

decide if the strings are too tight or whether or not they are reasonable and so I would look to us having to respond to that. I don't know yet what that federal legislation is going to call for.

SENATOR NELSON: I somewhat feel like Senator Scofield on the first stage it's not too bad and I do have to assess it. I think of this as last year. We passed the considerable amount of funding, I think 6.7 million on the catastrophic health care to conform to the new catastrophic health care legislation, that is by the retained amount of money and the spousal money retained and that was quite a jump for we Nebraskans and I wonder maybe if we're not getting in the same thing here.

SENATOR WESELY: But, Senator Nelson, this doesn't mandate anything. Like it doesn't...if it said, for instance, any federal legislation we will conform to it, that's not it at all. We will have in place though the structure with the committees and the advisory committees to be on top of it, and when federal action is taken, they can quickly respond and look to it and make recommendations back to us. That's really what we're looking at, but I see the Legislature as ultimately being the decider of whether we proceed or not proceed with whatever comes from the federal government.

SENATOR NELSON: Thank you. I know you can't foresee in the future any better than I can. I guess the question is on the record. Thank you.

SPEAKER BARRETT: Senator Smith, please.

SENATOR SMITH: Thank you, Mr. Speaker, and thank you, Senator Wesely, for responding to my questions. I do want though to make it very clear that I still have a little concern about the wording as far as a schedule may provide separate rates for care for infants, children with special needs and/or individual categories of children. I would like to see something, and I don't know if there is, if there is I don't think you told me that. I'd like to see that there is a specific listing that indicates what the pay schedule should be based on if, as you said, a child, a baby, an infant, feeding infant, and I don't know how you define, you know, what is considered to be a higher rate for an infant versus a child that is a year old or what, but something that specifically sets down some kind of schedule so that, and this is what care providers all receive if they are