nothing wrong with it.

SPEAKER BARRETT: Thank   you.   Senator   Wesely, followed by Senators Schimek and Elmer.

SENATOR WESELY: I am so glad to have somebody speak nicely about one of my amendments, I am just shocked.   I really appreciate that.   Senator Warner, thank you, and thank you, Senator Abboud.   I thank all of you who have given me a little bit of help in a vote or otherwise on this.   It has not been much fun raising this issue.   I understand the circumstance we are in.   You have got a lot of pressure being applied to you by, not just lobbyists out there behind the glass, but you have got hospitals and nursing homes and other folks that would like very much to see this bill go through.   But, by golly, you know we are down here to represent more than just those people.   We are here to represent the general public, and at the very least, we can at least see that this bill that goes through that weakens certificate of need so much provides a little bit of data, a little bit of information, so that people would be better knowing what the costs are and the quality of different services around the state.   And Senator Elmer went through the story that recently was in the hospital association newsletter and read that for us, and we appreciate that, but, Senator Elmer, you are using an analogy of groceries and hospital care.   Groceries don't have 60 percent of the care paid for by the government or by somebody else.   That is money that the consumer is directly involved in, and we have got a different situation here.   We have got big dollars, big bucks in health care, and I just went through almost 100 million more tax dollars, state tax dollars, that are going possibly be going into health care in the next two years.   That is additional money, let alone the money we already have in.   Sure, we know what we are doing, where we are going, and what the results are, and this data information that you said would be red tape and duplication, I think Senator Baack talked about that as well, that the amendment clearly states that existing systems of reporting would be used by the facilities.   We are not going to try and overburden them with additional reporting, but try and use those existing systems, take the data that we have and put it to use, and work with the health care providers.   A lot of information is out there.   A lot of information comes into the Department of Health and Social Services.   We simply don't put it to use, don't make it public.   We don't let people know, not only just on the financial aspect, but on the morbidity, the quality question.