

ONE HUNDRED EIGHTH LEGISLATURE - SECOND SESSION - 2024
COMMITTEE STATEMENT
LB1307

Hearing Date: Tuesday February 13, 2024
Committee On: Banking, Commerce and Insurance
Introducer: von Gillern
One Liner: Require the Director of Insurance to identify certain health benefits and provide for reimbursements for qualified health plan issuers as prescribed

Roll Call Vote - Final Committee Action:
Advanced to General File

Vote Results:

Aye:	6	Senators Aguilar, Ballard, Jacobson, Kauth, Slama, von Gillern
Nay:		
Absent:		
Present Not Voting:	2	Senators Bostar, Dungan

Testimony:

Proponents:

Senator R. Brad von Gillern
Robert Bell
Eric Dunning
Jeremiah Blake

Representing:

Opening Presenter
Nebraska Insurance Federation
Nebraska Department of Insurance
Blue Cross Blue Shield Nebraska

Opponents:

Representing:

Neutral:

Representing:

* ADA Accommodation Written Testimony

Summary of purpose and/or changes:

LB 1307 is a bill that was introduced by Senator von Gillern. It would add two (2) new statutes to our existing insurance related statutes. Under current federal law, a state that requires a qualified health plan to offer benefits in addition to the essential health benefits listed in 42 U.S.C. 18022 must make payment to the qualified health plan issuer (or to the enrollee) to defray those costs. LB 1307 would create a process by which those required payments can be calculated and paid in accordance with federal law.

Section-by-Section Summary:

Section 1: Section 1 can be broken down into the following subsections:

Subsection (1) tasks the Director of Insurance (Director) of the Nebraska Department of Insurance (Department) with identifying and calculating any required health benefits that



are in excess of the essential health benefits required by 42 U.S.C. 18022. The subsection also provides for how this calculation will be made.

Subsection (2) states that if Nebraska is required to defray the cost of those additional required health benefits under 45 C.F.R. 155.170, the Department must make the required payments to the qualified health plan issuer with funds provided from the State Insurance Mandate Fund.

Subsection (3) states that any required payment must be based on the statewide average of the cost of the additional required health benefit for all qualified health plan issuers that are entitled to payment under 45 C.F.R. 155.170 and must be submitted to a qualified health plan issuer through a process established by the Director.

Subsection (4) allows the Department to adopt and promulgate rules and regulations to carry out Section 1.

Section 2: Creates the State Insurance Mandate Fund and provides for its administration and funding.

Julie Slama, Chairperson

