

"have nots" or urban versus rural. It is a question of how much can we afford and how do we distribute the resources that we have in a very limited fashion, health care. We simply can't afford to keep adding and adding and adding to the cost of health care in providing this equipment everywhere or that service everywhere and realizing that we've got to make some priorities and some choices, access is important, the quality is important, cost containment is important and there is no way you're going to have any handle on it any further with the bill that you have right now because it will have too high of thresholds and too many of these new services that are going to end up costing a lot of money in the long run won't get reviewed, they'll get into place and before we know it they will be costing everybody a great deal of money and because we disperse those services and equipment across the State of Nebraska, they won't have enough people utilizing them and the quality question comes into play. You know one of the things in this open-heart surgery issue, I had a gentleman call me from Omaha who was with the V.A. and he needed, I believe it was a bypass surgery. Instead of having it right there in Omaha he was sent up to Wisconsin. He was sent up there because they had better quality, they did more of the work, they had the higher success rate and he went up there and got excellent treatment and it actually cost less to send this person from Omaha up to Wisconsin than to do the surgery in Omaha. And one of the things we don't have right now is information about the quality question in our hospitals, and Senator Elmer isn't here evidently, but I'd ask him, he talked about, well, quality you let them in and then you check quality. There is no way for us to check quality. The hospitals will not share with us morbidity data so we know what people go into the hospital to do, what happens when they are in the hospital and how it comes out, what the results are and I'd be one...I've got one of the amendments up here to provide for that information. If you're really concerned about quality and you want to open the door up, let's follow what happens to it. Let's see what kind of quality we get out of it. If we've got five open-heart surgery operations going in Omaha and we had a sixth with Bergan Mercy, let's see what happens. Does the quality go up, does the quality go down? What's wrong with trying to provide some data on this question? And one of the things I pointed out earlier, Senator Elmer again talked about how these things won't cost anything, let's just let them go. But if you look at one of my handouts you'll see, for instance, heart/liver transplants, 1983, \$65 million. They did 176 heart, 163 liver transplants.