

SPEAKER BARRETT: Senator Scofield, followed by Senators Wehrbein and Lynch.

SENATOR SCOFIELD: Thank you, Mr. President and members. I would certainly echo the point Senator Langford just made in terms of thinking about what kind of trade-off we have made here. And let me reiterate once again that the Medicaid money that is in LB 525, where there is 5.5 million for increases to the hospitals...or to the doctors and additional money in there, that is General and federal together, \$2.5 million General. Let me remind you that the reason we did that is because it's a lesser investment of General Funds and it generates federal funds, and, furthermore, there is a difference here in terms of Medicaid and when that kicks in and when the indigent health care would kick in. Indigent health care, I believe, kicks in in 1991, Medicaid starts in '90. So not only are we investing state dollars in a way that we generate federal dollars, but also it's going to get more money into the system quicker, which I think is good policy, particularly in light of I think what is the very real possibility that both of these aren't going to go. The other point that I would also reiterate is again there is quite a variation from county to county, again, in terms of what their needs are for indigent health care. And we are taking a major step, if we decide to go this route, in terms of the state once again taking over responsibilities. Let me just read you a list here in which there are states, in which the counties still have the sole, legal responsibility for indigent health care. Those states are Arizona, California, Florida, Georgia, Idaho, Iowa, Louisiana, Michigan, Missouri, Montana, Nebraska, Nevada, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, South Dakota and Utah. So, this isn't exactly...Nebraska isn't exactly hanging out there all by itself. But I think in terms of doing the most we can with the money we have available this year to get money quickly, inject it into the health care system and out there to serve as many people as possible, that the option in LB 525 not only contains, as Senator Warner already pointed out, state aid to counties, but also money which will generate significant federal funds is really our better option. There were, in fiscal year '88, 87,000 Medicaid clients receiving physician services, 20,600 receiving inpatient hospital services. I don't mean to be, I guess, uncaring about the indigent population, it is much smaller, but my rationale here is that I think if we put this kind of money into the system, plus the state aid to counties, it's a lot more