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parents or other people, in my case it was a grandparent, figure out their Medicare costs, some of these are also negotiated for the Medicare system. And it's also true of the Medicaid system. So, the costs at our prisons and the costs in our county jails, we get billed what I call and what...and I stole this from Larry Bare, the sticker price. Who's paying the sticker price? Well, basically anyone who's uninsured who has their own funds to pay for it, that's not very many people, and us, the taxpayers. Because there's the sticker price; there's the negotiated price, which in recent years has happened within the criminal justice system in some areas; then there's the price that's actually paid. We should, for our prisoners in our system and also for the people in our jails that don't have insurance, why aren't we paying the Medicaid rate for those people? We can change statute, and we can try to do that. But that's a way, Senator Bromm, to get to those issues that you're talking about. Why should we be the only ones paying the sticker price? Nobody pays it. The whole system of medical billing is absolutely confusing and outrageous. And no one pays that price, the sticker price. That's what the balance is, so that everybody makes up all the money that they need to make sure that we negotiate all these prices to the private insurance companies. It's a thing that...

SPEAKER BROMM: One minute.

SENATOR THOMPSON: ...I think needs to happen to all our providers, saying that the people who are uninsured, who are in our prison system and in our jails, that we as a government, as the taxpayers paying that bill, should...that they should be treated at the Medicaid rate. Now, that's not going to make the hospitals happy. It's not going to make the insurers happy. But that, to me, is good responsibility. And that's a bill that's sitting in the Judiciary Committee that could help us out to the tune of several million dollars this year if we could negotiate to those rates for...not negotiate, but have those rates for the prison population. And I offer that as one bill that's sitting in committee that had a lot of opposition from the providers, but could save us some money. So with that, I think I've covered those trends, I hope, the medical cost trends, the demographics in the state, the federal mandates. I