

extraordinary and unnecessary cost wouldn't exist today, so don't fault, don't fault certificate of need. Nobody gave it a chance to work. Institutions who were selfish and greedy in their own way didn't even want to give it a chance to work. Given the absence, and in the absence of any other way to help contain health care costs, there was an effort at least tried to be made. Maybe the free enterprise system in the absence of certificate of need can have some effect, but I really doubt it. I am concerned with 429 in a lot of ways, trying to talk to Senator Wesely to indicate to him that I'm not sure where we're going to go at this point in time during this session any different from 429, and based on the votes that were up there, it doesn't look like we'll go that far. I'm willing to try to live with 429 as we have it now and we'll see. But one of the amendments that Senator Wesely offered had to do with information. Now the body ought to be consistent. If you don't want to get involved and you don't want to control and you don't think you need certificate of need, don't argue that you are saving money or losing money. With all due respect to Bernice, I don't want to hear people reading documents from Washington, D.C., which back up a policy which, in fact, I think was wrong to begin with. I'd like to see Nebraska specific information, and if you want information...

SPEAKER BARRETT: One minute.

SENATOR LYNCH: ...then get it, and then when you get that information we can look back and see, in fact, whether certificate of need worked or whether or not in the liberalization of the certificate of need and raising those thresholds we, in fact, save money. But if you don't have the information, folks, you'll never know the difference. So I think one serious amendment that Senator Wesely could offer and we should seriously consider, if you really want to be consistent to know the difference whether certificate of need or some kind of overview like this works, then you ought to be able to have the information. And as long as these institutions are accepting so much public dollars and there is an awful lot of public dollars going into private and public institutions for Medicare, Medicaid patients and the rest, by golly, we deserve to know the difference. We deserve to know the morbidity rates as well. I don't think the institutions should withhold that information from us. They should provide it willingly.

SPEAKER BARRETT: Time.