

have insurance for your small business anymore, you can't afford Medicaid, you can't afford the employee health insurance costs that our state is starting to pay? All those things add up and every citizen is affected by this. We need to take the time and look at what we can do about it. This is the one and only bill that has any significant impact on this problem. A lot of other states are taking far more aggressive action. You're seeing Vermont, you're seeing Florida, you're seeing Colorado, you're seeing Minnesota, you've seen Hawaii, you've seen Oregon, you've seen a number of states say a change is needed here and change is going to occur and bills have been passed. Now we're behind the curve, I think by far than most states because, again, we haven't got an infrastructure. Don't have a public health system. Don't have a public information system on health data. We don't have a planning process in place. Those are fundamentals and before you can do more you have to do that. Now Senator Byars talks about all these other planning things; let's wait for them. Well, they don't tie into this at all. In my view, the Nebraskare plan, for instance, is dealing with a basic benefit package in health insurance plan and that's terrific and that would be nice and a lot of effort is going to go into that. It parallels the national effort as well to have a basic benefit package that would be applied and offered through different carriers across the country. So it's paralleling what the national effort and so is this bill, but they're not in conflict. They do not conflict. They are not at odds with one another. The Nebraskare plan could keep going forward and it still needs this bill and this plan can go forward and Nebraska still...the Nebraskare plan would still not be a problem to fit into this. They work in tandem. In addition, the interagency group which I chair, cochair, is not looking at this particularly with the idea of an initiative for next session. This bill...

PRESIDENT MOUL: One minute.

SENATOR WESELY: ...arises out of that interagency group. We sat and talked about how we can get a handle on health care currently in our state. This idea, in part, came from that interagency effort so it's not in conflict. In fact, it comes from concepts out of that effort. And federally, as I've said before, this fits completely with what will happen nationally, what is being proposed nationally, and there isn't a conflict at all in what I think will ultimately evolve in the system. So I disagree with the idea that we have to wait. I think we can't