

the Lindsay amendment and do commend him for bringing it to the attention of the body. It is taking an isolation what one issue we ought to consider today. At the same time it is probably the issue that drives the whole debate. I've tried to negotiate with Senator Baack and the Hospital Association to try to ease up the problems that I have with the bill. But the fact that Bergan Mercy wants to proceed and provide for open heart surgery has blocked any attempt to try and include some sort of a list that would provide some review of these very important types of surgeries and services. And so really it is the key fight and the key issue and we might as well get right to the issue, although I hope in time we can get to some other issues as well, that we'll come up with some other amendments. But the Bergan case is a very difficult one. I know it's one that has split friends, obviously, from Omaha as to what is best. But I would argue that there are already five different open heart surgery services found in Omaha and that is, at that pace, too many when you have a population that you have in Omaha. One of the handouts that I sent around earlier indicates that other cities, other towns have much fewer individuals. Omaha is listed at the very high end. There's no town of comparable size with five open heart facilities. At .81 per 100,000 it is the highest, the average is about half that. So, in essence, Omaha should probably have two, maybe three open heart facilities. Now, under the Bergan plan, you want to go from five to six. That clearly, I think, is in the wrong direction. The reason you don't want five or six, you want a fewer number so that you have more repetition, you do a better job, the experience is up, the teamwork is there, the facilities are high grade, and you do better work on a very important surgery. I've also mentioned earlier in debate on this that there was a gentleman from the VA hospital who was sent up to Wisconsin to have open heart surgery because they found it cheaper and better quality there versus just down the street in Omaha, Nebraska. So, although we don't have statistics about the kind of quality we now have in Omaha, certainly from every statistical analysis the more a surgery is done per unit the better quality and the lower the cost. In addition, again another handout I have, number three, indicates exactly that, that the mortality rate goes down dramatically as procedure volume goes up. So there's no doubt in my mind that for quality of care you're going to find the better course of action is to allow the certificate of need process to work and they have twice now reviewed this matter and determined against Bergan Mercy, that it was not in the best interests of the public, that their need had not been met to proceed with a