

April 26, 1995

LB 473, 535

pointed to Senator Wesely language on page 12 that we've added in the committee amendments which indicate that providers who fail to meet the criteria of accessibility, quality or economic considerations can be excluded from the program and, for that reason, I think meets his objections. I would ask for the advancement of 453 as amended.

SPEAKER WITHEM: There are about two and a half minutes left for consideration of the bill. Senator Maurstad.

SENATOR MAURSTAD: Thank you, Mister...if Senator Landis would yield to a question, I'll ask it very quickly and...

SENATOR LANDIS: Yup.

SENATOR MAURSTAD: ...I know he's one of those veterans that has an internal clock and will know when to cease visiting about it. Two things, aren't we moving to managed care so that we can better meet the needs of the consumer, first of all, and we can still provide quality care under this system? And then if you'll address, will the amendments allow for a network to still selectively choose the physicians that they want to participate with?

SPEAKER WITHEM: Senator Landis.

SENATOR LANDIS: The answer to both questions is yes. The answer to the first question is that we meet those customers needs and what we're really attacking is cost with respect to PPOs and HMOs. That's the big gainer that the customer gets usually out of those approaches and, yes, there is an element of exclusivity in these networks.

SENATOR MAURSTAD: Thank you.

SPEAKER WITHEM: Thank you, Senator Maurstad. Any further discussion? Senator Landis, you are recognized to close. Closing has been waived. The question is the advancement of LB 473. All in favor vote aye, opposed vote nay. Record.

CLERK: 25 ayes, 0 nays, Mr. President, on the advancement of 473.

SPEAKER WITHEM: LB 473 is advanced. LB 535.