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Good afternoon Madam Chairman. For the record my name is Sandy Kerr and I represent Benefit Plan Administrators. We are here to support AB 228.

As a third party administrator it is our goal to protect and care for our participants. When we are notified that one of our participants has been hospitalized at Washoe Medical Center for trauma services, we act immediately to notify the treating physician and Washoe Medical Center that the participant should be moved to the Funds preferred provider facility as soon as is medically appropriate. We do this not only to care for our participants, but also to help insure that Washoe Medical Center is not treating a patient who; because Washoe Medical Center is not a contracted provider, will ultimately be left with a large patient liability.

There have been occurrences where we received notification from Washoe Medical Center three to five days after admission of our participant or even after the discharge of our participant. When this occurs, it severely restricts our ability to protect and care for our participants as well as help Washoe Medical Center protect its patient liability.

Washoe Medical Center's refusal to contract for trauma services results in harm to our participants by way of large patient liability after payment by the Funds. Even though patient payment arrangements are available, the amount of the payment is prohibitive on a large balance. These balances are often turned to collection destroying a person's credit and severely impacting their quality of life.

We are aware that Washoe Medical Center does have an Uncompensated Care Program/Committee. It is our understanding that not everyone can access the program and thus is not applied even handedly. There may be other programs or services available, but unless they are all applied even handedly there is still a problem.

We, therefore support AB 228. This will insure that all are treated fairly when they receive trauma care at Washoe Medical Center.