SENATOR CUDABACK: They could be, but they have given letters that they are not going to submit for...apply for the same benefits that Lexington and Broken Bow. They are not going to.

SENATOR STUTHMAN: But they could.

SENATOR CUDABACK: They could have.

SENATOR STUTHMAN: They could if they wanted to, or wanted to take that direction.

SENATOR CUDABACK: They could have, yes.

SENATOR STUTHMAN: Okay. So that...thank you, Senator Cudaback. So, realistically, you know, there are those extra hospitals that are eligible but, probably because of the boards and the situations that they are, that they're not going to make an application for this at this time. But I think...I think we need to, you know, to do this with the E clause, you know, in respect to those hospitals that want to be critical access hospitals. So, with that, I'll return the balance of my time to the Chair. Thank you.

SENATOR CUDABACK: Thank you, Senator Stuthman. Senator Combs.

SENATOR COMBS: Thank you, Mr. President. Members of the body, I, too, am in favor of this amendment and the bill, and I wanted to tell my colleagues, that might not be familiar with exactly what critical access is, just very briefly why it is so important. It does not refer solely to location as far as critical access, which we all know in a rural Nebraska location is very important. It also applies to the type of funding we receive in critical access hospitals. Classically, Medicare used to be a fee-for-service program, which meant that we turned in receipts for what we spent, and we were reimbursed accordingly. Several years ago, we went from fee-for-service to what's called DRGs, diagnosis-related groups, which when you take care of an elderly person under Medicare you are given a flat amount to take care of that patient and that's it. So if you spend any more or any less, you know, the care that may