

SENATOR WESELY: I'd pass over that amendment and the next one.

SPEAKER BARRETT: Thank you.

CLERK: Senator, I now have AM 1268 in front of me. (Wesely amendment appears on pages 1684-86 of the Legislative Journal.)

SPEAKER BARRETT: Senator Wesely.

SENATOR WESELY: Thank you, Mr. Speaker, members, the last amendments dealt with the list and I will revisit that issue on Select File and try to, hopefully, appeal to you to help try and reconstruct a list and review of process. The next three amendments deal with the additional concept of how do we get a handle on health care costs. You know, certificate of need does help with the segment of cost involving expenditure for new equipment, expenditure for capital improvements and also, if you had the list for these new services that end up costing a great deal of money over a period of time, obviously in that particular area we've eliminated that review unless we can go back to it with a further amendment. Under the first two questions we have raised the threshold so high it will be very high cost items in both equipment and in capital investment that we will now be able to review and all smaller expenditures will not be reviewed. But the key question in certificate of need has obviously not stopped the high cost of health care, that we still have an increase in health care cost. It is helping I think to some degree and I think will continue to help under a bill that could be improved over what we have now before us. But the broader question about how do we meet the quality and cost problems of health care in this state need to be addressed with better information, more data for people to have a better grasp of what it costs to go to certain hospitals, what kind of quality care is provided in those hospitals, and right now we've got very minimal public disclosure of costs in hospitals. I passed a bill a few years ago that allowed for consumers to come in and ask for an estimate when they are considering going in for an operation and each hospital is required to provide an estimate of cost. They could cost shop in other words. In addition, the 20 most frequently used DRGs in each hospital are required to be posted as to their average cost for that hospital. That was a nice attempt in cooperation with the hospitals to start to get some information to the consumer, but right now it simply is inadequate and underutilized. We need to have in place better information, more availability of data so