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Diabetes Education Core Curriculum for diabetes education, or a registered dietician. Those two terms fall out. It would also delete some of the descriptive elements of what would be covered--the maximum 24 hours of classroom education, the 6 hours per year of individualized education--and it inserts this level of benefits that a self-management education program must be deemed by a physician to be medically necessary and that such coverage shall not exceed \$500 in a 2-year period. We also say that this does not prevent the application of network incentives contained in policies or health benefit plans, so that if there are methods for saving money or "incenting" certain behaviors, those can continue to exist. We also insert provisions that would provide the bill does not prevent application of outpatient care provisions to policies or health benefit plans that extend coverage primarily to hospital confinement or surgery. In other words, if you've got a plan that doesn't cover diabetes, because it's basically simply a hospital coverage, this doesn't force the application of this bill to those kinds of policies. I do want to take a moment to describe, if I could, why a bill like this would get out of what is a committee that's generally loathed to advance what are called mandated benefits. In fact, there is a limited record of bills that have gotten out of committee and they do basically the same kind of thing and this falls in that parameter. Let me tell you about two of them. One of them was Senator Suttle's bill on cancer drugs. She brought us the situation in which cancer treatments which were not the primary use that the FDA recognized the drug for, but which, through doctor's usages and studies, were clearly beneficial to cancer treatment, were being ignored by some insurance companies and excluded from coverage. We created a process by which those drugs would be recognized as legitimate and companies would have to pay for them. Now why would we do that? We would do that because the existing policy covered cancer. It promised coverage for cancer. People bought it because they were going to get cancer coverage and then they'd get down the pike and they discovered these certain cancer retarding agents could not be used because of the fine print of the policy. Well, the committee agreed with Senator Suttle that if you're going to cover cancer you have to, as sort of a truth in labeling for your policy, genuinely cover cancer. We agreed with her and we created a mechanism to allow those drugs to be covered. Senator Crosby had a bill in on TMJ. Now