

the committee amendments that we adopted, the bill originally called for that trigger to be 1.5 million. We are lowering that to 900,000 right now. Currently, my understanding is the department has been interpreting this section to cover changes in service that possibly even involve a mere \$500 in capital expenditure. I have...the hospital in Sidney recently went through a CON review for the installation of a \$500 plug-in for a mobile CAT scanner, so they had to go through the process for that. The fourth thing that is changed is the trigger review for major medical equipment. This would go from the current level of \$400,000. This would now be \$1 million, and I think that this would allow the hospitals to be a little more competitive in an open basis for providing these services to the public. The fifth change is that the current process would be streamlined at the Department of Health's in the certificate of need review. Currently the initial decision now under this bill, that would only be that the Department of Health could make the initial decision. There wouldn't have to be as many appeals involved. The department themselves could make the initial decision and then there would only be one appeal before going to the courts instead of the two sets of appeal that we have in place now, so it does make that change. The sixth change that it makes is a compromise that was reached between the health care association and the hospital association, the nursing homes and the hospital association, and what it does is it says that any conversion of acute care beds to skilled nursing care beds or intermediate care beds or a combination thereof which is greater than ten beds or 10 percent of bed capacity over a two-year period, that will be subject to CON review. Currently if there is no capital expenditure involved, the hospitals can convert those beds without going through the CON process. This actually puts another...this process under CON review which it presently is not under CON review. The seventh change is that the home care services, health care services, would be removed from the CON review. This is done because right now the service is actually rather inexpensive. The capital cost is minimal and reimbursement from state and federal government sources is very strictly controlled as to home health care. And we also have a licensure law for licensing home health care and this is in place that will help regulate the quality of such services that are provided. The eighth change is on...it deals with residential care facilities. If they would convert any of their beds to skilled nursing beds, this is simply to close a loophole that...well, this one is rather complicated for me. It's a loophole where such