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blame, I am because I didn't make that assumption clear to both sides and we didn't ask ourselves this question--could we get into the situation that LB 563 is now meant to fix. In the end, I conclude that the amendment is more consistent with where we wanted to get to and that's why I'm supporting it because I do think that it is...it's closer to that range of ideas that produced LB 355 than what existing practice over the last year has brought us in the case of the state employee health insurance program. What the committee amendment does is this. It says copayments and coinsurance payments by policyholders add up as part of the single out-of-pocket payment that a policyholder has without regard to whether it's physical or mental health. There's one out-of-pocket limit if you're paying money for drugs, for a hospital visit, for a doctor's visit, for a psychologist visit, doesn't make a difference, physical or mental, it all goes towards that maximum out-of-pocket expense. Over the maximum out-of-pocket expense, you are then into 100 percent reimbursement by the insurance company. We're saying that although you can have separate copayments and separate coinsurances and they can be different between physical and mental health, eventually if you tally up those payments, they go against the single out-of-pocket limitation. What we're taking out is the language that could have been read to mean that the copayments and the coinsurance had to be the same for physical as well as mental health conditions. That was explicitly rejected last year in our discussions and that would have been a violation I think of the understandings that were there, the explicit understandings, and we're back now to solving this piece in-between the piano keys--this place in which we were never explicit, never clear, in which people walked away with assumptions that were different and never made clear through the questioning or examination of the other people at the table, myself included. I support the committee amendment. It then gets the...it gets LB 563 to solving with a bullet approach the one problem we've identified. I then support LB 563 because I think it does a good thing. It does change at least a couple of policies that we have out there now in which the copayments do not go against a single out-of-pocket expense and just keep adding up ad infinitum. And so that having been said, I'd just like to say I don't regard that there was a some kind of explicit violation of some clear norm. I do