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special dental work done, had to have full anesthesia to have it done, had to be done in the hospital. They call her up and say, you know, can we do this, can we take your child to the hospital, have this work done? She said to herself, hmm, I got health insurance, it covers hospitalization, covers anesthesia, it does not cover dental, I'll have to cover the dental myself; needs to be done, no problem, go ahead with the work. Gets back, got a dentist bill, got an anesthesiologist's bill and got a hospital bill. Insurance company denies all three because the dental wasn't covered, that was legitimate. But the hospital and the anesthesiologist were there doing work they described as not being "medically necessary" for the medical conditions under the health insurance, but they were there for a dental plan. And I had to say, you know, here's a problem. I think if you were to look on that, you'd believe yourself to be covered for hospitalization, if you have a hospitalization plan. And frankly, at the committee state we had a number of opponents, they included United Health Care, Mutual of Omaha, the Nebraska Insurance Federation, Blue Cross and Blue Shield. Afterwards, we got together and we said, look, we want to do this reasonably, but isn't there a bait and switch, or isn't there a problem with the public's understanding, if they believe themselves to have hospital insurance, their kid goes to the hospital and it doesn't cover it because what they went to the hospital for happened to be a jaw related or a dental related injury. So what we said was this, if you've got yourself hospitalization, general anesthesia coverage in a...in a...in a...some kind of a policy, it will cover for children under eight or developmentally disabled, who need this, who need the reasonable costs for their dental related care, and one of the reasons is because kids can get so afraid, and they also need to be, in some cases, anesthetized because they're just that darn scared. You don't want to strap them down and do dental work on them while they are actually in physical restraints; this would be a better and safer way to do it. However, you can continue with deductibles, copayments that you'd normally do. It doesn't...doesn't mean that you don't have to get prior authorization, if that's the general rule. If you're part of managed care, the managed care rules apply. If you've got a contract of providers, then you got to use the contracted providers, in other words, harmonizing as much as possible to the way that original policy was written to then allow this