

HILGERS: Speaker Scheer.

SCHEER: Thank you, Senator Hilgers. Senator Crawford, just out of curiosity, and if you don't know, perhaps somebody following you might--

CRAWFORD: Sure.

SCHEER: --other states that have-- and I'm assuming other states have applied for these type of waivers. In those states, was this practiced or did the--

CRAWFORD: Sure.

SCHEER: --department just automatically have the ability to do that?

CRAWFORD: So previous to October of last year, the federal government required that states get approval for their waivers, so that federal rule just changed in October 2018. So I don't know if any-- so there's not been very much time for other states to have processed waivers without that approval that was required until October of 2018.

SCHEER: OK. Thank you.

CRAWFORD: That make sense?

HILGERS: Thank you, Speaker Scheer. Senator McCollister.

McCOLLISTER: Yeah, thank you, Mr. Chairman. I'm surprised that we're asking for permission or to run this through the Insurance Department instead of HHS. Can you explain why that is?

CRAWFORD: Sure. Absolutely. So this waiver in particular is related to the component of the Affordable Care Act that deals with the marketplace, so it's really about the marketplace plans, which I think are more appropriate for the Department of Banking, Commerce and Insurance [SIC].

McCOLLISTER: I see. And these waivers typically do what when other states have made application?

CRAWFORD: Well, previously, there were guardrails on what kinds of waivers that could be put in, on what could change, and so previously

it would be much-- one of the waivers that people have gotten is a reinsurance waiver to allow their state to have reinsurance plan. But in October of 2018, another change that was made was really a reduction in some of those guard-- guardrails so that states could apply for more types of waivers, which opens the door for more types of policy changes.

McCOLLISTER: And have we seen what those typical policy changes are?

CRAWFORD: Not yet because--

McCOLLISTER: OK.

CRAWFORD: --again, I just said, it just changed in October of 2018.

McCOLLISTER: Thank you. Thank you, Senator Crawford.

HILGERS: Thank you, Senator McCollister. Any further questions? Seeing none, thank you, Senator Crawford.

CRAWFORD: Thank you.

HILGERS: Anyone wishing to testify in support of LB566? Welcome.

KENNY McMORRIS: Welcome. Thank you for having me. Senator Hilgers-- I'll get that right-- I'm Kenny McMorris; that's K-e-n-n-y M-c-M-o-r-r-i-s. I currently serve as the chief executive officer of Charles Drew Health Center in Omaha, Nebraska. I'm here representing the Health Center Association of Nebraska, which includes seven of our federally qualified health centers. That includes OneWorld Community Health Center and Charles Drew in Omaha, Bluestem Health in Lincoln; Good Neighbor Community Health Center in Columbus; Heartland Community Health Center in Grand Island; Community Action Health Center in Gering; and Midtown Health Center in Norfolk. I'm here today to state our support for LB566. Our health centers are nonprofit, community-based organizations that provide high-quality medical, dental, behavioral health, pharmacy, and supportive services to people of all ages. Nebraska health centers served nearly 95,000 individuals in 2013. Seventy-eight-- 78 percent of our patients are racial and ethnic minorities; 91 percent are at 200 percent or below of the federal poverty level; and 46 percent of our patients are uninsured. Ninety-one percent of our patients are-- are-- and we have a sliding-fee scale for all of our patients and that allows them to pay their fair share. So we don't turn anyone away for inability to

pay, and so our system is set up in a way that allows folks to get the best coverage possible. We've witnessed on a daily basis the impact of being uninsured and underinsured can have on the health and financial well-being of Nebraska families. Section 1332 innovation waivers allow states to waive certain requirements of the Affordable Care Act, so as long as the changes don't result in less comprehensive coverage or increase the federal deficit. Historically, state legislative approval was required before a 1332 waiver could be submitted for federal approval. The recent loosening of such requirements has eliminated that particular provision. Under new guidance released in early fall, it's kind of what we've talked about most recently, Senator Crawford, the guidelines around 1332 waivers were significantly relaxed, allowing room for health insurance coverage that would not meet the essential benefits of the ACA, potentially increasing costs for certain types of health insurance coverage and allowing for plans that only cover a limited period of time. Moreover, the new guidance allowed a state to look at the overall impact of changes while relook-- overlooking impacts on vulnerable populations such as elderly and chronically ill, impacts that were accounted for under the previous guidelines. All of these potential changes could happen without input from the Legislature and have a profound impact on access to health insurance coverage in our state. While waivers can afford the opportunity to innovate how health insurance programs are delivered, they can also result in significant policy changes that-- that will have little to no legislative input. We feel that the Legislature should be given reasonable opportunity to involve the-- to be involved in the policy decisions. LB566 affords the Legislature the opportunity by requiring notification to the Legislature before a waiver is submitted, as well as-- as legislative approval before the implementation of any program changes. We urge the committee to consider looking at LB566. I'll take any questions.

HILGERS: Thank you, Mr. McMorris. Are there any questions? Speaker Scheer.

SCHEER: Thank you. And I-- maybe I didn't hear it correctly.

KENNY McMORRIS: Sure.

SCHEER: And I'm old, so my hearing is not the best. I thought I heard you say that it would reduce-- it had the potential of being able to reduce the coverages and increase the pricing and I'm-- I'm not

following how, if you reduce the coverages, how that would increase the prices.

KENNY McMORRIS: Yeah, so it-- it-- basically, there's the-- with the changes that recently came into place, the-- it-- it really relaxed the coverages, so the essential benefits that were originally within the ACA, it allowed states to have some flexibility within that. But it would not-- it could not include--increase the federal deficit as a result of doing so. And so I don't know if that completely answers your question but--

SCHEER: I'm sure it did in your mind. I'm not sure I heard what I heard.

KENNY McMORRIS: OK, sure.

SCHEER: So I-- I thank you for your response. Can you give me an example of what you would be concerned of a waiver-- of what a waiver would be that would concern you that this would allow--

KENNY McMORRIS: Yeah.

SCHEER: --the whole reason we're-- you're here?

KENNY McMORRIS: Sure. So in the event that there's someone that could possibly-- say, for instance, like elderly or chronically ill patient that in terms of certain-- certain provisions, in terms of their healthcare and access within the marketplace-- again, this is within the marketplace and in relation to that-- that in the event that there were some changes to that particular waiver or the policy, that it could potentially impact those individuals without having, for all intents and purposes, oversight, some further discussion. We believe that the Legislature should have the ability to have that discussion and look at that before any changes are made and/or any things go into it that could possibly impact Nebraskans there.

SCHEER: But if they change the policy coverages, wouldn't they-- it wouldn't be immediate. I mean, it would have to be on a renewal date. They're all coming due at the same renewal date. I would assume that whoever-- whoever was insuring them that changed that coverage would notify them of a change. I mean, anytime I got insurance, they've always notify me of whatever changes.

KENNY McMORRIS: Sure.

SCHEER: So the public would be notified of whatever change.

KENNY McMORRIS: It-- the public would be notified of any changes. But in terms of ensuring the maximum opportunity for the-- the comprehensive care that should be-- be granted under the ACA, the-- the individuals will be-- not be notified of any of those policy changes. And so what we're saying is that the-- the state can go ahead and enact those changes without having oversight and having an opportunity for transparency to have those discussions on whether or not this would benefit all Nebraskans.

SCHEER: OK. But you're saying that if they reduce the coverage on a policy, the insured would not be-- would not be informed at its renewal?

KENNY McMORRIS: The-- no, no. It's-- so the-- the plan-- so when we go-- when we go after-- if-- if we decide to go or if they're going after the 1332 waiver, when the plans and the coverage of those plans and the insurance companies have to go through and-- and-- and making those changes, what we're saying is before we even get to that point and get to that process, before it hits the beneficiaries, that we're having oversight and guidance before they can make any-- any recommendations or changes before that happens.

SCHEER: Fair enough.

KENNY McMORRIS: So that's before--

SCHEER: That's what you want.

KENNY McMORRIS: Right.

SCHEER: But the-- I guess my point is that the insured would be notified before the policy renewed of any changes in coverage.

KENNY McMORRIS: Absolutely, yeah.

SCHEER: OK.

KENNY McMORRIS: They would, I'm sorry.

HILGERS: Thank you, Mr. Speaker. Any other questions? Seeing none, thank you, Mr. McMorris, for coming down.

KENNY McMORRIS: All right, thank you.

HILGERS: Appreciate your testimony. Any others wishing to testify in support of LB566? Welcome.

MOLLY McCLEERY: Hello. Chairman Hilgers, members of the committee, my name is Molly McCleery, M-o-l-l-y M-c-C-l-e-e-r-y, and I'm the director of the healthcare access program at Nebraska Appleseed. We are a nonprofit legal advocacy organization that fights for justice and opportunity for all Nebraskans and I testify today in support of LB566. My written testimony is fairly repetitive of what Senator Crawford and Mr. McMorris already said, but a couple of things that I would like to highlight based on some of the questions. So Section 1332 of the Affordable Care Act specifically lays out which sections of the Affordable Care Act can be waived by these waivers. Some of the provisions that I highlight in my testimony, and then there's also a footnote to a chart that says what can be waived and what can't be waived, are the qualified health plans, generally what they offer, essential health benefits, the actuarial value requirements, which I think goes to maybe a question about cost, and then things like the metal levels that are offered in the marketplace. So these can be pretty substantial changes in terms of the health plans that are offered, and then other states are also looking at them in terms of delivery of insurance, so things like reinsurance waivers. Due to these potential changes being so significant, Section 1332 lays out what others have mentioned as being the guardrails. I list out what those guardrails are: that the coverage has to be at least as comprehensive as it would be without a waiver; the coverage and cost-sharing protections are at least as affordable; that a comparable number of people are insured as without a waiver; and that there can't be an increase to the federal deficit as a result. Thirteen-thirty-two in the ACA also requires that the state enact a piece of legislation. As others have mentioned, these guardrails and that state enacting a piece of legislation piece of 1332 have really been relaxed through that October 2018 guidance. So now the federal government has noted that states could use existing legislative authority to implement the Affordable Care Act, plus regulatory change or executive action to implement one of these programs. So LB566 responds really well to this October 2018 guidance by requiring the changes be incorporated into a specifically authorized piece of

legislation. I'd be happy to answer any other questions, but we would respectfully ask that the committee support LB566.

HILGERS: Thank you very much. Are there questions? Speaker Scheer.

SCHEER: Thank you. Thank you for coming. And I'll ask you the same question because I understand the technical part, your four rails or whatever. But I'm looking for something specific that would be changed by a waiver, that would be nonbeneficial to the individual, that would be available via this waiver. I mean, I-- I don't want the broad terms. Give me something more specific that you--

MOLLY McCLEERY: Sure.

SCHEER: --that is-- that is concerning and alarming to your organization because the broader aspect doesn't give me the narrow focus.

MOLLY McCLEERY: Sure. So one of the big ones would be essential-- the essential health benefits. So every plan that's offered on the marketplace currently has to offer a specific array of health benefits. A state could decide where we really want to slim down that benefits package to offer less comprehensive coverage, so--

SCHEER: But that-- but would-- that would also have to be approved by the-- the federal government, would it not?

MOLLY McCLEERY: Yes, through this process, yes.

SCHEER: OK. So it's not just what the state wants to do; it also has to be approved federally, correct?

MOLLY McCLEERY: Yes. Yes. And then other examples would be the actuarial value requirement, so how much of it the insurance covers versus the individual covering. And I would also say 1332 waivers are inherently a bad thing. They are just really complicated pieces of policy that would require input from both the executive branch and the Legislature to make sure that it's the best policy going into place.

SCHEER: OK. Thank you.

HILGERS: Thank you, Mr. Speaker. Are there other questions? Senator Vargas.

VARGAS: So, just to get some clarity, is-- is more of your concern live in the fact-- live in, if there isn't an additional point of accountability and viewing from-- from our branch, that there might be unintended consequences?

MOLLY McCLEERY: Yeah. So I think-- some-- and I think a couple of the questions were, what are other states looking at with these waivers? And, as Senator Crawford mentioned, really, since October of this year, the options are much greater than what we've seen. There are currently eight states that have approved waivers in place and then a number of other states that are currently considering them. The biggest one, I think seven of the eight have been reinsurance waivers which would require a large state investment up-front. It would have to be through the Legislature deciding in its budget process to put up this up-front cost to start this program. So that would be something that you would want the Legislature in from the front, at the front end, in something like that. Hawaii also has modified its small business exchange, which could be something that has implications for other areas of our insurance market that the Legislature would want to be involved in.

VARGAS: So you're just-- you just want more of the transparency there, not saying whatever change is, is bad or good; it's just there's a level of additional transparency and accountability from our branch.

MOLLY McCLEERY: Yes.

VARGAS: OK.

HILGERS: Thank you, Senator Vargas. Mr. Speaker.

SCHEER: Thank you. Those that have received a waiver, the five or seven, having to do with setting up a reinsurance, I mean, obviously that would take legislative action, so I don't know that if-- if we didn't do it even afterwards, it still would not be impactful because we-- they can't have the waiver if we don't fund the waiver. But more importantly, do you know, of those states that have received the waivers, any of those states that have impacted the coverages that you have shown concern for?

MOLLY McCLEERY: Not in a negative way that we've seen yet. Some of them that have received a waiver are not fully up and running. I think the best example of the use of a 1332 waiver would be Alaska.

They have some pretty unique challenges with their insurance market due to geography and limited access points, and they were able to create a reinsurance program that they thought would bring down costs for consumers. But the state investment up-front was very, very high to get this going. And so there's nothing that I can see that it would be a negative thing at this point that's been approved. Iowa and Oklahoma have kind of taken steps, and then Iowa ultimately pulled back. I think in the media it was referred to as their stopgap plan that there were elements of that that were concerning in terms of the type of coverage being offered, and I think the complexity of the enrollment process and-- and the type of coverage being offered for consumers.

SCHEER: Well, in fairness, though, I mean, in Iowa's case, I think, they were at a point where they were not going to have a company that was offering any of the packages. And so consequently, the state was taking the responsibility uniquely upon itself. So, I mean, I guess I don't want Nebraska to get to the point where we have to run our own insurance program, as well, so I would be very concerned about that type as well. But I-- I guess I'm-- I'm trying to find relatively how this would affect Nebraska negatively.

MOLLY McCLEERY: Yeah, and I-- I don't know the-- you know, those are-- the reason why these exist are that every state's insurance market is a little bit different when you look at the population being covered, geographic issues, and access. And so that is why these exist is so that states can create state-specific, innovative solutions. So some of them could be positive solutions; some of them could not. The opening up of the guardrails in this guidance really opens up a lot of really big policy choices that would be traditionally in the purview of the Legislature.

SCHEER: But-- but I-- my concern goes back to the coverages itself in marketplace. We are not a year-round operational entity as the Legislature. We have a short session, and our short session would allow us to be done somewhere in the first part of April. In Iowa's case, they were just getting notification in the summer that they were no longer going to have coverage available by any of the entities starting either December 1 or January 1. I can't remember what the effective date is. We wouldn't be able to comply with our own law.

MOLLY McCLEERY: Well, I think that's-- that this bill addresses that by-- in the second-- want to make sure I'm quoting the actual language correctly. But in the second section, where if a waiver were to move forward, so if the state were to act through already existing authorization to implement the Affordable Care Act regulatory change that can occur outside of a legislative session in some sort of executive action, that the Legislature could then resume in its later session to approve that.

SCHEER: But that's sort of after the horses are out of the gate, I mean, so it really doesn't comply with-- I mean, yeah, we have to approve it, but it's already in place.

MOLLY McCLEERY: Well, I think that the-- and I don't want to speak too much to the intent with-- with-- of Senator Crawford's bill, but that this would not be implemented or unless they-- the Legislature approved it. And so--

SCHEER: And I apologize because I-- you're-- you're trying to defend something that's not your bill, and that's probably more-- more well directed at Senator Crawford. And so, I mean, you've got a very good knowledgeable but I-- I guess I don't want to continue to request the information from you--

MOLLY McCLEERY: OK.

SCHEER: --because it's not-- that's not necessarily your position to do it, and I apologize for that.

MOLLY McCLEERY: No, that's-- yeah, thank you.

HILGERS: Thank you, Speaker Scheer. Ms. McCleery, I have a couple of brief questions--

MOLLY McCLEERY: Yes.

HILGERS: --if I might. Just-- so I-- I appreciate the information you've given us. So as I read your test-- read your letter and your testimony that there's two-- sort of two guardrails. One is-- well, I shouldn't use the word "guardrails." There's two sets of protections. One is a substantive protection which are these four guardrails, and the second is the procedural protection which is the idea that the

states have to get approval both from the executive and the legislative branch when they submit them.

MOLLY McCLEERY: Yes.

HILGERS: The October 2018 guidance, as I read it, goes certainly to the second procedural sort of requirement; in other words, you no longer-- states no longer have to get their legislatures to approve. That's right?

MOLLY McCLEERY: Yes.

HILGERS: The second piece, which is-- which I see in your letter but I want to make-- I wanted to at least unpack just briefly is that it-- it sounds as if the substantive guide-- the substantive guardrails, the four that you've identified which are statutory under Title 42, as you've referenced in your letter, that those are somehow also impacted by the-- by the federal October 2018 action? Is that right?

MOLLY McCLEERY: Yes.

HILGERS: And how-- how did-- how-- how did the government, the federal government, relax those statutory requirements?

MOLLY McCLEERY: So if you actually look at the text of Section 1332, it's not a very long section. And so when it specifies the pieces that can be waived, it's a cross-reference to another section of statute, which is a fairly broad section of statute, and then it puts into place those four guardrails. The interpretation by the Department of Health and Human Services and the Department of Treasury at the federal level is really what is being changed. So when a state submits its waiver, they have to demonstrate that it's in compliance with these four guardrails. The analysis for how a state is complying or not complying is what's being modified. So, for example, the question around coverage is no longer that everyone who would be covered without a waiver is still covered. It's that they have access to coverage, which opens up a little bit of a gray area of what access to coverage means. And then there's also-- affordability is, again, whether-- not whether people actually purchase the coverage but, again, access. And then the number of people covered has been changed to being viewed as not actually specifically the same number before and after but a comparable

number. And so it just-- it makes it a little looser in their interpretation.

HILGERS: OK. Thank you. So ultimately the statute hasn't changed. They're just-- some of the interpretation [INAUDIBLE]

MOLLY McCLEERY: No, it's just the interpretation of the agency. So all-- these-- these waivers are really discretionary and that's-- if you see some states being approved and some states not, it's really at the discretion of those agencies. And I think, to your question, I cite to-- it's footnote 5. It's a presentation from the Center for Medicare and Medicaid Services that describes the guidance and gives some practical examples of, if a state said this, how we would look at it.

HILGERS: Thank you very much. My other-- last question I think is just, are these up-or-down votes, as it were, for-- from-- from the agency? In other words, do they get the application and say approved or not approved or do-- or will they say not approved, but if you go and change X, Y, and Z, then we'll-- then we'll approve it?

MOLLY McCLEERY: It's more of the latter, yeah. It's more of a negotiation of saying, you know-- and a lot of times states will approach the agency and say, this is sort of what we're thinking of doing, is this something that you could get on board with? And then there's a back-and-forth. Some of the states have seen their whole program approved. Some have seen parts. Some have seen it approved but subject to special terms and conditions that are put into place by the two agencies. Part of the 2018 guidance was specifying a couple examples of things they would be more likely to approve, which I think could get more towards that up-or-down vote kind of question but--

HILGERS: So then my last-- just a last question based on that, which is-- and it's maybe a question for Senator Crawford. In the event-- I mean, under this-- as I understand LB566, it would require the Legislature to approve whatever is being-- the waiver that would be submitted. So you could imagine the Legislature is in session in January. We all agree we should do this waiver. We adjourn sine die. The waiver gets sent to the-- the federal government. They say, ah, no, in June; we're going to-- we-- we might approve something if you change it this way. And then we have to wait six months or seven, whatever it might be, until we-- or have-- call a special session or

come back in January and say, OK, now let's consider this other chain. Does-- is there any concern that that would slow up the negotiation and-- and time frame for executing the waiver?

MOLLY McCLEERY: So these are-- these are generally not quick processes, the first dates to-- to get a waiver that is ultimately approved. It's something that would take months anyway. But I-- I-- I don't-- I guess I don't know how to answer that question in terms of whether our legislative schedule would slow that down.

HILGERS: OK. No, thanks very much. I appreciate your-- your answers today. Any other questions? Speaker Scheer and then Senator McCollister.

SCHEER: If you could, and maybe you don't know, but you just made-- for my own information, you had made the comment that there were two that were relaxed or something specifically. Can-- can you let me know what those two were that were of concern?

MOLLY McCLEERY: Which-- the two of--

SCHEER: I don't-- but you-- you'd mentioned that there-- that two points or something--

MOLLY McCLEERY: The-- the ways that the guard-- guardrails, the interpretations were changed?

SCHEER: Yeah.

MOLLY McCLEERY: Is that-- OK, I have all four, so.

SCHEER: No, no, I just-- you had-- you said that-- you-- in your testimony, I think, you said that there were two that were alarming or something like that, and so I was just curious what those two might be.

MOLLY McCLEERY: So I think that access to coverage versus actual coverage could be alarming depending on how access to coverage is defined. I think the number of coverage-- per-- you know, number of coverage-- people covered, so comparing people covered prior-- with a waiver or without a waiver could be concerning depending on how "comparable" is defined. And I also think that one thing I didn't mention but sort of the comprehensiveness of coverage, and so as Senator Crawford mentioned that it doesn't-- it could be a plan that

is not a full-scope coverage plan or it could be a benchmark plan not offered in our state but offered in another state. And so ultimately I think the real concern is not necessarily specific examples of what our state may do or not do. It's just that these are highly complicated questions that get into a lot of policymaking that would be with-- well within the purview of the Legislature.

SCHEER: And none-- none of those are defined either in the rules or regs, that you know of?

MOLLY McCLEERY: No. So the Section 1332 spells out the guardrail, and then the agency interprets it subject to this guidance. But the guidance is really quite loose in its language in how they will be interpreted and it's a discretionary choice.

SCHEER: OK, thank you.

HILGERS: Senator McCollister.

McCOLLISTER: Yeah. Thank you, Mr. Chairman. When you say agency, are you talking about the federal agency or the state agency?

MOLLY McCLEERY: Yes, so the federal Department of Health and Human Services and the federal Department of Treasury have jurisdiction over these.

McCOLLISTER: Thank you.

HILGERS: Thank you, Senator McCollister. Any other questions? Seeing none, thank you for your testimony today.

MOLLY McCLEERY: Thank you.

HILGERS: Anyone else wishing to testify in support of LB566? Seeing none, anyone wishing to testify in opposition? Seeing none, anyone wishing to testify in the neutral capacity? Seeing none, Senator Crawford, you are welcome to close.

CRAWFORD: Thank you. Thank you to those who came to testify in support, and thank you for your time. I thought I would just answer my understanding of Senator Scheer's question about what's the specific change that would be con-- dis-- that would be alarming. And the one that I've heard the group talk about the most is that currently all-- all plans in the marketplace must have-- contain the

essential services. And the new looser guidance would allow a state to have plans in their marketplace that don't provide all essential benefits. So it would allow the-- the marketplace to include these slimmer plans with higher deductibles, and so the concern-- as long as one plan in that marketplace follows the ACA, you can have noncompliant plans in the marketplace as well. And so the concern is that the healthier people would go to the noncompliant plans, which could drive up the premiums of the compliant plan that some of the people that-- who are less healthy and-- and would need access to. That make-- so that-- that's I think the one guide-- loosening of guidance that was most disconcerting that I understood, so.

SCHEER: Just so you're consistent-- you're-- you're concerned about the pooling effects.

CRAWFORD: Right. Right, and that-- so that-- that-- that that would fundamentally change the nature of the marketplace in our state if it was-- it changes from a marketplace where all plans meet all essential health care benefits to a-- to a marketplace where you have a mixed kind of plan and that has implications for access to insurance for people who need more comprehensive plans, so thanks.

HILGERS: Any other questions? Oh--

CRAWFORD: Oh, so--

HILGERS: Oh, sorry [INAUDIBLE]

CRAWFORD: Yeah, so-- so I think, you know, as has been mentioned, the-- that there is a challenge of Section 2, which is the timing of the Legislature challenge, and so-- and the other complication we just thought about, just from what we learned about today, was the challenge of contingent legislation. On the one hand, I was thinking it's such a long process that we have time to-- by the time-- when you first apply, there's plenty of time between that and when the application would be approved to have some legislative session in there. But because we cannot pass contingent legislation, it does make it a little more complicated because we couldn't pass something on the condition that this waiver is approved, so we would really be tied to the time line more strictly. And so with that, I think section-- Section 1, though, still has an important purpose, and that is to make sure that we have-- are given a heads-up when this is happening. And so if we do that, then we would have some time if we

felt that it was an important change that we wanted to prohibit the department from making, we would have some time to make-- make prohibitive language at least to do that, to provide that oversight.

SCHEER: So--

HILGERS: Hold on, Senator. Hold on, Mr. Speaker.

SCHEER: I'm sorry.

HILGERS: Is that-- was that the end of your closing?

CRAWFORD: Yes. Thank you. I'm sorry.

HILGERS: OK. Thank you, Senator Crawford.

CRAWFORD: Thank you.

SCHEER: So--

HILGERS: Speaker Scheer.

SCHEER: --you would allow an amendment then just for the notification because the-- once you're notified, then the Legislature is on notice, so to speak, that those changes are going to be taking place. So it's not that it has to be approved, but just that there-- notice that the application for variance took place? Is-- is that--

CRAWFORD: Yes.

SCHEER: Would that be your understanding? OK.

HILGERS: OK. Thank you, Speaker Scheer. Senator McCollister.

McCOLLISTER: Well, oversight could be defined a lot of ways, and we just need to know how rigorous the oversight by the Legislature should be. Maybe we need to incorporate a certain amount of flexibility for the-- maybe the Executive Committee to-- to act in the stead of the full legislative body, maybe without going through the entire legislative process to approve or disapprove what's coming out of the federal government. So I-- I think the vein that you're-- at least the tack that you seem to be taking is-- is the way to go, so.

HILGERS: Thank you.

HILGERS: Thank you, Senator McCollister. Senator Vargas.

VARGAS: Yeah, I'm glad-- I was actually going to ask some of the same questions you were asking, Speaker, so that's helpful. And the only-- the only thing I-- and I-- maybe we can do this off the mike as I learn a little bit more. But in Appropriations, I'm more used to we're not dealing with the policy always. We're really just dealing with should we fund it, should we not. We have to approve certain things; we have really strict time lines. So since we operate with such strict time lines, I guess maybe I'm more OK with-- if we have to get it done by a certain time, then we-- we get it done. Even if it takes a long time, we'll just start earlier as much as we can, and then-- so maybe I'm less worried about the time line piece if we have to do it at a-- the body or this committee would make changes to make sure we abide by the time lines. But I am-- I guess I'm encouraged by this is not-- I don't want to get too in the weeds of saying these are all the things that we need to approve and these are the stipulations, more just we should at least be notified. We should-- we should have to approve something, not what are the conditions that need to be improved. It's still up to us, right? Am I understanding?

CRAWFORD: By the bill?

VARGAS: By the-- yep, yeah.

CRAWFORD: Yeah, yeah.

VARGAS: I'm-- yeah.

CRAWFORD: Yeah, according to the bill as written, yes--

VARGAS: Yes.

CRAWFORD: --we would need to approve those changes in policy--

VARGAS: Yeah.

CRAWFORD: --that are necessary to carry out the waiver.

VARGAS: Yeah, OK. Well, that-- that's-- that part is the most encouraging part, so thank you.

CRAWFORD: OK. Thank you.

HILGERS: Thank you, Senator Vargas. Any other questions? Seeing none, thank you, Senator Crawford.

CRAWFORD: All right, thank you.

HILGERS: We do have three letters in support from Annette Dubas of the Nebraska Association of Behavioral Health Organizations; James Woody from Lincoln; Nick Faustman from the American Cancer Society Cancer Action Network; Sherry Miller from the League of Women Voters of Nebraska; and one letter in opposition from Bruce Range of the Department of Insurance. That closes the hearing on LB566 and ends our hearing for the day. Thank you, and have a great weekend.