

**MINUTES OF THE
SENATE COMMITTEE ON HUMAN RESOURCES AND EDUCATION**

**Seventy-third Session
May 20, 2005**

The Senate Committee on Human Resources and Education was called to order by Chair Maurice E. Washington at 11:10 a.m. on Friday, May 20, 2005, in Room 2135 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to the Grant Sawyer State Office Building, Room 4412, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file at the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Maurice E. Washington, Chair
Senator Barbara K. Cegavske, Vice Chair
Senator Dennis Nolan
Senator Joe Heck
Senator Valerie Wiener
Senator Steven Horsford

COMMITTEE MEMBERS ABSENT:

Senator Bernice Mathews (Excused)

STAFF MEMBERS PRESENT:

Leslie K. Hamner, Committee Counsel
Marsheilah D. Lyons, Committee Policy Analyst
Patricia Vardakis, Committee Secretary

OTHERS PRESENT:

Dan Musgrove, Clark County; University Medical Center
Bryan Gresh, Clark County Health District
Pete Ernaut, Health Services Coalition
James Wadhams, Nevada Hospital Association
Raymond McAllister, Professional Firefighters of Nevada

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CHAIR WASHINGTON:

We will open the meeting with Assembly Bill (A.B.) 202.

ASSEMBLY BILL 202 (1st Reprint): Revises provisions governing safe and respectful learning environment in public schools. (BDR 34-561)

MARSHEILAH D. LYONS (Committee Policy Analyst):

This bill is summarized under tab A of the work session document (Exhibit C, original is on file at the Research Library). This bill relates to safe and respectful learning environment in public schools. There were no amendments provided to this bill.

SENATOR WIENER MOVED TO DO PASS A.B. 202.

SENATOR HORSFORD SECONDED THE MOTION.

THE MOTION CARRIED. (SENATORS NOLAN AND MATHEWS WERE ABSENT FOR THE VOTE.)

Ms. LYONS:

Assembly Bill 327 is summarized under tab C of Exhibit C.

ASSEMBLY BILL 327: Authorizes county hospitals to compensate physicians for provision of certain medical services to indigent patients. (BDR 40-928)

There were no amendments provided for this measure.

SENATOR HORSFORD MOVED TO DO PASS A.B. 327.

SENATOR HECK SECONDED THE MOTION.

SENATOR CEGAVSKE:

Does this money come from the county budget? Is there any state money involved? Has the county agreed to this bill?

CHAIR WASHINGTON:

Yes.

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DAN MUSGROVE (Clark County; University Medical Center):
Clark County Social Service has a responsibility to fund indigent patients which is Medicaid money, as well as county general fund. We believe that this will be a cost savings in the future because care will be provided in a timelier manner.

THE MOTION CARRIED. (SENATORS NOLAN AND MATHEWS WERE ABSENT FOR THE VOTE.)

CHAIR WASHINGTON:
The Committee will consider A.B. 377.

Ms. LYONS:
A summary of A.B. 377 can be found under tab D of [Exhibit C](#).

ASSEMBLY BILL 377: Revises provisions governing association for interscholastic activities. (BDR 34-735)

There are no amendments.

SENATOR CEGAVSKE:
The bill should be passed in its present form. It is only a name change.

SENATOR WIENER MOVED TO DO PASS A.B. 377.

SENATOR CEGAVSKE SECONDED THE MOTION.

THE MOTION CARRIED. (SENATORS NOLAN AND MATHEWS WERE ABSENT FOR THE VOTE.)

CHAIR WASHINGTON:
The Committee will consider A.B. 380.

ASSEMBLY BILL 380 (2nd Reprint): Revises provisions concerning district boards of health in larger counties. (BDR 40-953)

MS. LYONS:

A summary of A.B. 380 can be found under tab E of [Exhibit C](#). There are four proposed amendments. The amendments have been proposed by Senator Horsford, Mr. Musgrove, Senator Heck and Senator Mathews.

SENATOR HECK:

This amendment changes the composition of the district boards of health and was agreed to by the Clark County Health District. The representatives to the board who are elected members from the jurisdictions would select the appointed members from an at-large pool that would include two physicians, one nurse, an environmental-health person and an individual from an industry regulated by the health district. The amendment would change the requirements of the qualifications for the chief health officer to make sure the individual had ten years of management experience in an administrative position. This was agreed upon by the Clark County Health District, the sponsor, Assemblyman Parks, and Clark County.

MR. MUSGROVE:

We approve the change.

SENATOR HORSFORD:

I had raised the concern about ensuring representation of under-served communities. The proposed amendments before you would indicate one of the physicians be selected who has education, training or experience in health-care services to members of minority groups or other medically underserved communities. I would also add a new paragraph (e) to section 9, subsection 3, indicating that one of the responsibilities of the health district is to improve the quality of health-care services for members of minority groups and medically underserved communities.

MR. MUSGROVE:

The language proposed by Senator Horsford is a positive addition to the makeup of the board.

BRYAN GRESH (Clark County Health District):

We agree with the amendment.

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CHAIR WASHINGTON:

Senator Mathews has proposed to amend section 7, subsections 2 and 3 of the bill by deleting the entire section.

MR. MUSGROVE:

We worked with the Legislative Counsel Bureau (LCB) to craft language that would alleviate the concerns that were expressed by the Committee regarding section 7 of the bill and there would not be a need for the amendment proposed by Senator Mathews. The language proposed would alleviate the concern that this would be a new tax rate and with this amendment it removes the two-thirds majority vote requirement. Our position has been that we would like the guarantee of that funding stream. There is no additional burden on the taxpayers.

CHAIR WASHINGTON:

The language is explicit and clear.

SENATOR WIENER:

I have been assured that the concerns voiced by the Nevada Taxpayers Association have been addressed by this amendment.

MR. MUSGROVE:

Yes. There is some uncertainty as to what the effects of A.B. 489 will be and whether this amount will actually meet the Clark County Health District's budgetary needs. We believe they will. Clark County will make sure that they will have requisite funding to meet their needs.

[ASSEMBLY BILL 489 \(4th Reprint\)](#): Provides for partial abatement of ad valorem taxes imposed on property. (BDR 32-1383)

CHAIR WASHINGTON:

The amendments to A.B. 380 are those proposed by Senator Heck, Senator Horsford and Clark County.

SENATOR WIENER MOVED TO AMEND AND DO PASS AS AMENDED
A.B. 380.

SENATOR HORSFORD SECONDED THE MOTION.

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THE MOTION CARRIED. (SENATORS MATHEWS AND NOLAN WERE ABSENT FOR THE VOTE. SENATOR CEGAVSKE VOTED NO.)

CHAIR WASHINGTON:
The Committee will consider A.B. 493.

ASSEMBLY BILL 493 (1st Reprint): Requires Department of Human Resources to apply for Medicaid waiver pursuant to Health Insurance Flexibility and Accountability demonstration initiative. (BDR 38-736)

Ms. LYONS:
A summary of A.B. 493 can be found under tab F of Exhibit C. There was one proposed amendment and it was agreed upon by the sponsor of the bill.

SENATOR HORSFORD MOVED TO AMEND AND DO PASS A.B. 493.

SENATOR WIENER SECONDED THE MOTION.

THE MOTION CARRIED. (SENATORS MATHEWS AND NOLAN WERE ABSENT FOR THE VOTE. SENATOR CEGAVSKE VOTED NO.)

CHAIR WASHINGTON:
The committee will consider Assembly Joint Resolution (A.J.R.) 6.

ASSEMBLY JOINT RESOLUTION 6: Urges Congress to amend the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 to provide affordable, easily understood coverage for prescription drug benefits. (BDR R-152)

Ms. LYONS:
The bill summary can be found under tab G of Exhibit C. There are no amendments to the measure.

SENATOR HORSFORD MOVED TO DO PASS A.J.R. 6.

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SENATOR WIENER SECONDED THE MOTION.

THE MOTION CARRIED. (SENATORS NOLAN AND MATHEWS WERE ABSENT FOR THE VOTE. SENATOR WASHINGTON VOTED NO.)

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CHAIR WASHINGTON:

I direct the Committee's attention to A.B. 280 in your bill books.

ASSEMBLY BILL 280 (1st Reprint): Revises provisions regarding University and Community College System of Nevada. (BDR 34-85)

I understand there was some confusion concerning the number of years that the regents would serve. The amendment was to change the six-year term to a four-year term.

Ms. LYONS:

Senator Mathews said she understood that we were retaining the six-year term.

CHAIR WASHINGTON:

The consensus of the Committee members is to change the six-year term to a four-year term.

CHAIR WASHINGTON:

The Committee will now consider A.B. 296.

ASSEMBLY BILL 296 (1st Reprint): Requires certain major hospitals to accept certain payments for provision of emergency services and care to certain patients as payment in full. (BDR 40-790)

Ms. LYONS:

A summary for A.B. 296 and a subcommittee report can be found under tab B of Exhibit C. I will read the subcommittee report.

SENATOR WIENER:

Provision 3 of the subcommittee report should read: "at least 50 percent of the hospital systems in the county."

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CHAIR WASHINGTON:

We will review the four provisions that the subcommittee did not agree upon.

SENATOR HECK:

I do not have a concern with the intention of the language in the mock-up of A.B. 296 under tab B of [Exhibit C](#); section 1, subsection 1, paragraph (a), subparagraph (2), sub-subparagraph (II). My concern is with the execution of this provision. It would be almost impossible to know whether the patient requested to be taken to hospital X or asked to be taken to the nearest hospital if they are one and the same. This is not tracked by the emergency medical services (EMS) and the burden should not be placed on EMS. This will make it difficult to enact the provisions.

PETE ERNAUT (Health Services Coalition):

I agree that the language is an administrative issue. Currently, it is handled in a diverse and confusing way. Some of the ambulance services carry forms. On the forms there are two boxes. One is patient directed or patient choice and the other is by protocol. The problem is that not all ambulance services carry forms. There should be a standardized form. If we are going to standardize the forms, it would be easy to have three categories: patient choice, by protocol, or nearest hospital. I share Senator Heck's concern.

CHAIR WASHINGTON:

We could resolve this issue. The interim Legislative Committee on Health Care could design a form.

SENATOR HECK:

I have been involved in the EMS system for 13 years and every year there is discussion concerning standardizing the form. It will not happen. The authority for EMS in Clark County rests with the Clark County Health District. By statute, the Legislature does not have jurisdiction of the forms Clark County uses. I understand trying to get to the root of the issue. Every ambulance company carries forms. My concern is that this burden is being shifted to the EMS. They are being caught up in this issue. We are trying to make sure that they document in a certain way and that it is easily discernable that the patient requested to be taken to hospital X as opposed to the closest facility. In the five- to ten-minute transport time, the paramedics have to take care of the person and save their life. This would be one less burden for them.

MR. ERNAUT:

The form dictates Medicare billing and other billing issues. The paramedics are already in that position. As the industry grows, the demands will necessitate that the form moves billing issues and we should standardize the form used by the paramedics.

CHAIR WASHINGTON:

In the amendment, there is a new section 2. The language states that the Legislative Committee on Health Care shall include a comprehensive plan for quality and access of care. Within that comprehensive plan, the issue of standardized forms will be addressed. We may have another year or two to work with that issue and allow the county health departments to develop a solution. I would assume that the forms will be part of the divert solution.

CHAIR WASHINGTON:

We shall address the first item under the provisions that were not agreed upon by the subcommittee.

MR. ERNAUT:

There has been no agreement. The initial offer from the Nevada Hospital Association was for a one-year contract. We wanted two years. We think it is important to have two years because these contracts are lengthy. They may take a long time to negotiate. We are trying to achieve a balance between the entities so that no party has leverage in negotiations or leverage to terminate a contract.

When a patient goes to a noncontracted facility, it is often the difference between being financially stable and bankrupted by a decision that may be out of the patient's control. The balance of the term of the contract is a crucial issue. We would like two years. If the Committee would decide on two years, then we could agree to 120 percent of the contract.

JAMES WADHAMS (Nevada Hospital Association):

We are opposed to the concept of statutory contracts and rate setting by legislation. We have worked hard to resolve this difficult issue. The problem we have is that we are creating a contract by statute. While the negotiated contract may be fair, we have been willing to try to find a value at which a noncontracted entity could be at least imputed to have some fairness. That is the balancing point where the discussions have broken down. This is a big

decision. There is a lot at stake. The Health Service Coalition expires in 2008. There are other contracts that are less than three years. We object to any time period of more than one year.

SENATOR CEGAVSKE:

As a business person, my concern is the unknown. How much will it cost a business? I am not knowledgeable about how much the insurance would cover or Medicare would pay. Because we do not know how many people this issue affects, I would like to see some information concerning this issue.

MR. ERNAUT:

This also affects small businesses that have health-care plans. It also affects tax dollars. There are 325,000 members in the Health Services Coalition. There are others that have a larger network. There are many small businesses affected by this bill.

MR. WADHAMS:

We are working with a theoretical problem. This is not a current problem. The Health Services Coalition has contracts with every hospital. This may not affect anyone. This is only in the event that there is an early termination of the 2008 contract or a nonrenewal after 2008. This is a prospective problem.

CHAIR WASHINGTON:

To keep the bill moving, we should leave the one year for the discounted rate as stated in the bill. This will allow the parties to negotiate on this provision of the bill. If they reach an agreement, the bill can be amended on the Senate floor or in a conference committee.

MR. ERNAUT:

If the intention of the Committee is to move the bill forward, there needs to be a number placed in the bill. Is there a number that the Committee is suggesting? Due to the shortness of time, I am not certain we will arrive at an agreement.

CHAIR WASHINGTON:

We need to move the bill out of this Committee today.

SENATOR WIENER:

Could we use 18 months as a placeholder? Do we need to address the percentage amount?

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SENATOR HECK:

I would like a placeholder that the Committee agrees upon so that if there is no agreement between the parties, we do not need to amend the bill on the Senate floor.

SENATOR NOLAN:

I would agree to 18 months.

SENATOR HORSFORD MOVED THE PERIOD OF THE CONTRACT FOR THE DISCOUNTED RATE TO APPLY WOULD BE 18 MONTHS IN A.B. 296.

SENATOR WIENER SECONDED THE MOTION.

THE MOTION CARRIED. (SENATOR MATHEWS WAS ABSENT FOR THE VOTE. SENATOR WASHINGTON VOTED NO.)

CHAIR WASHINGTON:

I direct your attention to the second provision for which the subcommittee did not reach an agreement.

MR. ERNAUT:

We are in agreement with 120 percent of the contract. We do not agree on the term of the contract. We would be amenable to a higher rate if the term was longer.

MR. WADHAMS:

This is the area where we could not agree on the economic balance of this cooling-off period. We originally suggested 120 percent of the contract. As the issue developed, the coalition's perception was that it was 120 percent of that departmentalized service under the contract. I explained to the subcommittee that these contracts are done in a package concept. We have suggested that the percentage should be higher.

CHAIR WASHINGTON:

We have lengthened the time period to 18 months and kept the number at 175 percent of the previous year's contracted rate.

MR. ERNAUT:

I would suggest the number be 145 percent of the previous year's contracted rate.

CHAIR WASHINGTON:

I suggest we use the figure of 150 percent of the previous year's contracted rate as a place marker.

SENATOR HECK:

The issue is that there have been no ways elucidated as to how to arrive at the overall contract discount and apply that to this rate.

MR. WADHAMS:

In our discussions with the Nevada Health Services Coalition opposing side, we have tried to convert this because the hospital must operate with billed charges under the federal law. We need to have the same discount rate charged to everyone who is subject to discounts. Converting these rates is not difficult. The hospital needs to maintain these rates for federal purposes. Our discussions broke down while trying to find a percentage based upon the value of the contract as a discount and maintaining that discount.

SENATOR HECK:

This would affect many other plans, not just the Health Services Coalition. Each contract has a different discounted rate. Does this mean we will have multiple tiers for each contract as opposed to one number that will be applied to every insurer?

MR. WADHAMS:

If the amount is a percentage of billed charges, that would be an absolute number across-the-board.

SENATOR HECK:

The percentage discount of billed charges is different with each contract. For example, if we say 10 percent of billed charges are the discount, the individual insurance company may have a higher or lower discount.

MR. WADHAMS:

Correct. It would depend on the volume that is negotiated in that contract.

SENATOR HECK:

How can one number be selected that will be equitable amongst all insurers based on the multiple contracts and different discounts?

MR. WADHAMS:

That was our intent by suggesting 120 percent of the contract price. It would be done as a percentage of that contract's effective discount, grossed out by 120 percent.

SENATOR HECK:

I will defer to the Chair.

MR. ERNAUT:

Our understanding was that based on whatever the hospital charged last year, they could charge that amount plus 20 percent which was the ceiling. We have gotten off track. If a hospital had a contract and charged \$1,000 per diem for emergency services in the prior negotiated contract, during the cooling-off period they could charge \$1,000 plus 20 percent. Everyone needs to understand the baseline. The cap is a moot point.

SENATOR NOLAN:

We should arrive at a capitated, negotiated rate for that insurer for emergency-room services. Large companies compare insurance-company rates and they have found that there is not a vast difference amongst insurance company rates. We are discussing a small part of the patient population. Is there a way that we can get to the average, capitated, negotiated rate that an insurer pays for emergency services in a geographic area? We should leave it up to the insurance company to demonstrate what that would be. Everyone who has requested a bid from those hospitals has that information.

MR. WADHAMS:

Sometime ago, the state law required that hospitals file their average discounts with the State. That law has been repealed. We do not have the time to resurrect that law. If we had the time, your suggestion would make sense.

MR. ERNAUT:

We would agree to that suggestion.

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CHAIR WASHINGTON:

The rate could fluctuate between 120 and 175 percent. We will leave the amount at 175 percent of the previous year's contracted rate. We can amend that rate on the Senate floor if needed.

SENATOR NOLAN MOVED TO USE 175 PERCENT OF THE PREVIOUS YEAR'S CONTRACTED RATE IN A.B. 296.

SENATOR CEGAVSKE SECONDED TO MOTION.

CHAIR WASHINGTON:

If a different amount is agreed upon, then we will use that amount on the Senate floor.

THE MOTION CARRIED. (SENATORS MATHEWS, WIENER AND HORSFORD WERE ABSENT FOR THE VOTE.)

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CHAIR WASHINGTON:

The Committee will consider the third provision for which the subcommittee did not reach an agreement.

MR. ERNAUT:

We concur with provision three.

MR. WADHAMS:

We have no objection to the provision.

SENATOR HECK:

This provision pertains to a new hospital which is not associated with any of the other systems that are in place. My concern is using Medicare as the guide for which to judge third-party reimbursement. When you start in negative numbers, it is difficult to get out of them. Medicare does not cover the costs of the hospital. I am not talking about their billable rate.

MR. WADHAMS:

The drafters of this amendment need to be clear as to a time frame for which this would apply. Presently, there is a placeholder of 18 months.

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SENATOR HECK:

Why are we addressing hospitals that are not in existence?

MR. ERNAUT:

I would agree with you about a new hospital, but a new campus of an existing system is different. On this issue, new campuses of existing systems should be addressed.

SENATOR HECK:

I believe new campuses are already covered. The requirement is to contract with many hospital systems, then if a campus is added, it would be covered. I would delete paragraph (b) of subsection 2 of section 1 of the proposed amendments under tab B in [Exhibit C](#).

SENATOR HECK MOVED TO DELETE PARAGRAPH (b) OF
SUBSECTION 2 OF SECTION 1 OF THE PROPOSED AMENDMENT TO
A.B. 296 UNDER TAB B OF [EXHIBIT C](#).

SENATOR CEGAVSKE SECONDED THE MOTION.

THE MOTION CARRIED. (SENATORS HORSFORD AND MATHEWS WERE
ABSENT FOR THE VOTE.)

SENATOR NOLAN:

These are insured patients. Why are we not considering taking the negotiated rate of that insured party and paying that rate? These are insured people who have a benefit for an emergency room.

MR. WADHAMS:

This is the problem the coalition is trying to solve. All these hospitals are under contract until 2008. On the chance that one would cancel or one hospital does not renew after 2008, then the issue would be pertinent.

SENATOR NOLAN:

I understand. The individual or hospital no longer has a negotiated contract with the sick party who is being admitted into the emergency room. These people are

covered under some plan. Let us take their benefit and require the hospital to accept their rates.

MR. ERNAUT:

The problem is that every hospital's rate is different. Within those rates, the emergency-services rate fluctuates greatly. There is no standardization of those rates. We would be supportive of the concept that Senator Nolan suggested. Medical rates increase rapidly and there is inflation in billed charges from one year to the next year. There needs to be some allowance for inflation.

CHAIR WASHINGTON:

The Committee will consider the fourth provision for which the subcommittee did not reach an agreement.

MR. ERNAUT:

The purpose of this bill was to address emergency and trauma services. There are only two trauma centers in the county. By instituting this language, there would be no trauma centers. A patient that is traumatized and cannot make a decision would not have this coverage in any trauma center in Clark County.

MR. WADHAMS:

The intent of this language is to exclude the trauma function and not the emergency-room function of the hospital that has a trauma designation. Trauma is the most expensive care given in a hospital. The originally designated trauma center is already exempt from this bill. From a parity standpoint, given the intensity of the trauma process, there is some logic to remove this from the policy.

RAYMOND McALLISTER (Professional Firefighters of Nevada):

Based on the protocols in Clark County, it is a matter of the geographical location of where you are injured. If a person suffers a traumatic injury, they must go to a trauma center. The other determining factor is the geographical location. One hospital will have a greater benefit by this language at the expense of all of the other hospitals. That is not the intent.

SENATOR HECK:

If there is one patient category that has no choice, it is the trauma patient, by regulation and by statute. It is reflected in the protocols in Clark County.

MR. WADHAMS:

The language excludes one hospital. I am opposed to A.B. 296 in its entirety. I raise the question of the discrimination between different facilities. We are making a distinction where one exemption has already been created.

MR. ERNAUT:

There is already a big distinction between facilities. One is a not-for-profit, taxpayer-owned facility and the other is a for-profit, privately held corporation. It is a concern that a new trauma center would be carved out by legislation where trauma patients who are transported to the new facility would get full-billed charges. It does not seem logical.

Mr. WADHAMS:

This bill is about economics. It is the economics after a contract has expired or been terminated. We are discussing that the Legislature determines an economic relationship which is independent of a business relationship. If the Committee is cognizant of that fact, then the decision will be made fairly.

MR. ERNAUT:

That is not exactly true. A part of this provision addresses when contracts are in effect. The issue is that Sunrise Hospital will be eliminated from the bill. Trauma patients have no choice as to where they are taken. The emergency medical technician is required to deliver the patient to either Sunrise Hospital or University Medical Center (UMC). The trauma patient should be the classification of people that we want to help the most in this process.

SENATOR NOLAN:

In the past when there was only one trauma center, they were reluctant to negotiate the same types of discounts that they have for other patients. The trauma patient would get full-billed charges. The private, for-profit hospitals that are instituting trauma centers are going to change the dynamics of that market. The UMC will be in a different situation even though trauma patients must go to these facilities. Because there is more than one trauma center, the UMC will need to negotiate their better rates.

MR. McALLISTER:

The UMC is not the hospital with which we have difficulty negotiating contracts. It has been the other hospitals that have been the problem. If it will make the bill more palatable and move forward, we should include the UMC.

CHAIR WASHINGTON:

How is a patient billed when they enter the UMC trauma center?

MR. ERNAUT:

They would be billed full charges. The UMC is a public hospital. They receive all indigent patients and those who do not pay. That is another economic issue between the hospitals. From a policy standpoint, there is a big difference between nonprofit, taxpayer-owned, indigent-care hospitals versus privately held, for-profit hospitals.

SENATOR HECK:

Correct. The UMC operates like other hospitals. If there is a contract, you get the contracted rate. If there is no contract, the billable rate is charged. The UMC does not get all of the indigent patients. Every hospital in Clark County gets their share of indigent patients. There is a good amount of uncompensated care at all the hospitals in Clark County due to the changing demographics.

CHAIR WASHINGTON:

How does it affect the patient if they do not have a contract?

MR. ERNAUT:

In the final analysis, it all works out similarly. The person is transported to the hospital in a trauma condition. The patient is not in a contract situation. If the patient gets full-billed charges, then generally the patient would reach the indemnity cap of the plan, then the patient would be personally liable for the charges.

MR. WADHAMS:

Senator Nolan raised a valid point. There are discounts arranged in other areas, such as the pre-hospital delivery system where there are franchises. There are discounts arranged with both the nonprofit and the government-based and commercial deliverers. There is competition, there will be discounting and there will be contracts. The question is why are we making this distinction?

SENATOR NOLAN MOVED TO NOT EXCLUDE THE CENTERS FOR THE TREATMENT OF TRAUMA FROM A.B. 296.

SENATOR CEGAVSKE SECONDED THE MOTION.

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MR. ERNAUT:

This amendment specifically exempts Sunrise Hospital. In the original bill, the UMC was exempted. If I understand the intent of the motion, it is to include both trauma centers. That would be to delete this portion of the amendment and alter the original bill to take the exemption from the UMC.

SENATOR HECK:

In paragraph (g) of section 1, subsection 4 of the proposed amendments to A.B. 296, we will redefine major hospital which would mean, "a hospital with a 100 or more beds in a county whose population is 400,000 or more which has an emergency room." That would remove the federal, state or local governmental agencies' exemption and put the trauma centers back in the bill.

LESLIE K. HAMNER (Committee Counsel):

We would return the language of the original bill and add after "emergency room" the language "or has been designated as a center for the treatment of trauma."

THE MOTION CARRIED. (SENATORS WIENER, MATHEWS AND HORSFORD WERE ABSENT FOR THE VOTE.)

CHAIR WASHINGTON:

The intent of this legislation is to address a narrow scope of the bill. It should be clear that this Committee is not trying to set hospital rates.

SENATOR NOLAN MOVED TO AMEND AND DO PASS AS AMENDED A.B. 296.

SENATOR HECK SECONDED THE MOTION.

CHAIR WASHINGTON:

This is with the understanding that if the two parties reach an agreement for a different timeline and the percentage of contractual agreements, then the bill will be amended on the Senate floor.

SENATOR CEGAVSKE:

I reserve the right to change my vote on the Senate floor.

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THE VOTE CARRIED. (SENATORS WIENER, HORSFORD AND MATHEWS
WERE ABSENT FOR THE VOTE.)

CHAIR WASHINGTON:

The Committee needs to send a letter of intent concerning A.B. 296.

SENATOR NOLAN MOVED TO SEND A LETTER OF INTENT
CONCERNING A.B. 296.

SENATOR HECK SECONDED THE MOTION.

THE MOTION CARRIED. (SENATORS WIENER, HORSFORD AND
MATHEWS WERE ABSENT FOR THE VOTE.)

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CHAIR WASHINGTON:

There being no other issues before us today, the Senate Committee on Human Resources and Education will adjourn at 2:03 p.m.

RESPECTFULLY SUBMITTED:

Patricia Vardakis,
Committee Secretary

APPROVED BY:

Senator Maurice E. Washington, Chair

DATE: _____