

bill that the Chairman will present, but don't be confused by the title of the bill. This is essentially a new bill.

PRESIDENT: Senator Warner, please.

SENATOR WARNER: Mr. President, members of the Legislature, I want to explain this bill as carefully as I can so its purpose and intent is clearly understood. We kind of refer to a bill that, done this occasionally in years past, we tend to refer to it as the trailer bill, and the reason that terminology got used in practice was it was always the intent that a bill such as this would be at the very tail end of the session, it was not meant to be "a part of the competition", if that's the right word, of the mainline bills or the capital construction bills or any of the A bills. It was meant to be available. My hope would be that the committee...body would advance the bill to Select File. And then it was assumed, and I don't know how the time frame is going to work out with the number of days we have left in the session, but it was assumed that some portions of the bill, depending on other legislation being enacted, could be stricken from the bill on Select File, if it was no longer pertinent, or the situation we are in now, I suppose, it could stay intact and it could be an option, in part, employed by the Governor in the vetoing process, although it would remain to be seen how our time frame works out. Senator Scofield indicated there are six sections in the bill, and I would like to briefly describe each of them. Section 1 was a request that came through the Department of Social Services, in their normal budget request. It was not included in the Governor's original budget. This also holds true of Section 2. But most of these are for provider reimbursement and Medicaid rates, Section 1 being medical providers, and Section 2 being hospitals. I think it's generally recognized that some increase to these providers is appropriate in keeping with rising medical costs that are incurred by these medical providers for Medicaid patients that they take care of. In a sense you might look at this bill as somewhat similar to other legislation that is pending in the area of indigent care, which has a cost of about \$10 or \$11 million, I believe, once fully implemented. Not a first year cost, but second year cost, all of which is General Fund. In this case, with the two providers, half the money, actually a little less than half the money, would be General Fund, about 40 percent of the money actually would be General Fund money, the balance is Federal Funds. Between this approach, we would put it into the total health care system in the state, an amount