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difference between that biological disease and a physical disease. There is nothing any difference in that. As I said before...Senator...how much time do I have left, Mr. Speaker?

SPEAKER KRISTENSEN: You have approximately a minute and a half.

SENATOR ROBAK: Is that time, Senator Suttle? I will give the remainder of my time to Senator Suttle.

SPEAKER KRISTENSEN: Didn't you mean Senator Kiel?

SENATOR ROBAK: Yeah, I am sorry, Senator.

SPEAKER KRISTENSEN: Thank you. Senator Kiel.

SENATOR KIEL: Mr. Speaker, members of the Legislature, thank you, Senator Robak. Is my light next, by the way?

SPEAKER KRISTENSEN: No, Senator, it is not.

SENATOR KIEL: Okay. I am going to speak briefly on this, obviously, since I just probably have about a minute now. I think we are faced with two basic issues as we talk about this bill, and that is equity for citizens of Nebraska seeking access to health care, and the question of increased costs which are being touted as a bar to coverage. There is considerable data now on the costs that are associated with adequate mental health benefits in the era of managed care, and we all are moving toward managed care, whether we like it or not. In expanding benefits, states as employers have uniformly turned to managed care to control costs. The result is that in introducing parity benefits with copays, annual and lifetime limits for mental health that are equivalent to other health benefits leads to small reductions in total health care costs or increases in the range of zero to 1 percent, so we are not talking about ballooning health care costs. In high quality managed behavioral health programs, managed care with parity has resulted in reduced costs and increased access and more appropriate services, and I want to repeat that, more appropriate services. Those folks who are suffering from mental illness oftentimes have turned to...