

to try and grapple with this very important issue, and money spent on employee health insurance is money unavailable for employee salaries and unavailable for that company to spend on other needs that they have. It is money well spent when you take care of the health of your employees, but at the same time, when you have spent more than you need to, when you waste that money, it is felt by all of us. Another part of the handout I have indicates how much we are really talking about for an average family. An average family coverage this year for both employer and employee cost is about \$2,800. So for families, state employee families, we are talking about \$2,800 now going to health insurance premiums, part of that coming from the state, part of it from the employee, but that is a lot of money, money that could be spent on other items, and that is expected to go to \$3,800 next year and \$4,500 the following year, dramatic increases. So just in a couple of years from now we are going to find about \$4,500 being spent every year on state employee health insurance cost per family. Another handout I have got talks about workmen's comp and how much that has gone up, from 1980 at 20 million to double now at 39.9 million, almost \$40 million in 1986. So in six years it doubled in cost. We have got a serious problem here, folks. I have tried to emphasize to you how serious it is on General File and I am emphasizing it again here on Select File. Health care costs are out of control. We have got to get a grip on the situation. The problem occurred in the late seventies and our response was to pass the certificate of need law in 1979. One of the handouts that I have given to you recollects how that happened, and it happened when senators joined together, and together tried to defend the public interest and work to pass the best CON law we could, and we did that, and we were recognized nationally for that. But just a couple of years later, the interest groups came back in and weakened that law to the form that it is now. Now they are coming back in once again to ask that it be further weakened, and my answer is, it is wrong and ought not to be done and we ought to try and provide for at least reasonable restraint on the question of increased utilization expense for health care. The idea of having a list for reviewing neonatal care, open heart surgery, chronic renal dialysis, and transplants is a very reasonable effort, one that I think will serve the state well as we look at cost and quality. So I would ask your support for this amendment to add that list and continue the review of these activities.

SPEAKER BARRETT: Thank you. Discussion, Senator Elmer. Thank