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don't like that, but to be completely frank you don't find too many doctors from Japan coming over here, do you. They're making pretty good money. You know in Japan when you go to have a baby at the hospital the baby stays at the hospital. The mother might go home, but the baby stays if there's any kind of indication there could be something wrong. Doesn't that sound like what a hospital ought to do? The baby stays to make sure that everything on that little person is working good before they let it get out of their hands and get away. We don't do that sort of thing, because you see that's not good economic business. It's probably good health care, but it's not good business. You know if you go to the hospital in Japan and you stay over the weekend, it has to be an emergency for them to do any kind of a procedure on the weekend. In fact, your family has to take care of you in the hospital if you're not in critical condition, until the doctors and nurses and everybody get back on board on Monday. That isn't too bad an idea now is it? Well maybe hospital administrators and others don't like that, because they don't have the payrolls they can justify by having all of that acute care, trauma type staff on board at their own hospitals. We could learn a lot, we could learn a lot from looking at that kind of a system. Certainly there are some things about it that are not as good as ours. Some of the more exotic things probably they don't do as well. But for 99 percent of the people probably in our country they could profit from it. You know, if it makes you feel better to go to an acupuncturist or an herbalist or whatever else it is, their health care system will pay for it. That's not all bad. They say that when you get sick over 50, 60 percent of it is in your head, that's why we got shrinks and psychiatrists. And I got to be quick to tell you that I know an awful lot of doctors, and a few people that work in hospitals I have a lot of respect for, they're pretty good folks. But don't be proud of what you're doing today and don't think by doing this today that for some reason or another you're doing the right thing. If we did anything, I knew it wouldn't pass, I wanted to return certificate of need back to what it was, back in the early seventies, I think it was, late seventies and early eighties, when it really made some sense. You know, at one time in Omaha we had a hospital that wanted to expand. It was Methodist, to be completely frank, and Children's Hospital. Our Project Review Committee, our Health Planning Council of the Midlands