

something that is maintained by the professional organizations, by the Health Department itself in their ongoing inspections of nursing homes and hospitals. It is a professional review from the doctors' own peers, from the federal government, from the cost regulatory activities carried out by Medicare and Medicaid. Why have the duplication of certificate of need? It is unnecessary, unwarranted, costly and raises the cost of health care to our public. I'd ask you to reject this amendment.

SPEAKER BARRETT: Thank you. Senator Bernard-Stevens. Senator Korshoj. Senator Landis. Senator Landis, on the amendment.

SENATOR LANDIS: Mr. Speaker, members of the Legislature, I've been in the Legislature 11 years and when I first came to this body I thought that the laws as a general practice were going to get better through legislation, that maybe it wouldn't happen this year but it might happen next. All right, maybe the forces of complacency or the status quo were strong this year, but we'd wear them down and the law would generally get better over time. I no longer hold that opinion. I think every year we have the chance to invent as much mischief as we solve in passing laws and 11 years ago when we passed certificate of need, or 10 years ago rather, it was meant to stop the excessive costs of duplicating medical services. Since that time it has not had a hugely successful track record, certainly, but the concept isn't wrong. The notion that duplicative medical services are inherently more expensive and cost the community more is still true. Maybe we haven't captured those costs well or analyzed them as well as we should, but that underlying notion is still true. And frankly, the providers over time have rankled at that and not liked that and, certainly, where they had to pay for a review which established that what they wanted to do in the first place was cost effective must have rankled them, must have irritated them. But oddly enough, they lay in wait, find the time, wait from that first exertion of effort by this body to create policy until the time when this body has changed its characteristics, its personnel, and they are always out there, always waiting and 429 winds up being a compromise among the providers. But it is not a compromise with the regulators. The Department of Health hasn't signed off on this bill. The Department of Health, as a matter of fact, thinks that, from what I can tell, that the thresholds are too high, the bill is too generous, the bill is too oriented towards providers and, in fact, making corrections as perhaps we should have done in certificate of need has been handed over to the providers in