

PRESIDENT: Debate has ceased. Senator Lindsay, would you like to close, please.

SENATOR LINDSAY: Thank you, Mr. President, colleagues. I guess the first thing I want to do is to point out some of the questions, and there have been good questions brought up in the debate. That was the whole purpose of the amendment, is to put this issue out, let it get thoroughly debated and let the body decide this issue and this issue separate from other issues. The first...I'm sure most of you are aware of the question on the grandfathering, that is, I guess, a legitimate argument for BERGAN that five out of these six hospitals, or I should say the five hospitals that are doing open heart surgeries were grandfathered in, were doing the procedures, I believe prior to the enactment of the CON bill in 1979. The...so BERGAN was not doing them at that time. That may be an argument of whether it's fair or not, but there is, I think, a lot of procedures that different hospitals may or may not have been in prior to that enactment of that law. A second question has been brought up, as Senator Chambers was driving at, and that is how many hospitals are needed. And that's a tough question, but the information I've since provided to Senator Chambers is that Clarkson Hospital, St. Joseph's Hospital, Methodist Hospital currently perform approximately 88 percent of the open heart surgeries. I think...it appears that those three hospitals could handle what is necessary in the Omaha area. Again, another question regarded the teams of doctors. I'm not going to tell you that there are different teams of doctors that are going to be used, if BERGAN gets into it. And I'm in no way attacking the abilities of the doctors BERGAN would use. But I think it's also important to know that we're not talking just about the doctors. The doctors are probably the most important part of a surgical team, but they're not the only part. They would be using...BERGAN would be using different pre-op teams, different post-op, different operating room staff. There would be different personnel involved, it wouldn't just be the doctors. It's also important to note, I think, right now, as I mentioned in my opening, that we've got the capacity, in the metropolitan area, for 2,250 open heart surgeries in a year, and in 1988 there were only 1,174. There is just clearly not an unmet need. But if we go into that a little bit further and realize as medical technology increases the need for open heart surgeries decreases. For example, a couple of examples that I've been given are the PET scanners which can eliminate the