy it, he doesn't have it. They are sick and they need help. They have \$10,000 worth of assets left in their house and they've got a car that might be worth 3,500 or \$4,000, he could get help. So the criteria established in 187, unless you change the criteria, you've got to feel...please feel fairly safe with the cap. I can't tell you what they are going to do two years from now or three years from now or four years from now. This bill or no other bill, I would not support another bill, I would simply just pay bills like we used to with Medicare and Medicaid. That kind of a process ruined, almost ruined the Medicare system. It provided, in fact, the incentive for President Reagan to establish what was called the DRG system, diagnosis related grouping system, where they say, we're not going to just pay bills anymore, we can't afford this cost plus time and material, whatever your bill is I'll pay it kind of business. We want you to tell us, in fact, for about 450 some procedures we'll determine what an average cost of that procedure should be, how long that procedure should be...how much hospital time and how much doctor's cost should be involved with that process and that's what you're going to pay. Now if you want to provide that kind of care, hospitals, doctors, sign up, you can do it. Some didn't, most did. But as long as the eligibility criteria in 187 is what it is, hopefully, you won't have to worry about that 32 million or 50 million or 60 million. I would not support this bill if it were an open-ended bill that would obligate future legislators and taxpayers for those kinds of dollars. This is simply to help hospitals, help health providers, help clinics and doctors be reimbursed for just a portion of what maybe some people can describe, if they can describe it, better than I've seen it described so far as medically indigent