

no way, Jose, you can't have this bill and outlined all the problems with it. And so then they came forth with Senator Kristensen's amendment saying, here's a compromise. We've already compromised many, many, many times. I don't care, if you adopt this amendment, I'll bet on Select File they'll try and kill the bill too, and Senator Kristensen is right, the ophthalmologists don't want anything to happen. But I don't think much happens in this bill. I mean, we diffused the glaucoma issue by not pursuing it. The original language was much broader than the committee amendments. The committee amendments that I think Senator Wesely can address was brought forward, raised by concerns, raised by the ophthalmologists to tighten the language, to talk about treatment of infections of the eye and visual system, and confining it just to the eye. The original bill didn't do that, so we compromised, we compromised and we compromised and, lo and behold, we have the amendment today saying, well, no, we need to compromise some more. And I think we've done enough of that. This bill, I don't care, you know, and I can show you where the ophthalmologists in past years have said, well, our strategy is to amend the bill so it's unworkable and we all know that. I mean, we all know that's how that works and I have no problem with that. But this is just another attempt to do that so don't be swayed in by the arguments that this is a reasonable compromise because we've done that three or four times already...

SPEAKER BAACK: One minute.

SENATOR MOORE: ...with what still remains in the committee amendments and I support the committee amendments. You know, is money the issue here? Probably not. I mean, money was probably the issue on glaucoma. You know, that's why the ophthalmologists opposed that, this one is not dealing with money. I mean, the issue of systemic drugs, optometrists already prescribe systemic drugs and the visual stuff and that's already occurring, so that's a red herring that has no value. Do we have a long line of people arguing about eye care? Not specifically. But do we have a long line of people in Nebraska concerned about access to rural health? Do we have a long line of people that continue to talk about the high price of health care and the specialization of health care, how that costs us money? Yes, we do. Well, I can give you long lines, I can give you volumes of information in a generic term when people are talking about this and 429 attempts to make a little bit, little bitty change to help both the rural area and and the