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LB 1253

exists, but maybe it's only in the mind of God or whomever (laughter). So this is a chance to raise a couple of bills that we reported out unanimously that do good deeds in dark places. Frankly, there isn't a lot of time to...for you to take a look at this, and so I'll do my best to give some explanation. I'll tell you what's in here and we'll have the lunch hour and the like before we come back to this amendment. Two ideas, one is a bill by Patrick Bourne. Patrick, in discussions with the department, discovered that we needed to rewrite and essentially to liberalize our rules under the HIPAA Act, the federal law, Kennedy-Kassebaum, as to the role of preexisting conditions in the portability. The net effect is to give the consumer the break. Patrick's bill is a consumer-friendly bill and it essentially helps us with getting people insured and keeping them insured and minimizing the effect of the preexisting condition as a disqualifying feature. And I'll do better after lunch on that score. The second part of the amendment has to do with the CHIP program, which is our insurance program for people of last resort who are themselves sick or likely to be sick and they can't get insurance. We have half the money coming from the policyholders, half the money coming from assessments against insurance companies in our existing way of collecting the assessments. We have to overassess, collect money, and then return money to insurance companies to get the right amount of money to fund the program. And, frankly, we were at the end of the ability of that system to do it. So, over the summer, the PRO and the Department of Insurance found a different way of collecting money, same amount of money and probably more will go into CHIP, but we'll hold it into a pot. We'll then deduct out the CHIP funds, then we'll send them on to the pots of money for state aid, the Mutual Assistance...Mutual Finance Assistance Fund and the General Fund, which is where this money ultimately goes after CHIP. The net effect, the net effect is to clean up an assessment system that will put more money and will allow us to access more money for CHIP, which is a good thing. Second thing it does is it gives policyholders and the public a little better voice. Currently, there are nine people on the board of CHIP, one of them represents the general public, one of them represents health agencies. This now says there will be seven members, four from insurance and three from people other than insurance companies, one, health insurance agencies...I'm sorry, health agencies, like the Lung Society, the Cancer Society, one