

the first in a number of amendments that I've had drafted but it is the amendment that I think most clarifies and takes care of the concerns I have with this piece of legislation. I want to commend the providers, particularly the Hospital Association and Roger Keetle, for having attempted over the course of the last few weeks to sit down with me and try and work out some compromises on this bill. The Baack amendment is adopted, the committee amendments, did help to some degree to deal with those concerns I have. But the fundamental problem we still have remaining with this piece of legislation is the question about what oversight this state will have to review new services, new equipment, expensive new services and expensive new equipment? That is really the fundamental issue remaining as far as I can see because the other types of issues that we have in the bill I think are fairly reasonable. They come out of a study that was done by a task force that was pulled together by the committee and appointed by me two years ago. This task force was chaired by Dale TeKolste and did come up with a report two years ago. A bill was introduced last year to implement the report. Unfortunately we had a conflict between the hospitals and the nursing homes and as a result we weren't able to proceed on that piece of legislation. Well the hospitals and nursing homes sat down and worked together and came back with LB 429. Unfortunately, they took the original recommendations and the original bill from last year and they substantially enhanced their benefit from that piece of legislation. They took the thresholds that we recommended and made them much higher so that there would be more exemptions to the review. They made some other changes, particularly with the question about new services being reviewed and added those into the bill to further weaken and water down certificate of need beyond what was recommended by that task force that had been formed, a weakening far beyond what I think is justified. And so, of course, I did not feel comfortable with those additional changes. I did feel comfortable with the original base of the changes in changing the process, the procedures. Instead of having two different reviews, one review would occur. Instead of a very elongated review you would have a very streamlined review. Instead of having some things reviewed in a big way in a traditional fashion, you'd have to call nonsubstantive review for these types of operations that really are not controversial and can be reviewed rather easily, or don't even need to be reviewed, at all in the case of home health services. So I think the base and guts of this bill has gone a long way to help the hospitals and the health providers of this state. And what I think is