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coordinating benefits with the state program. The bill provides that licensed insurers and self-funded insurers are subject to administrative sanctions, including substantial fines if they fail to pay coverage information to HHSS. Violations of the bill by licensed insurers would be unfair insurance claims settlement practices subject to enforcement by the Department of Insurance under the Unfair Insurance Claims Settlement Practices Act. Violations of the bill by self-funded insurers would be subject to enforcement by the Department of HHSS under provisions in the bill based on the Unfair Insurance Claims Settlement Practices Act. A limited benefit coverage are not subject to Medicaid third-party liability recovery because these policies do not pay for items and services defined as a medical...as medical assistance. That is, they don't pay for items and services that would otherwise be paid by Medicaid. The bill requires insurers writing...excuse me, the bill requires insurers writing a limited benefit policy upon the request of Medicaid to provide limited coverage information to HHSS for the sole purpose of determining whether such individuals are eligible for state benefit programs. The information cannot be requested or used by HHSS for the purpose of coordinating benefits against limited benefit policies. HHSS is authorized to impose civil penalties upon self-insurers for failure to coordinate benefits. Insurers are already subject to regulatory requirements for failure to make prompt payment of claims, including, as I mentioned before, the Unfair Insurance Claims Settlement Practices Act. AM1707 differs from the committee amendments in that it contains additional provisions intended to address concerns regarding the bill to a subspecies of health defined in AM1707 as limited benefit policy. These concerns were raised by Aflac, which is a Nebraska domestic insurance company. Aflac and companies like it market limited benefit or fixed indemnity policies. These policies, unlike major medical policies, provide payments directly to their policyholders triggered by situation or medical condition, and they do not provide payments to healthcare providers. AM1707 provides that in the case of one of these limited benefit policies coverage information requested by HHSS is limited to whether a specific individual has coverage and, if so, a description of that coverage, and such information shall be used solely for the purpose of determining an individual's