

their savings, become Medicaid eligible. So I really want to emphasize to you that this is a critical point. Backing off now, there was a lot of pressure. You know this year and last year we worked a lot of welfare reform. Well two and three years ago it was Medicaid and we've done some great things on Medicaid and we're doing some more. With the managed care and the other efforts we've put a brake on Medicaid. Part of what we need to do is deal with the long-term care and now the pressure is a little bit off and now we want to back off and not worry about that budget anymore. If you care about the budget, if you care about the costs of Medicaid program, then you've got to care about whether or not we move forward and try this idea out and see whether it works or that we just give up on it before we've even given it a chance. So I again implore you, oppose the Bohlke amendment and allow us to go forward and my pledge is, if we find this isn't going to work, if we get enough data and have enough experience that shows that this isn't an idea that can bear fruit, then obviously we'll step back. But until we know that we're not even given a chance to save money and I think we need to take that step and see whether or not it will work.

PRESIDENT ROBAK: Thank you, Senator Wesely. Senator Bohlke.

SENATOR BOHLKE: Madam President and members, Senator Wesely, as I said before, all of us here are interested in certainly controlling the costs. The point is this, that we can do the screenings, we can have the Department of Aging do the screenings. The point is I don't think that we need to go into the general population when they're ready to be dismissed and say, are you going to be eligible to be on Medicaid in a year? Now I think sometimes people who are developing the philosophy have a good philosophy, but when we start walking through it in a very practical manner, as we do in a pilot project, we recognize something that is in error, something that should be corrected in the pilot project. We have already begun in that area. It does not take too much to recognize, I don't think, that this is going to be a real issue for people as they start having the Department of Aging coming in and saying, you know, we hope you're feeling better, but now we're here to determine if in a year from now you're going to be so poor that you're on Medicaid if you go to a nursing home. That goes counter, I think, to if you want to talk about controlling costs, if you want to talk about what kind of ramifications and emotional ramifications that's going to have on the patients, you know I