

bill after some discussion, withdraw the amendment and that is because the underlying bill is too important to jeopardize it so I want to address the issue but will be withdrawing this amendment. The issue I'd like to call your attention to, I made some handouts and passed them around to you both today and last week when we were about to discuss LB 837. It deals with ERISA. And if you have not been familiar with ERISA before, I hope this will be a chance for you to learn more about ERISA and to think about ERISA and to anticipate that next session I will be back and pushing very hard on this issue, unless something changes between now and then, because if we are to move forward on health care reform on health insurance reform in our state or any other state, we must get relief from the federal government with the ERISA law which has preempted the states from any sort of taxation or regulation of self-insured plans. ERISA stands for Employee Retirement Income Security Act and that was passed by the Congress in 1974. As you can tell from the title it deals primarily with retirement. It was intended to provide for protections for those who had retirement plans for their employees so that their employees would have their plans funded and when they did retire there would be benefits there and paid. Unfortunately, I think, there was a provision that was a rather minor part of the bill that allowed for health insurance to have an exemption as well as retirement plans from state regulation if a company chose to be self-insured and as a result of that we've seen a large number now of companies take the option of self-insuring and thus not falling under state regulation. So when we pass a mammogram bill like Senator Schimek, it doesn't apply to the self-insureds. When we pass an immunization bill, like we did last year, it doesn't apply to the self-insureds. When we attempt to have a CHIP program, which we just had another amendment on, and we ask all insurers to participate and help cover the cost of that pool to pay for the high risk individuals covered by it, the self-insured plans don't pay into it. So the inequities build because those that are insured, those commercial carriers of health insurance that are covered by the state rules and regs have to follow state law, have to pay the taxes, have to pay premium taxes, have to participate in covering the cost of CHIP, but the 40 percent of the health insureds out there and self-insured plans haven't any responsibility under our law or federal law because of this preemption to follow any of those standards that we might adopt. So it has been very difficult to move forward with reform to the health insurance market as long as you have an unequal playing field, as long as whatever we pass only applies to maybe half of