

get taken care of. It is similar to your problem but it deals with mental illness versus the alcohol problem, but they are both the same issue, in essence. You don't take a drunk in a jail. That doesn't help them. You don't take a person with a mental illness problem into jail. That doesn't help them. You need to find a place to care for them. So they are both similar in that the jail isn't the place to go. The systems are different although they do link up under our service system in regions. They are similar, but they are the same problem, same attempt to deal with them, just a kind of different focus on actually the services delivered, and that money they are talking about deals with the other side of it, but you are right. It is close but not quite the same. In addition, for Senator Warner, I missed the discussion on LB 303, or whatever the bill was, on health insurance, and could you again outline, Senator Warner, where we are at? What the timetable, the \$2.5 million problem, and what is happening on all that? I missed it and I just...I think...I don't know if it is addressed in this bill, so I am kind of confused on it. So if you could, just where we are at on that?

SENATOR WARNER: All right, thanks, Senator Wesely. The committee's...I, as you all know, this issue didn't really become apparent to us until the last few days or the last two or three weeks, so, in any event, there have been conversations with the administration and I think, by and large, have been covered in the press. What the committee has been doing, we have had some meetings with Blue Cross-Blue Shield representatives. They presented their findings. Currently, we have under discussion, we should know back Thursday, tomorrow, of the possibility of an actuary involved in health insurance that might review those statistics and see if they would come up with a similar...not that we are challenging Blue Cross-Blue Shield's but the concept of having an independent review of whether or not those projections seem to be reasonable, and I suppose the question then is still open whether or not any other additional funding is appropriate or not. Obviously, there is a contract, a signed contract. The condition on it that makes a little bit of difference is apparently the contract historically has had a cancellation, two options for cancellations, as a matter of fact. One, either side with, as I recall, a 90 day notice can cancel, and the second option is that if there is a drop of over 10 percent of the people covered by moving essentially to HMOs, that, too, is a cause to consider a cancellation of the contract. They are both optional. I think