SENATOR LANDIS: You could have what...how medical necessity is now commonly done is that people will review files. There will be a contact between health professionals, one of which is employed by an insurance company, one of which is offering services. HMOs make that decision internally with their medical staffs or the insurance company that runs, that will have a doctor on staff that will answer questions and will respond to a provider who says, I want to do X, and they'll wind up talking to a doctor that will say, that's not medical necessary, that's not common practice, that's experimental practice, nobody else is doing that. They might say, well, this is very special, let me fax you the case; fax me the case; that kind of thing does happen.

SENATOR BEUTLER: Okay, thank you. Thank you, Mr. Speaker.

SENATOR LANDIS: And by the way, let us remember we have a Select File to spend some time thinking about that.

SPEAKER KRISTENSEN: Time.

SENATOR LANDIS: And that's a fair story to try to get a handle on, and let me see if I can do better by giving you a clearer situation. Let me take with me...

SPEAKER KRISTENSEN: Time.

SENATOR LANDIS: I should put my light on, shouldn't I?

SPEAKER KRISTENSEN: Senator Beutler, yours is the next light, if you'd like to continue the...

SENATOR BEUTLER: I would yield my time to Senator Landis.

SENATOR LANDIS: Let me ask for the construction of this, essentially this hypothetical. A child in need, dentist says has to be hospitalized, serious implications. How does the medical necessity decision get made? What interaction is there? And what chance is there for input that is child and file specific in making that determination or getting a response back that is child and file specific? And I don't know more than