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Advisory Opinion to the Attorney General Re: Physician Shall Charge the Same Fee for the Same Health Care Service to Every Patient

AND IT SAYS THAT IT IS , REQUIRES THE LOWEST FEE , WHICH IS A PHYSICIAN HAS AGREED TO ACCEPT. SHOULD I REASONABLY INTERPRET WHAT THAT MEANS , THAT , IF I GO T O A PHYSICIAN WHO HAS AGREED AT SOME POINT IN TIME IN THE PAST , I DON'T KNOW IF THERE IS A LIMITATION OF HOW LONG AGO , BUT TO ACCEPT A PIP PAYMENT , AND MY ACTUAL FEE FOR WORK THAT I DID FOR THIS PATIENTWAS $20,000, BUT SINCE THE PATIENT ONLY HAD THE PIP AND THAT WAS $10,000 , SINCE I AGREED TO ACCEPT THAT, THEN I CAN NEVER CHARGE ANYBODY ELSE FOR THAT SERVICE , MORETHAN THE $10,000 THAT I AGREED TO ACCEPT BECAUSE OF THE COMPROMISE THAT I MADE WITH THE PIP CARRIER , IS THAT RIGHT?

I DON'T THINK SO , YOUR HONOR. I THINK IF YOU READ THAT SENTENCE, TOGETHER WITH THE AMENDMENT THAT REQUIRES THE PHYSICIAN TO CHARGE THE SAME FEE , WHAT THIS WOULD ALLOW A PHYSICIAN TO DO WOULD BE TO CHANGE THEIR PRICE SCHEDULE, FOR EXAMPLE AS OF A CERTAIN DATE , DR . X'S CHARGES WILL BE THIS , BUT ONCE THEY HAVE AGREED TO SET THEIR PAYMENT , THEN THEY MUST , THAT IS, WHEN AS THE VOTERS WILL UNDERSTAND --

WHERE DOES IT SAY THAT ABOUT A FEE SCHEDULE TYPE OF THING IN THIS AMENDMENT , AND IN THE SUMMARY?

IT DOES REQUIRE THE LOWEST FEE, BUT IT, ALSO , SAYS IT WILL REQUIRE THE PHYSICIAN TO CHARGE THE SAME FEE FOR THE SAME HEALTH CARE SERVICE PROCEDURE OR TREATMENT , AND SAYS THE PATIENT MAY THEN REVIEW THE FEE AND OTHER INFORMATION.

WHAT AM I T O REASONABLY INTERPRET THIS SENTENCE , "REQUIRES LOWEST FEE WHICH PHYSICIAN HAS AGREED TO ACCEPT ." WHAT DOES THAT MEAN TO ME A S A VOTER, WHEN I AM LOOKINGAT THAT?

I D O NOT THINK THAT THE AVERAGE VOTER LOOKING AT, THIS LOOKING AT SOMEONE THAT , PERHAPS HAD DONE CHARITABLE WORK IN THE PAST , AND HAD AGREED T O DO SOMETHING THAT THIS HAS WRITTEN IN STONE , THE PRICE THAT DOCTOR , IF HE IS 7 0 YEARS OLD , EVER CHARGED.I THINK WHAT THIS IS , IF YOU NOTE , THIS IS PROSPECTIVE ONLY, IN APPLICATION , AND IT ONLY APPLIES AFTER THE DATE OF IT , SO --

BUT IT DOESN'T , AS I READ THE AMENDMENT, WHEN I GO BACK AND READ THE AMENDMENT , I SEE THAT IT SAYS A PHYSICIAN SHALL CHARGE ALL PURCHASERS THE LOWEST FEE FOR HEALTH CARE , WHICH THE PHYSICIAN HAS AGREED TO ACCEPT AS FULL PAYMENT FOR THE SAME HEALTH CASE, WHEN THE SAME HEALTH CARE IS BEING PAID FOR IN WHOLE OR IN PART , THROUGH ANY AGREEMENT. IT DOESN'T, THERE IS NO LIMITATION OF TIME IN THAT , AS TO WHEN THAT AGREEMENT WAS MADE , OR IF IT WAS I N FACT, AN AGREEMENT TO ACCEPT , FROM SOME INDIVIDUAL PAYMENT , PURCHASER , A PATIENT, AN AMOUNT LESS THAN WHAT THE CHARGE WOULD NORMALLY B E , BECAUSE OF WHATEVER CIRCUMSTANCE THE PATIENT PRESENTS, WHETHER PIP OR ANYTHING ELSE.

AND IT MAY BE THAT I , ONCE MORE , I AM NOT DISTINGUISHING. THERE MAY B E , IN A SITUATIONWHERE A DOCTOR HAS AGREED TO ACCEPT PARTIAL PAYMENT AND HAS, THERE IS NO OBLIGATION OF THE DOCTOR TO CONTINUE TO PURSUE AFTER THE PATIENT , FOR FULL PAYMENT

THAT, IS A SEPARATE MATTER, SO THAT NEVER , I DON'T THINK THAT IS EVER INCLUDED HERE , BUT IN TERMS OF THE SCOPE OF THEAMENDMENT , THE AMENDMENT APPLIES TO AGREEMENTS ENTERED INTO AFTER ADOPTION OF THIS AMENDMENT , AND THAT IS WHY ONCE MORE , WE ARE TALKING ABOUT A LIMITED POLICY CHANGE.WE ARE NOT TALKING ABOUTSOMETHING THAT IN VALIDATES EXISTING CONTRACTS FOR EXAMPLE , AND , OR IN ANY WAY IMPACTS THE RIGHT TO CONTRACT. WHAT WE ARE SAYING , ONCE THEY AL EW -- THEY VALUE THEIR SERVICES PROSPECTIVELY , THEY ARE GOING TO BE REQUIRED, I AM SORRY.

IS THE OPERATIVE WORD HERE "CHARGE"? BECAUSE I CAN SEE A DIFFERENCE BETWEEN CHARGE AND WHAT YOU ACTUALLY END U P ACCEPTING , AS FULL PAYMENT FOR IT, SO WHAT DOES THAT , THAT TERM MEAN , IN THIS AMENDMENT?

WELL , THERE IS A DEFINITION. OBVIOUSLY IT SAYS CHARGE , ENTITLED TO RECEIVE, AND ITHINK WE ARE TALKING ABOUT A FEE FOR A SPECIFIC SERVICE , AND I THINK FRANKLY WITH RESPECT TO THE SUMMARYPORTION , THAT IS THE WAY IT WILL BE UNDERSTOOD BY THE VOTERS.

I GUESS THE QUESTION IS WHETHER, IF A PHYSICIAN CHARGES CERTAIN PATIENTS , $1,000 FOR A SERVICE BUTENDS UP ACCEPTING FROM SOME PATIENTS , AFTER THE INVOICE GOES OUT , ACCEPTING $800 FOR THAT SERVICE FROM ONEPATIENT , DOES HE, THEN , HAVE TO ACCEPT $800 FROM OTHER PATIENTS, OR CAN HE ACCEPT MORE OR LESS, AS LONG A S HE , THE INVOICE SAYS $1,000 FOR EVERY ONE?

WELL , I THINK , JUSTICE CANTERO , YOU THRILL HIT AT THE PRIME PROBLEM THAT PROMPTS THIS AMENDMENT , THE PRACTICE O F COST SHIFTING, UNDER WHICH PHYSICIANS DISCRIMINATE BETWEEN PATIENTS, IN TERMS OF ALLOCATING THE COST , THE CHARGING OF THE FEE FOR THEIR SERVICES, AND, YES, THIS AMENDMENT IS INTENDED TO STOP THAT PRACTICE. THAT IS A PROBLEM WE HAVE IDENTIFIED.

SO IF A PHYSICIAN ACCEPTSFROM MEDICARE , REIMBURSEMENT THAT SOME MAY ARGUE IS LESS THAN THE COST OF PROVIDINGTHAT SERVICE , THIS WOULD REQUIRE A PHYSICIAN TO ACCEPT THE MEDICARE OR MEDICAID REIMBURSEMENT SCHEDULE FOR ALL SERVICES RENDERED, REGARDLESS OF THE CLIENT'S A BILITY TO PAY?

THE DOCTORS WOULD HAVE ABSOLUTE ABILITY TO VALUE THEIR SERVICES . ONCE THEY HAVE DONE SO , IN A CONTEXT, WHETHER IT BE MEDICARE OR SOMEWHERE ELSE , THEY COULD NOT CHARGE ANYONE ELSE A LOWER FEE.

SO THE DOCTORS DON'T ACCEPT, CORRECT ME IF I AM WRONG , BUT MY UNDERSTANDING IS , UNDER THE MEDICARE , THE INDIVIDUAL PHYSICIAN DOES NOT SET THE REIMBURSEMENT RATE. THEY ARE REQUIRED TO ACCEPT THE REIMBURSEMENT RATE ESTABLISHED BY THE GOVERNMENT.

THERE IS A RATE THAT IS SET , BUT THE PARTICIPATION BY DOCTORS I S VOLUNTARY .

SO THEY WOULD HAVE TO CHOOSE NOT TO PARTICIPATE IN MEDICARE OR MEDICAID , IF THEY DID NOT WANT TO BE BOUND BY THIS AMENDMENT. CORRECT?

IF THAT RATE WAS TOO SMALL, THEN THAT WOULD BE ONE OF THE CHOICES THEY COULD MAKE. MORE THAN LIKELY , IS -- MORE LIKELY IS THAT THEY WOULD DEMAND GREAT ER PAYMENT FROM MEDICARE, AND THAT MEDICARE WOULD NOT BE BUILT ON THEPOOR AND UNINSURED . IN OTHER WORDS , THAT THESE GOVERNMENT PROGRAMS WOULDNOT BE SHIFTING THE COST S, THE REAL COST , ON TO OTHER PEOPLE .

BUT THIS AMENDMENT, DOES THIS AMENDMENT REALLY DO THAT? BECAUSE WHEN YOU LOOK AT , TAKE SOME OTHER INSURANCE PLAN OTHER THAN MEDICARE . TAKE BLUE CROSS/BLUE SHIELD .

THE DOCTOR CHARGES YOU $200 FOR WHATEVER PROCEDURE YOUJUST HAD . WHEN YOU GET YOUR EXPLANATION OF BENEFITS BACK FROM BLUE CROSS/BLUE SHIELD , THEY SAY WE ARE ONLY GOINGTO PAY $125 FOR THIS . THE DOCTOR HAS CHARGED YOU $200. SO ARE YOU REALLY GETTING TO WHAT YOU REALLY ARE TRYING TO DO HERE , BY USING THAT TERM ? IT DOESN'T SEEM TO ME, THAT THE AVERAGE VOTER WOULD REALLY KNOW THAT THAT IS WHAT YOU ARE TALKING ABOUT , THAT YOU CANNOT PAY MORE THAN $125 FOR THAT SERVICE , BECAUSE THAT IS NOT WHAT THIS AMENDMENT SEEMS TO SAY .

I THINK I CAN CLEAR THAT UP. WITH REGARD TO A PARTICULAR INSURANCE COMPANY , ONCE THE DOCTOR HAS AGREED TO ACCEPT THAT REPAYMENT FOR THEIR SERVICES , THAT WOULD BE THEIR FEES , AND OTHER INSURANCE COMPANIES OR JUST AS IMPORTANTLY , THOSE WITHOUT INSURANCE , WOULD BE ALLOWED T O BENEFIT FROM THAT. THIS --

WHAT IS THE EVIDENCE THAT A DOCTOR HAS AGREED TO ACCEPT $125 , WHEN THE DOCTOR HAS ISSUED AN INVOICE FOR $200 AND THE DOCTOR HAS RECOURSE AGAINST THE PATIENTFOR THE REMAINING $75?

IF THE DOCTOR --

DO YOU WANT ME TO REPHRASE THE QUESTION?

IF YOU GIVE ME A CHANCE,YES.

IF THE DOCTOR HAS AN INVOICE FOR $200 AND THE INSURANCE ON THE EXPLANATION OF BENEFITS , SAYS WE ARE ONLY PAYING $125 , THE DOCTOR STILL HAS THE ABILITY TO CHARGE THE PATIENT OR NOT CHARGE. HE HAS ALREADY CHARGED , TO REQUIRE THE PATIENT TO PAY THE DIFFERENCE OF $75 , SO ISN'T THE CHARMING, STILL , $200 -- SO ISN'T THE CHARGE , STILL , $200 NOT $125?

THING IS TWO POSSIBLE ANSWERS, YOUR HONOR, IN TERMS OF WITH THE WAY THIS WOULD WORK. ONE , IF THE DOCTOR SIMPLY ALLOWS THAT TO CONTINUE , THEN THE DOCTOR IS ACQUIESCING. THERE MIGHT WELL B E A FOOL ME ONCE , SHAME O N YOU , POLICY, IN WHICH , BUT IF THE DOCTOR IS AGREE ING AND AS A MATTER OF BUSINESS , THAT WINK WINK , 75 PERCENT OF WHAT I WRITE , 75 PERCENT IS THE NEW FEE .

HOW DOES THIS AFFECT DOCTORS' RELATIONSHIPS WITH HMOs? IS THAT A DIFFERENT SCHEME , BECAUSE THE DOCTORS ARE WILLING TO ACCEPT PATIENTS NOT SERVICES , SO DOES IT AFFECT HMOs?

IT WOULD AFFECT THEM , INASMUCH AS THE FEE IS LINKED TO THE SERVICE. INASMUCH AS A FEE I S CHARGEDFOR A SPECIFIC SERVICE. WITH REGARD --

MY UNDERSTANDING OF HMO s IS THE DOCTOR IS GOING TO CHARGE "X" NUMBER O F DOLLARS PER PATIENT PER MONTH , TO THE HMO , AND THEN THAT PHYSICIAN IS RESPONSIBLE FOR ANY MEDICAL SERVICES THAT THAT PATIENT MAY NEED DURING THE MONTH , WITHOUT CHARGING THE PATIENT EXCEPT FOR A $5 COPAYMENT , UPON ENTRY. ARE YOU SUGGESTING THAT NOWTHE DOCTOR HAS TO CHARGE $5 TO EVERYBODY IN HIS OFFICE , BECAUSE HE ACCEPTS A $5 COPAYMENT FROM A PATIENT?

NO. IF THE FEE I S RELATED TO THE SERVICE , THAT IS THE LINKAGE . IF YOU CANNOT LINK THE FEE WITH THE ACTUAL SERVICE , AND IN YOUR EXPLANATION I DON'T, IT MAY WELL B E THAT YOU CANNOT, THEN IT WOULD NOT SEEM TO BE COVERED BY THIS AMENDMENT. BUT INASMUCH A S YOU CAN , INASMUCH AS YOU CAN LINK FEEWITH SERVICE , THERE MUST BE , YOU MUST CHARGE EVERY PATIENT THE SAME OR GIVE THEM THE SAME BENEFIT OF THE LOWER FEES.

SO YOU SEEM TO B E SAYING IT APPLIES IN FEE FOR SERVICE CASES, WHICH IS DIFFERENT FROM THE HMOSCHEME.

IT MAY WELL BE DIFFERENTFROM THE HMO SCHEME. THIS IS A LIMITED AMENDMENT. WE ARE TRYING T O WORK A SINGLE SUBJECT .

WHERE DOES THE SUMMARY , IT SEEMS TO ME THAT THE , ONE OF THE BIGGEST IMPACTS THIS HAS IS ON HEALTH CARE INSURANCE AND I READ, THIS MAYBE YOU CAN HELP ME , I DON'T SEE THE WORD "INSURANCE" AND OVERING ANYWHERE. THE -- APPEAR ING NIFERMENT THE CLOSEST I SEE TO THAT IS WHEN, IN THE AMENDMENT ITSELF, THAT PURCHASER IS DEFINED AS A THIRD PARTY PAY OR OR - - A THIRD PARTY PAY ERROR SOMEBODY ELSE, AND THEN WHEN YOU GO TO THE SUMMARY , THERE ISN'T ANY MENTION OF THIRD PARTY PAYER , AND CERTAINLY NOT INSURANCE , BECAUSE INSURANCE YOU WOULD AGREE , ISN'T EVEN IN, ANYWHERE IN THE , NOW , I A M HAVING DIFFICULTY , HOW THE AVERAGE CITIZEN, AGAIN , WOULD LOOK AT THIS SIMPLE PROPOSITION , THAT I GO TO DR . SMITH , AND DR . SMITH IS CHARGING ME MUCH MORE. MY NAME IS BROWN , AND HE IS CHARGE ME MUCH MORE THAN HE CHARGES JONES, YOU KNOW , WHO IS PART O F HIS SAME KIWANIS CLUB OR SOMETHING. THAT IS A NICE , SIMPLE SORT OF A THING IN THE OLDEN DAYS, QUOTE, BUT I DON'T SEE ANYTHING IN THIS SUMMARYTHAT WOULD TELL THE AVERAGE CITIZEN THAT THIS THING IS GOING TO HAVE A HUGE IMPACT ON THE DELIVERY OF HEALTH CARE SERVICES AND AN EVEN BIGGER IMPACT , WITH REFERENCE TO INSURANCE AND THIRD PARTY PAY ER SCHEMES. SO HELP ME WITH WHERE IN THE SUMMARY YOU HAVE TOLD THE AVERAGE CITIZEN THAT THIS ISNOT THE DR . SMITH MAKES HOUSE CALLS KIND OF WORLD. THAT THIS IS REALLY IMPACTING, NOW, IN THIS COMPLEX DELIVERY OF MEDICALCARE AND PAYMENT OF MEDICAL CARE, SERVICES , NOW , WHERE IN THE SUMMARY DO YOU TELL ABOUT THE AVERAGE EXPERIENCE?

I THINK THAT THE AVERAGE VOTER WHO DEALS WITH MEDICALCARE AND MEDICAL COST ISSUES IS PROBABLY AWARE TO SOME ISSUES RELATING TO INSURANCE AND THE DIFFICULTY IN THE ABILITY TO NEGOTIATE --

MY QUESTION IS WHERE IN THE SUMMARY, DOES IT TELL THE AVERAGE VOTER ABOUT THEIMPACT ON INSURANCE AND THIRD PARTY PAYER SCHEMES? CAN YOU TELL ME WHERE IN THERE IT SAYS ANYTHING ABOUT THAT? POINT THAT LANGUAGE OUT TO ME.

IT DOES NOT MENTION INSURANCE DIRECTLY .

INSURANCE OR THIRD PARTY PAYER. WOULD YOU AGREE? THERE IS NOT ANYTHING IN THE SUMMARY ABOUT INSURANCE OR THIRD PARTY PAYER .

ONLY FOR INSURANCE AND WHOM EVER THE LOWEST FEE IS CHARGED , ALL OTHER PATIENTS WILL BENEFIT FROM THAT.

IT DOESN'T SAY THAT IN THE SUMMARY, EITHER. IT SAYS ACCEPT. CORRECT? IT DOESN'T USE THE WORD CHARGE.

WHICH HAS DEGREED TO ACCEPT. YES . YOUR HONOR.

LET ME UNDERSTAND WHAT WE ARE REALLY IMPACTING. IT WOULD AND HERE THAT YOU ARE REALLY IMPACTING THE GOVERNMENTAL TYPES, SUCH AS MEDICAID, MEDICARE , BECAUSE THOSE WOULD BE THOSE TYPES, AND I THINK THOSE HAVE PROVISIONS THAT PROHIBIT PHYSICIANS FROM CHARGING PATIENTS BEYOND THOSE AUTHORIZED AMOUNTS. YOU MAY ALSO HIT SOME PPO'S. I WOULD ASSUME THAT YOU HAVE SITUATIONS WHERE YOU HAVE PREARRANGED AGREEMENTS AND THEY CHARGE CERTAIN SUMS FORTHOSE. WOULD THOSE BE THE AREAS PRIMARILY ATTACHED TO THAT? I DON'T , I DON'T HAPPEN T O HAVE THE B ENEFIT O F ATTENDING A PHYSICIAN WHO WAIVES THE DUCTIBLE O R COPAYMENT, SO IS THAT COMMON?

I THINK POTENTIALLY ALL THREE OF THOSE MAY BE AFFECTED, AND AS I SAID , IF THEY ARE EITHER BENEFITING FROM THIS PRACTICE OF COST SHIFTING OR THEMSELVES CAUSING IT , THEY ARE PART OF THE PROBLEM THAT WE HAVE IDENTIFIED. AND PEOPLE CAN RESPOND TO IT.

I THINK YOU REALLY NEED TO RESPOND TO WHY IT IS NOT NECESSARY TO INCLUDE SOME REFERENCE TO THAT CONCEPTWITHIN THE SUMMARY , AS THE QUESTIONS RAISED BY JUSTICE WELLS AND JUSTICE ANSTEAD , RATHER THAN JUST SAYING IT IS JUST GOING TO BE CAUGHTIN HERE. WHY IS IT NOT NECESSARY TO INCLUDE SOME REFERENCE TO THAT CONCEPT OF , REALLY , WHAT IS HAPPENING , IN, MAYBEA LITTLE MORE CLEARLY THAN TO CHARGE THE SAME FEE FOR THE SAME HEALTH CARE SERVICE? TO ACTUALLY BRING HOME TO THE FLORIDA CITIZEN. HOW THAT IS --

WE, I THINK, IN DRAFTING THE SUMMARY AND THE TITLE , WE THOUGHT THAT, IN THE EXPLANATION THAT WE GAVE , IT WAS CLEAR THAT WE MEANT ALL OF THE FEES CHARGED, TO WHOM SO EVER THEY WERE CHARGED AND WHICHEVER AGREEMENT BETWEEN THE DOCTOR THAT DEFINED THAT DOCTOR'S LOWEST FEE ACCEPTABLE.

YOU KNOW, I SPENT A CAREER GRORBIATING OUT WITH -- NEGOTIATING OUT WITH DOCTORS AND HOSPITALS, WHAT THEY WOULD, IN FACT , ACCEPT OUT OF THE SETTLEMENT OF A PERSONAL INJURY CLAIM, WHEN THERE WASN'T GOING TO BE ENOUGH TO PAY EVERYBODY WHAT THEY, IN FACT , HAD CHARGED , AND WHAT I MEAN CONCERNED , WHEN I READ THIS , IT MEANS THAT, IF I WAS ABLE TO NEGOTIATE A REDUCED AMOUNT AND GOT DOCTOR TO ACCEPT IT , OR THE HOSPITAL TO ACCEPT IT , THEN THEY ARE STUCK WITH WHATEVER THEY NEGOTIATED WITH M E OR AT LEAST EVERYBODY IS GOING TO BELIEVE THAT IS WHAT THIS DOES , BECAUSE THAT IS WHAT IT SAYS . THAT IS MY PROBLEM.

WELL , I THINK WHEN WE TALK ABOUT GREEINGD TO ACCEPT , WE ARE TALK -- TALK ABOUT AGREED TO ACCEPT , WE DO UNDERSTAND THE WORD "AGREED TO ACCEPT ." TO USE ANOTHER EXAMPLE, WHAT IF A PATIENT IN THE MIDDLE OF PAYING , FILES BANKRUPTCY AND YOU DON'T GET IT . CLEARLY IT IS AN OPERATION OF LAW AND YOU ARE SORT OF IN AGREEMENT, TOO. I THINK THAT IS RELATIVELY CLEAR BUT THAT WOULD BE OUTSIDE THE SCOPE OF THIS AMENDMENT , BECAUSE TO WHATEVER EXTENT , THIS IS A HOSPITAL MAKING GOOD ON RECEIVING WHATEVER THEY CAN , BUT IT IS NOT THE AMOUNT THEY HAVE AGREED TO ACCEPT.

SO IT WOULD EXCLUDE ALL SETTLEMENTS , BECAUSE ALL OF THE EXAMPLES THAT HAVE BEEN PROPOUNDED , EXHAUSTION OF LIMITS, ALL THESE OTHER THINGS, THAT THIS IS CLEAR ENOUGH THAT IT WOULD EXCLUDE SETTLEMENTS , SETTLEMENTS OF ACCOUNTS.

IT WOULD CERTAINLY NOT INCLUDE WHERE THEY HAVE NOT AGREED TO ACCEPT THIS AS THEIR FEE. VOTERS, I THINK, WILL , ARE EXPECTED TO UNDERSTAND THAT, YOU KNOW , THE WAY FEES ARE SET , THE WAY DOCTOR PAYMENTS ARE MADE , AND I THINK THEY WILL UNDERSTAND THAT THE PROSPECTIVE NATURE OF THIS , IN TERMS OF THE FEE SCHEDULE,THAT IS WHY WE DO ACCOMPANY IT B Y REQUIREMENT PHYSICIANS AS PUBLISHED.

IF YOU ARE WELL PROTECTEDBY A MAJOR CORPORATION AND HAVE BEEN PROVIDE THE CUTTING-EDGE OF MEDICAL INSURANCE THAT COVERS 110 PERCENT OF EVERY KIND OF CUTTING-EDGE MEDICAL SERVICE THAT YOU CAN GET, DOES THIS MEAN , NOW , THAT THE DOCTOR THAT ALSO HAS MEDICARE PATIENTS , OR MEDICAID PATIENTS , OR WHATEVER , THAT , REALLY, IS AT A MINIMUM LEVEL OF PAYMENT , FORPROCEDURES, THAT THAT DOCTOR , NOW , EVEN THOUGH THERE IS A , THIS INSURANCE IS PROVIDED TO THAT EXECUTIVE , NOW CAN ONLY CHARGE THE AMOUNT FOR THOSE PEOPLE, THAT IS CHARGED FOR MEDICAID AND MEDICARE? SIMPLE ANSWER TO THAT QUESTION? YES?

THAT WOULD B E VERY SIMPLE, YES, YOUR HONOR. I DO SEE THAT MY TIME IS UP. ONCE MORE WE

THINK THAT THIS IS A LIMITED CHANGE, THAT THE VOTERS ARE ABLE TO UNDER IT AND I T IS FAR LESS ONEROUS THAN VOTERS APPROVED.

CHIEF JUSTICE: THANK YOU VERY MUCH. THE COURT WILL STAND IN RECESS UNTIL NINE O'CLOCKTOMORROW MORNING .

MARSHAL: PLEASE RISE.