

think that's extremely important, it provides a timing on how long a review agent has to respond on a procedure for an enrollee, or whoever his representative may be. It...it appl...it...it gives you an opportunity for an appeal of any of the decisions that are made on behalf of the enrollee. And I think some very good things that we've added as far as the State of Nebraska is concerned, some of the concerns that people on the committee had. It gives the...spells out the authority of the Director of the Department of Insurance as far as grievances are concerned, penalties relative to those grievances. And the Department of Insurance has signed off relative to this also and feels comfortable with the language and the adoption of what we refer to as the...the URAC standards. I, obviously, could go through this section-by-section. I don't think that's what you want. I think this gives you a good overview. I certainly urge your adoption of the committee amendments. And I'm available to answer any questions, if there are any. Thank you.

SPEAKER BAACK: Thank you, Senator Byars. Discussion on the committee amendments? Senator Kristensen.

SENATOR KRISTENSEN: Thank you, Mr. President, members of the body. First of all, I want to thank Senator Wesely for his work. This was a very difficult issue, and through their committee took the warring factions and brought them together. And then I want to thank Senator Byars, publicly, as well because he...he did a lot of that work as well and made that his priority bill for this year. Patient Protection Utilization Review is a new concept, new concept to the State of Nebraska, and maybe a new concept in a lot of areas in the United States. And let me set the stage for you in how this bill got to me but how it may affect you. I go to the...my local agent, I buy a health insurance policy, and I get sick and I want to go to the hospital. And I look at my policy, and my policy, most of them have a phrase in there that says, you are covered by medically necessary or appropriate care. And I go, well, I'm sick, I'm going to go in, and what is the definition of appropriate care or medically necessary. Anyway, I'm in the hospital. All of a sudden I'm informed that my coverage won't pay for any more days in the hospital. And I say, well, why is that? I've got a policy that says you're going to pay for all my appropriate care. And the answer that you get back is saying that your company has hired a private utilization review company to examine whether those additional days are necessary or not, and they determine whether any further medical treatment is