

system. Thirty some states, over the years, have adopted a data system to try and track what's happening with health care, trying to give consumers information about health care costs, trying to empower and inform citizens about what was happening and that data effort has been defeated here in Nebraska year after year. That's included in the bill but, again, we haven't got that in place. We have now really essentially no planning process in Nebraska on health care. We once did some years ago. That faded away. Our state health plan hasn't been updated for a long time. We have no community based regional planning process in place to deal with health care. We have got no infrastructure to try and get ready for the reform of the health care system. We don't have data. We don't have a planning mechanism and we do not have the public health services that fill in the gaps for people when the private sector services do not take care of the needs of Nebraskans. So what we're suggesting under this bill, as we set up a planning system that will be regionally based and locally controlled and consumer driven, currently, our health care system is, in my view, driven by the provider community that is then driven by a reimbursement system that is cost based. We have, over the years, set up a marketplace situation in health care unlike any other market system that I am aware of in our overall economy in the State of Nebraska and the country. Here we don't have the consumer deciding what they want to purchase, deciding what is the best price and the best quality and then making that choice. Here we have a system that is unlike the rest of our capital market. We end up with a cost based system that reimburses you and the more you spend and the more you built into your cost base, the more your reimbursement is. Now that has changed and there's been adjustments and that isn't totally the case anymore. Medicare is one example of that, but still that is what has drove the system for a long time and is still in place to some degree in some reimbursement. And that's one of the things we're trying to change with Medicaid and some other things that are in need of reform. And so this system has got to be changed to one that recognizes cost control and quality control and the way I think that we need to move is to set up a regionally based system so communities can work together to find out what their current needs are, what their current resources are, how they bring those resources together to address those needs and how they can cut down on duplication and waste, how they can fill in the gaps and how they can save money and still better serve the needs of their citizens. My sense, all along, is that your solution to the health care problems in the country are not going to come