

Thank you Chair Spearman and committee members for having us today. For the record my name is Amber Federizo I come before you today not only as a medical director of the Hemostasis and Thrombosis Center of Nevada but also as a mother and wife to someone affected with a bleeding disorder. I am the only dual certified family and hemostasis provider in the state of Nevada. Our small team travels the entire state to provide care wherever someone may be that needs it. For free if needed.

Imagine as the parent of son with hemophilia finding a center that is part of a national network that has been proven through studies by the CDC to reduce his chance of dying or suffering preventable complications by 40%. Despite this fact and the cost savings of these centers no managed Medicaid or health exchange provider offers this center on their panel. Imagine being diagnosed in your 50s with acquired hemophilia and finding hope in this same center. Now imagine that your insurance company has told you that despite not having expertise in bleeding disorders, especially rare disorders, you must go to a hematology/oncologist on their preferred network.

Imagine that despite having more hours of training and experience both nationally and internationally in hemostasis than any other clinician in the state your insurance will not honor the prescription written by this clinician because they are an out of network nurse practitioner even if she sees you for free.

Imagine that you have offered discounted rates to an insurer and showed higher quality but you are told the panel is not open at this time to add providers. Imagine you must admit a patient to the hospital for services to be covered that can be provided outpatient because the hospital is in network. Imagine you have provided over \$100,000 in the last 6 months in free care and continue to care for patients covered by narrow network plans to ensure the access and the commitment you have made to them to provide it.

No imagination is required in Nevada. The federal government and CDC continue to support the work of these centers that have proven through measurable and auditable objectives to improve the quality of care in this population through a comprehensive model while maintaining cost savings. I ask how adequate a network can be if it does not list the only center that has met the federal

government minimum requirements to be a center. Managed care is intended to reduce cost and increase competition. What if no one is even considered to compete? If those that have better outcomes at reduced costs cannot be empaneled what good is our process? What chance do new clinicians have? What incentive to stay in Nevada? What hope to improve our rankings as a state? I ask that any clinician who attains federal designation as a hemostasis center or a center of excellence in any specialty be allowed to be empaneled. I thank you again for your time and welcome any questions. I also leave my white paper for additional reference.