

They estimate in a couple of years from 176 heart there will be 10,000 heart transplants annually. From 163 liver transplants they will have 5,000 liver transplants annually. From \$65 million cost in '83, 1982, there will be \$2 billion annually cost. See, it starts off as a small thing, just a few transplants, and before you know it you've got a high cost, high utilization and somebody pays the bill and there is also the question about what kind of quality do you have. These transplants are difficult things to do and you've just got to have repetition and then the more you do, the better you'll do it and that's exactly what I'm trying to get at and it's not just with transplants, but it's with all the other things that are included on this list. You've got to understand the concept in health care is to try and realize, as I went through earlier, that we can't afford the increases in health care that is coming through here. We've got to do something about it. One of the ways to do something about it is to not have everybody in the world have the same equipment and doing the same surgery. You make some priorities. You make some choices. You help make some decisions for people, making sure everybody has got access. You don't have to send everybody up to Wisconsin to have open-heart surgery and I know similar cases they went down to Dallas from Lincoln because they had better care down there. This may have changed recently, but in any event, you have to as a legislative policymaking body and through the CON process, understand you can't do everything for everybody, you can't spend money everywhere. You've got to set some targeting, some prioritization and the list that we have is an attempt to do that. I went through open-heart surgery. The CT scanners which have been talked about going on nonsubstantive review...

SPEAKER BARRETT: One minute.

SENATOR WESELY: The positron emission tomography and the magnetic resonance imaging are both diagnostic things as well as the linear accelerator equipment, those would all be under review. The chronic renal disease, dialysis, would be under review as well and the lithotripter would be another piece of equipment reviewed. And, finally, the transplants of heart, kidney, pancreas, liver, et cetera, would be under review. This is a very carefully selected list of expensive new equipment and expensive new types of surgery and to get a handle on what is happening and where we're going in this state on health care, you've got to have this list and provide for that review. Without it you end up having, I think, eventually chaos and