

and it is really not the place of the Legislature to be talking about these sort of issues on the floor. These should have been handled in committee and it is really not the point...at this point it seems awfully unfair to place all of us who are in support of a strong certificate of need bill to try and react to the different pressures that are now on us to try and weaken the law in such hurried fashion. So it has been very difficult to respond and the reason that you are going to have these amendments is to try and make the bill better, yes, but also to make the point that, gosh darn it, we shouldn't be spending the time on it on the floor at this point. We should be spending time in committee as I asked before to return it there. But nevertheless it is here and we have to deal with it. So the set of amendments before you try to deal with the federal standards question that we are all concerned about I think in any sort of bill we pass dealing with certificate of need. There are minimum standards and certain standards also locally that we need to follow when implementing this law. One of the first keys is going to be dealing with clinical equipment. Now let's just use this as a first place to discuss the amendments. If you buy a \$600,000 piece of equipment right now, you would fall under certificate of need whether it be a hospital or a physician's office. But if you buy a \$550,000 piece of equipment and you put it into a hospital, you would have to be reviewed. But if it went into a physician's office, you would not have to have it reviewed and it doesn't make a lot of sense if clinical equipment is expensive, it is \$400,000 or more, whether it is put in a physician's office or a hospital, it seems to me it ought to be reviewed. So what I do is I am just changing the amendment to make it \$400,000 across the board wherever you put that equipment, if that is how expensive it is going to be. That is a lot of money, \$400,000, and it ought to be reviewed. Okay, that is the first part of the amendment. The second part deals with architect certification. They say in the bill that if an architect comes to you and certifies to the Health Department this is going to cost \$500,000 to add this onto this hospital, let's say, and the Health Department knows good and well that that addition is going to cost a million dollars, let's say, because it is just not possible to be done for that amount of money, there is nothing they can do to review that project at \$500,000 because the architect certified that is what it is going to cost. Well we all know about cost overruns and we all know about jimmying some of the figures around, and by doing this, by putting this into the bill you essentially eliminate the chance for a review of a project that could be very costly and should be reviewed but will not be reviewed because of certification.